

**Committee for Health Call for Evidence - Hospital Parking Charges Bill**

**Response by the South Eastern Health and Social Care Trust**

**Hospital Parking Charges Bill**

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## **1.0 Summary**

- 1.1 This document outlines the South Eastern Health and Social Care Trust's response to the Hospital Parking Charges Bill.
- 1.2 The Trust's response outlines the following key issues:
  - 1.2.1 HSC Trusts require a degree of autonomy to control their Trust Estate, to ensure access to healthcare facilities and to meet the challenges of a climate emergency.
  - 1.2.2 If parking on hospital sites were to become free, there are concerns that this would result in undesirable behavioural outcomes, leading to uncontrolled and unrestricted parking across major sites, which would impact on the delivery of healthcare services, and potentially add to congestion within local communities. In addition, the absence of parking controls could disproportionately affect the most vulnerable in society from accessing healthcare, due to mobility and disability.
  - 1.2.3 Facilitation of free public car parking on Trust sites will not positively influence behaviour in terms of encouraging the public to use more active and sustainable forms of transport, within context of Climate Emergency declared by the NI Assembly.
- 1.3 The Trust response includes a range of recommendations, including the following:
  - 1.3.1 The Trust recommends the continuation of parking charges for the public as a deterrent to inappropriate behaviour on Trust sites. In addition, the Trust advocates that parking charges should strike a reasonable balance between full cost recovery, act as a deterrent to inappropriate parking and allow for investment in alternative and more sustainable travel options. Any surplus generated through parking charges should continue to be directed towards patient care.
  - 1.3.2 The Trust recommends that the existing policy promoting free car parking for those attending for ongoing treatment for a physical condition (for e.g. chemotherapy and dialysis) should be extended to those attending hospital sites for ongoing treatment for severe/ acute mental health conditions and addictions.
  - 1.3.3 The Trust continues to advocate free parking for relatives of long stay patients which is arranged / agreed in conjunction with ward/ departmental managers as appropriate.
  - 1.3.4 Consideration should be given to all HSC Trusts being mandated to utilise universal assessment criteria for staff parking across all HSC Trust car parking facilities (for all car parks in excess of 100 spaces) to help influence behavioural change.
  - 1.3.5 In the event of all HSC Trusts adopting a criteria based application model to control staff parking based on a needs based assessment, a full review of staff parking charges could be undertaken as part of a system wide change in policy/ strategy to address the declared Climate Emergency.

## **2.0 Clause 1 - Hospitals Not to Charge for Car Parking**

### **2.1 Introduction**

- 2.1.1 The South Eastern Health and Social Care Trust ‘(the Trust)’ acknowledges that the subject of parking charges is a highly emotive issue that divides opinion. There are two broad arguments for and against the introduction of parking controls which necessitate charging staff and services users to park: On one hand, the introduction of car parking controls can be viewed as an oppressive tax on the most vulnerable in society and an additional cost burden for staff, who must use their vehicles to get into work and carry out their contracted duties: On the other hand, provision of parking spaces on health and social care (HSC) sites requires recurrent capital and revenue investment to cover associated staff & maintenance costs. Where sites have a finite upper capacity limit, capacity controls are necessary to ensure service users can readily avail of safe and secure on-site parking.
- 2.1.2 The introduction of car parking controls including charging for the use of parking across South Eastern Health and Social Care sites was a significant strategic change, affecting many thousands of employees, service users and the wider population of County Down, East Belfast and Lisburn. This continues to be an extremely complex and emotive issue that should be carefully understood prior to any significant policy change. On that basis, the Trust is extremely grateful to the Chair of the Committee for the opportunity to provide operational detail and context.
- 2.1.3 The introduction of parking controls (including charging for parking on healthcare sites) is a subject that everyone has an opinion on, which leads to passionate debate on the perceived fairness. In 2014, the Trust embarked on a journey to enter into dialogue with the local community and Trust staff, to consider the proposed introduction of parking controls across its major sites. Three public meetings were held and a total of 217 questionnaires were received by the Trust. The Trust’s Board amended the original proposal to reflect feedback received and continues to engage with staff and service users, whilst implementing Department of Health (DoH) policy in the most equitable way possible.
- 2.1.4 The decision to extend parking controls (including charges) beyond the Ulster to the Ards Community Hospital and Lagan Valley Hospital (LVH) sites (as well as the future possibility of extending controls to the Downe / Downshire Hospital sites) needs to be carefully controlled, including as and when parking capacity is assessed. All funds received from parking income by the Trust are used for the operational upkeep of the car parking facilities, including maintenance costs of parking assets (e.g. barriers, pay stations, and closed circuit television (CCTV)).
- 2.1.5 Funding generated from car parking provides the Trust with a source of income to greatly enhance security across hospital sites. It also funds a number of travel planning initiatives such as bike shelters, licences/leases for additional off-site ‘free to use’ staff parking capacity, free staff shuttle buses, as well as maintenance and running costs of electric pool cars for

