



PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

AFTERNOON SESSION: 3.00 p.m. – 5.26 p.m.

Gibraltar, Wednesday, 25th February 2026

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The Gibraltar Parliament

The Parliament met at 3.00 p.m.

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

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

Questions for Oral Answer

Minister for Education, the Environment and Climate Change (Hon. Prof. J Cortes): Madam Speaker, if I may, before we start this afternoon's session, the Clerk very kindly pointed out to me that this morning, in relation to Question 87, I have already advised the Hon. Mr Reyes about this. I misread one of the lines there. In going through the list of duration of suspension, it was sixteen pupils, one full day, four pupils, two days and two pupils, four days.

I said four pupils, one day, when it actually states one week. For the purpose of Hansard, it was my error in reading it. It is one week and not one day.

I can also confirm, Madam Speaker, that there have been no expulsions. Thank you, Madam Speaker.

Madam Speaker: Anything arise from that? (*Interjection by A Member: I am grateful for that Madam Speaker.*)

All right let us carry on then...

HEALTH, CARE AND BUSINESS

Q41-7/2026

**GHA – Programme of robotic assisted surgery –
Costs involved; Tele-surgery functionality; Maintenance details; Data statistics; Disposable
instrument costs; Training**

Clerk: Questions to the Hon. Minister for Health, Care and Business.
Question 41, the Hon. J Ladislaus.

Hon. J Ladislaus: What has been the total cost, to date, in respect of the introduction and commencement of the GHA's programme of robotic assisted surgery, specifically, but not limited to:

- (i) The cost of purchasing equipment, broken down by donations and cost to the GHA;

30 (ii) The cost of installation and maintenance of equipment;

(iii) The cost of any required alterations to the fabric of the St Bernard's Hospital building in order to install equipment;

(iv) The cost of training relating to robotic assisted surgery.

35 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Questions 42 to 47.

Clerk: Question 42, the Hon. J Ladislaus.

40 **Hon. J Ladislaus:** When is it envisaged that the telesurgery functionality of the surgical robot system recently installed at the GHA will come into effect? Please provide details as to how telesurgery will take place, who will operate the robotic arm and what emergency protocols are in place in the event that there are issues with telesurgery that GHA staff will be required to intervene on.

45 **Clerk:** Question 43, the Hon. J Ladislaus.

Hon. J Ladislaus: Please provide details as to the maintenance of the robotic surgery equipment, specifically, but not limited to:

50 (i) Who will maintain the equipment;

(ii) Whether the GHA will have its own in-house technicians trained in maintaining the equipment; and

55 (iii) Where parts will be sourced from.

Clerk: Question 44, the Hon. J Ladislaus.

60 **Hon. J Ladislaus:** Has the GHA obtained any data to suggest whether robotic surgery improves patient outcomes and, if so, can the Government please provide specifics as to the data obtained?

Clerk: Question 45, the Hon. J Ladislaus.

65 **Hon. J Ladislaus:** What are the average per-case disposable instrument costs to the GHA of robotic assisted surgery? Have comprehensive costings been carried out prior to the commencement of the robotic assisted surgery programme at the GHA?

Clerk: Question 46, the Hon. J Ladislaus.

70 **Hon. J Ladislaus:** How many GHA surgeons are:

(i) Undergoing training; and

(ii) How many have already undergone training

75 in order to undertake robotic assisted surgeries? Please detail the training that must take place in order to provide the required credentials for surgeons to undertake robotic assisted surgery.

Clerk: Question 47, the Hon. J Ladislaus.

80 **Hon. J Ladislaus:** How many members of GHA staff, excluding surgeons:

(i) Have been trained to assist; and

(ii) Are being trained to assist

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in robotic assisted surgery? Please provide a breakdown as to their individual specialisms and details as to the training that must take place in order to provide the required credentials for medical professionals to assist with robotic assisted surgery.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I am very pleased to inform the House that the Gibraltar Health Authority has already successfully undertaken its first telesurgery in collaboration with a specialist provider in London. On this historic occasion, the operating surgeon was based in a United Kingdom hospital in London whilst the patient was in Gibraltar, with the procedure carried out safely and effectively through the GHA's robotic surgical platform and the secure clinical connectivity that supports it. This is the first time that a procedure of this kind has been performed with the surgeon in the United Kingdom and the patient in Gibraltar.

The distance between Gibraltar and London is approximately 2,400 km, and I am advised that this represents the furthest distance over which remote telesurgery has ever been successfully carried out in Europe. For the avoidance of doubt, and to ensure the highest standards of patient safety at all times, the telesurgery is undertaken with a consultant surgeon and a full surgical team physically present in Gibraltar who are able to take over and complete the procedure immediately should the remote connection be interrupted for any reason. This is therefore a huge and genuinely historic milestone for the GHA and for healthcare delivery in Gibraltar.

It is symbolic of the future of our health service, Madam Speaker. It is symbolic of the future of the health service that we are building, one that is modern, digitally enabled, internationally connected and capable of bringing world-class expertise directly to our patients without the need for them to travel abroad. It demonstrates the clinical capacity of our teams, the strength of our partnerships with leading centres in the United Kingdom and the transformative impact of the investment that we are making in new technology, training and new models of care.

Madam Speaker, this marks the beginning of a new era in which distance is no longer a barrier to accessing the very best care through the GHA whilst being in Gibraltar.

In answer to Question 41, the total cost has been £923,536. The total donations received to date are £500,000 from the Kusuma Trust, £160,000 from Prostate Cancer Support, which is to be received imminently, and the total cost to the GHA has been £263,536.

The installation and maintenance is being covered free of charge by the supplier, and the only cost required to the fabric of St Bernard's Hospital building in order to install the equipment was a topographical survey, which cost £1,950. The cost of training is covered by the supplier as per the contractor arrangements.

In answer to Question 43, the robotic system will be maintained by a company called Microport. Where appropriate, in-House technicians and estate teams will also be utilised to provide additional support to the system. Both the equipment and the company's technical personnel are based in Europe.

In answer to Question 44, robotic surgery has been widely adopted across the developed world, particularly in the United Kingdom. It is now incorporated within 2025 guidance issued by the National Institute for Health and Care Excellence, NICE. The updated guidance highlights clear

benefits for patients and for the wider healthcare system, including improved recovery profiles and reduced times to return to work when compared with conventional surgical approaches.

In answer to Question 45, the average cost per case varies according to the specific procedure undertaken. However, it is generally estimated to be in the region of £700 to £1,000 per case. Comprehensive costings have already been carried out.

In answer to Question 46, a phased and carefully managed rollout to additional surgeons and specialities is planned, consistent with best practice in the implementation of new clinical technologies. At present, two surgeons are fully trained and actively utilising the system. Training in robotic surgery, as with the introduction of any new technology, will be delivered through a robust and carefully structured programme aligned with the established international standards. This programme includes comprehensive online learning modules, extensive simulation-based training and an intensive week-long wet lab course for each surgeon.

In answer to Question 47, at present, five staff nurses have been formally trained to support robotic surgical procedures. As with the surgical team, it is anticipated that this number will increase progressively as the programme expands to additional specialities. The robotic system company has delivered comprehensive theatre-wide training for operating department staff. Feedback from the theatre staff has been noticeably positive. The robotic platform facilitates enhanced engagement and more active participation in procedures, which has contributed to strong professional interest in the technology. Importantly, in line with the experience observed among surgeons, the introduction of robotic surgery is expected to enhance the GHA's ability to attract and retain high-calibre clinical staff in the years ahead.

Hon. J Ladislaus: Madam Speaker, I will take each question in turn.

So, Question 41. May I ask, we have just heard that this is a first in Europe. Is it a first as in the technology, the use of the technology in Europe, or is it that it is a first of its kind in a specific area? I am trying to understand exactly what we are a first in.

Hon. G Arias-Vasquez: Madam Speaker, the technology itself, so the robot, is widely used across Europe. The distance across which the operation has been carried out, meaning that the surgeon is seated in a clinic in London and the patient is in Gibraltar, is the biggest distance across which the procedure has been carried out.

Hon. J Ladislaus: What is the reason for needing a surgeon who is so far away to operate at such a distance? I am trying to unpack it. To my mind, some of the operations or the procedures that were outlined as being undertaken by the robots were already being undertaken at the GHA.
95 So, what is the need for a surgeon who is abroad and so far away, as I say again, to undertake these procedures when we have highly trained surgeons ourselves?

Hon. G Arias-Vasquez: Madam Speaker, there are certain types of surgery that the surgeons in Gibraltar would not have been able to carry out in Gibraltar. The surgery that was carried out
100 via telesurgery was one such procedure. The fact that there is a leading surgeon in a leading clinic in the United Kingdom who is carrying out this procedure means that the patient has not had to travel to the United Kingdom, has remained here in Gibraltar surrounded by their family, and has had the procedure that they would otherwise have had to travel to the United Kingdom to undergo.

105 The benefits of telesurgery are that there are certain procedures that would not have been able to be carried out in Gibraltar, which are now going to be carried out in Gibraltar. Further benefits, which I am happy to go into, include the fact that the patient was able to get up and walk home after two days, in an operation that would otherwise have taken two weeks for the patient to recover. The benefits of telesurgery are that, one, the operation can be carried out with a
110 surgeon from the United Kingdom which the patient would not have been able to have in Gibraltar

were the procedure not available via telesurgery, and two, that the recovery times are significantly quicker because of the precise nature of the telesurgery.

All in all, Madam Speaker, I am advised that the robot and the telesurgery options are very beneficial for patients in Gibraltar, which ultimately is what we are trying to enhance: the patient experience.

Hon. J Ladislaus: Madam Speaker, in respect of safety, and in respect of the fact that the surgeon is so far away, if we do not have surgeons here who are capable of performing that specific surgery, what happens if, for some reason, as can happen with any technology, the machine fails during surgery or there is a power cut, as we had at one point when there was a delay in the backup generators coming online? What happens in that scenario when such precise surgery is being undertaken? I know that it sounds a bit extreme, but it has happened before where there have been delays in that coming in. What happens then?

Hon. G Arias-Vasquez: Madam Speaker, I am very glad to be able to say that we have teams in the GHA that think through all these scenarios and make sure that we have procedures available so that we are not affected by a power cut. If I take those in turn, the GHA has a backup power generator, and it has a backup to the backup. In theatres, even when there was a power cut and the backup generator was not working, there was never a power cut in theatres because there is a backup to the backup generator, which made sure that theatres, CCU and Rainbow did not suffer a power cut, as well as certain other specific areas in the hospital.

There is always a procedure in place to make sure that certain areas of the hospital will always have electricity.

As to the hon. Lady's next question in relation to VPN or Wi-Fi access in the hospital, there is an express route that the hospital uses. We are not on the hospital Wi-Fi system, so it is not a case of the operation being carried out via ordinary Wi-Fi.

There are teams employed by the hospital, thankfully, in order to ensure that there is an express route that is secure, to make sure that there is connectivity at all times with the surgeon in the United Kingdom. In addition to all of those security measures, Madam Speaker, on these occasions, the providers of the robot, and Microport in particular, have ensured that the team of surgeons and the team of consultant surgeons is here in Gibraltar for the first few surgeries to make sure that, were anything to happen during the course of the surgery, the team is here in Gibraltar and is able to step in immediately.

The thinking going forward is that there will be similar provision in Gibraltar going forward.

Hon. J Ladislaus: Madam Speaker, a question as to how long the backup generators actually last, because obviously they have a certain amount of backup generation capacity, if that is the correct term. How long do those last? There is a specific amount of time, and surgery can be quite lengthy.

Hon. G Arias-Vasquez: Madam Speaker, we have a backup and we have a backup to the backup... If the hon. Lady wishes to ask the question, we are side-tracking from the issue that this is a significant development for the Gibraltar Health Authority. This is an enormous achievement for a small hospital, that we have a robot in place that is carrying out robotic surgery, which is future-proofing the GHA. We have all the systems in place.

The hon. Lady is asking me questions off the cuff, although we have teams employed to make sure that this is secure. We have teams in place to make sure that everything goes smoothly, yet this is an enormous development for the Gibraltar Health Authority to be leading in technology.

It shows the direction of travel that the Gibraltar Health Authority will be moving in. It is a significant achievement for the Gibraltar Health Authority to be looking at the possibility of a surgeon seated in the United Kingdom operating on a person in Gibraltar, and this is what every

single manifesto of the GSLP Government has spoken about: repatriation, better service and a better patient experience.

165 The patient is now able to have the operation here in Gibraltar and walk home in two days. It is a marvellous achievement to be asking me about the backup to the backup generator. I welcome the hon. Lady's questions, and if the hon. Lady wishes to ask me how long the backup to the backup works, if she wishes to present me with a specific question, I am very happy to provide the technical details on how long the backup generator works for and how long the backup to the backup generator works for.

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Hon J Ladislaus: Madam Speaker, moving to question... unless the Hon. Leader of the Opposition.

175 **Madam Speaker:** For the avoidance of doubt, the hon. Lady said she was asking questions on 42, but I presume she was asking questions on 41 from the subject matter of what the hon. Lady was talking about. I have marked it as 42 rather than 41. (*interjection*) No, it is 42, because we started... the first answer on 42... from the subject matter, I think it is 42. 41 was costing. (*interjection*) It is a matter for you. I am trying to make a note, but 42 was on donations and costing, which is specific. Anyway, on this subject matter...

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Hon. Dr K Azopardi: On this subject matter, 41 or 42, whatever. Certainly we welcome the increasing use of technology in this field. To the extent that things can be advanced and used in Gibraltar with a greater use of technology, on the basis that there is a sound, not just medical and clinical reason, as well as a financial case for it, absolutely. Can I ask the Minister, as she said that there is a surgical team here that can jump in should something go wrong, which I understand, so what is the point of doing it that way if the surgical team is here? Why do it in that way? If she does not mind, I will explore it slightly, because some of the points in my mind are related. So there is that point, perhaps she can comment on that.

