PROCEEDINGS OF THE

GIBRALTAR PARLIAMENT

MORNING SESSION: 10.06 a.m. – 11.57 a.m.

Gibraltar, Friday, 26th June 2026

Contents

The Gibraltar Parliament

The Parliament met at 10.06 a.m.

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

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

Questions for Oral Answer

HEALTH, CARE AND BUSINESS

Q182/2026
Mental health and assisted living provision –
Options considered and timeline for implementation

Clerk: Meeting of Parliament, Friday 26th of June 2026. Answers to Oral Questions continued. Questions to the Hon. Minister for Health, Care and Business.

Question 182, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government state what options are currently under consideration in relation to mental health and assisted living provision, and provide anticipated timelines for implementation?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, with regards to mental health, the GHA is currently phasing in a new model of care which incorporates a psychosocial approach to mental health for adults and Community Mental Health Services. All patients presently looked after by the community mental health team at Coaling Island are being reviewed, assessed and triaged to either continue care at the Primary Care Centre with the consultant psychiatrist or remain with the CMHT at its present location. GP support and presence at the Coaling Island site is also being enhanced. In essence, the segregation of care allows better holistic care, i.e. mental and physical health care for all patients, faster community reintegration for less severe patients through the PCC and enhanced focused specialised care for more severe patients at the CMHT in Coaling Island. The CMHT will then continue to be developed as a mental health hub transferring to Sir Joshua Hassan House in due course. Plans for the relocation have been established and the timeline for this is now developer dependent.

As part of the new model of care, medical records and administrative functions have been digitalised via the HIS system, allowing all caregivers access to all mental health patients' interactions with other GHA services, and a single point of access telephone service will be rolled out.

Finally, the GHA is working closely with the Mental Health Board to implement different sections of the Code of Practice in phases. In relation to assisted living provision, the GHA has three tenancies in Laguna Estate, Kent House and Varyl Begg Estate with availability for six individuals. The GHA also outsources Sandpits House which caters for four individuals. In line with the new model of care, the GHA in conjunction with our partner the Care Agency is conducting a needs analysis to further strengthen the supported accommodation needs for individuals with severe and enduring mental health illness.

Hon. A Sanchez: I am grateful for that answer, Madam Speaker. In February, earlier this year in February, the Minister told Parliament that numerous options were being considered in respect of assisted living. Would the Hon. Minister now be in a position to detail those options in broader terms and to provide further information as to whether those options have been costed or funding has been put aside in respect of those options?

Hon. G Arias-Vasquez: No, Madam Speaker, I am not in a position to comment on that further and I would not want to be accused by the hon. Members opposite of a U-turn in case those options changed subsequently. So, I am not in a position to date to confirm any plans on that front.

Hon. A Sanchez: Madam Speaker, grateful for that answer. Given that issues with housing, supported living, delays in respect of housing placements, individuals who are facing delays in respect of housing and delays in Ocean Views because of insufficient care packages, availability with housing in the community, assisted living being identified as an issue by the Mental Health Board on numerous occasions and NGOs highlighting this as an issue, and the Government having also admitted that this is a significant issue, would the Minister be able to provide a timeframe as to when it will be able to provide a concrete plan in respect of assisted living and a solution to this?

Hon. G Arias-Vasquez: Madam Speaker, as I have previously said, I am not in a position to provide a timeline, but the Government is actively considering it.

Madam Speaker: Yes, the Hon. Mr Bossino.

Hon. D J Bossino: Yes, I am grateful, Madam Speaker. It is a small point. The Hon. Minister made a reference, I think it is in connection with the Coaling Island facility, I think, but I may be wrong, where she said that the GP provision would be enhanced. Can she explain how that exactly will be the case?

Hon. G Arias-Vasquez: Madam Speaker, I believe that what I said was that there would be some patients which would be looked after in the PCC and in the PCC, there will be an integration between the psychiatrists and the GPs of the PCC. When the new facility is in place at Sir Joshua Hassan House, there are indeed plans to have a GP on site, but at the moment there are integration plans in the PCC to have a psychiatrist on site in the PCC.

Hon. D J Bossino: That does not quite deal with the GP element which I think is what she said would be enhanced. Can she consider my question again in the light of my remark right now? Because I think she referred to the enhancement of services related specifically to the GP element rather than the psychiatrist element, unless I have misunderstood it.

Hon. G Arias-Vasquez: Madam Speaker, the fact that they are on site means that any requirements that they have for a GP or for GP services are easily accessible. So, the fact that psychiatrists will now be provided for some patients and that is very important to say, for some

patients will be provided at the PCC means that if there is a requirement to see a GP, the GP will be there on site.

Hon. D J Bossino: May I also press her, although I can predict the answer that she is going to give. She talked about the move to Sir Joshua Hassan House, and she put it in terms of that will happen in due course. In that context, is she able to say whether it is likely to happen, as they often refer to it, during the lifetime of this Parliament?

Hon. G Arias-Vasquez: Madam Speaker, if the acting Leader of the Opposition, the aspiring Leader of the Opposition, or whatever it is that we may call the Hon. Mr Bossino (**Chief Minister Hon F R Picardo:** as long as it is in Opposition) were to check the DPC site today, in fact the plans for the new mental health hub have already been submitted to the DPC, so that is in progress and those plans are either available publicly now or will shortly be available because they have already been submitted to the DPC.

Hon. D J Bossino: I appreciate the answer that the Hon. Minister has just given in terms of the planning process and that needs to run its course and indeed it may be rejected or amended or modified in some way. I think the answer related to the actual physical move, and I appreciate that it has to go through the planning process as she rightly points out. But is she able to give an indication and answer specifically the question that I posed to her, whether she is intent from a governmental policy point of view to commit to the move happening before the next General Election, basically?

Hon. G Arias-Vasquez: Madam Speaker, the move to Sir Joshua Hassan House is not an ego project, it is not a vanity project. It is a project which we need to get right for the users of the community. So, the process will take the time that it takes, the process will go through DPC in the usual way, it will then come through DPC, we are engaging with contractors already, but it will take the time it takes to get it right. The new model of care is already being implemented through the interaction with the PCC, through other methods that the GHA is using to make sure that there is that model of care there, but I cannot and I will not commit to it being finished within this Parliament because I do not know. It depends on the time it takes to get it right and I prefer to get the building right, to get the facilities right rather than to commit to doing it quickly so that it is finished within the course of this Parliament.

Madam Speaker: Next question.

Q183-184/2026
Domiciliary care – Survey conducted

Clerk: Question 183, the Hon. A Sanchez.

Hon. A Sanchez: In respect of the domiciliary care satisfaction survey conducted during March 2026, could the Government state:

(a) whether the survey was independently designed, administered or analysed;
(b) who carried it out;
(c) the methodology used?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will ask this question together with Question 184.

Clerk: Question 184, the Hon. A Sanchez.

Hon. A Sanchez: In respect of the March 2026 domiciliary care satisfaction survey, could the Government state:

(a) how many service users were invited to participate;
(b) how many responses were received;
(c) the response rate;
(d) how many responses were submitted by relatives, carers or representatives;
(e) the exact questions asked; and
(f) full survey result, including areas where service users expressed dissatisfaction?

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

Hon. G Arias-Vasquez: Madam Speaker, with regards to Question 183, the domiciliary care satisfaction feedback audit conducted during March 2026 is one of the tools used by the Care Agency to hold our domiciliary care providers accountable to the terms of the contract in place.

(a) The feedback audit was designed, administered and analysed by the professionals of the Care Agency in order to obtain stakeholder feedback on the provision of domiciliary care services; (b) The collection of data was undertaken by the CEO's team at the Care Agency who called service users on active packages of care; (c) Where it is recorded that service users do not have capacity or where the service user is unable to take the call, the service user's next of kin is contacted to obtain the feedback. Where the CEO's team have been unable to contact the service user or their next of kin after three consecutive attempts, the adult services social work team then reach out by way of a home visit in order to obtain this feedback. The survey is conducted over the phone, where the answer to a series of questions are logged on a bespoke platform designed to collect this feedback. Where someone is dissatisfied with the service, further questions are asked, aimed at ascertaining the source of the dissatisfaction.

Service users were asked: Is the service you are meant to receive being delivered? Are you happy with the service you are receiving? Have your carers missed any sessions in the past month? Do your carers arrive on time? Do you always have the same carers or do they change often? If you have had to contact CCDSL, have you had any issues? Is there a CCDSL logbook in your home? Is there an issue with your care plan?

Madam Speaker, regarding Question 184, a total of 459 service users met the criteria for feedback to be obtained. 452 service users provided feedback. That is 98.2%. The system does not record how many responses were submitted by relatives, carers or representatives. Service users were asked: Is the service you are meant to receive being delivered? Are you happy with the service you are receiving? Have your carers missed any sessions in the past month? Do your carers arrive on time? Do you always have the same carers or do they change often? If you have had to contact CCDSL, have you had any issues? Is there a CCDSL logbook in your home? Is there an issue with your care plan? Upon completion of the audit, feedback data is analysed by the professionals of the Care Agency. A summary report is provided with key outlined data, and a deep dive analysis report is provided from a social work perspective to the CEO, who then raises areas of concern with the domiciliary care provider for a response. Individuals who have expressed dissatisfaction with their service are then visited by the provider and, if relevant, the Care Agency in order to address any issues.

Hon. A Sanchez: I am grateful for the answer, Madam Speaker. In respect of Question 183, the hon. Lady has clarified that the Care Agency was the entity conducting and designing and administering the survey, if I am correct from her answer. Would the hon. Lady be able to state

whether the Ministry or the Care Agency has ever considered outsourcing this particular function so that the surveys are designed and carried out independently, as we see in other jurisdictions?

Hon. G Arias-Vasquez: Madam Speaker, the function at the moment, so CCDSL have a contract with the Care Agency and the function of the audit is primarily to make sure that the contract provisions are being undertaken. So, at the moment the Care Agency is carrying out the function and will continue to do so for the foreseeable future.