Trust staff. In addition, funding also covers the recurrent costs associated with the Trust Travel Plan Coordinator, as well as the Trust Shop Mobility scheme on the LVH and Ulster sites, which facilitates vehicle to hospital transfer of patients with mobility issues and disability.

**2.1.6 Example 1-** *Funding from income derived from parking pays for over 100 free off-site staff parking spaces at Dundonald Omniplex and provides a free to use staff shuttle bus to and from work to the car park. Similar arrangements at similar scale occur in Lisburn; and a licence for free off-site staff parking area is currently being negotiated via LPS in Ards at a site adjacent to the community hospital.*

**2.1.7 Example 2-** *Funding from parking has been used to pay for an enhanced dedicated security presence at Lagan Valley Hospital to provide a safe and secure parking environment and additionally supports and assists medical and clinical staff resulting in quicker response times to incidents.*

2.1.8 If the income stream from parking is lost, this may lead to the closure of free off-site locations and potentially inhibit the expansion of travel planning initiatives, which could increase congestion within the Trust's local communities. It is also possible that hospital site car parking spaces may be filled by staff and commuters who arrive early to the hospital site, as opposed to those attending appointments and receiving care.

## **2.2 Evidence Based Feedback**

- 2.2.1 The Trust has noted that the Private Members Bill brought forward by Miss Reilly has placed significant emphasis on data obtained from an eight week survey conducted via Survey Monkey (from 8 January to 8 March 2021, with a total of 842 responses). The outcome of the consultation was that a clear majority of respondents agreed that public hospital car parking should be free for all users. Given that the Trust was not involved in the aforementioned survey, the Trust welcomes the opportunity to present evidence based feedback to the Committee on this important issue.
- 2.2.2 The DoH provides guidance to HSC organisations on best practice in car-park management and sustainable transport, in order to improve the staff and public's experience in accessing healthcare facilities and to provide logistical support for staff to and from their place of work which "*promotes good employment practices*" (Department of Health, Social Services and Public Safety, 2011). It is the Department's stated mission to "improve the health and social well-being of the people of Northern Ireland" (Department of Health , 2015).
- 2.2.3 The DoH published a Policy for Car Parking Provision and Management in the HSC in 2011 which sets out a series of principles for "*effective management of HSC car parking and charging*" (Department of Health, Social Services and Public Safety, 2011) (Black, 2011).
- 2.2.4 The DoH policy proposal tabled to the NI Assembly in 2011 advocated "*More extensive charging on hospital sites, including implementing staff charging and extend current charging arrangements to other HSC sites*" (Black, 2011). The proposal anticipated future uniformity of staff charging across Northern Ireland, through a consistent approach of implementing the policy; taking into consideration the particular "*needs and circumstances of that site*" and environmental and sustainability issues; which was anticipated to involve taking "*difficult*

*choices and decisions” to “allow the further development of car parking charges across the HSC in a consistent manner” (Department of Health, Social Services and Public Safety, 2011).*

2.2.5 With regards to charging staff for parking, the policy permits the application of charging on HSC sites, agreed through local staff negotiations and should as far as possible, be standardised across each individual HSC organisation; recognising that is unlikely HSC sites will have the physical capacity or finances to provide parking spaces for all staff; therefore it was noted that HSC Trusts should “use all the tools available to manage [parking] effectively”.

