



PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

AFTERNOON SESSION: 3.00 p.m. – 5.00 p.m.

Gibraltar, Wednesday, 25th June 2025

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The Gibraltar Parliament

The Parliament met at 3.00 p.m.

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

[CLERK TO THE PARLIAMENT: P A Borge McCarthy Esq *in attendance*]

Questions for Oral Answer

HEALTH, CARE AND BUSINESS

Q638/2025

**Specialist Medical Clinic –
Location of entrance**

Clerk: Meeting of Parliament, Wednesday the 25th of June 2025. Answers to Oral Questions continued. Questions to the Hon. Minister for Health, Care and Business.

5 Question 638, the Hon. J Ladislaus.

Hon. J Ladislaus: When GHA service users are conveyed to the Specialist Medical Clinic for an MRI to be undertaken, via which entrance of the ICC do they gain access to the building?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, there are three entrances used to gain access to the Specialist Medical Clinic — that is, the gym and MRI facility. They are the front entrance, the Irish Town entrance, and the ambulance bay.

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Hon. J Ladislaus: Madam Speaker, just for clarification, can the Hon. Minister confirm where the ambulance bay is situated?

Hon. G Arias Vasquez: Madam Speaker, I believe that the ambulance bay is situated as you go up into the parking area of the ICC, along there.

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Hon. J Ladislaus: Madam Speaker, I think it is prudent to give some context to this question before I ask the next one. The reason I have asked it is because I was informed that recently there was at least one patient — if not more than one — who had been taken via the back entrance to the ICC, which was very public, and then answered questions about the patient's health, how that person was, and whether he looked unwell. He had arrived via ambulance under the auspices already of St Bernard's Hospital. The reason that I ask is because it felt rather undignified.

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So, would the Hon. Minister perhaps commit to looking into whether the ambulance bay could be the entrance that is used to access the building in future, rather than leaving a patient around the back of the ICC?

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Hon. G Arias Vasquez: Madam Speaker, I welcome the opportunity to address this issue. First and foremost, I would be very happy to say — I am very happy to be able to say — that the agreement to bring MRI patients to Gibraltar and ensure that GHA patients are seen in the comfort of Gibraltar is something that is a fairly recent occurrence. Whilst improvements are always necessary, it is something that is working relatively well. I take the opportunity to remind the House that this is a fairly recent service as it has only just begun.

Now, the reason that patients are only taken through the back entrance with the ambulance — sorry, there is one, right — so when a patient is taken via the ambulance bay, the ambulance bay transits through the GibMed surgical unit. For this reason, the view taken is that footfall should always be kept to a minimum, and patients are taken through that entrance only when it is deemed absolutely necessary. Most MRI patients are elective and not urgent, so if an MRI is elective and not urgent, the patient will be taken through an alternative entrance rather than through the surgical unit.

I am assured that this matter has been given sufficient thought by the GHA and by GibMed when they were coordinating the different entrances, and that this is indeed the most prudent route for patients to be brought in.

Madam Speaker: Next question.

Q639/2025
GHA's employee surveys –
Questions asked

Clerk: Question 639, the Hon. J Ladislaus.

Hon. J Ladislaus: Can the Hon. Minister provide the questions asked in the GHA's employee surveys for 2024 and 2025 respectively?

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

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

[Link to 2024 survey;](#)
[Link to 2025 survey](#)

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

Q640-1/2025
GHA –
Infection policy; Staff uniforms

Clerk: Question 640, the Hon. J Ladislaus.

Hon. J Ladislaus: What does the GHA's infection control policy outline in respect of:

- (i) staff wearing uniforms off of GHA property; and

(ii) the laundering of staff uniforms?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 641.

Clerk: Question 641, the Hon. J Ladislaus.

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Hon. J Ladislaus: Are there laundry facilities available on GHA sites for staff uniforms to be laundered?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in respect of Question 641, during the COVID-19 pandemic, laundry facilities were introduced within various GHA sites, but these are being gradually phased out following advice from the infection control team.

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In respect of Question 640, I now hand over the schedule with the information requested.

ANSWER TO QUESTION 640

i. staff wearing uniforms off of GHA property

GHA Uniform policy states:

- All employees who are required to wear a uniform must wear the uniform provided and agreed by the GHA.
- Employees are required to wash their own uniform.
- For those employees who wear a uniform when working, the following must be observed:
 - Employees will be provided with an adequate number of uniforms;
 - All uniforms must be clean;
 - Employees must presume some degree of contamination following a shift, even on uniform or clothing, which is not visibly soiled. Employees must therefore change out of their uniform promptly at the end of each shift. A clean and freshly laundered uniform must be worn daily;
 - Except for community staff on GHA business, clinical uniform must not be worn outside of work;
 - Employees must travel to and from work in their own clothes;

Therefore, staff should never wear uniforms outside of the hospital, apart from ambulance staff and those required being in the community as part of their role such as district nurses.

Uniforms must only be worn during working hours on GHA premises, and while conducting GHA business (should this be on or off GHA premises)

ii. The laundering of staff uniforms

There has been extensive research regarding the contamination on uniforms and work wear within healthcare, with scientific observations, tests, literature reviews and expert opinions from microbiologists.

Their opinion is that the contamination level on uniforms is not a cause for concern. This evidence based work has formed the basis of the NHS Uniform and Work wear guidance for NHS employers (2020) on which the GHA Uniform policy is based.

Guidance to laundering uniforms:

- Washing with detergents at 30c will remove most gram positive micro-organisms
- Washing for 10 minutes at 60c with detergent removes almost all microorganisms.
- Any uniform, which is soiled during a shift, staff, can change and place the soiled uniform into a red alginate (water-soluble) bag that can then be placed directly into the washing machine at home– without having to re-open the bag or touch the uniform until cleaned. Removing any potential risk of contaminating hands.

Madam Speaker: Does the hon. Member wish to ask supplementaries or return to the schedule later?

105 **Hon. J Ladislaus:** Should I ask the supplementaries on Question 641 now and return to Question 640? All right.

Madam Speaker, if the facilities are being phased out, what alternative arrangements are being made to allow for staff clothing to be laundered without the risk of contamination when they leave the hospitals and leave the uniforms?

110 **Hon. G Arias Vasquez:** Madam Speaker, as the hon. Lady will see when she reads the GHA policy that she has requested, staff are expected to wash their uniforms at home, as indeed they always have. Just to reiterate that point: staff have always washed their uniforms at home. During the COVID-19 pandemic, laundry facilities were made available throughout all of the GHA facilities.

115 Infection control have now given advice stating that we are to revert to the position pre-pandemic, as is contained in the GHA handbook. Therefore, the laundry facilities are being phased out. When the hon. Lady has an opportunity to read the policy, she will find specific guidance which refers to NHS guidance on how uniforms are to be washed in staff members' homes. The policy states, first and foremost, that staff are to wash their uniforms at home, and secondly, there is specific guidance as to how uniforms are to be washed at home.

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Hon. J Ladislaus: Madam Speaker, could the Hon. Minister perhaps give some more detail as to how staff leaving premises not wearing uniforms is policed? Because I myself have actually seen staff walking out of the hospital in scrubs before. So I would ask, how is this being checked?

125 **Hon. G Arias Vasquez:** Madam Speaker, I am not sure how it is being policed, but it is obviously not encouraged. The advice given is that staff do not leave premises wearing their uniform. So, as far as I am concerned, they should not be.

If that is the policy, they should not be leaving GHA premises in their staff uniform.

130 **Hon. J Ladislaus:** Is the policy the same for, say, Calpe Ward, which, as we know, is the quarantine ward — so to speak — or the infectious diseases ward?

Hon. G Arias Vasquez: Madam Speaker, I have just handed over the GHA policy, which is a standard document containing guidance on uniform wearing in the hospital. As Members
135 opposite will understand — and in fact, as Members opposite often remind me — it is not for me to get involved in whether staff should be wearing uniforms on or off-site, or indeed whether this is policed. It is for me to ensure that there is a policy in place, as indeed there is, and it is then for the GHA to ensure that this is policed and enforced properly.

140 As I have previously said, there is a policy on uniforms. This is contained within the GHA staff handbook, and there are further links within the GHA intranet for staff to know exactly how to wash uniforms in different scenarios. So I imagine that the guidance is contained therein.

Hon. J Ladislaus: Madam Speaker, could the Hon. Minister clarify whether staff receive a uniform allowance for laundering the uniforms at home?

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Hon. G Arias Vasquez: Madam Speaker, I do not know, but I imagine that it is not more than I receive to clean my own clothes at home.

Madam Speaker: Next Question.

150

Q642/2025
GHA –
Biomechanical assessments

Clerk: Question 642, the Hon. J Ladislaus.

Hon. J Ladislaus: Does the GHA carry out biomechanical assessments?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the GHA conducts standard biomechanical assessments for patients who require them. However, these do not involve advanced machinery or technology. Additionally, if further assessments are required, the GHA outsources a specialist orthotist via a service-level agreement with a UK provider, who performs specialised biomechanical assessments below the knee.

Hon. J Ladislaus: Would the orthotist appointments take place in Gibraltar, or are patients sent out to, say, the UK?

Hon. G Arias Vasquez: Madam Speaker, we have a service-level agreement in place whereby OpCare visits the GHA for one visit of no more than two days in each four- to six-week period.

Madam Speaker: Next Question.

Q643/2025
GHA new Lab/Clinic/Suite–
Risk assessments

Clerk: Question 643, the Hon. J Ladislaus.

Hon. J Ladislaus: Were detailed risk assessments carried out prior to the opening/design and planning of the GHA's new:

- (i) Cath Lab;
- (ii) Urology Clinic; and
- (iii) Chemotherapy Suite?

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

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

Hon. J Ladislaus: Madam Speaker, could the Hon. Minister perhaps give some more detail as to the kinds of assessments that were carried out on each?

Hon. G Arias Vasquez: Madam Speaker, I am delighted to give significant detail on these fantastic sites that we have opened recently. As the Hon. Lady is aware, the Cath lab is a fantastic service which saves lives and has already been proven to be put to very good use for the patients who are treated there. Patients are able to go into A&E and, within 90 seconds, be in a Cath lab.

Madam Speaker, I have said it before, but I cannot say it enough: it is a remarkable achievement for a jurisdiction of our size to have services like that available locally. The Cath lab

came as a significant investment to the GHA, which has been made public in press releases and in this House. No such significant investment is made without construction-phase risk assessments, health and safety plans, and all the necessary planning supervisors' consents being obtained.

These are obtained through the relevant parties — consultants were engaged to provide all of this documentation. It is remarkable to think that an investment of millions would be made without risk assessments.

As to the urology clinic — again, a fantastic service offered predominantly to men in Gibraltar — patients can walk in and, in one sole facility, access all the services they need, including changing areas and consultations. For a jurisdiction of this size, it is a remarkable achievement. I regularly receive praise for the efficiency of the staff in this area, and I think it is necessary to acknowledge that, Madam Speaker.

Again, we would not make such an investment without the appropriate health and safety plans, approval by a planning supervisor, and a method statement reflecting the health and safety plan. Of course, the risk assessments are carried out by the relevant consultants. I am not qualified as a consultant, so I cannot speak to the technical details, but I can assure the hon. Lady opposite that risk assessments are indeed carried out prior to the opening and design of any new facilities.

Finally, Madam Speaker, the chemotherapy suite — which I had the privilege of opening with the cancer charities and the hon. Member opposite, Mr. Sacarello, in attendance — has been widely praised for how well it was planned. In fact, a former Government Minister has publicly congratulated me on how well thought out the suite was. Madam Speaker, we do not make an investment of millions without the relevant plans being put in place. All of the relevant method statements, health and safety plans, and planning supervisor approvals are, of course, sought at every stage.

