



PROCEEDINGS OF THE GIBRALTAR PARLIAMENT

AFTERNOON SESSION: 3.30 p.m. – 6.15 p.m.

Gibraltar, Tuesday, 21st May 2024

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The Gibraltar Parliament

The Parliament met at 3.30 p.m.

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

CLERK TO THE PARLIAMENT: J B Reyes Esq *in attendance*

PRAYER

Madam Speaker

Order of the Day

CONFIRMATION OF MINUTES

Clerk: Meeting of Parliament Tuesday, 21st May 2024.

Order of Proceedings: (ii) Confirmation of Minutes – the Minutes of the 6th meeting of 15th Parliament which was held on 13th, 14th, 15th, 22nd and 25th March 2024.

5

Madam Speaker: May I sign the Minutes as correct?

Members: Aye.

10

Madam Speaker signed the Minutes.

ANNOUNCEMENTS

Government Ministers' absence

Clerk: (iii) Communications from the Chair.

15

Madam Speaker: Just a very quick reminder, I see that there are some Government Ministers absent, so any Shadow Minister with questions for those Ministers who are absent who would like them converted into answers in writing that would happen automatically. If you want oral answers, then I remind you of the provisions of Rule 16.2 where you can request oral answer for the next time. Yes?

20

Hon. Dr K Azopardi: Thank you, Madam Speaker, I was going to enquire at the appropriate moment but as Madam Speaker has raised it now when we received the Business Order of the Day, we just were not clear whether those Ministers – obviously we understand that the

Hon. Mr Bruzon is away, but in respect to the other Ministers we were unsure if that was in relation to today or the whole week.

25 **Madam Speaker:** I do not know.

Chief Minister (Hon. F R Picardo): As I understand it, the whole week, Madam Speaker.

30 **Madam Speaker:** All right. So you know the procedure if you want Oral Questions.

Clerk: (iv) Petitions; (v) Announcements.

PAPERS TO BE LAID

Clerk: (vi) Papers to be laid.
The Hon. the Chief Minister.

35 **Chief Minister (Hon. F R Picardo):** Madam Speaker, I have the honour to lay on the table the Ombudsman's Annual Report for the year ended 31st December 2023.

Madam Speaker: Ordered to lie.

GHA Audited Accounts

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

40 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I have the honour to lay on the table the GHA Audited Accounts for the financial year ended 31st March 2010; the GHA Audited Accounts for the financial year ended 31st March 2011; the GHA Audited Accounts for the financial year ended 31st March 2012; the GHA Audited Accounts for the financial year ended 31st March 2013; the Care Agency Audited Accounts for the financial year ended 31st March 2011; the Care Agency Audited Accounts for the financial year ended 31st March 2012;
45 the Care Agency Audited Accounts for the financial year ended 31st March 2013; the Care Agency Audited Accounts for the financial year ended 31st March 2014; the Care Agency Audit Accounts for the financial year ended 31st March 2015; and the Mental Health Board Annual Inspection Report 2023.

50 **Madam Speaker:** Ordered to lie.

Heritage and Antiquities Advisory Council for 2023

Clerk: The Hon. the Minister for Education, the Environment and Climate Change.

55 **Minister for Education, the Environment and Climate Change (Hon. Prof. J E Cortes):** Madam Speaker, I have the honour to lay on the table the report of the Heritage and Antiquities Advisory Council for 2023.

Madam Speaker: Ordered to lie.

Questions for Oral Answer

HEALTH, CARE AND BUSINESS

Q367/2024

Child Care Provision – Free for children over nine months

Clerk: (vii) Reports of Committees; (viii) Answers to Oral Questions.
Questions to the Hon. the Minister for Health, Care and Business. Question 367/2024, the
60 Hon. A Sanchez.

Hon. A Sanchez: Madam Speaker, is the Government still exploring the possibility of providing free child care for children over nine months of age?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, we are committed to doing a feasibility study as stated in our Manifesto. My colleague, the Hon. Minister of Education and I will be jointly meeting to discuss the remit of the study.
70

Hon. A Sanchez: Madam Speaker, does the hon. Member have a time frame in mind for this study?

75 **Hon. G Arias-Vasquez:** Madam Speaker, we do not have a time frame for this yet. It is a manifesto commitment.

Hon. A Sanchez: Madam Speaker, does the hon. Member envisage that this childcare provision will be modelled around the free childcare currently available in the UK?

80 **Hon. G Arias-Vasquez:** Madam Speaker, as stated in my original answer, at the moment we are committed to doing a feasibility study to see what is possible and what is not. When we know the outcome of that feasibility study we will know what we are able to offer or otherwise.

85 **Hon. A Sanchez:** Madam Speaker, can the hon. Member confirm whether wraparound care is also part of the feasibility study that they are conducting?

Hon. G Arias-Vasquez: Madam Speaker, all of the aspects of childcare will be contained in the feasibility study.

90 **Madam Speaker:** Next question.

Q368-370/2024
Integration of Care Agency –
Consultation clarification; restructure

Clerk: Question 368/2024. The Hon. A Sanchez.

Hon. A Sanchez: As per Government press release 244/2024, could the Government confirm when the consultation about the possible integration of the Care Agency into the GHA Board commenced? Additionally, could they clarify if the consultation is still ongoing and who was or is involved in this consultation?

Clerk: Answer, the Hon. the 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 369/2024 and 370/2024.

Clerk: Question 369/2024, the Hon. A Sanchez.

Hon. A Sanchez: In relation to press release 244/2024, could the Government confirm whether senior management at the Care Agency and the ERS were advised about the possible integration before the publication of this Government press release?

Clerk: Question 370/2024, the Hon. A Sanchez.

Hon. A Sanchez: As per Government press release 244/2024, could the Government please clarify the cost, if any, to the Taxpayer or Mr Cumming's advisory role to the Minister for Health moving forward, inclusive of all allowances and additional benefits in kind?

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

Hon. G Arias-Vasquez: Madam Speaker, in answer to question 368/2024 the first meeting on the consultation was held on 12th April 2024 with the heads of services for the Care Agency. The consultation is still ongoing and meetings are in the diary for the summer months. All key stakeholders and their unions will be involved. Invites have already been sent out and the consultation is ongoing.

In answer to Question 369/2024 yes, Madam Speaker, I discussed the possible changes to how the GHA and the Care Agency would work more closely together with senior figures in each of the three organisations; and in answer to Question 370/2024, there will be no allowances or additional benefits save for covering any travel expenses if we would prefer that Prof. Cumming attends the meetings in person.

We have yet to determine a figure, but I am happy to share that figure once that is approved. Prof. Cumming will provide advice to me, as Health and Care Minister, and will work upon specific projects agreed with the GHA.

Hon. A Sanchez: Madam Speaker, in relation to Question 369/2024, Government press release 244/2024 announced a Health and Care restructure. Is it correct to assume that as part of that restructure the Care Agency's integration into the GHA Board will become effective as from September 2024?

Hon. G Arias-Vasquez: Madam Speaker, the purpose of the consultation is to determine whether or not that is a good idea or otherwise. So it is likely that the CEO of the Care Agency will sit on the GHA Board, but it is not confirmed that that would be the case or otherwise.

140 **Hon. A Sanchez:** Madam Speaker, could the hon. Member state what will happen if the staff Members of the Care Agency and the ERS opposed the integration and would rather remain functioning as they currently are?

Madam Speaker: That is a hypothetical question, so I am not going to allow that.

145 **Hon. A Sanchez:** Madam Speaker, the information that we have is that, in fact, very few consultation meetings have taken place and the ones that have are rather implementation meetings with a view to get the integration move done and completed as soon as possible. Could the hon. Member provide clarification on this?

150 **Hon. G Arias-Vasquez:** Madam Speaker, of course, in every single meeting that we have had so far we have made clear that there is no specific design on what the outcome of the consultation is. In fact, in many of the meetings the union has sought to ask us what the intention is in terms of the proposed merger and we have *specifically* said, in each and every meeting, that there is no specific outcome because that is the very purpose of the consultation.

155 The purpose of the consultation is to determine how it is best to implement any changes *if* these changes are determined to be beneficial to the Care Agency and the GHA.

Hon. A Sanchez: And aside from very senior grades in the Care Agency such as the CEO, for example, can the hon. Member confirm that consultation is being extended to heads of service, managers and other personnel within the Care Agency and the ERS to ascertain their views on the integration?

165 **Hon. G Arias-Vasquez:** Madam Speaker, of course, I can confirm that we have already held a meeting, as I have stated previously, with the heads of service of the Care Agency, and the consultation will trickle down into each and every level of the Care Agency, ERS and indeed the GHA.

170 So the consultation is not just solely with management, the consultation is with each and every level of the Care Agency and the ERS. We might not be able to meet with each and every individual, but we will be able to meet with people who represent the different interest groups.

Madam Speaker: Any other questions?

175 **Hon. Dr K Azopardi:** Can I just ask on this aspect, the consultation, the Hon. Minister indicates that the first meeting took place on 12th April, so it is about 5 weeks ago: how long does she envisage the consultation will take place before the Government will be in a position to take a policy view as to whether or not the merger would take place?

180 **Hon. G Arias-Vasquez:** Madam Speaker, again, in the meetings with the numerous interested parties and the numerous stakeholders, what we have said is that the consultation will take as long as the consultation needs to take.

185 We will make sure that everyone is consulted and we will make sure that everyone's views are taken into consideration. So I would not like to make a date, a firm commitment as to the date of the *ending* of the consultation, because I would rather do the consultation properly with everyone consulted rather than rush into an end date for the sake of an end date.

190 **Hon. Dr K Azopardi:** I welcome that position. So when the date of 1st September 2024 has been bandied about, it is no more than notional at this stage because the Government itself wishes to conduct a consultation as long as it wishes, or as long as it is necessary to do so. So this date is not fixed in time in any way.

Hon. G Arias-Vasquez: The date of September, to be clear, is the date that the Chairmanship of the GHA will change. So, in June, myself and Prof. Cumming will sit together on the Board of the GHA and will chair the Board together.

195 In September, I will chair the Board of the GHA for the first time. So that is the date of 12th June. But, no, you are absolutely correct the consultation will take as long as the consultation needs to take. It will not go on forever, but it will take as long as it needs to take to make sure that everyone is on board.

200 **Madam Speaker:** Any other questions?

Hon. A Sanchez: Madam Speaker, in relation to question 370/2024. When will the hon. Member be able to clarify the cost of the advisory role that Mr Cumming will be provided to – how specifically, moving forward?

205 **Hon. G Arias-Vasquez:** Madam Speaker, Prof. Cumming is here for an extended period in June, when we will be chairing the Board together. We intend to have discussions then.

But for the moment I am not particularly worried as he is rolling over 19 days from his current contract, which means that we have 19 days of services available to use. So, in June, we envisage to sit down and have a discussion about his agreement with the Government. So shortly thereafter we should be in a position to confirm.

210

Hon. A Sanchez: Madam Speaker, how many more of these appointments without vacancies or recruitment processes does the Minister envisage that she will need to appoint at a cost to the taxpayer, to advise her on the management of her Ministry?

215

Hon. G Arias-Vasquez: Madam Speaker, there are some instances when the expertise that is afforded by these individuals actually lead to savings. There are some instances when the expertise of individuals in terms of, for example, Prof. Ian Cumming has turned around numerous hospitals in the UK, particularly in relation to theatre, theatre management and the ambulance service.

220

So there are certain instances when I will not shy away from making these types of appointments, at a limited cost to the taxpayer, in order to save us money in the longer term. I think this appointment is one of those that saves us significant money in the longer term and makes sure that there are efficiencies in the way that the theatres and the ambulances, for example, are run.

225

Hon. A Sanchez: Madam Speaker, the hon. Member has a Board that she has now announced that she will become a Chair of, that is full of professionals to advise her. She has a Director General, she has a Medical Director, she has a hospital full of clinicians that she claims run the hospital independently. We have already ventilated the issue of recruitment of a Procurement Adviser to the Ministry of Health and Business, also doubling up as a finance worker of the Care Agency without a recruitment process being remunerated twice.

230

Now we have another recruitment of another advisory role without a selection process. At this rate the hon. Member is going to need a whole floor in your report for her advisers. *(Interjections)* I assume or I presume that the hon. Member is not going to need any more individuals to advise her on her responsibility, or is she going to need any more individuals? And if she is, can she confirm that there will be a transparent and fair recruitment process for the recruitment of these individuals? Can she at least confirm that?

235

240 **Hon. G Arias-Vasquez:** I refer the hon. Member to the answer I gave a few moments ago.

Madam Speaker: Next question.

Q371/2024
Respite Services Agency –
Alternative locations and solutions

Clerk: Question 371/2024. The Hon. A Sanchez.

245 **Hon. A Sanchez:** In situations where the Boat House location currently used for respite services for individuals under 16 does not meet the needs and requirements of some service users, for various reasons, can the Government confirm what alternative locations and solutions are being offered to families for the delivery of respite services for those under the age of 16?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, in the instances where the Boat House has been assessed as not meeting the needs and the requirements of some service users, then alternatives have been sought. For some service users this has taken the form of outsourcing to PossAbilities. For others, it has been offering a package of home support and/or depending on the age and presenting needs of the service users, respite has taken place within St Bernadette's Resource Centre.

The Care Agency's Community Learning Disability Team has been creative in offering solutions to complex cases that have required bespoke packages of care.

260 The manner of respite delivered is assessed and identified by the social worker using a holistic approach and bringing together all stakeholders involved in the care of the service user. When it is *not* suitable for the child to remain in the Boat House they may be supported out and about using other community resources.

265 In order to offer more support for the increasing demand, the services have been put out for tender. This is meant to deal with the issues that have arisen in this respect. This is currently being processed and the outcome will be shared with the public in the near future.

270 **Hon. A Sanchez:** Madam Speaker, can the hon. Member clarify in situations where the services that are provided in the Boat House do not meet the needs of certain individuals, home support does not meet the needs of certain individuals for different reasons, certain individuals cannot access a similar centre due to their age, what alternatives are provided for these individuals? We have information that there are individuals who cannot access respite services because the Government cannot find suitable alternatives for them.

275 I do not know if the hon. Member is aware of these situations, but can the Government confirm what it is doing for these individuals?

Hon. G Arias-Vasquez: Madam Speaker, I am grateful to the hon. Member for providing me with the opportunity to highlight what an amazing service we offer in the respite team.

280 So in respite, to put things in perspective, respite is a service which has grown exponentially in the past 8 to 10 years. Respite is a service which was not available 8 to 10 years ago, but has grown organically and is actually a service which is very welcome by the majority of the service users.

So when the Boat House is not available we try to offer alternative services. So we try to offer services in the service user's home. We try to offer alternatives, in PossAbilities, as I have stated.

285 Yes, I am aware of some situations and I am aware of the particular circumstances of the individual you are referring to, where the situation is not deemed available because there is not enough space in the Boat House. So because there is not enough space in the Boat House – and we are talking about space for the children to move around the floor – we have currently put these services out to tender because we are looking for a place that has the space available to offer these children the environment that they need.

290 So when we have put the services out to tender it is very much as a consequence of the requirements of the service users today, and to try to ensure that we continue to offer a service to the service users that meets each and every service users' needs.

Hon. A Sanchez: I appreciate that answer. But what is being done for these individuals *now*?
295 Because it is my understanding that the solution to that issue is not going to be resolved until July because the tender process is not going to be complete until July.

