



Northern Ireland
Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Hospital Parking Charges Bill: Belfast Health
and Social Care Trust; South Eastern Health
and Social Care Trust

20 January 2022

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Gerry Carroll
Mr Alan Chambers
Mrs Deborah Erskine
Ms Órlaithí Flynn
Mr Colin McGrath
Ms Carál Ní Chuilín

Witnesses:

Ms Brenda Creaney	Belfast Health and Social Care Trust
Mr Jeff Thompson	South Eastern Health and Social Care Trust

The Chairperson (Mr Gildernew): From the Belfast Health and Social Care Trust, we are joined by Brenda Creaney, who is the executive director of nursing, user experience and allied health professionals (AHPs). It is good to see you again, Brenda. You are very welcome. Thank you for attending the Committee. I will just check that you are able to see and hear us OK.

Ms Brenda Creaney (Belfast Health and Social Care Trust): *[Inaudible.]*

The Chairperson (Mr Gildernew): Will you check whether you are on mute, Brenda? We did not hear you there.

Ms Creaney: Apologies. We have been having some problems with the link, so I am on my phone. Can you hear me now?

The Chairperson (Mr Gildernew): Yes, we can hear and see you clearly, Brenda. Thank you very much.

We are also joined by Jeff Thompson, the assistant director of patient experience in the South Eastern Health and Social Care Trust. You are welcome to our Committee meeting, Jeff. Thank you for attending. Are you able to see and hear us OK?

Mr Jeff Thompson (South Eastern Health and Social Care Trust): Yes, I can see and hear you. It is nice to meet you.

The Chairperson (Mr Gildernew): You, too, Jeff. Thank you both for coming along. We have your written submissions, and we thank you for them. In the light of that, I ask you to keep your remarks as brief as possible, and we will then move on to questions from Committee members. If members can identify whom they wish to answer a question, so be it. If one individual can provide the substantive response, and we do not have duplication, that will help with the timing of the session.

In the order that I have you on my list, I will go to you first, Brenda, and then to Jeff for brief opening remarks.

Ms Creaney: Thank you very much. It is nice to meet everyone. We have sent you a long paper about the challenges that we are facing with car parking in the Belfast hospitals and across our sites.

Members will be aware that people come to the Belfast hospitals from all over Northern Ireland. Our absolute priority is to ensure, first, that patients and their relatives have ready access to our services and, secondly, that our staff have access to car parking in the trust to cover the 24 hours a day of our work and that they are able to park as safely as possible. You will see in our paper that a number of challenges across our sites are determined by the city-centre location of most of our sites and our proximity to other businesses.

Finally, maintenance of and equality of access to our car parks is another challenge. We need to maintain our car parks and ensure that they are safely run. That has been a huge challenge for us. Although I understand that the purpose of the Bill is to ensure ready access to our sites, and we will be supportive of whatever colleagues in the Assembly decide, I am also keen that members understand the challenges that we will face in ensuring that. As I said, our priority is to ensure that patients and their families can come to our sites. Coming to a hospital or clinic appointment is very stressful, so we want to make coming to our sites as stress-free as possible. Thank you.

Mr Thompson: Good morning. I am the assistant director of the South Eastern Trust and have overall responsibility for the management of car parking and travel planning. I sit on a national performance advisory group for car parking and travel planning and have eight years' experience of managing car parks in the trust. I thank you for allowing us the opportunity to speak today. If you do not mind, it will probably take me about five minutes to go through our issues.

The Chairperson (Mr Gildernew): OK.

Mr Thompson: First, the trust that I represent wishes to acknowledge that the subject of parking is a highly emotive issue that divides opinion. On the one hand, car parking charges are viewed as an oppressive tax on the most vulnerable in society and an additional cost burden on staff. On the other hand, charging can also be said to provide a source of revenue that does not eat into health and social care funding. We raise costs from income to cover associated car-parking operations and maintenance. It also acts as a deterrent to inappropriate parking, as Brenda said.

In the paper submitted to the Committee, the trust has explained that permit-holding staff pay a concessionary rate for their parking, and, on average, two thirds of our major hospital sites have dedicated spaces for staff parking, which is quite a large proportion of the total spaces. Everyone knows that, when they attend hospital, it is quite a stressful time. It can be extremely stressful to attend an outpatient appointment or receive ongoing or urgent treatment. If car parking were to become free or unrestricted, spaces would be filled first thing in the morning. That would only add to the anxiety of the visit. I want to make it clear that there is simply not the space on our sites to provide parking for everyone. We believe that the absence of parking controls and fees could disproportionately affect the most vulnerable in society in accessing healthcare: for example, those who absolutely require access to a parking space owing to their mobility or disability, or those who travel from a rural area without any choice but to use a car. A full assessment under the Rural Needs Act would be needed. Equality screening of the proposal would also be needed, if it has not already been done. The resultant displacement of public parking would, in turn, affect our local communities and further add to congestion in our surrounding neighbourhoods. The introduction of car parking controls, including charging across the trust, was a significant and strategic change made to exercise control of our parking areas and followed an extensive period of public consultation and equality screening.