Hon. J Ladislaus: Madam Speaker, can the Hon. Minister confirm whether, as part of those risk assessments, a risk assessment was carried out regarding the staffing complement and whether it is sufficient to staff these wards?

Hon. G Arias Vasquez: Madam Speaker, as I have explained on numerous occasions, the GHA prepares a pre-budget staffing complement based on what it feels is required. The GHA and its executive team — which provides the independence that Members opposite often emphasise — determine the staffing levels needed for each ward. It is not for me to decide what staffing levels are appropriate.

The relevant clinicians and the Director General put together the complement for each ward. The GHA tells me what they need at each phase, and we provide the funding in the budget — which we shall be debating next week — to staff all of these wards, Madam Speaker.

Hon. J Ladislaus: Madam Speaker, I do not know whether the Hon. Minister, or whether it was relayed to the Hon. Minister, saw what some of the placards read at the last demonstration on the 18th of this month by GHA staff. It was a very well-attended demonstration, which I also attended outside No. 6.

Some of those placards read: "Every unfilled vacancy is a risk, not a budget win." Others read: "We cannot do more with less — we are not magicians." What does the Hon. Minister have to say to those comments and assertions by the GHA staff themselves?

Hon. G Arias Vasquez: Madam Speaker, there is a later question — because, obviously, the hon. Lady, having walked past the demonstration, having realised in passing that there was a demonstration, and having stopped in passing at the demonstration — was happily spoken to by the demonstrators there. Indeed, the Hon. Lady may or may not be aware that, in a three-and-a-half-hour meeting I had with Unite just before the demonstration, I informed Unite that I would not be in Gibraltar, the Chief Minister would not be in Gibraltar, and the Director General would

not be in Gibraltar. I remarked to Unite that, if they wanted a Minister present, it would probably be wise to move the day of the demonstration — if indeed they wanted me to be present to receive it — because I could not move the commitments that I had on that day.

So I congratulate the Hon. Lady on walking past the demonstration at the right time. However, I think it is prudent to go through the vacancies one by one in the question that the Hon. Lady asks on vacancies, because in fact what we are trying to do is put in a lot of planning. There are some issues which nursing staff raise — which, in fact, I agree with — and I agree with some of the issues raised by the nursing complement in the hospital.

Now, what the hon. Lady needs to be aware of is that there is an acuity review currently being carried out by the Clinical Nurse Managers. It was supposed to be submitted three weeks ago, but we have still not received it. That acuity review is meant to identify the wards which they feel are understaffed. As I have said repeatedly in this House, Madam Speaker, every single clinical post that the GHA requested from us in the last budget was granted. So, if there is a shortage of staff, that needs to be reported to either the Director of Nursing or the Medical Director, because the Director of Nursing controls the hospital complement.

If there is a shortage of nurses in the hospital, the Director General, the Nursing Director, the Medical Director, and the Executive Team must inform me and the Government of the budget required to meet their needs. Next week, we shall put forward a budget that reflects the requirements of the GHA. I do not determine the complement. I do not know how many nurses are required. I ensure — and the MPs on this side ensure — that the complement requested by the GHA is provided.

Now, the story that Members opposite need to get together, Madam Speaker, is whether we throw money at the problem — and upset the Hon. Mr. Clinton — or whether we manage the complement in a stable and steady way, according to the requirements of the Executive Team.

I urge Members opposite to present a unified position — one that supports controlled budgets while meeting the needs of hospital staff. I repeat: there is a Nursing Acuity Review currently being prepared for the Director General. As of last week, it had not been delivered. I have not received an update on that. The review is intended to inform the Executive Team and myself of the Clinical Nurse Managers' views on the nursing complement. That review has not yet been finalised, and an extension of time was requested.

To address the issues being raised, we need to see what that review states. We need to see the contents and the numbers being requested, and then take a view on whether those numbers are reasonable. The hon. Lady opposite should be aware that, at this moment, the Clinical Nurse Managers are conducting a Nursing Review. They asked us for the tools to carry it out, and we provided them with the programmes and tools to enable the Acuity Review and Nursing Review.

If they are telling me that some wards are understaffed, perhaps they are — and perhaps we shall receive that feedback through the review. But I have not received it, the Director General has not received it, and if there is a shortage of staff, that must be reflected in the complement figures requested of the Ministry and Government, so that the Budget can cover any shortfalls.

Hon. J Ladislaus: Madam Speaker, is the Hon. Minister not aware that, as far back as January, a formal complaint was made regarding vacancies that remained unfilled? Unite made this point on behalf of the nursing staff — there were 46 vacancies still unfilled in January. So I do not know how the Hon. Minister is only now approaching this issue, when it is a long-standing one and she is well aware of it.

Can the Minister confirm that she was aware of those vacancies being unfilled as far back as January?

Hon. G Arias Vasquez: Madam Speaker, there is no mechanism for Unite to make a formal complaint about these matters.

Madam Speaker: The Hon. R M Clinton.

305 **Hon. R M Clinton:** Thank you, Madam Speaker. I have no wish to begin the Budget debate this week, but since the Hon. Minister has brought up the subject, does she not accept that there is something inherently wrong in the Budget cycle if she is waiting for a personnel review in the GHA — which she has now told the House has not been delivered — and yet she tells the House that everything requested is given in the Budget?

310 Obviously, we received the Budget Book at the end of April, and that is the Budget Book — or the Appropriation Bill — that is going to be debated next week. So surely the Minister must agree that there is something wrong with a process in which a review is still pending and cannot be reflected in the Budget until next year — unless, of course, the Government is going to go over budget, as it does every year.

315 **Hon. G Arias Vasquez:** No, Madam Speaker, we would not agree — because that is, in fact, why we have an Executive Team in the GHA. So, no, Ma'am, we do not agree.

Madam Speaker: Next Question.

320

**Q644-8
GHA –**

Neonatal nurses currently practicing; Rainbow Ward complement deficit; Staff trained/capable of operating the Kusuma Trust Special Care Baby Unit equipment; Neonates treated at the Kusuma Trust Special Care Baby Unit; Neonates transferred for treatment to tertiary service providers

Clerk: Question 644, The Hon J Ladislaus.

325 **Hon. J Ladislaus:** How many Neonatal Nurses does the GHA employ within its complement who are currently practicing?

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

330 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Questions 645 to 648.

Clerk: Question 645, the Hon. J Ladislaus.

335 **Hon. J Ladislaus:** Has Rainbow Ward at St Bernard's Hospital had a complement deficit of any of its medical staff at any point over the course of the past 6 months? Please provide specifics as to how many are/were missing from the complement, as well as a breakdown of dates when there was a complement deficit.

340 **Clerk:** Question 646, the Hon. J Ladislaus.

Hon. J Ladislaus: Are all medical staff within Rainbow ward and the Millicent Macintosh Maternity ward of St Bernard's Hospital trained in and capable of operating the equipment of the Kusuma Trust Special Care Baby Unit at St Bernard's Hospital, to include but not limited to:

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- (i) Cooling device;
- (ii) Cerebral Function Monitor;
- (iii) Incubator;

- (iv) Warmer;
(v) Video laryngoscopes x 2;
(vi) Baby Paul – Smart Baby Simulator; and
(vii) Mechanical Ventilator?

Clerk: Question 647, the Hon. J Ladislaus.

Hon. J Ladislaus: How many neonates were treated at the Kusuma Trust Special Care Baby Unit at St Bernard's Hospital in:

- (i) 2023;
(ii) 2024; and
(iii) 2025,

broken down by month?

Clerk: Question 648, the Hon. J Ladislaus.

Hon. J Ladislaus: How many neonates requiring medical intervention were transferred to tertiary service providers in:

- (i) 2023;
(ii) 2024; and
(iii) 2025,

broken down by month?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 644, the GHA staffing complement does not include any neonatal nurses.

In answer to Question 645, over the past six months, Rainbow Ward has maintained full medical staffing.

In answer to Question 646, I can confirm that the relevant medical staff in either Rainbow Ward or the Millicent Mackintosh Maternity Ward at St Bernard's Hospital have received appropriate training on key equipment used in the Kusuma Trust Special Care Baby Unit.

In answer to Questions 647 and 648, I have handed over a schedule with the information requested.

ANSWER TO QUESTION 648
ANSWER TO QUESTIONS 647 AND 648

	2023		2024		2025	
	Treated at SBH	Transferred to Tertiary Services	Treated at SBH	Transferred to Tertiary Services	Treated at SBH	Transferred to Tertiary Services
January	1	3	0	0	4	1
February	3	1	3	0	1	1
March	3	1	1	0	2	0
April	0	1	2	1	3	1
May	0	1	4	1	0	0
June	2	0	0	1	1*	2**
July	1	0	4	1	-	-
August	2	0	2	1	-	-
September	1	0	3	0	-	-
October	1	2	3	2	-	-
November	2	4	0	1	-	-
December	0	1	2	3	-	-

*Up to and including 17th June

**Up to and including 16th June

395

Madam Speaker: We can take supplementaries on Questions 644, 645, 646 and then revert to Questions 647 and 648 if the hon. Member wishes to have some time.

400

Hon. J Ladislaus: Madam Speaker, is it not the case that in order to run a Specialist Care Baby Unit. I'm on Question 644, Madam Speaker, is it not the case that, in order to run a Special Care Baby Unit — which, to my limited understanding, is a level below a Neonatal Intensive Care Unit — neonatal nurses are required?

So, it comes below, that in terms of seriousness of the patient that would be seen. Isn't it the case that in order to run one of these, neonatal nurses are required?

405 **Hon. G Arias Vasquez:** Madam Speaker, again, this is a clinical decision to be made by the relevant clinicians. I am informed that the registered nurses who specialise in paediatrics are able to run this unit. In fact, the neonatal nurse who was previously employed is no longer there, and it is not felt that such a post is required to run this unit.

410 **Hon. J Ladislaus:** Madam Speaker, we have heard that the neonatal nurse is no longer there. Why is that the case?

Hon. G Arias Vasquez: Madam Speaker, as the Hon. Lady pointed out, there are different levels of neonatal units — as, unfortunately, I am very well acquainted with. The neonatal unit in 415 Gibraltar is one which deals with babies who require stabilisation. If they are very sick and require intensive care, they are transferred out of Gibraltar immediately to a tertiary institution.

What is required in Gibraltar is the ability to stabilise the baby until transfer. I can assure the hon. Lady opposite that neonatal staff are unable to maintain the relevant training required unless they are exposed to a sufficient number of cases. For example, to intubate a baby — which the 420 hon. Lady has asked about — a nurse would need to perform the procedure regularly to maintain competence.

If a neonatal nurse does not have, for example, 300 babies a year to practise on, they cannot maintain the necessary practical experience. In Gibraltar, fortunately, we have only one or two neonates a year who require intensive care. Therefore, any neonatal nurse would not be able to 425 maintain the skill set required to safely intubate or manage such cases.

Madam Speaker, I speak from experience, having witnessed a young child being intubated and knowing the level of expertise and precision required to intubate a 500-gram baby.

Madam Speaker: Anything on Question 645?

430

Hon. J Ladislaus: Madam Speaker, we have heard that Rainbow Ward at St Bernard's Hospital has not had a complement deficit, has been at full complement for the past six months. That is not the information, certainly, that we on this side of the House have had. So, just an opportunity for the Hon. Minister to confirm that that is definitely the case — that the complement has been 435 at full and there have not been any gaps in that service.

