



PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

MORNING SESSION: 10.02 a.m. – 2.28 p.m.

Gibraltar, Thursday, 3rd July 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: P A Borge McCarthy Esq *in attendance*]

Communications from the Chair — Position of Parliament on the Laying of the Principal Auditor's Report

Clerk: Meeting of Parliament, Thursday the 3rd of July, 2025.

Madam Speaker: Before we continue with the Budget debate, I have a brief statement to make. Upon its conclusion, I will not allow comment from either side. I am not inviting debate - I am setting the record straight.

Comment was made in Parliament yesterday, despite my request to desist, that Parliament had received the Principal Auditor's report on 13 June and not actioned it. In a press release issued yesterday evening at 8.30pm, the Opposition repeated that assertion, essentially raising concern and highlighting their disappointment that the Speaker had not as yet replied to the Opposition's letter of last Thursday. It does the Opposition no credit that they should be so ready and so insistent to cast aspersions on the Parliamentary Office before being in full possession of the facts.

Criticism between Opposition and Government and Government and Opposition is one thing, but careless imputations upon Parliamentary independence and integrity is quite another. This matter was raised behind the Speaker's chair but has now been addressed in Parliament and by press release in such a way as to make it necessary for me to read the reply I have sent to the Hon. Leader of the Opposition and which I have copied to the Hon. Chief Minister and the Principal Auditor.

Although the identity of the Principal Auditor, previous and current, is a matter of public record and appears in my letter, I will anonymise it for the purposes of reading the letter to Parliament. The letter is to the Hon. Leader of the Opposition.

I refer to your email of Thursday evening, 26 June 19:31. Knowing me as you do, you will rest assured that the institutional independence of Parliament is a matter which I safeguard and protect closely as a key element of my role as overseer of Parliament, its procedures and processes. You will also know that I take very seriously any allegation of a compromise of Parliamentary independence. In the matter under discussion, I can confirm there has been no such compromise.

On the issue of procedure, my position with regard to the laying of reports, according to my interpretation of the rules and statutory provisions, has not changed since my assumption of Office and is reflected in a letter I wrote to the previous Principal Auditor, dated 10 December 2024, a copy of which is enclosed for ease of reference. The various discussions that I had with the previous Principal Auditor during the course of last year culminated in that letter, to which I never received a reply. In the absence of such, I assume that he agreed with my approach.

I have had an introductory meeting with the new Principal Auditor and arranged to meet with him after Budget for general and specific discussions. Turning to the question you raised with regard to the delivery of the report of the Public Accounts 2018/2019, the Report, to the Clerk of Parliament by the Principal Auditor, the following is relevant. I can indeed confirm that on Friday

13 June 2025, the Clerk accepted the report from the previous Principal Auditor, Mr X, who he believed to be the Principal Auditor.

40 The 20 copies for laying and distribution amongst MPs were not delivered with the report, as would be the norm, and have not been delivered to date. As I understand it, Mr X stepped down from his post as Principal Auditor on 31 May 2025. Following enquiry, I have received confirmation that there was no express or implied authority given to Mr X to continue carrying out his duties after the cessation of his period of employment.

45 As far as I am aware, there is no implied continuation in the legislation allowing the Principal Auditor to continue acting as Principal Auditor post termination until a successor is appointed - the current Principal Auditor took office on 1 June 2025.

Assuming my information as set out in the preceding paragraph is correct, a serious issue arises here which not only may potentially breach statutory provisions and other laws, but which may
50 have grave and far-reaching implications beyond this.

It would appear that when Mr X brought the report into Parliament qua Principal Auditor, he was neither, and knew he was neither, Principal Auditor nor an Officer of Parliament. My understanding is that powers, duties and independence attach to the office of the Principal Auditor and not to the individual, so that after 31 May 2025, it would appear that Mr X no longer
55 held statutory authority to act as Principal Auditor. If that is the case, I question with grave concern that 13 days after he vacated Office, Mr X should have been in possession of the Report and that he should have submitted it to Parliament in those circumstances.

I was hoping to have made a final determination on this issue before replying to your letter, hence the short delay, but events have forced me to reply now. I have yet to determine the practical effect of all of this. In the interim, my view is that Parliament cannot properly accept and
60 action a report received in circumstances such as these.

In the interests of transparency, I am copying the Hon. the Chief Minister as Leader of the House and the Principal Auditor into this thread, and it may be that the matter may need to be referred to His Majesty's Attorney General for their consideration and advice.

65 A further concern for me is the source of your information following Thursday's Parliamentary session that the Principal Auditor delivered a copy of his report to Parliament. I am satisfied as to the professional integrity of my team, and so it seems to me that the logical source of that information can only be the previous Principal Auditor or someone on his then team.

Please confirm if that is the case, and if not, then who brought the delivery of the report to
70 your attention on Thursday 26 June? And there ends the letter. Since sending this letter, I have this morning received a further letter from the Hon. the Leader of the Opposition, which crossed with this letter I have just read.

I will consider its contents fully, and how it impacts on the circumstances I have set out above, and deal with the same going forward behind the Speaker's Chair. I will now proceed with the next
75 speaker, who I believe is the Hon. Mrs Arias Vasquez.

**Appropriation Bill 2025 —
Second Reading —
Debate continued**

80 **Minister for Health, Care and Business (Hon. G Arias Vasquez):** Madam Speaker, thank you for that. Obviously, as you directed, I will not comment on the content, but I have to congratulate you on being a strong woman in the position that you are in.

Last year, Madam Speaker, I stood here and said, prepare for a long speech. This year, I am afraid to say, the same disclaimer applies. In fact, given everything that has happened, and
85 everything still to come, I suggest hon. Members get comfortable. So, Madam Speaker, it is once again a privilege to rise in this House to deliver my second Budget Address, and to continue to do

so as a Minister responsible for Health, Elderly Residential Services, the Care Agency, Public Health, Business, Town Planning, Procurement, the Utilities, the Port, and the Maritime Administration.

90 So yes, Madam Speaker, it is quite the portfolio. And yes, it still looks enormous when you write it down. In fact, Madam Speaker, it is not lost on me that my entire portfolio represents almost 50% of the entire Government expenditure.

It also represents portfolios that are largely driven by real-life situations. Therefore, yes, Madam Speaker, some of my departments do have the greatest overspend. I have no issue, 95 Madam Speaker, defending that overspend, and being the winner of Mr Clinton's 'Bust the Budget Awards'.

If it means having to spend, for example, half a million on a single drug to save a child's life, as we have done, Madam Speaker, we will continue to do it. Madam Speaker, I also suggest that the hon. Members opposite get their message clear. What we cannot have is Mr Clinton rising and 100 talking about the overspend, and talking about the 'Bust the Budget Awards', and then having the Hon. Mrs Ladislaus attending demonstrations, asking me for more psychologists, for more psychiatrists, for more nurses.

The message has to be a consistent message, Madam Speaker. The hon. Members opposite cannot play to the crowd in every single which way. Either the money is spent and there is a 105 Budgetary overspend, or there is financial control. What we cannot do is have every single Member playing their different tunes to their different crowds, Madam Speaker.

Like I said last year, Madam Speaker, it is not the number of departments that is daunting. It is the people and the real life stories behind them.

The patients, the nurses, the doctors, the industrial staff, the admin staff, the carers, the Social 110 Workers, the businesses, the workers, the families that are relying on the basic services. It is the people that need us to get this right. It is the people that need us to understand the Gibraltar of 2025 and have a clear plan and a vision for the future.

Madam Speaker, if there is one thing I have learned over the past 12 months, it is that you cannot fix what you do not face. So I am determined to face those challenges head on, honestly 115 and with urgency. Madam Speaker, we need to modernise the way the Government works to deliver better public services for the people who rely on them.

Like the Father of the House stated yesterday, we need to look at different technologies to find better ways of doing things. We are putting people at the heart of everything we do. This is about 120 investing in the services that people deserve, not cutting them like other Parties propose.

Madam Speaker, I said last year that I asked for the health portfolio because of my own personal experience. An experience that changed me. It shaped my thinking and the decisions I make and it still does. I have now met more people in this role than I can count. And do you know what I keep hearing? Not that people don't care. Not that people aren't working hard. But that 125 systems often feel slow, slow and frustrating.

So I have made it my mission this year, Madam Speaker, to start joining the dots. Between departments, between services, between the issues that people live with and the decisions that we make as Minister. Because, Madam Speaker, I do not want to be a Minister who sits behind a desk signing documents.

I want to be the kind of Minister who rolls up her pink sleeves and gets things done. The kind 130 who picks up the phone, who walks the hospital wards, who visits frontline workers, who talks to people who are struggling and actually listens. Because it's not enough to make announcements.

We have to deliver. I've chaired hundreds of meetings, I've launched reforms, I've asked the hard questions, I've carried policies through. Some popular, some less so.

But all for the greater good. Because, Madam Speaker, I'm going to be generous here. No one 135 stands in these shoes, or indeed in anyone in this Chamber's shoes, who does not want the best for Gibraltar and its people.

I've set standards that are high and challenging, because our people deserve no less. And to those who feel that I have not been able to give back to them, I apologise. I can give the community

and this House the assurance that every single day I try, I get up intending to give my all to this community, and may sometimes fall short on an individual matter.

But that is not through want of trying. So, Madam Speaker, what have we done? We've established a brand new internal audit department at the GHA.

Because, if we're spending £224 million across health and social care, we need to make sure that every single pound is delivering value for money. We are starting to see the fruits of this. We've delivered Gibraltar's first ever Cath Lab, something many thought we'd never see happen.

And now, thanks to the dedication of our clinical teams, cardiac patients can receive life-saving interventions right here at St Bernard's Hospital, 24-7. We've moved from concept to consultation to be about to publish a Bill on a full restructure of the Health and Care Authority. Because the structure that we had in place was outdated.

We've published an ADHD pathway. We've rolled out an autism strategy. Oh, by the way, we worked together with the Opposition on both of those, Madam Speaker.

And, Madam Speaker, there are now appointments available at the PCC every single day, beyond the 8:15 rush which we normally had.

We've nationalised AquaGib, bringing our water network system into full public ownership. We've procured a large battery to help mitigate power outages arising from any fault at the North Mole Power Station.

And we've done all of this whilst continuing to deliver the essential day-to-day services that the GHA provides. GP appointments, operations with very few cancellations, outpatient clinics, therapies, cancer treatments, the delivery of a new Oncology suite, Mental Health services, inpatient care, maternity, paediatrics, A&E services, and so much more. We are managing daily services whilst also building for the future.

And, Madam Speaker, let me be clear. This has not been easy. There have been difficult decisions. There have been delays. There have been complaints. Some valid, some not so much.

There have been demonstrations. But we have not buried our heads in the sand. We've faced the challenges. We've acknowledged what is not working. And we've taken steps, real, meaningful steps, to make it better. That is what Government with sleeves rolled up looks like in reality. We are doing. We are getting the job done. And it doesn't always look pretty. It doesn't always come with applause. But it does come with outcomes. And that is what I care about, Madam Speaker. Not about leadership contests. Not even about politics. But about the improvements that I hope to bring about in each and every one of my portfolios.

As everyone who has gone through a traumatic experience relating to Healthcare will know, such experiences shape you. They shape you in a way that drives you to understand what is truly important. So, yes, I will always be honest about what still needs fixing.

We still need to reduce waiting times in some areas. We still need to digitise some processes that are painfully manual. We still need to streamline Procurement and tighten accountability.

We still need to restore the trust of all the staff at the GHA. But I will say this. We are not where we were a year ago.

We are moving. And we're moving in the right direction. There are many more changes yet to come.

And, Madam Speaker, I will not apologise for caring this much. I will not apologise for the emotion that I bring to this role. I will not apologise for the urgency or the passion or the bluntness.

Because I will never sit quietly where there are still issues that need to be addressed. Because today I come with updates, with a track record of delivery. And as always, Madam Speaker, there is fire in the belly.

Fire in the belly, Madam Speaker, which I'm sure you'll appreciate as a woman, is sometimes portrayed as getting your knickers in a twist. Or, at worst, crazy. But the equivalent fire in the belly for any of my male counterparts would be viewed as assertive or passionate.

I say this, Madam Speaker, not to complain, but to contextualise. We often speak across the House about having more women in politics and ask what we should be doing to encourage them.

190 Maybe, Madam Speaker, the way that we portray them in general debate would be a great way to encourage women to participate.

So, Madam Speaker, this is going to be a long speech. But it's long because there's work to report on. And I'm proud of that.

195 So, with your permission, I will now begin with the first of my portfolios. And this year, Madam Speaker, I will not be beginning with health. In fact, I will be ending with health.

This year, I will be beginning with a department who has worked extraordinarily hard in delivering for the most vulnerable in our community, despite recent challenges. And that is the Care Agency. Madam Speaker, I often say that the Care Agency is a department that most people do not realise how much work they do behind closed doors.

200 They are dealing truly with the most vulnerable in our society on a daily basis. The Care Agency is split into four different sections, Learning Disability Services, Children's services, Psychological and Therapeutic services and Adult Services, each with its own Head of Service. The Budget for the Care Agency for this financial year is £33,374,000.

205 The forecast outturn for 2024/2025 was £42,930,000. The allocated amount for the financial year 2024/2025 was £28.2 million. This means, Madam Speaker, that there has been an over-expenditure of £14,474,000, £6 million of which is part of the £10 million settlement dating back to an incident at Dr Giraldi's in 2013, which was very well documented in the press last year.

210 Madam Speaker, the Hon. Leader of the Opposition asked for an explanation as to how we are going to spend £10 million less than we did last year in the Care Agency. Madam Speaker, when the Hon. Leader of the Opposition asked the question, you may want to listen to the reply that he is going to get. He asked in his address, how is that realistic or achievable?

215 Madam Speaker, it is somewhat remarkable that the Leader of the Opposition doesn't seem to read press releases. As the Hon. Minister for Justice pointed out yesterday, in this House I have been asked questions about the settlement. So, yes, we intend to spend £10 million less than the Care Agency spent last year, Madam Speaker, precisely because this year £6 million was spent on a settlement of a legal claim.

220 Madam Speaker, that issue was in the press, we answered questions about it in this House, and a detailed description was given to the hon. Gentleman Opposite as to that settlement. So, how is this realistic or achievable? Madam Speaker, when we allocate £10 million less, but out of that £10 million, there is a £6 million settlement in this financial year, and the remainder of it there are mechanisms to control. That is why the Budget is realistic and achievable, Madam Speaker.

225 Madam Speaker, the Care Agency has experienced increased levels of demands during 24-25. I would like to reassure the House and the Father of the House, however, that the costs of these increases in service demands have been absorbed wherever possible. However, they have had to lead to increases. The main area of growth in the service, Madam Speaker, has been an increase in looked-after children and an increase in Domiciliary Care hours from 6,000 hours per week to 6,400 hours per week.

230 Madam Speaker, these figures tell a clear story, not just of cost, but of care. Because behind every increase is a person, a family, a team responding to need. Nowhere is that more evident than in our learning Disability Services. One area where the response has been particularly urgent and deeply felt is in respite care - Let me explain, Madam Speaker, what this is, for those fortunate enough not to require it.

235 The Care Agency offers respite services for children through short-term care arrangements designed to give families and Primary Caregivers a short break from their caregiving responsibilities. This is hugely important, in particular for the overall well-being of both the child and the family.

240 In April 2024, the Care Agency launched a tender for the provision of after-school respite services with the clear aim of improving formalising care arrangements and moving away from the current facilities at the Boathouse. Despite strong interests, as I have told the House before,

the tender did not produce a successful award. The main obstacle was a complex requirement to provide both specialist care and suitable premises under a single contract.

No applicant was deemed fully suitable. But, Madam Speaker, we didn't stop there. With the full support of the Procurement Office and in line with all Procurement rules and regulations, the Care Agency entered into direct negotiations with Possibilities, a respected provider with a proven track record in delivering high-quality care for individuals with complex needs.

Madam Speaker, I will repeat that because it is often suggested across the House that we do not follow Procurement regulations. The tender happened, the tender went out, the tender was not successful and as a result of the tender not being successful, we sat with Procurement and they confirmed that we were permitted to enter into direct discussions with PossAbilities. Importantly, Madam Speaker, PossAbilities is a not-for-profit organisation.

Their initial proposal had already come closest to meeting our expectations during the tender process and subsequent discussions have allowed us to design a stronger, more sustainable model together. I am very pleased to be able to expand our respite services in a manner that is both cost-efficient and future-proofs the service. Under this new model, the number of children and young adults accessing after-school respite will increase from 35 to 44.

Most of these will now be supported in dedicated, purpose-built premises managed by PossAbilities, whilst the Care Agency retains full strategic oversight and responsibility for contract governance. Key improvements will include, for example, a dedicated bus service, addressing long-standing concerns around transport for these children during bad weather. Importantly, this expanded and improved model delivers a £600,000 annual saving and this saving is with the bus service included in the model.

It not only meets a growing demand, but does so more equitably, more sustainably and with better value for public money. This is the way that we need to achieve results. A better outcome for people and a better outcome financially. I therefore hope that this initiative is welcomed by the Opposition and by Mr Clinton in particular.

We are hoping to have the collaboration with PossAbilities up and running by September this year. Consultations with families are already underway and we are working closely to finalise a memorandum of understanding and the insurance arrangements. I must say, Madam Speaker, it was a pleasure to speak directly to the families affected at a recent Town Hall. I was keen to meet with the families of service users to explain the changes directly alongside staff from the Care Agency before they heard it in the local media. These are difficult transitions, but they are also opportunities to get things right.

It's not just about increasing numbers, though that does matter. It's about fairness, it's about dignity and it's about delivering respite care in a way that is safe, structured and fit for the future.

Madam Speaker, the Learning Disability Service is a part of my portfolio that never fails to humble me. When we speak of learning disabilities, we are speaking about Dr Girardi's and St Bernadette's. Over the course of the financial year, our Learning Disability Services team has not only preserved the quality of life for those they support, but they have also improved it. They have done so amid rising demand and ongoing post-Brexit complications.

And yet the work continues and the service evolves. And here the service has to evolve in a functional manner, a manner that is respectful of the needs of the service and future-proofing the service. Additionally, Madam Speaker, one of the issues that was raised at the Town Hall which I attended on respite services with the families of service users was longer-term plans for Dr Girardi, given the growth of the service.

Madam Speaker, the families present felt that a lot of the Care Agency's attention went on early intervention. And, at the point where children turned into adults, not enough focus was given to that transition. I confirmed to them at the Town Hall that we were already looking at plans to expand the service.

So, Madam Speaker, I am pleased to announce that as part of our commitment to strengthening residential provision for adults with learning disabilities, we are advancing plans to relocate the service users from the first floor of the Dr Girardi's to a building which is to be wholly

refurbished adjacent to Tangier Views and to Tangier Views itself, which will also be wholly refurbished for this purpose. This, Madam Speaker, will be a temporary arrangement.

295 These facilities will be purpose-adapted to support individuals with complex needs and will be directly connected to Tangier Views to allow for a more efficient use of the staff and shared resources. Again, Madam Speaker, this is a temporary arrangement, whilst a purpose-built new centre is being built. The move will also enable St. Bernadette's Resource Centre to expand into the vacated first floor of Dr Girardi's. In addition, a number of satellite flats will be released, which
300 will be good news for my hon. Friend and colleague, Minister Orfila, whilst others will continue to support service users requiring more independent or bespoke living arrangements. The initial feasibility and survey reports have been completed and funded. Madam Speaker, subject to final technical, planning and design confirmation, the next phase will confirm capacity and layout, supporting a more sustainable and person-centred model of care within Learning Disability
305 Services.

Madam Speaker, the demand is growing. The complexity is rising, but through careful planning, the Learning Disability Services team have managed not only to maintain safe and consistent care, but to expand it. Afternoon respite services have now been introduced, and the day centre welcomed a further four new service users.

310 One of the most significant developments this year has been the return of community Mental Health team clinics, in partnership with the GHA. This means that our service users are receiving Mental Health support delivered by professionals who understand their unique needs. It's what good, multi-agency working looks like in practise.

Madam Speaker, we are not standing still. I am pleased to report that we are now working on
315 an international exchange programme with a Learning Disability Service abroad, so that our staff can continue learning, continue sharing and continue building on the exceptional foundation that they've laid. So, Madam Speaker, I would like to thank the brilliant Learning Disability team for their work throughout the year.

Madam Speaker, we turn to children's services. When we talk about children's services, we're
320 talking about protecting the vulnerable, supporting families through crisis, and walking alongside children through some of the most difficult moments in their lives. The work is complex. It's emotional. It's incredibly demanding. But it's also absolutely essential.

Children's services is made up of a dedicated team of professionals. Social Workers, family support staff, care workers, therapeutic specialists, who work across a wide range of services to
325 keep children safe, well and supported. This year, referrals to the service rose significantly, up to 573 from 443 last year.

That's not a sign of strain, Madam Speaker. That's a sign that the system is working. The safeguarding training is reaching more places.

330 That confidence in the service is growing. That families, schools, charities and frontline professionals feel safe enough to raise concerns and trust enough to know that they'll be heard. We've also seen an increase in the child in need plans, evidence of earlier intervention and a shift away from crisis management.

These plans support families to stay together, to rebuild relationships, to find the tools that they need to move forward stronger. In the courts, I'm pleased to report that care order
335 applications have reduced, with more cases resolved earlier through targeted intervention, which is always the aim. Behind each case is a child who now has a clearer, safer plan for their future, and that is exactly how it should be.

Right now, eight children are being considered for adoption under the new legislative framework introduced in the 2024 Adoption Act.

340 Madam Speaker, I want to say a few words about the Family Centre. This has been a cornerstone of early intervention this year. Adult attendances have nearly doubled. Structured parenting classes, domestic abuse recovery programmes, financial guidance, drop-in sessions, supervised contract, these are just some of the supports being offered every single day by a team who understands what it means to show up for families without judgement and with practical

345 help. The Family Centre is a lifeline for many, and from the feedback that we get from parents and carers, it is clear this support makes a difference.

In children's services, we are currently supporting 52 looked-after children, 26 of whom live in our residential homes. Each child has their own plan, their own voice, and their own goals. The Care Leaver service is supporting 24 young people from transitioning into independence, offering
350 everything from housing guidance to emotional support. A dedicated senior Social Worker and personal advisor are in place to make sure that when a young person leaves care, they don't leave support behind. Madam Speaker, I cannot end this section without acknowledging the people who make all of this possible, the excellent team at Children's Services. This is not easy work. It is extremely important. So thank you.

355 Madam Speaker, moving on to Psychological and Therapeutic Services, this is a service that doesn't seek the spotlight, but whose work is central to some of the most sensitive, complex, and life-changing moments in our care system.

Their work extends across children's services, Adult Services, Disability Services, Elderly Residential Services, and our residential homes for looked-after children. They support individuals
360 and families through grief, through trauma, through abuse, through neglect and breakdown, working at the intersection of safeguarding, clinical care, and human recovery. Over the past year, the team has continued to provide support in areas such as co-parenting interventions, trauma therapy for children and adolescents, therapeutic risk assessments, and behaviour planning for children in care.

