



# PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

**AFTERNOON SESSION: 3.01 p.m. – 8.55 p.m.**

**Gibraltar, Wednesday, 21st May 2025**

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# The Gibraltar Parliament

*The Parliament met at 3.01 p.m.*

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

[ACTING CLERK TO THE PARLIAMENT: K Balban Esq *in attendance*]

## PRAYER

*Madam Speaker*

## Order of the Day

### CONFIRMATION OF MINUTES

**Acting Clerk:** Meeting of Parliament, Wednesday, 21st of May 2025. Order of Proceedings.  
(i) Oath of Allegiance. (ii) Confirmation of Minutes. - the minutes of the Fifteenth meeting of the Fifteenth Parliament, which was held on the 19th, 20th and 26th of March, 2025.

5      **Madam Speaker:** May I sign the minutes as correct?

**Members:** Aye.

*Madam Speaker signed the Minutes.*

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### COMMUNICATIONS FROM THE CHAIR

#### Hansard production by the Parliament Team

15      **Acting Clerk:** (iii) Communications from the Chair.

**Madam Speaker:** Before we begin, I would just like to take a moment to recognize the exceptional work carried out by the Parliamentary team over the last eight weeks or so. As many of you will know, the Isle of Man previously provided us with Hansard services, but they have now ceased to do so. The service they were providing did not enable us to keep records current, and as a result, Hansard was months behind any given session.

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Since taking on this responsibility, the team has worked tirelessly to clear a backlog of five months' worth of records. They have ensured that every Hansard, including that of the March Parliamentary session, is now uploaded and available for public access. Their work has been dedicated and exemplary.

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Looking forward, the team will be delivering Hansard records in-house, published promptly after each Parliamentary session. This will make Hansard available ahead of the next meeting, providing invaluable support to Government departments, media, the public and ensuring transparency and efficiency in our proceedings. On behalf of this House, I would like to express my sincere gratitude to the Parliamentary team for their dedication, professionalism and hard work in maintaining the high standards of our Parliamentary process.

**Chief Minister (Hon. F R Picardo):** Madam Speaker, can I, on behalf of no doubt all Members on both sides of the House, add our gratitude to the expression you have made of the views, of the dedication of the Members of the team. I have always thought that Hansard is the most important tool for every Member of this House and every Member of the public, to the extent that in some of my more competitive moments with Members opposite and when I have felt that they are misrepresenting something I have said, I have always told them that there is a *chivatito* that reminds us all of what we have said and that *chivatito* is Hansard and it is particularly helpful to all of us in that respect. Madam Speaker, without a team that is dedicated to getting it out, whether it is in the old days when this was done on a manual typewriter or today when we have other tools to assist us, we would not have that benefit and therefore I join you on behalf of all Members of the House in thanking Members for their dedication and commitment and for having done so, as far as I understand, without charging a penny of overtime.

So thank you from all Members.

**Hon. Dr K Azopardi:** Madam Speaker, certainly on behalf of Members on this side of the House I associate myself with the remarks of Madam Speaker and indeed the Chief Minister. I was not aware that this change was happening. I did notice because I did look at Hansard recently that suddenly the consolidated version of Hansard had appeared, which I thought was a great thing and I was not aware that this had happened.

So my congratulations also to the in-house team, the Parliamentary staff for doing that and the assurance that we will get that going forward and that it is being managed in-house, which is a great thing so that we do not need to outsource things that we can do here in Gibraltar if possible. I am grateful.

#### PAPERS TO BE LAID

**Clerk:** (iv) Petitions, (v) announcements, (vi) papers to be laid.  
The Hon. the Chief Minister.

**Chief Minister (Hon. F R Picardo):** I have the honor to lay on the table, pursuant to section 12 of the Public Finance Borrowing Powers Act, the revolving credit line facility for £75 million sterling from Gibraltar International Bank as lender to his Majesty's Government of Gibraltar as borrower, dated 31 March 2025, and the Income Tax Allowances, Deductions and Exemptions Amendment No. 2 Rules for 2025.

**Madam Speaker:** Ordered to lie.

**Acting Clerk:** The Hon. the Minister for Health, Care and Business.

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I have the honor to lay on the table the Gibraltar Health Authority audited accounts for the financial year ended 31 March 2014 and the Gibraltar Health Authority audited accounts of the financial year ended 31 March 2015.

**Madam Speaker:** Ordered to lie.

80

## Questions for Oral Answer

### HEALTH, CARE AND BUSINESS.

**Q420/2025**

#### **Respite Services – Waiting Times**

**Acting Clerk:** (vii) Reports of committees, (viii) answers to oral questions. Questions to the Hon. the Minister for Health, Care and Business.

Question 420, the Hon. A Sanchez.

85

**Hon. A Sanchez:** Could the Government provide the exact figures for the following: (a) The number of individuals and families currently waiting to be assessed for respite services; and (b) The number of individuals and families who have been assessed as requiring respite services and are currently awaiting the provision of such services? Could this information also be broken down by children's services and adult services?

90

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the Government can confirm the following figures related to the provision of respite services under learning disability services. Individuals and families currently waiting to be assessed for respite services: children 3; adults 0. Individuals and families assessed as requiring respite services and currently awaiting provision: children 8; adults 1.

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At present, 31 children and 16 adults, one funded by a children's respite, are actively receiving respite services. Of these, 8 children and 5 adults have requested an increase in their current respite allocation.

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**Hon. A Sanchez:** Madam Speaker, grateful for that answer. Would the Hon. Minister have the average waiting time for an assessment to be conducted and the average waiting time for when the assessment is completed to when the family or the individual receives the service?

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**Hon. G Arias-Vasquez:** No, Madam Speaker. As I have often said, if the question were put, I would happily answer the question.

**Hon. A Sanchez:** Grateful for that answer, Madam Speaker, but it is a supplementary that seems logical and would arise from the question that has been posed. Does she have no further information regarding the average waiting times from the figures that she has been provided?

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**Hon. G Arias-Vasquez:** Madam Speaker, the hon. Lady is asking for averages, which is a factual question. If you want a factual answer, I can only provide that with notice of the question. Therefore, as I have said on numerous occasions, if the hon. Lady were to provide me with notice of the question, I would happily answer the question.

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**Hon. A Sanchez:** Madam Speaker, given that the question relates to waiting times and individuals and families that are waiting to be assessed, and once they have been assessed, individuals or families that are waiting to receive such services. If there are delays, would the Minister be able to elaborate on any contributing factors that may be contributing or playing a part in these delays?

**Hon. G Arias-Vasquez:** Madam Speaker, there are some families that are waiting to be assessed and the wait is there just because either the facility, as the hon. Lady is aware, a tender went out last year for respite services. The conditions of the tender were not met by any of the parties that tendered. All of this is public information, as the hon. Lady is aware.

I had a meeting with the parents of the children that were requesting respite and we are currently looking at options as to how we can increase the number of children that are receiving respite. Therefore, those discussions are ongoing and we hope to have a solution in place very soon.

**Madam Speaker:** The Hon. Leader of the Opposition.

**Hon. Dr K Azopardi:** The Hon. Minister says that she does not have the average waiting times, but given that she has given a number of individuals and families who have been assessed and are waiting, does she have a breakdown of how long those people have been waiting, specifically, either by case or generically?

**Hon. G Arias-Vasquez:** I am quite happy to read out the question that was posed. The question that was posed relates to the number of individuals and families waiting to be assessed and the number of individuals who have been assessed. I was asked for a breakdown between children's services and adult services.

As I have said on numerous occasions in this House, if any information is required of me, I am very happy to provide the information, but I am not going to stand here and make up figures. If the hon. Gentleman wants me to provide the information, I am very happy to do so, as I have asserted on numerous occasions, but I would need notice of the question.

**Hon. Dr K Azopardi:** I am certainly not asking the hon. Lady to make up figures, but certainly, when I was on that side of the House, you would get questions from the Opposition and you would prepare the answer, but also anticipate obvious supplementaries. When the hon. Lady, to my right, has asked about individuals who have been waiting, it is a natural and obvious supplementary to ask how long they have been waiting. Without asking the hon. Lady to invent figures, I would have thought that perhaps her officials, if not her, would have asked the obvious supplementary, but she is saying that she does not have it, if that is the case, and she has no further supplementary, which is supplemental information.

Is that her position, that she has no further information from her officials that could assist in gleaning the answer to that question?

**Hon. G Arias-Vasquez:** I have a very clear job to do and I am very clear in my mind what that job is to do. That job is to sort out the issues that people actually have, not to guess or anticipate the questions, which might arise from the hon. Members opposite. I have been asked a very specific question and I have answered the question that is put in front of me.

Now, if there is further information that is requested of me, as indeed there are another 105 questions that have been asked of me, I am very happy to go through each one of those questions and give an answer to each one of those questions. However, if a question is put to me, I would appreciate if notice could be given of the question.

**Hon. Dr K Azopardi:** May I ask a question?

**Madam Speaker:** No, we have dealt with this enough. Next question.

**Q421/2025**  
**Care Agency –**  
**Policies**

**Acting Clerk:** Question 421, the Hon. A Sanchez.

**Hon. A Sanchez:** In relation to the following Care Agency policies: lone worker policy; sickness policy; absence management policy; dress code uniform and use of identification policy; record keeping and clamp files policy; social media; social networking policy for staff; and safeguarding children and at-risk adults policy; Could the Government clarify the following: (a) the exact date on which each policy was most recently updated and signed off as updated; (b) the exact date on which each policy was last updated and signed off as updated prior to the most recent version; and (c) whether the current most recently updated versions of these policies apply to entities or workers providing services to the Care Agency?

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

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

**ANSWER TO QUESTION 421**

POLICY NAME	DATE ON WHICH POLICY WAS MOST RECENTLY UPDATED	DATE ON WHICH POLICY WAS UPDATED PRIOR TO MOST RECENT VERSION	TO WHOM THE POLICY APPLIES
Lone Working Policy	30th April 2025	Mar-23	All staff as well as full time and part-time staff as well as sessional/subcontracted staff
Sickness Policy/Absence Management Policy	30th April 2025	5th March 2015	All employees of the Care Agency
Dress Code and Uniform Policy and Use of Identification	30th April 2025	Sep-23	All employees, subcontracted staff, volunteer workers and trainees employed in any area of the Care Agency
Record Keeping and Client Files Policy	30th April 2025	15th August 2013	All employees including those seconded or employed via other agencies and/or organisations
Social Media/Social Networking Policy for Staff	30th April 2025	Apr-16	All Care Agency employees, casual workers, agency staff, contractors, consultants, self-employed people, apprentices, trainees and those on work placements, who work for the Agency
Safeguarding Children and At-Risk Adults Policy	30th April 2025	The newly created policy, based on existing processes and procedures, aims to streamline internal reporting. It incorporates flowcharts to enhance clarity around roles and responsibilities for all audiences, ensuring alignment with the safeguarding training offered by the Care Agency	All employees of the Care Agency, including those seconded or employed via other agencies and/or organisations.

**Madam Speaker:** All right, I will give the hon. Member time to consider the schedule and we will move on to the next question.

**Q422/2025**  
**GHA/ERS –**  
**Recording of ERS Residents**

**Acting Clerk:** Question 422, the Hon. A Sanchez.

200      **Hon. A Sanchez:** Could the Government state what the policy of the GHA/ERS is regarding the recording of ERS residents?

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

205      **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the policy is that no recording should take place other than in keeping with the relevant GHA policy document.

**Hon. A Sanchez:** Madam Speaker, grateful for that answer and could the Hon. Minister elaborate on what the GHA policy is regarding the recording of residents.

210      **Hon. G Arias-Vasquez:** Madam Speaker, there is a very detailed policy document on precisely this issue.

**Madam Speaker:** Any other supplementary.

215      **Hon. A Sanchez:** Madam Speaker, in relation to this policy and the recording of ERS residents, and I ask this question of the Minister because it is a question that has been, a concern that has been raised with us on a number of occasions, in relation to a video that was widely circulated of an individual who appeared in one of the ERS wards, seemingly providing entertainment to the residents of a ward and still questions as to whether the person should have been in that ward, shouldn't have been in that ward, but the point is that ERS residents appear on that video. My question is, can the Minister confirm whether the policy in this occasion was breached, on whether those residents, the residents of that ERS facility consented to (a) being recorded and (b) to that video being circulated or disseminated.

225      **Hon. G Arias-Vasquez:** Madam Speaker, the residents do appear in numerous videos with or without the consent, but the policy was breached at this visit and it is currently being investigated by the GHA.

230      **Hon. A Sanchez:** Madam Speaker, would the Hon. Minister be able to elaborate on or share details as to who took the video, were the residents aware that the video was being taken, and have the relatives of the residents been contacted and informed that their relatives have appeared in such video and the policy has been breached?

235      **Hon. G Arias-Vasquez:** Madam Speaker, I would like to clarify my previous comment. It would, it is alleged that the policy has been breached and the matter is therefore under investigation, but as the hon. Lady knows, if there is a matter that is under investigation it would be entirely inappropriate for me to comment further on that matter.

240      **Madam Speaker:** Next question.

**Q423/2025**  
**ERS –**  
**Place of Worship**

**Acting Clerk:** Question 423, the Hon. A Sanchez.

**Hon. A Sanchez:** Could the Government outline whether there is currently a designated place of worship in each of the Elderly Residential Services (ERS) facilities providing details of these areas where available? If any such facilities do not currently have a designated place of worship available, could the Government provide details of which ERS locations are affected and how long these areas have not been available for?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the places of worship, facilities and schedules in the ERS facilities are as follows. In Bella Vista, the priests and servers attend every Tuesday for Mass and Holy Communion in the activities area of each floor. In Hillside, the priests and servers attend every Tuesday for the distribution of Holy Communion in the activities area of each floor.

In the John Mackintosh Home, the priests and servers attend every Thursday for Mass and Holy Communion in the activities area of each floor. In John Cochrane Ward, priests used to attend once a week on Sundays, given the ward's location inside SPH. This was stopped during COVID in order to reduce footfall in the hospital.

The service has not resumed since COVID, but the GHA is liaising with the priest in order to resume the service. In Mount Alvernia, priests and servers attend on a weekly basis for the distribution of Holy Communion in the activities area and on each floor. Initial talks with the local clergy in collaboration with the Friends of Mount Alvernia to reinstate observation of Holy Days and Sunday Mass are actively being held.

**Hon. A Sanchez:** I am grateful for that answer, Madam Speaker. These are services that take place once a week. However, in terms of places of worship, is there no location, designated area or place of worship in any of these facilities where residents can go visit and spend some time if they feel that they need to or they wish to do so?

**Hon. G Arias-Vasquez:** Madam Speaker, as the hon. Lady may be aware, there was a small chapel in Mount Alvernia and as I actually answered in my question, initial talks with the local clergy in collaboration with the Friends of Mount Alvernia are actively being held to reinstate Sunday Mass there.

**Hon. Dr K Azopardi:** Is the chapel at Mount Alvernia closed or is it being used for something else?

**Hon. G Arias-Vasquez:** The small chapel in Mount Alvernia is currently not in use.

**Hon. Dr K Azopardi:** So, is it closed or is it being used for something else?

**Hon. G Arias-Vasquez:** To my knowledge, it is not being used for anything else.

**Hon. D J Bossino:** Is the Hon. Minister making efforts to ensure that of all the days of the week that the Hon. Minister refers to, the most important one for those of the Catholic faith who are to receive Holy Communion is in fact Sunday and if in fact believers of that faith will believe that if you do not participate in the Holy Mass and receive Holy Communion on that day, you are in a

state of mortal sin. On that basis, can I ask the Minister whether she is making efforts and her department is making efforts to ensure that Sunday services and Sunday Masses are available in all these institutions?

295 I understand that my hon. Friend proposes this question on the back of an opinion piece, which appeared recently in the Gibraltar Chronicle in which complaints were made on behalf of the author's grandfather in relation to this specific issue.

**Hon. G Arias-Vasquez:** I am not making efforts to reinstate Sunday Masses. It is not my role to do so. I know the Friends of Mount Alvernia are indeed in communication with the clergy in order to reinstate Mass in Mount Alvernia as I have previously stated.

I am unsure what the status is of the Mass in other areas. If there were a calling for Mass on Sundays, I am sure that the different homes would arrange it. To me, this is the first that I have heard that anyone is calling out for services in any institution on a Sunday.

305

**Madam Speaker:** Next question.

**Q424/2025**  
**ERS –**  
**Security Measures**

**Acting Clerk:** Question 424, the Hon. A Sanchez.

310 **Hon. A Sanchez:** Could the Government state what security measures and protocols are in place across all ERS facilities, including the John Cochrane Ward, to ensure the safety of all ERS residents?

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

315

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, John Cochrane Ward, like all wards in the hospital, is protected by a number of security measures and protocols designed to ensure a safe environment for all patients, staff and visitors as follows. There is on-site security personnel. There are four OSG security guards, which are stationed at the hospital's main entrance, A&E, the basement and 1-0 patrol providing continuous oversight and access control for the premises.

320 Controlled access, so access to John Cochrane Ward and other wards is restricted and managed by ward staff. All ward entrances are equipped with magnetic locking systems, ensuring that only authorised individuals can enter. There are regulated visiting hours, so the public access is further limited through designated visiting hours, reducing the risk of unauthorised entry.

325 John Mackintosh Wing has an OSG security guard on-site from eight to eight with three visits during the night. Bella Vista has an OSG security guard from 8am to midnight. Hillside has an OSG security guard from 12 midday to 8pm, Monday to Friday and 8 to 8 weekends with three visits during the night.

330 Ocean views has 24 hours OSG security on-site. We have CCTV in all four buildings and Hillside CCTV is currently undergoing repairs with IFS, the maintenance company, and should be up and running by next week. In addition, all staff members are aware that the safety of our patients and residents is their primary responsibility.

335 **Hon. A Sanchez:** I am grateful for that answer, Madam Speaker. Again, I refer to the same video that was circulated because we have received many concerns about this. It is still unclear

whether the individual that was apparently or allegedly providing entertainment in what seems to be an ERS facility or ward was actually meant to be in this ward.

340 This has obviously raised concerns with the people that have come to us as to the security measures within these wards and how effective they are. Could the Hon. Minister perhaps elaborate on whether in fact this person was authorised to be in the ward providing entertainment or doing what the person is seen to be doing in the video at that time?

345 **Hon. G Arias-Vasquez:** Madam Speaker, I have no issue in repeating myself and indeed, if we were to do that for 105 questions we are going to be here for a very long time. The matter is currently under investigation and it is therefore inappropriate for me to comment any further on the matter.

350 **Hon. A Sanchez:** Madam Speaker, I appreciate this but for individuals that are concerned about the security measures within these ERS facilities and who indeed have relatives in these facilities that are now hearing the security measures that the Hon. Minister is detailing, I wonder if the Hon. Minister could provide some assurance or some more detail as to whether in fact the person should have been in that ward or whether in fact the person should not have been in that ward and was not authorised and it is being dealt with and the person responsible for what happened and this matter will be investigated properly and things will be put in place so that this does not happen again, at least at the very least.

360 **Hon. G Arias-Vasquez:** Madam Speaker, for any patient's family who are concerned, I have outlined the security measures, and I would wish to ensure those families that those security measures are maintained. For all of those family members who are concerned, I would once again reiterate what I have said on two occasions already.

The matter is under investigation by the GHA and it is therefore inappropriate for me to comment any further. However, as I have said and the hon. Lady has just asked me the same question again, the matter is under investigation by the GHA.

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**Madam Speaker:** Next question.

#### Q425/2025

#### ERS/Government-Owned Company/Agency – Non-Contractual Allowances

370

**Acting Clerk:** Question 425, the Hon. A Sanchez.

375 **Hon. A Sanchez:** Could the Government provide an updated list of non-contractual allowances awarded to individuals employed by ERS or by any other Government-Owned company or agency who have been seconded to or are working within ERS? Could the information be broken down by financial year 2023-24 and 2024-25 to present date to include for each case the type of allowance and the amount awarded and the grade of the individual in receipt of the allowance? For the purposes of clarity, this should include responsibility allowances, additional duties, allowances and any other form of remuneration that is not linked to shift patterns or agenda for change conditions of service.

380

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

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

**ANSWER TO QUESTION 425**

**FY 23/24**

Nil

**FY 24/25**

Grade Desc	Responsibility Allowance	Additional Duties	Loss of Earnings	UC F/T Official	Union Convenor	Additional Medical Specialities	1 Additional PA	Dementia Day Hospital	Physician Cover Ocean Views
EXECUTIVE OFFICER	-	7,212.52	-	-	-	-	-	-	-
GDC - GRADE 1	-	8,962.56	-	-	-	-	-	-	-

**Madam Speaker:** It is a very brief schedule so I wonder whether the hon. Member is in a position to ask any supplementaries now? The hon. Member requires time I will happily grant it. I ask on the off chance because it seems a short schedule.

No supplementaries? I do not need to return to this? All right, next question.

**Q426/2025  
ERS Facility—  
Update Mount Alvernia**

**Acting Clerk:** Question 426, the Hon. A Sanchez.

**Hon. A Sanchez:** As of 1 May 2025, could the Government provide an update on whether it plans to retain the Mount Alvernia site for its current use as an ERS facility or whether it intends to relocate the residents of Mount Alvernia to a different location?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the Government has no plans to change the use of Mount Alvernia as an Elderly Residential Services facility.

**Hon. A Sanchez:** I am grateful for that answer, Madam Speaker, could the Hon. Minister clarify whether the Government intends to relocate the residents of Mount Alvernia to a different location? Can she answer that point specifically?

**Hon. G Arias-Vasquez:** Madam Speaker, as I have said specifically, the Government has no plans to change the use of Mount Alvernia. It will remain as an Elderly Residential facility.

**Hon. Dr K Azopardi:** Madam Speaker, the hon. Lady will detect that there are two distinct questions. (1) What is the use of Mount Alvernia? (2) Does the Government intend to relocate the residents?

The Government could compatibly retain Mount Alvernia as an elderly facility for a specific purpose or specific sector of elderly citizens and yet seek to relocate the residents that are currently there. The hon. Lady will recall that there was a questionnaire given to residents of Mount Alvernia at some point, I do not know the precise date, but the hon. Father of the House answered the question at the time and very few residents at the time expressed the desire to be

relocated to the new Rooke Residential Home. Therefore, asking a very precise question, it was put down on the order paper, so we would be grateful if the hon. Lady could give us an answer on the future of the residents currently at Mount Alvernia.

Will they be staying there?

**Hon. G Arias-Vasquez:** Madam Speaker, at this stage the Government has no intention to relocate the residents of Mount Alvernia to a different location.

**Hon. Dr K Azopardi:** Madam Speaker, at this stage adds a nuance that wasn't in the original answer, so can I ask the hon. Lady, is it the Government's position that it will revisit in future the concept of asking residents again whether they wish to be relocated to the Rooke Residential Home?

**Hon. G Arias-Vasquez:** Madam Speaker, at this stage there are no plans to do it. At this stage, any time hereafter, any plans can change. We are looking at the CMHT; we are looking at things that were changing in the CMHT in that context.

At this stage, there are no plans to do it. In addition, at this stage, the Government does not intend to relocate the residents of Mount Alvernia. Therefore, I will limit myself to saying that and insist that at this stage there are no plans to relocate the residents of Mount Alvernia.

**Madam Speaker:** Next question.

**Q427/2025**  
**ERS Facilities & Care Manager –**  
**Purchases**

**Acting Clerk:** Question 427, the Hon A Sanchez.

**Hon. A Sanchez:** Could the Government state what purchases were requested and made by the ERS Facilities Manager and or ERS Care Manager, whether in an acting or permanent capacity for furniture, IT equipment and office equipment during the period from July 2024 to December 2024, providing a breakdown of each item by description and cost?

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

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

**ANSWER TO QUESTION 427**

Mount Alvernia Furniture, IT Equipment & Office Equipment Purchases from July 2024 to December 2024		
Date	Description	Total Cost £
31/07/2024	4 Monitors 2x Facilities Manager 2x Care Manager	1,000.00
31/07/2024	Bamboo wooden blinds - Facilities Manager	199.00
07/08/2024	Executive Office chair for Facilities manager	345.00
03/09/2024	3 x Surface Pros Facilities & ERS Manager & Clinical Lead	4,240.50
25/10/2024	Executive Officer chair for Nurses office	297.00
25/11/2024	Laptop for Procurement Officer acting	279.00

460 **Madam Speaker:** All right, we will move on to the next question and revert to this later.

**Q428-30/2025**  
**ERS –**  
**Safeguarding Alerts**

465 **Acting Clerk:** Question 428, the Hon A Sanchez.

**Hon. A Sanchez:** Could the Government state how many safeguarding alerts have been raised in relation to Elderly Residential facilities and Elderly Residential Services, including those involving subcontracted entities during the period from the 1st of May 2023 to the 1st of May 2025, what the nature of these safeguarding alerts has been, the date of each safeguarding alert and how they have been investigated and or resolved?

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

475 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Questions 429 and 430.

**Acting Clerk:** Question 429, the Hon A Sanchez.

480 **Hon. A Sanchez:** Could the Government state how many safeguarding alerts have been raised in relation to the Care Agency and all its related services, including those involving subcontracted entities during the period from the 1st of May 2023 to the 1st of May 2025, what the nature of these safeguarding alerts has been, the date of each safeguarding alert and how they have been investigated and or resolved?

485 **Acting Clerk:** Question 430, the Hon A Sanchez.

**Hon. A Sanchez:** Could the Government state how many safeguarding alerts have been raised in relation to domiciliary care and home support services, including those involving subcontracted entities during the period from the 1st of May 2023 to the 1st of May 2025, what the nature of

these safeguarding alerts has been, the date of each safeguarding alert and how they have been investigated and or resolved?

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

495

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, all safeguarding alerts are investigated in line with the Gibraltar multi-agency safeguarding procedures. Madam Speaker, I now hand over a schedule with the information requested.

ANSWER TO QUESTION 430  
ANSWER TO QUESTION 428

LOCATION	DATE	REASON	STATUS	ACTION TAKEN
JMW	05.05.2025	Wrist fracture	Under internal investigation	
JMW	21.03.2025	resident been abusive	Under internal investigation	resident was moved to a different floor
HS	09.04.2025	Hip fracture/fall	Under internal investigation	
JMW	03.02.2025	Accusation of theft	Under police investigation	Pending RGP investigation outcome.
JMW	17.09.2024	Abusive with other residents	Closed	Medication review, behaviour chart, close supervision.
BV	02.09.2024	Suspicion of abuse from family	Closed	MDT Meeting with family.
JMW	17.09.2024	Abusive with other residents	Closed	Medication review, behaviour chart, close supervision.
JMW	18.07.2024	Hip fracture/fall	Pending RoHG	
JMW	30.04.2024	Hip fracture/bed bound	Closed by RoHG	New Poster implemented. (Safeguarding residents spending prolonged time in bed)
HS	20.03.2024	Hip fracture/fall	Closed by RoHG	
JMW	04.03.2024	Hip fracture/fall	Pending RoHG	
HS	03.10.2023	Husband being abusive with the resident	Ongoing	
HS	06.08.2024	Hip fracture/fall	Closed by RoHG	
HS	28.06.2023	G3 Ulcer not responding to treatment	Closed by RoHG	Timeline, Daily dressing done with the supervision of Nurse Manager.
JMW	08.09.2023	Hip fracture/fall	Closed by RoHG	
JMW	14.11.2023	Hip fracture/fall	Closed by RoHG	
JMW	10.05.2023	Hip fracture/fall	Closed by RoHG	

## ANSWER TO QUESTION 430

Raised by	Date	Category	Reason	Status	Action taken
ADA	03/05/2023	financial/material	Allegation that carer had stolen money	Closed- not substantiated	Internal investigation carried out by care provider at the time. Outcome passed onto Care Agency.
ERS- John Mac Wing	09/05/2023	Physical	Skin Flap following a fall	Resolved- pending formal outcome form.	Internal investigation carried.
ERS- John Mac Wing	10/05/2023	Physical	Accidental fall.	Resolved- pending formal outcome form	Internal investigation carried.
Care Agency Social Worker	23/05/2023	Neglect / Act of Omission	Service user left unsupervised, despite social workers informing this should not happen	Substantiated	Strategy meeting held. Service user admitted into respite care
ERS-Mount Alvernia	02/06/2023	Physical	Hip Fracture	Not Substantiated - pending formal outcome form	Internal investigation carried out. Accidental fall.
Care Agency Social Worker	14/06/2023	Neglect/ Acts of omission	Carers failing to notify development of pressure sore	Not Substantiated - pending formal outcome form	Internal investigation carried out.
ERS- Mount Alvernia	21/06/2023	Not stated- neglect/acts of/ omission	Grade 4 pressure sore	Not Substantiated - pending formal outcome form	Internal investigation carried out. Strategy meetings held, and patient remained in SBH and not ERS.
GHA	21/06/2023	Neglect/acts of omission/ institutional	Grade 3 pressure sore	Resolved- pending formal outcome form	Wound care/Pressure area Care/Doctor review/Datix INC-8705 completed
ERS- Mount Alvernia	21/06/2023	Physical	Allegation of staff being physically abusive	Resolved- pending formal outcome form	Internal investigation carried out. Nursing assistant removed from patients care.
MEDDOC	26/06/2023	Neglect	Carer attend the service	Closed	Care provider to monitor
GHA	06/07/2023	physical/psychological/ financial/ Material	Domestic abuse	Not substantiated	Several MDT meetings in the hospital. Liaising with outside agencies (housing). Patient returned home with POC and social work involvement
ERS- Hillisides	29/06/2023	physical/psychological/ institutional	Concerns raised on admission process	Not substantiated	Not a safeguarding concern. Internal review on admission process.
ERS- Hillisides	29/06/2023	physical	Grade 3 pressure Sore	Resolved- pending formal outcome form	Internal investigation carried out. Dr informed re: care plan
Care Agency Social Worker	20/07/2023	Neglect / Act of Omission	Medication Error	Resolved- pending formal outcome form	Internal investigation carried out.
Care Agency- Dr Giraiddi	27/07/2023	Neglect/ Acts of Omission	Service user left planned care	Resolved- pending formal outcome form	Minor incident, requiring increased monitoring
MEDDOC	10/08/2023	Physical	Brusing observed on body	pending formal outcome form	Internal investigation carried out.
Care Agency Social Worker	11/08/2023	Neglect/ Organisational	Medication administration	Resolved- pending formal outcome form	Minor incident requiring monitoring. Carers called in and provided with written warning.
Care Agency Social Worker	16/08/2023	Physical/ Psychological	Domestic Abuse disclosure	Substantiated- pending formal outcome form	RGP informed, family support provided. Concerns no longer present
ERS-Mount Alvernia	14/09/2023	Physical/ Institutional/ organisational	Accidental fall	Resolved-pending formal outcome form	Internal investigation carried out.
ERS-Mount Alvernia	26/09/2023	Physical/ Sexual/ financial	Concerns raised re: visitors	Resolved- pending formal outcome form	Minor incident. Increased monitoring required.
Care Agency- Dr Giraiddi	28/09/2023	Institutional	Abducting planned care	Resolved- pending formal outcome form	Minor incident. Increased monitoring required.

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## CONTINUED ANSWER TO QUESTION 430

ERS-Hillside	03/10/2023	Physical	Family member acting aggressively with other residents	Resolved- pending formal outcome form	Internal investigation. Agreement made to observe resident presentation when visitor arrived to determine if to go ahead with visit.
Care Agency- Dr Giraldi	07/10/2023	Neglect/ acts of Omission/ Institutional/ organisational	Professional misconduct	pending outcome	Internal investigation following disciplinary process.
Care Agency- Dr Giraldi	07/10/2023	Neglect/ acts of Omission/ Institutional/ organisational	Professional misconduct	pending outcome	Internal investigation following disciplinary process.
ADA	09/10/2023	Financial/ Material	Items missing from the home	Not Substantiated	Internal investigation completed by care provider
GHA- CMHT	02/11/2023	psychological	Domestic abuse disclosure	Resolved- pending formal outcome form	Social worker allocated to review home dynamics and implement additional support.
ERS- Hillside	13/11/2023	Physical	Accidental fall	Resolved- pending formal outcome form	Minor incident- increased monitoring
ERS- Mount Alvernia	16/11/2023	Physical/ Institutional/ organisational	Accidental fall	Not substantiated	Internal investigation.
Care Agency- Dr Giraldi	28/11/2023	Physical	Medication administration	Resolved	Internal investigation. MDT around service user, discussed care plan and informed relative
GHA- GP	01/12/2023	Psychological	Domestic Abuse disclosure	Resolved -pending outcome form	RGP informed however, did not wish to proceed with safeguarding process. Advice on keeping safe provided as well as contact numbers.
Care Agency Social worker	04/12/2023	Neglect	Professional Misconduct	Substantiated	Carers removed
GHA	11/12/2023	Physical/Neglect/ Institutional	Gross Misconduct	Ongoing	Regular MDT meetings. Reviewing of records.
ADA	04/01/2024	Financial/ Material	Money missing from home	Closed	Internal investigation.
MEDDOC	31/01/2024	physical	Accidental Fall	Closed	Minor incident. Increased monitoring required
GHA	22/01/2024	Psychological	Domestic abuse disclosure	Closed	Social worker allocated to case. Assessment completed to provide additional support and ensure oversight should safeguarding concerns persist.
Care Agency- Waterport Day centre	25/01/2024	Financial/ Material	Concerns vulnerable adult being taken advantage of	Closed	Welfare visit undertaken by social worker. Advice provided- NFA
ADA	31/01/2024	Financial/ Material	Allegations of theft	Closed	Internal investigation. Service user did not consent to informing the police nor removing carer from her service
ADA	06/02/2024	Financial/ Material	Care accepting money from services user	Closed	Internal investigation. Money returned to the service user
RELATIVE	14/02/2024	Neglect	Carer asleep on shift	Closed	Internal investigation. Increased monitoring of the Flat. Family informed and content with the plan
ERS- Mount Alvernia	22/02/2024	psychological/ neglect	Professional Misconduct	Closed	Internal investigation. No abuse sustained and review of disciplinary actions conducted.
ERS- Mount Alvernia	22/02/2024	Psychological	Professional Misconduct	Closed	Internal investigation. No abuse sustained and review of disciplinary actions conducted.
Care Agency- Dr Giraldi	24/02/2024	neglect/ acts of omission/ institutional/ organisational	Carers asleep whilst on duty	Closed	Internal investigation- Staff were removed from shift and asked to submit a reflective statement to the senior management team of their accounts of the day. HR departments of the respective employers notified of the concerns raised

## CONTINUED ANSWER TO QUESTION 430

ERS- John Mac Wing	04/03/2024	physical	Accidental fall	Closed	Internal investigation and resident taken to SBH
GHA	05/03/2024	Physical	Domestic Abuse disclosure	Closed	No consent obtained to proceed with Safeguarding procedures and notify RGP. Social worker met with family and provided advice. Family protective factors and informed that RGP will be contacted should concern persist.
ERS- Mount Alvernia	11/03/2024	physical	Accidental fall	Closed	Internal investigation and resident taken to SBH for treatment.
ERS- Mount Alvernia	11/03/2024	physical	Accidental fall	Closed	Internal investigation and resident taken to SBH for treatment.
Care Agency- Dr Giraldi	13/03/2024	Neglect	Medication Error	Closed	Minor incident, increased monitoring provided by organisation.
ERS	15/03/2024	physical	Accidental fall	Closed	Internal investigation and resident taken to SBH for treatment.
ADA	23/03/2024	Financial/ Material	Allegation of theft	Closed	Internal investigation. Carer spoken to by the supervisor. Allegations not proven. Family have installed cameras in the house.
MEDDOC	26/03/2024	Financial/ Material	Allegation of theft	Closed	Internal investigation. Discussions held with Care Provider supervisor, carer and service user. Allegation not proven. Carer removed from the service.
MEDDOC	09/04/2024	Psychological/ Physical	Accidental fall within the home.	Closed	Internal investigation.
ERS- John Cochrane Ward	10/04/2024	physical/ institutional/ organisational	Accidental fall	Closed	Internal investigation and taken to SBH
GHA	12/04/2024	Physical/ psychological	Concerns of potential domestic abuse	Closed	Several attempts were made to contact the individual; however, this was not possible. SALM informed that should individual return or further information obtained to proceed with safeguarding process.
ERS- Mount Alvernia	06/05/2024	Physical	Accidental fall	Closed	Matter was later addressed through a separate pathway.
Care Agency- Dr Giraldi	08/05/2024	physical	Service user observed with marks following outing to Spain with Family	Closed	Internal investigation and taken to SBH assessments relating to outings in Spain conducted.
Care Agency Social Worker	09/05/2024	Neglect/ Organisational	Carers observed inappropriately using manual handling equipment	Closed	Strategy meeting arranged. Review of all carers training records done and refresher training rolled out.
Care Agency Social Worker	09/05/2024	Neglect/ Organisational	Care provider failure to send carers.	Closed	Internal investigation. Strategy meeting arranged and discussion of improved communication between carer provider and family addressed. Investigation highlighted increased risk of injury associated with providing only 1 carer for a 2:1 service. This was addressed and family kept updated.