2.2.6 Trust staff with parking permits for South Eastern Trust hospital sites where tariffs apply, are required to pay a concessionary fee of no more than £15 per month (£3.75/week) for full-time staff and those that work under 32 hours per week pay £11/month (£2.75/week). Staff with an evening and weekend parking permit pay £7.50 per month (£1.88/week). On average, 66% of all parking spaces on sites with barrier controls are dedicated to staff parking at the above concessionary rates. The rates being quoted by the Committee were public rates and did not reflect the concessionary and heavily subsidised staff rates. The total number of Trust staff that avail of staff rates is over 4,800 within the South Eastern Trust.

<b>Total number of full time staff with parking permits across SET</b>	<b>Total number of part time staff with parking permits across SET</b>	<b>Total number of staff with parking permits Unsocial Hours across SET</b>	<b>SET Volunteers</b>	<b>Total Staff Parking Permits allocated across SET attracting concessionary rates</b>
2,457	996	1,242	117	4,812

2.2.7 On the 28/02/20 The NI Minister of Health said in response to an Assembly question Whether he has any plans to introduce a free or subsidised parking scheme for personnel at health and social care facilities?”

“I have no plans to review my Department’s policy on car parking charges at this time. The aim of my Department’s policy on car parking is to recover the cost of providing car parks across the Health Estate. It is the responsibility of each Health and Social Care Trust to determine the way the policy is applied to each of their sites to enable them to recover these costs.” (Assembly, 28th February 2020)

2.2.8 The Executive Ministers demonstrated a willingness to work together to provide free public transport to HSC staff during the pandemic. However, this temporary position was retracted by the Department for Infrastructure (DFI), at a time when a modal shift away from car usage could potentially have been encouraged. The Trust and DoH will be increasingly obliged to work with other governmental departments to achieve net zero commitments and provide timed targets for greenhouse gas reductions as set out in legal factors (Change, 2018; McKibben, 2020; NI-Direct, 2021; BBC, 10.05.21).

2.2.9 The Trust has organised and formed three multi-agency forums in Ards, Dundonald and Lagan Valley (occurring three times per annum) to seek ways of reducing the over-reliance on single occupancy vehicle usage within the community and seeking views and means to enhance the Trust parking infrastructure. These forums are attended by DFI, Sustrans, the

Police Service of Northern Ireland (PSNI), Translink and elected representatives. An example of a proposed initiative includes the creation of the off-site car park at the Billy Neill Playing Fields (Dundonald) to facilitate parking and onward cycle to work, as well as working with stakeholders to improve the infrastructure of the Comber Greenway.

2.2.10 Transport continues to be the largest emitting sector in the United Kingdom, accounting for 28% of the total emissions in 2017 (Change, 2018). However, there is generally a greater uptake in active transport within urban areas. The Trust are aware that 70% of all journeys in Northern Ireland are made by car (McKibben, 2020) and must be mindful not to implement policies that sustain or promote potentially harmful social norms or negative habitual social behaviour such as car dependency (Earth, 2019). Furthermore, it is anticipated that Internal combustion vehicles will not be sold after 2030 and hybrid vehicles after 2035 (GOV.UK, 2020). Therefore, the DoH should consider the financial impact on car parking infrastructure requirements as a result of these future technological changes.

2.2.11 In addition, the current COVID-19 pandemic has accelerated changes to behaviour, which may lead to a new cultural norm of increased uptake of working from home, which may reduce the levels of demand for staff parking spaces.

2.2.12 The Northern Ireland Assembly (NI Assembly) signed up to 'New Decade New Approach' in January 2020 which stated the "Executive will introduce legislation and targets for reducing carbon emissions in line with the Paris Climate Change Accord"; and on the 3<sup>rd</sup> February 2020 the executive declared a "Climate Emergency". A Climate Change Bill is currently going through the NI Assembly. The DoH is aware that 74% of the respondents to the consultation of the proposal would support the introduction of a Northern Ireland Climate Change Act and 68% agreed there should be a target to reach net zero emissions by 2050.

2.2.13 Finally the Rural Needs Act [Northern Ireland] 2016, states

*"A public authority must have due regard to rural needs when*

*(a) Developing, adopting, implementing or revising policies, strategies and plans, and*

*(b) Designing and delivering public services"* (Assembly, 2016)

2.2.14 The Trust recognises the fact that should car parks be free to use for all without restriction, this may be discriminatory to those trying to access their place of work without an option other than to travel by private car i.e. the car parks may be full of persons using cars for shorter urban journeys who have options to use public transport, active transport or other more sustainable options.