185 Also maybe that is just the trial period until they get comfortable with it but even when they are comfortable, you cannot all insulate yourself against things happening, in which case someone may have to step in, so you need to have the right expertise for it and if it is things that we do not ordinarily have expertise, there will always have to be people ready to step in, in which case you are paying for two teams almost. The business case for that is unclear. Can she give us an indication of the kind of range. Has the GHA done some work on the possible range of operations for which this would be used for?

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Hon. G Arias-Vasquez: Madam Speaker, I welcome the hon. Gentleman's welcome. I appreciate the fact that the Opposition approves of the use of technology. One of the fundamental points is that we need to future-proof the service. The advice that we are receiving is that unless we have a robot in place, we will not be able to attract surgeons in five or ten years' time. It is therefore fundamental that we have robots in place in order to future-proof the service.

In answer to specifically to his question, yes, the hon. Gentleman is entirely correct.

200 For the first few procedures, the team will be coming over specifically to step in until we are comfortable with the procedure. The team will also be training our surgeons so that our surgeons are in a position to step in if it were necessary. If it is a routine operation, our surgeons have no problem. There are some more specific procedures in which our surgeons will be able to step in to a certain point to make sure that they are able to stop the procedure at least, and then take over at a later date.

205 We do not envisage this to be happening, because we are talking about layers of insurance. Unfortunately, as the hon. Gentleman will be aware, having himself been Health Minister at one point, every procedure in health carries a certain element of risk. We are looking to mitigate that risk as much as is humanly possible.

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215 The training also involves the training of our surgeons in order to mitigate any occurrence that our own surgeons can step in so that cost element is not there going forward. That is the first part of his question. The second part relates to the types of procedure for which the robot can be used.

At the moment it is mainly urological procedures, so its procedures relating to prostate and prostate cancer. It will be extended to gynaecological procedures. In the future the robot can also be used for neurological procedures. At the moment we are focusing mainly on urological procedures.

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Madam Speaker: Yes, the Hon. Mrs Ladislaus

Hon. J Ladislaus: On question 43, Madam Speaker, we have heard that Microport will be maintaining the system and that we are going to have in-House technicians and estate teams. Are those in-House technicians and estate teams already training or trained? What is the future-proofing in that sense in terms of maintenance?

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Hon. G Arias-Vasquez: Madam Speaker, Microport is coming over fairly frequently at the outset. They will be training our team so that where appropriate they can step in. As the hon. Lady will appreciate, this is quite a specialised area. In the same way as Philips comes over when a CT scanner breaks down, we would expect that the technicians from Microport do come over, and they are based in Europe. If it is something relatively straightforward, we would expect that our own in-House teams will be trained to carry out routine ongoing maintenance, unless it is something quite specific.

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Hon. J Ladislaus: Madam Speaker, we have heard that Microport are going to come over quite frequently at the moment. Does the Hon. Minister have a projection as to costs?

Hon. G Arias-Vasquez: Madam Speaker, all of the set-up costs and all of the training costs are included in the cost of the robot.

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Madam Speaker: Anything on to 44?

Hon. J Ladislaus: No, Madam Speaker, moving on to 45, if I may. Madam Speaker, I asked the question as to how much it would cost for the disposable elements of the robot that are used per operation, or as my understanding is, per operation and I got the answer of £700 to one £1,000. Does the Hon. Minister have any comparison as to with robot versus surgery without the robot for those elements?

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Hon. G Arias-Vasquez: Madam Speaker, I confirm that the cost with the robot was estimated to be in the region of £700 to £1,000 per case. By comparison, a conventional laparoscopy surgery will typically range between £250 and £1,000 per case. However, there are other costings that we have to bear in mind and factor in here as well.

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As I said, the patient was out of St Bernard's Hospital after two nights staying in St Bernard's. The cost of a bed per night at St Bernard's is expensive when compared to the additional cost of £500 per operation. The cost of a bed per night is significantly more than that.

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This is without taking into account the fact that it is far more comfortable for a patient to stay in Gibraltar in St Bernard's for two nights rather than flying to the United Kingdom if those costs were to be incurred to have the same surgery. If you are flying to the United Kingdom, there is the cost of flights and the cost of accommodation. If you have the surgery done robotically or by telesurgery in Gibraltar, the patient stays two nights at the hospital rather than two weeks, as would previously have been the case.

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So, either way, you save money.

265 **Hon. Dr K Azopardi:** Let us explore that. Do they do laparoscopies here? Or some of them at least in this area, or am I mistaken?

Hon. G Arias-Vasquez: It depends on what the laparoscopy is for. My understanding is that most cancer treatments would be sent to the United Kingdom, whereas if it is a simple, straightforward laparoscopy, it would be carried out here in Gibraltar.

270 **Hon. Dr K Azopardi:** So, when the Minister gives assessment of cost, given what I asked before in my supplementary, which is that you have got to have a surgical team over there and a surgical team over here. That adds a layer of cost. I wonder whether the figures that the hon. Lady gave us per case factor in the need to have a surgical team present in Gibraltar as well so in that business case assessment.

Hon. G Arias-Vasquez: Madam Speaker, I do not think I explained myself properly. If I take a step back and start from the procedure at the beginning, for the first five or six cases, Microport will deploy a team to Gibraltar in order to make sure that we have a team here. Going forward, we do not envisage that an entire team will be here in Gibraltar.

We envisage that the team that comes over from Microport will train our surgeons to be able to carry out a certain extent of the operation at least. The cost of the surgical team coming over will not be an ongoing cost to be factored in. So there are two scenarios here.

285 There is the scenario of the simpler operation, if I may put it in terms that I understand. A simpler operation can be carried out in Gibraltar, but if it is done robotically, the recovery time is far quicker, in which case the number of nights spent in hospital is far less. If it is a more complicated operation, for which previously we would have had to send the patient to the United Kingdom, the GHA saves the cost of flights and accommodation.

290 Irrespective of the cost, Madam Speaker, the real underlying benefit is the patient experience. The patient enters St Bernard's Hospital, has the operation at St Bernard's Hospital by a team experienced in the type of surgery required, and is able to go home in two days. That is a real benefit, as well as the cost advantages.

295 **Hon. Dr K Azopardi:** Madam Speaker, I am just trying to understand the mechanics of what the hon. Lady is discussing. So, I understand what you said, that there will be a team here sent over by Microport, but they are a temporary. So, they will end up being replaced by our own internal GHA team that, should something go wrong, could step in and do it but presumably, when they are stepping in and doing it, am I understanding this correctly, that they would be stepping in to do it in a conventional way, or they would be stepping in and doing it because they have been trained to operate the machine? I am trying to understand that, because I think, in terms of, for example, her observation that the patient outcome is different. Should you use the machine, then presumably the patient outcome will be the same, because the team here will be deployed to be using the machinery.

305 If, however, they are doing it conventionally, then you do not have that outcome but if the team here are going to be trained by Microport to do it, well, then why cannot the team here do it? And if it is because you are relying on great expertise, for example, because the surgeon in England, or whoever is operating the machinery, is a big expert in the field, which I also understand, I am just trying to get to fully capture the point and the explanation that the Hon. Minister has said.

310 So I hope that she understands, really, the questions that I am putting.

Hon. G Arias-Vasquez: Madam Speaker, it would depend very much on what the issue is. If there is a whole range of issues and everything fails and connectivity is down, which, as I have explained to the hon. Lady, is a very unlikely scenario, then they can step into the robot, presumably. It is not a scenario that I have explored.

It would depend very much on what has gone wrong and what the team based here in Gibraltar would do. Going forward, I would imagine that the team would be experienced enough to be able to stop the operation and safeguard the patient. Whether that would be picked up or otherwise by the surgeon in the United Kingdom at a later date would be a different question.

320 However, at the moment, it would depend very much on what the issue is and what the team on the ground would do in order to safeguard the patient at that point in time.

Madam Speaker: Anything on 46?

325 **Hon. J Ladislaus:** I think I can take 46 and 47 together. In terms of 46 and 47, we have heard that training has been undertaken remotely, and we have also heard that there was a week-long intense training in respect of the surgeons in particular. Madam Speaker, what is the average training that is received by staff and by surgeons in other hospitals where this technology has been rolled out? Also, is it done remotely? Is that the norm?

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Hon. G Arias-Vasquez: Madam Speaker, I have said that the programme includes comprehensive online learning modules, but there is extensive simulation-based training which is undertaken in Gibraltar. There is a substantial amount of training carried out on the ground here in Gibraltar. Also some of our surgeons have been operating in other hospitals using robots.

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It is not that you complete an online course and you are qualified to operate the robot. There are some modules which will be carried out online, but there is a robust process before a surgeon is allowed to operate the robot.

Hon. J Ladislaus: Will training be kept up? Will we have regular refreshers of this training? Because it sounds as though the robots develop with time and technology.

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Hon. G Arias-Vasquez: Madam Speaker, as with all training in the GHA, I would expect this training to be ongoing.

345 **Madam Speaker:** Next question.

Q48-9/2026

Domiciliary Care and Home Support Services – Missed visits

350 **Clerk:** Question 48, the Hon. A. Sanchez.

Hon. A Sanchez: Can the Government provide, for Domiciliary Care and Home Support Services, the number of missed visits from 23rd September 2024 to the present date, broken down by month and service provider?

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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 49.

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Clerk: Question 49, the Hon. A. Sanchez.

365 **Hon. A Sanchez:** In respect of Domiciliary Care and Home Support Services, for all missed visits from 23rd September 2024 to the present date, broken down by month and service provider, can the Government state:

- (a) In how many instances the service user and/or a nominated contact was notified in advance that the care worker would not attend; and
- 370 (b) Where no notification was provided, the reason(s) recorded for the failure to notify.

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

375 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the facility of home care provided by the GSLP Liberal Government is a demonstration of our commitment to the welfare of our people. When the party of hon. Members opposite was in Government, the sum spent on this was just £750,000. Now, under the GSLP/Liberals, it is £4.72 million. We care about our elderly people and we invest in them. We spend more than six times what they spent.

380 In their time, the number of people receiving domiciliary care was just 68 people. Today, that number is over 500. In their time, Madam Speaker, there were 43,046 hours of domiciliary care provided.

Today, there are over 334,000 hours. That is our record. That is not to say, Madam Speaker, that everything is perfect in the service. No service ever can be but, compared to any other EU or US State, what the GSLP/Liberals have introduced in Gibraltar in the last 15 years is a remarkable, personalised service that keeps people cared for and looked after in their own homes. In that context, the actual number of missed visits and whether the service user or nominated contact was notified in advance is not, I am advised, data which CCDSL currently compiles. I am informed by CCDSL that they collect data on complaints made by service users with respect to missed sessions and other operational issues, but they cannot provide accurate data with respect to the actual number of missed visits and whether the nominated contact was notified in advance or whether there was a failure to notify.

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This is because, at present, I am advised that such a system would rely on CCDSL being notified of a missed session. If this is data that the hon. Lady wishes to request on a regular basis as part of parliamentary sessions, the Care Agency will ask CCDSL to collect the data for future sessions.

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Hon. A Sanchez: Madam Speaker, given that the hon. Lady has advised previously that the Care Agency has a contract in place with CCDSL, are missed visits, continuity of care and communication standards not part of the service level agreement or key performance indicators that form part of the contractual arrangements that the Government might have with CCDSL? If so, how does the Care Agency monitor these if no data is being recorded? Or at least, it appears that no data is being recorded, because the answer the hon. Lady has given me suggests that no data is being recorded in relation to this.

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Hon. G Arias-Vasquez: Madam Speaker, the answer that I have given is that I cannot accurately say how many sessions are missed, because at the moment we rely on patients or users to tell us if there is a missed session. I cannot therefore stand here and state accurately the number of sessions missed.

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What the Care Agency does do is carry out an audit from time to time to ensure that the service being provided is one with which the care users are happy with. To put this in context, Madam Speaker, there are 520 packages of care delivered in the community. That is 520 service users who are visited on certain occasions in a week, many of them at least once a day.

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In the latest survey carried out in December, the Care Agency audited the workings of CCDSL to ensure that service users are satisfied. In that survey, 95.9% of service users reported satisfaction with the service. 101 service users reported a missed session.

415 A missed session can occur due to illness or annual leave. If it is within CCDSL's power to inform the service users or the family that a missed session is likely to occur, they will do so. However, if the carer calls just before the session to report sickness or another issue, CCDSL is unable to inform the user.

420 We have had examples recently where, because of extreme adverse weather, sessions have been missed but it has to be said, Madam Speaker, that in the context of 520 packages of care that are delivered, it is remarkable the number of packages of care that were delivered in the community, given the weather conditions that there were. It is also necessary to say that we put out a number so that service users could call to make sure that if they needed medicine, if they needed shopping done, they could call the number and we would facilitate it for the individuals
425 involved because of the extreme weather conditions.

There are things which you can and control, but in a service with 257 employees, it is hard to control absence when employees call in sick that very morning. Insofar as CCDSL is able to notify, so if there is annual leave and you know that the carer is going to be absent for a week, in a week's time you call and notify. If the carer calls up a quarter to eight to tell you that the eight o'clock
430 session is going to be missed because of sickness, Madam Speaker, what you try and do is that you try and arrange an alternative and then try and call the user or their family.

There will be instances, however, that CCDSL is not aware of a missed session unless the individual calls up and informs of the missed session.

435 We are trying to use different forms in order to try and make sure that we always have the knowledge of whether individuals or CCDSL is trying to get knowledge of whether service users miss sessions by trying to get people to tap in and out. We are trying to use technology to make sure that we know where the carers are. This is all a work in progress, Madam Speaker.

Hon. A Sanchez: Madam Speaker, I am grateful for that answer, although it does not quite add
440 up. We have been having these exchanges across the floor of the House, and I recall that the hon. Lady mentioned an app, an app that had been designed, and I believe that she said that this app had already been launched. I would therefore ask her, given that CCDSL, or the hon. Lady, confirmed that the app had already been launched and that this app was going to be used so that carers could log in and out of it and could tap in, does CCDSL not operate a system that could
445 generate automatic alerts when a session or visit has not commenced? If a carer has to tap in or tap out of a session, would this not automate or generate an automatic alert, thereby informing CCDSL that a session has been missed rather than CCDSL relying on a user to notify them that a service has been missed?