Hon. G Arias Vasquez: Madam Speaker, the question refers to the medical complement. There has, at all times, been a full medical complement at Rainbow Ward.

440 **Hon. J Ladislaus:** Madam Speaker, if I may just pull the thread then — if the medical staff has been at full complement and the suggestion here is that perhaps the complement who are not medical staff have not been at full complement — does the Hon. Minister have any information with her today as to what other staff may not have been at full complement?

445 **Hon. G Arias Vasquez:** Madam Speaker, what I should do in this instance, as I have done in other instances, is to say that I do not have the information available, and if a specific question wishes to be asked, a specific question should be asked. However, in the interests of good relations, Madam Speaker, I do have the information available, because I did ask — but I would urge the hon. Lady to tighten the vocabulary slightly so that we make sure that we can answer the 450 questions that she is actually asking.

Madam Speaker, there were three vacancies in the nursing complement. These were advertised internally in February 2025, and one application was received from a bank registered nurse — which, Madam Speaker, as an aside, we are trying to fill the vacancies from any bank staff

455 that wish to move up into the enrolled nurse or the registered nurse complement. There was one application received from a bank registered nurse, and the interview is currently going ahead. There are no other applications for this job, and we are putting it out again externally whilst we identify a candidate to train up internally.

460 **Hon. J Ladislaus:** Madam Speaker, moving on to Question 646. Again, the information that has reached us suggests that not all staff have received the appropriate training to be able to operate all this equipment that I outlined. The reason I outlined this equipment is because this is the equipment that was mentioned in the PR back in — I believe it was 2021 — when the unit was first opened.

465 **Hon. G Arias Vasquez:** Madam Speaker, once again, this is very specific equipment. A cooling device is equipment which normally only the doctors in the ward would know how to operate. The incubators, for example, I would expect that all nurses have received the training to operate.

But I again go back to the mechanical ventilation, Madam Speaker. Intubating a neonate requires very, very specialist skills. You are intubating — you are putting a tube into — a 500-gram baby.

470 You do not require all the staff in the unit to have that skill, and it is normally the doctors that have the training to do it. Some doctors have the training and do it more frequently than other doctors, Madam Speaker. But it is a very, very specialist skill, and it is a skill which you require to practise frequently in order to maintain the confidence to be able to do it.

475 I would therefore urge the hon. Lady to — when asking this question — I would honestly urge the hon. Lady opposite to ensure that she is aware of what the equipment is, in order to be able to ascertain whether, as a parent, she would wish that her child was intubated by someone who does not have the relevant experience.

480 The question here, Madam Speaker, is who needs to have the relevant experience? And if the doctors on the ward have the relevant experience, have the relevant training — in that instance — the doctors in this unit and in any other unit in any other hospital would be the ones that are required to have the training for a mechanical ventilator, for a cooling device, for a video laryngoscope, and indeed for a baby Paul monitor.

485 A baby Paul monitor is a doll, effectively, which allows you to train to intubate patients. And therefore, it is the doctors usually who would have the relevant experience and the relevant training to do that. So it is my understanding, Madam Speaker — and again, I do not go around and check these things — but it is my understanding that all the relevant clinicians that need to have the training have the training.

490 **Hon. J Ladislaus:** Madam Speaker, we have heard that the baby Paul simulator is used. How often is that training reviewed, therefore?

495 **Hon. G Arias Vasquez:** Madam Speaker, unfortunately, I have shown goodwill in the previous question, but I simply do not have that information available to me. So, if the hon. Lady would put that as a question to me next time, I would be very happy to answer that question.

500 **Hon. J Ladislaus:** Madam Speaker, this question does follow from the question that I just asked, which was on training. And so, therefore, it surprises me, in fact, that the Hon. Minister does not have the answer or the information before her. So, would the Hon. Minister undertake, therefore, to answer this, if I were to put it again in the near future?

Hon. G Arias Vasquez: Madam Speaker, the question does not address this issue. The question is: are they trained? The answer is: yes, they are trained.

And, as I have said, of course I shall answer it if the hon. Lady puts it to me in the future.

505

Madam Speaker: Is the hon. Member in a position to ask any supplementaries on Questions 647 and 648, or would you require some more time?

All right, we shall come back to that next question.

510

Q649-52/2025
GHA new Lab/Clinic/Suite–
Risk assessments

Clerk: Question 649, the Hon. J Ladislaus.

515 **Hon. J Ladislaus:** Please provide a monthly breakdown, to cover the past 6 months, of the numbers of:

- (i) Registered Nurses; and
- (ii) Nursing Assistants,

520

within all wards of St. Bernard's Hospital.

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

525 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Questions 650 to 652.

Clerk: Question 650, the Hon. J Ladislaus.

530 **Hon. J Ladislaus:** What are the minimum requirements to be employed by the GHA as a Nursing Assistant?

Clerk: Question 651, the Hon. J Ladislaus.

535 **Hon. J Ladislaus:** Were there any shortages of nursing staff on any of the wards at St Bernard's Hospital over the course of December 2024? If so, how were those shortages addressed?

Clerk: Question 652, the Hon. J Ladislaus.

540 **Hon. J Ladislaus:** As of the 1 June 2025 how many unfilled vacancies are there at the GHA? Please provide:

- (i) a breakdown of the outstanding vacancies; and
- (ii) the date on which each vacancy was opened.

545

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Questions 649 and 652, I now hand over a schedule with the information requested.

550

ANSWER TO QUESTION 652

ANSWER TO QUESTION 649

Date	Grade	
	RGN	NA
Dec-24	102	164
Jan-25	105	164
Feb-25	106	150
Mar-25	105	154
Apr-25	101	163
May-25	102	164

ANSWER TO QUESTION 652

GRADE	FT / PT	Date Post Vacant
111 Clinical Advisor	Full-Time	04/05/2025
Ambulance Care Assistant	Full-Time	Vacant *
	Full-Time	18/02/2025
Auxiliary Nurse	Full-Time	03/08/2024
	Part-Time	31/05/2025
Basic Grade Pharmacist	Full-Time	13/06/2023
Charge Nurse	Full-Time	05/02/2023
	Full-Time	09/11/2023
	Full-Time	29/09/2022
Clinical Fellow/Registrar In Anaesthesia & Itu	Full-Time	04/04/2025
Craftsman	Full-Time	24/01/2019
Diabetes Nurse Specialist (Adult)	Full-Time	02/04/2021
Director of Finance	Full-Time	17/09/2023
Director of Workforce	Full-Time	01/01/2024
Domestic Part Time (Sz-2)	Part-Time	05/11/2024
	Part-Time	08/04/2025
Domestic Supervisor (Part-Time)	Part-Time	25/08/2023
Emergency Medical Dispatcher	Full-Time	25/04/2025
Emergency Medical Technician	Full-Time	08/01/2024
	Full-Time	02/06/2025
Enrolled Nurse	Part-Time	16/03/2025
	Full-Time	20/07/2024
	Part-Time	01/10/2023
General Operative Domestic (Sz-2)	Full-Time	17/01/2025
	Full-Time	30/11/2023
	Full-Time	31/05/2024
	Full-Time	29/03/2024

Cont...

CONTINUED ANSWER TO QUESTION 652
CONTINUED ANSWER TO QUESTION 652

General Operative Domestic Part Time (Sz-2)	Part-Time	15/10/2024
	Part-Time	05/11/2024
	Part-Time	01/01/2025
	Part-Time	31/05/2024
	Part-Time	13/06/2023
	Part-Time	04/11/2024
	Part-Time	27/10/2023
	Part-Time	16/09/2015
	Part-Time	23/05/2023
	Part-Time	20/02/2023
	Part-Time	Vacant *
	Part-Time	16/04/2023
General Operative-Catering Assistant Part Time (Sz-2)	Part-Time	26/10/2023
GHA Clerk	Full-Time	New post never filled
	Full-Time	New post never filled
Integrated Urgent Care Hub Services Manager	Full-Time	New post never filled
Matron	Full-Time	20/04/2025
Nurse Practitioner	Full-Time	31/05/2025
Nursing Assistant	Full-Time	01/10/2023
	Full-Time	29/02/2024
	Full-Time	12/02/2025
	Full-Time	28/03/2025
	Full-Time	21/10/2024
	Full-Time	11/05/2024
	Full-Time	02/05/2024
	Part-Time	01/11/2023
	Full-Time	18/07/2024
	Full-Time	19/07/2024
	Part-Time	01/11/2023
	Full-Time	01/10/2023
	Part-Time	21/12/2022
Occupational Therapist Senior II	Full-Time	13/06/2025
Operating Department Practitioner	Full-Time	02/06/2025
Pathology Services Manager	Full-Time	16/03/2022
Pharmacy Technician	Full-Time	21/03/2025
Provider Of Clinical Governance	Full-Time	Filled as additional duties
Public Health Information Analyst	Full-Time	31/08/2023

Cont...

CONTINUED ANSWER TO QUESTION 652
CONTINUED ANSWER TO QUESTION 652

Registered General Nurse	Full-Time	14/10/2023
	Full-Time	26/04/2025
	Part-Time	21/08/2024
	Full-Time	12/06/2024
	Full-Time	07/06/2021
Registered General Nurse - Theatre/Day Surgery	Full-Time	20/04/2025
	Full-Time	17/01/2025
Registered Mental Health Nurse	Full-Time	31/05/2024
	Full-Time	06/12/2024
	Full-Time	15/03/2022
	Full-Time	22/12/2024
	Full-Time	17/03/2025
	Full-Time	01/09/2019
	Full-Time	18/04/2025
	Full-Time	22/10/2021
	Part-Time	07/01/2024
Registered Nurse - Child	Full-Time	03/04/2025
	Full-Time	30/04/2024
	Full-Time	01/10/2021
Senior Biomedical Scientist	Full-Time	11/08/2024
Senior Cook (Sz-4)	Full-Time	29/04/2023
Senior Radiographer I	Full-Time	28/03/2024
Station Officer	Full-Time	01/08/2024
Supply Chain Inventory Operative (Sk-3)	Full-Time	Vacant *

* Missing dates - Info not held.

In respect of Question 650, there are no minimum academic requirements to be employed by the GHA as a nursing assistant. However, the essential criteria for successful candidates are as follows:

- Good communication skills
- Good command of the English language
- Compassion
- Ability to work towards a care certificate

In respect of Question 651, it is difficult to define what a shortage is, as fluctuations in staffing levels are common and can arise at short notice — for example, when nurses call in sick.

However, I can confirm that throughout December 2024, the GHA's nurse management team actively monitored staffing levels across all wards and responded dynamically to all absences. Where required, they reallocated available staff or deployed bank and agency nurses to maintain safe staffing ratios. While staffing levels naturally varied from day to day, I am pleased to confirm that at no point during December 2024 did nurse numbers on any ward fall below thresholds necessary to ensure patient safety.

Hon. J Ladislaus: Nothing on Question 650, Madam Speaker.

Madam Speaker: Question 650? Yes, the Hon. E J Reyes.

Hon. E J Reyes: Thank you, Madam Speaker. In respect of Question 650, the Minister was saying there are no minimum academic requirements, but she did mention that there requires to be a knowledge of the English language. How is that knowledge determined?

Is it through an internal examination or just through a face-to-face interview? I ask because I know within certain Government-related entities there is, in the absence of perhaps holding a GCSE qualification in English, a set entrance exam. I am curious to find out how the GHA tackles this one.

590 **Hon. G Arias Vasquez:** Madam Speaker, I would imagine that there is an interview board held in the ordinary course of GHA interview panels.

