

PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

AFTERNOON SESSION: 4.45 p.m. – 5.49 p.m.

Gibraltar, Thursday, 9th July 2026

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The Gibraltar Parliament

The Parliament met at 4.45 p.m.

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

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

Appropriation Bill 2026 - Second Reading - Debate continued

Madam Speaker: The Hon. Mrs Ladislaus.

The Hon. J Ladislaus: The day we stop believing democracy can work is the day we lose it. We are starting early with the Star Wars quotes today, Madam Speaker. It resonates though after what we have been seeing playing out in Gibraltar and in this House, particularly since the last budget session.

When people lose faith in those who are meant to represent their best interests, when they feel they cannot trust what they are being told, when they do not feel like their concerns and aspirations matter, and that those in Government refuse to take accountability for their actions, we see frustration from the public. We see growing discontent and mistrust. That is the prevailing feeling out there.

People are tired of pretty pictures, lip service and being condescended to. Now more than ever. We are constantly told by the Government that Gibraltar has never been better managed, stronger or more prepared for the future but in the last 12 months, we have been treated to an attack on the former Principal Auditor for doing his job, which the Hon. Ministers clearly did not like because this Government was being held accountable for its shortcomings.

The McGrail Inquiry, where the hon. the Chief Minister has washed his hands of all responsibility and faults, and his Ministers have given him their undying support. Each and every Minister got up to speak in his defence and express their support. Consequently, every Minister has publicly condoned the hon. the Chief Minister's actions, which were criticised in that judgement. *Aquí no pasa nada*. Even though we all know what that well-respected English judge found. Now, that drama is to be continued as the hon. the Chief Minister defends his position using taxpayers' money.

You see, Madam Speaker, there is actually no need to cut services. We just need to cut those legal fees (*interjection*). Even though, Madam Speaker, we are hearing all this, even though he told us all that, crucially, the reports completely exonerate the Government from many spurious allegations made against it. (Interjection)

I have been out of legal practice for a while, but when my clients were exonerated by a judge, they did not waste time or money in reviewing that decision. They said, thank you very much, and they went on their way.

Reviews happen when someone does not like the outcome, and if the McGrail Inquiry had exonerated the hon. the Chief Minister, as he claimed the reports had, then he would not be reviewing the Chair's decision.

Chief Minister (Hon. F R Picardo): Madam Speaker, a point of order. I am reluctant to stand during the end of this debate, but I have to make a point of order. I want to make a point of order because the hon. Lady is misleading the House.

I never said that I had been exonerated of anything. I said the Government had been exonerated.

I am not the Government. I am the Chief Minister. So if the hon. Lady gets up and says that I have said that I have been exonerated, she will be misleading the House, and I would suggest that she might want to think carefully about doing that.

The Hon. J Ladislaus: Madam Speaker, the question then to ask is whether the Chief Minister leads the Government or not. That is the question, because that is the question that the Chief Minister has basically posed. Who is the Government then, if not the Chief Minister?

The Government is made up of Ministers, and the Chief Minister is the leader of that Government.

Hon. Chief Minister: Read the Constitution and you will find out who the Government is!

The Hon. J Ladislaus: I do not want to stray any further into the McGrail Inquiry because I do not want to breach your ruling, but the Chief Minister was a central party within the McGrail Inquiry, and I leave it at that. Madam Speaker, we must ask ourselves why he tried to convince the public that the report had absolved him and the Government.

It is not as easy as this Government thinks to pull the wool over people's eyes.

Hon. Chief Minister: I have never said that the report exonerated me, ever.

The Hon. J Ladislaus: They should give Gibraltar a bit more credit.

Hon. Chief Minister: That is misleading…

Madam Speaker: I am not going to rule on that now. I move on through yours.

Hon. Chief Minister: Look at the press release, and look at what it says. It does not say I was exonerated from it.

The Hon. J Ladislaus: And finally, Madam Speaker, we had the Treaty debate, with more manipulation of reality by the Government than Houdini's great escapes. It has been a year worthy of a Hollywood thriller, the *aquí no pasa nada* thriller. When you think it cannot get any worse, the tension is rising and you are on the edge of your seat.

The power goes out and the lights switch off again. The lights are not the only thing that have been switching off during the frequent power cuts in this blockbuster of a year.

The RGP's telephone lines also seem to have gone down more than once. In the past 12 months, on the 18th of September 2025 and 26th of June of this year, to be precise, the RGP was forced to take to social media to provide the public with a mobile number as an alternative to the 999 emergency line. In September last year, it was confirmed that this was due to a system failure, which affected the emergency backup generator at New Mole House. Unfortunately, the power cut a few weeks ago appeared to have had the same exact effect.

The RGP are one of our emergency services which receive the highest number of calls, and a backup generator could not be a more critical piece of their resilient infrastructure. If they cannot be provided with proper resources to mitigate something that has become as common in Gibraltar as a power cut, how can this Government be trusted to provide the RGP with adequate increases in resources which are necessary for treaty implementation, compliance, and to adapt to the changing security needs that Gibraltar will have once the Frontier fence comes down?

The last few years have left the RGP with significant deficits in their complement, not least due to the impact of the McGrail Inquiry. The consequences have been evident with departments which have played a central role in law enforcement, like the drug squad, being disbanded because of a lack of resourcing. Looking at the figures in the Estimates book this year under the policing head, I am relieved to see that it has finally, after eight years, and I checked that, of having the same budget with negligible differences, received an increase to its budget. Whether that increase will prove to be enough to provide the RGP with the resources it needs to deal with upcoming challenges remains to be seen.

I observe that the budgetary increase has only come at the 11th hour, when provisional implementation of the treaty is expected as from next week. Just like the Government have known for some time that there would be Spanish boots on the ground, or maybe it is rubber shoes, or maybe *son babuchas*, it will have had a good idea for some time that our law enforcement agencies would require increased funding and resources. The Government's spin machine was working at full capacity back in January of this year, when they made the simplistic comparison between the £10.5 million that the GSD had invested in the RGP in 2011, with the £17 million which this Government invested in it last year, which had not changed since 2018, to claim record investments in the RGP. If we are going to look at the numbers, Madam Speaker, they must be given context. And here I am going to agree with the hon. the Minister for Health, and I pause here to say that I am going to refer to the Hon. Minister as the Hon. Minister for Health, because otherwise I would take a long time to go through all the different portfolios. So the hon. the Minister for Health, that figures require explanation, and not just theatre.