It does not seem to be an efficient way of collating data.

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Hon. G Arias-Vasquez: Madam Speaker, again, when there are 520 packages of care out in the community, it is sometimes difficult to collate that data on a daily basis. The app has been trialled, and the app has been used. There are geo-technical issues with the app because there are some places in Gibraltar where connectivity is not picked up.

455 There are numerous issues with the app. They are working through these issues to make sure that the app is working. However, if we look at the data collected through the audit, it is clear that there is a significant improvement in the service being provided, Madam Speaker.

I think it is necessary to stop and acknowledge the fact that the service that is being provided by CCDSL is a much improved service with far fewer missed sessions, with the sessions that CCDSL
460 are doing so that they can do spot checks on the different houses to make sure that the service user is receiving the care, so that all service users receive the quality of care that they need. There is a traffic light system in place as well, Madam Speaker, where service users are banded in different colours in order to make sure that those who are in absolute need of care always receive the care that they need. The service that CCDSL is giving is now known through the audits that we
465 are receiving and through the answers that we are receiving to be a far, far better service to that previously provided.

Madam Speaker: Next question.

Q50-1/2026

**Domiciliary Care and Home Support Services –
Instances where a service user's allocated carer was changed**

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Clerk: Question 50, the Hon. A. Sanchez.

Hon. A Sanchez: Can the Government provide, for Domiciliary Care and Home Support Services, the number of instances where a service user's allocated carer was changed from 23rd September 2024 to the present date, broken down by month and service provider?

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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 51.

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Clerk: Question 51, the Hon. A. Sanchez.

Hon. A Sanchez: In respect of Domiciliary Care and Home Support Services, for all instances where a service user's allocated carer was changed from 23rd September 2024 to the present date, broken down by month and service provider, can the Government state:

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(a) In how many instances the service user and/or a nominated contact was informed in advance of the change; and

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(b) Where no advance notice was provided, the reason(s) recorded for the failure to notify.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker I repeat what I said in my earlier answer about how much more we the GSLP/Liberals have invested in domiciliary care and how much more that is than the GSD used to invest. In that context, the provision of domiciliary care is a fluid service which responds to the ever-changing demands and needs. Service users are informed as part of their information sheet that carers are not specifically allocated to them and are subject to change depending on the needs of the entire service.

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The information sheet reads:

While we advocate for continuity of care, there may be occasions where CCDSL needs to change a carer. This can happen for reasons such as staff sickness, holidays, resignation or operational requirements that require redeploying carers to different services.

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As a result, CCDSL do not currently record the number of instances where a service user's allocated carer was changed or how many instances a service user or a nominated contractor was informed in advance of the change.

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Nevertheless, CCDSL do contact service users when they are aware that changes may be taking place in the future or in instances where severe weather is impacting the delivery of the service. However, it is important to note that CCDSL's priority is to ensure the delivery of all the services and that service users' needs are being met, irrespective of the carer who attends the service. If

515 this is data the hon. Lady wishes to request on a regular basis as part of parliamentary sessions,
the Care Agency will ask CCDSL to collect that data for future sessions.

Madam Speaker: Next Question.

520

Q52/2026
Care Agency staff (including subcontracted staff) –
Administration of prescribed medication

Q53/2026
Care Agency –
Restriction or operational issue affecting service users to participate in cross-border outings
when accompanied by their carers

Clerk: Question 52, the Hon. A Sanchez.

525 **Hon. A Sanchez:** Can the Government confirm whether Care Agency staff (including
subcontracted staff) are authorised and insured to administer prescribed medication to service
users while accompanying them outside Gibraltar?

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 53.

Clerk: Question 53, the Hon. A. Sanchez.

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Hon. A Sanchez: Can the Government state whether any current restriction or operational
issue is affecting the ability of Care Agency service users to participate in cross-border outings
when accompanied by their carer (including Care Agency staff and subcontracted staff); and, if so:

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- (a) Whether the issue relates to the administration or handling of prescribed medication;
- (b) The exact nature of the issue; and
- (c) The steps being taken, and expected timescales, to resolve it.

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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 Care
Agency and subcontracted care workers in Learning Disability Services are trained, insured and
authorised to administer medication outside Gibraltar. Learning Disability Services supports
service users to access community activities in accordance with person-centred planning,
professional judgement and established governance procedures, both within and outside
Gibraltar.

555 A. Service users are supported to attend cross-border outings into Spain where this forms part
of their assessed needs and individual plans. Staff undertake dynamic risk assessments and act
proportionately to ensure safety whilst promoting inclusion and independence.

B. There are no restrictions relating to the administration or handling of prescribed medication. A short temporary pause was implemented while clarification was sought from the relevant insurance providers regarding cross-border cover. This was a governance matter and has now been resolved.

C. There are no outstanding matters pending. Cross-border outings continue where appropriate, in accordance with person-centred planning and operational procedures.

Hon. A Sanchez: Madam Speaker, in respect of Question 52, would the hon. Lady be able to provide us with the date on which the relevant insurance most recently expired prior to its current term?

Hon. G Arias-Vasquez: Madam Speaker, that is quite a specific question. I would need notice of that question in order to provide that answer.

Hon. A Sanchez: Madam Speaker, given that the question specifically relates to insurance, does she not have more information in respect of the insurance policy? Perhaps the date on which it expired before the most current term policy came into force, or whether there was a period between the current policy coming into force and the previous one where there was a period without cover between both? Could she elaborate on this?

Hon. G Arias-Vasquez: Madam Speaker, I would invite the hon. Lady to point out where in the question she asked me about insurance issues.

Hon. A Sanchez: Madam Speaker, if you read the question, it says “authorised and insured to administer prescribed medication”.

Hon. G Arias-Vasquez: Madam Speaker, let me read out the question once again:

Can the Government confirm whether the Care Agency staff, including subcontracted staff, are authorised and insured to administer prescribed medication to service users whilst accompanying them outside Gibraltar?

The answer to that question is yes.

If the hon. Lady wants specific information, we have this *ding-dong* every month in the House. If the hon. Lady wants specific information relating to the insurance, I would invite her to ask me the specific question, and I will happily provide the answer. There is no indication in this question that asks me when the insurance policy expired. It asks me whether the staff are authorised and insured. Yes, the staff are authorised and insured.

If the hon. Lady wishes to ask me a specific question, I have told the hon. Lady many times, Madam Speaker, that I have no issue answering specific questions, but I would need notice of the specific question.

Madam Speaker: Any other supplementaries?

Hon. A Sanchez: Thank you. With respect to Question 53, the hon. Lady has confirmed that there was a period where the cross-border outings were paused or suspended while insurance issues, I believe she said, were being looked at. Would the hon. Lady be able to confirm whether there was insurance cover during this specific period?

Hon. G Arias-Vasquez: Madam Speaker, the answer to the question specifically states that there was a temporary pause during the period. There was a temporary pause implemented whilst clarification was sought from the relevant insurance providers regarding cross-border cover. That

is the information that I have been given. I assume that there was a temporary pause whilst the information was sought.

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Hon. A Sanchez: Was the issue that the Care Agency's insurance in respect of this had expired and the new one had not been renewed? Was this the case? Is this what was affecting the cross-border outings? Can she confirm exactly what happened? Reports we have received suggest that families were informed during January and February with very little explanation as to why service users from residential services could no longer participate in cross-border outings. Very little explanation was given to them.

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We are trying to ascertain exactly what the issue is, and the hon. Lady is not providing much information in respect of this. Could she tell us what the exact nature of the issue was, and whether in fact there was no insurance cover during this period?

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Hon. G Arias-Vasquez: Madam Speaker, I am going to read out my answer once more in case the hon. Lady did not pick it up the previous two times.

A short temporary pause was implemented whilst clarification was sought from the relevant insurance provider. There was a pause on the activity whilst clarification was sought from the insurance provider as to whether there was cross-border cover.

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I believe, Madam Speaker, that I am being quite clear as to what happened. There was insurance. We were not sure whether the insurance covered cross-border activities. They stopped the activities whilst they asked whether the insurance covered cross-border activities. They have now confirmed it. The activities have resumed.

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I am not sure what more I can say, Madam Speaker.

Hon. A Sanchez: Madam Speaker, could the hon. Lady explain what changed? What brought on this need to seek clarification? If cross-border outings were okay during December and then not okay during January, what brought on the need to seek this clarification? Was it that the insurance expired and the Care Agency forgot to renew it? What brought on the need to seek clarification?

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Hon. G Arias-Vasquez: Madam Speaker, in utter exasperation, I refer the hon. Lady to the answer I gave a few minutes ago.

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Hon. Dr K Azopardi: With all due respect, I know it has been a laborious process, not made easier by some of the answers, but we understand the explanation the Minister has given so far, which is that at some point early this year, there was a need to obtain clarification as to the cover. What we are trying to understand is what the reason was that sparked the request for clarification, given that before, activities were proceeding.

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Hon. G Arias-Vasquez: Madam Speaker, I am unsure what the issue was that sparked the request.

If the hon. Gentleman wishes to ask me that specific question, I am very happy to come back next month and answer it if notice is given. The question I have been asked concerns the exact nature of the issue. I have answered the exact nature of the issue. I do not have that information to hand, but if notice is given, I will answer it, Madam Speaker.

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Madam Speaker: Next question. (interjections), Order, Next Question. (Interjections) Order, Next Question.

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Q54/2026
Inpatient mental health services –
Discharge-ready individuals

660 **Clerk:** Question 54. (*interjections*)

Madam Speaker: Right, order. Next question.

Hon. A Sanchez: What is the answer? I do not know...

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Chief Minister (Hon. F R Picardo): The answer is that you did not ask the question...

Madam Speaker: Order, order! Next question.

670 **Clerk:** Question 54. The Hon. A. Sanchez. (*Interjections*)

Madam Speaker: Order! (*interjections*) Order! Order!

Clerk: Question 54. The Hon. A. Sanchez.

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Madam Speaker: Question 54 has been called.

Hon. A Sanchez: From 1st July 2025 to the present date, can the Government state how many individuals have been declared discharge-ready from inpatient mental health services but remained admitted pending:

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(a) ERS placement;

(b) Housing allocation or suitable accommodation; and

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(c) Arrangement of a package of care.

Madam Speaker: Question has not finished.

690 **Hon. A Sanchez:** ...And, in each case, provide the waiting time in days spent as a discharge-ready inpatient.

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

695 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, from 1st July 2025 to the current date, there is one patient in Ocean Views Hospital awaiting ERS placement. They have been discharge-ready for 20 days. There are four individuals awaiting housing to be accommodated. They have been discharge-ready for 265, 452, 480 and 165 days. There are three individuals awaiting alternative placements and they have been discharge-ready for 205, 205 and 558 days. There is one individual awaiting a package of care and has been ready for discharge for 572 days.

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Hon. A Sanchez: Madam Speaker, in respect of ERS placements and delays facing discharge-ready patients from mental health services, I note that the Mental Health Board, in previous reports, has urged consideration of the temporary use of Sunshine and Europa Wing for these purposes. I also note that in September 2025 the Government announced the construction

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of a new dementia assessment unit in Ocean Views. Would the hon. Lady clarify whether this unit is now fully operational and, if not, could she provide an expected time frame for when it will be fully operational?

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Hon. G Arias-Vasquez: Madam Speaker, there are questions on the paper and then *se salta por la vía tarifa*. Sorry, let translate... There are questions which are not relevant at all to the questions placed on the Order Paper. I have no objection whatsoever to answering questions that the hon. Lady poses properly to me, but I am not going to stand here and provide answers only to be told later that the answers are inaccurate. If the hon. Lady wants me to tell her when the acute dementia wing will be opened, I would be delighted to do so. It is yet another one of our flagship projects. It is yet another one of our commitments which we are meeting because GADS have requested this year after year. I would be delighted to stand here and give the hon. Lady all the answers she is seeking. However, I must tell her once again that if she wants me to answer a specific question, she should give me notice so that I can provide accurate information.

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Hon. A Sanchez: Madam Speaker, respectfully, I disagree. It has been highlighted and recommended as a solution to ease the impasse in relation to ERS placements and blockages in relation to the discharge of discharge-ready mental health patients. Madam Speaker, I have not come to Parliament to argue with the Hon....

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Madam Speaker: Let us return to the question. Let us not make this a debate. (*interjection*) Is there a question? (*interjection*) Is there another supplementary or not?

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Hon. A Sanchez: You are feeling very confrontational today but look, it is just a question... If she does not want to...

Madam Speaker: Does the hon. Lady have a question?

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Hon. A Sanchez: Does she have an idea of when this unit might become operational? Perhaps she could shed some light. It is just a question. It was announced in September 2025. Does she have any idea of when it might become fully operational?

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Hon. G Arias-Vasquez: Madam Speaker, yes, I do. I have a rough idea. If I am going to answer a question in this House, I want to have accurate information. It is not a huge ask. If the hon. Lady knew she was going to ask this question, all she had to do was give me notice. The works are ongoing. I need to consult with the team to confirm the date of completion. Ask me the question, Madam Speaker. If the hon. Lady asks me the question, as I have said, I would be delighted to answer it.

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Hon. A Sanchez: Madam Speaker, in relation to housing allocation and suitable accommodation, we have also seen delays in the figures she has given relating to discharge-ready inpatients. Could the Hon. Minister elaborate on what is being done to address these delays?

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Hon. G Arias-Vasquez: Madam Speaker, there is a panoply of different reasons why these individuals are awaiting housing. For example, two of them have entered the housing waiting list only within the last six months, and therefore the delay lies there. There are also instances where the individual entered Ocean Views because of safeguarding concerns. There are therefore numerous reasons why the delays are as significant as they are.

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Hon. A Sanchez: Madam Speaker, is there an escalation pathway in relation to housing and the Housing Department? Could the Hon. Minister elaborate on this, if she does not need notice of that question?

760 **Hon. G Arias-Vasquez:** Madam Speaker, every house in which we place individuals must be suitable and available. Is there an escalation pathway? Yes there is but we would need to have the necessary housing available. Some of these individuals also require 24-hour packages of care. So we need the suitable premises with the suitable packages of care available to coincide in order to be able to let them leave Ocean Views.