365 The team has remained a key partner in multi-agency working, offering consultancy and therapeutic oversight to the Royal Gibraltar Police, the Gibraltar Health Authority, the Department of Education, Youth Services, and His Majesty's Prison Service. Between March 2024 and March 2025, the Therapeutic Services team received 133 new referrals and supported over 820 active cases. Whilst these figures reflect a reduction of previous years, they are the result of a strategic
370 shift towards early intervention, deeper engagement, and wider group programmes available.

Madam Speaker, this is specialist work that requires skill, discretion, and an extraordinary emotional intelligence. These counsellors and clinical practitioners sit with the stories that others in our society cannot bear to hear. The impact of their work may not always be visible on paper, but it is deeply felt in the lives of those they serve. So, to the Therapeutic Services team, thank
375 you.

Madam Speaker, our Adult Services team continues to provide vital support to some of the most vulnerable adults in our community. These are the individuals who are ageing, isolated, unwell, or living with complex or long-term needs.

The team supports clients through social work intervention, safeguarding, hospital discharge planning, and long-term case management. Madam Speaker, as you would expect, hospital
380 discharge work remains a key priority for the team. Over the year, 268 assessments were completed to support timely discharges, ensuring that patients were not left in hospital any longer than necessary.

Madam Speaker, I say this not only as a Minister with responsibility for health, but also as a service user of St Bernard's Hospital. I am very grateful for the work the Care Agency team does in supporting hospital discharges. Madam Speaker, as I will explain later, this is why having a more
385 joined-up GHA, Care Agency, and ERS is so important.

Their behind-the-scenes efforts are what helps keep our hospital beds flowing and our acute services functioning. Without this team, Madam Speaker, we would be facing far greater
390 pressures on bed capacity, and we cannot take that work for granted. Where needed, the community-based Social Workers continue to assist the hospital workers with assessments, allowing for flexibility in managing demand.

The Waterport Day Centre continues to play a vital role in supporting the elderly and frail adults living in the community. The centre currently supports 106 registered clients, with daily
395 attendance ranging from 18 to 24, depending on health, hospital admission, and transport

availability. Madam Speaker, each and every time I go down there is because there is a party in Waterport Day Centre.

I very, very much hope that at the age of 75 or 80, I and my school friends are able to attend the Waterport Day Centre because it is quite clear that they are enjoying themselves phenomenally, Madam Speaker. With 125 clients registered in total, a waiting list is in place. The centre provides structure, stimulation, and social connection, Madam Speaker, along with breakfast, lunch, and transport for those with reduced mobility.

When I attend, you know what those that are there tell me often, Madam Speaker? They talk to me about the standard of care that is being delivered by this Government, Madam Speaker, and many of them compare it to the standard of care that their parents were receiving previously, and they are delighted, Madam Speaker. They talk about the difference, they talk about how it is night and day to what was received in Gibraltar 20 years ago.

Madam Speaker, safeguarding remains a central part of Adult Services too. There were 20 safeguarding alerts received in 2024/2025, an increase from the 55 the previous year. This reflects improved awareness across agencies following the rollout of updated safeguarding procedures and the delivery of monthly basic safeguard training.

Unfortunately, Madam Speaker, safeguarding issues are taking a huge role in modern life. Madam Speaker, I am pleased to say that the Adult Safeguarding Board is now fully legislated and safeguarding adult lead manager training is being delivered across agencies to further build safeguarding capacity and culture. The Court Welfare Service continues to offer expert support to children in family court proceedings with 71 active cases at year end.

Although the team is small, Social Workers from Adult Services continue to step in and build their experiences in this area when demand exceeds capacity. These officers ensure that children's voices are heard and that their best interests are clearly presented in proceedings. So, Madam Speaker, to every member of the Adult Services team, thank you.

Madam Speaker, I want to end this section with what has been one of the largest issues this year. I want to end with one of the most visible issues which we have had and, frankly, the most sensitive part of the care that we provide in our community. Domiciliary care.

And yes, Madam Speaker, without a shadow of doubt, it has been one of the areas which has taken up most of my time in the past few months. This is a support which enters people's homes daily. It is often invisible to the wider public, but for those who rely on it, it is everything.

It is what allows people to stay in their homes, to preserve independence, dignity and routine. And so, Madam Speaker, I believe it is only right to end the Care Agency section by speaking candidly about where we are in domiciliary care, but also on what went wrong and, importantly, Madam Speaker, on what we have done about it. Because, as I have said many times, Madam Speaker, the easiest thing in the world would have been for me to do nothing when I inherited the care portfolio in October 2023.

To leave things as they were. To avoid disruption, to avoid headlines, to avoid backlash. I certainly didn't do it for any photo opportunities, Madam Speaker.

But that would have meant ignoring everything the families and the carers were telling me. And that is something I simply would not do. It is not who I am, Madam Speaker.

I believe that if there is an issue, it should be tackled. I do not put my head in the sand, Madam Speaker. From the earliest weeks in this job, I was approached by people that told me the Domiciliary Care system was not working as it should be.

That carers were trying their best, that families were stressed, that service users were sometimes left waiting, confused and vulnerable, with services frequently missed. And the costs to the Care Agency were spiralling. That is why, Madam Speaker, I made the decision to put the service out to an arm's length tender.

This was not about politics, Madam Speaker. It was about principle. The previous service was not meeting the standards our community rightly expected.

It was a service which had grown organically because this GSLP Liberal Government had responded to a need in our community. I made that decision to improve quality, ensure

accountability and bring transparency into a service which, once again, had grown organically over the past decade. The idea was simple.

450 I wanted to introduce a contract with a service provider that would create clear and enforceable standards that could be overseen by the Care Agency, to ensure value for money and build accountability and transparency into a critical frontline service. A contract was therefore put out to tender. Following that tender process, the contract was awarded to LifeCome Care.

455 And, Madam Speaker, to labour a point that has frequently been put to me, I took no part in the award of that tender. I took no part at all in that process. A tender board was established pursuant to the guidance laid out by the team at Procurement.

460 And this board awarded the contract after a proper tender process. That contract was worth £3.84 million. Although, Madam Speaker, in the last financial year, as hon. Members will be able to see for themselves, in the book we have spent £4.2 million in domiciliary care. For the first time, having a contract in place has allowed us to define service expectations in black and white, to set the standards of what we expect. But, Madam Speaker, I will not stand here and pretend that it all worked, because it didn't. The company that had been awarded the tender fell short of the expectations from the outset, notwithstanding their Care Quality Commission accreditation.

465 We began to see delayed visits, missed appointments, chaotic rotas, unacceptable communications and carers under extraordinary pressure. In fact, Madam Speaker, this is one of those little spoken about situations where Unite came to see me and the Care Agency about the way carers felt and I unhesitatingly listened and agreed. The Care Agency behind the scenes was working all hours to make the service work.

470 I had hoped, genuinely, that these were teething problems, but they weren't. They were structural and systemic problems. And so, Madam Speaker, once it became clear that the system was not working, LifeCome Care, Gibraltar Limited and the Care Agency made the difficult but necessary decision to mutually end the contract with them.

475 And let me repeat this again, Madam Speaker, this was not a political decision, it was a necessary one. It was a decision from which I did not shy away from or procrastinate. Once it became clear that our expectations were not being met, the contract was ended by mutual consent.

Again, Madam Speaker, this was not the easy path. And so, we created a new, not-for-profit service, Community Care Domiciliary Services Limited (CCDSL) . CCDSL was set up by Community Care Gibraltar, a long-established, trusted charity.

480 And it is built on entirely different principles. No shareholders, no profits. Every penny invested into CCDSL is spent for the benefit of our service users.

485 And again, Madam Speaker, this was done working alongside the Procurement team, with their blessing. LifeCome and the transition between CCDSL was a transition which was discussed and sanctioned by Procurement. Every carer who had been employed by LifeCome was offered the opportunity to transfer to CCDSL under TUPE protection.

Many of them accepted. That meant that the familiar faces, insofar as possible, stayed in place. And crucially, CCDSL also began recruiting new staff, with a strong desire for local applicants.

But let me be clear. CCDSL did not walk into a well-oiled machine. They walked into a service in disrepair.

490 There was no proper handover from LifeCome. No rotors, no timesheets, no leave data. And yet, Madam Speaker, CCDSL and the carer agency rolled up their sleeves and got on with it.

They got on with it, as I witnessed during the Easter break, on Bank Holiday Saturday, Bank Holiday Sunday and Bank Holiday Monday. And let me tell you, Madam Speaker, those days were tough. Those days were long, stressful and emotionally draining.

495 They took phone calls of unhappy service users. We all took a lot of strain during those days. And as I said publicly at the Town Hall we held in May, where many service users and their families were present, I am genuinely sorry for any disruption that they experienced.

Families and carers had to endure a difficult transition, and I don't shy away from that. In fact, I answered many calls myself, Madam Speaker, many WhatsApp messages, many Facebook

500 messages, and indeed, Madam Speaker, I am very pleased to say that I worked collaboratively with the Hon. Mrs Sanchez to ensure that the needs of the service users were met. But the carer agency and CCDSL have worked around the clock to get things back on track, and thankfully we are now seeing the benefit of that work.

505 They worked day and night to stabilise the service, and for this, Madam Speaker, I remain extremely grateful to all those who worked through that difficult transition. I am not going to mention any names, Madam Speaker, but you know who you are and I know who you are, and importantly, Madam Speaker, this is not just a change of contractor. We are not taking the problem out of one company and putting it into another.

510 It is a complete change of model, and this is how. Firstly, CCDSL is building proper management and supervision structures. Supervisors are visiting homes and checking rotas.

Secondly, CCDSL are working to reduce travel delays and inefficiencies by assigning carers within defined districts. Thirdly, CCDSL carers are undergoing refresher training under our new Skills for Care programmes. Fourthly, they are phasing out zero-hours contracts. CCDSL, in partnership with the United Union, has committed to offering carers as many minimum 15-hour contracts as possible within six months. Finally, and critically, they are a not-for-profit company. 515 No one is seeking to extract any benefits here - Every single penny goes back in the system.

Madam Speaker, it will not be perfect from day one, and it will take time to develop a system which works seamlessly. We are working with CCDSL to resolve IT problems and scheduling issues that have caused chaos from the previous providers.

520 I am aware that today there is a meeting going on to produce the app that CCDSL have developed to the unions to make sure that the unions are happy with the app that is being developed. Madam Speaker, oversight is being reintroduced. Sorry, and I pause there a second to state the importance of that app, Madam Speaker.

525 The app should allow carers to tap in and out of houses so that CCDSL is able to see when a carer attends a house, which at the moment we have no visibility on, and secondly, it will allow CCDSL to see exactly the number of hours that carers have worked so that they are able to pay them promptly at the end of the month, Madam Speaker. That is why the development of that app and having everyone work together towards that app is fundamental. Oversight, once again, is being reintroduced, Madam Speaker.

530 We are working with CCDSL not just to rebuild the service, but to rebuild trust. Trust between families and the system, trust between carers and management, trust between Government and the community. And yes, it has taken time, and it will continue to take a bit longer, Madam Speaker.

535 But it is important to note that there are now 512 packages of care being delivered. And while some families did face challenges, the vast majority have been receiving care without any issues. But I really believe, and I hope this House will agree, that we are now on far stronger ground.

540 And I want to take a moment, Madam Speaker, to reflect on how far we have come, because this is very important. It is important to remember that when the GSD was last in office, the entire Budget for Domiciliary Care stood at just £750,000. There was a first-come, first-served list, Madam Speaker, not a service based on the need of the service user.

Today, by contrast, we are investing over £4.2 million into this service, not because it is politically easy, but because it is morally necessary. Because this Government, Madam Speaker, chooses to fund care. Because we understand the value of it in human terms.

545 And with CCDSL, every single pound is now reinvested into staff, into systems, into standards, not into dividends, not into margins. This is not about spending more, it's about spending better. It's about respecting the taxpayer, respecting carers, and, above all, respecting the service users who rely on this care every single day.

550 A service, Madam Speaker, run by the brilliant Gerry Lane, who came out of retirement to assist us with bringing the service back on track. Madam Speaker, to Gerry and the rest of her fantastic team at CCDSL, thank you very much for your extraordinary work these past few months. Unfortunately, Madam Speaker, Gerry came on board to get the service up and running for six

months. She made this very clear at the outset, and so she is now due to leave in September. Madam Speaker, I am therefore very pleased to announce that I have been informed by CCDSL that Jeannette Ochello better known for her work as Chairperson of the Gibraltar Alzheimer's and Dementia Society, will be taking over as Managing Director of CCDSL.

Madam Speaker, Jeannette Ochello will be taking over following a handover period with the outgoing Managing Director, Gerry Lane. This is excellent news, Madam Speaker. I am sure Jeannette will bring a deep understanding of the needs of families, particularly those affected by dementia, many of whom rely on Domiciliary Care services.

Her experience and insight make her ideally placed to lead CCDSL into its next chapter, now that the transitional issues I have set out above have been overcome. I am even now starting to receive some positive feedback on the new service, but obviously we will never hear that from hon. Members opposite. Madam Speaker, the easiest thing to do would have been to step away, to do nothing, but that is not why I was given this portfolio.

I have stood tall in front of the issues, and at no point have I shied away. And, Madam Speaker, whilst we have worked tirelessly to fix the system that has grown organically, others have offered nothing but noise. So let me address that head on.

The Hon. Leader of the Opposition only manages to show that not only does he not have a plan for domiciliary care, he also does not have a personality. In the two hours that he droned on, at no point was a viable alternative offered for domiciliary care. For a service which was hardly offered during the GSD's term of Office, as indeed he himself has pointed out in a video that he did whilst he was leader of the PDP, and I quote, "*the social needs of our community will not be given the necessary priority under the GSD*", unquote.

Madam Speaker, I was honest with Gibraltar when the service was not working. I was honest immediately. At that point, we came up with a credible plan, a credible alternative.

It demonstrates his lack of a plan for domiciliary care, and it demonstrates his lack of a plan for Gibraltar. He moans. He complains.

And, Madam Speaker, that is the difference. We confront the problem. He just comments from the sidelines.

So, Madam Speaker, before I move to my next portfolio, I want to thank the entire Care Agency team, and especially its CEO, Carlos Banderas. I want to thank in particular all those who stood with me during the hard periods for the benefit of the service user because they always put the service user first. It's been a tough year, Madam Speaker, not least with the challenges around domiciliary care but through it all, that team has stayed focused, professional, and committed to doing what is right. So, to every single person in that team, thank you.

I wish I was going to turn off the mic to sit down, unfortunately. There's quite a while to go.

Madam Speaker, I now turn to Procurement. This may not always be the most visible area of Government, but it is one of the most fundamental.

It is, put simply, how we ensure that public money is spent properly and transparently, and in a way that provides real value for taxpayers. It's about doing things properly, but it also has to be about achieving practical results. And in this past year, we have made significant progress in ensuring just that. Madam Speaker, I am particularly pleased to report the official launch of the new Procurement Office website. We have purposefully redesigned this. The new platform now acts as a central portal through which suppliers can directly access tender notices, contract awards, and Procurement policy guidance, and procedural updates.

It includes a supplier network portal, something that we had worked hard to deliver. This makes it easier for our supplier community to navigate public Procurement. It improves efficiency and clarity, and strengthens the relationship between Government and those that we deal with.

And the figures speak for themselves. During the last financial year, the Procurement Office has awarded 689 quick quote contracts and 123 full tender contracts. But I will also say this, because transparency demands honesty.

The recent tender in respect to Domiciliary Care and home support services did not deliver a practical result. As I explained earlier, there were legitimate concerns raised, particularly in

relation to LifeCome Care. I did not involve myself in the evaluation or the award of that particular tender, and that was the right approach.

However, I have since instructed the Procurement Office to undertake a review of their processes, as we said that we would do in our manifesto. We are now putting in place enhanced due diligence protocols and stricter decision-making frameworks so that the outcomes are practical as well as accountable. I have also, Madam Speaker, asked Gibraltar Law Offices to carry out an analysis of our Procurement regime with a view to identifying ways in which the process might be streamlined to better suit a small jurisdiction like ours.

The issue to my mind, Madam Speaker, is that, as well as always being transparent, the process has to be practical. The outcome is one that works. Madam Speaker, we continue to build internal capacity. 160 Civil Servants have already received Procurement training this year, and we expect to have trained approximately 400 by the end of the financial year. The aim, Madam Speaker, is to bring the face of Procurement to all Government departments and to make them easily approachable.

We are also expanding the reach of Procure2Pay. It is now operational in six additional departments. This takes the total number of e-Procurement users to over 1,000. Real progress in our drive to digitise processes across the public sector.

So, Madam Speaker, whilst it has not been an easy year, I would like to take this opportunity to thank Jordan Borg and the staff at the Procurement Department for all their work throughout the year in what is a crucially important area of Government business.

Madam Speaker, I will now address the business side of the portfolio. Last year, I told this House that I had left business last year in my speech because it is a ministry with huge potential for Gibraltar going forward.

One year on, I am even more convinced of that. The Treaty announcement marks a pivotal point for Gibraltar. It brings both opportunity and responsibility, and our business strategy has been designed with both firmly in mind.

Madam Speaker, I would like to take this opportunity to thank the Chief Minister for his kind words earlier this week and to confirm that I will very shortly be establishing the new Business Transition Advisory Group, which I will have the privilege of chairing. This advisory group will play a central role in supporting Gibraltar's business community through the next phase of implementation of the UK-EU Treaty, particularly in respect to the proposed transaction tax and other relevant transition considerations. The group will include the chairs of all the main business organisations in Gibraltar, which will ensure representation from across our private sectors, as well as our brilliant Attorney General.

We are committed to listening, to understanding the realities on the ground and to working in lockstep with industry. I will be announcing the full composition of the advisory group shortly, and will report to Cabinet before the end of November on how best to ameliorate any potential transitional effects on businesses. Madam Speaker, our strategic positions will take on an even greater importance.

Our focus has remained laser-sharp. Make business easier, improve communication, visible enforcement and driving business development. We have made progress on all fronts and we are not slowing down.

With the Treaty negotiations done, the sky really is the limit. The framework of the new Treaty offers fresh opportunities that will require us to adapt. The Treaty announcement is already unlocking a renewed sense of investor confidence.

It stands to be a real boom for Gibraltar and the surrounding region too. We need to be sure that Gibraltar is ready to compete and thrive as a gateway for global business. Our focus is now on ensuring that Gibraltar's business environment is ready, resilient and equipped to take advantage of what lies ahead.

Some businesses are bound to benefit more immediately than others. Our commitment is clear. We will lend support across every part of our business community so that they each have the tools to grow, adapt and thrive in this chapter.

Madam Speaker, our economy is nimble. The Economist magazine is known for labelling it as tiger-like. Despite the accolade, it is not as easy as we would like to open or to grow a business in Gibraltar, and it should be.

660 Part of the reason why is simply because over time, business has also become a gatekeeper. A gatekeeper that controls our flagship public benefits. That is changing.

Checks are being done where those public benefits are being received. The test for business registration currently hinges on having a place in Gibraltar or carrying on a business in Gibraltar. We are working on the legislative changes that will align the licencing and registration regimes and give us the tools we need to stamp out abuse.

665 This is one of the many steps we are taking to improve our readiness to receive new businesses. The business registration team previously within the Department of Employment has moved to the Office of Fair Trading at the start of this year. The next part of that project involves assessing a potential overhaul of business registration.

670 Business registration was brought in after the Frontier reopened in 1985. Its purpose was to gain data for the economic planning and address unfair business practises. At cabinet level, Madam Speaker, we will be looking at the modernisation of the registration process.

In the meantime, we have begun digitising the business registration process. As of this year, business registration certificates are now issued digitally. The next phase of digitisation will also be geared towards renewals for all businesses.

675 The digitisation will see compliant businesses renew their business registrations with a few clicks. No more form printing, form filling, scanning or waiting. Less time dealing with the Government and more time for business to focus on what it is they do best, their business.

I was pleased to announce the creation of a new start-up hub at the recent GFSB dinner. The first hub is being launched in collaboration with the Peter J. Isola Foundation, to which we are very grateful.

680 The hub will be a co-working space within Europort that will house multiple start-up businesses at the same time. Businesses are being invited to apply on the OFT webpage and successful businesses will be selected by a panel. There will be a strict limit of one year during which a business can participate in that scheme.

685 Participating businesses will need to pay their share of service charges and utilities, but that is a total cost they will need to contribute. I am grateful for the Peter J. Isola Foundation who will contribute for the rent for this first start-up hub in Europort.

In recognition of that contribution, we will be naming this hub the Peter J. Isola Start-up Hub. HMGOG will support the administration of the hub, provide guidance to participate in business and access to other Government services.

690 This initiative is not exclusive to Europort and if any other landlord would like to participate, I would strongly encourage them to contact the CEO of business or indeed myself. We are establishing a charity to oversee the Peter J. Isola Start-up Hub as well as any other future hubs we may launch in partnership with other landlords.

695 The Gibraltar Enterprise Scheme applicants are assessed against defined criteria. The Gibraltar Enterprise Scheme is a system whereby Government loans businesses money in order to get them off the ground. The Gibraltar Enterprise Scheme applicants are assessed against defined criteria, one of which is the viability of their businesses.

700 This is not a grant, it is not free money and has to be paid back whether the business succeeds or not. Personal guarantees are obtained from the individuals involved in the business. The panel that considers applications does not recommend a loan for approval if they are not confident that the business can repay the loan.

705 But we do want to see more applications come through. I have directed that the scheme be opened for a 12 month round period so that new businesses can apply all year round. Applications can also be made online on the OFT website and we have published our criteria for the assessment of loan applications.

Madam Speaker, I have maintained my regular meetings with industry. These are with the Business Advisory Board and the Mainstream Consultative Board. My hon. Colleagues join me for these meetings given the overlap with the portfolio.

710 Our CEO of business in the OFT is also in regular contact with the GFSB and the Chamber of Commerce. Together, we identify friction points and shape policies together. These can be small things like improving flower baskets on Main Street or thornier issues like the amendment to Shop Hours legislation.

715 The legislation around Shop Hours set the pay that applies to retail businesses on weekends and public holidays. These rates raise the operational costs for retail businesses that choose to open on weekends. It was a shame to see an increase in the number of quality cruise calls not always met by the availability of businesses.

720 We have considered proposals to relax these Shop Hours for businesses located on Main Street. Rather than going out to immediate consultation, we sought early feedback from the unions to understand where they see the pressure points. I am grateful to Unite for their preliminary feedback and in particular their call for empirical data.

Together with the Government's Industrial Relations team, we have formulated our policy with Unite's concerns at the forefront of our minds. Since we have begun exploring shop openings during weekends, it is clear to us that a growing number of shops are opening during cruise calls. 725 We have therefore paused our legislative review to assess the number of shops that are opening on weekends.

Main Street is at the heart of our retail sector. Like many other high streets across the world, it is undergoing a change. But I am pleased to see that it continues to attract business from one end to another.

730 From Swiss watchmakers and frozen yoghurt and luxury ice cream and coffee houses through to the restoration plans for a 100-year-old building. I would like to see our Main Street continue to improve and for it to be treated as the jewel that it is. That is why, Madam Speaker, I frequently sit with my colleagues Minister Cortes and Minister Santos with the Board to seek improvements that can be made to our Main Street.