2.2.15 An exchange in the NI assembly led to the following question and exchange which illustrates the interplay of all Political, Economic, Social, Technological, Environmental and Legal (PESTEL) factors that the DoH should consider.

*"Does [the Minister of Health] agree that car parking charges for staff disproportionately affect those living in rural areas, because of lack of transport?"*

In response the Minister stated

*“It is important that, .... we have seen good working between our Department and the Department for Infrastructure. It is also important that we see that work continue and develop in the public transport system to support our health and care workers and our health and care facilities. It is also important that the Executive gives my colleague in Infrastructure the support that she needs with rural transport.”* (Assembly, 2020)

2.2.16 It must be acknowledged by all members that the current parking position being considered by the Executive is a DoH Policy decision. The Trust has considered pragmatic recommendations to ameliorate the current policy which are included at the end of this document, based on political, economic, social and environmental factors.

## **2.3 Other Statistics**

- The average person in Northern Ireland makes 81.5% of their journeys by car compared to 63% in the UK and 50% ROI (McKibben, 2020).
- Transport continues to be the largest emitting sector in the UK, accounting for 28% of the total emissions in 2017. (Change, 2018).
- During the current pandemic, HSC staff were able to avail of free public transport until this was terminated by DFI in the Autumn 2021.
- ‘New Decade New Approach’ introduced legislation for reducing carbon emissions in line with the Paris Climate Change Accord. In addition, NI will need to contribute to the UK pledge to keep global temperature below 1.5°C by the end of the century.
- In 2020 the NI Executive declared a “Climate Emergency.” and introduced climate Change Bills.
- The Rural Needs Act protects and safeguards rural communities from potentially adverse policy or strategic decisions
- A TOWS matrix has been completed to examine the strategic choices when considering any change to car parking charges. A TOWS Matrix is derived from the SWOT Analysis model, which stands for the internal Strengths and Weaknesses of an organisation and the external Opportunities and Threats that an organisation is confronted with.
- *Examples of Strengths/ Opportunities include:*
  - Support Trusts to maximise cost recovery.
  - Direct Trusts in Policy to return standardised data on income and sustainability performance indicators.
  - Direct Trusts in Policy to implement assessment criteria linked to staff need, section 75, Rural Needs Act and environmental/emissions considerations.
  - Working from Home should be encouraged by the DoH which will manage demand of spaces of admin staff and some management.
- *Examples of Threats/ Weaknesses include:*

- Public Transport infrastructure not developed at present to be a viable alternative for all staff and service users.
- Aging and growing population in NI competing for finite parking spaces.
- Insufficient capital to build major car parking infrastructure.

## **2.4 Summary**

- 2.4.1 As stated at the beginning of the document, car parking is a highly emotive and complex issue, which cannot be reasonably solved through a Bill with three clauses. The Trust advocates that HSC Trusts require a degree of autonomy to control their Trust estate, to ensure access to healthcare facilities and to meet the challenges of a climate emergency. A pragmatic debate to inform a change in DoH policy would be welcomed.
- 2.4.2 If parking on hospital sites were to become free, there are concerns that this would result in undesirable behavioural outcomes, leading to uncontrolled and unrestricted parking across major sites impacting directly on the delivery of healthcare.
- 2.4.3 If parking access was without tariff controls, the Trust anticipates that its major sites would become full of staff vehicles, commuters and shoppers from early in the morning, leaving little capacity for those attending Trust sites for healthcare treatment. This is also likely to have a knock on effect, leading to congestion in local communities. In the absence of parking controls, this could also disproportionately affect the most vulnerable in society from accessing healthcare due to mobility and disability, which potentially translate into an increased number of Did not Attend (DNAs) and late appointments.
- 2.4.4 The Committee had previously heard evidence that the solution may rest with ANPR (Automatic Number Plate Recognition). However, this is untested technology within the Trust. HSC settings across Northern Ireland would require significant capital investment and ongoing revenue, to install and manage this type of technology. Furthermore, ANPR would be reliant on an aging and growing population submitting vehicle registration details prior to their attendance at Trust sites. A deterrent to abuse of ANPR technology (where the barriers are removed) could be through use of Parking Charge Notices (PCNs). Alternatively if barrier controls were employed in conjunction with ANPR, this could lead to traffic build up at barriers where vehicle details were missing or incorrect. Therefore, ANPR may inevitably impact on those in urgent need of medical attention, if the individuals do not have the time or information technology (IT) skills/ knowledge to input data correctly, e.g. the acutely sick and older people. It is recommended that more robust research into the use of this type of technology would be beneficial.
- 2.4.5 Furthermore, the facilitation of free public car parking on Trust sites will not influence behaviour in terms of encouraging the public to use more active and sustainable forms of transport. It is important to take cognisance of the Climate Emergency declared by the NI Assembly i.e. the parking levy debate may be viewed in the context of the joint endeavour 'Towards Net Zero', when seeking to balance the perceived injustice of parking charges against wider societal and strategic aims, as well as desired environmental outcomes.