We keep hearing fantastical figures thrown around, which admittedly on the face can make things sound like they are going well, and there are no issues. The reality, however, is very different. Accounting for inflation, the spend in 2011 would equate to £15.5 million as of October 2025, which would be equal to a 10% increase in funding from 2011 to 2025, and not the 70% which the Government claimed. It is no more than a £1.5 million difference when the RGP have been faced with significantly increased pressure on resources in recent years. They did not have the McGrail Inquiry to deal with back in 2011. Increased demands of modern policing and intensifying expectations on policing in preparation for treaty implementation.

Government claims sound even more delusional though, when we look at the numbers per thousand people in the policing complement that were accounted for in the Estimates in 2011 versus the number accounted for in the Estimates book today. I do not like to refer to the past, especially when we are looking at 15 years ago, but the public do need to be aware of the way that this Government paints an inaccurate picture.

The population in Gibraltar was 32,000 in 2011 and 38,000 as per the 2022 census. In 2010 to 2011, there were 7.93 per thousand people within the policing establishment in Gibraltar. Under last year's Estimates, there were 7.57 per thousand people. So the ratio was in fact lower last year under this Government than it was in 2011 under a GSD Government but I will be fair to them. So I have done the same calculations for this year's figures under the policing head, which has been increased to £20 million and £46,000.

According to the 2022 census, there were 38,000 people in Gibraltar. So that would mean that this year's complement would result in 8.32 per thousand. But if we take the Father of the House's estimate in the past, I think it was on a Viewpoint that he said it, that we have likely now exceeded 40,000 people, then this year's policing complement is 7.93 per thousand, which is the same, Madam Speaker, as it was in 2011 under the GSD. From imaginary claims, we now move on to fairy tales and unicorns.

The long awaited manifesto commitment by this Government to build a new police station. Their manifestos are almost as good as Julia Donaldson's picture books. Not quite. The Gruffalo is still better.

At page 22 of the 2019 Manifesto, it says the development at Rooke by London and Regional continues to be negotiated. This includes a mix of offices and affordable homes, as well as potential rental housing for the elderly.

This will not be a high rise development and it will include, and "it will" is in capital letters, a new fire station for the GFRS and a new police station for the RGP. It was quite unequivocal. By the time the 2023 Manifesto came around, they said at page 68, we have been working to deliver new stations for the Gibraltar Fire and Rescue Services, as well as for the Royal Gibraltar Police.

It is envisaged that both will be at Rooke. The designs for these have now been agreed and signed off. The final execution of the grant of the tender for Rooke will enable these plans to go ahead in coming months.

There, in all its glory, at page 69 of the 2023 Manifesto, there is an artist's impression of the police station at Rooke. There may as well have been a picture of the Gruffalo.

In December 2024, I asked questions in this House about the progress of the police station project and the Hon. Minister for Justice responded that they were considering refurbishing and extending New Mole House instead. A massive U-turn. In February of this year, following closures of parts of New Mole House Police Station due to asbestos exposure because of heavy rain, I asked the Government for an update as to what the Government's intention was in respect of New Mole House. The response at that point was, I quote, and this was the Hon. Minister for Justice, who I do not see in this House at the moment.

> I can confirm to this House that the Government, as I have actually said in answer to the last question, I believe it is, or the one before that, the Government is engaged in discussions with a third party with regards to the potential for relocating the police station in that area. There is sensitivity at the moment with regards to the location because negotiations are taking place and they are being led by the Hon. Chief Minister.

Madam Speaker. We are now almost three years on from that beautiful artist's impression from 2023 and the unequivocal promises of 2019 and the new police station remains nothing more than a picture in a storybook.

No significant refurbishments to or expansion of New Mole House and radio silence as to its potential relocation and at a time when we need to have our best foot forward in terms of our security when that Frontier fence comes down.

Yesterday, the Hon. Minister for Justice referred to refurbishment works at New Mole House. It does not sound like the police will be getting the promised station. Interestingly, the only structures I have seen erected for the RGP very recently are at the Frontier and they are more of those luxurious portacabins. I wonder how many can be stacked one on top of another to make a big enough police station. I am sure, Madam Speaker, that Lego would be happy to help with the concept designs.

If they carry on like this, the new national symbol will be the portacabin instead of the castle and key. Ironically, amidst all the secrecy and opaqueness when they do not want us to know what is going on, yes, I use the word opaque again, the Government have not held back on publicly shaming the GFRS. They have done everything in their power to turn the tide of public sentiment against our firefighters because that is what this Government does when it is challenged.

It manoeuvres and it muddies the waters. The decision by the Government to publish anonymised but detailed salary data as to the GFRS earnings is nothing more than a smear campaign and a moral overreach. In a community as small as Gibraltar, exposing specific earnings can lead back to individuals.

Ironically, Madam Speaker, that is the response that we often get from Ministers when they do not want to answer a question in this House. It seems that policy, however, does not apply to them. Let us give it all some context.

Put simply, the GFRS is claiming a 7.5% night shift disturbance allowance because they argue that under the current pay structure, their night shift work is not being recognised. In turn, the Government take the position that GFRS salaries are all inclusive and are designed to compensate for the full operational demands of the job. They have also made the comparison between Gibraltar firefighters and their UK counterparts, who the Government argue earn less than our own do.

But those arguments are in a vacuum and they do not take into consideration that the GFRS cannot rely on other neighbouring fire services if the need arises, like their counterparts in the UK actually can. In the face of a big emergency, it is on them, so the risk they assume is far more significant. They are trained to firefight and provide rescue services within a wider range of areas than UK firefighters and firefighters from other small jurisdictions who are often trained within specific competencies.

The GFRS have responsibility for a built-up urban environment in which buildings are increasing in height and the nature reserve up the Rock, which is teeming with highly flammable foliage. They are trained to firefight and carry out rescue operations at sea. They are tasked with dealing with potential terrorist attacks and with fires on MoD property and after the airport closes in the evening, they are responsible for all fire and rescue response at the airport after the airport closes in the evening, bearing in mind that their basic pay is the same as that of the AFRS colleagues whose responsibilities are limited to the airport. What they are asking for is a pay review, which takes into account the differences between the work they carry out with that of the AFRS.

