



PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

AFTERNOON SESSION: 3.32 p.m. – 8.22 p.m.

Gibraltar, Wednesday, 14th January 2026

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The Gibraltar Parliament

The House resumed at 3.32 p.m.

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

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

Questions for Oral Answer

HEALTH, CARE AND BUSINESS

Q811/2025

GHA recruitment process –

Bulletin no. NUR 11/25

Clerk: Answers Oral Questions continued.

Questions to the Hon. Minister for Health, Care and Business.

5 Question 811, the Hon. A Sanchez.

Hon. A Sanchez: In relation to GHA Bulletin Number NUR 11/25, can the Government provide an update on the recruitment process?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the recruitment in respect of current nursing system vacancies referred to in the GHA Bulletin Number 11/25 is currently on hold pending a review of staffing requirements across the GHA.

15 **Madam Speaker:** Any supplementaries?

20 **Hon. A Sanchez:** Madam Speaker, when I filed this question in September I believe it was, the position was, at least the position that was communicated to us was that the applicants had not been informed that the position was on hold or no information had been given to them about the application process or that the position was on hold. Has this position changed? Have they been informed that the application is on hold?

25 **Hon. G Arias Vasquez:** Madam Speaker, as the nursing complement in the hospital is aware that we are currently undergoing a nursing acuity review of which there will be further questions later on in this session. This feeds into that acuity review and that feeds into the plans for the nursing acuity review.

30 **Hon. A Sanchez:** Grateful for the answer Madam Speaker, but it does not really answer the supplementary question directly. The applicants or the people that have reached out to us with

concerns about this specific issue are concerned about the fact that they have not heard anything back in relation to the applications that they have made in regard to this vacancy. Will they be hearing back in relation to the applications that they submitted and when will they be given clarity at least to be advised that this is on hold and to have some more clarity on when they will be known more about this?

Hon. G Arias Vasquez: Madam Speaker, as the hon. Lady will be aware there is a department of HR in the GHA called Workforce and these are the sorts of issues that they deal with regularly. I imagine that they are in touch and they have informed anyone that has asked them that it is on hold pursuant to the acuity review. So I strongly suggest that anyone who has reached out to the hon. Lady reaches out to HR and they will confirm that everything is on hold pending the acuity review which the nursing complement has asked for.

Madam Speaker: Next question.

Q812/2025

**Finance Director for the Care Agency and Finance and Procurement Advisor to the Ministry of Health and Business –
Changes to the current dual appointment**

Clerk: Question 812, the Hon. A Sanchez.

Hon. A Sanchez: Can the Government confirm whether it intends to make any changes to the current dual appointment of Finance Director for the Care Agency and Finance and Procurement Advisor to the Ministry of Health and Business?

If so, will the Government confirm:

1. Whether any resulting vacancies will be subject to an open and transparent recruitment process; and
2. Whether the two posts will be advertised and filled separately or maintained under a dual-holding arrangement.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the person currently holding this position gave notice and resigned from her position. No decision has yet been made as to the composition or otherwise of these posts going forward. All resulting positions, where relevant, will be subject to an open and transparent recruitment process.

Hon. A Sanchez: Grateful for that answer Madam Speaker. In answer to questions that have been filed in relation to this issue before, the Minister has previously suggested that decisions in relation to these vacancies will be subject to any decisions going forward in relation to the merger. Is this still the Government's position?

Hon. G Arias Vasquez: Yes, Madam Speaker.

Hon. A Sanchez: And it is also the position of the Government that there was someone training for the post of these roles and someone was being trained up to then fill one of these roles. I believe it was the Finance Director for the Care Agency.

Is there someone currently training for this position?

Hon. G Arias Vasquez: Madam Speaker, the individual who held this position was mentoring numerous people, one of them being the Finance Director or the person who was acting into the role, the Finance Director of the GHA. As we confirmed recently, the position of Finance Director has now been filled and I would like to offer her my congratulations here.

So, yes, that position has now been filled.

Hon. A Sanchez: Madam Speaker, how does this then tie up with the vacancies that the Government is intending to recruit for and the decisions that it is intending to take on the dual arrangement for this role? Can she perhaps elaborate further on this?

Hon. G Arias Vasquez: Madam Speaker, my answer to the question is that we are reviewing the situation to see whether indeed these roles are necessary going forward, given that the mentoring has already occurred. We will be establishing whether or not that is required in the next few months and determining the outcome depending on the restructure of the GHA.

Madam Speaker: Next question.

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Q813/2025
Child Protection Committee –
Publication of annual reports

Clerk: Question 813, the Hon. A Sanchez.

Hon. A Sanchez: Has the Child Protection Committee published any annual reports since its establishment? If so, when were these published, and if not, when does the Minister expect the first report to be made publicly available?

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

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

Hon. A Sanchez: Madam Speaker, does the Hon. Minister elaborate on whether the Child Protection Committee intends to publish any annual reports any time soon?

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Hon. G Arias Vasquez: Madam Speaker, I am aware that all the reports are completed. I have handed copies of them, but in order to establish whether they are going to publish them or otherwise you would have to ask the Child Protection Committee.

Hon. A Sanchez: Madam Speaker, in the UK and in comparable jurisdictions, annual reports are published routinely, and they set out learning priorities, publish data. Does the Minister not accept that Gibraltar should meet the same transparency standards and publish these?

Hon. G Arias Vasquez: Absolutely, Madam Speaker, I will be taking that up with the Child Protection Committee as to why the reports are not published.

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Hon. A Sanchez: And will the Minister not make this recommendation to the Child Protection Committee, perhaps give some insight on when these reports will be made available?

Hon. G Arias Vasquez: Madam Speaker, even though I established the Committee, the Committee is an independent body from me. I can ask them why they have not published the

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reports. I can make a recommendation that the reports are published, but whether the reports are published or otherwise is entirely up to the Committee. They can properly decide to do so or otherwise.

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Madam Speaker: Next Question.

Q814/2025

Child Protection Committee –

Recommendations implemented / outstanding and oversight mechanism

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Clerk: Question 814, the Hon. A Sanchez.

Hon. A Sanchez: How many of the Child Protection Committee's recommendations since the 1st of April 2022 have been implemented, are in progress, or remain outstanding, and what oversight mechanism is in place to monitor compliance?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, since 1 April 2022, the Child Protection Committee has made 50 recommendations. Of these 25, 50% have been fully implemented and the remaining 25 are in progress, sorry. There are no recommendations classed as outstanding or not yet commenced.

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Oversight is provided through established inter-agency governance arrangements. The Child Protection Committee retains overall responsibility for monitoring implementation and is supported by a dedicated sub-group with specific responsibility for tracking and scrutinising delivery of the recommendations. The sub-group provides regular reports to the Committee on progress, risks and delivery issues, enabling challenge, assurance and escalation where required.

Madam Speaker: Any supplementaries? Next question.

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Q815/2025

Child Protection Committee –

Individual / systemic case reviews

Clerk: Question 815, the Hon. A Sanchez.

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Hon. A Sanchez: Of all the cases reviewed by the Child Protection Committee since its establishment, how many were individual case reviews arising from safeguarding concerns, and how many were systemic or policy reviews initiated by the Committee or the Minister?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, although the question refers to all cases reviewed by the Child Protection Committee and distinguishes between individual case reviews and systemic or policy reviews, it is important to clarify that the CPC does not routinely review all individual safeguarding cases. Responsibility for individual cases rests with the relevant Department upon receipt of referrals. Since the establishment of the CPC, one serious case review has been commissioned under its authority.

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Records are held from the commencement of the Committee's work in 2020. No further individual case reviews have been undertaken. In relation to policy, a review of the inter-agency working child protection policy and procedures has been underway and is now in its final stages of completion, with the first draft expected in 2026.

Madam Speaker: Any supplementaries?

Hon. A Sanchez: Madam Speaker, can the Hon. Minister perhaps elaborate on a process and whether the Child Protection Committee has a defined process for reviewing. Does it review serious incidents involving children or young people where it looks at serious death or life-threatening harm? Is this something that the Child Protection Committee looks at or would that involve different Departments and not the Committee?

Hon. G Arias Vasquez: Madam Speaker, if I understand the hon. Lady's question, it comes in two parts. First of all, does the Committee have terms of reference, to which the answer is yes, there are defined terms of reference which the Committee has. Secondly, I think the question is, if I understand correctly, has the Child Protection Committee the authority to do a serious case review in terms of children who have significant issues?

In terms of that, what the Child Protection Committee does is that it requisitions from an independent third party a review. So, when the Child Protection Committee believes that a serious case review is needed, it will requisition a third party or appoint an independent third party to commission the serious case review. I think that is it.

Madam Speaker: Next question.

Q816-7/2025

Child Protection Committee –

Recommendations / outcomes arisen from the cases examined; Cases reviewed

Clerk: Question 816, the Hon. A Sanchez.

Hon. A Sanchez: What recommendations or outcomes have arisen from the cases examined by the Child Protection Committee since April 2022, and to which departments or agencies were these recommendations directed (e.g. Care Agency, Department of Education, Royal Gibraltar Police, Gibraltar Health Authority)?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 817.

Clerk: Question 817, the Hon. A Sanchez.

Hon. A Sanchez: How many cases has the Child Protection Committee (CPC) reviewed or looked into since its establishment, broken down by year and category of case (for example: physical abuse, neglect, emotional abuse, sexual abuse, safeguarding concern, or policy/procedural review)?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the Child Protection Committee is Gibraltar's statutory multi-agency child safeguarding partnership, established under the Children Act 2009. Its purpose is to provide strategic leadership, coordination and oversight of child protection arrangements across relevant agencies in Gibraltar. The CPC does not review, investigate or consider individual child protection cases.

It therefore does not produce recommendations arising from individual cases, nor does it direct recommendations to particular departments or agencies on the basis of specific incidents.

Madam Speaker: Next question.

Q818-9/2025

St. Bernard's Centre –

Expansion / refurbishment plans; Details of construction of new facility

Clerk: Question 818, the Hon. A Sanchez.

Hon. A Sanchez: Can the Government state what expansion and refurbishment plans it has for St Bernadette's Centre, and when these works are expected to commence?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 819.

Clerk: Question 819, the Hon. A Sanchez.

Hon. A Sanchez: In relation to St. Bernardette's Centre, could the Government provide the following information? Whether a new facility centre will be constructed, including the expected start date and location? And whether the new building will include accommodation for residents of Learning Disability Residential Services, including Dr. Giraldi?

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 absolutely committed to the construction of a new St. Bernadette's. This was clearly set out on page 117 of our manifesto and is now the policy of the Government. I can also confirm that the new building will include accommodation for identified residents of the Learning Disability Residential Services, including those currently residing at Dr. Giraldi.

Hon. A Sanchez: I am grateful for that answer, Madam Speaker. If I could ask supplementaries on Question 818 first. Could the Hon. Minister perhaps elaborate on what expansion and refurbishment plans it has for St. Bernardette's Centre, the current one?

And when these works are expected to commence, if she could take that question first, please.

Hon. G Arias Vasquez: Madam Speaker, we are currently looking at all options for the intake of 2026, September 2026, into St. Bernardette's Centre. There are numerous options that are available and the Care Agency and the CEO of the Care Agency is exploring all of them to determine what is the best option to facilitate the move in September 2026. I think that answers that question.

270 **Hon. A Sanchez:** Could the Hon. Minister elaborate on what she means by all options? Could she perhaps give us an insight on what options the Government is considering?

Hon. G Arias Vasquez: As family members are aware, we are considering a new building, which I do not think will be ready in time for September 2026. We are considering an expansion of St. Bernadette's itself, but we need to do this quite quickly. Or we are looking at other alternatives where the children can actually go for an interim period or, in fact, for a longer term if they choose to go to an alternative facility.

280 **Hon. A Sanchez:** And does the Hon. Minister have any indication of how much additional floor space the expansion creates?

Does she have approved floor designs? Is that far ahead in the concept? Has that been designed already or is this something that is only just been discussed and has not yet been designed?

285 **Hon. G Arias Vasquez:** Madam Speaker, as the hon. Lady will be aware, we held consultation with parents just before the summer break last year. This summer has been ongoing since August-September last year and therefore, whilst I do not have the actual figures of the full floor space, I do not have the plans in front of me, it is something that is advancing.

290 **Hon. A Sanchez:** And in relation to the new building, in relation to Question 819, in relation to the new St. Bernadette's Centre, could the Hon. Minister confirm whether the new site is still that of the new building in Commonwealth Park and whether she has an estimated start date for that building when she expects the Government to start with that project?

295 **Hon. G Arias Vasquez:** Madam Speaker, yes, I can confirm that the plans for the building are still to be located in Commonwealth Park. We are still in a position where we are consulting all the relevant stakeholders, including the professionals in the building, in order to determine what exactly that building should look like. So unfortunately, as the hon. Lady may be aware, until we have consulted everyone and developed the plans to a point that everyone's happy and then gone into a discussion with the contractors, we cannot confirm a start date.

300 And when we can confirm the start date, then we can confirm the termination date but at the moment, we are still in the process of developing plans.

Hon. A Sanchez: And just one last question, could the Hon. Minister confirm at least whether she expects it to be in this term of office?

Hon. G Arias Vasquez: Yes, Madam Speaker.

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Q820-2/2025

**Respite services for children and young adults with learning disabilities –
Employment, vetting and monitoring of training entities; Contract / memorandum of
agreement for the provision of respite services; Respite services consultation process**

Clerk: Question 820, the Hon. A Sanchez.

315 **Hon. A Sanchez:** In reference to Government Press Release 451/2025 and the Government's plans for respite services for children and young adults with learning disabilities, could the Government provide the following information:

1. The entity that will employ any carers required when these plans take effect.
2. The entity responsible for conducting and monitoring the vetting of carers; and
3. The entity responsible for the monitoring of carers' training.

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 821 and 822.

Clerk: Question 821, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government state whether it has entered any form of contract or signed a memorandum of agreement with any entity for the provision of respite services for children and young adults with learning disabilities, and provide details of what has been agreed?

Clerk: Question 822, the Hon. A Sanchez.

Hon. A Sanchez: Has the consultation with families referenced in Government Press Release 451/2025 regarding respite services for children and young adults with learning disabilities been concluded?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Questions 820 and 821, a contract was signed with Possibilities on 25th September 2025 after a tender process was carried out, as has already been detailed in this House and in the local media. This was all done under the advice of the Government's Procurement Department. As stated in Government Press Release 451 of 2025, the Care Agency will retain responsibility for strategic oversight and contract management of the service.

This includes ensuring that compliance with vetting and training standards is maintained. In addition, Care Agency staff will be present on site to provide direct support to service users with more complex needs, including those who may require emergency intervention.

In answer to Question 822, the consultation with families as referenced in Government Press Release 451 of 2025 regarding respite services for children and young adults with disabilities concluded on 25th June 2025.

Families were informed of the consultation's conclusion at a town hall meeting on 18th June 2025, where it was communicated that all their comments and concerns had been duly considered. Furthermore, negotiations had commenced with PossAbilities identified as having the preferred premises to continue providing the service while the Care Agency maintains an overall strategic oversight and contract management.

Hon. A Sanchez: Madam Speaker, if I could just ask first on 820. There is a point there, point one of the question. Could the Hon. Minister clarify the point on the carers?

Would the Hon. Minister be able to clarify, will the carers continue to be employed via the Care Agency or have they TUPE transferred through to PossAbilities? Could she explain how that works?

Hon. G Arias Vasquez: Madam Speaker, I do not believe that there was a TUPE transfer. I believe that the carers are employed by PossAbilities.

Hon. A Sanchez: And would the Hon. Minister explain how the transfer from, was there a shadowing period for the carers to, because obviously there might be some carers that did not want to transfer from one entity to the other. Was there a shadowing period for those who were

370 receiving respite from the Care Agency who then moved to PossAbilities to not disrupt continuity of care for the children? And how was that managed?

Hon. G Arias Vasquez: Madam Speaker, as I stated in my answer, the whole process was managed and continues to be managed by the Care Agency and the carers and supervisors in the
375 Care Agency. So, the entire transfer was, the oversight of which was managed under their supervision.

Hon. A Sanchez: And Madam Speaker, is the Care Agency only operating this model of respite, this is to say, is this the only one available to parents or is it the case that parents that might not
380 want to avail themselves of respite via this entity still have the choice of using the Boathouse as a form of respite? Is that still available to them as a choice?

Hon. G Arias Vasquez: Madam Speaker, this is not, so let me take the question differently. Let us start by looking at what exactly respite is. Respite is a service that this Government has offered
385 to more children than ever before for the provision of assistance to parents between the hours of 3.30 and I think it is 7.00. I do not want to assert that it is 7.00, but it is in the afternoon. It is an after school, effectively, it is an after-school activity for children with supported needs. So there is a bus service that picks up the children and takes them to PossAbilities or wherever else. So there are three levels of service.

390 So there is either PossAbilities, there are some children which remain at the Boathouse, and there are some children which are still offered Home Support but that is not necessarily determined by the wants of the parents. That is decided by the Care Agency depending on what the child requires.

So, for example, if the child requires additional medication, it might be determined that
395 PossAbilities is not the best place for that child. In respect, and we are talking solely about respite services, so these are additional services that are provided between the hours of 3.30 and I think it is 7.00 in the evening. So what we are talking about here is services that are provided in different levels depending on the needs of every child.

400 So therefore the Care Agency will review each child on a child-by-child basis and determine what is best for that child. So yes, PossAbilities is not the only option, which I think was a question, and there are two other options available. That is either the Boathouse or Supporting Needs at Home and the Care Agency determines what is best for the child in each instance.

Hon. A Sanchez: Could the Hon. Minister clarify whether there is any, at any point, any
405 membership fees that have to be incurred by parents at any point, given that I know that this entity does charge membership fees. Is that in relation to respite services, membership fees that have to be paid by parents at any point, or not in relation to respite services?

Hon. G Arias Vasquez: Madam Speaker, I am not 100% sure of the answer. I want to say no,
410 but I am not 100% sure. I would urge that the hon. Lady asks the question, and I will be happy to share the information with her.

Madam Speaker: Next question.

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Q823-4/2025

Care Agency –

Designation of Appropriate Adult; Appropriate Adult training regime

Clerk: Question 823, the Hon. A Sanchez.

Hon. A Sanchez: Who within the care agency is designated or selected to act as an Appropriate Adult when a minor under the age of 18 in care is detained by the Police?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 824.

Clerk: Question 824, the Hon. A Sanchez.

Hon. A Sanchez: What training is provided to individuals from the Care Agency who are expected to act as Appropriate Adults?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the role of an Appropriate Adult would be undertaken by a social worker, senior care worker or residential care worker. The decision as to which employee would fulfil this role would depend upon the specific circumstances and context as to why the minor is in custody. The Care Agency delivers Appropriate Adult training to all employees who act as Appropriate Adults.

Hon. A Sanchez: Madam Speaker, can the Minister clarify whether there is a designated team or roster within the Care Agency that is specifically assigned to act as Appropriate Adults for minors?

Hon. G Arias Vasquez: Madam Speaker, Appropriate Adult training is now delivered as part of the Care Agency employee's induction. So 124 employees have been trained as Appropriate Adults within the Care Agency.

Hon. A Sanchez: And could the Hon. Minister clarify whether this training is accredited?

Hon. G Arias Vasquez: Madam Speaker, unfortunately I do not have that information to hand but if the hon. Lady wishes to ask me that question next time round I am very happy to answer that question.

Madam Speaker: Next question.

Q825/2025

GHA Patients –

Approved for domiciliary care but awaiting commencement of their care packages

Clerk: Question 825, the Hon. A Sanchez.

Hon. A Sanchez: As of 1st September 2025, how many GHA patients have been assessed and approved for Domiciliary Care or Home Support but remain in hospital awaiting commencement of their care packages, broken down by ward, and reasons for the delay?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, since 1 September 2025 there are a total of four patients who have been assessed and approved for packages of care and remain in hospital.

Patient 1 was assessed on 11 December 2025.

Patient 2 was assessed on 23 December 2025.

Patient 3 was assessed on 4 December 2025.

Patient 4 was assessed on 22 December 2025 and reassessed on 24 December 2025.

Patient 1, 2, 3 and 4 have been offered hours.

Patient 4 is awaiting the increase in hours.

Madam Speaker: Next question.

Q826/2025

Active Care Packages – Total number and pending reviews

Clerk: Question 826, the Hon. A Sanchez.

Hon. A Sanchez: As at 30th October 2025, can the Government provide the total number of active care packages currently managed by the Care Agency for domiciliary and home support services, and, of these, can the Government state how many have a review of the package of care pending, including, for each pending case, the length of time that the review has been outstanding?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, as of 30 October 2025, the total number of care packages currently managed by the Care Agency for Domiciliary and Home Support Services is 506.

472 are currently active, 44 are currently paused due to short-term hospital admission, respite or illness.

Of these active cases, 162 have reviews outstanding.

These have been broken down by the length of time the review has been outstanding as follows:

Less than 1 month	21
1-2 months	61
3-6 months	27
7-12 months	35
13-16 months	7
17-21 months	11

Hon. A Sanchez: Madam Speaker, can the Minister provide an explanation as to why the delays in these reviews and why it is taking this time to update or to provide these reviews? You know, for people to be receiving the care that they require to meet their needs, these packages have to be reviewed in a timely manner.

Hon. G Arias Vasquez: Madam Speaker, historically, all packages of care which consisted of 14 hours or less a week were closed to the social work team once the care was in place and the service user was satisfied with the service. These cases were only reviewed at the request of the service user. Since CCDSL took over, CCDSL is now periodically reviewing all packages of care that have been given.

All hospital discharges and new packages of care are now reviewed within 6 to 12 weeks, regardless of how many hours have been approved.

Hon. A Sanchez: I am grateful for that answer. Is there, within the service level agreement that the Government has with CCDSL, something within the service level agreement that reflects that these reviews have to be done within a certain timeframe to ensure that the reviews and the packages of care that individuals are receiving are up to date and are reflecting the standard of care that they have to be receiving?

Hon. G Arias Vasquez: Madam Speaker, I am pleased to confirm that the contract which the Care Agency has with CCDSL is extensive and indeed does cover all of these issues and numerous others which have been raised in the past. So, the Care Agency is able to be on top of all of the reviews, all of the complaints, and is able to audit every single factor which CCDSL is carrying out. We now have a far more accurate view of exactly where we are with all the packages and we now know exactly how often the packages are reviewed.

So yes, in the contract which the Care Agency entered with CCDSL, we are now able to manage all these factors far, far better.

Madam Speaker: Next question.

Q827-8/2025

Care Agency and Community Care Domiciliary Services Ltd – Key performance indicators; Home Support and Domiciliary Care complaints

Clerk: Question 827, the Hon. A Sanchez.

Hon. A Sanchez: Can the Government state whether key performance indicators are measured within the contract or Service Level Agreement between the Care Agency and Community Care Domiciliary Services Limited, and, if so, can the Government state what these indicators are?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 828.

Clerk: Question 828, the Hon. A Sanchez.

Hon. A Sanchez: How many complaints have been received and logged by the Care Agency or any subcontracted entity including CCDSL in relation to Home Support and Domiciliary Care from

1st of June 2025 to present, stating for each complaint: the date, the entity involved, the nature of complaint, the action taken, and the outcome?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 827, I can confirm that 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 as key performance indicators, operate as measurable standards against which contract performance is monitored. The contract contains clear requirements regarding the quality, timeliness and supervision of care delivery as well as staff training, vetting and adherence to care plans established by the Care Agency. These standards are supported by regular reporting, unannounced spot checks and performance review mechanisms.

Furthermore, Madam Speaker, as I have previously informed Parliament, the Care Agency conducts frequent and periodic survey audits whereby every individual receiving a package of care is contacted directly. These audits assess whether service users are receiving the service as planned, whether they are satisfied with the care provider, whether any sessions have been missed and whether any carers arrive and leave on time. The information gathered through these audits is analysed and a detailed report is produced and shared with CCDSL.

CCDSL are then required to visit the relevant service user, take corrective action and report back to the Care Agency on outcome. This process has proved very effective in identifying deficiencies early and in ensuring timely resolution. Through these combined contractual and operational measures, the Care Agency maintains robust oversight of CCDSL's performance and continues to ensure that service standards are upheld.

In answer to Question 828, I now hand over a schedule with the relevant information.

[SCHEDULE WEB LINK](#)

Madam Speaker: I shall take supplementaries on 827 and, if necessary, will revert to 828 in due course. Anything on 827? No.

We will move on to 830 then.

Q829-31 & 916/2025

Learning Disability Residential Services –

Relocation and transfer of Dr Giraldi service users; Alternative locations; Release of flats back to the Housing stock

Clerk: Question 829, the Hon. A Sanchez.

Hon. A Sanchez: In relation to the relocation of Learning Disability Residential Services, and specifically the transfer of Dr Giraldi service users from its current location and satellite flats to a facility adjacent to Tangier Views and Tangier Views itself, as announced by the Minister for Care during her Budget speech in July this year, could the Government state:

1. On what date the Care Agency commenced an official consultation process with stakeholders on this matter;
2. Whether a formal consultation document has been prepared setting out the scope, principles, objectives, methodology and other relevant details of the consultation, and if so, on what date it was finalised and whether it has been shared with stakeholders;

3. By what date the consultation process will close, and how the Government intends to incorporate stakeholder feedback into the final decision.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): I will answer this question together with Questions 830, 831 and 916.

Clerk: Question 830, the Hon. A Sanchez.

Hon. A Sanchez: With respect to the proposed relocation of service users from the satellite flats to the facility adjacent to Tangier Views and Tangier Views itself, will the Government clarify whether any satellite flats that become vacant will remain under the use of the Care Agency, and if so, for what purpose?

Clerk: Question 831, the Hon. A Sanchez.

Hon. A Sanchez: Can the Government state whether it is considering any alternative sites or locations, other than those already announced, for the proposed temporary relocation of Learning Disability Residential Services and the relocation of Dr Giraldi?

Clerk: Question 916, the Hon. D J Bossino.

Hon. D J Bossino: Will any Government flats be released back to the housing stock when users are moved to Tangier Views and C Block and if so how many, to include details of their room configuration?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): In answer to Question 829, the Care Agency commenced the official consultation process with stakeholders on 11 September 2025. Madam Speaker, yes, a formal consultation document, the terms of reference had been prepared. The document sets out the purpose of the consultation, the decisions in scope, objective, principles, stakeholders, roles and responsibilities, methodology and timeline, as well as risks, mitigation, confidentiality and reporting arrangements. This was finalised on 7 September 2025 and shared with the relevant stakeholders. The consultation process closed on 28 November 2025. Feedback gathered will then be analysed and summarised into preliminary findings report in December, followed by a full analysis and reporting through to January 2026. A final summary report will be produced and shared with stakeholders by 9 February 2026, clearly setting out key themes, recommendations and how stakeholder feedback has been incorporated into the final decision.

In answer to Question 830, if the temporary relocation of Dr Giradi and Satellite Flat residential services proceeds, the plan is to retain a number of the existing satellite flats for use as small group homes under Children's Residential Services. The exact number of flats to be retained is yet to be determined.

In answer to Question 831, the Government through the Care Agency is currently embarked on a full consultation period as to the relocation to the new site of Tangier Views, Block-C, and at present no other location is being considered other than the more permanent building in the area of Commonwealth Park.

In answer to Question 916, at present the Government is awaiting the outcome of the Care Agency's Block-C consultation process, which will determine the next steps.

650 **Madam Speaker:** Anything on 829?

Hon. A Sanchez: Madam Speaker, I am grateful for the answer. On Question 829, in essence, what the Hon. Minister is saying is that the expansion of the current St Bernadette Centre is therefore dependent on the consultation period and parents accepting the move to Tangier Views, or else it is paused because there is no alternative location for a temporary location before the Government is ready to build the new permanent St Bernadette's Centre. That is essentially what the Hon. Minister is saying.

660 **Hon. G Arias Vasquez:** Madam Speaker, we come back to the first question in this session. In the first question in this session, I said that we were exploring different possibilities for this. We are in a consultation specifically with the parents on Block-C, and I think it is right to consult with the parents of the children that might move up to Block-C and to Tangier Views.

665 We are currently in a consultation process, as we agreed with the parents that we would be. What I said in response to the first question is that we are exploring other options, which do not necessarily involve building, but we are exploring other options, including negotiations with third-party providers and or perhaps the extension of the current St Bernadette's but there is no alternative site that we are looking to expand.

670 **Hon. A Sanchez:** In relation to the satellite flats, Madam Speaker, and I believe that is 830, yes, can the Hon. Minister confirm that no residents from Dr Giraldi that currently reside in any of the satellite flats will be asked to move to the new proposed centre if the consultation concludes that it will go ahead, unless they agree to want to leave the satellite flats and that they will not be forced to hand those over to the Government and move to the new proposed location, unless they want to move from independent living within the community into a more institutional model?