Hon. A Sanchez: Madam Speaker, my point being that, given that the Government ultimately holds responsibility for the provision of domiciliary services and given that the Minister says that it is used as a measurable tool for the contract and the provision and standards, would not the Minister and in terms of the objective of the survey agree that perhaps as a way of objectivity and measuring standards, given that the Care Agency and the Government is ultimately responsible for these provisions, agree that perhaps an independent provider to conduct these surveys might be more objective and be a better way of conducting these surveys?

Hon. G Arias-Vasquez: Madam Speaker, it is quite remarkable, the turnaround of events in this House. So, if we think about where we were a year ago, a year and a half ago, we have been criticised for the provision of service and we have been criticised for the lack of availability. We have resolved a lot of those issues. We are coming back with satisfaction levels which are extraordinarily high. We are contacting individuals and we are contacting individuals, Madam Speaker of 512 packages of care that have been provided in the community. So, if I can just give some context to that figure: in 2011, 43,046 hours of domiciliary care were provided. That is 68 people. In 2025, 334,000 hours of care are being provided. That is 512 people that are being seen to by the domiciliary services. Initially, the service was criticised. There are now no criticisms of the service. Our satisfaction rate is actually very high. Our users are very happy with the service. Now the hon. Lady tries to find another area in which to criticise the Care Agency and in order to criticise the domiciliary care services that are being provided. It is quite extraordinary, and in fact it is a happy fact, that we are now in a situation where the service that is being provided is good enough for the hon. Lady not to be able to get up and criticise the service that is being provided, and is now criticising the audit of the survey, which the Care Agency has carried out in quite a detailed manner, without having to ask for permission from this House, or without having to be guided by this House in order to know how to provide that. So we are now in a situation where the Care Agency is auditing and monitoring the performance of CCDSL, auditing and monitoring the performance of 512 packages of care, with 255 individuals employed, where we are going into the community and checking these packages of care, and now the criticism is: do we want a third party at an additional expense, which then the hon. Gentleman will criticise the Care Agency for incurring, do we want an external third party to outsource the service of checking the terms of a contract which the Care Agency has entered into? So actually, Madam Speaker, I am quite happy and I am quite proud to stand here today and say, actually the Care Agency is checking the services, the Care Agency is providing the response of the users, which is actually a very good response, and the survey results show that a large majority of the users are very happy now with the service, and the Care Agency will continue to monitor the terms of the contract which we were criticised for not having and we now have key performance indicators in that contract, so the Care Agency will continue to monitor the standards and the key performance indicators in that contract to make sure that the service users are happy, and to actually report back to this House each and every time that the results are that the Care Agency is very happy and that the service users are very happy with the results being produced.

Hon. A Sanchez: Madam Speaker, it was not a criticism, it was a question. I really, really do not know why the Hon. Minister has really gone off on one. It was not a criticism; it was a question. Given that previously in this House, on several occasions, the Hon. Minister has cited results of

surveys and satisfaction numbers given in these surveys I recall one was during, I believe it was 2023, where she cited very high satisfaction levels before contracts were put in place, so there were no measurable standards put in place and then during LifeCome she cited a figure of 89.5 at one point, and then the Government went on to end that same contract because they were not happy with the standards being provided. So, the point being that I fear that an independent provider conducting these surveys would provide for accountability and transparency, as we see in other jurisdictions.

Madam Speaker: There has to be a question at the end of that.

Hon. A Sanchez: So, Madam Speaker, does the Hon. Minister not agree with the point that and given that she has responsibility for quality of care, I believe that she has responsibility for this area too, a new Ministry, a new portfolio that was introduced, does the Minister not agree that this would bring transparency and accountability to this area?

Hon. G Arias-Vasquez: Madam Speaker, the Care Agency will continue to monitor the standards.

Madam Speaker: Anything on 184?

Hon. A Sanchez: On 184, Madam Speaker, I do not believe that the Hon. Minister replied to point F of the question and the areas where service users expressed dissatisfaction.

Hon. G Arias-Vasquez: Madam Speaker, the areas which users were unhappy or which a minor percentage of users are unhappy are the areas which we are familiar with. They revolve around missed sessions, they revolve around a change of carer, there is nothing here that we are not aware of. So, in the instances where these queries have been raised, the Care Agency have raised this with CCDSL and CCDSL have looked into each and every one of the individuals. The audit, the feedback audit that the Care Agency have provided, go name by name into each of the 512 users and give confirmation of whether each of the users is happy, very happy, content, or is actually unhappy with the service provided. So, each and every individual which is in red which as you can see is few and far between, they will go to the individual, they will raise their matters with the individual, and they will raise their matters with CCDSL in order to make sure that the matters are being addressed.

Madam Speaker: Next question.

Q185/2026
Domiciliary Care and Home Support Services – Missed visits

Clerk: Question 185, the Hon. A Sanchez.

Hon. A Sanchez: What Key Performance Indicators are currently used to monitor the performance of the Domiciliary Care & Home Support contract/arrangement, are these incorporated within any Service Level Agreement or equivalent arrangement, and how frequently are they reviewed and reported upon?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, as I stated in my answer to Question 827 of 2025, the service agreement between the Care Agency and Community Care Domiciliary Services Limited includes a range of performance and compliance provisions which, whilst not formally described in the contract as key performance indicators, operate as measurable standards against which contract performance is monitored. These standards relate to the quality, timeliness and supervision of care delivery, staff training and vetting requirements, adherence to care plans established by the Care Agency, financial accountability, governance obligations and data protection compliance. These measures are incorporated within the service agreement and associated contractual schedules. Performance is monitored through regular reporting, unannounced spot checks, survey audits and performance review mechanisms contained within the agreements. Performance is reviewed on an ongoing basis through the Care Agency's contract management and operational oversight arrangements. Through these combined contractual operational measures, the Care Agency maintains oversight of CCDSL's performance and continues to ensure that service standards are upheld.

Hon. A Sanchez: Madam Speaker, would the hon. Lady be able to explain why the key performance indicators are not formally written in the contract?

Hon. G Arias-Vasquez: Madam Speaker, as I explained a moment ago, they are not defined as key performance indicators, but there are measurable standards against which contract performance is monitored. So, whilst there is not a section in the contract that is stated as key performance indicators, the terms of the contract are in effect key performance indicators.

Hon. A Sanchez: Madam Speaker, would the hon. Lady be able to clarify whether there is anything defined in the contract whether in respect of measurable standards or however she wishes to describe them in respect of missed visits or lateness to visits or anything related to that?

Hon. G Arias-Vasquez: Madam Speaker, that would be one of the terms of the provision of the service. So, whether it is defined or not and I do not have the contract in front of me in order to confirm that it is actually specifically defined, one would expect that in the provision of the service, the provision of the service is contained therein. So, when I talk about the provision of the service, I mean turning up to sessions, turning up on time to sessions, etc. That is why, if you refer to the audit, these are the particular questions that are asked, because it is expected within the delivery of the service which is the core function of the contract that these provisions are met.

Hon. A Sanchez: Madam Speaker, aside from the audit, how else is this being measured, Madam Speaker? Because I had a previous question on this in another session of the House, and the hon. Lady was unable to provide me with that data because it was not recorded in that way. I was also told that the app in respect of domiciliary care was not yet ready and was not yet being used. Would the hon. Lady be able to tell me how the measurable data in respect of missed visits and lateness to visits is being currently measured to be able to determine measurable standards against the contract?

Hon. G Arias-Vasquez: Madam Speaker, sorry, if I refer to the previous question, timeliness is one of the specific standards that is referred to in the contract. So, timeliness is actually measured as a key deliverable, and I refer to it in my first answer. In respect of the second question, there is an app. The app is being rolled out. I am aware that CCDSL is in talks with the Union about this because there are several issues arising there. However, the measures are as the hon. Lady will be aware if someone continuously arrives late, the service user will call CCDSL and will call the Care Agency confirming that the carer has arrived late. There are unannounced spot checks, there are survey audits, and there are performance reviews constantly carried out. So, there are

individuals now employed by CCDSL to carry out spot checks to make sure that the service is being delivered.

Hon. A Sanchez: Madam Speaker, the app as I understand, there has been talk of this app for a very long time now, since the start of LifeCome Care, and that has been a while now. We still have not seen the app being rolled out. The Hon. Minister refers to surveys. They ask whether your carers have been arriving late, whether you have had missed sessions within the last month. Surveys are a matter of perception, and they capture data for a limited time. The Hon. Minister also explains that service users call and complain if their carers have not arrived. Obviously not every service user is as willing to call and complain. Some service users might be reluctant, might not be as eager to call and complain. Some family members might not be as eager to call and complain. It does not seem to me to be the best way to measure standards or to be able to compile measurable data to be able to then use to see whether a contract or to see whether a service is working as it should. Is this the only data that the Care Agency uses to see whether the service is working in terms of whether people are experiencing still the issues with missed visits, with timeliness in relation to carers?

Hon. G Arias-Vasquez: Madam Speaker, whilst I am generally aware of the issues in the app, I once again remind the hon. Lady, if she has a specific question on the app, please do put the question, please put notice of the question and I will happily give her a blow-by-blow update on where we are with the app, on the figures of the users that are using the app. I will happily disclose the information. I do just need advance notice of the question. In relation to whether this is just what the Care Agency is doing to ensure compliance, the Care Agency is calling each and every one of the individuals that are receiving a package of care all 512, in comparison to the previous figures that I have given. The Care Agency is calling each and every one of the service users to check whether they are getting their service on time, to check whether they are happy with the service that is being provided, to check whether their carers arrive on time, to check whether they have continuity of care with the service users. So as to whether it is just what the Care Agency is doing, the Care Agency is on top of each and every one of those users because it is calling the users. It is not asking CCDSL to provide the data. The Care Agency is taking it upon itself to go directly to the service user to make sure that they are happy with the service. So, I am not sure that I would classify that as *just* here. It is not a minimum standard. It is a standard where the Care Agency is calling the individual to make sure the individual is happy. However, I do not have an update as of this week as to what is happening with the app. I am very happy to go into detail on that in the next session of Parliament if notice is given of the question.

Madam Speaker: The Hon. Leader of the Opposition.