Madam Speaker: Nothing on Question 651?

595 **Hon. J Ladislaus:** Madam Speaker, in respect of Question 651, we have heard that it is difficult to define shortages, but surely there must be a recommended minimum safe number. Does the Hon. Minister have that, and as against that minimum number, were there any shortages?

Hon. G Arias Vasquez: Madam Speaker, yes, there is a benchmark. So there is a benchmark where actual staffing levels in clinical areas fall below the established safe staffing threshold — usually the professional judgement of the nurse in the ward. We are pleased to confirm that at no point were the staffing levels below this, again because of redeployment of staff, or because bank nurses or agency nurses were brought in to cover any sickness levels, any patient acuity levels, etc.

605 **Hon. J Ladislaus:** Madam Speaker, were there any issues in acquiring the numbers necessary? Because, again, it seems that there are chronic shortages, and with the over-reliance on bank staff and agency staff, it would mean that there would be gaps sometimes which would be hard to fill, particularly over the festive season. So were there difficulties in getting those nurses in place?

610 **Hon. G Arias Vasquez:** Madam Speaker, in so far as I am aware, there were no issues in relation to patient safety, which I think is what the hon. Lady is asking. And there is not an over-reliance on bank staff. Bank is there precisely for that reason.

So a bank of nursing staff is there to be called upon when there is a staff shortage. When there is a staff shortage, the bank staff are called. Bank are normally retired nurses, so banking nurses would normally be called in to cover any staff absences on the day. So I take slight issue with the wording there, because banking staff are there precisely to cover any shortfalls that arise in relation to staff sickness, in relation to patient acuity, etc.

620 **Hon. J Ladislaus:** Madam Speaker, no. So when I say, were there any issues in being able to get the bank staff in, I do not mean were there any issues in relation to patient safety. One would assume that if the benchmark is a certain number and they were under, then one would assume that there would be risks to patient safety unless the complement was at the point at which it needs to be.

625 So the question is instead: was it difficult to actually get that staff in to cover and to be plugged into those gaps that there were in the service? That is the question.

Hon. G Arias Vasquez: Madam Speaker, again, I am either independent and sat in my office overseeing policy, or I take up the role of Nursing Director and Clinical Nurse Manager as well, and I start calling up staff myself on the day to try and determine whether it is difficult or not to call up staff. As far as I am aware, any staff sickness, any staff absence, was covered on the day.

I am not aware of any particular issues that arose in relation to bringing that staff in. I am not sure that, as long as patient safety and benchmarking standards were met, it is an issue for me to get involved in as to whether it was particularly difficult on any given day. However, what I do know is that we have a sufficient pool of banking staff available, because the number of banks that we have on a rota is quite significant. So I know that we have a significant number of banking staff available at every point in order to be able to call them up and come in.

640 If, on any particular day, it was difficult to call up staff, I do not know, Madam Speaker, as I can assure the hon. Lady opposite that there is a significant degree of independence between the board of the GHA and the workers of the GHA to not get me involved in calling staff up on the day.

Hon. J Ladislaus: Madam Speaker, surely the Hon. Minister would be aware if there were shortages in complements, given that that is the point of a budget session and we are constantly hearing that the complements are full. So is it the case that the Hon. Minister then is not aware of what is required, or simply that this Government is not listening?

Hon. G Arias Vasquez: Madam Speaker, I do not think that the Hon. Lady opposite understands what the complement is, or what the shortage is, or how a shortage arises in the complement. So the complement is what the GHA asks the Government for. That is what is in the book and what the numbers that are set out in the book represent.

However, complement nurses sometimes get sick. That is something that happens everywhere. Now, if complement nurses get sick on a particular day, there may be a shortage in that ward on the day, but that shortage is covered by bank staff, which comes in and fills in that complement.

So this issue does not relate to a shortage in complement — which again, when the hon. Lady has a chance to go through the schedule, I am very happy to take her through. But this issue does not arise as any issue in vacancies on complements or anything of the sort. And again, Madam Speaker, I reiterate for the benefit of this House: the complement of the GHA is the complement which the GHA, the Director General, the Director of Nursing, and the Medical Director ask the Government for.

So the complement given to the GHA is precisely that which was requested of HMGOG. Now, if there are some staff nurses that are absent due to sickness or for whatever reason on any given day, that is not a complement issue. That is not a vacancy issue.

That is an issue that the staff nurse is sick. And on that day, the banking staff is called in to cover that sickness. The reason that a bank exists is precisely for that purpose.

Madam Speaker: Next question. We have had four on this. Questions 649 and 652 — the hon. Member requested to have those answers later.

Q653/2025

**Divisional Lead of Surgical Nursing at the GHA –
Role advertised internally and/or externally**

Clerk: Question 653, the Hon. J Ladislaus.

Hon. J Ladislaus: Was the role of Divisional Lead of Surgical Nursing at the GHA advertised internally and/or externally?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the position of Divisional Lead for Surgical Nursing at the GHA was advertised internally in June 2023.

Hon. J Ladislaus: Madam Speaker, is it the case that the individual who was successful in the application for the role of Surgical Nursing is also the Head of Clinical Governance?

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

Hon. J Ladislaus: Madam Speaker, could a conflict of interest not arise if a person is within those two roles?

Because again, my understanding is that a Clinical Governance Director would oversee exactly that — clinical governance across the board. So if that person wears two hats, how is that person to deal with any issues that arise within the surgical teams?

Hon. G Arias Vasquez: Madam Speaker, this role was appointed prior to my time. Again, there is a board in the GHA to appoint these positions, there are certain positions at the GHA that the Health Authority appoints, and there are certain positions that the Workforce appoints. Now, it is for Workforce, and specifically for the Director of Workforce, to determine if there is a conflict of interest.

Now, whether there is a conflict of interest or not, at the time must have been determined not to have been the case. My views on the issue — as there should be no political interference in these decisions — should be irrelevant.

Hon. J Ladislaus: Madam Speaker, may I ask, are all Divisional Leads qualified nurses?

Hon. G Arias Vasquez: Madam Speaker, I am not aware. If the Hon. Lady wants to ask me that question again, I would be more than happy to answer it in the next session of Parliament.

Madam Speaker: Next question.

Q654/2025

**Head of Clinical Governance/Divisional Lead of Surgical Nursing at the GHA –
Remuneration**

Clerk: Question 654, the Hon. J Ladislaus.

Hon. J Ladislaus: How much remuneration does the Head of Clinical Governance/Divisional Lead of Surgical Nursing at the GHA receive, please provide details as to:

- (i) Basic salary;
- (ii) Allowances;
- (iii) Non-contractual allowances; and
- (iv) Benefits in kind?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the Head of Clinical Governance, Divisional Lead of Surgical Nursing at the GHA receives the following remuneration:

- Annual basic: £66,989 (that is in the book, Madam Speaker)
- Responsibility allowance: £20,263.20
- Attendance bonus: £500
- On-call allowance: £4,500
- Mobile allowance: £360

Hon. J Ladislaus: Madam Speaker, just for the sake of — for the avoidance of doubt — the allowances, are those paid on an annual basis?

Hon. G Arias Vasquez: Yes, Madam Speaker.

Madam Speaker: Next question.

740

Q655/2025
GHA Director of Workforce –
Meetings with strategic team

Clerk: Question 655, the Hon. J Ladislaus.

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Hon. J Ladislaus: How often does the GHA Director of Workforce meet with the strategic team set up for the review of the Agenda for Change? On how many occasions have meetings taken place and were agendas circulated ahead of those meetings and minutes produced after every meeting?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I can confirm that the Director of Workforce forms part of a strategic team, which includes the Director General as well as senior members of the GHA's Workforce and Finance teams. This team has been meeting on a monthly basis since January 2025. To date, there have been five meetings.

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The meeting scheduled for June was cancelled in order to allow the working group to convene and commence their work directly on the Agenda for Change review. Madam Speaker, not all of these meetings have been minuted, particularly where they were brief and operational in nature, serving primarily to provide interim updates or clarification. Similarly, no formal agendas were circulated in advance, given the limited scope of these early discussions.

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However, now that the working groups have been formally constituted and have begun their work in earnest, the strategic team meetings will become more substantive. Accordingly, going forward, agendas will be circulated in advance and minutes will be prepared and recorded after each meeting to ensure appropriate documentation and transparency as the process progresses.

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Hon. J Ladislaus: Madam Speaker, we have heard that moving forward, agendas are to be produced and minutes for transparency purposes. It may be the case that the initial meetings may not have been, or have had, so much detail to them, but is it not the case that minutes and agendas should have been circulated precisely for that reason — for transparency purposes?

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Hon. G Arias Vasquez: Madam Speaker, again, as you will see, I was not involved in these meetings, and whether or not the Director of Workforce and the Director General determined that they were meetings or were too operational in nature to require an agenda or minutes is purely a matter for the operational teams to determine on the ground.

Madam Speaker: The Hon. R M Clinton.

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Hon. R M Clinton: Madam Speaker, the Minister has referred repeatedly to meetings of the Director of Workforce, but in the schedule being given, there is a vacancy for the Director of Workforce. So, who is this individual that there are meetings being held with, if that position is vacant?

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Hon. G Arias Vasquez: Madam Speaker, there was a press release a couple of months ago which informed the public and indeed the Members of the Opposition that the Director of DPD was appointed in the position of the Director for Workforce a few months ago. So, it should be no

surprise to the hon. Members opposite that the Director of DPD is currently acting as the Director of Workforce of the GHA.

790 **Hon. J Ladislaus:** So, Madam Speaker, if the Director for Workforce is currently acting, are there any moves to perhaps have another individual appointed, or is this, moving forward, going to be the case — that the Director for Workforce, or current acting Director for Workforce, will be retained as the Director for Workforce of the GHA?

795 **Hon. G Arias Vasquez:** Madam Speaker, at the moment it is a temporary arrangement, but we are looking to see how it develops, so there are no long-term plans for either one or the other.

Madam Speaker: Next Question.

Q656/2025
Agenda for Change –
Review deadline

800 **Clerk:** Question 656, the Hon J Ladislaus.

Hon. J Ladislaus: When is the review of the Agenda for Change due to conclude and is the deadline likely to be kept?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I am advised by the GHA that the review of the Agenda for Change will conclude by Quarter 2 or Quarter 3 of 2027.

Hon. J Ladislaus: Madam Speaker, is that on time as to the initially estimated timeframe, or is that now delayed?

815 **Hon. G Arias Vasquez:** Madam Speaker, that is the timeline that I have been given by the GHA now, so I assume that that is the timeline that they intend to keep to.

Hon. J Ladislaus: Madam Speaker, has a recent restructure, under which the GHA Director of Workforce or acting Director was appointed, delayed this process?

820 **Hon. G Arias Vasquez:** No, Madam Speaker.

Madam Speaker: Next Question.

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Q657/2025

GHA –

Response to the Allied Health Professionals' Parity Pay claim with the UK

Clerk: Question 657, the Hon. J Ladislaus.

835 **Hon. J Ladislaus:** By when will the GHA be in a position to meaningfully respond to the Allied Health Professionals' Parity Pay claim with the UK?

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

840 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the GHA confirmed to the Allied Health Professionals at a meeting held on 3 June that it would review their parity claim. Notwithstanding this, a demonstration was held calling on the GHA to match parity with the UK. The GHA and Industrial Relations remain committed to reviewing this claim in a timely manner to respond meaningfully to the Allied Health Professionals.

845 The Government has repeatedly said it is committed to parity with the UK.

Hon. J Ladislaus: Madam Speaker, will the parity claim be retrospective to when the disparity arose, rather than just the beginning of the financial year, as publicly stated by the Minister?