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## CONTINUED ANSWER TO QUESTION 430

Care Agency Social Worker	24/05/2024	Psychological	Domestic Abuse disclosure	Closed	Hospital social worker investigated matter and facilitated arrangements for patient to be discharged to the Woman's refuge. Following discharge, on-going social work assistant support provided.
ERS- Mount Alvernia	27/05/2024	physical/ institutional/ organisational	Accidental fall	Closed	Minor incident, increased monitoring
Care Agency Social Worker	14/06/2024	Neglect/ acts of omission	Carers asleep whilst on duty	Closed	Care Provider informed and request made to remove carers from the flat and not return.
Care Agency Social Worker	14/06/2024	Neglect/ acts of omission	Carers asleep whilst on duty	Closed	Care Provider informed and request made to remove carers from the flat and not return.
Care Agency Social Worker	14/06/2024	Neglect/ acts of omission	Carers asleep whilst on duty	Closed	Care Provider informed and request made to remove carers from the flat and not return.
Care Agency Social Worker	14/06/2024	Neglect/ acts of omission	Carers asleep whilst on duty	Closed	Care Provider informed and request made to remove carers from the flat and not return.
Care Agency Social Worker	14/06/2024	Neglect/ acts of omission	Carers asleep whilst on duty	Closed	Care Provider informed and request made to remove carers from the flat and not return.
Care Agency Social Worker	14/06/2024	Neglect/ acts of omission	Carers asleep whilst on duty	Closed	Care Provider informed and request made to remove carers from the flat and not return.
Care Agency Social Worker	18/06/2024	Organisational	Skin Flat sustained following inappropriate use of manual handling equipment	Closed	Strategy meeting arranged. Refresher training re: manual handling for carers to attend. Updated manual handling care plan provided by the OT's. Carers reminded to remain the allocated time and not rush the service.
Care Agency- St Bernadette's	27/06/2024	Acts Of Omission	Service User found with broken glass	Closed	Minor incident. Increased monitoring
ADA	05/07/2024	Financial/ material	Allegation of theft	Closed	Internal investigation. Carer removed from service
Care Agency- Dr Giraldi	15/07/2024	Financial/ Material	Concerns re: vulnerable adult being taken advantage of	Closed	No consent provided. Did not meet threshold for safeguarding procedures.
GHA	16/07/2024	Physical/Sexual/Psychological	Staff observed inappropriately touching patient.	Pending Closure.	Strategy meeting arranged. RGP informed and investigating the matter. Staff involved interdicted and removed from the GHA. Care provider informed that these staff members are not to work with the GHA or CareAgency premises.
ERS- John Mac Wing	18/07/2024	Physical	Accidental fall	Closed	Internal investigation
ERS- Mount Alvernia	24/07/2024	Physical	Accidental fall	Closed	Minor incident
Care Agency- Dr Giraldi	09/08/2024	Neglect/ acts of Omission/ Organisational	Professional Misconduct	Closed	Internal investigation. Staff member moved to another service and added as a second carer.
Care Agency- Dr Giraldi	09/08/2024	Neglect/ acts of Omission/ Organisational	Professional Misconduct	Closed	Internal investigation. Staff member moved to another service and added as a second carer.
GHA- Ocean Views	13/08/2024	Physical/ Sexual	Patient inappropriately touch by another patient	Closed	RGP informed and spoke to parties involved. Verbal warning given. 1:1 staffing provided for safeguarding matters.
Care Agency Social Worker	23/08/2024	Sexual	Care speaking and acting inappropriately	Closed	Strategy meeting held and RGP contacted. Carer removed from the service. Service user withdrew complaint to the police and investigation ended.

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## CONTINUED ANSWER TO QUESTION 430

ERS- John Mac Wing	02/09/2024	Physical	Patient attacked by another resident	Closed	Substantiated- other resident removed from JMW
Bella Vista	02/09/2024	psychological	Domestic Abuse disclosure	Closed	Strategy meeting held, with RGP involved. Matter resolved as family member left family home and has not returned.
GHA- Ocean Views	16/09/2024	Psychological	Professional Misconduct	Closed	Internal investigation. Staff member removed from service users care
ERS- Mount Alvernia	02/10/2024	physical	Concerns around substance misuse	Closed	Internal investigation. Service has capacity and offers made with regards to access to additional support. Staff to monitor resident when returning to facility.
ERS- Mount Alvernia	02/10/2024	physical	Accidental fall	Closed	Internal investigation.
ERS- Mount Alvernia	07/10/2024	Neglect (recorded as institutional)	Accidental fall	Closed	Internal investigation.
Care Agency Social Worker	09/10/2024	Financial/ Material	Financial abuse	Pending Closure	Strategy meeting held. Support provided in the form of package of care. Matter raised to the RGP to investigate. Family to support with checking finances at the bank.
GHA	09/10/2024	Institutional	Family recording patient within GHA facility	Closed	Internal investigations. GHA to initiate procedures regarding recordings within their facility.
GHA	18/10/2024	psychological	Professional Misconduct	Pending Closure	Internal investigation initiated by GHA
Care Agency Social Worker	23/10/2024	Neglect/ acts of omission	Increased number of missed care sessions	Closed	Substantiated. Internal investigation initiated and increased monitoring and communication platform for carers created to ensure services were not missed.
Care Agency Social Worker	24/10/2024	Neglect/ Acts of Omission	Increased number of missed care sessions	Closed	Internal investigation initiated and increased monitoring and communication platform for carers created to ensure services were not missed.
Care Agency Social Worker	31/10/2024	Neglect/ acts of omission	Increased number of missed care sessions	Closed	Substantiated – care provider dismissed carers in question.
Care Agency Social Worker	29/11/2024	Neglect/ acts of omission	Increased number of missed care sessions- resulting in admission to SBH	Closed	Substantiated. Internal investigation report sent by care provider highlighting failure to notify The Carer Agency of not being able to increase package of care. Care Provider informs better communication methods being implemented.
Care Agency Social Worker	04/11/2024	Neglect/ acts of omission	Inadequate care provided by care provider, poor communication	Closed	Strategy meeting held. Matters resolved following implementation plan.
Care Agency Social Worker	07/11/2024	Neglect/ acts of omission	Increased number of missed care sessions	Closed	Substantiated
Care Agency Social Worker	08/11/2024	Neglect/ acts of omission	Increased number of missed care sessions	Resolved - pending outcome form	Internal investigation. Care team reviewed and consistent team implemented. Pending outcome form

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## CONTINUED ANSWER TO QUESTION 430

Care Agency Social Worker	13/11/2024	Neglect/ acts of omission	Professional misconduct	Closed	Client did not wish to pursue this. Not substantiated
GHA	21/11/2024	Neglect/ acts of omission	Self- Neglect	Closed	Strategy meeting held. Admission to hospital warranted due to self-neglect and transferred to ERS.
RGP	30/11/2024	Financial/ Material	Allegation of theft	Closed	RGP investigation – client did not want to follow Safeguarding procedures. Not substantiated.
Care Agency Social Worker	05/12/2024	Neglect/ acts of omission	Increased number of missed care sessions	Pending outcome	Internal investigation- consistent care team implemented
Care Agency Social Worker	08.01.25	Financial/ Material	Allegation of theft	Closed	Investigation undertaken. Difficult to prove due to incident taking place pre LifeCome Care and length of time taken to report.
Care Agency Social Worker	08.01.25	Neglect/ Organisational	Increased number of missed care sessions	Resolved - pending outcome form	Strategy meeting held with Care Provider. Care team reviewed and consistent team implemented.
Care Agency- St Bernadette's	09.01.25	Physical	Service user displaying physical aggression toward family. Concerns of carer breakdown	Resolved - pending outcome form	Internal investigation undertaken. Pending outcome form.
Care Agency Social Worker	14.01.25	Neglect/ acts of omission	Increased number of missed care sessions	Resolved - pending outcome form	Strategy meeting held with Care Provider. Incident investigated Care team reviewed and consistent team implemented.
Care Agency Social Worker	17.01.25	Neglect/ acts of omission	Increased number of missed care sessions	Closed	Strategy meeting held with Care Provider. Care team reviewed and consistent team implemented.
Care Agency Social Worker	17.01.25	Neglect/ acts of omission	Increased number of missed care sessions	Closed	Internal investigation undertaken. Consistent care team implemented.
Care Agency Social Worker	19.01.25	Neglect/ Organisational	Inconsistent care team. Provision of carers who are not trained in using manual handling equipment	Closed	Strategy meeting held with Care Provider. Care team changed. Pending outcome form
Care Agency Social Worker	24.01.25	Neglect/acts of omission	Increased number of missed care sessions	Closed	Investigated - Not Substantiated
Care Agency Social Worker	27.01.25	Neglect/ acts of omission	Increased number of missed care sessions	Closed	Strategy meeting held with Care Provider. Incident investigated Care team reviewed and consistent team implemented.
Care Agency Social Worker	27.01.25	Material/Financial	Allegation of Theft	Closed	Client declined to pursue investigation/did not consent to Safeguarding procedures
Care Agency Social Worker	29.01.25	Neglect	Inadequate care provision- 1 carer for a 2:1 service	Resolved - pending outcome form	Internal investigation undertaken. Consistent care team implemented. Pending outcome form
Care Agency Social Worker	30.01.25	Neglect/ acts of omission	Carer breakdown	Closed	Strategy meeting held. Appropriate support implemented as vulnerable adult admitted to residential care.
Care Agency Social Worker	30.01.25	Neglect/acts of omission	Increased number of missed care sessions	Closed	Internal investigation undertaken. Consistent care team implemented.
Care Agency Social Worker	04.02.25	Neglect/ acts of omission	Increased number of missed care sessions	Closed	Internal investigation undertaken. Consistent care team implemented. Pending outcome form
MEDDOC	04.02.25	Material/Financial	Allegation of theft	Closed	Client declined to pursue investigation/did not consent to Safeguarding procedures

CONTINUED ANSWER TO QUESTION 430

Care Agency Social Worker	06.02.25	Material/Financial	Allegation of theft	Closed	Not Substantiated
Care Agency Social Worker	14.02.25	Neglect/ acts of omission	Increased number of missed care sessions	Closed	Internal investigation undertaken. Consistent care team implemented.
Care Agency Social Worker	19.02.25	Neglect/ acts of omission	Increased number of missed care sessions	Resolved - pending outcome form	Strategy meeting held with Care Provider. Incident investigated Care team reviewed and consistent team implemented. Pending outcome form
GHA	25.02.25	physical	Gross Misconduct- allegation of physical slap from staff to patient	Ongoing	RGP investigation ongoing
GHA	25.02.25	physical	Gross Misconduct- allegation of physical slap from staff to patient	Ongoing	RGP investigation ongoing
GHA	02.03.25	Sexual	Gross Misconduct- allegation of staff inappropriately touching patients backside	Ongoing	RGP investigation ongoing
Care Agency Social Worker	03.03.25	Psychological	Disclosure of domestic abuse	Ongoing	Strategy Meeting held - ongoing support being provided to victim.
Care Agency Social Worker	04.03.25	Neglect/ acts of omission	Increased number of missed care sessions	Resolved - pending outcome form	Internal investigation undertaken. Consistent care team implemented. Pending outcome form

515 **Madam Speaker:** We will come back to 428 to 430 in due course. Next question.

**Q431 & 432/2025  
Care Agency –  
GDC Grades & Posts**

520 **Acting Clerk:** Question 431, the Hon A Sanchez.

**Hon. A Sanchez:** Could the Government provide a breakdown of all GDC grades and posts within the Care Agency for the financial years 2023-24 and 2024-25?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Question 432.

530 **Acting Clerk:** Question 432, the Hon A Sanchez.

**Hon. A Sanchez:** Could the Government provide a breakdown of all GDC grades and posts within the ERS for the financial years 2023-24 and 2024-25?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Question 431, in financial year 2023-24, there was: GDC Grade 3-1 and GDC Grade 1-6. In financial year 2024-25, GDC Grade 5-1, GDC Grade 4-5, GDC Grade 3-2 and GDC Grade 1-8. In answer to  
540 Question 432, the GHA has the following GDC grades within the ERS: GDC Grade 5-1, GDC Grade 4-2, GDC Grade 1-5. In financial year 2024-25, there were GDC Grade 2-1, GDC Grade 1-3.

**Madam Speaker:** Next question.

545

**Q433/2025  
Hillsides –  
Cleaning Staff**

**Acting Clerk:** Question 433, the Hon A Sanchez.

**Hon. A Sanchez:** Could the Government state the complement of cleaning staff at Hillsides for  
550 the past 12 months, broken down by month, and indicate whether there have been any changes to their duties or rotas within the last 6 months?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the cleaning  
555 staff at Hillsides is subcontracted to Medoc and is therefore run by Medoc as part of their contract.

**Hon. A Sanchez:** Grateful for that answer, Madam Speaker. Has the Hon. Minister made enquiries or asked whether there have been any changes within the complement of cleaning staff at Hillside recently?

**Hon. G Arias-Vasquez:** Madam Speaker, not that I can recall. I have hundreds of meetings a week.

**Hon. A Sanchez:** I am grateful for that answer, Madam Speaker, but given that there is a specific question on this in relation to Hillside and the complement of cleaning staff, has the Hon. Minister made an effort to enquire about this and the cleaning staff and whether the complement has changed? That is my specific question to the Minister.

**Hon. G Arias-Vasquez:** Madam Speaker, as a result of the question, definitely not. The question is asked of me, and the way this works is that, the contract was put up to tender. Meddoc won the tender and they determine how to best allocate the resources they are given.

So, no, it is up to Meddoc to determine what cleaning staff they require for the tender that they were ordered.

**The Hon. Dr K. Azopardi** Can I just ask the Hon. Minister, have the contracted duties changed at all in the last six months?

**Hon. G Arias-Vasquez:** Madam Speaker, the tender for Meddoc was put out *circa* a year ago. It was awarded shortly after that. I cannot remember the exact date.

Since the tender was awarded, as far as I am concerned, there certainly have not been any changes to the contract that has been awarded.

**Q434-436/2025**

**GHA/ERS –**

**Government-Owned Companies/GDC Employees Seconded**

**Acting Clerk:** Question 434, the Hon A Sanchez.

**Hon. A Sanchez:** Could the Government provide details on the total number of employees of Government-Owned companies, including GDC employees, who were posted, seconded to, or working within the GHA and ERS, who earned 30% or more above their annual basic salary in overtime payments during the following financial years 2021-22, 2022-23, 2023-24, 2024-25, broken down by post, grade, or title, and further broken down by basic salary and overtime payments on a yearly basis?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker I will answer this question together with Questions 435 and 436.

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

**Hon. A Sanchez:** Could the Government provide details on the total number of Public or Civil Servants excluding direct employees of the GHA, who were posted, seconded to, or working within the GHA and ERS, who earned 30% or more above their annual basic salary in overtime payments during the following financial years 2021-22, 2022-23, 2023-24, 2024-25, broken down

by post, grade, or title, and further broken down by basic salary and overtime payments on a yearly basis?

**Acting Clerk:** Question 436, the Hon A Sanchez.

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**Hon. A Sanchez:** Could the Government provide details on the total number of direct employees of the GHA and ERS, who earned 30% or more above their annual basic salary in overtime payments during the following financial years 2021-22, 2022-23, 2023-24, 2024-25, broken down by post, grade, or title, and further broken down by basic salary and overtime payments on a yearly basis?

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

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

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#### ANSWER TO QUESTION 436

#### ANSWER TO QUESTION 434

For the Financial Years 2023/2024 & 2024/2025 the answer is none.

#### FY21/22

Grade Desc	Basic	Overtime
GDC Grade 1	£ 20,777.14	£ 6,530.81
GDC Grade 2	£ 12,909.15	£ 10,922.51
GDC Grade 1	£ 20,777.14	£ 6,610.15
GDC Grade 1	£ 19,625.13	£ 5,979.70
GDC Grade 1	£ 14,052.36	£ 5,512.32
GDC Grade 1	£ 19,978.03	£ 7,535.02

#### FY22/23

Grade Desc	Basic	Overtime
GDC Grade 2	£ 30,981.96	£ 10,849.39

**CONTINUED ANSWER TO QUESTION 436****ANSWER TO QUESTION 435****FY21/22**

<b>Grade</b>	<b>Sum of TOTAL BASIC</b>	<b>Sum of TOTAL OVERTIME</b>
SENIOR OFFICER(NEW SCALE)	£ 63,109.27	£ 65,170.24
EXECUTIVE OFFICER	£ 30,370.43	£ 12,242.94
EXECUTIVE OFFICER	£ 38,699.04	£ 17,210.39
SENIOR EXECUTIVE OFFICER	£ 51,288.00	£ 17,964.79
P.T.O	£ 40,655.04	£ 45,465.62
HOSPITAL ATTENDANTS	£ 33,687.96	£ 25,401.39
HOSPITAL ATTENDANTS	£ 33,687.96	£ 20,843.64
HOSPITAL ATTENDANTS	£ 29,365.10	£ 20,529.19
SENIOR BIOMEDICAL SCIENTIST	£ 40,424.73	£ 42,936.37
HOSPITAL ATTENDANTS	£ 33,687.96	£ 17,808.46
HOSPITAL ATTENDANTS	£ 27,696.38	£ 16,452.89
HOSPITAL ATTENDANTS	£ 31,081.64	£ 17,380.39
HOSPITAL ATTENDANTS	£ 25,864.95	£ 16,166.10
HOSPITAL ATTENDANTS	£ 28,548.73	£ 18,383.59
HOSPITAL ATTENDANTS	£ 33,687.96	£ 24,878.23
HOSPITAL ATTENDANTS	£ 33,687.96	£ 18,074.96
DIRECTOR OF NURSING P.T.H	£ 86,400.78	£ 42,836.60
HEALTH PROTECTION PRACTITIONER	£ 26,140.96	£ 15,552.34
HOSPITAL ATTENDANTS	£ 33,687.96	£ 20,614.23
EXECUTIVE OFFICER	£ 36,914.05	£ 11,552.99
HOSPITAL ATTENDANTS	£ 32,619.04	£ 17,208.73
HOSPITAL ATTENDANTS	£ 33,687.96	£ 20,308.59
HOSPITAL ATTENDANTS	£ 33,687.96	£ 18,634.90
HOSPITAL ATTENDANTS	£ 27,994.99	£ 19,099.65
ADMINISTRATIVE OFFICER	£ 28,156.89	£ 10,014.68
DOMESTIC SERVICES MANAGER	£ 31,415.81	£ 11,901.71
HOSPITAL ATTENDANTS	£ 33,687.96	£ 17,300.99
EXECUTIVE OFFICER	£ 38,699.04	£ 18,527.67
SENIOR OFFICER(NEW SCALE)	£ 77,057.24	£ 30,246.72
HOSPITAL ATTENDANTS	£ 33,687.96	£ 21,887.88
HOSPITAL ATTENDANTS	£ 33,687.96	£ 18,999.78

**FY22/23**

<b>Grade</b>	<b>Sum of TOTAL BASIC</b>	<b>Sum of TOTAL OVERTIME</b>
SENIOR OFFICER(NEW SCALE)	£ 68,284.26	£ 54,712.35
EXECUTIVE OFFICER	£ 33,193.51	£ 13,891.39
EXECUTIVE OFFICER	£ 38,699.04	£ 15,855.91
SENIOR EXECUTIVE OFFICER	£ 52,981.84	£ 20,448.77
P.T.O	£ 40,655.04	£ 33,589.29
HOSPITAL ATTENDANTS	£ 4,075.16	£ 4,839.15
HOSPITAL ATTENDANTS	£ 33,687.96	£ 26,146.75
HOSPITAL ATTENDANTS	£ 30,204.67	£ 27,173.01
SENIOR BIOMEDICAL SCIENTIST	£ 42,269.16	£ 36,235.62

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**CONTINUED ANSWER TO QUESTION 436****CONTINUED ANSWER TO QUESTION 435**

HOSPITAL ATTENDANTS	£	33,687.96	£	19,128.35
HOSPITAL ATTENDANTS	£	28,226.10	£	24,874.45
HOSPITAL ATTENDANTS	£	31,842.68	£	23,275.69
HOSPITAL ATTENDANTS	£	27,332.20	£	19,579.59
HOSPITAL ATTENDANTS	£	29,194.97	£	24,341.14
HOSPITAL ATTENDANTS	£	33,687.96	£	29,164.20
HOSPITAL ATTENDANTS	£	33,687.96	£	20,945.68
HOSPITAL ATTENDANTS	£	33,497.14	£	19,706.65
EXECUTIVE OFFICER	£	38,211.95	£	11,715.33
HOSPITAL ATTENDANTS	£	33,418.32	£	21,230.49
HOSPITAL ATTENDANTS	£	33,687.96	£	25,814.45
HOSPITAL ATTENDANTS	£	33,687.96	£	19,997.41
HOSPITAL ATTENDANTS	£	28,532.43	£	25,288.27
ADMINISTRATIVE OFFICER	£	28,845.38	£	9,116.10
HOSPITAL ATTENDANTS	£	33,687.96	£	19,668.55
EXECUTIVE OFFICER	£	35,546.25	£	10,767.74
HOSPITAL ATTENDANTS	£	33,687.96	£	23,965.90

**FY23/24**

<b>Grade</b>	<b>Sum of TOTAL BASIC</b>		<b>Sum of TOTAL OVERTIME</b>	
EXECUTIVE OFFICER	£	34,421.18	£	12,576.90
EXECUTIVE OFFICER	£	38,699.04	£	15,792.21
HEAD OF FINANCE & PROCUREMENT	£	54,042.96	£	16,963.06
GHA SKILL ZONE 2	£	501.52	£	169.05
EXECUTIVE OFFICER	£	19,678.99	£	7,877.90
P.T.O	£	40,655.04	£	61,244.43
HOSPITAL ATTENDANTS	£	33,687.96	£	27,035.25
HOSPITAL ATTENDANTS	£	30,992.66	£	28,030.33
HOSPITAL ATTENDANTS	£	33,687.96	£	20,744.69
HOSPITAL ATTENDANTS	£	28,768.27	£	27,075.67
HOSPITAL ATTENDANTS	£	32,619.04	£	20,866.53
HOSPITAL ATTENDANTS	£	27,850.00	£	23,278.33
HOSPITAL ATTENDANTS	£	30,034.33	£	27,103.19
HOSPITAL ATTENDANTS	£	33,687.96	£	34,198.58
HOSPITAL ATTENDANTS	£	33,687.96	£	27,361.32
HOSPITAL ATTENDANTS	£	14,295.08	£	9,659.95
EXECUTIVE OFFICER	£	38,699.04	£	11,789.41
HOSPITAL ATTENDANTS	£	33,687.96	£	28,362.91
HOSPITAL ATTENDANTS	£	33,687.96	£	28,511.56
HOSPITAL ATTENDANTS	£	33,687.96	£	23,678.99
HOSPITAL ATTENDANTS	£	29,169.85	£	29,435.49
HOSPITAL ATTENDANTS	£	11,776.71	£	6,345.24
ADMINISTRATIVE OFFICER	£	29,548.10	£	11,172.28
HOSPITAL ATTENDANTS	£	8,408.03	£	3,919.50
HOSPITAL ATTENDANTS	£	33,687.96	£	21,762.60
HOSPITAL ATTENDANTS	£	27,484.69	£	14,281.35

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**CONTINUED ANSWER TO QUESTION 436****CONTINUED ANSWER TO QUESTION 435****FY24/25**

<b>Grade</b>	<b>Sum of TOTAL BASIC</b>	<b>Sum of TOTAL OVERTIME</b>
EXECUTIVE OFFICER	£ 39,499.04	£ 11,990.87
HOSPITAL ATTENDANTS	£ 21,537.10	£ 14,869.11
HOSPITAL ATTENDANTS	£ 34,487.96	£ 18,373.87
HOSPITAL ATTENDANTS	£ 32,550.82	£ 19,647.40
HOSPITAL ATTENDANTS	£ 34,487.96	£ 19,554.30
HOSPITAL ATTENDANTS	£ 30,332.98	£ 18,526.49
HOSPITAL ATTENDANTS	£ 34,282.20	£ 20,062.15
HOSPITAL ATTENDANTS	£ 32,046.08	£ 18,864.58
HOSPITAL ATTENDANTS	£ 34,487.96	£ 22,499.13
HOSPITAL ATTENDANTS	£ 37,975.63	£ 15,710.03
EXECUTIVE OFFICER	£ 39,499.04	£ 15,139.36
HOSPITAL ATTENDANTS	£ 33,556.71	£ 18,091.15
HOSPITAL ATTENDANTS	£ 2,058.71	£ 2,467.93
HOSPITAL ATTENDANTS	£ 34,487.96	£ 17,578.32
HOSPITAL ATTENDANTS	£ 30,809.19	£ 20,082.03
HOSPITAL ATTENDANTS	£ 25,980.45	£ 16,192.88
ADMINISTRATIVE OFFICER	£ 31,069.89	£ 11,329.26
HOSPITAL ATTENDANTS	£ 25,890.50	£ 16,132.76
HOSPITAL ATTENDANTS	£ 25,521.61	£ 16,433.95
HOSPITAL ATTENDANTS	£ 34,487.96	£ 19,890.68
HOSPITAL ATTENDANTS	£ 34,487.96	£ 19,153.86

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**CONTINUED ANSWER TO QUESTION 436****ANSWER TO QUESTION 436****FY 21/22**

Grade	Basic Salary	Overtime Payment
SENIOR OFFICER(NEW SCALE)	£63,109.27	£65,170.24
EXECUTIVE OFFICER	£30,370.43	£12,242.94
GHA JUNIOR CLERK	£19,914.94	£8,363.05
BIOMEDICAL ASSISTANT QUALIFIED	£1,963.84	£1,222.08
STAFF NURSE	£4,256.84	£1,970.51
STAFF NURSE	£3,866.91	£2,528.19
EXECUTIVE OFFICER	£38,699.04	£17,210.39
JUNIOR A&E CLERK	£20,140.23	£9,525.94
SENIOR EXECUTIVE OFFICER	£51,288.00	£17,964.79
STAFF NURSE	£39,159.44	£13,815.26
LOCUM MOLECULAR MIC SCIENTIST	£21,394.65	£8,043.22
ENROLLED NURSE	£25,012.27	£10,070.66
EMERGENCY MEDICAL TECHNICIAN	£34,257.00	£11,866.06
ACCIDENT & EMERGENCY CLERK	£28,186.48	£39,130.45
STAFF NURSE	£14,131.41	£2,613.51
EMERGENCY MEDICAL TECHNICIAN	£28,572.96	£10,514.64
NURSE ASSISTANT	£258.26	£872.51
STAFF NURSE	£6,171.50	£3,115.29
LOCUM MOLECULAR MIC SCIENTIST	£27,731.04	£12,375.01
DEPUTY PUBLIC ANALYST	£42,465.96	£22,136.20
STATION MANAGER	£50,658.00	£23,240.60
CATERING DIRECTOR	£53,939.04	£26,691.90
ENROLLED NURSE	£24,450.34	£32,270.91
STAFF NURSE	£2,177.63	£1,141.87
NURSE ASSISTANT	£10,984.25	£5,787.64
ENROLLED NURSE	£26,248.81	£10,010.62
LOCUM MOLECULAR MIC SCIENTIST	£27,656.49	£9,001.30
OPERATING DEPT. PRACTITIONER	£7,143.24	£2,181.40
LOCUM MOLECULAR MIC SCIENTIST	£11,256.41	£4,646.41
P.T.O	£40,655.04	£45,465.62
ENROLLED NURSE	£30,563.04	£12,078.42
HOSPITAL ATTENDANTS	£33,687.96	£25,401.39
TSSU/CSSD TECH(EX NURSING)	£21,192.81	£7,252.60
LOCUM ASS MOLECULAR MIC SCIENT	£13,415.08	£3,879.04
STAFF NURSE	£5,709.50	£1,786.50
HOSPITAL ATTENDANTS	£33,687.96	£20,843.64
HOSPITAL ATTENDANTS	£29,365.10	£20,529.19
TSSU/CSSD TECH (EX COMM PROJ)	£22,947.79	£7,005.36
SENIOR BIOMEDICAL SCIENTIST	£40,424.73	£42,936.37
HOSPITAL ATTENDANTS	£33,687.96	£17,808.46

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**CONTINUED ANSWER TO QUESTION 436**

JUNIOR A&E CLERK	£20,557.97	£7,248.94
LOCUM MOLECULAR MIC SCIENTIST	£27,731.04	£9,559.43
STAFF NURSE	£4,762.16	£2,028.31
BIOMEDICAL SCIENTIST	£15,281.52	£14,588.78
LOCUM MOLECULAR MIC SCIENTIST	£27,731.04	£11,514.68
STAFF NURSE	£54.80	£246.35
BIOMEDICAL ASSISTANT QUALIFIED	£28,367.15	£17,746.55
DIABETES NURSE SPECIALIST	£3,541.33	£1,120.10
DENTAL NURSE	£25,499.08	£11,685.45
ENROLLED NURSE	£29,324.47	£8,852.21
ACA TRAINING EMT	£23,705.04	£7,387.68
TSSU/CSSD TECH(EX NURSING)	£7,243.03	£2,569.21
DENTAL NURSE	£15,027.81	£4,934.29
HOSPITAL ATTENDANTS	£27,696.38	£16,452.89
HOSPITAL ATTENDANTS	£31,081.64	£17,380.39
HOSPITAL ATTENDANTS	£25,864.95	£16,166.10
HOSPITAL ATTENDANTS	£28,548.73	£18,383.59
HOSPITAL ATTENDANTS	£33,687.96	£24,878.23
STAFF NURSE	£3,882.07	£1,978.76
NURSE ASSISTANT	£14,568.80	£4,827.24
GHA CLERK	£30,435.06	£21,779.95
HOSPITAL ATTENDANTS	£33,687.96	£18,074.96
CYTOLOGY SCREENER	£31,755.96	£21,661.67
ENROLLED NURSE	£30,580.04	£19,168.21
STAFF NURSE	£822.87	£1,259.04
DEPUTY DIRECTOR OF NURSING SER	£66,293.04	£28,703.23
ASSOCIATE SPECIALIST	£90,936.96	£38,920.00
DIRECTOR OF NURSING P.T.H	£86,400.78	£42,836.60
STAFF NURSE	£212.83	£698.91
HEALTH PROTECTION PRACTITIONER	£26,140.96	£15,552.34
ENROLLED NURSE	£30,563.04	£12,575.95
PARAMEDIC	£44,147.83	£26,051.88
GHA CLERK	£28,186.48	£10,957.88
STAFF NURSE	£9,854.49	£2,144.69
BIOMEDICAL SCIENTIST	£29,409.00	£16,148.80
LOCUM MOLECULAR MIC SCIENTIST	£27,731.04	£10,931.66
STAFF NURSE	£36,926.14	£24,269.26
LOCUM MOLECULAR MIC SCIENTIST	£27,731.04	£12,508.31
PARAMEDIC	£8,062.77	£2,930.73
HOSPITAL ATTENDANTS	£33,687.96	£20,614.23
EMERGENCY MEDICAL TECHNICIAN	£31,755.96	£10,506.16

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**CONTINUED ANSWER TO QUESTION 436**

NURSE PRACTITIONER	£49,344.22	£21,966.76
SISTER/CHARGE NURSE	£49,384.88	£16,691.95
STAFF NURSE	£5,521.16	£1,629.88
LOCUM MOLECULAR MIC SCIENTIST	£2,310.92	£1,077.17
EXECUTIVE OFFICER	£36,914.05	£11,552.99
AMB SERV CALL TAKER DISPATCHER	£29,409.00	£9,877.40
HOSPITAL ATTENDANTS	£32,619.04	£17,208.73
HOSPITAL ATTENDANTS	£33,687.96	£20,308.59
CLINICAL NURSE MANAGER (NEW)	£62,347.10	£21,955.84
ACCIDENT & EMERGENCY CLERK	£27,174.37	£11,556.92
STAFF NURSE	£6,171.50	£3,025.11
ENROLLED NURSE	£32,497.30	£24,253.74
STAFF NURSE	£22,037.96	£9,096.82
NURSE PRACTITIONER	£51,435.22	£25,628.52
STATION OFFICER	£36,134.00	£17,966.03
EMERGENCY MEDICAL TECHNICIAN	£31,755.96	£9,842.29
LOCUM MOLECULAR MIC SCIENTIST	£27,731.04	£10,025.14
LOCUM MOLECULAR MIC SCIENTIST	£27,731.04	£14,316.03
ACA TRAINING EMT	£23,705.04	£7,171.42
HOSPITAL ATTENDANTS	£33,687.96	£18,634.90
HOSPITAL ATTENDANTS	£27,994.99	£19,099.65
GHA JUNIOR CLERK	£23,893.87	£7,579.54
BIOMEDICAL SCIENTIST	£27,731.04	£11,550.21
STAFF NURSE	£36,235.98	£12,223.71
ADMINISTRATIVE OFFICER	£28,156.89	£10,014.68
STAFF NURSE	£35,074.58	£22,901.96
NURSE ASSISTANT	£1,330.19	£451.68
GHA CLERK	£30,981.96	£18,641.79
CLINICAL NURSE MANAGER (NEW)	£87,841.17	£30,690.44
NURSE ASSISTANT	£20,851.02	£7,454.39
DOMESTIC SERVICES MANAGER	£31,415.81	£11,901.71
BIOMEDICAL SCIENTIST	£27,731.04	£8,638.70
GHA JUNIOR CLERK	£21,193.70	£7,629.08
STAFF NURSE	£3,486.43	£1,171.16
CLINICAL NURSE MANAGER (NEW)	£59,470.08	£43,292.80
NURSE ASSISTANT	£22,619.43	£10,818.05
BIOMEDICAL SCIENTIST	£29,409.00	£16,648.32
CHIEF AMBULANCE OFFICER	£46,377.43	£20,980.39
HOSPITAL ATTENDANTS	£33,687.96	£17,300.99
STATION OFFICER	£33,275.41	£23,265.37
BIOMEDICAL SCIENTIST	£28,124.09	£16,115.10
EXECUTIVE OFFICER	£38,699.04	£18,527.67

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**CONTINUED ANSWER TO QUESTION 436**

CLINICAL NURSE MANAGER (NEW)	£63,780.48	£21,013.26
SENIOR OFFICER(NEW SCALE)	£77,057.24	£30,246.72
BIOMEDICAL SCIENTIST	£5,343.06	£4,553.33
CLINICAL NURSE MANAGER (NEW)	£64,454.89	£21,085.52
JUNIOR A&E CLERK	£20,324.90	£9,479.12
HOSPITAL ATTENDANTS	£33,687.96	£21,887.88
LOCUM MOLECULAR MIC SCIENTIST	£27,731.04	£15,290.11
NURSE PRACTITIONER	£43,660.31	£13,409.37
NURSE ASSISTANT	£1,877.75	£765.85
LOCUM MOLECULAR MIC SCIENTIST	£27,451.45	£15,099.31
LOCUM PH LAB(PCR)SCIENTIST	£22,561.29	£11,950.00
PARAMEDIC	£37,029.00	£14,854.53
BIOMEDICAL ASSISTANT QUALIFIED	£29,409.00	£27,053.52
BIOMEDICAL SCIENTIST	£33,126.96	£21,785.44
GHA JUNIOR CLERK	£20,393.03	£6,516.70
LOCUM MOLECULAR MIC SCIENTIST	£12,478.97	£3,750.54
HOSPITAL ATTENDANTS	£33,687.96	£18,999.78
TSSU/CSSD TECH (EX COMM PROJ)	£22,619.42	£12,863.22
LOCUM MOLECULAR MIC SCIENTIST	£27,731.04	£10,803.69

**FY22/23**

Grade	Basic Salary	Overtime Payment
SENIOR OFFICER(NEW SCALE)	£68,284.26	£54,712.35
RESIDENT MEDICAL OFFICER	£44,124.00	£29,535.00
EXECUTIVE OFFICER	£33,193.51	£13,891.39
GHA JUNIOR CLERK	£20,601.00	£8,327.51
NURSE ASSISTANT	£3,317.93	£1,786.02
TSSU/CSSD TECH(EX NURSING)	£22,878.71	£7,239.45
NURSE ASSISTANT	£1,603.17	£503.00
BIOMEDICAL ASSISTANT QUALIFIED	£21,638.72	£10,597.44
EXECUTIVE OFFICER	£38,699.04	£15,855.91
RESIDENT MEDICAL OFFICER	£42,915.31	£30,947.50
DOMESTIC SERVICES MANAGER	£47,244.00	£17,344.48
JUNIOR A&E CLERK	£20,812.44	£10,951.19
SENIOR EXECUTIVE OFFICER	£52,981.84	£20,448.77
BIOMEDICAL ASSISTANT QUALIFIED	£19,879.21	£8,533.42
STAFF NURSE	£15,979.27	£4,882.02
BIOMEDICAL SCIENTIST	£18,145.74	£6,736.74
ENROLLED NURSE	£25,913.69	£10,417.63
ACCIDENT & EMERGENCY CLERK	£28,875.58	£43,599.31
STAFF NURSE	£38,662.33	£13,209.25

**CONTINUED ANSWER TO QUESTION 436**

EMERGENCY MEDICAL TECHNICIAN	£29,080.88	£8,914.15
RECEPTIONIST/HELPDESK OPERATOR	£30,981.96	£9,376.08
STATION OFFICER	£31,755.96	£10,442.45
STATION MANAGER	£50,658.00	£24,789.20
ENROLLED NURSE	£24,851.45	£19,172.46
ENROLLED NURSE	£27,147.38	£13,050.67
P.T.O	£40,655.04	£33,589.29
STAFF NURSE	£2,758.19	£1,781.91
ENROLLED NURSE	£30,563.04	£9,756.57
NURSE ASSISTANT	£1,562.17	£674.50
HOSPITAL ATTENDANTS	£4,075.16	£4,839.15
TSSU/CSSD TECH(EX NURSING)	£22,991.00	£9,082.34
LOCUM ASS MOLECULAR MIC SCIENT	£3,903.36	£1,659.84
HOSPITAL ATTENDANTS	£33,687.96	£26,146.75
HOSPITAL ATTENDANTS	£30,204.67	£27,173.01
TSSU/CSSD TECH (EX COMM PROJ)	£23,094.78	£8,060.21
SENIOR BIOMEDICAL SCIENTIST	£42,269.16	£36,235.62
HOSPITAL ATTENDANTS	£33,687.96	£19,128.35
NON CONSULTANT HOSPITAL DOCTOR	£38,208.13	£17,770.00
NON CONSULTANT HOSPITAL DOCTOR	£44,124.00	£17,940.00
NURSE ASSISTANT	£1,562.17	£775.19
HOSPITAL ATTENDANTS	£28,226.10	£24,874.45
HOSPITAL ATTENDANTS	£31,842.68	£23,275.69
NURSE ASSISTANT	£1,650.75	£498.22
HOSPITAL ATTENDANTS	£27,332.20	£19,579.59
HOSPITAL ATTENDANTS	£29,194.97	£24,341.14
HOSPITAL ATTENDANTS	£33,687.96	£29,164.20
NURSE ASSISTANT	£16,029.52	£6,345.24
SNR ANATOMICAL PATHOLOGY TECH	£3,100.00	£2,828.61
HOSPITAL ATTENDANTS	£33,687.96	£20,945.68
CYTOLOGY SCREENER	£31,755.96	£28,762.06
STAFF NURSE	£12,985.99	£4,572.61
ENROLLED NURSE	£30,563.04	£17,229.24
NURSE ASSISTANT	£1,650.75	£659.30
ASSOCIATE SPECIALIST	£90,936.96	£31,080.00
NURSE ASSISTANT	£1,650.75	£798.65
NON CONSULTANT HOSPITAL DOCTOR	£15,701.90	£11,177.50
PARAMEDIC	£13,189.96	£4,416.82
NURSE ASSISTANT	£1,650.75	£499.11
BIOMEDICAL SCIENTIST	£14,704.50	£5,722.86
LOCUM MOLECULAR MIC SCIENTIST	£13,865.52	£4,913.03
NON CONSULTANT HOSPITAL DOCTOR	£18,385.00	£6,240.00

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**CONTINUED ANSWER TO QUESTION 436**

