



# PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

**AFTERNOON SESSION: 3 p.m. – 7.00 p.m.**

**Gibraltar, Wednesday, 22nd January 2025**

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# The Gibraltar Parliament

*The Parliament met at 3 p.m.*

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

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

## PRAYER

*Madam Speaker*

## CONFIRMATION OF MINUTES

**Clerk:** Meeting of Parliament, Wednesday, 22nd January 2025.

5 Order of Proceedings: (i) Oath of Allegiance; (ii) Confirmation of Minutes – the Minutes of the 12th meeting of the 15th Parliament, which was held on 13th, 16th, 18th and 19th December 2024.

**Madam Speaker:** May I sign the Minutes as correct?

10 **Members:** Aye.

*Madam Speaker signed the Minutes.*

## 15 COMMUNICATIONS FROM THE CHAIR

**Clerk:** (iii) Communications from the Chair – Madam Speaker.

20 **Madam Speaker:** I take this opportunity to welcome all hon. Members back to the House after the Christmas break and to extend my best wishes for a peaceful New Year.

There are two matters which I wish to address before we begin. The first relates to supplementary questions, and the second relates to information given to GBC by the Hon. Minister for Health, Care and Business, notwithstanding that there is a question directly on that subject on the Order Paper for this session.

25

## Supplementary Questions

30 **Madam Speaker:** Turning first to supplementary questions generally – and I raise this matter in an effort to avoid interrupting hon. Members whilst they are on their feet – in the first instance, I remind hon. Members of the provisions in Erskine May and Rules 16 and 17 of the Standing Orders and Rules, relating to the right to ask supplementary questions. hon. Members will be pleased to hear that I do not propose to rehearse them, save to highlight those matters which have begun to generate some concern for me. Needless to say, all rules, practice and procedure

35 apply with regard to supplementary questions and not just those which I am about to highlight.

(1) At the risk of being accused of bringing owls to Athens, hon. Members will have in their minds that supplementary questions should be put for the purpose of further elucidating any matter or fact arising out of an Oral matter and should not introduce a matter not included in the original question. That is to say supplementary questions should not be used as a means to deviate from the original subject matter into areas which, although arguably loosely related to the original question, in fact introduce new issues which cannot properly be said to arise from the original question. Hon. Members are well aware that there is no limit to the number of oral questions which can be filed in respect of any one session, so that rarely will there be a justification for posing unrelated supplementaries.

(2) A question must not be made the pretext for a debate. Banter and colourful interaction have historically been a part of exchanges in the political arena, and rightly so. However, lengthy preambles which serve as political statements, as distinct from necessary introductions to supplementaries, invite lengthy answers which also become political statements and thus have the potential of transforming Question Time into a series of mini, and sometimes not so mini, debates. This is a practice against which hon. Members must guard.

(3) A supplementary question must contain only one question. The grouping of several questions under the guise of one supplementary question not only contravenes the rules of practice and procedure but makes it difficult for the public to follow the questions and attach to them the corresponding answers, which will also be grouped. Tagging various supplementary questions onto the back of what is ostensibly the main supplementary question does not convert that set of questions into one single question and will not give rise to a greater quota of supplementaries.

(4) A supplementary question must not be read or be too long. There are hon. Members who read out pre-prepared and sometimes lengthy supplementary questions. Once again, I remind hon. Members that there is no limit to the number of original oral questions they can ask, but if a supplementary question has been prepared by being written out at length before the answer is given, and then read out verbatim once the answer is given, it is, in my view, more likely to be more appropriate that it be posed as an original question. In any event, the reading of supplementary questions is not allowed.

### Publicly addressing matters forming subject of Parliamentary Questions

**Madam Speaker:** Turning now to the second issue which I need to address, I am aware that there is a question on the Order Paper - I do not have the number readily at hand - which relates to the issue of the provision of hot water at Mount Alvernia. That question was filed on 15th January 2025. On 18th January, GBC carried a report on the issue of hot water at Mount Alvernia, which report included statements and comments from the Hon. the Minister for Health, Care and Business which the Hon. Minister had given to GBC in answer to a question posed by them.

In my ruling of 25th September 2024, I set out parliamentary practice in relation to the issue of statements to the press and press releases, and I reminded Government Ministers that when a question has been filed, it should not be addressed by way of Government press release, statement, interview or other announcement, save if it is a matter of urgency or pressing public interest.

On 20th January I received a letter from Minister Arias-Vasquez in which the Hon. Minister set out her reasons for communicating with GBC on this subject. The contents of that letter are essentially reproduced in Press Release 41/2025, issued on 21st January 2025. That said, I call upon the Hon. Minister to rise now and explain to Parliament why she took the steps of publicly addressing a matter which formed the subject of a Parliamentary Question.

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, thank you for the opportunity to address you on this matter. As you have just pointed out, in your ruling on 15th September 2024 you do, indeed, say that if there is a question filed, this should not be addressed by way of Government press release, statement, interview or other announcement save if it is a matter of urgency or pressing public interest, in which case exceptions may be made. In a ruling by Speaker Adolfo Canepa on 30th January 2019, he says that specifically as regards the public interest, the question as to who decides what is in the public interest is a substantive one for politicians, particularly the Government of the day.

Madam Speaker, I received questions, as you have rightly said, on 17th January 2025 from GBC in relation to the issue of hot water in Mount Alvernia. These questions arose after statements had been made on a social media platform relating again to the issue of hot water at Mount Alvernia. The question which I asked myself, and the question which I think every Minister has to ask themselves, is if my grandmother were in Mount Alvernia, would I want to wait until the parliamentary session the following Wednesday? These questions arose on the Friday afternoon, the questions were received by the press at midday on Friday, and Parliament sits today, on Wednesday. The question which I asked myself was if I had a relative in Mount Alvernia, would I want to wait five days to find out an answer to whether there was hot water or not at that point in time? Public officials pointed me to the fact that there was this ruling from you, and they did point me to the fact that there was an exception. The exception states that if it is in the public interest to make a statement, I can do so. I therefore thought that it was in the public interest. Because we were dealing with vulnerable people in Mount Alvernia, I deemed that it was in the public interest to answer the GBC questions on Friday afternoon.

Again, because it was in the public interest and because it is a matter which we take extremely seriously, I went up to Mount Alvernia on the Friday afternoon, I went up to Mount Alvernia on the Saturday morning and I did also post on my own social media platform saying that I had gone and that there was hot water. I had run my hand under the hot water tap and I had seen that there was hot water in Mount Alvernia. I thought at that point in time that it was a matter of public interest, that the relatives of any resident of Mount Alvernia needed to know then and there that there was hot water in Mount Alvernia, in case there was concern. We are talking about vulnerable members of our society and I therefore thought it was a matter of public interest to determine whether or not there was hot water at that point. I therefore made the statement on my social media platform and I answered the questions from GBC. Indeed, because the questions rumbled on during the day, I later invited the hon. Shadow Member over to Mount Alvernia to determine for herself that there was hot water in Mount Alvernia.

Madam Speaker, for the reasons that I have given, and because of the importance of the issues for vulnerable members of our society, I did consider that it was a question of public interest. Indeed, as the hon. Lady has pointed out, the day before GBC asked me those questions, on a *Viewpoint* programme with the hon. Shadow Minister for Health I was asked a question on dental waiting lists and I said that there was a parliamentary convention which determined that I should not answer questions from the press if there was a parliamentary question put in front of me. I was aware of the parliamentary convention and I was aware of the exceptions to it. In relation to waiting lists for dental treatment I did not think it was a matter of urgency or public interest for me to answer there and then. However, as I have stated, if I had a relative, if my grandmother was in Mount Alvernia, I would want to know on the Friday afternoon or Saturday morning if there was hot water in the facility that my grandmother was in, and I would not want to wait until the parliamentary session on Wednesday. That is the view that I took. Thank you.

**Madam Speaker:** Would the hon. Lady like to say anything?

**Hon. A Sanchez:** Madam Speaker, am I allowed to comment?

140 **Madam Speaker:** I do not want this to become a debate, but the Hon. Minister has given her reason. I will allow the hon. Member to comment very briefly if she wishes to.

145 **Hon. A Sanchez:** The question that I think needs to be looked into is the fact that these issues with the water at Mount Alvernia, as clarified by the ERS clinical nurse manager, were going on throughout a significant period of time, several weeks. The question that I ask myself is if you have  
150 a relative in Mount Alvernia, would you want to wait until someone posts on Speak Freely to hear about the issues that are going on in Mount Alvernia, or would you want someone from the facility to contact you and let you know about the issues that are affecting water in Mount Alvernia? We need to be clear, Madam Speaker. Does an issue become public interest when a post is made on Speak Freely, because if the issue was of public interest - and I am not saying that it was not of  
155 grave importance - then clearly it was of public interest throughout the weeks that this was going on. The Minister said that she visited the facility, that she was aware that there were issues with water, yet it did not become a matter of public interest until someone posted on Speak Freely. If this is the measure and this is how we are going to determine public interest, then I am afraid that we are always going to be open to supplementaries being commented on and rules being broken. If it is on Speak Freely and people are commenting, it is a matter of public interest, and I think this is a point that has to be made. (*Interjections*)

160 **Madam Speaker:** The parliamentary practice of not addressing a parliamentary question in public before it is aired in session is an important one and one which protects the integrity of the parliamentary process. It is a practice which should only be departed from in situations of genuine necessity, which I have described as matters of urgency or pressing public interest. Social media and the speed with which information, both accurate and inaccurate spreads in a community the size of ours can present a veritable challenge.

165 The Hon. Minister has explained that questions from GBC, as well as social media posts expressing concern over the care being administered to our vulnerable elderly residents, led her to the conclusion that she should allay those concerns by providing accurate information immediately. I remind myself of the ruling of Speaker Canepa of 30th January 2019, with which I agree, where he said that what is in the public interest is a substantive matter for politicians and not for the Speaker.

170 The Hon. Minister has provided a reasonable explanation for the action she took, which I accept, and therefore there has been no breach of parliamentary procedure. The question, however, remains on the Order Paper. It will be put for answer to the Minister, and the Shadow Minister may ask any supplementaries on that question which may ensue.

175

#### PAPERS TO BE LAID

**Clerk:** (iv) Petitions; (v) Announcements; (vi) Papers to be laid – the Hon. the Chief Minister.

180 **Chief Minister (Hon. F R Picardo):** Madam Speaker, I have the honour to lay on the table the Integrated Tariff (Amendment No. 4) Regulations 2024, the Integrated Tariff (Amendment No. 5) Regulations 2024 and the Statement of Supplementary Estimates 1 (2022-2023).

**Madam Speaker:** Ordered to lie.

185

## Questions for Oral Answer

190

### INWARD INVESTMENT AND THE GIBRALTAR SAVINGS BANK

Q1/2025

**Rooke residential home –  
Expected completion date**

195

**Clerk:** (vii) Reports of Committees; (viii) Answers to Oral Questions.  
Question 1/ 2025. The Hon. D J Bossino.

**Hon. D J Bossino:** When is the Rooke residential home currently expected to complete?

200

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

**Minister for Inward Investment and the Gibraltar Savings Bank (Hon. Sir J J Bossano):** Madam Speaker, the anticipated completion date for the Rooke home is March.

205

**Hon. D J Bossino:** There was an answer which the Government provided to GBC, although the question was on the Order Paper, to the effect that the care home would be ready for occupation later this year. The hon. Gentleman now says March. Are we saying March 2025?

210

**Hon. Sir J J Bossano:** Madam Speaker, I am not able to predict the completion of the facility to the day, the hour or the time; I am just telling the hon. Member the probable date is towards the end of March.

215

**Hon. D J Bossino:** I am assuming that it is 2025. When the ribbon is cut, can the hon. Gentleman, the Minister responsible for this project, state whether the home will be occupied by individuals who would ordinarily occupy a residential nursing home?

**Hon. Sir J J Bossano:** No, Madam Speaker, I cannot confirm that now; no decision has been taken yet.

220

**Hon. D J Bossino:** Is the hon. Member then confirming the headline in the GBC report to the effect that no decision has yet been taken on its use? Is that the current position?

**Hon. Sir J J Bossano:** I do not think I have a responsibility to comment on what GBC chooses to say or not.

225

**Madam Speaker:** No, in fact the question as to whether something in the press is accurate is not a proper supplementary question.

230

**Hon. D J Bossino:** May I give the Hon. the Minister an opportunity to comment on the fact that when he first announced this project - I think it was in 2020 - in the previous Parliament and in this one we have asked him many questions about the use and the hon. Gentleman has provided detailed answers which related to the occupation of this particular building by elderly citizens who would ordinarily use a residential home. Can he comment why the hon. Gentleman, quite surprisingly and, to be honest, quite shockingly, is now telling this House that actually that potential use is being put into question and that there could be a different use for this building?

235



**Hon. Sir J J Bossano:** Madam Speaker, I am surprised that he should be shocked that I tell him the truth. If I said something in 2020, it was true of 2020; and if I am telling him something in 2025, I am telling him the position that is true in 2025. What else does he expect me to do?

240

**Hon. D J Bossino:** Can the Hon. the Minister at least confirm one thing with clarity? Is it the case that the Government's position currently now is that it will not be used as a residential home and that it will be used for a different purpose?

245

**Hon. Sir J J Bossano:** Madam Speaker, I do not know why he is asking me that supplementary. I have told him that there is no decision yet. If there is no decision, there is no decision that it will and no decision that it will not; a final decision on the use has not yet been taken. When it is taken, the Government will decide when it makes it public, not when the hon. Member chooses that it should be made public, just like when the GSD was in power. They used to say in this Parliament that the decision to make an announcements about anything was a prerogative of the Government and not when the Opposition wanted it to be announced.

250

**Madam Speaker:** Last supplementary.

255

**Hon. D J Bossino:** Does the Hon. the Minister not appreciate this feature, as far as this particular project is concerned: that the Hon. Minister made an announcement at the time that this project would be used to house people who require residential care? That was the Government's position. What I am trying to extricate, with much difficulty, from the Hon. Minister is why there has been a U-turn as far as the particular use of this project is concerned.

260

**Hon. Sir J J Bossano:** There is no U-turn, and in any case there is a long list of things that previous Governments in the 15 years that they were in power, and indeed in the previous years that I was in power and, before that, in the years of power of the AACR, that things were announced at one point in time and then there was a different view taken and a different result. This is perfectly normal. It is just that the hon. Member opposite seems to get very upset about normality.

265

**Madam Speaker:** The Hon. Mr Sacarello has a supplementary?

270

**Hon. D J Bossino:** I cannot ask any further supplementaries?

**Madam Speaker:** I am allowing the Hon. Mr Sacarello to ask a supplementary.

275

**Hon. C A Sacarello:** Thank you, Madam Speaker. Would the Hon. Minister be able to explain? As this project was launched as part of the Economic Plan, the cost mentioned last year in Parliament was £38 million. Presumably it will be up towards the £50 million at some point. Would the Hon. Minister be able to put a figure on what they expect to achieve as part of the contribution to Gibraltar's economy and part of the profit element from it, given it forms part of Gibraltar's Economic Plan and its five years, and the amount of expenditure?

280

**Hon. Sir J J Bossano:** Every asset that is created is an addition to Gibraltar's economic capacity, so every building that goes up. There are buildings that go up that the Government sponsors and supports, and there are buildings that are done by the private sector, and they all have an impact on the Gibraltar economy because whatever use is being made of that building results in employment and economic activity and revenue to the Government.

285

**Madam Speaker:** The Hon. D J Bossino – one last supplementary.

290 **Hon. D J Bossino:** Can the Hon. the Minister not agree with me that there is at least a potential U-turn because what the Hon. Minister is saying is that it is possible, although he is not able to announce it as yet, that this project will not be used for the purpose that he announced originally it would be used for? Can he not at least accept that as a proposition?

May I ask him, also, this: is it —?

295 **Madam Speaker:** No, one question at a time.

**Chief Minister (Hon. F R Picardo):** No, one question at a time. That was the ruling.

300 **Hon. Sir J J Bossano:** The answer is no. (*Interjections*)

**Madam Speaker:** Next question.

### INDUSTRIAL RELATIONS, CIVIL CONTINGENCIES AND SPORT

305

#### Q2-3/2025

#### Gibraltar Fire and Rescue Service – Number of crews; access to fire boats

310 **Clerk:** Questions to the Minister for Industrial Relations, Civil Contingencies and Sport.  
Question 2. The Hon. J Ladislaus.

**Hon. J Ladislaus:** How many crews does the Gibraltar Fire and Rescue Service currently have, and how many firefighters make up each crew?

315

**Clerk:** Answer, the Hon. Minister for Industrial Relations, Civil Contingencies and Sport.

**Minister for Industrial Relations, Civil Contingencies and Sport (Hon. L M Bruzon):** Madam Speaker, I will answer this question together with Question 3.

320

**Clerk:** Question 3. The Hon. J. Ladislaus.

**Hon. J Ladislaus:** Does the Gibraltar Fire and Rescue Service have access to fire boats?

325

**Clerk:** Answer, the Hon. Minister for Industrial Relations, Civil Contingencies and Sport.

**Hon. L M Bruzon:** Madam Speaker, in relation to Question 2, the answer is that there are currently three crews within the GFRS, each comprising of 19 firefighters.

In respect of Question 3, the answer is yes.

330

**Hon. J Ladislaus:** In respect of Question 2, have there been any requests by management in the past 12 months for resources that would allow them to expand the number of crews available?

**Hon. L M Bruzon:** Madam Speaker, the GFRS is currently undertaking a study on this.

335

**Hon. J Ladislaus:** Could the Hon. Minister perhaps some elaborate as to how long it will take to decide whether that is the case?

340

**Hon. L M Bruzon:** Madam Speaker, it is up to the GFRS, who are undertaking the study, to come back with information, not me.

345

**Hon. J Ladislaus:** In respect of Question 3, could the Hon. Minister perhaps elaborate? Are the fireboats specifically for the use of the GFRS, or are they dual purpose?

**Hon. L M Bruzon:** Madam Speaker, what we refer to as fireboats are tugboats with firefighting capabilities, which are run by a private company.

350

**Hon. J Ladislaus:** I am grateful for that indication. Could the Hon. Minister confirm whether those tugboats fit within the marinas? As I understand it, some of our marinas are rather tight on space and therefore a tugboat might find it slightly hard to manoeuvre in certain areas.

355

**Hon. L M Bruzon:** Madam Speaker, this agreement goes back many years, originally with TP Towage, later on with Resolve, Salvage and Fire, and now with Boluda Towage. I can tell you from personal experience that there was a fire in one of the marinas a few years ago and that the tugboat was able to assist.

360

**Madam Speaker:** Next question.

#### Q4/2025

#### GSLA swimming pools – Details of problems leading to closure

365

**Clerk:** Question 4. The Hon. E J Reyes.

370

**Hon. E J Reyes:** Madam Speaker, can Government provide details of problems experienced at any of its swimming pools which led to closure for public use since 1st January 2025?

**Clerk:** Answer, the Hon. the Minister for Industrial Relations, Civil Contingencies and Sport.

375

**Minister for Industrial Relations, Civil Contingencies and Sport (Hon. L M Bruzon):** Madam Speaker, as a result of a malfunctioning burner, the GSLA's accessible pool was closed for three days. The issue was rectified immediately and once pool water temperatures returned to adequate levels, all activities resumed.

380

**Hon. E J Reyes:** Madam Speaker, I am grateful. The Minister, in his answer, says that the GSLA learners' pool was closed for three days, yet the feedback I have is that certainly for a two-week period, regular users of those pools, through clubs and so on, were notified that the pool was unavailable for use. I would have expected an answer of more than seven days, so can the Minister help to shed some light on why the difference in time of closure he has from the information that I personally have?

385

**Hon. L M Bruzon:** Madam Speaker, with all due respect, I do not know where the information that the hon. Gentleman has comes from. The information that I have at this moment in time is from the GSLA itself and they tell me three days, but I am happy to ask and look into it.

390

**Hon. E J Reyes:** Madam Speaker, the information that I have is firsthand information; it is a communication directed to a younger member of my family who normally attends for sessions on a Friday and for two consecutive Fridays he was told that the pool was still closed and not available

for use. A colleague of mine has a son who normally goes on a Wednesday and has missed two consecutive Wednesdays. So, even if by sheer coincidence it has only been on the days when our children attend, two Wednesdays and two Fridays makes four, so it does not coincide with the Minister's figure of three days. Can the Minister confirm if those ...? I do not know if I am allowed, Madam Speaker, but I am asking are those three days consecutive or three days within a period of two weeks or whatever?

**Hon. L M Bruzon:** Madam Speaker, one important issue to point out is that sometimes it is the club that is organising these events that does not run the club, so that might be a reason why the swimming was cancelled.

The information that I have, once again, is that it was closed for three days. Again, I am happy to look into it, but that is all I have.

**Hon. E J Reyes:** Madam Speaker, my question perhaps was a bit too longwinded before. Were the three consecutive days or three days within a period of how many days?

**Hon. L M Bruzon:** Madam Speaker, I do not have that information.

**Hon. E J Reyes:** For the Minister, if he is going to chase it up: the clubs, informing me of the cancellation, were very specific in saying that it was the GSLA who had closed the pool, not because *they* were unavailable. Somehow, somewhere, it has alluded to a GSLA decision to have to close the pool for reasons that the Minister was saying in the first part of his answer, and I would be extremely grateful if the Minister now agrees to look further at the three days and which days they were they exactly, and perhaps double check on the reason.