Hon. Dr K AzopardiI just wanted to pick up on this point of the app if the hon. Lady can indulge me. Does the app provide a sort of interface for the user i.e. the person who is, or the family that is, in receipt of the care to sort of interactively communicate issues as well? Is that how it works? Or is it more sort of static? I am not familiar with the app, so I would just be grateful for the information.

Hon. G Arias-Vasquez: Madam Speaker, the purpose of the app has always been so that carers check in and check out on time, so there is not a function for the family of the service user or the service users themselves to interact with the app.

Hon. Dr K Azopardi: So, the app is about monitoring the interface of the person who is delivering the care with the organisation that is organising the care. It is not extended for the family of the user who is also available to use the app. Is that how I am understanding it?

Hon. G Arias-Vasquez: That is exactly right. The purpose of the app has always been for CCDSL to be able to verify whether a carer has not arrived on time or a carer is not arriving so that they can provide an alternative service.

Madam Speaker: The Hon. Mr Bossino, yes.

Hon. D J Bossino: It follows on from the answer that the Hon. Minister gave in respect, I think it was 183 or 184 and also indeed what the Hon. Leader of the Opposition has raised in relation to the workings of the app. Really what we are talking about here is making sure that the contractual arrangements between the company that is now providing the service, I do not recall the full acronym and the Government are correctly being carried out and discharged. Now my hon. Friend Mr Sanchez pressed the Hon. Minister in respect of the survey and indeed in respect of what the Hon. Minister described as regular reporting and unannounced spot checks. Can I ask this: is it the position so that we fully understand it, that that is exclusively being carried out by the Care Agency, because one would have thought that the company which I assume employs the carer will also be ensuring that its employees fulfil their employee obligations to the user? So, would she agree with me that it is not just the Care Agency which would be exclusive which I think is the answer that she gave earlier but also indeed the service provider also needs to monitor that its employees are carrying out their obligations correctly?

Hon. G Arias-Vasquez: Madam Speaker, what would we do without the Opposition explaining to us how we should do our jobs? Of course, CCDSL has individuals employed to check that the workers are going to the homes. Of course, CCDSL also has people in fact, sorry, the spot checks that I referred to are carried out by individuals employed by CCDSL and it is one of their contractual obligations to have people that are spot checking their homes. If we have any queries the Care Agency will confirm to CCDSL and it might be helpful if you can actually remember the name of the company in the future. The Care Agency contacts CCDSL in the event that it has an issue and CCDSL does indeed carry out the spot checks. But yes, I can confirm that we have come to the conclusion of the hon. Gentleman before the hon. Gentleman brought it to our attention, because we have individuals employed within the Care Agency and with CCDSL who actually think these through and actually carry out contractual obligations and know what the requirements are, Madam Speaker.

Madam Speaker: Next question.

Q186-190/2026
Rooke Elderly Care Home –
Funding provided, financial instrument used & consultation with residents

Clerk: Question 186, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government provide a full breakdown of all funding provided in relation to the Rooke Elderly Care Home project to date, including all sums lent, advanced, invested or otherwise provided by the Gibraltar Savings Bank, the GSBA, any Government-owned company or any other public-sector entity?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Questions 187 to 190.

Clerk: Question 187, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government state, in respect of each sum provided in relation to the Rooke Elderly Care Home project, the recipient, the financial instrument used (including loans, advances, equity investments, guarantees or any other arrangement), the amount currently outstanding, the repayment terms and the repayments received to date?

Clerk: Question 188, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government state whether HMGOG, the Gibraltar Savings Bank, the GSBA or any Government-owned company has incurred, or is expected to incur, any cost, liability, impairment, write-off, guarantee exposure or other financial exposure in relation to the Rooke Elderly Care Home project and, if so, provide a breakdown?

Clerk: Question 189, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government clarify whether the operational model for the Rooke Elderly Care Facility has now been determined and whether consultation with residents, relatives, legal representatives and relevant stakeholders has commenced?

Clerk: Question 190, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government clarify whether a final decision has now been taken regarding the use and occupation of the Rooke Elderly Care Facility and whether any agreements, memoranda of understanding, leases or negotiations have been entered into in respect of this facility?

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

Hon. G Arias-Vasquez: Madam Speaker, the Government is currently exploring a number of options in relation to the Rooke. No final decision has yet been taken. Once a final decision has been made, a full announcement will be made in the usual way.

Madam Speaker: Any supplementaries?

Hon. A Sanchez: Madam Speaker, I believe the hon. Lady, we are aware that the hon. Lady had representations from some of the family members and some of the residents that wrote in to her from one of the ERS facilities, namely Mount Alvernia, and they sent a letter to her detailing some issues they were experiencing with one of the ERS facilities and also asking her questions about the Rooke facility. Would the hon. Lady be able to state whether she has met with this representative group recently and how recently this has been?

Hon. G Arias-Vasquez: Madam Speaker, firstly, can I just say that the hon. Gentleman sniggering in his chair because apparently the Hon. Sir Joe Bossano should answer this question rather than a female, is that why you are sniggering? It is absolutely shocking and typical. *(Interjections – inaudible)*

Hon. D J Bossino: Madam Speaker, the hon. Lady is being touted as the next Chief Minister of Gibraltar during the course of the lifetime of this Parliament. If we are going to have this continuously from her, then I think this needs to be put right and put straight. There is nothing in what I have done or indeed in what I have said previously or will say in the future I can guarantee to her, which is in any way anti-women, misogynist, or in any way the way that she seeks to do so

for political purposes and ascribe to me. That is not me, that is not the hon. Lady, and she needs to stop doing it. *(Interjections)*

Chief Minister (Hon. F R Picardo): What is the Point of Order?

Madam Speaker: Alright, stop, stop, stop. There is a point of order and…

Hon. D J Bossino: It is un-parliamentary to do so.

Madam Speaker: I am speaking now. There is no basis to draw the assumption that the comment that was made from a seated position was because it was related to gender at all. There was a comment made that Sir Joe Bossano was not here, why is he not here? Sir Joe Bossano has been responsible for asking a lot of questions on the Rooke *(interjection)* answering a lot of questions on the Rooke, and there was no basis for that. So let us not make this a gender issue; let us carry on with the answer to the question.

Hon. F R Picardo: I have a Point of Order. In the United Kingdom, David Cameron when he was Prime Minister said "keep calm, dear" to somebody who was asking him a question. The fact was that she was a woman and simply because he said "keep calm, dear" to a woman, it was found that he was acting in a misogynist manner. So, Madam Speaker, hon. Members need to realise…

Madam Speaker: That is a Point of Order. I take that point but that is not relevant to what happened here because there was no comment directed to the gender of the Hon. Minister or to the issue of her answering the question in respect of Sir Joe not being here. There was not — in my view there was not. *(Interjections)* No, I have ruled that that is, that is, I have ruled that. *(interjections)* I am speaking. I am speaking. I am speaking. Both of you. In my view, which is the view that counts for the purposes of this ruling, there was no basis to assume that the reason why Sir Joe was not here answering the question was because the person who was going to answer the question was a woman. So let us park that and let us move on. The hon. Lady wants to answer the question she may.

Hon. G Arias-Vasquez: Madam Speaker, I will park it. As the hon. Lady is aware, there was a meeting held. I have met with the residents, and the meeting was held on the 18th of June in my office. All of their questions have been answered, and they know they are expecting a response from me.

Hon. A Sanchez: Madam Speaker, and would the hon. Lady be able to clarify whether an indication was given in that meeting that the residents of Mount Alvernia will be moving down to the Rooke facility?

Hon. G Arias-Vasquez: No, Madam Speaker. In that meeting I said that, in fact the hon. Lady seems to be very aware of what I said in that meeting, in that meeting I said that all residents would be asked and that in fact all residents would be asked in an orderly manner before any move was made. I gave them assurances of what we would be doing, but I told them very clearly, repeatedly, that we did not know what we were doing and that when we did know the model of care, when we did have answers to all of their questions, I would contact them again, because I have met with them numerous times. I am fully aware of what my responsibilities are, I have met with them on numerous occasions and I have given them confidence that as soon as there is a model of care, as soon as we know the answers to all of their questions, we will be contacting them to give them full answers to their questions.

Hon. A Sanchez: Madam Speaker, would the hon. Lady be in a position to confirm whether the Government has changed from the intention of the Rooke being a private model of care or going to be privately operated to a public model, or have they still not decided what the intention for the Rooke is?

Hon. G Arias-Vasquez: Madam Speaker, I refer the hon. Lady to my previous answer.

Madam Speaker: Yes, the hon. Leader of the Opposition.

Hon. Dr K Azopardi: Madam Speaker, can I just ask about 186 and the others obviously. The original answer of the hon. Lady was that no final decision had been taken. She has grouped the questions together. Some of them are about the future use of the building but some of them are about the past. So, she says no final decision has been taken and she will not make that announcement, but in respect of the financial questions these are not asking about the future; they are asking about the actuality and the past. So, how much, is the Government aware, can the Government provide an indication of how much has been spent on the project? We know from previous answers in this House by Sir Joe Bossano that there had been at that point around £38 million spent via the Savings Bank through a number of structures. So, these questions are designed to get an update of the financials on this issue, which the Government has been prepared to answer in the past. The original answer that she gave in no way purports to be an answer on those issues. Can I ask her to answer those issues?

Hon. G Arias-Vasquez: Madam Speaker, I refer the hon. Gentleman to the answer I gave a few moments ago.

Hon. Dr K Azopardi: Yes, that is all very well, but the answer she gave a few minutes ago does not purport to be an answer to these questions. It may purport to be an answer to the question of how the facility is going to be used, but it does not purport to be an answer on the question of the funding, the extent of it and the structuring of it. That does not require a final decision because that funding has happened in part and may continue to be happening, so that requires an answer as to the past, not as to the future. So, I am asking her again. The original answer does not purport to be an answer on those issues and therefore by referring me to the original answer it still does not provide an answer to the questions that have been laid in this House.