Hon. G Arias Vasquez: Madam Speaker, within that question there are numerous different elements to it. There are the independent flats within the community and there is the Dr Giraldi flats themselves. Now we cannot, and I explained this to the parents when we had the town hall with the parents, what we cannot do is have Block-C, have the new St Bernadette, and in addition to those two sites, also retain the current St Bernadette's and Dr Giraldi's facility. So we cannot be in a position where we have all three, and therefore if we were in the position that the majority of people wanted Block-C and or St Bernadette's and there were some that still wanted to remain in Dr Giraldi's, that would not be possible because we would have to give up one of the sites.

685 The other question as to independent living and satellite flats is a different question because they are one-off flats within the community. So if there was a user that wanted to remain in a one-off flat in the community and it was determined by the Care Agency that indeed it is right for that individual to continue within an independent flat in the community and there is a significant difference between that flat in the community and for example the new Purpose Built block, then that might be an option at that point in time but what we cannot have is three separate buildings for the same purpose, unfortunately.

695 **Hon. A Sanchez:** Madam Speaker, one of the main concerns that have been expressed to us with the location of the new proposed site up in Tangier Views is transport links and how users, especially those with mobility issues, will be able to move around given that it will be far away from town and a lot of the amenities that they will have to use.

700 Can the Hon. Minister give assurances that the Government and the Care Agency, if the consultation finds that this will go ahead, will make transport available and will take care of this so that the families will be assured that this will not be a problem?

Hon. G Arias Vasquez: Madam Speaker, at the town hall that was held with the parents, the parents themselves voiced this concern repeatedly and we assured the parents that we would do this if the concerns were allayed. So the Care Agency, as the hon. Lady I am sure is aware, normally works very much in tangent with the parents and normally responds to the carers' needs. As I have told you before, in respect of respite services, we have a bus that picks up the children from St Martins and takes them to after-school activities at 3.30. We are very cognisant as a Care Agency of these users' needs and respond to them fully. We would not have a facility where the residents felt that they were unable to get to or otherwise. So we have assured parents that if this facility were to be used post the consultation, that all the requirements vis-à-vis transport would be fulfilled. This was part of the consultation.

However, Madam Speaker, I think it is very, very important to say that this is a Government which has prided itself throughout on actually listening to and actually working with and providing facilities for children with learning disabilities and children with supported needs and it will not do any different in respect to these new facilities.

Madam Speaker: Anything on 916?

Hon. D J Bossino: If I may, Madam Speaker, I do have something on 916. Could I ask a supplementary on 829, which is one of my hon. Friend's questions? Just one brief clarification.

Madam Speaker: Yes.

Hon. D J Bossino: I am grateful. In relation to point 2, I think the Hon. Minister, this is just to assist, it is the formal consultation document that she referred to which sets out quite a lot of detail, she said. And then she said that that had been shown to, or the consultation had occurred, with the relevant stakeholders. May I ask who she encapsulates within that definition?

Hon. G Arias Vasquez: Madam Speaker, that would be current users of Dr Giraldi's or anyone that would be affected by the change.

Hon. D J Bossino: Users and presumably parents or guardians of residents of Dr Giraldi in particular. Is that the case?

Hon. G Arias Vasquez: Yes, Madam Speaker, all relevant users.

Hon. D J Bossino: In relation to my question, on 916, can I ask her firstly just to assist me and clarify why she referred specifically to C-Block. As I understand the position, the Government's intention is to move users to Tangier Views, which has been identified by name but also, I think in the press release announcement, it talked about a refurbished facility adjacent to Tangier Views, which I understand is C-Block and in answer to other supplementaries asked by my hon. Friend, she was using those two interchangeably. But in answer to my question, she says until we have consultation in relation to C-Block in particular, she will not be able to provide an answer to the question I have in the order paper. I just do not understand why she is making that distinction.

As I understand it, it is being treated in a composite way.

Hon. G Arias Vasquez: Madam Speaker, perhaps I, like my other female colleague, do not quite know the remit of my portfolio. It was a slip of the tongue. It was shorthand. When I say Block-C, I mean Block-C and Tangier Views. So it was not one or the other. It is Block-C and Tangier Views. It was shorthand to mean the area up there, but we are not rowing back on that commitment.

Hon. D J Bossino: No, and I did not have in my mind an intention on her part of rowing back on a commitment or anything. I just wanted her to clarify, and I am grateful to her for that clarification, which is helpful for me in case it was something I had missed but can I ask her this?

755 Given that the consultation period, as I understand it, arrived at a stage where one can say it is completed, as I understand it, is the hon. Member not able to provide the answer now, or at least a roundabout figure of the flats that she envisages will be made available to the housing stock, which I am sure her friend, the Minister for Housing, would be very pleased to receive, to be able to offer to those individuals on the housing waiting list.

760 I think she made a distinction, I cannot recall now, between those users of satellite flats, who for their own particular reasons we know now already will be remaining in those satellite flats, and whether consulted or not will not be moving to Tangier Views / Block-C, but there will be a set of other flats which will, subject to perhaps conclusion of the consultation, may be made available. Can she give me a roundabout number at least, if she does not have a specific number with her?

765 **Hon. G Arias Vasquez:** Madam Speaker, just to clarify, I have not said that some of the satellite flats will not move. I have said that we will look at the picture in the round, and the Care Agency will determine who is best placed to go where. So, I just thought I would clarify that specific point which the hon. Member raised and unfortunately, no, I do not have a specific number of flats
770 which the Care Agency will be handing back. But if the hon. Member wishes to raise that question next time, I am happy to answer that question next time.

Hon. D J Bossino: Yes, and I am more than willing to comply with her offer, so may I take it, by way of a question, may I take it impliedly from her answer that she will have the information
775 within the period of a month, assuming that that is when we are next before this place?

Hon. G Arias Vasquez: Madam Speaker, I hope to be in the position where we will have a fair idea of what that number will be, whether I will have a specific number or otherwise, but I am happy to share what we think that number is likely to be.
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Hon. D J Bossino: And just by way of clarification and to seek your assistance, Madam Speaker, presumably I will not be held to the six-month rule. If it is an update question which the Hon. Minister has very helpfully offered, she will be able to respond to it next time.

785 **Madam Speaker:** I do not commit to anything at any stage. When I see the question and I see the terms it is drafted in, then I will rule on it.

Madam Speaker: Next question.

790 **Clerk:** Question 832, the Hon. A Sanchez.

Q832-4/2025

Mount Alvernia –

Refurbishment works completion date; Tableware shortages or supply issues; Issues with the supply of warm or hot water

795 **Hon. A Sanchez:** Could the Government confirm whether the refurbishment works on the remaining floors at Mount Alvernia are still ongoing, and provide an expected completion date for these works?

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 833 and 834.

Clerk: Question 833, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government provide information on any instances of shortages or supply issues affecting the following items at Mount Alvernia, Hillsides, John Mac Wing, and Bella Vista from 1st September 2024 to the present date:

1. Tableware, including plates, bowls, cups, etc.
2. Cutlery and other catering equipment used by residents during mealtimes; and
3. For each instance, the date it occurred and the reason for the shortage.

Clerk: Question 834, the Hon. A Sanchez.

Hon. A Sanchez: Can the Government confirm whether there have been any further issues with the supply of warm or hot water at Mount Alvernia since the 1st of January 2025?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 832, the refurbishments are still in progress and the completion date has not been determined. In answer to Question 833, Hillside, John Mackintosh Wing and Bella Vista are outsourced to Medoc Healthcare. Therefore, any requests for cutlery, tableware or related items are to be directed to them as these are supplied under their existing contracts.

However, regarding Mount Alvernia, upon investigation, it has been found that in some instances, residents may have mistakenly disposed of these items in the bins. Whenever a shortage has been reported, the Catering Manager has responded promptly and ensured that the required items are replenished without delay. I now hand over a schedule with information requested for additional cutlery and crockery items submitted to Mount Alvernia's Catering Manager.

ANSWER TO QUESTION 834

ANSWER TO QUESTION 833

Area within Mount Alvernia	Date requests received
1 st Floor	26.01.25 20.02.25 03.03.25
2 nd Floor	12.05.25
3 rd Floor	21.01.25 28.05.25 11.09.25
4 th Floor	08.01.25 10.03.25 10.04.25 26.05.25 08.07.25 05.08.25 27.08.25

835 In answer to Question 834, I am very happy to advise that there have been no further issues with the supply of hot water since January 2025 at Mount Alvernia.

Madam Speaker: Anything on 832?

840 **Hon. A Sanchez:** Madam Speaker, on 832, can the Hon. Minister confirm or elaborate on what floors the refurbishment has been completed? The last time I asked this question, the Hon. Minister confirmed that the works have been completed on the second floor. Would she be able to confirm whether works have progressed and whether any of the other floors have been completed?

845 **Hon. G Arias Vasquez:** Madam Speaker, it is an ongoing programme whereby apprentices from the training centre do numerous different floors. Thankfully, we have the apprentices available through the fantastic scheme provided by my hon. Friend, Minister Santos, and they are assisting throughout Mount Alvernia to give the floors a refresh. As it is a rolling programme, there is no completion date, Madam Speaker.

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Hon. A Sanchez: Madam Speaker, can the Hon. Minister elaborate on whether there has been any budget allocated towards this refurbishment, or is it just an *ad hoc* programme that the apprenticeship is just undertaking?

855 **Hon. G Arias Vasquez:** Madam Speaker, as the hon. Lady is aware, there is a capital fund which is allocated to the ERS on an annual basis. That capital fund is largely for Mount Alvernia, and it is for the GHA and the executive team of the GHA to determine how that capital fund is used. So there is money available there for the refurbishment and maintenance of Mount Alvernia.

860 **Hon. A Sanchez:** In relation to the 833, in relation to the shortages of tableware, cutlery, etc., in relation to Hillside, John Mac Wing Bella Vista, the Hon. Minister has said that these are outsourced but does she not have any information of whether there have been any shortages in relation to these ERS facilities? Because the information that we have received, and indeed I am sure that she is aware that there have been instances of these shortages being documented in social media, I am sure that she must have seen them as well as I have.

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Has she not been made aware of these, or has she not at least made enquiries to ascertain why this is happening and what has happened in these occasions?

870 **Hon. G Arias Vasquez:** Madam Speaker, it is slightly remarkable that I am aware of the number of spoons that there are in Mount Alvernia, let alone in facilities that we have outsourced to an independent third party. There was one instance, to my knowledge, that it was documented on social media, and it was not a shortage, it was a disposable plate that had been handed to a resident. As and when these issues get brought to my attention, there is a catering manager that is involved in these things.

875 As I have mentioned to the hon. Lady in respect of maintenance, there is a budget, there is a capital allocation specifically for all of these things, which I am very happy to say that I do not sign off every time a spoon goes missing in Mount Alvernia, or Meddoc, or in any of the institutions which Meddoc manages. We do have oversight of Meddoc and the facilities that Meddoc manages to make sure that they are running well. We do not have oversight of the number of spoons that are available to the residents, but we are aware of complaints of this nature.

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There is a fund there, there is money available for whenever anyone needs spoons or cutlery or crockery in Mount Alvernia for individuals, the catering manager, to be able to be notified. There is also a structure in place, Madam Speaker, so that the relevant authorities are notified of any shortages. The staff in Mount Alvernia, or the staff indeed in Hillside or John Mackintosh Wing, should be aware that if there is a shortage, there will be a hierarchy within each institution to

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which they can report any missing cutlery. I would urge any residents to see that if there are any such shortages, to report it to the relevant authorities, as they are probably best placed to manage it.

There are instances where residents have accidentally thrown away teaspoons in particular, Madam Speaker, given the nature of the residents, it is not surprising that residents have thrown away teaspoons and we have not replaced them quickly enough, but that is really what we are talking about. It is not an intentional withholding of the purchase of any crockery or cutlery.

Madam Speaker: Next question.

Clerk: Question 835, the Hon. A Sanchez.

Q835-6/2025

Mount Alvernia –

Refurbishment works completion date; Tableware shortages or supply issues; Issues with the supply of warm or hot water

Hon. A Sanchez: Could the Government state whether there have been any reports of ant infestations or other persistent pest-related issues at Mount Alvernia or any other ERS facilities from 1st April 2024 to the present date, providing the information broken down as follows:

1. By facility;
2. By floor and area affected; and
3. The dates of each report and the action taken in response.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 836.

Clerk: Question 836, the Hon. A Sanchez.

Hon. A Sanchez: Could the Government provide the following information in relation to the Mount Alvernia ERS site for the period 1st April 2024 to the present date:

1. Whether there have been any reported sightings of rats or rat droppings inside the facility, providing the exact date of each incident; and
2. Whether the relevant department or agency was contacted and what action was taken in response to each report.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 835, I now hand over a schedule with breakdown of any reports of ant infestations or any other persistent pest-related issues at Mount Alvernia or any other ERS facility from 1 April 2024 to date and in answer to Question 836, I now hand over a schedule with the information requested.

ANSWER TO QUESTION 836
ANSWER TO QUESTION 835

ERS Facility	Issue	Floor/Area Affected	Dates of Report received	Action taken
Mount Alvernia	Ant Infestation	All Floors	April, May, July, August and September 2025	Environmental Department contacted who were unable to identify source of infestation. Subsequently, all floors were provided with non-aerosol ant sprays, pest control plug-ins were distributed throughout the building Health & Safety recommendations were shared with all floors.
Bella Vista	Ant infestation	Dining Rooms on the 3 rd and 4 th Floor	20 th July 2025	This occurrence was a small ant infestation which was caused by food leftovers from service users after lunch. The affected areas were promptly and thoroughly cleaned and disinfected. Measures are in place to prevent future occurrences, including the use of ant traps and insecticides.
Hillside	Pigeon Infestation	In the Air Conditioning Equipment on the roof of Hillside facility.	March 2025	The Environmental Department was informed and acted by caging and removing the pigeons. The area was subsequently cleaned, disinfected, and fumigated.

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CONTINUED ANSWER TO QUESTION 836CONTINUED ANSWER TO QUESTION 835

Hillside	Ant Infestation	Recliner/Armchair	13 th February 2025	The affected recliner was removed, and a new one was purchased. The remaining recliners were thoroughly cleaned and disinfected before being put back into use.
John Mackintosh Wing	Cockroach Infestation	Basement Laundry Area	9 th December 2024	<p>Minor cockroach infestation, the incident was reported to the Environmental Department the same day at 11:30 am.</p> <p>Immediate action was taken by the Domestic and Labour teams to disinfect the area and apply insecticide.</p> <p>The Environmental Department attended on 11th December 2024 at 10:00 am and carried out fumigation.</p>

ANSWER TO QUESTION 836

ANSWER TO QUESTION 836

ERS Facility	Issue	Area Affected	Dates of Report received	Action taken
Mount Alvernia	Rat sightings	Staff Canteen adjacent to the garden	May and July 2025	Metal mesh was installed on all canteen windows. Door closers were fitted to ensure the door to the garden remains closed. Additionally, permanent rat traps are positioned around the building. These are inspected and maintained on a monthly basis by Environment

Madam Speaker: All right, we will move on to 837 and revert to these two for supplementaries in due course.

Q837-8/2025

Mount Alvernia –

Requests/expression of interest from residents or their family to move to the Rooke facility; Is the Government planning expression of interest invitations

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Clerk: Question 837, the Hon. A Sanchez.

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Hon. A Sanchez: Could the Government clarify whether it has received any requests or expressions of interest from residents, or their family members, at Mount Alvernia regarding whether current residents would wish to move to the Rooke Facility, which was originally announced as a care facility?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 838.

Clerk: Question 838, the Hon. A Sanchez.

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Hon. A Sanchez: Is the Government planning to invite expressions of interest from Elderly Residential Services (ERS) residents who may wish to move to the Rooke facility, which was originally announced as a care facility, and will this opportunity be open to residents in all ERS facilities or only to some? If the Government is not planning to invite expressions of interest, but intends to collect this information in another way, can the Minister specify how this will be done?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, some residents have written directly to myself to make it known that they would like to move to the Rooke facility if that were to be an option. The Government will make an announcement as to the usage of the Rooke facility when it is ready to do so. I can assure the hon. Member that no resident of Mount Alvernia or any Elderly Residential Service facility will ever be compelled to leave their home against their wishes.

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Hon. A Sanchez: Madam Speaker, will the Hon. Minister be able to elaborate on whether she intends to open a consultation process with the residents of ERS sites and their family members in relation to the Rooke facility? Is this something that she intends on doing? And whether she has met with, she says that some individuals have written to her, I believe she has stated. Has she met with these individuals to discuss this?

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Hon. G Arias Vasquez: Madam Speaker, on the 29th of October, I met with some of the family representatives. A letter was sent to me dated the 27th of August 2025, which I am sure the hon. Lady must be aware of, telling me that some of the residents do indeed wish to move. There was a follow-up meeting in the diary for the 12th of December, which unfortunately I think I had to cancel that meeting, but we are meeting the representatives regularly to let them know.

990

If indeed what we are saying is that no resident will be moved against their will, there must be a consultation involved in order for us to ascertain what their will is. And, therefore, we fully

intend to enter a consultation with all of the residents and all their families if the residents themselves do not have capacity in order to ascertain what it is they wish to do.

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Hon. A Sanchez: Yes, Madam Speaker, I am aware of that letter, of which I have a copy, which indeed also mentions the shortages of cutlery, the shortages of knives, the shortages of spoons, of tableware, the rats, the ants, the curtain railings falling, the lack of maintenance, all of the things that the Hon. Minister claims are somehow not happening.

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Hon. G Arias Vasquez: I would ask the hon. Lady to declare an interest if she has any in this letter.

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Hon. A Sanchez: No, I do not. I have not signed it or anything. I do not have an interest in this letter.

Hon. G Arias Vasquez: Madam Speaker, could the hon. Lady clarify if indeed any family member of hers signed the letter?

1010

Hon. A Sanchez: I believe so. I have not checked. I would assume so given that I have a relative there in Mount Alvernia, but I do not have an interest given that I have not signed the letter.

Madam Speaker: All right, carry on with the question.

1015

Hon. G Arias Vasquez: Madam Speaker, the interest would extend to any family member, anyone that she has in the letter, so thank you very much for declaring the interest.

Madam Speaker: The hon. Member was about to finish the supplementary question.

1020

Hon. Dr K Azopardi: Madam Speaker, can I ask the hon. Lady, she says that she is in discussions with the families. Does she have a sense of how many residents at ERS would currently wish to express the view of going to the Rooke site? Because when the Government formally did this informal consultation exercise that they did some years ago, there were only about five residents who expressed the view of wanting to do that. This was before the 2023 election so does she have a sense of numbers? Is the people that she is in discussions with representative of everybody or is it just people who have expressed a view to her? Because obviously she might have an answer to my question, but then it would not be a complete answer because other people might not have expressed a view.

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Hon. G Arias Vasquez: Madam Speaker, on a quick count of the signatories of the letter, and it might be that more than one family representative signed the letter, I have not verified that information, but on a quick count of the letter, it was signed by 57 individuals, which tells me that there are 120 residents in Mount Alvernia. So, taking it at face value and not having gone into the names of the letter would tell me that more than half of the residents would want to move. There are also representatives that come and see me. I am not sure whether they have been democratically elected or otherwise, but when a group of individuals asks to come and see me, I will always welcome them to my office. They have come to see me to ask about what is happening because they are expressing an interest in moving to a new facility.

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Now, I cannot confidently stand here and tell you how many residents they represent, but if I know that there are 120 residents in Mount Alvernia, and of those 120 residents I have a letter signed by 57 individuals, I would determine that the interest in the Rooke facility is significant.

Hon. Dr K Azopardi: Yes, and that seems like a fair number. It is certainly a very different number to the number we heard before. Is the hon. Lady aware of the number of flats or rooms

1045 that there are in the Rooke site in terms of what is the correlation between that kind of demand and what would be available at Rooke? We have no sense of that on this side of the House, I do not think. Well certainly not, I do not.

1050 **Hon. G Arias Vasquez:** Madam Speaker, I do not have, I think I have the definitive number of flats that are available or beds that are available in the Rooke. I would not want to give that to Parliament just in case I get the wrong number, so if I am asked that question in the next Parliament, I am very happy to answer that question but I can say that there are more beds than there are residents of Mount Alvernia, I can say that quite confidently.

1055 **Madam Speaker:** The Hon. Mrs Sanchez had a further supplementary.

1060 **Hon. A Sanchez:** Madam Speaker, the Hon. Minister, I believe she said that she met with the individuals or the group that sent out the letter, some of the individuals, on the 29th I believe she said, 29th of October. Does she plan to meet them again and does she have a time frame of when she expects to meet them again to update them?

1065 **Hon. G Arias Vasquez:** Madam Speaker, I believe that I was meant to meet them during the course of this week, but because of Parliamentary sessions I have had to move the meeting to next week. But they are fairly regular sessions, I wish, I wanted to have information to update them with and I hope to have some update for them, but yes we do meet them regularly. And I want to state, Madam Speaker, that the interest that has been expressed, indeed the 57 compared to the 5 that were expressed last time, is because people are seeing that the facilities are actually turning into somewhere that they would want their relatives to live in. And I think that interest of 57 residents that have signed the letter is showing that the interest is there.

1070 **Madam Speaker:** Next question.

Q839/2025

ERS Facilities –

Breakdown of number of individuals on assignment or working in ERS facilities

1075 **Clerk:** Question 839, the Hon. A Sanchez.

1080 **Hon. A Sanchez:** Could the Government state, as of the 1st of September 2025, the total number of individuals on assignment or working in ERS facilities, broken down by:

1. Title, post, band or grade;
2. The entity employing the individual;
3. The ERS facility where each is deployed; and
4. The number of individuals engaged on zero-hour contracts?

1085 **Clerk:** Answer, the Hon. Minister for Health, Care and Business.

1090 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I now hand over a schedule with the information requested.

1095

ANSWER TO QUESTION 839**ERS Staff**

Grade	Location	Number of Employees	Organisation
Catering Domestic	ERS Mount Alvernia	5	ERS
Catering Manager	ERS Mount Alvernia	1	ERS
Cook	ERS Mount Alvernia	12	ERS
Dementia Co-Ordinator	GHA	1	ERS
Deputy Nursing Co-Ordinator	ERS Mount Alvernia	1	ERS
Divisional Clinical Lead	ERS Mount Alvernia	1	ERS
Domestic	ERS Mount Alvernia	18	ERS
Domestic Laundry	ERS Mount Alvernia	8	ERS
ERS Doctor	ERS Mount Alvernia	3	ERS
ERS Admin and Facilities Manager	ERS Mount Alvernia	1	ERS
ERS Facilities Advisor	ERS Mount Alvernia	1	ERS
Executive Officer	ERS Mount Alvernia	2	Government of Gibraltar
GDC Grade 1	ERS Mount Alvernia	2	Gibraltar Development Corporation
GDC Grade 2	ERS Mount Alvernia	1	Gibraltar Development Corporation
Industrial Technician	ERS Mount Alvernia	1	ERS
Labourer	ERS Mount Alvernia	1	ERS
Labourer Hybrid	ERS Mount Alvernia	13	ERS
Maintenance Operative	ERS Mount Alvernia	2	ERS
Matron	ERS Mount Alvernia	1	ERS
Nursing Co-Ordinator	ERS Mount Alvernia	1	ERS
Occupational Therapist Sen I	ERS Mount Alvernia	1	ERS
Physiotherapist Sen I	ERS Mount Alvernia	1	ERS
Physiotherapist Sen II	ERS Mount Alvernia	2	ERS
Physiotherapist Helper	ERS Mount Alvernia	2	ERS
Registered Nurse	ERS Mount Alvernia	27	ERS
Senior Cook	ERS Mount Alvernia	1	ERS
Charge Nurse	ERS Mount Alvernia	6	ERS
Speech and Language Therapist	ERS Mount Alvernia	1	ERS
Store Manager	ERS Mount Alvernia	1	ERS
Enrolled Nurse	ERS Mount Alvernia	9	ERS
Nursing Assistant	ERS Mount Alvernia	144	ERS

Grade	Location	Number of Employees	Organisation
Charge Nurse	John Cochrane	1	ERS
Registered Nurse	John Cochrane	9	ERS
Nursing Assistant	John Cochrane	25	ERS

Additional Staff:**1. Meddoc Storemen****Number:** 2**Employer:** Meddoc**Role:** Storemen**Location:** Mount Alvernia**Working Hours:** 40 hours per week / includes cover relief**2. Apprentices (Training Centre)****Number:** 4**Employer:** Training Centre**Schedule:** Monday to Friday at Mount Alvernia**Purpose:** Practical assessment of skills learned during training**Support:** GHA supports development by facilitating practical assessments**3. Cover Relief Workers (Domestic Posts)****Number:** 7**Employer:** ABC Cleaning Services**Role:** Domestic post cover (vacant positions)**Location:** Mount Alvernia**Working Hours:** 37 hours per week**Madam Speaker:** I will move on to 840 and revert to this in due course.

Q840/2025

John Cochrane Ward –

Patient's resident; Patients waiting for a transfer; Transfer waiting time; Domiciliary care or home support waiting time

1100 **Clerk:** Question 840, the Hon. A Sanchez.

Hon. A Sanchez: As of 1st September 2025, could the Government provide the following information for John Cochrane Ward:

- 1105 1. The total number of patients/residents in the ward;
2. How many of these individuals are waiting for a transfer to any other ERS facility, and how long each has been waiting;
3. How many individuals are waiting for an assessment for domiciliary care or home support, and how long each has been waiting; and
- 1110 4. How many have had an assessment for domiciliary care or home support with a package of care approved, but are currently awaiting receipt of that package, and how long each has been waiting, along with reasons for these delays.

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

1115

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in relation to point 1 there are 18 residents; in relation to point 2, nil; in relation to point 3, nil; and in relation to point 4, nil.

1120 **Madam Speaker:** Any supplementaries? Next question.

Q841/2025

ERS Facilities –

Patients awaiting in GHA wards for transfer

1125 **Clerk:** Question 841, the Hon. A Sanchez.

Hon. A Sanchez: As of 1st September 2025, how many patients are waiting in GHA wards for transfer to any of the ERS facilities, broken down by ward and including the length of time each patient has been waiting?

1130

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

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

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1140

ANSWER TO QUESTION 841

WARD	PATIENT WAITING TIMES (DAYS)
Victoria Mackintosh	311
Victoria Mackintosh	66
Victoria Mackintosh	547
Victoria Mackintosh	228
Victoria Mackintosh	467
Victoria Mackintosh	265
Victoria Mackintosh	288
Victoria Mackintosh	300
Victoria Mackintosh	266
Victoria Mackintosh	202
Victoria Mackintosh	372
Victoria Mackintosh	273
Victoria Mackintosh	220
Victoria Mackintosh	213
Victoria Mackintosh	211
Victoria Mackintosh	973
Victoria Mackintosh	403
Victoria Mackintosh	865
Victoria Mackintosh	932
Victoria Mackintosh	272
Victoria Mackintosh	100
Victoria Mackintosh	147
Victoria Mackintosh	255
Victoria Mackintosh	20
John Mackintosh	205
John Mackintosh	130
Dudley Toomey	34
Dudley Toomey	72
Dudley Toomey	37
Dudley Toomey	117
Dudley Toomey	36
Dudley Toomey	28
Captain Murchison	161
Captain Murchison	122
Captain Murchison	28
Captain Murchison	177
Captain Murchison	25
Captain Murchison	68
Captain Murchison	94
Captain Murchison	129
Captain Murchison	60
Captain Murchison	27
Captain Murchison	110
Captain Murchison	37
Captain Murchison	32
Captain Murchison	61

Madam Speaker: All right, let us move on to 842 and we will come back.

Q842/2025

ERS Facilities –

Incidents/accidents to residents caused by equipment/maintenance issues

1145

Clerk: Question 842, the Hon. A Sanchez.

1150

Hon. A Sanchez: How many incidents involving accidents or injuries to residents caused by equipment or maintenance issues (for example, collapsing curtain rails) have occurred at each ERS facility since the 1st of April 2024 to present date, and what corrective actions were taken in each case?

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

1155

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I can confirm that since the 1st of April 2024 there have been 5 incidents in Mount Alvernia resulting in injuries to residents, arising from the use of clinical equipment or furnishing equipment.

1160

Hon. A Sanchez: Madam Speaker, given that the hon. Lady has referenced this letter herself, it specifically references this issue of collapsing curtain rails and curtain rails falling on residents and causing them injuries. Can the Hon. Minister perhaps specifically address whether there have been issues of collapsing curtain rails falling on residents and causing them injuries and how many of these instances there have been and what corrective actions have been taken in each case?