**Hon. L M Bruzon:** Madam Speaker, okay.

**Madam Speaker:** Next question.

#### Q5/2025

#### Gibraltar Pickleball Association – Outcome of any meeting held

**Clerk:** Question 5. The Hon. E J Reyes.

**Hon. E J Reyes:** Has the Minister for Sport held meetings with the recently formed Gibraltar Pickleball Association, and what has been the outcome of these meetings?

**Clerk:** Answer, the Hon. the Minister for Industrial Relations, Civil Contingencies and Sport.

**Minister for Industrial Relations, Civil Contingencies and Sport (Hon. L M Bruzon):** Madam Speaker, the Gibraltar Pickleball Association's application was approved by Gibraltar Sports Advisory Council (GSAC) on 10th October 2024. Thereafter, the Association held its first public meeting (AGM) on 26th November 2024, during which a committee was installed and the Association ratified. Given that the Association is only a few weeks old, I have not had the opportunity to meet with them yet.

The last meeting I held with regard to Pickleball was with the No.1 ranked female pickleball player in the world, who happens to be Gibraltarian Lee Whitwell. During that meeting we discussed the importance of forming the Gibraltar Pickleball Association as well as getting the local association into the European pickleball governing body. I am proud to say that thanks to the help

445 of Lee Whitwell, the GSLA and the local players, both of these challenges were achieved in record time.

**Hon. E J Reyes:** Thank you for that, Madam Speaker. Although the Minister, given the dates, the formation and so on, has not had a personal meeting, is there any firm commitment from the  
450 GSLA to provide playing facilities to the Pickleball Association?

**Hon. L M Bruzon:** Madam Speaker, this is a question that keeps cropping up. I am not sure where it comes from because neither the Association or the players have ever come to us complaining about lack of facilities. We have a number of badminton courts in the Europa Sports  
455 Complex which are used as pickleball courts, so this issue has never come up to us as being a problem of lack of facilities.

**Madam Speaker:** Next question.

460

**JUSTICE, TRADE AND INDUSTRY**

**Q6/2025**

**Public Protection Unit –**

465 **Composition and number of officers**

**Clerk:** Questions to the Hon. the Minister for Justice, Trade and Industry.  
Question 6. The Hon. J Ladislaus.

470 **Hon. J Ladislaus:** Is the RGP's Public Protection Unit still comprised of four teams that focus on (1) domestic abuse, (2) victim support, (3) safeguarding and (4) designated risk management? If so, how many officers are currently assigned to each team?

**Clerk:** Answer, the Hon. the Minister for Justice, Trade and Industry.  
475

**Minister for Justice, Trade and Industry (Hon. N Feetham):** Madam Speaker, in answer to the first question, the RGP's Public Protection Unit now comprises three teams, with victim support now reassigned to another RGP section. I am advised by the Royal Gibraltar Police that for operational and security reasons I should not provide information across the floor of this House  
480 with regard to numbers. Given that this touches upon the operational management of the RGP, I feel that I must accede to this advice. I will, nevertheless, inform the hon. Member in confidence behind the Speaker's Chair of the number of officers in each team and their respective ranks.

**Hon. J Ladislaus:** I am grateful, Madam Speaker. I do understand and appreciate the  
485 sensitivities. I do not see how informing me of the number of officers – because I am not asking for who they are – would impact, but I accept that.

In respect of the number of officers assigned to each team, is management within the RGP content with the number of officers that they have for each team, or do they feel that they do not have enough officers to assign to each team for them to be as effective?  
490

**Hon. N Feetham:** Madam Speaker, I have not received any concerns, or rather no concerns have been raised with me by the Commissioner in relation to the question that the hon. Member has just asked.  
495

**Hon. J Ladislaus:** We have just heard that victim support has been assigned to another section. Could the Hon. Minister confirm which section that is?

500 **Hon. N Feetham:** Yes, Madam Speaker, victim support now comes under the Professionalism umbrella.

**Hon. J Ladislaus:** Does the Hon. Minister have any information as to whether that is because there is a lack of officers to go round in order to staff the Victim Support Unit as a separate entity?

505

**Hon. N Feetham:** No, Madam Speaker, I do not have that information.

**Madam Speaker:** Next question.

510

**Q7/2025**  
**H M Prison –**  
**Counselling services**

515 **Clerk:** Question 7. The Hon. J Ladislaus.

**Hon. J Ladislaus:** How regularly do inmates at His Majesty's Prison undertake counselling sessions? Are those sessions all undertaken by a counsellor assigned to the Prison on a full-time basis?

520

**Clerk:** Answer, the Hon. the Minister for Justice, Trade and Industry.

**Minister for Justice, Trade and Industry (Hon. N Feetham):** Madam Speaker, as I set out in my answers to Question 537 and 538/2024, there are different forms of counselling available to inmates at His Majesty's Prison. These include general counselling, which is provided on a weekly basis by a counsellor provided by the Care Agency; drugs and alcohol misuse counselling, which is also provided, when needed, on a weekly basis by the Care Agency; and finally, sex offender (MAPPA) counselling, which is carried out once a week by MAPPA designated risk managers and Care Agency counsellors. The Prison Service does not have a full-time counsellor assigned to the Prison.

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530

**Hon. J Ladislaus:** I am grateful. I refer also to the answers given to me by the Hon. Minister and the exchange that we had back in June of last year. During that exchange, the Hon. Minister confirmed that GHA Psychological Services were undertaking a pilot scheme within HMP and that they were about to release the findings of that. Have those findings now been released and will they be released to the public?

535

**Hon. N Feetham:** Madam Speaker, I do not have that information available to me at present.

**Hon. J Ladislaus:** Could the Hon. Minister perhaps confirm whether, if the findings suggest that there should be a counsellor specifically dedicated to the Prison Service, that will be something that the Hon. Minister will be looking to provide the resources for?

540

**Hon. N Feetham:** Certainly, Madam Speaker, if a recommendation is made to the Government we will consider the recommendation. It will go before the Cabinet, and the Cabinet ultimately will take a decision on resourcing, as the Cabinet usually does. Thank you.

545

**Madam Speaker:** Next question.

550

**HOUSING AND THE UNIVERSITY**

**Q8/2025**

555

**Bridge House –**

**Attendees at meeting held by Minister; Numbers to be housed; completion date; Costs**

**Clerk:** Questions to the Hon. the Minister for Housing and the Gibraltar University.  
Question 8. The Hon. D J Bossino.

560

**Hon. D J Bossino:** Who attended the much publicised meeting the Minister for Housing held in respect of what is now described as Bridge House?

**Clerk:** Answer, the Hon. the Minister for Housing and the University.

565

**Hon. the Minister for Housing and the University (Hon. P A Orfila):** Madam Speaker, I will answer this question together with Questions 9 to 11.

**Clerk:** Question 9. The Hon. D J Bossino.

570

**Hon. D J Bossino:** How many individuals has the halfway house at 9 Johnstone's Passage expected to house?

**Clerk:** Question 10. The Hon. D J Bossino.

575

**Hon. D J Bossino:** When will the recently announced halfway house for men be completed?

**Clerk:** Question 11. The Hon. D J Bossino.

580

**Hon. D J Bossino:** What are the costs to complete the recently announced halfway house for men at 9 Johnstone's Passage?

**Clerk:** Answer, the Hon. the Minister for Housing and the University.

585

**Hon. P A Orfila:** Madam Speaker, some of the people who attended the meeting on Bridge House wished to remain anonymous. I can, therefore, only provide the names of those who appeared in the press release. These are as follows: Ms Lizanne Olivero-Ochello, Ms Tania Pereira, Mr Ruben Rodriguez, Mr Mark Olivero, Mr Neville Dalmedo, Ms Jayne Wink and myself.

590

We are in the embryonic stages of Bridge House. We envisage around 18 rooms for single occupancy, although this is not a final number and Government will make an announcement with all the details when we are ready to do so.

595

**Hon. D J Bossino:** In relation to the last point, the Hon. the Minister says that she will be providing details when she is ready to do so – quoting her. May I press her further in relation to that because the hon. Lady has already made certain public statements, in fact, outside not just of this House but outside of this jurisdiction, in Spain, in a Spanish TV programme where she answered very detailed questions that were put to her. The whole premise of the debate in that particular programme was that this would be a halfway house for divorced men in particular. Given that the hon. Lady provided this information to Spanish viewers, I would ask her to reconsider her answer and provide some information at this stage to this House, in the Gibraltar

600

Parliament, as to whether at least she can confirm that it is her proposal that this be used as a halfway house for divorced men, which is a very specific category of individual.

605 **Hon. P A Orfila:** Madam Speaker, I have provided more information here in Gibraltar than I did in the Spanish media. I was merely making a statement in the Spanish media, on television, about what what we were going to have for divorced men that they did not have. They thought that we did not have one for women. We already had Women in Need but we had nothing for men, and therefore I was really pointing that out. It had nothing to do with having said any more there. In fact, I said a lot more here than I did there.

615 **Hon. D J Bossino:** Is the Hon. the Minister able to at least say that part of the services – I put it in these terms to be as fair as possible to her – that this building will provide is a halfway house for divorced men? It is an important point that may lead, depending on her answer, to a further supplementary question.

620 **Hon. P A Orfila:** I do not like calling it a halfway house. ‘Halfway house’ pertains to a dry house, people who are having problems of other kinds. This is merely for men who are separating or divorcing, or who are divorced.

625 **Hon. D J Bossino:** I am grateful to have reached a position where the Hon. the Minister has at least provided an answer to the first supplementary question that I asked her, but does she not appreciate that this type of service may not be opportune or adequate for individuals, men in this case, who are going through a divorce because they will need access rights, and that will be pretty much, if not impossible certainly inadequate when one is sharing rooms with other men, if one has access, for example, to young children, particularly young girls? She is shaking her head and I will give her an opportunity to answer the points I posited to her in my question.

630 **Hon. P A Orfila:** Madam Speaker, this is not so you can bring your family in; this is residential. We are helping you to have a place in Gibraltar that will not be a very high rental accommodation, so that you have the ease of access to being here in Gibraltar and nearer your family should they need you.

635 **Hon. D J Bossino:** But simply to press the point, I would ask the Hon. the Minister to confirm that the service that the Government will be providing at this particular address is exclusively for men who are going through divorce proceedings. Is that the case?

640 **Hon. P A Orfila:** I do not like to use the word ‘exclusively’ because along the way, in the same way that Women in Need started off as for women who were in an abusive relationship, later on it became more sensitive to other issues that women were experiencing. I do not like to say exclusive, because that is pushing me into a corner that I do not like. Principally, it is going to be for divorced men and men who are separating and find that they have nowhere to go.

645 **Hon. D J Bossino:** The Hon. the Minister, I think, in answer to the first question that I posed – in fact, the question is on the Order Paper – was unable to answer questions in relation to completion dates and in relation to costs because the Hon. Minister says she is not in a position to do so at this stage. Can she at least tell us when she thinks she will be in a position to provide these details? As the hon. the Leader of the Opposition in the United Kingdom says, plans without any forward planning or thinking, which I dare say this seems to be, are simply announcements.

650



655 **Chief Minister (Hon. F R Picardo):** Madam Speaker, the Hon. Mr Bossino wants to compare himself to the hon. the Leader of the Opposition in the United Kingdom. That is, of course, a matter for him, but if he wants to adopt wholesale that Conservative agenda, at least he would be being honest as to where his ideology lies.

660 As far as the Government is concerned, we make announcements of things that are going to happen during the lifetime of this Parliament, and when they happen during the lifetime of this Parliament people will judge whether we have done them right or whether we have not done them right, and that is the judgement that matters to us.

665 **Hon. D J Bossino:** Is the Hon. the Minister able to say why there was a requirement as far as those other attendees in the meeting ...? I saw the press and I was interested to understand who, other than those who have appeared in the photograph, attended that meeting. – Why is there a need for anonymity in that regard?

As far as the Hon. Chief Minister is concerned, I am quite happy to associate myself with Conservative ideology; I have said so publicly in the past.

670 **Hon. P A Orfila:** Madam Speaker, the people who were there decided they wanted to remain anonymous for whatever reason. I respect that and I honour that. I am grateful that they were there offering their time and advice, but they want to remain anonymous and so be it.

675 **Madam Speaker:** Next question.

## EQUALITY, EMPLOYMENT, CULTURE AND TOURISM

### Q12/2025

680 **Driver and guide apprenticeship programme –  
Number of applications and places available**

685 **Clerk:** Questions to the Hon. the Minister for Equality, Employment, Culture and Tourism.  
Question 12. The Hon. G Origo.

**Hon. G Origo:** Madam Speaker, can the Minister confirm how many applications were received for the newly launched driver and guide apprenticeship programme, and is there a limit on the number of places available in the offering?

690 **Clerk:** Answer, the Hon. the Minister for Employment, Equality, Culture and Tourism.

695 **Minister for Employment, Equality, Culture and Tourism (Hon. C P Santos):** Madam Speaker, a total of 29 applications were received for the driver and guide apprenticeship programme. There are 5 places available for this apprenticeship.

700 **Hon. G Origo:** Madam Speaker, I am grateful to the Hon. Minister for his answer. If I may briefly refer to a social media post that his Ministry put out on this apprenticeship programme, it mentioned that the apprenticeship course was completely free of charge. May I ask the Hon. Minister, given that the course is free of charge to the applicants, is there an underlining cost to Government, and if so, does he have details on what that is?

**Hon. C P Santos:** Madam Speaker, the underlying cost is the three month salary that we pay all apprentices as part of the training scheme that we have for all other apprenticeships, as well as when we have people going into training into a job. So, that is the underlying cost.

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**Hon. G Origo:** Madam Speaker, thank you to the Hon. Minister. If I may then just ask about the standards and delivery of the course: can the Hon. Minister please provide details? Does he know how the level of competence of this course is being delivered? Is there are some kind of test that is going to be carried out at the end of this programme, or is there a certificate given based purely on attendance?

710

**Hon. C P Santos:** Madam Speaker, there is a special licence for public service vehicles, so they need to go through that process. They also need to go through the process of being a guide, so they need to do a course on Gibraltar as a tourism destination. This training will take place within the confines of the employee, who is a very experienced company within this field, and they will be training them up for three months. They will be qualified in the licence as well as the already existing guide qualification.

715

**Hon. G Origo:** Madam Speaker, finally – thank you – if I may ask the Hon. Minister, because he did say they had 29 applications but 5 places in the offering, may I ask is it his Ministry that is going to be given the, I believe, guaranteed full-time employment upon successful completion, or is this the private entity which it is doing the partnership with for the purposes of giving this course?

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**Hon. C P Santos:** Madam Speaker, the full-time employment is given by the private entity. We just collaborate with regard to supporting apprentices into obtaining the qualification.

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**Madam Speaker:** Next question.

730

**Q13/2025**  
**Chief Culture Officer –**  
**Whether yet appointed**

735

**Q14/2025**  
**Gibraltar Arts Advisory Council –**  
**Appointees and scheduled meetings**

**Clerk:** Question 13. The Hon. E J Reyes.

740

**Hon. E J Reyes:** Has Government appointed a Chief Culture Officer since the enactment of the Gibraltar Culture Act 2024?

**Clerk:** Answer, the Hon. the Minister for Employment, Equality, Culture and Tourism.

745

**Minister for Employment, Equality, Culture and Tourism (Hon. C P Santos):** Madam Speaker, I will answer this question together with Question 14.

**Clerk:** Question 14. The Hon. E J Reyes.

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**Hon. E J Reyes:** Can Government inform this House who has been appointed to the Gibraltar Arts Advisory Council, together with details of their scheduled meetings for 2025?

**Clerk:** Answer, the Hon. the Minister for Employment, Equality, Culture and Tourism.

755

**Hon. C P Santos:** Madam Speaker, although this information was published in the Gibraltar Gazette on 16th January 2025 and is therefore now publicly available, I am happy to assist the

hon. Member. Mr Seamus John Byrne was officially appointed the Chief Culture Officer with effect from 16th January 2025. This is as per the Commencement Notice published in the Gibraltar Gazette which confirms that the Gibraltar Cultural Act is now operational.

The Gibraltar Arts Advisory Council has been established in line with the Gibraltar Cultural Act 2024. The following persons have been appointed to serve as members of the Council under my chairmanship for a period of three years until 31st December 2027: the Chief Culture Officer, the Director of Education, Mrs Davina Barbara, Ms Zoe Bishop, Mr Phillip Borge McCarthy, Mr Julian Felice, Mr Jordan Lopez, Ms Alice Mascarenhas, Ms Tanya Santini and Mr Karl Ullger. The meetings scheduled for 2025 are 13th January, which already took place; 27th May; and 25th November.

**Hon. E J Reyes:** Thank you, Madam Speaker. There are two questions. I am going to divide my supplementary, so as not to confuse them. In respect of Question 13, the Chief Culture Officer, I believe, may not be a civil servant per se, so because the Chief Culture Officer is empowered to purchase artwork and so on, am I right in assuming that he is not subject to General Orders, Government Accounting Regulations and so on? If that is so, how is the Minister able to deal with the situation of instructing a non-civil servant?

**Hon. C P Santos:** In actual fact, he is a seconded civil servant who is currently working for a private company, Gibraltar Cultural Services, which works under the Ministry of Culture and, although a private business, is funded by the Government. We review all their expenses and this as all funding that is approved during Budget time. We have a very close relationship with a keen eye on what the expenses are on behalf of the Ministry of Culture.

**Hon. E J Reyes:** Thank you, Madam Speaker, I am deducing – and those from the legal profession are better placed to advise me – that as a seconded civil servant I think the Minister is implying that he remains subject to General Orders and so on. If that is the case, then it satisfies the curiosity of my question. Were it not the case, then the Minister should be forthcoming with some other explanation.

In respect of Question 14 now, Madam Speaker, I filed my question before the deadline of 15th December, so it was before the publication of the members of the Arts Advisory Council on 15th January, and the Gazette was published on 16th January. I am grateful that that the Minister reconfirmed what one had read in the Gazette. However, the enactment of the Arts Advisory Council comes through because of the powers delegated to it through the enactment of the Act, which took place on 16th January. So, if a meeting was held on 13th January, does it have any validity in any decisions taken? I do not know ... Madam Speaker, if you wear your previous hat as a judge, if it was something that was in the pipeline to happen but had not quite happened from a legal point of view ... There might be a good explanation. Perhaps the Minister can enlighten us as to why the meeting took place before it could formally be enacted as a body.

**Hon. C P Santos:** I would like to make two points – one that is from the first part of his question regarding a civil servant. It does not need to be a civil servant necessarily to manage our accounting. It is someone who has been contracted on our behalf to do that part of the accounts.

With regard to the Arts Advisory Council, yes, the powers legally were enacted on 16th January but I have been having meetings with the Arts Advisory Council since I first came. They were not legislated but I have always felt that it is very important for me to surround myself with members of the community, in the same way that the hon. Member opposite did during his time when he was in office as Minister for Culture. The Arts Advisory Council has existed for many years. It was stopped at one point and I wanted to revive it because I wanted to keep my finger on the pulse. So, even though the powers were enacted on the 16th, I have tried to surround myself with this advice since my time in office.

810 **Madam Speaker:** The Hon. D J Bossino.

**Hon. D J Bossino:** If I may. It just piqued my curiosity when I was hearing the exchange. The Hon. Minister kind of answered the question but I would welcome his further input, if I may, by way of this question. The Hon. Minister says that he wants to surround himself with members of the community. Is there any other, deeper criteria which would inform him in carrying out the selection? I would have thought that for a Council of this nature, one would be looking at having individuals who perform and excel in different arts. I would welcome the Minister's response to that particular point.

820 **Hon. C P Santos:** Madam Speaker, if you look at the list, the breakdown includes the Chief Culture Officer and the Director of Education, due to the importance of culture and education. Mrs Davina Barbara is the Head of Culture Development at Gibraltar Cultural Services. Ms Zoe Bishop covers dance because there are a lot of different dance schools but I wanted someone who was not particularly linked to a dance school that teaches students but is involved in the world of dance as a choreographer and a practitioner. Mr Phillip Borge McCarthy represents classical music as part of the Gibraltar Classical Society and Harmonics Choir, who have been going for a long period of time. Mr Julian Felice covers the acting and writing for theatre side. Mr Jordan Lopez, from GibMedia, is a producer and technician. Ms Alice Mascarenhas has been involved in the local press and theatre for many years, as well as being a trained stage manager at the Guildhall School in London. Ms Tanya Santini represents the young educational facility in GAMPA that does singing and music and all the different arts. And Mr Karl Ullger represents the local artists. I feel that I have a big representation of local culture as a whole.

835 **Hon. D J Bossino:** Has Karl been knighted? I think the Hon. Minister referred to him as Sir Karl Ullger.

**Hon. C P Santos:** He should have been.

840 **Hon. D J Bossino:** Okay, but that is not the question.  
Given the Hon. the Minister's I think policy position in relation to having a close connection between the cultural activities in this place and also the tourist output given the other hats that he wears in terms of departmental responsibilities, how does he see that developing with this particular crop of individuals that the Hon. Minister has just referred us to? The question is: does he feel satisfied that these individuals will be able to provide input in terms of getting that connectivity with the tourism side of his portfolio?