The Government's own policy recognises the impact that shiftwork has on different sectors at different times of day. Day shifts are compensated with a 12.5% allowance and night shifts with a 20% allowance. It was the Government who agreed to the AFRS' basic salary being on a par with that of the GFRS. These are situations of their own doing. It is the Government who have set these expectations, particularly against the backdrop of the abuses set out in the last Principal Auditor's report. Their response now is to whip up public sentiment against these public bodies like the GFRS, who want those policies that this Government has implemented applied across the board. A gentle reminder to the Government that they promised the GFRS a new station too and they have been waiting for 15 years.

In February 2012, this Government was asked when works would commence on the new fire station, how long those works were expected to last and the location that had been identified. That was 14 years ago. The response was that an audit needed to take place and would definitely commence before the 9th of March. That was the then Minister Linares, 2012, at which point the Government would be in a better position to consider the specific requirements for the new fire station and advise on where it should be located. By November 2012, the goalposts had already been moved because the Government then said that the audit would commence on the 25th of November of that year. At that point, they were still not ready to say where the fire station would be located. By 20th of March 2014, they had identified six or seven different potential locations, but said that five might not be suitable. January 2015, they were still working on plans and that was a response by the then Hon. Minister Licudi, which by their own admission, they had been working on for a while. He expected that works would commence before the elections were called. No announcements were made as to that secret location.

On the 13th of February 2023, the Government finally announced in this House, and that was the Hon. Minister Sacramento, only 12 years after they had promised a new fire station, that a new fire station and a new police station, a saga of which I have already touched upon, would be built at the Rooke site because the plans had been approved by the Chief Fire Officer. Over two years later, in May 2025, I asked the Minister for Industrial Relations, Civil Contingencies and Sport, who is now Minister Bruzon, we have already been through a number of Ministers, I have lost count, about the progress of the new fire station. The response was that the project remained at the design stage and that it was not possible to provide a completion date. In his budget speech last year, the Hon. Minister did not announce the start of construction of a new fire station. Instead, he announced some refurbishment works to the existing station.

I ask again, as so many people before me have in the past 14 years, where, Madam Speaker, is the new fire station? Narnia, maybe?

With this Government, it is the extremes. We either get promises in the picture book manifesto, which either take decades to become reality, or they do not come to fruition, or at the other extreme, their policies are driven by Facebook. The most striking example of shoot-from-the-hip policy decisions are the Hon. Minister for Justice's recent social media announcements of

how the Government will approach legislation to deal with the increasing number of convicted sex offenders that seem to be rearing their ugly heads. Let us make no mistake, they should be dealt with. We live in a very small place and we must do everything possible to keep our children and our most vulnerable safe. We simply have a different view as to the approach that should be taken to achieve that.

A few months ago, the Hon. Minister for Justice invited me to meet with him and his team so that they could take me through the Prison Amendment Bill 2026 and for that, I thank him. When it comes to the protection of our most vulnerable, I will lend my support. This side of the House will lend its support, Madam Speaker. I gave the Hon. Minister my humble views as someone who has practised criminal law and he in turn offered the reasons behind the decisions made to amend the Prison Act.

It is possible to work together across the floor of the House for the common good and we will be voting in favour of those amendments when the time comes. I am not unreasonable, Madam Speaker. My colleagues are not unreasonable.

So, after the apparent keenness to engage with the Opposition in respect of this legislation, I was taken aback, although I was not surprised, when the Hon. Minister for Justice began to make what looked like knee-jerk announcements as to policy in such a sensitive area without first having taken advice or considered the ramifications. The timing of the Hon. Minister's social media comments announcing chemical castration and significant changes as to provisions dealing with bail for convicted sex offenders pending sentencing is interesting because those announcements closely follow the conclusion of high-profile sex offender trials in our Supreme Court, reactive and shooting from the hip.

Why did the Government not consider their policies in that area before then, particularly when work was ongoing as to the amendments to be made to the Prison Act, which will keep convicted sex offenders serving a prison sentence behind bars for longer before they become eligible for parole?

Knee-jerk politics playing out on social media without measured consideration and in a highly emotive and sensitive area. If anyone would like to know what our policy is in this regard, it is contained in our 2023 Manifesto and will remain the introduction of local sentencing guidelines that make provision for tougher sentences for sex offenders and are more reflective of criminal activity which most affects Gibraltar, such as drug offences.

Incidentally, we very recently saw another example of the hold that social media has on this Government and how so many of their decisions appear to be based on reactions to public sentiment as expressed on social media.

Within days of Opposition social media posts and a press release relating to the conditions in which Customs and BCA officers were working down at the Frontier amidst construction, a more appropriate structure was erected, which provides more shade and ventilation than what had initially been set up. Why does it take that kind of pressure for the basics to be put in place? Next week, we will see the commencement of provisional application of the Treaty and with that, there will be significant changes to the way Customs and the BCA are required to discharge their responsibilities. It begs the question whether both agencies have received adequate advance notice of the nature of those evolving duties and training. Providing expensive vehicles is of little consequence if the officers who will have to deploy them in operational duties have not all received comprehensive training, especially if they have not had those responsibilities previously.

This is not an afterthought. Law enforcement officers will play a critical role in treaty implementation and compliance and in keeping Gibraltar safe and secure once that physical Frontier fence falls. In his budget speech on Tuesday, the Hon. Chief Minister says, I am quoting now:

> respect, support, that is what law enforcement agencies need and that is what they are getting from the Government.

The irony of those words when a mere seven months ago, the Chief Minister in his public address, following publication of the Openshaw Report said, quote:

> It will be striking for you to take note that the enquiry report makes more recommendations for the RGP to improve than any other organisation or person named in the reports.

At a moment that demanded a significant amount of self-reflection by the Hon. the Chief Minister as to his own behaviour and his own actions, he laid the worst of the blame squarely at the feet of the RGP (*interjection*). That is not showing support or respect (*interjection*) for law enforcement agencies. That was all about deflecting (*interjection*) from his own problems.

Madam Speaker, on to health and public health. The Estimates book is a spending plan, it is not a report. It shows the Government's intention as to expenditure and the number of posts that it intends to fund. What it does not do is give us a report as to the adequacy of that provision when it comes to the real world experiences on the ground. Looking at the nursing figures, and again, I appreciate that I talk about nursing a lot, but that complement makes up almost 47% of the entire GHA complement in the Estimates book, excluding ERS.