765 **Madam Speaker:** Next question.

Q55/2026

**Proposed Elderly Care Nursing Home –
Agreement with Rooke Holdings Ltd in relation to the provision/operation of beds, rooms,
accommodation or related elderly care services**

770 **Clerk:** Question 55, the Hon. A Sanchez.

Hon. A Sanchez: Can the Government state whether it has entered into, or is currently negotiating, any agreement with Rooke Holdings Limited in relation to the provision or operation of beds, rooms, accommodation or related elderly care services at the proposed Elderly Care Nursing Home located at the Rooke site; and, if so, specify the precise nature, scope, duration and financial value of such agreement or proposed agreement?

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

780 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** No, ma'am.

Madam Speaker: Next question. Supplementary on 55?

785 **Hon. Dr K Azopardi:** 55, yes. Is the answer no because the Government has not formed a view on the Expressions of Interest process, or is it unrelated to the answer the hon. Lady has just given?

Hon. G Arias-Vasquez: Madam Speaker, the answer is no because the Government has not entered into, nor is currently negotiating with, any entity.

790 **Madam Speaker:** Next question.

Q56/2026

**Elderly Care Nursing Home facility –
Consultation process with ERS residents and their families**

795 **Clerk:** Question 56, the Hon. A Sanchez.

Hon. A Sanchez: Can the Government state when the consultation process with ERS residents and their families in relation to the Elderly Care Nursing Home facility situated at the Rooke site will formally commence; what form that consultation will take; who will conduct it; and whether the results will be made publicly available?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, as I informed the House in the last session, no resident of Mount Alvernia or any Elderly Residential Service facility will ever be required to leave their home against their wishes. A structured consultation with residents and, where appropriate, their families will form an essential part of the process in order to establish these wishes. As I stated in last month's Parliament, some residents and family members have already written to me directly, and I have met with representatives on several occasions.

The formal consultation will commence once the Government has determined the operational arrangements of the property and the operational model has been determined. The consultation will be carried out through the Elderly Residential Services and will involve direct engagement with residents, and where residents do not have capacity with families or legal representatives. The purpose of the consultation will be to ascertain individual preferences. It will not be a ballot or selective exercise, because no one will be compelled to move.

Hon. A Sanchez: Madam Speaker, could the hon. Lady provide an expected timeline for this consultation?

Hon. G Arias-Vasquez: Madam Speaker, unfortunately I am unable to commit to a timeline at this point.

Hon. Dr K Azopardi: May I ask, the Minister indicated a consultation process in the context of reaching a view on the operational model. Could she give us more detail? Are they coalescing around a particular model, and if so, what is it? Or are they considering different options as to the operational model in which case what are those options?

Hon. G Arias-Vasquez: Madam Speaker, the consultation is not around the operational model. The consultation process will take place once the operational model is established, to determine who wishes to move. They are two entirely distinct elements. The operational model will be determined once the tender has been issued, the Expressions of Interest have been received and we are currently reviewing them to see what engages with LG Residential Services as the best model to be provided.

Hon. Dr K Azopardi: I see. So this is all happening in the context of the receipt of the expressions of interest responses and the operational model is being influenced by the discussions that the Government is having with Rooke Holdings or the expressions of interest recipients.

And also, obviously, I appreciate you need to take into account the ERS residents later, but I am trying to understand why in her answer the Minister, when talking about the consultation, also spoke about the operational model. I am trying to understand the link in the sense that, for example, this facility, presumably, is for a managed facility, hence the expressions of interest process that is undergoing, for elderly residents, which may or may not be more care orientated, depending on the type of individual that is going to want to go there or might go there. It also depends on who is going to run it, because whether you have expertise or do not have expertise in particular types of residential home or residential care, whatever.

So I am trying to understand what is the operational model that is being envisaged behind the expressions of interest process.

Hon. G Arias-Vasquez: Madam Speaker, the question relates to the consultation process, although I will happily answer the question. In order for Rooke Holdings to put out an Expression of Interest, it had to engage with the Elderly Residential Services regarding what was required. The Elderly Residential Services provided a schedule of services that they would be looking for in the services provided by Rooke Holdings Ltd.

Therefore, once Rooke Holdings Ltd establishes the outcome of the Expressions of Interest, they will then engage with the Elderly Residential Services. Once that process is complete, we will then engage in a consultation process with the residents of ERS.

Hon. Dr K Azopardi: That is helpful. In the context of providing the schedule of services, was there also a view taken of the numbers of persons who would form part of that service or not? So it is just services, a schedule of particular services that could be carried out, but without a view on the number of individuals that could fall within the scope of that arrangement.

Hon. G Arias-Vasquez: Madam Speaker, a number was indicated, and that number would have been a compilation of different users across the jurisdiction.

Hon. Dr K Azopardi: Finally, Madam Speaker, does the hon. Lady know the number or does she want to give us that across the floor of the House or is it something that she does not want to do, just to get a sense of it? It is in some way linked to a question that is much later in the Order Paper, which is a question that I have filed in respect of this, so we can talk about it then, but I wonder if it is in the sense of this, if I can put it this way, because the number would be a number that would either reflect a partial delivery of the total number of beds that the facility has capacity for or it would be a complete delivery, if you see what I mean.

Hon. G Arias-Vasquez: Madam Speaker, again, the questions that are being asked have absolutely nothing to do with the questions that are on the Order Paper. In fact, the question that is being asked, as the hon. Gentleman has indicated, has more to do with the question that comes up later in the Order Paper, which the hon. Gentleman himself puts. I am happy to go into those numbers now or I am happy to go into those numbers later, as the hon. Gentleman wishes.

Hon. Dr K Azopardi: If the Hon. Minister would give way. With respect, I believe the matter stems from the original answer, because my supplementaries must follow from that answer. In the original answer, the Minister spoke about the operational model, and I am attempting to understand that. I am content for her to answer now or later, but does she accept that this stems from understanding the operational model?

Hon. G Arias-Vasquez: Madam Speaker, I do not accept it, because the answer says that the formal consultation will commence once the Government has determined the operational arrangements, which is fairly logical. However, I am happy to go to the answer that I provide to the hon. Gentleman later, because for all intents and purposes, it is a question that I have been given notice of and I am very happy to answer it.

The capacity which the Rooke facility has is 198 rooms and an expected bed capacity of 218.
Sorry Madam Speaker, for the avoidance of doubt, that is Question 81 on the Order Paper.

Madam Speaker: I will come to Mr Clinton in a moment, but does the Hon. Leader of the Opposition want to ask any supplementaries on that number now, because otherwise we are going to have to do it later, and if we are dealing with it now, we might as well finish it now.

Hon. Dr K Azopardi: Madam Speaker, I am in your hands. If Madam Speaker prefers to...

Madam Speaker: I do not mind.

Hon. Dr K Azopardi: Madam Speaker, I do not know if, for the purpose of Hansard, we need to call the question, but if Madam Speaker wants to call the question now out of order, I am happy to do it now. It is for the purpose of Hansard, really, the logistics. I do not want to give the learned Clerk a headache.

905 **Madam Speaker:** Let us call the question now, then, and deal with it. Actually, no, because the Hon. Mr Clinton has a supplementary, and I do not want to deprive him of that. We have had numerous supplementaries already, so one more.

910 **Hon. R M Clinton:** Thank you, Madam Speaker. I will be very brief. As the Hon. Leader of the Opposition has mentioned, there has been talk about an operating model. There has obviously been consultation and coordination between the ERS and Rooke Holdings Limited as to the expressions of interest. Is the Minister in a position to explain, apart from the operational requirements, which the Leader of the Opposition has been digging into, what would be the contractual arrangements? Would it be a contract between ERS and Rooke Holdings for the provision of nursing services, or would it be between ERS and whoever is a successful tenderer of the expressions of interest? I was wondering what the contractual arrangements would be.

920 **Hon. G Arias-Vasquez:** Madam Speaker, I would need notice of that question before answering it.

Madam Speaker: All right, we will take Question 81 then, to which we have already had the answer, in case there are any supplementaries on that.

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Q81/2026
Rooke facility –
Room breakdown and expected bed capacity

Clerk: Question 81, the Hon. Leader of the Opposition.

930 **Hon. Dr K Azopardi:** What is the room breakdown and expected bed capacity of the Rooke facility?

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

935 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the capacity of the Rooke facility is 198 rooms, with an expected bed capacity of 218.

940 **Hon. Dr K Azopardi:** Madam Speaker, can I just ask the Minister, very briefly, I assume from those numbers that the vast majority of those would be single rooms, but there would be a few that are not. Does she have a breakdown of the rooms that are not? I mean, are they double rooms or are they more than double rooms? Just to get a sense of that, really.

945 **Hon. G Arias-Vasquez:** Madam Speaker, they are single and double rooms. I do not know; I am working off the numbers here, so I assume it 218 minus 198, so 20, so 10 double rooms. However, that is pure mathematics.

Madam Speaker: Next question.

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Q57/2026
Alcohol detoxification –
Number of individuals

Clerk: Question 57, the Hon. A Sanchez.

Hon. A Sanchez: From 1st July 2025 to the present date, for individuals requiring alcohol
955 detoxification, can the Government state:

- (a) How many were admitted to Ocean Views;
- (b) How many were admitted to St Bernard's Hospital;
- 960 (c) How many were managed in the community;
- (d) In how many cases the initial placement was subsequently changed due to clinical
deterioration; and
- 965 (e) The number of placement changes for any other reason, with the reasons grouped by
category.

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, from 1st July
970 2025 to the current date, 11 individuals have been admitted to Ocean Views for alcohol detox.
Four individuals have been admitted to St Bernard's Hospital for alcohol detox in this period. Two
individuals have been managed in the community. Two individuals who were being managed in
975 the community required referring back to Ocean Views for detox. There were no placement
changes for any other reason.

Hon. A Sanchez: Madam Speaker, regarding the figures provided, the hon. Lady has said that
980 the two placement changes noted were those being managed in the community. Is that correct?

Hon. G Arias-Vasquez: I believe so, Madam Speaker.

Hon. A Sanchez: Madam Speaker, so there have not been any placement changes for patients
985 admitted in Ocean Views who have had to be sent to St Bernard's Hospital due to clinical
deterioration? Have there been no placement changes in that regard?

Hon. G Arias-Vasquez: Madam Speaker, from the information provided to me, no, I do not
believe so.

Madam Speaker: Next question.

Q58/2026
Acute Mental Health Ward –
Proposed new hub at Joshua Hassan House

Clerk: Question 58, the Hon. A Sanchez.

Hon. A Sanchez: Can the Government confirm whether a final decision has been taken on the relocation of the Acute Mental Health Ward to the proposed new hub at Joshua Hassan House; and, if so, whether it is committed to expanding and funding an assisted living programme prior to any relocation, including the intended timetable for delivery?

1000

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the position remains the same as set out in the Government Press Release 185/2025.

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Hon. A Sanchez: Madam Speaker, would the hon. Lady confirm whether she has received any concerns, whether from clinicians, service users, families or advisory bodies, in respect of the proposed relocation of the Acute Mental Health Ward to the new hub at Joshua Hassan House?

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Hon. G Arias-Vasquez: Madam Speaker, I understand that the Board that was set up to carry out the project has received such complaints, and therefore they have taken these complaints into account, and the acute ward will no longer be at the site of Joshua Hassan House.

1015

Hon. A Sanchez: Madam Speaker, I understand that some, at least the information that I have is that some of those concerns related to assisted living and my second part of the question does relate to assisted living. Would the hon. Lady be able to perhaps provide information if it does form part of her answer as to the plans that the government has in relation to expanding the assisted living programme?

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Hon. G Arias-Vasquez: Madam Speaker, we are looking at numerous different options in relation to assisted living.

Hon. A Sanchez: Would the hon. Lady be able to expand further on what these options are?

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Hon. G Arias-Vasquez: Not at this point in time, Madam Speaker.

Madam Speaker: Next question.

1030

Q59-65/2026

Gibraltar Ambulance Service –

**Details of the new ambulance station; Protocol followed by emergency medical dispatchers;
Out of hours breakdowns; Spare parts; Mechanics; Reasons as to no access to bank staff;
Personnel currently in full-time active duty**

Clerk: Question 59, the Hon. J Ladislaus.

Hon. J Ladislaus: Please provide details as to the plans for the Gibraltar Ambulance Service's new Ambulance Station, specifically, but not limited to:

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- (i) The intended location for the Ambulance Station;
- (ii) Confirmation as to whether the new Ambulance Station will consist of porta cabin structures;
- 1040 (iii) When the plans for the new Ambulance Station were drawn up and when they were shared with members of staff and their respective unions;
- (iv) Whether the timeline for completion of works still stands at 6 months;

- 1045 (v) What company has been contracted to undertake the planned works;
(vi) If the Ambulance Station will consist of porta cabin structures, the company supplying the porta cabins and at what cost;
(vii) The total envisaged cost of the works to be undertaken; and
(viii) Why the project does not appear to have been put out for tender?

1050 **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 60 to 65.

1055 **Clerk:** Question 60, the Hon. J Ladislaus.

Hon. J Ladislaus: Please outline the protocol followed by Emergency Medical Dispatchers at the GHA when a call for an ambulance is received.

1060 **Clerk:** Question 61, the Hon. J Ladislaus.

1065 **Hon. J Ladislaus:** Are out of hours breakdowns of ambulances covered by the tender for fleet management services, including the maintenance, repair and replacement of the GHA's ambulance fleet, which was awarded 5 months ago to Bassadone Ltd with a value of £1,959,527 over the course of 10 years?

Clerk: Question 62, the Hon. J Ladislaus.

1070 **Hon. J Ladislaus:** Does Bassadone keep a stock of most commonly needed spare parts in order to repair/maintain the GHA's ambulance fleet, or do spare parts have to be ordered on a needs basis? If parts are ordered on a needs basis, where are they normally acquired from and, on average, how long do they take to arrive in Gibraltar?

