

## **Royal College of Nursing**

### **Call for evidence by the Northern Ireland Assembly Committee for Health in respect of the Hospital Parking Charges Bill**

#### **Introduction**

- 1 The Royal College of Nursing [RCN] is a trade union and professional organisation representing registered nurses, nursing assistants and nursing students in all practice settings across Northern Ireland. The RCN represents nurses and nursing, promotes excellence in practice and shapes health policy.
- 2 The RCN welcomes the opportunity to provide written evidence to the Northern Ireland Assembly Committee for Health to help inform its current scrutiny of the Hospital Parking Charges Bill. From the outset, the RCN wishes to state our unequivocal support for the Bill. We hope that our observations and associated commentary below will be helpful to the Committee in informing its deliberations.

#### **Evidence from RCN members**

- 3 In February 2020, the RCN submitted written evidence to the Committee for Health on a range of nursing workforce issues in Northern Ireland. This included car parking. The submission highlighted how car-parking charges and capacity within the HSC were becoming “a growing area of concern for RCN members”. The key issues were summarised as follows:
  - Inconsistency in charging policy across Northern Ireland, thereby creating the impression of unfairness and a “postcode lottery”.
  - Charges for staff are, in some instances, significant. Particularly in view of pay considerations in recent years, these are often viewed as ‘a tax on going to work’ and can be a significant factor in recruitment and retention.

- 4 The submission outlined various concerns in relation to HSC parking capacity, availability and safety which the RCN accepts are beyond the scope of this Bill but nevertheless are in urgent need of being addressed. The submission continued: “Evidence from RCN members in Northern Ireland indicates that some staff are paying up to £11 per day for parking at an HSC hospital. For a band 5 nurse (with a current [2021-2022] starting salary of £25,655), that is a significant expenditure. It has created the unfortunate impression that the HSC is trying to claw back the costs of the recent [2019-2020] pay settlement through parking charges. The RCN accepts that car parking capacity is not an easy matter to resolve but we believe that charges for staff can and should be abolished in all circumstances.” This remains our extant policy position and the underlying rationale for this submission.
- 5 In the interim, of course, HSC parking charges have been waived at various stages during the Covid-19 pandemic, specifically from April to June 2020, October 2020 to March 2021, and 1 April 2021 to 31 August 2021, only then to be permanently reinstated as from 1 September 2021. This latter decision was greeted with considerable dismay by nursing staff. Accordingly, in drafting this submission to the Committee for Health, the RCN invited members to share their experiences of the impact of HSC parking charges and these are summarised below.
- 6 One RCN member working within the Belfast Health and Social Care Trust described parking charges as “a running sore for the majority of staff”. He explained: “They are seen as effectively a hidden pay cut and financial penalty for doing the job. While it is understood many workers in the private and public sector pay for car parking to get to work, the reality is the majority of these workers have a choice of the type of transportation they wish to choose; public or private. For the majority of health workers and, in particular, nurses, this choice is taken away, given the nature of the shift patterns we do. The reality is that for many staff, public transport is not available, too costly, or too inconvenient. If I were to choose public transport, I would have to get two buses and, in most cases, I would be late for work; this is just for day duty from Monday to Saturday. When I am working night duty or on a Sunday, public transport is even less available or consistent. It also means that it would extend my journey time from home to work and back again by almost an hour. This may not seem like a lot, but when you are working a 13-hour long day or a ten and a half hour night duty, an hour-long journey home is just too much to cope with after a shift.”
- 7 The member’s evidence continued: “Finally, there is just the fact that there is something morally wrong in a society that forces health workers who care for our most vulnerable in society, our friends and family, to pay for the privilege. It is a privilege to do my job, to provide the service I do for society. It is something not right and awful that I have to consider car

parking charges to carry out this essential work. This also applies to patients and visitors. The last thing people need to consider is paying car parking charges when they are coming in for treatment, sometimes palliative treatments, or visitors arriving at hospital to visit a very sick or dying family member. While I understand visitors can claim free parking, it would just be better if it was free for all. There is no place for this financial burden to be placed on health workers, patients and families. It is issues like this that define our humanity and whether we prioritise money over people.”