850 **Hon. G Arias Vasquez:** Sorry, Madam Speaker, could that question be repeated? I did not quite catch it.

Hon. J Ladislaus: The question is: will the parity claim be retrospective to when the disparity arose, when they first made the claim, if I am not mistaken this was about a year ago rather than just the beginning of the financial year, as publicly stated by the Minister?

Hon. G Arias Vasquez: Madam Speaker, I commented to them in a meeting that was held on 3 June and in a press release — which I would assume that the Hon. Lady has read — that the parity claim would be backdated at most to 1 April 2025.

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Madam Speaker: Next Question.

Q658/2025

**Pharmacy payment terms –
Dispensing prescriptions worse than 1999**

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Clerk: Question 658, the Hon J Ladislaus.

Hon. J Ladislaus: Can the Minister confirm whether the pharmacy payment terms relating to dispensing prescriptions are currently worse than they were in 1999?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, no ma'am. Payment terms relating to dispensing prescriptions are not currently worse than in 1999.

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Hon. J Ladislaus: Madam Speaker, I ask this because, of course, we have to take into account things like inflation. There have been slight increases since then, but the question is, I think, fair,

given the cost of — for example — everything is rising. So I ask the question, given, obviously, that standard of living changes and taking into account inflation, would the Minister say perhaps that the terms are worse now for pharmacies than they were back in 1999?

Hon. G Arias Vasquez: Madam Speaker, I am not quite sure that I understand the question. So the underlying price is set according to the NHS and that is reviewed here in the GHA. So the underlying price is not set by the GHA, and I am virtually certain that the underlying price of pharmaceuticals is not the same as it was in 1999.

So if what the hon. Lady is alluding to is that the price of, let us say, Panadol in 1999 has not increased to in 2025, I would suggest that that is incorrect. The underlying prices at which pharmacies are paid are reviewed on a month-by-month basis and certainly would have been reviewed since 1999. I am unclear as to whether that is the premise of the hon. Lady's question.

Hon. J Ladislaus: Well, the premise is simply: like for like, or taking into account inflation in the past years, would they be in financially the same position as they were in 1999? That was the basis for my supplementary question.

Hon. G Arias Vasquez: Madam Speaker, again, I am taking Panadol because it is a medication that we are all familiar with. So the price of Panadol in 1999 is set by an external body — not by the GHA and not even by anyone in Gibraltar. So the price of Panadol is set and then reviewed by the internal pharmacy team, but that is an exercise which is an external exercise which is done.

So what a Panadol would have cost the pharmacy in 1999 and what a Panadol would have cost the pharmacy in 2025 are two different things set by an external authority — not by the GHA and certainly not by HMGOG. So the price of Panadol would have increased by inflation, and this would have been determined by the external body. So I am not — that is why I am confused by the premise of the question, Madam Speaker.

Madam Speaker: The Hon. C Sacarello had a question.

Hon. C Sacarello: Yes, I do, Madam Speaker. Thank you very much for your indulgence. My question is with regards to the dispensing fee and the clawback that pharmacies are entitled to.

This is based on a fixed sum that was arranged in 1999 of £750,000. Back in the day, there were around 416,000 events of dispensing and so, based on that ratio, the payout was around — let me just check my notes — £1.80 per item. Due to the huge increase — it has almost tripled to 1.2 million events of dispensing per annum — that payment has reduced to 60 pence, which often does not cover their costs. So my question to the Hon. Minister is: does she feel that that payment is justified? Is it under review, and will she be raising it in line with inflation and, if so, when?

Hon. G Arias Vasquez: Madam Speaker, that is nowhere near the question that I thought I was being asked. Certainly, the clawback and certainly the price for prescription is not quite what I thought the question was getting at. However, as the pharmacies are aware, we have been in discussions for a period of time over the dispensing fee and the clawback.

Again, this comes down to pounds, shillings and pence. It comes down to how much it costs per item and whether it is indeed reasonable to increase that. So there have been discussions — there are ongoing discussions — with the pharmacies as to precisely the clawback and the dispensing fee, and the whole thing is in motion.

Hon. C Sacarello: Thank you, Madam Speaker. So would the Minister just be able to answer the last — I do appreciate I have put a couple of questions in there on the trot — the last part of the question, which was: when will the Government commit to delivering on this?

930 **Hon. G Arias Vasquez:** Madam Speaker, we are looking into it and we shall get back to the pharmacies as and when the review has concluded. But it is an ongoing process and we are in frequent discussions with the pharmacies.

Madam Speaker: Next question.

935

Q659/2025
GHA Staff –
Complaints of inappropriate behaviour

Clerk: Question 659, the Hon J Ladislaus.

940 **Hon. J Ladislaus:** In the past 24 months, have there been any complaints by GHA staff, whether employed on a full-time or temporary basis, of inappropriate behaviour from colleagues (to include Consultants), whether directed at the complainant, another member of staff or a patient? Please outline:

- 945 (i) how many complaints there have been (providing clarification where more than one complaint has been made by/about the same person);
- (ii) the department under which the complainant is/was employed and the department under which the employee/consultant who was the subject of the complaint(s) comes; and
- (iii) whether the complaints were resolved and, if so, how they were addressed?

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

955 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in response to the hon. Member's question regarding complaints of inappropriate behaviour on staff over the past 24 months, I can confirm the following.

Number of complaints: There have been 25 complaints received by Workforce from staff employed on either a full-time or a temporary basis. Of these, two were made by the same individual and two were made about the same individual.

960 As to departmental information: Given the sensitivity of matters pertaining to personal conduct, and in order to protect the privacy and confidentiality of all the individuals involved, we are unable to disclose the specific departments under which the complainants or the subjects of the complaints were employed.

In terms of resolution of the complaints: Of the complaints received, 19 have been resolved. These are addressed through appropriate internal procedures, which may have included formal investigations or mediations in line with the GHA guidelines and policies.

965 Six complaints remain under review or in the process of being resolved.

970 **Hon. J Ladislaus:** Madam Speaker, I ask this question on the basis that, again, we saw the demonstration on the 18th of June — which I can confirm to the Hon. Minister I was very much at for the entirety of the time, both outside Unite and outside of No 6 — in spite of comments that have been made on social media and today again by the Minister.

975 At that demonstration, again, we saw some placards which read — when one read them, it was quite alarming — because there were concerns about treatment of staff, about whether certain complaints about bullying were being brushed under the carpet, and other such complaints about inappropriate behaviour were being dealt with and addressed.

So, can the Hon. Minister reassure those GHA workers that the procedure for complaints is in fact being reviewed, as has been promised, and that complaints will be dealt with in a proper manner, regardless of who the individual being complained about is, Madam Speaker?

980 **Hon. G Arias Vasquez:** Madam Speaker, the processes are indeed being reviewed, and indeed there may be some claims that have not been resolved to the satisfaction of the claimants, but all claims have been resolved, all claims have been looked into, and there are now proper procedures and policies for all staff in the GHA to follow.

985 **Hon. J Ladislaus:** Madam Speaker, in respect of the procedures to be followed, could the Hon. Minister perhaps give more detail as to whether there will be any eyes from an independent individual or individuals who are not affiliated to the GHA when dealing with such complaints?

990 **Hon. G Arias Vasquez:** Madam Speaker, the vast majority of these complaints were an internal disciplinary procedure, and again it is for the GHA and the Executive Team of the GHA to determine when an external review is required — if an external review is required at all. The majority of these claims would have been done by internal investigations.

995 **Hon. J Ladislaus:** Madam Speaker, given the number of complaints and also the fact that staff really do seem to be rallying against the procedure and are showing that there is an erosion of trust there internally, would the Hon. Minister confirm whether an external review would be undertaken of this whole procedure, because it does seem that it is necessary at this stage?

1000 **Hon. G Arias Vasquez:** Madam Speaker, there is one particular circumstance where — again, the Hon. Lady has asked a question which I will come to now — where, in fact, we have committed to an external review because Unite have requested an external review. In fact, we are still awaiting Unite to confirm the terms of reference for that review so that we can get that started. However, Madam Speaker, the internal procedures of the GHA are in place, the internal grievance policies of the GHA are now in place, and we will be working in the coming months to — if indeed
1005 there is a lack of trust in the staff — we will be working to make sure that there is not such lack of trust and that the transparency is indeed there.

Madam Speaker: Next Question.

1010

Q660/2025

GHA –

Review of both collective and individual dispute resolution procedures

Clerk: Question 660, the Hon. J Ladislaus.

1015 **Hon. J Ladislaus:** By when does the Hon. Minister expect the review of both collective and individual dispute resolution procedures within the GHA, including the use of the grievance process, to conclude, and will the findings of that review be made public?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the review of both collective and individual dispute resolution procedures within the GHA is expected to conclude during the summer months. We are currently awaiting feedback from Unite on the terms of reference for the review.

1025 **Hon. J Ladislaus:** Madam Speaker, will that include an external review as well?

Hon. G Arias Vasquez: Madam Speaker, as I have just confirmed in the previous response, there is an external review of one of the procedures — again, as requested by Unite — and that review will be concluded during the summer months.

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Hon. J Ladislaus: Madam Speaker, will the results of that review be made public? Because, as I say, the public have been watching the GHA staff demonstrating, and this is not the first demonstration this year, in respect particularly of these procedures and the way that they impact upon patient safety and the service users generally. So, given the public are well aware, does the Hon. Minister commit to making this review public?

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Hon. G Arias Vasquez: Madam Speaker, none of the demonstrations were related to patient safety. I think it is necessary to point that out at the outset. None of the demonstrations have related to any issues related to patient safety, and I think it is necessary to also state that it is the first demonstration in the year that we have had that related to any of these issues.

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So, I think that we need to be very accurate as to what exactly the demonstrations were about. Indeed, the review that is ongoing — once we get the reviews — we will put in place all of the recommendations that are made in that review.

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Hon. J Ladislaus: Madam Speaker, we have just heard that the demonstrations had nothing to do with patient safety. Is it not the case that part of the reason that some of these staff were demonstrating was because they had concerns about patient safety arising from the issues that they had made the GHA — and therefore the Minister — aware of?

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Hon. G Arias Vasquez: Madam Speaker, that is not a question for the Government.

Madam Speaker: Any other supplementaries? All right, we are going to move on. In relation to the next question on the Order Paper, which is Question 661, I am going to disallow that question.

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It slipped through my net, but it is clearly a hypothetical question, without a shadow of a doubt, so I am going to skip that question.

Next question.

1060

Q662-3/2025

Healthcare Consultant –

Recommendations as to best practice; Review best practice and address issues

Clerk: Question 662, the Hon. J Ladislaus.

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Hon. J Ladislaus: Has the healthcare consultant engaged to review nursing practices within the CCU made any recommendations as to best practice and, if so:

- (i) Have those recommendations been discussed with stakeholders, such as, but not limited to, the Director of Nursing and Clinical Leads; and
- (ii) Have all those recommendations been implemented/will they be implemented in future?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 663.

Clerk: Question 663, the Hon. J Ladislaus.