735 There are some shops that have been advertising their goods outside their premises. These pavements form parts of the public highway which belongs to the people of Gibraltar. These goods on display will impede access for pedestrians, especially for pedestrians with reduced mobility.

Additionally, footfall for adjacent shops is also redirected elsewhere. It is also unsightly to see goods displayed outside premises. Having previously notified the GFSB and the Chamber, we 740 recently wrote to every single shop on Main Street notifying them that they must remove any goods they may have on display outside their premises. The results, Madam Speaker, have provided a cleaner look and feel for Main Street.

A handful of businesses have made representations to us and we are receptive to some of those representations, such as affording them more time to adjust. But adjustments must be 745 made for the entire community, Madam Speaker. If we do not see results, we will have no choice but to enforce the law, much though we do not want to take this approach.

Our enforcement campaigns have also been visible. Our campaign to raise awareness with foreign businesses operating in Gibraltar has been a resounding success.

We have advertised on the LED screens on the Spanish side of the border with a bilingual ad 750 that was displayed more than 25,000 times. We have produced a bilingual infographic that was advertised on social media with over 70,000 impressions within a 10-kilometre radius, most of it within the Campo area. We have also carried out a campaign in collaboration with HM Customs down at the Four Corners border crossing.

755 We stopped over 67 vehicles, Madam Speaker, and the vast majority were found to be unlicensed. We have contacted the business owners, formally warning them of their non-compliance and informing them of the process to register and apply for a licence in Gibraltar. Our approach is not limited to foreign businesses.

We have also reached out to Gibraltar businesses that engage in unlicensed business. Once they are on notice, Madam Speaker, it is also an offence for them to engage the unlicensed business. Further campaigns are planned, with the next phase to be conducted at the Entry Processing Unit.

The plan is also to collaborate with the Labour Inspectorate for the next phase. The Spanish press describes this campaign as a declaration of war against the self-employed people in the Campo. That is incorrect.

In fact, it could not be further from the truth. The reality is that we welcome business with open arms, but they have to be properly registered and licenced, Madam Speaker. There cannot be an unlevel playing field.

In a Treaty environment, maintaining visible and consistent enforcement will be more important than ever. We will ensure a level playing field where businesses compete fairly, operate compliantly and thrive on their own merits.

Chief Minister (Hon. F R Picardo): Madam Speaker if the hon. Lady would give way... I do not absent myself from the Chamber during this debate without explaining why I am absenting myself. As I have told the Hon. Minister I need to go and see His Excellency for a short moment on matters unrelated to anything to do in Parliament. For that reason, I shall absent myself from the Chamber for the next 30 or so minutes. **(Interjection: early election?)**

Although we are sure that we would be returned to the places where we are all each sitting, I do not think it would be a useful use of taxpayers' money to see you once again be defeated.

Hon. G Arias Vasquez: A welcome break Madam Speaker. Madam Speaker, the message from the Department of Business is that business remains on the up. I am sure the Hon. Mr Sacarello will be happy to hear that a total of 1,114 business licence applications were received last year. 794 of these were new business applications as opposed to transfers or extensions.

This is over double the number of new business licence applications received last year. These aren't just statistics. These are real ideas with real people behind them offering real jobs to our sector.

The online application form for business licence has been extremely well received. There are further improvements to the business licensing platform that we have rolled out to automate messages and to automate payment receipts and there is more to come. We are also looking to make changes to the non-licensable registration that is currently open to all types of services. This category was originally intended for artisans and cottage industries.

We are finding that there are a large number of NLR holders who are abusing the registration system. We are seeing applications from companies, partnerships and even applicants represented by senior lawyers. When the business should only have a turnover of less than £20,000 we are reviewing this data and will be introducing changes to curtail this abuse. These changes will not be directed at the artisans and cottage industries for whom this exemption was designed.

Moving on to the real estate sector, compliance standards continue to be high. Our Government recognises and appreciates the significant role that the real estate sector plays in Gibraltar's economy, in supporting individuals and businesses moving to Gibraltar and in our fight against economic crime.

With over £200 million in transaction value this year, they regularly contribute a sizeable part of our GDP. This figure may be down from the figure reported last year but the sector's outlook for 2025 appears more positive, with many anticipating a modest recovery in buyer enquiries. Following the Treaty announcement, we anticipate a full rebound in sentiment across the property market, with interest expected to grow steadily in the months ahead.

There is already a solid pipeline of projects progressing through the planning phase, each one bringing with it significant indirect economic activity from professional services to retail and construction. This momentum reflects confidence not just in property but in Gibraltar's long-term

810 economic outlook. The number of consumer complaints received has seen a slight decrease since last year.

However, complaints continue to increase in terms of their complexity. We recently launched a new digital complaint form on the OFT's website, making it easier and more efficient for consumers to submit formal complaints, and for the OFT's consumer protection team to process them effectively. Despite fewer complaints and a temporary drop in inspections due to our legislative transitions and focus on foreign unlicensed business, investigations increased, our commitment to targeted and timely enforcement.

820 As a departure, the OFT have adopted AI successfully by building a custom GPT to assist the team with consumer complaints. These innovations are helping us work faster, smarter, and more consistently. Minister Santos and I will present draft legislation that would modernise the entertainment regime and outdoor furniture tables and chairs regime.

The entertainment regime would do away with the leisure area regime and the leisure area licence holders would be grandfathered business and outdoor furniture licence. These drafts are presently under consultation and a further announcement will be made once that consultation closes. There are also a series of changes that will be made to the Fair Trading Act.

830 The majority of these will see changes to the Decision Making Council. This is an operational model that was mirrored from the Gibraltar Financial Services Commission. The changes that have been proposed bring these processes closer to businesses and a number of appointments will also be made to the Decision Making Council in order to make its membership more representative of our business community.

I am also pleased to formally announce that the OFT will formally rebrand to the Department of Business. This is a big move, providing a clearer public face for business. It also follows a meaningful cultural and structural change that commenced last year with the appointment of the new CEO of the business.

835 Earlier this year, the OFT relocated to new premises at Europort, bringing together business registration and licencing under one roof in support of our one-stop-shop vision. The Office of Fair Trading is synonymous with protecting consumer rights. We are not moving away from that.

The UK's Office of Fair Trading was closed in 2014. In the UK, its responsibilities were transferred to different departments. We are not doing that.

840 The new Department for Business will continue with the OFT functions – business licencing, consumer protection and AML and other enforcement – but it will also bring in all other functions, which I have touched on in this part of my speech – business registration, the start-up hub, enterprise loans, the new entertainment and outdoor furniture regimes – and a forward-looking, joined-up approach to business in tune with the current climate of business in a vibrant, modern, forward-looking Gibraltar that is ready to embrace this new chapter and hurtle into the next decade of business. The new branding will be closer to the actual functions that are carried out and will bring them all under one roof – functions that are better described as business than under the OFT umbrella.

850 As part of the rebrand, I am also excited to launch a new and interactive website for business in the next 12 months. The website will consolidate all of the business-relevant information that is presently spread out across various different Government websites. Work is already well underway as we seek to update old information and include information that was previously unavailable.

855 This is part of the drive towards showing the outside world that Gibraltar is open for business, as my hon. Colleague Minister Feetham recently said. The new website will include information for existing businesses, as well as information for businesses, entrepreneurs or workers that are looking to relocate to Gibraltar. The launch will be well timed, aligning with the Treaty announcement and the renewed interest we are already seeing.

860 The website will include testimonials across our entire business community. So, if anyone has a good relocation story, please do get in touch.

The Gibraltar Day in London is an excellent showcase of our excellent business relationships we have with the UK. Building on that success, we are looking to host a dedicated event focused on unlicensed business, entrepreneur and worker relocation to Gibraltar. This event would target key professionals involved in the relocation process, HR managers, Estate Agents, Lawyers, Tax advisors and accountants, providing them with the tools and insights needed so that we feature in any jurisdiction selection process.

As part of our wider business development strategy, we are currently engaging with a number of businesses exploring the provision of stem cell therapy from Gibraltar.

One of these is focused on patient funded clinical trials and I hope to bring an announcement to the House in the very near future. Our CEO is also actively supporting the development of Government's commercial maritime strategy, passionately led by Aaron Lopez. We see huge potential in many of the initiatives identified within these areas and I am particularly grateful to John Paul Fa for bringing fresh, outside the box thinking to this important work.

I am grateful to the entire team at the OFT, soon to be the Department for Business, so ably led by CEO of business John Paul Fa, for all of their hard work over the year. Madam Speaker, I now turn to our Maritime services. Last year I stood in this House and I told hon. Members that I will be convening monthly meetings of the Gibraltar Maritime Strategy Council to bring the Gibraltar Port Authority and the Maritime Administration together under one roof.

Metaphorically speaking, to start a strategic course for the future of our maritime sector. One year on, the result of that work is clear. We have not only convened these meetings, but we have created an entirely new entity, the Gibraltar Maritime Services.

Gibraltar Maritime Services (GMS) , Madam Speaker, is a new, fit-for-purpose department with a clear task to develop and implement a maritime strategy that is comprehensive, forward-thinking and aligned with both local and global maritime developments. It is about ensuring that Gibraltar remains competitive in a fast-moving and increasingly complex international maritime landscape, and that we do so in a way that benefits not only those doing business directly with us, but Gibraltar PLC as a whole. This is about growing our maritime economy, not in a piecemeal way, but through a focused, deliberate strategy.

Madam Speaker, it is currently estimated that Gibraltar's maritime sector contributes around £390 million annually to our GDP, and we aim to grow that. Madam Speaker, the GMS business development strategy is all about modernising our frameworks and enhancing our competitiveness. We are building the foundations for a maritime offering that is streamlined, digital, responsive and attractive to international investors.

And yes, Madam Speaker, central to this is the introduction of competitive tax incentives to broaden the scope of services and to offer and align ourselves with the needs of modern shipping. Because let's be clear, we cannot afford to sit back and hope that Gibraltar remains attractive. We must actively make Gibraltar competitive and send the message loud and clear that the Gibraltar maritime services are open for business.

Madam Speaker, Gibraltar Maritime Services is a vehicle through which we will secure our long-time maritime future. It is about delivering quality, delivering strategic growth. It is about making sure that Gibraltar's maritime economy is not just competitive but leading.

And I look forward to returning to this House next year and reporting on the progress we have made. Madam Speaker, I would like to thank Aaron Lopez, our business development director for maritime services, and John Paul Fa, our CEO of business, for their work in this area over the past year.

Madam Speaker, I now turn to the Gibraltar Port Authority. 2024 has been another big year for the Port of Gibraltar. The global maritime sector continues to face challenges, disrupted trade routes, fuel transitions, and geopolitical instability. But, as is so often the case, it is in adversity that resilience shines.

And I am proud to say that the Port of Gibraltar has once again proven its ability to deliver, commercially, operationally, and, perhaps most importantly, Madam Speaker, reputationally. I am pleased to report that activity across the board has been strong. Total vessel traffic in our waters

rose by 1.7% compared to last year, a steady and reassuring indication that our port remains one of the busiest and most reliable in the region, if not the world. Bunkering remains a cornerstone of our port services, and here, too, we have seen continued strength. Bunker costs increased by 5% from 2023 to 2024. Whilst the first quarter of 2025 has seen a slight softening, a pattern we expected, the long-term outlook remains positive and we will continue to adapt.

Our focus is now not just on volume, but on value, and that means preparing the ports for the future. Our engagement with stakeholders has intensified, particularly in supporting the maritime industry's transition to cleaner fuels. Madam Speaker, we are one of a small number of ports globally offering LNG and biofuels, alongside conventional marine fuels, and that investment is paying off.

LNG bunkering has skyrocketed with a six-fold increase in vessel calls in 2024, and a 12-fold increase in the actual volume of LNG supplied. And in the first four months of 2025, we have already seen a further 60% growth compared to the same period last year. Biofuels, Madam Speaker, are also on the rise, helped by the Mediterranean's designation as a sulphur emission control area as from the first of May 2025.

These trends show that Gibraltar is not just keeping up, we are setting the pace, and the market is responding. We are not only attracting more calls, but we are seeing growing interest from operators wanting to base themselves in Gibraltar. That is a testament to our reputation.

In the yachting sector, we have also seen a 10% rise in visits during 2024. Gibraltar's reputation as a dependable stop for crew changes, supplies and services continues to strengthen, and we expect this upward trend to continue in 2025. Madam Speaker, we are not resting on our laurels.

Under the Gibraltar Maritime Services Banner, and with the Gibraltar Port Authority at the heart of it, we have continued our international engagement.

In February, I was pleased to attend the IPIA dinner in London. You will note, Madam Speaker, that the Captain of the Port was actually appointed to a board of IPIA, for which I congratulate him once again.

And looking ahead, the Gibraltar Port Authority is already preparing for London International Shipping Week in September. We will once again host the headline reception on the opening day, with guests expected to include the UK Secretary of State for Shipping, the IMO Secretary General and senior figures from across the global maritime and energy sectors. This level of visibility matters, and I want to sincerely thank our partners and sponsors for making this possible.

Madam Speaker, turning to the financials. For the financial year of 2024/2025, total revenue reached just under £8.91 million, comfortably above our estimate of £8.6 million. Expenditure was £7.27 million, above the allocated Budget of £6.79 million. As always, I want to be completely transparent with this House about why.

The overspend is explained by a number of operational realities. The filling of two long-standing vacant posts, higher than anticipated overtime due to operational demands, increases in employee contribution, insurance premiums and security contracts, additional pollution controls and legal expenses and some marketing initiatives where we needed to step up directly to secure Gibraltar's presence.

Madam Speaker, we take financial discipline seriously, but we also take our operational responsibilities seriously. If a job needs doing, we will do it, and we will do it properly. Arrears at the end of March 2025 stood at £413,386.33. We continue to enforce payment terms robustly and this remains a management priority.

Finally, Madam Speaker, I am pleased to report that our port tariff review has now concluded. This was an exhaustive stakeholder-led process and one we approached with care and balance. The updated tariffs are now in place and we are confident they will continue to support healthy revenues without placing unfair burdens on operators.

Madam Speaker, the success of the Port of Gibraltar is not accidental. It is a result of a clear vision, excellent leadership, strategic engagement and an outstanding team on the ground. I want to thank every member of the Gibraltar Port Authority so ably led by their brilliant Captain of the Port, John Ghio.

965 I want to thank them for their work throughout the year. Madam Speaker, this port is ours. It is Gibraltar's gateway to the world and we are determined to keep it safe, competitive and forward looking.

Madam Speaker, I now turn to the Gibraltar Maritime Administration. The work of the GMA is essential in maintaining Gibraltar's reputation as a premier global maritime hub. I am proud to say that Gibraltar continues to be recognised for its high safety standards, robust legal framework and commitment to quality.

970 Madam Speaker, I now turn to the Gibraltar Maritime Administration (GMA). The work of the GMA is essential in maintaining Gibraltar's reputation as a premier global maritime hub. I am proud to say that Gibraltar continues to be recognised for its high safety standards, robust legal framework and commitment to quality.

975 The Gibraltar Register currently holds 126 ships, either actively registered or in the final stages of registration. This totals 671,333 gross tonnes. Madam Speaker, the small ship register and yacht register also continue to perform solidly.

As of 22 April this year we have 843 yachts and 405 small ships totalling 1,248 vessels. Combined with our commercial fleet Gibraltar's total register stands at 1,374 vessels with an overall gross tonnage of £696,333.20. This is slightly up in vessel count from the previous year.

To further increase the ship registry, Gibraltar Maritime Services has detailed a comprehensive roadmap for the GMA to achieve financial stability, modernise its service offering and position itself as a globally competitive and progressive maritime plan.

985 To support this objective, Gibraltar Maritime Services proposes a multi-pillar framework that includes international business development, digital transformation and a new global partnership model, including VIP concierge services and a targeted shift towards registering new and green medium ships to large gross tonnage vessels.

But Gibraltar's flag continues to shine brightly, literally and figuratively. We remain firmly on the Paris MOU's whitelist, an international badge of honour, recognising our flag as one with low detention rates and consistently high standards and in a world that never sleeps, I am pleased to say that our services have followed suit.

990 The GMA has launched a 24-7 online system for the issuance of a confirmation of receipt of application under STCW regulations. Since November last year, we have issued 331 CRAs, enabling seafarers to begin working whilst their endorsements are processed.

995 It's simple, it's secure and it's smart. And it's just one part of a broader commitment to digital transformation. The GMA is actively upgrading its e-service infrastructure, ensuring that our maritime stakeholders, whether here or overseas, benefit from faster, more transparent and user-friendly systems.

1000 Because, Madam Speaker, in a digital age, a world-class flag must also deliver a world-class service. Our seafarer division has also issued 888 endorsements for officers since 1 April 2024, again demonstrating Gibraltar's responsiveness to industry demand whilst ensuring full compliance with international training and certification standards.

On the yacht front, I am pleased to announce that the Yacht Registry has implemented a more flexible transition process between pleasure yachts and commercial yacht registration for yachts 24 metres and above.

1005 This allows owners greater operational flexibility, which is a crucial offering in today's competitive maritime economy. Madam Speaker, Gibraltar as a jurisdiction is proving that we are not just compliant, we are adaptable and forward-thinking. Our international footprint has also expanded.

1010 We have reinforced our presence in key international forums. In June last year, the GMA took part in the Red Ensign Group Conference in Guernsey, reinforcing its close collaborations with the UK Maritime and Coast Guard Agency and REG partners.

1015 Madam Speaker, we are absolutely committed to sustainability. We are driving regulatory changes and incentives to support the use of low-carbon fuels. The key to Gibraltar's maritime

sector is not just growth, it is responsible growth. These incentives align with both international expectations and our own climate responsibilities.

And finally, Madam Speaker, I am pleased to confirm that the GMA has recently passed three independence audits with flying colours. The ISO9000 2015 certification, the UK MCA3 code audit and the STCW audit conducted by an independent UK-appointed auditor. In all three, no non-conformities were identified.

That, Madam Speaker, is the gold standard. So, Madam Speaker, I'd like to thank the whole team at the GMA, led by the Maritime Administrator, Dylan Cochrane. Thank you very much.

Madam Speaker, I turn now to my responsibility as Minister for Public Utilities. I begin with AquaGib. This past year, we took a significant and strategic decision, as set out in our manifesto, to safeguard Gibraltar's long-term water infrastructure and ensure its future remains rooted in the public interest.

In December, His Majesty's Government of Gibraltar acquired the remaining 67% shareholding in AquaGib from Northumbrian Water. This brought AquaGib into full public ownership for the first time in its history. We now own 100% of our national water service provider.

This was a smooth, carefully planned transition. It follows more than 30 years of a joint venture between the Government, private sector partners who supported the modernisation of our water infrastructure and brought us much-needed technical skill when it was required. But with contractual arrangements reaching their natural conclusion and with the increasing needs to ensure strategic resilience and accountability, the time had come to bring AquaGib into full public ownership.

Although, I want to be clear, Madam Speaker, this is not about taking over operations. AquaGib continues to operate as an independent, commercially-managed company just as the Gibraltar International Bank and Gibtelecom do. Like those institutions, AquaGib is now 100% owned by the Government, yes, but it is not run by civil servants or directed day-to-day from No 6 or from my ministry.

It is run by professionals with expertise and operational independence. And that is exactly how it should be. I now chair the newly reconstituted AquaGib Board which includes Managing Director Paul Singleton, Financial Secretary Charles Santos, the former Financial Secretary Albert Mena, former Water Networks Director William McLaren and an Employee Representative Sheelagh Fiol.

During the 2024-25 financial year, AquaGib spent approximately £15.7 million to maintain and improve our portable and seawater supply and our sewage systems. That figure includes £1.4 million on asset maintenance projects. These have included the replacement of water mains in several challenging but critical locations such as Tankerville, Castle Road, Lower Castle Road and Town Range.

Significant investment has also been made at the Governor's Cottage Reverse Osmosis Plant which, as I am sure the majority of Gibraltarians fully understand, after our water crisis a few years ago. This supplies a majority of our water network. At the same time, AquaGib has pushed forward with its programme of giving customers better data and improving system-wide efficiency.

I am pleased to report that AquaGib also concluded its insurance claim for the Powers Drive fire, securing £1.3 million, 99% of its admitted costs. During the year, AquaGib worked closely with the Government to reallocate assets from the Waterport side in preparation for the next phase of the Bob Peliza housing development. That relocation of stores, workshops and offices was completed successfully and without operational dysfunction.

The next phase, relocating the Waterport Reverse Osmosis Plant to the North Mole, is now underway and due for completion this financial year, including the installation of a new reverse osmosis unit valued at £1.2 million. In 2025/2026, AquaGib will spend an estimated £16.1 million. This will support continued mains replacement across Upper Town, major infrastructure upgrades at Waterworks Reservoirs and Middle Hill, digital improvements to telemetry and billing systems and the completion of the North Mill RO plant relocation.

AquaGib is also in the final stages of a full company-wide review which is being led by an external consultant. This review was commissioned following concerns raised by staff and is focused on benchmarking the company's operations and exploring how AquaGib can deliver more effectively, efficiently and sustainably for the future. We will be looking to discuss the results of the company-wide review with AquaGib management and all of its teams in the third quarter of this year.

With this review, we hope to modernise the workforce, job descriptions and indeed the pay of the workforce, as well as to update processes to align with best practise in similar jurisdictions. Madam Speaker, this is how good public ownership works. AquaGib is not a department.

It is not a Government-run agency. It is a professionally managed utility company operating with independence and expertise in the same way as the Gibraltar International Bank and Gibtelecom. The key difference is that now, 100% of the benefits remain in Gibraltar.

Every decision made by its Board is made with the interests of our people and our future in mind. I want to take this opportunity to thank the former Northumbrian Waters Directors for their work over many years and I extend my gratitude to the entire AquaGib team led by Paul Singleton for their continued dedication and high standards. Madam Speaker, I wish to take this opportunity to take the entire AquaGib team to thank Paul Singleton and his managing team for all of their work throughout the year.

I look forward to seeing them all after the summer. Their work is vital and it is what keeps our taps running. Thank you very much.

Madam Speaker, I think it is prudent to possibly do Gibraltar Electricity Authority and do town planning and take a 15-minute recess before I turn to Health. So I would plan to do the next two departments and then take a short recess before Public Health.

Madam Speaker: I shan't object to a short recess.

Hon. G Arias Vasquez: Madam Speaker, turning now to the Gibraltar Electricity Authority (GEA) the GEA team continues to work diligently to ensure that Gibraltar's infrastructure remains reliable and fit for purpose. Madam Speaker, nobody realises the importance of the Gibraltar Electricity Authority until there is a power cut.

At the North Mole Power Station all six generating sets have now completed their scheduled 18,000-hour overhauls. There are important service milestones recommended by the manufacturer and the GEA are already preparing for the next phase of maintenance. The station's emissions control and monitoring systems are also calibrated annually in full compliance with the conditions of our IPPC permit.

This ensures that the plant continues to operate within the environmental parameters expected of us and rightly so, Madam Speaker. It is important that I am upfront with this House. Overall emissions from our generating assets remained consistent with the previous year.

This was a result of a planned maintenance period at the LNG terminal which meant that we had no choice but to run three dual fuel generating sets on diesel for an extended period. Although not ideal, the circumstances were entirely unavoidable and crucially, our emissions abatement systems remained fully operational throughout. Madam Speaker, I have dealt with this issue in the House before.