So is a solution for families like this, no respite until July, because these families have been facing inadequate respite for years? Is the solution for those families no respite until July or can the Government offer alternative respite and adequate respite until you complete the tender
300 process?

That is my question. Or is there no support and assistance for those families?

Hon. G Arias-Vasquez: Madam Speaker, I understand that the hon. Member is trying to seek an answer for me to say that there is no respite available. The Care Agency goes above and beyond
305 to make sure that each and every individual service user's needs are met.

The Care Agency and its staff, who are fantastic and know the requirements of each and every service user, will try to meet individual needs, be it by the Boat House, be it by possibilities or be it by trying to address them in their house. Now, knowing that some users do not have the services available because in none of those three instances are they able to cope, that is why we are trying
310 to go out to tender to make sure that the services are met in future.

So I am not sure, especially given that this is a nascent service which started eight years ago to offer families that need their help and support, the services that they need. I appreciate that the hon. Member does not like to be reminded of this, but this is a service which has been offered from 8-to-10 years ago, which is trying to take into account the needs of each and every service
315 user that uses the service.

So the Care Agency tries to go above and beyond to meet the individual needs of each and every Agency; and in fact this very morning I had a meeting where the service users of the respite were telling me how happy they are with the service that has been provided. So I think that is a testament to the fact that the team at the Care Agency goes the extra mile to ensure that each
320 and every one of the users of the service, their needs are met and they try to meet them in three different ways.

Now, knowing that that is not enough for some people, we are going out to tender to find additional space and additional services to cater for each and every one of the service users' needs.
325

Madam Speaker: Yes?

Hon. D J Bossino: Can I ask just one specific question if the Hon. Minister would care to answer? When she talks about – she has mentioned space and I think she mentions space in the context of
330 floor space – and she mentions that particularly in relation to the Boat House and the lack of availability because of the limited space once again available.

As part of the tender process is it the intention that the tender provider will also be providing floor space and area to which these children and users will attend? Is that the idea?

Hon. G Arias-Vasquez: We are looking for an improvement in the overall product. So we have gone out to tender to ask what is available for the users of respite services? And we look to get back – whether it be space, whether it be capacity, whether it be service – we need to get back
335 what is best for the service users of the respite services.

340 **Hon. D J Bossino:** I have not had a look at my hon. Friend's questions which I think touch upon this area, but I was one of the beneficiaries of her exposé this morning, as a parent of one of the users. I attended in that capacity, just to make it clear.

But she did say in that meeting that the contract will be in place by 1st July, I think she said. Are we not – given that we are now at the end of May – further advanced than what I think she is
345 letting on in answer to the question now?

In other words, does she not have a clearer idea as to these broad specifics? She may have them and she is not able to share them across the floor of the House and I accept that. But could she at least say that she does have an idea of where things are going in that regard?

350 **Hon. G Arias-Vasquez:** Madam Speaker, I know the tender in broad terms. We have not felt it appropriate for me to get involved in the nitty-gritty of the tender. There is a tender board, a tender process, and the Care Agency is running with that; and as we have always said it is for them to run with that tender, for them to know the ins and outs of it and exactly what they are offering.

So at the moment, the tender is out. The tender has not closed yet, but yes we fully intend to
355 have the tender in place by 1st July. There may be some slippage to that date but it should be 1st July or thereabouts.

Hon. D J Bossino: And would the Government be in a position then to announce who the successful tenderer is? I am not sure exactly how these things work, but is that the stage when
360 you would have – or the Government would have – advanced terms and conditions as far as the agreement is concerned? Or will that happen after an announcement is made as to who the successful tenderer is?

Hon. G Arias-Vasquez: Madam Speaker, part of the tender package are the terms and conditions of the contract, so that has already gone out to the people that are interested. So by
365 1st July the contract should be signed and yes, of course, as soon as the tender is signed and it is signed off by the tender board we will be making that public as to who has got the tender in that regard.

370 **Madam Speaker:** Next question.

Q372/2024

Hoist at the Boat House – Malfunctions last 12 months; functionality status

Clerk: Question 372/2024. The Hon. A Sanchez.

Hon. A Sanchez: Can the Government confirm if the hoist at the Boat House has experienced any malfunctions within the last 12 months? Additionally, can they provide information on its
375 current functionality status and specify the dates and duration during which it was not working correctly?

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

380 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, when the Boat House was kindly offered in November 2022 by the GSLA to provide the premises for the Community Learning Disability Team's respite services, the bathroom facilities were not in full working order. The bathroom has a ceiling hoist that requires specialist parts to be replaced.

385 A request for repair is being processed by the GSLA who is waiting for the specialist company to undertake this.

The use of a different mobile hoist is not indicated due to health and safety reasons. Initially, children accessing the service did not require the use of the hoist. Since providing the service, only two children have required the use of the hoist and alternative arrangements have been made for those two children for them to access respite outside of the Boat House.

390

Madam Speaker: Any questions?

Hon. A Sanchez: Madam Speaker, can the hon. Member confirm whether the services being provided in the Boat House had children requiring the use of the hoist for an extended period of time?

395

Hon. G Arias-Vasquez: Madam Speaker, as I have previously stated, to my knowledge there were two children that required the use of the hoist and alternative arrangements were made for those two children.

400

Hon. A Sanchez: Does the hon. Member not agree that the hoist should have been in working condition whilst these children were using these services before it was agreed that it would be a suitable location for these children to be provided with respite services?

Hon. G Arias-Vasquez: Madam Speaker, the respite services are provided to far more than two children. I think the figure is around 25 children that have received respite services at the Boat House. I am not confirming that figure, but I think that is a rough figure of the number of children that are provided with respite services at the Boat House.

405

Now, initially, the full number of children that received this care at the Boat House did not need the hoist, so the hoist was never used. Since these two children have needed it they have found alternative premises, because it has been found that they cannot use a hoist. They are trying to fix the hoist.

410

So would I agree that the hoist needs fixing? The hoist needs fixing but the children have been found with alternative premises, which they can attend, which has suitable facilities for them.

415

Hon. A Sanchez: Madam Speaker, but the Government is providing respite services by a disability team at the Care Agency in a facility where a hoist does not work. It is malfunctioning; it has not worked from the beginning. Does the hon. Member think that this is appropriate? I think it is one of the first things that should have been checked.

420

Hon. G Arias-Vasquez: Madam Speaker, as I have already said the GSLA is *lending* the Care Agency these facilities. So if 23 children can actually be housed and be offered respite services, then let those 23 children go there and be offered the respite services they require.

425

If the hoist is broken, we are looking at ways to fix the hoist but specialist parts are needed and they have been ordered. But as I have said, the two children that required the hoist have been located elsewhere so that they can enjoy the respite services.

Hon. A Sanchez: Madam Speaker, but I remind the hon. Member that it is not only about those 23 children, it is about the other two children that needed to use that facility and could not because the hoist was not working. It is not a matter of the Government finding them another facility, it is a matter of the fact that those two children cannot use that facility because the hoist is not working and it should have been working.

430

Madam Speaker: Question?

435

Hon. A Sanchez: I remind ... [*Inaudible*] has not been given an alternative facility because the Government cannot find an alternative facility for one of those children. So (*Interjection by Madam Speaker*) would the hon. Member ... [*Inaudible*] in the Boat House?

440 **Hon. G Arias-Vasquez:** Madam Speaker, I have told the hon. Lady previously that respite services are provided in the Boat House. If the Boat House is not adequate for the purpose of the child, they are provided services in PossAbilities. If PossAbilities is inadequate for the child they are found different respite services at home.

The Care Agency bends over backwards to ensure that each and every child's needs are met.
445 Notwithstanding that, given that (1) the need is increasing, and (2) that there are some children that need more space, we are putting the facilities out, we are putting the services out to tender to see if we can further improve the facilities.

I do not think there is much more that is humanly possible for a service that started 8 to
450 are showing that we are improving that service by looking to what further is available in the community.

Madam Speaker: Next question.

Q373/2024

Care Agency complaints – Clinical practices, governance, safeguarding residents

Clerk: Question 373/2024. The Hon. A Sanchez.

455

Hon. A Sanchez: Has senior-level management in the GHA, ERS, PALS and/or Human Resources within these Departments or agencies received any concerns or complaints regarding clinical practices, governance and/or safeguarding of residents at any of the ERS sites or facilities?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, senior level management in the GHA, ERS, PALS and/or Human Resources are continuously made aware of any concerns or complaints regarding clinical practices, governance and/or safeguarding of residents at any of the ERS sites or facilities and the wider GHA.
465

The ERS operates within the framework of the GHA and adheres to its policies and regulations. Senior management has been made aware of concerns and complaints from across *all* ERS sites.

Hon. A Sanchez: Is the hon. Member able to elaborate on any of these concerns or complaints?
470

Hon. G Arias-Vasquez: Madam Speaker, in compliance with GDPR, we are unable to disclose any details regarding cases where complaints or concerns have been raised. We are able to say that there are some relating to lack of space, some relating to medications, some relating to admissions or transfers or discharges, some related to catering. So there is a broad spectrum of cases where complaints have been made relating to the different sectors that the hon. Member alludes to.
475

Hon. A Sanchez: Madam Speaker, the information that we have is that senior management in the GHA and the ERS were made aware of very serious concerns about clinical practices,

480 governance and the safeguarding of residents in the ERS and that nothing has been done about
it. Can the hon. Member confirm whether this is currently being looked into?

Hon. G Arias-Vasquez: Madam Speaker, that is a very vague statement. I would say that it is
important to note that all queries, concerns, complaints undergo a comprehensive investigation
485 irrespective of whether they pertain to operational matters or individual perspectives, or of how
the organisation *should* operate. They are all escalated through the appropriate channels.

Madam Speaker: Next question. Yes?

490 **Hon. Dr K Azopardi:** Can I ask if the Minister has some kind of idea of how many complaints,
or the raising of concerns there have been in these different areas that are the subject of the
question?

Hon. G Arias-Vasquez: Madam Speaker, I have knowledge of 10 safeguarding concerns that
495 have been raised.

Hon. Dr K Azopardi: Again, does she have a breakdown of the safeguarding concerns? Where
would they arise? Are they all in the same facility or are they in different facilities?

500 **Hon. G Arias-Vasquez:** Madam Speaker, the concerns arise in relation to different facilities
throughout the GHA and ERS organisation.

Hon. Dr K Azopardi: And conscious, of course, of the protection of GDPR, which of course the
Minister has said, is it in relation to a particular profile of user? Is it in relation to a more elderly
505 kind of user?

Hon. G Arias-Vasquez: Madam Speaker, complaints are received across the board, so we are
unable to say that it is in relation to a particular profile of user. There are different profiles of users
that we receive complaints from.
510

Hon. Dr K Azopardi: But given that the Minister is aware of at least 10 safeguarding issues, is
she aware that in relation to all those matters they have all been investigated? And can she assure
the House that action is being taken in relation to those matters?

515 **Hon. G Arias-Vasquez:** Madam Speaker, we have a very strong clinical governance team that
seeks to address each and every one of the complaints. The complaints have to be put through
the right forum, so there may be an instance where we are not aware of the specific complaint
that the hon. Lady is making but when the complaint comes through PALS, comes through the
Ministry, they automatically get put through to clinical governance, and there is a strict procedure
520 that clinical governance goes through to ensure that each and every complaint is dealt with.

So, yes, in that regard if the complaint comes through the right procedure – so if the complaint
comes through PALS, or if the complaint comes to the Ministry the complaint will be received and
will be reviewed through strict procedures that are in the GHA.

525 **Hon. Dr K Azopardi:** I was not suggesting that she was or was not aware of the specific
complaint that my hon. Colleague to my right was asking about. I was really seeking a more precise
answer in relation to the 10 safeguarding concerns that she said she was aware of, or at least the
Departments were aware of in relation to those, because her answer was a bit in the abstract with
reference to the standard procedure.

530 What I am really asking is in relation to the 10 that she is aware of and she gave to me in the supplementary, can she assure the House that those matters have been investigated and that she has been assured, and she can assure the House that those matters have been dealt with?

535 **Hon. G Arias-Vasquez:** Madam Speaker, I have a table with each and every one of the complaints, with information relating to each and every one of the complaints and what it pertains to, and the outcome in relation to each and every one of those 10 concerns.

So as I have tried to confirm: in relation to the complaints which have come through PALS or which have come through the complaints office in the Ministry, clinical governance has gone through a thorough process to determine what the complaint is about and if it needs further investigation or otherwise.

540 So in relation to each and every one of those 10 concerns I have the outcome and it tells me what the outcome was in each and every one of those 10 cases and I can confirm that.

Madam Speaker: Next question.

Q374/2024
Staff transfers to GHA –
Numbers accepted and signed

545 **Clerk:** Question 374/2024. The Hon. A Sanchez.

Hon. A Sanchez: Could the Government provide clarification on the following: (a) the number of TUPE transfers offered to staff members with ERS or Care Agency contracts to the GHA; (b) the number of these transfers that have been accepted and signed?

550

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, all Care Agency employees working within the ERS have been offered the option to TUPE transfer to the GHA. To date, out of the 241 to be transferred offered, 207 employees have now transferred to the GHA.

555

The GHA Workforce Department continues to liaise with the employees and the union representatives in order to finalise the remaining 34 TUPE transfers.

560 **Hon. A Sanchez:** Could the hon. Member state what the real reasoning is behind these TUPE transfers from the ERS to the GHA?

Hon. G Arias-Vasquez: Madam Speaker, in 2013 there was a reorganisation and the members should have moved from the ERS to the GHA via TUPE transfer. This should have happened in 2013 and it is the industrials and the admins which did not transfer to the GHA.

565

So what the Director of Workforce is doing at the moment is tidying up that exercise. It has absolutely nothing to do with any consultation going on at the moment. It is a tidying up of the exercise which took place in 2013, where some of the employees who should have transferred to the ERS or to the GHA were not transferred at that moment in time.

570

Madam Speaker: Any other Supplementaries?
Next question.

Q375/2024

**Care Agency Recruitment –
Finance Director and Procurement Adviser; separate vacancies**

Clerk: Question 375/2024. The Hon A Sanchez.

575 **Hon. A Sanchez:** Can the Government confirm when the official recruitment process for the vacancies of Finance Director of the Care Agency and Finance and Procurement Adviser to the Ministry of Health and Business will commence? Additionally, could they clarify if these positions would be advertised as two separate vacancies?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, they have not commenced. The vacancy will be advertised once the consultation process for any merger has been finalised. Whether it will be one position or two positions will depend on the conclusion of the consultation.

585 **Madam Speaker:** Supplementaries?

Hon. A Sanchez: Can the hon. Member explain why the decision as to why they would be advertised as two separate vacancies or one, is dependent on the integration?

Hon. G Arias-Vasquez: Of course, Madam Speaker, there is a very logical reason for that because part of what we may be looking at to do in the Care Agency, and the GHA, and the ERS is to try and have the administrative functions joining together. So we might have HR, admin and finance, for example, joining together so that it comes together for the ERS Care Agency and HR.

We are not saying that that will be the case, but we are saying that is one possible permutation of any merger. So therefore if finance, for example, merges, then the Finance Director of the Care Agency might no longer be a role. So, therefore, everything will depend on what happens as a result of that consultation.

600 **Madam Speaker:** Any other Supplementaries?

Hon. A Sanchez: Madam Speaker, it is a bit slightly vague, is that what the hon. Member is aiming to do across the board, to reduce jobs and cut jobs in that manner across the board?