STAFF NURSE	£37,029.00	£16,948.60
BIOMEDICAL SCIENTIST	£27,731.04	£13,029.14
CLINICAL INFORMATICS OFFICER	£75,584.77	£24,881.22
PARAMEDIC	£1,459.93	£876.48
HOSPITAL ATTENDANTS	£33,497.14	£19,706.65
NURSE ASSISTANT	£302.86	£305.67
NURSE PRACTITIONER	£50,658.00	£22,408.99
STAFF NURSE	£8,378.02	£2,539.94
SISTER/CHARGE NURSE	£49,566.97	£15,261.38
EXECUTIVE OFFICER	£38,211.95	£11,715.33
HOSPITAL ATTENDANTS	£33,418.32	£21,230.49
HOSPITAL ATTENDANTS	£33,687.96	£25,814.45
ACCIDENT & EMERGENCY CLERK	£28,231.33	£11,727.00
RESIDENT MEDICAL OFFICER	£31,967.24	£19,592.50
NURSE ASSISTANT	£1,022.49	£436.96
ENROLLED NURSE	£32,087.00	£28,655.16
NURSE ASSISTANT	£1,474.91	£497.76
STAFF NURSE	£25,835.96	£13,367.31
NURSE ASSISTANT	£1,562.17	£623.90
NURSE PRACTITIONER	£50,658.00	£19,190.99
EMERGENCY MEDICAL TECHNICIAN	£31,755.96	£11,789.18
LOCUM MOLECULAR MIC SCIENTIST	£1,170.02	£1,066.50
STAFF MIDWIFE	£28,577.20	£9,790.49
HOSPITAL ATTENDANTS	£33,687.96	£19,997.41
HOSPITAL ATTENDANTS	£28,532.43	£25,288.27
STAFF NURSE	£37,147.07	£13,904.17
NURSE ASSISTANT	£1,278.00	£463.50
ADMINISTRATIVE OFFICER	£28,845.38	£9,116.10
STAFF NURSE	£9,998.25	£4,714.27
NURSE ASSISTANT	£1,603.17	£484.24
NURSE ASSISTANT	£1,650.75	£508.93
BIOMEDICAL SCIENTIST	£29,409.00	£17,605.90
CHIEF AMBULANCE OFFICER	£56,358.96	£25,200.00
BIOMEDICAL SCIENTIST	£27,731.04	£8,891.10
STATION OFFICER	£35,093.56	£16,363.73
BIOMEDICAL SCIENTIST	£28,899.61	£9,843.16
JUNIOR A&E CLERK	£21,003.78	£10,308.24
HOSPITAL ATTENDANTS	£33,687.96	£19,668.55
LOCUM MOLECULAR MIC SCIENTIST	£13,865.52	£6,466.57
NURSE PRACTITIONER	£25,329.00	£11,780.73
LOCUM ASS MOLECULAR MIC SCIENT	£7,247.36	£2,808.96

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**CONTINUED ANSWER TO QUESTION 436**

LOCUM MOLECULAR MIC SCIENTIST	£27,731.04	£14,540.01
PARAMEDIC	£37,029.00	£11,963.55
BIOMEDICAL ASSISTANT QUALIFIED	£29,409.00	£13,741.65
BIOMEDICAL SCIENTIST	£33,126.96	£20,116.16
EXECUTIVE OFFICER	£35,546.25	£10,767.74
HOSPITAL ATTENDANTS	£33,687.96	£23,965.90
TSSU/CSSU MANAGER(EX NURSING)	£29,268.48	£14,051.67
LOCUM MOLECULAR MIC SCIENTIST	£13,865.52	£5,663.15

**FY23/24**

Grade	Basic Salary	Overtime Payment
RESIDENT MEDICAL OFFICER	£24,221.73	£13,500.00
EXECUTIVE OFFICER	£34,421.18	£12,576.90
GHA JUNIOR CLERK	£4,148.12	£2,150.81
TSSU TECHNICIAN	£23,094.78	£8,510.19
NON CONSULTANT HOSPITAL DOCTOR	£44,124.00	£45,820.00
EXECUTIVE OFFICER	£38,699.04	£15,792.21
RESIDENT MEDICAL OFFICER	£44,124.00	£32,220.00
EHT OFFICER	£47,518.68	£25,828.53
GHA JUNIOR CLERK	£21,759.61	£9,021.03
HEAD OF FINANCE & PROCUREMENT	£54,042.96	£16,963.06
BIOMEDICAL ASSISTANT QUALIFIED	£18,812.30	£10,120.57
BIOMEDICAL SCIENTIST	£29,548.83	£9,043.83
ENROLLED NURSE	£26,839.37	£19,574.24
ACCIDENT & EMERGENCY CLERK	£29,579.11	£19,528.47
STAFF NURSE	£38,946.39	£20,846.24
GHA SKILL ZONE 2	£501.52	£169.05
STAFF NURSE	£9,616.04	£4,510.84
EXECUTIVE OFFICER	£19,678.99	£7,877.90
STATION MANAGER	£50,658.00	£22,724.40
SENIOR ENROLLED NURSE	£33,126.96	£13,835.62
ENROLLED NURSE	£27,984.52	£16,164.51
P.T.O	£40,655.04	£61,244.43
STAFF NURSE	£45,829.68	£16,301.80
STAFF NURSE	£29,350.83	£14,922.95
TSSU TECHNICIAN	£22,921.93	£9,205.49
HOSPITAL ATTENDANTS	£33,687.96	£27,035.25
HOSPITAL ATTENDANTS	£30,992.66	£28,030.33
TSSU TECHNICIAN	£22,878.71	£8,022.64
SENIOR BIOMEDICAL SCIENTIST	£43,758.25	£21,922.54
HOSPITAL ATTENDANTS	£33,687.96	£20,744.69

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**CONTINUED ANSWER TO QUESTION 436**

TSSU TECHNICIAN	£22,624.02	£7,684.68
NON CONSULTANT HOSPITAL DOCTOR	£44,124.00	£18,230.00
STAFF NURSE	£34,823.10	£11,026.48
HOSPITAL ATTENDANTS	£28,768.27	£27,075.67
HOSPITAL ATTENDANTS	£32,619.04	£20,866.53
HOSPITAL ATTENDANTS	£27,850.00	£23,278.33
HOSPITAL ATTENDANTS	£30,034.33	£27,103.19
HOSPITAL ATTENDANTS	£33,687.96	£34,198.58
STAFF NURSE	£37,455.09	£14,734.25
SNR ANATOMICAL PATHOLOGY TECH	£3,100.00	£3,315.15
HOSPITAL ATTENDANTS	£33,687.96	£27,361.32
CYTOLOGY SCREENER	£31,755.96	£32,765.32
ENROLLED NURSE	£30,563.04	£14,718.09
ASSOCIATE SPECIALIST	£90,936.96	£28,280.00
STAFF NURSE	£306.12	£3,647.82
ENROLLED NURSE	£30,563.04	£23,327.55
STAFF NURSE	£37,284.53	£13,207.56
GHA CLERK	£29,579.11	£12,561.56
NON CONSULTANT HOSPITAL DOCTOR	£22,062.00	£9,560.00
HOSPITAL ATTENDANTS	£14,295.08	£9,659.95
NURSE PRACTITIONER	£50,658.00	£19,555.76
EHT OFFICER	£41,060.59	£14,815.70
EXECUTIVE OFFICER	£38,699.04	£11,789.41
HOSPITAL ATTENDANTS	£33,687.96	£28,362.91
HOSPITAL ATTENDANTS	£33,687.96	£28,511.56
ENROLLED NURSE	£30,146.22	£10,218.60
ACCIDENT & EMERGENCY CLERK	£28,841.79	£11,548.21
ACCIDENT & EMERGENCY CLERK	£22,289.72	£10,725.31
AMBULANCE CARE ASSISTANT	£16,953.92	£7,118.19
CLINICAL FELLOW	£37,215.64	£16,750.00
STAFF NURSE	£34,979.68	£15,436.97
SENIOR EHT OFFICER	£63,118.21	£20,397.74
ENROLLED NURSE	£32,145.62	£28,537.78
STAFF NURSE	£14,802.74	£6,171.79
CLINICAL FELLOW	£19,242.96	£8,625.00
NURSE PRACTITIONER	£50,658.00	£18,454.69
STATION OFFICER	£35,634.00	£10,744.09
HOSPITAL ATTENDANTS	£33,687.96	£23,678.99
HOSPITAL ATTENDANTS	£29,169.85	£29,435.49
HOSPITAL ATTENDANTS	£11,776.71	£6,345.24
STAFF NURSE	£38,167.92	£22,087.68

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**CONTINUED ANSWER TO QUESTION 436**

ADMINISTRATIVE OFFICER	£29,548.10	£11,172.28
STAFF NURSE	£1,813.55	£2,093.65
CLINICAL FELLOW	£5,175.24	£8,280.00
HOSPITAL ATTENDANTS	£8,408.03	£3,919.50
BIOMEDICAL SCIENTIST	£33,126.96	£12,105.40
ELDERLY RESIDENTIAL SER DOCTOR	£103,376.23	£46,250.00
BIOMEDICAL SCIENTIST	£35,079.22	£16,660.44
STATION OFFICER	£38,820.82	£18,512.75
BIOMEDICAL SCIENTIST	£9,243.68	£4,301.00
STAFF NURSE	£28,995.63	£11,221.15
STAFF NURSE	£29,769.21	£11,006.95
JUNIOR A&E CLERK	£21,868.42	£10,765.15
HOSPITAL ATTENDANTS	£33,687.96	£21,762.60
ACA TRAINING EMT	£21,695.04	£6,818.97
STAFF NURSE	£29,658.49	£9,647.24
BIOMEDICAL SCIENTIST	£27,731.04	£8,940.87
SENIOR BIOMEDICAL SCIENTIST	£29,985.61	£11,799.58
APP MENTAL HEALTH PRACTITIONER	£43,575.00	£14,362.96
HOSPITAL ATTENDANTS	£27,484.69	£14,281.35
TSSU/CSSU MANAGER(EX NURSING)	£40,060.01	£15,297.65

**FY24/25**

Grade	Basic Salary	Overtime Payment
SENIOR EHT OFFICER	£65,102.45	£21,508.60
CLINICAL FELLOW	£22,897.98	£8,145.00
TSSU TECHNICIAN	£23,635.50	£8,793.89
NON CONSULTANT HOSPITAL DOCTOR	£21,380.70	£8,910.00
STAFF NURSE	£8,243.87	£4,304.50
EXECUTIVE OFFICER	£39,499.04	£11,990.87
RESIDENT MEDICAL OFFICER	£44,924.00	£39,105.00
EHT OFFICER	£49,188.36	£24,874.10
BIOMEDICAL SCIENTIST	£31,558.62	£9,645.62
PARAMEDIC	£37,829.00	£13,831.57
SISTER/CHARGE NURSE	£38,590.78	£15,461.29
ENROLLED NURSE	£28,480.01	£23,378.71
HOSPITAL ATTENDANTS	£21,537.10	£14,869.11
TSSU TECHNICIAN	£4,264.54	£1,660.95
EHT OFFICER	£52,642.52	£18,257.32
ACCIDENT & EMERGENCY CLERK	£31,101.71	£29,209.90
STAFF NURSE	£39,329.51	£16,963.22
RADIOGRAPHER SENIOR II	£16,334.13	£4,897.23

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**CONTINUED ANSWER TO QUESTION 436**

GHA SKILL ZONE 2	£6,312.89	£4,680.75
STAFF NURSE	£34,253.26	£12,433.46
NURSE ASSISTANT	£24,033.63	£8,713.57
SENIOR ENROLLED NURSE	£36,434.00	£15,435.06
SENIOR BIOMEDICAL SCIENTIST	£26,854.97	£8,252.76
TSSU TECHNICIAN	£22,781.86	£7,241.60
ENROLLED NURSE	£29,624.67	£24,592.07
ESTATES MANAGER	£41,455.04	£45,549.64
ENROLLED NURSE	£31,363.04	£9,991.60
STAFF NURSE	£31,502.69	£10,158.12
STAFF NURSE	£31,083.64	£11,291.22
TSSU TECHNICIAN	£6,861.08	£3,364.91
HOSPITAL ATTENDANTS	£34,487.96	£18,373.87
HOSPITAL ATTENDANTS	£32,550.82	£19,647.40
HOSPITAL ATTENDANTS	£34,487.96	£19,554.30
STAFF NURSE	£2,670.77	£1,039.71
DENTAL NURSE	£29,372.96	£8,882.92
GHA SKILL ZONE 2	£15,249.36	£12,353.64
NON CONSULTANT HOSPITAL DOCTOR	£44,924.00	£13,545.00
DENTAL NURSE	£26,163.52	£7,973.00
HOSPITAL ATTENDANTS	£30,332.98	£18,526.49
HOSPITAL ATTENDANTS	£34,282.20	£20,062.15
NURSE ASSISTANT	£219.19	£1,053.70
STAFF NURSE	£29,184.48	£19,008.26
HOSPITAL ATTENDANTS	£32,046.08	£18,864.58
HOSPITAL ATTENDANTS	£34,487.96	£22,499.13
HOSPITAL ATTENDANTS	£37,975.63	£15,710.03
STAFF NURSE	£39,116.46	£11,915.57
STAFF NURSE	£38,000.00	£13,542.74
SNR ANATOMICAL PATHOLOGY TECH	£9,705.99	£3,067.53
NURSE ASSISTANT	£34,487.96	£17,814.54
STAFF NURSE	£6,271.50	£2,177.46
ENROLLED NURSE	£31,363.04	£13,555.21
GHA SKILL ZONE 2	£15,249.36	£6,194.74
GHA SKILL ZONE 2	£13,335.05	£6,177.92
BIOMEDICAL SCIENTIST	£11,134.60	£4,247.51
ENROLLED NURSE	£31,363.04	£27,827.62
GHA SKILL ZONE 2	£4,995.64	£4,588.75
STAFF NURSE	£38,369.87	£20,062.60
GHA CLERK	£31,101.71	£9,817.37
GHA STORES MANAGER	£39,391.51	£12,272.49
ACCIDENT & EMERGENCY CLERK	£24,425.12	£11,455.89

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**CONTINUED ANSWER TO QUESTION 436**

NON CONSULTANT HOSPITAL DOCTOR	£22,462.00	£41,535.00
CLINICAL FELLOW	£13,304.60	£5,625.00
CLINICAL FELLOW	£18,655.93	£5,580.00
CLINICAL FELLOW	£11,945.00	£7,740.00
STAFF NURSE	£39,329.51	£17,274.69
EHT OFFICER	£47,587.53	£24,197.51
EXECUTIVE OFFICER	£39,499.04	£15,139.36
GHA SKILL ZONE 2	£15,831.99	£9,239.36
HOSPITAL ATTENDANTS	£33,556.71	£18,091.15
CLINICAL FELLOW	£9,476.49	£5,120.00
HOSPITAL ATTENDANTS	£2,058.71	£2,467.93
ENROLLED NURSE	£30,612.85	£10,145.25
NURSE ASSISTANT	£25,369.86	£12,769.35
ACCIDENT & EMERGENCY CLERK	£30,426.12	£12,274.14
ACCIDENT & EMERGENCY CLERK	£25,354.83	£10,794.92
ACA TRAINING EMT	£23,825.30	£9,173.52
AMBULANCE CARE ASSISTANT	£23,726.30	£11,082.25
CLINICAL FELLOW	£38,705.96	£19,440.00
STAFF NURSE	£32,247.86	£10,358.35
SISTER/CHARGE NURSE	£37,554.64	£16,176.41
STAFF NURSE	£37,973.33	£11,743.29
GHA SKILL ZONE 2	£10,612.79	£9,192.24
STAFF NURSE	£38,619.36	£12,168.63
ENROLLED NURSE	£32,341.91	£34,503.88
STATION OFFICER	£36,434.00	£11,297.88
EMERGENCY MEDICAL TECHNICIAN	£32,555.96	£10,579.95
ACA TRAINING EMT	£24,505.04	£8,218.05
GHA JUNIOR CLERK	£22,571.23	£8,152.11
HOSPITAL ATTENDANTS	£34,487.96	£17,578.32
HOSPITAL ATTENDANTS	£30,809.19	£20,082.03
HOSPITAL ATTENDANTS	£25,980.45	£16,192.88
ASSISTANT EHT OFFICER	£40,439.96	£13,495.65
STAFF NURSE	£38,375.50	£21,419.53
ADMINISTRATIVE OFFICER	£31,069.89	£11,329.26
STAFF NURSE	£38,903.42	£14,485.92
STAFF NURSE	£13,532.64	£4,310.75
CLINICAL FELLOW	£12,224.20	£7,893.44
EHT OFFICER	£53,511.96	£16,981.52
HOSPITAL ATTENDANTS	£25,890.50	£16,132.76
ELDERLY RESIDENTIAL SER DOCTOR	£101,786.04	£62,325.00
STATION OFFICER	£11,878.00	£6,817.16

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**CONTINUED ANSWER TO QUESTION 436**

CLINICAL FELLOW	£44,924.00	£15,722.50
TSSU TECHNICIAN	£22,681.87	£7,862.21
SISTER/CHARGE NURSE	£31,109.00	£9,939.78
STATION OFFICER	£36,434.00	£15,627.82
NON CONSULTANT HOSPITAL DOCTOR	£7,354.00	£6,120.00
HOSPITAL ATTENDANTS	£25,521.61	£16,433.95
NON CONSULTANT HOSPITAL DOCTOR	£22,462.00	£37,947.60
DENTAL NURSE	£29,372.96	£8,999.30
NON CONSULTANT HOSPITAL DOCTOR	£28,434.64	£9,360.00
BIOMEDICAL SCIENTIST	£11,134.60	£6,711.07
HOSPITAL ATTENDANTS	£34,487.96	£19,890.68
ACA TRAINING EMT	£22,495.04	£6,961.97
STAFF NURSE	£31,507.30	£13,469.23
BIOMEDICAL SCIENTIST	£30,141.78	£9,861.78
BIOMEDICAL ASSISTANT QUALIFIED	£25,847.96	£7,987.52
SISTER/CHARGE NURSE	£49,283.65	£15,587.54
BIOMEDICAL ASSISTANT QUALIFIED	£30,209.00	£11,487.22
SENIOR BIOMEDICAL SCIENTIST	£56,012.59	£22,456.27
HOSPITAL ATTENDANTS	£34,487.96	£19,153.86
TSSU/CSSU MANAGER(EX NURSING)	£43,566.01	£15,875.86

640

**Madam Speaker:** All right, we will come back to that later, we will move on.

**Q437/2025**

**Community Mental Health Services –  
Housing Accommodation**

645

**Acting Clerk:** Question 437, the Hon A Sanchez.

**Hon. A Sanchez:** In relation to the Community Mental Health Services, could the Government state whether it has any plans to extend the provision of housing accommodation, similar to the model of care offered at Sandpits House? If so, could the Government elaborate on when it intends to do so, and whether any specific locations have been identified?

650

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in the work being undertaken to develop a new model of care for Community Mental Health Services, the importance of supported accommodation is fully accepted. As this new model develops, we will come back with appropriate proposals for supported accommodation.

655

660 **Hon. A Sanchez:** I am grateful for that answer, Madam Speaker, could the Hon. Minister perhaps elaborate on the options that are being considered, whether the Government actually intends to extend the provision of what is offered in Sandpits House? Is that what the Government is intending to do, or is the Government considering a different approach to this

665 **Hon. G Arias-Vasquez:** Madam Speaker, as I previously stated, we will come back with proposals when we are ready to.

**Madam Speaker:** Next question.

670

**Q438/2025**  
**Mental Health Board Report 2024 –**  
**Current Staffing Complement**

**Acting Clerk:** Question 438, the Hon A Sanchez.

675 **Hon. A Sanchez:** Can the Government provide a current staffing complement of the housing outreach program as referenced in the Mental Health Board Gibraltar Annual Inspection Report 2024? Specifically, could the Government (a) Detail the number of employees by specific grade; (b) Indicate how many of these positions are full-time and how many are part-time; and (c) Confirm whether all these posts are currently filled, or if any are vacant or affected by long-term  
680 absence?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the housing  
685 outreach team consists of two full-time nursing assistants. Currently, one of them is on long-term sick and is being covered by another full-time nursing assistant.

**Hon. A Sanchez:** I am grateful for that answer, Madam Speaker. Could the Hon. Minister confirm whether any of these positions are covered by anyone on a part-time role or are there  
690 any administrative posts being covered on a part-time role? There is mention of this in the Mental Health Board report. This is why I make reference to part-time in the question.

**Hon. G Arias-Vasquez:** Madam Speaker, the information that I have in front of me is that the housing outreach program consists of two full-time nursing assistants. One of them, as I have said,  
695 is covered because they are on long-term sick. The information that has been presented to me is that they are covered by another full-time nursing assistant.

Therefore, the information that I have in front of me is that there are two full-time nursing assistants, and one of these nursing assistants is off on long-term sick, and the post is being covered by another full-time nursing assistant.

700

**Hon. A Sanchez:** I am grateful for that answer, Madam Speaker. Could the hon. Lady perhaps outline the duties and the role of the staff in this department, and what the housing outreach program is, what they cover, what they are meant to do?

705 **Hon. G Arias-Vasquez:** Madam Speaker, it is becoming a bit of a boring refrain, but if a specific question like that is to be put to me, I need to have notice of the question. If you want to know what the housing outreach program and nursing assistant does, I am very happy to provide the

hon. Lady with information regarding exactly what the housing outreach and nursing assistant does. However, I would need notice of that question.

710

**Hon. A Sanchez:** With all due respect, Madam Speaker, I would have assumed that the hon. Lady would come to this House and would have done some homework in terms of preparing her supplementary answers.

715

**Madam Speaker:** That is the answer you have. Is there another question? I am not going to rehearse the same question with the same answer.

720

**Hon. A Sanchez:** Does the hon. Lady at least have a sense of what the housing outreach program does, and to be able to form a view as to whether she feels that one full-time nursing assistant is enough to cover the roles and responsibilities of what this program should be doing, given that she has already stated that one of the staff is on permanent long-term sick leave?

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**Hon. G Arias-Vasquez:** Madam Speaker, as I have said before, my staff and the staff of the Care Agency and or the GHA and or the ERS are not here to wake up one morning to determine what the hon. Lady might ask me that day. The question is very specific.

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It breaks it out into A, B and C, and the staff have taken great care to answer questions A, B and C. If the hon. Lady then turns up at the House and determines that she wishes to answer a completely different question on a completely different set of facts, requiring me to provide different factual information relating to the job description of a nursing assistant in a housing outreach program, as I have said to her numerous times today, and that's in this session alone, and I have said it in the previous session and I have said it in the session before that, if the hon. Lady wishes me to answer a question, I am very, very happy to stand here for hours, as I will do today, and provide all of the information that the hon. Lady asks me for. However, I need notice of the question.

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I do not know how many times I have to repeat the same refrain, Madam Speaker. The hon. Lady should know by now that if she wants a detailed answer, she has to ask me the right question. You cannot ask me a question about the current staffing complement and then want to go into a question about job descriptions.

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We have now been here for over 18 months, Madam Speaker. This is a basic premise, and in all fairness, it is not the first time I have raised this point. I understand that the hon. Lady wants to get a rise, wants to get a Facebook clip.

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I really get this. I really, really understand that she is going for her Facebook clip that she is going for the rise. However, Madam Speaker, there is a basic premise that you ask a question and you get the answer.

I have never refused to answer a question. I have not given the information that the hon. Lady is requesting. However, the hon. Lady needs to learn finally that in order to get a detailed response, she needs to ask the right question.

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**Madam Speaker:** Next question.

#### Q439/2025

#### Mental Health Board Report 2024 – Underutilization of Sunshine Ward

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**Acting Clerk** Question 439, the Hon. A Sanchez.

**Hon. A Sanchez:** In light of the observations and recommendations in the Mental Health Board Annual Inspection Report 2024 regarding the continued underutilization of Sunshine Ward at Ocean Views and its potential role in addressing the gaps in Elderly Residential Services care, can the Government: (a) Confirm whether a decision has been made regarding the future use of Sunshine Ward; and (b) If so, provide details of that decision, including any plans to repurpose the ward to support ERS capacity or other healthcare needs.

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, no final decision has yet been made regarding the future use of Sunshine Ward. However, consideration is currently being given to its potential use. Preliminary assessments are ongoing to evaluate the feasibility of reintroducing a specialized responsive behavior dementia assessment unit.

Should this ward be repurposed for this service, it may also enable an increase in respite capacity within the Elderly Residential Services, as this is due to consistently high demand. The respite service operates at full capacity at all times.

**Hon. A Sanchez:** I am grateful for that answer, Madam Speaker. Given that this is a concern that is continuously expressed by the Mental Health Board, and indeed it was expressed in their report in 2022 as something that had already been highlighted previously, then again expressed in 2024, and now in 2025. Could the Hon. Minister perhaps give a more concrete timeframe as to when we can expect developments in this or a decision to be taken as to the use of Sunshine Ward in relation to the ERS?

**Hon. G Arias-Vasquez:** Madam Speaker, it is remarkable that we focus on that and we do not focus on all the positives that the Mental Health Report actually states, and all the positives and the warm comments that the Mental Health Board actually takes, for which I would like to give a warm thank you to George Parody and his team on that. The Mental Health Board actually acknowledges that we are doing a lot of work and they acknowledge that the model of care that we are actually proposing is a very good model of care, so I am very, very grateful for the contents of their report, and yes, it does raise stuff like Sunshine Ward. As I have stated in my answer, Madam Speaker, preliminary assessments are ongoing and I am not able to give a further date as at this point.

**Madam Speaker:** Next question.

**Q440-41/2025**  
**Mental Health Board Report 2024 –**  
**Lack of Housing Arrangements**

**Acting Clerk:** Question 440, the Hon A Sanchez.

**Hon. A Sanchez:** In light of the concerns highlighted in the Mental Health Board Gibraltar Inspection Report 2024 regarding inappropriate placements in mental health facilities due to lack of suitable housing arrangements, can the Government: (a) outline the specific measures currently being implemented to address the issue of inappropriate placements in mental health facilities; and (b) provide the details of the measures currently being introduced to ensure the availability of suitable housing options and adequate support for individuals requiring such assistance?

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

805 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Question 441.

**Acting Clerk:** Question 441, the Hon A Sanchez.

810 **Hon. A Sanchez:** Could the Government state what measures are being implemented to address the issue of inappropriate placements in mental health facilities due to delays in transfers to Elderly Residential Services facilities as highlighted in the Mental Health Board Gibraltar Annual Inspection Report 2024? Additionally, could the Government provide figures for the numbers of individuals affected by such delays during the years 2023-24 and 2024-25 to present date, broken  
815 down by month and facility?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to  
820 Question 440, in response to the issue of inappropriate placements within mental health facilities, referrals are now being directed to more suitable services, including the Elderly Residential Services and the Care Agency. Additionally, a housing outreach team has been established to provide support and assistance to service users within their homes, thereby reducing the unnecessary use of mental health facilities. To further ensure the availability of appropriate  
825 housing options, the mental health workforce is actively collaborating with the Housing Department.

This joint effort aims to guarantee that individuals with mental health and housing needs are provided with suitable accommodation. This may include independent living arrangements supported by tailored care packages or placement within supported accommodation settings. In  
830 answer to Question 441, the mental health team are working closely with the ERS to identify and refer those suitable for ERS.

When capacity becomes available in ERS, suitable patients for mental health services are given priority. In February 2023, there was one individual delayed in transfer to ERS, and in 2024, there were two individuals affected, one in January and one in September, by a delay in transfer to ERS.  
835 There are currently two service users to date in Ocean Views awaiting transfer to ERS, and one awaiting an outcome of assessment with a view to transfer to ERS.

**Hon. A Sanchez:** I am grateful for your answer, Madam Speaker. The Hon. Minister has stated that a housing outreach team has been developed or introduced to help deal with the issue of  
840 inappropriate placements. Can the Minister state the date on which this housing outreach was developed?

**Hon. G Arias-Vasquez:** It was introduced on February 23.

845 **Hon. A Sanchez:** Is the Hon. Minister of the opinion that this is effectively dealing with the issue of inappropriate placements, given that the latest report, 2025, still raises the issue of inappropriate placements, even after the introduction of this housing outreach team?

**Hon. G Arias-Vasquez:** The important thing is that there is an MDT working together in order to facilitate the move of these individuals that are affected. There is the issue then of where to put them. The space in ERS is limited and the space in housing is limited.  
850

As soon as space has become available, the MDT, my team together with Minister Orfila's team, work together in order to get them into the appropriate facility. There are limitations in that respect, but the housing outreach teamwork very closely with the Housing Department, etc.,  
855 in order to make sure that the individuals are allocated appropriate housing or facilities in ERS as soon as it is possible.

**The Hon D J Bossino** If I may ask the Hon. Minister, just to explore further, and I hope this is a reasonable supplementary which arises from the answers that she has given as she is able to provide the information to this House. The housing outreach team, is that an organisation, a group of people under her auspices, which then liaises with the Housing Department? Does it comprise members of both the departments I have just referred to? Is it exclusively a Housing Department?

Are they comprised from members of the Housing Department? What is the structure? In addition, if I may, is she able to state how many individuals comprise this team?

**Hon. G Arias-Vasquez:** Madam Speaker, It is quite extraordinary. We have just got into detail who the housing outreach team is and whom they comprise. There are two nursing assistants comprising the housing outreach team, I have just answered that question, and they liaise with the MDT regularly with the Housing Department. I have not spoken with the Housing Department in order to do that.

I can see the hon. Gentleman raising an eyebrow. It is in answer to Question 438.

**Madam Speaker:** Next question.

**Q442/2025**

**Mental Health Board Report 2024 –  
Alcohol Detoxification Services**

**Acting Clerk:** Question 442, the Hon A Sanchez.

**Hon. A Sanchez:** Could the Government elaborate on what measures it is taking, if any, to address the concerns raised in the Mental Health Board Gibraltar Annual Inspection Report 2024 regarding the provision of alcohol detoxification services in Horizon Ward in Ocean Views?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will try not to mumble so that the Opposition understand my answers. The current alcohol detox services are carried out in Horizon Ward at Ocean Views.

However, any patients deemed to be at risk of physical health complications have their detoxification at St Bernard's Hospital. As part of the new community mental health service model, the Drugs and Rehabilitation Service (DARS) will be relocated to Sir Joshua Hassan House. This will provide even more resilience to this important service.

**Hon. A Sanchez:** I am grateful for that answer, Madam Speaker. By way of clarification, the hon. Lady is saying that alcohol detoxification will now not take place in Ocean Views, that when the new community mental health facility is ready, it will take place in Joshua Hassan House. Is that what she meant?

Perhaps I have misunderstood, but could she just clarify?

**Hon. G Arias-Vasquez:** Madam Speaker, there will be an additional option which will be available if required. However, as I have explained before, and Hansard of 22 January 2025 contains the excerpt, if a patient is acutely unwell or has an illness, which requires hospitalisation, the patient is hospitalized at St Bernard's Hospital. The difference is that if a patient is unwell and requires to be put into St Bernard's Hospital, the patient will be put into St Bernard's Hospital.

905 **Hon. A Sanchez:** Madam Speaker, I am grateful for this answer, but within the last two mental health reports, there have been very serious concerns expressed. They note how these concerns have been expressed by the clinical director in relation to alcohol detox taking place in Ocean Views in one of the wards. The report notes how staff is concerned with the facility, according to them, not being equipped to deal with the life-threatening issues that can occur and the environment not being best suited for the needs of these patients.

910 Is there something that has been officially reported or these concerns have been officially raised with management in the GHA, and if so, have they been officially raised or made known to the Minister?

915 **Hon. G Arias-Vasquez:** I do not know whether they have been raised to the management of the GHA. As the hon. Lady is aware, there is a level of independence between what the clinicians determine and Ministry. What the report has said is that there is a need to undergo detox at St Bernard's Hospital and, indeed, acutely unwell patients do undergo detox at St Bernard's Hospital, as determined between the clinicians themselves.

920 The clinician will determine whether the detox needs to go to St Bernard's Hospital or whether they need to stay in Ocean Views. It is the clinician's decision as to which institution they go to. As I have previously said, patients who are acutely unwell and are treated for detox in conjunction with a treatment for their primary presenting condition will go to St Bernard's.

925 Otherwise, they will stay in Ocean Views.

**Q443-44 & 483/2025**  
**Mental Health Board Report 2024 –**  
**Alcohol Detoxification Services**

**Acting Clerk:** Question 443, the Hon A Sanchez.

930 **Hon. A Sanchez:** In relation to the appointment of capacity assessors by the Minister, as outlined by the Mental Health Board Annual Inspection Report 2024, could the Government clarify the following: (a) How many capacity assessors have been appointed to date; (b) What qualifications or criteria are required to be appointed as a capacity assessor?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Questions 444 and 483.

940 **Acting Clerk:** Question 444, the Hon A Sanchez.

945 **Hon. A Sanchez:** In relation to the appointment of capacity assessors by the Minister, as outlined by the Mental Health Board Annual Inspection Report 2024, could the Government clarify the following: (a) Are there currently any individuals awaiting capacity assessments? If so, could the Government provide the number of such cases; (b) How many capacity assessments have been carried out to date since the appointment of these capacity assessors; and (c) Could the Government outline the guidelines and process followed when conducting a capacity assessment?

950 **Acting Clerk:** Question 483, the Hon J Ladislaus.

**Hon. J Ladislaus:** Can the Hon. Minister detail the protocol for conducting the capacity assessments, which is in place at Ocean Views, who is responsible for conducting them, and why this issue is a matter for the Hon. Minister and not a clinical lead?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Question 443, eight capacity assessors have been appointed to date. Capacity assessors can be appointed from any of the following professional groups: medical practitioners; nurses; social workers; occupational therapists; and charter psychologists. In answer to Questions, 444 and 483, mental capacity of all inpatients at Ocean Views is assessed on a regular basis and therefore there are no outstanding cases.

Capacity assessments take place every day in respect of every patient on the unit and therefore the precise number is not available. The assessment of a patient's capacity is an integral part of day-to-day clinical practice and is carried out routinely by staff in accordance with the Mental Capacity Act 2005 and its guiding principles. At our mental health facility, the assessment of a patient's capacity is an integral part of day-to-day clinical practice.

Routine and ongoing assessments - all staff are responsible for assessing capacity as part of routine care. These assessments are typically carried out by nursing staff or other ward-based care staff who interact regularly with the service users.

Assessments of capacity are often informal and relate to everyday discussions, including whether or not the patient has capacity to decide if they want to take a shower, choosing to eat or decline meals and deciding whether to go for a walk or participate in daily activities. These types of assessments are part of the dynamic and ongoing interactions and are documented appropriately in the patient's care notes.

Assessments for more complex or significant decisions - Where capacity concerns involve more complex or higher stake decisions, a more structured assessment is conducted. Examples include: capacity to consent to or refuse medication; capacity to take their own discharge from hospital; capacity to engage with therapeutic interventions or risk-related decisions. In such cases, staff undertake a formal capacity assessment using the two-stage tests set out in the Mental Capacity Act: (1) determining whether the person has an impairment or disturbance in the functioning of the mind or brain; and (2) assessing whether this prevents them from making a specific decision at the time it needs to be made. The involvement of senior clinicians. Senior clinicians, including doctors and consultants, become involved in capacity assessments where the decision is more complex and has long-term consequences, or falls outside of a routine ward-based issue.

This typically includes matters such as capacity to manage personal finances, capacity to decide where they want to live upon discharge and any legal or safeguarding issues where the outcome may affect their liberty or significant aspects of their life. Four - Ministerial involvement. While the clinical responsibility for capacity assessment lies entirely with the professionals involved in a patient's care, Ministerial involvement may arise in cases where broader operational or policy considerations are required.

In this instance, the matter was escalated to me because of two non-clinical factors: Firstly, a funding decision was required regarding the use of external professionals to carry out assessments; and secondly, discussions were underway regarding whether to amend the lasting powers of attorney framework to include non-medical practitioners in specific capacity assessments. Therefore, my involvement related not to clinical determination of capacity, but to the resource and regulatory decisions necessary to support the service in line with evolving needs.

**Madam Speaker:** The Hon. Mrs Sanchez, any supplementaries and I will come to Mrs. Ladislaus.

**Hon. A Sanchez:** I am grateful for that answer, and just by way of clarification as to the process aspect of the assessments, in cases where those being assessed might not have a trusted person close to them to support them through the process, are independent advocates being appointed throughout these capacity assessments or this process?

**Hon. G Arias-Vasquez:** Madam Speaker, the process is being carried out in accordance with the appropriate legislation.

**Madam Speaker:** The Hon. J Ladislaus, have any supplementary questions?

**Hon. J Ladislaus:** Madam Speaker, we have heard the Minister state that for a lot of these capacity assessments, they are undertaken informally by a nurse who might know the patient, but then in more complex cases, it is clinicians who are more senior who become involved. Can the Hon. Minister confirm whether there is a standardized approach being applied across the board? It seems that there is not.

What guidelines do practitioners follow? It seems that it changes depending on what clinician or nurse might be tasked to undertake such an assessment.

**Hon. G Arias-Vasquez:** Madam Speaker, the decisions on these matters are purely clinical decisions, which are taken in respect of the patient and the needs of the clinicians of each patient. Now, there is a very strict regulatory framework. There is a very strict legal framework, which encompasses all the decisions relating to capacity.

Indeed, the decisions relating to which both of these very similar questions relate to. Indeed, it is startling that the two hon. Ladies have submitted quite similar questions. It is almost as if the members of the Opposition do not speak to each other as to what questions they are going to submit.

Indeed, the Leader of the Opposition does not review all the questions before submitting them. In terms of what capacity assessments are taken in respect of each patient, it is purely a clinical decision taken by the individuals within the appropriate legal framework. If you actually go to the Mental Capacity Act, the Mental Capacity Act states in very strict terms what decisions are to be taken by each of the individuals at every point in time?

When I say each of the individuals, I mean each of the appropriate individuals as dictated by the appropriate legislation that is currently in place.

**Hon. J Ladislaus:** If I may, there is a section from the Mental Health Reports, which I think is relevant to the question that I am going to pose. At page 21 It reads; "The Clinical Director was asked about capacity assessments and who would be responsible for conducting them. He explained that the issue was currently with the Minister for Health and Care".

We have just heard that the Ministers involvement was only as to funding. Does the Minister agree with me that that section suggests that there was further involvement in that and not just clinical involvement?

**Hon. G Arias-Vasquez:** No, Madam Speaker As I have pointed out, there is email correspondence, which confirms that my involvement relates to financial and regulatory matters and does not in any way impinge on any clinical decision.

**Hon. J Ladislaus:** Madam Speaker, if I may ask as well, there is also a reference within the paragraph above that. "Addressing this matter with a clear protocol for conducting capacity assessments is essential to avoid further delays and ensure smooth, efficient operations in affected service areas". Does the Hon. Minister accept that because the matter was with the Hon. Minister, it does not seem like any progress could be made? Is that accepted?