- 8 One RCN accredited representative canvassed the opinions of around 40 RCN members working in the Southern Health and Social Care Trust. He summarised their views as follows. “The general consensus is staff are very reluctant to pay for car parking and they consider it an extra bill that they can do without in these difficult times. Some of the staff said they would be prepared to walk a reasonable distance if the car parking was free. Other staff felt patients and relatives should be given priority to access the car parking at the front entrance of the hospital for appointments and emergencies. However, some staff felt that relatives as well as staff should use the car parks at the back of the hospital. Members highlighted the difficulty trying to get parked, especially when they were coming on duty after 9am each day. Some staff stated that when they brought relatives to the hospital, they had to drop their relatives at the front of the hospital and then try and find a parking space, which was very challenging and stressful, especially if the relative was frail and elderly. It was suggested that the car parks should have a fee that is higher than car parks further away from the entrance. Some members suggested that car parking should be free for patients and their relatives when they were in hospital. However, others felt that a minimal fee should be charged for car parking [by patients and visitors]. Some members said they wanted a car park just for staff so that when they came to work there was parking available for them, but others felt this was not realistic. Some staff were happy to pay a fee to get access to car parking close to the side entrance of the hospital and they said it was very handy and convenient for the [PPE] donning and doffing area. Others brought up the issue of staff security especially during the dark winter nights. I am aware that the [Southern Health and Social Care] Trust has been looking into the lighting and other security measures for the safety of staff. During one conversation, an RCN member brought it to our attention that some patients who are on benefits can claim up to £40 to travel to the hospital and for car parking. They can also use this support to get someone to take them to the hospital for appointments. This conversation did then move away from car parking fees and towards how some patients demand an ambulance or a taxi to take them home when they live a considerable distance from the hospital.”

- 9 Whilst not directly related to the issue of car parking charges, another RCN member has advised that the Belfast Health and Social Care Trust is currently planning to “look at every staff member and decide if they are entitled to the space they have”. She added: “I waited up to six years to get a space and now it may be taken from me due to the criteria the trust has drawn up. They state it is to provide equity and help to retain staff. I am not sure it will. I travel from a distance to work and, if I don’t have a space, it will make it very difficult.”

## **Clauses of the Bill**

- 10 The Hospital Parking Charges Bill is brief, consisting of three clauses and no associated schedules. Clause 1 inserts a new article (Article 3A) into the Health and Medicines (Northern Ireland) Order 1988 preventing the Department of Health, HSC trusts and other health service organisations from imposing charges for car parking by staff, patients and visitors to hospitals. It also requires the continued provision of parking facilities at HSC hospitals to the extent that would be considered “necessary or appropriate”. Clause 2 provides for the Bill to come into force six months after the Royal Assent and clause 3 cites the short title of the intended legislation as the Hospital Parking Charges Act (Northern Ireland) 2021.
- 11 In preparing this submission, the RCN has also considered the evidence provided in the explanatory and financial memorandum, the Northern Ireland Assembly Research and Information Service paper on the Bill, the Second Stage debate in the Assembly on 22 November 2021, and the various evidence sessions convened by the Assembly Committee for Health in relation to the Bill. We note the assertion (page 2 of the explanatory and financial memorandum) that HSC hospital car parking during 2018-2019 generated around £7.5 million from charges but that the cost of operating the car parks was in the region of £8.8 million, leaving a nett deficit of around £1.3 million. The RCN also notes that the Minister has previously stated: “... if charging were to stop, the revenue raised to meet the cost of the provision and maintenance of car parking would similarly cease, ultimately reducing the amount of money I would have available to fund patient care”. However, we do not believe that the HSC should be reliant in this way upon an income stream deriving directly from its own staff and nor do we believe that it is either fair or appropriate to imply to staff that patient services would need to be cut in order to sustain the costs of free car parking. This is the type of argument that was used for many years to deny staff a fair pay award (or indeed any pay award at all). It is divisive, argumentative, inconsistent, and patently unfair. Speaking during the Second Stage debate in the Assembly on Monday 22 November 2021, the Minister said: “... car parking charges should not be considered to be a revenue-raising tool”. However, that is

precisely what they have become and what they were always to intended by the Department of Health to become.