605 **Hon. G Arias-Vasquez:** Madam Speaker, we have made it very clear in every single press release that we have issued so far on the merger that we do not intend to cut any jobs in the Care Agency, in the GHA or in ERS. What we intend to do is make sure that there are efficiencies, make sure that the system works as efficiently as possible for the benefit of the ultimate user. So there is absolutely no intention whatsoever of cutting any jobs across the GHA, the Care Agency or the ERS.

Hon. D J Bossino: I am not sure what the hon. Lady means when she says not cutting jobs. Given her answer, if indeed it is the Government's decision to proceed with what I assume, from listening to the exchange, is the Government's preferred choice, which is to merge these facilities, although it is undergoing the process of consultation. So the result of that, because she said in answers to previous questions there is the possibility that they do not proceed with that. That is because the consultation at the moment is that Government is wide-eyed as far as that is concerned. Anything can happen.

620 But should it decide to amalgamate, either in its entirety or the aspects that she referred to a few moments ago, the reality is that jobs will be lost. In other words, vacancies will be lost. Does she accept that?

625 In other words, it is possible, as she said that there may no longer be any future need for the Finance Director position of the Care Agency should the Government proceed to merge in whichever form?

630 **Hon. G Arias-Vasquez:** Madam Speaker, no, not at all. I might not have expressed myself properly or might not have been clear enough. In relation to the two positions which I am being asked for specifically in this question, there might not be a need for those two positions to remain separate positions.

635 Now, in every other Department, no jobs will be cut. The complements will be kept the same but there may be a merge of the administrative functions within each. We have not worked out what that will look like because we are unclear as to that being the outcome; but what we are very clear about and what we have said at every single step of the way, is that there will be no job losses.

640 The only Finance Director there is, for example, is the Finance Director of the Care Agency. The only HR Director there is, is the Director of Workforce. So there will be no job losses as a result of the mergers and there will not be any positions lost within the complement as a result of the merger.

Madam Speaker: Next question.

Q376-77/2024

Donation Fund –

Managed; sources; purpose; policies; guidelines; investigations

Clerk: Question 376/2024. The Hon. A Sanchez.

645 **Hon. A Sanchez:** Could the Government provide information regarding the Donation Fund at the ERS including: (a) How it is managed; (b) The sources of these donations; (c) The purpose of this fund; and, (d) The policies and guidelines governing this donation fund along with the date of implementation?

650 **Clerk:** Answer, the Hon. the 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 377/2024.

655 **Clerk:** Question 377/2024. The Hon. A Sanchez.

Hon. A Sanchez: Could the Government provide confirmation whether any individuals employed by the Government, Government agencies or Government-owned companies have been under investigation in the past 12 months regarding the Donation Fund at the ERS?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the Donation Fund is managed by the Finance & Accounts Department. There are two accounts: one for donations received and another for donation payments. Donations received are receipted by the

665 Accounts Department and recorded through a cash book charged to a 'Donations Received
Account'. Donations payments, Madam Speaker, are then effected by the Finance Department as
and when required, who ensure that there are sufficient funds charged to the Donations Payments
Account.

670 As regards the source of these donations, Madam Speaker, I am advised that these are
commonly as follows: ERS families wishing to make a donation when a relative may have passed
away; from local charities, companies or individuals; or from anonymous donors.

675 Madam Speaker, the Fund was established for the following purpose, although generally as a
benevolent fund to be used for the benefit and the residents and staff. When families donate I am
advised they at times specify that their donation is to be spent on staff as a gesture of appreciation
for care given throughout the time that their relative was in ERS. Also that it is used to purchase
specific items that may be of benefit to patient residents.

680 I am advised donation payments deriving from the Donation Fund have always been managed
discretionally by the ERS Care Manager. The Care Manager is required to respect the wishes of
the donor and the needs of the residents and the organisation. ERS Finance has confirmed that
there are records going as far back as 2013.

685 In respect to Question 377/2024, there has been an individual who has been under
investigation in the last 12 months regarding the Donation Fund. The matter, however, has been
dealt with under internal human resources processes and the procedures are now closed. Because
this is an internal HR issue, it is not appropriate for me to say anything further.

Hon. A Sanchez: Madam Speaker, can the hon. Member clarify whether this Fund has been
used to purchase or buy any form of gifts for any Government official and/or Government
Minister, and if so what these gifts were?

690 **Hon. G Arias-Vasquez:** Madam Speaker, the subject to this question is a matter which has been
under formal investigation, I do not consider it is appropriate for me to comment any further.

695 **Hon. A Sanchez:** Well, Madam Speaker, the information that we have is that this Fund was
used to buy hampers for around 40 Government officials including a Government Minister.
I actually would like to hand over a photo of one of the hampers in question to the hon. Member
and I would like to ask the hon. Member that given this Fund contains the proceeds of donations
made by members of our community, whether the hon. Member feels that this is an appropriate
use of the ERS Donation Fund?

700 **Hon. G Arias-Vasquez:** Madam Speaker, I confirm that the hampers were received. The
hampers received in my office, for example, were sent back *immediately* because I do not consider
that the use of the funds was appropriate; and therefore an internal investigation was sought.
It was started and it is terminated, and as I have said the matter has been dealt with in its entirety
by HR both in the Civil Service and in the GHA, and therefore I do not feel it is appropriate to
comment on the matter any further.

Hon. Dr K Azopardi: May I?

710 **Madam Speaker:** The Hon. the Leader of the Opposition. I gave him way before the
hon. Member stood up.

715 **Hon. Dr K Azopardi:** So to be clear, the Minister is confirming that the Donation Fund was used
to purchase hampers, one of which was received by a Government Minister. That is what she is
confirming?

Hon. G Arias-Vasquez: Madam Speaker, the Donation Fund was so used. The hampers were all sent back and the matter was dealt with internally by an internal investigation.

720 **Hon. A Sanchez:** The hon. Member is stating in this House that all of the hampers were sent back, and if they were not sent back all of them were declared as per Government General Working Orders. Is that what the hon. Member is saying?

725 **Hon. G Arias-Vasquez:** Madam Speaker, I am unable to confirm whether each and every one was sent back and was declared. As far as I am concerned the matters that came to my attention were properly declared.

Hon. A Sanchez: Madam Speaker, can the hon. Member confirm the total amount that was spent from the ERS fund on hampers?

730 **Hon. G Arias-Vasquez:** Madam Speaker, I do not have that information available.

Hon. A Sanchez: Madam Speaker, does £2,420 ring a bell?

735 **Hon. G Arias-Vasquez:** Madam Speaker, once again, I do not have that information available.

Hon. A Sanchez: Madam Speaker, is the hon. Member aware of an invoice or a PRF authorising the payment of these hampers? And if there is such, there must be a controlling officer authorising a payment? Someone must have authorised the payment of these hampers.

740 **Hon. G Arias-Vasquez:** Madam Speaker, as I have confirmed, as soon as the matter was brought to my attention I delivered everything to the Chief Secretary, the workforce was made available and the matter was dealt with internally, appropriately.

745 **Hon. A Sanchez:** Final question, can the hon. Member confirm whether the person managing the fund at the time has since then been given a promotion?

Hon. G Arias-Vasquez: Not to my knowledge, Madam Speaker.

750 **Madam Speaker:** Next question.

The Hon. C A Sacarello: Thank you, Madam Speaker.
Could the hon. Member, she mentioned earlier on that sometimes some of the benefactors list staff as potential recipients of their benefit. Could the Hon. Minister please comment on the Government's policy on this, as to limits and nature of gifts, if there is a policy?

755 **Hon. G Arias-Vasquez:** Madam Speaker, it is a very specific question. I am not aware of the policy in the ERS or the GHA of such a donations fund, but I can make myself aware of the policy if there is one.

760 **Madam Speaker:** Next question.

Q378/2024
Relocation of wards –
Ocean Views to St Bernard’s Hospital

Clerk: Question 378/2024. The Hon. A Sanchez.

765 **Hon. A Sanchez:** Does the Government have any plans to relocate any of the wards from Ocean Views to St Bernard’s Hospital?

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

770 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, there are currently no plans to relocate any of the wards in Ocean Views to St Bernard’s Hospital. All matters, however, are kept constantly under review.

Madam Speaker: Next question.

Q379/2024
Ocean View admissions –
Month by month from September

775 **Clerk:** Question 379/2024. The Hon. A Sanchez.

Hon. A Sanchez: Could the Government provide the total number of patients admitted into Ocean Views from September 2023 broken down by month?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez):

Month	Admissions
1st September 2023	11
1st October 2023	11
1st November 2023	15
1st December 2023	13
1st January 2024	10
1st February 2024	4
1st March 2024	8
1st April 2024	10
1st May 2024 (to date)	7

Madam Speaker: Any Supplementaries? Yes.

785 **Hon. Dr K Azopardi:** Just for clarification, these are *new* admissions, I assume, per month, yes? On the basis that we are talking about Ocean Views – so that I am clear in my mind that these are not – sometimes people are casually in and casually out, if the Hon. Minister knows what I mean by that.

790 **Hon. G Arias-Vasquez:** Many thanks for requesting that clarification. These are the numbers of admissions but a patient could have been admitted more than once.

Madam Speaker: Next question.

Q380/2024
John Cochrane Ward –
Number of residents; total capacity

Clerk: Question 380/2024. The Hon. A Sanchez.

795 **Hon. A Sanchez:** Could the Government furnish the total number of residents in John Cochrane Ward for the following dates, delineated by the count of residents at the outset of each month from 1st September 2023 to 1st May 2024, including the figures up to present date? Additionally, could they provide the total capacity of this facility?

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

Hon. the Minister for Health, Care and Business (Hon. G Arias-Vasquez):

Month	Residents
1st September 2023	25
1st October 2023	23
1st November 2023	24
1st December 2023	23
1st January 2024	20
1st February 2024	22
1st March 2024	22
1st April 2024	19
1st May 2024 (to date)	19

The capacity for the facility is 30 beds.

Madam Speaker: Any Supplementaries?

805 **Hon. A Sanchez:** Could the Minister elaborate on whether it has any plans for John Cochrane moving forward, or does it envisage that John Cochrane ward will remain to operate and function as it currently does?

810 **Hon. G Arias-Vasquez:** At present, John Cochrane will remain an ERS ward in the Hospital.

Madam Speaker: Next question.

Q381/2024
Industrial Action –
Staff walkouts

Clerk: Question 381/2024. The Hon. A Sanchez.

815 **Hon. A Sanchez:** Could the Government provide information on whether there have been any instances of staff walkouts or industrial action at any of the ERS sites or facilities from January 2024 to the present date?

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

820 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, there have
been four separate occasions when the same six employees working at ERS walked out during
working hours. These incidents occurred on the following dates: 25th March 2024;
26th March 2024; 9th April 2024; and 12th April 2024. Please note that these matters are
825 currently under internal investigation, and as such I am unable to provide any additional
information at this time.

Hon. A Sanchez: Madam Speaker, I understand that the hon. Member says that the matters
are under internal investigation, but can she confirm whether the Government is in consultation
830 with the unions and the staff in an effort to resolve the situation; or whether the staff have taken
industrial action in relation to the walkouts?

Hon. G Arias-Vasquez: Madam Speaker, as I previously stated, the matter is under internal
investigation and I will be giving no further information.

835 **Madam Speaker:** Next question.

Q382–83/2024

Mount Alvernia, Hillside, John Cochrane and John Mackintosh ERS facilities – Residents 2019 to present date; residents passed in calendar year

Clerk: Question 382/2024. The Hon. A Sanchez.

Hon. A Sanchez: Could the Government furnish the following information for the Mount
Alvernia, Hillside, John Cochrane and John Mackintosh Wing ERS facilities for all the years from
840 2019 to present date, delineated by month: (a) total number of residents, (b) total number of
residents who have unfortunately passed away over the course of the calendar year?

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

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

Apologies, Madam Speaker, I will answer Question 382/2024 together with 383/2024 and the
answer to 383/2024 is I am handing over the Schedule with all the information requested.

850 **Clerk:** Question 383/2024. The Hon. A Sanchez. *(Interjection)*

Madam Speaker: That means I will give you less time.

Hon. A Sanchez: In the following ERS facilities – (1) Mount Alvernia, (2) Hillside, (3) John
855 Cochrane and (4) John Mackintosh Wing – passed away during the years of 2019 to 2024 to
present date, broken down month by month, and month of each calendar year by location, and
by percentage of residents by each site?

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

860 **Hon. G Arias-Vasquez:** Madam Speaker, now I am answering the right question. I hand over
the Schedule provided with the answers to 383/2024 and 382/2024.

865 **Madam Speaker:** Alright, we will do the usual, I will give you time to look at that and we will take the next question.

Answer to Questions 382 and 383

ERS DEATHS 2019

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	6	4	2	5	5	2	2	5	1	4	4	3
John Mackintosh Wing	1	2	1	3	1	0	2	0	1	1	0	2
Hillsides	1	0	0	1	0	1	2	0	0	1	0	1
John Cochrane Ward	1	1	0	1	2	0	1	2	1	1	2	1

OCCUPANCY 2019

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	129	130	133	129	129	129	128	130	131	130	128	129
John Mackintosh Wing	54	53	53	53	51	53	54	54	53	54	54	54
Hillsides	45	46	45	48	46	45	45	45	44	44	44	50
John Cochrane Ward	32	32	32	32	31	31	32	32	31	31	32	32

870

PERCENTAGE OF RESIDENTS PASSED AWAY 2019

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	4.7%	3.1%	1.5%	3.9%	3.9%	1.6%	1.6%	3.8%	0.8%	3.1%	3.1%	2.3%
John Mackintosh Wing	1.9%	3.8%	1.9%	5.7%	2.0%	0.0%	3.7%	0.0%	1.9%	1.9%	0.0%	3.7%
Hillsides	2.2%	0.0%	0.0%	2.1%	0.0%	2.2%	4.4%	0.0%	0.0%	2.3%	0.0%	2.0%
John Cochrane Ward	3.1%	3.1%	0.0%	3.1%	6.5%	0.0%	3.1%	6.3%	3.2%	3.2%	6.3%	3.1%

ERS DEATHS 2020

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	10	4	3	4	3	1	3	2	3	2	6	1
John Mackintosh Wing	2	0	1	0	2	0	3	0	2	1	2	1
Hillsides	1	3	1	0	0	1	1	0	0	3	1	2
John Cochrane Ward	0	0	0	0	0	1	1	0	1	0	0	0

875

OCCUPANCY 2020

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	127	130	128	129	126	123	121	119	119	120	121	119
John Mackintosh Wing	52	53	54	53	52	51	51	53	52	50	46	47
Hillsides	45	46	44	43	44	44	43	44	43	43	43	45
John Cochrane Ward	32	31	32	24	23	15	15	31	31	31	31	31

PERCENTAGE OF RESIDENTS PASSED AWAY 2020

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	7.9%	3.1%	2.3%	3.1%	2.4%	0.8%	2.5%	1.7%	2.5%	1.7%	5.0%	0.8%
John Mackintosh Wing	3.8%	0.0%	1.9%	0.0%	3.8%	0.0%	5.9%	0.0%	3.8%	2.0%	4.3%	2.1%
Hillsides	2.2%	6.5%	2.3%	0.0%	0.0%	2.3%	2.3%	0.0%	0.0%	7.0%	2.3%	4.4%
John Cochrane Ward	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%	6.7%	0.0%	3.2%	0.0%	0.0%	0.0%