Hon. J Ladislaus: In relation to the healthcare consultant, with expertise in nursing, who has been engaged by the GHA to review best practice and address issues which have arisen with St. Bernard's Hospital CCU, can the Hon. Minister please provide:

- (i) The amount which the consultant is being remunerated;
- (ii) A breakdown as to how much remuneration the consultant has received to date, inclusive of any disbursements claimed, with specifics as to the number of days worked;
- (iii) Specifics as to any benefits package, aside from remuneration, which the consultant is receiving/has received;
- (iv) The timeframe which it is envisaged the consultant will be engaged for; and
- (v) Confirmation as to whether the consultant will be engaged to undertake any work outside of reviewing nursing practices within the CCU, and specifics as to what work they will carry out?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in relation to Question 662, I believe this question relates to Mrs Fiona Murphy, a Senior Nurse Leader of impeccable standing and reputation. All recommendations made by Mrs Murphy have either been or will be discussed with all the relevant stakeholders at the appropriate time. Her initial recommendations regarding the running of the CCU have been actioned to ensure the safe operation of the unit.

It was essential to implement these recommendations immediately to protect patients, and they have the full support of the divisional leadership team.

In relation to Question 663, Mrs Murphy receives a flat daily fee of £750 a day for her services. Mrs Murphy has worked for 24 days, which would amount to £18,000.

Mrs Murphy's claims for any other out-of-pocket expenses — these being taxis to the airport in the UK and overnight accommodation in the UK if travel interrupts on the early morning flight — have also been submitted. There has not been an end date placed upon the work Mrs Murphy will be undertaking. This will be determined by myself and the Director General based upon the benefits brought to the service delivery of patient safety. Mrs Murphy has made recommendations regarding patient safety and nursing practice in the wider GHA, which have been presented to the GHA Board.

This will be considered at the appropriate time and with the appropriate engagement of stakeholders.

Hon. J Ladislaus: Madam Speaker, has the Nursing Director been kept in the loop and in every conversation as to the recommendations and the work that has been carried out by Mrs Murphy?

Hon. G Arias Vasquez: Madam Speaker, as and when required, the Director of Nursing has been made absolutely aware that Mrs Murphy is in the wards, and she has spoken to Mrs Murphy on numerous occasions.

Hon. J Ladislaus: Madam Speaker, we have just seen the LifeCome saga unfortunately play out. Has the Hon. Minister learned from that LifeCome saga that bringing in external consultants — whereas obviously they have all the expertise — they may not have knowledge as to the nuances and the culture within Gibraltar itself, and therefore that is where our own experts come into

1125 play? Will the Hon. Minister therefore — can the GHA staff and service users have assurances — that a consultation is definitely going to happen with all stakeholders internally and with all experts internally?

1130 **Hon. G Arias Vasquez:** Madam Speaker, one of the relevant points here — there is a very big difference between bringing in a company to manage staffing and bringing in a company that is Care Quality Commissioned, as the hon. Lady opposite wishes everything to be, and that is not working in the specific environment, and quite a different thing to bring in a consultant to ensure that the ward is managed effectively. Patient safety, patient standards, nursing standards — these are the same in the GHA as they are in the NHS. Therefore, the correlation, I am not sure, works particularly well in this instance, although I see what the hon. Lady is trying to do.

1135 In this instance, it was felt that an external adviser who was not related to any of the parties needed to be brought in because, Madam Speaker, the Critical Care Unit — as the name suggests — is one of the most important, or rather is the most important ward in the hospital. It was felt that it was needed that external advice came in that was not related to any of the parties involved, and this is, in fact, why we brought in an external adviser.

1140 Madam Speaker, it is still held to be the view that Mrs Murphy's advice is invaluable, and it will indeed be shared with all the relevant stakeholders at the appropriate time.

1145 **Hon. J Ladislaus:** Madam Speaker, in respect to disbursements, are the taxis the only disbursements which Mrs Murphy has actually claimed?

1150 **Hon. G Arias Vasquez:** Madam Speaker, what I said in my answer was that Mrs Murphy has claimed for any other out-of-pocket expenses — these being taxis to the airport and overnight accommodation in the UK if travelling to Gibraltar on the early morning flight.

1155 **Hon. J Ladislaus:** Madam Speaker, given that Mrs Murphy appears to have cost the taxpayer £18,000 in one month — because it is 24 days, we shall be generous and say it is a month of work — how long does the Hon. Minister expect for Mrs Murphy to be in Gibraltar consulting at this level of remuneration?

1160 **Hon. G Arias Vasquez:** Madam Speaker, as I said in my answer, there has been no end date. Mrs Murphy will be consulted on an as-and-when-required basis going forward. The reason that she was brought over was specifically to get her views on the CCU dispute. If she is required further, she will be brought over further. So there is no end date to Mrs Murphy's appointment, but Mrs Murphy's services have indeed proven valuable to the GHA.

1165 **Hon. J Ladislaus:** Madam Speaker, in what sense have the services so far — can we have some examples — can the taxpayer have some examples as to the way that the services have proven valuable thus far?

1170 **Hon. G Arias Vasquez:** Madam Speaker, Mrs Murphy has made recommendations to include e-learning and practical training in infection control, medication management and mental health, BLS, from an outside external perspective. A new ICU education structure has also been put in place. New self-updating systems for mandatory training have also been put in place.

Intra-aortic balloon pump training has been introduced. There are numerous different policies that have been highlighted by Mrs Murphy that need to be updated within the CCU, which has been felt to be quite invaluable.

1175 Separately, Madam Speaker, there is a system which I wish to put in place — which I have asked the GHA to look into introducing — which is called Martha's Law, which I am sure the Hon. Lady opposite is aware of.

Martha's Law is a law in the UK which was brought in when a young girl, Martha, was taken to hospital with sepsis. Martha's parents then lobbied the UK Government to ensure that there was an outreach programme from the CCU to the other wards in the hospital, Madam Speaker, so that if you are sitting at the side of a bed and there is a patient that is acutely ill, you are able to call on a second opinion, as it were, so that a CCU doctor can come and evaluate the patient — be it a child or be it an adult — in order to ensure that they are not missing one of the vital signs of sepsis.

Madam Speaker, one of the things that I have asked Mrs Murphy to do also — or one of the things that I have asked the hospital as a matter of policy to look into — is whether we can introduce Martha's Law at no additional cost to the hospital.

Madam Speaker, as somebody that has seen a child deteriorate in hospital, it is something that is extremely important to me — to be able to have anyone who is by a patient's bed to require or to request a second opinion, and for a CCU doctor or nurse to be able to reach out and see whether the staff, doctors and nurses are missing a vital sign of sepsis.

Therefore, Madam Speaker, what has been requested of Mrs Murphy is to try and identify:

1. If there is any area where there is indeed overstaffing in any of the wards in the hospital; and
2. If any of the nurses can therefore be used as a critical outreach nurse to go to all the different wards.

So, Madam Speaker, I would argue — from a personal as well as a political perspective — that the work that Mrs Murphy is doing in order to ensure that the different strands of this policy are implemented would be extremely important.

Madam Speaker, if this can be done at no cost and done properly to ensure that there is outreach to every single ward of the hospital, and to ensure that every patient in every ward can request — or the carers of every patient in every ward can request — that a CCU nurse or doctor attends to ensure that there are no signs of sepsis and/or any other illness that is causing the patient to deteriorate very rapidly, Madam Speaker, I would argue that that is worth it.

Hon. J Ladislaus: Madam Speaker, I share my own experience as somebody who unfortunately had a grandparent pass away as a result of sepsis a few years back. I welcome that opportunity. But I ask, has there been any outreach vacancies advertised within the GHA in the past to date that the Hon. Minister is aware of?

Hon. G Arias Vasquez: Madam Speaker, we are looking into this at the moment. We are looking into how we can implement the recommendations that this review has brought up.

Madam Speaker, one of the points that I do also wish to stress is that the CCU review has already concluded, so that £18,000 will not increase.

The review into the items that I have mentioned today that are of specific importance will not increase costs to the GHA for that specific review. Sorry, I forget what the actual question was in this instance.

Hon. J Ladislaus: Are you aware of any outreach vacancies which have already been advertised in, say, the past few years within the GHA?

Hon. G Arias Vasquez: No, Madam Speaker. The outreach vacancy has not yet been advertised, because we are looking at exactly how it is — or we can — do it. The vacancy will be advertised in the ordinary course, and it will be advertised in order to put in place, in a way that is systematically and practically operationally possible, such an outreach programme.

Madam Speaker: Next question.

Q664-6/2025

GEA –

Complement of qualified electrical engineers and succession planning; Complement of chartered engineers; Vacant Senior Network Engineer role

Clerk: Question 664, the Hon. C Sacarello.

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Hon. C Sacarello: How many academically qualified electrical engineers (degree status and above) does the GEA have and what is the Government's policy on succession planning in this regard?

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with questions 665 and 666.

Clerk: Question 665, the Hon. C Sacarello.

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Hon. C Sacarello: How many chartered engineers are there in the GEA, not including the retiring current CEO?

Clerk: Question 666, the Hon. C Sacarello.

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Hon. C Sacarello: How long has a senior network engineer role at D3 Grade been vacant for, and why has a vacancy not been published yet?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 664, I present that the Gibraltar Electricity Authority (GEA) employs eight qualified electrical engineers, who each hold a degree-level qualification or higher. The GEA is currently in the process of identifying a pool of talent from within its middle management structure, with a view to fostering fresh, innovative thinking — which is often referred to as blue sky thinking. In addition to developing internal talent, the GEA is also seeking to augment its leadership capacity through the recruitment of appropriately qualified external candidates.

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To support this initiative, the GEA is undertaking a comprehensive analysis of the existing skills levels within its team. This analysis will help identify skill trends and inform the identification of potential future senior managers. In this regard, various factors will be taken into account, including employee attendance and performance records, educational background, and any training undertaken to date.

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In answer to Question 665, there are currently two chartered electrical engineers within the GEA, both of whom are chartered with the Institution of Engineering and Technology in the UK. In addition, a third engineer is presently undergoing the application process to obtain chartered engineering status.

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In answer to Question 666, the position of Senior Network and Customer Services Engineer at the GEA has been vacant since October 2024, following the retirement of the previous incumbent. The vacancy was duly advertised within the GEA in February 2025 and interviews have since been conducted. A new Senior Network and Customer Services Engineer has been appointed and they will begin on 1 July 2025.

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Hon. C Sacarello: Madam Speaker, I thank the Hon. Minister for her response there. In relation to Question 664, it has been brought to our attention that there has been a lack of foresight and strategic investment in the Authority. This has led to a lack of qualified personnel at certain levels.

1275 My first question is: why do neither the schools nor the colleges offer academic teaching and lessons and so forth within the engineering context?

Hon. G Arias Vasquez: Madam Speaker, as the hon. Gentleman may be aware, there are apprenticeships programmes that have been started by my colleague, the Hon. Minister Santos. 1280 These have been started. They are two-year courses. They can be turned into three-year courses, which are A-level equivalents.

Hon. C Sacarello: Madam Speaker, in relation to Question 665, the Hon. Minister mentioned that there were two. My information is that there is only one electrical engineer, the other being 1285 the CEO who is retiring at the moment, and that is what my question included. There are four roles at D3 grade.

Does the Minister know, out of those four roles, how many are chartered engineers?

Hon. G Arias Vasquez: Madam Speaker, I am sorry to say that the Hon. Gentleman's 1290 information is simply incorrect. I have asked the question of the GEA and the answer they have given me excludes the CEO, as indeed his question excluded the CEO. Therefore, I would maintain the previous answer, which is the answer that the Gibraltar Electricity Authority have provided me with.

In response to the question on D3 related to how long has a Senior Electrical Engineer role 1295 been vacant for, I answered that question, Madam Speaker. Any further questions on the qualifications of that, I would appreciate if notice was given by the hon. Gentleman.

Hon. C Sacarello: Thank you very much. I can inform the Hon. Minister that the answer to that question is one. There is one role filled, out of the four, with chartered engineers.