There is, however, some very good news on the horizon. The Battery Energy Storage System (BESS), is progressing on schedule and is due to be commissioned by the end of August 2025. I am pleased to inform the House that the battery has already arrived in Gibraltar.

Once operational, the BESS will act as a spinning reserve improving grid stability reducing the risk of outages and enabling the GEA to decommission the temporary generators at North Mole. This will mean financial savings greater energy security and, most significantly a further estimated 6% drop in carbon emissions. When combined with the reductions already achieved since the commissioning of the North Mole Power Station this will represent a total emissions drop of nearly 35% from our power generation assets. This, Madam Speaker, is a figure which we should all be proud of and indeed, most of all, the Minister for the Environment for instructing us.

1120 This, Madam Speaker, is a figure that would never have been achieved with a diesel plant. In terms of renewables our installed capacity currently stands at 3 MW but that will double to 6 MW in the near future as a result of new projects developed in partnership with the Ministry of Defence and the private sector.

1125 These are exciting and important collaborations which will diversify our generation mix and reduce our carbon footprint even further. Madam Speaker, we are also exploring opportunities for new solar and wind energy installations with the Hon. Minister for the Environment. As always, we do this in a considered and evidence-led way to ensure that we maintain the right energy mix.

1130 On the public lighting front the GEA continues its systematic replacement programme transitioning to LED low-energy lanterns across Gibraltar. This is helping to reduce consumption and modernise our infrastructure whilst delivering better lighting across our community. Madam Speaker, we have also invested approximately £3 million this past financial year in a new substation equipment and cabling.

1135 These improvements are key to strengthening our distribution system and making it more resilient particularly in the face of increased demand. As part of our continued focus on improvement in accountability I have also asked the GEA to undertake a comprehensive review of its health and safety procedures. To that end WSP were commissioned to carry out an operational and occupational health and safety gap analysis assessment of health and safety work practises at the GEA.

1140 This independent assessment provides clear and constructive recommendations to ensure that health and safety best practises are not only met but embedded within the culture of the organisation. The report has been formally circulated to the GEA workforce and to the relevant union representatives ensuring full transparency and collaboration as we work to implement its recommendations. It reflects the Government's commitment to safeguarding the wellbeing of the GEA workforce and maintaining the highest standards across all operational areas.

1145 This Madam Speaker is part of a wider workforce and pay review that the GEA and their union at the time requested. Again I look forward to taking the workforce through these documents after the summer months.

1150 Madam Speaker what all of this demonstrates is a clear trajectory. We are modernising our power infrastructure, we are reducing our emissions and we are doing so while ensuring Gibraltar remains energy secure and resilient for the future. I want to thank the entire team at the GEA for their work throughout the year. And Madam Speaker I want to take a moment to extend my personal thanks and best wishes to Mr Michael Caetano the Chief Executive Officer of the GEA who has very recently retired.

1155 Michael has been instrumental to the GEA over many years and oversaw the transition from the old power station to the North Mole LNG power station we rely on today. Michael has been instrumental to change the way that power has been produced in Gibraltar to create a power generation plant fit for the next few decades. All while producing cleaner energy for Gibraltar and earning the respect of his workforce. On behalf of the Government and I'm sure the whole House, I wish Michael a very happy, well-earned retirement.

1160 Madam Speaker I turn now to Town Planning and Building Control. The Town Planning department continues to be one of the busiest technical areas of Government.

During the past financial years the department received around 560 planning applications, a consistent trend that shows how essential this work is to the continued development of our community. The estimated construction values of these applications exceeds £478 million. Application fees generated almost £940,000 in Government revenue.

1165 Let me say that again, almost £1 million in fees from the development projects valued at nearly half a billion pounds. As ever the types of applications submitted have ranged from small household improvements to major infrastructure and residential schemes. Significant projects considered this year have included revised proposals for the new cable car, including its upper and lower stations, the redevelopment of the ex-Queen's Cinema site, the final phase of the Midtown scheme, the Bayside One development, the energy storage facility near the Power Station, the

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demolition of the Victoria Stadium, coastal protection works at the Eastside and various high-profile proposals along Devil's Tower Road, many of which are still under active review. These projects are not without complexity Madam Speaker, many of them involve detailed technical submissions, multi-agency coordination and careful environmental and planning scrutiny. And with that complexity comes additional work for the team.

The reality is that the nature of planning in Gibraltar is changing and we need to make sure our system, our staffing and yes, our fee structure changes with that. We will therefore begin a review of our planning application fee regime this year. In terms of public transparency, I am proud that all Development Planning Commission meetings continue to be live-streamed on the Government's YouTube channel.

This matters. It is important for public trust and I'm glad that Gibraltar continues to set the mark in making this planning process open and accessible. Long gone are the days, Madam Speaker, where the DPC was chaired by a Government Minister and was held in secret behind closed doors.

To improve the quality and stability of the service, the department has scheduled an upgrade to its hardware and software systems, a much-needed investment that will make the system more resilient and user-friendly.

I now turn to a major piece of work, the new Gibraltar Development Plan. I am pleased to confirm that following the appointment by a tender process of Lichfields, work on the Development Plan formally began in October 2024.

Since then, the department has worked closely with the consultants to develop the evidence base and to prepare two specific pieces of guidance. One for the Northern District, centred on Devil's Tower Road, and another on tall buildings. Both of these guidance documents are now at an advanced stage and will be published in draft form ahead of the full consultation of the Development Plan itself. We have also had wide engagement with stakeholders, including developers, NGOs, professional bodies and, of course, Government departments.

The aim is to make this a genuinely collaborative process. We are now working towards the publication of a consultation draft this autumn, followed by a two-month public consultation. And let me say this clearly, as I have already said publicly before. The Development Plan is not a tick-box exercise. It is an opportunity to shape the Gibraltar that we want to see. A forward-looking, confident and sustainable Gibraltar that builds with intention and purpose. It is about understanding where we came from and where we want to go. Just as a 1991 plan helped shape modern Gibraltar by setting out our vision for the Finance Centre, the Westside Reclamation and key infrastructure. This new plan will define how Gibraltar develops over the next ten years.

It must consider housing needs, green spaces, infrastructure resilience, our population growth and the way that we want to live. And yes, it must consider what kind of homes our children will live in. I want my own sons to be able to purchase their first home here in Gibraltar from an affordable housing project in a sustainable building. This is what a Development Plan does.

If all goes to plan, we expect to adopt the final version of the new Development Plan by late summer next year. This will give us a robust modern planning framework to guide our decisions for the next decade.

Second, I want to update the House on the review of the Development Planning Commission and its procedures. This was one of our manifesto commitments and I am pleased to report that it is already well underway. The Town Planner is leading this work and the aim is simple, to make the system more efficient, more accessible and more user-friendly for the public.

The review will be completed this summer and the Government will then consider its recommendations in full. On digital systems, our temporary e-planning portal remains in place following the off-lining of the original portal due to security issues. While it is not ideal, it has allowed us to maintain a continuity of service.

In the background, we are closely working with ITLD on a new fully functional e-planning platform. This will be supported by a rolling programme of back-end improvements to ensure it is fit for purpose, secure and efficient.

Madam Speaker, turning quickly to Building Control, this team quietly gets on with a huge volume of complex work regulating how we build in Gibraltar, making sure our structures are safe, legal and resilient.

This year we have continued our comprehensive review of Gibraltar's building regulations. There are 11 remaining parts of the Code being revised and once that process is complete, we will have a full suite of modernised regulations aligned with the UK and European standards. These updates will empower our build and control officers to enforce the best practises, protect public safety and future-proof Gibraltar's building environment.

We are also progressing in parallel with a review of the relevant parts of the Public Health Act with the intention of creating Gibraltar's first ever stand-alone Building Act. This, in my view Madam Speaker, is a long overdue and once enacted, will provide a clearer legal framework for everyone working in the sector architects, engineers, contractors developers and homeowners. Separately, I am pleased to report that the National Seismic and Wind Annex for Gibraltar has now been finalised following detailed work by our external consultants. This annex will be incorporated into the building regulations, ensuring that Gibraltar's structural design standards meet the realities of our local environment.

And finally, I want to speak honestly about something I've been hearing more and more about concerns from members of the public regarding poor workmanship by building contractors. Madam Speaker, this is something that we are consistently looking into to see if there is a programme that we can do to support the public against any poor workmanship.

Madam Speaker, I'd like to thank the Department's senior technical officers Paul Naughton-Rumbo, James Sanguinetti and Ashley Harrison in their respective teams for the hard work that they have put in throughout the year. Madam Speaker, as I said a few moments ago at this juncture, I've got the last of my portfolios, which is a fairly huge portfolio which is health and public health. I think it would be a good moment to take a 15 minute recess.

Madam Speaker: Yes, before anybody has a different opinion, we will take a 15-minute recess.

The House recessed at 11.50 a.m. and resumed at 12.07 p.m.

Madam Speaker: Yes, the Hon. Minister Arias Vazquez.

Hon. G Arias Vasquez: Madam Speaker, suitably armed with coffee, I will now turn to public health. Madam Speaker, as I said in this House last year, our aim is always to keep people healthy and out of hospital and that remains a central focus. So, in this section, I will first speak about the work that we have done on health and public health.

And then I will move on to the healthcare aspects of public health before ending with health protection. Over the last 12 months, a lot of work has taken place on the creation of a covenant for health, Madam Speaker, which I am happy to report to this House I intend to publish before the end of the year.

This will be Gibraltar's primary prevention strategy. It will be our long-term strategy to shift the focus from illness to wellness and to improve the health of our entire population. And, Madam Speaker, I want to briefly share with the House a particular experience I've had this year, which I believe speaks volumes about the importance of this work.

I was invited to participate in the global legislator's initiative for non-communicable diseases and mental health. These are the diseases that don't come from infections. They are things like heart attacks, cancer, diabetes and kidney disease. The very illnesses that remain the leading causes of poor health and premature death in Gibraltar.

This forum of ministers from around the world heard from international experts, including those working with the World Health Organisation and the World Bank. We explored how we as

1275 legislators can create policies that address the root causes of ill health. Because those root causes, Madam Speaker, are clear. Smoking, poor diet, physical inactivity, excess sugar, salts and trans fats. These are the building blocks of the covenant for health and I was honoured as a result of my work with this initiative to be invited last month to the G20 and G7 Health Summit 2025 in Geneva and to speak on a panel hosted by the World Health Organisation.

1280 Madam Speaker, if we are serious about pivoting from illness to prevention we must be bold and we must be brave. That is why I issued the command paper for a smoke-free generation earlier this year. Let me be very clear. Smoking remains the single greatest threat to public health in Gibraltar. The harms are proven. The dangers of passive smoking are proven. The emerging risks of vaping are real. This is why the Director of Public Health has been consistent in her message, if you do not smoke, do not start vaping.

1285 And yet, we know that young people, many of them non-smokers, are being drawn into vaping. Why? Because nicotine is addictive, highly addictive. This is not about lifestyle or choice. It is about addiction. And we know that the vast majority of people who still smoke would not do so if they could go back and make the choice again. That is why we must act. Because we have the opportunity to build a smoke-free generation.

1290 Madam Speaker, demand for smoking cessation services continue to rise. In 2024, our focus was on expanding access to people with mental health conditions. An outreach model has now been developed to support them more effectively. Over 700 people attended the GHA Smoking Cessation Clinic between 1 June 2024 and 1 June 2025. Over the next year, our focus will turn to pregnant women. There are no safe levels of smoking in pregnancy. The consequences? 1295 Miscarriage and stillbirth are tragic and they are preventable. Our midwives will now consistently offer carbon monoxide breath testing to every pregnant woman.

High levels may mean the mother is smoking or being exposed to second-hand smoke. The GHA will ensure that every week there are emergency slots available at the cessation clinic so that pregnant women and their families can get immediate support.

1300 Madam Speaker, it's not just tobacco and vaping that put our health at risk. Alcohol and drug misuse also contribute significantly to poor health outcomes. Because, Madam Speaker, even though the Director of Public Health sits in my Ministry, public health must sit across all of government. Over the past year, the Director of Public Health has worked closely with my friend and colleague, the Minister for Equality, who chairs the Drug Advisory Council.

1305 Together, they've developed the Gibraltar Drug and Alcohol Strategy. A surveillance sub-group has been established. Benzodiazepine Task and Finish Group has begun its work. No one department in Government, Madam Speaker, can solve these issues alone. That is why public health has an important role in bringing people together and tackling the root causes of ill health. Madam Speaker, the role is also deeply connected to the transformation of our community mental 1310 health services.

That transformation is being supported by a powerful anti-stigma campaign being delivered in partnership between public health, Clubhouse, GIBSAMS, the Mental Welfare Society, the Care Agency, the GHA and the University of Gibraltar.

1315 Over the last 12 months, local research has helped us understand what stigma feels like here in Gibraltar. We've also recruited and trained voluntary community champions who will take this campaign forward in the year ahead.

Because, Madam Speaker, reducing stigma is how we open doors. It's how we help people access care in the right place, at the right time, without fear. And that, Madam Speaker, brings me to another area of work that sits at the intersection of prevention and vulnerability.

1320 Adverse childhood experiences (ACEs). These are traumatic events in childhood abuse, neglect, exposure to domestic violence, mental illness or substance abuse in the home. The science is clear, Children who experience five or more ACEs are eight times more likely to become alcoholic in adulthood. Childhood shapes adulthood. Always.

This is why the Director of Public Health established a multi-agency task and finish group. 1325 Together, they've mapped services, reviewed protective factors and are now finalising

recommendations to break the cycle. These will be shared with Ministers and the child protection committee later this year.

1330 Madam Speaker, I turn now to a new and growing public health concern. Screen time amongst our young people. Madam Speaker, as the Honourable Members all know, we recently conducted the Gibraltar School Survey 2024 on Adolescent Screen Use, which was led by a joint partnership between Public Health, the GHA's Department of Paediatrics, the University of Gibraltar and the Department of Education.

1335 Madam Speaker, I worked in close collaboration with my friend and Honourable Colleague, the Minister of Education, Professor John Cortes. The survey reached over 2,400 students across Westside, Bayside, Gibraltar College and Prior Park, representing nearly 78% of all students in years 7 to 13. And here's what we learned.

By year 13, nearly 100% of students use smartphones. Almost half use their phones within 10 minutes of waking up on a school day, and one in four uses a screen until the moment they fall asleep. Over 65% of adolescents believe they have no parental controls on any of their devices.

1340 And 27% of students say their parents know little or nothing about what they're doing online. Madam Speaker, we all know that technology is part of modern life. But when screen use is interfering with sleep, school performance and mental health, when young people tell us they're using screens to escape problems and feel anxious or irritable when they're disconnected, we have a duty to act.

1345 This isn't just about time on screens. It's about problematic behaviours linked to mobile phones, gaming and social media. 12.5% of students scored above the risk threshold for social media addiction. One in five students reported some level of problematic gaming behaviour. And crucially, problematic screen use scores were higher amongst students who felt isolated from their peers, reported lower academic performances or students who do no regular exercise.

1350 Madam Speaker, the data shows that prevention means more than telling children to put their phones away. It means strengthening relationships, encouraging sport and activity, improving sleep hygiene and working with families to foster healthy digital habits from the earliest years.

1355 Madam Speaker, most of us in this house are parents. The results of this study need to be brought to the attention of every single parent in Gibraltar. We have a duty to inform parents of the consequences of excessive screen use. And I would suggest to the hon. Members opposite that this should be a cross-party initiative. This is why we are announcing a cross-party working group which will involve my friend and colleague the Hon. Minister for Education and which will meet as soon as possible to review the full implications of this study in detail.

1360 I hope that the hon. Members opposite accept my invitation to collaborate and work together on this fundamental issue.

1365 Public Health Gibraltar is already using this data to inform the next phase of our prevention agenda and will also form part of this working group. Integrating digital well-being into the covenant for health, developing awareness campaigns and ensuring our schools, health professionals and parents are equipped with the tools to respond. Because, Madam Speaker, just as we wouldn't ignore a Public Health threat from tobacco, we must not ignore this one.

Our children's brains, their development, their social lives, their Mental Health are all shaped by how they interact with digital spaces. And if we are really serious about prevention, then we must ensure that digital well-being becomes a cornerstone of our future Public Health strategy.

1370 Madam Speaker, I now want to move on to the Healthcare aspects of Public Health and in particular our work on screening and secondary prevention.

1375 The Director of Public Health has led the improvement of the cervical screening programme, starting with a root and branch review in August 2023. That review led to the repatriation of liquid-based cytology, the purchase of new lab equipment and the recruitment and training of one biomedical scientist. The existing cytopathologist also undertook specialist training in cytology reporting.

All lab staff have been trained in maintenance and running of the new equipment. The recall exercise, which I announced on the 2nd of April, has already sent text messages to 2,109 women. This is in addition to the routine recall screening that continues as normal.

1380 599 women have responded using the SMS link. More have called and been booked. 311 have been screened. I am very, very happy to stand here today and to be able to say that three very early cervical cancers have been picked up by our new system. Madam Speaker, this is what we should be celebrating. This is the reason that I embarked on this role, to improve the service.

1385 And many, many more women are booked in. I am confident that we now have a gold standard cervical screening programme, Madam Speaker, comparable, if not better, than many countries. Madam Speaker, it would be remiss of me to speak about the cervical screening programme and not address the comments made by the Opposition at the time that we announced our review.

1390 The GSD claimed that the programme was neglected and that there were delays in recalls and that this Government failed to act. Let me be absolutely clear. We took the decision to repatriate testing and invest in the necessary laboratory infrastructure because we believed that women in Gibraltar deserved a gold standard service.

We did not ignore the problem. We fixed it. We now have a comprehensive recall system, equipment that meets international gold standard benchmarks, trained laboratory staff and a robust governance structure that ensures safety and quality.

1395 And we did not stop there. We have commissioned an independent review of all 12 screening programmes so that every person in Gibraltar can be confident that their screening service is based on clinical evidence. So, Madam Speaker, while the Opposition choose to politicise women's health, this Government has chosen to protect it, to strengthen it and to future-proof it.

1400 That, once again, Madam Speaker, is the difference between noise and action. Indeed, I invited the hon. Lady publicly to come and see for herself and stand by the GHA as we strengthen the programme. But, Madam Speaker, regrettably, the invitation was ignored.

That is the difference between blame and responsibility and I will always choose the latter. Irrespective of previous snubs, I will always choose dialogues. I will continue to extend a hand no matter how many times it is ignored and scorned.

1405 I will always choose collaboration despite the many instances where, unfortunately, this has not been reciprocated. That independent report, Madam Speaker, has now been considered by the GHA Board and concluded that the programmes will be reviewed, screening programme by screening programme. Madam Speaker, the aim, as I have always stated, is to continue to improve the GHA.

1410 And finally, Madam Speaker, I turn to Health Protection. Public Health protection is about shielding the population from infectious disease, environmental hazards and climate risks. Over the last year, work has continued to ensure we meet international standards, including compliance with international health regulations and preparations for the WHO pandemic accord.

1415 The Director of Public Health has worked with the Office of Parliamentary Council to update the Public Health Act 1950 and to draft a new Health Protection Act 2025, which I will bring to this House later in this year. I am also very pleased to say that we have now developed an electronic system for disease notifications, with alerts triggered accordingly. This improves early detection and lets us act quickly.

1420 From 1 April 2024 to 31 March 2025, there were 138 notifications of infectious diseases. Every single case required a risk assessment, triage and, when necessary, contact tracing and Public Health intervention. In that same period, Gibraltar reviewed and responded to 122 global health alerts from the World Health Organisation.

These included TB, meningitis, avian flu, measles and mumps. Indeed, the GHA infection prevention and control team has a crucial role, especially as we face a growing threat of antimicrobial resistance. That is when a common infection stops responding to antibiotics.

1425 This year, the IPC team carried out 20 audits and infection control walkabouts. In fact, I was delighted to join them on one such walkabout and in one such meeting to better understand for myself the importance of infection control and the great work that this team does throughout the

year. I want to ensure that the audits are then fed through to the correct departments to be actioned without the need for any further interventions.

1430 Their work was particularly vital during the winter surge in January 2025, when 35 adults and 30 children were admitted with flu. Most of these had not received the seasonal flu vaccine despite being eligible. That is why this autumn we will be promoting the flu vaccine more proactively than ever.

1435 We have all seen the impact of climate change. This winter and spring brought relentless storms and rainfall. Summer brings heat.

Like other countries in Europe, we see excess deaths and hospital admissions during heatwaves. That is why I am proud to announce that from 1 July this year, Gibraltar has launched its first heatwave health alert system, developed in partnership between Public Health, the Ministry for the Environment and the Met Office. Because Madam Speaker, Public Health is not 1440 just about preventing disease. It is about building the conditions in which people can live longer, healthier and happy lives. That is why I remain determined to deliver.

Madam Speaker, It is fair to say that the Health and Care sector has seen heightened attention and a degree of unrest in recent weeks, particularly with the Gibraltar Health Authority.

I want to begin this section by acknowledging that openly. Concerns raised in the nursing sector are being taken seriously. As I confirmed in Parliament last week, the Clinical Nurse Managers are conducting an acuity review for the wards, as understaffing appears to be a chronic concern. 1445

The review, which was due to have been submitted on 9 June, was submitted yesterday to the Director-General (DG). I have asked for weekly meetings with the DG and the Director of Nursing, specifically to address the balance between Agency and GHA staffing levels. The Leader of the 1450 Opposition asked me to explain why, under 'Other Cover' in the book, we are projecting a spend of £3.4 million, which is less than half of the focused outturn for last year. Let me be clear. In the GHA, we want to substantive nurses, rather than have nurses continue working through Bank or through Agency. That has to be the clear policy of the GHA.

As I answered in questions last week, we have posts open available in order that the nursing students from Gibraltar are able to fill their substantive vacancies. We are looking at different 1455 ways of reducing the cover provided through this Head. It costs the same to the public purse, whether you have the nurses' Bank, and it comes under the other sub-head in the book, or you have them substantively employed.

Of course, the preference is always to have the substantive, better quality post, because an individual is always going to be happier when they are permanently employed. Madam Speaker, 1460 let me explain this with numbers. In 2011/2012, that is to say, when the GSD left office, there were 389.5 nurses in the GHA complement and no supernumerary staff. The supernumerary staff is the additional staff that is out of complement that is working substantively in the GHA. Fast forward to this financial year, and there are now 544 nurses in the GHA complement and an additional 38 supernumerary nurses. So that Members opposite do not have to take out their 1465 calculators, I shall be helpful and provide them with a difference.

544 plus the 38 supernumerary nurses is 582.5 nurses. That is our current nursing complement. It excludes all Agency and Bank nurses.

Madam Speaker, let me be clear. The hon. Lady looks puzzled. It is in the book. All of these 1470 figures have been provided to the hon. Members opposite on 1 May. Therefore, when she was asking me the questions in Parliament last week, the hon. Member opposite had these figures for the complement of this year. Let me pick up where I left off. In the complement this year, we have 544 nurses plus 38 supernumerary nurses. In 2011, there were 389.5 nurses. That means, Madam Speaker, that we now have 193 additional nurses in our current complement in the GHA.