## **2.5 South Eastern Trust (SET) Recommendations to the Committee**

### **Public Charging**

- 2.5.1 Charging for members of the public to park on Trust sites is unfortunately a necessary deterrent to inappropriate behaviour and the Trust recommends the continuation of parking charges: However, it should be set at a rate that recognises the wider environmental conditions of the Trust premises, so as to act as a deterrent.
- 2.5.2 Charging for parking for members of the public should not be set at an exorbitant rate that generates profit. It is recognised that the Committee may decide upon the upper threshold of any charging tariff and direct this into Policy. The Trust proposes a cost of between £5 -£6.50 for a stay in excess of eight hours stay across Trust sites strikes a reasonable balance between full cost recovery, a deterrent to inappropriate parking and provides a virtuous circle for investment in alternative and more sustainable travel options. However, in the event of any minor surplus being generated through parking charges, this should continue to be directed towards patient care.
- 2.5.3 The Trust recommends that the existing policy for those attending for ongoing treatment should be extended beyond those with a physical condition (e.g. chemotherapy and dialysis) to include those with ongoing treatment for severe/acute mental health conditions and addictions. In terms of the latter, parking charges may act as a barrier to access treatment as clients are more likely to come from areas of social and economic deprivation.
- 2.5.4 The Trust facilitates free parking for relatives of long stay patients at the discretion of the ward/ departmental manager as outlined below.

Care Path	Application of Free Car Parking				Strategic Driver
	Patient	Next of Kin/Partner	Relative	Visitor	
Radiotherapy Chemotherapy	Yes	Yes, if transporting patient	Yes, if transporting patient	N/A	DoH regional Policy
Renal dialysis	Yes	As Above	As Above	N/A	
Critical Care/High Dependency	N/A	Yes	Discretionary	Discretionary	
Relatives of long stay patients	N/A	Discretionary	Discretionary	Discretionary	Additional SET Exemptions
<b>PROPOSED</b>  Clients with Mental Health or Hidden Disability	Currently under consideration by SET. This could be for outpatients receiving ongoing treatment to be discussed such as addiction services, CAMHS etc.				

### **Evidence of Discretionary Exemptions**

- 2.5.5 Between 1/08/19 – 31/12/19, 1,020 persons across Ulster/Ards and LVH sites were given discretionary/ free parking by ward staff (administered by the Trust car parking office).

Approximately 80% of these persons were given exemptions from charging for at least seven days.

- 2.5.6 In addition to the 1,020 free passes administered by the Trust car parking office, the following free passes were issued over the same time period specifically to McDermott Unit and Cardiac Rehab to be allocated directly to their patients at their discretion.

McDermott for the month of Aug 2019 100 passes X 12 visits

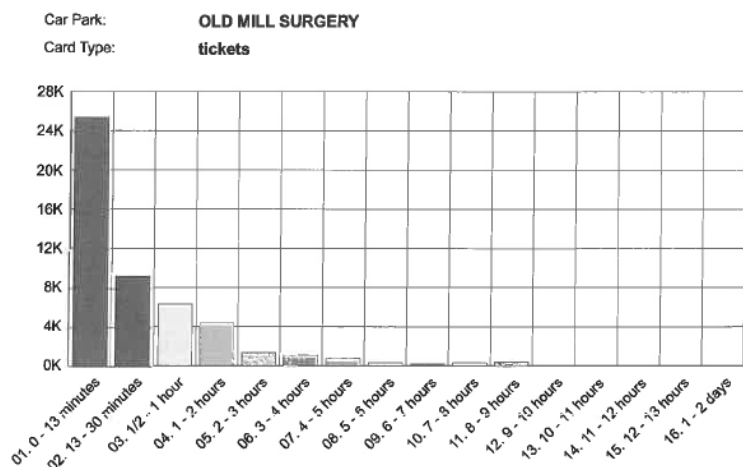
Cardiac Rehab for the month of Aug 19 31 passes X 12 visits