880

ERS DEATHS 2021

GIBRALTAR PARLIAMENT TUESDAY, 21st MAY 2024

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	34	5	1	1	2	3	2	0	1	1	4	1
John Mackintosh Wing	6	0	1	0	1	2	0	2	0	0	1	1
Hillside	1	0	2	1	1	1	0	1	0	0	1	0
John Cochrane Ward	4	2	1	0	0	1	0	0	1	1	1	2

OCCUPANCY 2021

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	122	86	81	83	107	109	110	108	111	113	111	112
John Mackintosh Wing	50	44	47	47	54	54	53	53	53	54	54	51
Hillsides	45	45	44	42	44	46	43	44	44	44	44	44
John Cochrane Ward	27	23	22	19	20	20	31	31	31	30	28	27

885

PERCENTAGE OF RESIDENTS PASSED AWAY 2021

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	27.9%	5.8%	1.2%	1.2%	1.9%	2.8%	1.8%	0.0%	0.9%	0.9%	3.6%	0.9%
John Mackintosh Wing	12.0%	0.0%	2.1%	0.0%	1.9%	3.7%	0.0%	3.8%	0.0%	0.0%	1.9%	2.0%
Hillsides	2.2%	0.0%	4.5%	2.4%	2.3%	2.2%	0.0%	2.3%	0.0%	0.0%	2.3%	0.0%
John Cochrane Ward	14.8%	8.7%	4.5%	0.0%	0.0%	5.0%	0.0%	0.0%	3.2%	3.3%	3.6%	7.4%

ERS DEATHS 2022

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	2	3	2	3	2	2	1	5	2	0	2	0
John Mackintosh Wing	2	3	2	1	1	2	3	1	0	2	1	2
Hillsides	2	0	0	1	0	2	0	3	1	0	0	1
John Cochrane Ward	0	1	3	1	1	1	0	1	1	0	0	0

OCCUPANCY 2022

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	111	109	109	111	109	109	107	109	106	107	109	107
John Mackintosh Wing	53	51	51	67	67	61	66	69	67	68	69	69
Hillsides	43	42	47	46	44	46	44	44	43	42	43	43
John Cochrane Ward	25	25	24	24	23	22	23	23	21	21	22	21

890

PERCENTAGE OF RESIDENTS PASSED AWAY 2022

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	1.8%	2.8%	1.8%	2.7%	1.8%	1.8%	0.9%	4.6%	1.9%	0.0%	1.8%	0.0%
John Mackintosh Wing	3.8%	5.9%	3.9%	1.5%	1.5%	3.3%	4.5%	1.4%	0.0%	2.9%	1.4%	2.9%
Hillsides	4.7%	0.0%	0.0%	2.2%	0.0%	4.3%	0.0%	6.8%	2.3%	0.0%	0.0%	2.3%
John Cochrane Ward	0.0%	4.0%	12.5%	4.2%	4.3%	4.5%	0.0%	4.3%	4.8%	0.0%	0.0%	0.0%

ERS DEATHS 2023

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	2	5	2	2	4	3	2	6	4	4	3	3
John Mackintosh Wing	1	1	4	2	1	0	3	1	0	0	1	0
Hillsides	0	1	0	0	0	2	3	0	0	1	4	2
John Cochrane Ward	0	0	0	1	0	1	0	0	1	0	0	1

OCCUPANCY 2023

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	108	109	116	127	127	124	122	125	118	119	121	122
John Mackintosh Wing	69	69	70	70	67	70	69	68	69	70	70	70
Hillsides	41	43	42	43	42	43	43	43	44	44	42	43
John Cochrane Ward	24	26	26	27	26	28	25	24	25	23	24	23

PERCENTAGE OF RESIDENTS PASSED AWAY 2023

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Mount Alvernia	1.9%	4.6%	1.7%	1.6%	3.1%	2.4%	1.6%	4.8%	3.4%	3.4%	2.5%	2.5%
John Mackintosh Wing	1.4%	1.4%	5.7%	2.9%	1.5%	0.0%	4.3%	1.5%	0.0%	0.0%	1.4%	0.0%
Hillsides	0.0%	2.3%	0.0%	0.0%	0.0%	4.7%	7.0%	0.0%	0.0%	2.3%	9.5%	4.7%
John Cochrane Ward	0.0%	0.0%	0.0%	3.7%	0.0%	3.6%	0.0%	0.0%	4.0%	0.0%	0.0%	4.3%

ERS DEATHS 2024

	JAN	FEB	MAR	APR	MAY
Mount Alvernia	4	6	8	5	3
John Mackintosh Wing	0	1	1	3	1
Hillsides	1	0	0	0	0
John Cochrane Ward	1	1	0	0	0

OCCUPANCY 2024

	JAN	FEB	MAR	APR	MAY
Mount Alvernia	119	124	123	127	125
John Mackintosh Wing	69	69	69	70	69
Hillsides	50	48	49	50	50
John Cochrane Ward	20	22	22	22	22

PERCENTAGE OF RESIDENTS PASSED AWAY 2024

	JAN	FEB	MAR	APR	MAY
Mount Alvernia	3.4%	4.8%	6.5%	3.9%	2.4%
John Mackintosh Wing	0.0%	1.4%	1.4%	4.3%	1.4%
Hillsides	2.0%	0.0%	0.0%	0.0%	0.0%
John Cochrane Ward	5.0%	4.5%	0.0%	0.0%	0.0%

Q384/2024

**Managements of ERS facilities and sites –
Tenders specified**

895 **Clerk:** Question 384/2024. The Hon. A Sanchez.

Hon. A Sanchez: Is the Government planning to issue tenders for the management of the ERS facilities and sites? If so, could the Government specify which ones?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the Government has already issued a tender announcement on 13th May 2024 for the management of ERS facilities at John Mackintosh Home, Hillsides and Bella Vista. These are the sites which are currently under contract since September 2019.

905

Hon. A Sanchez: Madam Speaker, when reviewing the tender documents they do not appear to differentiate between lots for each site. Is it correct to assume that the Government intends to award the contract to a single supplier; or has the Government still not made a decision as to this?

910 **Hon. G Arias-Vasquez:** Madam Speaker, the tender has been put out and we are waiting to see what comes back. So it is not that the Government has not made a decision, it is waiting to see what information or what comes back from the tender process.

Madam Speaker: Any other Supplementaries?

915

Hon. D J Bossino: Yes, if I may.

Can the Hon. Minister advise when she expects the tender process to be complete?

920 **Hon. G Arias-Vasquez:** Madam Speaker, similar to the tender for the respite services, we do not intend this tender to go on forever. So it may not be 1st July but it will be some point in July when the tender will close and the tender should be awarded by mid-to-late July.

925 **Hon. D J Bossino:** Would she be able to state, I know from her presentation this morning that as far as the Care Agency aspects of things, the contract is intended to last for three years with possible renewals thereafter, indeed with possible early terminations. Is the plan to do the same in relation to the ERS premises?

Hon. G Arias-Vasquez: I believe that is the case, yes.

930 **Madam Speaker:** Next question.

Q385-88/2024

Management of care plans –

Responsibility; standards; subcontracted companies; zero-hour contracts

Clerk: Question 385/2024. The Hon. A Sanchez.

935 **Hon. A Sanchez:** Regarding the recent Government tenders for respite services, home support and domiciliary care could the Government clarify who will be responsible for managing the care plans of each service user within the Care Agency and the ERS?

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

940 **Hon. the Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Questions 386/2024 to 388/2024.

Clerk: Question 386/2024. The Hon. A Sanchez.

945 **Hon. A Sanchez:** In relation to the recent Government tenders for respite services, home support and domiciliary care, could the Government clarify who will be responsible for overseeing the professional standards and quality assurance of the services provided to service users of the Care Agency and the ERS? Will it be the subcontracted companies or the Care Agency and the ERS themselves?

950 **Clerk:** Question 387/2024. The Hon. A Sanchez.

Hon. A Sanchez: In relation to the recent Government tenders for respite services, home support and domiciliary care, could the Government clarify who will monitor the standard of training delivered to those providing services to the service users of the Care Agency and ERS. Will it be the Care Agency and the ERS directly, or the subcontracted companies?

955

Clerk: Question 388/2024. The Hon. A Sanchez.

Hon. A Sanchez: Can the Government provide an assurance that the use of zero-hour contracts will be abolished as one of the conditions in the tender award process for the recent tendering of respite services, domiciliary care and home support?

960

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

Hon. G Arias-Vasquez: Madam Speaker, in answer to Question 385/2024, the ERS does not provide home support or domiciliary care. Hillside has four respite beds available. The responsibility of the care plans for respite care in Hillside falls under the responsibility of the nursing team with input from other healthcare professionals such as doctors, physiotherapists and occupational therapists; the speech and language therapists; as well as the collaboration with the residents' families and/or legal guardians.

965

The Care Agency sub-contracts care workers from a range of agencies and is going through the process of updating and renewing these arrangements in a transparent manner in line with central Government procurement regulations. Care plans are developed by the Care Agency and the subcontracted companies are required to deliver care in line with these plans. This is overseen by the management of the Care Agency through regular scheduled review meetings and audits.

970

In answer to Question 386/2024, within the GHA framework professional standards and quality assurances will be upheld in the services offered to residents across all ERS sites. The contracts that are currently being tendered for the ERS services will have tight services and quality specifications, which any provider will be expected to deliver. We will therefore be able to demand these standards. It will then be for senior leadership teams and the ERS to ensure that all providers deliver against those service specifications.

975

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The quality standards and service levels are specified within the contract and service specification. Oversight of all aspects of the service, including professional and quality standards will be – and is – undertaken by the management of the Care Agency through regular and scheduled review meetings and audits.

985

To go one further, I am the first Minister to be given the portfolio named 'Quality of Care'. Once the contracts are all in place it is the intention to look at the best and most cost-effective manner of auditing these contracts.

In answer to Question 387/2024, the training requirements will be defined by the contract specifications and monitored by the ERS senior leadership team. There is a clear requirement for the subcontracted companies to provide training in line with the standards required of the role and of the Care Agency and keep clear records of the training. Oversight of all aspects of the service, including the training standards, will be undertaken by the management of the Care Agency through regular and scheduled review meetings and audits.

990

In answer to Question 388/2024, the contract documents clearly state that the contractor shall comply with all applicable laws, including Employment Law in Gibraltar. There is no direct intention within the tender process to change any current Employment Law.

995

Hon. A Sanchez: Madam Speaker, so just by way of clarification, the hon. Member is stating that the heads of service, the social workers and the team managers at the Care Agency will be in charge and responsible for the management of the services and the care plans that are offered and delivered to the service users of the Care Agency? They will still be in control of this?

1000

1005 **Hon. G Arias-Vasquez:** The heads of service in the Care Agency will, as at present, oversee all of the care plans that have been provided to the sub-contracted agency as happens at the moment.

Madam Speaker: Any other Supplementaries?

1010 **Hon. A Sanchez:** In terms of overseeing professional standards and quality assurance, can the hon. Member clarify whether complaints received will be monitored by the Care Agency and the ERS, or will they monitored by the sub-contracted company?

1015 **Hon. G Arias-Vasquez:** Madam Speaker, complaints always go directly to the Care Agency or the ERS, so they will be monitored by the Care Agency and/or ERS who will hold the companies to account.

Madam Speaker: Any other Supplementaries?

1020 **Hon. A Sanchez:** When the hon. Member mentions audits and reviews, will the Care Agency be carrying out these audits and reviews on the sub-contracted company, or will the sub-contracted company be carrying these audits and reviews on themselves?

1025 **Hon. G Arias-Vasquez:** Madam Speaker, this is a matter which, once we have all the contracts in place, we wish to see how best to audit the services. So the question might be either the Care Agency or neither. So it might be an external entity which might review all the contracts and ensure that all the standards are in place as per the service specification in the contract.

1030 So once all the contracts are in place, we will then determine how to best audit the services that are given, but it would certainly not be by the sub-contracted company. It will either be by the Care Agency or by an external company, which will review all of the services which are sub-contracted.

1035 **Hon. A Sanchez:** I assume since the Hon. Minister has mentioned that she is the first Minister with the title of Quality Care and she has an emphasis on auditing and she has mentioned an independent company, would that independent company also be auditing the Care Agency and the services that the Care Agency provides?

1040 **Hon. G Arias-Vasquez:** Madam Speaker, what I said was, in fact, that we did not know whether it was going to be an independent company that was going to be auditing. What I said is that once all the contracts were in place we would look to establish what is the best way of auditing the services provided. So once we are in that position we will look to see what needs to be audited and by whom.

1045 **Hon. D J Bossino:** Would the Hon. Minister assist me, and I take this opportunity to draw comfort from her words now in answer to the questions in this House, comfort which was not necessarily there when she gave her presentation today and that relates to the specific issue of management.

1050 The comfort that I draw is that, very much so, management of care plans and overseeing quality and all the rest of it is in effect going be in the hands of the Care Agency, which is the body in respect of which many of the users, certainly their parents – as she would have heard this morning very loud and clear – draw a lot of comfort from, because we are very happy indeed with the service that the Care Agency currently provides, particularly in this context of respite.

But can I ask her to clarify the way I interpreted it – and it is possible that I was mistaken in this interpretation – that earlier this morning she was more nebulous as far as the management is concerned. In other words, I think she said, that aspect of the contractual terms and relationship

1055 with the soon-to-be successful tenderer was somewhat in the air and still needed to be negotiated
and she said that, I think, on more than one occasion.

Can I give her the opportunity to explain the position, and can she basically confirm what I think
she has said today across the floor of the House, which is that management will very much be in
the hands of the Care Agency?

1060

Hon. G Arias-Vasquez: Madam Speaker, the question relates to care plans and who is in control
of the development of the care plans and the management of those care plans in relation to the
respite services. So the care plans and the *duty of care*, which is what I said this morning, will
always rest with the Care Agency.

1065

Now, the management or heads of services of the Care Agency will always be on top of those
care plans and will always be on top of those providing the services. I think that answers your
question.

1070

Hon. D J Bossino: And I think it is a question of seeing how the thing develops; and in that
context can I ask her whether there will be the possibility of early termination? She said, this
morning and in the context of an exchange we had earlier, that the contracts will be for three
years but that there will be early termination provisions.

1075

I assume, certainly the parents will be on to the Care Agency, I think, very quickly should they
notice that something has gone awry or is not quite what we expect in terms of the quality of the
service. So I ask her to confirm that the Care Agency will have the contractual opportunity to put
an early end to the contractual relationship should it not be going in the right direction.

1080

Hon. G Arias-Vasquez: Madam Speaker, I was very clear this morning in the meeting which the
hon. Member attended that the contract has a three-month termination provision. So the
contract can be terminated at any point pursuant to a series of events, one of which is that the
Care Agency is not happy with the standards of service provided.

1085

Now, the benefit of having gone out to tender and the benefit of having contracts in place is
that we are able to fully specify the standards of service that we are expecting of whichever
company is successful in being awarded the tender. So because we are able to point to a schedule
of services and standards that we are looking to be provided with, we are therefore able to
terminate the contract when those standards are not met.

I think that answers that question.

1090

Hon. D J Bossino: Just by way of confirmation, if she may, when she talks about a three-month
period is she talking about a notice period, in effect, of termination? I think she is nodding her
head. Can she please confirm that position first, if she may?