This is our biggest public-facing complement, which makes the impact of the Government's shortcomings obvious but many of the themes raised here do apply to this Government's approach in all areas of health care.

When we look at the totals for last year under nursing, there were 544.5. This year, we are at a total of 553. There is a total increase of 8.5 within that complement. It is not a significant increase in and of itself, but there is an increase. When we delve into the breakdowns, what we find is that there is provision for just eight more registered nurses, one plaster nurse specialist, one health protection nurse, 0.5 registered nurses for CCU, two more registered nurses for the cath lab, 0.5 registered nurses more for theatre or day surgery, and one theatre sterile services unit supervisor. There was none before, so we will be forgiven for wondering who supervises the TSSU currently.

That said, there is also a decrease of 0.5 operating department practitioners, of 0.5 registered nurses for children, eight less enrolled nurses, who are the nursing staff who typically spend more time with patients performing daily practical duties like helping patients with eating and with grooming.

No increases in nurse specialists in urology, when the Minister announced a one-stop shop urology clinic at St Bernard's Hospital in 2024, which supposedly expanded services.

No increases in nurse specialists in chemotherapy, in spite of the oncology suite expansion, resulting in the number of chemotherapy chairs doubling. The inclusion of a dedicated acute care bed for patients requiring closer monitoring and an increase in clinic rooms from two to five.

How then, I ask, and many people must be asking out there as well, are expanded services running and why is it that the numbers look okay on the surface? I keep bringing up staff shortages as an issue within the GHA. The problem is that those numbers can be and are massaged and they sit there on the page and are repeated by Ministers in a vacuum and without any context. For example, and although the numbers are just an example, I emphasise that point, this is how things are playing out.

Let us say, for arguments' sake, that there are 20 registered nurses to staff a particular ward and the approved numbers are in the Estimates book.

Then three months later, a new oncology suite is opened with double the chairs to administer chemo. At the same time, there is an insistence that day surgeries are not to be cancelled unless the apocalypse hits and power cuts do not count.

A new urology suite is opened. Suddenly, 10 of the registered nurses who were initially staffing the ward are sent to cover those new areas, leaving half of the original complement on the ward overstretched and scrambling to find cover. There are 10 now.

Then there is suddenly an influx of patients because there has been a flu outbreak. Three of the nurses on the ward catch the flu too. Now there are serious issues because there are seven nurses left from the original complement staffing the ward.

Another is due to go on annual leave for two weeks. The ward is down to six nurses now. Morale is low. The 6 nurses remaining are exhausted and working more hours than they should per week. Patient safety is at risk and so two of those nurses decide to risk it all. I say risk it because they have seen how their colleagues at CCU have been treated and how their whistleblower complaints have been dealt with and then they go ahead and make the complaints under the official GHA speak up policy but the concerns are not taken seriously and no meaningful improvements are made. Like we have seen recently happening with the CCU complaints, the nurses in question are not satisfied.

So one requests a transfer to another department and the other decides to resign. Which is what happened. Four nurses remaining now from the original complement of 20 on the ward and now there is a full-blown crisis added to the shortage of beds that we have been hearing persistent reports of throughout the year which the Minister is denying in spite of information frequently reaching us of patients being admitted to A&E and its chaos.

Back to the numbers in the book which are starting to look more inadequate now when the real world scenarios are applied and we look at the reality of what has actually been happening at the GHA. There are also numerous posts under the nursing complement which are considered allied health professionals and they do not typically come under nursing.

Operating Department Practitioners of which there are 10.5 in the book are allied health professionals. They are not nurses. They are registered healthcare professionals who work mainly within operating theatres and have responsibilities such as preparing the equipment, positioning and preparing the patient, checking equipment and drugs, passing instruments to a surgeon, counting them after a procedure to ensure that nothing has been left inside a patient. Post-surgery they will monitor patients, check vital signs, deal with immediate complications and hand patients off to the wards. They are specialised in surgical environments and will not typically work on wards either or in other areas. Then there are the 7 Theatre Sterile Services Unit Technicians or Central Sterile Services Department Technicians and the TSSU or CSSD manager, some mouthful. So that makes another 8 in total who again fall under the umbrella of allied health professionals in the UK. Their roles are distinct from that of a nurse. They specialise in decontamination, inspection, assembly, preparation, packaging and maintenance of complex medical instruments.

So that is a total of 18 roles within the nursing complement which would not be there regardless of whether they were there 15 years ago or not. Then there is the issue of a lack of forward planning, the consequence of which results in gaps in complements that take inordinate amounts of time to fill. The vacancies are provided for in the book but it does not mean that they are going to be filled or that they are being filled.

The point is that the reality on the ground is reflective of expansions of services without giving proper thought to whether the infrastructure is actually sufficient, not increasing the complements and resources to catch up with that growth in services.

This year, the Government have maintained, and I quote, that they do not consider there are staff shortages at the GHA. It is telling that the manning level maintenance total for the GHA has more than doubled from 2022 to 2023 when it was £1,003,489.68 to £2,105,000 for 2025/2026.

Manning level maintenance is the authorised overtime to ensure that departments meet their minimum required staffing complements. We have had plenty of horror stories this year again to suggest that some complements were falling short even of the minimum required. The numbers do not add up to what the Government is telling us versus the patient and staff experience. When they are called out, Madam Speaker, Ministers make inflated claims to take public attention from what is going wrong. Such as the claim that there are now 163.5 more nurses than in 2011. Madam Speaker, that may be factually correct but it completely ignores the fact there were 32,000 people in Gibraltar in 2011 and our population has grown to 38,000 people as per the 2022 census and, by the hon. the Father of the House's past comments, we have most likely exceeded 40,000 people now.

He did say, I observed in his speech, how important tracking population growth is. So I observe here that perhaps it is time for a new census soon. The figures we have are four years old and

many countries around the world carry them out every five years alongside frequently updated population registers and others have introduced a register-based model which keeps those statistics continuously updated. I digress.

The population growth has been between 19% and 25% conservatively between 2011 to date. The most accurate and fair comparison is to find out how many there were in the nursing complements per thousand people of our population. In 2011, there were 12 per thousand.

Today, looking at the figures in the Estimates book, there are 14.5 per thousand if we consider our population to be 38,000. If we consider that our population has probably exceeded 40,000, then there are approximately 13.8 from the nursing complements per thousand people in Gibraltar, including the 18 posts that more properly fall under Allied Health Professionals and not nursing. It is not just the population that has increased. The pressures on health services are constantly evolving to keep up with medical advances.