1055 **Hon. G Arias-Vasquez:** Madam Speaker, it is somewhat surprising that these questions are being raised. If the matter is a regulatory matter and if the matter is a legislative matter, the matter has to come to me as to whether there is a question on whether or not the legislation needs to be amended. It was determined that the legislation does not need to be amended, but it was a funding issue.

1060 If it is a funding issue, as the hon. Lady will be familiar, Parliament sets the GHA budget. If the actual element of the expenditure is not within the budget of the GHA, then a request for supplementary funding needs to come to me, as happened in this instance. In that case, it might be helpful if the hon. Lady listened to my answer, and then it would not be repeated numerous times.

1065 When a matter comes to funding, and funding which is not within the budget, the matter has to come to me for supplementary funding, to me and or any other relevant Minister.

**Hon. J Ladislaus:** Madam Speaker, I take the point that the Minister states that it was in respect of funding, but the point made here is that the clinical director was asked about capacity assessments and who would be responsible for conducting them. The answer was that the issue was currently with the Minister for Health and Care. Can the Minister confirm whether she has been involved in respect of who is to be responsible for conducting these capacity assessments?

1075 **Hon. G Arias-Vasquez:** Madam Speaker, it might be helpful if the hon. Member's opposite listened to what I was saying. In respect of the way that it is done, the proposal is put to me as to whether the capacity assessors can be an external party. Indeed, in this instance, it was proposed that the capacity assessment was carried out by an external party.

If a capacity, assessment is to be carried out by an external party that requires additional funding. It was proposed by those clinicians, by the medical director and the divisional lead that the matter be outsourced to an external third party for a capacity assessment, and therefore there was a funding requirement.

I was not getting involved in a clinical decision. I was not getting involved in who should be making the capacity assessment. I was merely being asked for the money to fund the clinical decision. That is the extent of the involvement.

1085 We can read that however we want to read it, but there is email correspondence, which determines that what they came to me for was to ask for the additional funding to pay for the third party who was going to provide the capacity assessments.

**Hon. J Ladislaus:** Was that in respect of just one specific case, or is that the case now across the board?

**Hon. G Arias-Vasquez:** The request was put in. You would have thought that I would not have to explain this, but I will go into explaining this. In the budget session that we are going to go into now in June or July, there will be budgets for each department in the GHA.

1095 There will be budgets that are set out for everything. If, going forward, the funding for the third party is included in that budget; it will not have to come to me. In this instance, at this point in time, the budget for an external third party capacity assessor was not included in the budget. Therefore, the request came to me to ask whether the budget was approved.

1100 In respect of the approval of a budget for a capacity assessor, the request came to me, as should be applauded by the hon. Members opposite. In fact, that is exactly the procedure, which should occur.

**Hon. J Ladislaus:** I am grateful again for the very detailed answer, but that is not the question that I have asked. I pose the question, was that funding requested? I know that business cases are raised when extraordinary funding is requested by different departments outside of what has been approved by the budgets.

What I am asking is, was that funding requested in respect of an individual that is going to be appointed across the board to deal with matters across the board, or simply in one case? Just a one-off, or is this individual going to be as an independent to be dealing with cases across the board?

**Hon. G Arias-Vasquez:** Madam Speaker the individual is as capacity assessor across the board.

**Madam Speaker:** Next question.

**Q445-453/2025**

**Domiciliary Care and Home Support –  
Contract**

**Acting Clerk:** Question 445, the Hon. A Sanchez.

**Hon. A Sanchez:** In relation to Domiciliary Care and Home support, could the Government state whether it has signed a contract with Community Care and Domiciliary Services Ltd. If so, on what date the contract was signed and what the value of the contract is.

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Questions 446 to 453.

**Acting Clerk:** Question 446, the Hon. A Sanchez.

**Hon. A Sanchez:** During the TUPE transfer process of employees from the former service provider of Domiciliary Care and Home Support Services, LifeCome Care to Community Care Domiciliary Services Ltd (CCDSL), have the Care Agency or CCDSL identified cases where police checks or other vetting had not been conducted or were not up to date; (b) have the Care Agency or CCDSL identified any cases where vetting or police checks for careers yielded results deemed unacceptable or unsuitable, If so, could the Government provide the exact number of such cases?

**Acting Clerk:** Question 447, the Hon. A Sanchez.

**Hon. A Sanchez:** Could the Government state who is providing and delivering the training to careers employed by Community Care Domiciliary Services Ltd (CCDSL) and confirm whether all staff have received this training? In addition, could the Government outline the specific training that has been delivered to date?

**Acting Clerk:** Question 448, the Hon. A Sanchez.

**Hon. A Sanchez:** At the 14th of May 2025, how many careers were employed by Community Care Services Ltd (CCDSL) on; (a) zero hour contracts; (b) other specified hour contracts under 20 hours per week; and (c) other term contracts.

**Acting Clerk:** Question 449, the Hon. A Sanchez.

**Hon. A Sanchez:** Could the Government provide the exact figures for the following: (a) the number of individuals in the community currently waiting to be assessed for domiciliary care and

1155 home support; (b) the number of individuals in the community who have been assessed as requiring domiciliary care or home support and are currently awaiting the provision of services.

**Acting Clerk:** Question 450, the Hon. A Sanchez.

1160 **Hon. A Sanchez:** Could the Government provide the exact figures for the following: (a) the number of individuals currently in hospital or in Ocean Views waiting to be assessed for domiciliary care and home support; and (b) the number of individuals currently in hospital or Ocean Views who have been assessed as requiring domiciliary care or home support and are currently awaiting the provision of services.

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**Acting Clerk:** Question 451, the Hon. A Sanchez.

**Hon. A Sanchez:** Can the Government provide the figures for the number of complaints received, logged by the Care Agency and relevant subcontracted providers, including LifeCome Care and CCDSL, in relation to domiciliary care and home support broken down by month, entity and nature of complaint from the 1st of December 2024 to present date?

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**Acting Clerk:** Question 452, the Hon. A Sanchez.

1175 **Hon. A Sanchez:** In relation to the Government's request to Community Care Domiciliary Care Services Limited concerning domiciliary care and home support services, has the Government asked CCDSL to consider establishing further additional rest areas or facilities for their staff within the various district zones? Furthermore, does the Government intend to assist CCDSL in the provision or development of such facilities?

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**Acting Clerk:** Question 453, the Hon. A Sanchez.

**Hon. A Sanchez:** Could the Government state when it expects the new app for domiciliary care and home support services intended for use by the Community Care Domiciliary Services Limited to be ready and launched?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Question 445, the contract between CCDSL and the Care Agency has not yet been signed. The Government expects this to be signed in the next few weeks. In answer to Question 446, during the TUPE process, all employees were asked to resubmit their vetting information as part of the onboarding process.

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All these vetting certificates were subjected to a verification process. All employees provided upon request vetting information, which was up to date. 195 of 237 TUPE employees have suitable vetting certificates, which have passed the verification stage.

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Two of the 237 TUPE employees providing vetting certificates which could not be authenticated but have subsequently provided suitable certificates which have passed the verification stage. 34 of the 237 TUPE employees have provided suitable vetting certificates, which are pending verification. Six of the 237 TUPE employees have provided vetting certificates containing previously undisclosed offences. These six individuals are being managed under risk assessment.

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Madam Speaker, in relation to Question 447, existing TUPE careers had training provided by their previous employees. The Care Agency is supporting CCDSL to provide refresher training for all TUPE employees.

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This training commenced on Monday 12 May and will continue until all TUPI careers have received their refresher training. This refresher training includes: assisting and moving people; medication; loan working and breakaway techniques; safeguarding training; basic life support; health and safety; fire prevention; and professional boundaries. Any new careers who have been employed by CCDSL after the TUPE process have received initial training and will be shadowing existing careers before undertaking individual rotas.

In relation to Question 448, whilst I am more than happy to provide information regarding the Care Agency's involvement and assistance provided to CCDSL, it would not be appropriate for me to answer questions about the number of individuals CCDSL employ, as CCDSL is not in any way a Government entity. We are, however, encouraging CCDSL to ensure that within a six-month period as many careers as possible are given fixed-term contracts.

In answer to Question 449, there are currently 58 individuals in the community who are currently waiting to be assessed for domiciliary care and home support. There are currently nine individuals who have been assessed and are currently waiting on the provision of services.

In answer to Question 450, as at 9 May 2025 there were 28 patients in St Bernard Hospital referred for domiciliary care and home support. The status of the referrals are as follows: Nine have approved pending hours; one either the patient or the relatives have declined a package of care; In respect of two, the patients are medically unwell at present; and 16 are patients pending assessments or approval. There are currently two patients in Ocean Views referred for domiciliary care and home support: One is awaiting a package of care and one is awaiting a learning disability placement.

In answer to Question 451, I now hand over a schedule with the information requested.

In relation to Question 452, careers are currently provided with access to a kitchen area where they can have their lunch, as well as a rest place equipped with sofas and a bathroom. In addition, tea, coffee and milk are made available to them and they can charge their scooters on site. At present, there is no additional rest areas beyond those existing facilities. However, the Government, through meetings involving the United Union and the Care Agency, continue to actively explore different options with CCDSL.

bvIn answer to Question 453, Madam Speaker, I am advised by the Care Agency that the remaining functions of the app, which is currently being developed, should be ready for testing by the end of May. It is still too early to say exactly when the app will be launched, as this may be affected by the testing period.

ANSWER TO QUESTION 453

ANSWER TO QUESTION 451

Month	Entity	Total	Nature	Number
December	Lifecome	126	Missed Care Sessions	75
			Late Arrivals and Shortened Sessions	27
			Continuity of Care and Carer Changes	9
			Professional Conduct of Staff	3
			Documentation and Communication Issues	9
			Inadequate Supervision and Emergency Response	3
			Change of Carers	0
			Change of Visit Times	0
January	Lifecome	135	Missed Care Sessions	66
			Late Arrivals and Shortened Sessions	41
			Continuity of Care and Carer Changes	10
			Professional Conduct of Staff	9
			Documentation and Communication Issues	4
			Inadequate Supervision and Emergency Response	5
			Change of Carers	0
			Change of Visit Times	0
February	Lifecome	97	Missed Care Sessions	62
			Late Arrivals and Shortened Sessions	25
			Continuity of Care and Carer Changes	1
			Professional Conduct of Staff	6
			Documentation and Communication Issues	1
			Inadequate Supervision and Emergency Response	2
			Change of Carers	0
			Change of Visit Times	0
March	Lifecome	78	Missed Care Sessions	46
			Late Arrivals and Shortened Sessions	13
			Continuity of Care and Carer Changes	7
			Professional Conduct of Staff	4
			Documentation and Communication Issues	5
			Inadequate Supervision and Emergency Response	3
			Change of Carers	0
			Change of Visit Times	0
April*	Lifecome	16	Missed Care Sessions	9
			Late Arrivals and Shortened Sessions	2
			Continuity of Care and Carer Changes	0
			Professional Conduct of Staff	1
			Documentation and Communication Issues	1
			Inadequate Supervision and Emergency Response	0
			Change of Carers	2
			Change of Visit Times	1
	CCDSL	106	Missed Care Sessions	35
			Late Arrivals and Shortened Sessions	3
			Continuity of Care	1
			Professional Conduct of Staff	3
			Documentation and Communication Issues	2
			Inadequate Supervision and Emergency Response	0
			Change of Carers	25
			Change of Visit Times	37
May	CCDSL	163	Missed Care Sessions	88
			Late Arrivals and Shortened Sessions	2
			Continuity of Care	4
			Professional Conduct of Staff	3
			Documentation and Communication Issues	0
			Inadequate Supervision and Emergency Response	1
			Change of Carers	27
			Change of Visit Times	38

\* Lifecome Care ceased operations on 26th April 2025, CCDSL commenced operations on 27th April 2025

1240 **Madam Speaker:** I take supplementary questions for all of them except Question 451, which I will allow the hon. Member to look at the schedule and revert.

**Hon. A Sanchez:** Madam Speaker, I am grateful for that answer. In relation to Question 445, I will ask supplementary questions on that one. The Hon. Minister has explained that they have not signed a contract with CCDSL yet, but in terms of the contract that they are going to enter into with CCDSL, is it the same contract as the one entered into with LifeCome Care, are they the same specifications and requirements as the contract that was in place with LifeCome Care?

1250 **Hon. G Arias-Vasquez:** Yes, Madam Speaker, the contract will largely be the same as the contract entered into with LifeCome Care.

**Hon. A Sanchez:** Would the Hon. Minister be able to state what the value of the contract would be? Would it be the same value?

1255 **Hon. G Arias-Vasquez:** We are envisaging, Madam Speaker, that it is going to be largely in the same area. That is one of the points that are currently being negotiated.

**Hon. A Sanchez:** In relation to the set-up of CCDSL, Madam Speaker, because—

1260 **Madam Speaker:** I am going to ask the the hon. Member, could you refer to what question?

**Hon. A Sanchez:** Madam Speaker Question 445. We have heard the Government publicly speaking about CCDSL when it was announced, with No. 6 commenting on CCDSL, and the Directors having experience in domiciliary care and retired individuals being brought back for their experience in domiciliary care.

The Directors of the company are public information. It is in Companies House. We are aware of one individual, one of the Directors, who has been in town hall meetings, who has been mentioned publicly by the Government.

1270 In relation to the second Director that appears in Companies House, I do not want to name individuals in Parliament. Would the Hon. Minister be able to elaborate on the experience and the background that this individual has in relation to domiciliary care? I think it would be of interest to know this in the same way that has been explained by the Government in relation to the people who are taking this forward.

1275 **Hon. G Arias-Vasquez:** Madam Speaker, No problem. The individual has been involved in administration work at a senior level previously, and therefore it was part appropriate. The reason that the individual has not been present at the meetings is nothing more innocuous than that she had a previously booked holiday and therefore was unable to attend.

1280 **Hon. A Sanchez:** In relation to Question 445 and in particular to this supplementary, I assume that in relation to what the Hon. Minister has explained, the role of this particular Director is also being remunerated or compensated for her role as Director, is this correct.

**Hon. G Arias-Vasquez:** We do not usually expect people to work free, so yes.

1285 **Hon. A Sanchez:** Supplementary on Question 446. Madam Speaker, by way of clarification, because the answers were all grouped together I believe...

1290 **Madam Speaker:** The answers were specific. This is why I am asking to keep a record so there were specific numbers.

**The Hon A Sanchez:** Yes, but they came together, so I just want to clarify. In relation to the vetting and answers to Question 445, I believe the Minister mentioned that there were six individuals that were found to have previous offences, is this correct?

1295

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

**The Hon A Sanchez:** Of these six individuals, were they employees of LifeCome Care who had gone through the TUPE process? Were they previous employees of other subcontracted entities too?

1300

**Hon. G Arias-Vasquez:** Yes, Madam Speaker. These six individuals have gone through a self-disclosure process, my understanding is in relation to CCDSL, and I would expect that the same was to be the case in relation to LifeCome Care. I do not know this, but given that I have been informed that this was the case with CCDSL, I would assume that it was the case before.

1305

There are risk assessments that are put in place in order to assist these individuals, because many of these relate to expired offences.

**Hon. A Sanchez:** My question is, Madam Speaker, perhaps the Hon. Minister can explain how this was not picked up before, given that we have asked questions about vetting in Parliament before, specifically to the Hon. Minister. She has given assurances before, very firm assurances that the Government knew exactly where they were in the vetting process and exactly where LifeCome was in the vetting process for each career. Therefore, I fail to understand how this was not picked up before, if they are indeed individuals that went through the TUPE transfer process.

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1315

**Hon. G Arias-Vasquez:** Madam Speaker, again I question whether the hon. Lady listens to my replies. The individuals went through a self-disclosure process. We are certainly a Government that believes in rehabilitation of people, and we do not believe in holding people for the rest of their lives for an offence, which has expired.

1320

The individuals involved went through a self-disclosure to CCDSL of their previous offences. Most of these offences have already expired. Most of these offences were explained to CCDSL, and CCDSL, and I imagine prior to that LifeCome, have put in place a risk assessment and appropriately managed these situations so that they are confident that they are sending these individuals to users.

1325

Therefore, Madam Speaker, it is not that it was not caught before. There is a procedure to deal with individuals who self-disclosed spent offences. There is a procedure to deal with individuals who have expired offences, and therefore it is quite appropriate that either CCDSL or LifeCome deal with these individuals in a manner that they deem appropriate.

1330

**Hon. A Sanchez:** Madam Speaker, it is not that I do not listen to the Hon. Minister, but I think it is also right to ask her for clarification, and when I ask her for clarification, I do not think that she should stand up and patronize me. I do not think that that is right either. I am here to ask questions, and it would be great for her to answer in a manner that is deemed as sarcastic or patronizing, which seems to be all that she is doing in this session.

1335

What I am asking is, she is saying that most of the offences are expired, most meaning that not all of them are expired. Are there cases where some of the offences were not spent, offences or not expired - Is that the case?

**Hon. G Arias-Vasquez:** Madam Speaker, I do not intend to patronize. I have explained the question, as I have explained to numerous other questions.

1340

I have also explained the process for asking questions, and indeed, I do not believe that my manner is in the slightest bit patronizing. It is not meant to be patronizing, and I understand that the hon. Lady raises an eyebrow at me. It is not meant to be patronizing.

1345 It is simply that I do not want to repeat myself, because there are 105 questions to get through, and indeed, it would do us all a favor if we could get through the answers by actually listening to the responses that I provide. It is not meant in an attempt to be patronizing, Madam Speaker.

Yes, in order to answer the hon. Lady's questions, some of the offences are spent and some of the offences are explained by the individuals to the CCDSL.

1350 CCDSL along with advice provided by appropriate safeguarding procedures, take the view that there are some cases where, when self-disclosure is made, it is appropriate to help these individuals through and actually work with the individuals. The issues arise when there is no self-disclosure, when a *certificado penal* is provided incorrectly or when a *certificado penal* is provided inaccurately. In those instances, of which we do not have evidence of any yet, in those instances there would be an issue, but in the instances that an individual has come forward and made the  
1355 appropriate self-disclosure, the view can be taken by CCDSL, indeed working with the appropriate agency, which is the very agency that is contracting them, the Care Agency, in order to work through some of these instances.

**Hon. Dr K Azopardi:** Just on this before my hon. Colleague moves on, but just for clarification, 1360 because the Hon. Minister, I think, said in answer not to this question, but just the previous one, that

**Madam Speaker:** We are not going to come back to the supplementaries on the previous one.

1365 **Hon. Dr K Azopardi:** No, on this one, on this issue, I am just trying to take the hon. Lady back one answer, if I may.

**Madam Speaker:** No, because.

1370 **Hon. Dr K Azopardi:** It is on this issue.

**Madam Speaker:** We dealt with Question 445, we are on Question 446.

1375 **Hon. Dr K Azopardi:** Madam Speaker is not, Madam Speaker does not understand. I am asking on this question, but I am taking her back, not to the immediate answer she has just given, but the one just before that on this same question.

**Madam Speaker:** Thank you.

1380 **Hon. Dr K Azopardi:** Madam Speaker, the hon. Lady indicated that this question of the convictions or the offences had been managed by LifeCome, but I had understood from her original answer that these had been previously undisclosed offences. So, can I understand, is it that they were previously undisclosed and therefore undisclosed to LifeCome, or were they disclosed to LifeCome and they were managed?  
1385

**Hon. G Arias-Vasquez:** Madam Speaker, unfortunately, as I replied previously, I do not know what was disclosed to LifeCome or otherwise. They were previously undisclosed, we think, but they have been disclosed. They have been self-disclosures to CCDSL.

In addition, as I said previously, the individuals are being managed under a risk assessment.

1390 **Hon. Dr K Azopardi:** If they were previously undisclosed, at least on the original answer which I have just confirmed, which was my note, then that tends to erode what the hon. Lady indicated to my hon. Colleague that somehow this process had been managed by LifeCome. Point of the question is this; There were contractual duties, which we have asked about in this House, about  
1395 vetting and so on.

Who has accountability in the Government of those vetting procedures if it is possible, therefore, that these offences were undisclosed before. Who is dealing with, dealt with LifeCome in the past, dealing with these vetting issues in the future going forward from the Government point of view?

1400

**Hon. G Arias-Vasquez:** Madam Speaker, let us not try to tangle this issue. The six individuals were previously undisclosed during the TUPE process. That does not mean that they were not self-disclosed to LifeCome in the same way that they were self-disclosed to CCDSL.

1405 My answer says, quite specifically, TUPE employees, so in the TUPE process, they were previously undisclosed. That does not necessarily mean that they were not self-disclosed previously.

Therefore, what I have said is that now we know that they have been self-disclosed to CCDSL. So, let us not confuse the issue there. There is a contract in place, as I have explained previously in this Parliament, there is a contract in place, or there will be a contract in place, between CCDSL and the Care Agency where appropriate vetting of individuals is tested.

1410

It is therefore the Care Agency, which will hold CCDSL to account in all of these processes.

**Hon. Dr K Azopardi:** Expired or not, because some of them, I think the hon. Lady indicated, might be expired matters or not. Is she aware of the nature of those matters, those offences, and is she satisfied that they are not of a nature that would make it inappropriate for them to handle care?

1415

**Hon. G Arias-Vasquez:** I will take that question in two parts. I have not said anything about expired vetting certificates. I said that 34 of the 237 have provided suitable vetting certificates, which are pending verification. I have not said anything about expired offences.

1420

Some of them are expired offences, but I do not have any further information on the nature of the offences. Given that, the Care Agency is the body of Government that deals with safeguarding issues, if there is anyone in Government who is going to be concerned about the nature of the offences, etc.; it is going to be the Care Agency that will have knowledge on what is required to safeguard individuals. I fully trust the individuals within the Care Agency to hold CCDSL to account on these issues, especially now that they are having these conversations.

1425

In order to further explain that 34 of the 237, what happens with those certificates is that there is a number on the side of the certificates, and that number has to be manually entered into a website to get the confirmation that the certificate is valid. The certificates provided, you cannot see that number, so that is a number of 34. It has nothing to do with expired certificates or otherwise.

1430

**Madam Speaker:** Anything on Question 447, yes the Hon. E J Reyes.

**Hon. E J Reyes:** Thank you, Madam Speaker. I am not entirely certain if the Minister did answer this section, but when asked about who was providing and delivering the training, if I understood correctly, she said that the training had been delivered by the previous service provider, and exactly so then who is providing the training for those who joined or are going to join after that date, because we do not know who the current service training provider is actually tasked with.

1435

**Hon. G Arias-Vasquez:** Madam Speaker, I will forgive the hon. Gentleman for not picking up on that explanation. I did mention it in my answer. The Care Agency is supporting CCDSL in that training, obviously for a fee.

**Madam Speaker:** Anything on Question 448?

1445

**Hon. A Sanchez:** Madam Speaker, we note from the Hon. Minister's answer that she cannot comment on the number of employees or the contracts of CCDSL. I do note that when the entity was announced, comments by No. 6 were made specifically in relation to the issue of the contracts, stating that the company would work immediately towards agreeing to as many fixed-term 15-hour contracts as possible, and indeed also mentioning the Hon. Minister with responsibility for care as working closely with UNITE the Union, on this issue.

Does the Hon. Minister not have information, by way at least, of keeping up to date with the progress of this matter as to whether this commitment by the new entity is being kept, and whether indeed more or any of these contracts have been given to the careers?

**Hon. G Arias-Vasquez:** Madam Speaker, in an interview that I gave, I explained the procedure, which we expected CCDSL to go to, and the explanations that had been provided to us, and it is perfectly logical. CCDSL have endeavored to change the rotors so that the careers are zoned differently. What I explained in that interview is that CCDSL will have to wait for that to calm down, for everything to fall in place, so that they then can see the number of contracts and the number of fixed hours that they can give.

We have asked CCDSL specifically, as I stated in my question, to ensure that within a six-month period they start giving as many fixed-term contracts as to the careers. That is what I said in the interview, and that is what I have repeated today.

**Hon. A Sanchez:** So, Madam Speaker, does that mean that, to the Hon. Minister's knowledge, this has not started, CCDSL has not started giving out or rolling out these 15-hour contracts yet?

**Hon. G Arias-Vasquez:** Madam Speaker, as I said in my answer to the question, and as I will repeat again, within a six-month period we have requested CCDSL to start giving these contracts.

**Madam Speaker:** Anything on Question 449? Question 448, yes, the Hon. Leader of the Opposition.

**Hon. Dr K Azopardi:** Madam Speaker, I am not sure we understand why it is inappropriate for the Hon. Minister not to give us a figure of how many careers are employed by CCDSL on 14 May. The hon. Lady has given us a figure of the 2 employees, so 237, which has gone through them, in terms of the transfer. Therefore, there were 237, presumably, LifeCome.

Really, all we want to know is how many careers are employed by CCDSL. It cannot be a number, presumably, that far off 237. So does she have that information?

**Hon. G Arias-Vasquez:** Madam Speaker, the Care Agency have been in constant touch with CCDSL as to the vetting procedure, which is why we have that number. I would imagine that the hon. Leader of the Opposition is correct. It must be around 237 employees that there are.

However, I do not have confirmation of the exact number, and that is indeed a matter for CCDSL.

**Hon. Dr K Azopardi:** Understood, but there is a precise question filed by my hon. Colleague about how many careers were employed. While the hon. Lady has not been able to give us a breakdown because of the explanation she has given, I thought there might be a total, irrespective of that, that she would have in her notes in front of her. I will just ask her again to perhaps consider that. Can I just ask if I may, as an add-on, I saw an advert today on the recruitment of careers by CCDSL. In discussions with the Care Agency, is there a specific number of careers; is there a total number of careers that the company are aspiring to employ?

**Hon. G Arias-Vasquez:** If I refer to the question again, it says how many careers were employed by Community Care Services Limited on zero hour's contract, other specified hour's contract and

1500 20 hours per week and other term contracts. That is a matter entirely for CCDSL, and I do not know the breakdown of how many different contracts were entered into for A, B and C. Therefore, I do not have that breakdown for the hon. Gentleman.

As I confirmed, I would imagine that if the vetting has been done for 237 careers, the vetting must have been done for all the careers that were coming into employment. The number is *circa* 237. Forgive me, Madam Speaker, but I cannot recall the second part of the question.

1505

**The Hon. Dr K. Azopardi** The second part of the question is, is there a number of careers in the discussions with the Care Agency that has been alighted on that should be recruited to make up a total number, because there is an advert out? Clearly, presumably in the discussions that have been held with the Care Agency and the Town Hall meeting and everything that went into preparing that discussion, I assume that that advert has gone out because of some kind of assessment of how many more careers you need to add to the TUPE number.

1510

**Hon. G Arias-Vasquez:** Madam Speaker, I am very grateful to the hon. Leader of the Opposition for repeating the question. Apologies. There is no number of careers.

1515

It is a desired number of careers. There is a number of packages of care that need to be provided, so it is up to CCDSL to determine how many careers they require to deliver the number of packages of care. As we have seen in answer to other questions, the number of packages of care in the community is growing, so therefore it is up to CCDSL to determine how many careers they need to provide the packages of care that are being requested of them.

1520

**Madam Speaker:** Anything on Question 449?

**Hon. A Sanchez:** Grateful for the answer, Madam Speaker, in relation to Question 449. Could the Hon. Minister state whether the assessments or are the time that people are waiting to be assessed and indeed once assessed and then waiting to receive the services. Are they facing delays because of all the issues that have been going on during the transition?

1525

**Hon. G Arias-Vasquez:** I would imagine that the immediate concern would be the careers that are currently deployed to service users. However, having said that, if there is an urgent need for a career and that is determined by the social worker deployed to assess the service user, that package of care will be deployed immediately. I would imagine that the packages of care probably have been taking slightly longer in this last month and it will just pick up once indeed the recruitment process continues and the careers are found and the whole thing settles.

1530

If there has been a delay, I imagine that is a short delay in delivering the packages of care, but that will soon be picked up by CCDSL.

1535

**Madam Speaker:** Anything on Question 450? Question 452? Question 453? Next question.

**The Hon Arias-Vasquez** I wonder if we are currently halfway through and I think that we are now changing to questions from the Hon. Mrs. Ladislaus. I wonder if now a good time to take a 10-minute recess.

1540

**Madam Speaker:** I may have to direct that it is a 15-minute recess because I do not know whether the staff have put the coffee on and it might take an extra five minutes to warm that up.

1545

*The House recessed at 4.50 p.m. and resumed its sitting at 5.05 p.m.*

**Madam Speaker:** All right, we can continue with questions.

**Q456/2025**  
**GHA –**  
**Supporting Sporting Events Costs**

**Acting Clerk:** Question 456, the Hon. J Ladislaus.

1550

**Hon. J Ladislaus:** What cost has the GHA incurred in the past 24 months in respect of supporting sporting events? Please provide a breakdown by grades, remuneration incurred by each individual and the work carried out.

1555

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the cost of the GHA was nil.

1560

**Madam Speaker:** Next question.

**Q457-58/2025**  
**GHA –**  
**Criteria for Drugs in Connection with Obesity**

**Acting Clerk:** Question 457, the Hon. J Ladislaus.

1565

**Hon. J Ladislaus:** What are the clinical criteria applied by the GHA for the following drugs to be prescribed in respect of treatment for obesity: (1) Ozempic; (2) Mounjaro; and (3) Wegovy.

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

1570

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Question 458.

**Acting Clerk:** Question 458, the Hon. J Ladislaus.

1575

**Hon. J Ladislaus:** Please provide a breakdown of the pharmacies and private health clinics in Gibraltar, which are licensed to sell Ozempic, Mounjaro and Wegovy and clarification as to the criteria applied for a license to be granted for such purposes.

1580

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Question 457, Ozempic and Mounjaro do not currently form part of the bariatric treatment program within the GHA. These drugs are prescribed for the treatment of diabetes. Wegovy is prescribed for patients on the bariatric program.

1585

To be eligible for Wegovy, the patient needs to have been engaged with a dietician for six months. They also need to have a BMI of 30 kilograms per mass squared or more or have a BMI of 27 kilograms per meter squared in the presence of at least one weight related to comorbidity.

In answer to Question 458, no clinics are licensed to retail Ozempic, Mounjaro and Wegovy. The list of pharmacies is publicly available from the OFT website and the criteria for the operation, the criteria applied for the operation of a pharmacy is also publicly available.

1590

1595 **Hon. J Ladislaus:** Thank you for the answers. Madam Speaker, first, before I continue in my supplementaries, I would like to ask forgiveness of the Hon. Minister for not wishing her a happy birthday before now. Therefore, I wish her a very happy birthday and now I will ask the question.

**Madam Speaker:** The Chair will echo that sentiment, although I imagine the Hon. Minister would be thinking she could be anywhere else on her birthday other than here, but there you are.

1600 **Madam Speaker:** If the hon. Member tells us of his birthday, I will happily wish him a happy birthday

**Hon. J Ladislaus:** I hope at least that we provide the Hon. Minister with a memorable birthday, Madam Speaker, nothing more.

1605 Madam Speaker, in terms of Question 458, we have heard that no clinics are licensed to sell these drugs, yet we keep hearing of individuals in Gibraltar procuring these drugs for weight loss purposes. Does the Hon. Minister have any information as to how these drugs are being procured by the public?

1610 **Hon. G Arias-Vasquez:** Madam Speaker, I would imagine that they go see a doctor and the doctor prescribes it. Ozempic, Wegovy and Mounjaro are prescription-only medicines and as prescription-only medicines, they would have to be prescribed by a doctor on a prescription, whether it is a private or a GHA prescription, going through the criteria applied. However, I would imagine that being prescription-only medicines, they have been prescribed in the usual way.

1615 I believe that the OFT has been made aware of several reports of wholesalers selling these and these reports are actively being investigated now.

**Hon. J Ladislaus:** Does the Hon. Minister have any further information as to how many wholesalers have been flagged as selling these?

1620

**Hon. G Arias-Vasquez:** No, Madam Speaker, all I have available to date is that there are some wholesalers that the OFT has received reports on them and as the hon. Lady will be aware, these have to be let into an investigator to determine whether there is any merit to them or otherwise.

1625 **Madam Speaker:** Next question.

**Q459-60/2025**  
**GHA –**  
**Electronic Records**

1630 **Acting Clerk:** Question 459, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Can the Hon. Minister provide an update as to how the transfer of hard copy records of the GHA to electronic format is progressing and whether it is still expected that all GHA records will be in electronic format by December 2025?

1635

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Question 460.

1640

**Acting Clerk:** Question 460, the Hon. J Ladislaus.

**Hon. J Ladislaus:** How far back will the digitalisation of GHA records go? Will digitised records include service users' full medical histories or will they only be digitized as from a specific date?

1645 **Acting Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I am advised that 95% of legacy notes have already been scanned with full completion anticipated by the end of June at the latest. In answer to Question 460, all available patient records will be scanned and digitized and therefore there is no cut-off point. In addition, the digitisation will include service users' full available medical history without a cut-off point.

**The Hon J. Ladislaus:** Madam Speaker, is it the case that

1655 **Madam Speaker:** In relation to what question is the hon. Member asking?

**Hon. J Ladislaus:** Madam Speaker, in respect of Question 460, in respect of the files that have already been digitized, are those full files. So just to clarify, do those files span the entire history of the patient or is it the case that they are being done, for example, by year?

1660 **Hon. G Arias-Vasquez:** Madam Speaker, my understanding is that it is the full file of the patient. So, for example, if Gemma Arias- Vasquez's file were being scanned, it would be the entirety of my file that would be scanned in one go.

1665 **Hon. J Ladislaus:** Madam Speaker, just to confirm, I believe that this is being done in-house. Could the Hon. Minister confirm that that is the case?

**Hon. G Arias-Vasquez:** Madam Speaker, last time we had this discussion, I believed that it was done in-house. Microbusiness Systems is actually carrying out this digitisation process.

1670 **Hon. J Ladislaus:** Madam Speaker, given that it is Microbusiness Systems and they are a third-party agency, could I just ask what is in place in terms of data protection, because obviously various eyes will be scanning this data as it goes through?

1675 **Hon. G Arias-Vasquez:** Madam Speaker, Microbusiness Systems are actually on-site at GHA premises to scan these documents, so the documents are not being taken out of GHA premises, and whereas I do not have confirmation of the fact, and I have not asked the question, I assume that all suitable non-disclosure agreements were signed prior to engaging these individuals.

1680 **Madam Speaker:** All right, before I move on to the next question, can I just very quickly welcome the ladies from the mentorship program? It is very nice to see you all here, and I hope you enjoy the afternoon's session. Next question.

1685 **The Hon D J Bossino** Can I just make one point. You have raised that. I think it is unprecedented that I have done the numbers.

I think we have a majority of women sitting around the Chamber today, including yourself.

**Madam Speaker:** In the Chamber and not in the public gallery, clearly.

1690 **The Hon D J Bossino** Exclusively in the Chamber, absolutely, yes.

**Madam Speaker:** It is a first for the public gallery. You must have brought us luck then.

**Madam Speaker:** Next question.

1695

**Q461-63/2025**  
**GHA –**  
**Centralized Data System**

**Acting Clerk:** Question 461, the Hon. J Ladislaus.

1700

**Hon. J Ladislaus:** Does the GHA have one centralised data system, which allows clinicians from different specialties to access patient-specific information?

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

1705

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I too would take the opportunity to say welcome to everyone in this House, and indeed I would echo the hon. Member's sentiments that it is a pleasure to have a majority of women in this House, once and for all.

1710

**Madam Speaker:** It is not often the hon. Member agrees so...

**Hon. G Arias-Vasquez:** Madam Speaker, in terms of this particular question, I will ask this question together with Questions 462 and 463.

1715

**Acting Clerk:** Question 462, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Madam Speaker. Please provide a breakdown of the different types of healthcare software that the GHA use. Is all the software in use capable of communicating?

1720

**Acting Clerk:** Question 463, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Does the GHA have clinical communication software to facilitate effective communication between healthcare professionals within a clinical setting?

1725

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

1730

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Thank you. Madam Speaker, in answer to Question 461, as with all modern healthcare systems that span both the primary and secondary care, the GHA does not rely on a single unified electronic system. Instead, it uses several interoperable platforms that together provide clinicians with access to patient-specific information required to deliver safe and effective care.

1735

There is no limit to the number of systems that an individual clinician may have access to, if this access is required to look after their patients. The two principal systems for medical records are EMIS, which is primarily used in a primary care setting, and EDMS, which is predominantly used in secondary care. In addition to this, the hospital information system HISS is used across both sectors and contains critical clinical data, including: laboratory requests and results; referral pathways; outpatient and theatre lists; ward locations; cancer pathway tracking; death certification; and the palliative care register.

1740

Significant work has been undertaken to integrate these systems and minimize the risk of error when transitioning between them. For example, general practitioners can now access multiple platforms through a single portal, improving both efficiency and patient safety. A dedicated

digitalisation committee has been set up to oversee and progress the modernization and integration of our clinical information systems.

It is worth noting, however, that the aim is not necessarily to enforce a single monolithic system. Different specialties have diverse workforce and clinical needs, and our digital infrastructure must support, not constrain, safe and efficient clinical practice. The priority, therefore, remains interoperability, accessibility and security of data across a continuum of care.

In answer to Question 462, the Gibraltar Health Authority uses a broad mix of in-house and commercial healthcare software across clinical, administrative and specialist areas. Key systems include the in-house hospital information system (HISS), which is modular and increasingly central to operations, alongside commercial tools like EMIS web for primary care, CRIS and PACS for radiology, Modulab for labs and Symphony for emergency care. While some integration exists, such as HISS linked to the lab and primary care systems, not all software platforms function under HISS, strategically moving towards improved interoperability and reduced reliance on standard and commercial systems.

I have handed over a schedule with the information requested. In response to Question 463, yes, ma'am.

**ANSWER TO QUESTION 463**

**ANSWER TO QUESTION 462**

System	Description	Typically Used By	In-House or Commercial Product
HIS	Modular clinical system. Wide variety of modules developed and steady stream of new requests. Some of the larger modules are Theatres, Referrals, Patient Dashboard, Sponsored Patients, My Lab Requests, Oncology.	All clinicians. Also by clinic clerks and admin support staff. Role determines which modules staff have access to.	In-House
Bed Management	Manages ward admissions, nursing handover notes, reports on bed states, etc.	SBH clinicians, ward staff and other staff who have a need to see patients on wards.	In-House
EMIS Web	Primary Care system. Contains patient's primary care record, primary care appointment book, referrals mechanism for primary care specialties. All community prescribing happens here.	GPs, PCC nursing staff, PCC clerks. Non-PCC clinicians also have access due to need to prescribe or because they need to check patient primary care record.	Commercial
eCAMIS	Manages GHA patient demographic database. Is about to be replaced by a HIS module.	Registration team. Limited number of other users who may need to create a patient / visitor out of hours.	Commercial (will be replaced by In-House HIS module)
Symphony	System for ED. Handles patient flow from checking in at counter to discharge from department.	ED Staff.	Commercial
Evolve EDMS	Electronic document management system. Paper forms are scanned by records team in order to add the documents to the patient's electronic document record. Also has e-forms functionality. Various departments making use of this.	Records staff for managing scanning process. All clinical staff in order to view patient document record. Specific departments making use of e-forms (ENT, Paediatrics, Ocean Views, CCU)	Commercial

Cont...