1165

Hon. G Arias Vasquez: Madam Speaker, there have been, I believe, 3? 2? There have been 2 instances of patients that the curtain rail had fallen on them because of the very nature of the patients, patients sometimes tug on the curtain poles and they fall down. So all the equipment was reported to the facilities manager, repaired and checked for safety, and the staff has been encouraged to keep space between the curtains and the armchairs to avoid pulling the curtains. That was in one instance and in the other instance, maintenance checked all the curtain poles in the facility, in all the residents' rooms for safety.

1170

Hon. A Sanchez: Madam Speaker, and did any of these injuries result in hospitalisation?

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Hon. G Arias Vasquez: Madam Speaker, according to the information that I have been given, no, neither of these injuries result in hospitalisation.

Madam Speaker: Next question.

1180

Q843/2025

Mount Alvernia –

Usage of rooms with balconies; Number of rooms with balconies with canopies; Canopies in full working order and canopy service dates

Clerk: Question 843, the Hon. A Sanchez.

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Hon. A Sanchez: Could the Government provide the following information in respect of Mount Alvernia:

1. The total number of rooms with balconies and of these how many of these rooms are currently being used by residents.

- 1190 2. How many of these rooms that have balconies are fitted with canopies.
 3. Of those balconies with canopies, how many are in full working order and how many are
 out of order or require attention; and
 4. The dates on which the canopies were last serviced and last replaced.

1195 **Clerk:** Answer the Hon. Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, there are 36
rooms with balconies, all of which are currently being used by residents. All rooms with balconies
have canopies, 23 canopies are in full working order, 13 are out of order and require attention
1200 and the canopies were last serviced and replaced in 2014.

Hon. A Sanchez: Madam Speaker, since 2014, given now that we are in 2026, when does the
Hon. Minister expect these to be reserviced and those that need replacing to be replaced?

1205 **Hon. G Arias Vasquez:** Madam Speaker, I do not have a date for that. One of the family
members reported an issue in July this year, but I do not have a date for the repair.

Madam Speaker: Next question.

1210

Q844/2025

Progress made in implementing the recommendations made by the Ombudsman in Case 1250 of the 2024 Ombudsman Annual Report

Clerk: Question 844, the Hon. A Sanchez.

1215 **Hon. A Sanchez:** Can the Government update this House on the progress made by the Gibraltar
Health Authority and the Elderly Residential Services in implementing the recommendations made
by the Ombudsman in Case 1250 of the 2024 Ombudsman Annual Report?

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

1220 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, a
comprehensive review of the diabetes service has been conducted. This included detailed process
mapping across all diabetes pathways, which identified gaps, particularly within maternity and
general diabetes referral processes. As a result, referral systems have been streamlined through
the HIS programme to ensure patients are consistently directed to the appropriate care pathways,
1225 strengthening service efficiency and continuity of care.

 A review and evaluation of all diabetes-related policies, protocols and procedures has been
undertaken to ensure standardised care is aligned with the latest evidence-based practise. All
policies have been reviewed by the consultant and diabetes specialist nurse. The maternity
diabetes policy has been completed and is pending approval, whilst the hyperosmolar
1230 hyperglycemic state (HHS) policy is currently being updated.

 Upon completion, policies will be approved by the steering group and progressed for
ratification through the executive team meta-compliance process. In addition, the maternity
diabetes care plan has been completed and a pilot phase commenced. General diabetes care plans
are currently under review.

1235 Diabetes outreach services have been enhanced within St Bernard's Hospital to ensure
continuity of care for inpatients and to strengthen education and training across primary and
secondary care. The service operates daily and is led by the diabetes specialist nurse, with targeted

training provided to ward staff as required. The diabetes specialist nurse also maintains close liaison with A&E to support acute diabetes referrals and admissions.

1240 A direct email referral system is now live, enabling GPs and patients to contact the DSN directly. Referrals are actively managed alongside daily ward outreach activity. In addition, development of a virtual diabetes ward is underway, supported by ongoing IT system integration.

1245 A professional judgement exercise is currently underway to determine the required number of practising diabetes specialist nurses in Gibraltar. This work is supported by process mapping and the ongoing collection of relevant data sets. The DSN team has reviewed the service and implemented systems to capture key performance indicators, enabling evaluation of service effectiveness and identification of any workforce investment needs.

1250 Findings will be reviewed by the steering group and, where appropriate, escalated to the executive team through the clinical governance updates. Family engagement is embedded within diabetes services through a holistic, patient-centred approach. This is supported by the implementation of the DESMOND programme, which enables patients to attend education sessions along with a family member or a friend.

1255 The DESMOND programme is fully operational, with two courses completed in 2025 and monthly sessions scheduled throughout 2026 to encourage ongoing patient and family participation. Capacity is further being strengthened through additional staff undertaking DESMOND trainer courses. Patient information leaflets are currently in development.

Not added in the written answer, Madam Speaker, but on the diabetes specialist Facebook page today, the DESMOND courses are actually being advertised actively, with an ongoing programme of DESMOND courses for family members, specifically as is outlined in this answer.

1260 And finally, Madam Speaker, the Government has announced it is underway to establish a commission on the care of quality to strengthen oversight of patient safety and quality of care delivered by the GHA. In parallel, the GHA Quality of Care Committee is in place to support the GHA Board in reviewing quality, safety and excellence in patient care.

1265 Within diabetes services, the steering group will agree key performance indicators within the diabetes specialist nurse, providing six monthly reports to the Quality of Care Committee to provide assurances to the GHA Board.

Madam Speaker: Next question.

1270

Q845/2025

Mount Alvernia –

Usage of rooms with balconies; Number of rooms with balconies with canopies; Canopies in full working order and canopy service dates

Clerk: Question 845, the Hon. J Ladislaus.

1275 **Madam Speaker:** Yes, but I am going to give the hon. Member time to look at the schedules whilst she is not on her feet.

Hon. J Ladislaus: Please provide monthly breakdowns, in respect of the past 6 months to date, of the average waiting time for renewal of a GHA health card, broken down between:

- 1280 (i) Waiting times for cards which were renewed via the eGov website; and
(ii) Those which were submitted in hard copy format,

is there is a difference in waiting times?

1285 **Clerk:** Answer the Hon. Minister for Health, Care and Business.

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

ANSWER TO QUESTION 845

	Average Waiting Time
July 2025	1 to 2 weeks
August 2025	3 to 4 weeks
September 2025	4 1/2 weeks
October 2025	6 to 7 weeks
November 2025	8 weeks
December 2025	11 weeks

1290 **Madam Speaker:** All right, let us move on to 846 and we are back to that one.

Q846/2025

**St Bernard's Hospital –
Weekly average number of admissions**

1295 **Clerk:** Question 846, the Hon. J Ladislaus.

Hon. J Ladislaus: Please provide the weekly average number of admissions to St Bernard's Hospital for the past 12 months.

1300 **Clerk:** Answer the Hon. Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the weekly average number of admissions to St Bernard's Hospital for the past 12 months is 97.

1305 **Hon. J Ladislaus:** Madam Speaker, does the Hon. Minister perhaps have a breakdown as to those statistics, as in which wards, whether they are, for example, maternity patients, whether they are patients who are surgical patients? Does the Hon. Minister have a breakdown of that?

1310 **Hon. G Arias Vasquez:** No, Madam Speaker, but if the hon. Lady wishes to get the breakdown, she can ask and I will happily provide it in the next Parliament.

Madam Speaker: Next question.

1315

Q847/2025

**St Bernard's Hospital –
Number of acute beds**

Clerk: Question 847, the Hon. J Ladislaus.

Hon. J Ladislaus: Please provide daily statistics as to the number of acute beds that were occupied at St Bernard's Hospital for the past 6 months.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I now hand over a schedule with the information requested. There is one slight point that I wish to make on this. When I went to check the schedule, I realised the information provided was up until September 15th.

It has not been updated. I have now got the information up until December and I am willing to share that with the hon. Lady, but I did not have it in time for my team to process it for Parliament. But it is only for that reason I can share it quite happily.

[SCHEDULE WEB LINK](#)

Madam Speaker: All right, let us move on to 848 and revert to 847 in due course.

Q848/2025
St Bernard's Hospital –
Breakdown of the number of beds

Clerk: Question 848, the Hon. J Ladislaus.

Hon. J Ladislaus: Please provide a breakdown of the number of beds available at St Bernard's Hospital and their designated purpose, distinguishing between the number of beds available for adults and those available for children.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the breakdown is as follows. Adult beds: there are 10 beds in infection control, 32 beds in an acute medical ward, 6 beds in surgical operations, 34 beds in the surgical ward, 30 beds in the long-stay ward, 13 beds for critical care patients and 25 beds in rehabilitation. There are 23 beds in maternity and 21 beds in paediatric care.

Hon. J Ladislaus: Madam Speaker, I wonder whether the Hon. Minister has a breakdown as to how many of those beds are actually acute beds, so beds for acute admissions.

Hon. G Arias Vasquez: Madam Speaker, from a basic understanding of the hospital, I would imagine that the infection control, acute medical and surgical operations, as well as critical care obviously, are the acute wards. The ones that I would describe as not acute would be the rehabilitation and the long-stay ward. Paediatric and maternity very much depends on the nature of each and every case.

Hon. J Ladislaus: Madam Speaker, information has reached us that St Bernard's Hospital has in the past at least 6 months been running on at least around 3 to 4 acute beds per night available. We can see from the statistics given by the Hon. Minister that there are about 97 admissions. I believe it was per week, which puts us at well above what the hospital has available in respect of acute beds per night on average.

Does the Hon. Minister believe that there are actually enough acute beds available at St Bernard's because there seems to be a shortage?

1370 **Hon. G Arias Vasquez:** Madam Speaker, I am in the fortunate position that I receive daily statistics every single day as to the amount of beds that are available in the hospital. I can assure the hon. Lady that there are more than 3 beds available in St Bernard's on a daily basis, other than in acute periods in January, for example, when there is an influx of patients. By and large, there are far more than 3 beds available in the hospital.

1375 The statistics show that there are 97 admissions per week across the wards in the hospital, so not necessarily in the acute wards and not necessarily at the same time, obviously. The bed management is an active daily occurrence at the hospital, where the bed management team makes sure that there are sufficient beds available for any acute admissions that are required.

1380 **Hon. J Ladislaus:** Madam Speaker, just for clarification purposes, am I correct in saying that the number of beds at St Bernard's Hospital has not in fact changed in the past, say, 14 or 15 years?

Hon. G Arias Vasquez: Madam Speaker, I had this discussion with the hon. Lady in Viewpoint, in fact, I think it was, and it is indeed correct that the number of beds at St Bernard's Hospital has only increased, I believe, by Calpe Ward, if that is correct, which was opened on or around the time of COVID. However, the huge difference that there has been in these past 14 years, and I am unsure of when exactly it happened, was the day surgery unit. In the day surgery unit, the vast majority, and I would say the statistic is something between 80% and 85% of all surgeries, actually occur in the day surgery unit in the hospital, which means that there is no requirement for acute admissions or for admissions at all.

1390 So, whilst there has not been an increase in the number of beds, Madam Speaker, and that is quite correct, other than the beds in Calpe Ward, it is also correct to say that there is a huge increase in the number of operations in the hospital, which occur on a daily basis, because of the huge success that is the day surgery suite.

1395 **Hon. J Ladislaus:** Madam Speaker, I am grateful for all those statistics. Nevertheless, the population of Gibraltar has increased, and this is as per the census, which was 2022, by, I think it was 6,000 between 2011 and 2022. As per a *Viewpoint* that the Hon. Sir Joe Bossano did, was on, the estimate there was that currently, Gibraltar was at about 40,000 plus people. We are talking about 6,000 to 8,000 people more in Gibraltar than there were in 2011.

1400 Now, a day suite, a day surgery suite can only, I presume, go so far to alleviate the number, the massive influx in the number of people that there are now in Gibraltar. So, I ask again, is the Hon. Minister going to entrench herself in the position that the hospital certainly has enough beds and there are no bed shortages as it stands?

1405 **Hon. G Arias Vasquez:** Madam Speaker, again, I am in the fortunate position, because as the Hon. Chief Minister frequently reminds me, I requested health, I wanted this portfolio, and it is a privilege each and every day to have this portfolio, and I am now in the privileged position to actually understand the fundamental workings of the hospital, especially because I get statistics on, for example, bed management. So, I would want to say that, yes, we do have a sufficient number of beds. There are specific points in time, Madam Speaker, such as January in the bed crisis, when if we use a comparator, for example, the NHS has people in corridors in the NHS.

1410 We do not have anywhere near that scenario here in Gibraltar. We have a sufficient number of beds. Beds are managed on a daily basis, and I will get on to the fact that in the hospital, one of the hon. Lady's questions refers to long-stay patients, and I will come to that question and how that feeds into the number of beds in the hospital.

It is also interesting, Madam Speaker, that the only Government that has ever reduced the number of beds in the hospital is the GSD administration, and therefore I would wish to point that out to the hon. Lady.

1420 In this instance, the number of beds has increased by the number of beds in the Calpe ward, but the huge difference, and the huge practical difference, is that day surgery now sees, again, I will explain this, Madam Speaker, because it is a fundamental point, day surgery now sees between 80% and 85% of all surgeries that occur in the hospital. That means that you are in and out within a day.

1425 That, compounded by the fact that we have opened Hillside, by the fact that we have opened the John Mackintosh wing, means that we have been able to move people out of the hospital as and when required. Is there a need to do that again? We are looking at that now, and therefore we are looking at the acuity review and at the long-stay patients in the hospital.

1430 But I do state to the fact that 120 beds, and that 120 beds excludes, 120 or 146 maybe, there are 146 beds, 146 beds in the hospital, excluding maternity and excluding the paediatric wards, is sufficient for the number of patients, because if there is only a tight number of beds for a couple of days a year, then we are doing well in the hospital. Again, Madam Speaker, what I would wish the hon. Lady to understand is that this need is driven by clinicians. It is the clinicians that need to tell us as and when they feel that there is a need in the hospital.

1435 But when we get to the long-stay patients in the hospital, Madam Speaker, I am very happy to explain how the bigger picture works, and how actually the number of beds in the hospital will increase significantly in the next few months.

1440 **Hon. J Ladislaus:** Madam Speaker, again for clarification purposes, does the Hon. Minister negate that there have been more than one instance in the past 6 to 12 months where admissions have had to be made to A&E, and there have been admissions as well of women who are not pregnant to the maternity ward? Does the Hon. Minister negate that that has happened?

1445 **Hon. G Arias Vasquez:** I am not quite sure what the question is. Is the question whether I disagree with the statement, or is it a question?

Am I saying that there has never been a scenario where we are tight on beds in the hospital? There are scenarios where we are tight on beds in the hospital. It is a hospital.

1450 You have to deal with crises in a hospital. There are admissions, Madam Speaker, because of flu there are admissions. It is seasonal. It is a hospital. These are issues which hospitals face worldwide.

1455 However, do we think that there needs to be an additional ward or additional beds opened as a result of certain days where the beds are tight? That is, I think, the key question. I think you have to understand the operational reasons as to why the beds are tight, and you have to look at what the hospital does to manage those instances where the beds are tight in order to look at the bigger picture.

Thankfully, we have professionals there which are employed specifically to advise us on these issues. When the professionals employed by us to advise us on these issues tell us that we should open further beds, then we will do so. If they tell us that we should close further beds, I think that as a Government we will never do that, unlike the previous administration.

1460 However, at the moment, do I think there are sufficient beds? We are in January. January is always known to be the tighter month when it comes to beds. Normally in the hospital there is a scenario where we manage to play around with the number of beds in order to make sure that everyone that needs an admission has a bed for admission.

1465 **Hon. J Ladislaus:** Madam Speaker, is it the case that the advice, because we have just heard that there is advice from the experts, is it the case that the advice is that there is no need for expansion of beds given the expansion on the number of the population? Is that the case as it stands?

Hon. G Arias Vasquez: Madam Speaker, it is not the number of the population. The relevant number is the number of people that live in Gibraltar. It is the number of people that are interacting and that need beds in the GHA.

If I am telling the hon. Lady that the reason that the beds are managed as well as they are is because we have got a fantastic day surgery suite where people come in and out and 80% to 85% of all surgeries, that is 4,200 surgeries in a year, Madam Speaker. Let me say that number again. 4,200 surgeries go through the hospital in a year.

80% to 85% of those surgeries do not need hospital beds because they go in and out through day surgery. So the key number that we are looking at here is do we think that for a population of the size of 38,000, whatever we think it is, do we need more hospital beds?

The relevant figure is not 38,000. The relevant figure is what is the GHA doing to look at the demand, to cope with the demand and what the GHA is doing to cope with the demand is to have a fantastic day surgery suite which deals with the vast majority of surgeries in the hospital.

So, do I maintain that at the moment I have not got any advice which tells me that we need to increase the number of beds? I have not got any advice from any of the professionals that we employ to tell me whether there is an issue or otherwise to tell me that we need to increase the number of beds in the hospital.

Madam Speaker: Next question.

Q849/2025

**St Bernard's Hospital –
Hospital beds to accommodate taller patients**

Clerk: Question 849, the Hon. J Ladislaus.

Hon. J Ladislaus: Can the Government explain why the GHA does not currently have hospital beds at St Bernard's Hospital that can accommodate taller patients? What steps, if any, are being taken to ensure that the needs of taller service users are met in terms of bed size and comfort?

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 currently have hospital beds that can accommodate taller patients following the procurement of six hospital bed frames which are designed to accommodate taller patients.

Hon. J Ladislaus: Madam Speaker, if I may ask, when were those beds acquired? Because this comes specifically from experiences of service users, that is why I am putting it forward.

Hon. G Arias Vasquez: Madam Speaker, I am very cognisant of the particular instance in which there was one individual in particular where the beds were not available. I have not got the exact date on which these beds were procured but I believe that the hospital now does have beds for taller patients and indeed I think that some of the beds that we have, have a mechanism to make them longer for taller patients.

Hon. J Ladislaus: Just one final question... What is the situation in respect of, I believe they are called bariatric beds, does St Bernard's Hospital have stock of bariatric beds which I believe are wider beds?

Hon. G Arias Vasquez: Madam Speaker, whilst I proclaim to have a broader interest of the GHA than I did two years ago, unfortunately I do not know how many bariatric beds that we have but again, I would encourage the hon. Lady to put the question to me next time and I am very happy to answer the question.

Madam Speaker: Next question.

Q850/2025
St Bernard's Hospital –
Top 50 long stay patients

Clerk: Question 850, the Hon. Jay Ladislaus.

Hon. J Ladislaus: As at 1st September 2025, can the Government provide details as to the top 50 long stay patients at St Bernard's Hospital broken down by:

- (i) number of days spent admitted at St Bernard's Hospital;
- (ii) whether the individual has been assessed as medically fit to return to the community;
- (iii) whether the individual is medically fit but their discharge from hospital is contingent on a package of care;
- (iv) whether the individual is medically fit but is awaiting a bed at an ERS facility;
- (v) whether the individual is medically fit but is awaiting a bed within supported living accommodation;
- (vi) whether it has been medically necessary for the individual to remain admitted.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, as at 1st September 2025, there are currently 44 long stay patients in St Bernard's Hospital and I now hand over schedule with the information requested.

All 44 patients have been assessed. There are no patients that are medically fit for discharge from hospital awaiting a package of care.

37 patients are medically fit but are awaiting a bed at ERS.

There are no patients that are medically fit but are awaiting a bed within supported living accommodation and 1 patient is required to remain admitted for palliative care needs.

ANSWER TO QUESTION 850

Breakdown of long stay patients at St Bernard's Hospital, as at 6th November:

Patients	Length of Stay (Days)
1	2732
2	2283
3	1554
4	1252
5	994
6	912
7	871
8	804
9	488
10	486
11	408
12	406
13	380
14	370
15	342
16	311
17	250
18	250
19	239
20	227
21	212
22	211
23	205
24	204
25	194
26	167
27	159
28	152
29	150
30	147
31	144
32	141
33	116
34	100
35	86
36	69
37	62
38	57
39	50
40	46
41	40
42	34
43	20
44	8

Madam Speaker: All right, I do not want to break up the supplementary so perhaps we will return to 850 for all the supplementaries once the hon. Member has a chance to look at the schedule. Let us move to 851.

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Q851/2025
St Bernard's Hospital –
Weekly average number of admissions

Clerk: Question 851. The Hon. J Ladislaus.

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Hon. J Ladislaus: Are bone biopsy procedures carried out by the GHA and is testing of those biopsies carried out internally within the GHA? If so, what is the policy/guidelines as to the circumstances when those procedures should be carried out and by who?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, yes, there are two types of bone biopsies received and processed by the GHA lab. Any other type of bone biopsy is referred to an external provider.

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There is currently no specific GHA policy governing these procedures.

They are undertaken following direct consultation with the patient and in collaboration with the relevant medical practitioners, with patients being referred for these procedures as and when clinically necessary.

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Hon. J Ladislaus: If I may just ask, what are the two types that are carried out by the GHA?

Hon. G Arias Vasquez: Madam Speaker, I have a very complicated response, but I am going to explain the terms that I understand best.

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So, there are two types of bone biopsy, one of which scrapes the bone, and that is undertaken where osteoporosis is suspected. Such biopsies are undertaken to confirm or exclude malignancy, infection or other pathological conditions. Depending on the clinical indication, samples may be processed locally or referred to an external specialist care centre for further analysis.

And then there is the other type, which is bone marrow aspirate, which involves a collection of fluid and or tissue from the internal cavity of the bone.

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Madam Speaker: Next question.

Q852/2025
Patients undergoing treatment or attending medical appointments in the UK who are not
accommodated in Caple House–
Frequency of contact/support by the GHA

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Clerk: Question 852. The Hon. J Ladislaus.

Hon. J Ladislaus: Can the Government confirm whether patients from Gibraltar who are undergoing treatment or attending medical appointments in the United Kingdom and who are accommodated in locations other than Calpe House are contacted as regularly as those staying at

1595 Calpe House, and whether they receive the same level of attention, support and pastoral care from the Gibraltar Health Authority?

In particular, can the Minister clarify:

- 1600 (i) What contact protocols are in place for GHA patients in the UK who are not staying at Calpe House, as well as those staying at Calpe House;
- (ii) Whether there are differences in frequency or type of contact between patients staying at Calpe House and those accommodated elsewhere; and
- 1605 (iii) What measures are in place to ensure that all patients, irrespective of where they stay, receive equitable support, guidance and pastoral care during their treatment in the UK?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, this is not in my written notes, but it is an initiative which I am particularly proud of, because it is one that we started directly after the last election in October 2023. I can confirm that patients from Gibraltar who are undergoing treatment or attending medical appointments in the United Kingdom and who are accommodated in locations other than Calpe House are contacted regularly, and they receive the same level of attention, support and pastoral care from the Gibraltar Health Authority.

1615 All patients who are receiving treatment in the UK are provided with information packs by the GHA with all our contact numbers.

In addition to this, an individual from the Ministry liaises very closely with the Sponsored Patients Department in collating which patients are in the UK at any given time, where they are staying and their contact phone numbers. These individuals are contacted regularly to ensure they are okay and anything they need is provided. All patients receive the same attention, whether staying in Calpe House or otherwise.

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Very close liaison between the Sponsored Patients Department and Ministry ensures that all patients, irrespective of where they stay, receive equitable support, guidance and pastoral care during their treatment in the UK. The same applies to all patients receiving care in Spain.

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Hon. J Ladislaus: Madam Speaker, I ask this because it has been brought to our attention again by service users' experiences. Is the Hon. Minister aware of complaints having been made about individuals who are not staying at Calpe House, for example having delays in receiving funding from Sponsored Patients?

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Hon. G Arias Vasquez: Madam Speaker, again, because this is an initiative which is particularly close to my heart, because I was myself a patient at one point in time, we make sure that we contact all patients, whether they are in the UK, whether they are in Calpe House, whether they are in a UK institution other than Calpe House, or indeed whether they are in any tertiary institution in Spain. Me and my department feel this is particularly important because we do not want any patient from the GHA to feel that they are not cared for by the GHA or to feel that they are forgotten by the GHA. The way that patients are paid for in Sponsored Patients is identical to the way that patients in Sponsored Patients have always been paid.

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In fact, we have never received a complaint of this. We have received information from users who are accustomed to the system to tell us ways that we can improve that system so that patients have the money available sooner. To date, it has to be said that of all the map factors which I have received complaints in relation to the GHA, I have never once received a complaint in relation to the manner in which my Ministry contacts patients in the UK.

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In fact, we have received significant praise, and I take this opportunity to thank the people within my Ministry that call all the patients for the way, the manner and the humanity that they deal with all of our patients. So, no, I have not received complaints, I have not received any

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criticism of this, and I would urge anyone who feels that they are not contacted by my Ministry, though I would be surprised by that because we have a list that is provided to us by Sponsored Patients on a weekly basis, and we contact patients on a weekly basis in order to ensure that everyone receives equitable treatment. In fact, I would go one further, and when we went to the Gibraltar Business Week in London, we made absolutely certain that every individual that was in London, whether in Calpe House or otherwise, was able to attend a pizza party that we threw in Calpe House.

I feel it is particularly important to show patients, whilst they are away from Gibraltar, that the Gibraltar Health Authority has not forgotten them, is able to care for them, and is able to provide them with any assistance that they need. So, if there is any patient that feels that they are not indeed cared for by the GHA in this way, or that my Ministry does not reach out to them, I would urge that patient to contact my Ministry directly.

Madam Speaker: Next question.

Q853/2025

**Gibraltar Health Authority –
Average waiting time for victims of crimes**

Clerk: Question 853. The Hon. J Ladislaus.

Hon. J Ladislaus: On average, how long is the current waiting time for a victim of crime to be provided with therapeutic intervention by the GHA, from the date on which the crime was reported to the date on which they are provided with a first appointment? How does that current average compare with monthly average waiting times over the past 12 months?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Victims of crime can be referred by the RGP to the appropriate charities, Citizens Advice Bureau, or, depending on the severity of the presentation, advised to see a GP or the forensic medical examiner or the emergency department. Depending on the intervention required, the patient will be referred to the appropriate pathway. For example, if referred to the GP, this would be deemed a routine appointment.

If referred to the FME, the Forensic Medical Examiner, they may be seen on the same day or within 24 hours. A victim of crime that self-presents or is referred by the RGP to the emergency department will be seen immediately, with a physical and mental assessment within that presentation. An onwards referral to the community mental health team will be triaged, and the urgency of the appointment will be allocated as appropriate.

Any victim in a mental health crisis would be referred to 111 and follow the mental health pathway. They can be seen in 30 minutes at the emergency department and given an appointment with the mental health liaison or the AMHP within 24 to 48 hours, depending on the criteria of their presentation.

Hon. J Ladislaus: Madam Speaker, we have heard that there can be individuals who are referred to a GP, but that would be treated as a routine appointment. Is it not the case that when an individual is referred because they have been a victim of crime, it requires somewhat more urgency than just a routine appointment? Are there any moves to actually review this and to provide a pathway, perhaps, for people who are victims of crime?

1695 **Hon. G Arias Vasquez:** Madam Speaker, again, it depends on the particular circumstances. If the crime is such that the victim requires emergency intervention, they would be picked up by the ambulance and go down to A&E, at which point they would be triaged and deal within the A&E setting as required. If there is an emergency, the victim will automatically be referred to A&E, the mental health liaison service, within the A&E department.

1700 So, the urgent cases that have physical requirements would always be dealt with in this way. It is a question of common sense, Madam Speaker, it would very much depend on how the patient is presenting.

Now, what we are looking at, and indeed what I have a paper to look at in the next couple of weeks, is victims of sexual crime, sexual assaults. We are looking at different ways to deal with victims of sexual assaults and the way that we deal with the evidence that is produced from victims of sexual assaults.

1705 **Hon. J Ladislaus:** Madam Speaker, I am glad to hear that that is an area that is been looked at more thoroughly. I have had reports that there are individuals who have been victims of fairly serious crime and, unfortunately, they have had to wait nine months to see a counsellor within the GHA. Is the Hon. Minister aware that there are instances where this has actually happened?

1715 **Hon. G Arias Vasquez:** Madam Speaker, I am not aware of the specifics of the instance that the hon. Lady is speaking to me about. I am happy to discuss the case if she is willing to give me the details or share the details, but I am not aware of instances in that nature. Again, if there is a crime, if the victim self-refers or self-presents to A&E, they will be dealt with by A&E, by the mental health liaison team at A&E. That would be my strongest advice if they do feel that they are suffering a mental health crisis.

1720 **Madam Speaker:** Next question.

Q854/2025
GHA policy—
Scan results and other diagnostic test

1725 **Clerk:** Question 854. The Hon. J Ladislaus.

Hon. J Ladislaus: What is the GHA's policy/guidelines for its employees as to the findings that are provided to service users when imaging scans and other such diagnostic tests are undertaken?