1475 Yes, Madam Speaker, we have increased the complement by 193 nurses in 14 years and are still told by the hon. Lady opposite that staffing levels in the hospital are dangerously low. Before they jump up and say that we have increased services, which we have done and we are incredibly proud of having done so, the increase in the number of nurses by 193 in 14 years does not correlate with the increase in services requiring nurses.

1480 Let me take this one step further, Madam Speaker. In 2010/2011, the forecast outturn for 'Relief Cover' was £3.58 million. Relief cover, for all of those of you who are not aware, although I would expect that after almost two years in the House, the hon. Lady opposite would be aware and possibly the hon. Member leader of the Opposition took her through the book and explained to her the book in the same way that the hon. Chief Minister explains it to all of us on this side.

1485 She would understand that relief cover is the head in the book where Bank and Agency nurses used to come from. In 2010/2011, the forecast outturn for 'Relief Cover' was £3.58 million. These figures are publicly available.

The forecast outturn this year for 'Agency and Nurse Cover', which is contained in 'Other Cover' because we now break down relief into three separate Heads of: 'Bank'; 'Locum'; and 'Other'. So, 1490 the 'Other Cover' in the book which now covers Agency and Bank nurses is £7.49 million, which is entirely made up of Bank and Agency nurses. Additionally, 60% of the Bank cover at line 23 of page 205 of £3.255 million is also going towards a nursing complement. Let me summarise this once again for the hon. Member leader of the Opposition and the hon. Mrs Ladislaus. The Hon. Leader is not here.

1495 Even though he is not here and they do not listen to the explanations anyway, so we might as well talk to an empty chamber. The Minister for Economic Development. Let me start again.

Let me summarise this again for the hon. Leader of the Opposition and the hon. Mrs Ladislaus.

This, as well as 544.5 nurses in the complement, which is what we currently have this year, compared to 389 nurses, which is what we had in 2010/2011, we currently spent almost £9.4 1500 million on Bank and Agency nurses, over and above the 589.5 nurses. Dangerously low, which is what the hon. Lady irresponsibly said in this House last week.

Seriously, I have asked for weekly meetings with the Director General and the Nursing Director to explain to me why the hon. Lady is not bumping into nurses at every corner when she walks into the hospital. We are closely monitoring the use of Agency nurses, with a clear goal to reduce 1505 these and to strengthen the core GHA workforce.

Because, as I explained, it is always our aim to make sure that we increase substantive employment and reduce the reliance on Bank and Agency. That is our policy.

1510 There is a lot of fire in the belly, as the hon. Member states, from a sedentary position. Maybe, if I were a man, that comment would not have been made, but unfortunately, as I am a woman, the hon. Member finds it appropriate from a sedentary position to make such comments.

As I will explain, a major transformation has taken place in our approach to close supervision, that is to say one-to-one care. This has led to the implementation of more bespoke models of patient support, bringing up staff and reducing risk. This will lead to less Agency staff in the hospital and, in turn, less costs. In order to address the question of the hon. Leader of the 1515 Opposition, that is the reason why we believe that we can bring down the 'Other Cover' in the book to £3.4 million this year.

We are looking at the complement, listening to the nurses on the ground and listening to what the nursing complement is telling us, and ensuring that there are jobs available for returning nurses, as well as making sure that the substantive posts are filled.

1520 The leader of the Opposition also asked me to explain why locum cover was £2 million less than last year. As the Hon. Minister Feetham said yesterday, it is quite remarkable that we stand here in the Budget session and explain what we are going to be doing in the next financial year.

1525 There is an article in the press written by the Hon. Mrs Ladislaus, to which I then write a piece of my own, explaining that we want substantive posts and not Locum cover. Yet, in his opening speech, the leader of the Opposition still asks me why the Locum cover is going to be £2 million less than last year.

Again, I will take the hon. Lady through the book, because it is apparent that the hon. Leader of the Opposition does not do so himself.

1530 If I take the hon. Lady to line 22 of the book, Locum cover has indeed been reduced by £2 million, because last year we increased the number of substantive posts and clinical substantive

posts in the complement. The Locum cover has been reduced by £2 million and the salaries have increased by over £2 million, because we are doing what we said we would do.

We are actually increasing the number of substantive posts. Therefore, long-term salaries, which pay for substantive posts with indefinite contracts, have gone up and the Locum cover has gone down. I explained this precise point last year in my Budget.

Again, the hon. Lady wrote an article saying that this is what we should do. I entirely agreed with her that this is exactly what we should be doing.

We are reducing Locums and employing substantive clinicians in the hospital. Eventually, the Leader of the Opposition will learn that when I say I will do something, I will actually do it. Perhaps, if I was a man like his hon. Colleague, he would stop accusing me of only taking photo opportunities and believe that I actually do my job.

Last year, I explained in my Budget speech that we should have less Locums in hospital and more substantive posts.

In respect of allied health professionals, we are conducting a detailed review of their current terms in comparison to UK equivalents, with a commitment to respond to this matter by the end of July. Again, discussions on Agenda for Change and its appropriate remits are ongoing. We will be setting clear parameters and timelines for that work, and it will require a collaborative effort from unions, management and Government alike. Work continues with Unite the Union on a number of outstanding claims.

I held a three-and-a-half-hour meeting with the unions on 11 June to try and reach agreement on a consolidated list. Yes, whilst the Chief Minister was in Brussels announcing a historic agreement, I was two hours into my meeting with United Union on pay claims and other matters. Happily so.

This followed repeated difficulties in receiving a definitive list from Unite, as different versions of the list had been submitted at different times. At the conclusion of that meeting, a definitive list was agreed in principle. A demonstration was then held on 18 June, despite Unite stating in an email to its members, and I quote, *'it is indisputable that progress on the issues of concern has been made across the last two weeks, with clear commitments to further progress on a weekly basis. Plus, the news this week of a political agreement on a Treaty will mean that there will be greater scope to meet those claims of financial implications'*, end quote.

Following this, the Director General confirmed in writing that weekly meetings would continue to review that list in detail. These meetings have been scheduled every Friday, with the first one being this coming Friday, as well as a dedicated Industrial Relations Officer having been appointed within the GHA to lead on this work.

This officer, I am very pleased to say, has already begun direct engagement with relevant Union representatives. A specific GHA Senior Crown Counsel is also working alongside the team to assist with legal review of claims. We recognise the importance of providing a reliable, consistent process for all staff concerns.

That process also requires accurate information, consistent engagement and constructive dialogue from all sides. We are proving that we are taking this seriously. I remain committed to working with Unite and indeed with any Union or individual who wishes to engage in good faith.

As I have always said, and will continue to say, my door is always open. Madam Speaker, it will come as no surprise to members of the public that at the demonstration on 18 June, the Hon. Mrs Ladislaus was present, or claims that she was present, but the Hon. Roy Clinton, was nowhere to be seen. Again, Madam Speaker, perhaps we should have consistently a policy from the Opposition benches.

And so, Madam Speaker, before I get into the usual details related to the GHA, I want to move into something which is slightly more fundamental, and by that, Madam Speaker, I am referring to the way that we run the system itself. Last year I stood here and I said that we needed to fix the way that health and care services spoke to each other, that we needed to join up the GHA, the Care Agency and Elderly Residential Services, so that patients, especially those with complex needs, get a better, more joined up experience. And, Madam Speaker, I meant it.

1585 Madam Speaker, very soon I shall be publishing a Bill that creates the Gibraltar Health and Social Care Authority. This has taken time, Madam Speaker, because we have engaged with all of the relevant stakeholders. It brings the GHA, the Care Agency and the ERS together under one corporate board.

Not as a merger, not as a cost-cutting gimmick, but as a proper reform. One that recognises that people don't live in neat boxes marked medical, social or elderly. And I want to be absolutely clear, this will not mean shared complements.

1590 Each of the three separate entities shall maintain their own complements. The GHA will stay focused on clinical health care, the Care Agency will keep delivering social support and ERS will continue caring for our elderly. But what will change is the interaction between these departments.

1595 Too often, Madam Speaker, our professionals are doing their best in silos and don't always speak together. Indeed, Madam Speaker, I believe that we are already seeing this transformation on the ground. We are seeing that the departments are working a lot better together.

The restructure changes that legally. It gives us one board, one chair, which is now me as the Minister for Health and Care, one line of accountability and a framework where financial oversight is strong but clinical independence is protected. Because let me say this clearly, Madam Speaker, 1600 I will not and do not interfere in clinical decisions.

I do not have a clinical background and I do not pretend to have a clinical background. The doctors will be the ones who decide what happens at the bedside. Not me and not anyone in this House.

1605 The Ministry is involved in setting policy. But the public deserves to know that their £224 million is being spent wisely, with proper checks and balances. And that is why, Madam Speaker, since taking over as Chair of the GHA Board in November, one of the first things I did was bring back the GHA public meetings.

1610 Because if we say we're serious about transparency, then we need to show up in public and answer the public's question. That's what accountability looks like. So on the 4th of March this year, we held the first public meeting at the University of Gibraltar.

It was really well attended and I want to thank everyone who took the time to come. We presented our plans for the new Oncology suite, we outlined the changes that will make it to the Mental Health services and then we opened the floor. We listened and we took notes.

1615 And so the next meeting will take place after the summer, on the 18th of September. And I encourage everyone with an interest in health and care to attend. More details will be announced in due course.

So yes, Madam Speaker, this has been a year of reform and restructure. Not small cosmetic tweaks, not soundbites, not photo opportunities, real reform. Reform that protects independence, enhances transparency and delivers better outcomes.

1620 Because if we're serious about health and social care, then we need to be serious about how we run it. And Madam Speaker, this is about being able to deliver. One of the key reforms that I was determined to implement as part of this restructure was the creation of the GHA's first ever internal audit department.

1625 Led by Terence Chichon, a highly experienced public sector auditor, this office is already reviewing our systems and identifying where improvements can be made. This is not just about cost control, it is about service quality. Every inefficiency they find is a chance to redirect resources towards patient care.

1630 The team is already conducting internal reviews across multiple areas and their findings will help us improve compliance, reduce risk and ensure smarter spending. Because whilst we've been restructuring at the top, we've also been delivering at the front line. We're seeing more patients, performed more operations, reduced waiting times and modernised how care is delivered.

So let's talk about what this debate is really about. What we've delivered, what it has cost and what's next for the Gibraltar Health Authority. The forecast outside for both the GHA and ERS for 2024/2025 stood at just £206 million.

1635 This represents an overspend of £21 million over the original allocation of just over £185 million. Of this, the Gibraltar Health Authority accounted for £19.4 million of the overspend and the Elderly Residential Services accounted for £1.6 million. Now, the GSD and Mrs Ladislaus in particular cannot question services, cannot ask for pay rises, cannot ask me to increase compliments and then criticise us for any overspend.

1640 There needs to be consistent messaging in the message from the Opposition and there isn't. Because if we want a new Cath Lab, we need to fund the new Cath Lab. Because if we want more nurses, we need to pay for them.

If we want a greater complement, if we want new and better facilities, then the simple reality is that this costs money. And there will be those who jump to criticise this as financial mismanagement. But I say to them, Madam Speaker, take a closer look.

1645 The overspend is not a sign of failure. It is a sign of increased access, of more appointments, of shorter waiting lists and of state-of-the-art new services coming online. And it is a reflection of the reality of modern medicine in a world where a single orphan drug can cost over half a million pounds and a single specialist placement can exceed one million.

1650 Just imagine, Madam Speaker, that, God forbid, you or a family member of yours are that individual needing that one orphan drug costing half a million or needing that specialist placement. And Madam Speaker, once again, I make no apology for putting patients first. In fact, Madam Speaker, I am proud to report that Healthcare provision of the GHA in 2024/2025 has been a story of progress and it's been a huge success.

1655 We've increased activity across the board, more people have been seen, more operations performed, more appointments offered and our waiting lists continue to fall. The Budget has not increased from the Budget last year. New units are being built and I will explain later on in my speech that new models of care are being designed to meet the evolving needs of our community.

1660 And to be able to do all of this, Madam Speaker, we have allocated £166 million to the GHA and £27 million to ERS. Not £180 million to the GHA, as the Leader of the Opposition said in his Budget speech, despite it being clearly set out in the Estimates book. Madam Speaker, the GHA and ERS have been one legal entity for some time.

1665 However, as the book shows, their complements remain separate. Madam Speaker, this is how we spend your money and, Madam Speaker, I will be quite honest in saying that I wish I could give everyone the pay rises they want. I wish I had the Budget to do so.

But, Madam Speaker, I need to do the difficult task of balancing patient services with the Budget. That does not mean that it is not my view or desire to give everyone a pay rise in the GHA. I wish I could, but the unfortunate reality is that there is a Budget, as Mr Clinton reminds me.

1670 As the Chief Minister announced earlier this week, everyone in the public sector will be receiving a pay rise this year and this includes those in the GHA. Madam Speaker, the delivery of acute care at St Bernard's Hospital has undergone significant transformation this past year, with record-breaking levels of activity and several major service innovations. The Division of Medicine, arguably one of the most complex and multifaceted within the GHA, now encompasses a broad spectrum of specialist services, from radiology to elderly care to Oncology to diabetes.

1675 Madam Speaker, it is impossible for me to go through every single change that has been made or we will literally be here all night. Let me highlight some of the most impactful changes. I am very pleased to say, Madam Speaker, that we have successfully developed an in-house rheumatology service which now operates dedicated monitoring of DMARD prescriptions.

1680 This has removed reliance on external providers and allowed for more local and timely care for chronic patients. Again, Madam Speaker, moving from Locums to substantive posts, I am proud to update this House that one of the most significant developments in Gibraltar's cancer services to date and that is the construction of our brand new Oncology suite which is now well underway. This new facility will significantly improve the patient experience and allow for more Oncology services to be delivered here in Gibraltar.

1685 Madam Speaker, I am very excited to soon be able to officially inaugurate this new and magnificent facility. I must say, Madam Speaker, I am particularly proud of the thought that has

gone into its design and our new Oncology suite will be equipped with an acute hospital bed so that any Oncology outpatient requiring urgent medical assistance can go directly to the suite rather than needing to attend A&E. This will help us offer more appropriate and specialised care in a setting tailored for Oncology patients.

Madam Speaker, the transformation is quite extraordinary. What is currently the entire Oncology suite will actually be the size of the new waiting area alone. Let me say that again, Madam Speaker, because it really is quite extraordinary.

The footprint of what is now the entire Oncology suite will be the new waiting area alone of our new unit. Additionally, Madam Speaker, thanks to a very generous donation from the Braselai Foundation, our Oncology patients will soon have a magnificent terrace with incredible views to enjoy whilst receiving treatment. Madam Speaker, unfortunately, I, like many others in this House, have had experience with cancer patients.

With that experience of a cancer patient, my father, unfortunately, was in a basement in London receiving Oncology drugs for three, four, five hours frequently without any views. Now, there are little things that we can do to improve the patient experience. Sitting in a magnificent suite with windows looking out of the bay and with a terrace where you can walk out to breathe fresh air will at least mean that we can improve the patient experience and make it that slight bit more pleasant for people that are undergoing one of the worst experiences of their lives, Madam Speaker.

That is what we look to do. Not only improve the service itself, Madam Speaker, and provide a better Oncology suite with more services based locally so that people that are actually acutely ill do not have to travel to the UK, we also try and improve the experience that these patients will have throughout.

Madam Speaker, I was delighted to invite our local cancer charities, including the Hon. Mr Sacarello, to visit and see the progress of the Oncology suite up a couple of months ago. And, Madam Speaker, I'm happy to report that the suite is currently scheduled to be completed in the autumn of this year. I will of course commit to inviting them all back for the official opening of the suite and will also invite the hon. Lady and hope she attends on this occasion.

Madam Speaker, a new specialist nurse in haematology has been appointed, improving the diagnosis and management of both malignant and non-malignant haematological conditions.

The expansion of specialist nursing capability is essential to reduce waiting times and enhance patient support. Perhaps one of the most powerful examples of innovation this year has been the establishment of the Older People's Medicine Team, which has transformed the way elderly and frail patients are treated. Every such patient admitted to St Bernard's Hospital now falls under the care of the OPM team.

This improves the continuity of care and reduces, importantly, the length of stay, Madam Speaker. It means that more beds become available sooner and you have a qualified geriatrician looking after the elderly, which is what you would expect. It also, Madam Speaker, streamlines discharge planning.

I pay tribute to the medical, nursing and allied health staff who helped design and implement this initiative. It means better care by relevant professionals for the elderly. In my view, this is a blueprint for multidisciplinary reform.

This is important for the nursing staff to understand and is why, as I have already explained, the changes cannot happen overnight. They take time to formulate, train and move staff. Madam Speaker, we are on it.

The results speak for themselves. This has resulted in an annual cost saving of over £1 million, whilst also improving clinical quality. Moving on, surgical services have delivered exceptional results this year through strategic planning, operational reform and their relentless focus on cutting waiting times whilst maintaining the highest standards of clinical care.

I am pleased to report that we have achieved a significant reduction in the median wait times for all surgeries. This has gone across all surgeries from 22 weeks in 2022 to 8 weeks in 2024. That is a reduction of 14 weeks.

1740 In orthopaedics specifically, the median wait has dropped even more dramatically, from 40 weeks to just 5 weeks. These are not just statistics, Madam Speaker. They represent faster treatment, less anxiety and better outcomes for hundreds of patients.

1745 Madam Speaker, it is quite clear that sometimes patients do fall within gaps. For whatever reason, they do not fall within these figures. I would encourage all patients who feel that they do not fall within these figures to contact PALS, to contact the complaints team, so that we can identify where the fault in the system lies, because these are the figures that we are looking to implement regularly.

1750 These figures represent faster treatment, less anxiety and better outcomes for hundreds of patients and their families. Madam Speaker, the GHA surgical team completed a total of 4,041 surgical procedures last year. That is up 4.1% from last year's figures and is an increase of 17% compared to 2022. These procedures were delivered through three main theatres at St Bernard's Hospital and supported by an increased number of day surgeries, with the fourth theatre operating at 60% capacity compared to 35% the year before. We will aim to increase this even further in the next financial year. To support this increase in capacity, we have implemented significant changes to the patient journey.

1755 Madam Speaker, I was delighted to officially inaugurate Gibraltar's first ever one-stop shop urology clinic at St Bernard's Hospital in November last year. This new clinic has transformed the way that we deliver urological care. All new referrals are now assessed in a dedicated clinical session, where patients receive a full suite of diagnostic assessments during a single visit.

1760 Importantly, the clinic also includes a walk-in clinical consulting room, offering same-day reviews for any urgent urological concerns. This initiative has been made possible through close collaboration between the GHA, Prostate Cancer Gibraltar and the Kusuma Trust. As Prostate Cancer Gibraltar Chairman Joe Holliday and the former GSD Deputy Chief Minister rightly said, this new model provides patients with faster, more efficient medical attention with all required facilities located in one place.

1765 This, Madam Speaker, is what joined-up Healthcare looks like. This is what partnership looks like and this is what progress looks like. We have introduced nurse-led pre-operative assessment pathways, which have improved efficiencies and reduced cancellations.

1770 Our prehabilitation initiative now supports high-risk surgical patients by preparing them physically and mentally for surgery, often reducing post-operative complications and recovery time. The surgical team has also enhanced their multidisciplinary approach. Anaesthetists, surgical consultants, nurses and AHPs are now jointly assessing patients and ensuring their care is optimised at every stage.

1775 Crucially, therefore, Madam Speaker, our theatre efficiency rate has risen to over 85%, a level which is consistent with top-performing hospitals in the UK. Cancellation rates have halved. Thanks to initiatives like the ring-fenced orthopaedic beds at Dudley Toomey Ward, surgical throughput remains protected even during periods of peak hospital occupancy.

1780 Gone are the days, Madam Speaker, when we had to cancel surgeries as a result of bed shortages at St Bernard's Hospital. Further reform includes the expansion of the maternity training programme, with targeted simulation training in obstetrics emergencies. We have increased confidence and capability across the multidisciplinary maternity team as a result.

We have also begun integrating surgical pharmacists into the pathway and the roll-out of Omnicel, of which I spoke about in detail last year and which I was pleased to invite the Hon. Mrs Ladislaus to see. This has improved our stock control and saved valuable time.

1785 Madam Speaker, this division's approach is a model of how targeted investment, frontline innovation and operational reform can work together to deliver extraordinary results.

Madam Speaker, I now turn to Primary Care. From the very start of this year, I made it clear that Primary Care was going to be one of my absolute priorities. This is where most people first engage with the GHA.

1790 And for too long, Madam Speaker, people have felt frustrated by how hard it has been to access GP appointments. And it is not, Madam Speaker, for any lack of investment on our part to the GP

complement, which has more than doubled since 2011. So earlier this year, I established the PCC Taskforce, which I Chair and which meets once every two weeks in my office.

Not as a talking shop, Madam Speaker, but as a focused working group made up of clinicians, administrative staff and division leads to set policy in this area. The task was clear, to increase
1795 appointments, to reduce wasted appointments and to improve the patient experience. And we have delivered.

GP appointment availability has increased by 5.9%, with over 8,500 additional appointments offered in 2024 to 2025, rising from 144,267 appointments to 152,828. We have also tackled inefficiency. The did not attend rate dropped from 3.8% to 3.2%, ensuring appointments are not
1800 wasted and clinicians' time is respected. We have redesigned the internal footprint of the PCC, creating more fully equipped clinic rooms and enabling a more responsive allocation to space to meet peak demands. Monday's, post-holiday periods and seasonal surges are now managed better. Madam Speaker, these changes are real.

They are working and they are increasing public confidence in our GHA. We took some
1805 common sense steps to remove pressure from the system. We reintroduced a dedicated sick note line available weekday mornings between 8.15 and 9.15, so the patients needing a sick note but not requiring to see a GP did not need to take a full GP slot. This builds on the existing online sick note service via E-Gov platform, giving people multiple ways to get a sick note without delay.

Additionally, Madam Speaker, to further reduce missed appointments, we have launched a
1810 new appointment reminder system which combines the existing SMS alerts with a pre-appointment phone call. This simple step, Madam Speaker, has already freed up more appointment slots every single day.

Madam Speaker, this means that the general public does not have to rush at 8.15 for an appointment. Even if you are 80th in the queue, you should know that you will get an
1815 appointment. This means that there are usually appointments available until 11 or midday on most days and, Madam Speaker, on some occasions there have even been excess appointments.

Who would have thought this possible a mere 12 months ago? All of this, Madam Speaker, I am very pleased to say, and I am sure the Hon. Mr Clinton will be very pleased for me to say, has been achieved at zero additional cost to the taxpayer. Primary Care has also expanded its reach in
1820 Mental Health, women's health and neurodiversity.

Madam Speaker, as I mentioned earlier, one of the priorities for me as Minister for Health and Care has been to improve the support available for individuals with neurodevelopmental conditions, especially children and young people. Last year, we published Gibraltar's first ever neurodevelopmental pathway and the autism spectrum disorder pathway. These established a
1825 structured multidisciplinary framework for diagnosis and support.