850 **Hon. C P Santos:** Madam Speaker, every individual is a professional in their field, so whatever advice I get with regard to the cultural input is something I will, of course, honour and take very seriously. I am very fortunate that I work with professionals from the tourism industry as well. I do not expect the Arts Advisory Council to give me advice on tourism, but I do connect with them and explain what I want, my intentions and how we can work together with Tourism. So, I will get professionals from the tourism industry to work together on this when the need arises.

855 **Madam Speaker:** Next question.

Q15/2025

**Gibraltar Arts Collection –  
Works added; cost**

**Clerk:** Question 15. The Hon. E J Reyes.

**Hon. E J Reyes:** What works, and at what cost, have been added to the Government Art Collection during the financial years 2023-24 and 2024-25?

**Clerk:** Answer, the Hon. the Minister for Employment, Equality, Culture and Tourism.

**Minister for Employment, Equality, Culture and Tourism (Hon. C P Santos):** Madam Speaker, I now hand over a schedule of the works to the hon. Members opposite.

Answer to Question 15

RECORD OF ARTWORKS PURCHASED BY GIBRALTAR CULTURAL SERVICES LTD

Date Purchased	Artist's Name	Title of Work	Event	Cost
10/05/2023	Gustavo Bacarissas	Female Nude	Private purchase	£ 2,800
17/05/2023	Michael Martinez	3B	Spring Visual Arts	£ 350
17/05/2023	Julian Osborne	Red and White	Spring Visual Arts	£ 3,750
17/05/2023	Hannah Cavilla Latin	Untitled	Spring Visual Arts	£ 1,000
21/06/2023	Eddie Linares	A River Walk 1	Solo exhibition at Fine Arts Gallery	£ 30
21/06/2023	Eddie Linares	A River Walk 2	Solo exhibition at Fine Arts Gallery	£ 30
21/06/2023	Eddie Linares	A River Walk 3	Solo exhibition at Fine Arts Gallery	£ 30
21/06/2023	Eddie Linares	A River Walk 4	Solo exhibition at Fine Arts Gallery	£ 30
05/07/2023	Christian Hook	Liverpool Line Street Station	Private purchase	£ 951
05/07/2023	Christian Hook	Embankment	Private purchase	£ 951
05/07/2023	Christian Hook	Trafalgar Square	Private purchase	£ 951
31/07/2023	Adam Galloway	Public Utilities - Alameda Gardens	Fine Arts Association Summer Show	£ 150
31/08/2023	Joseph Alecio	Sacrifice	Our Gibraltar Competition	£ 1,500
31/08/2023	Rudesindo Mannia	Fire Station	Private purchase	£ 250
31/08/2023	Rudesindo Mannia	House of Assembly Scene	Private purchase	£ 250
18/09/2023	Karl Uilger	Castle Steps Patio	Cane-Yo Exhibition at Fine Arts Gallery	£ 1,800
28/09/2023	Gustavo Bacarissas	Boceto de Sevillanas en Fiestas	Auction: Isbilya, Sevilla	£ 1,400
09/10/2023	Anna Collado	Sun Kissed Harvest, Tribute to Willa Vasquez	Westside School Exhibition at Fine Arts Gallery	£ 200
25/10/2023	Mario Finlayson	Sagrada Familia	Donation	£ -
25/10/2023	Mario Finlayson	Sacred Heart Church	Private purchase	£ 1,875
25/10/2023	Mario Finlayson	Nude Slade	Private purchase	£ 1,875
25/10/2023	Mario Finlayson	Slade Beds	Private purchase	£ 1,875
25/10/2023	Mario Finlayson	Upright Nude	Private purchase	£ 1,875
25/10/2023	Mario Finlayson	Our Gibraltar	Private purchase	£ 1,875
25/10/2023	Mario Finlayson	Catalan Bay Church	Private purchase	£ 1,875
25/10/2023	Mario Finlayson	Reflecton Marina	Private purchase	£ 1,875
25/10/2023	Mario Finlayson	Large Marina	Private purchase	£ 1,875
25/10/2023	Sebastian Rodriguez	Sacred Heart from Union Jack Steps	Private purchase	£ 1,875
25/10/2023	Sebastian Rodriguez	Sacred Heart	Solo exhibition at Fine Arts Gallery	£ 650
13/11/2023	Juan Lucena Orellana	Nocturno Urbano	Solo Exhibition	£ 650
13/11/2023	Michael Acris	Triumph of Desertness	International Art Exhibition	£ 5,000
13/11/2023	David Llamas	An Extended Family Portrait	International Art Exhibition	£ 1,000
13/11/2023	Iaustin Estudillo Peña	Autoretrato	International Art Exhibition	£ 1,000
13/11/2023	Sergio Galea Rodriguez	Latent Dyslexia	International Art Exhibition	£ 2,000
15/11/2023	Gustavo Bacarissas	Boceto de Sevillanas en Fiestas	International Art Exhibition	£ 1,500
13/12/2023	Gustavo Bacarissas	Bailarina con fondo de Paisaje	Bought at auction	£ 1,704
13/12/2023	Gustavo Bacarissas	Bocetos para Escenografias 2	Private purchase	£ 1,180
05/01/2024	Albert Danino	Torre Guadiaro Sunrise	Private purchase	£ 1,180
05/01/2024	Albert Danino	Sunset from Scud Hill	Affordable Art Exhibition	£ 30
05/01/2024	Albert Danino	Gibraltarian Campamento	Affordable Art Exhibition	£ 30
05/01/2024	Albert Danino	Torre Guadiaro Sunrise 2	Affordable Art Exhibition	£ 30
05/01/2024	Michael Martinez	Camel Trek 2023	Affordable Art Exhibition	£ 30
05/01/2024	Lorraine Buhagiar	John Mac Hall	Affordable Art Exhibition	£ 300
10/01/2024	Gustavo Bacarissas	Gouache of Grape Harvest	Affordable Art Exhibition	£ 250
02/02/2024	Leslie Gaduzo	City Hall	Private purchase	£ 3,000
01/03/2024	Matthew Francis Bosano	All Falls Down	Commissioned by Philatelic	£ 1,500
11/03/2024	Natalya Buttigieg	Calima Phenomenon	Young Art Competition	£ 1,000
11/03/2024	Kenneth McIntosh	See Red	Young Art Competition	£ 100
11/03/2024	John Cardona	Dorset Skies Part 1	Class of 69 Exhibition	£ 59
11/03/2024	John Cardona	Dorset Skies Part 2	Class of 69 Exhibition	£ 125
11/03/2024	Monica Popham	The Three Graces	Class of 69 Exhibition	£ 125
11/03/2024	Monica Popham	Wherwell Road	Private purchase	£ 125
11/03/2024	Eva Milanta	Red Sofas	Private purchase	£ 125
11/03/2024	Stella Bosano	Through a Fish Eye Lens	Young Art Competition	£ 1,000
11/03/2024	Idan Kimich	Angels & Devils	Young Art Competition	£ 500
11/03/2024	Lily Rodgers	My Puddle	Young Art Competition	£ 500
11/03/2024	Claudia Costa	Touching up my Mascara	Young Art Competition	£ 500
11/03/2024	Natalya Buttigieg	Calima Phenomenon	Young Art Competition	£ 500
11/03/2024	John Cardona	Dorset Skies Part 1	Young Art Competition	£ 100
28/03/2024	Wanda Bush	La Caleta	Class of 69 Exhibition	£ 125
			Solo Exhibition	£ 60

Cont...

Continued Answer to Question 15

Date Purchased	Artist's Name	Title of Work	Event	Cost
01/04/2024	Derek Duarte	Hall of Dreams	60th Anniversary	£ 100
17/04/2024	Leslie Gaduzo	JMH Central Courtyard	Winner: 60th Anniversary	£ 2,000
24/04/2024	Anselmo Torres	Legacy	60th Anniversary	£ 100
26/04/2024	Monica Popham	Gibraltar Upper Town	N/A	£ 90
26/04/2024	Monica Popham	Green Shutters	N/A	£ 65
13/05/2024	Adrianne Buckley	To Be Prey	Spring Visual Arts 2024	£ 1,000
13/05/2024	Chris-Anne Alcantara Ulger	La Moto de Mr Bourne	Spring Visual Arts 2024	£ 1,000
13/05/2024	Karl Ullger	Los Nazarenos	Spring Visual Arts 2024	£ 3,000
14/05/2024	Gustavo Bacarissas	Open Doorway	Private purchase	£ 2,250
14/05/2024	Gustavo Bacarissas	Garden View	Private purchase	£ 2,250
15/05/2024	Stephan Ignacio	Claro q my pigs fly	Spring Visual Arts 2024	£ 90
15/05/2024	Jonathan Smith	Sunset & Chill	Spring Visual Arts 2024	£ 100
20/05/2024	Justin Poggio	Eye See You	Father and Son Exhibition	£ 450
28/06/2024	Wanda Bush	Yellow House	Solo Exhibition	£ 390
19/07/2024	Leni Mifsud	Leni Mifsud Paintbox	Private purchase	£ 200
24/07/2024	Donovan Torres	Calpe Shoe Repair	Spring Visual Arts 2024	£ 750
01/08/2024	Jacobo Azagury	Gibraltar Town Scene (Watercolour)	Private purchase	£ 470
28/08/2024	Derek Duarte	Always a part of us	Our Gibraltar Competition	£ 1,500
28/08/2024	Derek Duarte	Llanito Hearts All You Need	Our Gibraltar Competition	£ 1,000
28/08/2024	Stephan Ignacio	Nacido sin Dreams of Olympic Heroes or Glory	Our Gibraltar Competition	£ 90
01/09/2024	Pauline Gomez	Convent Place	Our Gibraltar Competition	£ 295
01/09/2024	Stephan Hermida	Futbol de Patio	Our Gibraltar Competition	£ 120
01/09/2024	Stephan Cumming	Castle Steps	Our Gibraltar Competition	£ 30
03/10/2024	Gustavo Bacarissas	Nocturno Plaza de Carmona	Ansorena Auction	£ 1,780
11/10/2024	Aaron Soleci	People are People	Solo Exhibition with Kitchen Studios	£ 400
14/10/2024	Aaron Soleci	Nude Figure	Solo Exhibition with Kitchen Studios	£ 400
17/11/2024	Rudesindo Mannia	Town Scape	Auction	£ 750
02/12/2024	Isabel Diaz	Boy	Affordable Art Exhibition	£ 100
02/12/2024	Gloran Henshaw	Castle Steps	Affordable Art Exhibition	£ 110
02/12/2024	Michele Stagnetto	Line Wall Road	Affordable Art Exhibition	£ 150
02/12/2024	Christine McNally	Resting at the Shore - Caleta	Affordable Art Exhibition	£ 100
02/12/2024	Lorraine Buhagiar	Bell House	Affordable Art Exhibition	£ 175
02/12/2024	Christine McNally	St Josephs Evening Light	Affordable Art Exhibition	£ 75
02/12/2024	Deborah Lawson	Camp Bay	Affordable Art Exhibition	£ 150
02/12/2024	Lorraine Buhagiar	Chronicle Door	Affordable Art Exhibition	£ 55
02/12/2024	Lorraine Buhagiar	St Andrews Church	Affordable Art Exhibition	£ 55
02/12/2024	Shane Dalmedo	The Dancer	Affordable Art Exhibition	£ 250
02/12/2024	Michele Stagnetto	The Aquatint Rock	Affordable Art Exhibition	£ 150
02/12/2024	Stephan Hermida	Deadviei: Dead Valley	Affordable Art Exhibition	£ 180
02/12/2024	Gail Francis Tiron	John Mack Doodle	Affordable Art Exhibition	£ 400
02/12/2024	Justin Poggio	Breakthrough	Affordable Art Exhibition	£ 125
02/12/2024	Justin Poggio	Sepia Sands	Affordable Art Exhibition	£ 125
13/12/2024	Gustavo Bacarissas	Bocetos para Escenografias 1	Private purchase	£ 1,180
10/15/2024	Willie Chiappe	N/A	Bought from Patrick Sacarello	£ 250

875 **Madam Speaker:** I shall allow the hon. Member an opportunity to look at that, and in the meantime we will move on to the next question.

Q16/2025

880 **Recent delays to easyJet flight to Bristol – Cause and measure to prevent reoccurrence**

**Clerk:** Question 16. The Hon. D J Bossino.

885 **Hon. D J Bossino:** Please provide full details of the cause of the recently reported delays to the EasyJet flight to Bristol and what measures are to be put in place to prevent a reoccurrence.

**Clerk:** Answer, the Hon. the Minister for Employment, Equality, Culture and Tourism.

890 **Minister for Employment, Equality, Culture and Tourism (Hon. C P Santos):** Madam Speaker, the responsibility for the safety and security of the airfield lies with the Ministry of Defence and it will be for them to decide what measures need to be taken to mitigate the impact of any further occurrences. HM Government of Gibraltar will support the Ministry of Defence wherever possible. The Royal Gibraltar Police are investigating at the moment, so HM Government of Gibraltar cannot comment any further.

900 **Hon. D J Bossino:** Whilst I appreciate everything that the Hon. the Minister has just said in his reply – and indeed there has been a reoccurrence post the filing of this question, as reported by GBC, where a flight that was coming from the other direction, from the UK to Gibraltar, had to be diverted for exactly the same reasons – on this side of the House we have asked questions about this and there have been myriad different reasons for flights to be impacted coming to or from

Gibraltar. This is something which ought to be, and I am sure it is, of concern to the Hon. Minister given his Tourism portfolio. I appreciate it is difficult because this is, after all, at the end of the day, an MoD airport and it will have responsibility for the safety of passengers on planes, but what can be done from a Gibraltar Government perspective to ensure that the delays when these things happen are as minimised as possible?

**Chief Minister (Hon. F R Picardo):** Madam Speaker, as the hon. Gentleman has said during the course of his supplementary, lengthy though it was, this is not an area of Government responsibility. It is, therefore, not a question that lies to the Government.

**Madam Speaker:** Next question.

**DEPUTY CHIEF MINISTER**

**Q17/2025**

**Parliament building –  
Update re refurbishment**

**Clerk:** Questions to the Hon. the Deputy Chief Minister.  
Question 17. The Hon. A Sanchez.

**Hon. A Sanchez:** Can the Government provide an update as of 15th January 2025 on the refurbishment of the Parliament building, including progress on the installation of a lift and other accessibility features, and confirm when these works are expected to be completed, to ensure that Parliament is accessible for all.

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

**Deputy Chief Minister (Hon. Dr J Garcia):** Madam Speaker, works to the exterior of the building are drawing to a close and repairs to the facade, cornices and stone are being estimated to be completed in the next two months. We are grateful to the Parasol Foundation, who generously contributed to the costs of restoring the facade of this iconic building.

Works to the interior commenced last week as we prepare for a 12-month programme, obviously subject to the funding. Such a programme will mean that completion is likely to occur in the next financial year. The installation of the lift is planned to be carried out during the summer recess in order to limit the inconvenience to staff and Members of Parliament. Other features include accessible toilet facilities for those with limited mobility, which will also be completed during this period.

**Hon. A Sanchez:** Madam Speaker, I am certain that Hon. Ministers on that side of the House and hon. Members on this side of the House agree that it is crucial to take all the necessary steps to make Parliament fully accessible for all because it is true that while we ask questions and Ministers answer the questions and we debate legislation and pass legislation, it remains that the building where all of this happens is not accessible for all who wish to engage with it to do so. It is clear that this is something that needs to change, and it needs to change sooner rather than later, and so I would like to press the Hon. Minister to give us assurances that the works will indeed be completed and finalised by the summer period, as he said.

**Hon. Deputy Chief Minister:** Madam Speaker, the Government entirely agrees. That is why we have a plan and a programme to make Parliament accessible. This building went up in the early 1800s as a library. Nobody at the time probably thought it was ever going to be a Parliament, and clearly there are things in its fabric, structure and heritage which have made complicated the

whole question of providing lift access, but that is now, thankfully, agreed, it has planning permission and the works have already commenced.

960 **Madam Speaker:** Yes, the Hon. Mrs Ladislaus.

**Hon. J Ladislaus:** Madam Speaker, when we attended – and I say ‘we’ because the Hon. Minister for Sport and the Clerk also attended – the plenary of the CPA, which is the Commonwealth Parliamentary Association for those watching, we were made aware of a grant that can be applied for by Parliament in order to make parliamentary buildings more accessible. I ask, therefore, has the Government applied for such a grant?

**Hon. Deputy Chief Minister:** Madam Speaker, yes, I am kindly informed that Parliament has applied for the grant.

970 **Madam Speaker:** Yes, the Hon. Mr Origo.

**Hon. G Origo:** Madam Speaker, I am very grateful. May I ask the Hon. the Deputy Chief Minister whether he now has the costing estimates for the internal lift works? I believe in answers to questions in June we confirmed that a donation was given by a charitable organisation to carry out the external facade repairs. He did say at that time that works were anticipated to complete by 2024 and we were almost there, but he did at the time confirm that he did not have visibility on the cost of the internal lifts, and I ask whether he has that available to him now.

980 **Hon. Deputy Chief Minister:** Madam Speaker, I do not have that information with me, but I am more than happy to provide it if the hon. Members table a question at the next meeting of the House.

**Hon. G Origo:** I am grateful to the Deputy Chief Minister. He did say, in answer to the original question, that the works to the internal lifts were subject to funding, I believe is what he said. So, is it the Government’s position that if this turns out to be a costly affair, a view is taken, depending on what the cost of this project is, whether we may or may not get a lift? Or is it the position that irrespective of the cost, he will find a way to install this lift so he can make this Parliament accessible once and for all?

990 **Hon. Deputy Chief Minister:** Madam Speaker, the position is that every project that the Government does is subject to funding in the Estimates of Revenue and Expenditure.

**Madam Speaker:** Next question.

**Q18/2025**  
**Land Registry –**  
**Deeds registered in December 2024**

1000 **Clerk:** Question 18. The Hon. the Leader of the Opposition.

**Hon. Dr K Azopardi:** Madam Speaker, how many deeds have been registered at the Land Registry in the month of December 2024?

1005 **Clerk:** Answer, the Hon. the Deputy Chief Minister.



1010 **Deputy Chief Minister (Hon. Dr J J Garcia):** Madam Speaker, the number of deeds registered at the Land Registry in December 2024 was 177.

**Madam Speaker:** Next question.

1015 **Q19/2025**  
**Land Registry –**  
**Sales, assignments and conveyances of property registered in December 2024**

1020 **Clerk:** Question 19. The Hon. the Leader of the Opposition.

**Hon. Dr K Azopardi:** How many sales, assignments or conveyances of property have been registered at the Land Registry in the month of December 2024?

1025 **Clerk:** Answer, the Hon. the Deputy Chief Minister.

**Deputy Chief Minister (Hon. Dr J J Garcia):** Madam Speaker, the numbers of sales, assignments or conveyances of property registered at the Land Registry in December 2024 were 53 assignments and conveyances.

1030 **Q15/2025**  
**Gibraltar Arts Advisory Council –**  
**Appointees and scheduled meetings –**  
**Supplementary questions**

1035 **Madam Speaker:** Is the Hon. E J Reyes ready to ask any supplementaries on Question 15?

1040 **Hon. E J Reyes:** Yes, thank you, Madam Speaker. It is a very well-prepared list. Just out of curiosity, I want to ask the Minister ... There is a particular painting purchased. The title of the work is 'City Hall' and under 'Event' it says 'Commissioned by Philatelic'. I do not quite understand what it means because for the others he names the exhibition that may have been held or if it was a private purchase, where obviously you are buying from someone who has a private collection, and there are those with 'International Art Exhibition' and so on, but here, 'Commissioned by Philatelic' does not quite ring a bell from my experience of purchases of other paintings. I fully understand that the Minister needs a few minutes to get the correct information to be able to answer that.

1045 Does the Minister know, out of –?

1050 **Madam Speaker:** Let's do one question at a time.

**Minister for Employment, Equality, Culture and Tourism (Hon. C P Santos):** Madam Speaker, I do not have the information to that particular question, other than I feel that it was commissioned by the Philatelic, as it states. I need to need to find out the reason. I have asked, so as soon as I get the answer I can let the hon. Member know about this.

1055 **Hon. E J Reyes:** Thank you, Madam Speaker, yes, and in keeping with the way you wanted it. The other question is more of a general nature. The Minister may have it here. I am glad to note that there is a big variety of artists whose paintings we have purchased, some because the Cultural Services, or the Minister particularly, has been proactive in seeking them and has carried

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on a particular tradition that I know existed in my time when I was the Minister for Culture. We have attended exhibitions, more particularly those in Spain, in Sevilla, to purchase possible works by Gustavo Bacarisas, but because Gustavo Bacarisas was also an *hijo predilecto* of Sevilla, there is a law in Spain ... I remember a particular occasion when we bid and we were the top bidders for a particular work of art, and when the auction ended and we went to pay for the work of art we were told there is a particular law that exists in Spain that the state then pays exactly the same price as the highest bidder and they keep possession of that painting. Has the Minister also come across this unfortunate circumstance, seeing that a particular interest has been taken to attend these auctions in Sevilla and we have missed out, perhaps, yet again on acquiring further excellent works by Gustavo Bacarisas?

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**Hon. C P Santos:** Madam Speaker, I have not been made aware of that at all. As I see here, we have, through private purchase or auction, been able to purchase at least five. One has been through auction and the other four have been through private purchases. This is not something that has been brought to my attention. I will try to get this information and pass it on to the hon. Member via email.

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**Madam Speaker:** Next question.