Clerk: Question 63, the Hon. J Ladislaus.

1075 **Hon. J Ladislaus:** Why does not the GHA employ in-house mechanics/vehicle technicians who are on hand to provide 24/7 or extended hours coverage and can attend to routine and urgent work on the GHA ambulance fleet?

1080 **Clerk:** Question 64, the Hon. J Ladislaus.

Hon. J Ladislaus: For what reason(s) do the Gibraltar Ambulance Service not have access to bank staff and what alternatives are relied upon to supplement the core complement when there are staff shortages?

1085 **Clerk:** Question 65, the Hon. J Ladislaus.

1090 **Hon. J Ladislaus:** By reference to the Estimates Book for 2025/2026, can the Government confirm how many personnel from the Ambulance Service Establishment are currently in full-time active duty. Please provide a breakdown as to the number of members of staff from the Ambulance Service that are not currently in full-time duty with reference to:

- (i) The reason(s) why they are not currently in full-time duty;
(ii) Whether they will be returning to full-time active duty; and

1095 (iii) If they are returning, an estimate as to when.

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

1100 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker in answer to Question 59:

(i) The location will remain the same.

1105 (ii) I confirm that the new ambulance station will consist of new port-a-cabin structures which will have an external insulated cladding providing a more robust structure with better insulation.

1110 (iii) The initial concept plans were presented to management by the end of March 2025. Following consultation, several changes were incorporated and the final designs were agreed in May 2025. The final version was then passed on to the station officers for distribution. In December the Union was consulted, followed by a meeting in January during which all parties confirmed they were in agreement with the plans.

1115 (iv) The estimated timeline for the project stands at six months and that is ready at the end of June.

(v) No company has been contracted.

1120 (vi) The estimated cost for the port-a-cabin structure is £260,000. The port-a-cabin consists of a structure 24 metres by 6 metres on two floors.

(vii) The works are estimated to cost £260,000.

(viii) We intend to start the tender process shortly.

1125 In answer to Question 60, when an emergency ambulance call is received, Emergency Medical Dispatchers (EMDs) at the Gibraltar Health Authority follow a structured, evidence-based protocol using the internationally recognised Medical Priority Dispatch System, the MPDS. This standardised approach ensures consistent triage, accurate prioritisation and safe management of
1130 callers. The dispatcher begins by following scripted MPDS algorithms to obtain essential information. Key initial questions focus on establishing the exact location of the incident, confirming the caller's telephone number and details, identifying the chief complaint or nature of the emergency and determining the patient's level of consciousness and breathing status. These structured questioning is designed to rapidly assess risk and ensure an appropriate and timely
1135 response. Based on the caller's answers, the MPDS system enables the dispatcher to identify the primary medical problem, determine the severity of the situation and assign a clinically appropriate priority code. At the GHA, calls are categorised according to urgency: Category 1 is life-threatening, Category 2 is an emergency, Category 3 is urgent and Category Omega (Ω) is an emergency that is referred to the 111 service. This prioritisation ensures that the ambulance resources are allocated to the most critical patients first. Once a category is assigned, the
1140 dispatcher determines the appropriate response level through the Computer-Aided Dispatch (CAD) system. Ambulance crews are dispatched accordingly, and all relevant information gathered during the call is transmitted to the responding crew. Where necessary, the dispatcher provides pre-arrival instructions to support immediate patient care, including guidance on cardiopulmonary resuscitation (CPR), airway positioning, bleeding control or emergency
1145 childbirth. EMDs are trained to deliver these instructions clearly and calmly whilst providing

reassurance to distressed callers. The dispatcher remains on the line when appropriate, continuously monitoring the patient's condition, updating responding crews and offering reassurance and emotional support until help arrives. A simplified protocol includes: call received, location confirmed, structured MPDS questioning, priority category assigned, ambulance dispatched, pre-arrival instructions given and ongoing monitoring until the crew arrives.

1150

In answer to Question 61, the maintenance contract with Bassadone Limited does not include any non-scheduled repairs and maintenance services within the value of £1,959,527 over the course of 10 years.

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In answer to Question 62, the question as drafted is best directed at Bassadone. The Government does not come to this House to answer questions about the operational logistics of a third party. However, we are satisfied that our ambulances would not be off the road for any meaningful period of time due to an absence of spare parts. At least we now have a maintenance contract that they never bothered to enter.

1160

In answer to question 63, during the scoping of the tender process, this avenue was explored, though not deemed viable due to the following: The GHA considered that employing mechanics and vehicle technicians was unsuitable as it would create high overhead costs and management complexity. One or two mechanics cannot run a 24-hour service correctly, which means that the GHA would have required a team of mechanics to provide this service, regardless of whether the fleet needed constant repairs or otherwise. Then there were the costs associated with the vulnerability of the staff absence, which were considered. If the mechanics are sick or on holiday, the GHA would be required to outsource the services at an additional cost or stop the maintenance altogether. Infrastructure was also considered. Setting up an in-house garage would require substantial capital investments and St Bernard's Hospital currently lacks the space to adequately house this. Garages are required to comply with health and safety, hazardous waste disposal and compliance with all regulations, all of which would also require additional recurrent funding. Ambulance mechanics are highly specialised individuals, which would require constant training, again at an additional recurrent cost to the GHA. Having an in-house garage would also require additional inventory management, with the need to recruit an additional member of staff to be responsible for all purchases and the storing and tracking of inventory for all parts and fluids. In summary, due to the considerable small size of the fleet and all the reasons described above, in-house maintenance was deemed to be less efficient than outsourcing.

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In answer to Question 64, short-term staffing shortfalls within the ambulance service are covered via bank, agency, locum or fixed-term contract employees.

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In answer to Question 65, the 2025–2026 ambulance service establishment includes 56 full-time equivalent posts. 48 of these posts are filled on a permanent full-time basis, with two employees not currently working within the ambulance service. The Chief Ambulance Officer is seconded to the Mental Health Services, undertaking the role of Mental Health Divisional Site and Service Manager. The return date to his substantive post is currently unknown. An Emergency Medical Technician is currently our Minister for Industrial Relations, Civil Contingencies and Sport. The return date to his substantive post is currently unknown.

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Hon. J Ladislaus: Madam Speaker, starting with Question 59, regarding the intended location for the ambulance station remaining the same, have any studies been carried out to determine whether that location could be moved because to my understanding, it definitely was a manifesto commitment and has been for some time that the Ambulance Service will have a dedicated Ambulance Station and that has not been the case, so has that been considered?

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Hon. G Arias-Vasquez: Madam Speaker, it is somewhat incredulous, the Opposition seems to think that we just make things up as we go along. Before any commitment is made with money, of course everything is considered and of course alternative locations were considered and of course it was taken into account whether there was any alternative site. It was deemed that for

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reasons of accessibility to the hospital and other reasons, the most appropriate site was the current location of the Ambulance Service.

1200 **Hon. J Ladislaus:** Madam Speaker, we have heard that porta cabins will be used again. Does the Hon. Minister think that these structures, which are normally used on a temporary basis, are adequate to house the Gibraltar ambulance service?

1205 **Hon. G Arias-Vasquez:** Madam Speaker, it is not for me to think otherwise. I am advised by the Facilities Manager at the hospital that these structures are adequate and they are comfortable. If that is the advice that I receive, then I go with the advice that the Facilities Manager provides me because he is in a better position than I am to determine whether they are adequate or otherwise.

1210 **Hon. J Ladislaus:** Madam Speaker, we have heard that staff or the Unions were happy when the plans for the porter cabins were shared but were they given any other alternative or was it just you have new porter cabins or you can keep your old ones with water ingress and rats running under them and all the rest of the issues that they are experiencing?

1215 **Hon. G Arias-Vasquez:** Madam Speaker, the options are not a multiple choice exercise which we engage in. The answer is it is not a pick and mix. What we do is we have engaged with them, we have consulted with them, and they are indeed happy with the outcome.

1220 **Hon. J Ladislaus:** Madam Speaker, just one final question on whether they are happy with the outcome or not. Is this something that is been ascertained? Sorry, just one final question on that one, as to whether the ambulance staff are actually happy with the outcome of having old porta cabins replaced with new porta cabins given that they have been highlighting issues for some time because it was a manifesto commitment of this Government again to provide a dedicated ambulance station.

1225 Again, the same as New Mole House, we see the same thing here. So is it the case that staff have actually been asked whether they are happy? Has that exercise been done or is it just a conversation through the Union?

1230 **Hon. G Arias-Vasquez:** Madam Speaker, yes, staff has been asked. Yes, the Union has been engaged but once again, Madam Speaker, I am going to take this opportunity to remind the hon. Lady of what the situation was like prior to this Government coming into office.

1235 So there were ambulance crews in the corridors of the hospital. There were ambulance crews that walked out because of the circumstances that they were operating in. So actually I am proud of the fact that they have been consulted. I am proud of the fact that they are now engaged in the process and I am proud of the fact that they are now getting a new Ambulance Station which they have been consulted and their Union has agreed that they are happy with the new Ambulance Station to be provided.

Madam Speaker: Anything on 60?

1240 **Hon. J Ladislaus:** Madam Speaker, in respect of this protocol that has been outlined, I just want to understand it because it was quite lengthy and it is quite technical. In terms of who triages, is it the case that the person taking the call, so just to use layman's terms, is it the person who takes the call that triages or is it the EMTs or paramedics who triage?

1245 **Hon. G Arias-Vasquez:** Madam Speaker, I understand that from the breakdown that they have given me, the step that they call the priority category assigned is the triage service that the hon. Lady is referring to. So I understand that that which is done by the caller or through an algorithm is the caller which triages the call. Sorry, the call agent, the call centre that triages the call.

1250 **Hon. J Ladislaus:** Madam Speaker, just for completeness, what are the qualifications of an Emergency Medical Dispatcher? Are they qualified EMTs? Are they qualified paramedics? What qualifications are needed to hold that role?

1255 **Hon. G Arias-Vasquez:** Madam Speaker, once again, if the hon. Lady wishes to give me notice of that question, I am very happy to answer it, but I do not have that information available.

Madam Speaker: Anything on 61?

1260 **Hon. J Ladislaus:** Yes. We have heard that the contract that has gone to Bassadone for fleet maintenance, which is just shy of £2 million over ten years, does not cover unscheduled services. That is out-of-hours services. That is what I am assuming that means. *(Interjections)* Yes, correct. It is not only out-of-hours. It would mean that unless you have scheduled an ambulance to be fixed, then it does not cover it. What happens out of hours in particular? What happens if an ambulance breaks down at three o'clock in the morning? What do they do then?

1265 **Hon. G Arias-Vasquez:** Madam Speaker, I remind the hon. Lady that since 2011 there has been a total investment in 13 new ambulances which have been purchased, comprising six emergency ambulances, four transport ambulances, two rapid response vehicles and one high-dependency ambulance. If an ambulance breaks down at three o'clock in the morning, I would expect that another ambulance is dispatched and the broken-down ambulance is fixed the next day.

1270 There are specific requirements within the contract for out-of-hours services. Repairs do not have to be scheduled for them to be carried out. There are working hours within which ambulances can be taken for repair works, and if something is required out of hours in exceptional circumstances, that falls outside the contract and will incur an additional cost. The supplier has to respond within one hour to acknowledge receipt of the request for non-scheduled repairs, and this includes weekends and bank holidays.

1275 **Hon. Dr K Azopardi:** Can I understand this non-scheduled repairs issue a bit better if I may? In her original answer, the hon. Lady talked about the contractual cost. I took notes, which may be inaccurate, but I am asking her. The contractual cost of about £2 million does not include, as I understood it, non-scheduled repairs. That is how I noted it. I am trying to understand if my note is accurate and what the breadth of that is. Does that mean that if you book in your ambulance you are covered, and if it breaks down and you book it in you are covered, but when are you not covered? I am trying to understand the remit of the no non-scheduled repairs.

1285 **Hon. G Arias-Vasquez:** Madam Speaker, there is a very fluid relationship between the provider of the services and the GHA in which it is understood that ambulances take priority. With or without the contract there has always been an understanding and a relationship between the provider and the GHA whereby priority is always given to ambulances. When an ambulance breaks down within working hours, they will always do their utmost to try to repair it during working hours. This relates to an ambulance which breaks down outside working hours and, for some reason, it is extremely urgent that it is repaired out of hours, for example during a bank holiday or a weekend. Non-scheduled repairs would be something that falls outside working hours and that would be outside the contract and therefore require additional payment.

1290 **Hon. Dr K Azopardi:** I see. So in that situation, you require additional payment. Anything else would be within the £2 million.

1295 The hon. Lady talked about the ambulance fleet being small, she said, but then she gave this figure of 13 emergency vehicles. Some of them are emergency, some of them are transport. I am assuming, for the purposes of my question, but maybe she wants to clarify, I am assuming that all those are covered by this contract.

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Even so, this is a contract for scheduled repairs that really breaks down over, I mean, it is £2 million over 10 years, so it is about £200,000 per year on maintaining this fleet of cars, not more than 10 or 12 cars, vehicles, in respect of which, if it is non-scheduled repairs, the GHA has to pay an extra cost. Does she think that is value for money?

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Hon. G Arias-Vasquez: Yes, Madam Speaker. The GHA was paying a significantly higher amount than that prior to this, so yes, I do think it is value for money, and I have been advised by the finance department of the GHA that it is value for money. In fact, Madam Speaker, yes, the contract covers all ambulance vehicles of the GHA, not just the eleven which I mentioned earlier, and the sum of £200,000 for significant repairs, which can sometimes occur, is a sum that presents value for money compared to the amounts previously being paid.

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Madam Speaker: Anything on 62?

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Hon. J Ladislaus: Yes, Madam Speaker. Well, no, because the Hon. Minister said that they could not be answered.

Madam Speaker: Question 63?

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Hon. J Ladislaus: I asked a question as to why the GHA could not employ in-House mechanics and I was told it was due to the size of the fleet and that costings had been done. My understanding, Madam Speaker, is that the GFRS in fact have in-House mechanics, and my understanding is that their fleet is smaller than the GAS's. I can be corrected if that is not the case. However, the fact is that the GAS, based on data that I have asked for in the past, answers more call-outs per month because of the nature of the service. How does the Minister justify the difference between those two emergency services?