Growth and progress are obviously generally good but not when it goes unchecked. When that happens and the foundations are not actually in place, it is like building Rome on a sandhill. It might stand teetering for some time but ultimately it crumbles when the weight becomes too much to bear for those who are left to hold it up.

We are not saying, Madam Speaker, I have to pause here to reflect, we are not saying cut the budgets, we are saying the Government's projections are inaccurate, which is why they are always over by so much. This Government does not like the boring basics. They like the exciting shiny headlines and taking more photos and videos than Big Brother contestants, but it is getting the basics right that makes a difference.

What makes the GHA keep going even when it is understaffed, even when professionals are not being listened to and there is a pervasive feeling of demotivation, are the staff who keep showing up every day because their work is in fact vocational. It matters to them and they must be thanked for everything they put in. It can be a thankless task.

Madam Speaker, the Gibraltar Ambulance Service is the frontline of emergency response and an adequate ambulance station is a basic necessity to allow ambulance crews to carry out their work. It is not just a place where they can rest, eat, have a cup of coffee and be protected from the elements during a long shift.

A proper station provides secure storage for medications and equipment. It supports infection prevention and control. It acts as a coordination hub when there are large scale emergencies, it ensures ambulances can be kept secure, clean, properly stocked and generally maintained.

Our ambulance service was promised a purpose-built facility by the GSLP Liberals, the GSLP will do at this stage, during the 2019 election campaign and they repeated that pledge in the 2023 Manifesto citing the COVID pandemic as the reason for delays behind that project. In February of this year, the Gibraltar Ambulance Service had to be moved to the fire station because the inclement weather was exacerbating the already bad conditions within the portacabins that they were housed in. At that point the Minister claimed that the new ambulance station was quote:

> Expected to be operational within the next six months.

What was frustrating but in keeping with the way that the Minister for Health responds to many of my questions was the vagueness of her response and the attempts at convincing the public that the ambulance service were happy with the new arrangements for their improved station. Of course, if you give someone the choice of a leaky rusting old portacabin or replacing it with a new one they are likely to choose the new metal box. Not that they had any other choice in the matter. I am not sure in what world a portacabin which is a temporary structure is deemed to be a purpose-built station, but the mystery surrounding the arrangements suddenly made sense when they were confirmed along with some inflated claims as this adds to this Government's investment into the GAS and misplaced self-congratulations.

Purchasing 13 ambulances which are subjected to daily intense use and have an average lifespan of between 5 and 7 years over the span of 15 years is hardly the flex that the Minister for

Health thinks it is. Incidents in recent years certainly suggest that the ambulance fleet has seen a lack of maintenance and delays in the replacement of vehicles. Again, the increase to the ambulance service's staffing complement by 22 more than in 2011 is not significant because all it means when the numbers are taken apart is that the proportion of ambulance staff per thousand people in Gibraltar is little more than it was in 2011.

32,000 people in 2011 when there were 34 in the ambulance service complement which equals 1.06 per thousand. Between 38,000 to 40,000 people today and 56 within the GAS's staffing complement equals 1.47 to 1.4 per thousand — hardly something to shout from the rooftops like the Hon. Minister for Health did.

Information has been reaching us for some time now, Madam Speaker, suggesting that the GAS is in fact operating below complement. There have been plenty of examples this year of the Hon. Minister for Health misrepresenting the facts to mask some obvious issues within the GHA. The most glaring one is very fresh in the memory. The Minister's responses to my questions last week in respect to the whistleblowing complaints made by CCU staff.

It is incredible, Madam Speaker, for the Minister to have said that those complaints made in good faith by staff who were concerned that the situation could impact patient safety, no less, were raised as part of a grievance process and were not whistleblowing, and that there had been no whistleblowing complaints during the period in question. She then claimed that significant progress had already been made towards implementing most of the recommendations made during a review of the CCU which arose from those whistleblowing complaints and said that no staff had officially been removed from CCU or resigned because of any whistleblowing complaint relating to CCU. This time it was not just the public comments on social media where there was confirmation — might I add — that a staff member had resigned from the GHA because of the mishandling of those whistleblowing complaints.

It was Unite who set the record straight in a press release which set out the complete opposite of what the Minister had told this House to be a correct reflection of events. Particularly noteworthy within that press release are the following quotes:

> Independent review did not arise in isolation. It followed a formal grievance submitted by several staff working within the CCU under the GHA speak up policy which was subsequently upheld. It was against that background that the then Director General in consultation with Unite commissioned an independent review to examine both the concerns that had been raised and the organisation's handling of them.

As to Unite's understanding of events in relation to staff resignations and transfers they then said:

> Individuals who ultimately transferred or left the department were those who felt they had no realistic alternative but to consider resignation as a consequence of the circumstances that existed at the time.

And then in respect to the progress made relating to the recommendations in the report Unite said:

> Since the review was commissioned Unite has met regularly with the GHA workforce department to discuss progress. While regular meetings have taken place consultation must be accompanied by demonstrable progress. The updates provided mainly remain largely aspirational with few measurable outcomes or defined delivery dates making it increasingly difficult to reassure our members that meaningful change is taking place.

And finally they said:

> If confidence is to be restored it is essential that the public narrative is accurate, that commitments previously made are delivered, and that demonstrable progress is evidenced through meaningful action rather than assurances alone.

The Minister for Health, an alleged socialist who will soon be leading the GSLP, is not really coming across as having the best interests of GHA staff at heart, unless of course they are told lying and it fits in with the Government's narrative — no change from the party's current leadership. That last quote certainly suggests an erosion of trust in the systems which are there to ensure protection for employees and accountability when things go wrong.

The message is you will continue to be thrown under the bus when it suits this Government but protected when it does suit. The way this issue relating to the CCU has been handled is reflective of how this Government conducts itself across the board. I was admittedly taken aback when I re-read this Government's commitments to ensuring that agency workers and those on fixed term contracts are engaged only when there is a genuine need to do so, that temp workers will not be used to fill permanent vacancies, that mandatory reviews — sorry — would take place of agency workers' roles for a conversion to permanent positions, to ensure that bidders for Government works tenders, if the work has ever been tendered in the first place, treat agency and fixed term workers fairly, and that they would create a zero-hour contract consultation group.