1095

Hon. G Arias-Vasquez: Yes, that is right, apologies. It is an ability to terminate the contract with
three months' notice.

Madam Speaker: Supplementaries?

Hon. A Sanchez: ... *(Inaudible)*

1100

Hon. G Arias-Vasquez: Madam Speaker, the Care Agency will monitor all of these services in
the same way that it currently monitors information it requires from the companies in relation to
the individual workers. So the Care Agency will be requesting schedules of training received etc.,
from the individual company that is awarded the tender.

1105

Hon. A Sanchez: How is the Care Agency going to monitor issues, for example, of ensuring that
all the sub-contracted carers that are employed have a minimum level of English required to

provide the necessary, or to be able to complete the necessary forms and to administer the necessary medication? How is the Care Agency going to ensure that it monitors this?

1110 **Hon. G Arias-Vasquez:** Madam Speaker, the contracts in question are contracts that have been sub-contracted for a while. So these are services which are monitored consistently already by the ERS and they are contracts which we will ensure that the standards are properly met.

1115 Sorry, just to clarify, in the question that was recently asked by her hon. Colleague, the question was in relation to respite and the meeting that occurred this morning in relation to the contract for *respite* services. The questions that I am answering now are in relation to ERS contracts. So when I say that there were no contracts in place and no specifications in place, I am referring to the contracts for the respite services.

1120 In relation to ERS and the ERS contracts, there are contracts in place already and this is already monitored. What we are looking to do is seek to build on the experience that we have obtained in the past four years and make sure that the service specifications are more detailed. So in terms of training, in terms of level of English, etc. the ERS will be monitoring the level of the qualifications of each and every employee provided to them by the sub-contracted entity.

1125 **Hon. A Sanchez:** Madam Speaker, but how is it monitored? Can the hon. Member explain how the agreements are in place; or if they exist already, how is this monitored? Does the sub-contracted carer have to complete an exam upon entry into the sub-contracted company? Do they have to complete a certain exam to show the level of English? Do they have to complete a certain report just to show that they can complete the report, that they understand the medication or the names of the medication?

1130 How is this monitored? How is this demonstrated? How is the level of English demonstrated and how is this monitored? How is it currently monitored and how is the Care Agency going to monitor it over time?

1135 **Hon. G Arias-Vasquez:** Madam Speaker, I am not making myself clear. These questions are not in relation to Care Agency contracts, these questions are in relation to ERS contracts, right? So the ERS contracts have already been contracted for.

1140 So there are two different contracts: the Care Agency contracts and the ERS contracts. The ERS contracts are already in place, but to my knowledge they do not contain any requirements as to training or minimal specifications of English. So at the moment they are not monitored. So the contracts that are in place in the ERS sites do not contain any provisions related to training, so there is no requirement to monitor them. So therefore I cannot answer that question because it does not exist.

1145 In relation to the Care Agency sites and the contract that is out of a tender in relation to respite, no contract exists there. So there is no standard as to training, so there is no requirement to monitor training at present.

Madam Speaker: Yes, the Hon. Mr Bossino had a question.

Hon. D J Bossino: I am grateful.

1150 Can the Hon. Minister, in relation to the quality of service provided, is she able to say – because I think one of her officials said and in fact has told me directly in the past – that one of the issues that they grapple with is the inability to provide sufficient beds for users, this is for overnight stays and the beds are actually quite limited for the number of users that are currently in place and those coming upstream.

1155 Is it, therefore, the intention that the tenderer will be expected to increase the provision of beds? And if so, how will the floor space – if I can borrow that term in relation to a different answer she gave – be provided? Would that be expected to be provided by the successful contractor?

Hon. G Arias-Vasquez: Madam Speaker, to be clear, the tenders that are out at the moment are for the *day* service of respite. So they are for the services provided between 3 p.m. and 7 p.m., both for children and for adult services.

1160 The overnight stays are not currently out for tender, right? So in relation to your question: is there an intention? We would love to be able to provide additional space and additional beds. Bear in mind that this is a service which has recently started, which has had a huge take-up from parents. I think I can see the hon. Member nodding, it is a fairly recent occurrence.

1165 What we are talking about is the ability for parents of children with special educational needs to be able to leave their children overnight in order to have a break from the care requirements provided, because we understand that the demands on parents can be significant and therefore in order to give the parents and the siblings a break, we provide the service.

1170 So, at the moment, I think yes it is limited in the number of beds but it is a fairly new service that we would look to increase were it possible to do so. But the tender process at the moment is in relation to respite for children between the hours of 3 p.m. and 7 p.m. every day.

Hon. D J Bossino: That clarification is indeed very useful.

1175 So can I offer this to her: is it the Government's intention to provide the overnight stay aspects of the respite services as is currently provided, which is of huge and significant benefit to families, I can tell her that? From the facilities that the Government is committed to build, I think where the Department of Education currently is at the Commonwealth Park, is that the intention to provide that service in that location?

1180 **Hon. G Arias-Vasquez:** So I am very proud to be able to say that we are constantly looking for ways to make the service better and we are constantly looking for ways to improve the plight of parents and to assist the parents as much as possible.

1185 So the aim would be, yes, of course to look to support the parents. The aim of the new facilities that would house Dr Giraldi's and St Bernadette's might not necessarily be for respite. St Bernadette's and Dr Giraldi's might be more for supported living. Whether there be space for the respite there as well is a question which is still up in the air. We are looking at the best use of that service.

1190 What we are committed to doing is looking at each and every pound that the taxpayer spends in terms of the Care Agency and looking at how that pound can be maximised. So if we do feel that there is requirement for more respite beds, then we will provide that. But at the moment I want to be very clear that the tenders that are out are for respite for day services, a service which is currently sub-contracted and a service which we feel can be improved.

Hon. D J Bossino: Sorry about this ...

1195 **Madam Speaker:** One more.

1200 **Hon. D J Bossino:** I declared the interest already, but I think this does affect quite a few number of families and I do not think that point came out clearly, but maybe it is just me and everybody else understood it perfectly well.

1205 **Madam Speaker:** I am loath to and I have given a lot of leeway in terms of what was said this morning. (*Interjection*) But I remind the hon. Member that he should ask questions, supplementaries that arise from the answers given now and not this morning. (*Interjection*) So let's keep it to that. There has already been a lot of supplementaries on this.

So one more.

Hon. D J Bossino: Absolutely and I am really grateful for the Hon. the Chair, Madam Speaker's patience in relation to this.

1210 But what I was going to ask is whether ... Because I do not fully understand the distinction that has been made, although perhaps from a personal perspective I welcome it in the sense that, at the moment, we want this service to remain with the Care Agency. I think she heard that, as I said before, very loud and clear.

1215 So as far as the overnight stay service is going to remain with the Care Agency, does the Government have any intention, can she explain why a distinction is being made between one aspect of the service and the other? And may I also, with the Speaker's leave, ask her whether they have any current intention to also farm that out by way of tender process? By that, I mean the overnight stay.

1220 **Hon. G Arias-Vasquez:** So the distinction that has been made, Madam Speaker, is purely from the organisational perspective of where those services are offered and the services themselves. So respite between 3 p.m. and 7 p.m. is offered to more families, and we are able to offer that service to more families than we are able to offer overnight respite.

1225 So the aim is to look at where we are at the moment, the space available at the moment, which is another thing, apologies for this, Madam Speaker, but is another thing that I addressed this morning. So what we looking to address is the space available for those families and to increase the space and to increase the numbers that are able to avail themselves of the respite service which, I think, as the hon. Member acknowledges is very much valued by these family members.

1230 So what we are looking to do is to future-proof the respite services and allow us to make sure that it can continue to grow in a way that is concordant with the numbers that we are seeing come through the service. So that is what we are doing and that is what we are doing at the moment, for respite services between the hours of 3 p.m. and 7 p.m. which has a larger number of service users than the overnight stay.

1235 Would we look to increase the respite services? Absolutely. Have we really looked to consider that yet? That is not something which we have stopped to consider just yet to see how we can increase that service in the future.

Madam Speaker: Next question.

Q389/2024

Respite services for under-16s – Location; cost to service users and families

Clerk: Question 389/2024. The Hon. A Sanchez.

1240 **Hon. A Sanchez:** Can the Government disclose the location where it envisions that the respite services for individuals under the age of 16 to be offered once the tender process is completed? Additionally, can it confirm whether it foresees any of these services involving a cost to service users and their families?

1245 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, we are currently in the tender process and we will only know the potential locations once the tender process is closed. We expect to award the updated contract from 1st July 2024.

1250 The tender process has not been developed in a way with any intention to charge the service users or their families.

1255 **Hon. A Sanchez:** Madam Speaker, given that there are very limited locations where respite services, especially for those under the age of 16 can be offered in Gibraltar, does the hon. Member not have any ideas or anything in mind as to where she envisions that the services are going to be offered?

1260 **Hon. G Arias-Vasquez:** Madam Speaker, the very purpose of a tender process is to put it out there to see what comes back. So when we put it out for tender, we will see what comes back and who can offer the space in the best possible manner.

Madam Speaker: Next question.

Q390/2024
Sub-contracting services –
Cost effective for the taxpayer

Clerk: Question 390/2024. The Hon. A Sanchez.

1265 **Hon. A Sanchez:** Can the Government provide further details on how sub-contracting services, such as respite services, would be cost effective for the taxpayer?

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

1270 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the Care Agency currently sub-contracts care workers from a range of agencies who provides domiciliary care, home support, respite care, learning disability care and children's care. The Care Agency is going through the process of updating and renewing the contract arrangements.

1275 The sub-contracted companies provide administrative and managerial support to the workforce, for example, management of rotas, recruitments and payroll. The sub-contracted companies also need to manage absence levels and cost of absences and training costs.

The renewal of these contracts via a competitive tender process also means that the taxpayer can be assured of a competitive pricing process.

1280 **Madam Speaker:** Any Supplementaries?

Hon. A Sanchez: Madam Speaker, has the Government carried out an assessment of how much sub-contracting these services would save the taxpayer annually?

1285 **Hon. G Arias-Vasquez:** Madam Speaker, we have conducted an assessment of what we envisage will be the savings, but we have to very much wait for the tenders to come back to see what savings will be made.

1290 **Hon. D J Bossino:** Savings, and I know it may sound like an obvious question, but I will explain. Is the idea of savings that the overall cost of the Exchequer will come down? Is that her aim? Or is it that the cost will remain the same but the Government will get more out of it, as she was saying, I think before, make the pound work more? Looking for the expression.

1295 **Hon. G Arias-Vasquez:** Madam Speaker, again, it depends on the outcome of the tender process. The purpose of the tender process is to make sure that we have maximum efficiency and that each and every pound that the taxpayer pays in this regard is spent to its maximum efficiency.

So the purpose of the tender, whether it be by way of saving or by way of providing more services for the same cost, is essentially to provide a better outcome for the Gibraltar taxpayer.

1300 **Hon. D J Bossino:** So just to follow on that, is it the position then that if the Government after receipt of the tenders is not satisfied, that it either is going to save money or produce more service for the same cost, that these services will not be 'contractualised'?

1305 **Hon. G Arias-Vasquez:** Madam Speaker, it will always be the case that if we do not feel that we are getting the best value for money, then we will look to alternative arrangements.

Madam Speaker: Yes, Mr Sacarello. The Hon. Mr Sacarello.

1310 **Hon. C A Sacarello:** Thank you very much, Madam Speaker. *(Interjection by Madam Speaker)*
I am following yesterday, indeed.

Could I ask the Government, Madam Speaker, if there is a danger here that we could be compromising on quality delivered, given the hon. Lady's comments earlier on training or the lack of oversight of the level of training; and in particular for example with the English language level?

1315 **Madam Speaker:** We are not going to go back to allow you to ask a supplementary on a question we have finished with. So if you have a supplementary on *this* question, I will allow it, but we are not going to go backwards.

1320 **Hon. C A Sacarello:** Thank you very much, I appreciate that. The question is related to this particular question, I just made reference to an answer that you gave earlier on. But that is fine.

My question remains: are we compromising, are we as Gibraltar compromising on standards here? Is there a drop in quality given a lack of oversight of the training and other standards?

1325 **Hon. G Arias-Vasquez:** Madam Speaker, absolutely not. In fact, the very essence of what we are trying to do is improve the standards and make everything more efficient, more cost effective for the taxpayer. What we are trying to do is specify the standards that we are actually demanding of these companies.

So absolutely not. Is there going to be a dilution of services? Absolutely not. Is there going to be a dilution of the quality of services? Absolutely not.

1330 **Hon. C A Sacarello:** Will the level of English spoken by these people be similar to what we can offer locally?

1335 **Hon. G Arias-Vasquez:** Madam Speaker, the realities of our global positioning means that we will be getting a lot of workers across the border. That is the reality of our situation.

Will we try and improve the standard of English? Absolutely. Will we try and match people to their abilities so the people that can speak only English will have care workers that speak English? Absolutely. But that is what we try and do currently.

1340 Now, can I sit here and say to you that everyone will speak the Queen's English? Absolutely not! And I think we have to be realistic in that respect.

Hon. C A Sacarello: Madam Speaker, yes, the King's English, but the answer is a little facetious when we are talking about matters as important as the care of people. The young people are in vulnerable positions, particularly when they are feeling –

1345 **Madam Speaker:** Sorry, I am going to stop the hon. Member because I cannot see how this supplementary relates to Question 390/2024. We have dealt with the language.

Next question.

Q391/2024

**Services to be sub-contracted –
Additional tenders; services planned**

Clerk: Question 391/2024, the Hon. A Sanchez.

1350

Hon. A Sanchez: Could the Government clarify whether it intends to issue additional tenders to sub-contract services previously provided by the Care Agency and/or the ERS? If so, could the Government specify with which services they are planning to sub-contract?

1355

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, on 13th May 2024 the Government advertised the ‘Tender for the provision of care services and facility management for the elderly residential services for John Mackintosh Home, Bella Vista and Hillside.’

1360

The Government has no intention to issue any tenders for services which were previously provided for by the Care Agency and ERS.

HM Government of Gibraltar has issued and will be issuing tenders for services which are currently sub-contracted by the Care Agency or ERS to ensure a better value for money and accountability to the taxpayer. The Care Agency and ERS sub-contract care workers from a range of agencies and are going through the process of updating and renewing these arrangements in a transparent manner in line with Government procurement regulations.

1365

Madam Speaker: Any Supplementaries? Next question.

Q392-93/2024

**C Sullivan v. the Care Agency –
Prevention of similar negligence; settlement**

1370

Clerk: Question 392/2024. The Hon. A Sanchez.

Hon. A Sanchez: Madam Speaker, could the Government elaborate on any lessons learned from the personal injury case of *C Sullivan v. Care Agency* and detail any measures being taken to prevent similar instances of negligence from arising in the future?

1375

Clerk: Answer, the Hon. the 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 393/2024.

1380

Clerk: Question 393/2024. The Hon. A Sanchez.

Hon. A Sanchez: In relation to the personal injury case of *C Sullivan v. Care Agency*, could the Government confirm how the £10 million settlement has been paid, specifically whether it will be paid in one instalment or multiple instalments, and from what source?

1385

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

1390 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, following the unfortunate incident where a service user with both physical and learning disabilities sustained a serious injury, the Care Agency has conducted a review to identify the factors that contributed to this event. It is important to acknowledge that while the incident was an accident, the support arrangement at the time did not fully adhere to their intended staffing protocol.