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#### HEALTH, CARE AND BUSINESS

**Q20–24/2025**

**Lifecome Care –**

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**Issues with app; training for carers; vetting of subcontracted carers; discrepancies re employees' salary payments; costs incurred by Government to cover deficits**

**Clerk:** Questions to the Hon. Minister for Health, Care and Business.  
Question 20. The Hon. A Sanchez.

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**Hon. A Sanchez:** Could the Government state whether LifeCome Care is still experiencing issues with the app used by carers?

**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 21 to 24.

**Clerk:** Question 21. The Hon. A Sanchez.

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**Hon. A Sanchez:** Could the Government confirm whether carers at LifeCome Care have undergone any training or professional development since the transition into the new company?

**Clerk:** Question 22. The Hon. A Sanchez.

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**Hon. A Sanchez:** Could the Government state whether all subcontracted carers employed by Lifetime Care are vetted both locally and internationally on a yearly basis? If so, could the Government provide the dates of the last yearly vetting conducted by the previous subcontracting entities and when the next yearly vetting is scheduled to take place?

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**Clerk:** Question 23. The Hon. A Sanchez.

**Hon. A Sanchez:** Could the Government state whether employees of LifeCome Care are still experiencing issues, specifically discrepancies with their salary payments?

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**Clerk:** Question 24. The Hon. A Sanchez.

**Hon. A Sanchez:** Could the Government state whether the Government or any Government-owned entity has incurred any costs to cover a deficit incurred by LifeCome Care (Gibraltar) Ltd, Lifecome Care Ltd or any of their affiliated entities or companies?

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

**Hon. G Arias-Vasquez:** Madam Speaker, as I have already told the hon. Lady, these questions should be directed to Lifecome Care. The Government cannot answer questions on behalf of a private company.

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However, in respect of Question 24, the Government is not aware of a deficit being incurred by LifeCome (Gibraltar) Ltd, LifeCome Care Ltd or any of their affiliated entities or companies.

**Hon. A Sanchez:** Madam Speaker, I am grateful for that answer, but as I have expressed to the Hon. Minister before, is it not the case that the Government subcontracts LifeCome Care to provide services and that the care packages are assigned by the Care Agency to LifeCome Care and Lifecome Care provides these services for the Government? Is the Minister avoiding any accountability, any responsibility as the Minister for Care with responsibility for this area, and is she avoiding answering any of the questions that I am putting to her?

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**Hon. G Arias-Vasquez:** Madam Speaker, I am not avoiding answering any questions. As the hon. Lady is aware, the Government has a contract and subcontracts these services to LifeCome Care. The Government holds LifeCome Care to account for those services, but the question should be answered by answered by LifeCome Care.

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**Hon. A Sanchez:** Madam Speaker, if constituents, service users and members of the community continue to raise issues and concerns in regard to this issue, in regard to home support and domiciliary care, and ask us as Opposition MPs to raise these in Parliament, should we go back and tell them that the Hon. Minister with responsibility for Care refuses to answer these questions? At the end of the day, they are questions about Home Support and Domiciliary Care, which come under her responsibility.

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**Hon. G Arias-Vasquez:** Madam Speaker, I have not refused to answer any questions. I understand that the hon. Lady is seeking to find a narrative that that is the case. However, I have not refused to answer any questions. I have said that the right source to ask the questions is LifeCome. However, because the Care Agency is extremely diligent in its task and holds LifeCome Care to account regularly, I am very pleased to say that they do hold Lifecome Care to account in terms of vetting, in terms of training and in terms of all the other questions that she has asked. However, the right entity to ask the questions in respect of training and vetting and everything else is LifeCome Care. The Care Agency holds them to account as per the contract that we insisted was put in place and is able to hold them to account to make sure that the right standards are maintained.

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**Hon. Dr K Azopardi:** Well, that is really what my hon. Colleague is asking because the question said, looking at Question 21, 'Could the Government confirm whether carers ...?' So, it is asking the Government to confirm whether the carers are trained – it is not asking the Government to answer for LifeCome – in the context of the monitoring that the Minister has said that there is by

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1165 the Care Agency of this contract, and presumably the contract itself will contain clauses which  
it requires LifeCome to meet in relation to carers, training and vetting and so on. What my  
Colleague is asking is does the Government have the information, in the context of the  
accountability that it says that it holds LifeCome to, to confirm to the House whether or not the  
carers, for example, have undergone training or professional development? Does the Government  
1170 have the information to say so, one way or the other, as a result of the vetting?

**Hon. G Arias-Vasquez:** Madam Speaker, because we put in place a contract which insists that  
the Care Agency is able to hold LifeCome Care to account, I am pleased to be able to say that the  
Care Agency is now able to go to LifeCome and demand whether or not they are providing training.  
1175 I am pleased to say that Lifecome Care is required to meet all regulatory and contractual  
obligations concerning the training of its staff, and the Government fully expects LifeCome Care  
to comply with the training requirements that are outlined within the services agreement that we  
entered into.

All staff who transferred from medical and adult would have received the relevant training,  
1180 although they do need to be, in the case of refresher courses, which will be provided as and when  
they are required. At the beginning of the year, all new staff were trained in manual handling to  
enable them to work with our complex cases requiring use of equipment. Training and report  
writing has also been provided to all staff online and 20 staff physically. All staff have received the  
no-response procedure for both online and virtual training. A training calendar is currently being  
1185 developed by LifeCome Care, which will be shared with the Care Agency, and we have received a  
sample of the staff and individual staff's training records. This is as a result of the decision that we  
took to put a contractual relationship in place with the provider.

**Hon. A Sanchez:** Madam Speaker, it is then evident that the Hon. Minister has the information  
1190 with her. What I am asking is if she could do the same thing in relation to the question of the  
vetting. It is not that difficult; the information is in front of her. The Care Agency must have a way  
of monitoring whether the carers it subcontracts to deliver a service via LifeCome Care have been  
vetted and if they are vetted yearly. The question is simple. Or is the Minister not willing to answer  
this question? There are members of the community who might have genuine concerns about  
1195 these issues, and the Minister does not seem to want to address this issue.

**Hon. G Arias-Vasquez:** Madam Speaker, the hon. Lady's narrative is once again extremely  
aggressive. I do not want to address this issue. I am very happy to submit myself to  
parliamentary scrutiny in each and every instance.

1200 LifeCome Care has provided the information to the Care Agency because they are now  
contractually required to do so. The *service* is subcontracted to LifeCome Care, not the carers. We  
can now hold LifeCome Care to account and we can say that we do regularly review the vetting.  
The vetting is done in an annual process and we are aware of exactly where we are in the vetting  
process and where they are. So, the Care Agency is extremely on top now and is able to demand  
1205 this information from LifeCome Care, they have demanded it and they know exactly where we are  
in the vetting process.

**Hon. A Sanchez:** Madam Speaker, so then I ask again: if the Minister has this information –  
because the Care Agency has the information – why is the Minister not willing to share it? The  
question is there; it is simple. Are they vetted both locally and internationally? And could they  
provide the dates of the last yearly vetting conducted by the previous subcontracting entities and  
when the next yearly vetting is scheduled to take place? If the Care Agency is monitoring this, then  
she should have the dates available. I do not know why it is so difficult to get this information out  
of the Hon. Minister.

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1220 **Hon. G Arias-Vasquez:** Madam Speaker, again, LifeCome Care was held to account by the Care Agency. The Care Agency holds all this information to account. We are unable to share across the floor of the House the information relating to vetting, but the Care Agency is up to date on exactly where all the vetting is. The Care Agency ensures that LifeCome Care does carry out national and international vetting. It obtains all the vetting certificates from the individuals and it knows where it is, and it obtains regular information, as a result of their regular meetings with LifeCome Care, as to all the documentation provided by the carers in relation to vetting.

1225 **Hon. A Sanchez:** Madam Speaker, the Minister is not addressing my question. I am asking the Minister the date of the last yearly vetting that was conducted by the previous subcontracted entities and when the next yearly vetting that is due to be conducted by LifeCome Care is going to take place. Those are the dates that I am looking for. Has a whole year elapsed? Has a year passed yet, or has it not? Has it not been a year yet? I want those dates, Madam Speaker. I am sure that  
1230 she has them because she says that the Care Agency has a system of monitoring this. So, if she has a date, why can she not share it?

**Hon. G Arias-Vasquez:** Madam Speaker, the question that is being asked is an incorrect question. The vetting process arises from the date of the employment of the employee. It is not  
1235 the case that on 1st April everyone's certificate is renewed. It is the case that there is a batch that is going to be renewed this month and there is a batch that will be renewed next month. It is an ongoing process, and with 200 employees I am unable, because the information is simply not there in the format that the hon. Lady is asking for it, to give that information because it is not a case of  
1240 on 1st April all of the vetting being provided; it is a case of one employee getting a certificate on 17th January and another employee gets a certificate on 23rd March. It is an ad hoc process where each employee obtains their vetting certificate individually.

I am, therefore, not unwilling but unable to give the information that the hon. Member seeks because the question that is being posed is being incorrectly posed.

1245 **Hon. A Sanchez:** Madam Speaker, in any event, if the Care Agency is monitoring this, they must have a record of who has been vetted, the date on which they have been vetted and when they are due to be vetted again, if the Care Agency is monitoring the vetting as she has said – or else, how would they keep track of who has been vetted and if the vetting is being done correctly and everybody is being vetted both locally and internationally? If they have a way to record this and  
1250 keep track of this, is there no way that that that information can be given to the Minister?

**Hon. G Arias-Vasquez:** Madam Speaker, the Care Agency is on top of each and every individual and is on top of each and every one of their vetting certificates. So yes, the Care Agency does obtain that information from LifeCome Care and the Care Agency is on top of that information.  
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**Hon. A Sanchez:** Okay, Madam Speaker, so the Care Agency has that information and is on top of the information, but the Hon. Minister is not willing to share that information. This is what I deduce from this answer.

Is she willing to answer the question in relation to the app, or is this something that she is also  
1260 not willing to discuss?

**Hon. G Arias-Vasquez:** Madam Speaker, I have not said that I am not willing to provide that information; I have said that I am not able to provide the information in the format that the hon. Lady wants it, because it simply does not exist in the format that the hon. Lady wants it.  
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In relation to the app, there was an app that was used, which was the subject of much media, which was called AdaCare – nothing to do with the previous company – and as I said in numerous press releases, there were issues with this app. This app became operational on 12th October. At

1270 the time, there were issues with this app. There is now another app which has been introduced, which is the app that LifeCome uses with all their employees. This app is called CareLineLive. We are now discussing the use of this app, both with the workers and with the unions.

**Madam Speaker:** The Hon. Mr Azopardi had a question.

1275 **Hon. Dr K Azopardi:** Yes, I did on the other one, Question 22, if I may just to go back on that. I just want to ask a simple question; I hope the answer is yes. Does the Government require as part of the contract that the carers employed by LifeCome are suitably vetted?

**Hon. G Arias-Vasquez:** Of course, Madam Speaker.

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**Hon. A Sanchez:** Madam Speaker, in relation to the app, it is my understanding that there is a new app now and that there are still issues with the app, and now there are meetings and ways to resolve possible new issues with the app.

1285 **Hon. G Arias-Vasquez:** Madam Speaker, there is a new app to introduce efficiencies, which is the app that LifeCome use elsewhere, and discussions are currently ongoing, as I have just said, with the employees and with the Unions as to the use of that app.

1290 **Hon. A Sanchez:** Madam Speaker, the current app that is being used is it working properly or have concerns been expressed to the Minister about the app and how it is affecting or might be affecting service delivery – concerns, for example, since the rotas are on the app, that carers are sometimes instructed to attend a service and when they get there they find that the service user no longer lives at the residence; cases of carers that have failed to attend a residence, but this could be due to miscommunication stemming from issues with the app? Are these concerns that have been put to the Hon. Minister, because they are concerns that we keep getting?

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**Hon. G Arias-Vasquez:** Madam Speaker, whilst I will address concerns in a later question that the hon. Lady has addressed, the concerns that have come to my attention are concerns in relation to complaints etc. which I will address in the relevant question.

1300 If there are concerns relating to the app, there is a private company that we have engaged to provide a service, there is the Care Agency that is there to monitor the service and monitor the contractual obligations of the service provider, and then I get an overview of all issues. Whether the issues stem from the app or otherwise is not a matter which has come to my attention. There are issues that have come to my attention in relation to Lifecome, which we will go into later, but as far as I am aware – and I want to make this abundantly clear so the hon. Lady does not then say that I am unable or unwilling to provide information: as far as I am aware – the services do not necessarily relate to the app, which was the same app that was being used by the carers prior to the date that LifeCome took over.

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1310 **Madam Speaker:** I am allowing one last supplementary.

**Hon. A Sanchez:** Madam Speaker, in relation to Question 23 about whether employees are still experiencing issues, specifically discrepancies with their salary payments, could the Hon. Minister perhaps shed some light as to whether this is an issue that is ongoing, because it is certainly something that is also being brought to our attention?

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**Hon. G Arias-Vasquez:** Madam Speaker, the majority of the issues which arose have now been resolved. All staff were contacted individually to confirm their hours as an additional measure to

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minimise risks of discrepancy. The Care Agency is regularly meeting with LifeCome and its staff to understand and rectify any issues.

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The key issues now are in relation to pay discrepancies, and indeed LifeCome Care believe that the use of the new app – the CareLink app, or whatever it was called ... Let me find the name, so that the hon. Lady does not say that I am not willing or able to provide information. The CareLineLive app is actually thought by LifeCome Care to be able to remedy some of those issues. So, they are working closely with staff in order to remedy any outstanding issues, but now the issues are relatively minor and relate to pay discrepancies because of annual leave calculations or hours worked.

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**Madam Speaker:** Next question.

**Q25–28/2025**

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**Drug and alcohol abuse –  
Ocean Views, St Bernard's Hospital and home detox programmes; 111 calls**

**Clerk:** Question 25. The Hon. A Sanchez.

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**Hon. A Sanchez:** Could the Government provide the figures for how many individuals were admitted to or referred to the detox programme at Ocean Views, broken down by month, for the following years: 2022, 2023, 2024 and 2025 to date?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Questions 26 to 28.

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**Clerk:** Question 26. The Hon. A Sanchez.

**Hon. A Sanchez:** Could the Government provide figures for how many individuals were admitted to or referred to and completed or commenced the detox programme at St Bernard's Hospital, broken down by month, for the following years: 2022, 2023, 2024 and 2025 to date?

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**Clerk:** Question 27. The Hon. A Sanchez.

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**Hon. A Sanchez:** Could the Government provide the figures for how many individuals have been assessed as suitable for and advised by medical or relevant professionals to undergo home detoxification, broken down by month, for the following years: 2022, 2023, 2024 and 2025 to date?

**Clerk:** Question 28. The Hon. A Sanchez.

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**Hon. A Sanchez:** Could the Government provide the following information regarding calls received by 111 related to detox or drug and alcohol substance abuse issues, broken down by month, for 2022 to present date: (1) the total number of calls received; (2) the number of calls that resulted in referrals to the Mental Health Team; (3) the number of these referrals that led to assessments by a psychiatrist or mental health professional; (4) the number of these assessments that resulted in referrals to a detox programme?

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

**Hon. G Arias-Vasquez:** Madam Speaker, in answer to Question 25, I now hand over a schedule with the information requested.

**Answer to Question 25/2025**

2022

Month	No. of admissions
January	4
February	2
March	4
April	0
May	3
June	1
July	0
August	3
September	1
October	0
November	4
December	1

2023

Month	No. of admissions
January	0
February	1
March	1
April	4
May	4
June	3
July	2
August	0
September	1
October	1
November	0
December	0

2024

Month	No. of admissions
January	2
February	0
March	2
April	0
May	4
June	1
July	0
August	1
September	0
October	1
November	0
December	0

2025

Month	No. of admissions
January	0

In answer to Question 26, St Bernard's Hospital is an acute healthcare setting. As such, the majority of patients who undergo detox at St Bernard's are acutely unwell patients who receive detox therapy in conjunction with treatment for their primary presenting condition. The clinical systems do not always accurately capture purely elective admissions for detox, but to the best of our knowledge there were no individuals in 2022 and 2023, 3 individuals in 2024 and 1 individual to date in 2025.

Most in-patient detox is conducted at Ocean Views, but St Bernard's can also deliver detox should there be no available capacity within our mental health facilities or if it is deemed that care would be better delivered at St Bernard's Hospital.

In answer to Question 27, from May 2024 to date, the GHA Drugs and Alcohol Rehabilitation Service's lead nurse has provided clinical input to a total of 4 patients who have undergone detoxification at home. In October 2024 there was 1, in November 2024 there was 1, and in December 2024 there were 2.

In answer to Question 28, 111 does not directly code calls related to detox or drug and alcohol substance abuse, thus we cannot provide any statistical data.

**Madam Speaker:** Supplementaries? I will give the hon. Member some time to consider the schedule in answer to Question 25, but any in respect of Questions 26, 27 or 28?



1425 **Hon. A Sanchez:** Madam Speaker, in terms of –

**Madam Speaker:** Which question are we looking at?

1430 **Hon. A Sanchez:** Question 27. Could the Minister clarify, in terms of home detoxification, who assesses and deems an individual suitable for home detoxification?

**Hon. G Arias-Vasquez:** Madam Speaker, the GHA Drugs and Rehabilitation Service's lead nurse normally would lead on this service.

1435 **Hon. A Sanchez:** Madam Speaker, could the Minister outline who monitors the home detoxification programme and what this consists of? For example, are there regular home visits, and if so, by whom; and is there 24/7 phone support or online consultation available for individuals who have to undergo this programme at home?

1440 **Madam Speaker:** Is that also Question 27?

**Hon. A Sanchez:** Yes.

1445 **Hon. G Arias-Vasquez:** Madam Speaker, this is usually a service which is delivered jointly alongside a GP, and the patient would be given guidelines to follow, support and help, specific education targets, specific clear instructions, a clear action plan to adhere to, motivation, aftercare clinical services – so they would be followed up after they are admitted to the service and it would ensure that the target goals are met. The lead nurse would liaise frequently with the individual to make sure that they are following a targeted programme.

1450 **Hon. A Sanchez:** Madam Speaker, we have received concerns of individuals that whilst waiting to access the detoxification programme, perhaps whilst waiting to receive an assessment from someone in the mental health team to be able to access the detox programme, they have been advised to undergo detox at home. I do not know if this would be reflected in the statistics, as these individuals would then go into the detox programme in Ocean Views, but certainly it is a concern that has been expressed to us on several occasions. Evidently these individuals are reaching out for help and they might feel that they require additional support and that home detox is not suitable for them. I put it to the Minister that it might be beneficial to examine whether there are some gaps in the pathway and perhaps she could look into this matter.

1460 **Hon. G Arias:** Madam Speaker, it is important to clarify that admission for detox is a medical procedure, so the admission for detox that we are talking about is quite a high barrier. It is necessary to say that everyone who goes into Bruce's Farm is not necessarily on a detox programme, that they are there for drugs and alcohol rehabilitation but not necessarily on a detox programme, which is a medical process. The different layers need to be assessed. For example, someone may be assessed and may be deemed suitable for the home detox programme, which is a relatively new initiative that the GHA alongside the Care Agency has set up. It may be deemed necessary for them to go to Bruce's Farm but not undertake a detox programme, or they might need to undertake a full detox programme, in which case the services of Ocean Views and/or St Bernard's Hospital might be engaged. So, there are different layers by which a person who requires drugs and rehabilitation services can be engaged.

1470 We are not aware of any gaps in the service. We are aware that there are people who might be waiting to enter the elective detox programme, which is different, but we are not aware of any gaps in the service because if somebody were waiting for the elective detox programme, they would be seen by the lead nurse in terms of the home detoxification programme, which is

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accompanied by the GP. However, if anyone has any concerns, my advice, as always, would be to reach out to PALS, to reach out to my office. We always try to assist as much as possible any individual who feels that they need to go on an elective detox programme.

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**Madam Speaker:** The Hon. Mrs Ladislaus, in respect of which question?

**Hon. J Ladislaus:** Madam Speaker, in respect of Question 27, I believe it is. I am just picking up on what the Hon. the Minister stated in respect of medical detox. Can the Hon. Minister confirm that medical detox can be undertaken 365 days a year? Or is it the case that during public holidays, such as, for example, the Christmas season, the service is delayed?

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**Hon. G Arias-Vasquez:** Madam Speaker, again, I know exactly where the hon. Lady is going. In order to answer this question, it is necessary to point out that it depends what we are talking about. If we are talking about a medical detox in an acute healthcare setting – so, if the service user is requiring a medical intervention which is linked to another condition and once in hospital, because of that acute condition, they require detox – that is one thing and that is seen to in an acute medical service, which is why some people are admitted to the detox programme at St Bernard's Hospital. There is a different procedure when it is an elective detox. When it is an elective detox, it might not happen 365 days a year, and if there is only an on-call psychiatrist, that elective detox might not happen on public holidays, during the Christmas holiday for example.

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**Hon. J Ladislaus:** Madam Speaker, we are talking of individuals who reach out for help, because it is an elective detox that we are talking of, and my understanding is that they are assessed as needing an elective detox within the Ocean Views facility because of the symptoms that arise when somebody is detoxing. In fact, the information that I have had from the public is that people are actually frequently advised to continue drinking when they have sought help and an effective detox is not available immediately. So, I put it to the Minister: would the Minister commit to looking into that specific point, because there does seem to be a gap in the service there, given that people ask for help and they are not receiving that help? When somebody is asking for help for an addiction, it may be the case that if they do not receive that help immediately, they will pull back, they will not seek that help and they will not accept it at a later date, so will the Hon. Minister commit to looking into that point further, please?