1730 **Clerk:** Answer the Hon. Minister for Health, Care and Business.

1735 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the GHA does not operate a single overarching policy governing the communication of findings from all imaging scans and diagnostic tests. This reflects the very wide breadth of diagnostic activity undertaken, ranging from routine screening and investigations to elective outpatient diagnostics to urgent and life-saving emergency tests, where immediate clinical action is required. In line with practise within the NHS, there is no single universal approach applicable to all diagnostics and processes are proportionate to the clinical context and the urgency of the investigation.

1740 Across all settings, the GHA practise is aligned with the principles and professional standards set out by the General Medical Council, particularly in relation to appropriate communication, professional scope of practise and patient safety. Should the hon. Member wish to be more specific about a particular investigational circumstance, the GHA would be delighted to provide a more detailed response.

Hon. J Ladislaus: Madam Speaker, yes, and I can communicate this behind the Speaker's chair if it is preferable, but yes, I have had information as to instances whereby individuals have not been informed of test results that were pertinent, it appears. Is the Hon. Minister aware that this actually does happen?

Hon. G Arias Vasquez: Madam Speaker, yes, I am aware this happens because the first port of call, if it is a non-urgent intervention, would be back to the patient's medical practitioner. So, the results would be read by the radiologist, the radiographer, and would then be transferred and would then be consulted with the medical practitioner and it would be the medical practitioner that would deliver those results. However, as with most things within the GHA, it is all a matter of common sense.

So, for example, if we deal with an ultrasound, the patient will normally be communicated there and then especially the patient is asked some questions. But I am informed that it is a matter of common sense, the approach that the radiographer or radiologist approaches to delivering those results. But in the main, the radiographer or radiologist would send the results back to the medical practitioner who requested the scan and then the medical practitioner would deliver those results.

Madam Speaker: Next question.

Q855-8/2025

Cardiac rehabilitation gym –

Location and current arrangements; Usage; Medical guidance/supervision; Maintenance

Clerk: Question 855, the Hon. J Ladislaus.

Hon. J Ladislaus: What is the current location of the cardiac rehabilitation gym and what are the current arrangements? Will those arrangements be remaining in place or are there plans to relocate the cardiac rehabilitation gym and revise the arrangements? If so, why and what alternatives are being looked at?

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 856 to 858.

Clerk: Question 856, the Hon. J Ladislaus.

Hon. J Ladislaus: Is the cardiac rehabilitation gym used only by service users who have been cardiac patients of the GHA, or is it open to be used by others? How is access to that gym controlled?

Clerk: Question 857, the Hon. J Ladislaus.

Hon. J Ladislaus: Are service users who make use of the cardiac rehabilitation gym provided with any medical guidance and/or supervision from a healthcare practitioner as to use of the gym?

Clerk: Question 858, the Hon. J Ladislaus.

1790 **Hon. J Ladislaus:** Is the GHA responsible for the maintenance, upkeep and replacement of the equipment within the cardiac rehabilitation gym? When was the last time that the equipment was:

- (i) Serviced;
- 1795 (ii) A specific piece of equipment fixed;
- (iii) Replaced?

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

1800 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, in answer to Question 855, the cardiac rehabilitation gym is currently located on the ground floor of Block 3 within St Bernard's Hospital. The current arrangement serves two distinct groups. The Cardiac Rehabilitation Programme patients, these are patients recovering from recent heart-related conditions who undergo an 8-week supervised rehabilitation programme and Cardiac Association members.

1805 These are former programme users who have completed their rehabilitation and continue to use the gym facilities under the Cardiac Association. To accommodate upcoming works for the ambulance service, the Cardiac Association gym will temporarily relocate to John Mackintosh Hall gym. This move primarily affects the Cardiac Association members who wish to continue exercising after completing the 8-week programme.

1810 Patients currently enrolled in the Cardiac Rehabilitation Programme will continue their supervised sessions at the physiotherapy gym within SBH, ensuring uninterrupted care and support. The works are expected to take approximately 4 months, but that will depend on the weather as waterproofing needs to be done. Once the works are completed, the cardiac rehabilitation gym will be reinstated to its current location.

1815 In answer to question 856, the cardiac rehabilitation gym is accessible only to current and former cardiac patients. Phase 2 patients, the acute phase, are referred following a cardiac event through a predefined referral pathway, ensuring that all participants have received appropriate clinical assessment and guidance. In addition, pre-existing cardiac patients run a self-help group which is linked through the Cardiac Association, allowing those who have previously completed the rehabilitation programme to continue engaging in structured physical activity in a safe and supportive environment.

1820 Furthermore, the Physiotherapy Department makes use of the gym facilities for patients only, and strictly when the facilities are not being used by Phase 2 cardiac rehabilitation classes or the Cardiac Association self-help group. Physiotherapy sessions held in the gym include reconditioning classes, back-to-fitness classes, shoulder rehabilitation classes, multiple sclerosis classes, neurology rehabilitation classes, Parkinson's exercise classes. These sessions are scheduled in advance through a coordinated timetable to ensure appropriate use of the facilities, uphold patient safety and maintain priority for the Cardiac Rehabilitation Service.

1830 In answer to Question 857, all patients participating in Phase 2 cardiac rehabilitation, the acute phase, are provided with medical guidance and supervision which is delivered by both a physiotherapist and a cardiac rehabilitation specialist nurse, ensuring that all exercise is conducted safely and appropriately for each patient's clinical needs. With regard to the self-help group, it is facilitated by a member of the group and is monitored through direct observation by a member of the cardiac rehabilitation nursing team. It should be noted that all patients in the self-help group have previously completed the Cardiac Rehabilitation Programme and therefore have received appropriate clinical guidance prior to their involvement.

1835 In answer to question 858, the Electro-Medical Department is responsible for the maintenance and servicing of all equipment within the cardiac rehabilitation gym. All equipment is serviced as and when required to ensure safe and optimal operation. In February 2025, the handle of a treadmill was replaced.

Hon. J Ladislaus: Madam Speaker, we have heard that there is going to be a move for some who have already used, obviously who have completed the initial, I think it was eight weeks, to the gym at the John Mac Hall. Now, I observe that as it stands, the gym and whereas I can appreciate that those service users are not within the acute phase of rehabilitation, they are still cardiac patients, and I just observe that the gym is now mere seconds away from A&E, so if, God forbid, there should be any emergencies, then there is easy access. What happens in terms of emergency reactions for patients who are actually undertaking training sessions at the John Mac Hall, which is much further away from the hospital?

Hon. G Arias Vasquez: Madam Speaker, the move to John Mackintosh Hall is a temporary arrangement in order to facilitate the refurbishment of the Ambulance Bay facility. We have sat down and we have spoken to the Cardiac Association on numerous occasions to explain what we are doing and how we are doing it. We fully agree with the hon. Lady that patients in the acute phase require clinical guidance and clinical support in respect to the training, and we are delighted to be able to extend the facility to members of the Cardiac Association.

We are looking at different ways to perhaps provide a nurse to the John Mac Hall so that sessions can be coordinated and supervised by a nurse, but Gibraltar is pretty much a Tetris cube and St. Bernard's Hospital is a Tetris cube, and we have to allow, in order to refurbish one part of the hospital, there is a four-month gap in which we have to move the services away from the hospital. We are looking at ways to accommodate the Cardiac Association as much as humanly possible for those patients that are outside the acute phase, and we will work with them to try and ensure that everything is done to support them. However, the benefits of providing a new ambulance station have to be weighed against patients not within the acute phase being moved away from the hospital for a four-month period whilst the refurbishment occurs.

As always, and as a further question that we have later on, the Ambulance Service responds very quickly and there will always be an ambulance available, and the fact that there will be a nurse available on-site, or we are looking to provide a nurse available on-site at certain points in time when there is a predetermined class going on, we feel can mitigate any issues which may arise.

Hon. J Ladislaus: One further question on 856. We have just heard that there is going to be works to the ambulance station. Could the Hon. Minister perhaps elaborate somewhat as to what works can be expected there?

Hon. G Arias Vasquez: Madam Speaker, if I am provided with a question and notice of the question, I am very happy to elaborate.

Madam Speaker: Any other supplementaries?

Hon. J Ladislaus: Are we moving on from 856, or are we still talking about 856?

Madam Speaker: Well, if there is another supplementary on 856, I will take it, if not, we will move on to 857.

Hon. J Ladislaus: In terms of 858, is it the case that the Cardiac Association have actually donated a large majority of the equipment that is actually used within that gym now?

Hon. G Arias Vasquez: Yes, Madam Speaker.

Hon. J Ladislaus: And in terms, Madam Speaker, of access only being to the specific groups that the Hon. Minister has specified, is there anything on the doors, for example a key fob or

something that stops other individuals from being able to use the gym, walk in and out and use the gym, because there have been reports of damage to machines?

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Hon. G Arias Vasquez: Madam Speaker, I believe this question was asked a couple of months ago, and I think the answer is no. I have been to the gym and I cannot recall needing any mechanism to enter the gym, but this is me going on memory. I am not sure whether there is a fob or otherwise in order to access the gym.

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It may be that in order for medical professionals to access the gym in case that that were needed, it may be beneficial to everyone for there not to be a fob to access that gym. I do not know what the reasoning is if there is not a fob there. Every time I have gone to that gym, there is no one using that gym other than any member of the Cardiac Association who should be using that gym.

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That is not to say that maybe some other members do use it and I am not aware of it, but by and large, as far as I am aware, I do not believe that anyone uses the gym aside from the specific groups which I have highlighted in my answer.

Madam Speaker: Yes, the Hon. Mr Reyes.

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Hon. E J Reyes: Thank you, Madam Speaker. In answering Question 855, the Hon. Minister has pointed us to the relocation of the gym to the John Mac Hall Gymnasium, and I believe that John Mack Hall Gymnasium comes under a public Minister by GSLA, comes under a Minister for Culture, comes under community use facilities. So I was asking what are going to be the operational hours of the gym at John Mac Hall and will this have an effect on the attainment of the allocations of time that the hon. Colleague is able to give the place out for community use?

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Hon. G Arias Vasquez: Sorry Madam Speaker, in order to clarify, it is not the gym itself in John Mac Hall, which I did not, is there a gym in John Mac Hall? It is not the gym in John Mac Hall itself, it is a room adjacent to the gym, it is a room in John Mac Hall which will be used and there will be some equipment which will be moved from the cardiac gym to the room in John Mac Hall.

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Hon. E J Reyes: Thank you Madam Speaker, I think that clarifies it. Can I have an assurance that there will be no curtailment of the current availability for community use of what we traditionally know as the gym and I think the Minister is referring to perhaps an equipment storage room next door. If I recall a bit, the geography of the downstairs area there, there is even what once upon a time used to be like a large corridor or fire escape, perhaps that is the area she has in mind. The Hon. Minister could enlighten us...

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Hon. C P Santos: The gym is going to continue to be used for community use and the exam room for the college who need an exam room adjacent to the main premises. There are rooms that used to be classrooms used by the college and there are in two levels.

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So, there used to be four classrooms, now we have made two big areas, and it is one of those two classrooms that are now one big room that have been offered for the use of the cardiac gym.

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Madam Speaker: Next question.

Q859/2025
GHA operating theatres –
Personnel

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Clerk: Question 859, the Hon. J Ladislaus.

Hon. J Ladislaus: Has the number of personnel within the GHA's operating theatres fallen under the recommended minimum at any point over the course of the past 12 months? If so, please provide a breakdown as to:

- 1945 (i) The dates on which this has occurred;
- (ii) The number of individuals by which the complement fell under recommended guidelines and what their roles are;
- (iii) How the shortage in complement was addressed; and
- 1950 (iv) Whether any procedures had to be cancelled as a result of the shortages in the recommended numbers of staff and if they were not cancelled, how shortages were mitigated, and why the procedures went ahead?

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

1955 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the information requested is not actively collated by the GHA systems, however the GHA does record any on the day cancellations of procedures due to staffing issues and these happened on the following days: 28th March 2025; 3rd July 2025; 8th August 2025; 1st September 2025; 15th September 2025; 24th September 2025; 14th November 2025; and 17th December 2025. GHA's operating theatre staffing arrangements are governed by its internal theatre staffing policy for general anaesthetic operating lists.

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 This policy places responsibility on the Charge Nurse or Sister to ensure that every elective and emergency operating list is staffed by a team of appropriately trained and competent personnel, equipped with the skills and abilities to deliver high quality patient care and to identify and mitigate risks to patients throughout the perioperative pathway. This policy is informed by recognised UK guidance including staffing standards published by the Association for Perioperative Practise. Such guidance emphasises a dynamic and risk-based approach to staffing, recognising that less complex or minor operating lists may be safely managed with reduced staffing levels subject to appropriate clinical judgement and risk assessment.

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1970 **Hon. J Ladislaus:** Madam Speaker, we have heard that the responsibility lies with the Charge Nurse regarding numbers and identifying whether there are any risks, but is not it the case that the responsibility for providing the amount necessary in the complement to make certain that there are in fact enough numbers within these complements to staff effectively and efficiently and safely these operating theatres lies with the Government, not with the Charge Nurse?

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Hon. G Arias Vasquez: Madam Speaker, I have explained the procedure numerous times to the hon. Lady, and I will explain it again. The GHA tells the Government the number of nurses it requires, the number of Staff Nurses it requires, the number of ODPs it requires and indeed the number of surgeons it requires because some of the cancellations could well be because the surgeon was unavailable on the day. The GHA tells the Government the number of nurses etc. that it needs.

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 Whereas the provision of the funding is a responsibility of the Government, the complement of the GHA is a matter for the GHA to determine in their clinical expertise. The Charge Nurse, the Staff Nurse and the Director of Nursing determine the number of nurses that are required in the theatres. What I have said is that on the dates that I have highlighted, there were procedures that were cancelled because there were staff shortages.

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 Those staff shortages were mainly due to sickness on the day or for example the surgeon being unavailable. Now, if I go back to the statistics that I gave earlier Madam Speaker, there are 4,000 or circa 4,200 operations carried out in the GHA on an annual basis. Of those 4,200 operations, there were 12 operations that were cancelled last year.

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So 12 elected procedures were cancelled last year out of 4,200 operations that were carried out by the GHA. Now Madam Speaker, if this were to be a private practise, that would be an acceptable statistic. Whereas it is not ideal that staff is sick and it is not ideal that staff is sick on the same day, these things do unfortunately happen because we are all human.

Therefore, the staff shortage issues are not because of deficiencies in the staff complement. Indeed, I believe that the theatre complement is at full complement at the moment. I believe that the issues are staff sickness, which happens and with the best will in the world we all get sick, rather than because of deficiencies in the complement.

Hon. J Ladislaus: Madam Speaker, we have been given 8 dates here by the Minister on which operations were cancelled but my understanding is that there are lists of operations to be carried out within that date. I am just looking at the fact that 12 have been cancelled in one year.

Does the Hon. Minister not agree that that does not seem to tally? Because how many operations have been carried out in one day then? Have they just cancelled the one on each of those dates?

If you have a shortage, surely it would mean that more than one need to be cancelled. Does the Hon. Minister not agree that those dates do not seem to tally with the 12 that are alleged to have been cancelled over the course of one year?

Hon. G Arias Vasquez: No, Madam Speaker, I do not agree. Again, to explain to the hon. Lady how the hospital works and how theatres work in particular, the number of staff required depends on the procedure that is required. A complex procedure will not require the same staffing level as a minor operation.

So, whilst there might be staff shortages on any given day, one procedure may be cancelled because it is of a more complex nature than another procedure, which is a minor intervention and therefore may not be cancelled. So, unfortunately, theatre is not as simple as staff shortages on one day, entire list cancelled. In fact, the division lead for surgery usually goes out of his way to make sure that as few cancellations as humanly possible occur on any given day, even if there are staff shortages. So, they will play around with the list as much as is humanly possible.

So, the fact that there are 12 operations is a statistic which has been given by the GHA. So, do I believe that figure, given that it is a figure that has been given to me by clinicians of the GHA? Yes, I do think that is a correct figure, Madam Speaker.

Hon. J Ladislaus: Madam Speaker, obviously these eight dates will not include those operations that went ahead with less than the generally required number of staff to undertake them. So, is it the case that there are a number of procedures that are going ahead or have gone ahead in the past, I think it was 12 months I asked, which were staffed under the necessary safety level, deemed to be the necessary safety level under the guidelines. Is that the case?

Hon. G Arias Vasquez: Madam Speaker, absolutely not. Again, I am not in an operating theatre, but thankfully people that are qualified to make these decisions are in an operating theatre.

These decisions are dynamic decisions, which again, let me explain it again for the hon. Lady's better understanding. There are more complex procedures and there are simpler procedures and it is up to the Charge Nurse on the day to determine the staffing level required for each and every procedure that is ongoing on the day in the theatre.

So, there is absolutely no way that an operation would go ahead, that a procedure would go ahead, if the Charge Nurse feels that the theatre is understaffed. Now, what may qualify as being understaffed for procedure A may not necessarily be understaffed for procedure B, you might be removing a verruca.

So, the levels of staffing required differ depending on the procedure which is being undertaken. And I think that is generally understandable. So, the dates that I have given are dates where there

was a cancellation because of staffing issues, but it does not necessarily follow that all procedures were cancelled on that day because of staffing issues.

Hon. J Ladislaus: Just to clarify and for the record, is it the case that the hon. Lady is saying that at no point in time have procedures been undertaken where it has been felt by some of the professionals that they are under complement and they are putting patients at risk? Is that the case? Is that what the Hon. Minister is saying?

Hon. G Arias Vasquez: Madam Speaker, these are very serious allegations which are being made without really understanding how the hospital works and particularly how theatres work. I am not in the theatre asking anyone to carry out procedures with a gun to anyone's head.

Every professional that is engaged in the GHA will only undertake a procedure if they feel that a safe staffing level is in place. So, if the Charge Nurse feels that the staffing level is safe, the procedure will go ahead. If the Charge Nurse does not feel that the staffing level is safe, the procedure will be cancelled.

I think that is quite clear in my answer and that is definitively what I am saying. I am saying and I wish to make explicitly clear, Madam Speaker, that I do not believe that any professional in the GHA would allow any procedure to go ahead if they did not feel confident that they had the necessary staffing levels. I think that it is somewhat irresponsible to state otherwise.

Hon. J Ladislaus: It is not an accusation. It is a question that I have asked. Therefore, I would ask the Hon. Minister to clarify that for the record. It is a question that I have asked. I am not making accusations.

Hon. G Arias Vasquez: Madam Speaker, it is a question which is asked that is fully loaded. I wish to make it explicitly clear that I have full confidence in the individuals of all the surgeries and in all the theatres that they would not go ahead with any procedure if they feel that they are understaffed.

Madam Speaker: Next question.

Q860/2025
Gibraltar Health Authority –
Operating theatres

Clerk: Question 860, the Hon. J Ladislaus.

Hon. J Ladislaus: Can the Government set out, in relation to operating theatres within the Gibraltar Health Authority:

- (i) The recommended minimum number of staff required per operating theatre/shift to comply with recognised patient safety and clinical governance guidelines, and the source of those guidelines;
- (ii) The actual number of staff currently rostered per operating theatre/shift, broken down by role, and whether they are temporary or permanent positions;
- (iii) The specific roles and responsibilities of each member of the operating theatre team and which cohort they come under within the Estimates Book; and
- (iv) The number of hours worked by each category of staff, including any reliance on overtime, extended shifts or on-call arrangements, to maintain theatre operations.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the GHA operating theatre staffing arrangements are governed by its internal theatre staffing policy for general anaesthetic operating lists. This policy places responsibility on the Charge Nurse or Sister to ensure that every elective and emergency operating list is staffed by a team of appropriately trained and competent personnel, equipped with the skills and ability to deliver high-quality patient care and to identify and mitigate risks to patients throughout the perioperative pathway. Following an assessment of patient dependency, case complexity and the skills and competencies required, the policy recommends the following minimum staffing levels:

2 scrub practitioners per operating session as a basic requirement, unless patient dependency or clinical service demands more or fewer staff; 2 practitioners are recommended for lists involving major surgery unless there is only one single case; 2 practitioners are also recommended for minor surgery lists that require rapid throughput or involve multiple cases, such as elective day surgery lists. Secondly, one circulating practitioner per session, unless additional staff are required, for example, when more than one surgical cavity is involved; 3, One registered anaesthetic assistant practitioner for each session involving anaesthesia, including general, regional or local anaesthesia with sedation. Additional assistance may be required depending on patient dependency or the type of anaesthesia administered; and 4, One recovery practitioner per patient during the immediate post-reparative period, where patients are not transferred directly to a higher dependency area following surgery.

They must be cared for by practitioners who are appropriately trained and experienced in post-anaesthetic recovery. This policy is informed by recognised UK guidance, including standards published by the Association for Perioperative Practise. Such guidance emphasises a dynamic and risk-based approach to staffing, recognising that less complex or minor operating lists may be safely managed with reduced staffing levels, subject to appropriate clinical judgement and risk assessment.

Additionally, the staffing allocation for operating theatres within the Gibraltar Health Authority is arranged in accordance with the above policy. Current establishment and staffing levels are as follows: Charged nurses, 3 permanent posts in operating theatres and 1 permanent post in day surgery; Operating Department Practitioners or ODPs, 11 permanent posts in operating theatres. Registered Nurses, 11 permanent posts in operating theatres, 1 local post covering a vacancy in operating theatres and 11 permanent posts in day surgery; Enrolled nurses, 1 permanent post in day surgery; Nursing Assistants, 2 permanent posts in operating theatres. The roles and responsibilities within operating theatre environment are clearly defined in accordance with professional standards and operational requirements.

In summary, scrub practitioners assist the surgeon during operative procedures. ODPs assist the consultant in the administration and monitoring of anaesthesia. Recovering nurses are responsible for immediate post-operative recovery and monitoring of patients. Nursing assistants support theatre activity through patient positioning, specimen handling and stocking and preparation of theatre environments.

For estimable purposes, staff are accounted for within the established theatre and day surgery nursing and practitioner cohorts. These current full-time equivalent establishments include 11 ODP posts, 23 registered General Nurses posts across theatres and day surgery and there is no separate establishment breakdown for Charge Nurses, Enrolled Nurses or Nursing Assistants beyond their inclusion within the overall staff complements. Theatre staff are contracted to work 40 hours per week and typically operate 10-hour shifts from 8 to 6, over 4 days per week.

In addition, an out-of-hours on-call team comprising 4 members of staff is maintained to support emergency surgical activity outside of normal operating hours.

Hon. J Ladislaus: Madam Speaker, in respect of Operating Department Practitioners, am I correct in saying that these are recognised as under the nursing umbrella in Gibraltar? They come

under the nursing complement? Because I did ask the question as to under which of the different teams they would come under in the estimates book.

Hon. G Arias Vasquez: Madam Speaker, they come under their own line in the nursing book but they come under nursing, is that correct? Madam Speaker, it is a public document to which the hon. Lady has access in the same way as I do. She is perfectly entitled to find the answer herself.

Hon. J Ladislaus: Madam Speaker, in the UK they come under Allied Health Professionals, so they are under the umbrella of AHPs. For what reason are they not recognised as such in Gibraltar? Is it not the case that this bumps up the nursing complement and it inflates that complement artificially?

Hon. G Arias Vasquez: Madam Speaker, one, it has been like that since we were elected. I do not think it has been changed but separately, if that is a specific question, I would ask the hon. Lady to direct the question to me next time. I am very happy to answer it. I do not have the information available to me.

Madam Speaker: All right, I believe the Hon. Mrs Sanchez is catching my eye. I cannot read her lips, but I think what she is asking is, can I interpose her supplementaries now? And so, the answer is yes.

So let me see. Anything on 828? No.
Anything on 835 and 836?

Hon. A Sanchez: Only 841.

Madam Speaker: Only 841.

Hon. E J Reyes: I have 839.

Madam Speaker: Of 839?

Hon. E J Reyes: I have 839.

Madam Speaker: Let me deal with 841 first, in case the Hon. Mrs Sanchez needs to leave. So, 841. Minister, we are dealing with supplementaries to 841.

Hon. A Sanchez: Madam Speaker, the figures provided for the answer to Question 841, would the Hon. Minister be able to unpack these figures and be able to elaborate a bit further on them? The figures seem significantly high. We have figures 973, 932, another one.

Would the Hon. Minister be able to explain whether these figures, do they relate to individuals that perhaps might not be afforded a place in ERS facilities because they might not want to move or what they have been offered, they have not accepted the placement that they have been offered? Does this account for the delay? Or is it that there are severe shortages in ERS places?

I do not want to assume that there is a severe, I do not want to make an assumption.

Hon. G Arias Vasquez: Madam Speaker, the patients that have been there for an extraordinarily long time, particularly the ones that the hon. Lady is alluding to, 973 days, it is because whilst medically discharged, they have an ongoing condition which requires a medical setting. I do not feel able to go into any more detail because it would be possible to identify the patient but the ones that are of a particularly long nature, it is usually because they have a condition in which there is no other setting to accommodate them.

If I break down those figures further, there are 37 patients that are waiting for ERS. There are others that are palliative. There are three, as I mentioned before, that are awaiting packages of care.

2200 So there is a breakdown of the number of patients that we have in the hospital that are long-stay patients, and the reasons do differ as to why they have been in hospital for a particularly long period of time.

2205 **Hon. A Sanchez:** Even withstanding those explanations, the numbers provided, the weights are quite significant, Madam Speaker. The hon. Lady has suggested that the Government does have plans to address the waiting times that there are for patients that are waiting for ERS transfers. Would she be able to go into the plans that the Government has to address these waiting times?

2210 I do not know whether in answer to questions that my colleague might have posed whilst I stepped out she went into this, but if she has not, or would she be able to elaborate further, and if she has, she can refer me to the record, I might have missed.

2215 **Hon. G Arias Vasquez:** Madam Speaker, I have not gone into the details, other than very elusively. I believe that if the hon. Lady asks me the question directly, I can go into the detail of what the plans are in order to deal with those 37 patients for ERS, because there is a plan in place to deal with, or there is a provisional plan in place to deal with those patients. I am very happy to share those plans, but I would want to go into a level of detail which I do not have available to me right now.

Madam Speaker: All right we shall take supplementaries to Question 839.

2220 **Hon. E J Reyes:** Thank you, Madam Speaker. In Question 839, we were asking for the total number of individuals on assignment or working at the ERS, and in the schedule that the Minister kindly provided at the notes at the bottom of the page on point 2, she identified we have got apprentices from the Training Centre, and there is four of them, but as employed, they are employed by the Training Centre, so one takes it they are registered as full-time trainees there.
2225 The schedule is Monday to Friday.

2230 So is that on a full-time basis because on the next line, we are reading that it is a question of practical skills, practical assessment of skills learned. Can the Minister confirm it is sort of like a full 30-odd hours, close to 40 hours a week and if that is the case, is the number four referring to four trainees who are there, in my opinion, supervised or being in receipt of instructions? Therefore, one of those could be an instructor, or he could alternate with an assessor, or even have a case of an internal verifier if some station needs to go. I am not quite certain how the ERS is taking on these four who are trainees by admission here, but yet I want confirmation of what staff is there, otherwise they are unskilled labour and not really complying with the requirements of receiving instructions and or assessments.

2235 **Hon. C P Santos:** I would need to check how many other labourers are involved. I know that before we sent them over to the ERS/Mount Alvernia, there was an examination of the scope of works, because they are using it as part of the Level 2s in painting. I think it is the four that we have over there. So I would need to check but they would go through the same process as they do when they go into any other organisation or company. I know the ones that we have at the GHA, they work with the industrials over there. So I would not want to confirm, but I am sure that they work within the industrials of the ERS.

2245 **Hon. E J Reyes:** I am grateful to the Minister. He is showing obviously the coverage of the issue. Precisely like he is doing, looking at other cases. If we take one, for example, connected with the Minister for Health, I know some trainees from the painting section were sent to give a fresh coat of paint to the staircase leading down to the road from St Bernard's Hospital, main entrance.

But because I live close by the area, I noticed that you actually had an instructor/assessor there with them, in whatever number or region of trainees. Hence why it prompted me that this number four could be maybe three trainees and one instructor. Or if not, the Minister I think has clarified now a little bit by saying level two.

A level two does not need to have 24-7 supervision. He can be given a task when he comes in in the morning, and the assessor says, right, I will come back at 12 o'clock. One, to see how much work you have been done and two, it is a way of testing that under their own initiative. It is all part and parcel of those involved in the education world, you know, know is required. So sometimes you have to be away from them but I am grateful for the commitment from the Minister for Employment and Training that he's going to look into that, please.

Hon. C P Santos: I will confirm the exact details but as it is a level two, as you know, the assessor does not need to be there, or the instructor. They get sent into what is essentially a work experience, and they are obviously working within the industrials of the GHA or the Care Agency or ERS on this matter.