1395 In summary, the incident highlighted that at the time of the accident a Government training-scheme employee was supporting the service user on a one-to-one basis in the bathroom, whilst his colleagues were supporting other service users in the flat. Protocol dictated that this cohort of employees are to be supervised at all times.

1400 At the time of the accident there were staff shortages, and in order to continue services staff who had already completed training for over six months on the scheme and were considered competent, were at times having to work independently.

The lessons learned pertinent to this case underscore the importance of strictly following staff and health and safety protocols, and cancelling respite services if those cannot be adhered to due to staffing shortfalls.

1405 The Care Agency has enhanced their learning and development programme where there continues to be focus on risk assessment, emergency response and specific challenges to supporting people with both physical and learning disabilities. Training is mandatory for all staff, and is reviewed regularly.

1410 The Care Agency insurance cover for liability has also been upgraded. In addition to this, the Care Agency has reviewed policies to enhance standards of care and recruitment. In terms of governance, the Learning Disability Services record all accidents and incidents which are reviewed in the form of debriefing sessions with those involved as a means to learn from the experience. The measures are part of the Care Agency's ongoing commitment to provide safe and high quality care to the service users.

1415 In answer to Question 393/2024, Madam Speaker, I can confirm that the £10 million was paid in one instalment in accordance with the Court Order and processed by Treasury on 8th May 2024.

Hon. A Sanchez: Madam Speaker, I am grateful for that explanation.

1420 In relation to the hon. Member's explanation about the unfortunate accident and the lessons learned from the trainee supervising the service user, could the hon. Member comment on the fact whether it was a case at the time, that due to Government policy at the time far more experienced carers were being replaced by trainees from the future job strategy, as she says, with little and no supervision is sometimes solely based on factors, say, because it was Spanish and they had to be replaced by local individuals that came from the Future Drug Strategy, for example?

1425 **Hon. G Arias-Vasquez:** Madam Speaker, in the explanation that I provided, I provided the information which I think specifically answers the question that the hon. Member has asked.

I am unable to provide any further information on the circumstances of that case.

Madam Speaker: Any supplementaries?

1430 **Hon. Dr K Azopardi:** Can I just ask on the settlement sum, the payment, the Hon. Minister, I think said that they have been paid in one instalment. Can she confirm whether there was any part of that £10 million that was paid by insurance cover? And secondly, was the payment made from the Consolidated Fund or from any other fund, or from any other entity controlled by Treasury?

1435 **Hon. G Arias-Vasquez:** Madam Speaker, as I confirmed in an interview which I gave on the day that the settlement was entered into, the £10 million was not covered by insurance because the insurance had already been exhausted previously.

1440 As to the Hon. Leader of the Opposition's second question, I am unable to confirm that as I do not have the information in front of me.

Hon. Dr K Azopardi: Will the Hon. Minister be able to obtain that information and perhaps write to us on that basis once she obtains it?

1445 **Hon. G Arias-Vasquez:** Absolutely, Madam Speaker, if the hon. Member could write me a quick email, I will be happy to provide that information.

1450 **Madam Speaker:** All right. As I understand it, we are now at the end of the questions, of the Hon. Mrs Sanchez's questions, but we have 382/2024 and 383/2024 to come back to. Is the hon. Member ready to ask supplementaries on those, or would you like some more time?

Hon. A Sanchez: I do not have supplementaries.

Madam Speaker: You do not have supplementaries? All right. So we can move on.

1455 **Clerk:** Question 394/2024.

Hon. G Arias-Vasquez: (*Interjection*) Sorry. Given that we are about to change, would it be a good opportunity to have a quick recess and come back in 10 minutes?

1460 **Madam Speaker:** All right. We will recess for 10 minutes. Come back at 5.25 p.m.

The House recessed at 5.15 p.m. and resumed at 5.25 p.m

Q394/2024

Shift Patterns for Allied Health Professionals –

Clerk: Question 394/2024, the Hon. J Ladislaus.

1465 **The Hon. J Ladislaus:** Madam Speaker, please outline the shift patterns for all Allied Health professionals within the GHA, broken down by Department.

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.

1470 **ANSWER TO QUESTION 394**

Grade	Working Hours
CHIEF PHARMACIST	8.45-4.30 (winter) 7.30am to 3.30pm (summer) plus on-call rota
PATHOLOGY SERVICES MANAGER	8am-3.30pm
CHIEF SPEECH & LANGUAGE THERAPIST	8.45-4.30 (winter) 7.30am to 3.30pm (summer) or 8am-3.30pm plus on call
HEAD OF OPTOMETRY	8.30/9am-4/4.30pm (winter) and 8am-3.30pm
RADIOLOGY SERVICES MANAGER	9am-4.30pm (winter) and 8am-3.30pm (summer)
PHYSIOTHERAPY SERVICES MANAGER	8.30-4.30pm all year round
SNR CLINICAL PHARMACIST/DISPENSARY MANAGER	8.45-4.30 (winter) 7.30am to 3.30pm (summer) plus on-call rota
HEAD OCCUPATIONAL THERAPIST	8.30am-4.30pm all year round
SPECIALIST DIETITIAN	8.30am-4.30pm all year round

CLINICAL PSYCHOLOGIST	9am to 5pm plus two evening clinics per week
COUNSELLOR	9am to 5pm plus two evening clinics per week
CLINICAL PHARMACIST	8.45-4.30 (winter) 7.30am to 3.30pm (summer) plus on-call rota
BASIC GRADE PHARMACIST	8.45-4.30 (winter) 7.30am to 3.30pm (summer) plus on-call rota
PHARMACY ASSISTANT TECHNICAL OFFICER	8.45-4.30 (winter) 7.30am to 3.30pm (summer) plus on-call rota
BLOOD BANK MANAGER	8am-3.30pm plus on call
QUALITY MANAGER	8am-3.30pm plus on call
PUBLIC ANALYST	8am-3.30pm
DEPUTY PUBLIC ANALYST	8am 3.30pm plus on call
SENIOR BIOMEDICAL SCIENTIST	8.45-4.30 (winter) 7.30am to 3.30pm (summer) or 8am-3.30pm plus on call
BIOMEDICAL SCIENTIST	8.45-4.30 (winter) 7.30am to 3.30pm (summer) or 8am-3.30pm plus on call. Shift rota - working three shifts/week.
BIOMEDICAL ASSISTANT	8.45-4.30 (winter) 7.30am to 3.30pm (summer) or 8am-3.30pm plus on call. Shift rota - working three shifts/week.
PATHOLOGY PRODUCTION ASSISTANT (P/time)	8am-3.30pm
	8.45am-4.30pm (winter) and 8am-2.30pm (summer) plus on call
BIOMEDICAL SCIENTIST - Molecular Team	7.45am-8.15pm
BIOMEDICAL ASSISTANT - Molecular Team	7.45am-8.15pm
HEALTH PROMOTION OFFICER	8.30am-4.30pm all year round
APPROVED MENTAL HEALTH PRACTITIONER	8am to 1pm and 2pm to 5pm plus on call
DIETITIAN - Sen I	8.30am-4.30pm all year round
OCCUPATIONAL THERAPIST - Sen I	8.30am-4.30pm all year round
OCCUPATIONAL THERAPIST - Sen II	8.30am-4.30pm all year round
JUNIOR OCCUPATIONAL THERAPIST	8.30am-4.30pm all year round
PHYSIOTHERAPIST - Sen I	8.30am-4.30pm all year round
PHYSIOTHERAPIST - Sen II	8.30am-4.30pm all year round
JUNIOR PHYSIOTHERAPIST	8.30am-4.30pm all year round
PHYSIOTHERAPIST HELPER	8.30am-4.30pm all year round
RADIOGRAPHER	9am-4.30pm (winter) and 8am-3.30pm (summer) plus on call
RADIOGRAPHY ASSISTANT	9am-4.30pm (winter) and 8am-3.30pm (summer)
SPEECH & LANGUAGE THERAPIST	9am-4.30pm
PAEDIATRIC SENIOR SUPPORT WORKER	9am-4.30pm
HEAD ORTHOPTIST	8.30am-4.30pm
HOSPITAL OPTOMETRIST	8.30/9am-4/4.30pm (winter) and 8am-3.30pm.
TECHNICAL INSTRUCTOR	8.30am-4.30pm all year round

Madam Speaker: Right, I will give you time to consider that. We will carry on with the next question in the meantime.

Q395/2024
Emergency call handling –
Envisaged timeline; control room staff

Clerk: Question 395/2024, the Hon. J Ladislaus.

1475 **The Hon. J Ladislaus:** Madam Speaker, what is the envisaged timeline for all emergency calls to be handled by a single unified control room and who will staff that control room?

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

1480 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, at present the implementation of a tri-service control centre is not included in the GHA Strategic Plan. Our current focus remains on the ongoing development of the 111 999 call centre.

1485 **Madam Speaker:** Any supplementaries? To the Hon. Minister rather than to your hon. Colleague.

1490 **Hon. D J Bossino:** So is the idea to transpose what is currently offered by the 111 to the GHA, is that what she means by the last limb of her answer? So in other words, the Government is going to see how that develops with the potential of adopting it for the GHA. I did not quite understand.

Hon. G Arias-Vasquez: Madam Speaker, there was a press release a couple of weeks ago, I think it was last week or something, which says that the service will move to the GHA. So the 111 999 service is now manned by the GHA.

1495 **Madam Speaker:** Next question.

Q396-97/2024

Frontline emergency ambulance – Procurement cost; rapid response vehicles operational

Clerk: Question 396/2024. The Hon. J Ladislaus.

1500 **The Hon. J Ladislaus:** Madam Speaker, what was the cost of procuring the new frontline emergency ambulance?

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

1505 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Question 397/2024.

Clerk: Question 397/2024. The Hon. J Ladislaus.

1510 **The Hon. J Ladislaus:** Madam Speaker, when will the new frontline emergency ambulance and rapid response vehicles be operational?

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

1515 **Hon. G Arias-Vasquez:** Madam Speaker, the answer to Question 396/2024 of the total cost of the new frontline emergency ambulances and the high dependency unit is £281,748.

In answer to Question 397/2024, the most recent projection delivery date of frontline ambulances is estimated to be within 10 weeks. Two frontline ambulances have arrived at the coach builders and now require conversions for operations in Gibraltar. As for the rapid response vehicle, the fleet procured a new RRV in 2023, so there are no immediate plans for their replacement.

1520 **The Hon. J Ladislaus:** Madam Speaker, can the Hon. Minister confirm whether they will replace older vehicles in the GHA's ambulance fleet or is it envisaged that they will work alongside them for the time being?

1525 **Hon. G Arias-Vasquez:** Madam Speaker, there is a plan to roll out new ambulances as and when they are required. So the ambulances will be working alongside the current fleet until the plan kicks in for that ambulance to be replaced.

Madam Speaker: Any more supplementaries? Next question.

Q398-99/2024
Chaperoning of patients –
Examination protocol; safeguarding

Clerk: Question 398/2024. The Hon. J Ladislaus.

1530 **The Hon. J Ladislaus:** Madam Speaker, what is the protocol at the GHA in respect of chaperoning of patients upon examination by a doctor?

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

1535 **The Hon. the Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will ask this question together with Question 399/2024.

Clerk: Question 399/2024. The Hon. J Ladislaus.

1540 **The Hon. J Ladislaus:** Madam Speaker, has a chaperoning protocol at the GHA proved to be effective in safeguarding: (1) Patients, (2) Clinicians, and (3) Members of staff acting as chaperones?

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

Hon. G Arias-Vasquez: Madam Speaker, GHA clinical staff follow General Medical Council, Nursing and Midwifery Council and Nursing Registration Board Guidelines on chaperoning. These professional bodies regulate all consultants and nurses. These guidelines, together with legislation, protect the patient, the clinician and any member of staff acting as a chaperone.

1550 Within the GHA, a chaperone will usually be a healthcare professional unless the patient has requested a family member or friend. All patients are entitled to have a chaperone present for *any* consultation or examination. The chaperone will be the same sex as a patient, as per safeguarding, as an impartial observer during an examination of a patient.

1555 The process of having a third person present, i.e. the chaperone, provides emotional and sometimes physical support to the patient. The chaperone's role is effectively in safeguarding and respecting the patient's dignity by being alert to any improper behaviour during the consultation or examination. Chaperones also safeguard and protect clinicians against alleged allegations of improper behaviour or conduct during consultations or during conducting an examination.

1560 Finally, members of staff acting as chaperones fulfil a number of requirements to safeguard patients and clinicians. Additionally, under GMC, NMC, GHRB/NRB guidelines, these guidelines lay out that the chaperones should be prepared to report any concerns about a clinician's behaviour or actions. From this, you can see that the approach to chaperoning in the GHA is comprehensive and whilst it can always be improved we believe it is effective.

1565 **The Hon. J Ladislaus:** Madam Speaker, have factors relating to Gibraltar as a unique jurisdiction – I am referring, of course, to our size, location, cultural differences – been taken into account when implementing the chaperoning service that we have in place?

1570 **Hon. G Arias-Vasquez:** Madam Speaker, the provisions are provided here in Gibraltar, so they will always be adequate to meet the cultural needs of the population.

1575 **The Hon. J Ladislaus:** Madam Speaker, we are aware that there have been some issues in recent years in terms of chaperoning, and there is at least one case where allegations have been made by a service user of inappropriate conduct by a consultant. Has there been an internal investigation into such allegations and have the conclusions of that investigation influenced any changes in chaperoning protocol since?

1580 **Hon. G Arias-Vasquez:** Madam Speaker, we are aware of one particular complaint that has been made. That complaint has been investigated thoroughly by the GMRB, the GMC and beyond that. The matter is currently the subject of legal proceedings so we are unable to go into that in any further detail.

Madam Speaker: Next question.

Q400/2024
Prescription printers –
Introduction; cost; resources; replacement

Clerk: Question 400/2024. The Hon. J Ladislaus.

1585

The Hon. J Ladislaus: Madam Speaker, when were the current prescription printers introduced to the GHA, and:

- 1590 (i) What was the cost of purchasing all the current prescription printers, inclusive of all resources necessary to run them, such as ink and specialist paper?
- (ii) What is the cost of replacing a prescription printer?
- (iii) And what has been the annual cost, broken down by year, of running the current prescription printers since they were introduced, to include the combined cost of ink, specialist paper and maintenance?

1595 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

1600 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, prescription printers were initially deployed within the GHA in April 2010. The cost of purchasing all the current prescription printers, inclusive of all resources necessary to run them – such as ink and specialist paper – for the period 2019 to date is £69,150.

The cost of replacing a prescription printer is currently £494.00.

Additionally, the breakdown of the £69,150 is as follows: the prescription printers.

So financial year 2019-2021, 19 printers were purchased at a total cost of £7,318.00.

For the financial year 2021-2022 there were no purchases.

1605 Financial year 2022-2023 there were no purchases.

Financial year 2023-2024 there were 16 printers purchased at a total cost of £7,714.00.

The financial year 2024 to date there are no printers purchased to date.

The blue prescription roll printing paper, the cost of that is: in the financial year 2019-2021, £21,800.

1610 Financial year 2021-2022 the cost is £7,850.00.
Financial year 2022-2023, £9,668.00.
Financial year 2023-2024, £14,800.00.
For the financial year 2024-2025 there have been no purchases to date.
Prescription printers are only purchased as and when required. As these prescription printers
1615 are thermal printers, there is no need to use ink or toners, and as such there is no cost incurred
for the ink.