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Hon. G Arias-Vasquez: Madam Speaker, it is not my role to justify the differences. The finance department believes that it is best to outsource, therefore it must be best to outsource. I am not in a position to compare one service to another. The finance department and the relevant people at the hospital, the facilities manager etc, have advised me that due to the highly specialised nature of the ambulances it is best to outsource the service. Therefore, I follow the advice of the relevant people.

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Madam Speaker: Anything on 64?

Hon. J Ladislaus: Madam Speaker, again, for clarification, I was given a number of reasons that the GAS relies upon. Is it the case that they do not rely upon bank staff? Is it locums and other positions, and not bank staff as such? Is that correct?

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Hon. G Arias-Vasquez: No Madam Speaker, the GAS do rely on bank staff.

Madam Speaker: 65?

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Hon. J Ladislaus: Madam Speaker, in respect of Question 65, I asked how many personnel the Gibraltar Ambulance Service currently has and how many are in full-time active duty at the moment. Has the Hon. Minister received any complaints as to shortages of staff and crews?

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Hon. G Arias-Vasquez: Madam Speaker, the ambulance service at the moment has 46 employees in full-time employment and has three positions covered by locums. I am unaware whether the executive team are receiving complaints. There are always rumblings of staff

shortages in different departments. There are several posts that wish to be appointed in the GAS service, although this is quite routine.

1355 **Madam Speaker:** Next question.

Q66-7/2026
Gibraltar Health Authority –
Varicella/chickenpox vaccines for children; Shingles vaccines eligibility criteria

Clerk: Question 66, the Hon. J Ladislaus.

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Hon. J Ladislaus: Does the GHA offer varicella/chickenpox vaccines for children and, if so, is the vaccination programme in that regard up to date or are there delays in providing these vaccines to children? Please provide details as to any delays.

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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 67.

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Clerk: Question 67, the Hon. J Ladislaus.

Hon. J Ladislaus: Does the GHA offer shingles vaccines to its service users and, if so, what is the eligibility criteria to receive one? Please provide details as to any delays if there is a programme in place to provide shingles vaccines.

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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 GHA does not currently offer chickenpox or shingles vaccines as part of the routine vaccination programme.

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Hon. J Ladislaus: Madam Speaker, as from January 2026, GP practices in the United Kingdom under the NHS started to offer children a combined MMR vaccine at 12 months and 18 months of age respectively, to add chickenpox to the protections against measles, mumps and rubella. Given that we often follow the same guidelines as the NHS, for what reason has the GHA not rolled out the same programme in Gibraltar?

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Hon. G Arias-Vasquez: Madam Speaker, the initial delay was due to obtaining a cost estimate because the chickenpox vaccine was no longer available on the open market for the GHA to purchase. The vaccine is now available and the funding estimate has been included in the financial estimates for next year. The chickenpox vaccine for children will be included in the existing single MMR vaccine, so it will not be a separate vaccine. The MMR then becomes the MMRV vaccine. MMRV equates to varicella, commonly known as chickenpox. Chickenpox is not a notifiable disease, although we are aware that there are increasing reports of chickenpox in the community and it is not unusual for children to have chickenpox.

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Madam Speaker: Any other questions or supplementaries?

1400 **Hon. J Ladislaus:** Yes, Madam Speaker, in respect of shingles. My understanding is that it is available on the NHS for all adults turning 65. My understanding is that this was a phased introduction of the shingles vaccine over a period of time under the NHS. It was initially rolled out in respect of one group of people, I believe it was immunosuppressed individuals, and then slowly it was rolled out across more service users. It is now available on the NHS for all adults turning 1405 sixty-five, those aged 70 to 79 and those aged 18 and over with a severely weakened immune system. For what reason does the GHA not offer this vaccine? In respect of varicella, it is quite a routine childhood illness. In respect of shingles, if you have somebody who is immunosuppressed, it can be quite dangerous. For what reason is the GHA not offering this vaccine?

1410 **Hon. G Arias-Vasquez:** Sorry, Madam Speaker. The estimate for offering the vaccine to 65 year olds has been approved by Cabinet and the costing estimates will be included in the financial year for next year. The vaccine will be offered to all those turning 65 years old on or after 1st September 2024, I believe.

1415 **Madam Speaker:** Next question.

Q68-9/2026

Gibraltar Health Authority –

Waiting time for an adult hearing assessment; Number of children under the age of 3 referred for hearing assessments

Clerk: Question 68, the Hon. J Ladislaus.

1420 **Hon. J Ladislaus:** Please provide the average waiting time for an adult hearing assessment for the purpose of providing a service user with a hearing aid/hearing aids to be undertaken at the GHA from the point of referral to the point at which the hearing aids are provided and fitted, broken down by month over the course of the last 24 months to date.

1425 **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 69.

1430 **Clerk:** Question 69, the Hon. J Ladislaus.

Hon. J Ladislaus: Please provide a monthly breakdown for the past 24 months of the number of children under the age of 3 referred for a hearing assessment by the GHA, and the number of those children whose hearing assessments took place in the UK.

1435 **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.

1440

ANSWER TO QUESTION 69

ANSWER TO QUESTION 68

Year	Month	Average Waiting Time From Referral to Hearing Aid fitting (weeks)
2024	February	21
	March	26
	April	27
	May	25
	June	28
	July	29
	August	32
	September	37
	October	38
	November	38
	December	41
	2025	January
February		36
March		38
April		34
May		17
June		14
July		14
August		17
September		19
October		20
November		24
December		30
2026	January	28

CONTINUED ANSWER TO QUESTION 69

ANSWER TO QUESTION 69

Year	Month	Number of Referrals	Referred to UK
2024	February	8	7
	March	9	9
	April	7	6
	May	9	8
	June	5	4
	July	6	4
	August	12	4
	September	5	4
	October	9	4
	November	9	7
	December	7	4
2025	January	9	6
	February	7	1
	March	5	1
	April	8	0
	May	6	0
	June	7	0
	July	4	0
	August	7	0
	September	10	0
	October	4	0
	November	5	0
	December	4	0
2026	January	9	0

Madam Speaker: Let us take the next question in the meantime.

1445

Q70/2026
Gibraltar Health Authority –
Provision of hearing aid batteries

Clerk: Question 70, the Hon. J Ladislaus

1450

Hon. J Ladislaus: Are hearing aid batteries now provided free of charge by the GHA to service users who are hearing aid users?

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 is in the process of providing a free-of-charge supply of batteries for hearing aids to service users.

Hon. J Ladislaus: I am sorry, I did not catch the end of that.

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Hon. G Arias-Vasquez: Sorry, the GHA is in the process of providing a free-of-charge supply of batteries for hearing aids to service users.

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Hon. J Ladislaus: Madam Speaker, does the Hon. Minister have a time estimate as to when those will be offered free of charge to service users? My understanding is that it was a manifesto commitment of this Government to do so.

Hon. G Arias-Vasquez: Madam Speaker, it will be met within the lifetime of this Parliament.

Madam Speaker: Next question.

1470

Q71/2026
Gibraltar Health Authority –
Adult sleep study average waiting time

Clerk: Question 71, the Hon. J Ladislaus

1475

Hon. J Ladislaus: Please provide the average waiting time for an adult sleep study to be undertaken at the GHA from the point of referral to compilation of study data and being seen by an ENT specialist for interpretation of the results/diagnostics, broken down by month over the course of the last 24 months to date.

1480

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

1485

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I now hand over a schedule with the information requested. Please note that sleep study results are not interpreted by an ENT specialist. All sleep studies are reported by the respiratory lead and are usually issued to the patient within a working week of the sleep study.

ANSWER TO QUESTION 71

Date	Median Wait Time (Weeks) from referral to initial sleep study assessment
Feb-24	21
Mar-24	20
Apr-24	22
May-24	20
Jun-24	22
Jul-24	24
Aug-24	26
Sep-24	28
Oct-24	25
Nov-24	27
Dec-24	28
Jan-25	28
Feb-25	30
Mar-25	34
Apr-25	38
May-25	41
Jun-25	42
Jul-25	39
Aug-25	40
Sep-25	38
Oct-25	25
Nov-25	18
Dec-25	15
Jan-26	12

1490 **Madam Speaker:** All right, we can come back to that. Next question.

Q72/2026
Gibraltar Health Authority –
Sepsis prevention, early detection, identification and treatment

1495 **Clerk:** Question 72 the Hon. J Ladislaus.

Hon. J Ladislaus: Can the Government provide details as to the specific measures that are in place, or under consideration, in respect of prevention, early detection, identification and treatment of sepsis within the GHA, specifically, but not limited to information as to:

- 1500 (i) Whether the GHA are collating data regarding sepsis incidence, outcomes and mortality in Gibraltar;
- (ii) Whether the GHA has particular protocols/guidelines in place relating to sepsis;
- 1505 (iii) Whether there are any plans to introduce guidelines which align with NICE guidelines on sepsis;
- (iv) What training is provided to frontline healthcare professionals in respect of recognising the symptoms of sepsis and approaches as to treatment; and
- 1510 (v) Whether there are any plans for the introduction of an awareness campaign on sepsis?

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

1515 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, all critically unwell patients who are being actively treated are admitted to the intensive care unit, where their parameters are automatically entered into the ICNARC audit data. The Intensive Care National Audit and Research Centre then scores the unit on its outcomes.

1520 In respect of points 2 and 3, all of the clinical protocols and tools used by the GHA with regard to sepsis management align with both NHS and NICE requirements.

Regarding point 4, early detection and treatment of sepsis are core components of both medical and nursing training. As such, all clinical staff have received training in this area and continue to do so as part of ongoing internal training.

In respect of point 5, there are no current plans for a sepsis awareness campaign.

1525 **Madam Speaker:** Next Question.

Q73/2026
Gibraltar Health Authority –
In-patient admissions

1530 **Clerk:** Question 73, the Hon. J Ladislaus

Hon. J Ladislaus: In the past two months, have the GHA had to admit in-patients to St Bernard's Hospital:

- 1535 (i) A & E Department;
- (ii) The Maternity Ward, when they were not pregnant/giving birth;
- 1540 (iii) The infection control ward (Calpe Ward), when there was no medical need to be admitted to Calpe Ward; or
- (iv) To Rainbow Ward when over the age of 16?

1545 **Clerk:** Answer, the Hon. Minister for Health, Care and Business

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, since 15th December 2025, the position in relation to admissions at St. Bernard's Hospital is as follows:

- 1550
- A&E Department: There were ten patients who were admitted as inpatients for an overnight stay.
 - Maternity Ward: Four admissions of patients who had recently given birth.
- 1555
- Calpe Ward: 12 admissions where there was no infection control-related reason for admission.
 - Rainbow Ward: Five admissions of patients over the age of 16.

1560 **Hon. J Ladislaus:** Madam Speaker, for what reason have patients been admitted to these wards? Not taking into account the maternity ward, because as the Hon. Minister has said, she has qualified the answer with the fact that the patients admitted had recently been pregnant, so perhaps there were complications there. But the point I am making in respect to the other departments and wards, is why have 19 patients, no not 19, I am counting the maternity, sorry, 27 patients been admitted to wards or to the A&E department when there was no medical need?

1565 Particularly, Madam Speaker, the Calpe ward, which is an infection control ward.

Hon. G Arias-Vasquez: Madam Speaker, the reasons are numerous and vary depending on the category. So, in A&E for example, A&E the data is determined at midnight. So if someone is in the A&E ward at midnight waiting for an admission, that patient is qualified as an overnight stay in A&E, when they necessarily will not be overnight at A&E. They may be waiting for a bed or waiting to be transferred but it is a case of at midnight it stops and the count is taken as to where patients are. So notwithstanding the fact that I have said that there are 10 patients that were in A&E for an overnight admission, it is the way that the data is calculated. So the data is simply collected so that at 12 o'clock anyone that is in A&E waiting for a bed is classed as an overnight admission in A&E. So that is anyone that is in A&E.

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In the Maternity Ward, as the hon. Lady has recognised, it was all admissions that were maternity related. So for one reason or another they had a child or it was just before they had a child, and they were maternity related reasons and that is why they were in A&E. I will come back to Calpe ward later.

1580 In Rainbow Ward, three of the five individuals that were admitted to Rainbow Ward were individuals that had complex learning disabilities, Madam Speaker and the standard practise for this cohort of patients is to continue under Rainbow Ward up to the age of 21. And this is in line with established clinical pathways and continuity of care arrangements. The remaining two patients were one a case in day surgery which required an overnight stay and to a patient with a head injury following a road traffic accident but both of these patients were 17, Madam Speaker, and were admitted to Rainbow Ward because the parents requested that they stay overnight and the decision was made for them to be allocated a bed to Rainbow.

1585

In Calpe Ward it was quite different. In Calpe Ward the 12 admissions were due to bed capacity reasons but in Calpe Ward, yes, it is an infection control ward, but they are distinct rooms. So if there is an overflow of patients from any other ward in the hospital, it is not as if you are going to be sat next to somebody that has, or you are going to be put in a bed next to somebody with COVID. They are distinct rooms, and if there are issues with bed management and there are beds available in Calpe, the bed will be used for the patient on a temporary basis.

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1595 **Hon. J Ladislaus:** Madam Speaker, is there not a protocol at Calpe Ward, which is again an infection control ward, whereby patients, whether they are separated or not, and I have actually been in Calpe Ward myself with pneumonia before, separated from others, so is it not the case that the protocol demands that patients be kept out of such wards when there is no medical need? I mean, these wards are for highly infectious individuals, whether they are separated by rooms or

1600 not, and the staff do follow strict protocols, but they are still in and out of these rooms. So is it not
the case that protocol demands that these patients should not be in there, regardless?

Hon. G Arias-Vasquez: Madam Speaker, I would leave it to the clinicians, not to the hon. Lady
1605 or I, to determine where the patients should go. They are in separate rooms and the protocol has
determined that that is appropriate.