Madam Speaker: All right, back to the Hon. Mrs. Ladislaus. I think we are on Question 861.

Q861/2025
Gibraltar Health Authority –
Operating theatre usage

Clerk: Question 861, the Hon. J Ladislaus.

Hon. J Ladislaus: In the last 12 months, on average, how many times per week are each of the operating theatres within St Bernard's Hospital in use? Please provide a breakdown for each individual theatre.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, Theatre 1 is used 17 times. Theatre 2 is 23. Theatre 3 is 13. Theatre 4 is 3 and day surgery is 27 times a week.

Hon. J Ladislaus: Madam Speaker, since Theatre 4 was opened, I believe it was September 2023, have any additional staff been recruited in order to staff that theatre? And I note that a number of weekly operations in that theatre seem particularly low...

Hon. G Arias Vasquez: Madam Speaker, Theatre 4 is an emergency theatre, and it is basically used whenever there is an emergency and the other theatres are in use. It was used for 100 elective cases in 2025.

I am not sure what the answer is to that but given that the nursing complement has increased year on year, I would suspect that the answer is yes, but I am not certain either way.

Madam Speaker: Anything else?

Hon. J Ladislaus: Just one further question, and may I take this opportunity, because I am going to ask a question as to the newly introduced organ donation operations that we saw a historic operation taking place the other day and I just wanted to take the opportunity to extend our condolences to the family of Mr Vecino, who is otherwise known as Susi, for the selfless donation of his organs, and what a legacy, I say, to leave.

So I extend condolences but now that those operations have started taking place at St Bernard's Hospital, is it the case that recruitment may be looked at in order to service further operations of that nature?

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Hon. G Arias Vasquez: Madam Speaker, first of all, I would like to thank the hon. Lady for her words, and I would also like to thank the team at St Bernard's. I have been in touch with the family, and I am told the family has no words for the support that they receive for the team at St Bernard's. So, I would like to thank each and every individual, because the family did go out of

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their way to say that everyone, from the cleaners to the surgeons, at absolutely every point, was nothing other than extremely supportive of the family and the circumstances that it was in.

As I have said in a GBC interview earlier today, it was an extremely generous act which allows hope through very tragic circumstances. So, again, I would like to extend my condolences to the family. I would like to congratulate them on their bravery and generosity, and I would also like to take the opportunity to thank the GHA team throughout.

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Again, absolutely everybody was outstanding, straight through to the Senior Crown Counsel, straight through to the Director General. Everybody was involved in this decision, because it was a historic moment, where it was the first organ donation that was ever done in Gibraltar, and I think it must be an instance where we must applaud the team at the GHA. In answer to the hon. Lady's question, what happens in this instance is that there was an agreement entered into, started by the Hon. Dr Cortes in his time as Minister for Health, followed through by the Hon. Neil Costa in his time as Minister for Health, where there was actually a Memorandum of Understanding entered into between NHS Blood and Transplant Services and our own team here in Gibraltar. What happens in this instance is that it is not so much an operation as a retrieval.

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So last Friday, two specialist nurses in organ retrieval came over from the UK, pursuant to the terms of the MOU, arrived in Gibraltar, and then a specialist retrieval team followed them in order to retrieve the organs and take them back to the UK. What then happened is that the organs are blue lighted, so an ambulance with its blue lights on takes them to the airport, to the aircraft. They are then flown to the UK in the aircraft, where a blue light vehicle is waiting for them in the UK, and blue lighted directly to the hospital for their further use.

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So, the operation was a significant procedure which was carried out, which required the involvement of every echelon of the GHA, and indeed it is one of those instances where the GHA, when it pulls together, is incredibly impressive in the service that it provides. So again, I will give my thanks to the GHA team. But in answer specifically to the hon. Lady's question, the reality is that because of the MOU that we have with NHS Blood and Transplant, it is NHS Blood and Transplant that actually provides the individuals and the services with the relevant training that is required.

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We do not envisage, fortunately or unfortunately because of the circumstances, we do not envisage that there will be a level of organ donation in Gibraltar which will require us to train our own team, and therefore we will continue to rely on the NHS Blood and Transplant service and the MOU that we have in place with them, in order to facilitate any further organ donation. So, we do not envisage increasing the team as a result of that.

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Madam Speaker: Next question.

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Q862-5/2025

Gibraltar Health Authority –

Procedure for assessment of child suspected of having ADHD; Number of children gone through the GHA's ADHA pathway; GHA ADHD pathway child referrals; Average waiting time for a child to go the GHA's ADHD pathway

2345 **Clerk:** Question 862, the Hon. J Ladislaus.

Hon. J Ladislaus: Please outline the route followed by the GHA from the point of referral from either a school, healthcare/medical practitioner or a professional from the Care Agency for a child to be assessed for suspected ADHD.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Questions 863 to 865.

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Clerk: Question 863, the Hon. J Ladislaus.

Hon. J Ladislaus: How many children have gone through the GHA's ADHD pathway since it was published in March 2025?

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Clerk: Question 864, the Hon. J Ladislaus.

Hon. J Ladislaus: How many children are currently on the GHA's ADHD pathway waiting to be seen for either a diagnosis, referral to a different professional or team for next steps or discharge?

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Clerk: Question 865, the Hon. J Ladislaus.

Hon. J Ladislaus: What is the average waiting time for a child to go through the GHA's ADHD pathway, from the moment of referral to the GHA with suspected ADHD symptoms to diagnosis, referral to another professional or team for next steps, or discharge?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 862, I now hand over a schedule outlining the route followed by the GHA for the assessment of suspected ADHD in children. Thank you.

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This document provides a step-by-step overview of the process currently in place within the GHA detailing the referral pathways, assessment stages and involved multidisciplinary teams.

In answer to Question 863, of the referrals made as from March 2025, 15 children have received a diagnosis via the new ADHD pathway within the wider neurodevelopmental pathway. A further 78 children have reached a diagnosis via the ADHD pathway from referrals prior to March 2025.

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In answer to Question 864, as of the 9th of January 2026, there are 122 children in active assessment phase waiting for a final diagnosis, referral or discharge. Under the paediatric team, 92, under mental health, 30, and a further 39 patients are waiting to be triaged as part of the neurodevelopmental pathway before they are added under a specific pathway.

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In answer to Question 865, the GHA is currently collecting and analysing data on average waiting times as a neurodevelopmental and ADHD pathway has only been operational since March 2025. Preliminary findings indicate that most children are seen for an initial assessment

2390 within 8-12 weeks of referral with full diagnostic or onwards referral decisions typically reached within 6 months depending on clinical complexity or the need for multidisciplinary input.

The overall average waiting time for referral to completion of the diagnostic process, onwards referral or discharge is currently estimated at 6-9 months due to the current impact of the backlog. The timeframe encompasses all stages of the pathway including referral triage, screening, 2395 multidisciplinary assessment, diagnostic review and feedback to families. The neurodevelopmental service is actively streamlining internal processes and integrating assessments across disciplines with a goal of reducing this timeframe to under 6 months from referral to diagnosis or next step planning.

2400 Targeted measures are also in place to eliminate the existing backlog by March 2026 after which average waiting times are expected to reduce to approximately 4-6 months.

ANSWER TO QUESTION 865

ANSWER TO QUESTION 862

Route followed by the GHA for assessment of suspected ADHD in children

Step 1 – Referral received

Referrals may come from a GP (with school information and Educational Psychology report), directly from schools through the SENCO, from therapists, or from Care Agency professionals. All referrals are directed to the Neurodevelopmental Triage Panel within the Neurodevelopmental Service.

Step 2 – Triage

The referral is reviewed by the Consultant Paediatrician, together with the Psychology Team and relevant therapists. Cases are then allocated to:

- Neurodevelopmental Specialist Paediatrics (for children under 5 years), or
- Neurodevelopmental / ADHD Pathway (for school-age children with attention or behavioural concerns).

Step 3 – Consultant Review & Screening

Parents and teachers complete ADHD rating questionnaires (e.g. Conners 4) and developmental background forms to inform the initial review.

Step 4 – Multidisciplinary Assessment

A full assessment is undertaken, led by the Paediatrician with input from Psychology and Allied Health Professionals as required.

Step 5 – Complex Cases: Diagnostic & Feedback - Further testing/interviews may be required.

Each case is discussed at the Neurodevelopmental Multidisciplinary Team meeting. Parents are then offered a feedback session, diagnosis is confirmed if criteria are met, and an individualised management plan is agreed.

Step 6 – Follow-up & Ongoing Care

Children are followed by the Neurodevelopmental Team, with shared input from Paediatrics, Psychology, Education, and the Care Agency, ensuring coordinated long-term monitoring and support.

Madam Speaker: Is the hon. Member in a position to ask any supplementaries on 862 and the document provided or would she like to keep that back? Alright, 863 then...

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Hon. J Ladislaus: Madam Speaker, given the number of children who appear to be on the ADHD pathway, is it the case, or rather I ask, is the Hon. Minister satisfied with the number within the teams that she has available in order to undertake these assessments?

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Hon. G Arias Vasquez: Madam Speaker, given the statistics that I provided and given that the pathway has been in place since March 2025, there is significant movement in these pathways. As with everything in the GHA and indeed as I have answered in the question, do I think that this can be improved and should it be improved? There is always room for improvement and indeed the clinicians themselves are telling me that they are identifying different ways in which to streamline the pathways.

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So, do I think it is a great step from what we had? Absolutely. Do I think more needs to be done? It will always be the case that more needs to be done in many areas.

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Hon. J Ladislaus: Madam Speaker, generally in respect to the pathways, we have been hearing complaints, we have been made aware that parents in particular are not being given enough information as they go through the pathway, so they are not aware of next steps, for example. Is it the case that professionals are still finding their feet with the pathway?

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Hon. G Arias Vasquez: Madam Speaker, again, the pathway has been in place since March 2025, and it is a significant step forward from what we used to have before. So, I am not entirely sure as to why it is that parents feel that there is no communication, but I do know that the clinicians are constantly developing different ways to interact with parents and I am sure that they will continue to do so.

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Madam Speaker: Anything on 865? All right next question...

Hon. G Arias Vasquez: Madam Speaker, I am not sure if I am able to do this, but would it be possible to get a 10-minute recess?

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Madam Speaker: Sorry... Yes, any Member... *(Interjection by the Hon. Chief Minister)*

Madam Speaker: All right, we will recess for 10 minutes and come back.

The House recessed at 6.23 p.m. and resumed its sitting at 6.34 p.m.

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Q866/2025
Child deaths –
Suicide

Clerk: Question 866, the Hon. J Ladislaus.

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Hon. J Ladislaus: Have there been any child deaths in Gibraltar in the past 24 months as a result of suicide? If so, has a child death review been conducted as to the safeguarding response and have any recommendations been implemented or are in the process of being implemented?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, no ma'am, although there are cases where the Coroner has not yet concluded his inquest.

Madam Speaker: Next question.

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Q867/2025
Children –
Referrals

Clerk: Question 867, the Hon. J Ladislaus.

2460 **Hon. J Ladislaus:** In the past 12 months, broken down by month:

- (i) How many children have been referred to the Gibraltar Young Minds service;
- (ii) How many children have been/are under the care of the Gibraltar Young Minds service?
- (iii) How many children were/are under the care of a GHA psychiatrist;
- 2465 (iv) How many children were/are under the care of a GHA psychologist;
- (v) How many children were/are under the care of a GHA counsellor;
- (vi) How many children were/are waiting to be seen by a GHA psychiatrist;
- (vii) How many children were/are waiting to be seen by a GHA psychologist;
- (viii) How many children were/are waiting to be seen by a GHA counsellor?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I now hand over a schedule in answer to sections 1, 4, 6 and 7 of this question.

2475 In relation to Question 2, how many children have been under the care of the Gibraltar Young Minds Service, the data is not available by month due to the systems that GYM used to collect the data. However, the GYM team is currently reviewing the way in which they record and collect their data in order to improve and streamline the service and should have this information available in the future.

2480 In response to Question 3, on average the GYM GHA psychiatrists are estimated to have approximately 100 patients under their care on a rolling month basis.

In response to Question 5, at present counsellors are not used within the GHA service, they are only on the adult care pathways. The GHA pathway is staffed by a clinical psychologist and an assistant psychologist.

2485 In response to Question 8, at present counsellors are not used within the GHA, they are only on the adult care pathways.

CONTINUED ANSWER TO QUESTION 867

- (v) How many children were/are under the care of a GHA counsellor;

At present, counsellors are not used within Gibraltar Young Minds they are only on the adult care pathways. The GYM pathway is staffed by clinical psychologists and an assistant psychologist.

- (viii) How many children were/are waiting to be seen by a GHA counsellor?

At present, counsellors are not used within Gibraltar Young Minds they are only on the adult care pathways.

Madam Speaker: All right, would the hon. Member like to keep this one back? All right, we will move on to 868.

Q868/2025
Mental Health Hub –
Referrals

Clerk: Question 868, the Hon. J Ladislaus.

Hon. J Ladislaus: Can the Government provide an estimate as to when:

- (i) The tender process for the construction of the Mental Health Hub at the Sir Joshua Hassan site will commence;
- (ii) Works will commence on construction of the Mental Health Hub at the Sir Joshua Hassan site;
- (iii) By when it is expected that those works will conclude;
- (iv) What services/teams will be housed at the Mental Health Hub?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the process starts once the designs are finalised. We are currently completing the consultation. Once the design has been completed and the tender awarded, the day starts from then.

All adult mental health services, including community, inpatients and mental health senior management team, will be working within the new facilities.

Hon. J Ladislaus: Madam Speaker, in terms of when the design is expected to be finished, when is that? Can we have an estimate? Because this seems to have been going on for some time now.

The Government announced this project in July 2024. There have been changes of premises in between. Now they have identified the Sir Joshua Hassan site and it was announced in March 2025, yet here we still are with the designs not having been finalised, by when is it estimated that they will be finalised?

Hon. G Arias Vasquez: Madam Speaker, the consultation process is an incredibly important process in order to get the facility right. The team are currently consulting with all of the individuals involved, including all of the clinicians involved, in order to assess what the best design is for the premises.

This consultation period is envisaged to finish the first quarter of the year, and then the designs should be finalised shortly thereafter.

It is a concurrent process. The design is a concurrent process which runs along the consultation process. So, the designs should be finalised Q2, Q3 this year.

Hon. J Ladislaus: Madam Speaker, can we take it therefore that the process commenced as soon as the Government announced the plans for the new Mental Health Hub? Or is it the case that this review and consultation process commenced afterwards? When did they commence?

Hon. G Arias Vasquez: Madam Speaker, the consultation on the model of care started immediately after the announcement. You will recall that initially it was envisaged that the Chronicle building would be the location where this was going to be placed, and that then changed.

Therefore, that necessitated a change in the consultation process, because the individuals involved also need to be consulted, as was the case with the Hon. Minister for Education. He consulted every professional involved in the development of the schools. Here we consult every clinician that is relevant to the consultation process in terms of the layout of the rooms and in terms of the facilities that will generally be available.

So, there are two parts to the consultation. There is one consultation which relates to the model of care, which started immediately after the announcement was made, and there is the announcement in relation to the design of the pertinent premises, which commenced immediately when the pertinent premises were identified.

Hon. J Ladislaus: Madam Speaker, as from the date when planning permission is obtained on this project, obviously we are assuming that it will be obtained on the project, is it still the case that two years from that point in time to the conclusion of the works is still the envisaged time frame, or has that changed now?

Hon. G Arias Vasquez: Madam Speaker, I would have to seek a professional opinion on that.

Hon. J Ladislaus: Madam Speaker, on 21 May 2025, in answer to questions in this House, the Hon. Minister said specifically that as from the point at which planning permission was obtained, it would be two years from that date for the conclusion of this project. Why now is she unable to answer this point?

Hon. G Arias Vasquez: Madam Speaker, simply because the question was not on the answer paper. If that is what I said in May 2025, that continues to be the case.

Madam Speaker: Next question.

Q869/2025
GHA Ambulance –
Average response time

Clerk: Question 869, the Hon. J Ladislaus.

Hon. J Ladislaus: In the past 12 months, what was the average response time for a GHA ambulance to arrive at the scene of a call out, broken down by month and call category, if relevant?

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

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

ANSWER TO QUESTION 869

Year	Month	Cat 1	Cat 2	Cat 3
2024	Sept	06:03	06:31	08:51
2024	Oct	05:52	07:24	09:46
2024	Nov	06:44	06:49	08:52
2024	Dec	06:36	07:03	08:55
2025	Jan	06:09	07:14	08:52
2025	Feb	06:48	07:17	09:04
2025	Mar	06:46	07:23	09:29
2025	Apr	05:48	06:54	09:15
2025	May	05:50	06:52	08:52
2025	Jun	06:21	07:05	09:28
2025	Jul	06:25	07:03	09:08
2025	Aug	06:25	07:05	09:44
2025	Sep	06:34	06:59	08:56

Madam Speaker: All right, I am happy to leave this and move on, but I will say to the hon. Member that I do intend to deal with all the questions on Health and Care before we move on to Business. So, we will move on to 870.

Q870/2025
GHA Ambulance –
Average response time

Clerk: Question 870, the Hon. Jay Ladislaus.

Hon. J Ladislaus: Since October 2023, has the GHA received any donations for the purchase of medical equipment? If so, please provide a breakdown of:

- (i) the amounts received towards the purchase of specific equipment and details as to the donor(s);
- (ii) the specific equipment that has been purchased with those donations;
- (iii) whether the equipment purchased has been commissioned and is in use and if not, why not; and
- (iv) where the responsibility lies for the maintenance of the equipment and the arrangements in place for its maintenance?

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

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

ANSWER TO QUESTION 870

DATE	DESCRIPTION	MAINTENANCE PROVIDER	DONATIONS RECEIVED	DONATIONS SPENT/COMMITTED
28/02/2024	Donation Iro Ultrasound Scanner (Radiology)	Phillips	£ 81,766.66	£ 81,766.66
19/07/2024	Epqi Elite Diagnostic Ultrasound System			£ 4,065.00
14/05/2024	Walking Football - Urology Bladder Scanner (Unallocated)	GHA Clinical Engineering		£ 4,065.00
12/04/2024	Bladder Scanner - Urology			
04/11/2024	Donation For A Chest Compressor (Cardiac)	GHA Clinical Engineering	£ 11,586.10	£ 11,586.10
08/11/2024	Chest Compressor (Cardiac)			
27/11/2024	Donation For A Doplex Ability Automatic Ankle Brachial System	GHA Clinical Engineering	£ 3,696.35	£ 3,696.35
14/02/2025	Dopplex (Ambulance Cardiac)			
17/12/2024	As Per Mou (£180,411.50)Maldi Biotyper Sirius Ivd System/£21,000.00 Urology Chair & Accessories, Installation & Training))		£ 201,441.50	£ 201,441.50
19/04/2024	Maldi Biotyper Sirius Ivd System	GHA Clinical Engineering		£ 61,042.78
08/05/2024	Maldi Biotyper Sirius Ivd System / As Per Quotation Number (Urology-Unallocated)			£ 20,347.59
10/05/2024	Maldi Biotyper Sirius Ivd System / As Per Quotation Number (Urology-Unallocated)			£ 122,085.56
26/07/2024	Medimatic Urology Chair + Accessories, Installation And Trai Po8052453	GHA Clinical Engineering		£ 21,000.00
17/04/2025	Donation Iro Ac100337 (Manometry) (Gastric) Equipment - Unallocated)	GHA Clinical Engineering	£ 100,000.00	£ 99,502.99
13/08/2025	Manometry Equipment Solar GI Hrm Po8070361 (Unallocated)			
03/06/2025	Donation Iro Purchase Of Resuscitation System (Rainbow)	GHA Clinical Engineering	£ 8,850.00	
24/06/2025	Donation Iro Purchase Of Resuscitation System (Rainbow)		£ 250.00	
12/06/2025	Resuscitation System Star Integrated Quotation No 174	GHA Clinical Engineering		£ 9,100.00
14/08/2025	Donation Iro Purchase Of A Rotablator (Cardiac)			
15/08/2025	Rotapros Console Kit Assy Gen 230V	GHA Clinical Engineering	£ 31,200.00	£ 31,200.00
04/11/2025	Donation Iro Surgical Robot (Order Placed Via Capital Acc) 1St Instalment (Made In 4 Payments Of £25,000) (Unallocated)	GHA Clinical Engineering	£ 100,000.00	
05/11/2025	Donation Iro Surgical Robot (Order Placed Via Capital Acc) 2Nd Instalment (Made In 4 Payments Of £25,000) (Unallocated)	GHA Clinical Engineering	£ 100,000.00	
06/11/2025	Donation Iro Surgical Robot (Order Placed Via Capital Acc) 3Rd Instalment (Made In 2 Payments Of £25,000) (Unallocated)	GHA Clinical Engineering	£ 50,000.00	
23/12/2025	Donation Iro Surgical Robot (Order Placed Via Capital Acc) 4Th Instalment (Made In 2 Payments Of £25,000)	GHA Clinical Engineering	£ 250,000.00	
17/10/2025	Toumal Endoscopic Surg System & Freight (992,450Euros) - Currently Charged To Capital	Microport		£ 863,000.00
17/10/2025	Sonic Irrigator Washer And Instruments - Currently Charged To Capital	Steris		£ 40,330.00
22/12/2025	Vio 3 Electro Surgical Unit - Currently Charged To Capital	Erbe Medical UK Ltd		£ 20,396.46
12/12/2025	Donation Iro Affirm Lateral Arm Upright Biopsy Accessory (Radiology)	Phillips	£ 10,573.27	£ 12,400.00
	Order Not Placed Yet - Refers To Above Donation			
04/11/2024	Donation For A Chest Compressor	GHA Clinical Engineering	£ 11,586.10	£ 11,586.10
08/11/2024	Chest Compressor (Cardiac)			
27/11/2024	Donation For A Doplex Ability Automatic Ankle Brachial System	GHA Clinical Engineering	£ 3,696.35	£ 3,696.35
14/02/2025	Dopplex (Ambulance Cardiac)			
05/11/2025	Donation In Relation To Chemo Unit Furnishings Only	GHA Clinical Engineering	£ 185,000.00	£ 2,411.00
12/01/2026	Pharmacy Refrigerator (Chemo) Tab - Deducted From Chemo Unit Donation)	GHA Clinical Engineering		£ 5,922.84
17/11/2025	Examination & Treatment Couch, Two Section Ref: Ec1220/Vbb	GHA Clinical Engineering		£ 1,580.60
17/11/2025	Phlebology Chair, Variable Height Ref: Ec5520/Vbb	GHA Clinical Engineering		£ 826.42
17/11/2025	Caretray Trolley - Phlebology Ref: Cphies110/3S2D	GHA Clinical Engineering		£ 1,726.76
17/11/2025	Technical Sealing - Saddle Stool, Polyurethane Ref: 5Ts/Sa/Vma	GHA Clinical Engineering	£ 139.54	£ 958.72
17/11/2025	Dressing / Instrument Trolley - Fixed Shelves, Sides Up, Stainless Steel, 450Mm Deep Ref: Dis1/450	GHA Clinical Engineering		£ 3,735.90
17/11/2025	Caretray Trolley - Mid Steel, Standard Level, Single Column - Ref: Cm110/3S2D	Estates & Facilities (Luis)		£ 1,985.00
17/11/2025	Orr 2-Seater A Range Upholstery - Vinyl Finish - Aston Royal Ref: TOR2-200-A	Estates & Facilities (Luis)		£ 2,416.00
17/11/2025	Orr 3-Seater A Range Upholstery - Vinyl Finish - Aston Royal Ref: TOR3-200-A	GHA Clinical Engineering		£ 666.96
22/12/2025	Overbed & Overchair Table - Height - Adjustable, Polymer, Easy Clean	GHA Clinical Engineering		£ 2,399.00
23/12/2025	B Medical Systems P130 Pharmacy Refrigerator As Per Quotation No: Sgu041225-001	GHA Clinical Engineering		£ 3,100.00
	Enterprise 5000X - UK Beds			
17/11/2025	Iv Drip Stand, Two Hook, Stainless Steel, Height Adjustable, Mobile	GHA Clinical Engineering		£ 1,400.00

2605 **Madam Speaker:** All right, we will move on to 871.

Q871/2025
Gibraltar Health Authority –
Specialist mammography equipment

2610 **Clerk:** Question 871, the Hon. J Ladislaus.

Hon. J Ladislaus: Can the Government confirm whether specialist mammography equipment at the GHA has been out of service in the past 12 months? If so, please provide a breakdown as to:

- 2615
- (i) when;
 - (ii) for how long it was/it has been inoperable;
 - (iii) what contingency arrangements were put in place during that period/those periods; and
 - (iv) how many patients have experienced delayed screening or diagnostic mammograms as a
- 2620 result?

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

2625 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the mammography machine was out of service between 7-25 November 2025. The Breast MDT team advised against sending any patients to tertiary centres, since that has proven more problematic in the past than advantageous. To address the resulting backlog and to ensure patients were seen as promptly as possible, the team of mammographers extended their working hours, with clinics running until 8 p.m.

2630 Approximately 242 appointments were rescheduled during the period in question.

Hon. J Ladislaus: Madam Speaker, is it the case that the GHA is responsible for maintenance of this machine? I imagine that not to be the case, given it is highly specialist. But I am just trying to get to the root of why it was broken for such a long time.

2635 **Hon. G Arias Vasquez:** Madam Speaker, the GHA does not maintain the mammography machine. Contact was made with UK-based medical teams in order to restore the components and get the components required.

2640 **Hon. J Ladislaus:** So, is it the case therefore that we are completely dependent on a UK company to source parts etc and maintenance when this machine breaks down? Is that practicable or are more practicable solutions being explored at the moment? It seems to me that that is quite a difficult task and that it means that the machine is out of use for some time if it does break.

2645 **Hon. G Arias Vasquez:** Madam Speaker, we have geographical constraints because of our location. It is not realistic to have a team for repairs of absolutely every machine in the GHA and that has to be recognised in terms of our jurisdiction. In other cases what we do is that we have the spare parts available in Gibraltar, and I believe that in terms of the mammography machine, we have a lot of the spare parts available in Gibraltar but there are some parts that we just simply

2650 do not store.

So, we try and have the most practical arrangements in place in order to repair each and every machine as and when we need them repaired but there will always be logistical constraints because of our geographical location.

2655 **Hon. J Ladislaus:** I do appreciate our geographical location means logistical constraints, but have they looked perhaps to our neighbour in terms of this machine or sourcing maintenance for these machines because obviously we do use tertiary service providers over in Spain. So, is it not the case that perhaps this could be looked at as well?

2660 **Hon. G Arias Vasquez:** Madam Speaker, whereas I do not have the detail of what the teams of the GHA have done, I am certain that the GHA have tried to do all the logistical arrangements possible in order to minimise the disruption and indeed, as the answer to the question says, they did make sure that all appointments were rescheduled, all 242 appointments were rescheduled as required during this period.

2665 Any emergency mammogram required during this period would have been sent to a relevant tertiary institution, but I am sure that they have their own logistical reasons which I am not aware of for looking to specific providers in the UK.

Madam Speaker: Next Question.

2670

Q872/2025

**Gibraltar Health Authority –
Maintenance responsibility for the mammography equipment**

Clerk: Question 872, the Hon. J Ladislaus.

2675 **Hon. J Ladislaus:** Who bears the responsibility of ensuring that the GHA's diagnostic mammography equipment is properly maintained, how often is this equipment serviced and when was the last time that maintenance work to it took place?

2680 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the overall responsibility and governance of the mammography unit lies with the Radiology Services Manager. In addition, routine visits are carried out once a year by Hologic engineers and UK medical physicists under the Managed Equipment Service, the MES contract with Philips. They assess the equipment performance and issue formal reports.

All maintenance is up to date and carried out in accordance with Hologics' service schedule. The last service was carried out in November 2025.

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Madam Speaker: Next question.

Q873/2025

**Gibraltar Health Authority –
Cost of un-commissioned software programmes and medical equipment**

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Clerk: Question 873, the Hon. J Ladislaus.

2695 **Hon. J Ladislaus:** What cost has been incurred by the GHA during the past 14 years as a result of software programmes and medical equipment purchased but not commissioned? Please provide a breakdown as to those costs and the reasons why the specific software programmes and/or medical equipment were not commissioned.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the GHA Clinical Engineering and IT Department have confirmed that all equipment purchased or ordered by themselves have been commissioned.

Hon. J Ladislaus: Madam Speaker, I am aware of at least one occasion on which a system was purchased at the cost of £83,605. This is in May 2019, when questions were asked in respect of ambulance dispatch systems and the costs or suppliers associated with the provision of those. The response was given by the then Minister for Health, Mr Costa, that in October 2011 a training package and licence to operate an ambulance dispatch system had been purchased from Priority Medical Dispatch in October 2011 and the cost of that project was £83,605.54. At that point in time, the system had not yet been commissioned.