- 12 In this respect, the RCN endorses the comments made, in his party capacity, by Committee for Health Chair Colm Gildernew MLA during the Second Stage debate. He said: “Hospital car parking charges are an unfair tax on our already burdened health and social care workers. At a time when we are working to retain and recruit key front-line health care staff, passing the Bill would be a practical indication to them that we support them and will ensure they are not being unfairly taxed. It also needs to be set in the context of the number of weekends ... that staff have been asked to come in from their leave, to leave their families, to abandon their break and to come in to pull the health service out from pressure.” He also emphasised how “... it is important that we send a message from the House that we genuinely value health and social care workers, we will demonstrate that value, and we will tackle the inequalities that flow from hospital car parking charges”.
- 13 It is worth noting that current HSC charging practices derive from a Department of Health policy published in June 2012 that is itself an update of the pre-existing June 2008 policy for car parking provision and management in the health and social care sector. Thirteen years later, the RCN would respectfully suggest that this policy is in urgent need of review. In devolving charging policy to individual HSC trusts, the document states: “Consistency of approach remains an important issue. However, this should not be interpreted as a standard set of charges for patients and visitors across Northern Ireland or even across a single trust. It should be considered as consistency of application of the policy across the health and social care sector.” However, “consistency of application of the policy” is ultimately meaningless when it leads to profound inconsistency in the consequences of the application of that policy, as the Northern Ireland Assembly Research and Information Service paper readily demonstrates with its analysis of current charges (pages 7-12). Furthermore, the Department of Health policy states (paragraph 2.5): “It is likely that staff charging will become more prevalent in the future. Staff charging is already in place on some HSC sites, and it must be made more consistent.” In other words, the Department is apparently encouraging or even exhorting HSC trusts to impose parking charges in pursuit of “consistency”. More explicitly, paragraph 2.10 states: “Charging should be used for payback on investment and to help cover the cost of the provision and maintenance of car parking including the associated security costs”. Even accepting that the cost of provision will vary from one location to another across the HSC, it is not clear from this instruction how the current disparity in charging policy has been allowed to emerge. It is also in breach of the instruction set out within the same paragraph that “staff charges should be standardised across trusts as far as possible” and invalidates the Minister’s assertion (see

paragraph 11 above) that "... car parking charges should not be considered to be a revenue-raising tool".

- 14 Paragraph 5.3.1 appears to contradict this directive, stating: "It is not practical to set a standard charge range". Furthermore, paragraph 5.8.3 requires HSC trusts to "involve staff and their representatives through staff partnership arrangements in consideration of ... the impact on staff of the introduction of, or revision of, car parking charges ... [and] ... consistent staff charges across trusts". It is clear that neither of these requirements are being met by HSC trusts. From a number of options set out in the document, it is no surprise that the Department of Health favoured "more extensive charging on hospital sites including implementing staff charging and extend current charging arrangements to other HSC sites".
- 15 The policy also sets out as a key principle (paragraph 2.10) the need for charging to be "justified as part of a wider, environmentally-planned approach to travel management that facilitates access to HSC sites by patients, carers, visitors and staff". However, as the information set out at paragraphs 6-9 above demonstrates, there is very little evidence of these "environmentally-planned approaches" ever having been implemented. Instead, those HSC trusts that apply parking charges appear to regard them as a means to manage demand within the constraints of below-capacity provision and/or quite simply as an income generation stream.
- 16 Whilst this policy document is perhaps not directly relevant to the Bill itself, it helps to explain the wider context of the draft legislation. Irrespective of the progress of the Bill, the RCN believes that the current HSC car parking provision and management policy is outdated, unduly prescriptive and not fit for purpose.

### **Concluding comments**

- 17 As stated at the outset of this submission, the RCN fully supports the intended purpose of the Hospital Parking Charges Bill, and we are content that the current drafting of the legislation appropriately gives effect to this intended purpose.
- 18 The RCN hopes that the Northern Ireland Assembly Committee for Health will find this submission to be helpful and we wish the Committee well in its continuing consideration and scrutiny of the Hospital Parking Charges Bill.

December 2021