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**Hon. G Arias-Vasquez:** Madam Speaker, we are always committed to improving the service. That is why we are looking to review the model of care that we are providing. However, in the example that is given, if I can just refer back to that, detox is a specific programme which is done over a five-day period, and there needs to be a psychiatrist available during that five-day period for the safety of the individual who is electing the detox. It might be the case that that on 25th December a patient was not admitted for an elective detox, and they were told to come back on 29th December, for example, but it is because of the nature of the on-call psychologist, because there may be certain days, certain public holidays, where there may be one on-call psychiatrist and that one on-call psychiatrist has to be available to attend emergency situations in the hospital, for example, and might not be able to carry out an elective detox. However, these days are few and far between, and indeed we would be looking to provide the elective detox as soon as the patient presents with a request to have the elective detox done.

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**Madam Speaker:** Any supplementaries on Questions 26 or 28? Question 25 is the schedule, which I will revert to in a moment, but anything on Questions 26 or 28? Anything on Question 25, if the hon. Member is ready to ask those questions?

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1530 **Hon. A Sanchez:** Madam Speaker, we continue to receive concerns about people experiencing waiting times to actually access the detox programme at Ocean Views. Could the Minister confirm whether this is in relation to bed shortages at Ocean Views, or could it be – and I put this to the Hon. Minister for consideration – that the problem lies perhaps in delays in accessing a psychiatrist, for example, or a mental health professional to then make the necessary referral that is needed to access the programme in Ocean Views? Could she comment further on this?

1535 **Hon. G Arias-Vasquez:** Madam Speaker, as I have just explained, a detox programme is a five-day programme and there are certain days when there will be one on-call psychiatrist, so the one on-call psychiatrist – and this is particularly prevalent between the Christmas and New Year periods ... There are certain public holidays in between there, where there will be one on-call psychiatrist and therefore elective detoxes would not be able to be provided during that period. During the rest of the time, there are usually beds available either in Ocean Views or in St Bernard's Hospital in order to address anyone who wants to do an elective detox at the time, depending on the needs of the patient.

1545 **Hon. A Sanchez:** Madam Speaker, could the Hon. Minister clarify whether there is a dedicated and separate ward for the detox programme at Ocean Views? Could she clarify how this works?

1550 **Hon. G Arias-Vasquez:** Madam Speaker, I believe that there are some beds for detox at Ocean Views and there are some beds for detox at St Bernard's. The beds at St Bernard's are not dedicated beds, but if there are beds available for an elective detox they will be used if it is believed that that is the best environment for that patient. There are often cases where it is deemed that a bed in St Bernard's is not required for the detox process, that that patient is best in Ocean Views, or that a medical detox is not required, in which case they go straight to St Bernard's. There are beds available at Ocean Views for detox, but there are not dedicated beds available at St Bernard's.

**Madam Speaker:** Next question.

1560 **Q29/2025**  
**Mount Alvernia –**  
**Availability of running hot water**

1565 **Clerk:** Question 29. The Hon. A Sanchez.

**Hon. A Sanchez:** Could the Government state whether the Mount Alvernia ERS facility has been without hot running water in the last six months, breaking down which floors or areas were affected and specifying the exact dates and duration of the disruption for each floor area?

1570 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

1575 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I have been accused by the Opposition, and by the Hon. Mrs Sanchez in particular, of not wanting to submit myself to parliamentary scrutiny. This is something which I take very seriously. Not only will I go through the detail of what happened to the provision of hot water in Mount Alvernia, I will explain why I decided it was necessary to put information in the public domain and reply to GBC questions on Friday evening before I posted on social media about the incident on Saturday morning.

In the 15 months I have been in Parliament I have always given this House all the detail requested of me. If I have not provided information, it is simply because the information being

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requested was not available. It is, therefore, frankly outrageous that such an allegation be made on a spurious and incorrect basis. This accusation appears to stem from the hon. Lady's fundamental misunderstanding of parliamentary convention.

On Friday afternoon, at midday, I received GBC questions which asked:

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a. Can the Government confirm whether any residents in Mount Alvernia are without hot water, please? (A post on social media claims residents on the first floor have been without hot water for showers since 16th December)

b. If so, for how long have they not had hot water?

c. How have they been able to wash?

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d. What is being done to address this and what is the reason for any delay?

The Government replied to GBC's questions at 6.16 p.m. with the following reply:

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No one is without hot water at Mount Alvernia and there is no hot water shortage at Mount Alvernia. No resident has had to endure a cold shower at any point. All residents have been showered as per the standard hygiene regime and nobody has missed a shower as a result.

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It is true that the following morning, Saturday, 18th January, I posted a photo on social media, because I went to see for myself whether there was hot water. I went at 6 p.m. on Friday evening and at 8.30 a.m. on Saturday, 18th January.

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As I have previously said, should I have had a relative in Mount Alvernia, like the hon. Lady has confirmed publicly that she does, I would hope that I would always be able to do the right thing and, notwithstanding any mistaken belief that I may labour under regarding parliamentary convention, I would have been grateful for the clarification on Friday evening that there had been hot water in Mount Alvernia. I would hope that I would never be politically opportunistic enough to take advantage of an intentionally deployed misunderstanding of parliamentary conventions, designed only to make political capital out of a situation in relation to our most vulnerable elderly citizens, which has caused serious public concerns.

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The post on Saturday afternoon posted by the hon. Lady served no purpose other than to undermine me politically. It did not address, nor did it attempt to seek to address the concerns of many relatives. I believe it was crafted only to create more concern amongst relatives, solely for her own political capital. In short, the hon. Lady's only concern was to spread an untrue rumour. There was no other value to that post.

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Notwithstanding the social media post, and in an attempt to be constructive, I invited the hon. Lady to Mount Alvernia on Saturday evening to confirm that there was hot water. The hon. Lady confirmed that there was hot water. You would have thought the issue would have ended there. Not content with having got the parliamentary convention and the accusation incorrect, she then doubled down and posted again about water issues at Mount Alvernia.

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At every point in my political career thus far I have sought to reach out and dialogue with the hon. Members opposite, as indeed I have with my counterpart the Shadow Minister for Health. My attempts at constructive policy are far more successful with the Hon. Mrs Ladislaus. However, in the hon. Lady's own vile *salvame* style of politics she is consistently proving that trying to be constructive with her is simply impossible. At no point did she reach out to me with any concerns on this matter. At no point did she seek constructive dialogue. She sought political gain at the expense of our elderly, and she should be ashamed of herself.

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Madam Speaker, the situation at Mount Alvernia was as follows. There were two diesel boilers at Mount Alvernia. This has been the case for over five years. On 3rd December, the first boiler started developing issues. The first boiler was disconnected on 5th December 2024. There was one remaining diesel boiler operational, which heated the water for all the residents and provided sufficient hot water for the entirety of Mount Alvernia. On 23rd December 2024, the first new electric boiler was installed. At this point, the second diesel boiler broke down upon the installation of the first electric boiler. I am informed that during the installation of the first electric boiler the second diesel boiler broke. So, at that point, one boiler was installed and the other

1635 boiler broke. On 27th December 2024, a second new electric boiler was installed. On 31st December a third new electric boiler was installed. For the sake of transparency and accountability, on 10th January 2025 a macaque broke the hot water pipe at Mount Alvernia, disrupting service for three hours whilst the pipe was fixed. This was obviously unrelated to the entire boiler situation. On 22nd January 2025, a fourth electric boiler was installed. Therefore, and  
1640 in summary, it is important to emphasise that throughout this period, at every point, there was hot running water at Mount Alvernia.

The view of the clinical nurse manager – who spoke to me and the Hon. Mrs Sanchez on Saturday evening – is that problems are arising because, as a result of the change to the electric boiler, it now takes 30 seconds to a minute for hot water to come out of the taps.

1645 Madam Speaker, I cannot end without thanking the magnificent staff at Mount Alvernia. At every single point they have sought to make any logistical changes required to ensure that the residents are properly cared for.

**Hon. A Sanchez:** Madam Speaker, I suppose I cannot answer all of that; I can only ask questions? Okay, a short preamble. I cannot have a preamble or ...?

**Madam Speaker:** The hon. Member will be familiar with the rules. The hon. Member can make a preamble that is necessary to make her question understood.

**Hon. A Sanchez:** Just for the sake of clarity, the ERS facilities manager, in our presence, clarified that there were indeed issues affecting the warm water, the boilers broke and that adaptations had to be made. This is what the nurse clinical manager clarified in our presence. It is important that that is reflected, because we can all play with words and press releases can play with words, but the reality is that water had been affected throughout this period and the clinical nurse manager said that adaptations had to be made.

I have already expressed my sentiments in relation to whether you have a relative in the ERS. I would have felt more at ease if someone from within the ERS facility – and it did not have to be the Minister, because at the end of the day the clinical nurse manager seemed like a very helpful and able person. I am sure he could have done a GBC interview on behalf of the Government or the ERS could have published a press release, but then again the Minister would not have had the limelight or the PR stunt.

**Madam Speaker:** I ask the hon. Member to come to the question now.

**Hon. A Sanchez:** Madam Speaker, could the Hon. Minister confirm what floors or areas were specifically affected when these boilers that she is mentioning broke down? We have all had issues with boilers before and we know what happens when boilers break: there are water shortages or hot water is affected. Can the Hon. Minister specify which floors and which areas were affected exactly?

**Hon. G Arias-Vasquez:** Madam Speaker, they were not opportunistic opportunities to steal the limelight. In fact, had I wanted to steal the limelight, I would have posted a photo at 9 o'clock on Boxing Day when went to see the situation, or indeed at 8 o'clock on 27th December, when I again went to see the situation, to assess for myself whether or not there was hot water. Yes, we are accepting, as the clinical nurse manager told you, that there were issues, but at every point in Mount Alvernia there was a boiler that was providing hot water to the residents.

In relation to your question 'What is happening?', as you rightly say, when you install a boiler at home, the boiler takes time to heat the water. There have been stages when the hot water has provided more on one side of the building than on the other. What the clinical nurse manager told the hon. Lady and me on Saturday night was that the nurses were moving residents around as and

when required if a resident wanted a shower. The staff at Mount Alvernia have been outstanding in trying to deal with the issues that have arisen out of the boiler heating up the water, or whatever it is. I have given a detailed breakdown of exactly what happened at every stage and I have given a detailed breakdown, I think, of our conversations with the clinical nurse manager. Indeed, GBC did come and interview the clinical nurse manager, and the clinical nurse manager gave an explanation, of exactly what I am saying, to GBC. I cannot hide this issue. Alongside inviting the hon. Lady to Mount Alvernia, I invited GBC for scrutiny, for accountability and for transparency, so that it could be seen that at that point in time there was hot water – again, because it is important that the families of residents see that the issue has been addressed and that there is hot water at that point in Mount Alvernia. The explanations were given to the hon. Lady, the explanations were given to me, and they were given in a GBC interview which explained that there had always been hot water but when the provision of hot water was stronger in one side of the building than the other, the nurses had indeed moved the residents around if it was required. The nurses are there to put in place contingency plans, and it is something which they are used to doing. It is something which we have to do at home on a daily basis. If there is an issue, you deal with it, and the nurses dealt with them. But the point is that it was not an issue that had not been addressed, as the hon. Lady wishes to portray publicly is the case. There was an issue, it was addressed and there was a boiler providing hot water at every point in time, especially when the questions were asked by GBC and I went up to Mount Alvernia myself, and the hon. Lady and I went up, even though the hon. Lady, at the end of the day, did not let the hot water run to verify herself. She trusted the clinical nurse manager's word that there was hot water. There was hot water at that point in Mount Alvernia and the issues have been dealt with.

**Hon. A Sanchez:** Madam Speaker, can the Hon. Minister state for this House when she was first alerted to these problems and whether she attempted to make sure that any member of staff within the ERS was tasked with informing all residents of what was happening and contacting relatives who were on file as contacts to inform them of what was happening within the facility regarding water issues? Or did she just wait for it to escalate in her Speak Freely post, and then obviously it became a matter of public interest?

**Hon. G Arias-Vasquez:** Madam Speaker, it is important to say that I did not react to the Speak Freely post on Facebook. I reacted to the GBC questions that were asked as a result, most likely, of the post on Facebook. That was not the first that I had heard of the issue. The first that I had heard, and the first time that I was alerted to any issues, was 25th December. When I was alerted to the issues, the issues were already in the process of being resolved. On 25th December, on Christmas Day, I was making sure that the residents of Mount Alvernia had hot water. On 26th December, at 9 o'clock in the morning, I was in Mount Alvernia making sure that the residents had hot water. On 27th December, I was in Mount Alvernia making sure that the residents had hot water. So yes, at every single point in time we were told the residents who were capable of knowing that there were issues knew that there were issues. The family members knew that there were issues. I am not certain if they knew that we were dealing with them, because I did not put a post out on Christmas Day – I did not take the photo opportunity, as the Opposition is so keen to call them – to say, 'On Christmas Day, I have left my family to go and deal with the hot water issues,' which would have been the perfect photo opportunity, or on Boxing Day. I did not do that. Instead, I went and dealt with the issues. Should I have put a post on Facebook saying, 'I am here on 26th December at 9 o'clock in the morning' to alert relatives that there is an issue? I do not think that the relatives needed me to tell them that we were dealing with the issues. Everyone knew that the issues were being dealt with.

**Hon. A Sanchez:** Madam Speaker, really that lengthy answer and the Hon. Minister has not addressed what I have asked. Did she make sure that someone in the ERS, when she was first alerted to this, called all the relatives listed as contacts of the residents to inform them of the issues that were going on in the facility? Not via a Facebook post, because I do not believe that that is a way to contact the relatives because some of them might not have access to Facebook and maybe not everybody sees social media. Did she make sure that this was one of the first things that was being done, so that everyone was informed? Could she just address that question without going off on a tangent? And since she has also specifically spoken –

**Hon. G Arias-Vasquez:** Madam Speaker, what the hon. Lady is talking is a complete nonsense. There was an issue with the water boilers on 23rd December and she proposes that we alert all the families of all the residents that there was an issue when the issue was actively being addressed. What exactly is it that she wishes for us to communicate to the family members? We are addressing a concern. We are dealing with the water issues. I am unclear as to when *ever* such a communication has been issued. The important point, with all due respect to the hon. Lady, is that there was an issue and the issue was actively being addressed over the Christmas period, so that the residents of Mount Alvernia were being adequately cared for. Whether the relatives of the residents were informed or otherwise, it is not the norm to inform residents that there is an issue with hot water in Mount Alvernia. It has never been done. It has never been done in the years that they were in Government, Madam Speaker.

**Hon. A Sanchez:** Madam Speaker, the issue is a matter of public interest. The Hon. Minister just stated several times in this House the issue is a matter of public interest.

**Hon. Chief Minister:** How it became public interest.

**Hon. A Sanchez:** It is irrelevant whether it became a matter of public interest because of a Speak Freely post, because GBC asked questions of the Speak Freely post. If it is her position that it was a matter of public interest that was affecting vulnerable people in our community, my question is ... One of the first things that should have been done is all residents should have been informed and their relatives. There are concerns that have been expressed to us about adaptations that have had to be made, and the nurse commented on 'adaptations that had to be made but all hygiene needs have been met with warm water'. There have been concerns about kettles being boiled to fill up basins. Are those the adaptations that have been made? In some instances perhaps this might have happened. These are the concerns that relatives have been expressing. Is it the position of the Minister that these relatives are lying, that this never happened? Is that the position that she is taking?

**Hon. G Arias-Vasquez:** Madam Speaker, first of all, there are numerous questions in that intervention. Firstly, of course I am not saying that any relative is lying. I am saying that on the 23rd, one boiler broke, there was another boiler, and in the intervening period there may have been a period of half an hour – I am not quite certain how long it was – when there was not hot water. However, the nurses made sure that the residents were all adequately cared for. Bear in mind that being washed from a basin is not something that is out of the ordinary in Mount Alvernia. We are talking about being washed from a basin as if it were the most abnormal thing in the world. Being washed from a basin when you are 80 years old and can hardly get out of bed is not exactly abnormal. (*Interjection*) It is part of the normal care of a resident in Mount Alvernia.

To go back to the communication question, which was also in that intervention, by the time we would have communicated, first of all, what would we have communicated to the residents? A boiler has broken and we are replacing it? Then the hon. Member would have probably said that we were trying to take a photo opportunity by saying that the boiler had broken and we were on

it immediately on 23rd December. Secondly, by the time we would have communicated it to 120 residents, the problem was already fixed. So, I am not quite sure (1) how the hon. Lady intends the communication issues that she has thought is an issue to be addressed ... In fact, she pointed these out to the clinical nurse manager because she had very little else to say when she was proven wrong on Saturday night. (**Hon. Chief Minister:** Hear, hear.) And, in fact, she questioned the clinical nurse manager on Saturday night as to why the communication ... and the clinical nurse manager, as the great individual that he is, said, 'I will look into that, if you think it is a concern.' I would applaud the clinical nurse manager to look into any issues like that so that he can have better communication with the families of the residents, but it is such a non-issue that this is what it has come to.

Madam Speaker, let me go back to the sequence of events. There were GBC questions. I posted on Facebook. The hon. Lady then deemed it appropriate to continue to scaremonger people, to continue to stoke public concern. And then, when I invite her and the story should have died because there was hot water and it was proven to the hon. Lady that there was hot water in Mount Alvernia, she then, the following day, carried on with her post, continuing to say that there were issues. When you fix a boiler in your house, it is quite common that in the intervening period the water needs to heat up, but the boiler is fixed during the hours of the day. The residents have their showers in the mornings and in the evenings.

I honestly believe that this is making a mountain out of a molehill for unscrupulous political gain at the expense of the vulnerable members of Mount Alvernia. (*Banging on desks*)

**Madam Speaker:** I think we have rehearsed this subject enough. We are going to move on. Next question.

**Q30/2025**  
**Care Agency nursing complement –**  
**24-hour cover**

**Clerk:** Question 30. The Hon. A Sanchez.

**Hon. A Sanchez:** Can the Government confirm whether the nursing complement of the Care Agency provides 24-hour services across all its sites and areas of responsibility? Could they please provide a breakdown of the sites that have 24-hour nursing coverage?

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

**Hon. G Arias-Vasquez:** Madam Speaker, no.

**Hon. A Sanchez:** Madam Speaker, could the Hon. Minister elaborate on what arrangements are in place for services such as Bruce's Farm or the Disability Service team at St Bernadette's and Dr Giraldi for overnight respite, for example, or other similar services that have a nurse available during the day but do not seem to have a overnight cover?

**Hon. G Arias-Vasquez:** Madam Speaker, the Care Agency has nursing support in three of its sites: Dr Giraldi Home, the learning disability residential flats at St Bernadette's Resource Centre and Bruce's Farm. Advice and information training is offered by the nursing staff to Tangier Views. The only site that has ever received 24-hour support has been Dr Giraldi Home. What is actually happening is that we then have numerous other flats in the community. We have different flats in Somerset, different flats in Laguna, different flats all over Gibraltar, and what has been deemed to be worthwhile is to give training to the care workers and for those care workers to contact 111



if there is a need, rather than providing the nurses for 24-hour care. So, it is correct to say that there are nurses in place on some sites, but that nursing staff is not used 24 hours a day.

The number of service users has increased exponentially. From 16 service users, I am not quite sure how long ago, the number of service users has now gone to 39. In order to accommodate the growth in service users and the number of flats that are available in the community, and in order to make sure that a service is provided to each and every individual that requires that service, the way that it has been felt that it is best to deal with it is to have care workers who are trained in first aid and then for those care workers to call 111 if there is any need to do so, rather than having 24-hours nursing support available on each of those sites.

**Hon. A Sanchez:** Madam Speaker, I understand that the Hon. Minister might not have this information, but she would not happen to know, or have the information, as to how many carers there are currently trained in the training that she has just mentioned?

**Hon. G Arias-Vasquez:** Madam Speaker, the information that I have at hand I am not quite sure is quite what the what the hon. Lady is seeking, and rather than be accused of not being transparent, not being accountable and not answering a question properly, I would rather refrain from answering the question and ask the hon. Lady to submit the question properly next time.

**Madam Speaker:** Any more supplementaries? Next question.

**Q31/2025**  
**Home Support and Domiciliary Care –**  
**Complaints**

**Clerk:** Question 31. The Hon. A Sanchez.

**Hon. A Sanchez:** Can the Government provide figures on the number of complaints received or logged by the Care Agency and relevant subcontracted service providers in relation to Home Support and Domiciliary Care, broken down by month and entity from 1st January 2023 to the present date?