CONTINUED ANSWER TO QUESTION 463CONTINUED ANSWER TO QUESTION 462

Frontdesk	Appointment system used in SBH. Needs to be replaced by August 2026 due to withdrawal of product.	SBH clinicians and admin staff	Commercial (will be replaced by In-House HIS module)
CRIS / PACS	Radiology software, supplied by Philips Healthcare. Manages storing of radiology images, reports and requests.	Most clinical staff for requesting / reviewing results. Radiology team for management of requests, etc.	Commercial
Modulab	Laboratory Information System software supplied by Werfen. Manages laboratory requests / results.	Most clinical staff for requesting / reviewing results (often via HIS link to Modulab). Laboratory staff for management and processing of requests, etc.	Commercial
Hero Health	EMIS Partner software. Provides online appointment booking functionality into EMIS appointment book. Also provides SMS functionality used by Primary Care clinicians.	Patients via eGov platform (where the online appointment booking is hosted). PCC clinicians.	Commercial
Endobase	Endoscopy software	Endoscopy team	Commercial
R4	Dental software. Records treatment, consultations and appointment book. Has recall list functionality.	Dentists and CHC admin staff	Commercial
Athis	Anticoagulation dosage system software.	Haematologist and haematology nurses.	Commercial
Oncopharm	Chemotherapy software used to record drugs and dosages given to patients.	Oncology consultants, nurses and pharmacists.	Commercial
Horus	Blood bank software	Laboratory staff	Commercial
Bighand	Dictation software.	Clinicians to dictate letters, secretarial staff to type letters based on the dictation	Commercial
Omniceil	Stock Management software. Used in stores and smart cabinets on wards	Stores staff, ward staff.	Commercial
Datix	Incidents and Risk Reporting System	All Users	Commercial

**Hon. J Ladislaus:** Madam Speaker, I am grateful. In respect of Question 461, how are the GHA systems maintained? Is it a case that there is a mix of internal and external maintenance, or is it the case internal, I believe it is ITLD, maintain the systems?

**Hon. G Arias-Vasquez:** Madam Speaker, the GHA has its own internal IT department, so ITLD sometimes work with the GHA's IT department, and such an example will come up in a later question in relation to the systems in the PCC. The GHA has its own internal IT department, which sometimes does develop specific platforms, such as the HISS system. There are other systems, such as EMIS, which is a purchase product, which is maintained externally outside the GHA, although the GHA IT systems do deal a lot with EMIS web, for example.

**Hon. J Ladislaus:** Madam Speaker, are individuals employed within the internal IT department of the GHA trained to maintain the external systems provided by third-party agencies?

**Hon. G Arias-Vasquez:** Madam Speaker, there is a specific department within the GHA who is trained specifically to deal with EMIS, EDMS and the third-party systems, and the GHA IT department mainly deals with the hardware and the HISS program, etc.

**Hon. J Ladislaus:** Madam Speaker, the reason I ask this question is because we have received information that there are a very limited number of people who are actually trained in very niche programs, and what occurs sometimes is that they are transferred out to another department within Government, and therefore there remains a gap. What is the GHA doing to address that issue?

**Hon. G Arias-Vasquez:** Madam Speaker, there is a brilliant department within the GHA called Clinical Informatics, which specifically deals with the development of these programs and the application of these programs to different departments within the GHA. They are very much an integral part of the GHA team, and my understanding is not that they are moving out. They have

1790 now become an integral part of the GHA's IT structure, but Clinical Informatics has the role of aligning programs with the clinicians that use them.

1795 **Hon. J Ladislaus:** Madam Speaker, in respect of Question 463, could the Hon. Minister detail what types of communication are available? For example, instant messaging, are they WhatsApp, how is it that these clinicians communicate?

1800 **Hon. G Arias-Vasquez:** Madam Speaker, I would imagine that the clinicians communicate either through the platforms that they have, so again, EDMS, etc., or by email, such as ordinary mortals that are not clinicians.

**Hon. J Ladislaus:** Madam Speaker, has a survey been undertaken of clinicians' views in respect of this communication software that is available?

1805 **Hon. G Arias-Vasquez:** Not to my knowledge, Madam Speaker.

**Hon. J Ladislaus:** Would the Hon. Minister commit to reviewing that area and perhaps carrying out such a survey?

1810 **Hon. G Arias-Vasquez:** Madam Speaker, as I confirmed in my response, there is a dedicated digitalisation committee that has been set up in order to determine the best progress for the software that the GHA uses, so I would imagine that any clinician that has any issues should go straight to the digitalisation committee in order to express any issues that they may have and deal with it through the appropriate forum, which would be a specific committee that has been set up for this purpose.

1815 **Madam Speaker:** Does the hon. Member have anything on Question 462, or would you require some time to look at the schedule?

Before we move on to the next question, we will take the supplementary first to Question 421, please.

1820 **Hon. A Sanchez:** Thank you, Madam Speaker. In relation to the safeguarding children and at-risk adult's policy. The date on which the policy was most recently updated prior to the most recent version, it says that this is a newly created policy. Madam Speaker, when we then look at the number of safeguarding alerts that have been raised in relation to the Care Agency, it is evident that safeguarding alerts are indeed raised, given the number of safeguarding alerts that appear on the schedule.

1825 Was there, prior to April 2025, no policy in place in the Care Agency in relation to the safeguarding of children and at-risk adults?

1830 **Hon. G Arias-Vasquez:** Madam Speaker, as the document, which I handed over, confirmed, the newly created policy is based on existing processes and procedures and aims to streamline internal reporting. Therefore, the processes and procedures were there. What the policy does is that it codifies those procedures.

1835 **Hon. A Sanchez:** Madam Speaker, I am grateful for that answer. There was no standardized document or official policy in relation to the safeguarding of children and at-risk adults. This has been introduced in April 2025. Is this correct?

1840 **Hon. G Arias-Vasquez:** Madam Speaker, from the information that has been provided to me and the hon. Lady opposite, yes, that was said to be correct.

What I do not know is at what point the Act was introduced requiring such a policy, but as the document, which I have handed over specifically, states, this is based on existing processes and procedures, which are in place. Indeed, as the document that I handed over to the hon. Lady demonstrates, safeguarding procedures have been in place for a significant period of time.

1845

**Madam Speaker:** Just let me ask whether the Hon. A Sanchez has anything on Question 427 and then I will come to the Hon. E J Reyes.

1850

**Hon. A Sanchez:** Madam Speaker, would the Hon. Minister be able to clarify who approved these purchases. Were they approved by the ERS or by the GHA?

1855

**Hon. G Arias-Vasquez:** Madam Speaker, the ERS has a budget of £25 million, I think, off the top of my head. The approval of TV screens, wooden bamboo blinds, laptops, etc., amounting to £4,000. I am not sure it is something, which I should necessarily be involved in, so I am unaware of who gave the authority for this, but I assume it was done in the ordinary course of the approvals process within the ERS.

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

1860

**Hon. E J Reyes:** Thank you, Madam Speaker. We are looking at the schedule. On the fourth entry down, the 3rd of September, it says “free by surface pro facilities and ERS manage and clinical lead”.

1865

If we compare that to the first entry, the first one is for monitors, two of which were for the facilities manager and two for the care manager. That is understood. In this case, I do not know what surface-pro facilities are and then we bought three.

Who are they for, the ERS manager or for the clinical lead? It is not exactly as well explained as the first entry, so we do not know who ended up with what and what exactly the surface-pro facilities are.

1870

**Hon. G Arias-Vasquez:** Madam Speaker, I am informed that surface-pro’s are tablets. Tablets amounting to £4,000. Again, I do not know who approved these, but if we have three tablets, if the ERS management determines that they need three tablets at a cost of £4,240, as long as that is properly accounted for, properly approved, etc., I am not sure what exactly it is that the hon. Lady and Gentleman are trying to get at.

1875

**Hon. E J Reyes:** I am grateful that the Minister is trying to clarify. At the end of the day, we buy three tablets. If one goes to the ERS manager and the other one goes to the clinical lead, where is the third one? Alternatively, the ERS manager needs two at the same time. The figures do not tally.

1880

**Hon. G Arias-Vasquez:** Madam Speaker, my office did not give approval for this. Again, I would imagine that the approval process goes through the appropriate clinical lead in the ERS. We are talking about three tablets at a cost of £4,240 in a budget of £25 million.

1885

I would assume that the appropriate approvals have been granted to the appropriate people at the appropriate time and the appropriate receipts have been given. So if three surface pro were required, I imagine that three surface pro were required for three individuals within ERS. I do not know who those individuals were and I assume that they have gone through the appropriate processes of approvals.

1890

**Hon. E J Reyes:** Thank you, Madam Speaker; I know my colleague may have asked. I never pressed to in respect of who gave the authority. What I am trying to find out is where these £4,240.50 worth of equipment have ended and it seems the accountability, at least from what I

read of the schedule, the ERS manager could have ended up with one, the clinical lead could have ended up with the other.

1895

**Madam Speaker:** Is it a different question or is the hon Member repeating? If it is the same question, I am going to ask the hon. Member to take a seat.

1900

**Hon. E J Reyes:** It is a question, which I did not quite get the answer of what I was trying to ask. If we purchase three, which seems to be like tablets, where have they ended up? They named the ERS manager, they named the clinical lead, but unlike the description given for the first entry, we do not know where the third one has gone to irrespective of who gave the purchasing authority, which I was not questioning at all.

1905

**Madam Speaker:** I am not sure that was a question in the end. Was there a question?

**Hon. E J Reyes:** Yes, my question is where have those three ended up? In the list, I only see one for the ERS manager and one for the clinical lead. Therefore, if we bought three, where is the third one?

1910

**Hon. G Arias-Vasquez:** Madam Speaker, I have 10 portfolios. I have 106 Parliamentary questions. I can assure you that I do not know where the three tablets are.

1915

I can go tomorrow and find out for the hon. Gentleman where the three tablets are, but I can assure you that those tablets would have been purchased by the appropriate individuals with the appropriate approvals, etc. I am not sure that it is my job or my remit either to be a clinician or to go and find out where three tablets are. I trust the staff at ERS, and if the staff at ERS tell me that they need three tablets, they will need three tablets.

I am not sure where this line of questioning is going. Do I not trust the staff at ERS who tell me that they need three tablets? I just do not see where this is going.

1920

Is the hon. Gentleman trying to tell me that part of my remit is to account for each tablet, each monitor, each wooden bamboo blind, and each executive officer's chair? There is accountability, but I am not sure that it is the Minister's job, and I certainly have not been ever informed in the 18 months that I have been here, that it is my job to try and identify where three tablets that ERS staff have felt that they need are. I am very sorry, Madam Speaker, but I am unable to answer the hon. Gentleman's question because I do not know where the three tablets are.

1925

**Madam Speaker:** Any supplementaries on Questions 428, 429 or 430? No more? Questions 428, 429, 430, 434, 435? Does the Hon. A Sanchez have anything on Question 435?

The Hon. E J Reyes.

1930

**Hon. E J Reyes:** Thank you, Madam Speaker. Question 435 referred to—we were asking to provide details of public or civil servants, and it was very similar to Question 436, which asked for the respect of direct employees of the GHA. I see in the schedule the answer.

1935

If we look at the second page, for example, for financial year 2021-2022, there is a senior officer (new scale) we have the basic salary, and the sum of total overtime is actually higher than the basic salary. However, that then, later on in the schedule, in answer to Question 436, we have undergrade senior officer (new scale) the same figures again for basic salary and overtime. I am not quite sure whether this senior officer is in respect of Question 435, which is a public servant, or is it in Question 436, which is direct employees of the GHA?

1940

Are they different people, or is it the same person that has appeared, accounted for twice, in Questions 435 and then again repeated in Questions 436? I am asking this because if I were to add all the figures, am I adding twice the figures given for Question 435 and again for Question 436?

1945 **Hon. G Arias-Vasquez:** Madam Speaker, I am not certain is the answer. The amounts appear to be identical, so it would be logical that we are talking about the same individual. As the hon. Member may appreciate, there are many individuals on here, and I have been provided with this information, so I am not 100% certain that it has not been duplicated.

The hon. Gentleman is correct. They are asking about two different things, but I have not picked up on that anomaly. Therefore, in all honesty, I am unable to answer that question.

1950

**Hon. E J Reyes:** It is understandable, Madam Speaker. Having raised it, the Minister will have time and can come back at a later session, because there is a very similar repetition on the other pages, where there is not only a senior officer, there is a senior officer (new scale) for the next financial years and so on. Therefore, I appreciate she needs time to look there.

1955 Can I, Madam Speaker, just indulge a minor question on page 3 this time? On the grade, it says PTO, salary £40,655 and the overtime £61,000. PTO is normally either, please turn over to the next page, or it is something that is a common nomenclature.

I know it was used in the Housing Works Agency. I think it was Principal Technical Office or something, but it does not coincide with perhaps medical trades. Personal to holder, as we find in the Estimates Book, normally has an abbreviation.

1960

So, is the Minister aware of what PTO is? If not, she can come back to us at some stage. It is not an executive officer, he is not a hospital attendant, it does not seem to be a clerical grade, and I am a bit at a loss, being pedantic as a retired schoolteacher, I am intrigued what PTO means.

1965 **Hon. G Arias-Vasquez:** Madam Speaker, I would assume that it is a technical grade, but I do not have that, I am not certain about it. I am happy to come back with that information at a later session.

**Madam Speaker:** The Hon. A Sanchez, anything on Question 451?

1970

**Hon. A Sanchez:** Madam Speaker, I have gone to the month of May, and missed care sessions are at 88. I appreciate that the transition from LifeCome to CCDSL took place on 26th or 27<sup>th</sup> and CCDSL commenced operations. Given that, these figures take us to mid-May, and they are still quite high, would the Hon. Minister have indications now, at present date, whether there seems to be a decline in complaints, and whether things seem to be settling down at this point?

1975

**Hon. G Arias-Vasquez:** Madam Speaker, these are the latest figures that I have available, but from anecdotal evidence, as well as I am in touch with the Managing Director of CCDSL on a quasi-daily basis to see how things are going, and I would say that things seem to be settling down. I would expect that the transition has a few issues, but things seem to be settling down, and I would expect that number to go down significantly in the next few weeks.

1980

**Hon. A Sanchez:** Madam Speaker, these missed sessions, the issues or the high number that is reflected here in relation to missed care sessions, are these attributed to the changes that have been made in relation to the rotas? Is this what has impacted this number, or is there another explanation to this?

1985

**Hon. G Arias-Vasquez:** Madam Speaker, what we are seeing is that it is in relation to the change in the rotas and the change in the zoning areas, and again, we would expect this to be calming down.

1990

**Madam Speaker:** All right, that is the end of the supplementaries arising from schedules, so we will continue with Question 464, I think.

**Q464/2025**  
**GHA –**  
**Ear Irrigation Procedure**

1995

**Acting Clerk:** Question 464, the Hon. J Ladislaus.

**Hon. J Ladislaus:** How many service users have had an ear irrigation procedure at the GHA in the past nine months? Please provide a monthly breakdown.

2000

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, none.

2005

**Hon. J Ladislaus:** Madam Speaker I ask this question, and I understand that the procedure is no longer carried out by the GHA. The reason I ask this question is that we were in receipt of information that suggests that at least one procedure was carried out within the GHA, an ear irrigation procedure, within those nine months. I would therefore ask whether the Hon. Minister is aware that that one procedure was carried out.

2010

**Hon. G Arias-Vasquez:** Madam Speaker, clearly not.

**Madam Speaker:** Next question.

2015

**Q465/2025**  
**St Bernard's Hospital –**  
**Cardiac Rehabilitation Gym**

**Acting Clerk:** Question 465, the Hon. J Ladislaus.

2020

**Hon. J Ladislaus:** Is the cardiac rehabilitation gym situated within St Bernard's Hospital used by patients only?

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

2025

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the gym is limited to individuals who have been under the care of the GHA.

2030

**Hon. J Ladislaus:** Again, we have received information, Madam Speaker, that members of staff sometimes use the gym. So again, I would ask, is the Hon. Minister aware that this is the case and that concerns have been raised in this regard?

2035

**Hon. G Arias-Vasquez:** Madam Speaker, my understanding is that members of staff are not allowed and have never been allowed to use it unless the specific member of staff has undergone a cardiac procedure in the GHA. Cardiac, Eves, Muscoskeletal reconditioning or cardia rehabilitation. Therefore, my understanding is firmly that members of staff are not permitted to use the cardiac rehabilitation gym.

**Hon. J Ladislaus:** May I ask how often it is maintained and who is responsible for its maintenance?

2040 **Hon. G Arias-Vasquez:** Madam Speaker, unfortunately, I do not have this information to hand. Again, if the hon. Lady were to put a question, give me notice of the question, I would be happy to answer that.

**Madam Speaker:** Next question.

2045

**Q466/2025  
GHA –  
Donations**

**Acting Clerk:** Question 466, the Hon. J Ladislaus.

2050

**Hon. J Ladislaus:** Please provide a breakdown as to all donations over £500 made to the GHA from 1 May 2023 to date, to include the amount of the donation and or the item of service donated, the cost of the item of service donated and the department which the donation was made to, if specific and not to the GHA as an organization.

2055

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

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

2060

**ANSWER TO QUESTION 466**

DATE	PAYEE	DONATIONS RECEIVED	DEPT DONATION MADE TO
08/06/2023	Donation 1	£44,219.32	Dermatology
20/06/2023	Donation 2	£11,961.68	Orthopaedic
04/07/2023	Donation 3	£500.00	Chemo Unit
08/08/2023	Donation 4	£34,432.25	Community
06/09/2023	Donation 5	£20,000.00	Radiology
19/10/2023	Donation 6	£3,200.00	Oncology
01/11/2023	Donation 7	£1,800.00	Training
05/02/2024	Donation 8	£10,000.00	ENT
28/02/2024	Donation 9	p	Radiology
24/04/2024	Donation 10	£80,000.00	Training
14/05/2024	Donation 11	£4,065.00	Urology
20/06/2024	Donation 12	£16,000.00	Maternity
25/09/2024	Donation 13	£1,069.60	Dudley Toomey Ward
04/11/2024	Donation 14	£11,586.10	Cardiac Dept
27/11/2024	Donation 15	£3,696.35	Cardiac Dept
04/12/2024	Donation 16	£163,618.05	Set aside (Unallocated at present)
09/12/2024	Donation 17	£180,000.00	Set aside (Unallocated at present)
17/12/2024	Donation 18	£201,441.50	Urology
24/12/2024	Donation 19	£34,780.16	MHF

Cont...

**CONTINUED ANSWER TO QUESTION 466**

07/02/2025	Donation 20	£500.00	Unallocated
28/02/2025	Donation 21	£2,653.80	Gynae
11/03/2025	Donation 22	£899.00	Set aside (Unallocated at present)
28/03/2025	Donation 23	£12,146.98	Rainbow
06/04/2025	Donation 24	£2,700.00	Oncology
17/04/2025	Donation 25	£100,000.00	Surgical Outpatient Unit
25/04/2025	Donation 26	£30,000.00	Training
15/04/2025	Donation 27	£80,416.75	Chemo Suite
07/05/2025	Donation 28	£207,937.96	Chemo Suite

**Madam Speaker:** All right, we will come back to that for supplementaries. Next question.

**Q467/2025**

**GHA –**

**Cross-Frontier Workers Use of Services**

**Acting Clerk:** Question 467, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Have there been any cases over the past 24 months of unregistered and non-entitled cross-frontier workers making use of GHA services free of charge? If so, how many cases have there been and what service did they benefit from?

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

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

**Hon. J Ladislaus:** Madam Speaker, again, I ask these questions based on information received that some have benefited from this service free of charge and they were not entitled. I ask the Minister what, if any, review has been conducted to ascertain whether zero is indeed the answer.

**Hon. G Arias-Vasquez:** Madam Speaker, I relay on the information provided by the GHA, In order to get an appointment to the GHA, there are two routes that you can get into the GHA.

You can get into the GHA either via the GP route, in which case you call 200 52441 in the morning and you give an appointment. However, when you call 52441 in the morning, the clerk that answers a call will check that you are registered and that your GHA card is valid at that point in time. If your GHA registration card is valid, you will get the appointment. If the GHA registration card is not valid, you will be put through a procedure to make sure that you are properly registered and entitled to have the services in the GHA.

The other route which determines whether you are able to access services in the GHA is via A&E. Therefore, when you go to A&E, most members of the House will be familiar with the process. You turn up at the A&E counter and they ask for your name and your date of birth. Again, when you turn up at the A&E counter and you ask for your name and date of birth, they will determine whether you are eligible for services in the GHA. If you are going by A&E, you are stopped at the counter and if you are going by an appointment, the call operators will determine whether you are eligible.

Therefore, it is quite difficult to get through that system unless you have a card that has been granted, it has been granted for a period, and you are no longer working in the GHA. That is the only way that you are able to come into the GHA if you are no longer working in Gibraltar, for example, and you are no longer paying social insurance. In fact, what we are actually doing is we are putting systems in place so that the information is immediate, so that you will know on a daily and active basis whether or not individuals are indeed registered and are indeed paying social insurance, etc., so that Gibraltarian residents who are entitled to services are getting services and only entitled patients receive services from the GHA. This is something, which we are actively pursuing in the GHA.

**Hon. J Ladislaus:** So, Madam Speaker, just to unpack what the Hon. Minister has just explained, is it therefore the case that, to date, the systems in place are not satisfactory in order to determine who is or is not eligible to receive free services from the GHA?

**Hon. G Arias-Vasquez:** No, Madam Speaker, I will unpack it further. The way the system has always operated is that if I am in employment in Gibraltar and I am resident in Gibraltar, you go to the GHA, you register for your GHA card and you are given a card. In that period, for example, I might be given a card; I think it is for a five-year period.

In that period, I might fall out of employment, I might move away from Gibraltar, but the card is valid for five years. The card is valid for five years if you are in regular employment in Gibraltar. There are circumstances if you are self-employed, for example, that you get a card for a lesser period.

What this means is that the system currently is that you are given a card for a period, and that has always been the case. That has been the historical legacy case, and I am sure the hon. Leader of the Opposition is familiar with that system because it must have been the system that was in place for more than 20 years. What we are now doing is that we are now looking to get active data so that we have the data available and we are able to look at whether you are in employment today in Gibraltar.

It is not the case that there is anything wrong with the system. The system is a system that has always been in place in Gibraltar. At the moment, if I go with my GHA card, and I must have got my GHA card at the birth of my last son, so five years ago, six years ago, the GHA card will be valid for a period of five years, and I then go and renew it.

What we are looking to do is to make that more current, so we are actually updating the system to make sure that we have current information available.

**Hon. J Ladislaus:** So based on that, is it then the case that somebody who perhaps stopped working for the Government or stopped working in Gibraltar, say, two years ago, but their health card is still valid, is it the case that they can obtain such services even if they have not been paying social insurance contributions for the past two years in Gibraltar?

**Hon. G Arias-Vasquez:** It would be unlikely, Madam Speaker, that someone would be able to get services for an extended period, because the cards are limited depending on the type of employment that you have. So, different cards will be issued depending on different employment statuses. You might be able to get it if you were employed two months ago, possibly under the current system, but highly unlikely that you would be able to get it if your card was issued two years ago, if that makes sense.

**Hon. J Ladislaus:** If there is a scenario where employment terminates before the contractually agreed time, like for example a dismissal. How does the system pick up upon that?

**Hon. G Arias-Vasquez:** At the moment Madam Speaker, eligibility for your GHA card is determined by your employment status at the point of applying for the status.

2150        Therefore, that is the way that it has historically been determined. Therefore, I apply for a GHA card today; I get my GHA card dependent on my employment status today. We are looking to update that system so that it is in line with active data that is being produced concurrently.

**Madam Speaker:** Next question.

2155

**Q468/2025**  
**GHA –**  
**Prescriptions Issued**

**Acting Clerk:** Question 468, the Hon. J Ladislaus.

2160        **Hon. J Ladislaus:** Please provide a monthly breakdown of the number of prescriptions issued by the GHA from 1 May 2022 to date and the cost incurred by the GHA from 1 May 2022 to date of fulfilling those prescriptions.

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

2165

2170        **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in relation to the number of prescriptions issued by the GHA from 1 May 2022 to date, due to the manner in which the information is coded, we are unable to provide a monthly breakdown of the number of prescriptions. However, we do know that the total number of prescriptions issued from 1 May 2022 to date is 833,685. In relation to the costs incurred by the GHA from 1 May 2022 to date of fulfilling those prescriptions, I now hand over a schedule with the information requested.

**ANSWER TO QUESTION 468**

<b>2022</b>	<b>£</b>
May	850297.41
Jun	422348.02
Jul	1371524.87
Aug	888445
Sep	765000
Oct	767535.74
Nov	829900
Dec	791900
<b>2023</b>	
Jan	1522495.19
Feb	818863.83
Mar	840200
Apr	1229547.61
May	802155.62
Jun	938730.90
Jul	851366.43
Aug	959747.29
Sep	832718.98
Oct	839427.30
Nov	976004.07
Dec	892928.30
<b>2024</b>	
Jan	1719708.80
Feb	1010358.72
Mar	925572.53
Apr	1379271.57
May	1112796.32
Jun	978973.27
Jul	1049637
Aug	1338936.76
Sep	1037991.84
Oct	1295175.83
Nov	1011103.07
Dec	1257278.51
<b>2025</b>	
Jan	1014381.04
Feb	2158451.38
Mar	977105.41
Apr	1152248.69
May	9705.07

2175 **Madam Speaker:** I shall come back to that for supplementaries in due course. Next question.

**Q469/2025**  
**GHA –**  
**Immunisation History**

2180 **Acting Clerk:** Question 469, the Hon. J Ladislaus.

**Hon. J Ladislaus:** What mechanisms are in place for GHA service users and GHA employees to check their immunisation history and status?

2185 **Acting Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Sorry, Madam Speaker, you will be pleased to know that I am through my first file and now my second file. I am just trying to organise myself here.

2190 Madam Speaker, any service user or GHA employee can request information by contacting the release of records team. The request form is available online via email or can be picked up from the postbox outside the records office, located on the ground floor of St Bernard's Hospital. Once processed, the information can be provided via email, USB or a printed copy, depending on the individual's preference.

2195 **Hon. J Ladislaus:** Madam Speaker, back in March 2021, the then Minister for Digital and Financial Services stated that there was a new app, in fact, being developed, which would provide Gibraltarians with digital proof of vaccinations and could become a multi-use platform for GHA needs, such as booking appointments. The app would allow Gibraltarians to prove vaccinations and at the time, of course, this was very important, to store Covid test dates, results, and that would aid travelling.

2200 I ask the question, is this app still being considered because, of course, we have heard nothing in the past four years as to whether this is going to be rolled in or not, but it certainly seemed a good idea.

2205 **Hon. G Arias-Vasquez:** Madam Speaker, I am not sure whether that particular app is being looked into, but we are actively considering different apps. To be clear, I am not sure if it is the same app that my colleague referred to four years ago, but we are actively considering implementing an app for the GHA. I do not know the timeline of the implementation of the app.

2210 **Hon. J Ladislaus:** Just for clarity, is it an app that separates to eGov or is it something that would perhaps be uploaded to or integrated with eGov website?

**Hon. G Arias-Vasquez:** Madam Speaker, the avenue that we are exploring is a separate app, but as I said, it is at an initial stage of exploration.

2215 **Hon. J Ladislaus:** I do not think that the Hon. Minister would have the answer, given that they are at the initial stages, but I ask it anyways. Does the Hon. Minister have a period as to when this app may be rolled out?

2220 **Hon. G Arias-Vasquez:** No, Madam Speaker, I do not.

**Q470/2025**  
**GHA –**  
**Consultants/Nurses**

2225 **Acting Clerk:** Question 470, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Do all consultants working within the GHA have the benefit of nurses to assist them in carrying out their duties and responsibilities?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, this question appears to reflect a tradition and somewhat outdated view of healthcare delivery and does not align with the modern multidisciplinary team approach that underpins contemporary clinical practice within the GHA and indeed all advanced healthcare systems. Nurses are not assistants to doctors, but are autonomous healthcare professionals who work collaboratively as part of an MDT. Many nurses in the GHA lead services independently, manage caseloads and provide specialised care within their scope of practice.

Whether delivery of care necessitates direct nursing involvement, such as in the operating theatre, where procedures cannot proceed safely without a scrub nurse, consultants always have the required nursing support. Similarly, in intensive care, accident emergency, pediatric or inpatient wards, nurses and doctors work in close collaboration to deliver patient care. In some outpatient or diagnostic settings, healthcare support workers or administrative staff may be more appropriate to the task, while in others, a consultant may work entirely independently.

It is important to emphasise that resources are aligned with clinical need and service design, and not with individual practitioners. If the hon. Member is referring to a specific clinical area or scenario, I would be pleased to provide a more detailed and tailored response at the next session of Parliament.

**Hon. J Ladislaus:** Madam Speaker, the fault is entirely mine, perhaps not asking the question more widely as to support workers. I do refer to the area of mental health, where there appears to be a shortage of support staff available, not just support staff but also support staff within a clinical setting, not just admin staff. I turn to page 20 of the mental health report, just for ease of reference for the Minister, and within there it is stated that the clinical director believes that the mental health services currently face challenges not just from limited resources but also from how those resources are allocated.

One of the issues appears to be the imbalance in staffing. There are not enough less qualified mental health professionals to support senior staff like consultants, who are often burdened with tasks that could be handled by others at a lower pay grade. Does the Minister therefore agree that perhaps mental health professionals or consultants are being discriminated against, and so is the service?

My understanding is that, other areas, such as gynecology and pediatrics, do have in-clinic nursing support, which I am told is not the case with the mental health consultants. More generally, is the Hon. Minister accepting of that position.

**Hon. G Arias-Vasquez:** Madam Speaker, the discussion that I sometimes have with the Divisional Lead for Mental Health is one of requiring less qualified doctors to support consultant psychiatrists, for example. In the conversations that I have had with the clinical psychiatrist and the Divisional lead of Mental Health, he would confirm that the level of staffing is not in relation to nurses specifically, I do not believe, but is in relation to less qualified doctors. We have actually five clinical psychiatrists employed and maybe the balance there may not be correct.

We have these ongoing discussions with the Divisional lead for Mental Health. Again, as I have explained to the hon. Lady previously, the complement that is in place for mental health is a complement that the GHA has requested. At each turn, at each budget, the Government has approved the budget for the complement that the GHA has requested.

If the GHA has requested a complement of five clinical psychiatrists, the budget has been approved for the provision of five clinical psychiatrists in that specific scenario. What I would advise and what I have advised the Divisional lead for Mental Health to do is, if he believes that less qualified individuals can do the same job, or if he believes that the complement should be structured differently, that is a discussion which he should have with the medical director, the

medical director should have with the DG, and indeed the complement can be revisited along those lines if that is indeed what he believes.

2285 **Hon. J Ladislaus:** Madam Speaker, based on that answer, does the Hon. Minister anticipate a different model following within the new model of mental health care that provides further support to these consultants within the mental health care setting?

2290 **Hon. G Arias-Vasquez:** Madam Speaker, in this scenario, we are led by the clinicians, so if the clinicians request that they need nursing posts, the nursing posts are given, and indeed we are training mental health nurses, which is one of my next answers, we are training mental health nurses specifically for this purpose. Every single clinical position that was given, every single doctor that was requested, every single nurse that was requested by the GHA at the last budget, and indeed at this budget, has been granted by HMGOG, so the funding has been provided for the  
2295 complement as requested by the GHA.

**Madam Speaker:** Next question.

2300

**Q471/2025**  
**PCC –**  
**Expenditure Incurred**

**Acting Clerk:** Question 471, the Hon J Ladislaus.

2305 **Hon. J Ladislaus:** Could the Minister provide details as to the expenditure incurred in respect of purchasing the self-check-in counters at the PCC and the Children's PCC, including any additional costs such as training and software, and when they are expected to be commissioned? How will these counters be maintained, and at what cost?

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

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**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the expenditure incurred for the hardware installation and delivery was £54,938. The expenditure incurred for the annual license cost was £9,756.72. The planned implementation of the patient check-in kiosks originally purchased via our EMIS partner, will not proceed as intended. This is due  
2315 to EMIS and NewMed ending their partnership, which has effectively rendered the original solution unusable.

Despite this setback, we do not intend to let the investment go to waste. We have identified an alternative workflow that will allow us to repurpose the kiosks and still deliver a patient check-in function. The workaround is currently being configured and tested, and we aim to begin trial in the kiosk with a new set-up shortly.  
2320

**Hon. J Ladislaus:** Madam Speaker, how far back were these kiosks actually purchased.

**Hon. G Arias-Vasquez:** Madam Speaker, unfortunately I do not have that information available.  
2325

**Hon. J Ladislaus:** Madam Speaker, when does the Hon. Minister expect that these kiosks will be up and running? Is there a period within which this is expected to happen?

**Hon. G Arias-Vasquez:** Madam Speaker, this is something, which is happening as we speak, so  
2330 the trials are actually occurring as we speak, and in fact is the very occasion that I was referring to

before when I said that the GHA IT team works closely with IT&LD. In this instance, the GHA IT team has worked closely with the IT&LD department in order to provide a solution which they are currently testing, so I would not envisage that this will take more than, at most, a couple of months to implement, and I would want it to be far sooner.

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**Madam Speaker:** Next question.

**Q472/2025**

**GHA –**

**Outcome of the Employee Surveys 2024/2025**

2340

**Acting Clerk:** Question 472, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Will the GHA publish the outcome of the employee surveys carried out in 2024 and 2025 respectively?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the 2024 staff survey results have been shown and discussed with each of the divisional teams. Madam Speaker, these are: surgery; medical; primary care; mental health; and the elderly residential services. The 2024 results were also taken in detail to the GHA board.

2350

The current 2025 survey is underway and the results will be reported in a similar fashion when completed.

2355

**Hon. J Ladislaus:** Madam Speaker, can the Hon. Minister just clarify whether all staff have seen the results of these surveys, or is it just clinical leads?

**Hon. G Arias-Vasquez:** Madam Speaker, I would expect that the information that has been provided say that it is divisional teams. I would expect the divisional leads to feed it down to their teams.

2360

**Hon. J Ladislaus:** Are there any plans to make the results of these surveys available to the wider public? For example, the surveys that were carried out by the Police Complaints Board carried out surveys. Certainly, there was a survey carried out on the RGP's complement.

2365

I ask the question, will this be made available to the public in the same way?

**The Hon Arias-Vasquez** Not to my knowledge, Madam Speaker.

**The Hon J Ladislaus** What are the reasons for that because to my mind, this is very much in the public interest.

2370

**Hon. G Arias-Vasquez:** Madam Speaker, this is a decision made by the Director-General and the executive team. I am not aware of what the reasons are, or indeed that it will not be published going forward. What I have said is that, to my knowledge, it will not be published.

2375

**Madam Speaker:** Next question.

**Q473/2025**  
**GHA –**  
**Bed Shortages**

2380 **Acting Clerk:** Question 473, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Are bed shortages considered a consistent issue throughout the GHA? If so, what is being done to address this?

2385 **Acting Clerk** Answer, the Hon. Minister for Health, Care and Business.

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, no, ma'am. Bed shortages have been a thing of the past for many years. Although they were a constant issue before 2011, they now only occur occasionally.

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**Hon. J Ladislaus:** Madam Speaker, have there been days when the GHA has had no beds available?

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**Hon. G Arias-Vasquez:** Madam Speaker, bed management is actively managed on a day-to-day basis. There is a bed management team, there is a bed management coordinator, and the bed management team will actively manage the beds available on a day-to-day basis. As far as I am aware, no, Madam Speaker.

2400

**Hon. J Ladislaus:** Madam Speaker, the issue of bed shortages was again raised within the mental health reports for this year, and I do not unfortunately have it at my fingertips which specific section it was raised in, but it was certainly raised as an issue within the GHA, and it did state the GHA. Again, I ask the Hon. Minister whether she would agree with that statement that has been made within that report.

2405

**Hon. G Arias-Vasquez:** Madam Speaker, bed capacity is managed actively, and it is a jigsaw puzzle, which is actively managed by a team on a daily basis. Whereas there may have been beds allocated for specific purposes, to my knowledge, there are not issues.

In fact, there are programs in place for it to be managed in a more efficient manner, so there is always an excess of beds available. To my knowledge, there have been no bed shortages, Madam Speaker.

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**Hon. J Ladislaus:** Madam Speaker, what is the Government doing to address the issue of long-stay patients?

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**Hon. G Arias-Vasquez:** Madam Speaker, I am not sure that that is a supplementary for this question.

2420

**Hon. Dr K Azopardi:** Madam Speaker, how is it that the Minister can say that there is not an issue of bed shortages when we hear comments from constituents that surgical operations are cancelled on that ostensible ground given to them on information from the health authority?

2425

**Hon. G Arias-Vasquez:** Madam Speaker, again, bed management is an issue, which is consistently managed, and whereas beds may be put to one side in order to facilitate other procedures, emergencies, etc., operations may be cancelled because of this. As to bed shortages, the information that I have is that there have been no bed shortages at all throughout this period, and that the Bed Management Committee has actively managed it.

**Hon. Dr K Azopardi:** Madam Speaker, perhaps we are miscommunicating, but if someone is told, or quite a few people are told that your operation has been cancelled because there is not a bed, those people would be entitled to think that that means that there is not a bed, therefore there is a bed shortage on that particular day. Is the Minister defining this in a different way? I am not sure I follow.

**Hon. G Arias-Vasquez:** Madam Speaker, bed management is, again, I explained to the hon. Leader of the Opposition, and again, the hon Leader of the Opposition has been in this position previously, so bed management is actively managed so that there will always be beds available in case an emergency comes in, in case an emergency procedure is required, etc. Therefore, bed management is actively managed, and elective procedures are in some instances cancelled because the situation is tight. However, to my knowledge, there have been very few, if any, elective procedures cancelled throughout this latest winter period, and therefore, to my knowledge, bed management is actually actively being managed in order to ensure that any elective procedure can go ahead as pre-planned.

When I say that bed management is an active process, it means that decisions have to be taken as to whether elective procedures can go ahead because of the current situation to determine whether emergencies come in that may require those beds, for example.

**Hon. Dr K Azopardi:** Madam Speaker, the Hon. Minister is speaking in Riddles. If there are 40 days when people in the year where people have been told there are no beds for your surgery, on 40 days there is a bed shortage, it does not help those people that there is a bed in midwifery, because you are not going to be put in midwifery. I really struggle to understand what the hon. Lady is trying to explain on the bed management.