The Hon. J Ladislaus: I am grateful for that.

Has the Hon. Minister considered, or would she consider reviewing this policy of the use of
1620 printers to print prescriptions and perhaps move towards a more electronic-based system
whereby there would be a cost saving to the GHA?

Hon. G Arias-Vasquez: Madam Speaker, that has indeed been mooted and it is one of the
1625 things that we are looking for as a cost-saving measure.

Hon. D J Bossino: Which – I am assuming it is a company that provides the printers – can she
state which company provides the printers?

Hon. G Arias-Vasquez: Madam Speaker, that is a very specific question. I do not have the
1630 information on me.

Hon. D J Bossino: Is she able to say that they are outsourced, although she is not able to identify
which provider it is, but is she able to say that they are provided by a company?

Hon. G Arias-Vasquez: Madam Speaker, I assume that we buy the printers from somewhere.
1635 So, yes, the GHA does not manufacture printers, so it must be.

Hon. D J Bossino: Not the actual printers but the servicing and all the rest of it, that is what
I want to find out. Maybe if we ask the question at the next session or indeed write to the hon.
1640 Member given that she does not have the information?

Hon. G Arias-Vasquez: Thank you.

Madam Speaker: Next question.

1645

Q401/2024
Ozempic –
Health complaints after taking

Clerk: Question 401/2024. The Hon. J Ladislaus.

The Hon. J Ladislaus: Madam Speaker, how many service users have presented at the GHA
1650 with health complaints after having taken the drug Ozempic?

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

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, a service
1655 user can present to the GHA with a health complaint at any time whether or not they are taking

Ozempic. It is difficult to disentangle whether these complaints are attributable to the drug as the data is not recorded in that way.

1660 **The Hon. J Ladislaus:** Madam Speaker, incidentally, in July 2023 the European Medicines Agency announced it was looking into mental health side effects associated with Ozempic, including thoughts of self-harm and suicide. Has the GHA carried out an impact and risk assessment prior to authorising the prescription of Ozempic in Gibraltar?

1665 **Hon. G Arias-Vasquez:** Madam Speaker, the GHA goes through NICE guidelines. So whatever is authorized by the NICE guidelines would be implemented in Gibraltar. So I do not believe that we have carried out such an impact assessment, but we would follow the NHS and any recommendations that were made by the NHS.

Madam Speaker: Next question.

Q402/2024

New Community Mental Health Facility – Recruitment: psychiatrists, psychologists, specialist mental health nurses

1670 **Clerk:** Question 402/2024. The Hon. J Ladislaus.

The Hon. J Ladislaus: Madam Speaker, will there be recruitment of further psychiatrists, psychologists and specialist mental health nurses to staff the new Community Mental Health Facility?

1675 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

1680 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the new CMHT facility will be staffed by the *current* complement of professionals. This complement will be continually reviewed as the service grows or the needs change. The new model for the community mental health service will be multi-disciplinary and will also be closely aligned with the charity sector.

1685 **The Hon. J Ladislaus:** Madam Speaker, from the answer given by the Hon. Minister, which I am grateful for, can we therefore assume that there will be no expansion of the staffing complement?

Hon. G Arias-Vasquez: Madam Speaker, that is correct. At the moment, it is not envisaged that there is any expansion of the staffing complement.

1690 **Madam Speaker:** Next question.

Q403/2024

Autism Spectrum Disorder and Attention Deficit Hyperactivity pathways – Addressing shortfall

Clerk: Question 403/2024. The Hon. J Ladislaus.

1695 **The Hon. J Ladislaus:** Madam Speaker, are there currently enough psychiatrists employed by the GHA to implement the autism spectrum disorder and attention deficit hyperactivity pathways, which are currently in the process of being drafted? And, if not, what is being done to address any shortfall?

1700 **Clerk:** Answer, the Hon. the Minister for Health, Care and Business.

Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, the number of full-time psychiatrists employed by the GHA is sufficient to meet the demand.

1705 **The Hon. J Ladislaus:** Madam Speaker, have any assessments been carried out as to whether that is the case to date?

Hon. G Arias-Vasquez: Madam Speaker, we are in consultation at the moment with multi-disciplinary teams of paediatricians, psychiatrists, occupational therapists, speech therapists, etc. in order to confirm that that is indeed the case.

1710 So there is not only a requirement for the psychiatrist to carry out this assessment, but the psychiatrists have carried out an assessment and have determined that, together with the multi-disciplinary team that has come together specifically for the development of the neuro-developmental pathway, they have the sufficient resources in place to be able to assess children as required under the pathway.

1715

The Hon. J Ladislaus: I am grateful for the comprehensive answer. Could the Hon. Minister confirm that in the event that a further need is identified for further staff, that further staff will be employed in order to implement these pathways?

1720 **Hon. G Arias-Vasquez:** Madam Speaker, it has always been this Government's policy to ensure that the service can be delivered. If we are advised by the clinicians involved that there is a need, we will look to that. But at the moment I want to be very clear that we are told that the complement is sufficient to cover the demand.

1725 **Madam Speaker:** Next question.

Q404-08/2024

Psychologist waiting times –

Sufficient; intact; employment; contractual arrangements; waiting lists

Clerk: Question 404/2024. The Hon. J Ladislaus.

1730 **The Hon. J Ladislaus:** Madam Speaker, what is the average waiting time for a service user to see a psychologist at the GHA from the moment of referral broken down by adults and children and adolescents?

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

1735 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, I will answer this question together with Question 405/2024 to 408/2024.

Clerk: Question 405/2024. The Hon. J Ladislaus.

1740 **The Hon. J Ladislaus:** Madam Speaker, is the current complement of psychologists sufficient to meet the demands placed on service?

Clerk: Question 406/2024. The Hon. J Ladislaus.

1745 **The Hon. J Ladislaus:** Madam Speaker, is the current number of full-time psychologists employed by the GHA sufficient to meet the high demands placed in the service?

Clerk: Question 407/2024. The Hon. J Ladislaus.

1750 **The Hon. J Ladislaus:** Madam Speaker, is the GHA's current complement of full-time psychologists intact or has the complement been depleted because of long-term sick leave, disciplinaries, resignations or for any other reasons?

Clerk: Question 408/2024. The Hon. J Ladislaus.

1755

The Hon. J Ladislaus: Madam Speaker, how many psychologists are in employment at the GHA as from 13th May 2024? How many of those are employed: (1) On a full-time basis; (2) On a part-time basis; (3) As locums; and (4) On a consultancy basis?

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

Hon. G Arias-Vasquez: Madam Speaker, in answer to Question 404/2024, the current average waiting time for a service user to see a psychologist from the moment of referral is as follows: adults 16 weeks; children and adolescents seven weeks. It is very important to note, however, that whilst waiting to see a psychologist, patients can also receive other forms of support, such as from Gibraltar Young Minds, counsellors or in the form of self-help materials.

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In answer to Question 405/2024 and 406/2024, yes, a full complement of psychologists are employed by the GHA. Counsellors, behavioural therapists and assistant psychologists support the psychologists.

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And in answer to Question 407/2024, the current complement of full-time psychologists is intact and therefore not depleted.

In answer to Question 408/2024, the GHA presently employs five clinical psychologists on a full-time basis; and additionally the GHA has contractual arrangements via service-level agreements with one counselling psychologist and one assistant psychologist.

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The Hon. J Ladislaus: Madam Speaker, given the nature of mental health issues, does the Hon. Minister feel that 16 weeks in order for an adult to see a psychologist and seven weeks for a child to see a psychologist is acceptable; and are Government doing anything to lower those waiting lists?

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Hon. G Arias-Vasquez: Madam Speaker, as I pointed out whilst the adult or whilst the child is looking to see a psychologist, there are other therapies that are available. So the child will see a counsellor, the child will be referred to other therapies.

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So the current waiting time, whilst obviously we would want to reduce that, is much lower than the UK and is not waiting time in a vacuum. It is a waiting time supported by other services.

The Hon. J Ladislaus: Madam Speaker, with approximately 4,000 people in Gibraltar per annum between the years of 2019 and 2023 having been medicated for mental health issues, does the Hon. Minister agree it may be time to look further into the development of the psychology team and the services that they can offer and the therapeutic services on offer, to move away from

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over-medicating when alternative treatments, or even treatments that are complementary to medication, can be relied upon such as cognitive behavioural therapy?

1795 **Hon. G Arias-Vasquez:** Madam Speaker, we have spoken about it tangentially, so I appreciate that the hon. Member might not be aware of it. We spoke about, both in an opinion piece I wrote in the Chronicle and in the subsequent press release, we spoke about the moving of the community mental health team from where they currently are to a location which is yet to be determined.

1800 The aim of the move of that project is not solely to lift and shift the services, but is intended to provide additional services to support users in the community. So the aim of the move is to: (1) Improve the facilities available; and (2) Provide a change in the services that are offered. I speak about it in terms of a hub because it is a hub which is intended to provide additional services, both in respect to the support that the people need and in terms of the multi-disciplinary teams that will be providing those services.

1805 So the intention is to provide a centre where people can come and just be; to provide a centre where people can come to provide counselling services, etc.; where charities can be more plugged into the services that are offered to patients in the future; and indeed where charities can come and avail themselves of the facilities offered.

1810 So when we talk about a new mental health facility and new services that are being offered, what we intend to do is not only to simply shift the services that are currently provided in the Coaling Island facility, but to improve the range of offering of the services available to members of the community to indeed prevent medication; to indeed prevent these members from having to attend Ocean Views or a similar facility by catching them at a point in time where they can avail themselves of the facilities that are available in the community. That is the aim of the new community mental health project.

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The Hon. J Ladislaus: I am grateful. Can the Minister give just an approximate as to when she expects that the hub will be up and running?

1820 **Hon. G Arias-Vasquez:** So we are in the process at the moment, Madam Speaker, of determining, we have found a location and it is simply a case of putting together the project in as effective a manner as possible. We intend to announce the project, hopefully, within the next few weeks and then it is simply a case of how long the refurbishment of the building will take.

1825 **The Hon. J Ladislaus:** Can we just confirm that the building is already an existing building and does the Hon. Minister have any idea as to costs of refurbishment?

1830 **Hon. G Arias-Vasquez:** Madam Speaker, the aim at the moment – I am not committing to this because we still have a lot of work to do on this – is to refurbish an existing building and we have an estimate of cost but I would rather not give that estimate of costs here today.

Madam Speaker: Next question.

Q409-13/2024

Psychiatrist waiting times –

Sufficient; intact; employment; contractual arrangements; waiting lists

Clerk: Question 409/2024. The Hon. J Ladislaus.

1835 **The Hon. J Ladislaus:** Madam Speaker, what is the average waiting time for a service user to see a psychiatrist at the GHA from the moment of referral in respect of both adults and children and adolescents?

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

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The Hon. the Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, I will answer this question together with Question 410/2024 to 413/2024.

Clerk: Question 410/2024. The Hon. J Ladislaus.

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The Hon. J Ladislaus: Madam Speaker, does the GHA employ a full time psychiatrist with a specialism in children and adolescents?

Clerk: Question 411/2024. The Hon. J Ladislaus.

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The Hon. J Ladislaus: Madam Speaker, of the psychiatrists employed by the GHA, how many are (1) On a full-time basis, (2) On a part-time basis, and (3) As locums?

Clerk: Question 412/2024. The Hon. J Ladislaus.

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The Hon. J Ladislaus: Madam Speaker, is the GHA's current full-time psychiatrists intact, or has the complement been depleted because of long-term sick leave, disciplinarys, resignations or for any other reasons?

Clerk: Question 413/2024. The Hon. J Ladislaus.

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The Hon. J Ladislaus: Madam Speaker, is the current number of full-time psychiatrists employed by the GHA sufficient to meet the high demands placed on the service?

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

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Hon. G Arias-Vasquez: Madam Speaker, in answer to question 409/2024, the wait time for all varies depending on the acuity of the situation. In an emergency or crisis, the patient is seen according to the established mental health crisis pathway. For routine non-emergency referrals, the wait time is usually around four to six weeks.

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In answer to Question 410/2024, as per other small-size jurisdictions the GHA does not employ a full time psychiatrist with a specialism in children and adolescents. The core team of general psychiatrists work across the age range and span of conditions, and where required seek advice and input from the professionals in the UK.

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In answer to Questions 411/2024 and 412/2024, the GHA currently employs five consultant psychiatrists, three on a full-time basis and two part time. Additionally, there is one locum consultant psychiatrist working on a full-time basis and a part time locum consultant psychiatrist commencing on 3rd June 2024. The complement of full-time psychiatrists is intact and therefore not currently depleted.

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In answer to Question 413/2024, the number of full-time psychiatrists employed by the GHA is sufficient to meet demand as shown by the relatively short wait time of four-to six-weeks.

The Hon. J Ladislaus: Madam Speaker, we have heard the Hon. Minister state that it is unnecessary for us to have a full time psychiatrist. If my memory serves me correctly, the psychiatrist who is currently employed by the GHA as a locum gives the GHA four hours of work per week, if I am not mistaken, in increments of two hours each time. I believe that was the answer

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given by the Hon. Minister when I last asked that, and then he comes to Gibraltar once every three months for a week at a time for face-to-face consultations with children and families.

1890 Does the Hon. Minister really think that that is an appropriate amount of time to dedicate to this area, particularly given with evidence which we have had recently in the reports suggesting increasing numbers of children with SEN, within Gibraltar, many of whom require psychiatric treatment and medications?

1895 **Hon. G Arias-Vasquez:** Madam Speaker, it is not for me to opine on whether the complement is sufficient or otherwise. I am told by the clinicians that the current complement is sufficient to meet the current demands. So, yes, there is an increase in demand of SEN and again we go back to the neuro-developmental pathway.

1900 The neuro-developmental pathway for children with ASD, ADHD and other such neuro-developmental issues is dealt with by a multi-disciplinary team. So it is not purely the psychiatrists that are dealing with that issue, it is a team of psychiatrists, paediatricians, speech therapists, occupational therapists, etc. Everyone coming together to meet the requirements of the service.

So the neuro-developmental pathway with the multi-disciplinary team that backs it should be able to meet the demands of the service for children and adolescents.

1905 **Madam Speaker:** Next question.

Q414/2024
Effects of refinery –
Impact on health; planned study

Clerk: Question 414/2024. The Hon. J Ladislaus.

1910 **The Hon. J Ladislaus:** Madam Speaker, can the Minister comment as to whether the Government has recently commissioned any reports into the effects and impact of the neighbouring refinery on the health of Gibraltar's population? If not, are there plans to commission such a study?

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

1915 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, we have not commissioned such a study and there are no plans to commission any study through Public Health.

Madam Speaker: Next question.

Q415-16/2024
Cancer diagnoses –
Higher than Europe/world; types of cancer

1920 **Clerk:** Question 415/2024. The Hon. J Ladislaus.

The Hon. J Ladislaus: Madam Speaker, are the number of cancer diagnoses higher in Gibraltar than the average statistics for diagnosis in Europe and the rest of the world?

1925 **Clerk:** Answer, the Hon. the 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 416/2024.

Clerk: Question 416/2024. The Hon. J Ladislaus.

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The Hon. J Ladislaus: Madam Speaker, what are the statistics in respect of cancer diagnoses in Gibraltar broken down by adults and children and types of cancer for the years: 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023 and 2024 to date?