Hon. G Arias-Vasquez: Madam Speaker, information has been provided in the past as to all of those questions. The Government is now looking at all of the issues including the financials and is looking at how we proceed with the financials going forward. Therefore, as soon as we are able to, as soon as we are in a position to disclose that information, we will make a full announcement on all of these questions. So, the hon. Gentleman will have a full breakdown of absolutely everything that he is requesting when the Government is in a position to do so. I would refer to the advice that the Hon. Mr Clinton has provided this House in the past: not to make any announcements until the ink is dry on the paper. We are now in a position that we are actively discussing all the matters in relation to the Rooke building, including the residents that are coming in, including all the matters of how the Rooke is going to be run, and including financials in respect of the Rooke. As soon as the Government is in a position to make an announcement, the Government will make an announcement both in relation to the model of care, both in relation to who is going to be the provider providing the service, and in relation to the financials in relation to the Rooke when it is in a position to be able to do so.

Hon. Dr K Azopardi: Madam Speaker, let me try again, because the hon. Lady is referring me in effect again to her original answer. So, that which she has just said might be an answer to 190, which is about whether any agreements, leases or negotiations have been entered into, and she

is going to make a full announcement in due course. But it cannot be in any way an answer to 186, which asks the Government to provide a full breakdown of all funding provided in relation to the Elderly Care Home Project to date, including all sums lent, advanced, invested or otherwise provided by the Gibraltar Savings Bank. So, Sir Joe Bossano has been prepared to answer in this House that question in the past. We are asking for an update in effect as to the structuring of the funding in the past. We are not asking about — the hon. Lady sitting to my right is also asking in a separate question about the future and the future contractual arrangements. But by referring me to the original answer and the supplementary answer she has just given, which is about the future and the future contractual arrangements, the hon. Lady, with respect, is not answering question 186 or 187, which stand as to the past. So, I ask again: can she provide that information? Does she have in front of her a breakdown of how the structure has been funded and what the cost is to date?

Hon. G Arias-Vasquez: Madam Speaker, as the hon. Gentleman said, the answer has been given previously in this House. I do not have that information in front of me today, but the answer has been given previously in the House, and the information that we will be providing is how it has been funded to date. We will make an announcement on this. How it has been funded to date, and how it will continue to be funded. The Government will make a full announcement in due course.

Hon. Dr K Azopardi: I am sorry, but it may have been answered in the past at that point, but if we have asked Sir Joe Bossano a year or 18 months ago and he has given us a figure, and we are asking for an update, what is the problem of answering that question to date? Why is it an issue that requires a future announcement?

Hon. G Arias-Vasquez: Madam Speaker, that is the Government's view.

Madam Speaker: Next question.

Q191/2026
Current renewable energy output – Government on track to achieve its own target

Clerk: Question 191, the Hon. G Origo.

Hon. G Origo: The current renewable energy output in Gibraltar averages around 1.5%, is the Government on track to achieve its own target of 35% renewable energy production, in the current term of office?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the Government is working on a number of projects related to the renewable energy portfolio. We are not sure where the 35% target referred to by the Member opposite comes from, but the Government is doing its best to meet the 50% threshold by 2030. Progress in this respect has been slower than we would have liked, but the Government continues working to deliver a secure and sustainable energy supply for Gibraltar, in line with the wider climate commitments.

Hon. G Origo: Madam Speaker, if I may, my first question to the Hon. Minister is: what barriers does she think are preventing Gibraltar from achieving its own commitment to attain the 35%

renewable energy production? I note that she asked where I took this figure from, so I may briefly take her to the Government's manifesto, just a small extract at page 112, titled Solar Energy, and I quote:

> We will continue with the programme to increase solar energy production, aiming to achieve a minimum of 35% power from renewables in the current term of office, and 50% by 2030.

So, I hope that refreshes the Minister's memory.

Hon. G Arias-Vasquez: Madam Speaker, as the hon. Gentleman is aware, there are numerous projects that are ongoing in terms of renewables and in terms of solar energy. Those projects are looking to come into fruition. They have to go through a process, and we are hoping that they will come to fruition by the end of the year.

Hon. G Origo: Madam Speaker, may I ask the Hon. Minister because I have been tracking this renewable energy output for the last couple of years, and I noted that in 2023 the output sat around 1.15% and in 2024, by the end of the year, about 1.55% so my question to the Hon. Minister is: can she confirm how much the Government have invested to date in the current term of office in renewable energy in order to attain or achieve this manifesto commitment which the Government had put in the manifesto?

Hon. G Arias-Vasquez: Madam Speaker, the energy is private. We buy the energy the renewable energy, so the Government is not investing in solar energy. The Government is purchasing the energy that is being produced by a private third party.

Hon. G Origo: So, Madam Speaker, in that vein, can I ask the Hon. Minister: does she know how much it is going to cost the Government to buy 35% renewable energy from these private businesses in order to achieve and attain this manifesto commitment?

Hon. G Arias-Vasquez: Madam Speaker, I am told by my hon. Colleague Dr Cortes that it is less than the cost of producing the electricity by LNG.

Hon. G Origo: And finally, Madam Speaker, does the Hon. Minister still think that this 35% target is achievable in this current term of office as provided for in their manifesto commitment?

Hon. G Arias-Vasquez: Madam Speaker, as stated in my question, progress in this respect has been slower than we would have liked, but the Government continues to work to deliver a secure and sustainable energy supply for Gibraltar in line with our wider climate commitments.

Madam Speaker: Next question.

Q192/2026
Activity Coordinator at Ocean Views – Appropriate funding, support and recognition

Clerk: Question 192, the Hon. J Ladislaus.

Hon. J Ladislaus: Why has the Activity Coordinator at Ocean Views not been provided with the appropriate funding, support and recognition to enable them to carry out essential work with

patients that will enhance therapeutic input, support better recovery of service users and make discharge arrangements more effective?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the Activity Coordinator at Ocean Views is a fully funded FTE post presently occupied by an enrolled nurse. The post holder is employed full time to coordinate, implement and deliver essential sensory and stimulatory activities for all patients at Ocean Views. The role is recognised and empowered through close and regular engagement between management and frontline staff and contributes directly to the delivery of therapeutic activity in the ward. Working with a multidisciplinary team and responsible to senior management, the post already delivers the very services mentioned in the question.

Hon. J Ladislaus: Madam Speaker, if I may, a couple of very short excerpts from the latest Mental Health Report. At page 91 of that Mental Health Report, it says:

> Feedback from the Activity Coordinator suggests that the full potential of these programmes and other programmes could be better realised if his proposals for further developments are given more serious consideration.

And then it goes on at page 112:

> The Board notes that the Activity Coordinator is central to the effective delivery of these programmes. Consistent with staff feedback, the Board recommends that the role be better resourced and supported, including the addition of an extra team member.

Is the Hon. Minister aware whether an extra team member is in fact being considered and whether extra resourcing is being considered?

Hon. G Arias-Vasquez: Madam Speaker, the Opposition needs to come to a concrete view on what it is that they want us to do and what their position is. We cannot have the hon. Lady constantly asking me to increase a complement and then have the hon. Gentleman who sat immediately beside her telling me that I have exceeded the budget inconsistently. We either want an increase in complement and want to have fully funded positions left, right and centre, or we want control of the budget. So, it cannot be both ways. We cannot have a position whereby the Opposition basically plays the horn of those who sit at that moment in time. Do we have an Activities Coordinator in Ocean Views? Yes, we have an Activities Coordinator in Ocean Views. It is a fully funded full-time job. Am I told by the Executive Team at the GHA that we need another fully funded position? No, I am not told by the Executive Team at the GHA that we need another fully funded position. I am not in a position, Madam Speaker, to determine what the requirements of each and every department of the GHA are. That is not my role. It is not what I am meant to be doing in the GHA. In the GHA, I am there to listen to what the Executive Team tells me is required and to come to Government and ask for the funding for those positions. So, we are not told by anyone at the GHA that in fact we need a second full-time Activities Coordinator. The matter has not been raised with me by anyone at the Mental Health Board. The Mental Health Board is now meeting with the new Director General on a regular basis. The Director General and his Executive Team will come to a definitive view as to whether the position is required or otherwise and they will then advise me as to whether in next year's complement we need a second full-time Activities Coordinator at Ocean Views. At this point in time, I have not received any representations for a second full-time Activities Coordinator at Ocean Views.

Hon. J Ladislaus: Madam Speaker, the Opposition can certainly think of a great many things that the Government could cut, such as perhaps legal fees on certain areas and in respect of

certain inquiries, but that is a debate for another day. The question at the minute is whether the Hon. Minister is therefore saying that what the Mental Health Board has set out in their report is somehow inaccurate, or is it that the Government simply does not want to implement what the Mental Health Board is actually recommending within their report?

Hon. G Arias-Vasquez: I refer to a Viewpoint programme where the hon. Lady herself actually told me that I should cut investment in ERS, for example, in respect of when she was looking to fund the 10% increase that the domiciliary care workers were having. I would refer the hon. Lady to that comment, perhaps, where she actually, live on TV, stated that we should cut the ERS budget.

Madam Speaker: It is not appropriate to say that a Member opposite has lied, so I will ask the Member. Did you say lied? I heard lied.

Hon. G Arias-Vasquez: No, no, the hon. Lady opposite live on…

Madam Speaker: Oh, I beg your pardon, I thought you said lies.

Hon. G Arias-Vasquez: I would never.

Madam Speaker: For the record, the Hon. Minister said the hon. Lady live on TV.

Hon. G Arias-Vasquez: Sorry, the hon. Lady on a live Viewpoint debate stated that we should cut costs in ERS, and I am happy to share that extract, so I am not going to take advice from the hon. Members opposite on where we should be cutting costs. As I have said, there are a lot of different organisations that make representations to the Director-General and the Executive Team, and it is then up to the Director General and the Executive Team and indeed the clinicians to determine whether or not we should be funding a second Activity Coordinator. Oh, sorry. But we certainly or I certainly do not make these decisions without the advice of the Director General and the Executive Team in the GHA.