Does she not accept that to the extent that there are days where people's surgery has been cancelled, at least on those days there is a bed shortage because if there were not a bed shortage, they would not have, the operation cancelled.

**Hon. G Arias-Vasquez:** Madam Speaker, as I have explained numerous times, if there is an elective procedure and the bed management situation is tight on any given day, the elective procedure may be cancelled to give priority to any emergency that may come in. To my knowledge, in this winter period, there have been very few, if any, operations that have been cancelled, but I fully accept that, I fully take on board the fact that the bed management committee has been managing the situation very well and there have been further changes brought in which will manage the situation even better and more proactively. I do not think that there is a consistent issue of any bed shortage in the GHA at present.

**Madam Speaker:** Next question.

**Q474-76/2025**

**GHA –**

**Waiting Times for Services**

**Acting Clerk:** Question 474, the Hon. J Ladislaus.

**Hon. J Ladislaus:** What are the current average waiting times at the GHA for: (1) overall psychological services; (2) primary care counsellor; (3) secondary care psychologist; and (4) clinical psychologist under the Gibraltar Young Minds Service?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Questions 475 and 476.

2480 **Acting Clerk:** Question 475, the Hon. J Ladislaus.

**Hon. J Ladislaus:** How long is the average waiting time for an MRI scan to be carried out from the date of referral to the date on which the imaging is carried out?

2485 **Acting Clerk:** Question 476, the Hon. J Ladislaus.

**Hon. J Ladislaus:** What was or is the average waiting time, broken down by month, for a service user to have neurosurgery at the GHA from the time of referral to the date on which surgery was or is carried out, as from the 1st of November 2024 to date?

2490 **Acting Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the current average waiting times at the GHA for overall psychology services is 21 weeks. The current average waiting times for primary care counsellor is nine weeks. The current average waiting times for secondary care psychologist is 32 weeks and the current average waiting times for a clinical psychologist under the Gibraltar Young Minds service is 27 weeks.

2495 In answer to Question 475, the average waiting time for an MRI scan at SMG slash GibMed from the date of referral to the date of examination is eight weeks. In answer to Question 476, the GHA does not perform neurosurgery.

2500 **Hon. J Ladislaus:** Madam Speaker, in respect of Question 474, I note that the waiting time for secondary care psychologist is 32 weeks. That, to my calculation, is eight months.

Is the Hon. Minister satisfied with that amount of time for somebody to have secondary care by a psychologist?

2505 **Hon. G Arias-Vasquez:** Madam Speaker, I also raise a similar question. The waiting list is down from 77 weeks in June 2024 to 32 weeks. Because a complement of psychologists has now been completed, and all the five psychologists are now in employment, we would expect to see these waiting lists drop significantly.

**Hon. J Ladislaus:** Madam Speaker, in respect of the clinical psychologists under the Gibraltar Young Minds service, we have just heard that that has gone up to 27 weeks. If we turn to page 27 of the mental health report, which is dated 14 October to 18 November 2024, the waiting time to see a psychologist at that point in time was 18 weeks. That was already four and a half months, but now this has risen even further, and it has almost doubled, Madam Speaker.

Is the Hon. Minister satisfied with those numbers almost doubling, and can she account for the reasons behind such a high increase in the past few months?

2520 **Hon. G Arias-Vasquez:** Madam Speaker, the data that I have is that—sorry, could the hon. Lady repeat the dates that she is referring to.

**Hon. J Ladislaus:** Yes, so it would be the dates on which the mental health report for 2024 was carried out. I am at page 27 under Young Minds, and it says the latest data—so the report is dated 14 October to 18 November 2024, which presumably is the date within which all the work carried out was undertaken, or rather the report was actually put together.

It says, "The latest data reveals that 14 children and young people are currently on the waiting list. Of these, only one is waiting an appointment with a counsellor, while the remaining 13 require appointments with a clinical psychologist. The waiting time to see a psychologist is 18 weeks".

2530

**Hon. G Arias-Vasquez:** Madam Speaker, the data that I have is that October 24 the wait time was 50 weeks, November 2024 the wait time was 46 weeks, December 2024 the waiting time was 42 weeks, and that has dropped to 27 weeks now. So clearly the method of calculation of this data and the data that the hon. Lady has is different. The data that I have in front of me, again, is that these waiting times are dropping.

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We do have dashboards, which we keep on top of, which show us that the waiting times are dropping significantly. Again, because we are at full complement now, we would expect these waiting times to decrease significantly.

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**Hon. J Ladislaus:** Madam Speaker, I am grateful for that clarification, but it is slightly concerning because, obviously, the report that the Mental Health Board put together, and painstakingly, might I add, because a lot of work has been carried out, is very clear. We have to be grateful for that, for all the work that they have carried out. It is concerning that, the figures therein reflect 18 weeks and have now risen to 27.

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Can the Hon. Minister clarify how those figures are provided to the Mental Health Board?

**The Hon Arias-Vasquez** No, Madam Speaker, I cannot.

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**Hon. J Ladislaus:** Can the Hon. Minister perhaps undertake to delve more deeply into that discrepancy, and perhaps if I write to her, would the Hon. Minister perhaps be in a position to respond to that discrepancy?

It is concerning because this is obviously a public document that has gone out, and it does not appear to reflect what the reality at the GHA at the time, which in fact is a lot higher.

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**Hon. G Arias-Vasquez:** Madam Speaker, I am very happy to engage the hon. Lady on this issue. I would imagine that it is a way that the data is collected that offers a discrepancy. I am very happy to ask how the data was provided to the Mental Health Board, and I am very happy to contrast and compare it to the way that the data that I have collated in front of me has been gathered.

Therefore, yes, I am very happy to engage with the hon. Lady on that.

2560

**Madam Speaker:** Anything on Question 475?

2565

**Hon. Dr K Azopardi:** Madam Speaker, can I just ask on this, and assuming that the Minister is going to take on board in any event this issue on the statistics and clarify it with my hon. Colleague, but on this specific issue, on the 27-week delay to see someone, or waiting time rather, to see a clinical psychologist under the Young Minds service, does the Minister agree that that is over six months. That is quite a long period for a young person to be waiting for a referral to a clinical psychologist. I am sure she accepts that.

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In terms of how the individual, how the family, are perhaps anxiously waiting for that matter to be dealt with at a sensitive period in that person's life, what steps are the Government considering to try to make that waiting list shorter?

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**Hon. G Arias-Vasquez:** Madam Speaker, I would obviously not want an individual to be waiting for 27 weeks. That is not the aim. However, one thing that is important to point out is that it is not that an individual is left waiting in an abyss for 27 weeks.

There is plenty of support that is offered to the individuals, be it through a mental health nurse, be it through other means, through counselling. However it is, the individual would be offered assistance in that period. If there is an urgent demand, if there is an urgent case, that urgent case

will of course be seen much quicker than the 27-week average, and I think it is important to clarify that.

In respect of what steps are being taken by the Government to reduce the waiting list, the first step that is very important to say that has been taken by the Government to reduce their waiting list, by the GHA, is that the complement is now at full complement. Five psychologists have been recruited, they are now employed at full time in order to deal with the waiting list for mental health issues. I think it is fair to say, Madam Speaker that this Government is a Government, which has paved the way for mental health services and is continuing to do so in terms of the community mental health facility, in terms of changing the model of care, in terms of increasing the complement of psychiatrists, psychologists and mental health nurses.

It is important to say that there is a cohort of 14 mental health nurses, which is currently studying at the University of Gibraltar in order to become mental health practitioners in Gibraltar. I think it is very important that we have our own homegrown mental health nurses for that continuity of the service that is very difficult to provide otherwise. I think it is important to say that because at this moment in time there is a global shortage of mental health practitioners, so we have striven to offer a complete cohort of services.

Whether we argue about the manner in which the statistics are provided, and I am very happy again to sit with the hon. Lady to delve into exactly why we have different statistics, but what is inarguable is that the waiting lists have fallen at a point, which I would be happy with. Clearly, I want the waiting lists to be much less, than they currently are, and we are taking steps to ensure that that is the case. In answer to the hon. Leader of the Opposition's question, the first step that we have taken is to complete the complement so that all vacancies are filled in terms of psychiatrists and psychologists.

All mental health nurses are currently employed, and we are indeed training a further 14 mental health nurses in order to complete that site.

**Hon. J Ladislaus:** Madam Speaker, is the average waiting time of eight weeks also applied to cases of, for example, an acute injury where somebody has twisted a knee playing a sport?

**Hon. G Arias-Vasquez:** No, Madam Speaker, acute cases are seen to much quicker than the eight-week average that I presented.

**Hon. J Ladislaus:** In terms of the waiting list of eight weeks, how is that being managed or addressed. Is there an active move to bring down or decrease the waiting time?

**Hon. G Arias-Vasquez:** The eight-week waiting time is something, which I assure the hon. Lady we are on top of consistently. There have been issues with the MRI scanner. As the hon. Lady knows, the MRI scanner is a facility that is provided to us by GibMed, and GibMed have had issues with the MRI.

Contractually, the timing obligations are far less, and indeed, we are pushing for that to be the case, so that the waiting lists are far reduced in line with the contract. However, there has been unexpected maintenance downtime, and they have had other issues with the MRI, which has fed into the eight-week waiting time. However, we are in constant dialogue with GibMed in order to try to reduce that waiting time as much as possible.

**Hon. J Ladislaus:** Madam Speaker, again, perhaps it is that I have misunderstood the specialty, but who is it, therefore, if the GHA does not carry out neurosurgery, then how or when is spinal surgery carried out?

**Hon. G Arias-Vasquez:** Madam Speaker, neurosurgery is a tertiary-level specialty, and all cases are referred to external centers for treatment.

**Hon. J Ladislaus:** Madam Speaker, they are referred externally. Surely, there is a contract with a tertiary provider. I ask, therefore, what the waiting times are for treatment to be obtained from those tertiary providers.

2635 **Hon. G Arias-Vasquez:** Madam Speaker, I do not have information as to the waiting times for these tertiary institutions, but they do include: King's College Hospital; University College; London Hospital; and Guy's and St Thomas' Hospital. As the hon. Lady is probably aware, we do not drive waiting times for the NHS, therefore we are oftentimes at the mercy of NHS waiting lists, and these do vary significantly.

2640 **Hon. J Ladislaus:** Madam Speaker, my understanding is that Gibraltar pays for those services from NHS tertiary providers, and on that basis, how are we at the mercy of the NHS as a public service to those waiting times? Could the Hon. Minister perhaps provide some clarification as to that statement?

2645 **Hon. G Arias-Vasquez:** Madam Speaker, there is a reciprocal arrangement in place with UK hospitals, and therefore they are not private patients who go to the NHS.

**Madam Speaker:** Next question.

2650

**Q477-78/2025**  
**St Bernard's Hospital –**  
**Safeguarding Alerts**

**Acting Clerk:** Question 477, the Hon. J Ladislaus.

2655 **Hon. J Ladislaus:** How many safeguarding alerts relating to St Bernard's Hospital have been raised in the past 24 months, broken down by month?

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

2660 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Question 478.

**Acting Clerk:** Question 478, the Hon. J Ladislaus.

2665 **Hon. J Ladislaus:** How many safeguarding alerts relating to ocean views have been raised in the past 24 months, broken down by month?

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

2670 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Question 477, there have been 17 safeguarding alerts raised by GHA staff within St Bernard's Hospital in the past 24 months. The breakdown is as follows; there was one in June 2023; one in July 2023; one in November 2023; two in December 2023; one in January 2024; one in March 2024; one in April 2024; one in July 2024; one in August 2024; one in September 2024; two in October 2024; one in November 2024; two in February 2025; and one in March 2025.

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In answer to Question 478, over the past 24 months, there have been four safeguarding alerts raised pertaining to Ocean Views. These alerts were raised in December 2023, August 2024, September 2024 and October 2024.

**Hon. J Ladislaus:** In respect of Question 477, have all those safeguarding alerts been addressed?

**Hon. G Arias-Vasquez:** Madam Speaker, all of those alerts have been addressed and they are either resolved or they are pending the outcome because they are currently under investigation.

**Hon. J Ladislaus:** Madam Speaker, the same question pertains to Question 478. Have all those alerts now been addressed and have they been resolved?

**Hon. G Arias-Vasquez:** Madam Speaker, I think it is necessary to clarify that all safeguarding alerts are dealt with by the Gibraltar inter-agency safeguarding procedures and they are all dealt with in the same manner, whether it is in the ERS, the GHA, or the Care Agency. Therefore, all safeguarding alerts will be investigated and then there will be a register saying whether they have been resolved or whether they are currently under investigation. Therefore, yes, they are.

The four safeguarding alerts either in Ocean Views are also currently resolved or under investigation.

**Hon. J Ladislaus:** And can I ask, do the safeguarding alerts raised pertain to in-house issues or do they pertain to issues that, as we saw in the table provided to my hon. Colleague, Mrs. Sanchez, there were breakdowns with explanations as to each of those safeguarding alerts which were raised within ERS and there were explanations and within those it could be ascertained whether they had been raised as to issues that were internal or issues that were, for example, to do with family or external issues with visitors.

Can the Hon. Minister comment, does she have the breakdown as to how many relate to internal issues?

**Hon. G Arias-Vasquez:** Madam Speaker, from the breakdown provided to me, I would deduce that they are largely, if not all, internal issues.

**Hon. J Ladislaus:** Madam Speaker, what processes must be followed in order to raise the safeguarding alerts and in what instances are they usually raised at the GHA.

**Hon. G Arias-Vasquez:** Madam Speaker, there are a panoply of reasons why a safeguarding alert may be raised and any complaint, whatever avenue it comes through, will be raised to the Gibraltar Interagency Safeguarding Procedure. There are a number of tiers of safeguarding alerts and these are, it depends on the tier that it falls within, the category of safeguarding alert that will be raised. For example, in the GHA, a safeguarding alert can be raised via PALS, a safeguarding alert can be raised through the Complaints Procedure, a safeguarding alert can be raised directly to a clinician or, indeed, directly to management.

In the Care Agency, again, similarly, either to a social worker or to the CEO of the Care Agency, but all safeguarding alerts will eventually go to the same committee and will be dealt with in the same way and it depends on the severity of the safeguarding alert how that individual safeguarding alert will be dealt with.

**Hon. J Ladislaus:** Can the Hon. Minister give further detail as to whether any of these safeguarding alerts have resulted in a change in policy?

**Hon. G Arias-Vasquez:** Madam Speaker, each and every DATIX entry, each and every investigation by clinical governance will result in a look-back exercise and will result in the GHA the Care Agency or, indeed, ERS looking at whether or not there are procedures, policies, training, etc., that can be improved. Each safeguarding alert, whatever tier it falls under, will be investigated and it will be reviewed by clinical governance and by the Inter-Agency Safeguarding

Procedures Committee to make sure that in the look-back exercise any lessons learned will be learned.

**Madam Speaker:** Next question.

2735

**Q479-81/2025**  
**Skyward –**  
**Air Conditioning & Maintenance**

**Acting Clerk:** Question 479, the Hon. J Ladislaus.

2740      **Hon. J Ladislaus:** Can the Hon. Minister confirm whether the works undertaken to the air conditioning system in Sky Ward have provided a permanent solution or whether the works carried out have only resulted in a temporary solution?

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

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**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will ask this question together with Questions 480 and 481.

**Acting Clerk:** Question 480, the Hon. J Ladislaus.

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**Hon. J Ladislaus:** Could the Hon. Minister provide details as to the maintenance program, which is currently in place for the Ocean Views buildings? Has the review of the Ocean Views Hospital's maintenance contract and evaluation of all services provided concluded? What are the findings and recommendations of that review and will the maintenance contract be put out to tender?

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**Acting Clerk:** Question 481, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Have the roof repairs in Ocean Views Hospital been carried out and do they offer a permanent or temporary solution? When did those works commence and by when were they/are they expected to be completed?

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

2765      **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Question 479, the whole Sky Ward's air conditioning system has been replaced, providing a permanent solution. In answer to Question 480, the maintenance agreement that was in place in Ocean Views was terminated in October 2024 and responsibilities were transferred to the Mental Health Sites and Services Department. Since then, this department has been reviewing all existing service agreements, identifying further maintenance requirements and undertaking repairs to the facility's infrastructure.

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The process continues, although much work has already been done. These include a thorough study of the whole air conditioning system that has helped identify matters like oil circulation issues and communication hindrances and all of these are now being addressed accordingly. A significant improvement to the hot water supply resilience has also been done.

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Ocean Views now has an on-site critical spare parts component and additionally individual hot water systems have been installed in both Horizon and Dawn Ward. Reinforcing the cooling system of the GHA's critical IT infrastructure within Ocean Views is also currently underway. As

stated, the process continues and any service contracts required will be put out for tender as per the GHA and Government policies.

In answer to Question 481, the last works to the Ocean Views' roof concluded in September 2024. Since then, there has been no damage reported or works conducted to the facility's roof.

**Hon. J Ladislaus:** Madam Speaker, in respect of Question 479, since when has there been a permanent solution in place?

**Hon. G Arias-Vasquez:** Madam Speaker, I am aware the works were completed fairly recently but I do not have the actual completion date to hand.

**Hon. J Ladislaus:** Madam Speaker, the reason I ask is because at the March session, the Hon. Minister confirmed that works had been completed on 13 December 2024 but since then we received information that the works that had been completed only provided another temporary solution at the time, which is the reason I ask when those permanent works were completed because the information given was that works had been completed as on 13 December 2024.

**Hon. G Arias-Vasquez:** Madam Speaker, my understanding is that there have been some issues with the air conditioning facility but not because of not having a permanent solution in place. As part of the fire safety protocols, all air conditioning systems in the facility automatically switch off whenever a fire alarm is triggered. During the past few weeks, Ocean Views have had some minor issues with the fire alarms that have now been resolved. My understanding is that it is not the air conditioning solution, which is now a permanent solution, which hopefully works and gives no further issues, but it is an issue with the fire alarms that has triggered some problems with the air conditioning system and that is also now resolved.

**Madam Speaker:** Next question.

**Q482/2025**  
**Ocean Views –**  
**Issue of Duplication and Excessive Paperwork**

**Acting Clerk:** Question 482, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Have processes at Ocean Views been reviewed to address the issue of duplication and excessive paperwork, which detracts from the time that nurses, can spend with their patients?

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

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

**Hon. J Ladislaus:** Can the Hon. Minister please give further detail as to what has been put in place?

**Hon. G Arias-Vasquez:** Madam Speaker, a number of administrative procedures have been streamlined and unnecessary repetition has been eliminated whenever possible. In addition, a restructuring of the junior administrative staff workload has been undertaken to better align their roles with operational needs of the wards. This restructuring has enabled administrative

personnel to provide more consistent ward support and to assume responsibility for routine filing and documentation tasks that were previously carried out by the nursing staff.

These measures are intended not only to reduce the administrative workload on nurses but also to ensure that clinical staff are better supported and able to dedicate more of their time to delivering high quality patient care, which remains our foremost priority.

**The Hon J Ladislaus** Since when have those new processes been in place?

**Hon. G Arias-Vasquez:** Madam Speaker, again I do not have that information to hand. If the hon. Lady, again as I said to a colleague, if the hon. Lady wishes me to have that specific level of detail I am very happy to provide it but if she could ask it in the question I would be very grateful.

**Madam Speaker:** Next question.

2840

**Q484/2025**  
**Ocean Views –**  
**Appointed Doctor**

**Acting Clerk:** Question 484, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Has a second opinion appointed doctor been contracted for Ocean Views? If not, can the Minister outline what is being done to ensure that an appropriate individual is identified?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, yes, a second opinion appointed doctor has been contracted for Ocean Views.

**Hon. J Ladislaus:** Madam Speaker, can the Hon. Minister comment as to when that individual commenced employment?

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**Hon. G Arias-Vasquez:** Madam Speaker, that individual has commenced employment fairly recently. I do not have a specific date but it is recent.

**Hon. J Ladislaus:** Can the Hon. Minister clarify whether the contract under which that person has been employed is a permanent contract or whether it is a temporary one?

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**Hon. G Arias-Vasquez:** Madam Speaker, these questions again are very detailed questions. I am very happy to provide the hon. Lady with the answers. I assume that it is a permanent contract.

I am not on top of every single contract that the GHA provides. If the hon. Lady could give me notice of the question, I am very happy to provide her with the answer.

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**Hon. J Ladislaus:** Madam Speaker, I would have thought that this one was one that would have fallen under the remit of the initial answer. In any event, I ask it on the basis that in the annual report of the Mental Health Board, the recent one, it outlined that a temporary solution had been implemented in 2022 to supervise cases involving patients who were unable or unwilling to consent to treatments. Thereafter, by the 2023 Mental Health Board report, the temporary measure had expired and the service was left with a gap within that area which they were struggling to fill.

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2875 Hence, the reason why I ask whether this individual has been appointed on a permanent contract or are we going to be seeing the same as happened in 2023 whereby there was a gap left in the service again. Can the Hon. Minister perhaps comment as to whether that will be the case?

2880 **Hon. G Arias-Vasquez:** Madam Speaker, again, if I read the question, has a second opinion appointed doctor been contracted for ocean views? If not, can the Minister outline what is being done to ensure that an appropriate individual is identified? This does not refer to a fixed-term contract; it does not refer to a permanent contract.

I need notice of the question in order to answer the specific question. I hear the hon. Leader of the Opposition muttering about supplementary questions. I am not here to guess what the hon. Members opposite are going to ask me.

2885 I am here to provide information. The question is, has a second opinion appointed doctor been appointed? In addition, the answer is yes, a second opinion doctor has been appointed and there is a second opinion doctor in place.

2890 **Hon. J Ladislaus:** Madam Speaker, perhaps if I rephrase the question, for what time period has that individual been appointed rather than under what type of contract?

2895 **Hon. G Arias-Vasquez:** Madam Speaker, we can ask the question in as many different ways as we want. If that level of detail is requested, I am very happy and I always provide the information that the hon. Lady seeks. However, I need notice of the question in order to tell the hon. Lady exactly how many months, or indeed, if it is an indefinite contract that the second opinion appointed doctor has been appointed for.

It is not a complicated concept. If you want specific details, I see the hon. Members opposite complaining amongst themselves. It is not complicated.

2900 They have one job. If they want a specific answer, give me the specific question. It has not terribly complicated, Madam Speaker.

**Hon. Dr K Azopardi:** Madam Speaker, this hectoring tone of Members on this side of the House, it is the hon. Lady, does she not realise that she is seeking to rewrite the Parliamentary practice?

2905 **Madam Speaker:** Is there a question?

**Hon. Dr K Azopardi:** Yes, the question is, does she not realise?

2910 **Madam Speaker:** A question that arises from the main question, not a general question on Parliamentary practice.

**Madam Speaker:** If there is a point of order, I will deal with it.

2915 **Hon. Dr K Azopardi:** Madam Speaker, if the hon. Lady is allowed to make the hectoring comment and we are not allowed to ask the question back, then it is a one-sided political chamber. I assume we are not.

2920 We are not in a one-sided political chamber, but the hon. Lady has from time to time these afternoon-hectored Members on this side about Parliamentary practice. Does she not realise that she is seeking to rewrite Parliamentary practice? It has always been the case, as long as I have been a Member of this House, that Members of the Opposition ask and probe the Government and Ministers prepare themselves for obvious supplementaries.

2925 That is what they do to try to be helpful to Members on this side of the House who are seeking to hold the Government to account. That is what I did when I was holding her job as Minister for Health. Does she not understand the basic rules of Parliamentary practice that she is seeking to rewrite in a hectoring tone?

**Madam Speaker:** Perhaps I may interject to remind both sides of the House that supplementary questions are permissible for further elucidating any matter or fact arising out of an oral answer. I say that for point of reference. The supplementary question has to be related and the Ministers will prepare those supplementary questions that they reasonably foresee are going to be asked.

If they have the answer, they do. If they do not have the answer, that is the answer.

**Hon. G Arias-Vasquez:** Madam Speaker, I am grateful for that. Madam Speaker, the GHA has a workforce of *circa* 1,400. It is impossible to be on top of the contract terms of 1,400 individuals and I do not think anyone expects a Government Minister to be on top of the contracts of 1,400 individuals.

The question is has a second opinion appointed doctor been contracted for? The answer is yes, a second opinion contracted doctor has been provided for. Now, if details were requested about what type of contract they wanted, again I am very happy to provide that level of detail.

I do not have it on me now. I can try to make up the terms as I go along but I do not think that is in anybody's interest, Madam Speaker. I think that I am here to provide Parliament with facts and in fact in previous occasions where I have facts incorrect or have been inaccurate and I have answered a question in the interest of trying to be as transparent as possible, I have later found myself in hot water because of the hon. Members opposite.

In order to answer the question accurately, I would need notice that that is a question that is going to be asked. If the hon. Lady had notice and the report was placed in front of her and she read the report and she knew that that was a question that was going to be asked, I mean what was expected in that case was I would say that no, the second opinion appointed doctor hadn't been appointed so therefore she didn't prepare the next question in that level of detail.

Madam Speaker, I have in no way, shape or form tried to avoid answering a question. I always answer all of the questions that I am asking for but if a level of detail is asked on the contract terms of an employee of the GHA, I would expect it reasonable, despite the hon. Leader of the Opposition's protestations, it would be reasonable to give me notice of the questions. I will happily answer the questions. I will happily provide the hon. Lady with the information that she seeks but for goodness sake, there is a huge workforce and just give me notice of the question.

**Madam Speaker:** Next question.

#### Q485/2025

#### Ocean Views –

#### Mental Health Nurse Presence on Duty

**Acting Clerk:** Question 485, the Hon. J Ladislaus.

**Hon. J Ladislaus:** What is the minimum registered mental health nurse presence on duty required at any given time? Is Ocean Views currently operating with a mandatory minimum presence of RMHNS at all times and in the past 12 months have there been instances when Ocean Views was operating with less than the mandatory minimum presence of RMHNS?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, one registered mental health nurse is currently the minimum duty at any given time at Ocean Views. Yes, Madam Speaker, Ocean Views is currently operating with a mandatory minimum of presence of registered nurse practitioners at all times. There have been two occasions in the last 12 months

2975 whereby Ocean Views has operated with less than the minimum due to sickness and inability to cover due to resilience but this was mitigated by relocating staff during this period.

**Hon. J Ladislaus:** Madam Speaker, could the Hon. Minister perhaps detail what staff were relocated in order to bridge the gap in service at that point on those two occasions because my understanding is that there is a shortage of RMHNS.

**Hon. G Arias-Vasquez:** Madam Speaker, as I have explained previously in the session, there is a global shortage of RMHNS and it is a global problem that the GHA, along with every other medical institution worldwide and every trust in the UK is facing. So yes, it is accepted that there is a problem with the recruitment of RMHNS. For that reason, we are training 14 RMHNS in order to have the local workforce here to provide resilience on an ongoing basis and that is very proud of. We are training Gibraltarians to be RMHNS.

In the interim, we have recruited two RMHNS in order to cover for these issues. On the two occasions that there was a shortfall, staff would have been brought in from an alternative facility or a charge nurse would have been brought in from an alternative facility but there would have been staff covering during those periods.

**Hon. J Ladislaus:** Madam Speaker, we have heard that there is always one on duty. What is done or what is in place in order to mitigate when a person is sick? For example, is there an on-call in the background?

**Hon. G Arias-Vasquez:** Madam Speaker, the on-call would operate the same as throughout the rest of the GHA. There will be an on-call for RMHNS and it will be operated on an as-and-when basis.

**Hon. J Ladislaus:** Madam Speaker, would the Hon. Minister say that the shortage of RMHNS has resulted in services being at any point overstretched or potentially unsafe?

**Hon. G Arias-Vasquez:** Madam Speaker, again, the shortage of RMHNS is something that, despite the GHA trying to recruit persistently, has been a shortfall. Again, I am assured that this is because of shortfalls globally of registered mental health practitioners. The GHA has now partnered up and now has a facility to advertise for jobs on NHS jobs and, because of advertising on NHS jobs, has now been able to recruit members of staff for this.

Therefore, it has not been brought to my attention that the facility has been operating at a dangerous level, so I would not agree with that comment.

**Madam Speaker:** Next question.

**Q486/2025**  
**Ocean Views –**  
**Mental Health Matron**

**Acting Clerk:** Question 486, the Hon. J Ladislaus.

**Hon. J Ladislaus:** When was the post of mental health matron at Ocean Views done away with, and why? Will a reinstatement of this post be considered following the recommendations set out in the Mental Health Board's Annual Inspection Report 2024?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the matron post at Ocean Views was transferred to St Bernard's Hospital in 2022. Currently, there is no immediate need to reinstate that position, as the senior management team comprises the divisional nurse manager, head of talking therapies, clinical medical lead and the director for mental health, who collectively provide efficient leadership and oversight.

**Hon. J Ladislaus:** Madam Speaker, again, I would refer the Hon. Minister to page 15 of that mental health report, where it basically states that various staff have commented that the role of divisional nurse manager has become much more complicated, and that balancing responsibilities across OV, CMHT and occasionally SBH, along with numerous daily meetings, makes it challenging to connect with her regularly. They go on to say that, the Board recalls the appointment of that mental health matron in 2019, who was based in OV alongside the clinical nurse manager at the time. It strongly believes that reinstating a similar position in Ocean Views would be highly beneficial in providing the support that we were talking about earlier, in fact, to that divisional nurse manager, who appears to be overstretched.

What response will the Minister be giving to that point made in the mental health report? Is it that it will be considered, or is it simply that it will not be reinstated?

**Hon. G Arias-Vasquez:** Madam Speaker, I am incredibly grateful to the Mental Health Board's annual inspection and the report that they therefore provide. This is an ongoing process where they discuss it with the divisional lead and the clinical leads, indeed, throughout the facility. Now, we take our compliment from the divisional leads, we take our compliment from the clinicians in the workforce, again, as I have explained to the hon. Lady, and indeed, the compliment that they have, we are being told by the divisional lead of the service that it is stronger than ever, and that actually it works particularly well. Therefore, the compliment, we are told by clinicians, that it should remain as it is.

**Madam Speaker:** Next question.

**Q487/2025**  
**Charge Nurse Positions –**  
**Mental Health Team**

**Acting Clerk:** Question 487, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Have the charge nurse positions in the community mental health team and the mental health liaison teams been filled?

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

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

**Hon. J Ladislaus:** Does the Hon. Minister have a date on which those positions were filled?

**Hon. G Arias-Vasquez:** Madam Speaker, the charge nurse position within the community mental health team was filled since 17 March 2025. The charge nurse position within the mental health liaison team has been filled since 22<sup>nd</sup> December 2024.

**Madam Speaker:** Next question.

**Q488/2025**  
**GHA –**  
**Psychological Services**

**Acting Clerk:** Question 488, the Hon. J Ladislaus.

3075 **Hon. J Ladislaus:** In relation to psychological services provided by the GHA, how many missed appointments have there been since 1 January 2025, to date, broken down by month?

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

3080 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the number of missed appointments are as follows: In January 2025, there were 26; In February 2025, there were 23; In March 2025, there were 48; In April 2025, there were 47; and from 1 May to 14 May, there were 25.

3085 Madam Speaker that means 169 missed appointments. The value of those missed appointments is approximately £10,000. People who need these appointments have not been able to use them because, unfortunately, they were wasted.

**Hon. J Ladislaus:** Madam Speaker, on page 25, again, I refer to the Mental Health Report.

3090 It states that anecdotal evidence suggests that up to a third of individuals who offered appointments failed to attend. Why was there no data collected on this pre-January 2025 to give a clearer picture as to trends and to address the issue?

3095 **Hon. G Arias-Vasquez:** Madam Speaker, the GHA is consistently looking to improve its data collection system with the employment of a data analyst, so I can only speculate that prior to this date, the information was not collected.

3100 **Hon. J Ladislaus:** And what is in place in order to remind people that they have an appointment? For example, reminders sent out regularly or texts, for example, sent out to individuals?

**Hon. G Arias-Vasquez:** Madam Speaker, I would imagine that texts are regularly sent out to individuals. What we found, for example, in the PCC is that people are no longer responding to texts. People are now used to getting WhatsApp and, therefore, sometimes texts go ignored.

3105 This is something we are actively looking into. In the PCC, when we actually actively started calling individuals to remind them of the advanced appointment, that is when we have seen a significant drop in the number of missed appointments. We are looking at implementing this throughout different services in the GHA.

3110 **Hon. J Ladislaus:** Is there any impact or perhaps a consequence of missing a number of appointments?

**The Hon Arias-Vasquez** No, Madam Speaker. To date, there is not an impact on each individual user for missing an appointment.

3115 **Madam Speaker:** Next question.

**Q489/2025**  
**Second Psychologist –**  
**Gibraltar Young Minds Service**

**Acting Clerk:** Question 489, the Hon. J Ladislaus.

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**Hon. J Ladislaus:** Has the temporary arrangement of the addition of a second psychologist for one day per week to the Gibraltar Young Minds Service been continued post-December 2024, and is this arrangement still in place? If not, what alternative arrangement has been put in place?

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

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**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the addition of a second psychologist for one day a week to the Gibraltar Young Minds Service was not continued after December 2024. However, this is currently under review. Work has taken place to reduce duplication, improve joint working and streamline provision of psychological support to children and young people through working in partnership with the Department of Education.

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**Hon. J Ladislaus:** Madam Speaker, for what reason was it not continued because, again, referring to the Mental Health Report at page 30, it was in fact complementary of the fact that this individual had been appointed, because it states that it resulted in a noticeable reduction in the waiting lists. So, for what reason was that not continued.

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**Hon. G Arias-Vasquez:** Madam Speaker, I would agree that it was beneficial. The original psychologist who left in 2024 was on a locum contract, and the original post holder returned from maternity leave and then went off sick. So, we are in the process of actively trying to address that issue.

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**Hon. J Ladislaus:** Does the Hon. Minister have a time frame within which that issue should be resolved?

**Hon. G Arias-Vasquez:** No, Madam Speaker. It is with occupational health, and therefore there is no time frame.

3150

**Madam Speaker:** Next question.

**Q490/2025**  
**GHA –**  
**Psychology Workforce**

3155

**Acting Clerk:** Question 490, the Hon. J Ladislaus.

**Hon. J Ladislaus:** When is the review of the GHA psychology workforce expected to conclude?

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

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**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker: by the end of July of this year.

**Madam Speaker:** Next question.

**Q491/2025**  
**Registered Mental Health Nurses –**  
**Short-Term Contracts**

3165 **Acting Clerk:** Question 491, the Hon. J Ladislaus.

**Hon. J Ladislaus:** What is the Government doing to address the short to medium-term challenges posed by the shortage of registered mental health nurses and the continued reliance on agency cover through short-term contracts?

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

3175 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, as I have said on numerous occasions in this session of Parliament, there is a shortage of mental health nurses in many countries. To address the challenges posed by this shortage, the GHA have recruited three agency nurses on a two-year contract, which will cover the RMN shortfall up until the local students studying at the University of Gibraltar qualify. Again, Madam Speaker, the three agency nurses on a two-year contract is only an interim measure, as there are currently 14 registered mental nurses training for their positions locally.

3180 We have identified the problem and acted on it to ensure that Gibraltarians are now in those posts going forward.

**Madam Speaker:** Next question.

3185

**Q492-94/2025**  
**Community Mental Health Development Group –**  
**New Model of Care**

**Acting Clerk:** Question 492, the Hon. J Ladislaus.

3190 **Hon. J Ladislaus:** Who is the Community Mental Health Development Group, which focused on the implementation of the new model of care comprised of, and when was the group put together?

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

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**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Questions 493 and 494.

**Acting Clerk:** Question 493, the Hon. J Ladislaus.

3200

**Hon. J Ladislaus:** How long will the new facility for the relocation of CMHT's services from Colling Island take, and can the Minister provide details as to whether CMHT will be the only department relocating to that new facility?

3205 **Acting Clerk:** Question 494, the Hon. J Ladislaus.

**The Hon J Ladislaus** What is the envisaged cost of completing the new Community Mental Health Hub at the Sir Joshua Hassan House site.

3210 **Acting Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Question 492, the Community Mental Health Development Group was established in April 2024 to advise and support a new model of community mental health delivery. The group consists of mental health professionals and members of the Mental Health Board, senior staff from the GHA, Care Agency and other relevant agencies, as well as local charity representatives.

In answer to Questions 493 and 494, Madam Speaker, it is still too early to give an exact completion date or cost for the CMHT. However, we are planning on a two-year period for the point that the planning permission is granted.

3220 Madam Speaker, regarding the relocating departments, this information is already in the public domain.

**Hon. J Ladislaus:** Madam Speaker, in respect of Question 492, I have no questions. Madam Speaker, in respect of the completion of the new Community Mental Health Hub at the Sir Joshua Hassan site, this now dates back several months, perhaps years now, as to when this hub was conceived. Does the Hon. Minister not have any idea as to what the cost will be in respect of this and, for example, whether there are any big-ticket costs like asbestos removal, for example?

**Hon. G Arias-Vasquez:** Madam Speaker, the new hub was actually announced in March of this year, so I am not sure that there is a significant period there. As the hon. Lady will be aware, we need to consult with professionals in the industry in order to make sure that everyone is happy. If, indeed, we were not consulting, we would be criticized by the hon. Lady for not consulting with all the relevant groups.

We are therefore taking the consultation process very seriously to make sure that everyone is satisfied with the process and with the outcome of this. There is a lot of time, energy, effort and, indeed, money being spent on this facility for it not to be compliant with the needs and wants of the professionals in the community. Now, we are engaged in a consultation process and, after that process, the design will be finalized depending on the consultation process.

3240 Otherwise, we would have been designing without consulting or, indeed, we would have been designing ignoring the consultation process. I am very happy to say that we are currently now consulting with professionals in order to ensure that everyone is on board. Once that consultation is done, the designs will be finalised.

Once the designs are finalised, we will engage with contractors in order to get some. There is a process in this. We are unable to get costs until we get final designs. We are unable to get designs until we do the consultation period.

Much though I would like the construction of the new site to be built, unfortunately I do not have a date and I do not have costs and I do not have knowledge of any big-ticket items such as the asbestos removal in the premises.

3250 **Madam Speaker:** Next question.

#### Q495/2025

#### GHA –

#### Supernumerary Posts/Salary

3255 **Acting Clerk:** Question 495, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Broken down by month, how many supernumerary posts have there been in the GHA from 1 May 2023 to date, and how many of those posts have a salary of £50,000 or more

per annum? Please provide the job title of all supernumerary posts with a salary of £50,000 per annum or more and the salary attached to each post.

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Other than, as already provided for in the complement reflected in the estimates book, it is not possible to provide an answer to this question that I can assure the House is accurate.