Things at the GHA are quite the opposite. It is little wonder that staff do not engage with surveys. They are beyond fed up.

A lot of what we hear from the Hon. Minister for Health relates to big projects, the big ticket items that are easy to turn out headlines on. The basics, the foundations, are left behind. She has touched upon them today briefly, in fairness.

There is little thought and a disconnect as to the real life experiences of service users and staff throughout the year. When communication systems are not properly interacting with each other it does not matter how good newly opened departments are, because referrals are not reaching who they should. I have had too many service users recount horror stories about having to chase referrals for months only to eventually be told that the referral had not reached the relevant departments.

Some lose very precious time tied up in that referral process before a diagnosis and adequate treatment. If patient records are not all digitised they get lost. There are gaps and it can have a huge impact on the care and treatments that patients receive because a doctor may encounter gaps in a patient record. Yes, I have come across that scenario.

Which is why, Madam Speaker, the announcement of the GHA 1 programme is very welcome. I have been making the point for some time now, Madam Speaker, because the gaps are pretty obvious.

When policies are applied depending on who you are and who you know it discriminates against those people who are then treated differently. If you spend 40 minutes on the phone trying to get an appointment at the PCC only to be told that there are none left or the phone lines cut off — and yes, it is still happening frequently, people are not making it up — then you cannot access all the lovely new and improved services that the Hon. Minister tells us all about. When you call a GHA department countless times but there is no answer — and unfortunately I have experienced it myself plenty of times — it does not just cause frustration. Again, it can impede access because for some it is not easy to attend in person.

Worse still is the scenario which was brought to my attention recently. The phone line for cervical smears was completely dead for a period. I verified that to be the case by calling it myself. This flies in the face of the cervical screening review which took place in April 2025 which identified areas for improvement particularly in the call and recall system, because there had been significant shortcomings in cervical screening under this Government. It may have been a temporary glitch, as I called the number again since to be informed that there is in fact a waiting list to be given an appointment. This type of screening literally saves lives so ensuring that lines are working and attributing enough resources to avoiding lengthy delays should be a priority.

Whilst I am on the topic of preventative measures I would be remiss not to touch upon the GHA's vaccination programmes. In February I asked questions in this House about the gap in the provision by the GHA of the varicella, commonly known as the chickenpox vaccine, for children and the shingles vaccine for those who are over a certain age or immunocompromised.

The hon. the Minister for Health responded that the funding estimates would be included in the budget for this year. Are those, I ask now, under line 24 at page 191 of the estimates book which reads drugs and pharmaceuticals? Unless I missed it, Madam Speaker, I did not hear those programmes being announced by the Minister in her speech.

I will however congratulate the Minister and those in public health on the apparent success of the mobile health unit which does improve accessibility to seasonal vaccine campaigns such as the flu vaccine. I will do my part in encouraging people to have that vaccine when the time comes again and in the general increase in uptake for that vaccine. Credit, Madam Speaker, where credit is due. I will be following up as to the statistics on uptake and cost in future sessions of this House.

Three weeks ago, the Opposition issued a press release requesting confirmation from Government as to whether the GHA will be offering the meningitis B vaccine to all Gibraltar students. In March 2026 the GHA offered the vaccine to University of Kent students specifically, which was in line with the NHS response to the cases of meningitis that they had been at the university.

Since then, the NHS has rolled out that vaccine more widely so that 1 million young people in their final year of secondary school and 18- to 25-year-olds heading to university or residential education for the first time this autumn will be offered the two-dose vaccine. The NHS's advice is that international students under the age of 25 should, where possible, receive the first dose of the meningitis B vaccine in their home country. We have received a significant number of queries about this. I would therefore urge the Hon. Minister to provide some clarification as there are concerned parents out there who want to heed the advice and would like for their children to receive these vaccines, and we are now a mere 2 months away — I note — from the start of term for university students.

The importance of data collation cannot be underestimated, more so when it relates to something as critical as vaccine uptake numbers. This is why the responses provided by the GHA to GBC recently that, quote:

> It is currently unable to provide childhood vaccination uptake rates because it does not have a dedicated childhood information system,

are quite concerning. We look forward to updates as the GHA's digital transformation committee explores this further. I do not need to impress upon the importance and effect of proper data collection to informing future strategies.

As I have done in the past couple of years, and because there is no health without mental health and its importance cannot be overstated, I turn to the state of mental health services. Continuity of care is central to all areas of health care but it is of particular significance when it comes to service users accessing mental health services. Rapport with and trust in a mental health professional results in better clinical outcomes.

It lowers the risk for people suffering from severe conditions because a professional who is familiar with a patient will identify subtle changes and be able to intervene before they worsen, and it ensures that service users are more likely to engage positively with their treatments. This is one which is persistently highlighted to me by service users and their families who are all too often left in the lurch because of staffing gaps. People should not have to chase and beg for an appointment or to obtain their medications, the stress only worsens their existing conditions.

The GHA is still struggling with staff retention and with future planning. It is not enough to say that there is a worldwide shortage of health care professionals when little is being done to motivate them to remain when we do attract them. This applies to the GHA in its entirety, not just within mental health services. Word gets out in health care circles and regardless of our access to NHS recruitment platforms damage is being done to the GHA's reputational standing as an employer. That translates to the patient's experience when they are being passed from practitioner to practitioner.

The latest mental health reports highlighted a theme that comes up frequently and which I have not tired of speaking about since the 2019 Election, Madam Speaker. The lack of listening to the experts. It is obvious that mental health professionals feel that they were not properly consulted in respect of substantive issues relating to the CMHT move to the new mental health hub and that is the community mental health team. If we have the people with the knowledge and the frontline day-to-day experience, the most logical thing you would think is to engage with them because it strengthens services. This should never be a tick box exercise so that the Government can say that they have done it.

It is an integral part of change, progress and improvements to services that have an actual impact on patient welfare and do not just look good on paper and social media or sound good in an interview.

Which brings me to the lack of a code of practice under the Mental Health Act 2016. 10 years after that Act made it into the statute books. That code is so crucial because it provides practitioners with a guide and benchmark as to day-to-day decisions and a lack of one leads to inconsistencies in approach, treatment and consent. A code does not just provide a framework for practitioners. It is a safeguard for patients' rights, setting out clear criteria for when it is in an individual's best interest to set them aside and when it constitutes a breach to do so.