This year, I was pleased to publish our specific ADHD pathway for children and young people. The ADHD pathway outlines a clear journey across pre-assessment, assessment and post-assessment pathways. It is a person-centred, multidisciplinary approach and was developed through close collaboration between the GHA, Department of Education, the Supported Needs, the Disability Office, the Care Agency and even, Madam Speaker, the two ladies of the Opposition.
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What sets this pathway apart is its commitment to ongoing support and not just diagnosis. This means that we have seen significant improvement in access to occupational therapists and speech and language therapists throughout the year. The approach is now far more multidisciplinary across the spectrum of these allied health professionals.

I thank all of the professionals involved in drafting this document and I especially want to recognise the cross-Ministerial effort with my friends and colleagues, the Minister for Education and the Minister for Equality. This is an example of what the joined-up Government I spoke about earlier looks like. We will continue this work, Madam Speaker, because every child deserves the chance to thrive, with the right diagnosis, at the right time, followed by the right support.
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And, Madam Speaker, I was absolutely determined to go further. That's why on 1 December we established the new Support Needs and Disability Office at the GHA. The office is now the
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single point of contact for individuals and families who need help navigating disability or supported needs within the GHA.

It operates independently but works in coordination with the Government's wider SNDO, liaising directly with Education, the Care Agency, the Minister for Equality and other authorities to unblock barriers and improve care for patients and their families. This office works closely with our neurodiversity clinical lead to implement our ADHD and autism spectrum pathways. In diabetes, we are training two health professionals, a registered general nurse and a paramedic, to become DESMOND trainers.

They will be at the forefront of Healthcare education in the prevention and management of type 2 diabetes and other long-term conditions. Madam Speaker, I was very pleased to tell the House last week during question time that the GHA has now been able to successfully recruit two highly experienced diabetes specialist nurses. Madam Speaker, I am informed that one of them is due to commence employment next month and the other is due to start with the GHA in October.

This, Madam Speaker, is just a question of them giving the relevant notice periods and commencing. As I told the House last week, this recruitment has been made possible because the GHA is now able to advertise directly on NHS jobs at no additional cost. This has significantly expanded our reach and given the GHA the ability to tap into the wider UK NHS pool more effectively, enhancing our ability to attract high-quality candidates to specialist role.

I am especially grateful to Diabetes Gibraltar for their lobbying and patience in this regard. We will continue to advertise for the third nurse to complete the complement but remain confident that the service will significantly improve for diabetes patients as a result of the two new additional nurses.

Madam Speaker, this work will continue. Primary Care will continue to be a priority for me, as it is for everyone in Gibraltar, because when Primary Care works well, the whole system works well. We sit regularly not only with the PCC team but also with the GPs and there will be another appointment in the coming weeks to sit with the GPs to see whether they have any further improvements that can be made to the system. As I have said before, complaints matter and that is why the GHA complaints team is based directly at my Ministry.

It means that patient feedback, good or bad, is never far from my desk. In 2024/2025, we received 249 formal complaints, with 237 of these already dealt with and 12 pending. Each one was logged, acknowledged and followed up.

Where change is needed, it happens, because we are not here to defend the indefensible. We are here to improve. I wish to take this opportunity to thank Alex and Elisha from my office, who manage this work day in, day out, with the rigour and, more importantly, with the empathy that this job requires.

It is also Alex and Elisha who reach out to each and every patient who has been or is in Calpe House or any tertiary institution to see if there are any requirements that we are able to meet, to see if there are any additional needs that we are able to meet. Madam Speaker, again, this stems from personal experience at a tertiary institution, where there was no such system in place at the time. Last year, I stood here and said that the Mental Health services report had come a long way, but there was still much more to do.

I am proud to stand here again and say that we have continued on that journey of improvement. 2024/2025 has been a year of real progress across the board. At Ocean Views, we have seen a deliberate and measured reduction in inpatient activity.

This was not as a result of demand falling. It was a result of a conscious change in the care model. We are shifting the focus to community, away from prolonged admissions and towards a patient-centred outpatient support.

The shift is recognised globally as best practise and I am proud that Gibraltar is aligning itself with this standard. The move towards community treatment has allowed us to deliver more appropriate and personalised and dignified care, whilst protecting inpatient beds for those in need the most.

Madam Speaker, this model only works when the services are joined up. This is why we have renewed our focus on inter-service collaboration. Our Mental Health teams are now working more closely than ever with colleagues in housing, education, the police and the employment service. Because good Mental Health does not only happen in clinics. It happens through holistic support that meets people where they are.

But the most transformative development this year has been the announcement of the relocation of the community Mental Health team. The CMHT will now move from Coaling Island to Sir Joshua Hassan House.

I want to be absolutely clear, this is a huge improvement in Mental Health provision for Gibraltar. I know the Opposition will likely get up and say, oh but this is just another announcement. What I say to that, Madam Speaker, is that I will always act in the best interest of our patients and service users.

Last year, when I announced the relocation of the CMHT to the old Chronicle Printing Works, this new facility at Sir Joshua Hassan House was not available. On becoming available, I thought and continue to think that the better location for Mental Health service users was Joshua Hassan House. And indeed, Madam Speaker, I believe the community agrees with me.

The response to the relocation has been overwhelming. I therefore agree that the CMHT should be relocated there and made the announcement accordingly. Importantly, Madam Speaker, this new facility will not just offer a more modern accessible space.

It will embody a new biopsychosocial model of care. It will be underpinned by a single point of access system so that patients, families and professionals can reach the right support quickly, safely and directly. Madam Speaker, this is what transformation looks like.

And this is what investment in Mental Health looks like. No Government in Gibraltar's history has matched the track record of improvement, investment and reform in Mental Health services delivered by this GSLP administration. And I'm not just proud of that record.

Madam Speaker, I'm here to say that I'm proud to stand on the shoulders of every GSLP Liberal Health Minister who has come before me, the Hon. Professor John Cortes, Neil Costa, Paul Balban, Samantha Sacramento and Albert Isola. All of them hugely improved our Mental Health services from the neglected service we inherited at the KGV.

And Madam Speaker, I am determined to keep building on it. Madam Speaker, the second opinion appointed doctor fulfils a vital statutory function. A second opinion is mandated for all patients subject to compulsory treatment in the community under a community treatment order, as well as for all inpatients at Ocean Views who are either unable to consent to treatment or have indicated a refusal to do so.

It is not just a legal safeguard but also a valuable clinical checkpoint. It ensures that treatment plans are subject to external scrutiny and when necessary adjusted in the best interest of the patients by an independent and experienced specialist. Madam Speaker, I'm pleased to report that the GHA has recently contracted Dr Joshi, a senior psychiatrist with over 30 years of experience in the NHS to fulfil this role.

Dr Joshi is currently in Gibraltar undertaking an intensive review of the existing case load. He is addressing the backload of 22 cases requiring a second opinion. Looking forward, I am advised by the GHA that they anticipate approximately one to two new second opinion requests every month. As a result, we intend to retain Dr Joshi's expertise on a remote basis to support the timely completion of these assessments.

Madam Speaker, moving on, this time last year I announced the first ever registered Mental Health training would commence in September 2024. I am delighted to say that new intake started in September have embarked upon an exclusive local training programme that offers a high quality local context education which will support the new model of Mental Health service delivery in Gibraltar.

There are currently 8.5 vacancies for Mental Health in Gibraltar. As I explained to the House last week, these vacancies will be maintained for the Mental Health nurses that are training into

the complement. In the interim, the positions are filled by Locums appointed for the relevant periods.

This is ensuring that Gibraltarian students completing courses in the magnificent University of Gibraltar have jobs in their fantastic GHA to walk into. Future job planning. So you will see the whole strategy for Mental Health services of a new model of care, state-of-the-art physical capacity and outstanding training and education is delivering for the population of Gibraltar and we should be proud of the improvements that we have made and are making.

But of course, Madam Speaker, as always, I recognise there is still more to do. I am encouraged by the recent observations from the Mental Health Board which noted the reduction in waiting times and expressed optimism about the new model of care. The Gibraltar Mental Welfare Society has also welcomed the publication of the Mental Health Board's annual report, acknowledging the improvements made and the clear trend of improvement whilst highlighting areas of further development and I thank them for that.

Madam Speaker, these comments from two independent organisations demonstrate that we are on the right track and we remain committed to addressing the challenges which still exist in some areas. Madam Speaker, I would like to take this opportunity to thank the Mental Health Board for their diligent work throughout the year in comprising their very detailed annual inspection reports. So Madam Speaker, when you put all of this together, a new facility, a new model of care, stronger Mental Agency working, a dedicated Mental Health nursing education, what you see is a system that is maturing, a system that is more accessible, more accountable and more attuned to the needs of the people we serve.

And yes, Madam Speaker, there is always more to do. But we are not waiting for the change, we are delivering it and we will keep going. Madam Speaker, I now turn to the Elderly Residential Services.

The success of the Elderly Residential Services is reflected in the simple but powerful fact that demand for our services continues to grow year on year and that is a success story. It speaks to the trust placed in our facilities, to the high standard of care offered and to the confidence the family have in the work that we do. But it also presents a challenge, a challenge we must deal with.

As our elderly population continues to grow, we are actively looking at options for the future delivery of services to ensure we are ready to meet the needs of the next generation of Gibraltarians. 2024/2025 has been a year of considerable and meaningful change, particularly at Mount Alvernia. And no Madam Speaker, I don't mean a change to the temperature of their water, I mean real change.

A new management structure has been implemented with the appointment of the ERS Director, supported by clinical and non-clinical senior leaders. The new structure provides strategic and operational oversight and ensures that residents receive the best care possible in the environment in which they live. Madam Speaker, last year I stood here and spoke about Gibraltar's first National Dementia Strategy.

Today I am pleased to report that just over 12 months into its implementation, the strategy is already delivering tangible results. We have formed an extremely strong partnership between the GHA, my Ministry and the Gibraltar Alzheimer's and Dementia Society.

Our National Dementia Coordinator continues to play a crucial role in uniting services around a patient-centred, compassionate model of care.

Over 200 frontline staff across the public service have now received dementia awareness training, enhancing the quality of daily interactions for people living with dementia. And Madam Speaker, this momentum is only building. We are committed to continuing and expanding this training over the next 12 months, aiming to make Gibraltar a truly dementia-friendly community.

Additionally, Madam Speaker, I am pleased to say that this year saw the delivery of the first ever Dementia Palliative Care course for health and social care staff. This was delivered virtually by St Christopher's Hospice in London and was funded by GADS. We have also launched a positive behaviour support training for ERS staff, delivered by the British Institute of Learning.

Alongside these initiatives, ERS has been working with colleagues from St Bernard's Hospital to review and enhance the frailty pathway, ensuring that elderly patients receive the right multidisciplinary support at the right time. And Madam Speaker, alongside all of this, we have continued to focus on sound financial planning and the long-term sustainability of ERS, because financial discipline is an essential part of ensuring that future generations will have access to the care and dignity that they deserve.

Madam Speaker, caring for our elderly must be a vocation, and I am proud that in Gibraltar we continue to set that standard high.

We continue to invest in our elderly, unlike the GSD, whose policy would be to cut in this area, as confirmed live on television by the Hon. Mrs Ladislaus recently.

Madam Speaker, moving on to Sponsored Patients, in 2023/2024, Gibraltar spent £16.06 million on sponsored patient care. In 2024/2025, that figure has fallen to £11 million, and the forecast for 2025/2026 is also £11 million.

Madam Speaker, this is ahead of the forecast amount. While the Hon. Leader of the Opposition seems to have a go at these figures, what we forgot to say, Madam Speaker, is that this year the sponsored patient department has come in almost entirely on Budget. Madam Speaker, that is a reduction in costs of over £5.5 million. But Madam Speaker, let me be absolutely clear, this reduction is not about cutting services. It is a reflection of improved efficiency, smarter planning and better patient safety. We continue to work hand in hand with our medical professionals to identify services that can be safely and confidently managed here at home, in line with our policy on repatriating services, and thereby also reducing the need for costly external referrals.

The most recent and striking example of this is the opening of our new Cath Lab, which I am delighted to say now operates 24 hours a day, seven days a week. What does this actually mean for the people of Gibraltar? It means that if you or someone you love has a heart issue, you can now receive a potentially life-saving angiogram or stent procedure here at home, in St Bernard's Hospital, without the need to be flown out.

In clinical terms, we can now move a patient from A&E to the Cath Lab in just 90 seconds. Madam Speaker, this is a world-class emergency cardiac care delivered locally, and I am very happy to say that lives have already been saved as a direct result of this investment. This is exactly the kind of infrastructure that changes outcomes and impacts lives.

This is where your money is being spent. We are also embracing technological innovation to reduce unnecessary travel. It is also worth mentioning that the fact that we now have a Cath Lab has reduced the amount of ambulances having to be sent off to Spain, and the cost incurred as a result.

In 2025/2026, our core focus will be the expansion of virtual appointments. This will allow consultations and follow-up care to be delivered remotely, where clinically appropriate. Virtual appointments were trialled successfully in ophthalmology in 2024/2025, and the feedback from both patients and clinicians has been positive.

While this solution will not suit every patient, it is certainly a trend we will continue to expand over the coming year. Alongside this, we have worked to make our operations more cost-effective. In 2024/2025, we successfully negotiated better pricing for air ambulance transfers, achieving savings of approximately £10,000 per flight.

We are also actively working to secure corporate accommodation rates in the UK for those occasions where Calpe House is at full capacity. Madam Speaker, this is all part of a wider, continuous process to review and monitor external service providers. Where standards are not met, we will not hesitate to reassign patients to alternative centres, because patient care must always come first.

Madam Speaker, despite these efficiencies, I want to make this absolutely clear. This is, and will always be, a patient-led service. Where clinical need arises to exceed our allocated Budget, we will not hesitate to do so, because the health and wellbeing of our patients will always come first.

Madam Speaker, I wish to place on record my sincere thanks to the fantastic team within the Sponsored Patients Department and to the medical secretaries who work tirelessly behind the scenes to make this system function. I now turn to the Gibraltar Ambulance Service. I am pleased to say that 2024/2025 has been a year of continued investment in pre-hospital emergency care.

This is a critical part of the GHA that is often only noticed in moments of crisis, but it is a part of the GHA that underpins resilience and responsiveness of the entire team. This year, we have added three new ambulances to the fleet, two front-line emergency vehicles and one high-dependency unit ambulance, at a combined cost of over £350,000.

Madam Speaker, these new vehicles are not simply replacement vehicles. They are an upgrade in quality and clinical capacity. They are built to modern standards, under a demonstration of our commitment as a Government to investing in our GHA. Madam Speaker, I am pleased to say that these new vehicles are already making a difference.

Alongside this, we have relaunched the GHA's Mobile Health Unit, led by the magnificent Suzanne Romero, colloquially known as Suzanne and her van. Madam Speaker, this is an initiative I was determined to relaunch from the moment I took on this role, and I am proud to have been able to deliver on it. This unit is designed to take Healthcare into the heart of the community, to reach people at their estates, particularly those who might otherwise struggle to visit St Bernard's Hospital or our Primary Care Centre for whatever reason.

This initiative has proven to be extremely popular with the community. The Mobile Health Unit (MHU) offers on-site, well-person clinics to residents aged 16 and over. Visitors to the MHU receive tests for cholesterol, triglyceride levels and diabetes.

The clinics also provide targeted screening advice for specific age groups, including bowel cancer screening information for those over 60, breast cancer screening guidance for women over 40 and cervical screening recommendations for women over 25. Madam Speaker, the feedback that we have received so far has been extremely positive, so I am pleased to say that you will be seeing much more of the MHU in the coming months, as it becomes a more visible and valuable part of our preventative care model, appearing at events across Gibraltar and engaging directly with the public. I would like to take this opportunity to thank every single member of our ambulance service team and also to the team deployed on the Mobile Health Unit for their continuous good work throughout the year.

Madam Speaker, I now turn to the corporate backbone of the GHA, our Finance, Procurement, Human Resources and IT teams. These are the people that keep the systems moving behind the scenes, and without them it simply wouldn't work. In 2024/2025, these teams have delivered the quiet revolution in how the GHA manages its operations, its systems and its people.

Let me start with the most significant improvements. Madam Speaker, we have introduced service level agreements for all Theatre and Cath lab products, streamlining the supply chain and ensuring that clinicians have access to critical consumables on time, every time. We have awarded the refurbishment tender for the Chemotherapy Suite, which, as I mentioned earlier, will soon deliver a modernised, patient-centred space to support our expanding Oncology service.

We have also tackled one of the biggest frustrations in any large system, financial reporting. Through the successful implementation of PowB, our Budget holders can now access clearer, more accurate financial data, improving accountability and strategic oversight. We undertook a full chart of accounts optimisation, simplifying accounting structures and making them easier to understand and manage.

The registration process with both locals and Frontier workers has also been streamlined. This has removed unnecessary admin and improved accuracy. One of the most important milestones this year has been successful onboarding to NHS professionals, as I have previously stated.

This means that we can now advertise clinical vacancies across the UK to a national audience, without relying on costly recruitment agencies. It is thanks to this that we have been able to recruit posts that have previously been extremely difficult to recruit into. And, let me reiterate that, at no cost to the GHA.

That has delivered real and measurable savings and is a remarkable achievement. Alongside these initiatives, the GHA has launched a full administrative review, which seeks to modernise, streamline and digitise the GHA's entire administrative framework. The review focusses on eliminating duplication, better aligning resources to demand, digitising processes and unlocking efficiency savings to smarter workflows and staff training.

It is starting with pilot departments and will scale up in phases. As part of this review, we are assessing whether it is possible to centralise our administrative teams, identifying where tasks can be simplified, standardised and co-located to reduce inefficiency and improve coordination. This includes the introduction of a large public facing encounter, paired with provisions for a centralised back office and an upgraded call centre, all at a very modest cost.

This initiative will improve the patient experience, reduce confusion, free up critical space within clinical zones and support the consolidation of the administrative service in a modern, accessible service. Additionally, we have completed the revamp of the 999 call centre and we have taken cyber security seriously.

This is digital transformation in action. This is what happens when support teams are empowered to modernise, collaborate and drive innovation. I want to place on record my firm thanks to all the professionals working across finance, Procurement, HR, IT and clinical informatics. In my view, you are all central to the future of the GHA and I thank you for your work throughout the year.

Madam Speaker, I am pleased to update the House on a major project that is currently in progress and one which has the potential to transform how the GHA sources medicines and medical supplies and to deliver multi-million-pound savings to the taxpayer. We are in the process of finalising a new partnership with Guy's and St Thomas NHS Foundation Trust, one of the largest and most respected NHS trusts in the UK. The partnership will allow Gibraltar to tap into the NHS supply chain, a move that, as hon. Members will undoubtedly appreciate, will be game-changing.

It also answers one of the Hon. Leader of the Opposition's questions, which he raised in his Budget speech on Monday. I will come on to that directly in a moment. At the moment, the Gibraltar Health Authority is having to purchase its medical products on the open market, whereas the NHS is able to benefit from economies of scale.

By being able to tap into the NHS supply chain, we will be able to tap into the same economies of scale as any NHS trust. What this means is that we will be achieving exactly the same product as we currently purchase at a much reduced price. As a result, we are projecting that in some cases we could be saving up to three costs of the same goods available in the NHS supply chain.

This is particularly relevant to Oncology drugs. The new agreement will allow the GHA to procure through Guy's and St Thomas' using a fixed management charge model instead of a traditional percentage-based uplift. This provides cost certainty, ensures transparency and eliminates the inefficiencies of fragmented Procurement.

We are finalising a few logistical issues around distribution, but these are being actively progressed. For this reason, we have projected savings in the drugs and pharmaceutical Budgets in the current financial year. Our aim is to finalise the agreement by the end of July, test systems in September and launch operationally from 1 December this year.

This will save the Gibraltarian taxpayer millions. This is exactly the kind of reform we must pursue if we are serious about the quality, efficiency and sustainability of our health service.

Madam Speaker, before I begin to conclude, I would like to speak briefly about a new policy that I am very excited to shortly introduce at the GHA.

A question which I am often asked is whether I enjoy politics or whether I feel that I made the right choice in moving from a legal career to a career to this House. The truth is that politics can be difficult, it can be bruising, but if there is one reason why I can say that it has been worthwhile, it is to implement such policies such as the one I am about to introduce. As I told the House last week, we are working to implement Martha's Law into Gibraltar.

I very much hope to formally introduce this by the end of the year. The policy was introduced in the UK following the tragic death of Martha Mills, a child who died from sepsis. Her parents

2150 recognised that there was something seriously wrong. They cried out for help, but their concerns were not acted upon and the consequences were devastating.

Anyone who has sat at the edge of a hospital bed, or indeed at the foot of an incubator, as I have, knows the powerlessness that can take hold. You know your loved one, you see them changing, you feel that something isn't right, and yet too often you don't know what to do or who to turn to.

2155 This is what Martha's Law seeks to change. Once implemented in our GHA, Martha's Law will empower hospital inpatients and their families to request an urgent clinical review if they believe their or their loved one's condition is deteriorating rapidly. It will trigger a rapid escalation protocol that ensures that a critical care clinician reviews the case, and if something has been missed, such as the early signs of sepsis, then that escalation could save a life.

2160 This is about giving patients and families a voice. It is about listening. This change will create the space in which relatives concerned about a patient's condition will be able to seek to have another CCU clinician review the case, eliminating the inherent difficulty that many of us might experience when the opinion of a medical professional feels insufficient.

2165 So, Madam Speaker, is politics worth it? If you can deliver positive policy change like this, then my answer is simple. Absolutely yes.

So, Madam Speaker, this has been a landmark year for the Gibraltar Health Authority, a year where we dared to change a lot of what needed changing, and that change will continue. That change will not pause. We have many new projects in the pipeline to continue the growth to improve the basic functions of the GHA.

2170 But here is where it's important to state that it's not just about projects. I will make it my mission in the next six months to walk every ward of the hospital and to speak to every member of staff, as I have already done, to ensure that I hear the issues on the ground, because a hospital is a partnership between management and staff and ministry to ensure that patients get the best outcome. As I have said in a lot of the meetings I have had, everything we do must be for the benefit of the patient.

But, Madam Speaker, a happy workforce ensures that the patient is well looked after. Madam Speaker, this has been a year where we've delivered record-breaking results across acute, surgical and Primary Care, a year where we have chosen action over excuses and outcomes over optics.

2180 Yes, the cost has been high, and yes, the financial outturn has exceeded our original allocation, although we have started the process this year of closing that gap.

The way ahead is to always look for improved efficiencies in these areas. But, Madam Speaker, if this House is actually committed to quality Healthcare, to patient dignity, to timely access and long-term resilience, then we must also accept the reality of what it takes to deliver that standard in 2025. We are spending more because we are doing more, because we are seeing more patients, because we are training more staff, we are mapping our vacancies to returning Gibraltarian students, because we are investing in the kind of infrastructure and services that future-proofs our care model.

2190 Madam Speaker, this is not just about what we've done. It's about how we've done it. We've empowered clinical teams to lead reform.

We have invested in a digital transformation that will bring long-term savings and accountability. We have rebuilt trust in Primary Care. We have cut waiting times.

2195 We have opened up access. We have ensured that PCC appointments are available every day for a much, much longer period. We have supported the elderly and expanded our Mental Health services with new models of care and new facilities.

And we've introduced transparency and internal oversight with mechanisms to ensure that we are spending public money with purpose. We have a lot more to do, Madam Speaker, and a lot more trust to rebuild. But, Madam Speaker, we are on it.