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

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): Madam Speaker, there is currently no statistical evidence that suggests the number of cancer diagnoses in Gibraltar are higher than in Europe or the rest of the world. The GHA currently holds a database where discussions on possible cancer diagnosis held by a multi-disciplinary team are recorded. Below are the numbers of patients recorded on this database broken down by tumour groups.

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It is important to note that the database may not hold complete information around diagnoses as its primary function is *not* a cancer register. For example, skin non-melanoma diagnosis started to be collected more rigorously part of the way through 2022 and therefore previous statistics are incomplete. Cancer diagnoses within the private sector, for example, are also not reflected in this data.

I now hand over the Schedule with the information requested.

ANSWER TO QUESTION 416

Tumour Group	2016	2017	2018	2019	2020	2021	2022	2023	2024
Adrenal	-	-	-		1	-	-		-
Brain	-	8	-	6	1	7	5	5	1
Breast	13	31	34	31	26	42	35	37	9
Eye	-	-	-	-	-	-	1	1	-
Gynaecology	3	9	12	15	10	12	14	20	8
Haematology	-	3	4	5	7	7	20	20	3
Head & Neck	4	3	7	10	5	8	10	8	3
Lower GI	14	38	26	17	20	26	21	33	9
Lung	7	27	22	12	18	27	27	27	10
Sarcoma	-	4	1	1	1	1	1	3	1
Skin (Melanoma)	3	4	7	5	3	5	12	20	8
Skin non-melanoma	-	1	-	1	2	2	49	146	57
Thyroid	-	-		-	1	1	-	3	-
Unknown Primary	-		2	1	-	4	7	3	1
Upper GI & HPB	7	20	12	11	25	17	16	21	8
Urology	11	30	25	31	59	55	61	98	34

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Madam Speaker: I will give the hon. Member time to look at the Schedule and we will come back to any Supplementaries on this later.

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Hon. Dr K Azopardi: Madam Speaker, while my hon. Colleague considers the Schedule, can I just ask on 415/2024 which I think is not related to the Schedule? So the Minister says there is no statistical evidence, now in coming to that conclusion on advice from officials, obviously, can the Minister give us a bit more information as to how the GHA, or those advising her, have come to that conclusion?

1960 Specifically, if I may, so that she understands where I am going from, I appreciate the question is quite broad but in terms of assessing, for example, the correlation or impact of environmental factors on cancer, has there been a comparison between the rates of cancer in Gibraltar and those in the immediate region in Spain, in Andalusia or the provinces close by?

1965 **Hon. G Arias-Vasquez:** Madam Speaker, I am not aware of whether there has been such a survey conducted of the number of cancers in Gibraltar and in the nearby region. What I do know is that the clinicians involved, and in particular the oncologists involved would be the ones to inform myself and Government if they are of the opinion that these were contributing factors to the number of cancers in the area.

1970 Specifically, when the question is asked of the oncologist in Gibraltar he points to four factors, none of which relate to the refinery and they are diet, exercise the normal factors that an oncology would point out. So we would be looking to the oncologists and the Director for Public Health to point us in the direction of telling us whether they thought that it was required to have a survey specifically determining whether this was a factor or otherwise.

1975 Now, in the data that is provided, the data that has now started to be collected, is data which is far more accurate as to the number of cancers that are being recorded in Gibraltar. That data, in itself, presents slightly problematic factors in that there are people that come across the frontier who have their cancers diagnosed here in Gibraltar.

So if we are looking at a summary of the population in Gibraltar, the data collected may not be a complete picture of the number of cancers recorded in Gibraltar of the resident population because of factors such as that.

1980 **Hon. Dr K Azopardi:** I appreciate what the Hon. Minister is saying but because she originally, in her original answer, said there is no statistical evidence that it is higher, in fact what I think she has explained now is that that is based on advice. But that she has also accepted that there has been no real statistical comparison to Andalusia or the provinces next to Gibraltar.

1985 So it is not really based insofar as the precise question of a comparison with the regions around us. The answer is actually there has not been a real evidential comparison other than she takes advice from the oncologists and would seek their guidance. Does she not think that, perhaps, it would be helpful to try to assess that in a more precise way?

1990 **Hon. G Arias-Vasquez:** Madam Speaker, the question that was asked of me was whether the number of cancer diagnosis are higher in Gibraltar than the average statistics for Europe and the rest of the world. The answer to that question is that it is not thought that the cancer diagnosis in Europe and the rest of the world is higher in Gibraltar than in Europe or the rest of the world.

1995 So the answer to that question remains as stated previously that there is no statistical data, as analysed by the experts that we employ to analyse the statistical data, which points to the fact that there is a higher instance of cancer diagnosis in Gibraltar than the rest of the world. So that is just for the clarification purposes. We have not gone into looking at the numbers comparing Gibraltar to the surrounding regions.

2000 **Hon. Dr K Azopardi:** I appreciate that. I think the Minister has just repeated, really, what she said already.

2005 I fully appreciate that the original question was quite wide and I was trying to drill down, pointing to a more specific analogy, perhaps, or at least evidential base which could guide. And really what I was asking, and I do not think the Minister has answered, is: does she not agree that it would be helpful having regard to the sort of region that we all live in, in this part of the southern Mediterranean, that there be some kind of assessment made of the morbidity rates of cancer in Andalusia and indeed in Cadiz and Malaga compared to Gibraltar and that, perhaps, would be interesting from the sort of environmental aspects as well as the actual rates?

I appreciate that the question was much wider than that and what I was trying to ask her, really more precisely, is: does she not think that we could do a much more focused assessment?

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Hon. Prof. J E Cortes: Madam Speaker, if I may assist having been asked similar questions maybe 10 years ago. We did try this at the time and there was one particular study, I believe, on breast cancer which was not conclusive.

2015 Madam Speaker, the variables are so great that it was decided then and I do not think things will have changed now, although certainly data collection is much better now, but the variables were so great that it was not felt that they would be able to establish cause and effect in any way.

So I completely agree with the Hon. Minister's conclusion.

Madam Speaker: Next question.

**Q416/2024
Supplementaries –
Cancer diagnoses**

2020 **Clerk:** Question 417/2024. The Hon. J Ladislaus.

The Hon. J Ladislaus: I am ready, in respect of the previous question.

2025 **Madam Speaker:** Supplementaries for 416/2024. Alright, yes, we will take the Supplementaries to 416/2024 before moving on then.

The Hon. J Ladislaus: Madam Speaker, in respect of the answer, the Schedule handed, as regards Question 416/2024, I am looking at urology at the very bottom of that table. Can the Hon. Minister confirm whether that includes prostate cancers?

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Minister for Health, Care and Business (Hon. G Arias-Vasquez): I believe it does, yes.

2035 **The Hon. J Ladislaus:** I am not sure whether the Hon. Minister will have this information but are the sharp increases in numbers seen here in respect to urology? Because there is an alarmingly sharp increase, 2016, 11 and we go all the way to 2023 there are 98 cases diagnosed. Are those increases in number due to better data collection and recording; or do these reflect actual increases in the number of people who are diagnosed with these cancers?

2040 **Hon. G Arias-Vasquez:** Madam Speaker, I think that the answer is both, but I also think that the spikes and in particular, for example, if you look at skin: non melanoma there is also a spike there which I also asked about. So the increase in skin: non-melanoma and the increase in urology are also linked to skin cancer and prostate awareness campaigns.

So there is always a spike after those campaigns, which shows the value of those campaigns and the need to increase screenings in this area.

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2050 **The Hon. J Ladislaus:** One question based on the answer that the Hon. Minister has just given and it is in relation to a specific type of cancer, which is ovarian cancer, which is well known for being diagnosed at a very late stage, usually. In respect of ovarian cancer, would the GHA perhaps benefit from further screening, or a screening campaign as has been done with these other cancers?

2055 **Hon. G Arias-Vasquez:** So, Madam Speaker, the GHA benefits from screening programmes and from awareness campaigns in respect of every single cancer. Let's be clear and let's say that at the outset. The one thing that I would say is that there are certain cancers whose symptoms are very vague. To give you another example, pancreatic cancer.

2060 So there are campaigns at the moment and we have groups that are talking to the Director of Public Health about vague symptom awareness in GPs, so that GPs are aware of certain vague symptoms that in and of themselves might not be nothing individually, but when taken as a whole may point to specific cancers such as pancreatic cancer.

Madam Speaker: Next question.

Clerk: Question 417/2024. (*Interjections*)

2065 **Madam Speaker:** Yes, you have to get my attention. You have been sitting there so quietly I had almost forgotten you were there. Yes, do you have a supplementary?

Hon. E J Reyes: Yes. I am going to ask for a clarification.

2070 **Madam Speaker:** Yes.

Hon. E J Reyes: Thank you, Madam Speaker.

2075 For those of us not so well acquainted with the medical terms, I see there is a lower GI and then second last from the bottom is an upper GI, but the upper GI also includes HPB. For those of us not acquainted with medical terms, perhaps the Minister could enlighten us a little bit?

Hon. G Arias-Vasquez: Madam Speaker, unfortunately, I am unable to assist but I am sure that I will be able to get that information for you should you request it.

2080 **Hon. D J Bossino:** If I may, Madam Speaker, is this information leading the Minister somewhere? In other words, what comment can she make about ...? I mean, she has provided this information and we are having our own internal discussions arising from that, and some of them have been the subject of questions and I put it in these broad terms.

2085 For example, breast cancer, there is some good news in the sense that there is a drop from a figure in the 30s and 40s for a pretty much long period of time between 2017 and 2023, and there is a huge decrease in 2024 from 37 to 9, which is a good – (*Interjection*) Oh, to date, I see. Forgive me, of course, yes we are very early on.

2090 But the broad question does remain – and I do apologise to the House for that mistake – what conclusions does she draw and will it assist or inform her in coming up with policy? Does she have any comments in relation to that?

2095 **Hon. G Arias-Vasquez:** Madam Speaker, whilst it is for me to look at this and draw conclusions, it really remains for the Director of Public Health, it remains for the oncologists to draw those conclusions. The conclusions are that the Director of Public Health is in constant communication with me about, is about screening programmes, awareness campaigns and the involvement of different charities in the awareness of different cancers, different symptoms, etc. It is all about awareness and screening programmes in this area.

Madam Speaker: Next question.

Q417/2024
Accountability Agreement –
Safeguards ensuring independence of appointments

2100 **Clerk:** Question 417/2024, the Hon. J Ladislaus.

The Hon. J Ladislaus: Madam Speaker, other than the Accountability Agreement referred to by the Hon. Minister, what other safeguards are envisaged to ensure the independence of the GHA from Government, considering the Minister's intended role as Chair of the GHA Board, the Chief Secretary's intended appointment as Vice-Chair and the Financial Secretary's appointment as a member?

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

2110 **Minister for Health, Care and Business (Hon. G Arias-Vasquez):** Madam Speaker, the GHA has clear clinical and corporate governance processes that ensures the independence of individual clinical decisions from Government. The GHA's Committee structures ensures transparency of decisions and oversees good governance within the organisation.

2115 The Accountability Agreement between the Ministry and the GHA will be explicit in terms of the responsibilities between the parties and the red lines to ensure transparency and independence. This is to be agreed between both parties. In addition, we will be establishing a Patient's Charter whereby we will be explicit with the public regarding the level of service delivery they can expect from the GHA.

2120 I am confident that the new arrangements will ensure appropriate HMGoG oversight to the GHA, whilst simultaneously ensuring the independence of clinical decision-making within the GHA.

The Hon. J Ladislaus: Madam Speaker, we have just heard that a new Patient Charter will be established. May I ask whether a new Constitution will also be established for the GHA?

2125 **Hon. G Arias-Vasquez:** Madam Speaker, the Constitution and the Patient Charter pretty much go as one. As has been referred to in other questions, there have previously been references to the seven-point plan by the GHA and pretty much what we are doing is a continuation of that seven-point plan and a seven-point plan in 2024 onwards.

2130 So the Patient Charter and the Constitution are pretty much very similar documents, save for the fact that the Patient's Charter we intended to be a statutory document. So you have the force of law.

The Hon. J Ladislaus: Does the Hon. Minister agree that this newly announced policy of the Health Minister sitting on the GHA Board represents, in essence, a complete U-turn in their manifesto commitments, which was a manifesto in which they were narrowly given a mandate by the people to lessen ministerial involvement in the running of the GHA?

2140 **Hon. G Arias-Vasquez:** No. We have been very clear in all press releases to date, that what we are doing is calibrating the relationship with HMGoG has with the GHA. So if we take interviews that have been given since the manifesto was published we have, indeed, even seen the unions calling for greater communication between the GHA and HMGoG.

2145 So what is in fact happening is a form of calibration of the relationship between the two of them. What we need to do is have an exercise whereby we determine the level of involvement without being too far involved in order to have clinicians making the decisions with Government involved in policy at the very core of the GHA. That is what we are trying to achieve.

The Hon. J Ladislaus: Does the Hon. Minister agree that there is a marked difference between the concept of greater communication and sitting on the actual Board?

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Hon. G Arias-Vasquez: We do agree that or we do think, clearly, that there will be greater communication between the parties by the Minister's involvement in the actual Board; and we do think that will be beneficial to all parties because the GHA needs to understand what is driving policy and the HMGoG needs to understand intimately the needs of the GHA.

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The Hon. J Ladislaus: Madam Speaker, has the Hon. Minister considered that her mere presence on the Board symbolises tighter ministerial control over the running of the GHA, and it will have the inevitable consequence of impacting upon clinical decision-making whether the Minister contributes to those discussions or not and whether she intends for it to be that way or not? Just her presence in the room when discussions are taking place are likely to impact upon those decisions.

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Hon. G Arias-Vasquez: Madam Speaker, absolutely not, in fact the reality is that whatever decisions are taken on a GHA Executive Board, the HMGoG and myself are answerable in this Parliament to the people of Gibraltar. Therefore, it is almost inevitable that there has to be someone present on those discussions in order to lead the policy discussions on that Board.

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The Accountability Agreement, which in effect was part of the seven-point plan that was previously entered into, the Accountability Agreement will set out very clearly what the red lines are. We have said on numerous occasions that the GHA has to be led by clinical decisions; but policy has to be driven by Government.

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Government has to have an oversight of what is happening in the GHA and that is, therefore, what we are trying to do to come together to have that clinical decision with the overarching policy sat on the same Board.

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The Hon. J Ladislaus: I am grateful.

Has the Hon Minister had discussions with higher-level individuals responsible for the governance of the GHA as to whether it is a good idea for her to be sitting as the Chair of this Board?

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Hon. G Arias-Vasquez: Madam Speaker, I have daily discussions with management of the GHA, including discussions on the involvement of HMGoG in the GHA Board.

The Hon. J Ladislaus: And is this idea widely supported?

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Hon. G Arias-Vasquez: Madam Speaker, we believe it is.

Hon. J J Garcia: Madam Speaker, I think it is a good moment now to move that the House do now adjourn until tomorrow Wednesday, 22nd May at 3 p.m.

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Madam Speaker: The hon. Member will forgive me for proposing the question (*Laughter*) that this House do adjourn to tomorrow. I was not paying attention – 3 o'clock or 3.30? Tomorrow at 3 p.m. I will put the question which is that this House should adjourn to tomorrow at 3 p.m.

Those in favour? (**Members:** Aye.) Those against? Passed. This House will now adjourn to Wednesday 22nd May at 3 p.m.

The House adjourned at 6.15 p.m.