Madam Speaker, I would hasten to add that we are emerging from February. We are emerging
from a period where you just have to turn on your TV to Sky News to see the bed crisis that there
have been in hospitals in the UK, where patients have been in corridors. We are nowhere near
that situation. So we have managed our beds and we have managed our bed capacity in a way
1610 that is rational and reasonable.

So therefore, if there has been an overflow of patients and the patient has had to go to a
separate room in Calpe Ward, it is a distinct and isolated incident and they are not at risk and if a
clinician determines that they are not at risk, I would hasten to say that it is not for anybody in
this House to state otherwise.

1615 **Madam Speaker:** Next question.

Q74/2026
Gibraltar Health Authority –
Appointment of a permanent Consultant Otolologist

1620 **Clerk:** Question 74, the Hon. J Ladislaus

Hon. J Ladislaus: Why has it taken 8 years for a permanent Consultant Otolologist to be
appointed on a full-time basis at the GHA?

1625 **Clerk:** Answer the Hon. the Minister for Health, Care and Business

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker for the past
8 years the otology service has been covered and continues to be covered on a full-time fixed term
contract.

1630 **Madam Speaker:** Next question.

Q75/2026
Gibraltar Health Authority –
Skill mix review

1635 **Clerk:** Question 75, the Hon. J Ladislaus

Hon. J Ladislaus: Can the Government provide an update as to the skill mix review being carried
out at the GHA, specifically but not limited to:

1640 (i) Whether the second phase has now concluded;

(ii) How many phases remain outstanding for conclusion of the review; and

(iii) an updated time estimate as to when it is expected that the review will be complete?

1645 **Clerk:** Answer the Hon. the Minister for Health, Care and Business

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the second phase of the wards' skill-mix audit has been completed and will shortly be presented to the GHA Executive Team. It is not in my notes, and I apologise to the Clerk, although there was an Executive Team meeting today and I am unaware of whether the skill mix review was presented at that executive team today. So no phases of the review are outstanding, and the nursing workforce skill-mix review is a continuous process undertaken on a six-monthly cycle.

1655 **Madam Speaker:** Next question.

Q76/2026
Gibraltar Health Authority –
Elective surgical procedures monthly statistics

1660 **Clerk:** Question 76, the Hon. J Ladislaus

Hon. J Ladislaus: Please provide monthly statistics as to the number of elective surgical procedures which have been cancelled at St Bernard's Hospital over the past 6 months, specifically, but not limited to:

- 1665 (i) The total number of elective surgical procedures cancelled;
- (ii) The reasons for cancellation; and
- 1670 (iii) When they have been rescheduled to.

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

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

1675

CONTINUED ANSWER TO QUESTION 68

October 2025 - 28 same day cancellations

Type	Reason	Cancellations	Rescheduled Date
Equipment	Lack of equipment	2	29/10/2025
Medical	Acute respiratory illness	2	25/11/2025
	Patient advanced dementia, Mr Morillo will review with family in clinic	1	
	Procedure no longer required	3	
	Surgery not required on the day	2	
Misc	Done elsewhere	3	
	Emergency case forcing cancellation	1	04/11/2025
	Op no longer required	1	
Patient	Did not attend	8	13/11/2025 11/11/2025 15/01/2026 20/01/2026 30/12/2025
	Patient self-cancelled as unwell	2	09/02/2026
	Patient unwilling to proceed	2	
Personnel	Patient behaviour	1	

November 2025 - 32 same day cancellations

Type	Reason	Cancellations	Rescheduled Date
Medical	Difficult intubation	1	02/12/2025
	Double booking	1	
	Review in clinic 6 weeks	1	
	Procedure no longer required	3	
	Surgery not required on the day	2	23/12/2025
Misc	Emergency case forcing cancellation	3	19/11/2025 19/11/2025 08/01/2026
	Out of theatre time	1	02/02/2026
Patient	Did not attend	8	18/12/2025 15/01/2026 27/11/2025 08/12/2025 01/12/2025
	Patient self-cancelled as unwell	2	27/11/2025
	Patient unwilling to proceed	2	
	Social Issue	1	
Personnel	Nursing staff unavailable	7	20/11/2025 20/11/2025 20/11/2025 20/11/2025 20/11/2025 20/11/2025

Cont..

ANSWER TO QUESTION 76

August 2025 – 27 same day cancellations

Type	Reason	Cancellations	Reschedule Date
Medical	Acute infection	1	11/09/2025
	COVID-19	4	14/08/2025 13/08/2025 07/11/2025 04/09/2025
	Patient did not follow optimisation plan	1	25/09/2025
	Procedure no longer required	4	27/10/2025 15/08/2025
	Patient needs further extended procedure	1	
	Patient recently admitted	1	11/09/2025
	Ulcer on Ankle	1	07/10/2025
Misc	Done elsewhere	1	
Patient	Did not attend	8	29/09/2025 30/09/2025 30/09/2025 29/09/2025 28/10/2025
	Patient self-cancelled as unwell	1	16/09/2025
	Patient unwilling to proceed	2	02/10/2025 22/08/2025
	Social Issue	1	
Personnel	Sickness	1	12/08/2025

September 2025 - 42 same day cancellations

Type	Reason	Cancellations	Reschedule Date
Equipment	Device failure	1	17/09/2025
	lack of equipment	1	16/10/2025
Medical	Admitted with a head injury	1	
	MSU was positive and has not been treated	1	23/09/2025
	Patient needs further investigation before GA	1	
	Postponed will monitor progress in January clinic	1	
	Patient did not follow optimisation plan	2	11/09/2025 02/10/2025
	Procedure no longer required	1	
	Surgery not required on the day	3	
Misc	Done elsewhere	3	13/10/2025
	Emergency case forcing cancellation	3	13/10/2025 19/11/2025
Patient	Did not attend	5	16/09/2025 27/10/2025
	Prescription not been given	1	12/01/2026
	Patient refuses	1	
	Patient unable to wait further reschedule	1	28/10/2025
	Child was unable to cooperate	1	20/10/2025
	Patient self-cancelled as unwell	2	13/10/2025
Personnel	Patient unwilling to proceed	2	02/10/2025
	Staff fatigue	1	13/10/2025
	Clinician rescheduled	1	25/09/2025
	Nursing staff unavailable	2	18/11/2025
	Surgeon unavailable	7	30/09/2025 04/09/2025 29/09/2025 18/09/2025 18/09/2025 18/09/2025

Cont..

CONTINUED ANSWER TO QUESTION 68

December 2025 - 26 same day cancellations

Type	Reason	Cancellations	Rescheduled Date
Equipment	Lack of equipment	1	06/01/2026
Medical	Acute respiratory illness	1	14/01/2026
	Patient in Xanit	1	
	Patient unwell	1	08/01/2026
	r/v 8 weeks clinic	1	
	Not fit for surgery, referred to high risk clinic	1	
	Patient did not follow pre-op instructions	1	16/12/2025
	Procedure no longer required	1	
Misc	Surgery not required on the day	1	
	Done elsewhere	4	
Patient	Did not attend	4	16/01/2026
	Patient self-cancelled as unwell	2	
	Patient unwilling to proceed	2	
Personnel	Surgeon unavailable	5	09/02/2026

January 2026 - 29 same day cancellations

Type	Reason	Cancellations	Rescheduled Date
Medical	Patient not fit for surgery	1	
	Patient need pre-assessment to be done under GA	1	
	Patient recovering from influenza	1	
	Patient has diarrhoea	1	27/01/2026
	Procedure no longer required	1	
	Surgery not required on the day	1	
Patient	Did not attend	12	
	Deceased	1	
	Patient not feeling well	1	21/01/2026
	Patient self-cancelled as unwell	7	09/02/2026
		11/02/2026	
	Patient unwilling to proceed	2	

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Madam Speaker: Right, we will come back to that. Next question.

Q77/2026
Gibraltar Health Authority –
Formal industrial claims

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Clerk: Question 77, the Hon. J Ladislaus.

Hon. J Ladislaus: How many formal industrial claims have been made by GHA staff via their unions in the past 6 months? Please provide a breakdown of:

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- (i) The number of claims made, broken down by month and date of claim;
- (ii) Which claims have been resolved and the time taken for resolution; and
- (iii) The number of claims remaining to be resolved.

1695

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

1700

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, two formal industrial claims have been made by GHA staff via their Unions in the past six months.

- Claim 1 was submitted on 11th September 2025 and completed on 17th November 2025.
- Claim 2 was submitted on 28th August 2025. The claim is approved but not yet completed.

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Madam Speaker: Next question.

Q78/2026
St Bernard's Hospital –
Water ingress

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Clerk: Question 78, the Hon. J Ladislaus.

Hon. J Ladislaus: In the past 12 months, has St Bernard's Hospital suffered from any water ingress. Please provide details specifically, but not limited to:

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(i) The areas/departments/wards that have suffered water ingress;

(ii) Whether remedial works were/have been undertaken to address water ingress issues;

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(iii) What measures were put in place to allow the continued everyday functioning of the affected areas; and

(iv) Whether water ingress issues forced the cancellation of any treatments or procedures scheduled to take place at St Bernard's Hospital and specifics as to the treatments/procedures that were affected.

1725

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the locations affected by water ingress in the hospital (the Europort office building provided by the party opposite) include:

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- Oncology, the glazed front wall;
- Theatres, windows and the main corridor by the plant room;
- Rainbow Ward, facade seals missing;
- PCC, affected by Rainbow Ward;
- CSSD, the windows;
- Atrium between the workforce office and seventh-floor boardroom, the AC holes were not sealed properly;
- SHS office, seventh-floor plant room;
- Pathology clerical office, the window;
- Corridor leading to A&E on the ground floor, the windows and glazing panels.

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Most of the water ingress has been due to the plant room flooding causing water ingress in different areas and faulty building and window seals.

Remedial works included regular checking of plant rooms and removing any water accumulation together with sealing identified windows internally.

All affected areas have been actively monitored and attended to in order to mitigate and contain the water ingress. Wet floor signs have been used throughout. In most locations the

1750 ingress is occurring via the plant rooms and through the building seals and window frames due to deteriorated seals.

The maintenance teams have sealed several windows internally resulting in noticeable improvement. Where water continues to enter through the window frames, domestic and labourer staff are managing the issue through regular mopping and containment to maintain safety and hygiene. Domestic staff routinely remove any excess water to prevent water trails and maintain a safe environment.

In answer to section three, three orthopaedic elective surgical procedures were cancelled on 4 February 2026 as a result of the water ingress caused by Storm Leonardo.

1760 **Hon. J Ladislaus:** Madam Speaker, so we have heard that there is actually quite a long list of areas where water ingress has happened. Just for clarification purposes, this is not as a result only of the inclement weather that we have seen in previous weeks but it suggests that it is as a result of the plant room flooding. Is it the case that the hospital is just not being maintained properly because if all these seals have already deteriorated to this extent, why have not they been kept up?

1770 **Hon. G Arias-Vasquez:** No Madam Speaker, it is the case that the hospital is not a building that was built to be a hospital as was indeed the campaign in 2003 and this party and everyone on this side of the House informed the hon. Members opposite that actually the building was not a building for a hospital. It was not built for a hospital and that is what we are currently suffering. So we are having to maintain a building which was not built for purpose, which this Party told the members opposite that the hospital was not fit to be a hospital. It was a major issue in the 2003 campaign.

1775 So I take somewhat of an issue at the hon. Lady standing and telling me that it is not maintained properly when actually this Party throughout told the hon. Lady and the Members opposite or the party at the time that actually the hospital was not meant to be a hospital building. So it is somewhat ironic that the hon. Lady now stands up and starts pointing fingers at the fact that plant rooms are not working etc when this Party maintained throughout that that building should not be a hospital.

1780 I would urge the hon. Lady to go back to the 2003 campaign and review the issues in that campaign in which that was a central issue.

1785 **Hon. J Ladislaus:** Madam Speaker, I am grateful for the answer which has nothing to do with water ingress but given that we are on the subject, I believe that in the 2000 manifesto for the GSLP there was a new hospital, there was an entire plan and pictures of where it was going to be and everything. They can still build that, am I right? Are there any plans to perhaps build that new hospital or was that just hot air again?

1790 **Hon. G Arias-Vasquez:** Madam Speaker, once the investment was made in the current hospital, incorrectly in our view, the building was already there. It is now suffering the consequences, and significant investment would be required to move it. Had our advice been followed at the time, we would not be in our current predicament.

1795 **Madam Speaker:** Any other supplementaries?

1800 **Hon. J Ladislaus:** Madam Speaker, in respect of the three orthopaedic cancellations, we see that they have been cancelled on the 4th of February in respect of Storm Leonardo, I think it was, we had so many storms. Are those the only three because presumably if there were water ingress issues, they were not properly addressed after that point in time, so we should be seeing more cancellations?

Or is it the case that operations continue taking place in theatres which are suffering from water ingress?

1805 **Hon. G Arias-Vasquez:** Madam Speaker, I am very pleased to say that despite significant storms, only three operations were cancelled due to water ingress. No further surgeries were cancelled. The issue was fixed and therefore the operating theatre could continue to be used. We did not use a faulty theatre. The maintenance team fixed the issue and the theatre could continue to be used.

1810 **Hon. D J Bossino:** Madam Speaker I think one ought to ignore the very clear partisan and party-political statements which the hon. Member has made simply to further her own leadership campaign. That is very obvious and very clear but let me ask her this very simple question which is capable or is she going to say that we need to file a supplementary question in the order paper for her to answer obvious supplementary questions which arise.

1815 I am just pre-empting what she is going to say in her no doubt patronising response but can I ask the Hon. Minister for Health what the overall costs are to sort out these problems. These water ingress problems. (*Interjection*)

1820 The hon. Member ought to be listening when one ought to give Members on this side of the House a respect of listening to questions when they are being posed and asked of her. Can she simply ask her this question. Can she say what the overall costs of attending to these water ingress issues is.

1825 **Hon. G Arias-Vasquez:** Madam Speaker, if I am given notice of the question I will happily answer the question. However, if the hon. Member's opposite wish to ask me a specific issue as to the cost of a deteriorating hospital, which they maintained they were going to build and they built it in an incorrect site, I am very happy to answer the question and tell the hon. Member opposite exactly how much has been spent but it is a very specific question which I would need notice of.