Hon. J Ladislaus: Madam Speaker, I think that I do need to raise a Point of Order on the fact that what the Hon. Minister has said I stated in a Viewpoint programme has perhaps not been interpreted in the correct way. What I stated was that we still have no sight of how much has been spent on the Rooke site project, and today the questions asked by the Hon. Mrs Sanchez, my colleague, has actually lent credence to that. We still do not know what the funding is.

Madam Speaker: I will allow the hon. Member to put the record straight, say what she said on TV, which she may think is different to what the Hon. Minister said, but I do not want to go into a debate back into the Rooke. Your microphone.

Hon. J Ladislaus: Sorry. I am grateful, but what was said in essence was that we still did not have sight as to an end date for the Rooke site project, or how much had been spent, and it seemed that the spending was out of control. That was the point that was being made. Not that we should cut the ERS budget, but rather that the money should be spent correctly.

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

Madam Speaker: Just a minute. I have allowed the hon. Member to put her view across. Is there now a further supplementary that the hon. Member wanted to put?

Hon. J Ladislaus: Yes, Madam Speaker. So, just to clarify…

Hon. G Arias-Vasquez: As a Point of Order, can I just reply to that?

Madam Speaker: No, I do not want to…

Hon. G Arias-Vasquez: Madam Speaker, I have the exact transcript of what was said, so I actually do want to put the record straight. I want to put the record straight because I do feel that it is important to say exactly what was said on Viewpoint, which had absolutely nothing to do with the Rooke.

Madam Speaker: Alright.

Hon. G Arias-Vasquez: Madam Speaker, on the transcript from the GBC Viewpoint health debate, Ros Astengo asked:

> Would the GSD just give the 10%?

referring to the pay claim from the GHA domestics? And the hon. Lady stated:

> Not necessarily, but then we possibly would not be spending on other projects as they are spending. For example, the ERS residence.

So, there was no mention of the Rooke. There was no mention of anything whatsoever. The reference there was to the ERS residence.

Madam Speaker: Alright. The Hon. Minister has quoted what was said directly on GBC, and I am grateful for that because that is that. The hon. Member opposite has said that the comments she made in relation to the ERS that have been quoted were, in her mind, or in the context of the debate, made in relation to the Rooke. So, I think that establishes it. We can move on from that. I do not want to go into a debate on who meant what and what was said. Is there a further supplementary apart from this?

Hon. J Ladislaus: Madam Speaker, can the Hon. Minister perhaps clarify whether if the Director General, or the Executive Board, comes back and says that a further team member is in fact needed to support the Activity Coordinator, or further resourcing as is suggested within the Mental Health Report is needed, will that be forthcoming?

Madam Speaker: That is a hypothetical question. If this happens, would that happen is a hypothetical question. The hon. Member can rephrase it as I know she ably may be able to do, but in that context, in the way it has been posed, it is a hypothetical question.

Hon. J Ladislaus: Will the position in respect of a second staff member to assist the Activities Coordinator at Ocean Views be reviewed if the need arises?

Hon. G Arias-Vasquez: Madam Speaker, as I have said often in this House, all clinical posts which are requested by the GHA and the Executive Team are fully funded.

Madam Speaker: Next question.

Q193/2026
Relocation of the Community Mental Health Team – Joshua Hassan House site

Clerk: Question 193, the Hon. J Ladislaus.

Hon. J Ladislaus: What was the nature of the consultation that took place with mental health professionals in respect of the relocation of the Community Mental Health Team to the Mental Health Hub which is envisaged will be built at the Joshua Hassan House site?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, consultation and engagement sessions with mental health professionals were undertaken to ensure staff from all areas of mental health were involved in the key clinical areas of the initial plans. In addition, plans were also shared with the Mental Health Board, NGOs and other stakeholders within the new Community Mental Health Team Development Group. We have set up a new Community Mental Health Team Development Group. Subsequent multidisciplinary engagement sessions were conducted, which included senior management, architects and community partners, including the Mental Health Board, the Mental Welfare Society, as well as an open public meeting. Final feedback resulting from this extensive consultation process was reassessed and relocation to the Sir Joshua Hassan site confirmed as the best solution.

Hon. J Ladislaus: Madam Speaker, again, I would ask for some indulgence in that there are a couple of excerpts, again from the Mental Health Report, which give context here. It is clear from the Mental Health Report that staff felt the consultation process was unsatisfactory. At page 93 of the Mental Health Report 2025, the Board met with some staff members, this is in respect of Horizon Ward:

> The Board met with some staff members from the Acute Ward to gather their views on the proposed move to JHH. Similar to feedback received from the CMHT team, Acute Ward staff felt that the consultation process focused primarily on operational issues relating to the new ward, rather than the decision to relocate from OV. They perceived the move itself as a foregone conclusion, with little opportunity to influence that decision.

And then again at page 157 of that same report, in respect of the Community Mental Health Team, it was said that:

> Concerns have also been raised about the consultation process. Staff feel that discussions are focused mainly on operational details, such as de-escalation areas and clinical space, rather than on the more substantive question of why the Acute Ward was moving in the first place.

So, does the Hon. Minister accept that the consultation was lacking when it comes to having discussed it with the relevant mental health professionals and teams?

Hon. G Arias-Vasquez: I am surprised that the hon. Lady is putting this on a plate for me in this way. Actually, the consultation was such that they were listened to, and the Acute Ward is not moving, as they in fact suggested it should not be moving. So, actually, we had a full consultation, we listened to the views expressed, and we actually took it into account in the final plans that were announced. So, Madam Speaker, we have a Mental Health Board, never has there been a Mental Health Board before, we take their comments into account, we have a full consultation, we listen to the people that are actually telling us what their views are, to the clinicians that are involved, and actually not only do we listen, but we follow their advice, and make sure that the plans are actually done in a way that fulfils what their expectations are.

Hon. J Ladislaus: Madam Speaker, it is interesting that the Hon. Minister chooses to take that view, because certainly the comments that I have just referred to in the Mental Health Report suggest otherwise. So, is it the case, therefore, that that consultation was simply a reaction to staff who were upset with the fact that they had not been consulted, and the decision had already been made? And what we see, again, is a row back from Government.

Hon. G Arias-Vasquez: No, Madam Speaker. The way the consultation works is that we talk to people, we get their views, we take their views into account, and then we change the plans. So, consultation, I mean, this might be a novel concept to the Members opposite, but consultation is an ongoing process in which the views of a wide variety of actors are taken into account. So, what we cannot do is from the outset determine what everyone is going to say. We present plans and then we get feedback. Once we get the feedback, we take those views into account, and we amend the plans accordingly. That is what consultation should look like, and it is in fact exactly what happened in this instance.

Hon. J Ladislaus: Madam Speaker, is it the case, then, that what the Hon. Minister terms consultation is different to what the staff seem to think is consultation? Yes, it is different to the definition that everybody else seems to have. Does the Hon. Minister agree with that? Because certainly, again, I refer back to the Mental Health Report that does not suggest what the Hon. Minister is saying in this House today.

Hon. G Arias-Vasquez: Madam Speaker, the Mental Health Report was at a point in time. The consultation was ongoing. I do not know how many times I have to explain this. You have a consultation process where the views of numerous people are taken into account. You consult with individuals and then when you get the feedback, you amend the plans. It is an ongoing process. The Mental Health Report which the hon. Lady is referring to was several months ago. The plans have been at DPC today. It is an ongoing process where we continuously talk to people. It is not even me continuously talking to people, it is the relevant stakeholders talking to the relevant people, the relevant clinicians. Madam Speaker, as I have said, there is a new Community Mental Health Team Development Group which has spoken to all of the mental health professionals. When I say the mental health professionals, it includes OTs, nurses, psychiatrists, psychologists and counsellors. Even domestic staff were engaged in the consultation. If we consult, Madam Speaker, we do not consult enough. If we do not consult, I honestly genuinely do not understand what the hon. Lady expects. We consulted, views were received, we changed the plans. I am not quite sure what it is that we are talking about.

Madam Speaker: Next question.

Q194/2026
s.106 Code of Practice –
Mental Health Act 2016 not yet been published

Clerk: Question 194, the Hon. J Ladislaus.

Hon. J Ladislaus: For what reason(s) has the s.106 Code of Practice which is intended to give practical effect to the Gibraltar Mental Health Act 2016 not yet been published and when is it envisaged that it will be published?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the Code of Practice is a complex and comprehensive document that reflects a highly specialised and legally intricate area of practice. It therefore requires careful and considered review, supported by appropriate engagement and consultation with a broad range of stakeholders. It is essential that this process includes meaningful consultation with relevant professionals, clinicians and subject matter experts to ensure that all clinical, operational and legal considerations are fully taken into account. Such engagement is a critical component of any proportionate and credible consultation process in a field of this nature. The draft Code of Practice is currently in its final stages of consultation, with a phased implementation which is presently being considered in consultation with the Mental Health Board.

Hon. J Ladislaus: Madam Speaker, again I refer to page 146 of the Mental Health Report, which is the Board's position on the Code of Practice, and it says:

> Its absence continues to create uncertainty for both patients and professionals. Without the code, practitioners lack authoritative guidance on how the Act should be applied, leaving them to rely on interpretation or precedent which can result in inconsistencies in practice.

Madam Speaker, it has been 10 years. We have just heard the Hon. Minister say that everybody is always listened to and that these professionals are always listened to. Why has it been 10 years? Can the Hon. Minister perhaps enlighten this House and the public as to why we are still waiting for this incredibly important document?

Hon. G Arias-Vasquez: Madam Speaker, it has been 10 years because of the state that we found mental health in. It is quite remarkable that, I do not often like to refer back, but in this instance it is quite remarkable that people that presided over the KGV, that people that did not invest at all, that a Government that did not invest at all in mental health, is now standing here after a significant development in Ocean Views, after we are implementing a mental health strategy, lecturing us on what we should do. However, Madam Speaker, I am fully cognisant of the contents of the Mental Health Board report. Thank you very much for reading them out to me. We are engaging with the Mental Health Board. I am fully aware that the Director General of the hospital, along with some professionals from the mental health team, have engaged with the Mental Health Board and there are parts of the Code of Practice which will be brought into force before others. The Code of Practice as a whole is a very detailed document that needs review and needs thought to be implemented properly. However, the agreement that has been reached with the Mental Health Board is that there are certain parts of it that will be brought in and it will be phased into effect.