1300 Does the Minister know what the GEA's own safety policy book demands senior authorised personnel to have by way of qualification?

Hon. G Arias Vasquez: Madam Speaker, whilst I am Minister with responsibility for the utilities and I am Chair of the GEA, I do not study the separate policies of the GEA. So the answer to the 1305 Hon. Gentleman's question is no, I do not know what the specific policy is. If you would expect me to have that knowledge, I would expect notice of the question, Madam Speaker.

Hon. C Sacarello: Madam Speaker, I can assist the Hon. Minister by saying that the answer to the question is minimum chartered engineer status. My following question is: why is there only 1310 one person in the whole of the GEA with this qualification, when there are six posts at grades D3 and higher — that is, the senior management from D3, D2 and D1 — only one?

Hon. G Arias Vasquez: Madam Speaker, again, if the hon. Gentleman gives me notice of the question, I would be delighted that the GEA provides me with the answer. I would imagine that 1315 the answer is that there have not been any applicants for those roles. The GEA sometimes struggles to recruit employees with degree qualifications.

However, if I am to give a specific answer on these questions — and it is indeed a very detailed written supplementary question — if I am indeed to be given these detailed supplementary questions, I would ask, Madam Speaker, that notice is properly given of the questions, and I would 1320 be delighted to answer it with the appropriate information having been provided to me by the officials of the Gibraltar Electricity Authority.

Hon. C Sacarello: Madam Speaker, I put it to the Hon. Minister that this follows 14 years of a lack of foresight and stewardship, which has led to a lack of strategic investment in the Authority 1325 in this regard. Would the Hon. Minister not agree with that comment? And also, would this perhaps be the reason for some of the issues we have with the network?

Hon. G Arias Vasquez: Madam Speaker, no, ma'am.

Madam Speaker: Next Question.

1330

Q667/2025
Street lighting –
St Paul's Church

Clerk: Question 667, the Hon. Leader of the Opposition.

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Hon. Dr K Azopardi: Madam Speaker, will the Government improve street lighting around St Paul's Church?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the GEA will investigate the current levels of lighting around St Paul's Church with a view to improving them if necessary. I would, however, like to take this opportunity to remind hon. Members and the public that the GEA provides an online facility via its website through which issues relating to faulty or inadequate street lighting may be reported directly.

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Hon. Dr K Azopardi: I am glad, Madam Speaker, that the hon. Lady has reminded people of that, because it may be that people are not aware of it. For example, we have been approached on this issue because of concerns that people have as to the inadequate street lighting and the effect that it is having on the elderly walking around that area, who are concerned about falling and so on. Would the Minister agree to, in light of those concerns that I have expressed now, investigate the matter with some urgency with the GEA?

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Hon. G Arias Vasquez: Madam Speaker, we will investigate that concern and we will also happily publish again the details of the website on which people can make complaints to the GEA directly if necessary.

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Q639/2025
Supplementary

Madam Speaker: Alright, any supplementaries on Question 639?

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Hon. J Ladislaus: Yes, Madam Speaker. A simple question. Will the results of these staff surveys be made public or not?

Hon. G Arias Vasquez: Madam Speaker, that is a question which has repeatedly been asked by the Hon. Lady. We have made the hon. Lady aware that the information has been cascaded down the division lead teams and indeed to the relevant staff members via this route.

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Hon. J Ladislaus: Madam Speaker, does the Hon. Minister not agree that a lot of the issues that have been raised recently by GHA staff are caught by these surveys? Again, I mentioned the erosion of trust which staff themselves will have, but also which the public will have as a result of

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the recent demonstrations. Is it not the case that the answers to these questions should be made available to the public on the basis that the public should know what is going on within their GHA?

Hon. G Arias Vasquez: Madam Speaker, whilst I acknowledge political tactics, it is very dangerous to suggest that the public's trust is being eroded in the GHA. That is very, very dangerous territory and I would honestly urge the hon. Lady to be more responsible than to suggest that. At no point has Unite raised patient safety concerns and I would urge the hon. Lady not to put words in the mouth of Unite.

There are no patient safety concerns and at no point has the public's trust been eroded in the GHA, and it is fundamentally irresponsible to try and allude to that being the case, Madam Speaker. In answer to those questions, do we feel that the staff's trust needs to be regained? I have answered that already and I have said that if indeed the staff's trust has been eroded, we will make sure we will work towards the staff's trust being regained.

Do we need to ensure that the public's trust is not eroded? We do not feel that the public's trust is being eroded, Madam Speaker. The GHA is working to try and ensure that the PCC has a relevant number of appointments, that all consultants are there when required.

In fact, recently we have received a lot of praise for the way that the GHA is working. The urology clinic, the prostate clinic, the screening — in fact, that we were so heavily criticised by the hon. Lady — has indeed achieved significant praise, Madam Speaker. I would honestly urge the hon. Lady not to play politics and not be irresponsible with something as fundamental as the public's trust in the GHA, which is critical.

Now, Madam Speaker, if indeed there is a case for staff morale to be encouraged, for staff morale to be healed through any of these processes, I do believe that the process will be engaged in the next couple of months.

Hon. J Ladislaus: Madam Speaker, again, I take issue with the fact that I am politicising this matter. I am in fact not. The patient safety issue is central to many of the issues which have been raised by GHA staff recently — specifically the CCU issue, Madam Speaker, specifically that issue.

If I am not mistaken — and here I do stand to be corrected — I believe that Unite itself has touched upon these in interviews. I do not see why the Hon. Minister can say that patient safety is not an issue within the issues that the GHA staff are demonstrating against. Therefore, reflecting on that, would the Hon. Minister perhaps review the decision to publish the responses to these surveys?

Because other departments certainly do so — the RGP being one of them.

Hon. G Arias Vasquez: Madam Speaker, in no correspondence that Unite has raised with me has a question of patient safety ever been raised. It is being politicised because she is a politician and she is raising it within this House, Madam Speaker. Therefore, the matter is being politicised irresponsibly, Madam Speaker.

There are at no point any issues raised by Unite on patient safety. We need to be clear on that in this House. Are there issues on staffing levels, on allowances, on pay claims, on everything else?

Absolutely. They all relate to staff issues, Madam Speaker. They all relate to staff issues and responses not being made to grievances, to disputes.

Some of them, Madam Speaker, go back a significant period to the previous Director of Workforce. I think it is necessary to say here, Madam Speaker, that all of the issues that are raised relate to staff issues, pay claims, allowances. We have now agreed with Unite a list of all the outstanding issues that we are currently ticking through.

We are working with them once a week. We are sitting down — the Director General wrote to Unite to set out a meeting once a week to go through each and every one of those disputes. So let us please not confuse the issues.

Let me be abundantly clear on that in this House. That is point one. Two, it is not for me, Madam Speaker.

The Opposition needs to be very clear — and the hon. Lady needs to be very clear — whether she wants me to be independent or whether she wants me to make decisions for the GHA. If the hon. Lady wants me to be independent of the GHA, it is a matter for the Director General and his executive team to decide whether or not they want to publish the results of the GHA. I cannot commit something which is not within my gift to give, Madam Speaker.

Hon. J Ladislaus: Madam Speaker, is the Hon. Minister aware of the Press Release from Unite on 15th January 2025? It stated — and this is the title — *Unite Health and Care Branch expresses deep concern over GHA workforce issues and patient safety risks*. Is the Hon. Minister aware of the contents of that Press Release?

Hon. G Arias Vasquez: Madam Speaker, the hon. Lady opposite said that the demonstration was about these issues. The correspondence—no, no, no—because there are—no, because, Madam Speaker, the issues which are currently in state, and I would appreciate it if people would listen to my answers because it may be quite helpful.

Madam Speaker, the letters that—so there is a procedure for Unite to make claims to the GHA. Nowhere in any of those letters and in any of those claims have Unite ever claimed patient safety issues. I think that needs to be made abundantly clear in these exchanges.

And I think it also needs to be made clear in these exchanges what the issues that are being claimed relate to. So the AHP claim, which the hon. Lady and the hon. Lady who is absent from the Chamber attended, the AHP claim was about parity. Most of the issues that are outstanding in most of the disputes which Unite has brought up with us relate to pay claims, allowances and other such issues, Madam Speaker.

There are some that relate to the vacancies, but again, the vacancies—I would be happy to go through each and every vacancy that is outstanding with the Hon. Lady and show the hon. Lady that actually what is happening with these issues is that there is planning, future planning into what is going to be—how these vacancies are going to be filled. So I would significantly dispute the fact that there are any patient safety concerns arising in these demonstrations

Hon. J Ladislaus: Madam Speaker, again, I go back to the placards that were held up on the 18th of June, since we are going there. One of them read, for example, “Every unfilled vacancy is a risk, not a budget win.” Madam Speaker, that is to do with patient safety.

The issues raised are to do with patient safety in the long run. Can the Hon. Minister, on that basis, please commit to withdrawing what she said earlier—that none of these claims have anything to do with patient safety? Patient safety is something that continues being raised over and over and has been at the centre of every one of these issues, which, might I add, have been ongoing for years—some of them.

Not for a few months, not recent—for years—and they are still unresolved.

Hon. G Arias Vasquez: Madam Speaker, it is important to believe that every placard is not necessarily a reflection of what is actually going on the ground. The vacancies are not necessarily unfilled. Some of the vacancies are filled by locums because we are waiting—because you will recall, Madam Speaker, that there was much debate in this House about student nurses.

It may be helpful if the hon. Members actually listen to the responses. Madam Speaker, you will recall that in this House much noise was made about Gibraltar registered nurses. There is currently a cohort of Gibraltar registered nurses that is due to complete the course in the next year.

Now, those vacancies have to be left unfilled for those Gibraltar nurses to go into them. So what we are doing is that we are looking at the vacancies that there are, at the Gibraltar nurses, we are looking at the registered health professionals, for example, that there are, at the people that are looking to prefer those vacancies, and each and every one of those vacancies is filled by

either a locum, by bank or by agency, Madam Speaker. So if you walk into the hospital, if you walk into a ward, it is not that there is an absence of staff.

There is staff on each and every ward. Would I want each and every ward to be filled by a registered nurse employed by the GHA? Absolutely, and that is the aim.

And that, Madam Speaker, is what we have to work towards—that each and every role in the GHA is filled by someone that is employed by the GHA and is a registered nurse, nursing assistant or whatever, employed by the GHA. But there has to be some future job planning in the GHA.

There has to be some strategy in the GHA. So are there vacancies at the moment? Yes.

I have given the hon. Lady opposite a list of the vacancies. There are about 95 vacancies at the moment. 95 in a workforce of 1,248 people, Madam Speaker.

About 7.5% of the jobs are actually in place. But each and every one of those vacancies, Madam Speaker, is filled by bank, agency or locum. And it is done in that way, Madam Speaker, because we are future planning those vacancies.

So if there are, for example, 15 registered nurses—which the hon. Lady will see that there are on those vacancies—we are looking to open those vacancies to either bank or to the students that are due to complete their courses in the next year, Madam Speaker. So it is not that here there are vacancies and that you walk into the wards and they are empty, Madam Speaker. You walk into the wards and the wards are filled with the staff that is required and the staff that I am told by the Director General, by the Medical Director and by the Director of Nursing is required in each and every one of those wards, Madam Speaker.

I am not a clinician. I am told by the Director of Nursing, by the Medical Director and by the Director General—people who we pay to make these decisions for us—what the clinical levels required are. And we fulfil the vacancies at the level that is required.

So, Madam Speaker, if anyone walks into the wards, are there bank staff in the wards? Yes, there are bank staff in the wards. I have spoken about this.