Cardiac Rehab Oct 19 300 passes X 12 visits

### Free GP surgery Charges for less than 30 minutes

- 2.5.7 The Trust also offers free parking for the first 30 minutes to all users at the Ards site to facilitate attendances at the Old Mill General Practitioner Surgery. This was implemented following discussions with the practice, to facilitate patients who are for collecting a repeat prescription or attending for a regular dressing etc.

- 2.5.8 Currently 80% of all parking at Ards Old Mill surgery car park is for less than 30 minutes (see table below). This initiative will be duplicated at the LVH site upon the completion of the Primary and Community Care Centre (PCCC). A similar scheme will be initiated at Downe Hospital and will be considered Trust wide.



### Staff Charging

- 2.5.9 DoH policy should emphasise the modal shift required away from car dependency towards sustainable and active transport, and set targets for the modal shift linked to business case requests.

- 2.5.10 The Trust currently applies criteria to assess demonstrable need when reviewing staff parking applications via our on-line web-based application portal.

- 2.5.11 Consideration should be given to all HSC Trusts being mandated to utilise universal assessment criteria for staff parking across all HSC Trust car parking facilities with in excess of 100 car parking spaces, to help influence behavioural change. For example, the

established model used by the South Eastern Trust bases staff applications on demonstrable need of the applicant and attributes a weighted score to those who 1) use their vehicles directly for the provision of healthcare in the community, 2) any section 75 requirements 3) provision to take into consideration the employees base and home residence to comply with requirements set out in the Rural Needs Act, 4) and also includes weighting to encourage applicants to move towards zero emission vehicles.

2.5.12 The continuation of subsidised public transport for HSC staff should be negotiated between DFI /DoH to influence behaviour and provide an equitable alternative to subsidised parking.

2.5.13 Negotiations between DoH, Arm's Length Bodies (ALBs), staff and trade unions could commence to standardise staff rates across health and social care settings in NI.

2.5.14 In the event of all HSC Trusts adopting a criteria based application model to control staff parking based on a needs based assessment, a full review of charging staff could be possible as part of system wide change in policy/strategy towards net zero. This could lead to a gradual and planned reduction of staff parking capacity on urban HSC sites, when alternative public transport options are developed. As and when a modal shift is identified; any additional parking capacity could then be diverted to additional public parking for the aging and growing population of NI, or alternatively released as brown field sites for redevelopment.

## **2.6 Other considerations**

2.6.1 The Minister's Office should continue to support cross departmental proposals which could reduce the over reliance on single occupancy car usage within HSC, as well as advocating improvements to rural connectivity to urban areas and interconnectivity within the urban environment to improve the general health & wellbeing of the population.

2.6.2 DoH and DFI to engage more frequently with Trusts to understand complexity of car parking operations and establish a regional Travel Planning Public Sector Policy Forum attended by representatives of all major Organisations to create the environment and conditions away from single occupancy vehicle use.

## **3.0 Clause 2 – Commencement**

3.1 This clause merely states "This Act comes into operation at the end of the period of 6 months with the day on which it receives Royal Assent."

3.2 As stated earlier in this document, car parking is a highly emotive and complex issue, which cannot be reasonably solved through a Bill with three clauses. The Trust advocates that HSC Trusts require a degree of autonomy to control their Trust estate, to ensure access to healthcare facilities and to meet the challenges of a climate emergency. A pragmatic debate to inform a change in DoH policy would be welcomed.

## **4.0 Clause 3 – Short Title**

- 4.1 This clause merely states “This Act may be cited as the Hospital Parking Charges Act (Northern Ireland) 2021.”

## References included of particular interest to the Committee from a broad section of sources include.

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