The Government is planning an entirely new model of care but it has put the cart before the horse. Publishing at least the sections of that code which are ready should have already been done. The mental health report calls for this urgently but so do patient advocacy groups like the Mental Welfare Society who are well aware of the impact that these shortcomings have.

Moving on to the heart of Primary Care in Gibraltar — the PCC and the GPs who provide care for us all. As it stands, appointment slots at the PCC are 10 minutes long each and GPs must do their utmost to stay within that limited time. Information reaching the Opposition is that GPs are scheduled for approximately 36 patient contacts per day and beyond. That is certainly in line with answers given by the Hon. Minister in this House that they have 18 appointments per session, one session referring to either morning or afternoon, although I note now that she did not actually elaborate on that at the time. It is also not surprising that the Hon. Minister therefore refused to give a specific answer when asked in this House last year. The British Medical Association's recommendations for safe medical practice when it comes to GPs states:

> By extending appointments to an average of 15 minutes practices can reduce the need for repeated contacts with patients while still preserving quality of care and patient satisfaction.
>
> It can also support continuity of care which is increasingly recognised as one of the key contributors to better patient outcomes and experiences. This should be done without increasing the total time GPs spend consulting in their day, meaning for most practices a reduction in the absolute number of appointments per session. This is to ensure GPs and other clinicians can practise safely.
>
> The focus must be on delivering safe high quality care driven by the needs of the patients and their practices. Current BMA standards for a session of GP care is four hours 10 minutes. No more than three hours of this should be spent in contact with patients.
>
> Within these limits adequate rest breaks must be taken. Extending sessions beyond this time risks harm to patients and clinicians.

It seems that our GPs are being stretched well beyond what are considered safe levels, Madam Speaker, and I would be concerned about the risk to patients because of that excessive pressure on our GPs. Not to mention working in conditions like this results in staff retention problems which again leads to a lack of continuity of care.

Since 2021 we have been asking whether there would be health care arrangements or provisions in the treaty akin to the benefits that we had under the old E111 framework where we could access medically necessary health care in Spain. During the Treaty debate we once again sought clarification. They had been very quiet on that front during that debate despite the

Government's response that it was exploring an arrangement with Spain in that regard. This remains an unaddressed worry for many Gibraltarians especially the elderly who may struggle to obtain private medical insurance for day trips to Spain.

In a climate of so much change with provisional treaty implementation days away — sorry — days away, the Government should not lose sight of the impact that the new residence criteria framework is having on ordinary people who have lived in Gibraltar for many years, contribute to our economy and consider themselves integrated into our community. We have had various approaches where such individuals who have historically had access to the GHA because they are entitled to it by virtue of their social insurance contributions or because they are the dependent of someone who is, are now experiencing significant difficulties and hurdles when attempting to access health care with little prior notice. By the same token these measures could very well restrict much needed health care professionals from coming to work for the GHA when there is already a worldwide shortage.

There are so many different areas which make up the health and justice portfolios, Madam Speaker, and I could be here for hours if I were to dissect every one of them. I do not want anyone to think that no mention of a specific area means that I, we on this side of the House are uninterested. It is quite the opposite.

Holding the Government to account is our role and I will keep asking the questions in this House even when clear responses are not readily provided. I have attempted to identify areas in this contribution which have been consistently flagged to us and which illustrate themes that permeate the entirety of the health service and across the departments that make up the justice portfolio. I want to emphasise that the themes are not unique to the areas that I may have homed in on.

My door is always open. I am a great believer in face-to-face conversations and maintaining that human element in a world which is increasingly more digitised.

I am sorry, I am not one to live my life on social media — to my detriment sometimes. I am not one to post about everything I do or everywhere I go and I do attract criticism for that. I accept that some of it is justified and will keep learning and making efforts to improve.

Trying to make a difference though does not need to be shouted out from the rooftops daily. The difference itself should be the one that speaks volumes. Too much time and energy are spent nowadays trying to keep up appearances digitally while neglecting human interaction. Opposition, Madam Speaker, can be frustrating because it is seeing, hearing and appreciating the issues, the hardships, the difficulties people are having out there and being limited as to what you can do to help, to make a difference, to alleviate those hardships.

The hon. the Minister for Justice yesterday downplayed the role of the Opposition, flippantly calling it easy, and the hon. the Minister for Health has done the same today. I can assure them that it is anything but, when we get next to no information from the Government because they do not like scrutiny. He should make no mistake — or rather they should make no mistake.

It is central to a functioning democracy and his belittling of the role speaks to what they really think of accountability and proper scrutiny.

Even though I do not have a responsibility for the equalities portfolio, Madam Speaker — that is for my hon. colleague and friend, Mrs Sanchez, who I am certain will address areas of importance in her own speech — as a woman in a public role I feel that I have a general responsibility to touch upon the subject of women in Parliament and in public life.

Women have only been able to vote for the past 108 years in the UK and even then there were strict restrictions which were not in place for men. It was only 98 years ago that we achieved the same voting rights as men. In Gibraltar's modern political history only 10 women have served as MPs since 1969 and 1 woman before that was voted into the Legislative Council in 1953.

11 women in 73 years and four of us from that total have served since less than three years ago. Madam Speaker, the walls leading up to this Chamber only have photos of men because you were the first woman to be appointed Speaker of this House in its 57-year history. We are progressing but it is too slow.

We still fall below the over 30% average of women to be found in the make-up of European Parliaments which in and of itself is not good enough. The question of why more women are not engaging in frontline politics is a complex one that I am not going to embark on in depth now because we could have another three hours of contribution if I did. There are certainly issues that can easily be addressed relating to the processes of this Parliament which stand to make some difference.

For every big change there are many little ones which add up. We cannot have the Government sit here and continue to pretend that they are champions of women and of equality when we still do not have something as simple as a parliamentary calendar which gives at least an idea as to dates and times for sessions of Parliament. I will keep coming back to this until a meaningful change is actually made.

Even the agenda which is only circulated a short while before the day starts is not followed, and that, Madam Speaker, I have to clarify is not a criticism of your staff who are in fact diligent, hardworking and efficient, and I take this opportunity to thank them and you.

It is a criticism of the Government who provide them with the agenda and the instructions. It is like a Kinder Egg, Madam Speaker, but with the fun and the chocolate taken out of it.