Are there agency staff in the wards? Yes, there are. Are we looking to reduce that?

Absolutely. But are we looking to do that in a planned, progressive manner? Yes, Madam Speaker, we absolutely are.

We are looking to do this in a manner that, when there are midwives that return from the UK, the vacancies in the midwifery section are for midwives who have received Gibraltarian scholarships to go and study abroad. Therefore, those posts can be fulfilled in the next year by Gibraltarian midwives, as is the case currently happening in the Maternity Department, Madam Speaker. So this is not a haphazard policy where no thought has gone into it.

It is a streamlined process where the vacancies are mapped to professionals that are coming or will come in the next couple of years, Madam Speaker. Thank you.

Madam Speaker: Next question for supplementaries is Question 640. Anything on that? Question 647 and 648. Questions 649 and 652?

Q649/2025 & 652/2025 Supplementaries

Hon. J Ladislaus: Madam Speaker, I am turning to the schedules that have been provided in response to Questions 649 and 652. In those schedules, it is possible to see that some of these vacancies have been open for—one of them six years, craftsmen. There is one which has been open for 10 years, general operative domestic part-time.

There are some, or many, that have been open for at least a year, if not longer than that. What happens in the interim? Who is filling these vacancies?

By the mere fact that these vacancies remain open for this amount of time, is it not the case that, again, there are staff shortages?

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, let me explain this again. The fact that there is a craftsman vacancy in the GHA and the GHA has not fallen to bits must tell us something about the craftsman vacancy.

At the moment, we are looking at all the industrials that are necessary in the GHA. We are looking at all the general operatives that are necessary in the GHA. We are looking at the level of cleaners that are required in the GHA, and there is currently an ongoing review to all of these.

If the vacancy is not filled, it does not mean that there is not somebody there actually doing the job. Again, Madam Speaker, when there is a vacancy, such as, for example, the three Charge Nurse posts that are in the schedule, those Charge Nurse posts are being acted into, which means that every other post beneath them is also being acted into, which means that the posts at the bottom will be empty and those will be filled in by bank, agency or locum when required. For each and every one of those posts that I have handed over in the schedule, there is a thinking—whether it is either that the recruitment is going on, that the notification of vacancy has been put out, or in fact that the vacancy is being kept open because of a returning Gibraltarian student, Madam Speaker.

What we want to make sure of is that these vacancies are kept there so that when appropriate people come to the hospital, that does not mean that the vacancies are empty, Madam Speaker. That does not mean that you walk into John Ward in the hospital and there are no nurses. That means that the vacancies at this moment in time might be filled by bank nurses and by agency nurses.

Again, we share the common objective of wanting to have people in posts. We have had this conversation last year at Budget about locums, and we are reducing the number of locums and we are trying to recruit more indefinite or fixed-term contracts where needed. Madam Speaker, again, the posts need to be recruited for, they need to be thought through, and we need to see the people that are coming through.

Now, I accept that that may not be the case for some of them. So, for example, the general operative domestics—the part-time ones—as to the numbers, as to what is actually required. There are some posts that are earmarked for returning nurses.

There are some posts, for example, the GHA clerks, that are wait-listed, and the wait-listed positions are looking to come in from the last interviews. Madam Speaker, again, there are 95 vacancies in a complement of 1,248 people. There are vacancies.

We need to look at it on a month-by-month basis because some of them, where the funding is not in place, are required to come through the Ministry. Now, the GHA is a vibrant body where the turnover of staff is huge, as indeed, Madam Speaker, you would expect in an entity of this size and of this nature. If you go to an NHS trust, the number of vacancies will be similar, Madam Speaker, because there is an ongoing review, because there is strategic planning, because there is a vacancy with the view of that post being filled substantively.

Now, what I will say, Madam Speaker, is—may there be a need to communicate this, for example, to the nursing complement to say, actually, this is what is going to be done with the nurses. This is why there are 15 registered—or I do not know how many—or there are several nursing assistant posts. I do not have the actual numbers, so do not quote me on the 15, the general nurse posts.

This is what our aim is to do. Is there a need to do that? Maybe there is, Madam Speaker, and maybe the fault is communication. But there are some supernumerary nurses, for example, which will be going into the complement. But for each and every vacancy that I have handed over, there is a clear marked strategy, Madam Speaker. So maybe there is a need to communicate that strategy better within the GHA.

The GHA vacancies remain open for returning Gibraltarian students, or in fact, the nurses that are finishing their courses in the university, to be able to walk in the day that they finish their jobs. What we want to do is make sure that Gibraltarian students that are qualified for those roles have the roles available when they need them. So what we are doing is we are filling them on an interim

basis. The post that is going to be filled does not mean that there is not a body there doing that post.

Hon. J Ladislaus: Madam Speaker, the first thing that comes to mind—and I am very glad that obviously I would be very glad to see more Gibraltarians filling these posts, of course—but the first thing that comes to mind is what happens in the unfortunate situation where a person does not pass their degree and they have been earmarked for a specific role? Which brings me on to the fact that it seems that this policy has been brought up suddenly, and it does appear to be reactive to the fact that there has been no forward planning in the past. Perhaps that is not the fault of the Hon. Minister, because perhaps it is something that she has inherited. But is it the case, therefore, that this policy is a reaction to a lack of forward planning in the past, or is it the case? I shall leave it at that, because otherwise it will be more than one question, so I shall leave it at that.

Chief Minister (Hon. F R Picardo): No, Madam Speaker, it has been the policy of the Government since 2011. It has taken time to implement. We have been implementing it throughout the Government in various areas.

It has been an issue on which we had at different times been on the same page as the Unions and sometimes on a different page with the Unions because we have stayed on the same page so I would suggest to the hon. Lady that before she suggests that something is thought out lately as a reaction to something, she should bother to at least put into—these days, I would have said Hansard in the old days, but these days, ChatGPT—and try and see when this policy began to be pursued by the Government. It began to be pursued by the Government on 9 December 2011, the morning of the Great New Dawn.

Madam Speaker: The Hon E J Reyes, is there a question?

Hon. E J Reyes: Yes, thank you, Madam Speaker. Still on Question 652, may I ask the Minister to elaborate where the vacancy of "craftsman"—it is a very generic term—what type of craftsman in respect of which trade? And while she is answering that, can she confirm, given her repeated reassurances about the GHA's intention to be able to fill any vacancies with returning local students and so on, can she confirm she has been in close contact with the Minister for Employment, who I know is giving great time and dedication to the training centre? Because given the statistics of the number of craftsmen that have been qualified now in the training centre, surely he must have been able to provide a craftsman to fill in this vacancy that has been vacant since 2019 that is five years ago.

Hon. G Arias Vasquez: For the GHA. Madam Speaker, unfortunately I do not know what type of craftsman is required by the GHA. I am told that it is a craftsman and there is no further information provided to me.

It is a minor works craftsman, I do not know if that helps you. But the role has not been filled for a reason, Madam Speaker, so I would revert again to the industrial team in the GHA and the head of the industrial team, and indeed once that has been done, I would be delighted to liaise with the Hon. Minister for Employment to determine whether indeed we can find a craftsman in one of his magnificent apprenticeship schemes to employ in the GHA.

Madam Speaker: The Hon. R M Clinton.

Hon. R M Clinton: Thank you, Madam Speaker. The Minister has told the House that of these 95 vacancies, they are all being filled or acted into by the bank, agency, locum or students. And if the vacancies are kept open, it is because recruitment is ongoing or they are being held open for returning Gibraltarian students, and this is a thought-through strategy. But may I ask the Minister,

given that she is responsible for the GHA, which is a spender of tens of millions of pounds, how is it that the Director of Finance position is showing as a vacancy since September 2023?

1630 **Hon. G Arias Vasquez:** Madam Speaker, as the hon. Member will be aware, there is an acting Director of Finance currently in position.

1635 **Hon. R M Clinton:** Yes, Madam Speaker, but given that there are tens of millions of pounds being spent, is it the intention of the Government to maintain this as an acting position? Surely the Government should have a little bit more interest in ensuring there is a permanent position, especially since she has actually recruited for an internal audit function. Should not the Director of Finance be occupied by a permanent position, preferably, in her own words, a Gibraltarian?

1640 **Hon. G Arias Vasquez:** Madam Speaker, I hate to correct an accountant, but the function of the internal auditor is a separate function. You just suggested that it was the same position, that it was internal audit. The Director of Finance at the moment is in an acting capacity, but she has been in an acting capacity for the last year or so.

1645 I have every confidence in the Director of Finance, who is indeed a Gibraltarian, and I have no qualms in saying that the position is likely to be opened soon. No doubt numerous people will apply for the position, but in the interim period, I have every confidence in the current acting Director of Finance, who is also coincidentally currently acting Director General.

Madam Speaker: The Hon. E J Reyes, last question.

1650 **Hon. E J Reyes:** Thank you, Madam Speaker. The Minister in her reply to the vacancies was saying that in many cases, although it is listed as a vacancy, the post is actually being filled. May I declare a vested interest, because when it comes to the vacancy of diabetes nurse specialists for adults, there is a full-time vacancy since 2021, and it is more or less that timeline experience that I have that I know they are understaffed in respect of diabetes nurse specialists.

1655 So, can she confirm that because that vacancy has not been filled in an actual capacity or whatever, that after a four-year wait, that the utmost will be done to ensure that we have this service available for those of us who unfortunately suffer from this unfortunate diabetes medical condition?

1660 **Hon. G Arias Vasquez:** Madam Speaker, I am delighted with the questions asked. I actually wanted to announce it in my Budget speech, but thank you very much for the opportunity to address this. There were three diabetes specialist nurse posts that were open up until about a month ago.

1665 Very recently, the GHA started to be able to recruit via NHS Jobs. And the ability to do this, Madam Speaker, should not be understated. The ability to advertise now through NHS Jobs is an extremely useful tool to the GHA because, one, the Hon. Mr Clinton will be glad to know that it reduces costs because we are able to do that at zero cost to the GHA, and we are also able to advertise to the entire NHS pool to see whether a diabetes specialist nurse is available.

1670 So the diabetes specialist nurse posts that have been open since 2021, as the hon. Gentleman rightly points out, and we have not been able to recruit for, despite successive jobs being opened on this, I am very pleased to be able to say that we have recruited two diabetes specialist nurses who will be coming over to Gibraltar in the next couple of months. We are in the process of them giving notice to the current employer for them to be coming over. So I am very happy to be able to say that those diabetes specialist nurses—there used to be three diabetes specialist nurses—and after much rightful lobbying from the Diabetes Society, I am very pleased to be able to say
1675 that those posts have now been recruited into through NHS Jobs, which is absolutely free to use for the GHA, and two out of those three posts have been recruited into.

The third vacancy was also advertised, but it has not successfully been recruited into, but we will continue to try to recruit for those diabetes specialist nurses.

1680 **Madam Speaker:** As I understand it, that is the end of the timetable for questions for today.

Adjournment

1685 **Chief Minister (Hon. F R Picardo):** Well Madam Speaker, in that case it gives me great pleasure to put members opposite out of their misery and not require them to once again raise their voices in rebellious mode and ask that we return tomorrow at 3 p.m. for Chief Minister's questions.

Madam Speaker: I now propose the question, which is that this House do now adjourn to tomorrow at 3 p.m. I now put the question, which is that this House should now adjourn to tomorrow at 3 p.m. Those in favour? (**Members:** Aye.) Those against? Passed.
1690 This House will now adjourn to tomorrow, at 3 p.m.

The House adjourned at 5.00 p.m.