2200 Madam Speaker, when I asked for the health portfolio, it was not because it was easy. It was because I cared deeply. And everything I have done, every initiative I have pushed, every meeting I have chaired, every reform I have defended, has been with the interests of the patients in mind.

Their access, their safety, their outcome, and indeed their lives. Madam Speaker, I want to take this opportunity to once again place on record my sincere thanks to every single member of staff across the GHA and ERS. From our consultants to our nurses, our ambulance crews to our porters, our administrative teams, and everyone else.

This could not be possible without you. You work through the night, through weekends, through public holidays, often without recognition. And you do so because you believe in our health service.

So, on behalf of the Government and indeed on behalf of the people of Gibraltar, you have our thanks.

So, yes, Madam Speaker, there is more to do. Of course there is. But what we have done this year has laid the foundation for a stronger, fairer, more responsive GHA. And I will continue to drive that work forward with the same urgency and the same fire in the belly, the same transparency and the same commitment to excellence that this House and this community deserves. Because, Madam Speaker, when Healthcare works, everything follows.

Madam Speaker, once again this has been a long speech because there is a lot to account for. Because there is a lot that is being done. And because I am not here to deliver soundbites. I am here to deliver results.

So, Madam Speaker, before I finish, and I promise that I'm almost done, I need to thank the people who make that possible. To my amazing team at the Ministry, Madam Speaker, Annie, Aaron, Adriana and Edwina, who are there consistently for me.

Consistently, Madam Speaker, throughout 106 parliamentary questions. They are the team that put the files together. They are the team that work all hours to support the work that I do.

Thank you for the very long hours and the extraordinary hard work. I also wanted to thank the parliamentary team, both at No 6 and in this House. Thank you for your support throughout the year.

Now, Madam Speaker, I want to say this clearly. It is easy to criticise when you have never had to lead. It is easy to sit on the sidelines and throw stones when you've never had to carry the weight of responsibility.

And the truth is, the Opposition have a lot to say, but very little to show for it. They talk about problems. We deal with them.

They ask questions. We get the answers and then we fix what needs fixing. Because this is not about scoring political points.

It's about serving people. And Madam Speaker, I take that responsibility seriously. And no, it hasn't been perfect.

And yes, there are things still to improve. And I'll be the first to say so. But we are not where we were.

We are moving. And we are moving in the right direction. So, Madam Speaker, I will end where I began.

With my pink sleeves rolled up, with my eyes wide open and with fire in my belly. Because I care. One last thing, I will say this to all the girls out there.

Let them portray you as crazy if you are passionate. Let them portray you as excitable if you are fighting for your cause. But show them what crazy, excitable people are capable of.

And I will keep pushing until the system works better, until services are stronger and until every single person in this community feels the difference. Thank you, Madam Speaker. I commend the Bill to the House.

Madam Speaker: Yes, the Hon. J Ladislaus.

Hon. J Ladislaus: Madam Speaker, at the start of this Budget speech, I want to reflect on something which I said to St Anne's Upper Primary School children back in May, when they came to learn more about Parliament and its work. What does democracy mean? What does it stand for? Democracy comes from the word *demos*, which means people in Greek, and *gratos*, rule or

power. The word democracy literally translates to rule by the people. The people. What we do is, or it should be, all about the people. During the budget session and even during an ordinary session of this House, there is a real danger that we end up seeing only numbers and statistics without taking a moment to consider that behind every one of those numbers written down in these books is a person. And the impact of what each person in this book does in their respective roles is felt by other people, not abstract numbers but people, all with responsibilities, with hopes and aspirations, with human frailties and human strengths.

This speech, Madam Speaker, won't be the most technical. It won't be the most mathematically accomplished. Everybody knows that. It won't be the more complex, and certainly not one of the longest, but I do hope that it comes across as sincere, Madam speaker.

It's unfortunate that the title of politician has become muddled and tarnished, and in too many people's minds, synonymous with insincerity, opaqueness and a general lack of integrity. I'd like to think that that's not what I represent. I certainly try not to represent that.

The Government often like to portray me as the collaborative one on this side of the House, the reasonable, the constructive one. I hope I can be all of those things, if it means that positive changes happen for those who need them the most. The Hon. Minister for Health in particular knows that I won't hesitate to write to her to flag issues that are brought to my attention, if I think that they will serve to make a difference.

It doesn't, Madam Speaker, however mean that I will sit back and leave issues that affect our community unchecked. Collaborative doesn't translate to push over. For as long as I am afforded the privilege of sitting on this side of the House, I will challenge Government policy when it needs to be challenged. It is our collective responsibility as the Opposition to hold Government to account, and I promise to continue to discharge that responsibility to the best of my ability. And with one thing at the forefront of my mind, *El Pueblo*.

Before considering what I was going to say today, I did look back on my speech from last year, 2024, and what struck me almost immediately, Madam Speaker, was how so many of the issues that I flagged last year remain unaddressed issues this year, and even more worryingly how some have worsened over the past 12 months and come to a head.

Last year, Madam speaker, I said to the Hon. Minister for Health, and yes I'm going to quote myself now, *'Regarding the Minister's intended takeover as Chair of the GHA Board, there is cause to be cynical about this proposal. You see Madam Speaker, the real issue doesn't lie in the fact that the Minister is actually to sit on that Board, although it remains to be seen whether they have learnt from mistakes of the recent past and they avoid micromanagement'*.

In April last year, in a press release regarding the announcements of the consultation for the health and care restructure, the Government were keen to emphasise, I quote from that, *'that the GHA will remain completely clinically independent and politicians will not interfere with any clinical decisions. This will be set out in an accountability agreement which the Government will publish before September 2024. The dates at which the changes announced will be implemented. The Government's involvement as Chair of the GHA Board will be limited to the setting of policy and budgetary oversights'*.

Madam Speaker, we could ask the long-suffering GHA staff whether there has been any Ministerial interference, whether the GHA has remained completely clinically independent, whether the Minister's involvement has been limited to the setting of policy and budgetary oversight. Unfortunately, the most recent of a string of demonstrations by GHA employees has only emphasised what the public already know, Madam Speaker – that those Healthcare workers are afraid to speak out because there are repercussions when they do.

I take this opportunity to pause here and to just set the record straight, because there's been much said about whether I was at that demonstration on the 18th, whether I wasn't. I was at the demonstration on the 18th, I was there throughout, and it's very interesting that the Hon. Ministers on the other side of the House have chosen to try to muddy the waters as to whether I was or wasn't there. I very much was.

2305 The key concerns which were the subject of the demonstration on the 18th of June arose precisely because there has been and there is political overreach and any cynicism which we on this side expressed about the GHA restructure has proven to be justified. We are often accused by Government of negativity towards their policies just for the sake of it. But to quote a Guardian article of about 12 years ago, once again, cynicism proves its worth as one of the best defences
2310 against spin and manipulation. Simply put, Healthcare workers don't just decide overnight to demonstrate against the Government *en masse*. This was the culmination of months of being sidelined, undervalued and having valid concerns ignored or swept under the carpet because they didn't align with the shiny facade of perfection which the Government attempts to portray on social media under their incessant and somewhat *empalegoso* as well as, no doubt expensive to the public purse, PR show. GHA workers expressed loudly and clearly, in spite of what the Minister
2315 said to me in this House last week, that we can't believe everything we read on a placard. That they have concerns about political interference in the health and the care sector, they need to restore independent HR for health and care, meaningful dialogue on unresolved claims. The fact that many staff members are afraid to speak out, they feel intimidated, staff shortages, reliance and misuse of supply staff and agency personnel, appointment of individuals without adherence to proper recruitment and selection procedures.

It felt like *deja vu*, Madam Speaker. Whenever we have put questions around these subjects to the Hon. Ministers in this House, we have been met with derision, with denials, with refusals to address the real issues, attempts at deflexion and with little clarity. When I come to Parliament,
2325 whether the Government believe it or not, my aim isn't political point scoring, as you can see from the issues raised at the 18th of June demonstration, all of which I and my hon. Colleague Mrs Sanchez - who I take a moment to pause here, isn't present now because of medical issues, and again, I take the opportunity to wish her all the best in the next few months. We have asked questions on these issues during Parliamentary sessions over the past year.

2330 These are real concerns, Madam Speaker, held by real people, which are impacting not just GHA staff, but also service users, and the pervading feeling of late is, to quote the demonstrators on the 18th of June, that enough is enough. The messages on the placards summed up neatly many of the systemic issues which are rife within the GHA. And since democracy demands that freedom of speech is protected and too many are too scared to speak out, and that is a direct
2335 quote from people who are there, I will endeavour to give them a voice here today. In order to do so, I have decided to refer to the messages on some of those placards to emphasise what the major issues within the GHA are, which there has been no meaningful engagement on and which affect not only our GHA staff, again, but also service users.

And so Madam Speaker the first placard read: '*if you are scared to speak out you are not in a safe system*'. In any organisation within a democracy whistleblowing is of the essence and central to ensuring improvements and progression, more so within a Healthcare setting. If you silence the people who are in the trenches at the front line every single day, you stifle progression, you stifle improvements you stifle innovation, and patients are put at risk because ignoring warnings from those who have the best oversight on the ground means, Madam Speaker, that harmful and
2345 unsatisfactory conditions both for patients and for staff go unchecked. Not to mention, it completely discourages future reporting. We can take the recent complaint, the formal complaint, made by the CCU staff in February, Madam speaker, of this year. That complaint included issues which affected patient safety, regardless of what was said here last week. And even when an investigation upheld, the complaint and recommendations were made, they were disregarded
2350 and the GHA refused to engage in any meaningful discussions on the subjects. What, I ask, is the point of a dispute resolution procedure when there is no recourse? People have been left feeling that the process consists of nothing more than a tick box exercise, which concludes with a collection of empty platitudes and can result in feared repercussions.

In July 2020, we saw 300 GHA unionised workers walking out, in part due to claims that the clinical governance system which had been established was being used to target staff and that it was often for non-medical reasons, sorry for non-clinical reasons. Fast forward to today and staff

are feeling much the same and raising complaints around the same themes. To be afraid to speak out, Madam Speaker, is demoralising, it's frustrating and it's dangerous both for the staff afraid of communicating issues and for service users who suffer the impacts of those issues.

2360 The culture of fear and intimidation within the GHA and the Civil Service at large must stop. This Government is straying dangerously far from what democracy means. Fear is not respect. And so the next placard read: *'in the GHA some are more equal than others'*. Some are more equal than others, that's one of the most famous lines from George Orwell's book *Animal Farm*, where at the start the animals institute the idea that all animals are equal, but that soon changes Madam Speaker, as the pigs in that story who were in charge in that book become more controlling and undemocratic and the rule evolved to all animals equal but some animals are more equal than others.

2370 It's profoundly poignant that GHA staff demonstrating just a few weeks ago referenced part of that quote on a placard and there is plenty of reason for them to because there have been many examples of some being more equal than others. One such recent example which comes to mind is a strike back in late November or early December by the GHA's industrial grades employees, whose modest claims were sidelined for ten months before Government had no choice but to react when they walked out. Yet, when we requested breakdowns in May as to the total number of GHA employees earning more than 20% of their basic salary in overtime, there were a number

2375 earning more than 100% of their basic salary and overtime and that, Madam Speaker, was deemed to be justifiable by the Hon. Minister for Health.

Another example that comes to mind is the perception by many GHA employees that there is no fair and transparent disciplinary process, that the reality is that bullying claims and even complaints as to impropriety are swept under the rug but that depends on who you are and who you know. It must be exhausting to work in an environment without proper safeguards in place, especially when speaking up could create even more problems than you started off with. And so, Madam Speaker, on the 18th of June, there were also placards that read: *'we are walking out because our exhaustion is not just physical, it is emotional and moral.'* *'We are walking because you cannot fix health care by breaking those who provide it.'* *'Care doesn't clock out, neither do we.'* *'Exhausted, overlooked, still caring.'* *'We carry the system, but no one carries us.'*

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And then, when things become completely desperate and those employees dare to stand up together to bring formal claims, such as the Allied Health Professionals did a year ago when they called for parity with their UK counterparts - and here I pause again, they are not saying that every single claim in respect of money, we certainly don't have oversight as to what's going on with finances within Government at the moment, should be given. What I am saying is that things should be listened to. They should be listened to and dealt with early on in the process. Or like the industrial grades employees did towards the end of 2023, they are faced with – again another quote – *'unresolved claims and delays'*. The AHPs waited a year before demonstrating, because there had been no significant engagement from Government. The industrial grades employees, amongst the lowest earners within the GHA, facing increasing difficulties in the face of the ever-rising cost of living, waited 10 months without any significant engagement before they walked out and demonstrated. And we've heard again today the Hon. Minister quote that she met with them for three hours just before these demonstrations occurred. Madam Speaker, that's not sufficient. A meeting three hours, a mere week before these individuals decided to demonstrate, is simply, as they have shown, not sufficient!

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I've said it before in this House, Madam Speaker and I'll continue to say it. If claims are left to fester, they become much harder to resolve than they would otherwise through meaningful engagement early on in the process. As John C Maxwell, who is best known for his books on leadership, said: *'if you're proactive you focus on preparing, but if you are reactive you end up focusing on repairing'*. Let's focus then on the placards which really need to be taken into consideration Madam Speaker in future to avoid the need for this Government and successive ones to have to repair more broken systems.

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Contracts that protect, not exploit. In the May session of Parliament I asked how many GHA staff members were currently, at that point in time, employed out of the Bank staff cohorts or via an agency and had been working continuously and uninterrupted for a period of over three months. The response was 53 Bank staff members. Of those 53, 12 had worked for the GHA uninterrupted for a period of over five-years, and of those 16, five had worked for the GHA uninterrupted for a period of over ten-years or more.

When I asked the Hon. Minister in supplementaries why the GHA employs so many members of staff out of the Bank cohorts for such lengthy periods of time and suggested that those individuals should surely have been offered permanent contracts, particularly in a world where we keep talking about there being shortages of Healthcare professionals, the response was that, from the information available, the Hon. Minister could not make the determination that I was suggesting. This was followed by a lengthy explanation which concluded with the assertion that, I quote, *'you can work continuously and uninterrupted for a period of three months, within any period from 2012. You may have worked from June 2015 to September 2015 in an uninterrupted and continuous manner, but that does not necessarily mean that you have been in employment since.'*

Either the question was completely misunderstood or it was expertly avoided. Within the GHA's Mental Health facilities, there were two Bank support staff who had completed 24 or more months of continuous service to the GHA. And, Madam Speaker, again, I pause here to acknowledge that not everybody in Bank would like a permanent contract, I acknowledge that, but there are still many who would and who could be working permanently for the GHA. When I asked why they had not been offered permanent contracts within a service, might I add, which is chronically understaffed as I've just said, the Hon. Minister's response was that they are covering gaps in the service due to issues such as sickness and vacancies. The same question was understood and answered and the Hon. Minister went further in agreeing, I quote, *'in principle that all Bank staff should be tidied up. And if they are needed in a permanent post, that should be tidied up.'* By the Minister's own admission, these two individuals were covering gaps in the service, which were not only due to sickness but also unfilled vacancies. It is perhaps easier to save some money in the short term, though by not offering permanent contracts which bestow employees with more rights and entitlements. But that can't be the answer for the service in the long term. It certainly isn't the answer to those employees who live with the uncertainty of a zero-hour contract hanging over their heads for years on end. It can't be the answer for service users who have to suffer gaps in their continuity of care because there is a revolving door of temporary staff, rather than an expansion in the cohorts, with the creation and filling of very obviously much needed vacancies. And with that, Madam Speaker, I echo the sentiment of the placard which read: *'every unfilled vacancy is a risk, not a budget win'.*

I pause again. We have seen many of these posts which the Hon. the Minister was referring to which are page at 201 and I'm going to use again nursing as an example. The Hon. the Minister referred to, I believe it was over 580 odd posts, I can see down there that it says 518.5 to rise to 544.5. We do have to take into account that within that cohort of nurses they are taking into account the nursing assistants, of which there are 96, and of which we heard recently in a parliamentary response to a question that they don't have the same qualifications, obviously as a registered nurse. So they are different and that difference should be reflected within the Book, which isn't at this moment in time. Madam Speaker, I also comment at this point in time that the funded posts may be in the Book, but it doesn't mean that they are on the shop floor, so these individuals are not necessarily on the shop floor, they might be unfilled vacancies.

In fact, Madam Speaker as of January 2025, there were 46 vacancies, again I use nursing as an example, within nursing at the GHA and Unite emphasised workforce issues which were impacting patient care and safety. The Government's response to the assertion that nursing staff levels were dangerously low, and that wasn't me Madam Speaker, that was a quote directly from the workforce through Unite, was to accuse the Union and by proxy the staff who had made the claims, of being, and I quote from them, *'factually incorrect'* and again I quote, *'alarmist'*, as I am

2460 often accused of being in this House, and to point out that the 46 vacancies were offset by 38 supernumerary nurses and 22 Locum staff. Just another way to disguise the fact, Madam Speaker, that there were such a high number of unfilled vacancies and there still are.

To begin with, the term supernumerary staff often refers to students or those in transitional roles who don't form part of the regular staff complement for a particular department or shift.
 2465 The usual idea and ideal is to allow these individuals to learn on the job or, for example, to transition back into a position after a prolonged absence. Locums, as we have heard, are temporary professionals who will substitute for regular staff. The issue with this approach is of course that the 38 supernumerary staff form or formed part of the University of Gibraltar student-nurse cohorts who were or are being trained up to take up the vacancies and therefore needed
 2470 constant supervision, so that just gave regular staff more responsibilities. So how were they therefore to offset 38 of the 46 vacancies is what I ask?

Furthermore, Locums are not permanent, which will often result in no continuity of care for service users who are suddenly left to commence from zero when a person they've built up a rapport with and trust moves on, as will happen in Mental Health, where continuity is, for
 2475 example, such a sacred concept. Yes, Madam Speaker, Locums are commonly relied on in a Healthcare setting. Yes, I agree with that, but it is disingenuous to say that they are there to offset the huge gap in the GHA complement. It's important to highlight at this point that these are ongoing issues and concerns not just within nursing, but across the board. I simply use nursing as an example.

Then when we come to the issue of this Government's blatant over reliance on Bank and agency staff to make up complement numbers. Over reliance, Madam Speaker, on Bank and agency staff results in those employees being treated as if they were employed permanently, on a full-time basis often, but without any of the benefits that a permanent contract bestows. With all the uncertainties that a zero-hour contract brings to day-to-day life, zero-hour contracts which
 2485 remain rife in the GHA.

This approach is also placing so much pressure on the Bank reserve numbers that when staff are necessary to be used for the purpose for which such a workforce is, which is to cover absences, the numbers are so depleted that it becomes nigh on impossible to find actual cover.

Some have been employed from Bank for over ten years, as I have already said. If an over
 2490 reliance on Bank and agency staff doesn't demonstrate staff shortages, then it demonstrates a misplaced attempt to save money. The current state of the GHA suggests that it's evidence of both staff shortages and poor attempts to save money.

And through all this, Madam Speaker, patients are being put at risk. Because there have been nights where wards have been so severely understaffed that staff have had to pull a rabbit out of
 2495 a hat to keep things at least functioning, even if not at the recommended safety levels. Which brings me to the placard which read: *'we can't do more with less, we're not magicians'*. And staff, Madam Speaker, at the GHA certainly are expected to be magicians.

The Minister is, we have heard on various occasions, making every effort to make cuts which will translate to savings for the taxpayer. The thing is, Madam speaker, that cutting essentials is
 2500 leading to far bigger issues than the savings which this Government say they are attempting to achieve. Because these savings mean that there are not enough nurses. I'll say it's over and over and it will still be the case, Madam Speaker. Regardless of what the numbers in this Book, which is full of estimates, shows. These numbers may be set out in a manner under which the Minister can justify saying that we are full complement, but there's no doubt that full complement doesn't
 2505 mean enough at this stage. Full complement according to who? Put very simply, you can't have a full complement when you're opening more departments and expanding local services in a bid to repatriate services back home, when you are not recruiting the staff to cover those expansions.

What this Government is doing is stretching their exhausted, burnt out and demoralised staff, and squeezing the lifeblood out of them. And so, Madam Speaker, one of the last of the demonstration placards, which I'll be referring to today, read: *'We are walking out because policy should follow evidence, not agendas.'*
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When I query decisions made by the Government, the response is often the same, that the approach is determined by listening to what the experts suggest. So why then did GHA staff demonstrate en masse a couple of weeks ago, Madam Speaker? It has to be because there are a few whose agendas trump, and there's no pun intended there, the evidence that has been flagged repeatedly by frontline workers. Those few agendas are overriding the data, the real world experiences of the staff on the ground and what the public is saying. Transparency doesn't cost anything. Valuing someone doesn't cause anything. Listening to opinions, even if they don't fit the picture of perfection that this Government tries to portray, doesn't cost anything. Money isn't the only thing that this workforce is after. They're after something that money can't buy. Respect.

Efforts to address all those ongoing problems that I've just referred to would start with a strong human resources structure, but the truth of the matter is that last year's restructure appears to have had the opposite effect. The Director of Workforce was appointed Director of GHA HR, but only in an acting capacity, as we found out recently. This hasn't worked in the past, as pointed out by Unite, and it obviously isn't working now, according to the workforce. One person can't be everywhere he is required. Especially when the GHA, which is over 1,000 strong, as we've recently heard again, presents such unique challenges. How is Mr Richardson supposed to be present at regular meetings with line managers at the GHA, available to deal with the ever-growing issues of the newly created Gibraltar Health and Care Authority, alongside existing responsibilities across the entirety of the Civil Service? The system, Madam Speaker, which was in place where the GHA has its own separate head of HR, may well be the better option.

The restructure has unfortunately meant more bureaucracy. Again, we've heard that from Unite, which means that vacancies can't be filled quickly enough and can take months to advertise, which results in inevitable gaps in the service, especially when services are constantly being expanded. This leaves wards and other departments short on staff, and those staffing issues are compounded by over-reliance on Bank staff, which then results in the unavailability of cover when it's most needed, again.

And through all this, Madam Speaker, we see a continued refusal by the Government to publish the outcome of the employee surveys for 2024/2025. What, I ask now, have they got to hide? We've just heard Madam Speaker that Government are not, and I quote, '*here to defend the indefensible. We're here to improve*'. But Madam Speaker, that should be music to the ears of the workforce. And perhaps the public will get to see the results of this survey. It starts with transparency, doesn't it? Other departments and agencies like the RGP are happy to publish such results. We've seen them. Why not the GHA? The public is entitled to know what is going on within the Healthcare service and how it can impact them.

Last year, this is what I said to round off my speech when I was speaking as to the health portfolio. In a nutshell, what the GHA needs is a Minister that doesn't micromanage, and independent and professional managers who are not stifled by Ministerial intervention. It remains to be seen whether the most recent approach will finally be successful. Given this Government's history in this area, I have serious misgivings.

It is not political point scoring to say that it turns out that my misgivings were justified. It is factual. We only have to consider the domino effect of industrial action that we have been seeing in past months with the various GHA walkouts, strikes and demonstrations when there is serious discontent and there are ongoing issues which ultimately impact the service user.