You just do not know what surprise you are going to get. Before the Hon. Chief Minister jumps up and offers poor excuses or accuses me of being unreasonable, I will say this. I am no stranger to hard work or to thinking on my feet and I acknowledge that the work of Government is fast paced and things can change. Emergencies happen. Extraordinary sessions arise. The fact is that it is not the norm around the world to use the parliamentary calendar and timetable as a tactic to make things more difficult for the Opposition and to throw the public off when it suits the Government.

MPs and the public are given plenty of advance notice in the majority of democratic jurisdictions which allows for more public scrutiny of the work that takes place in this House and it enables MPs to prepare and make arrangements in good time, especially caregiving arrangements. I use that term and not childcare because for some it could be elderly or vulnerable adult family members. I do not like crying sexism but whether we like to acknowledge it or not the bulk of those responsibilities, in far too many households, although not mine, still falls on women.

The lack of provision of a proper calendar by Government may seem small and it may seem insignificant. I am sure that there are some who think I am being petty raising it yet again. We are getting smiles from the Government benches again. It does however have a big impact especially for young families in the height of summer who cannot make any concrete plans whatsoever.

It may be that Ministers make their arrangements so the calendar reality works disproportionately against the Opposition and it is not good enough to say that it has always been like that — should it not change? Less lip service and calling out of mansplaining when there is none, and more focus on making the changes that actually matter.

While we are on the subject of mansplaining, that seems to be the Hon. Minister for Health's new favourite word to throw about this House and even in public at my male colleagues on this side of the House without a second thought and when there is nothing to suggest that any gender issue has actually arisen. Madam Speaker, recently you yourself actually called out the Hon. Minister for doing so. It seems to me to be deployed as a reaction when the Hon. Minister feels cornered on a matter, and that is incredibly dangerous and it sets us back as women. The boy who cried wolf should never turn into the lady who cried mansplaining, because it makes it less likely that genuine complaints of sexism will be taken seriously.

Madam Speaker, I think that we have reached a point where I have to address the comments made again by the Hon. Minister for Health in her own speech today. I want to go back to a quote from a speech in which the hon. Leader of the Opposition was in fact said to have been sexist again. So it says:

> The notion that after a collective 23 years in Government over two distinct GSLP administrations things will be done differently by a leader, Mrs Arias-Vasquez, who looks on these periods in office with teary-eyed admiration and endorsement, would be totally false.

I do not see anything that suggests sexism there, Madam Speaker — nothing at all. It is a complaint levelled at the way that this Government handles itself and the fact that the Hon. Minister for Health is endorsing the way that it behaves is the point that is being made. There is nothing more to it.

Expecting, Madam Speaker, to be treated differently or being treated differently in this House and in these roles and expecting to be approached with kid gloves by our male colleagues because we are women, is ironically the very definition of gender inequality.

There are many young women out there and even older women watching us and I hate the idea that the message you are getting through might be one where we are encouraging them to push to shatter the glass ceiling by feigning sexism when they are faced with a challenge. I have respect for the Hon. Minister for Health's intelligence and I know that when she relies on false accusations of sexism and misogyny against one of my male colleagues it is because she has nowhere else to go with an argument.

It was US Supreme Court Judge and pioneering women's rights lawyer Ruth Bader Ginsburg who said:

> Fight for the things that you care about but do it in a way that will lead others to join you.

Here is a thought for not just women and girls out there but also for boys and men. Women make up roughly half the population so why are we not taking up half of the seats in this House?

We women need to stop apologising for taking up space. We belong in this place where decisions are made that affect us and the most powerful thing we can have is a voice. To women considering whether they should take the leap to become more involved in frontline politics: it is not easy but nothing worthwhile ever is.

Just like in most roles you will still have to fight twice as hard as the men just to be heard and taken seriously. You will have to break down the prejudices and stereotypes that still exist in some circles about women's capabilities. There will be those who call your assertiveness aggression and attribute your passion to hormonal surges and there will be others who condescend to or ignore you while clapping your male colleagues on the back, and a lot of that will play out in the public eye, but the rewards and the positive impact of putting ourselves out there far outweigh the challenges.

Remember that once upon a time women's views did not matter at all but that did not deter some from speaking up. Once upon a time there were no women at all in positions of leadership until they were. Once upon a time women were not allowed to vote until some courageous women fought to be heard and that changed.

Once upon a time there were no women at all in this House until our numbers grew to 11 in total throughout the years and a historic 5 at the same time. It is progress but it is not nearly enough, which is why I am delighted that Gibraltar now has a youth parliament. I want to take a moment to congratulate you, Madam Speaker, for spearheading that initiative and to congratulate the young people who form part of it for their interest and commitment, and to your staff for all the hard work carried out in that regard.

The debates which took place just two weeks ago and for which the first time in history saw a majority of women debating in this House in the finals showcase nothing less than raw talent and impressive skills. The biggest changes are led by our young people and having seen the next generation in action I am confident that we are in good hands. I very much look forward to taking you up on your invitation, Madam Speaker, to discuss our youth parliamentarians' views on social media and the effects they feel that it has on them.

If there are other young people out there who are interested in shaping the policies that impact them now and will impact their futures, I would strongly encourage them to get involved, because as the author and activist Alice Walker said:

> The most common way people give up their power is by thinking that they do not have any.

I started this contribution with a Star Wars quote. The Hon. the Chief Minister has inspired me to end with a Guns and Roses one, Madam Speaker.

The public should hang in there and continue to exercise just a little patience because nothing lasts forever, we all know hearts can change. To the Hon. Minister Arias Vasquez who will be assuming the reins of leadership soon, I urge caution because it is hard to hold a candle in the cold November rain. Thank you, Madam Speaker. (*Banging on desks*)

Adjournment

Chief Minister (Hon. F R Picardo): Well, Madam Speaker, after that contribution we might all end up knocking on heaven's door, but perhaps we should come back tomorrow to hear the Hon. the Minister for Tourism and all the other responsibilities that he has, who will give us a much more positive outlook on life. I move that we should adjourn to tomorrow at 10.30 in the morning.

Madam Speaker: I now propose the question which is that this House should now adjourn to tomorrow at 10.30 a.m. I now put the question which is that this House should adjourn to 10.30 a.m. tomorrow. Those in favour? (**Members:** Aye.) Those against? Passed. This House will now adjourn to 10.30 tomorrow morning.

The House adjourned at 5.49 p.m.