**Hon. J Ladislaus:** For what reason can that answer not be provided accurately? Surely, the GHA keeps records of its employees.

**Hon. G Arias-Vasquez:** Madam Speaker the GHA does not keep records of which of its employees are supernumerary and therefore I am unable to provide information relating to which posts are supernumerary and which posts get paid a salary of more than £50,000. What I have requested is that on an ongoing basis from today's date, we get the information breakdown in order to be able to provide me with information relating to supernumerary posts detailing out the exact salary of these supernumerary posts, but unfortunately, I am informed that I cannot provide an accurate answer to this question at this time.

**The Hon J Ladislaus** Does the Hon. Minister have perhaps a period within which I could pose the question again.

**Hon. G Arias-Vasquez:** Madam Speaker, we can begin to collate the information at today's date. If that question is posed in six months' time, we can have an accurate reflection of that six-month period.

**Hon. J Ladislaus:** Madam Speaker, does the Hon. Minister agree that having that data provides a more accurate snapshot as to the needs of the GHA in terms of complement? Because if that data is not readily available, then there is no way of knowing whether there are too many supernumerary posts, which would in turn suggest that perhaps more permanent individuals are required to be employed within posts.

**Hon. G Arias-Vasquez:** Madam Speaker, again there is a snapshot of the supernumerary posts that are in the GHA in the estimates book, so we have that snapshot of how many supernumerary posts are contained within the complement. We do not have the breakdown of the exact salary on a month-by-month basis, which is why I cannot provide that information accurately, but we do have a snapshot of those supernumerary posts. What I have asked from today onwards is that the breakdown is given to me in terms of the salary of each of those individuals and the breakdown of that data, so that we can indeed keep track of what the hon. Lady is suggesting.

**Madam Speaker:** Next question.

**Q496/2025  
GHA Staff –  
GDC/Contracts**

**Acting Clerk:** Question 496, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Can the Hon. Minister provide breakdowns of financial years 2023-24 and 2024-25 as to the number of staff working at the GHA who are employed by the Gibraltar Development Corporation? When the successful employees started working for the GHA and under what types of contracts?

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**Madam Speaker:** All right, we will come back to this in due course. Next question in the meantime.

**Q497/2025**  
**GHA –**  
**Administrative Staff Recruited**

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**Acting Clerk:** Question 497, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Please provide a breakdown as to when the 30 additional administrative staff members recruited by the GHA to support clinical services commenced their employment with the GHA.

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the additional administrative staff members were recruited by the GHA to support clinical services on the 1st of April 2025.

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**Hon. J Ladislaus:** Madam Speaker, there are concerns being raised by clinicians that workforce has not instructed the sudden transfer of admin officers who are being replaced, or has instructed the sudden transfer of administrative officers who are being replaced by GHA junior clerks. Are the Minister and the GHA concerned, Madam Speaker that this will lead in some instances to a lapse in organizational or institutional memory through the loss of accumulated knowledge and experience?

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**Hon. G Arias-Vasquez:** Madam Speaker, throughout the Civil Service and the Public Sector, staff are transferable. In instances where there is a clinical need, the GHA will try to respond to that in that particular instance. However, as the hon. Lady will be aware, staff throughout the Civil Service and indeed the Private Sector, the Public Sector, is transferable.

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**Hon. J Ladislaus:** Madam Speaker, have clinicians been consulted as to the impact on their own caseloads of this transfer?

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**Hon. G Arias-Vasquez:** Madam Speaker, this is an administrative matter, which the management of the GHA are actively involved in. Therefore, I assume that they probably have not been consulted on this. However, it should not be controversial, Madam Speaker.

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For years, there has been the creation of GHA clerks, GHA junior clerks, and a system of admin within the GHA, which is what the GHA has been calling for. Let us not forget this. This is at the request of the GHA.

The GHA has wanted its own staff within the Authority in order to be able to retain that staff. What has now happened is that the tidying up exercise has commenced so that Civil Servants who are not GHA clerks are transferred. Now we are getting complaints that the Civil Servants should be retained within the GHA.

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3355 It should not come as a surprise to anybody that the GHA clerks were going to stay within the GHA, because indeed that is what the GHA has consistently asked for, for there to be that continuity within the GHA. Of course, as with any change, as we have experienced and as the hon. Lady opposite pointed to earlier, as with any change, there will be initial difficulties. However, the idea is what the clinicians have indeed, or the clinicians and the support staff and the executive management committee, has been requesting for years that they are able to retain GHA clerks within the system.

3360 Therefore, the question comes as somewhat of a surprise that it is surprising to individuals within the GHA that the GHA clerks are now going to take positions within the GHA.

**Hon. J Ladislaus:** Madam Speaker, we have heard that the current contracts are dated 1 April 2025. What are the dates of the initial contracts? How far back do those dates go?

3365 **Hon. G Arias-Vasquez:** Madam Speaker, apologies, I do not understand the question.

3370 **Hon. J Ladislaus:** Madam Speaker, so the question is when the 1<sup>st</sup> April 2025 is when the 30 additional, so termed additional, administrative staff members, which were recruited to the GHA, may have started their contracts within that role. However, when did their initial contracts within the GHA start?

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

3375 **Madam Speaker:** Next question.

**Q498/2025**  
**GHA –**  
**Working Without a Contract**

3380 **Acting Clerk:** Question 498, the Hon. J Ladislaus.

**Hon. J Ladislaus:** How many people employed by the GHA were working without a contract between 1 May 2024 to date, broken down by month? Of those individuals, how many were bank staff and for how long were they or have they been in their roles at the GHA?

3385 **Acting Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, none.

3390 **Hon. J Ladislaus:** Madam Speaker, let me rephrase that then. How many of those people who were contracted have had access to ETB contracts and not just a letter inviting them, which is my understanding is is good in contractual terms, so the invitation. ETB contracts I am talking about. How many of those individuals have not had access to ETB contracts?

3395 **The Hon Arias-Vasquez** Madam Speaker, I am unsure of how many of the individuals have not had ETB contracts. Many of the individuals I believe the hon. Lady may be referring to are bank individuals and the nature of the bank relationship would not necessarily necessitate the usual understanding of an ETB contract.

3400 **Hon. J Ladislaus:** Madam Speaker, the initial question does ask of those individuals how many were bank staff and for how long were they or have they been in their roles at the GHA? I do not believe that the Hon. Minister has provided an answer to that part of the question. Could the Hon. Minister perhaps provide an answer to that?

3405 **Hon. G Arias-Vasquez:** Madam Speaker, the question is how many people were working without a contract and of those how many were bank? None were working without a contract.

3410 **Hon. J Ladislaus:** In the rephrased question, does the Hon. Minister have any information as to how many of those bank individuals were working or rather how many of those individuals who are not bank were working without an ETB contract?

**Hon. G Arias-Vasquez:** No, Madam Speaker, all the individuals would be locums or banks and they would have their equivalent contracts.

3415 **Madam Speaker:** Next question.

**Q499/2025**  
**GHA –**  
**Non-Contractual Allowances**

3420 **Acting Clerk:** Question 499, the Hon. J Ladislaus.

**Hon. J Ladislaus:** As from the 1st of May 2024, what non-contractual allowances have been given to employees of the GHA and to whom have they or are they being given?

3425 **Acting Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

3430 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, allowances granted from the 1st of May are as follows: responsibility allowances on a personal to holder basis; additional duty allowances; ambulance service crew leader allowances; additional clinical sessions; clinical director allowances; fostering medical allowances; loss of earning allowances; medical educational lead allowances; and GP additional on-call allowances. These have been given to individuals who have been approved as falling within the definition of each allowance.

3435 **Hon. J Ladislaus:** Madam Speaker, we have had a list relayed of the different allowances. Within those allowances, were there loss of earnings allowances for example conveners who were part of Unite and have since stood down? Were there allowances in place for those conveners and the loss of earnings?

3440 **The Hon Arias-Vasquez:** Madam Speaker, I do not have individualised information and I am unclear whether I would be able to give individualised information such as that that the hon. Lady is seeking across the floor of the House. I have not got with me the information as to whether there were conveners of Unite that is quite a specific question.

I do not have information with me as to whether there was a convener of Unite who has been given a loss of earnings allowance.

3445 **Hon. J Ladislaus:** Madam Speaker, the information provided to my hon. Colleague earlier had a breakdown, which stated that one of the allowances, were loss of earnings allowances. Therefore, I would expect the same answer to be available to the Hon. Minister in this case. So I

ask not specifically but within that list that the Hon. Minister has provided, is there a loss of allowance given to anyone just generally? Is there a loss of allowances given for being a Unite convener?

**Hon. G Arias-Vasquez:** Madam Speaker, one of the headings of the allowances that I read out was a loss of earnings allowance. Now whether that loss of earnings allowance has gone to a Unite convener or otherwise is information which one, I do not have and two, potentially could identify the individual. Therefore, I am not clear on whether I could provide it even if I did have it but it is not information, which I have available and I am not sure that the information provided earlier would identify the Unite convener either.

**Hon. J Ladislaus:** But Madam Speaker, we have heard that the Hon. Minister has just said that it is accepted that the information was provided to my learned colleague and that the Unite convener, the Hon. Minister says that she is not sure whether that convener could have been identified. Is it the case therefore that the information hasn't been provided in this instance because if there is there could be a Unite convener that could be identified? Is that the case?

**Hon. G Arias-Vasquez:** No Madam Speaker, the information has been provided following the question that has been asked. So a list of the non-contractual allowances has been provided and the individuals that have been that are awarded these allowances are given. Therefore, Madam Speaker, it is not because an individual would be identified that the answer has not been provided in the format that the hon. Lady wanted.

It is there is a there is a category of allowance which is a loss of earnings allowance. I do not know if that loss of earnings allowance has been given to a Unite convener.

**Madam Speaker:** Next question.

**Q500/2025**  
**GHA –**  
**Employment via an agency**

**Acting Clerk:** Question 500, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Does the GHA currently employ or has it in the past 24 months employed any staff whether directly or via an agency or as bank staff who have been medically boarded in the past and were or are in receipt of a monthly pension, gratuity and community care? If so, why is this the case and have pension, gratuity and community care payments cease to be paid to that or those employee or employees whilst they are in receipt of a salary?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, not to our knowledge.

**Hon. J Ladislaus:** Madam Speaker, in asking the supplementary I am more specific in that it is important I think to make a distinction between those who are medically boarded for example just to give an example as a staff nurse but are brought back in an admin role perhaps because they are able to carry out the admin role. Is the Hon. Minister encompassing those such individuals or simply individuals who have been brought back within the same role?

**Hon. G Arias-Vasquez:** Madam Speaker, it is my understanding that in the GHA if someone is a staff nurse and is unable to carry out their duties as a staff nurse they would go through an occupational health procedure and then be reassigned to an admin task so they wouldn't be medically boarded as a result of being unable to carry out their duties as a staff nurse. Medically boarded is something that is reached if the individual involved cannot perform the duties and cannot be assigned to an alternative task. To my understanding if a staff nurse were unable to carry out nursing duties they would go through an OH process, an occupational health process, and then they would be reassigned to a different role but they would not be medically boarded and then reassigned to a different role if that makes sense.

**Madam Speaker:** Next question.

**Q501/2025  
GHA –  
Bank Staff**

**Acting Clerk:** Question 501, the Hon. J Ladislaus.

**Hon. J Ladislaus:** How many GHA staff members are currently employed out of the bank staff cohort or via an agency and have been working continuously and uninterrupted for a period of over three months? Please provide breakdowns as to when they commenced working and their current roles.

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker we currently have 53 bank staff members who have worked uninterrupted for over three months. The breakdown requested is in the schedule, which I now hand over.

**ANSWER TO QUESTION 501**

Grade	Start Date
Biomedical Assistant	12/06/2023
Charge Nurse	10/03/2020
Dental Nurse	04/06/2020
Enrolled Nurse	01/05/2017
Enrolled Nurse	07/11/2012
Enrolled Nurse	02/02/2014
Enrolled Nurse	14/09/2014
General Operative	08/01/2024
General Operative	01/07/2024
General Operative	24/06/2024
General Operative	24/06/2024
General Operative	24/06/2024
General Operative	30/08/2024
General Operative	24/06/2024
General Operative	24/06/2024
General Operative	24/06/2024
General Operative	24/06/2024
General Operative	24/06/2024
General Operative	24/06/2024
Jnr GHA Clerk	05/02/2024
Jnr GHA Clerk	08/08/2024
Jnr GHA Clerk	20/02/2024
Jnr GHA Clerk	05/09/2023
Medical Secretary	21/08/2024
Nursing Assistant	01/01/2023
Nursing Assistant	22/02/2015
Nursing Assistant	15/01/2023
Nursing Assistant	06/05/2020
Nursing Assistant	09/12/2019
Nursing Assistant	28/03/2020
Nursing Assistant	06/05/2020
Nursing Assistant	06/04/2020
Nursing Assistant	19/03/2024
Nursing Assistant	26/05/2020
Nursing Assistant	24/11/2023
Nursing Assistant	26/04/2024
Nursing Assistant	06/02/2023
Nursing Assistant	06/02/2023
Nursing Assistant	10/08/2020
Nursing Assistant	23/11/2020
Nursing Assistant	02/06/2020
Nursing Assistant	20/02/2024

**CONTINUED**

Grade	Start Date
Registered Nurse	05/08/2024
Registered Nurse	04/09/2023
Registered Nurse	07/11/2023
Registered Nurse	20/09/2023
Registered Nurse	11/05/2023
Registered Nurse	28/11/2022
Registered Nurse	01/12/2013
Registered Nurse	24/01/2022
Registered Nurse	28/05/2020
Registered Nurse	13/09/2021
Registered Nurse Child	28/03/2023

Cont...

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**Madam Speaker:** Right we will come back to this for supplementaries in due course. In the meantime next question.

**Q502/2025**

**GHA –**

**Mental Health Facilities as Bank Support**

3530 **Acting Clerk:** Question 502, the Hon. J Ladislaus.

**Hon. J Ladislaus:** How many employees working at GHA mental health facilities as bank support staff have completed 24 months or more of continuous service to the GHA and why have they not been offered permanent contracts?

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

**Hon. G Arias-Vasquez:** Madam Speaker, two bank employees have worked for over 24 months continuously within the GHA mental health facilities. They are covering gaps in the service due to issues such as sickness and vacancies.

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**Hon. J Ladislaus:** Madam Speaker, if it is the case that they have been working for 24 months or more, isn't the Hon. Minister of the view that it goes over the use of bank staff because bank staff are to cover short temporary positions? This is leaving two individuals in a position whereby they do not have permanent contracts, they are up in the air, and they do not know whether they are going to continue in employment long term, they cannot for example access mortgages. Would the Hon. Minister agree with me that these individuals should perhaps be provided with permanent contracts given that they have been needed for such a long period?

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**Hon. G Arias-Vasquez:** Madam Speaker, whereas I agree in principle that all bank staff should be tidied up and if they needed in a permanent post that should be tidied up and that is an exercise, which has been carried out. I disagree with the hon. Lady that three months is the cut-off point. There will be instances, for example maternity cover, where an individual is needed for longer than three months.

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The fact that an individual has been employed for three months permanently on bank does not necessarily suggest that that individual needs to be in a permanent position in the GHA because they could be covering long-term sick, maternity cover etc. There are instances where beyond maternity cover there is an individual who is in the job who is suffering from a long-term illness.

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Bank is meant to be covering a position properly. If that is for an extended period of time then Occupational Health should step in to see whether the individual will be coming back to work and if that individual isn't envisaged to be coming back to work then they should be looking to make that post a permanent post or indeed open the vacancy for interviews in order to determine whether that individual is the best for the job.

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3565 **Madam Speaker:** Next question.

**Q503/2025**

**GHA –**

**Employees Overtime**

3570 **Acting Clerk:** Question 503, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Can the Hon. Minister provide details as to the total number of GHA employees earning more than 20 percent over their basic salary in overtime broken down by: (1) direct employees of the GHA; (2) employees working on behalf of the GHA via the Gibraltar

3575 Development Corporation; and (3) employees working for the GHA via Government-Owned companies?

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

3580 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the total number of GHA employees earning more than 20 percent over their basic salary in overtime for financial year 2024-25 are as follows: Direct employees of the GHA, 258; employees working on behalf of the GHA via the Gibraltar Development Corporation, one; employees working for the GHA via Government-Owned companies excluding the GHA, zero.

3585 **Hon. J Ladislaus:** Madam Speaker, again I ask the question. I note that earlier on my hon. Colleague Mrs. Sanchez was provided with a more detailed breakdown so that we could actually have had sight of the figures and precisely how much over and above the 20 percent or the 30 percent that she had asked individuals were earning over and above their basic wage. For what reason has it not been possible to provide the same in respect of this schedule?

3590 **Hon. G Arias-Vasquez:** Madam Speaker, the question that was asked by the hon. Lady was far more specific and in that so the answer that was provided was far more specific and detailed. The answer that is required here is the answer in respect to this question is an answer in terms of the direct employers of the GHA which I have provided the hon. Lady with. If the hon. Lady wants additional information again please feel free to ask me and give me notice of the question and we will provide you with the details you request.

3600 **Hon. J Ladislaus:** Madam Speaker, in the earlier schedule it was obvious that there were a number of individuals earning more than 100 percent of their basic wage in overtime. Can the Hon. Minister confirm whether this is the case under this as well under the direct employees of the GHA or any of the three breakdowns that I have asked for?

3605 **Hon. G Arias-Vasquez:** Madam Speaker, I am unsure whether that is the case or otherwise. I would however highlight the point that in an emergency setting such as the GHA it is inevitable that overtime will be incurred by individuals working within the organisation. I am unsure of whether there is similarly figures of 100 percent overtime being earned by individuals but I would consider that it is normal that overtime is incurred but this is to be managed properly.

3610 **Hon. J Ladislaus:** Madam Speaker, can I ask, is the Hon. Minister saying that she would expect that normal overtime or rather 100 percent over and above basic wage in overtime is what is to be expected in this area?

3615 **Hon. G Arias-Vasquez:** No Madam Speaker, what I am saying is that if overtime is required then overtime will be done. here need to be proper controls managing the overtime that is being done but in an institution such as the GHA it is perfectly normal for doctors, nurses, even admin staff to be earning overtime.

3620 **Hon. J Ladislaus:** Madam Speaker, does the Hon. Minister not agree that in the event that such an individual is earning perhaps over and above 100 percent of their basic wage it would just make more sense to employ somebody else and add it to the cohorts which is the point that we have been making that there are shortages within the GHA's cohorts and these figures certainly seem to suggest it.

3625 **Hon. G Arias-Vasquez:** Madam Speaker, again I have explained the procedure numerous times to the hon. Lady. The complement of the GHA is exactly what the GHA have requested from the

Government. The funding for the complement of the GHA has been given exactly as requested by the GHA.

3630 So again, there is a procedure, which has gone through internally in the GHA, and they put together the complement that they require. The complement then goes through a budget session internally and in this instance, in this year and in the previous year, the GHA have been given the complement that they request. I would assume that part of that process is the managing of overtime, the managing of expectations within the complement but it is not up to me, as I am frequently reminded, to determine what the complement should be.

3635 The GHA itself tells me what complement they want and we have granted the budget for the entire complement the GHA has requested.

3640 **Hon. J Ladislaus:** Just a final question. I accept that the GHA would tell the Hon. Minister the complement that is required. The question is in the view of the Hon. Minister, would she accept that it appears from the figures given that we have seen today some are in fact earning over 100% over and above their basic wages that the complement is under and other individuals could be placed within the same role and therefore it avoids people needing to carry out so much overtime?

3645 **Hon. G Arias-Vasquez:** Madam Speaker, I am not in a position to be able to determine that because I do not have oversight of why exactly that clinician was required to do overtime in those circumstances. Therefore, the people that are in the best position to determine that is the Executive Board of the GHA, which I am frequently reminded requires independence from your clinical decisions.

3650 Therefore, if the GHA is telling me that they need complement X, then funding will be required for complement X and what was given on the last occasion, this year's budget and last year's budget was exactly what the GHA have requested.

3655 **Madam Speaker:** Next question.

**Q504/2025**  
**GHA –**  
**Recruitment/Employment Contracts**

**Acting Clerk:** Question 504, the Hon. J Ladislaus.

3660 **Hon. J Ladislaus:** Can the Minister provide details as to the systems in place at the GHA to:

1. Create a post;
2. Approve recruitment for that post and;
3. Approve employment contracts?

3665 **Acting Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

3670 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the internal process for the GHA to request recruitment into a substantive post for the temporary cover is as follows - A recruitment request form or cover request form is submitted and considered by the relevant Director and Director General. If approved, it is submitted to Ministry for Ministry consideration and approval.

It is then submitted to Employment for registration purposes and on receipt of the approved notification of GHA workforce advertiser vacancy and the vacancy are advertised internally, externally local and or externally abroad depending on the grade. Terms of engagement and or

3675 variations relating to a process notification of vacancy are considered and approved by the Director of Workforce and Director General and submitted to Employment for registration purposes.

3680 **Hon. J Ladislaus:** Madam Speaker, does this apply to the recruitment of established vacancies existing in the estimates book as well?

**Hon. G Arias-Vasquez:** The question relates to the creation of a post and approved recruitment for that post. If there is an existing vacancy, the vacancy will go straight through. It will come to me for approval and it will go straight through to the ETB.

3685 The procedure is far more complicated when the post is not contained within the complement.

3690 **Hon. J Ladislaus:** Madam Speaker, we have heard comments made by Unite in past months that this, in fact, process seems to unnecessarily delay matters and increase bureaucracy. Does the Hon. Minister agree with that and, if so, is anything being looked at or considered in order to cut down the bureaucracy?

3695 **Hon. G Arias-Vasquez:** I appear in Parliament in the budget session in front of yourself and the members opposite to bring to the House a budget with a complement that is agreed. That complement is agreed in this House through a Parliamentary procedure. If there is a post, which is not in complement, then there is a procedure to go through in order to increase the complement beyond that agreed by this House.

3700 It may be bureaucratic but, unfortunately, there is a process because this is public money and, as I am frequently reminded, there have to be controls on public money. If there is a post which is not in complement, which was not requested in the complement as will be discussed in this Parliament in the coming month or so, and I do not know the dates before anyone asks me, if there is a process and that process has gone through in this House and the budget is approved, any post that is required over and above that complement needs to go through a process. If it is bureaucratic, it should have been included in the complement.

3705 It is not as if the complement is approved once every five years. The complement is approved once a year. Therefore, every single year, in June or July, this House approves a budget and approves a complement.

3710 For legislative purposes, that complement and that budget have to go through throughout the year. If there is a requirement that is surplus to the complement and, for example, it is deemed to be urgent or there is deemed to be a financial advantage to obtaining a post and, therefore, cutting down on repatriation of services, then that post may be approved. However, there is a process and procedure simply because it goes outside the budget debated by this House and, therefore, unfortunately, the process is a necessary one.

3715 **Hon. J Ladislaus:** Madam Speaker, yes, I accept that the process of budgets occurs once a year and requirements are voiced at that point in time. The Hon. Minister will be very familiar with the fact that the Service may have to respond to unprecedented issues that may come and, as a health service; those needs are evolving throughout the course of the year. Therefore, can the Hon. Minister perhaps detail or confirm whether the process would be just as bureaucratic in the event that, for example, a post needs to be approved quite urgently because it is needed, because it does seem like posts are taking quite a while to fill, and it may be the case that this is part of the issue.

Can the Hon. Minister provide answers as to whether this is the process that is followed in every case?

3725 **Hon. G Arias-Vasquez:** Madam Speaker, if there is something that is urgent, it will be brought to my attention, usually by the entirety of the Executive Team, and that will be approved as and

when necessary. There is a distinction to be made here, and it is a distinction, which I frequently discuss with the Executive Team of the GHA. If the post is in complement and the post is funded, or if, for example, there is a theatre nurse that is retiring and that post needs to be filled, the process is far more streamlined and it does not have to go through a particularly bureaucratic process in order to fulfil that vacancy.

However, if the GHA decides, for the sake of argument, that it needs a new post, let us use a post that is not in existence in the GHA. If the GHA tomorrow were to decide that they need a neonatologist, then there is a process in place to approve that neonatologist, because it is not in the complement that was debated in this House. Therefore, if there is a vacancy and that vacancy is fully funded, it should and usually does go through immediately.

If the post is one, which is out of complement, and it is a need that the GHA determines it requires and that is urgent, we will normally try to push it through quite urgently. However, if it is a service that the GHA deems would improve the service, then there is a process there, and the process has to be followed through in order to satisfy ourselves that we can go beyond the complement as debated in this House.

**Madam Speaker:** Next Question.

**Q505/2025**

**GHA –**

**Occupational Health Services**

**Acting Clerk:** Question 505, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Does the GHA have a contract for occupational health services? If so, (1) Whom was the contract awarded to? (2) When was the contract awarded and for how long? (3) Was there a procurement process prior to awarding the contract? (4) What is the value of the contract?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the GHA does not have a contract for occupational health services. However, the GHA benefits from the contract entered into by the wider Public Service.

**Hon. J Ladislaus:** Madam Speaker, does the Hon. Minister have any of the information outlined there in respect of that wider contract that the Civil Service actually benefits from?

**Hon. G Arias-Vasquez:** Madam Speaker, unfortunately the GHA does not hold this information as a contract process conducted by the Office of the Chief Secretary.

**Madam Speaker:** Next question.

**Q506/2025**

**GHA –**

**Bullying Allegations**

**Acting Clerk:** Question 506, the Hon. J Ladislaus.

**Hon. J Ladislaus:** How many bullying allegations have been made within the GHA in the past 24 months and how many of those allegations were considered: (1) unsubstantiated; and (2) substantiated? What action has been taken by the GHA in respect of the substantiated allegations?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, there have been 13 bullying allegations made within the GHA in the past 24 months, all of which were found to be unsubstantiated.

**Hon. J Ladislaus:** Madam Speaker, we are in receipt of information, which suggests that there were further allegations made which have not made it onto those statistics and were, should I put it this way, swept under the carpets. Can the Hon. Minister confirm whether that is the case?

**Hon. G Arias-Vasquez:** Madam Speaker, bullying allegations in the GHA are not swept under the carpet. Bullying allegations are dealt with by, via workforce or by the appropriate leads in the department.

**Madam Speaker:** Next question.

**Q507/2025**  
**GHA –**  
**Head of Sponsored Patients**

**Acting Clerk:** Question 507, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Was the role of the Head of Sponsored Patients at the GHA advertised ahead of the current Head of that department having been appointed? In addition, were they put through a formal interview process before being appointed? What involvement, if any, did the GHA Executive Board have in the decision to appoint the current Head of Sponsored Patients?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, no, the post was not advertised as an individual was transferred from another department in the public service at the equivalent grade into this role. This predates my time as Minister for Health, but I am advised that the former GHA Director General was involved in the transfer.

**Hon. J Ladislaus:** Madam Speaker, does the Hon. Minister have any information as to the reason behind the post not being advertised, even internally?

**Hon. G Arias-Vasquez:** Madam Speaker, as I have discussed previously, Civil Service posts are transferable within the Civil Service. Therefore, at that senior level, a Senior Officer can be transferred across into the GHA.

**Hon. J Ladislaus:** Can the Hon. Minister confirm whether the individual received a salary increase compared to their previous role?

3820 **Hon. G Arias-Vasquez:** Madam Speaker, I am happy to provide that information if I am given notice as a question, but I do not have the information to hand.

3825 **Hon. J Ladislaus:** Madam Speaker, surely the Head of something like Sponsored Patients within the GHA would have some prior knowledge of GHA workings. Can the Hon. Minister confirm whether this individual had any experience working within the GHA prior to being appointed?

3830 **Hon. G Arias-Vasquez:** Madam Speaker, not only did this individual have experience working in the GHA, this individual has managed to control the budget of Sponsored Patients in the years that he has been there, to an extent that has previously been virtually unheard of. The budget of Sponsored Patients, this year, is actually under control. Therefore, I congratulate the individual involved on his ability to control the budget for Sponsored Patients.

**Madam Speaker:** Next question.

**Q508/2025**

**GHA –**

**Director of Personnel and Development**

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**Acting Clerk:** Question 508, the Hon. J Ladislaus.

3840 **Hon. J Ladislaus:** Is the GHA's Director of Personnel and Development receiving additional allowances for his role as Director of Workforce? If so, please set out what those are.

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

3845 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, His Majesty's Government of Gibraltar Director of Personnel and Development receives an additional responsibility allowance in respect to the additional duties associated with the role of Director of Workforce of the GHA. In essence, the number of people under this office's remit more than doubled when he took over the GHA role. In addition, as a member of the GHA Executive Team, the Director also receives the Executive On-Call Allowance, consistent with the entitlements of other members of the Executive Team.

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**Hon. J Ladislaus:** Does the Hon. Minister have any information as to the amount that these allowances would add up to?

3855 **Hon. G Arias-Vasquez:** Madam Speaker, the Additional Responsibility Allowance is £30,000 per annum, and the Executive On-Call Allowance is £4,500 per annum.

**Hon. J Ladislaus:** Just for clarification, £30,000 or £13,000?

3860 **The Hon Arias-Vasquez** £30,000.

**Madam Speaker:** Next question.

**Q509/2025**

**GHA –**

**Conduct of a GHA Employee and GHA Standard Policy**

3865 **Acting Clerk:** Question 509, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Why was the Hon. Minister for Health in attendance at a meeting to discuss a report as to the conduct of a GHA employee and is this GHA standard policy?

3870 **Hon. G Arias-Vasquez:** Madam Speaker, I have not been present at any such meeting.

**Hon. J Ladislaus:** For the avoidance of doubt, the Minister denies being present at any such conduct meeting that was in respect of a GHA employee.

3875 **Hon. G Arias-Vasquez:** Madam Speaker, I repeat for the avoidance of doubt and clearly, I have not been present at a meeting to discuss a report as to the conduct of a GHA employee, because this would go against standard policy. Again, just in case I am accused of mumbling, I have not been present at any such meeting.

3880 **Hon. J Ladislaus:** Is it the case that the Minister plays any role in any of these meetings or has played at any point in time?

**Hon. G Arias-Vasquez:** Madam Speaker, I would not be present at a conduct meeting to discuss a report on the conduct of a GHA employee.

3885 **Madam Speaker** Next question.

**Q510-13/2025**

**GHA –**

**Cervical Screening**

3890 **Acting Clerk:** Question 510, the Hon. J Ladislaus.

**Hon. J Ladislaus:** How many women have been screened through the GHA cervical screening program since January 2018 to date, broken down by month?

3895 **Acting Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Questions 511 to 513.

3900 **Acting Clerk:** Question 511, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Since the 1st of January 2018, how many women who were screened through the GHA cervical screening program have been affected by issues surrounding testing and recall errors?

3905 **Acting Clerk:** Question 512, the Hon. J Ladislaus.

**Hon. J Ladislaus:** What concerns have been raised internally at the GHA about cervical screening of women at the GHA in the last seven years?

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**Acting Clerk:** Question 513, the Hon. J Ladislaus.

**Hon. J Ladislaus:** Following communications from the GHA, how many women have made appointments for cervical screening at the GHA since January 2025 to date, broken down by month?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, a working group was established in August 2023 to review the cervical cancer and cervical screening pathway following the concerns regarding the death of a lady with cervical cancer. This working group identified concerns with the call and recall of the women and with the quality of cervical screening tests taking place outside of the GHA. As a consequence of the concerns raised, the current detailed call and recall exercise is currently taking place and cervical screening now takes place within the GHA.

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In answer to Question 510, I now hand over a schedule with the information requested in respect of Question 510.

In response to Question 511, it is not clear what the hon. Lady means by issues surrounding testing and recall errors. Eight women have had cancer from all the patients who have been screened to date since 1 January 2019, which is the period covered by the look-back exercise conducted by clinical governance.

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In answer to Question 513, the number of women who have had appointments for cervical screening at the GHA since January 2025 to date are: 174 in January 2025; 175 in February 2025; 192 in March 2025; 333 in April 2025; and 142 from 1 May to 14 May 2025.

3935

**ANSWER TO QUESTION 513****ANSWER TO QUESTION 510**

<b>Year</b>	<b>Month</b>	<b>Individuals</b>
2018	January	190
2018	February	184
2018	March	179
2018	April	217
2018	May	175
2018	June	169
2018	July	130
2018	August	169
2018	September	153
2018	October	180
2018	November	151
2018	December	124
2019	January	209
2019	February	204
2019	March	174
2019	April	135
2019	May	223
2019	June	146
2019	July	185
2019	August	151
2019	September	165
2019	October	221
2019	November	193
2019	December	122
2020	January	147
2020	February	154
2020	March	69
2020	April	3
2020	May	46
2020	June	238
2020	July	249
2020	August	200
2020	September	218
2020	October	353
2020	November	244
2020	December	108
2021	January	2
2021	February	46
2021	March	108
2021	April	114
2021	May	248
2021	June	123
2021	July	7
2021	August	41
2021	September	204

Cont...

**CONTINUED ANSWER TO QUESTION 513**

**CONTINUED ANSWER TO QUESTION 510**

Year	Month	Individuals
2021	October	89
2021	November	137
2021	December	50
2022	January	45
2022	February	149
2022	March	123
2022	April	94
2022	May	166
2022	June	100
2022	July	118
2022	August	245
2022	September	233
2022	October	159
2022	November	248
2022	December	104
2023	January	135
2023	February	157
2023	March	230
2023	April	71
2023	May	148
2023	June	102
2023	July	156
2023	August	131
2023	September	141
2023	October	133
2023	November	125
2023	December	62
2024	January	209
2024	February	231
2024	March	289
2024	April	254
2024	May	179
2024	June	188
2024	July	177
2024	August	135
2024	September	147
2024	October	175
2024	November	138
2024	December	81
2025	January	162
2025	February	172
2025	March	193
2025	April	335
2025	May	122

**Madam Speaker:** We will leave supplementaries for Question 510, but are there any for Question 512?

**Hon. J Ladislaus:** Yes, Madam Speaker, I do not believe I heard an answer for Question 512, which was what concerns have been raised internally at the GHA with regards to cervical screening of women at the GHA in the last seven years. I do not believe I caught that, so I am not sure whether that was answered.

**Hon. G Arias-Vasquez:** Madam Speaker, it was explained that a working group was established in August 2023 following the concerns regarding the death of a lady with cervical cancer. It was because of that that the working group was established.

**Hon. J Ladislaus:** And have any other clinicians raised any concerns within the GHA within those seven years prior to that working group being put together?

**Hon. G Arias-Vasquez:** Not on cervical screening, Madam Speaker. Not on cervical cancer screening, Madam Speaker.

**Hon. J Ladislaus:** Who chaired that working committee, if the Hon. Minister has that information?

**Hon. G Arias-Vasquez:** Madam Speaker, I believe it would have been the Director of Public Health, but I can have that confirmed.

**Madam Speaker:** We will take supplementaries to Questions 511 and 513 also, when the hon. Member is ready.

**Hon. J Ladislaus:** May I start the question as to Question 512? Madam Speaker, information received does suggest that the Government had been aware of the shortcomings in the cervical screening program for some years now, and issues had been brought to the attention of clinical leads before then. Indeed, Madam Speaker, the GSD raised this in 2021, and there are exchanges in Hansard in 2021 between my predecessor, Mr Phillips, and the Hon. Minister's predecessor, as to the cervical screening programs and the issues that those cervical screening programs were being experienced.

It is a surprise to me that the Hon. Minister had not heard that any issues had been raised internally. Aside from clinicians, did anybody else raise those issues within the GHA that the Hon. Minister is aware of?

**Hon. G Arias-Vasquez:** Madam Speaker, it is not surprising at all. I took office in October 2023. By August 2023, the issues were already starting to be reviewed.

So, as far as I am concerned, and as far as the information provided to me is concerned, the Working Group was established in 2023, obviously because of issues raised before that. Otherwise, the Working Group would not have been established. However, I am not aware; it has not come to my attention, that any clinicians or anyone else has raised concerns prior to that date.

**Madam Speaker:** Anything for Question 511?

**Hon. J Ladislaus:** Yes, Madam Speaker. That question specifically relates to whether, so I got an answer of eight women. Is it the case that those eight women, or has there been any link found to the issues with cervical screening, with the fact that these eight women have been found to have cancer, and could that have been caught earlier, if screening had been up to date and the processes had been functioning as they should have?

3990 **Madam Speaker:** That is bordering on the hypothetical, could that have been caught earlier.  
The first part of the question is valid, but could it have been caught earlier is too hypothetical.

**Hon. G Arias-Vasquez:** Madam Speaker, I have information. I do not have specifics on the eight, but I have specifics on the fact that some did not attend screening and fully recovered, some had  
3995 previous smears but were not recalled, and some of them had no previous smear history. Some of those results were false negatives, which is something which I stated quite clearly in the press conference that we spoke about.

Some of those had false negatives because of the tests that were done at the time. Therefore, at the time, PAP smear tests were carried out, and those PAP smear tests gave false negatives.  
4000 The test carried out today in the GHA is the HPV test, and the HPV test gives far more accurate information on smears.

What I would say as well on that is that at the time the PAP smear was considered the gold standard test and was indeed the test that was used in the NHS and other institutions globally, and as soon as the NHS moved over to the HPV testing and it was globally accepted, that was far  
4005 more accurate for cervical smears, the GHA then moved to the HPV smears as well.

**Hon. J Ladislaus:** Madam Speaker, is it the case that before the introduction of this new program that we have seen in recent months, is it the case that before then people were not being reminded or women were not being provided with reminders that they were overdue a smear  
4010 test? Is that the case, because 12,000 seems an inordinate number of women who are over the allocated time within which they should have had a smear?

**Hon. G Arias-Vasquez:** Madam Speaker, as I explained at the time, the net was cast very widely in order to capture the maximum number of women possible. In fact, women over the age of 65  
4015 would not ordinarily be recalled for a smear. On this occasion, women over 65 have also been recalled for a smear.

The GHA is exercising an abundance of caution in this exercise and is reaching out to a huge number of women, some of whom would not ordinarily be contacted for a smear test, in order to make abundantly sure that it catches as broad a net as possible of the individuals concerned.  
4020

**Hon. J Ladislaus:** Is it the case, or would the Hon. Minister accept that 12,000, whether the net was cast widely or not, the GHA hasn't kept records up to date and it is endemic of a more systemic issue within the GHA of record keeping? This is the reason why 12,000 women have the net has  
4025 been cast so widely, because there is no way of knowing how many of these women have not had smear tests, how many are over the recommended time within which a smear test is to be taken. So is that the case?

Is it the case that it is a systemic failure on behalf of the GHA to keep proper records?

**Hon. G Arias-Vasquez:** Madam Speaker, the GHA is carrying out an enormous exercise, and indeed it is carrying out an enormous exercise, encouraged by me, in order to make sure that as  
4030 many women as possible are caught by the tests. We would rather that the net be cast incredibly wide in order to catch as many women as possible by this. Women who have already had smears will be recalled. Women who have fallen out of the smear program will be recalled.