Can I ask the Minister whether she is aware if the system was ever commissioned? I am aware of scenarios whereby equipment appears to have been purchased, and it lies there without use or without much use because of, for example, training constraints.

Hon. G Arias Vasquez: Madam Speaker, in response to the hon. Lady's next question, I have a schedule that sets out the answer to that system in particular. I am not aware of any system in the GHA which has not been commissioned. That system, which the hon. Lady is referring to, was purchased by the Gibraltar Fire and Rescue Services and therefore the distinction is made between the questions, but I will provide the hon. Lady with the answer that she is seeking in the next question.

Madam Speaker: Next question.

Q874/2025

Gibraltar Health Authority –

Cost of un-commissioned software programmes and medical equipment purchased by the Gibraltar Fire and Rescue Service

Clerk: Question 874, the Hon. J Ladislaus.

Hon. J Ladislaus: What cost has been incurred by the GHA during the past 14 years as a result of software programmes purchased by the Gibraltar Fire and Rescue Service but not commissioned? Please provide a breakdown as to those costs and the reasons why the specific software programmes were not commissioned.

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

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

ANSWER TO QUESTION 874

Date	Total Amount
15-02-13	£47512.18
12-12-13	£3675.00
04-06-14	£29527.18

Madam Speaker: We can deal with supplementaries on this one, it is a very short schedule.

2740 **Hon. J Ladislaus:** Madam Speaker, I have not done the calculation obviously, but does this total amount relate to what I have just brought up, this Ambulance Service Dispatch software that was purchased? Does this relate to that?

2745 **Hon. G Arias-Vasquez:** Yes, Madam Speaker.

Hon. J Ladislaus: Was that software package ever commissioned, or did it lie out of use?

Hon. G Arias Vasquez: Madam Speaker, the GHA can confirm that the software is not commissioned.

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Madam Speaker: Next question.

Q875/2025

Gibraltar Health Authority –

Responsibility for performance, maintenance and resilience of the Health Authority's communications systems

2755 **Clerk:** Question 875, the Hon. J Ladislaus.

2760 **Hon. J Ladislaus:** Who is ultimately responsible for the performance, maintenance and resilience of the Health Authority's communications systems, and is this responsibility held internally or by external providers? When were the current communications systems within the GHA's Primary Care Centre, Children's Primary Care Centre and St Bernard's Hospital last updated and are there any plans to update any or all of those communications systems?

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

2765 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the telephone system is hosted by Gibtelecom, who is therefore responsible for the performance, maintenance, configuration and resilience of the private branch exchange, the PBX. The system was upgraded in 2023 and is currently operating effectively. Within the telephone system, each department has their own operational requirement and workflows and are responsible for ensuring that these remain current and fit for purpose.

2770 Any issues or change requests that are raised through the IT department, which then works in coordination with Gibtelecom to ensure that the required changes are implemented appropriately. The corporate network that underpins this infrastructure is managed by the IT department. This network comprises multiple devices that are continuously updated or replaced due to hardware faults or as part of technology lifecycle management programmes.

2775 The email system is managed by the IT department. Through the use of advanced security and management tools, the department ensures that the service remains protected, resilient and highly available. The system was upgraded in 2012 and is currently operating effectively.

2780 The GHA employs SMS messaging as an effective communication channel with patients. This service is primarily used to send appointment requirements and, in certain cases, to share test results, thereby improving patient engagement and reducing missed appointments. SMS messages can be triggered directly from within the EMIS application, which is externally managed, or by the HIS application, which is overseen by the Information Systems department.

2785 Once initiated, the message is routed through an external SMS service provider responsible for managing the technical delivery process. The message is then transmitted via the telecommunications provider and delivered to the patient's registered mobile number.

2790 **Hon. J Ladislaus:** Madam Speaker, we have heard that Gibtel are ultimately responsible for the performance and the maintenance and the resilience of the GHA's communication systems. Is it the case that Gibtel have been awarded a tender in order to undertake this work? How has that process played out?

2795 **Hon. G Arias Vasquez:** Madam Speaker, I am not aware of whether it is a tender or otherwise, and I am happy to answer the question if the hon. Lady gives me notice of it.

Madam Speaker: Next question.

Q876/2025

Gibraltar Health Authority –

IT Strategy governing use of digital programmes, software systems and platforms

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Clerk: Question 876, the Hon. J Ladislaus.

2805 **Hon. J Ladislaus:** Is there a single overarching digital or IT strategy governing the GHA's use of digital programmes, software systems and platforms and, if so, when was it first implemented, what was the cost of implementing it and when was it last reviewed?

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

2810 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, yes, there is a single overarching digital and IT strategy governing the GHA's use of digital programmes, software systems and platforms. The Strategy was implemented in 2023, and in 2025 was rebranded to GHA1, which constitutes the in-House development of multiple interconnected modules. To date, no costs have been incurred. The Strategy is reviewed on a periodic basis.

2815 **Hon. J Ladislaus:** Madam Speaker, is the Minister satisfied that the current IT arrangement poses no significant risks to patient safety or, for example, data security?

2820 **Hon. G Arias Vasquez:** Madam Speaker, again, we have individuals employed to advise us on these issues. They confirmed to me that there is no issue with patient safety, certainly, and internet security. I would refer the hon. Lady to an issue that occurred worldwide with EMIS.

I believe it was last April, I cannot quite remember when it was, when the entire global system of EMIS was impacted by something that happened globally, and therefore EMIS in Gibraltar was affected. So, can we confirm that nothing will ever occur? No.

2825 But EMIS, which is an independent third-party provider, was itself unable to ensure that our programmes were working efficiently throughout. We are talking about technology, we are talking about sensitive systems, and I do not think that anyone can give a cast-iron guarantee that nothing will ever go wrong with them but insofar as patient safety is concerned, I am not made aware of any issues that the IT team have with any patient safety concerns.

2830 **Hon. J Ladislaus:** Madam Speaker, by IT team, does the Hon. Minister mean the IT&LD?

Hon. G Arias Vasquez: No, Madam Speaker, I mean the internal GHA IT team.

Madam Speaker: Next question.

2835

Q877/2025

Gibraltar Health Authority –

List of all digital programmes, software systems and platforms currently in use

Clerk: Question 877, the Hon. J Ladislaus.

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Hon. J Ladislaus: Can the Government provide a list of all digital programmes, software systems and platforms currently in use by the GHA. Please provide a breakdown for each as to:

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- (i) the purpose of the programme;
- (ii) where within the GHA it is used;
- (iii) the date it was first introduced;
- (iv) who is responsible for its maintenance and updates;
- (v) the annual cost of licensing, support and upgrades; and
- (vi) whether each system is able to communicate or share data with the others?

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

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

ANSWER TO QUESTION 877

Core Systems	i.) Purpose	ii.) Where	iii.) Date Introduced	iv.) Responsible	v.) Annual Cost	vi.) Communication
eCAMIS	Patient Registration	PCC - Registration Department	2015	EMIS - External	£35K	Partially
EMIS Web	GP Application	PCC - GP Clinic	2015	EMIS - External	£186K	Partially
Symphony	A&E Management	A&E	2015	EMIS - External	£72K	Partially
Hero Health	eGov - GP Online Appointments	Online	2022	Hero - External	£180K	Partially
Evolve	Electronic Document Management Systems	Secondary Care	2022	Evolve - External	£360K	Partially
Hospital Information System	Manage Patient Data	Secondary Care	2007	IS Dept. - Internal	£0K	Yes, it is able to.
Bed Management System	Manage Ward Data	Secondary Care	2005	IS Dept. - Internal	£0K	Yes, it is able to.
Frontdesk	Secondary Care Appointments	Secondary Care	2006	Informatica - External	£6.5K	Partially
ICRIS / PACS	Manage Radiology Data	Radiology	2015	Philips - External	£170K	Yes, it is able to.
Modulab	Manage Lab Data	Laboratory	2011	Werfen - External	£69K	Partially

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Madam Speaker: All right, we will come back to that next question.

Q878/2025

**Gibraltar Health Authority –
Issues and/or limitations in respect of any of the digital programmes, software systems and
platforms identified by staff**

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Clerk: Question 878, the Hon. J Ladislaus.

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Hon. J Ladislaus: Have GHA staff identified any issues and/or limitations in respect of any of the digital programmes, software systems and platforms currently in use by the GHA? If so, please specify what those issues and/or limitations are and what is being done to address them.

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the hon. Member's question covers a broad range of digital systems and platforms across the GHA. It is important to note at the outset that all digital systems have limitations and that the challenge in healthcare informatics is always to balance two competing requirements, the benefit of standardised, organisation-wide systems and the need for department-specific solutions that reflect different clinical workflows. The GHA's current digital systems are stable, reliable and support the day-to-day clinical and operation activity effectively.

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No systems are failing or unsafe. However, as with all healthcare organisations, staff have identified areas where systems do not fully integrate with one another and where workflows could be improved. A significant structural constraint for the GHA is that whilst we align clinically with NHS practise, we do not sit within the NHS digital spine.

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This means that all off-the-shelf healthcare solutions that rely on the NHS's national infrastructure are not available locally. In response, the GHA has adopted a programme of continuous digital improvement and integration rather than wholesale replacement. A multidisciplinary digital strategy committee was established last year to provide governance, clinical oversight and prioritisation of developments.

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Recent progress includes the introduction of AI-supported clinical dictation, electronic discharge processes and a growing number of electronic clinical pathways, all of which are improving efficiency, data quality and patient safety. In summary, whilst current systems are functioning well, the GHA recognises their limitations and continues to address them in a structured and clinically learned manner and is progressing towards a more integrated digital environment that is realistic, sustainable and appropriate to Gibraltar's healthcare setting.

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Hon. J Ladislaus: In terms of the issues that have been flagged by professionals, is it the case that one of those issues is by any chance communications between programmes because we are constantly hearing of issues, for example, of medical notes not being accessible to a doctor or a professional who the person has been referred to. Just yesterday, one specific instance was brought to my attention whereby a person went to the UK and unfortunately it seems that there had not been adequate communication there because the notes were not with the practitioners in the UK and unfortunately, they were not able to identify the practitioner who was going to be seeing this person.

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So, it was a wasted trip. The person has had to return and will then return at a later date to the UK. Now, it seems to be that there is a significant issue with communication between the systems. Has that been flagged by any of the practitioners?

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Hon. G Arias Vasquez: Madam Speaker, we have to bear in mind that the infrastructure that we operate here in Gibraltar is very different to the infrastructure that is operated in the UK. So one obvious example is that in the UK, all GPs are private practitioners. They run their own private practises, and they do not integrate into the secondary care model.

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Therefore, a plug and play model whereby GPs communicate in secondary care is simply not available because they do not operate within the same infrastructure. So, you will not get an NHS trust or NHS hospital in the UK which has an integrated GP practise.

Therefore, GPs operate on one model which is largely EMIS. So, when you call up for an appointment, it is the EMIS system which gives you the data and you can book your appointment on EMIS. EMIS then is the programme which the GP uses to upload your notes. And then EMIS is the programme which the pharmacy uses as well to determine what pharmaceuticals have been provided to a greater or lesser degree of success.

Now, the key thing here is that there is no model which is readily available for use in Gibraltar, similar to that in the UK, for the reasons that I have specified. So, for example, consultants are not able to log into the same system as GPs because there is no such system. So yes, there are different systems in place to use by the different practitioners.

It does sometimes mean that, for example, in A&E they might have to log on to different systems to see what the patient record is, but it is because of the reasons that I have just explained. So what are we doing about it, for example? And one thing which I have already explained is that we are using AI dictation, for example, to upload the GP's notes onto a system, Dragon Dictate I think it is called, which is used by the GPs, which is an AI method which GPs use in order to upload notes.

Now, what does that mean? That means that the GP's notes can be uploaded immediately and the dictation method recognises medical speak. So, whereas if you use an average or normal dictation system, it should not necessarily recognise medical terms, the AI system which is used by GPs does indeed recognise medical terms and is therefore easier for the practitioners to use.

Now, GPs are using one system and consultants are using another, simply because these are the two systems that are used in the UK in order to facilitate the practise of the GP and the consultants. Therefore, are we looking at different ways in order to facilitate the communication between GPs and consultants? Absolutely. Is it sometimes frustrating that the communication is seamless? Yes. That is why we are looking at different models, such as GHA-1, so that we do not have a system which we purchase, but we have a system which is made to measure for the GHA model, where GPs and consultants operate under one system.

The other point that I would note as to what the hon. Lady has said, is that however much we can communicate internally within the GHA, the example that she gives is communication within a system which is entirely outside our own. So, it is when a Gibraltar patient goes to the UK. That is a very unfortunate example that the hon. Lady has given, and I would urge them to contact either sponsored patients or PALS or the Complaints Office in order to be able to address it properly, but the GHA is unlikely to be able to communicate seamlessly with the NHS, because they are entirely different institutions and entirely separate systems. Therefore, what we are really concentrating on at the moment is to have a GHA-wide system which communicates between primary and secondary care, and indeed if it is then possible to communicate with tertiary care institutions.

Madam Speaker: Next question.

Q879/2025

**Marine Maritime Services Limited –
Ministerial awareness of contract**

Clerk: Question 879, the Hon. J Ladislaus.

Hon. J Ladislaus: Was the Minister for Health, Care and Business involved in or aware of the contract being entered into with Marine Maritime Services Limited?

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

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

2960 **Hon. J Ladislaus:** Madam Speaker, if I may, who was it that made the decision to contract Marine Maritime Services Limited?

Hon. G Arias Vasquez: Madam Speaker, I am unaware of any entity called Marine Maritime Services Limited.

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Hon. J Ladislaus: Madam Speaker, according to the Principal Auditor's latest reports, that company was providing services to the GHA, occupational health services to the GHA. Is it the case that that is no longer the case now? Can the Hon. Minister clarify?

2970 **Hon. G Arias Vasquez:** Madam Speaker, once again, I am unaware of any company that is called Marine Maritime Services Limited.

Hon. J Ladislaus: Madam Speaker, can the Hon. Minister perhaps provide the name of the company that does provide such services to the GHA?

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Hon. G Arias Vasquez: Madam Speaker, my job is to run the GHA, to run the Care Agency, to run the utilities companies, to run the Port, to run the Maritime Administration, to run Procurement, to run Town Planning, to run the Elderly Residential Services. If there is one thing that the hon. Lady is meant to do is to make sure that she answers the proper question, so when the Lady asks the proper question, I will give the proper answer.

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Hon. J Ladislaus: Madam Speaker, I am grateful for clarification of what my role is. That is not the only thing I do but thank you for that.

2985 Now, I do note that in the Principal Auditor's report for 2018-2019, which is why I ask what the name of the company is now, perhaps it has changed and therefore the Minister might not be aware of Maritime Marine Services Limited. Therefore, I ask what is the name of the company that is now responsible for this contract under the GHA.

Indeed, it may be that Maritime Marine Services Limited actually does not go under that name and therefore we have the wrong, we are talking about cross-purposes.

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Hon. G Arias Vasquez: Madam Speaker, there is no such company named in the Principal Auditor's report.

2995 **Hon. J Ladislaus:** Madam Speaker, I believe it is page 225 of the Principal Auditor's report. I may be completely wrong here, but I would need to check that. Certainly, under that, pursuant to Regulation 7.1 of the Procurement Public Sector Contracts Regulations 2016, there is a tender threshold of £663,540 for public service contracts for social and other specific services listed in Annex 14 to the Public Sector Directive, and this includes the provision of medical health services. That was flagged as, given the value of the contract, that the Government should have retendered that contract, which is what I am getting at. The question was going to be, given that the Head of Procurement had advised that, given the value of the contract, it should have been retendered at that point in time, why was not it retendered, and has it been retendered since?

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Hon. G Arias Vasquez: Madam Speaker, there is no such company mentioned in the Principal Auditor's report.

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Madam Speaker: All right, we are not making any headway with this...

Hon. J Ladislaus: Madam Speaker, if I may clarify, perhaps it is that I have misspelt it. Maritime Medical Services Ltd, rather than Maritime Marine Services Ltd, perhaps I have misspelt it.

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Hon. G Arias Vasquez: Perhaps, Madam Speaker, when the hon. Lady asks the right question, I will answer the right question.

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Hon. J Ladislaus: Madam Speaker, that is the question. Unfortunately, I happen to have misspelt one word, which, given the name of the company, I think is a reasonable mistake to have made. Perhaps I made the mistake, yes, but the Minister knows full well what I am on about.

Is it possible for the Hon. Minister to answer the question as Maritime Medical Services Ltd?

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Hon. G Arias Vasquez: Madam Speaker, the name of the company has previously been mentioned in Parliament, has been mentioned in the Principal Auditor's report, and I think the hon. Lady owes it to the taxpayer to be able to make sure that she gets the right name of the right company that she is asking the question.

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Madam Speaker: Does the hon. Member have any further questions? There have already been seven supplementaries.

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Hon. J Ladislaus: Well, Madam Speaker, unfortunately it seems that the Hon. Minister is unwilling to answer. Is that the response, that she is unwilling to answer it because of one small spelling mistake, which does not change the facts that have actually been outlined in the Principal Auditor's report, and I am giving her an opportunity to actually answer to.

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Hon. G Arias Vasquez: Madam Speaker, it is not a spelling mistake. It is the wrong company name that has been mentioned. I am very willing to answer the question if notice of the proper question is given.

If the hon. Lady asks me the proper question in the next session of Parliament, I would be delighted to answer the question. However, I reiterate, there is one job that the hon. Lady has to do, and that is to get her parliamentary questions right. If she cannot look at the parliamentary questions previously asked and the Principal Auditor's report, I am not here to make sure that I assume what her questions are.

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Madam Speaker: Next question.

Q880/2025

Marine Maritime Services Limited – Ministerial awareness of contract

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Clerk: Question 880, the Hon. J Ladislaus.

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Hon. J Ladislaus: Can the Minister for Health provide an explanation as to why the Agenda for Change review has been delayed?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, there is no such delay.

Hon. J Ladislaus: Madam Speaker, is it the case that the Hon. Minister is again entrenched in the position that there have not been delays in actually concluding this review, where we have actually heard of about two or three different deadlines now provided to this House on separate occasions? Is that what she is saying?

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Hon. G Arias Vasquez: Madam Speaker, the timeline that was outlined for the Agenda for Change is 12 months from the start of the process. We need all parties to sit around the table for the beginning of the process to actually occur and to agree the terms of reference. Unfortunately, to date, the parties have not sat around the table to agree the terms of reference.

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I am very, very optimistic that that will happen soon, and once that happens, that kicks off the 12-month period. Therefore, there is no such delay because the terms of reference have not been agreed and the parties have not yet sat around the table.

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Hon. J Ladislaus: Madam Speaker, I will ask it another way, even though I am about to ask another question separately. So, is it the case, or can we just clarify, that at Question 773 in 2024, the Hon. Minister said that this would conclude around 30 June 2026 and then at 656 of 2025, the Hon. Minister stated that they would conclude by quarter 2 or quarter 3 of 2027 and now we hear that it could be done within 12 months once the terms of engagement are agreed with the Unions. Why, therefore, was the Hon. Minister giving these two separate dates prior to today and today it is the case that she cannot give a deadline, and no such deadlines have been given in the past?

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Hon. G Arias Vasquez: Madam Speaker, Agenda for Change is a process. Agenda for Change is a process with which we have to engage with the Unions and with staff side. I cannot do Agenda for Change by myself.

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I cannot, the GHA cannot, the executive team of the GHA cannot do Agenda for Change by itself. The parties need to engage. Without engagement, Agenda for Change does not work.

It cannot happen. It was a process that was identified and set out in the NHS. Therefore, we need the parties to come round the table.

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Otherwise, the dates that I gave were dates when I hoped that the parties would sit round the table because, I reiterate, it is our honest opinion, it is our view and our policy that Agenda for Change is the fairest system within which the GHA can operate. It is a very transparent system and it is a very fair system. Again, we cannot negotiate with ourselves and therefore we need all parties to sit round the table.

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The process will conclude within a 12-month period and we are optimistic that the process will conclude within a 12-month period of the parties sitting round the table and agreeing the terms of reference but otherwise, Madam Speaker, we would be talking to ourselves.

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Hon. J Ladislaus: Madam Speaker, where therefore does the Hon. Minister say that the fault lies? Who is it that is slowing down this process? Who is refusing to sit round the table?

Because, certainly, from what we have been hearing from the Unions of late, Unite is certainly not in agreement with the Minister's position at the moment so, who is it that is delaying this?

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Hon. G Arias Vasquez: Madam Speaker, for the benefit of trying to reach an outcome where all the parties actually sit round the table, I do not think it is in our interest to go into here a slanging match of who is at fault. It is not the GHA that does not want to sit round the table.

We have sent numerous emails urging the other parties to sit round the table. That is all I wanted to say at this moment in time.

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Madam Speaker: All right, I was going to say move on to 881, but the hon. Member has actually read out 881 verbatim and the answer, I think, has been given by the Hon. Minister.

So, is the hon. Member happy to move on to 882?

Q882-3/2025

Skill mix review –

Since when conducted by the GHA; Findings

Clerk: Question 882, the Hon. J Ladislaus.

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Hon. J Ladislaus: Since when has the skill mix review being conducted in relation to the GHA been ongoing and has this now concluded? If not, why; what stage is this review at and; by when will it be complete?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 883.

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Clerk: Question 883, the Hon. J Ladislaus.

Hon. J Ladislaus: Will the findings of the skill mix review being undertaken at the GHA be made public?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, it is important to understand that the skill mix review is a continuous and ongoing process based upon patient numbers and the acuity of patients at St Bernard's Hospital. The first phase of this exercise, using an internationally validated tool called the Safer Nursing Model, was conducted in May and June 2025. The next phase of this exercise was to commence in October 2025. The data from the first phase of the review was externally validated by the World Health Organisation and the GHA is currently reviewing this information and will make recommendations to myself in the coming weeks.

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In answer to Question 883, it is an internal GHA document, therefore we will not be making it public.

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Hon. J Ladislaus: Madam Speaker, we have heard that the second phase was due to start in October 2025 so, by when is that second phase due to conclude?

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Hon. G Arias Vasquez: Madam Speaker, speaking to the CNMs, I think it was due to complete end of December, beginning of January. I have not seen the report yet that has been produced by that, but I believe that the Clinical Nurse Managers have either completed it or are in the process of completing it.

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Madam Speaker: Next question.

Q884/2025

**Gibraltar Health Authority –
Employment Surveys**

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Clerk: Question 884, the Hon. Jane Ladislaus.

3155 **Hon. J Ladislaus:** With regards to the GHA Employee Surveys for 2022/2023, 2023/2024 and 2024/2025, can the Government provide details on questions whereby, compared to the NHS, the GHA is doing better, worse or the same? Please provide details as to each comparative year and the question it relates to.

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

3160 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the staff survey has only taken place in 2024 and 2025. The 2025 figures have not been made public as this needs to be discussed by the GHA Board.

3165 **Hon. J Ladislaus:** Madam Speaker, is it the case that the Hon. Minister believes that they will not be made public or is there an indication that they may well be made public?

3170 **Hon. G Arias Vasquez:** Madam Speaker, it depends on the outcome from the GHA Board. The GHA Board is a Body of which I am Chair, but which has many different representatives, so depending on their recommendations, depending on if it will be made public or otherwise.

Madam Speaker: Next question.

Q885/2025
Gibraltar Health Authority –
Pre-employment questionnaires

3175 **Clerk:** Question 885, the Hon. J Ladislaus.

3180 **Hon. J Ladislaus:** Has the Government allowed a backlog of pre-employment questionnaires in respect of the GHA to accumulate? If so, please provide a breakdown as to the number of questionnaires outstanding to be dealt with, the reasons for the delays, how this issue is being addressed and what has been put in place to avoid such delays from recurring in future?

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

3185 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, there is currently no backlog of GHA pre-employment questionnaires.

Hon. J Ladislaus: Has there been a backlog in the past six months?

3190 **Hon. G Arias Vasquez:** Madam Speaker, I do not have the information available. I am happy to answer the question if I am given notice of it.

Madam Speaker: Next question.

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Q886/2025
St Bernard's Hospital –
Minimum ratios of Registered Nurses

Clerk: Question 886, the Hon. J Ladislaus.

Hon. J Ladislaus: Please provide a breakdown of the required minimum ratios of Registered Nurses to patients in respect of every ward at St Bernard's Hospital, and the actual average weekly ratio of Registered Nurses to patients on every ward at St Bernard's Hospital for the past 6 months. How is the required minimum number of nurses ascertained and by who?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, there is no established single minimum staff to patient ratio that can be applied as this is determined according to occupancy and patient acuity, which is changing on a daily basis.

Currently, a professional judgement model is used to determine the number of Registered Nurses required on all wards on a daily basis by the Nurse Management Team. This is constantly reviewed by the Director of Nursing Services and the Clinical Nurse Managers.

Hon. J Ladislaus: Madam Speaker, my understanding is that there are indeed minimums as per safety guidelines in the UK. Is the Hon. Minister aware of these minimums and what they are?

Hon. G Arias Vasquez: Madam Speaker, it is for the Director of Nursing Services and the Clinical Nurse Managers to determine what the minimums are. If they tell me that it is in their professional judgement, they are satisfied that the wards are safe, then it is my role to assume that the wards are safe.

Hon. J Ladislaus: Madam Speaker, under the NICE guidelines, I am going to refer to them and if I could have your indulgence to read them out because I think they are relevant. There is no single nursing staff to patient ratio that can be applied across a whole range of wards to safely meet patients' nursing needs. Each ward has to determine its nursing staff requirements to ensure safe patient care.

The guideline therefore makes recommendations about the factors that should be systematically addressed at ward level to determine the nursing staff establishment. It then recommends on-the-day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24-hour period. NICE does not provide a specific number but flags anything over 8 patients per Registered Nurse as a risk.

Risk of increased harm to patients went over that ratio and the research suggests that 6-9 patients per RN, for example in Switzerland 7.8, Ireland 6.9 in respect to permanent staff, and the Royal College of Nursing has determined that 7.7% reduction in the risk of death by increasing permanent staff and also that there is a 4.1% reduction in risk of death by filling gaps with temporary staff. So those are the NICE guidelines. So, I ask, do we fall within those ratios as outlined within the NICE guidelines? Do we fall, or most of the time at least, within those ratios?

Hon. G Arias Vasquez: Madam Speaker, I am very pleased that the hon. Lady has looked at Switzerland to see what examples are provided in Switzerland. However, here in Gibraltar, the acuity of each ward is necessary to be looked into.

Now, as we have established before and as I have gone into in the session at length, there are some wards which are long-stay wards in the hospital, which the acuity of patients is lower. So, the long-stay patients do not require as many Nurses as they do Nursing Assistants. I mean, it is fairly logical and I can explain it fairly briefly without any clinical knowledge.

So, what may be applicable in Switzerland may not necessarily be applicable in Gibraltar. So, what we need to do is look at the wards on a day-to-day basis and for the clinicians here in Gibraltar to establish what the requirements are on the wards on a daily basis. So, for example, the nursing complement in CCU will never be the same as a nursing complement in a long stay ward, for obvious reasons.

3250 The nursing complement in CCU will not be the same as a nursing complement in an acute surgical ward, for obvious reasons. So, these are the decisions which the clinicians on the ground make on a day-to-day basis, which the Director of Nursing makes on a day-to-day basis, and which the Clinical Nurse Managers make on a day-to-day basis. So, the NICE guidelines provide a boundary within which the establishment is set out.

3255 However, it is then up to the professionals on the ground to look at those details in respect of the patients that we have on the wards here in Gibraltar and determine what, in their professional opinion, is a safe complement to have on the ward.

3260 **Hon. J Ladislaus:** Perhaps I can rephrase it then. The NICE guidelines do not provide a specific number, no, but it flags that anything over eight patients per Registered Nurse is a risk. So, I ask, have we ever had any of our wards above that ratio of eight patients per Registered Nurse in the past six months?

3265 **Hon. G Arias Vasquez:** Madam Speaker, I am not involved in the day-to-day running of each and every ward, so I would not be able to tell you if they are or if they are not. As I said, in each ward, eight patients per ward may be in an acute hospital. The requirements of the hospital here are very different to an acute hospital in central London or an acute hospital in Wigan, for example.

3270 If you have acute wards, acute wards will require eight nurses per patient. However, in Gibraltar, you have different requirements because of the acuity of the patients in the wards and therefore, again, it is up to the professional judgement of the Director of Nursing and the Clinical Nurse Managers to determine what are safe levels of nursing.