**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.

## Answer to Question 31/2025

Month	Total number of complaints p/month	Service Provider ADA	Service Provider Meddoc	Service Provider LifeCome
Jan 2023	5	5		
Feb 2023	2	2		
Mar 2023	11	5	6	
April 2023	-			
May 2023	1	1		
June 2023	1	1		
July 2023	1		1	
Aug 2023	-			
Sep 2023	-			
Oct 2023	2	2		
Nov2023	-			
Dec 2023	1		1	
Jan 2024	5	5		
Feb 2024	1	1		
Mar 2024	5	4	1	
Apr 2024	1		1	
May 2024	4	2	2	
Jun 2024	12	3	9	
Jul 2024	5	1	4	
Aug 2024	6	2	4	
Sep 2024	46			46
Oct 2024	153			153
Nov 2024	120			120
Dec 2024	124			124
Jan 2025 (to date)	62			62

**Madam Speaker:** We will move on to the next question and come back to this with supplementaries.

## Q32/2025

## ASD pathway –

## Number of children referred, given access and diagnosed

**Clerk:** Question 32. The Hon. A Sanchez.

**Hon. A Sanchez:** Since the launch of the newly established ASD pathway, could the Government provide the following information: (1) how many children have been referred by professionals as requiring access to the pathway; (2) how many children have accessed the pathway to date; (3) how many children have received a diagnosis via the pathway?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, since the launch of the newly established ASD pathway, we can confirm that 20 children have been referred by professionals as requiring access to the pathway, 73 children have accessed the pathway to date, and 33 children have received a diagnosis via the pathway.

**Madam Speaker:** Next question.

**Q33/2025**  
**St Bernadette's –**  
**Project to build new centre**

**Clerk:** Question 33. The Hon. A Sanchez.

**Hon. A Sanchez:** As per the GSLP Liberal Manifesto 2023, could the Government confirm whether it is still committed to building a 'new style St Bernadette's Centre'? If so, could the Government provide an update on the progress of this project?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, yes, the project is progressing well.

**Hon. A Sanchez:** Madam Speaker, could the Hon. Minister perhaps provide further information as to the plans for the new centre, when the Government envisions that the construction will commence, will it have a definite location or where the centre will be constructed? Could she perhaps share a bit more information on this?

**Hon. G Arias-Vasquez:** Madam Speaker, as the hon. Lady accuses me and the hon. Leader of the Opposition accuses me often, I will issue a press release with the adequate photo opportunities once the matter is settled and once we have enough information to announce.

**Hon. A Sanchez:** Madam Speaker, in relation to St Bernadette's Centre, would the Hon. Minister be able to confirm that in the interim period whilst this new centre is developed, is the current centre operating at full capacity or is it facing space issues or anything of that sort?

**Hon. G Arias-Vasquez:** Madam Speaker, I would not want to be accused of misleading the hon. Lady, so if she wants that information I would suggest that she post a question in Parliament next time.

**Madam Speaker:** Next question.

**Q34/2025**  
**Healthcare Sector zero hours contracts –**  
**Removal**

**Clerk:** Question 34. The Hon. A Sanchez.

**Hon. A Sanchez:** Is the Government still committed to removing zero hour contracts from the Healthcare Sector, and does this commitment extend to services subcontracted by the Government to deliver health and care services?

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

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

**Hon. A Sanchez:** Madam Speaker we recently heard from the Chief of Unite the Union in the *Gibraltar Chronicle*, where he stated that there is still a proliferation of agency workers on zero

hour contracts within the Health and Care sector, particularly within the Care Agency. Even more recently, he further noted the Government's commitment to eliminating zero hour contracts in the Healthcare Sector by April 2024. Obviously, this commitment does not seem to have been met, so could the Hon. Minister perhaps elaborate on when they intend to remove these zero hour contracts?

**Hon. G Arias-Vasquez:** Madam Speaker, we are discussing frequently the issue with Unite the Union.

**Hon. A Sanchez:** Madam Speaker, I appreciate that answer but it but it really does not provide the information that I have requested. Does she have a timeframe of when she envisions this will happen? Evidently the commitment was April 2024 and they have not done it yet, so can she provide a timeframe for us?

**Hon. G Arias-Vasquez:** Madam Speaker, we are discussing the issue with Unite the Union, trying to accommodate it in a workable timeframe. I am not going to commit to any timeframe.

**Madam Speaker:** Next question.

**Q35-36 and 65/2025**  
**Claims against ERS, Care Agency and GHA –**  
**Moneys paid out**

**Clerk:** Question 35. The Hon. A Sanchez.

**Hon. A Sanchez:** Could the Government state how much the Government of Gibraltar or any government-owned entity or agency has paid out since 2011, broken down by year, in respect of the following: (a) out-of-court settlements following pre-action letters to the ERS and/or its legal representatives concerning negligence claims or other claims against the ERS; (b) out-of-court settlements following discontinued legal proceedings against the ERS concerning negligence claims or other claims; and (c) court orders arising from negligence claims or other claims against the ERS?

**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 36 and 65.

**Clerk:** Question 36. The Hon. A Sanchez.

**Hon. A Sanchez:** Could the Government state how much the Government of Gibraltar or any government-owned entity or agency has paid out since 2011, broken down by year, in respect of the following: (a) out-of-court settlements following pre-action letters to the Care Agency and/or its legal representatives concerning negligence claims or other claims against the Care Agency; (b) out-of-court settlements following discontinued legal proceedings against the Care Agency concerning negligence claims or other claims; and (c) court orders arising from negligence claims or other claims against the Care Agency?

**Clerk:** Question 65. The Hon. J Ladislaus.

**Hon. J Ladislaus:** Please provide an annual breakdown of legal fees paid by the GHA, inclusive of any amounts paid out by insurers, in relation to all claims issued against the GHA from 2011 to date.

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

**Hon. G Arias-Vasquez:** Madam Speaker, further to my reply to Question 1037 in December last year, the Care Agency, ERS and GHA do not hold all of the details being requested and are therefore undertaking a detailed look-back exercise. I will endeavour to forward the information to you when it is available.

In relation to Question 65, Madam Speaker – and I apologise to the hon. Lady for this – I have a schedule prepared, which does not seem to be attached to my question. I will ask the officials to provide it to me and I will send it over immediately.

**Answer to Question 65/2025**

Year	Legal fees paid by the GHA/insurers in relation to Medical Negligence claims issued against the GHA
2016	£72,816.94
2017	£162,259.33
2018	£182,054.88
2019	£520,418.53
2020	£1,106,190.34
2021	£527,356.29
2022	£625,464.39
2023	£436,163.07
2024	£867,036.91
2025	£107,098.00

**Madam Speaker:** All right, we will leave the supplementaries to Question 65 until the hon. Member has received the schedule. Any supplementaries to Questions 35 or 36?

The schedule that is missing is in relation to Questions 35, 36 and 65 – is that correct?

**Hon. G Arias-Vasquez:** No, Madam Speaker, the schedule that is missing is in relation to Question 65.

**Madam Speaker:** So, in relation to Questions 35 and 36?

**Hon. G Arias-Vasquez:** In relation to Questions 35 and 36, the answer is the same as the answer in December last year: the Care Agency, ERS and the GHA do not hold the details that have been requested and they are undertaking a detailed look-back exercise to try to provide that information.

**Madam Speaker:** So that is Questions 35 and 36.

**Hon. A Sanchez:** Madam Speaker, could the Hon. Minister provide an indication of when this detailed analysis that they are conducting will be completed?

**Hon. G Arias-Vasquez:** Madam Speaker, I do not have the information but I know that they are actively seeking the information.

**Madam Speaker:** If we can return briefly to Question 31, has the Hon. Mrs Sanchez been able to look at the schedule, or would the hon. Member like some more time? Supplementaries to Question 31.

**Hon. A Sanchez:** Madam Speaker, I am grateful to the Minister for this information. I fully understand that the Minister cannot disclose any details, but would she be able to at least give us an indication as to the nature of the complaints that are being received, or what the majority of these complaints relate to?

**Hon. G Arias-Vasquez:** Of course, Madam Speaker. The complaints are in relation to missed care sessions, late arrivals and shortened sessions, continuity of care and carer changes – those sorts of issues.

**Hon. A Sanchez:** Madam Speaker the number of complaints seems to have increased recently. Could the Hon. Minister state what is being done to tackle these issues? Evidently there is something affecting the service delivery. There must have been something impacting it when we see these changes in the levels of complaints.

**Hon. G Arias-Vasquez:** Madam Speaker, it is important to confirm why we are seeing these level of complaints. The service was taken over by LifeCome Care in September 2024. At that point in time, because we now have a contract and because we can hold the provider to account, I asked the Care Agency to ensure that we contacted people to ask about the delivery of service. So, the difference in numbers that you are seeing between the pre-September 2024 figures and the post-September 2024 figures are that previously ... It is a twofold issue. Prior to September 2024 – so August 2024 and before – the complaints would go directly to the service provider, and very often the Care Agency would not necessarily be notified of any complaint. The large majority of the complaints would go directly to the service provider. What I have requested that staff in the Care Agency do is follow up each and every one of the packages of care that we have. If you remember, the figures that I gave on the date the contract was awarded was 512. I have asked the Care Agency on a month by month basis to call the majority if not all of the 512 packages of care, to get feedback as to the service that is being provided. So, the figures that we are seeing there are figures that are actually instigated by us because we are seeking to see how the service is going. We are actually reaching out to the users to see how the service is being delivered.

**Hon. A Sanchez:** Madam Speaker, looking at the schedule, perhaps there's a reason for it and she can explain it to me. Perhaps I am not understanding the way that it has been laid out. There is the total number of complaints and then the service provider – ADA, Meddoc and Lifecome – but I do not see a column that lists the number of complaints made directly to the Care Agency or logged or received by the Care Agency. I am assuming that a person can also make a complaint about domiciliary care or home support to the Care Agency without necessarily having made it to the subcontracted entity. Is that recorded in this schedule anywhere?

**Hon. G Arias-Vasquez:** Madam Speaker, what I have just explained – I will explain it once again – is that previous to September 2024 these are the complaints that the Care Agency received in respect of the different providers. These are the complaints that the Care Agency was made aware of because, by and large, the service users called ADA and Meddoc directly to make the complaint. The figures that are presented to the hon. Lady are figures showing the complaints received by the Care Agency, notified by the care Agency or sought by the Care Agency in relation to the three separate providers. It is only the complaints that the Care Agency is aware of.

**Madam Speaker:** Next question.

**Q37/2025**  
**First aid course providers –**  
**Regulatory framework**

**Clerk:** Question 37. The Hon. J. Ladislaus.

**Hon. J Ladislaus:** Madam Speaker, I do have a copy now of the schedule that pertains to Question 65. I do not know whether ...

**Madam Speaker:** Well, we have called Question 37, so let's deal with that and then we will come back to supplementaries.

**Hon. J Ladislaus:** Does the Government have any plans to introduce a regulatory framework in order to regulate first aid course providers?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, this is currently under consideration.

**Hon. J Ladislaus:** I am glad to hear that, but can the Hon. Minister perhaps give some more information as to what is being considered and by when we can hope to see changes in the law that would implement a regulatory framework?

**Hon. G Arias-Vasquez:** Madam Speaker, unfortunately I am unable, once again, to provide a timeline on that. I can confirm that it is currently under consideration, but I am unable to confirm by when the matter will be determined.

**Hon. J Ladislaus:** Madam Speaker, just for confirmation, the current position – this is my understanding – is that at the moment there is no regulatory framework that regulates who can teach first aid courses, what they teach, where they are taught and how much they cost. Is my understanding correct on that?

**Hon. G Arias-Vasquez:** Madam Speaker, I do not believe that there is a regulatory framework and therefore the answer that I have been provided, which is that it is currently under consideration, would suggest that we are considering providing it because it does not exist.

**Hon. J Ladislaus:** How, therefore, is quality control being assured at this point in time? It is a really crucial area because it is first aid, it is a first response to an emergency and it could have dire consequences. We regulate financial services. How is quality control being assured at the minute?

**Hon. G Arias-Vasquez:** Madam Speaker, any such courses are provided to the GHA through St John Ambulance and other private providers. There is no quality assurance at the moment, which is why we are at the early stages of considering whether or not to introduce a regulatory framework.

**Q65/2025**  
**Claims against GHA –**  
**Moneys paid out –**  
**Supplementary questions**

**Madam Speaker:** If the hon. Member is ready with ready with supplementaries to Question 65, I will take those now.

**Hon. J Ladislaus:** Madam Speaker, I can see that in 2020, on the schedule that I have been provided, legal fees paid by the GHA rose to almost double the previous year, certainly a massive leap from previous years to that. It rose to £1,106,190.34. Can the Hon. Minister provide some information as to the reasons behind that? There was also a big peak in 2024. Last year we saw another big peak with almost double the amounts of fees paid in 2023; it was £867,036.91. Does the Hon. Minister have any more information as to the reasons for those hikes?

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the information provided is on legal fees paid by the GHA in relation to medical negligence cases. The amounts of legal fees that are paid will be determined by the number of medical negligence cases that there are in any given year. I would expect it to be a direct response to the number of claims that are made in any given year.

What I would say by way of information and going over and above for the purposes of transparency and accountability, is that the GHA is already considering numerous ways to reduce these costs to the GHA. Indeed, an advert has gone out for a Senior Crown Counsel in order to reduce these fees.

**Hon. J Ladislaus:** Madam Speaker, just to confirm that the information provided includes just fees paid to the GHA's lawyers – or is it the case that it includes fees paid to the claimants' lawyers when a case is settled or lost?

**Hon. G Arias-Vasquez:** Madam Speaker, I am conscious that it does not include disbursements, but I have not got clarification. Again, I do not want to mislead Parliament, so I do not know is the honest answer.

**Hon. J Ladislaus:** And just to be certain, although it does state that it is legal fees paid by the GHA/insurers, am I correct in my understanding that the information provided includes the excesses paid by the GHA, as well as the fees paid thereafter by the insurers?

**Hon. G Arias-Vasquez:** Madam Speaker, yes, the figure does include the figure paid by way of excess by the GHA.

**Hon. J Ladislaus:** Just one further question, pulling on what the Hon. the Minister has just said. What is it that the GHA is looking at in order to decrease these costs, which are significant on the GHA and are related, obviously, as the Minister has said, to increases in negligence claims?

**Hon. G Arias-Vasquez:** Madam Speaker, as I have just said but I am very happy to repeat for the hon. Lady, the GHA is looking to employ a Senior Crown Counsel, and in fact an advert has already gone out for a senior Crown counsel for medical negligence, in order to reduce the legal fees paid by the GHA. We think that that is a cost-saving exercise in the long run.

**Madam Speaker:** Next question.



**Q38-40 and 71/2025**

**Flu vaccine –**

**Stock; Availability to general public; Saturday vaccinations; Numbers administered in 2019-24**

**Clerk:** Question 38. The Hon. J. Ladislaus.

**Hon. J Ladislaus:** How many flu vaccines did the GHA have in stock in 2021, 2022, 2023, 2024 and to date in 2025?

**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 39, 40 and 71.

**Clerk:** Question 39. The Hon. J. Ladislaus.

**Hon. J Ladislaus:** Is the flu vaccine available to the general public? If so, since when has this been the case?

**Clerk:** Question 40. The Hon. J. Ladislaus.

**Hon. J Ladislaus:** Why hasn't the GHA's mobile health unit been deployed this year to offer flu vaccines on a Saturday, as was the case last year when it was deployed to Casemates Square at the end of October?

**Clerk:** Question 71. The Hon. the Leader of the Opposition.

**Hon. Dr K Azopardi:** Madam Speaker, how many people took up the seasonal flu vaccine in the years 2019 to 2024, broken down by calendar year?

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

**Hon. G Arias-Vasquez:** Madam Speaker, in answer to Question 38, the GHA procured the following quantities of adult flu vaccines for the following flu seasons: in 2021 there were 14,170 doses; in 2022 there were 10,000 doses; in 2023 there were 10,000 doses; in 2024 there were 8,000 doses; and for 2025 the order is pending to be placed.

In answer to Question 39, the seasonal influenza vaccine is not available to the whole population but the criteria for eligibility have been deliberately developed to enable a much wider group to access the vaccine, reflecting the very interconnected and strong intergenerational family culture in Gibraltar. This specifically relates to the eligibility criteria that entitle anyone who is a close contact of someone with a long-term condition and is vulnerable to be entitled to the vaccine.

In answer to Question 40, the decision not to deploy the mobile health unit into the community for flu vaccinations this year was made in line with our resource allocation strategy. In our efforts to optimise service delivery, we chose to focus on the Primary Care Centre as the central hub for flu vaccinations. This approach allowed us to more effectively manage resources and ensure that we could cater to a potentially larger uptake than last year. By concentrating efforts at the Primary Care Centre, we were able to plan and structure our vaccination clinics with business continuity, thereby avoiding the need for additional overtime costs. This strategy also ensured that we could provide consistent, high-quality care while maintaining operational efficiency. Furthermore, we worked closely with Public Health to ensure that the flu vaccination programme was prioritised

and that service delivery was maintained at a high standard. The decision was made with the aim of providing the best possible care for our community while simultaneously managing resources effectively.

In answer to Question 71, the number of people who took up the seasonal flu vaccine is as follows: in 2019 there were 2,912 individuals; in 2020 there were 7,384 individuals; in 2021 there were 5,840 individuals; in 2022 there were 6,822 individuals; in 2023 there were 4,858 individuals; and in 2024 there were 4,048 individuals.

**Madam Speaker:** Supplementaries in relation to Question 38?

**Hon. J Ladislaus:** Madam Speaker, we can see that there is a decline in the number of flu vaccines that the GHA had in stock as from 2021 to date. I can assume the answer, but I am going to ask: can the Hon. Minister please give reasons as to why that is the case? Why are we procuring fewer flu vaccines than we were four years ago?

**Hon. G Arias-Vasquez:** Madam Speaker, this is a decision that lies in the hands of the Director of Public Health. What the Director of Public Health has to do well before the flu season is weigh up the likely uptake with the cost of the vaccine. The Director of Public Health looks at the uptake and the global trends and orders the stock in order to try and guesstimate the number of people she believes will be able to take the vaccine, in order to minimise the waste of any vaccines at the end of the year.

**Hon. J Ladislaus:** Madam Speaker, moving on to a supplementary on Question 39 now, as to whether the flu vaccine is available to the general public, I do understand that there are eligibility criteria, but in other years – for example, last year – it has been the case where other individuals can call and make an appointment and they can have the flu vaccine. I have had various reports this year that that is not the case. People have called and they have been asked whether they fit within the eligibility criteria – whether, for example, they are above the age of 50, whether they suffer from a long-term health condition etc. – and if the answer was no to any of those, then they were turned away, whereas in other years they were not. We can see that there are more than enough vaccines because the uptake was just over 4,000 and there were 8,000 vaccines. For what reason have people been turned away?

**Hon. G Arias-Vasquez:** Madam Speaker, the reality is that people should not have been turned away. The eligibility criteria that has been set – and I will read it for the purposes of *Hansard* – is that ‘the vaccine will be available to people aged over 50, anyone with a long-term health condition or anyone who has significant contact or caring responsibilities for someone with a long-term health condition, pregnant women, healthcare workers and anyone living long term in a residential care setting such as ERS’. The criteria were set in order to be able to catch a very wide net of people, and the intention of the Director of Public Health was indeed that if you have a relative that has a long-term health condition and you are going to spend Christmas with her, you are able to get the vaccine. So, people should not have been turned away, and my understanding – again, I am not doubting what the hon. Lady says, but my understanding is that they should not have been turned away at the PCC.

**Hon. J Ladislaus:** Will the criteria be changed, therefore, to catch an even wider net, given that we do have a surplus? For example, will somebody calling tomorrow or the next day be able to have this flu vaccine, even though, of course, we are fast coming out of flu season, we hope?

**Hon. G Arias-Vasquez:** Madam Speaker, the net is set so that if you are in contact with someone with a long-term condition, you can access the vaccine. The net is meant to be so that if

you are in touch with an elderly person, you are able to get the vaccine. That is the purpose of the criteria. If the criteria need to be widened next year to make it even clearer that that is the intention, that is the case. As I have said publicly, and indeed as I said publicly on the *Viewpoint* programme that I was on with the hon. Lady, we have been going to the call centre in the PCC on several mornings and anyone who has requested the vaccine at any point in time when I have been present in the call centre has been given an appointment to get to the vaccine. So, whilst I do not doubt the veracity of what the hon. Lady is telling me, the instruction given to the PCC and all workers in the PCC is indeed that everyone who requests a vaccine and has a link with anyone with any sort of condition is given the vaccine. The aim is to encourage the uptake of the vaccine.

**Hon. J Ladislaus:** Madam Speaker, if the aim is to encourage the uptake of the vaccine, why therefore not deploy the mobile health unit? Is it actually because the GHA simply does not have enough staff to deploy that unit?

**Hon. G Arias-Vasquez:** Madam Speaker, not at all. The staff were there. The PCC was equipped to manage the uptake of the vaccine, and indeed, as I have said, the aim is that as wide a net as possible gets the vaccine within the ambit of people that we think need the vaccine. There is also a need for the community to attend the health centre to get the vaccine. So, the aim is to give the vaccine to anyone who believes that it would be beneficial to them for any reason relating to the healthcare of a vulnerable patient etc.

**Chief Minister (Hon. F R Picardo):** Might that be a convenient moment for us to recess for a few minutes? I do note that you have been in the Chair now for almost three hours. We might return at six.

**Madam Speaker:** I am very happy to recess now for a few minutes, but I would say that the supplementaries are still open; we have not closed them on Question 40 and we have not opened them on Question 71. So, when we come back, we will take those up at that point.

*The House recessed at 5.45 p.m.  
and resumed its sitting at 6.02 p.m.*

**Q40 and 70/2025  
Flu vaccine –  
Supplementary questions**

**Madam Speaker:** Does the Hon. J Ladislaus have any further supplementaries on Question 40?

**Hon. J Ladislaus:** Madam Speaker, we have heard that the mobile health unit has not been deployed because the GHA has chosen instead to focus allocation of resources on the GHA itself. Doesn't that, in and of itself, suggest that there is a shortage in resources that can be deployed, and therefore that is the reason for the mobile health unit not having been deployed this year, as it has been pretty much every other year?