Hon. J Ladislaus: Madam Speaker, I am grateful for that answer of some sort, but we still have not had an answer to the actual question as to the reason for the 10-year delay. Does the Hon. Minister perhaps have some reasoning, other than it is a complex document? I appreciate it is a complex document. We have practised in these areas before, but if the Hon. Minister can perhaps answer as to why there is that lacuna in the law, because it is really significant and it is causing issues for practitioners. So, what is the reason behind that?

Hon. G Arias-Vasquez: Madam Speaker, I have answered the question. The state of mental health was atrocious. The investment which this Government has put into mental health is significant. It is a very, very complex document. We have received a draft and we are implementing it. There is nothing further to say.

Hon. J Ladislaus: Can the Hon. Minister perhaps give a time frame as to when those initial sections will be implemented?

Hon. G Arias-Vasquez: Madam Speaker, as the Executive Team of the GHA agrees with the Mental Health Board.

Madam Speaker: Next question.

Hon. Dr K Azopardi: Madam Speaker.

Madam Speaker: I have called the next question.

Hon. Dr K Azopardi: I would ask you, Madam Speaker, to indulge me because I was being as fast as I can, but I am not Usain Bolt trying to get up.

Madam Speaker: Neither am I with my finger on the buzzer, but if we do not pick up the pace with questions coming in, it can take a bit long. I will allow the Leader of the Opposition, without further comment, to put his supplementary.

Hon. Dr K Azopardi I am grateful. One question. Madam Speaker, the hon. Members opposite, the Government issued a Mental Health Strategy back in 2020, I think it was. It was a 2021 five-year strategy, a 2025 strategy. In that strategy, they made clear that they would introduce this Code of Practice. So there has been quite significant delay and they have been repeatedly saying that the work was underway. So, does the Minister not see that there has been very significant delay on the issue when we have repeatedly had a very similar answer that work is simply underway?

Hon. G Arias-Vasquez: Madam Speaker, the question can be asked in numerous different ways by numerous different actors in the benches opposite. The answer continues to be the same. The answer continues to be the same to the Leader of the Opposition, who in fact was Minister for Health during one period and did absolutely nothing for mental health services in Gibraltar. So, actually, the Code of Practice will be implemented. It is being implemented in a phased approach, as agreed by the Executive Team of the GHA, in conjunction with the Mental Health Board.

Hon. Dr K Azopardi: Madam Speaker, If I may, it is a value judgement as to whether I did or did not do something for mental health. I was Health Minister in 1996, 30 years ago. There was not a recommendation that there should be a Code of Practice in mental health. They passed legislation in 2016 and have been promising for the last 10 years that there would be a Code of Practice. What we are not getting from the hon. Lady, does she agree, is a specific answer as to why there has been so much delay. Of course it is a complex document. Of course it is a complex document, but it has been 10 years since the legislation, 6 years since the announcement of their strategy, when they promised it to the people who are suffering in mental health.

Hon. G Arias-Vasquez: Madam Speaker, the hon. Gentleman must be aware that there were patients sat on planks of wood in the KGV. There were patients that the circumstances in which they found themselves in were atrocious. Therefore, I will not be lectured by the Members opposite on the state of mental health. There are certain sections already which are in place on the Code of Conduct. It will continue to be phased in over the next few months. There will be certain phases, as agreed with the Mental Health Board, that will be phased in slowly over the next few months. But I will not commit to a timeline on this matter.

Madam Speaker: Next Question.

Q195/2026
Smoke free generation legislation – Command paper public consultation

Clerk: Question 195, the Hon. J Ladislaus.

Hon. J Ladislaus: Please provide an update as to the intended introduction of the smoke free generation legislation following the command paper public consultation which concluded on 22nd April 2025, to include the results of that consultation.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the Government is currently considering the feedback provided from the Command Paper public consultation, and we expect to be in a position to make an announcement in this regard during the course of the upcoming Budget debate.

Hon. J Ladislaus: Madam Speaker, if I may press a bit further here, what were the concerns that were raised by retailers in particular in respect of that consultation? Because there were comments made in a press release.

Hon. G Arias-Vasquez: Madam Speaker, the bottom line will be effected. We have to look at the wider issue here. This is a public health consultation. In fact, we will be looking at all the issues presented. We have met with some of the retailers concerned, and we will be addressing this in the Budget debate.

Madam Speaker: Next question.

Q196/2026
Primary Care Centre – Newly installed check-in machines

Clerk: Question 196, the Hon. J Ladislaus.

Hon. J Ladislaus: Are all the newly installed check-in machines at the Primary Care Centre and the Children's Primary Care Centre now in use?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, at the Primary Care Centre, two kiosks have been installed and are fully operational. At the Children's Health Centre, one self-check-in kiosk has been installed but is not in use yet.

Hon. J Ladislaus: Madam Speaker, the reason I ask this question is because issues have been raised with me in respect of the kiosks that are in use. Obviously, I have had questions as to when we can expect the kiosk at the Children's PCC to be up and running.

Madam Speaker: Is that the question? When can we expect it to be up and running?

Hon. G Arias-Vasquez: Madam Speaker, the issues at the Children's Health Centre are that there are actually three systems operating at the Primary Care Centre. There are children's GP appointments, there are dentist appointments, and there are OTs and other allied health professional appointments. The difficulties there means that IT have to come up with different solutions for the counter at the CHC as opposed to the counter at the PCC.

Hon. J Ladislaus: Madam Speaker, why was that not considered before the rolling out of these kiosks? Because my understanding is, and I have been various times because I have got children, that these kiosks have been in place for some time now. Why was this not considered before the kiosks were actually installed?

Hon. G Arias-Vasquez: Madam Speaker, the primary function of the kiosk was to deal with the question of the queues in the PCC rather than the CHC. There are no such issues which arise in the CHC. The issue is far more manageable in the CHC than it is in the PCC. The main function of the kiosk is to make more efficient the process of people going to the PCC. So, the primary focus of the release of the kiosk was for the PCC.

Madam Speaker: Next question.

Q197/2026
Orthopaedic and Trauma Department – Daily clinic hours

Clerk: Question 197, the Hon. J Ladislaus.

Hon. J Ladislaus: Please provide the daily clinic hours for the Orthopaedic and Trauma Department at the GHA.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the GHA's Trauma and Orthopaedic Department runs clinics between 8 a.m. and 4 p.m. Monday to Friday. Although the last routine patient slots are scheduled for 3.15 p.m. clinics frequently continue beyond this time to accommodate urgent and emergency cases.

Hon. J Ladislaus: Madam Speaker, the reason I ask is because again, it has been raised with me that the counter at one point was not open at 9.20 a.m. in the morning. I appreciate that perhaps it is an isolated incident, but I just wanted to establish the times that these counters are open. Can the Hon. Minister perhaps confirm that if there is an issue with the counter that there is backup staff who will actually open those counters to avoid patients having to wait a significant amount of time before they are seen in that morning?

Hon. G Arias-Vasquez: Madam Speaker, I can confirm that at 9.20 a.m. the counter is expected to be open. It may be an issue of staff sickness, a last-minute call out, whatever. If there is indeed such a call out, we have administrative staff who are able to come and cover for that counter. Counters should be opened at all times during the relevant periods. However, there will be the occasion when there is an issue, and someone will not necessarily be at the counter at that particular time.

Madam Speaker: Next question.

Q198/2026
Process followed at the GHA –
GP referrals

Clerk: Question 198, the Hon. J Ladislaus.

Hon. J Ladislaus: Please outline the process followed at the GHA:

(i) when a GP makes a referral for a patient to be seen by a specialist within the GHA;
(ii) for referrals by a GP for a patient to be seen at a tertiary healthcare provider
(iii) for referrals between GHA departments; and
(iv) for referrals by a GHA specialist for a patient to be seen at a tertiary healthcare provider

providing clarification as to whether the process is the same regardless of the specialism required or the tertiary healthcare provider that the referral is being sent to.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, for all referrals initiated by a GP, the process is the same. Every GP referral is first directed to the relevant GHA specialist consultant via internal electronic processors. For the second question, GPs do not refer patients directly to tertiary healthcare providers. It is a secondary care consultant who determines whether the patient requires onwards referral to a colleague either within another department or a tertiary centre. The level of urgency and or which tertiary provider may be needed is determined by the appropriate specialist depending on the patient's clinical presentation. In terms of three, this varies between departments, but typically primary care and hospital-based secondary referrals use different internal electronic platforms, namely EMIS and HIS respectively. In terms of four, where a tertiary referral is indicated, the consultant completes a referral request on the HIS tertiary referral board system uploading the clinic letter if required. This is then reviewed and approved or declined or an alternative suggested by the panel if required. The only exception for automatic pre-approval is in life-threatening emergency cases when the referral clinician may proceed immediately due to clinical urgency.

Hon. J Ladislaus: Madam Speaker, again, for context, I have been receiving a significant amount, in fact, of complaints as to referrals which appear to be getting lost in the system. What we are hearing back from patients who are saying that they are having to chase, and once they chase, the referral does not appear to have been received at the other end. I would ask, is the Hon. Minister aware that these issues are arising quite significantly and frequently?

Hon. G Arias-Vasquez: Madam Speaker, there is a specific question on this later. However, there are issues. My office receives questions on this on occasion, and sometimes the referral has not been made simply because it has not been uploaded into the system. It is not an immediate thing. It could take one day, it could take two days, but the referral is now very infrequently, I would like to think, lost, or I am told is very infrequently lost because the system is now electronic. What we are trying to do as much as possible is remove the human elements, so there is no human error in the process. The letters are uploaded onto an electronic system, and the electronic system goes directly between the GP and the consultant, or consultant to consultant. There are numerous instances where my office has been contacted, and what is happening is that there is a delay of a day or two days for the letter to be uploaded. There are a couple of instances of which I am aware that there have been human errors in the uploading of the documentation, but again, we are looking at these instances to make sure that they do not happen, if at all possible, they happen as infrequently as humanly possible.