Again, Madam Speaker, this is an exercise to catch, as many women as possible, and indeed I  
4035 will take this opportunity to encourage women, when they are called for their smear test, to actually go to their smear test and actually actively engage with the GHA, because screening captures people that are symptomless or women that are symptomless. I would actively encourage, I would use this opportunity to encourage as many women as possible to attend the GHA in order to have their smear done.

The program is meant to capture as many women as possible, and in order to encourage as  
4040 many women as possible to engage with the GHA in order to have their smear tests done.

**Hon. J Ladislaus:** Madam Speaker, I of course echo what the Hon. Minister has just said, and would encourage women to take screening up regularly. However, it is still, would this exercise and casting the net have been necessary if the GHA's systems and record keeping had been kept up to date?

**Madam Speaker:** Again, that is hypothetical.

**The Hon J Ladislaus** Is it the case, therefore, that the screening program was not satisfactorily been carried out previously, and that is the reason why we have to cast the net so widely now?

**Hon. G Arias-Vasquez:** Madam Speaker, again, I would encourage the members opposite to listen to the answers when they are given. The working group identified concerns with the call and recall of women that is stated in my answer. We wanted to make sure that every woman was called and recalled.

We want to make sure that as many women as possible. If what the hon. Lady wants me to do is to stand here and self-flagellate, I am not going to do that. We are here to make sure that as many women as possible are captured by the program.

We are here to ensure that the duty is to make sure that as many women attend the screening program. Indeed, the working group identified that there were issues with the call and recall, and therefore we are casting the net as wide as humanly possible to make sure that any previous issues are now covered by the current campaign.

**Madam Speaker:** Anything on Question 513?

**Hon. J Ladislaus:** Yes, Madam Speaker. I note that numbers have stayed consistent of women making appointments, but they shot up in the past couple of months to 333 from 175, 122 in previous months. Is the GHA ready and set up for a potential influx, given that, of course, the net has been cast as wide as 12,000?

Is the GHA prepared and able to cope with such an influx of potential appointments?

**Hon. G Arias-Vasquez:** Madam Speaker, the screening program has been set up specifically to make sure that we are able to cope with the influx. The screening program is set up so that every single day until the early evening there are individuals there that are able to carry out the smears. The campaign has been carried out ensuring the staff is available in order to deal with the influx that we knew we were going to get.

Therefore, yes, I am confident that the GHA is able to deal with the influx of appointments being made.

**Hon. J Ladislaus:** I do not know whether the Hon. Minister would have this information in front of her, but how many appointments are available per day within this screening program?

**Hon. G Arias-Vasquez:** The hon. Lady is correct, I do not have that information in front of me, but I can obtain that information if the hon. Lady gives me notice of the question.

**Madam Speaker:** Is the hon. Member in a position to ask supplementaries on Question 510, or would she like some time to consider the schedule? We can revert if she would like. Next question.

**Q514/2025**  
**GHA –**  
**Business Cases**

**Acting Clerk:** Question 514, the Hon. J Ladislaus.

**Hon. J Ladislaus:** How many business cases were submitted by departments within the GHA for:

1. The 2023-24 financial year; and
2. The 2024-25 financial year?

Please provide a monthly breakdown to cover the 2023-24 and 2024-25 financial years of:

1. The number of business cases submitted set out by department;
2. The total cost per department in respect to the business cases it submitted; and
3. How many of the business cases submitted were approved and when?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker we have an annual cycle of business planning whereby we ask for business cases in October to be submitted between October and December as part of the following year's estimates process. Occasionally we may get business cases outside of this cycle if the need arises.

We therefore do not collate business cases monthly. This is internal GHA information and we do not feel it is appropriate to disclose across the floor of this House.

**Hon. J Ladislaus:** Madam Speaker, for what reason is it felt that it is not appropriate to communicate this across the floor of the House and to the public because this of course business cases are in respect of requested resources for departments which of course the public and I would ask does the Hon. Minister not think that the public should have that information as to resourcing?

**Hon. G Arias-Vasquez:** Madam Speaker, this is an internal procedure, which the GHA goes through in order to approve and assess what the GHA requires for the following year. It is an internal process and therefore we do not feel it is appropriate to share across the floor of the house.

**Hon. J Ladislaus:** Madam Speaker, am I correct in the assumption that business cases deal with and can show where resources are potentially lacking if a business case is not approved? Am I correct in my understanding of that?

**Hon. G Arias-Vasquez:** No Madam Speaker it is what an individual department administrative believes that is required. That then goes through a process so anyone and everyone can submit a business case that then goes through a process. It is correct that the outcome of that procedure of that process be disclosed in terms of the budget but the business cases that everyone throughout the GHA submits we do not feel it is appropriate to share.

**Hon. J Ladislaus:** Madam Speaker I am not asking about the processes I am asking about numbers specifically it says a number of business cases admitted the total cost so I'm asking about general numbers so what is it that the Hon. Minister finds so inappropriate about the public being given that information?

4140 **Hon. G Arias-Vasquez:** Madam Speaker it is simply not possible to provide accurate and reliable information on the either number of business cases month-by-month or otherwise. Business cases as I have just said can be submitted across the GHA by anyone and on an entirely free basis, therefore, to provide a business case that has not been vetted through the executive team in fact the team that I am told should be frequently controlling the GHA is not appropriate.

4145 **Madam Speaker:** Next question.

**Q515-16/2025**  
**GHA –**  
**Out-Of-Court Settlements**

4150 **Acting Clerk:** Question 515, the Hon. J Ladislaus.

**Hon. J Ladislaus:** How much has the Government of Gibraltar paid out since 2011 broken down by year in respect of:

- 4155
1. Out-of-court settlements following pre-action letters to the GHA and or its legal representatives in respect of claims against the GHA excluding negligence claims;
  2. Out-of-court settlements following discontinued legal proceedings against the GHA in respect of claims excluding negligence claims; and
  3. Court orders arising from claims against the GHA excluding negligence claims.

4160 **Acting Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker I will answer this question together with Question 516.

4165 **Acting Clerk:** Question 516, the Hon. J Ladislaus.

4170 **Hon. J Ladislaus:** Aside from negligence claims how many claims have been issued against the GHA annually since 2011 broken down by year of those claims how many: (1) concluded an in and out in an out-of-court settlement; (2) concluded following a trial; (3) were discontinued by the claimant or claimants; and (4) were struck out by the courts.

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

4175 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker the Gibraltar Health Authority has been undertaking a significant exercise to update and consolidate its data management and reporting systems. This work is essential to ensure the accuracy and reliability of the information provided to Parliament and the public. Although it was initially anticipated the relevant data would be available by February 2025 the process has taken longer than anticipated.

4180 I am assured by the GHA that the exercise is actively ongoing and every effort is being made to complete it as a matter of parity. At this stage, however I am unable to provide the information requested as the data the GHA holds is not is not fully verified. In any event, I am also aware there may be a legal bar in sharing this information arising from the terms of the relevant insurance policies on such disclosure.

4185 **Hon. J Ladislaus:** Madam Speaker I in fact left it for various months following the initial indication in order to avoid the scenario which we find ourselves in now because I initially filed

the questions I believe it was in December and I was told to refile them by February and here we are in May and we still do not have any clear answers. Does the Hon. Minister have an estimate as to when we can expect that information to be provided?

4190

**Hon. G Arias-Vasquez:** Madam Speaker I am grateful to the hon. Lady for providing a leeway of a few months. Unfortunately, I do not have an estimate of when that information could be provided although I am chasing the GHA to provide that information constantly.

4195

**Hon. J Ladislaus:** Supposing that the budget session is of course around the usual time in June, would the Hon. Minister be able to confirm whether information will be forthcoming ahead of that budget session.

4200

**Hon. G Arias-Vasquez:** Madam Speaker as I have just confirmed I am unable to provide confirmation that that is the case. When the GHA have that information available, I am very happy to share with the hon. Lady.

**Madam Speaker:** Next question.

4205

**Q517/2025**  
**GHA –**  
**Backup Generators**

**Acting Clerk:** Question 517, the Hon. J Ladislaus.

4210

**Hon. J Ladislaus:** For what reason(s) did the GHA's backup generators both trip simultaneously during the power cuts on 8th April 2025. How often maintenance is carried, out on them and when was the last date prior to the power cut on the 8<sup>th</sup> April 2025 when maintenance was carried out on the GHA's backup generators?

4215

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

4220

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker during the power cut on the 8th April 2025 both electronic controllers logged false positive high exhaust temperature conditions. Consequently, the generator's self-protection kicked in and the generator stopped. Following investigations by the GHA's electrical engineering team, it was determined that the common denominator of the two controllers failing at the same incident with the same false condition is the external 11 kV mains power supply by the provider.

4225

Both generators performed as expected but controllers were subject to a spike causing damage to both programmable logic controllers. Maintenance to the generator is done monthly. The generators were checked by a GEA maintenance member on Friday 28<sup>th</sup> March as part of the routine monthly checks.

Water, oil and fuel level checks were done which took approximately 30 minutes.

4230

**Hon. J Ladislaus:** Madam Speaker it is somewhat technical and therefore I would ask that the Hon. Minister bear with me on the question asked if it is obvious. We have heard that the external main power supply provider failed. Is that also part of the monthly maintenance checks?

**Hon. G Arias-Vasquez:** Madam Speaker I am not sure I understand. Therefore, there was a power cut and the backup generators failed. That was it.

4235        There was a power cut and the backup generators failed but there is a backup to the backup in the form of UPS generators. So all critical areas throughout so the CCU, theatres, pediatrics etc. all relied on the backup generators and that definitively did not fail. What failed in that instance were the backup generators, which is the second line of defense.

4240        **Hon J Ladislaus:** Yes, I completely understand that. It is just that the Hon. Minister has given a technical answer as to the reasoning behind the backup generators seemingly failing and the question is relating to is the reason for the backup of generators failing, which I believe is something to do with the external main power supply provider failing, which is what I took down as notes from what the Hon. Minister said. Is that element of the backup generators maintained monthly as well? Is that part of the monthly checks?

4245

**Hon. G Arias-Vasquez:** Madam Speaker I understand that there are monthly checks on the generators or on the entirety of the generators.

4250        **Madam Speaker:** Next question.

**Q518/2025**  
**GEA –**  
**Diesel Used**

4255        **Acting Clerk:** Question 518, the Hon. C Sacarello.

**Hon. C Sacarello:** Madam Speaker I'd like to wish the Hon. Minister a very happy birthday and sorry that she's in the chamber rather than at home enjoying it but the encouragement too that she'll soon be home enjoying a glass of wine with her family and on to my question.

4260        How is the GEA's target of diesel only being used for 10% of the time coming along? Please provide a monthly figure of diesel used as a percentage of the total fuel consumed per month for the last 12 months.

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

4265        **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker I am delighted to confirm that this is going extremely well. Madam Speaker the 10% target is of course an annual one. Diesel is in fact only being used at the GEA's North Mill power station an annual average of 6.23% of the time. This is well below the 10% target. Additionally Madam Speaker this percentage is influenced by the natural gas stoppage in the period in March 2025, which naturally caused a spike in the use of automotive gas oil. For comparison purposes, the 6.23% is reduced to 3.38% if this event is eliminated from the calculation due to this being an anomaly to the GEA's normal operations. Therefore, Madam Speaker I am sure that the hon. Gentleman will join me in congratulating the GEA on this. I now hand over a schedule with a breakdown by month.

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**ANSWER TO QUESTION 518**

Month	% of Diesel
April 2024	1.72%
May 2024	4.57%
June 2024	3.29%
July 2024	1.67%
August 2024	1.04%
September 2024	1.36%
October 2024	1.90%
November 2024	9.14%
December 2024	1.99%
January 2025	7.65%
February 2025	2.84%
March 2025	37.57% (LNG stoppage period)

**Hon. C Sacarello:** Thank you. Madam Speaker I am very happy to hear that the GEA is achieving their targets. I have just seen from the figures what I was just about to ask what the period included and I presume that the figure of 6.23% includes the months provided in the schedule. Could the Minister please just confirm that?

**Hon. G Arias-Vasquez:** That is correct Madam Speaker.

**Madam Speaker:** Next question.

**Q519/2025**  
**GEA –**  
**Power Outage**

**Acting Clerk:** Question 519, the Hon. C Sacarello.

**Hon. C Sacarello:** The power outage which occurred on Saturday 29th of March 2025 at around 10.30pm affected the east side and the upper town areas according to comments from the GEA at the time. Why was the south district not included in this report when it too was affected?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker I can confirm that although the GEA's social media updates did not specifically mention the south district, the area around Rosia Plaza was indeed affected by the power outage. Initial investigations revealed that the outage in this particular area was not immediately apparent on the GEA's monitoring systems. It was only after affected customers contacted the GEA that the loss of power was identified and addressed.

**Hon. C Sacarello:** Thank you Madam Speaker, I would like to thank the Hon. Minister for her answer. Does that infer that the failure to identify it as a problem delayed the addressing the problem and fixing it? Has the reason for the non-identification of the problem been identified so as not to have a repeat occur in the future?

**Hon. G Arias-Vasquez:** Madam Speaker I am informed that the power outage affecting this area lasted 61 minutes. The outage time was exacerbated due to a technical glitch on the automated systems, which resulted in the engineers having to attend on site to restore power manually. So in answer to the hon. Member's question, no I do not think it delayed the addressing of the issue, but the fact that they had to attend on site was what delayed the restoration of power in that area.

**Hon. C Sacarello:** Madam Speaker can I ask the Hon. Minister why the details of that report are not available for the public to view on the GEA's website?

**Hon. G Arias-Vasquez:** Madam Speaker I would imagine that they are collating the information. I am not aware of any particular reason why it would not be available on the GEA's website if that is their normal customer practice.

**Hon. C Sacarello:** Madam Speaker this was actually something we discussed in the House following the 7th of January 2024 power outage and I believe it was the Chief Minister who around that time mentioned that it wouldn't be a problem going forward for the GEA to register the power outages and the reasons behind the unplanned ones on their website. This is something which I have been following with interest and since that date, I have not seen any. Would the Hon. Minister please address that if indeed that is their policy and would she agree to perhaps request that the GEA updates all the previous unplanned power outages and the reasons for all of the press releases on the website so they are visible for all to see should they look?

**Hon. G Arias-Vasquez:** Madam Speaker above and beyond the social media posts is the hon. Gentleman referring on the website. I have no issue with this and I am sure they have a team in order to post those reports.

**Madam Speaker:** Next question.

**Q520/2025**  
**GEA –**  
**Damage to a High Voltage Cable**

**Acting Clerk:** Question 520, the Hon. C Sacarello.

**Hon. C Sacarello:** The power outage on Saturday 29th of March 2025 was initially presumed to be attributable to a loss of gas supply but was later deemed to have been caused by damage to a high voltage cable in the distribution network. Can the Minister please confirm what actually caused the damage?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker the power outage on the 29th of March 2025 was initially, within a matter of minutes of the outage being reported, attributed to a loss of gas supply due to the LNG storage plant having been having resumed a supply of natural gas on Friday the 28th of March 2025 following a 10-day period of scheduled maintenance. Since the resumption of the national gas supply 24 hours prior to the outage experienced the GEA has suffered several interruptions to supply. These interruptions did not manifest themselves in power outages as they were contained by the available power.

I am informed by the GEA that upon further investigation it was identified that the actual cause of the power outage had been a high voltage cable insulation fault on the cable running from a substation close to the entrance to Eastern Beach to the substation located in the former Caleta Palace Hotel site. The damage on the cable was located at the entrance of Eastern Beach.

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**Madam Speaker:** Next question.

**Q521/2025**

**GEA –**

**Press Release by the ESG**

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**Acting Clerk:** Question 521, the Hon. C Sacarello.

**Hon. C Sacarello:** According to a press release by the ESG on the 31st of March 2025, fuel was used continuously for two weeks at the GEA power plant due to maintenance and repair being undertaken. Why was the public not informed in advance or even at the time or even after the event?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker the public was not informed in advance at the time or after the GEA having been running generating sets on automotive gas oil given that this was entirely an operation matter from which it did not expect any interruptions to the delivery of power to Gibraltar to occur. The GEA's North Mole power station has been designed to operate on alternative fuels to natural gas catering for precisely this planned event and the possibility of a lack of natural gas at any point in time.

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**Hon. C Sacarello:** Madam Speaker I think the importance the important point behind my question was one of public awareness and public information. If we look at the schedule that she handed out that the Hon. Minister handed out a short while ago. March which is that month equated to just short of 40% of the time being used with diesel. Now the area is within a conglomeration of residential schools the biggest school in Gibraltar and businesses.

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There are a huge density of people there that you know some suffer from respiratory issues and others do not but they all deserve to be informed if there is a problem going on or if there are higher levels. Will the Minister not agree with that principle?

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**Hon. G Arias-Vasquez:** Madam Speaker it is remarkable to hear someone that is standing with the GSD to criticize the Government for using diesel during a 10-day period when actually they were going to build a diesel power plant. The irony should not be lost on members of the public. However Madam Speaker what I would say is that of the six engines in the power station three are LNG engines and three are dual purpose engines so they are able to run on diesel and on LNG.

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To say that a power plant that is built to run part of the time on diesel when LNG is not running so it runs by default on diesel so the majority of the time it runs on LNG but three out of the six engines actually are built to run on dual fuels so if there is ever an issue they can run on diesel so that is the very purpose of the power plant. So what exactly is it that we are meant to notify people of that the power station is fulfilling its original intentions? If we were going to run on something that's completely different I would accept that perhaps a notification should be given but the fact that a power station is running on precisely the methods that were meant to be run on when the reality is that 90% of the time in fact 94% of the time as has been provided to the hon. Gentleman it runs on LNG the fact that it run for a 10-day period whilst maintenance was carried out to the

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LNG plant that that should have been notified to the general public would have been a bit absurd  
4405 absurd given that the purpose of the the very reason that the power plant was built the way that  
it did is to for it to have an ability, if required, to also run on diesel but once again Madam Speaker  
it is somewhat ironic for the hon. Gentleman to point this out when they were indeed going to  
build a power plant that was running solely on diesel.

4410 **Hon. C Sacarello:** Madam Speaker, I mean how much longer do we have to go and look at the  
past this is almost 14 years ago as it happens I happen to to agree with with with having an LNG,  
I'm not stuck on on any commitments in the past so in future you know that that those type of  
comments whilst that the hon. Minister's free to direct to me aren't really relevant in in my  
4415 particular situation but you do not have to take my view on the importance of the provision of  
this information to the public Madam Speaker the ESG came up with their own press release in  
which they said that the power station had to run on diesel for close to two weeks which was  
unexpected and a great surprise after having been given another explanation altogether. It is  
clear from the tone of that press release and from comments we've heard of people and in the  
4420 area residents in particular but also parents of people at the school that they feel they have a right  
to know what is going on and if Government fails to do that Madam Speaker doesn't this the Hon.  
Minister not see how keeping information from the public increases uncertainty and it increases  
the amount of doubts that people have and confidence they have in their own administration

**Hon. G Arias-Vasquez:** Madam Speaker, again, the power plant is run 94% of the time on LNG.  
4425 The 2015 campaign was run on a no to LNG. I am delighted that the hon. Member has now seen  
the light and is now determined that actually LNG was the way forward because that is exactly  
what this party stood for at the time. Madam Speaker, again, should there have been notification  
of what exactly that the purpose of the power plant was going to be produced? I am unclear of  
4430 exactly what the purpose of the notification should have been. We can engage with the ESG  
directly if they are so concerned but the power plant has three engines which are dual purpose  
engines which can run on both LNG and diesel, therefore, it is within the very essence of the power  
plant that it may sometimes run on diesel though we choose to have it run on LNG normally. We  
believe LNG is a cleaner and better fuel and it is better for the Gibraltarian population to have a  
power plant run on LNG.

4435 **Madam Speaker:** Next question.

#### Q522/2025

##### BESS –

##### Power Outage Caused by a Contractor

4440 **Acting Clerk:** Question 522, the Hon. C Sacarello.

**Hon. C Sacarello:** The power outage on the 8<sup>th</sup> April 2025 was caused by a contractor while  
working on the BESS. Is the Minister satisfied that there is adequate supervision of such high risk  
and critical works

4445 **Acting Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker I can confirm  
that I am satisfied with the accuracy of all records maintained by the GEA in respect to the  
4450 electrical network infrastructure I am also satisfied with the process in place which requires the  
contractors request a site service clearance from the GEA ahead of undertaking any works on

highways, pathways etc. The site service clearance process results in a report being issued to the respective contractor advising them of any GEA services or infrastructure in the location requested. This report details the exact location of the services and infrastructure, including the depth at which the said services and infrastructure can be found. Recommendations are made for the contractor to follow which also include the types of machinery or other ways that should be used whilst digging within certain distances of the services and infrastructure. It is the responsibility of the contractor to ensure that the recommendations of the GEA made in the report provided are followed and that its staff are adequately trained and supervised when carrying out the works.

**Hon. C Sacarello:** Well Madam Speaker; as a dog returns to its vomit, so fool repeats his folly. It appears to me that these things entirely

**Madam Speaker:** I am sure that that is a pleasant analogy but I should leave it at that.

**Hon. C Sacarello:** Forgive the unpleasantries yet it is a well-known and I believe biblical phrase. Nonetheless, the message, being one of repeating history, repeating our own mistakes, time and time again. There are large numbers of incidents where the contractor has cut through a cable. We all remember the incidents happening pretty much yearly. What I would ask the Minister is; despite the reassurances that she has received from the GEA, despite her belief in the rigidity of the process, the fact is that these events keep occurring. Would it not make sense, as a polite suggestion, obviously one which she can take whichever way she wants and change it and modify it into her own Government's policy. Would it not make sense to charge the contractor, or the party concerned carrying out the works to pay for the services of a GEA supervisor in the areas of critical grid dependency. We are not talking about an area which might wipe out this we are talking about areas which will wipe out as this did the whole of Gibraltar there are far too many people who depend on the supply of electricity to allow the process of simply handing out schematic diagrams to allow the contractor to determine where the cables are and where they should and should not dig.

**Hon. G Arias-Vasquez:** Madam Speaker, the contractor is a professional body who should be able to follow the designs and should be able to see where the cables lie. The contractor was provided with designs and drawings which determined exactly where the cable was and unfortunately this incident did occur. We are taking steps in order to try and remedy that situation but what I would say is that the GEA provided them with drawings determining where the cables were and it is not that we are saying that those drawings were incorrect, those drawings were entirely correct, probably more correct than your biblical references. I have never heard that before but anyway. The reality is that it will no one or it is certainly not the case that the drawings provided were incorrect, the drawings provided were accurate drawings as to exactly where the cables were and yet this happened. Short of standing there and breathing over someone's neck, which I do not think is advisable 24-7, especially at a cost to the taxpayer, there should be consequences for that and I'm saying that is exactly what I do not think should happen. I think that there should be consequences on any contractor that does it, absolutely, but whether it is a good use of taxpayer expense to stand beside a man that is drilling a hole 24-7 I am not sure that that is best use of taxpayer money.

**Hon. C Sacarello:** Well Madam Speaker, I'm happy to forgive the Hon. Minister for not hearing what I said properly. My actual explanation was to charge the company behind the work - the contractor or whoever contracted them to pay for the work. So, this would not come at any cost at all to the taxpayer, hence my suggestion. It is up to the Minister whether she would like to take it forward or do something alternative. The fact of the matter Madam Speaker is that millions of pounds in business money are lost, hundreds of people are inconvenienced, some get stuck in

lifts, the hospital was nearly in crisis, and all of this is avoidable Madam Speaker by simply sending a competent worker from the GEA to supervise the critical areas of drilling. Not to spend a week there having cups of tea with them but to actually say, when they are about to break ground they will be present to ensure that these faults do not occur because at the end of the day Madam Speaker, does the Minister not admit or does not agree that these are avoidable incidents with huge ramifications

**Hon. G Arias-Vasquez:** Madam Speaker, through the construction process there are many instances where maybes where individuals have to drill. Is the hon. Member suggesting that at every one of these points we have to have someone standing beside them breathing down their necks to make sure they are doing things correctly? The reality of the matter is that throughout the entire construction industry there are processes, you are provided with drawings, you are made liable for not abiding by those drawings, you are provided with documentation which shows you exactly where cables and pipes are, where absolutely everything is underground because otherwise construction would not be able to occur. It is perfectly ordinary factor within the construction industry, that you will have to break ground, that you will have to drill holes, and if you are provided with accurate drawings, those accurate drawings should be sufficient for you not to drill holes through cables. I see that the hon. Member is looking to jump up. Whilst I take on board his suggestion, that suggestion throughout the construction industry and throughout the GEA and every site at which people would be working would probably be unfeasible. However, what I would say is that whilst I sympathise entirely with the businesses, companies and individuals who were put out throughout the power cut, unfortunately in this instance every effort was made to ensure that the contractor knew exactly where the cable was and unfortunately, he drilled through the cable. Are we looking at different ways in order to mitigate that risk in future? Absolutely. Are we looking at different remedies to take to that issue? Absolutely. However, should we have someone standing on every construction site to make sure that a cable isn't hit or a pipe isn't hit may be an unrealistic solution.

**Madam Speaker:** I am not going to I am not going to have a debate so if it is a separate question.

**Hon. C Sacarello:** That is exactly what I was about to say. I do not want to be drawn into a debate, I understand the rules. I thank the Minister for agreeing to look into it. Does she not agree then that because they are looking into other ways to mitigate the circumstances that it is not a perfect system and that these incidents are avoidable and can and ought to be looked at?

**Hon. G Arias-Vasquez:** Madam Speaker, contractors are provided with drawings - a standard practice in the construction industry. There are pre-site meetings for clearance on the site, every mitigating factor is tried to be put in place. Unfortunately, these things do sometimes occur. I am not saying that it is acceptable. I am not saying that I applaud it. I sympathise with every business and every individual that suffered the power cut but unfortunately, I think the construction industry would probably grind to a halt if we had to have someone looking over their shoulder each and every time that a hole would be dug. There are plenty of people that know plenty more than I do about the construction industry and if this were the case it would have been implemented elsewhere. So, short of pre-site construction meetings, drawings and then telling the contractor where the cable is, there is not much more that can be done to try and mitigate these circumstances.

**Madam Speaker:** Next question.

**Q523/2025**

**GEA –**

**Lack of Resilience in the Grid**

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**Acting Clerk:** Question 523, the Hon. C Sacarello.

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**Hon. C Sacarello:** Is the Minister worried about the lack of resilience in the grid as displayed by the effects on the entire network caused by one isolated accident of the nature of the outage on the 8<sup>th</sup> April 2025?

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

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**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the outage that occurred on the 8<sup>th</sup> April 2025, i.e. the contractor damaged the high voltage cable on North Mole Road, unfortunately triggered a second event on the electrical network within four seconds of the damage being caused resulting in the total blackout. The protection systems on the electrical network responded as expected upon the contractor causing the damage however the system was unable to cope with the second event.

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Given the explanation provided I am not worried about the lack of resilience in the electrical network as the systems in place reacted to the events that took place as expected. The Government has invested millions over the last decade to upgrade and reinforce our power network and will continue to do so. I will take no lectures from the hon. Mr Sacarello on resilience, especially not on a problem his party is responsible for creating through a consistent lack of investment. Throughout the 16 years they were in Government they failed to deliver any resilience.

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**Hon. C Sacarello:** Madam Speaker, the point is that the catastrophic events did happen and it did happen in an area which caused an entire blackout. My question really is; what measures are being taken to avert such a similar incident from occurring in the future? Is the GEA taking action by, for example, ring-fencing these critical pathways at these points critical points, not everywhere in the in the grid, and also by adding alternative options to circumvent any potential future faults?

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**Hon. G Arias-Vasquez:** Madam Speaker, the GEA provides drawings. The GEA provides on-site meetings. The GEA tells a contractor where the cable is. Again, the blackout was extremely unfortunate and we are looking at different ways to take action against the contractor. However, there is not much more than the GEA can do in order to prevent these they physically took them to the site and pointed to where the cable was - there is not much more that can be done.

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**Madam Speaker:** Next question.

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**Q524/2025**

**GEA –**

**Penalties or Financial Consequences for Damages by Contractors**

**Acting Clerk:** Question 524, the Hon. the Leader of the Opposition.

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**Hon. Dr K Azopardi:** Madam Speaker, are there any penalties or financial consequences when a contractor accidentally damages an electric cable or any part of the electric infrastructure in terms of recovery of cost of damage from the contractor?

4600 **Acting Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I can confirm that when contractors accidentally cause damages to electrical cables or any part of the electrical infrastructure all materials and labor costs associated with the repair of said damage are charged  
4605 back to the contractor.

**Hon. Dr K Azopardi:** And that happens as a result of a requirement that the contractor should have specialised insurance to cover that that specific risk because they are say drilling or working in the on the public highway or is it as a result of a specific provision in the legislation?  
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**Hon. G Arias-Vasquez:** Madam Speaker, whilst I do not have information in front of me, I would imagine that is as a of any negligence is attributable to the contractor. If the contractor is told the cable is there and it drills through the cable, I would expect that any direct loss attributable to that incident is directly recoverable from the contractor. I am speculating here but the confirmation  
4615 that I have is that all costs directly attributable are recovered from the contractor. I imagine that that is because, again as I pointed out to the hon. Member, if you are told the cable is there, you are provided with a drawing saying the cable is there and you are then told at several meetings where the cables are, if you then drill through the cable I am not sure that you can escape the fact that it is actually negligence. Therefore, all direct costs will be recoverable.

**Hon. Dr K Azopardi:** I imagine in that scenario that's right. I wonder if the hon. Member has information with her on a slightly different scenario. There isn't a scenario where perhaps it is so obvious. Is it is it the case that that if someone works on the public highway irrespective of some kind of attribution of faults damage then gets passed on to the person doing the construction  
4620 works as a matter of like strict liability? That is really what I was asking in whether that was in fact the case either because there is a requirement to have specialist insurance in that particular field or not or does it actually depend on proving liability?

**Hon. G Arias-Vasquez:** Madam Speaker, I do not have that level of information but I would expect is attributable to actual fault rather than to strict liability.  
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**Madam Speaker:** Next question.

**Hon. Dr K Azopardi:** Perhaps, I appreciate the hon. Member doesn't have that information that it is. I appreciate also a very specific question. When I was reading around this subject it struck me - this is quite a big issue worldwide. Perhaps the Hon. Minister agree that perhaps she can discuss it with her officials and if it is something that requires a policy decision or indeed legislation requiring contractors to acquire insurance in a particular area as a matter of fact before they start working on the highway. Maybe that is something that the Government can consider in the future  
4640 as an introduction of a requirement.

**Hon. G Arias-Vasquez:** Madam Speaker, just from previous knowledge, the contractor is always required to have public liability insurance so for every project, whether it is a private project or a public project, the contractor will always be required to have a particular policy for public liability.  
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**Hon. Dr K Azopardi:** I appreciate that and I this is my last intervention. I am not talking about about having some kind of liability insurance but rather some kind of insurance that goes beyond the requirement of any other party to prove fault. This is that this is the issue that is what I am asking the hon. Member perhaps to consider.  
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**Hon. G Arias-Vasquez:** Madam Speaker, where I am happy to consider that I think it would be difficult to get someone to pay for repairs or to pay for the costs associated with a fault if there weren't a an element of faults involved. Otherwise you would simply go pinning faults on other  
4655 on anybody that is available so I think there has to be an element of fault in order to pin it on.

**Madam Speaker:** Next question.

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**Q525/2025**  
**ERS –**  
**Bed Shortage**

**Acting Clerk:** Question 525, the Hon. the Leader of the Opposition.

**Hon. Dr K Azopardi:** Madam Speaker why are there 34 beds less in ERS and compared to when  
4665 precisely?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, there are 41  
4670 beds less since the handover of Calpe Ward from the ERS to the GHA together with the phased handover of John Cochrane Ward.

**Hon. Dr K Azopardi:** And that happened when precisely?

**Hon. G Arias-Vasquez:** Madam Speaker, I do apologise to the Hon. Leader of the Opposition  
4675 because he did ask that specific question but I do not seem to have information specifically on when that handover was done so I do apologise and I will write the Hon. Leader of the Opposition and provide that information because I do not have it to hand.

**Hon. Dr K Azopardi:** I am grateful for that but so that I understand it. The 34 beds less in ERS  
4680 is put down to the handover of well there are 41 beds less the Minister says and partly in because of the handover of the Calpe Ward that's how I understood the answer but the Calpe Ward is in St Bernard's isn't it so perhaps she can she can explain that to me.

**Hon. G Arias-Vasquez:** The Calpe Ward is a ward in St Bernard's hospital which used to house  
4685 ERS patients in the same way as John Cochrane currently houses ERS patients. During the Covid pandemic the Calpe Ward was converted into an infectious disease ward so I imagine it was on or about the time of the Covid pandemic. Henceforth it has been determined that actually it is very useful to have the Calpe Ward as an infectious disease ward to have patients in isolation who so  
4690 require it, therefore, the handover the Calpe Ward was for precisely that reason.

**Madam Speaker:** All right I make that the end of the questions but do not celebrate because we have supplementaries to deal with the hon. Member nearly did not let me finish the sentence but all right, we will take supplementaries to Question 462.

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**Q462, 466, 468, 496, 501/2025**  
**Supplementaries**

4700 **Hon J Ladislaus:** Madam Speaker, just one brief question. Is it the case that the software used by the PCC and the software used by the hospital can communicate? On occasion, I have actually had to do it myself, but patients are asked to take a hard copy letter from one side from the PCC to the hospital for that to be to be looked at. If the software communicates that surely shouldn't be the case? That is why I ask it.

4705 **Hon. G Arias-Vasquez:** Madam Speaker, the clinicians are able to view both systems so the clinicians have access to both systems but indeed it happened to me fairly recently that a nurse was unable to access my records from the GHA. I am not sure if all levels of clinicians are able to access it but certainly doctors are able to access the EDMS system but there as well as the EMIS system which they use there is also the HISS system which is a system that collates blood results  
4710 scans and everything which is available to the book and in fact that is a great benefit that the GHA has because it means that primary care and secondary care are able to communicate. For example, in the NHS primary care is very separate to secondary care and therefore the systems are entirely separate.

4715 **Madam Speaker:** Supplementaries to Question 466.

**Hon. J Ladislaus:** Madam Speaker, just a question as to the information provided. I know that I asked for a breakdown as to what the money was used for or the donation that was made was used for. I have not been provided with that information on this table. Is there any specific reason  
4720 why that information is not forthcoming?

**Hon. G Arias-Vasquez:** No Madam Speaker, in fact it was provided in an earlier table it was probably in a tidying up exercise of the table that it was not provided. I am very happy to provide that information because it does highlight the specific items that it went that the donations went  
4725 to.

**Madam Speaker:** Yes, the Hon E J Reyes.

**Hon. E J Reyes:** Yes, one small thing I think it is a typographical error on donation number nine  
4730 which was beneficiary was radiology in my printout it just has a letter p which but no actual figure p for pence but no figure.

**Hon. G Arias-Vasquez:** I think this table was provided last minute. The figure there should be £81,766.66. What I will do is I am happy to recirculate the table providing updating that figure and  
4735 providing the description of what it was put to the hon. Lady.

**Madam Speaker:** Supplementaries to Question 468?

**Hon. J Ladislaus:** None Madam Speaker.  
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**Madam Speaker:** Questions 496 and 501?

**Hon. J Ladislaus:** Madam Speaker, we heard earlier that this relates as to how many GHA staff members are currently employed out of the bank staff cohort via an agency and I have been  
4745 working continuously and uninterrupted for a period of over three months. We heard the Hon. Minister say earlier that two years was not an inordinate amount of time for somebody to be working out of bank or agency covering. The table that I have just been provided with shows 53

employees employed out of the bank cohort or by an agency. Out of that I note that 12 have been employed for five or more years and five of those employees have been employed under those conditions for 10 years or over and some up to 13 years Madam Speaker.

For what reason is the GHA employing so many staff for so many years out of bank cohorts or from agency staff? Surely those individuals should have already been made part of the permanent cohorts.

**Hon. G Arias-Vasquez:** Madam Speaker, from the information available I am not able to make the determination that the hon. Lady is suggesting. There are some so this is a list of bank staff, and it is bank core bank, so it is proper bank. Because someone is employed from 2012 does not mean that they are in permanent employment since 2012. It means that they have been on the bank system since 2012. They may have worked uninterrupted for over three months at some period of time, for example covering a maternity leave. It might not be the case, but I am speculating from the information I had in front of me. It might have been the case that at some point in time they were employed for a three-month period of time but what this table provides is information as to the bank the GHA. Because someone is employed in bank from 2012 my understanding is it does not necessarily mean that they are in continuous employment since 2012.

**Hon. J Ladislaus:** Madam Speaker, the question that I posed specifically states and have been working continuously and uninterrupted for over a period of over three months specifically because I knew that that that may arise that the information given may not be distinguishable between those who have worked continuously and those who have been recalled back. Can I assume that that the information provided, therefore, based on the answer asked isn't is inaccurate?

**Hon. G Arias-Vasquez:** No Madam Speaker because 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. I think the hon. Lady understands what I mean. You have been in employment continuously since 2012, you could have been in employment for a period of three months without continuous employment since that period.

**Hon. J Ladislaus:** Madam Speaker, by any chance does the Hon. Minister have the information in front of her as to how many of those individuals may have been employed for five years or more continuously and uninterrupted?

**Hon. G Arias-Vasquez:** no Madam Speaker, I think that given the volume of questions asked the GHA limited themselves to answering the question put in front of them so unfortunately I do not have that information available.

**Madam Speaker:** The Hon C Sacarello.

**Hon. C Sacarello:** Thank you very much for your indulgence, Madam Speaker. Just on this topic and for the avoidance of doubt. Are any of these individuals on the bank system open or willing or even keen on accepting a full-time contract were they to be offered one? Obviously, this is something that you may need to that the Hon. Minister may need to go and find out I think that would add clarity to.

**Madam Speaker:** I think that's a hypothetical question would any, might they be interested if they were given. It may be too late in the day to redefine that but any other supplementary that is now the end proper to questions would anybody like to move an adjournment.

4800 **Hon. G Arias-Vasquez:** Madam Speaker, by default I would like to move an adjournment to the house tomorrow at 3 p.m.

**Madam Speaker:** I propose the question, which is that this house to now adjourn to tomorrow at 3 p.m. I now put the question that is that this house to now adjourn to tomorrow at 3 p.m.  
4805 Those in favour (**Members:** Aye) those against. Passed.  
This house will have this house will now adjourn to tomorrow at 3 p.m.

*The House adjourned at 8.55 p.m.*