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, as I am frequently encouraged to do, these issues are led by the clinicians, so if the clinicians tell me that the mobile unit should be deployed, then the mobile unit will be deployed. It is not about a shortage in resources; it is about what they advise me is required in order to fulfil the requirements of the population in relation to the flu vaccine.

**Hon. J Ladislaus:** Madam Speaker, there has been talk, and obviously it has been on the news, that the uptake has been less. Is it fair, perhaps, to say that the uptake may have been less this year because the mobile health unit did go some way to giving access to people who might not otherwise have had the time to go and get that vaccine during clinical hours?

**Hon. G Arias-Vasquez:** Madam Speaker, the mobile health unit was indeed a fantastic initiative instituted by this Government in order to make sure that people had access to services when they were not able to get them otherwise. However, again, on the advice of clinicians, I was told that the mobile health unit was not required this year. As I have mentioned, we follow the advice of the Director of Director of Public health. The Director of Public health told me that the mobile health unit was not required. We followed that advice. It was not a cut in resources; it was simply following advice telling me what was required to vaccinate the population.

**Madam Speaker:** Any supplementaries on Question 71?

**Hon. Dr K Azopardi:** Yes, Madam Speaker, although they are a bit interrelated. The Minister has given us statistics of the uptake of seasonal flu vaccine in answer to my Question 71. Does she have a breakdown of how many of the years 2019 to 2023 would have been delivered by the mobile unit?

**Hon. G Arias-Vasquez:** No, Madam Speaker, and I would not want to mislead Parliament, so if that is a specific question, I would advise the Hon. Leader of the Opposition to put it directly to me next time.

**Hon. Dr K Azopardi:** I certainly will put that question, if I may, next time, but given the answer she has given, that she has the advice from the clinicians that they should not deploy the mobile unit, but equally there has been information put out also by the Public Health Director, I believe, about the lower uptake of seasonal flu vaccine this year and they have, roughly speaking, a balance of another 4,000 vaccines lying there, will she consult again and discuss the issue with the Public Health Director? I assume, unless she says otherwise, that if by the end of the season, the seasonal flu vaccines that they have in stock are not used, they presumably have to be thrown away, so it seems to at least make sense, does she agree, to consult again when you are getting towards the end and you have still got a stock of 3,800 vaccines?

**Hon. G Arias-Vasquez:** Madam Speaker, one of the things that I tried to ensure when I became Minister for Health is that Public Health was an integral part of the health portfolio. The Director of Public Health sits in the Ministry sits. Her office is currently in the Ministry, so I do not wait to consult with the Director of Public Health. If the Director of Public Health thinks there is an issue on absolutely anything, the Director of Public Health tells me about it immediately. So, if the Director of Public Health were to think that we would need to deploy more resources, she would immediately tell me that we would need to deploy more resources. The conversation has not been raised, the Director of Public Health has not told me that we need to deploy more resources, and therefore, again, I rely on her advice in order to tell me what resources need to be to be deployed.

**Hon. Dr K Azopardi:** Isn't it also a question of use of public money? If you have 3,800 vaccines lying there, which presumably at the end of the season will have to be thrown away, doesn't she agree that she should discuss the matter again?  
**Hon. G Arias-Vasquez:** No, ma'am. As I have said, I do not wait to consult the Director of Public Health. If the Director of Public Health thinks that there is an issue, she immediately raises it with me. The Director of Public Health is welcome, and she knows that she is welcome, at any point in time to raise any of these issues with me.

**Hon. Dr K Azopardi:** The Hon. Minister, with respect, is turning my question around. I am not asking her to give me a view as to whether the Public Health Director feels that she can speak to the Minister at any time; I am saying to her that given that there is a balance of 3,800 vaccines that may have to be thrown away and therefore public money has been used on the vaccines, does she not agree that she, the Minister, should speak to the Public Health Director as to whether, given the concerns expressed by the Public Health Director that there has been low uptake, the Government can facilitate a greater uptake, which apparently is in the interest of the community, which is what the Public Health Director has suggested by the low uptake issue?

**Hon. G Arias-Vasquez:** No, Madam Speaker, it is not within my remit to tell the Director of Public Health what to do.

**Hon. Dr K Azopardi:** Madam Speaker, again, that is not what I have said to the Minister that she should do. I have not suggested to the Minister that she should tell the Public Health Director what to do. What I have said is does she agree that the Minister should have a conversation with the Public Health Director about it, not to tell her what to do but to have a discussion, given that the Public Health Director has expressed concerns that there is a balance of 3,800? The conversation could go something like this: 'The people of Gibraltar have spent money on vaccines that have not been used. You have expressed a concern that there has been low uptake. Is there something that the Government can do to assist you in the take-up of the balance of 3,800 vaccines that are going to have to be thrown away at the end of the season?'

**Hon. G Arias-Vasquez:** Madam Speaker, I am not going to role play in Parliament a conversation with the Director of Public Health. I refer the hon. Gentleman to the answer that I gave a few moments ago.

**Madam Speaker:** Next question.

**Q41–47/2025**

**GHA dentistry and orthodontology –**

**Number of dentists, orthodontists and dental nurses employed; Children's waiting lists, waiting times, outsourcing of appointments and average age at first appointment**

**Clerk:** Question 41. The Hon. J Ladislaus.

**Hon. J Ladislaus:** How many dentists does the GHA currently employ? Please provide a breakdown of the nature of their engagement.

**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 42 to 47.

**Clerk:** Question 42. The Hon. J Ladislaus.

**Hon. J Ladislaus:** How many orthodontists does the GHA currently employ? Please provide a breakdown of the nature of their engagement.

**Clerk:** Question 43. The Hon. J Ladislaus.

**Hon. J Ladislaus:** How many dental nurses does the GHA currently employ? Please provide a breakdown as to the nature of their engagement.

**Clerk:** Question 44. The Hon. J Ladislaus.

**Hon. J Ladislaus:** Has the waiting list for children to see (1) a dentist and (2) an orthodontist at the GHA now been cleared?

**Clerk:** Question 45. The Hon. J Ladislaus.

**Hon. J Ladislaus:** Is the GHA continuing to outsource dental appointments for children to private dental clinics? Please provide a breakdown of the monthly cost of outsourcing for the period 1st January 2024 to date or the date on which outsourcing ceased, broken down by (1) costs incurred for dental treatments and (2) costs incurred for orthodontic treatments.

**Clerk:** Question 46. The Hon. J Ladislaus.

**Hon. J Ladislaus:** From 1st July 2023 to date, what was the average waiting time, broken down by month, for a child to be seen by (1) a dentist at the GHA and (2) an orthodontist at the GHA?

**Clerk:** Question 47. The Hon. J Ladislaus.

**Hon. J Ladislaus:** Taking account of the period from 1st July 2023 to date, what was the average age at which a child had their first appointment with a GHA dentist?

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

**Hon. G Arias-Vasquez:** Madam Speaker, in answer to Question 41, the GHA currently employs six dental officers. Five of these officers are on permanent contracts and one officer is on a fixed-term 12-month contract.

In answer to Question 42, the GHA currently employs one consultant orthodontist on a permanent contract.

In answer to Question 43, the GHA currently employs nine dental nurses, eight full time and one part time, all on permanent contracts.

In answer to Question 44, to date the waiting lists have not been cleared. It is common for healthcare providers to create waiting lists so that they can better manage patient care and prioritise patients based on their clinical needs. There are always new patients being added to the list because new cohorts of children will always become eligible.

In answer to Question 45, the GHA ceased to outsource dental appointments for children to private dental clinics on 27th March 2024. Costs incurred for these dental treatments since 1st January 2024 at the private clinic are as follows: in January 2024, there was £3,295 paid; in February 2024, there was £7,362 paid; in March 2024, there was zero paid; in April 2024, there was £4,505 paid. There were no costs incurred for orthodontic treatments.

In answer to Question 46, this depends on the type of appointment that we are dealing with. The GHA is endeavouring to review all children aged five and over. If there is a need to see the child again then the dentist will, at that session, determine in what period the child needs to be seen again. Once the cohort of children aged five is seen, the dentists start the process of the recall of the other children.

With regard to orthodontist care, the GHA launched a waiting list initiative between September 2023 and August 2024, where it reviewed all patients on the waiting list for an initial orthodontist assessment. There is no discernible waiting list for urgent cases, as these are prioritised

immediately. The waiting list for routine patients and those with less serious orthodontist issues is approximately 36 months.

In relation to Question 47, considering the period between 1st July 2023 and 14th January 2025, the average age at which a child had their first appointment with a GHA dentist is six years.

**Madam Speaker:** Any supplementaries on Question 41?

**Hon. J Ladislaus:** Madam Speaker, I will start on Question 41. It is clear that given that there are still waiting lists which are quite severe and we are getting information that children are still not being seen and many children have not been seen by a dentist – and we are not talking six; we are talking seven and eight – why would the GHA not provide that seventh dentist with a permanent contract?

**Hon. G Arias-Vasquez:** Madam Speaker, that dental officer is covering a career break of one of the dental officers. That is why she is on a one-year contract.

**Hon. J Ladislaus:** Are there any plans to increase the complement of dental officers?

**Hon. G Arias-Vasquez:** Madam Speaker, the officers are undertaking extra sessions in order to increase the capacity and adhere to the scheduled dental check-up programme. So, rather than increasing the complement, we are increasing the sessions that the dentists are taking, and indeed it is in these sessions that they are covering the cohorts of different years.

**Hon. J Ladislaus:** Madam Speaker, what the Hon. the Minister is saying, just to be clear, is that the dentists are working extra hours in order to deal with the backlogs. Is that correct?

**Hon. G Arias-Vasquez:** Madam Speaker, what I am saying is that the dentists have determined that this is the best way for them to do it, and this is part of the negotiation with the dentists that took place last year. The dentists have advised that this is the way that they wish to carry out the initiatives.

**Hon. J Ladislaus:** Madam Speaker, in terms of Question 42, how many orthodontists does the GHA currently employ – one orthodontist – we are hearing horror stories of children being turned away for orthodontic treatments such as braces. The threshold is, I am told, very high for the GHA to provide orthodontic treatments for children. It is expensive. A lot of people do not have access to the finances that are needed in order to take their children privately. Is the Hon. the Minister satisfied with having just one orthodontist available? It seems that the public need is much higher than that.

**Hon. G Arias-Vasquez:** Madam Speaker, we have one consultant orthodontist available and we have another dentist who provides orthodontic treatments as well. In relation to the provision of orthodontics and the provision of braces, the GHA has employed the services of a visiting orthodontist to do a review screening programme for all the children who requested braces. That screening programme is graded, as I believe I have previously explained in Parliament, between 1 and 5. Children who are deemed to fall within the 4 and 5 threshold are the ones who are given braces. This is indeed what is done in the NHS. It is deemed that braces for cosmetic purposes are not going to be provided by the GHA, but if the requirement to provide braces is because it is impeding in some form their life or is affecting the child in some way, depending on the criteria determined by the orthodontist, that child falls into the bracket of grades 4 and 5, and that child will be provided braces. I believe that this is exactly the same way that it is done in the NHS.

**Hon. J Ladislaus:** Madam Speaker, we have just heard the Hon. the Minister refer to the NHS and how things are done in the NHS. It is also the case under the NHS that children should be seen and are provided free care the moment that their milk teeth grow in. That is the advice of the NHS. That is a fairly young child because children tend to have milk teeth by the age of about one, maybe two years of age. Therefore, is it the case that the GHA is falling short of the service that it should be providing children in terms of dentistry?

**Hon. G Arias-Vasquez:** Madam Speaker, here we provide dental care for children from the age of four and five. That is what we are being advised that we should provide, and that is indeed what we are providing.

**Hon. J Ladislaus:** Madam Speaker, dental services are being provided from the age of four and five, and yet the age that the Hon. Minister has given me as an average for the first time that a child is seeing a dentist here in Gibraltar is six. For what reason, therefore, is a child only being seen for the first time, on average, at the age of six if the starting point is four or five?

**Hon. G Arias-Vasquez:** Madam Speaker, the answer to that is very simple. There was a screening programme up until 2020, which was called A Day at the Dentist, in which cohorts and classes of children would go to see the dentist and they would be screened there and then as a class. So, the dental screening programme started with individuals by this programme that was called A Day at the Dentist. In 2020, because of Covid, that programme stopped and indeed the visits to the dentist, because of the nature of a visit to the dentist, were stalled during that period. So, what we are seeing, and the reason that the age is six at the moment, is because the GHA is carrying out a catch-up exercise with those children who were caught in that period for their first screening, and they are recalling all those individuals who should have been seen in 2020, 2021 and 2022. That is the reason why the average age is six when in fact at the moment ... As from 2024, they are carrying out a programme where all five-year-olds will be screened by the GHA.

**Hon. J Ladislaus:** Madam Speaker, perhaps a preamble is necessary to this one simply because I am providing facts. In August 2023, the Government announced a waiting list initiative and it stated: 'The aim of the initiative will be to address those children waiting to be assessed for standard review and care within the next five months.' Five months from August 2023 would have taken us to November, December, January, February, March of 2024. In November 2023, the Hon. Minister stated that it was expected that all children on the waiting list would be seen by the end of March 2024, and I asked the question thereafter, in the January session in 2024, a year almost to the day, whether all children on the waiting list would be seen unequivocally by the end of March 2024. The response from the Minister was, 'It is.'

We are 17 months on from the initial date on which the waiting list initiative started and all backlogs should have been cleared, and yet the Minister is still telling me that there is a waiting list in place. Could the Hon. Minister please clarify the reason for having said that that waiting list was going to be cleared 17 months ago when it still has not been cleared to date, and what the reason behind that is?

**Hon. G Arias-Vasquez:** Madam Speaker, as I explained at the outset, the waiting list is never going to be cleared because there will always be children added to that waiting list. The child who turns five now was not five a year ago, but that child will be added to the waiting list. The waiting list will be a rolling waiting list. In addition to that, they are currently trying to pick up children from the 2020-21 cohort that should have been picked up, and what I am told by the dentist is that the ones who are left from that list are the ones that either they are unable to contact, be it because their numbers may be out of date because they might have moved away from Gibraltar,



or because the parents are uncontactable. The GHA is consistently trying to drive down that number.

If a specific question like that is asked ... Again, I do not want to be accused of misleading Parliament, so in order to specifically answer that question in the level of detail that it was asked, I would urge the hon. Lady to submit the question specifically next time and I will answer it. My understanding is that there will always be a waiting list because children are always added to the end of that list. So, 2024 onwards, children aged five should be being called by the GHA in order to have their initial screening. In the years previous, my understanding is that the dentists are catching up and have caught up pretty much with the individuals they are able to get in touch with, which is 90% of the list, I am told. That is the information that I am being given. However, with the specifics that the hon. Lady has requested, I would urge her to put the question in Parliament for the next period.

**Hon. J Ladislaus:** Madam Speaker, I ask, therefore, this question: if it is the case that the GHA should have been, as from 2024, seeing children aged between four and five, is it the case, given that the average age is six for a first-time appointment, that the waiting lists are between a year and two years?

**Hon. G Arias-Vasquez:** Madam Speaker, the age at which I said the GHA was calling patients was five and up, so I assume that the average is a majority of five-year-olds plus some of those left outstanding from previous years.

**Hon. J Ladislaus:** Madam Speaker, I simply ask: why is it then that when I asked the question back in January whether the waiting list would be cleared by March, I got an unequivocal 'it will be'? What is the reason behind that? Could the Hon. the Minister perhaps explain?

**Hon. G Arias-Vasquez:** Madam Speaker, it has been explained to me now that the waiting list will always ... I explain the same point again. If the cohort is cleared, let's say, for year 1 children, which is what I believe five-year-olds are, any five-year-olds that come on to the list will continue to come on to the list. I believe the question is: has the list been cleared for the five-year-olds in any given year? The answer to that must be yes or no. I believe that as from 2024 the intention was to call all five-year-olds in order to get them screened for the first time. At present, people who were four in 2024 will now be five, so the four-year-olds of 2024 will now be added to the list so that they are also called, so that the screening programme continues for every cohort. That is the information that I have been given in respect of this question.

**Hon. J Ladislaus:** In respect of Question 45, for what reason has that programme of outsourcing the dental appointments to private clinics ceased if there clearly is still a need for it, given that there are still children waiting lengthy periods of time to be seen?

**Hon. G Arias-Vasquez:** Madam Speaker, when we talk about children requiring treatment, we are talking about three different cohorts. We are talking about the screening cohort, which is what all the discussions on waiting lists so far have been about. Then there is an appointment based on need, so if a child has a toothache, for example, that child will be seen by the dentist within a determined period of time depending on what that need is. And then there is the orthodontics. So, there are three separate reasons why there would be an appointment given to a child. In relation to the dental appointments, as I confirmed in answer to the question, the dental appointments were being outsourced in relation to pure dental care. When I say pure dental care, what we would mean by that would be ordinary fillings etc. given on a routine basis to children. Those were the appointments that were being outsourced. I am informed that now the dentists of the GHA are dealing routinely with those matters themselves.

**Hon. J Ladislaus:** Madam Speaker, are children being called automatically or is it the case that a parent must call when they get to a certain age to register their child? The dissemination of information on this has not been extraordinary and people are very much struggling to understand how they should access dental health services for their children.

**Hon. G Arias-Vasquez:** Madam Speaker, my understanding is that parents are automatically called for their children to attend. Again, that is my understanding. Given that the question did not directly address that, I would not wish to be accused of misleading Parliament if that information is incorrect. My understanding is that the GHA is reaching out to individuals.

**Madam Speaker:** Next question.

**Q48/2025**  
**Blood test appointments –**  
**Patients making own appointments**

**Clerk:** Question 48. The Hon. J Ladislaus.

**Hon. J Ladislaus:** For what reason or reasons are some service users of the GHA requested to make their own appointments for a blood test in situations where a doctor has made a referral for such a test?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the self-scheduling appointment system provides a level of convenience and flexibility to the patient and has been well received by service users. We have a dedicated administrative staff who are trained and employed to book appointments, including phlebotomy, and they also know what days the clinics are held etc.

**Hon. J Ladislaus:** Madam Speaker, if a patient is sitting in a consultation with a GP, for example, for what reason can't that GP just access the system and make it simple for an appointment to be provided at that point in time?

**Hon. G Arias-Vasquez:** Madam Speaker, there are certain blood tests that are only done on certain days. There are certain blood tests where separate equipment is required, for example. The way that it is deemed best to do it is that the staff outside ... We are not talking about a complicated system. We are saying that you are sitting with the GP, the GP will say you need these bloods and the GP then says go to the desk outside and book the appointment. Outside, there will be an admin clerk who will book you in, who will see what tests are required, who will know the day that those tests are provided and who will be able to guide you administratively through the process. It is not a big ask to ask people to go to the desk. It is not a separate procedure in a separate building. You sit with your GP, the GP asks you to get blood, you walk outside to the reception and you book the bloods with the admin clerk, who is able to give you the test on the proper day.

**Madam Speaker:** Next question.

**Q49-50/2025**

**GHA security –**

**Measures in place at St Bernard's Hospital, including parking areas**

**Q52-54/2025**

**GHA ambulances –**

**Anti-theft devices; Stolen ambulance; Relocation of ambulance crews; Maintenance contract**

**Clerk:** Question 49. The Hon. J Ladislaus.

**Hon. J Ladislaus:** Can the Hon. Minister outline what security measures are in place at St Bernard's Hospital?

**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 50 to 54.

**Clerk:** Question 50. The Hon. J Ladislaus.

**Hon. J Ladislaus:** Are there security personnel in place near the ambulances and GHA vehicle parking areas around St Bernard's Hospital? If not, why? If there are, how many personnel are on duty at any given time, and since when has that been the case?

**Clerk:** Question 51. The Hon. J Ladislaus.

**Hon. J Ladislaus:** Are ambulances and GHA vehicles equipped with anti-theft devices such as, but not limited to, steering wheel locks, immobilisers and GPS tracking?

**Clerk:** Question 52. The Hon. J Ladislaus.

**Hon. J Ladislaus:** What was the cost of the damage done to the patient transport vehicle which was stolen from outside the A&E Department of St Bernard's Hospital on 18th December 2024, and how long was the GHA left without the use of that vehicle?

**Clerk:** Question 53. The Hon. J Ladislaus.

**Hon. J Ladislaus:** Where are ambulance crews currently housed and does the Government have any plans to relocate them?

**Clerk:** Question 54. The Hon. J Ladislaus.

**Hon. J Ladislaus:** Does the contract for the maintenance of ambulances only include the GHA's fleet of ambulances?

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

**Hon. G Arias-Vasquez:** Madam Speaker, in answer to Question 49, at present we have sufficient security to ensure the safety of all patients and staff. I am very happy to brief the hon. Lady but not to give public notice of those arrangements, for obvious reasons. The same is true regarding devices to protect our ambulances.

In answer to Question 52, we are currently unable to obtain an assessment on the damages incurred to the stolen patient transport vehicle as the vehicle in question remains in the possession of the RGP as evidence in a crime investigation. The stolen patient transport vehicle was replaced the following morning, 19th December 2024, by using another vehicle from the GHA fleet for patient transport.

In answer to Question 53, currently the ambulance crews are located at podium level at the rear of St Bernard's Hospital. Preliminary plans have been explored to construct a purpose-built ambulance station.