And so at this juncture I want to analyse some of the topics raised this year around services and the responses or lack thereof from Government. If I were to cover all the topics which I've asked questions on, we would be here for many hours yet. I'm not going to do that, Madam Speaker, so I'll stick to the subject with evident systemic issues. Let's start with Mental Health.

Last year, the laying of the Mental Health Board Report 2023, was accompanied with much fanfare. A motion brought by the Hon. Health Minister, accompanied by a lengthy address and debate in Parliament. But then again, last year we were only eight months into the life of this Parliament. The public was prepared to be more forgiving of a new Minister who spoke with renewed vigour, who promised a new perspective of the age-old issues surrounding the delivery

of a Mental Health service. The Minister, to her credit, accepted last year that there was still much to do. Fast forward to this year and the 2024 report received none of the attention of its predecessor. There was no motion, no emotive address, no debate, nothing. And the silence spoke volumes. It spoke much, much louder than words. It was almost an afterthought. Ready well before it was tabled, it sat waiting for the right time in the PR show, Madam Speaker, and it was no accident that it followed the emphatic announcement of the new site for the Mental Health hub. A facility, Madam Speaker that many are anxiously awaiting and which has already seen precipitated changes as to its intended location mere months after the original announcement. Let's hope once it opens that the project will not prove as directionless, because many eagerly anticipated improvements are dependent on the success of that hub. I take again this opportunity to wish that hub and that project the very best of success because it is absolutely needed.

As of May of this year, the average waiting time at the GHA for overall psychology services was 21 weeks. Over five months to access psychology services. The average waiting times for someone to see a Primary Care counsellor was nine weeks. The average wait times to see secondary care psychologist was 32 weeks, so eight months. And the average waiting times for a clinical psychologist under the Gibraltar Young Mind Service was 27 weeks, so almost seven months.

I do appreciate that the waiting times seem to have decreased. And I also appreciate that individuals are not left without being seen to in the meantime. But when we talk about the need for some Mental Health support, we are talking about some of the most vulnerable moments in a person's life, Madam Speaker. And it is crucial that people are not left with uncertainty clouding their treatment journey.

And on the subject of uncertainty. I have said it in the past and I will continue to repeat this, continuity of care is absolutely central to any patient's experience but when it comes to Mental Health patients it is even more sacred. The value of forging a relationship of trust with a Mental Health professional when a person is feeling at their most exposed should not be understated and I have had plenty of concerns raised with me about service users who have suddenly - which I have raised actually with the Hon. Minister - and without warning found that their Mental Health professional has changed. And so the relationship begins again from zero and hinders progress.

All, however, Madam Speaker is not negative, and all is not lost, because what I have witnessed this past year is the incredible work of local charities and organisations like GibSams, Childline, Clubhouse Gibraltar, the Mindspace Project and the Gibraltar Mental Welfare Society. Through their tireless efforts and campaigns, the stigma surrounding Mental Health is beginning to dissipate, but there is still a very long way to go. We await the commencement of the new medical care which the Mental Health Hub promises to herald in. I sincerely, Madam Speaker, and I mean this for the good of the Mental Health of our population, hope it is a huge success. But in order to even start on the right footing, there is much to be done to resolve the basics.

And that's why I move on to that now. Back to basics. That's the direction that Healthcare policies should be taking, Madam speaker. It's rare that a day goes by when I don't hear of an issue at the GHA to do with communication. Whether it is service users still being unable to get an appointment, and yes it is still happening, after long stints of time on the phone, whether it's unavailability or loss of gaps in patient records, difficulties communicating information between departments and tertiary service providers, or even simply speaking with a member of staff on the phone, problems are still being flagged.

Back in January of this year on a *Viewpoint* programme the Minister for Health referred to a task force which had been set up to the availability of daily appointments at the PCC. The statistics on the many dashboards which the Hon. Minister likes to refer to and which are made to sound - and the Hon. the Chief Minister is going to love this - like the control panel of the Death Star, may demonstrate improvements but the reality remains that calling the GHA appointment line in the morning and obtaining an appointment is still mission impossible.

You may be lucky and you get one within minutes, that still happens for the rare few who have cracked the intricacies of pressing the button on their mobile phone at just the precise moments. But if you fall just seconds out of that window, and you have to wait, because I've done this a few

times myself, you have wait until it almost reaches 08.14 and then you have count down the seconds, the 60 seconds, because you have press the button at just the right time. And I know, Madam Speaker, that the Hon. the Chief Minister, as I've said, is a Star Wars fan. If you press a mere few seconds out of that window, may the force be with you, Madam Speaker.

2620 Then, Madam Speaker, maybe after the automated voice announces, almost proudly, I add, that you're caller number 77 in the queue and you spend 25 minutes to get to number 1, there's a deathly silence that fills one with dread because the line has disconnected, and that's happened to me on many occasions. And you're about to start the process all over again. All from personal experience, Madam Speaker.

2625 Then Madam Speaker, we have the multiple calls that go unanswered at the GHA, and not for one second here am I suggesting that that's due to staff inadequacies, I'm not. There are many reasons why this could be the case. The point is that it happens daily to many service users. Recently, I had the great privilege of calling the Children's PCC 12 times over the course of a day, Madam Speaker, to follow up on a form that was promised would be emailed almost four weeks earlier. In the end, I had to give up. What happens to the elderly person, though, who is unable to make the telephone call and has nobody to do it for them? What happens to a vulnerable patient who can't make their way down to the PCC or the hospital with ease? Access to health care in those scenarios is unfortunately impeded.

2635 Another of the most significant issues I constantly hear about is the lack of inter-departmental communication. It is often the case that patients are referred by a GP to a secondary service. Or that others will need to be seen under multiple specialisms. So communication between departments is key to patient safety, to continuity of care. It's key to efficient use of limited resources, to teamwork and to faster decision making. And if that isn't correct, things begin to crumble. At the heart of many of the complaints which I get from people about the GHA seems to be this chronic lack of communication. When the left doesn't know what the right is doing, Madam Speaker, there can be serious and wide-reaching consequences. The impact of that communication disruption is compounded by incomplete medical records and historic shortcomings in record keeping.

2640 And so Madam Speaker, moving on, in April of this year, the Government, we're moving on to cervical smears now, in an attempt to gloss over systemic shortcomings, announced improvements to the cervical screening programme, which were presented to the public as part of a policy change designed to improve Healthcare standards, along with reassurances that those changes should not be a cause for concern.

2645 And Madam Speaker, although such improvements are of course welcome, of course we welcome that, the stark reality, Madam Speaker is that they had been urgently necessary for years. The GSD Opposition was flagging issues in 2021, as I've raised in this House before. And the figure quoted by the Government, and now I go back, I'm going to quote what the Hon. Minister said: *'we didn't ignore the problem, we fixed it and commissioned a review'*. Yes, it took years to do that, Madam Speaker. And I'm not blaming obviously the Hon. Minister because she perhaps wasn't in Government at the time, she wasn't a Minister at the time, but it is still the Government that she sits on.

2650 And the figure quoted by the Government of 12,000, Madam Speaker, needing to be recalled demonstrated that, and the fact that the GHA did not have sight of how many women needed recalling. Not just a lack of screening then Madam Speaker, but it's also a lack of appropriate record keeping, resources and forward planning. The consequences of which have now added pressures to already stretched numbers and burnt out staff. As was also on the placards at the recent GHA demonstration: *'we cannot run a service on goodwill'*.

2660 Repatriation of services, Madam Speaker, is the next topic. On the subject of running a service on goodwill, the topic of repatriation also needs to be mentioned. In light of the very obvious staffing issues which are presently highlighted by GHA staff and ignored by Government, we constantly hear of services being repatriated. Like I said last year the intention is laudable, of course the ideal scenario is for patients to receive treatment and care at home and not to have to

travel elsewhere with the stress and upheaval that brings. And unfortunately I have a very close family member who again is undergoing cancer treatment and luckily at home. So I do completely understand that. But at what cost are some services being brought home Madam Speaker?

Surely the expansion of services goes hand in hand with the expansion of the complements. Yes, I'm going to carry on saying that. And that simply hasn't been the case for many of the novel services being offered. The Cath Lab, the urology clinic, these new services run on existing staff complements, largely on existing staff complements which are transferred from other areas and wards as and when needed. The consequences are depleted staff numbers in some areas which presents risks to patient safety.

Madam Speaker, I pause here again to observe that it's not about cutting expenditure that we're talking about all the time. We're not suggesting that we shouldn't spend. It's about the way that it is spent. It is about spending prudently. One can spend £10 million on something that is plastic and we're being told is a diamond, but if one looks at it and it's a not a diamond you've spent £10m on something which might look like one but isn't actually a diamond.

So, Madam Speaker, I move on after that point, onto the Justice and Uniformed Services side of my shadow portfolio. I want to start today with the GFRS, because back in May of this year I attended the first fire safety summit, along with the Hon. Minister, which saw addresses from leading fire safety experts, both local and from abroad. Amongst them was Gibraltar's own Chief Fire Officer, Mr Colin Ramirez, whose message really struck me, as he tried to dispel the myth that all our firefighters do is, I quote him, '*play volleyball*'. That is the perception that our GFRS feel too many unfortunately seem to have of them, because, and I quote him again, '*you only see the GFRS when you need it*', which is very true. So I decided that today I would open this part of my speech by thanking them for their unwavering service and for being there whenever we need them. It doesn't go unnoticed. I go further. This year Madam Speaker, I extend my gratitude also from a personal perspective and arising from a personal experience. Because just shy of two weeks ahead of that fire safety summit, the GFRS' red watch responded quickly and efficiently to a vehicle fire in the lower part of my estate's garage. It doesn't bear thinking how much worse things could have been because we're a very small estate as well, if those firefighters hadn't been on hand so fast. They had things under control in heartbeats Madam Speaker, and always supreme cool with professionalism and even smiles, which put neighbours, particularly the children who were quite nervous at that point in time, at ease.

As a result of the rapidly changing landscape of our little Gibraltar, the GFRS are being faced with new, ever-growing challenges, not least because of how built-up things are getting. The close proximity of buildings and the fact that, as I learned from Mr Ramirez's speech, Gibraltar now has more than 50 high-rise buildings. We are also surrounded by water and have a nature reserve covered in foliage. All of which, together, raise unique challenges that may not present in other bigger parts of the world. As such, it is a safety-critical obligation to preserve suitable manning levels. Under the Manning Level Maintenance Sub-Head of this year's Budget Book, the estimate for 2024/2025 was £400,000. But the forecast outturn for 2024/2025 is more than double at £875,000 and this year's estimate has been placed at £800,000. That seems to me, Madam Speaker, to be a Head under which continued operational readiness is being ensured through the use of overtime. Whereas it is appreciated that uniformed services will of course have high levels of overtime, I do appreciate that, it does raise the question, does the GFRS need further expansion of their establishment? Perhaps even more than the three by which it is to grow this year. 84 firefighters service a growing community of around 38,000. We have grown by about 6,000 people between 2012 and 2022. And the rapidly changing landscape of Gibraltar throws in more complex challenges every time.

To meet those ever-evolving challenges, the GFRS were also in need of the new fire station, which was promised to them and to our community by this Government as far back as 2011, and every successive election thereafter. On 13 February 2023, in fact, the Hon. Mr Bossino asked the then Hon. Minister Sacramento for an estimated time frame within which the fire station would be completed. The response came from the Deputy Chief Minister, and the response was that

2720 once the permits were in place they would expect this to happen within 12 to 18 months, that was 2023. I do appreciate that the answer was caveat, with only being a rough estimate, and that the Hon. Minister wouldn't want to be held to it, but we do have to bear in mind that this has now been a commitment of this Government for 14 years, and we're still waiting.

2725 In his budget address last year, the Hon. Minister for Civil Contingencies said: We are working on the exciting project of a new home for the GFRS. A presentation of the concept design has been made to GFRS staff and this has been well received by all. That was a year ago, again, and with the passing of the years it is ever more important that our fire service is re-homed within a purpose built station suitable for modern day needs. Whereas the current station at Alameda Grand Parade is a beautiful historic building, it has served our GFRS now for 88 years and it is time for
2730 this Government to deliver on their 14-year-old promise, which, amongst the many other improvements that it would provide, would also finally make appropriate provision of facilities to accommodate female firefighters.

Madam Speaker, turning now to the Borders and Coastguard Agency (BCA). I have recently raised concerns relating to equipment, maintenance, facilities and resources, all of which need to be addressed as a matter of urgency, more so I would highlight in the context of the Treaty, in
2735 respect to which their role and responsibilities stand to change as we heard on Monday. In light of this, BCA staff require assurances as to staffing, their role moving forward and deployments. We do look forward to further clarity on these issues which will no doubt be on the minds of BCA officers and staff, and also their customs counterparts.

2740 Prison Service, Madam Speaker. One of the pillars of our justice system is or should be the rehabilitation of inmates. And the sooner and earlier in life that young offenders, in particular, are provided support to break cycles of offending, the more likely it is that they will be effectively rehabilitated. There are still too many young people falling through the cracks, and we are seeing an increase in complaints of antisocial behaviour and a revolving door of reoffending.

2745 In this day and age, Gibraltar, Madam Speaker is not unique in this, I accept that. But our size and comparative safety to other bigger jurisdictions does mean that we should be ambitious enough to want to succeed in building a system of restorative justice which produces positive results for the majority.

Every time I've asked the question about the possibility of a young offenders' institution specialised to deal with young offenders, the Government has taken the stance that, in a
2750 jurisdiction as small as Gibraltar, the cost and scale of a dedicated juvenile detention facility cannot be justified. And that seems to be the end of it. I do appreciate the reasons behind that particular policy, particularly having heard the Hon. Minister for Justice say yesterday that no minors have been admitted to the prison in the past year. But surely that can't be the end of the matter, because that doesn't mean that there has been no youth offending. What about
2755 restorative justice programmes, Madam Speaker? What about residential placements options? What about intensive therapeutic programmes? There really doesn't seem to be much emphasis on the therapeutic side of rehabilitation, particularly for adult offenders now.

And there is plenty of evidence to suggest that providing access to therapies reduces the risk
2760 of recidivism. It creates a more positive and safer prison culture and it supports Mental Health and wellbeing, and prepares inmates for reintroduction into society. But when I asked the Hon. Minister last week when a pilot study into prison pathways and access to the prison population had concluded and what the recommendations were, the reply came: *'I am informed that the six-week pilot scheme commenced in or around April 2024 and ended in June 2024. The study provided
2765 insight into the clinical needs of the prison population and made the following findings and recommendations. 1. Prisoners should feel heard and be listened to and have an opportunity to vent, to improve well-being or reduction in distress whilst in prison. It was concluded that this does not need to be delivered by qualified psychological practitioners. 2. Psychological inputs to reduce risk of re-offending and support rehabilitation, for example targeting criminogenic needs, risk factors through offending behaviour programmes. It was noted that the Care Agency have
2770 designed and delivered interventions to meet these needs on a group and individual basis. It was*

2775 further noted that it would be unusual for Healthcare providers to deliver such interventions. 3. No issues were identified regarding interventions in relation to substance misuse. 4. The possibility of the GHA providing a clinic for evidence-based psychological therapies for Mental Health conditions, if and when required, would be explored. 5. Support staff to understand challenging behaviours in custody from a psychological perspective and make recommendations to enhance standard practise.’ And that closes the quote.

2780 Yet, when reading through the latest Mental Health Board Gibraltar Annual Inspection Report, which is dated between 14 October and 18 November 2024, it is very apparent that after four long years, I quote from the report, ‘the situation of a lack of councillor support remains unresolved’. And the Mental Health board goes on. An impasse remains as the solutions proposed following the pilot, do not, in the views of the prison authorities, address the core issue: the prison's need for a dedicated counsellor to work with inmates approximately six hours per week to provide a consistent, supportive presence for inmates, offering them a safe environment to discuss and process their issues. And the report continues. The Care Agency's input is valuable, but it remains specialised and time limited, meaning it does not address the broader psychological and emotional needs of the general prison population.

2790 The solution, Madam Speaker, seems fairly simple. The appointment of a councillor to the prison, just like the previous arrangements which were in place prior to the retirement of the former councillor and which are in fact the preference, as we have just heard, of the prison authorities. But then in spite of the song and dance that we received from the Government about how well resourced the area of Mental Health is, the issue unsurprisingly appears to be a lack of resources, according to the report. This should never have become such a significant issue, Madam Speaker. Forward planning was key and it would have made all difference, but we see it because this gap comes as a result of the former counsellor having retired. But we see time and time again, Madam Speaker, there is next to no forward planning or foresight with this Government.

2800 Madam Speaker I'm moving on to the RGP. I take this opportunity to wish the RGP's new Commissioner, Commissioner Richards, who took up his post yesterday, a very warm Gibraltar welcome and all the very best in his endeavours to keep Gibraltar safe.

2805 The Minister for Justice's role is to ensure that the RGP have the resources necessary to operate effectively. It's ok that he's not here, hopefully he will pick and listen. In recent years, our police force has suffered from chronic underfunding and significant depletions to their complement, and this in the midst of the McGrail inquiry, which stretched already limited resources to breaking points, and it has been noticeable. For a long time there has been a notable absence of our iconic and beloved ‘Bobbies’ on the beat. Decreases in night patrols at sea, with other agencies having to pick up that slack, wherever necessary, and under-resourced digital forensics units and the abolishment of entire units, such as the drugs squad. Our community has felt the increases in antisocial behaviour keenly.

2810 When I have asked questions of the Minister for Justice this past year, a common response has been that decisions made by the RGP Command team are operational and nothing to do with the Government. And I agree, Madam Speaker, with the concept that the Government should never interfere with the proper functioning of a police force. I am relieved to see that the Hon. Minister so vehemently takes the same stance. What I don't accept Madam Speaker is the Government hiding behind the notion so as to avoid the real reasons why the RGP has found itself facing the untold difficulties of recent years. An example of this is the disbanding of the drug squad.

2820 Back in October 2024 the Minister confirmed that this was the case but cited that it was an operational decision. Tellingly, the annual police report for 2023/2024 states that although there has been a 21% reduction in the number of drug offences recorded in 2023/2024 compared with 2022/2023, it is not likely to be because of a decrease in drug use, but, I quote directly, more as a result of a reduction in resources available to tackle the issue. The reduction in resources is due to the need to redeploy assets to meet other policing priorities. It's quite blatant, Madam Speaker, from that quote, that the RGP have been faced with having to choose between areas of policing

over others because of budgetary and resourcing constraints. I hope that with the passing out of recent police recruits and the addition of nine civilian staff to the control room we may see the return of the drug squad someday. Our geographic position and past successes of that squad in curbing high level drug smuggling certainly point to a need for its funding and reestablishments.

This week, Madam Speaker, we've heard Hon. Ministers delving into the past again and lecturing about how this side of the House doesn't understand what a manifesto commitment is. But I wonder whether a manifesto to this Government is simply a collection of pretty pictures and words that they think the public wants to hear, of which they have no intention to act upon. I would be remiss if I failed to touch, at this point in time, upon the sore subject of a significant broken manifesto commitment by this Government when speaking about the RGP. And that is the Government's decision not to proceed with delivering a much-needed new police station, which they had set out in their 2023 manifesto, would be situated at the Rooke. Instead, our RGP will have to make do with a far less satisfactory refurbishment of their existing premises, and there is no beginning in sight for that.

As the Hon. Leader of the Opposition pointed out in his speech on Monday, and I echo, under Head 102 at page 166 of the Estimates Book, there is a nominal sum of £1,000 under the sub-head entitled RGP Headquarters, and it is the same story under the subhead entitled GFRS relocation.

With all that said, I have to admit that I have seen an increase in the numbers of police officers patrolling our streets in past weeks, and I welcome that sight, as I am sure many do. But I say that with some reservation, because I hope that the measures put in place are not a case of too little too late following years of Government neglect of the RGP.

Madam Speaker, over the course of the past 12 months, since June 2024, I've asked 390 questions in this House. Since the beginning of this year. I've asked 215 questions, that's 26% of the Opposition questions, and a majority of those are related to the Health portfolio. I'll leave it to the public to do the maths as to what that indicates about the current state of the GHA, which the Hon. Minister for Health flippantly said last week when under pressure hasn't yet fallen to bits. Contrary to what I am often accused of with increasing regularity, the points which I make in this House are not meant to scaremonger, they are not meant to politicise matters, not to score political points. Surprising as it may be to Ministers, these are all issues, and I reiterate again, that have been raised with me and which affect our community. They are made every single time with the best interests of Gibraltar in mind. I can sincerely say that I love this role, because I am in the privileged position of giving a voice to those who don't have one, and therefore I encourage more people to put themselves forward to play a part in political life.

I especially encourage girls and women, who we need more of in order to reach the coveted 50% in this House, which reflects a balanced and equitable representation. For all that I said in the speech about and to the Hon. Minister for Health, I don't think it goes unnoticed that we can maintain a level of respect and civility towards each other, for the most part, and that we collaborate as and when we can. The female perspective and approach are simply different from that of our male counterparts.

With that said, I have to make the observation, Madam Speaker, at this point, that Parliament is not family friendly, and although this Government made a manifesto commitment to, I quote directly, *empower women in politics and support parents in parliament*, with the promise of the implementation of a, I quote again, *comprehensive system that includes dedicated childcare facilities and remote working options within parliament*, we are already almost 21 months into the life of this parliament and there is still no indication that there will be any changes. And so, the Hon. Chief Minister will continue to use timetabling of parliamentary sessions as another means of control.

The only impact of that approach is damaging the proper functioning of democracy because it makes the political system inaccessible to parents, especially to women who remain the main caregivers. You can paint the façade of a building, and it does look very beautiful, and I'm delighted to say for the first time in history the Parliament building is finally accessible to wheelchair users and to those with mobility difficulties. But the system within it also needs addressing so that

accessibility extends as far as possible. The Government should be the example as an employer. Not the entity acting like a power mad goliath.

2880 This year, the tone of my budget speech may be more pessimistic and more full of cynicism than my speech last year. I don't like that approach. I continue to communicate with Hon. Ministers, especially with the Minister for Health, but it is my responsibility to raise issues. We are now almost two years into the life of this Parliament and the cracks are showing far more glaringly. The honeymoon period is over. It's time for this Government to stop the PR shiny photoshoot fanfare and have the humility to stop to listen to the frontliners and the public and act.

2885 Public trust in the system has been eroded because the decisions being taken don't seem to be rational at times, transparent or grounded in facts. They are reactive, based on opaque reasoning and the agendas of a few. The facts cannot fit the policy Madam Speaker, the policy must fit the facts.

2890 The new dawn is rapidly moving towards the darkness of night. But as the actor Harry Dean Stanton said, always end the day with a positive thought. No matter how hard things were, tomorrow is a fresh opportunity to make it better. And better we will make it, Madam Speaker.

Adjournment

2895 **Chief Minister (Hon. F R Picardo):** Well, Madam Speaker, after that session of placard politics, and having heard all about how the evil empire is doing such terrible things, and the phantom menace even of patient risk, I move that the House should now adjourn to hear the new hope of the Hon. Minister for Culture's address this afternoon at 4pm.

2900 **Madam Speaker:** All right. We will recess until 4 o'clock this afternoon.

The House adjourned at 2.28 p.m.