1830 **Hon. D J Bossino:** This is now a point of order...

Madam Speaker: Wait a minute... if the hon. Member is raising a point of... (*interjection*) Wait. Wait. What is the point of order?

1835 **Hon. D J Bossino:** The point of order is this, we have had this from this particular Minister throughout the course of this Parliament. Madam Speaker, I would seek your guidance as to whether what she is, what the hon. Lady is saying is correct. We have had it in respect of my hon. Friend Mrs Sanchez only recently this afternoon, when she gets up and simply does not have the answers to the questions, legitimate questions which are posed, which arise from not only the question in the Order Paper, but indeed the answer she has given.

1840 It is obvious that she should come to this House prepared and armed with a supplementary answer in relation to cost. This questions is about water ingress!

1845 **Madam Speaker:** This is my guidance if the hon. Member seeks it... and it is this... The answer that a Minister gives is a matter for the Minister and I think that is clear in Erskine May.

Secondly supplementaries must flow from the original question. If they do not then I would stop it.

1850 And thirdly if the Hon. Minister does not have an answer because in their view the supplementary asks for a specific detail which they do not have at the time then it is perfectly permissible to say table of question and again I remind hon. Members that there is no limit to the amount of questions that they can table. So if there is a specific question in relation to figures etc

which are not presented to the Hon. Minister in the extra information that they have on supplementaries then that is perfectly proper.

1855 So I am not going to have a discussion. We are moving on. Where are we? We have done 78. We will deal with the remaining two questions on the order paper from the Hon. Mr Sacarello and the Hon. Mr Bossino so that the Hon. Mrs Ladislaus can quickly look at the schedules. But I am going to have to return to those schedules at the end of these two questions.

So question 79.

1860

Q79/2026
AquaGib –
Review as a business

Clerk: Question 79 the Hon. C Sacarello.

1865 **Hon. C Sacarello:** Government has recently received a report that they commissioned which sought to review AquaGib as a business. Given that AquaGib is a Government fully-owned company, will the Minister be laying this report in Parliament?

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. C Sacarello: Madam Speaker, would the Minister be able to at least provide details as to which company conducted this review?

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Hon. G Arias-Vasquez: Madam Speaker, the same company that provided it in the Gibraltar Electricity Authority, a company called WSP.

1880 **Hon. C Sacarello:** Madam Speaker, could I ask the Hon. Minister why she does not feel fit to provide His Majesty's Opposition with this information? After all, it is a company that governs, produces and provides all of our water. If not to the public, which would be in the public interest, then at least to His Majesty's Opposition. Why does she view it inappropriate to provide? There are no issues with competition, so we cannot think of any other valid reason.

1885 **Hon. G Arias-Vasquez:** Madam Speaker, it is an internal company document, and these reviews are carried out by the Gibraltar International Bank and numerous other entities. It is an internal company document. It shall be shared with the relevant employees, but it is not a matter for Parliament.

1890 **Hon. C Sacarello:** Will the Hon. Minister be sharing it with the entire body of employees or only the management and the board?

Hon. G Arias-Vasquez: We will be sharing large parts of it with the relevant employees.

1895

Madam Speaker: Next question.

Q80/2026
Gibraltar's Streets –
Insufficient lighting

1900 **Clerk** Question 80, the Hon. D J Bossino.

Hon. D J Bossino: The Opposition has received reports and it itself observes that Gibraltar's streets are not sufficiently lit during the night hours, what measures are being taken, if any, to address this?

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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, if more specific information could be given by the hon. Gentleman, I am sure that the GEA would be delighted to assist. As it is, the question is far too wide to enable me to deal with it appropriately.

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Hon. D J Bossino: Madam Speaker you have given us guidance, and I suppose one needs to, if one abides by that guidance, I need to lump it!

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Madam Speaker: Or ask a question which states specifically which streets the hon. Member is referring to.

Hon. D J Bossino: I will. This is the subject, and I am highly surprised once again by the unhelpful, if I could put it in the most tame way I can muster at the moment, manner in which this Minister answers questions in this House.

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Madam Speaker: I am not going to have a debate on that. Is there a specific supplementary other than a complaint?

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Hon. D J Bossino: That was by way of a short preamble, Madam Speaker.

Madam Speaker: No preamble necessary to understand the question.

Hon. D J Bossino: I simply say that I am putting...

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Madam Speaker: Is there a question?

Hon. D J Bossino: Yes, there is. The answer to your question, Madam Speaker, is that there is a question, and I will be responding in accordance with your advice. I will be giving the Hon. Minister specific examples which ought to be obvious to her, ought to be obvious to her department and ought to be obvious by simply doing an analysis of comments people make on social media. This is not the only one but I will give her specific examples.

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Here we have a complaint by somebody who talks about lights that do not work in Irish Town, Casemates, Market Place and the Ocean Heights area. I can tell her that only this morning on my morning run, on the northernmost section of the Little Bay Tunnel, the lights were not on. This is an important issue. If it is correct, the Minister for the Environment is not here but he is encouraging people to walk and to cycle, quite rightly. However, if the streets are not properly lit, this can hamper that, and not to mention issues of safety.

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1945 **Madam Speaker:** Question?

Hon. D J Bossino: I have been asked by you, Madam Speaker, to set out, in the manner of a question, the specific areas which I have highlighted, and I will ask the Hon. Minister to comment in relation to that.

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Madam Speaker: Only because the hon. Member has referred to the Chair. When I made that comment, I was referring to an original question filed to give notice to the other side of what the question was and what answer to provide. I was not suggesting that supplementaries be more specific and that there would therefore be an answer but in any event, the Hon. Minister has the question.

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Hon. G Arias-Vasquez: Madam Speaker, it is somewhat surprising that my answers are labelled unhelpful. I have provided reams and reams of schedules when the question is addressed properly. When I am addressed with a proper question which requires a specific answer, I am very, very happy to answer it. When the question is that it is a bit dark in Gibraltar, what are we doing about it? I mean, the hon. Gentleman opposite could be less lazy in the way that he phrases a question, Madam Speaker, quite frankly, and provide me with an accurate breakdown.

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Hon. D J Bossino: Point of order Madam Speaker. Is that parliamentary behaviour, to have aspersions cast on me as to whether I am lazy or not?

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Madam Speaker: I do not think that is improper in the context of this. (*Interjections*)

Madam Speaker: No, wait. No, no, that was not in the context in which it was said; it was in the approach to questions. Now, is that the answer?

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Hon. G Arias-Vasquez: Madam Speaker, if the hon. Gentleman had actually highlighted the streets, I would have happily got the Gibraltar Electricity Authority. Madam Speaker, Gibraltar's streets are a bit insufficiently lit. I mean, for goodness' sake, they have one job. I have said this before. Give me a proper breakdown of what you mean: Gibraltar is a bit dark. What are we doing about it? It is not an appropriate question for this House, Madam Speaker. If you give me the streets, I am very happy to address the question, but "Gibraltar is a bit dark" is not an appropriate question for this House.

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Q68-69/2026 Supplementary

Madam Speaker: Alright, any supplementaries on Questions 68 and 69? These were the waiting times for the hearing assessments. (*Laughter*)

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Hon. J Ladislaus: Yes, Madam Speaker, on 69 I do have—sorry, I have on 68 because I have got a schedule that covers both. So on 69 I do not have, but on 68 I do have.

Madam Speaker, the average waiting times from referral to hearing-aid fitting appear to be quite long at certain points in time. For example, January 25: ten and a half months. We are still receiving information that waiting times are still today up to twelve months. I have had cases up to twelve months waiting times. Why is that not captured here? Can the Hon. Minister perhaps explain the reason behind such long waiting times for this service?

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, what is captured in this question is an average of the waiting times. I am very happy to go through the

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2000 data that I have provided in the schedule. Because of the employment of the neurotologist, you will see that the average waiting time to referral for a hearing test has gone down significantly because there are now significantly more referrals, that means that the waiting time from hearing test to hearing-aid fitting is taking longer because of the significant increase in the number of referrals to hearing-aid fitting. That is the reason for that delay, which is why the average has stayed the same. We are now looking at what specifically can be done to improve the hearing test to hearing-aid fitting waiting time.

2005 **Hon. J Ladislaus:** Can I ask, is the professional who fits those hearing aids—and I must confess I do not know the exact title, so I am not going to hazard it—is that professional employed full-time by the GHA?

2010 **Hon. G Arias-Vasquez:** The individual that carries out the referrals, hearing tests, is the otologist, and the otologist is employed full-time. I am unsure of—again, Madam Speaker, like the hon. Lady opposite, I am unsure of who the professional is who fits the hearing aids, and therefore I am unable to answer the question. I apologise.

2015 **Madam Speaker:** Any supplementaries on 71?

Hon. E J Reyes: Did you jump from 68 to 69?

2020 **Madam Speaker:** No, I did not jump. There were no supplementaries for 69, which is why we went to 68. But I will allow the hon. Member a supplementary on 69.

2025 **Hon. E J Reyes:** Thank you, Madam Speaker. Very short and sweet. One has to note with a certain degree of gladness that as from April 25 onwards, in respect of referrals to the UK for children, the number goes down to zero on the number of referrals there. Is that because they are able to treat it locally because of an improved situation, or is it because it was considered uneconomical or whatever type of reason there was?

2030 **Hon. G Arias-Vasquez:** Madam Speaker, in our Press Release 19/2026, we confirmed that because of the improved service and because we have employed an otologist in the department, we now no longer have to refer children to the UK. So I am very happy to confirm that it is because the service is provided locally.

Hon. E J Reyes: Madam Speaker, the same otologist that deals with adults deals with children, or are we talking about completely different specialists?

2035 **Hon. G Arias-Vasquez:** Madam Speaker, it is the same otologist that deals with adults, that deals with children, but he is specialised, I believe, in the provision of otology services to children.

**Q71/2026
Supplementary**

2040 **Madam Speaker:** Anything on 71?

2045 **Hon. J Ladislaus:** Madam Speaker, at any point in time, has this sleep clinic been suspended by the GHA over the course of the past twelve months? Because I did receive information again from service users that they were being informed that the service had been basically suspended and that no more individuals were being referred to that service and that appears to have caused

significant delays in certain individuals being seen. As the Hon. Minister will be able to appreciate, individuals who have sleep studies carried out normally have issues with their breathing when they are sleeping. So it is quite an important thing to happen.

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, there were questions raised in the House at the time about sleep apnoea and the service provided. If I can refer the hon. Lady to the schedule that I provided her with, she will see a significant decrease in the waiting times, precisely because we acknowledge the importance of this service. So the waiting times go down the moment that the respiratory physiologist is employed by the GHA.

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I believe I confirmed to this House a couple of months ago—I cannot remember exactly when—that a respiratory physiologist had been employed, and therefore the sleep apnoea service was back up and running and fully functioning, and the waiting times should decrease, as indeed we see in the schedule.

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**Q76/2026
Supplementary**

Madam Speaker: Anything on 76?

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Hon. J Ladislaus: Madam Speaker, it is quite a detailed schedule that I have been provided with, but I requested data as to cancellations of surgeries and the reasons for them. I note here on the first page at the very bottom where it says “personnel”, it states “surgeon unavailable”, and there are seven cancellations on that day. Over four days, yes, exactly. So from the 4th of September to the 30th of September, there are seven cancellations. Now sickness is outlined elsewhere in the schedule, so for what other reason would the surgeon be unavailable on the same day requiring the surgery to be cancelled?

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the surgeon was unavailable because he was unwell. There can be other reasons, for example if the nursing staff was unavailable because an emergency case has come in and therefore they are unable to deal with the elective surgery. There are numerous different reasons why a surgery might be cancelled, and the fact that the surgeon is unwell and the nursing staff is unwell falls under two separate categories.

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Madam Speaker: Anything else?

Hon. J Ladislaus: Madam Speaker, I take that point, but the point I am making is that if we go to August, for example, on the first page we see “personnel” as a type and then we see “sickness”, which means that the personnel, presumably the surgeon and any other staff, were sick. Then we see “personnel” and then we see “surgeon unavailable”. So there has been a distinction. It seems to distinguish between sickness and other reasons, which is why I ask the question: why in this scenario would the surgeon be unavailable and why would it not be reflected as sickness if sickness is reflected elsewhere on the paper?

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Hon. G Arias-Vasquez: Madam Speaker, the information that has been provided to me is that when it states “the surgeon is unavailable”, it is directly related to the surgeon being unwell. When it says the surgeon is unavailable in September in particular, it is confirmed that the surgeon is unwell. So I would assume that “sickness” relates to other staff needed in the theatre who are sick, Madam Speaker.

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2100 **Hon. J Ladislaus:** Madam Speaker, I am on page 2 now, so I am at November 2025. Again, “personnel” at the bottom: nursing staff unavailable. Again, we have got seven cancellations on the same day. Was that due to shortages of nursing complements, which is something that we continuously highlight in this House?

2105 **Hon. G Arias-Vasquez:** Madam Speaker, the information that I am given is that one cancellation was due to sickness and six cancellations were due to other reasons. I am not given what these other reasons were, but at the beginning of the paper the “other reasons” refer to either staff fatigue, so if they have had a very complex case before, sometimes the later case may be cancelled, or they may be unavailable because an emergency case has come in and there is not enough staff for both surgeries.

2110 **Madam Speaker:** All right, back to the Order Paper then. We are on Question 39.

Adjournment

2115 **Chief Minister (Hon. F R Picardo):** Thank you, Madam Speaker. May I rise therefore to seek that the House should now adjourn to tomorrow at 10 o’clock in the morning.

2120 **Madam Speaker:** I now propose the question, which is that this House should now adjourn to tomorrow at 10 a.m. I now put the question, which is that this House do adjourn to tomorrow at 10 a.m. Those in favour? (**Members:** Aye.) Those against? Passed.
This House will now adjourn to tomorrow morning at 10 a.m.

The House adjourned at 5.26 p.m.