In answer to Question 54, the current contract for the maintenance of ambulances only includes the GHA's ambulance fleet.

**Hon. J Ladislaus:** I will leave the security questions, for obvious reasons, and I am happy to accept a briefing.

In terms of the ambulance crews currently being housed, is it the case that they continue to be housed in portacabins which were only designed to be a short-term measure and have turned into a long-term unsatisfactory measure?

**Hon. G Arias-Vasquez:** Madam Speaker, there were the purpose-built portacabins at the rear end of St Bernard's and we are currently actively looking at plans in order to rehouse that.

**Hon. J Ladislaus:** Can the Hon. Minister share a bit more information about the plans that are currently being looked at, such as, for example, location?

**Hon. G Arias-Vasquez:** No, ma'am, that is currently under discussion, and if I change the location ... I am told that I constantly change location, so that is currently under discussion at the moment.

**Hon. J Ladislaus:** How long does the Minister envisage that these plans will take to come to fruition?

**Hon. G Arias-Vasquez:** Madam Speaker, it was a manifesto commitment, so we have a full term in order to bring those plans to fruition.

**Hon. J Ladislaus:** Madam Speaker, with respect to the Minister, and I understand that this was before her time, but as far back as December 2021 Unite were already expressing concerns about the serious issues that were being repeatedly ignored. Amongst those concerns were these portacabins. Why, therefore, has this not been more of a priority until now?

**Hon. G Arias-Vasquez:** Madam Speaker, as I have confirmed, this is an issue which is currently under review.

**Madam Speaker:** Next question.

**Q55/2025**  
**Bowel cancer screening –**  
**Minimum age**

**Clerk:** Question 55. The Hon. J Ladislaus.

**Hon. J Ladislaus:** Is the GHA looking to lower the minimum age for the commencement of bowel cancer screening to 50 in line with NHS plans to expand the programme from a minimum age of 54 to 50? If so, can the Hon. Minister provide a timeframe within which expansion of that programme will occur?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the Director of Public Health is chairing a programme board that is actively considering this trial. I am advised that lowering the age from 54 to 50 could impact day-to-day endoscopic activity. This, therefore, has to be done in a careful and considered manner.

**Hon. J Ladislaus:** Madam Speaker, as the Hon. Minister will be aware, under the NHS the screening programme has already been lowered. It was lowered on 14th January, in fact, so this was post my having filed these questions, and therefore, just to clarify, the age has already gone down to 50. The Hon. Minister will probably be aware as well that these are home screening tests that are sent out by the NHS. Could the Hon. the Minister therefore just to clarify for what reason endoscopic activity would be impacted if the tests could be carried out at home by a service user?

**Hon. G Arias-Vasquez:** Madam Speaker, we have to ensure that the results of the tests are carried out in a responsible manner. We have to ensure that the endoscopic activity is not impacted by the overuse of these tests. Again, the screening programme does not necessarily confirm that an individual has bowel cancer; it confirms that an individual might have bowel cancer. By the provision of a test, you therefore require an endoscopic activity. What we need to do is make sure that the resources are there, so that each and every individual who requires the endoscopic test is able to carry out the endoscopic test. We are in the process of reviewing exactly that, to make sure that when the programme is rolled out the resources are there in order to make sure that every single individual who needs to be tested can be tested.

**Hon. J Ladislaus:** Madam Speaker, just to clarify, I believe that the GHA's starting age is, in fact, 60 and not 54 as it was in the NHS. I stand to be corrected, but I believe that that was the starting point which was online on the website. Therefore, could the Hon. Minister commit to looking into this as a matter of urgency, because there is now a 10-year discrepancy between the GHA and the NHS?

**Hon. G Arias-Vasquez:** Madam Speaker, again, I want to be very careful with my answer because I do not want to be accused of misleading Parliament. In the answer to my question, I am advised that ... The answer refers to lowering the age from 54, not from 60, so given the nature of the answer that I am being provided, I would believe that the age in Gibraltar is 54. Again, I am drawing that from the question itself and not from any specific question as to the age from the Director of Public Health. I am simply drawing the data from the answer I have been provided and I have not asked the specific question. However, I am happy to commit to reviewing that.

**Madam Speaker:** The Hon. Mr Sacarello.

**Hon. C A Sacarello:** Madam Speaker, I seem to remember only a few moments ago the hon. Lady referring to the orthodontic level as being the same as the NHS. If that is the case, why is the Government not giving serious consideration to lowering the age to 50, which is the NHS recommendation, as my hon. Friend has just mentioned? Is it a case of prioritising cost over public health?

**Hon. G Arias-Vasquez:** Madam Speaker, unfortunately, when I give an answer it seems that that answer is not properly interpreted by the hon. Member. What I have said is that the Director of Public Health is chairing a programme board to actively consider the trial. This happened during the course of this month. What the hon. Lady has just said is that during the period of her filing the questions, which was last Wednesday to today, the UK has implemented this. I am already saying that the Director of Public health is chairing a programme board to actively consider lowering the age, so far from us not following what the NHS are doing, what I am saying is that we are actively considering following exactly what the NHS is doing but we simply need to make sure that we do it in a safe manner.

**Madam Speaker:** Next question.

**Q56-57/2025**  
**GHA cardiology –**  
**Average waiting times; Number of cardiologists employed**

**Clerk:** Question 56. The Hon. J Ladislaus.

**Hon. J Ladislaus:** What was the average waiting time, broken down by month, for a service user to see a cardiologist at the GHA, from the time of referral to the first appointment with a cardiologist, as from 1st July 2023 to date?

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

**Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I answer this question together with Question 57.

**Clerk:** Question 57. The Hon. J Ladislaus.

**Hon. J Ladislaus:** How many cardiologists does the GHA employ, broken down by the type of contract?

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

**Hon. G Arias-Vasquez:** Madam Speaker, in answer to Question 56, I now hand over a schedule with the information requested.

Month	Average Waiting Time	Average waiting time in NHS England (weeks)
July 2023	6	13
August 2023	8	14
September 2023	9	14
October 2023	7	14
November 2023	5	14
December 2023	7	14
January 2024	7	14
February 2024	6	14
March 2024	5	14
April 2024	6	13
May 2024	5	14
June 2024	7	14
July 2024	8	14
August 2024	7	15
September 2024	9	15
October 2024	8	14
November 2024	5	14
December 2024	5	-
January 2025*	5	-

\* 14th January 2025

In answer to Question 57, the GHA currently employs two full-time consultant cardiologists; one has a permanent contract and the other is on a two-year, fixed-term contract. The GHA has also employed one associate specialist on a permanent contract, as well as three cardiac physiologists; one on a permanent contract, one on a three-year, fixed-term contract and the other two on two-year, fixed-term contracts.

**Madam Speaker:** We will wait on supplementaries to Question 56. Any supplementaries on Question 57?

**Hon. J Ladislaus:** Madam Speaker, with the opening now, as well, of the cath lab, is the Hon. Minister told that she has enough resilience within the service in order to provide the services that the cath lab requires?

**Hon. G Arias-Vasquez:** Madam Speaker, we have recruited cardiologists specially for the opening of the cath lab. As the hon. Lady knows, it is one of the things I am proudest of, and in fact many photo opportunities that I am criticised by the other hon. Lady for doing are around the cath lab. I have done many photo opportunities around the cath lab because it is a fantastic feature, because we are repatriating services to Gibraltar. We are bringing services to Gibraltar so that Gibraltarians are better catered for. Of course we are going to make sure that the cath lab is properly staffed. Of course we have made sure that prior to offering a service, the service is properly catered for, and therefore there are currently two consultant cardiologists, one associate specialist, three cardiac physiologists and all the relevant requirements according to what the cath lab needs, including the radiologists etc. I am proud to say that I will have as many photo

opportunities as humanly possible around the cath lab, to tell Gibraltar how fantastically their money is being invested in the lab.

**Chief Minister (Hon. F R Picardo):** Hear, hear. *(Banging on desk)*

**Hon. J Ladislaus:** Madam Speaker, I am glad to hear all that, particularly since I never asked about photo opportunities to do with the cath lab.

In any event, does the recruitment of new individuals to staff the cath lab include the recruitment of nursing staff not from within the GHA but external? The information seems to be filtering through that nurses are being removed from wards in order to become specialists, and the cath lab is one of those places where those nurses are going, but they are not being replaced within the wards, therefore placing the pressure on the nursing staff and the complement that Unite has been highlighting for the past weeks. Therefore, I ask: are you recruiting new nursing staff for the cath lab, or is it just these experts that the Hon. Minister has read out?

**Hon. G Arias-Vasquez:** Madam Speaker, I am very happy to tell the hon. Lady about the photo opportunities because one was, indeed, with her in the cath lab. I will stop referring to the photo opportunities there, though. Because I am constantly accused of misleading Parliament, I would say that if you want a question relating to the nurses, a question is specifically asked in relation to nurses, cardiology and the cath lab. The question relates to how many cardiologists the GHA employs, and therefore I do not have specific information. I would ordinarily offer the information voluntarily. However, I want to be 100% certain of all the information I give because otherwise I am accused of misleading Parliament.

**Hon. J Ladislaus:** Madam Speaker, given that the Hon. the Minister has launched into quite a detailed explanation as to the cath lab and how many experts are going to be brought in etc., one would think that the Hon. the Minister would have the information in front of her, so I ask the question. It is a simple question. It is not how many are being recruited, it is whether there are any being recruited from outside in terms of nursing staff. It should be a fairly simple question.

**Hon. G Arias-Vasquez:** Madam Speaker, it is a very specific question as to whether any nurses are being recruited from outside. I know the answer. However, I want to verify that the answer is correct in order not to be accused of misleading Parliament.

**Madam Speaker:** Next question.

**Q58/2025**  
**GHA orthopaedics –**  
**Average waiting times**

**Clerk:** Question 58. The Hon. J Ladislaus.

**Hon. J Ladislaus:** What was the average waiting time, broken down by month, for a service user to see an orthopaedic surgeon at the GHA, from the time of referral to the first appointment to the orthopaedic surgeon, as from 1st July 2023 to date?

**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.



Month	Average Waiting Time GHA (Weeks)	Average waiting time in NHS England (weeks)
July 2023	8	15
August 2023	9	15
September 2023	8	15
October 2023	8	15
November 2023	8	15
December 2023	11	16
January 2024	13	16
February 2024	13	16
March 2024	12	16
April 2024	8	15
May 2024	8	15
June 2024	9	15
July 2024	8	14
August 2024	9	15
September 2024	10	15
October 2024	10	15
November 2024	10	15
December 2024	12	-
January 2025*	13	-

\* 14th January 2025

**Madam Speaker:** We will move on to the next question and come back to this with supplementaries.

#### Q59–61/2025

#### Numbers of service users under care of GHA services – Dental; Orthopaedic and Trauma; Cardiology

**Clerk:** Question 59. The Hon. J Ladislaus.

**Hon. J Ladislaus:** How many children are currently under the care of the GHA's dental department?

**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 60 and 61.

**Clerk:** Question 60. The Hon. J Ladislaus.

**Hon. J Ladislaus:** How many service users are there currently under the care of the Orthopaedic and Trauma Department?

**Clerk:** Question 61. The Hon. J Ladislaus.

**Hon. J Ladislaus:** How many service users are there currently under the care of cardiology services within the GHA?

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

**Hon. G Arias-Vasquez:** Madam Speaker, it is not possible to provide an accurate answer to these questions as it is not clear what exactly the information being sought is. If the hon. Lady were to provide further clarity, I would be more than happy to provide the information requested at the next session of Parliament.

**Hon. J Ladislaus:** Madam Speaker, it is a simple question. It is simply how many patients are being seen by these departments. The Hon. the Minister should have the statistics available. It is then obviously up to the Hon. the Minister if or how she chooses to break those statistics down. But the question is simple: how many are under the care of each of these departments?

**Hon. G Arias-Vasquez:** Madam Speaker, the question, unfortunately, is far from being simple, and I am not trying to be difficult in answering the question here. In answer to Question 59, for example, according to the GHA's central patient demographic database, there are just over 8,000 children between the ages of 4 and 17 who are eligible for dental care. There are currently 2,185 patients with scheduled appointments. In 2024, for example, the dental services provided 11,544 appointments to 4,138 children, and of the 8,000 children registered in the GHA database, some may no longer be resident in Gibraltar. This is the reason why I said that the exact data is difficult to interpret.

In answer to Question 60, for example, there are 851 patients under the care of the GHA Orthopaedic and Trauma Department, but that means that you define patients under care as those patients with scheduled appointments with the services and not including those on the waiting list. We have further information on those on the waiting list and those on the clinics which are in the periphery of the Orthopaedic and Trauma Department. It is difficult to determine exactly how many patients are in the care of the Orthopaedic and Trauma Department, because there could be an acute trauma which goes straight to A&E, to a ward, which is not given an appointment under the orthopaedic department. This is the reason why I said that the question is difficult to quantify exactly.

In relation to the cardiology services, again, if a patient comes into A&E and is taken directly to a tertiary institution because they require the care of a tertiary institution, that patient would not necessarily be given an appointment under the GHA but would be a patient that might be termed under the wider ambit of the GHA care. There are currently 2,026 patients under the care of the cardiology service. Again, we have defined patients under care as those patients with scheduled appointments with the service. We have not included those on waiting lists, which are further individuals.

It is for this reason, Madam Speaker, and not because I am trying to be difficult, that it is difficult to try to find the correct figure for what is meant by a patient under care. Again, I am very happy to sit down with the hon. Lady and go through the different scenarios and explain how we can quantify that, because we are fortunate enough to have in the GHA data which has been collected over the last few years, in order to be able to determine, depending on the criteria set, what the answer to that question is.

**Hon. J Ladislaus:** Madam Speaker, I am grateful for that detailed information, but the Hon. the Minister has provided some of the information that I have asked for, and that is why I said previously it is wholly up to the Hon. the Minister how that information and data is actually set out, which the Hon. the Minister has done in her answer. Therefore, I ask for what reason can I not have that information in the manner in which the Hon. the Minister has just disseminated it. Is it not the case that it could have been broken down in tables, just like other schedules are provided?

**Hon. G Arias-Vasquez:** Madam Speaker, when information is provided in schedules it is because the information is very easy to identify and the information given is quantifiable. The issue that we have here is that the data analysts and the GHA have struggled to try to interpret the data that we have. Therefore, whilst I have answered the question in an attempt not to seem to be trying to be difficult for the hon. Lady, I have tried to explain why the question itself is difficult to answer and why the data ... This is not me trying to be difficult. The data analysts in the GHA have come back to me and said it is very difficult, if not near impossible, to answer these questions, which is why we have grouped them together.

**Madam Speaker:** Next question.

**Q62-63/2025**

**GHA psychiatrists –**

**Numbers on duty and on call between 1st December 2024 and 12th January 2025**

**Clerk:** Question 62. The Hon. J Ladislaus.

**Hon. J Ladislaus:** How many psychiatrists were on call at GHA facilities, broken down by day, between 1st December 2024 and 12th January 2025?

**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 63.

**Clerk:** Question 63. The Hon. J Ladislaus.

**Hon. J Ladislaus:** How many psychiatrists were on duty at GHA facilities, broken down by day, between 1st December 2024 and 12th January 2025?

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

**Hon. G Arias-Vasquez:** Madam Speaker, in answer to Question 62, there is always a psychiatrist on call 24/7, 365 days of the year. Therefore, during the period in question there was always on-call psychiatric cover.

In answer to Question 63, there are five whole-time-equivalent (WTE) psychiatrists working in the Mental Health Service. This is covered by six psychiatrists, and two of them work part time. In the date range requested, from 2nd to 6th December 2024, there were four WTE on duty and one WTE on annual leave; from 9th to 13th December 2024, there were four WTE psychiatrists on duty and one on annual leave; from 16th to 20th December 2024, there were four WTE psychiatrists on duty and one on annual leave; on 23rd December, there were three WTE on duty and two on annual leave; on 24th December, there were two WTE on duty and three on annual leave; on 27th

December, there were two WTE psychiatrists on duty and three on annual leave; on 30th and 31st December, there were three WTE psychiatrists on duty and two on annual leave; and in the period from 1st to 12th January there were five WTE psychiatrists on duty. During this period, weekends and public holidays were covered by the on-call psychiatrists.

**Hon. J Ladislaus:** When the Hon. the Minister says that there is always one psychiatrist on call, 365 days a year, is that the case? Is it just the one psychiatrist that is on call at any given time during that period, or rather during public holidays?

**Hon. G Arias-Vasquez:** Yes, Madam Speaker, there is always one on-call psychiatrist, 365 days of the year.

**Hon. J Ladislaus:** Madam Speaker, we are still getting reports, unfortunately, of inordinate delays in terms of psychiatric assessments and psychiatric treatments. Just today, the charity Mental Welfare Society raised the issue that some patients were waiting up to 12 months to see psychiatrists and not the 5 months that the Hon. the Minister has stated previously. Can the Hon. the Minister please inform the public as to the reasons for those inordinate delays? Is it the fact that we do not have enough psychiatrists?

**Hon. G Arias-Vasquez:** Madam Speaker, this question has been addressed in Parliament before. There are currently five WTE psychiatrists working in the Mental Health Service, covered by six psychiatrists and two of them working part time. We are a population of 35,000 people, for argument's sake. With a population of 35,000 people, with six psychiatrists the clinicians' view is that that should be sufficient for a population of this size and from even a layman's perspective, we have six full-time psychiatrists for a population of 35,000. To my mind, that would indeed seem to be sufficient. In fact, I believe that on *Viewpoint* I compared that to the figures that we had in 2011, which were nowhere near ... which I do not have to hand at the moment, but the figure for the number of psychiatrists that we have at the moment has increased exponentially. We are consistently looking to improve the service. As I have always said, there are plenty of improvements to be made within the service, but the advice that I am receiving consistently is that six psychiatrists, as I mentioned on *Viewpoint*, and five psychologists for a population of 35,000 people should indeed be sufficient.

**Hon. J Ladislaus:** Madam Speaker, perhaps we will phrase it in a different way. The public are coming constantly and persistently, and even the charities – like we have just said, the Mental Welfare Society said today – with the same complaint that there are not enough appointments going around. These are very vulnerable individuals. People are being left to the side. We had one particular example over the Christmas period where a person was left 18 days in order to access Bruce's Farm, simply because they needed to be assessed by a psychiatrist. Madam Speaker, is the Hon. Minister saying that the service is enough? Does it have resilience, is the question: does that psychiatric service have the resilience needed?

**Hon. G Arias-Vasquez:** Madam Speaker, as I explained previously to the hon. Lady, the reason why elective procedures are not happening at Bruce's Farm over the Christmas period is because we have one on-call psychiatrist during this period and therefore, with one on-call psychiatrist, the elective procedures that we are talking ... Let's actually break down what this means. This means that someone on Christmas Day, Boxing Day, 31st December or 1st January who elects to have a procedure ... Again, as I explained earlier, it is a five-day procedure. We have a duty to make sure that an individual who is undergoing a detox is seen properly. Therefore, during this five-day period we need to make sure that there is cover, and that cover is not deemed appropriate by the one on-call psychiatrist, so the elective procedure will start when there are

sufficient psychiatrists to manage. I am not sure what the 18-day period is, and I have not got enough facts to look at that specific example, but I would invite the hon. Lady to let me know what that fact was, so that we can look into whether or not that individual should have been seen earlier. During the Christmas period an elective procedure might not be carried out during those days simply because we have one on-call psychiatrist, as would be normal in a population of our size. I am advised by clinicians what the right number of psychiatrists is. If I stand here and I say we have six psychiatrists and five psychologists, it would seem that for a population of 35,000 people those numbers are about right, significantly more than what we had in 2011. What I would say is that we are consistently looking at ways to improve the efficiencies of the way that those services are carried out, in order to improve the service. I am not saying that the service does not need to be improved, that is far from what I am saying, but what I am saying is that I am advised that we have a sufficient number of clinicians employed in order to deliver a service.

**Hon. J Ladislaus:** Madam Speaker, we hear often talk of the number in a cohort, but I ask the question: does that number take into account resilience – issues such as maternity leave, issues such as illness, issues that arise that are unexpected? Does that number seem to take that into account? The inordinate delays that are being experienced by the public are there, and therefore could the Hon. the Minister perhaps look further into what is causing those delays?

**Hon. G Arias-Vasquez:** Madam Speaker, yes, I am informed that there is resilience in the service.

**Madam Speaker:** Next question.

### Adjournment

**Chief Minister (Hon. F R Picardo):** Before you call the next question, I note that there are still quite a few left and I wonder whether this might be a convenient moment to now adjourn the House to Friday at 12 noon. I am afraid, Madam Speaker, I am not able to do tomorrow at 3 p.m. for Chief Minister's questions because I have parental duties to attend to, so it is my intention to return on Friday at midday so that we can continue with questions to the hon. Lady and then return later to continue with my questions, either that afternoon or that morning, depending on how quickly we make progress with the hon. Lady's questions.

**Madam Speaker:** All right. Before I propose the question, just to flag that when we come back, before we start with Question 64 I will take supplementaries to Questions 56 and 58, which are the two schedules the hon. Member should have.

I now put the question, which is that this House do now adjourn to Friday at 12 noon. Those in favour? (**Members:** Aye.) Those against? Passed.

This House will now adjourn to Friday at 12 noon.

*The House adjourned at 7.00 p.m.*