Hon. J Ladislaus: Madam Speaker, just picking up on a point made, when the Hon. Minister says less human interaction, is she referring to perhaps AI systems, simply because we have just been hearing a lot about AI recently and its use, and I am just curious as to whether those are the types of systems that are being perhaps considered or implemented at the GHA?

Hon. G Arias-Vasquez: Madam Speaker, I have spoken in this House before about the systems that the GPs are using and the consultants are using, and in fact there is a system, I believe the name is called Dragon, which GPs are using. It is effectively a dictation system which recognises medical terminology. The GP then dictates the letter, the letter goes directly into the system, and the letter is then uploaded automatically. So yes, when I am talking about removing the human interaction, it is about trying to get the system as electronic as possible and having as few people in the chain as possible, so the GP will upload the letter themselves into the system and the letter then goes automatically or it is dropped into a different system of his. So everything, what we are trying to do is yes, use different, I do not necessarily want to say AI tools, but they are a form of AI, but it is a dictation system which the GPs are now using and in fact even the more sceptical GPs are now coming around to the use of the system because it is actually, it facilitates their life and their admin workloads, and in fact the same, a different system, but similar in purpose has been introduced for consultants. I cannot for the life of me remember the name of the system that is being used for consultants, but consultants are using a similar form of dictation in order to upload the referral letters onto the system directly or by way of simple upload of another individual so that the process does not, in 2026 we do not want to have someone typing up the dictation or otherwise so what we are trying to do is trying to have as many electronic systems in place so that the process is facilitated.

Madam Speaker: Next question.

Q199/2026
GHA data collating –
Number of referrals by GHA

Clerk: Question 199, the Hon. J Ladislaus.

Hon. J Ladislaus: Does the GHA collate data as to the number of referrals by GHA clinicians which have been:

(i) lost in transition and incurred unnecessary delays for diagnosis and treatment of patients as a result; and

(ii) lost in transition and had to be re-sent?

If so, please provide monthly breakdowns for the past 12 months to date in respect of (i) and (ii) above. If the GHA does not collate this data, please provide the reason(s) for the failure to do so.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the GHA does not routinely collate data specifically on referrals that are lost in transition or require resending and therefore is unable to provide the monthly breakdowns requested. As I have stated, the vast majority of referrals within the GHA are now managed through electronic systems which provide tracking, audit trails, and significantly reduce the risk of referrals being lost. Any remaining areas are progressively being modernised and transitioned to fully electronic workflows. Where concerns arise regarding an individual referral, these are managed operationally through the relevant clinical or administrative teams to ensure that patient care is not adversely affected. Such

cases are addressed on an individual basis rather than being recorded as a centrally reported performance metric. The GHA does remain committed to further digital transformation. Its long-term strategy includes the development of the GHA1 electronic patient record system which will provide a unified platform across services and further reduce reliance on manual or email-based referral processes. This will enhance referral tracking, improve visibility across care pathways, and support greater consistency in data capture and reporting.

Hon. J Ladislaus: Madam Speaker, we have just heard about the GHA1 platform. Will that platform perhaps have a function to collate this data?

Hon. G Arias-Vasquez: Madam Speaker, I am unaware if it will or will not. The purpose of the platform is to ensure that it does not happen. To ensure that there is no element of human error available. So, the documents are uploaded electronically as I have just explained. So, I am not sure whether the platform will be able to collate it because I am not sure what the error could be, but the aim of the platform is obviously to try and remove any elements of referrals being lost or anything of the sort.

Madam Speaker: Next question.

Q200/2026
GHA's protocol – Physiotherapy treatment

Clerk: Question 200, the Hon. J Ladislaus.

Hon. J Ladislaus: What is the GHA's protocol regarding physiotherapy treatment following surgery for a hip injury?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the on-call service is delivered through a rota comprising of 14 chartered physiotherapists who share responsibility for providing out-of-hours cover.

Hon. J Ladislaus: Madam Speaker, I am grateful for that but in terms of when somebody has, what I was getting at with the question is in terms of...

Madam Speaker: Are we dealing with Question 200? Yes.

Hon. G Arias-Vasquez: Oh, sorry.

Hon. J Ladislaus: I thought it was a funny answer.

Madam Speaker: So, Question 200 is what is the GHA's protocol regarding physiotherapy treatment following surgery for a hip injury?

Hon. G Arias-Vasquez: Apologies, Madam Speaker. I jumped ahead to Question 201. Apologies. Madam Speaker, that happened because I got a response from the Director General saying that all systems that he is aware of and he has worked in numerous different institutions collate the data that the hon. Lady was suggesting retrospectively but he is not aware of any

system that can prospectively collate the data of which you are aware. So, apologies, I was reading the Director General's response to that question. So sorry, in response to Question 200, the GHA follows an established fracture neck of femur pathway. Patients undergoing surgery for a hip fracture are typically assessed by a physiotherapist on the first post-operative day. The initial assessment determines whether the patient is medically fit for mobilisation with the aim of sitting out of bed and where appropriate standing and walking as early as possible.

Hon. J Ladislaus: Madam Speaker, again I flag this one because it is one on which I have received various concerns or complaints because people are very concerned. Is it the case that the service has always been, or shall I rephrase it, have there been any gaps in that service? Because certainly the information I am receiving is that patients were in fact being left for days in bed without being seen by a physiotherapist because it was a weekend or because it was a public holiday. So, can the Hon. Minister perhaps respond as to whether there have been any gaps to her knowledge in that service?

Hon. G Arias-Vasquez: Madam Speaker, in response to the question that I previously answered, the answer to that is that there is one physiotherapist on call at any given time to provide emergency cover during weekends and public holidays. I am aware that that is the case now. There were, there was an issue regarding the on-calls etc over the past two or three months that has now been sorted so patients are receiving treatment over the weekends and over bank holidays from the on-call physiotherapist.

Hon. J Ladislaus: If I may, Madam Speaker, the issue that there was in respect to the on calls, can the Hon. Minister perhaps clarify whether that was an issue of, let us put it this way, whether any claims were made in respect to the Unions regarding that issue?

Hon. G Arias-Vasquez: Madam Speaker, I am unaware of whether there was a Union claim behind it or otherwise. I know there were issues raised with the Executive Team, but I cannot accurately state who it was raised by.

Madam Speaker: Next question.

Q201/2026
Physiotherapists at the GHA – On call to see to service users

Clerk: Question 201, the Hon. J Ladislaus.

Hon. J Ladislaus: How many physiotherapists at the GHA are on call to see to service users admitted at St Bernard's Hospital during weekends and public holidays?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the on-call service is delivered through a rota comprising 14 chartered physiotherapists who share responsibility for providing out-of-hours cover.

Hon. J Ladislaus: Madam Speaker, I believe we have just had the answer previously but just to clarify, so is it the case that at any given time there will always be one physiotherapist on call?

Hon. G Arias-Vasquez: Yes, Madam Speaker. The information given is that there is always one physiotherapist on call at any given time to provide emergency cover for service users who are admitted into hospital during weekends and public holidays.

Madam Speaker: Next question.

Q202-204/2026
GHA's policy –
Intrauterine Insemination for female same sex couples

Clerk: Question 202, the Hon. J Ladislaus.

Hon. J Ladislaus: What is the GHA's policy in respect of providing female same sex couples with access to Intrauterine Insemination ("IUI") that is funded by the GHA, and since when has that policy been in place?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Questions 203 and 204.

Clerk: Question 203, the Hon. J Ladislaus.

Hon. J Ladislaus: What is the GHA's policy in respect of providing female same sex couples with access to In Vitro Fertilisation ("IVF") that is funded by the GHA, and since when has that policy been in place?

Clerk: Question 204, the Hon. J Ladislaus.

Hon. J Ladislaus: Can the Government provide a monthly breakdown as to:

(i) the number of female same-sex couples who have undergone IVF treatment funded by the GHA for the period between 1 June 2017 to date,
(ii) how many of those couples were offered IVF due to a clinical diagnosis of infertility; and
(iii) how many of those couples were offered IVF without a clinical diagnosis of infertility

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

Hon. G Arias-Vasquez: Madam Speaker, in respect of Question 202, the GHA does not fund intrauterine insemination (IUI) for female same-sex couples or for any patients. This approach is consistent with the UK guidance, where the NHS does not routinely fund IUI as a publicly financed fertility treatment. In respect of Question 203, the GHA's IVF policy was revised in 2023 and is currently undergoing a further review. The IVF policy provides funded access to female same-sex couples under the same eligibility and exclusion criteria that apply to heterosexual couples with two specific conditions tailored to clinical circumstances for same-sex partners. One, a same-sex female partnership with at least one partner being a biological female with a uterus is eligible to be considered for IVF, and two, the couple must have completed a minimum of six cycles of intrauterine insemination (IUI) without achieving pregnancy. For heterosexual couples, the equivalent threshold is two years of infertility. Once these respective criteria are met, all other aspects of the IVF policy apply equally to both heterosexual and same-sex couples. Madam

Speaker, in respect of Question 204, the number of female same-sex couples who have undergone GHA-funded IVF treatment is very, very small, and given the size of our community, releasing specific figures would risk identifying individual patients. For this reason, the GHA cannot disclose the exact number in order to safeguard patient confidentiality. Under the GHA policy, same-sex female couples only become eligible for IVF once they have completed six unsuccessful cycles of intrauterine insemination, which constitutes a clinical diagnosis of infertility. Accordingly, no female same-sex couples are offered IVF without a clinical diagnosis of infertility, and the distinction in question does not arise.

Hon. J Ladislaus: Madam Speaker, I will start at Question 202. So, the question is, just to clarify, female same-sex couples must have undertaken privately IUI procedures, is that correct? So, they have to fund it out of their own pockets?

Hon. G Arias-Vasquez: Yes, Madam Speaker, that is a GHA policy.

Hon. J Ladislaus: Perhaps the Hon. Minister could provide some clarification as to how that is proven in medical records. Is that how they prove that to the GHA?