3275 There will always be the complement required on the wards, and if they require more staff, they get that staff through the agency or through bank. Therefore, I am unable to give you statistics on what the capacity is or whether I determine it to be safe because it is not my job to determine whether the wards are clinically safe or otherwise. We have a team of professionals, and I keep on being reminded that I do not get involved in any clinical decisions.

3280 We have a clinical team whose job it is to make decisions as to whether the wards are safe or otherwise, and it is in their professional judgement to determine the acuity of the wards in respect to St Bernard's Hospital in Gibraltar in 2026.

3285 **Hon. J Ladislaus:** Madam Speaker, is not it the case, though, that clinical managers have been flagging that wards are below the complement that they feel is safe? I mean, we saw it in recent demonstrations that patients, they felt that patient safety was at risk. Is not it the case that they have been flagging this persistently and that is not something for them. Recruitment is not something for a nurse manager. It is not a clinical decision. So is not it the case that this has been flagged on various occasions already?

3290 **Hon. G Arias Vasquez:** Madam Speaker, if the hon. Lady thinks that I determine the number of nurses that are required in the hospital, then the hon. Lady does not understand what the role of the Minister for Health is. The role of the Minister for Health is to make sure that the funding is available for the nurses that are required by the GHA.

It is the professional judgement of the Director of Nursing that the wards are safe.

3295 It is the professional judgement of the Clinical Nurse Managers to make sure that the nurses are safe and if they are not, they then request staff through either bank or agency if they feel they require additional staff.

3300 It may be the case that if the hon. Lady were to listen to my replies, she might understand how the hospital works slightly better but unfortunately, we are not quite so lucky. As I have said on numerous occasions, it is up to the professional judgement of each individual at the hospital to determine what is a safe ward or otherwise and I am told that the wards are not understaffed, and if they do need additional staff, they go to bank or they go to agency nurses.

Hon. J Ladislaus: So, Madam Speaker, just so we have it on record, is it the case that the Hon. Minister is saying that every time that a business case has been made for further nursing, for example, within the complement, that the Hon. Minister has okayed this? Because obviously, again, resourcing is not a point to be decided by nurses, because otherwise they would have money and they would be literally doing what they wanted with that budget but that is not the case.

Hon. G Arias Vasquez: Madam Speaker, again, I do not think the hon. Lady understands how the system works. So, if we look at what a business case actually is, let me compare this to a Christmas list or a wish list. A business case is what each and every department has put forward as the ideal scenario of what they would want in their department.

So, the wish list is often what an ideal scenario would want. Now, we have to balance that with the reality of the public purse. When the business cases go to the Executive Team, the Executive Team and the Director of Nursing and the medical director then filter out the vast majority of business cases and there is a flagging system in place, tell us what are the red business cases, the amber business cases and the green business cases.

So, whereas in an ideal world, the wards would be overstaffed, the reality is that there are financial constraints towards being overstaffed. Therefore, the reality is that we as a GHA board, we as a Government have to be advised clinically by the Director of Nursing, by the Medical Director and by the Director General, as to what is required in the hospital, what is required in terms of complement in the hospital. It is agreed.

For the past few years, all clinical posts were granted to the GHA. So, no clinical post was denied to the GHA and I think when we go through the question on vacancies, you will see that all posts on Registered Nurses are now filled in the GHA, exactly as I said would be done.

If there is a shortage or if a Director of Nursing or if a Clinical Nurse Manager feels that there is a shortage of staff on the ward, they go to bank or they go to agency. Again, within certain strict controls and again, it might be helpful if the hon. Lady listened to the reply and therefore understood how the hospital worked.

Madam Speaker: Next question.

Q887/2025

**Gibraltar Health Authority –
Long-term sickness breakdown**

Clerk: Question 887, the Hon. J Ladislaus.

Hon. J Ladislaus: Please provide a monthly breakdown in relation to long-term sickness at the GHA since January 2022 to date, including the number of days employees have been on long-term sick leave, grade and reason for being on sick leave?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, due to the nature of the data and the grades and the specific context of the jurisdiction, so it is small enough that the certain grades could be linked to a certain individual, disclosing this information would risk breaching data protection principles. I have spoken to the hon. Lady and I have told her that I am happy to share the information behind the Speaker's chair, but I think that laying it in Parliament you might be able to identify the individuals and any long-term conditions that they

may have. So, I have got the information available, very happy to share that information, but not across the floor of the House, Madam Speaker.

3355 **Hon. J Ladislaus:** I accept that... Can we have a general number, though, of how many? Just a total for the public to know how many are on long-term sick leave and I appreciate that the breakdown should not be provided across the floor of the House.

3360 **Hon. G Arias Vasquez:** Madam Speaker, I am happy to work it out. The way that the information has been provided to me, it is difficult to give a concrete number because what I have been provided with is, as at certain dates, I have been provided with a list of individuals that are on long-term sick leave at that point in time. So, I am unable to identify the specific number of individuals who are on long-term sick.

The one thing I could say, for example, is as of 31st August 2025, I believe that there are 10 individuals on long-term sick leave at that point in time.

3365 Again, I am happy to share the data with the hon. Lady, but she will very quickly see that you are able to identify the individuals.

3370 **Hon. J Ladislaus:** A question that is general, not based on that. What constitutes long-term sickness, that specific term, at the GHA and where is it outlined? Is there something outlined internally within the GHA?

3375 **Hon. G Arias Vasquez:** Madam Speaker, there is a policy on this. I do not have the details on it, but if you look at the numbers involved, you will see that it is significant periods of time. So, we are looking at over 100 days.

Madam Speaker: Next question.

Q888/2025
Gibraltar Health Authority –
Uncertified sick leave policy

3380 **Clerk:** Question 888, the Hon. J Ladislaus.

3385 **Hon. J Ladislaus:** What is the current policy within the GHA in respect of uncertified sick leave, when was the current policy implemented and were staff consulted and advised of the most recent changes to this policy?

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

3390 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the current uncertified sick leave policy aligns with General Orders 2.24, as well as the GHA sickness guidelines. The GHA sick leave guidelines have been established since 2014.

3395 **Hon. J Ladislaus:** Madam Speaker, can the Hon. Minister just give an outline as to what the uncertified sick leave policy is?

Hon. G Arias Vasquez: Madam Speaker, I believe the employees are required to complete and submit an uncertified sickness to the Salaries Department on their first day back at work if the absence is more than five calendar days.

3400 **Madam Speaker:** Next question.

Q889/2025
Gibraltar Health Authority –
Individuals on garden leave

3405 **Clerk:** Question 889, the Hon. J Ladislaus.

Hon. J Ladislaus: Please provide a monthly breakdown in relation to individuals on garden leave at the GHA since January 2022 to date, including the number of days employees have been on garden leave, grade and reason for being on garden leave?

3410 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I am informed that there have been no such instances.

Madam Speaker: Next question.

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Q890/2025
Gibraltar Health Authority –
Individuals on garden leave

Clerk: Question 890, the Hon. J Ladislaus.

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Hon. J Ladislaus: Have there been any secondments of GHA personnel to other Government departments? If so, please provide the following information:

- 3425
- (i) The role/job title of the seconded individual;
 - (ii) The date when the individual was first seconded and the date on which they are due to return to their duties within the GHA; and
 - (iii) The reasons for each secondment.

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

3430

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, there are currently four GHA employees working within the wider public service. However, once again, because of the nature of the data requested specifically, the role or the job title and the context of the jurisdiction, the size of the organisation could certainly allow the grades to be linked to identifiable individuals and therefore disclosing the information may compromise data protection principles. Once again, I am happy to share the information with the hon. Lady, but not across the floor of the House.

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Hon. J Ladislaus: I ask this general question then, Madam Speaker, the purpose of secondment, as we will know, is usually for an employee's professional development, which then would benefit them and the GHA upon their return. So, in the Hon. Minister's views, are these four individuals seconded to positions whereby they are honing their skills, which they will then bring back into the wider GHA organisation?

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3445 **Hon. G Arias Vasquez:** Madam Speaker, three of the cases I am able to say yes definitively, and the fourth one I am not aware of where he is and therefore, I am unable to confirm that position, but I would say that three of them generally are furthering their skill set.

3450 **Hon. J Ladislaus:** Madam Speaker, again I appreciate that the Hon. Minister does not have oversight of absolutely every minute detail within the GHA, but on the matter of secondment, how come the Hon. Minister is not aware of where this fourth individual is? It is a bit strange.

3455 **Hon. G Arias Vasquez:** Because Madam Speaker, in the same way that I am not involved in cutlery, I am not involved in HR issues. There is a HR department set up within the GHA which deals with workforce and HR related matters.

Madam Speaker: Next question.

3460

Q891/2025
Gibraltar Health Authority –
Retrospective Notices of Terms of Engagement

Clerk: Question 891, the Hon. J Ladislaus.

3465 **Hon. J Ladislaus:** In the past 24 months, has the GHA filed any Notices of Terms of Engagement retrospectively with the Department of Employment? Please provide a monthly breakdown in respect of the past 24 months as to how many Notices of Terms of Engagement were filed retrospectively with the Department of Employment.

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

3470

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the GHA routinely undertakes internal reviews of its employment records for audit purposes and to ensure that it is meeting its legal obligations. Any necessary administrative updates are addressed through established processes within the Department of Employment.

3475

Hon. J Ladislaus: Madam Speaker, just for confirmation purposes, is it the case that there have been no terms of engagement filed retrospectively within the past 24 months? Is that what the Hon. Minister is saying?

3480 **Hon. G Arias Vasquez:** No, Madam Speaker, that is not what I am saying. What I am saying is that they are routinely checked.

There may be certain instances where changes to the employees' records may not have been updated. There may be lapses, but they are routinely checked just to make sure that for audit purposes everything is in order.

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Madam Speaker: Next question.

3490

Q892/2025
Gibraltar Health Authority –
Human resources

3495 **Clerk:** Question 892, the Hon. J Ladislaus.

Hon. J Ladislaus: When managers within the GHA request extra staff, who makes the ultimate decisions as to the resources that will be allocated?

3500 **Clerk:** Answer the Hon. Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, any requests for additional positions beyond those included in the approved establishment must be submitted as a formal business case to the GHA Executive as part of the annual estimates process or, exceptionally, outside of this cycle where operational necessity requires. Business cases are reviewed and prioritised by the Executive team, with supported cases progressed by the Director-General and the Director of Finance for discussion with the Minister. Where approval and funding are granted, the associated costs are incorporated into the estimate submissions.

3510 Upon approval, the position is formally registered with the Employment Department and subsequently advertised in accordance with the established recruitment and employment procedures.

Hon. J Ladislaus: Madam Speaker, again for the avoidance of doubt and for the record, is it the case then that the Minister ultimately approves the funding for the resourcing and therefore approves the resourcing that the GHA received?

Hon. G Arias Vasquez: Madam Speaker, once again, the procedure is that business cases are submitted to the Executive Committee of the GHA. The Medical Director and the Nursing Director discuss these. There is a system in which they are red-flagged, amber-flagged and green-flagged.

3520 These are then discussed with the Director-General. The Director-General then determines which will be brought to my attention to be discussed with myself and the Financial Secretary at budget time. When these are approved, they go into the estimates.

3525 The determination of what is required in the GHA is made by the Medical Director and the Nursing Director. Once again, Madam Speaker, I have to reiterate that in the past few years, HMGOG has not refused any clinical vacancies that have been requested by the GHA.

Madam Speaker: Next question.

3530

Q893/2025
Gibraltar Health Authority –
Communication system for on-call staff

Clerk: Question 893, the Hon. J Ladislaus.

3535 **Hon. J Ladislaus:** Can the Government explain how Gibraltar Health Authority staff who are on call are contacted when required to attend work outside normal hours, including what communication systems are used, how reliability is assured, whether there are any known limitations in the current arrangements and, if so, what is being done to address those limitations?

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

3540 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, St Bernard's Hospital operates two primary systems for contacting GHA staff who are required to attend outside normal working hours. The Gibtelecom bleep system and direct telephone contact by the GHA call centre. For medical emergencies, on-call officers are issued with bleeps.

3545 These officers are assigned to specific on-call groups, including cardiac, trauma, surgical, theatre, pathology and the Cath Lab. When assistance is required, the call centre activates the relevant bleep group according to the nature of the incident. Upon receiving a bleep, the officer must contact the call centre to acknowledge the message and confirm their availability to attend.

3550 In addition, following the activation of a bleep, call centre staff will also attempt to contact each on-call officer by mobile phone, unless the officer has already made contact with the call centre. This action is taken to ensure that any associated risk is kept to a minimum. The GHA are in contact with service providers reviewing arrangements in order to maintain service continuity and patient safety.

3555 For non-emergency and supplementary call outs, staff are contacted directly via mobile telephone through St Bernard's Hospital call centre. For example, minor works or electrical issues are typically reported by the Charge Nurse who contacts the call centre. The call centre then connects the call to the relevant on-call officer.

The same procedure applies to other departments including records, radiology and certain clinical services.

3560 **Hon. J Ladislaus:** Madam Speaker, have there been any reports in recent months of staff experiencing any issues with the reliability of these, I think they have been called bleeps, am I right that they are pagers, the understanding of what a pager is?

3565 **Hon. G Arias Vasquez:** Madam Speaker, with regards to staff, it is noted that the current bleep system is no longer a modern system. The physical bleep device requires regular maintenance and periodic repair. Part of the GHA communication infrastructure relies on a pager system that is maintained by Gibtelecom.

3570 Gibtelecom has advised that this system is now being phased out. As a result, the GHA together with Gibtelecom are looking to transition to a more modern hybrid communication solution which would be capable of leveraging existing mobile SMS and data networks, providing improved reliability and flexibility and future scalability compared to the legacy pager platform.

Madam Speaker: Next question.

3575

Q894/2025

Gibraltar Health Authority – Communication system for on-call staff

Clerk: Question 894, the Hon. J Ladislaus.

3580 **Hon. J Ladislaus:** Please confirm whether a Second Opinion Doctor has been appointed by the GHA. If so, please including details of:

- 3585 (i) the date of commencement;
(ii) the length of the contract; and
(iii) the contracted hours.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, please note the following information requested regarding the GHA second opinion appointed doctor. Date of commencement was 1st April 2025. The length of contract was 12 months, so the current end date is 31st March 2026.

Contracted hours, as and when required, the GHA second opinion appointed doctor is expected to work to agreed performance targets and undertake all aspects of the role. Assessments are carried out remotely.

Hon. J Ladislaus: When the Hon. Minister says that assessments are carried out remotely, could we have some more information as to what that means? What does an assessment entail being carried out remotely?

Hon. G Arias Vasquez: No, Madam Speaker, I do not have that information available, but again, if the hon. Lady gives me notice of the question, I am very happy to respond.

Madam Speaker: Next question.

Q895/2025
Gibraltar Health Authority –
Communication system for on-call staff

Clerk: Question 895, the Hon. J Ladislaus.

Hon. J Ladislaus: Has the Senior Nurse Leader who was engaged by the GHA in respect of issues which arose at the CCU of St Bernard's Hospital, and who went on to provide recommendations regarding patient safety and nursing practice in the wider GHA continued to consult for the GHA since questions were asked in the June session of Parliament? Please provide an updated breakdown as to:

- (i) the total remuneration the consultant has received to date, including any disbursements claimed, with specifics as to the number of days worked;
- (ii) The timeframe which it is now envisaged the consultant will be engaged for; and
- (iii) Confirmation as to whether the consultant has been engaged/will be engaged to undertake further work for the GHA, and specifics as to her remit and whether her terms of engagement have been revised since her original engagement by the GHA to review CCU nursing practices.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the total remuneration received by the Senior Nurse Leader engaged by the GHA amounts to £56,432.03. The total number of days worked is 68. I now hand over a schedule detailing a breakdown of the total amount paid.

In response to 2, the engagement was initially described as having an indefinite timeframe as the consultant was to provide support to the Gibraltar Health Authority's Nursing Leadership Team across a number of programmes of work, including the implementation of the SWAN model for end-of-life care, as well as coaching and mentoring senior nurse leaders.

And 3, the original engagement was to undertake a review of the practises within the critical care unit. Subsequently, as outlined in the response to the previous part of the question, the consultant's remit was extended to provide support to nursing programmes of work across the

Gibraltar Health Authority. The support included the implementation of the end-of-life SWAN model, the development of a ward accreditation system, and the coaching and mentoring of senior nurse leaders.

ANSWER TO QUESTION 895

<u>SUMMARY</u>	
£ 43,500.00	Total in days worked (58 days @ £750/day)
£ 1,050.06	Hotel Overnight stays (X5)
£ 590.63	Taxis
£ 1,954.00	Flights (Paid via MH Bland)
£ 20.34	Misc Items

Hon. J Ladislaus: Madam Speaker, I have here the summary in front of me, and the answer to the question, or the schedule, sorry. Madam Speaker, it appears quite a significant amount of money. Is it the case that this has now ended, that the engagement with this nurse has now ended completely, or will this nurse be returning at any future date to carry out further work?

Because for 68 days of work, sorry 58 it says here on the schedule, it cost the taxpayer £56,432. So, are there any plans in the future to continue engaging this expert?

Hon. G Arias Vasquez: Madam Speaker, as I responded in answer to my question, the original remit was to undertake a review of CCU, which was encountering certain problems at that point in time. We are now reviewing her terms and indeed whether she will come back to Gibraltar or otherwise. So, we are reviewing her remit at the moment.

Madam Speaker: Next question.

Q896/2025

**Gibraltar Health Authority –
Individuals in attendance at meetings of the Executive Team**

Clerk: Question 896, the Hon. J Ladislaus.

Hon. J Ladislaus: How many individuals have been in attendance at meetings of the GHA's Executive Team in the past 6 months, broken down by month? Please provide details as to the titles/roles of the individuals in attendance and whether they were performing their duties in an acting or permanent capacity.

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

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

[SCHEDULE WEB LINK](#)

Madam Speaker: All right, we will move on to the next question, although I am not sure it is going to be of much use to give the hon. Member so much time but anyway, we will take 897.

Q897/2025

**Gibraltar Health Authority –
Individuals in attendance at meetings of the Executive Team**

3675 **Clerk:** Question 897, the Hon. J Ladislaus.

Hon. J Ladislaus: Can the Government provide a breakdown of the current composition of the GHA's Executive team, to include for each role:

- 3680 (i) whether it is filled by an acting appointment or a permanent appointment and the reasons why;
- (ii) the name of the person currently holding the post;
- (iii) whether the post was advertised and if not, the reasons why, and if advertised whether it was advertised internally within the GHA or externally;
- 3685 (iv) the qualifications held by the person holding the post, with particular emphasis as to the qualifications and experience that are relevant to that post;
- (v) the date on which the individual assumed the role;
- (vi) the expected duration of any acting appointments and whether there are any plans to make those appointments permanent;
- 3690 (vii) the level of remuneration attached to each of those roles; and
- (viii) what is in place to ensure that there is continuity, stability and effective leadership whilst roles within the Executive team are held in an acting capacity.

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, again, I discussed with the hon. Lady before that I was going to anonymise the information provided, but I now hand over a schedule with the remainder of the information requested.

ANSWER TO QUESTION 932

Position held	Acting/Permanent	Reason	Post was advertised	Qualifications & Experience relevant to the position	Commencement date	Expected duration	Remuneration for the post	Annual salary as detailed in GNA Establishment 25/26
Director General	Acting	Position advertised, successful applicant to provide commencement date	10/10/2025 - Internally and Externally Last advertised Jan 2023 Currently awaiting to be advertised	Masters in Leadership and Management for Health Care practice, NVQ 2,3 & 4	01/11/2025	Until commencement date of successful applicant - currently unknown	Basic + On-call Executive £4,500.00	£141,285
Medical Director	Permanent	Successful at MD Interview	Yes - Internally Last advertised Jan 2023 Currently awaiting to be advertised	Qualified Consultant Anaesthetist registered with GMC	13/02/2023	12 February 2026	Medical Director: £49,195, Responsibility: £69,588, Consultant On-Call: £14,342.16, Consultant Cross-Cover: £21,513.24 & On-Call Executive: £4,500.00	N/A
Deputy Medical Director	Permanent	Successful at DMD Interview	Yes - Internally Last advertised Jan 2023 Currently awaiting to be advertised	Qualified General Practitioner registered with GMC	13/02/2023	12 February 2026	Deputy Medical Director: £25,023.24, IPA: £12,330.36, Forensic Medical Examiner: £9,600.00, GP Mileage: £378.00 & GP Vehicle Expenditure: £354.96	N/A
Director of Nursing	Acting	Acting on a rotational basis, for a period of 3 months due to secondment to Ministry for Health	Expression of interest advertised internally	Qualified Registered Nurse (RSC) registered with GNRB	10/11/2025	6 months	CNM On-Call: £4,500.00, Mobile: £360.00, Psychiatric: £1,019.12, Shift Disturbance: £4,322.64 & Substitution: £5,815.38	£105,775
Unit General Manager	Acting	Secondment from Technical Services due to Mr D Figueredo currently seconded to Education	No - awaiting direction	N/A	21/10/2024	Unknown	Basic £62,558, Responsibility allowance of £18,973.00 and Executive On-Call: £4,500.00	£105,775
Director of Finance	Acting	Whilst there is an acting Director General	29/09/2025 Yes - Internally	AAT and NVQ 2,3 & 4 in Accounting	01/11/2025	Awaiting permanent outcome	Accountancy: £2,775.24, Mobile: £240.00	£111,100
Director of Workforce	Acting	Post previously held by the now Director of DPD	No - awaiting direction	Modern Foreign Languages BA Hons and CPD in Human Resources	15/12/2025	Unknown	On-call Executive £4,500.00 & Responsibility: £21,962.04	£49,480 to £61,468
Director of Public Health	Permanent	Successful at interview	Yes advertised internally in June 2021	Qualified Consultant in Public Health registered with GMC	01/09/2021	Indefinitely	Consultant On-Call: £16,867.56 & £25,301.28	£113,919 to £140,583
Director for EMS & NHS	N/A	Post not presently filled as substantive post holder is currently acting Director of Nursing	N/A	N/A (no previous advert or job description)	N/A	initially for a period of 3 months as post holder acting DNS on a rotational basis - could be extended to 10th November 2028 when reviewed	CNM On-Call: £4,500.00, Mobile: £360.00, Psychiatric: £1,019.12, Shift Disturbance: £4,322.64	£82,866

Madam Speaker: One moment, let us move on to 898 in the meantime.

Q898/2025
Gibraltar Health Authority –
Industrial Relations Officer

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Clerk: Question 898, the Hon. J Ladislaus.

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Hon. J Ladislaus: For what reasons has the recently appointed Industrial Relations Officer within the GHA been absorbed into the Government of Gibraltar's Department of Industrial Relations? Will another officer be appointed in their place and will they have an active and dedicated role within the GHA? If so, when will that appointment commence, and if not, please provide the reasons why and what measures will be put in place to ensure that the large number of outstanding employment-related claims within the GHA are urgently resolved?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the GHA's Industrial Relations Officer has been absorbed into the Government of Gibraltar's Department of Industrial Relations to support the establishment of a robust governance framework, clear scope and defined operational principles for the GHA Claims Resolution Pathway.

The pathway is intended to manage and resolve claims in a structured, consistent and transparent manner, aligned with established industrial relations best practise. Another officer will not be appointed in their place as the current officer remains within their present complement.

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Hon. J Ladislaus: Madam Speaker, could the Hon. Minister perhaps detail how the absorption of the Industrial Relations Officer into the Department of Industrial Relations actually improves their efficiency and effectiveness when it appeared that her appointment was having some positive impact, at least according to what we are hearing from the Unions and the fact that they are flagging this as a significant issue?

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Hon. G Arias Vasquez: Madam Speaker, we have sought to reassure the Unions that actually we are increasing the team rather than decreasing the team. For example, when we have one Industrial Relations Officer in the GHA, when that Industrial Relations Officer is off, there is no cover for the Industrial Relations Officer, as indeed happened. So, what in fact we are doing is that we are making sure that there is a team there that is always able to support the GHA.

We have explained this to the Unions, and we have explained our thinking behind this. It also standardises procedures across Government departments to ensure that there is fairness across the Government departments. But the main emphasis is if, for example, the Industrial Relations Officer is off for a couple of weeks, in that case there is permanent cover.

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If she is sick, there is not one individual who is dealing with all of the claims in the GHA. There is a team involved which is assisting the GHA with their Industrial Relations claims.

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Madam Speaker: All right, we will take supplementary questions in relation to Question 899.

Hon. J Ladislaus: Madam Speaker, I have not asked Question 899 yet.

Madam Speaker: Oh, I am ahead of myself. I flagged it before you have asked it.

Q899/2025

**Gibraltar Health Authority –
Unresolved employment-related claims**

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Clerk: Question 899, the Hon. J Ladislaus.

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Hon. J Ladislaus: Can the Hon. Minister provide the number of unresolved employment-related claims involving staff of the Gibraltar Health Authority in which a recognised trade Union is formally involved, broken down by:

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- (i) The type of claim, including but not limited to grievances, disciplinary matters, contractual disputes and industrial tribunal claims;
- (ii) The length of time each claim has been outstanding;
- (iii) Whether each matter is being handled internally, through formal dispute resolution processes, or before the Industrial Tribunal; and
- (iv) An estimated timeline for resolution of each matter?

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

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

[SCHEDULE WEB LINK](#)

3770

Madam Speaker: All right, can we have the usher in, please? All right, let us move on to 900.

Q900/2025

**Gibraltar Health Authority –
Signed off recruitment request forms**

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Clerk: Question 900, the Hon. J Ladislaus.

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Hon. J Ladislaus: Can the Government provide a schedule with the following details in relation to recruitment request forms signed off during financial years 2023/2024, 2024/2025 and 2025 to date:

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- (i) Grade;
- (ii) Date of Director General sign off;
- (iii) Whether the vacancy is within complement or out of complement;
- (iv) Date of approved Notice of Vacancy;
- (v) Whether interviews were required and if not, why;
- (vi) Date of interview or locum identified; and
- (vii) Date when ETB terms of Engagement contract were approved?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the Government does not hold a readily available schedule regarding the above.

3795 **Hon. J Ladislaus:** Madam Speaker, does the Government hold that information in any form? And if not, why not?

3800 **Hon. G Arias Vasquez:** Madam Speaker, it would have to be a schedule of any employment information which is requested from the GHA to the Ministry, from the Ministry to the employment. There is no database of the forms because the forms are physical forms which are sent to the Ministry on these occasions. So, unfortunately, we do not have these forms.

3805 I am not sure whether you are asking for the forms *per se* or again going back to the process in which the vacancies are approved. I am not quite sure what the question is getting at because the recruitment request forms are for new vacancies in the complement which do not currently exist. So, if there is a recruitment request form, so let me start from the beginning.

If there is a post available in the complement and someone retires, that goes straight through and it does not have to come to me. So, I would not have the information available. It goes straight through, goes to the Department of Employment and there is no issue.

3810 If there is a request for a vacancy which is not within the complement, that is when the request has to go to the Director General. The Director General has to sign it off and then from the sign-off of the Director General it has to come to the Ministry because obviously that request is not included in the budget. So, it would then have to go through the FS and through Cabinet in order to approve that because it does not have the relevant budgetary sign-off and therefore the funds available.

3815 So, if it is for a new vacancy, the process is that it would have to go through Executive Team, Director General, Ministry, Cabinet and Financial Secretary and then be approved.

3820 **Hon. J Ladislaus:** Understood. Yes, it is. I am getting at new vacancies that are put out. Is there no way to collate that information?

3825 **Hon. G Arias Vasquez:** Madam Speaker, it would be a collation of physical forms in the same way as the business cases. Some are approved, some are not approved and the GHA has not provided me with the data which means that I do not think they have the data available to share. The reality is that whether there are some vacancies that are approved or some vacancies that are not approved, it is an internal process which goes throughout the GHA Board.

So, it depends at what level the vacancy was stopped and what was happening. So, they are entirely internal processes which the GHA does not have the relevant information available in order to be able to share it.

3830 **Madam Speaker:** Next question.

Q901/2025
Gibraltar Health Authority –
Director General vacancy

3835 **Clerk:** Question 901, the Hon. J Ladislaus.

Hon. J Ladislaus: How many applications have there been for the vacancy for the post of Director General of the GHA?

3840 **Clerk:** Answer the Hon. Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, there were a total of seven applications received.

Hon. J Ladislaus: Madam Speaker, has a successful candidate already been identified and has that successful candidate been informed?

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Hon. G Arias Vasquez: Madam Speaker, I have been informed that there has been an internal candidate approved by the Board and I understand there to be negotiations at the moment in reference to terms.

Hon. J Ladislaus: Madam Speaker, when is the new Director General expected to take up the post?

Hon. G Arias Vasquez: Madam Speaker, that is indeed part of the negotiation.