Hon. G Arias-Vasquez: Madam Speaker, I am not sure how it is proven, but you have to have a record of the IUI treatments which have to be produced at the GHA, and then IVF will be granted.

Hon. J Ladislaus: Madam Speaker, is the Hon. Minister aware of any cases in which same-sex couples have in fact been offered IVF without first having undertaken IUI treatments?

Hon. G Arias-Vasquez: Madam Speaker, I am not aware. There may well be, there may well not be, but I am not aware. I have not asked the question of the GHA. I know that they told me they have not set it out, because as you will understand, the figures are so small that they can easily be identified in Gibraltar.

Hon. J Ladislaus: Madam Speaker, is it the case, I will rephrase this again, is it the case that in fact the policy that has just been set out by the Hon. Minister has not in fact been followed correctly by the GHA to date?

Hon. G Arias-Vasquez: Madam Speaker, I understand that there is a policy. I understand that the policy is what clinicians are advising is the case. I do not know whether it has been applied correctly or otherwise. If the hon. Lady is aware of anything and she wants to talk to me behind the Speaker's Chair, I am very happy to speak to the hon. Lady, as I usually do, behind the Speaker's Chair, so that the hon. Lady can make me aware of any circumstances that she wishes.

Hon. J Ladislaus: Madam Speaker, my understanding is that we have in fact engaged, because it is a case in respect of an individual that the Hon. the Shadow Minister for ERS and myself have in fact sat down to speak to, and it has been flagged to the Ministry on various occasions, and I wonder whether the Hon. Minister is aware perhaps of what I am talking about. I know I am being vague here.

Madam Speaker: I do not want to identify anybody, so vague is good right now.

Hon. J Ladislaus: I wonder whether the Hon. Minister is aware of this individual case having been flagged, because it is a significant case where the policy has not been applied and the GHA has wrote back significantly as to what policy in fact is, and the person has had reasonable expectations in place.

Hon. G Arias-Vasquez: Madam Speaker, without wanting to go into absolutely any detail, I am aware there is one case at the moment that they are querying the policy. Again, I am very happy to talk about this behind the Speaker's chair, but I do not think this is necessarily the right forum to discuss this.

Madam Speaker: Anything on 203 or 204? Next question.

Q205/2026
GHA's operating theatres – Capacity

Clerk: Question 205, the Hon. J Ladislaus.

Hon. J Ladislaus: How many of the GHA's operating theatres were running from 2nd to 5th April 2026,

broken down by individual day, and were they running at full capacity in terms of the number of staff available to carry out procedures?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, on 2nd April, 4 of the 5 operating theatres were running at full capacity in terms of the number of staff available to carry out the procedures. As is the norm, the fifth theatre was available for emergency cases that could not be performed in other theatres, but this was not required. On 3rd April, Good Friday, 4th and 5th April, all theatres were available, but public and bank holiday operations would typically involve only one theatre to be running at any given time, and there was no scheduled surgery. In cases of immediate life-threatening emergency, the team can be split to open a second theatre, but this was not required.

Hon. J Ladislaus: Madam Speaker, is the Hon. Minister aware of any staff shortages during that public holiday that stretched the service perhaps over what it should have been stretched?

Hon. G Arias-Vasquez: Madam Speaker, on receiving this question, I specifically went to the theatre staff and asked. I am not aware of any circumstances in which the theatre staff were stretched. I have asked the Executive Team, I have asked clinical directors, and they are not aware of any instance on the 2nd, 3rd, 4th or 5th of April in which theatre staff were stretched beyond capacity.

Madam Speaker: Next question.

Q206/2026
Waiting time for GHA patients – Reconstruction surgery

Clerk: Question 206, the Hon. J Ladislaus.

Hon. J Ladislaus: What is the average waiting time for GHA patients to have reconstruction surgery following a mastectomy once they have been medically cleared to undergo that operation?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the GHA does not hold average waiting times for reconstruction surgery following a mastectomy, as it is too specific. Most GHA patients undergoing breast cancer treatment can have a mastectomy with immediate reconstruction, so only a small number require delayed reconstruction, and this is usually because the patient chooses to postpone the reconstruction for personal reason. The main reasons for delayed reconstruction in any remaining patients are purely medical, such as patients not being fit for surgery or needing treatment for other conditions. Once ready and medically cleared, patients are referred to a tertiary institution for reconstruction.

Madam Speaker: Next question.

Q207/2026
GHA introduce the "second opinion" system – Martha's Law in the UK

Clerk: Question 207, the Hon. J Ladislaus.

Hon. J Ladislaus: Will the GHA introduce the "second opinion" system, akin to that created by Martha's Law in the UK, which allows for a patient's relatives to request a second opinion for a CCU doctor to evaluate that patient, which the Minister for Health announced on 25th June 2025, was being considered? If so, please provide a timeline within which this system is expected to be implemented.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the GHA remains committed to introducing the most appropriate local version of Martha's Rule as part of its ongoing patient safety programme. That said, it is important to note that the ethos of Martha's Rule is already reflected in many aspects of care within the GHA. The GHA operates a consultant-led service providing patients with direct access to senior clinical decision makers, and established escalation pathways through nursing, medical and allied health professional teams wherever concerns arise. We are continuing to develop a formalised Gibraltar model adapted to the local healthcare system and workforce. This work has been aligned with the wider organisational developments to ensure it is implemented in a sustainable and effective manner. A definitive implementation date has not been set, but the GHA remains committed to introducing the full system this year and will provide further details once the final model has been agreed.

Hon. J Ladislaus: Madam Speaker, is the Hon. Minister confident that this can be achieved without spreading existing medical practitioners too thinly?

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

Hon. J Ladislaus: Madam Speaker, have assessments been undertaken which lead to that conclusion, or is it simply a guess?

Hon. G Arias-Vasquez: Madam Speaker, I am not one for guessing. Assessments have been provided to me by the relevant clinicians.

Hon. J Ladislaus: Madam Speaker, in the last session, in fact in June 2025 last year, the Minister commented that she had asked the hospital to look into whether it can be introduced at no extra cost to the GHA, and the question now is, is that still the case?

Hon. G Arias-Vasquez: Madam Speaker, as I have just confirmed, the GHA is looking at all relevant models to provide the implementation of Martha's Rule.

Madam Speaker: Next question.

Q208/2026
Senior Nurse Leader– Recommendations made

Clerk: Question 208, the Hon. J Ladislaus.

Hon. J Ladislaus: Have the recommendations made by Mrs Fiona Murphy, the Senior Nurse Leader contracted by the GHA to review best practice and address ongoing issues within St Bernard's Hospital CCU, been implemented and has Mrs Murphy now concluded the work which she was tasked to undertake by the GHA?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, Mrs Fiona Murphy completed a review of nursing care at the Critical Care Unit over the period from the 4th to the 10th of February 2025. This report outlines 17 specific recommendations, 13 of which have been implemented, and 4 of which are the subject of ongoing work. Mrs Murphy has concluded all commissioned work which she was tasked to undertake by the GHA.

Hon. J Ladislaus: Madam Speaker, has the outcome of that review been shared with staff?

Hon. G Arias-Vasquez: Madam Speaker, I do not want to speak out of turn here. I am very happy to ask the question, and if notice is given of the question, I am very happy to respond in the next session of Parliament. The answer is, I am not entirely sure.

Hon. J Ladislaus: Madam Speaker, is the Hon. Minister aware that because those have not been shared in fact with the staff, and because not all recommendations have been implemented, and those that have been, I would suggest pay lip service rather than are actual implementations, it has even led to an experienced nurse's resignation from the GHA. Is the Hon. Minister aware of that?

Hon. G Arias-Vasquez: Madam Speaker, could the hon. Lady please clarify how that is relevant to the question in front?

Hon. J Ladislaus: Madam Speaker, it is relevant because I have asked whether the Hon. Minister is aware as to whether this has been shared with staff. I am aware. It has been brought to my attention. So, therefore, I ask how it is that the Hon. Minister is not aware.

Hon. G Arias-Vasquez: Madam Speaker, there are further questions on the paper. I am actually going to indulge the hon. Lady in answering the questions, even though they are in no way, shape or form relevant to the question that is being asked. I am at pains every single time to state that I am very happy to answer questions, as long as I am given notice of the questions that are going to be asked. Otherwise, I am talking on memory, and I am talking on conversations that I have had with the DG. There were 17 recommendations made. Those 17 recommendations were shared with the Union. The report was shared with the Union. I am perfectly aware of the fact that they were shared with the Union. In fact, later on there are questions, as the hon. Lady is aware, the recommendations and the report were shared with the Union. I am certain, or I am virtually certain, that there was a press release issued on this matter, which determined that because of the contents of the report, and because of the contents of, specifically the contents of the report, the Unions agreed that it was best that it was not released publicly, because there were too many individuals that were identified within the report. A press release was issued on this matter, and the 17 recommendations have in fact been shared with the Unions and with everybody, as has the full report. It may not have been mentioned, it may not have been shared with all staff members, but I am aware that it has been shared with the relevant staff, with the relevant directors and clinical nurse managers.

Hon. J Ladislaus: Madam Speaker, was it shared with the whistleblowers who made the initial complaints? Because I believe there were 8 of them.

Hon. G Arias-Vasquez: Madam Speaker, there was a question on the question paper on this. The complaint was a grievance, but it was not a whistleblowing complaint. Maybe we can get to that at the relevant question rather than now.

Madam Speaker: Next question.

Recess

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Sorry, Madam Speaker. Unfortunately, at 12 o'clock I need to leave the House to reconvene at 2.30 p.m. I am not quite sure how to do this formally, but can I, I am happy to answer the next question, but I am conscious that it is a grouped with Question 210. Is it possible to adjourn the House to 2.30 p.m.? *(Interjections)*

Madam Speaker: I am going to assume the opposite...

Hon. G Arias-Vasquez: Can we adjourn to 2.30 p.m. Madam Speaker?

Madam Speaker: All right, we will recess to 2.30 p.m. without further discussion. How is that? Thank you.

The House recessed at 11.57 a.m.