Madam Speaker: Next question.

3855

Q902/2025

Gibraltar Health Authority – Director General's basic salary

Clerk: Question 902, the Hon. J Ladislaus.

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Hon. J Ladislaus: Has the basic salary for the post of Director General of the GHA reduced in respect of the current acting Director General as opposed to the basic salary for the post when the previous permanently employed Director General held the role? Will the basic salary for the permanent role vary according to the applicant who is chosen?

3865

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the pay directive for the salary of the Director General was amended from £227,250 to £141,285 with effect from 1st November 2025. The basic salary for the permanent appointment will be commensurate with the experience of the successful candidate.

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Hon. J Ladislaus: Madam Speaker, the individual I presume is undertaking the same responsibilities as were expected of the permanent Director General before he left. So why therefore is it felt that it is justified to pay one person so much more than another for undertaking the same responsibilities with the same, I imagine, pressures and stresses that the job brings?

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Hon. G Arias Vasquez: Madam Speaker, this is the very purpose of the negotiation with the new candidate. Sorry, and to be clear, the pay directive that I referred to is in respect of the Acting Director General.

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Hon. J Ladislaus: Yes, Madam Speaker, that is what I mean. The fact that the Acting, as we have seen, Director General is being paid a lot less than the permanent Director General before her was being paid. What is the reason behind that?

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And I can understand experience, but in a role such as this one, and when the GHA is engaged in something like Agenda for Change, for example, it is ironic that there is such a disparity. So, what is the reason for the disparity?

Hon. G Arias Vasquez: Madam Speaker, in the answer to my question, I said the basic salary for the permanent appointment is commensurate on experience and negotiation with the

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successful candidate. Again, the experience of the current Acting Director General is not commensurate to the experience of the previous Director General.

3895 **Hon. J Ladislaus:** But have the responsibilities and has the role changed under this Acting Director General? Or is it the case that it is one rule for one and another for another and does not it undermine the integrity of the pay framework and the grading structures within the GHA?

3900 **Hon. G Arias Vasquez:** Madam Speaker, if I remember correctly, one of the first sessions that I had in this Parliament, I was heavily criticised for the salary of the Director General. It is somewhat startling that I am now being criticised for making the GHA more efficient and bringing the salary more in line with other heads of department and heads of the civil service. So it is really a case and it really is remarkable to be in these shoes and listen to the Members of the Opposition. Whereas when you increase the salary, they criticise you for the increase of salary and when you decrease the salary, they criticise you for the decrease of salary.

3905 So which is it? Am I to be applauded for making efficiencies in the GHA and bringing the salary of the Director General more in line with other heads of the Civil Service?

Or am I to be criticised, as I previously was, for the salary of the Director General? Because Madam Speaker, unfortunately we live in a world where you cannot have it both ways. It is either a good thing that I have negotiated a different salary with the Director General, or it is a bad thing that the previous Director General was paid too much. It cannot be both.

3915 **Hon. J Ladislaus:** Madam Speaker, what I am getting at is the integrity of the pay framework and the grading structures within the GHA, which appear sometimes to be somewhat confused. I am simply asking the question, does that interfere with the integrity of those structures? Does it confuse things even more?

3920 **Hon. G Arias Vasquez:** Madam Speaker, I am not sure what structures the hon. Lady is referring to. The structure of the pay was negotiated not by myself with the previous Director General, and the pay of the current Director General is being negotiated again not by myself with the soon-to-hopefully-be-new Director General.

So, I am not sure what integrity we are referring to or what we are negotiating but, in fact, if we manage to make the Executive Team of the GHA more efficient and more effective, it can only be applauded, Madam Speaker.

3925 **Madam Speaker:** Next question.

Q903-4/2025

Gibraltar Health Authority –

Theatre Services Sterile Unit (“TSSU”) staff complement; TSSU breakdown of days unstaffed

3930 **Clerk:** Question 903, the Hon. J Ladislaus.

3935 **Hon. J Ladislaus:** How many staff are employed by the GHA to operate the Theatre Services Sterile Unit (“TSSU”) at St Bernard’s Hospital, and how many of those staff are required to be on duty, and present at the hospital, at any given time, to allow for the safe and efficient operation of the TSSU?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 904.

Clerk: Question 904, the Hon. J Ladislaus.

Hon. J Ladislaus: In the past 6 months, how many days has the Theatre Services Sterile Unit at St Bernard's Hospital been understaffed? Please provide:

- (i) The exact dates on when it was understaffed;
- (ii) The reasons why it was understaffed; and
- (iii) How many staff members were available to work on those dates?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in answer to Question 903, the TSSU staff establishment is as follows. TSSU/CSSD Manager, one, TSSU/CSSD Technician, seven. All of these posts are staff. A minimum of six staff members are required to be on site during working hours to allow for safe and efficient operation of the unit.

In respect of Question 904, I now hand over a schedule with the information requested.

Regarding (ii), the reason for TSSU being understaffed had been due to staff sickness and no staffing resilience within the department.

ANSWER TO QUESTION 904

Dates TSSU Understaffed	Staff Remaining
11/09/2025	5
12/09/2025	5
17/09/2025	5
18/09/2025	4
19/09/2025	5
22/09/2025	5
23/09/2025	5
25/09/2025	5
26/09/2025	5
17/11/2025	4
18/11/2025	5
19/11/2025	5
20/11/2025	5
26/11/2025	5
27/11/2025	5
01/12/2025	4
02/12/2025	5
03/12/2025	5
04/12/2025	5
05/12/2025	5
08/12/2025	4
09/12/2025	4
10/12/2025	4
11/12/2025	4
12/12/2025	4
15/12/2025	5
16/12/2025	4
17/12/2025	5
18/12/2025	5
19/12/2025	5
22/12/2025	3
23/12/2025	3
24/12/2025	4
29/12/2025	4
30/12/2025	4
31/12/2025	5

Madam Speaker: Anything on 903?

Hon. J Ladislaus: Yes, we have just heard that the reasons why it was understaffed was sickness and no resilience within the department. What steps have been taken to ensure that the department actually has that resilience available?

Because we see that the number is seven staff and one manager, that is eight, and six must be on site at all times. It does not leave very much wiggle room for resilience there.

Hon. G Arias Vasquez: Madam Speaker, this has occurred because of the success of the theatre team rather than anything else. We are currently in the process, literally, of reviewing a business case to determine whether more staff is needed in the TSSU specifically for these reasons.

Hon. J Ladislaus: Madam Speaker, in the schedule that I have been provided with, which I have been able to, just to look over quickly, at a quick glance there seems to be quite a few dates between September and December of last year when the TSSU was understaffed. Is there a reason for why there were so many dates, specifically within those months?

Hon. G Arias Vasquez: Madam Speaker, staff sickness.

Hon. J Ladislaus: Does the Hon. Minister have perhaps an estimate as to when it is expected that that business case will be reviewed? Because it seems to be quite an urgent matter.

Hon. G Arias Vasquez: Madam Speaker, as I confirmed, we are in the process of reviewing it.

Madam Speaker: Next question.

Q905/2025
Gibraltar Health Authority –
Unfilled vacancies

Clerk: Question 905, the Hon. J Ladislaus.

Hon. J Ladislaus: As of the 16th September 2025 how many unfilled vacancies are there at the GHA?

Please provide:

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

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

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

ANSWER TO QUESTION 505

Professional Group	Department	Grade	Number of vacant posts	Vacancy opened	Vacancy advertised
Admin & Support	111/999	Integrated Urgent Care Hub Services Manager	1	No date available	Pending Direction
	PCC	Administrative Officer	1	05/06/2025	To be converted to Junior GHA Clerk - awaiting cabinet ministerial approval
		Director of Health Services	1	Oct-23	Pending interview outcome
		Director General	1	Nov-23	Pending interview outcome
		Senior Executive Officer	1	No date available	Pending NOV approval process prior to advertisement
AHP	WORKFORCE	Pathology Services Manager	1	N/A	Pending NOV approval process prior to advertisement
	PATHOLOGY	Pharmacy Technician	1	N/A	Pending NOV approval process prior to advertisement
	PHARMACY	Ophthalmologist	1	N/A	Pending NOV approval process prior to advertisement
	OPHTHALMOLOGY	Senior Radiographer I	1	N/A	Pending NOV approval process prior to advertisement
	RADIOGRAPHY	Senior Dental Officer	1	N/A	Pending NOV approval process prior to advertisement
MEDICAL	DENTAL	Non-Consultant Hospital Doctor	1	03/11/2025	Interview scheduled for 15/01/2026
	SURGERY	Non-Consultant Hospital Doctor	1	07/11/2025	Interview scheduled for the remaining position - closing date 28/01/2026
	ANAESTHESIA	Consultant	2	07/11/2025 & re-advertised on 07/12/2025	Advertised - closing date 26/01/2026
	GYNAECOLOGY	Consultant	1	04/01/2026	Interview complete - record of selection being prepared by secretary
	A&E	Non-Consultant Hospital Doctor	1	18/02/2025	Pending NOV approval process prior to advertisement
AMBULANCE		Ambulance Care Assistant	1	No date available	Pending NOV approval process prior to advertisement
		Ambulance Care Assistant	1	No date available	Pending NOV approval process prior to advertisement
		Ambulance Care Assistant	1	No date available	To convert to Paramedic as per dept requirements
		Emergency Medical Technician	1	01/04/2025	To convert to Paramedic as per dept requirements
		Emergency Medical Technician	1	01/08/2024	On hold
INDUSTRIAL		Supply Chain Inventory Officer	1	01/08/2024	Pending NOV approval process prior to advertisement
		Supply Chain Inventory Operative (Ss-3)	1	No date available	Pending NOV approval process prior to advertisement
		Craftsman	1	24/01/2019	Pending NOV approval process prior to advertisement
		Domestic (Ss-2)	1	19/12/2025	Pending NOV approval process prior to advertisement
		Domestic Part Time (Ss-2)	1	18/04/2006	Pending NOV approval process prior to advertisement
		Domestic Part Time (Ss-2)	1	01/08/2025	Pending NOV approval process prior to advertisement
		Domestic Supervisor (Part-Time)	1	08/04/2025	Pending NOV approval process prior to advertisement
		General Operative Domestic (Ss-2)	1	28/08/2025	Pending NOV approval process prior to advertisement
		General Operative Domestic (Ss-2)	1	30/11/2024	Pending NOV approval process prior to advertisement
		General Operative Domestic (Ss-2)	1	29/03/2024	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	15/10/2024	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	No date available	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	27/08/2019	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	31/05/2024	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	14/01/2019	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	16/03/2020	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	28/10/2023	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	No date available	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	23/05/2023	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	16/01/2020	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	16/03/2020	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	01/09/2024	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	01/09/2024	Pending NOV approval process prior to advertisement
		General Operative Domestic Part Time (Ss-2)	1	29/04/2023	Pending NOV approval process prior to advertisement
		Senior Cook (Ss-4)	1		

Cont..

CONTINUED ANSWER TO QUESTION 995

NURSING	CALPE	Nursing Assistant Calpe	1	Apr-24	Covered via Agency/Bank
			1	Apr-24	Covered via Agency/Bank
			1	Apr-24	Covered via Agency/Bank
			1	Apr-24	Covered via Agency/Bank
			1	Apr-24	Covered via Agency/Bank
			1	Apr-24	Covered via Agency/Bank
			1	Apr-24	Covered via Agency/Bank
			1	Apr-24	Covered via Agency/Bank
			1	Apr-24	Covered via Agency/Bank
			1	Apr-24	Covered via Agency/Bank
	DENTAL	Nursing Assistant	1	15/04/2019	Pending NOV approval process prior to advertisement
		Senior Dental Nurse	1	12/05/2024	Pending NOV approval process prior to advertisement
		Registered Nurse	1	02/05/2024	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	No date available	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	18/07/2024	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	No date available	To be converted to full time for returning students
		Auxiliary Nurse	1	15/04/2019	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	08/04/2024	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	08/04/2024	Covered via Agency/Bank
		Auxiliary Nurse	1	No date available	To be converted to full time for returning students
	DUDLEY TOOMEY WARD	Registered Nurse	1	15/04/2019	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	06/11/2022	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	03/08/2024	Covered via Agency/Bank
		Auxiliary Nurse	1	19/06/2024	Interview complete - Record of Selection being prepared by secretary
		Charge Nurse	1	12/05/2025	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	No date available	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	20/07/2024	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	No date available	Pending NOV approval process prior to advertisement
		Enrolled Nurse	1	No date available	Included in estimates submission as RGN post - for returning student
		Enrolled Nurse	1	08/04/2025	Pending approval
	NIGHTS	Registered General Nurse	1	30/06/2025	Included in estimates submission as RGN post
		Enrolled Nurse	1	06/09/2025	Included in estimates submission as RGN post
		Nursing Assistant	1	01/03/2024	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	12/02/2025	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	29/09/2022	Pending NOV approval process prior to advertisement
		Charge Nurse	1	08/11/2023	Pending NOV approval process prior to advertisement
		Enrolled Nurse	1	04/01/2026	Pending NOV approval process prior to advertisement
		Registered Mental Health Nurse	1	No date available	Included in estimates submission as RGN post - for returning student
		Registered Mental Health Nurse	1	15/03/2022	For Returning Students
		Registered Mental Health Nurse	1	01/03/2018	For Returning Students
NURSING	OCEAN VIEWS	Registered Mental Health Nurse	1	18/04/2025	For Returning Students
		Registered Mental Health Nurse	1	No date available	For Returning Students
		Registered Mental Health Nurse	1	07/01/2024	Pending NOV approval process prior to advertisement
		Registered Mental Health Nurse	1	28/03/2025	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	No date available	Record of Selection approved - Successful letter to be issued to candidate
		Nurse Practitioner	1	01/06/2025	Pending NOV approval process prior to advertisement
		Registered General Nurse	1	07/06/2021	PT post to be converted to RGN - for returning student
		Registered Nurse - Child	1	30/04/2025	Pending advertising - Day Surgery post
		Enrolled Nurse	1	11/07/2025	Pending advertising - Day Surgery post
		Enrolled Nurse	1	No date available	Included in estimates submission as RGN post - for returning student
	ORTHO - CLINICS	Registered General Nurse	1	27/04/2025	Included in estimates submission as RGN post - for returning student
		Charge Nurse	1	No date available	Interviews completed awaiting RQ2 approval
		Charge Nurse	1	18/12/2025	Interview Stage
		Nurse Practitioner	1	08/12/2025	Interview Stage
		Clinical Nurse Manager	1	31.10.25	Vacant post - currently on hold
	PRE-ASSESSMENT	Registered General Nurse	1	15/03/2022	For Returning Students
		Registered General Nurse	1	01/03/2018	For Returning Students
		Registered General Nurse	1	No date available	For Returning Students
		Registered General Nurse	1	07/01/2024	Pending NOV approval process prior to advertisement
		Registered General Nurse	1	28/03/2025	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	No date available	Record of Selection approved - Successful letter to be issued to candidate
		Nurse Practitioner	1	01/06/2025	Pending NOV approval process prior to advertisement
		Registered General Nurse	1	07/06/2021	PT post to be converted to RGN - for returning student
		Registered Nurse - Child	1	30/04/2025	Pending advertising - Day Surgery post
		Enrolled Nurse	1	11/07/2025	Pending advertising - Day Surgery post
	VICTORIA MACINTOSH WARD	Enrolled Nurse	1	No date available	Included in estimates submission as RGN post - for returning student
		Registered General Nurse	1	27/04/2025	Included in estimates submission as RGN post - for returning student
		Charge Nurse	1	No date available	Interviews completed awaiting RQ2 approval
		Charge Nurse	1	18/12/2025	Interview Stage
		Nurse Practitioner	1	08/12/2025	Interview Stage
		Clinical Nurse Manager	1	31.10.25	Vacant post - currently on hold
	PHLEBOTOMY DEPT	Registered General Nurse	1	15/03/2022	For Returning Students
		Registered General Nurse	1	01/03/2018	For Returning Students
		Registered General Nurse	1	No date available	For Returning Students
		Registered General Nurse	1	07/01/2024	Pending NOV approval process prior to advertisement
		Registered General Nurse	1	28/03/2025	Pending NOV approval process prior to advertisement
		Nursing Assistant	1	No date available	Record of Selection approved - Successful letter to be issued to candidate
		Nurse Practitioner	1	01/06/2025	Pending NOV approval process prior to advertisement
		Registered General Nurse	1	07/06/2021	PT post to be converted to RGN - for returning student
		Registered Nurse - Child	1	30/04/2025	Pending advertising - Day Surgery post
		Enrolled Nurse	1	11/07/2025	Pending advertising - Day Surgery post

Madam Speaker: All right let us move on to 906 in the meantime.

4015

Q906-7/2025

Gibraltar Health Authority –

Payment of invoices submitted by pharmacies; Invoices submitted to the GHA by pharmacies who are Members of the Medical Group Practice Scheme

Clerk: Question 906, the Hon. J Ladislaus.

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Hon. J Ladislaus: What is the GHA's policy in respect of payment of invoices submitted by pharmacies, who are Members of the Medical Group Practice Scheme, in respect of the dispensation of medicinal products under prescription?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 907.

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Clerk: Question 907, the Hon. J Ladislaus.

Hon. J Ladislaus: In the past 12 months, how many invoices have been submitted to the GHA by pharmacies who are Members of the Medical Group Practice Scheme? Please provide a monthly breakdown which:

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- (i) identifies the individual pharmacies;
- (ii) outlines the amounts claimed; and
- (iii) outlines any outstanding debts owed by the GHA in this regard and the age of each of those debts.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, pharmacies that are members of the medical group practise scheme do not submit invoices to the GHA in respect of the dispensation of medicinal products under prescription. Reimbursements in respect of dispensation of medicinal products is processed on a monthly basis. Each pharmacy is paid on an interim basis based on an estimate projected dispensing value and a catch-up payment is then calculated based on the actual value of the items dispensed by each individual pharmacy.

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Hon. J Ladislaus: Madam Speaker, is the GHA up to date in respect of those catch-up value, call them invoices for lack of a better word here?

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Hon. G Arias Vasquez: Yes, Madam Speaker, all of the outstanding payments, there were significant payments that were outstanding from 2019 etc, the catch-up in relation to those has been done. When we say we have caught up, they are always paid in arrears, so all the pharmacies are paid the estimate of what it is calculated that they are roughly owed on a monthly basis and then the fixed sums are either paid or they are deducted from the following month's invoices. So when I say we are up to date, we are up to date on the payment of the full amount, I am unsure as to whether the top-ups or the deductions are made up to the present date but there are no significant sums outstanding.

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Hon. J Ladislaus: Madam Speaker, for context, the reason I ask this question is because I have had reports from members of the public particularly that some pharmacies were refusing to dispense weight loss drugs that they had been prescribed by the GHA on the basis that there were significant debts owed to them and therefore they ceased dispensing these. And so, I ask the Minister for reassurance that that will not be disrupted again because it would cause significant distress to some individuals.

Hon. G Arias Vasquez: Madam Speaker, the reason that in particular weight loss drugs, and it is interesting that the hon. Lady highlights that, is not that there is a delay in payment to the pharmacies. The way the payment is calculated is on a rough average and sometimes the pharmacy loses and sometimes the pharmacy wins. When calculating that rough average, that rough average is sometimes significantly less than the drug is currently worth on the market.

So, there is an agreement with the pharmacies on what is paid and, in the round, there is a rough calculation that it comes out in the wash and that everything works out whether there is an overpayment or an underpayment. And in this instance, because the value and the cost of the weight loss drugs fluctuate so significantly, the cost of what is agreed to be paid may be significantly different to the value that is paid by the GHA to the pharmacy and that is the reason. It is not as a result of underpayment but to the pharmacies.

Hon. J Ladislaus: Madam Speaker, surely that is very significant for individuals who are being prescribed a weight loss drug and are unable to have their prescription filled and they do not know whether next week it might be the case that they can have it filled and the month later they might not be able to have it filled. So, is the Hon. Minister looking into, or the GHA looking to address that issue because it seems to me that people cannot be left in the dark as to when they can get their medications?

Hon. G Arias Vasquez: Absolutely, Madam Speaker and I would rather look into the matter because it is the first I hear of it. I would rather look into the matter before I can come down like a tonne of bricks on absolutely anyone, but I would remind everyone that there is a contractual duty to provide the drug. So, I need to look into the question in order to be further able to look at what the causes are, but I am very happy to look into this matter and revert to the hon. Lady next month if indeed that is the case.

Madam Speaker: Next question.

Q908/2025
Gibraltar Health Authority –
Schedule of business cases received

Clerk: Question 908, the Hon. J Ladislaus.

Hon. J Ladislaus: Can the Government provide a schedule of business cases received in respect of the GHA during the estimates budget process for the years 2022/2023; 2023/2024; 2024/2025; 2025/2026 outlining the department under which they fall and whether or not they made it to the estimates book for that year?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, as I have already discussed earlier today, business cases are internal documents which are considered by

the GHA Executive Team and are included in the Estimates process for the following year when approved.

4115 **Hon. J Ladislaus:** Madam Speaker, is every single one of those business cases included or is it the case that, from what we have heard, there is a process obviously by which some of the business cases are completely rejected? And we hear of instances where business cases are submitted persistently and they are rejected and so then we have gaps in service, which is what the point that I am trying to make is. So, the point here is, are there any that are being left out of the Estimates book or is every single one of them being reflected there?

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Hon. G Arias Vasquez: Madam Speaker, I am not sure if this is the third time I explain this or the fourth time that I explain this, so I ask for your indulgence in explaining it one more time.

All business cases are submitted to the GHA Executive Team. There is an Excel spreadsheet which is presented to the Executive Team in which the business cases are RAG rated.

4125 There are some which are RAG rated in red, some that are RAG rated in amber and some that are RAG rated in green. Now, the Executive Team then puts forward the business cases which they feel are the most urgent and which they feel require the funding available in the following year. So, all of the business cases are not going to be submitted for the estimates process each and every year because all of them do not pass the filter even of the Executive Team of the GHA.

4130 And as the hon. Lady is very alive to, there are budgetary constraints. So, whereas there is an optimum level of service which we would all want, there are business cases which cannot be adhered to. Now, we rely on the clinicians to tell us whether they are fundamental, whether they are needed or whether they are nice to have.

4135 We rely on the clinical opinion of the Executive Team of the GHA to tell us which of these categories they rely on. So, Madam Speaker, once again, I will explain. There is an Excel spreadsheet that is presented to the Executive Team of the GHA.

The GHA then goes through all of the business cases and RAG rates it and the Director General then presents the business cases that they believe are fundamental to the Ministry and then that goes through the budgetary process to be included in the estimates.

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Madam Speaker: Next question.

Q909/2025

Gibraltar Health Authority – Arrears balance in respect of hospital fees

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Clerk: Question 909, the Hon. J Ladislaus.

Hon. J Ladislaus: What is the current arrears balance in respect of hospital fees and what systems are in place to avoid such arrears accruing, and for recovery of debts?

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

4155 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the current balance on arrears stands at £4,877,805. There are significant processes in place to recover these debts where we are able to recover them. Our accounts officers utilise spreadsheets which itemise arrears to date by financial year.

These are checked and updated regularly. Spreadsheets include information obtained via an exercise in the accounts section carried out in conjunction with the Central Arrears Unit in 2020.

Chasers relating to companies and insurers are sent monthly via email and chasers are also sent to individuals as frequently as possible.

When debts prove to be recoverable, our listings are run past the Central Arrears Unit who assist where possible by providing additional information.

Hon. J Ladislaus: Madam Speaker, in respect of the second half of the question, what systems are in place to avoid the arrears accruing because from my understanding, I believe it was the Principal Auditor's report that outlined that a lot of these arrears were to do with individuals who perhaps come to Gibraltar and they suddenly need healthcare and they are not entitled. Therefore, they should be paying the GHA for those medical services.

So, what has been put in place to mitigate that because it seems like it is a very high number?

Hon. G Arias Vasquez: Madam Speaker, absolutely and I would agree with that categorisation of a high number. What we are looking to do is to make the procedures where people can come into the GHA far more robust. So by and large, there are two instances or there are two avenues through which individuals can enter the GHA, and this is through A&E or through the PCC.

So, what we are looking to do is to make the procedures more robust to stop individuals accessing the GHA where they are not entitled to do so. Obviously, there are duties of care to individuals to access emergency care in certain circumstances but by and large, and from personal experience, having gone to an NHS Trust in the UK, you are stopped at the door and asked for either a credit card, insurance or payment up front.

We are looking to implement systems in the GHA in order to make absolutely certain that any individual that is not entitled to healthcare in Gibraltar is stopped either at A&E or at the PCC so that they are not able to access healthcare except in emergency situations.

Hon. J Ladislaus: Madam Speaker, by when does the Minister expect that these processes will be rolled out?

Hon. G Arias Vasquez: Madam Speaker, this is an ongoing process which has been ongoing for numerous months. There are numerous issues which are intertwined here. There is an accounts procedure, there is an admin procedure and there is a space procedure.

There is a physical layout of the GHA. So we are looking to very quickly implement different systems whereby people are not able to access the GHA other than those that are entitled. This is a larger exercise which also fits in GPMS entitlement etc.

So it is a very large piece of work which often happens with many of my portfolios. When you start looking into a question, you realise how large the question is and this is one of those. So it is a question of looking at who is entitled to access the GHA and then looking at how do we restrict access to the GHA to anyone who is not entitled to GHA care.

Hon. J Ladislaus: How many liquor licences were one objected to?

Madam Speaker: So next question then... (*interjections*) Supplementary? ...Yes.

Hon. Dr K Azopardi: Can I just ask on this? I imagine given the figure that the hon. Lady has given us, 4.8 million I think she said, this must span quite a long period of time. Can she give us a sense of that?

She says there are spreadsheets so I am not sure if she does have some kind of supplementary information provided by her officials but if she does, could she give us an idea of how that 4.8 million breaks down? I imagine there will be categories of how that is made up but just to give us a sense of the difficulty of the issue that she is trying to grapple with in the way that she has explained it.

4210 **Hon. G Arias Vasquez:** Madam Speaker, in order to give the House some flavour as to what these arrears relate to, there is a sum of circa 2.5 million which relates to three individuals. If you consider that an acute bed in a hospital is worth circa £250,000 a year or the value of paying for that bed is circa £250,000 a year, that quickly adds up if an individual needs, for example, specialised CCU treatments or anything of the sort. So, in respect of three specific individuals, 4215 there is a bill of circa 2.5 million. I do not know the length of time that this balance on arrears encapsulates but what I am certain about and what I have been certain about now for numerous months and work is in place to try and grapple with this issue, as the Hon. Leader of the Opposition has just suggested, is that something needs to be done in order for this not to grow further. And the one thing that we can do in order to ensure that this does not grow further is to make sure 4220 that at all entry points into the GHA, it is only entitled patients or patients that are entitled to care in the Gibraltar Health Authority are allowed to access care in the Gibraltar Health Authority, except obviously in emergency situations as I have outlined.

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Adjournment

Chief Minister (Hon. F R Picardo): Madam Speaker, that might be a convenient moment to stop given that it is already 8.20 p.m. in the evening and we have got to the end of Health questions and to return tomorrow at 3 p.m. to deal with my questions and finish off the questions 4230 outstanding to the Minister for Health and, I think, Business are the issues that are leftover.

Madam Speaker: Yes, except there are some supplementaries on schedules to take on Health before we start Business.

4235 **Hon. Chief Minister:** Madam Speaker, it is a matter for you whether you feel we should take them now or tomorrow when we come back. I am entirely agnostic in that respect. (*Interjections*)

Hon. J Ladislaus: I have a significant number of schedules to review, and I have been on my feet constantly, so it has been impossible for me to sit and review every schedule. 4240

Madam Speaker: I have no objection to that. The only thing I would add to that is that questions which generate large amounts of information, because they have various subsections and they ask for statistics over months and years, are likely to attract schedules, where possible, I give time for schedules to be considered. Sometimes that is not possible and if a hon. Member 4245 asks for lengthy questions, they must be ready to deal with supplementaries at short notice.

That said, I have no objection to adjourning to tomorrow and we can start with the supplementaries tomorrow.

Hon. Chief Minister: Well Madam Speaker, it is my intention to start at three o'clock tomorrow 4250 with Chief Minister's questions and then at the end of that to go back to other Ministers' questions. I think it is just the Minister for Business that is left.

Madam Speaker: We will do that then. We will adjourn tomorrow and start with Chief Minister's questions, then deal with the supplementaries outstanding from today and then deal 4255 with Business.

All right, I now propose the question which is that this House do now adjourn to tomorrow at 3 p.m. Those in favour? (**Members:** Aye.) Those against? Passed.

This House will now adjourn to tomorrow at 3 p.m.

The House adjourned at 8.22 p.m.