In 2014, at the time of the public consultation, the trust received correspondence from the Health and Safety Executive (HSE) raising concerns about the lack of vehicle and pedestrian separation on our sites, in part as a consequence of inconsiderate parking on pedestrian footpaths caused by not

controlling parking on our sites. The same concerns regarding patient safety rules were also received at the time by staff representatives and service users. In our opinion, it is therefore reasonable to assume that, if charges were to be dropped and controls removed, hospital sites would be filled, once again, by staff and commuters early in the morning, as happened before the controls were established, and that that would lead to delayed and missed appointments. Furthermore, if all the income from car parking is lost, it will lead to the closure of our free-to-use off-site staff car parking, the termination of free-to-use staff park-and-ride schemes, a reduction in security presence on our sites, and the closure of our Shopmobility services — all of which are funded through income — as well as to the development of future travel-planning initiatives.

Personally, when I was younger, I never would have thought that I would be responsible for implementing charges at hospital sites. It would not have sat comfortably with me. If, however, the overall objective of any health and social care organisation is to improve the health and social well-being of the population, it is essential that we take difficult choices and create viable alternatives to encourage more active and sustainable transport options for staff and visitors, and thereby contribute to the reduction of our CO2 emissions and vehicle particulate emissions. The Committee is aware that, on 3 February 2020, the Executive declared a climate emergency. We are also aware that there are two climate change Bills going through the Assembly as we speak. In the initial consultation, 68% of respondents agreed that Northern Ireland should reach a target of net zero emissions by 2050. Regardless of whichever Bill succeeds, we know the direction of travel.

As I have outlined, parking is an extremely complex and emotive issue that needs to be carefully understood prior to any significant change. On that basis, our trust believes that such a change in legislation to prohibit charging for parking is counter-intuitive to improving equality of access to healthcare and will impact on our contribution towards tackling the climate emergency. Any large-scale changes to the current parking arrangements would require significant capital investment in order to continue to protect spaces for those whom we invite to our services. That transition would take longer than the six months that is proposed in the Bill.

I am aware that the Committee has discussed automatic number plate recognition (ANPR), which is not a tried and tested technology in health and social care, and it is not without its pitfalls. It would therefore require research to be done. The fact that the Committee is discussing the technology to mitigate the proposal acknowledges its limits and the need for more time to develop a more progressive policy that addresses your legitimate concerns that were raised at the forum. The trust believes that the most appropriate path to balancing the competing demands is for the Committee to direct the Department to undertake a thorough review of the policy, and not through the proposed legislation.

We, as an arm's-length body (ALB), follow Department of Health policy, but we do so as a responsible organisation and in the most fair manner possible within our span of control. If given the opportunity, we would seek to work across the region and departmental bodies to ensure that fairness and equality concerns that have been raised are addressed and that we fulfil our commitments on achieving net zero. As with other trusts, we promote free parking if the patient requires ongoing treatment, such as, for example, chemotherapy or renal dialysis. We go further, however: we also exercise our discretion to offer free parking to relatives of long-stay patients. Likewise, travel expenses can be reclaimed by members of the public with low incomes and by those who are in receipt of income-based benefits. We also believe that further exemptions could be developed for members of the public with hidden disabilities, particularly persons requiring frequent access to addiction services or mental health services, which are often associated with areas of socio-economic deprivation, and where a fee for parking may act as a deterrent. As a responsible, compassionate organisation, we will be taking those ideas forward.

The Chairperson (Mr Gildernew): Jeff, we are aware of many of the issues. Can you be as succinct as possible, please?

Mr Thompson: Yes. I am nearly there.

For trust staff parking, we use eligibility criteria so that we can assess the demonstrable need of those who require on-site parking. We recommend that other trusts also provide free off-site parking, which we do through the use of income that is derived from parking.

Finally, we also believe that more could be done to provide our staff with concessionary travel on Translink services. We urge much more cooperation between the Department for Infrastructure and

the Department of Health to improve rural and urban connectivity. Moreover, hospitals should be used as transport hubs.

I know that I spoke for longer than you would have liked, Chair, but I wanted to make sure that the Committee was fully aware of our trust's position.

The Chairperson (Mr Gildernew): Thank you both. I will make some general comments. The first point that jumps out at me is that much larger places on these islands than here are already doing it. Cardiff, Edinburgh and Glasgow are doing it. Secondly, during the COVID pandemic, the trusts have repeatedly asked staff to come back from leave to work shifts that needed to be covered. Staff are coming off their much-needed rest over the weekend, leaving their family, coming to work in Belfast or elsewhere and meeting a barrier and a charge to go to the job that we all so badly need them to do. The Minister had removed the charges, so clearly it was possible to do, and that was managed throughout that period. At a Committee meeting before Christmas, I asked him to continue to extend that mitigation for staff, given that we are continuing to put them under pressures that they really should not be asked to be put under. We came into a pandemic with a workforce that was already tired and under-resourced, and there were vacancies across the system.

I have heard a lot about the problems that will be caused by doing nothing, and that is not appropriate in this situation. We should be more in the space of looking at how we will address the issues. I will ask you a number of questions about what you have been doing to address those issues on behalf of the staff and other people. I have the interests at heart of many of the same people whom you have mentioned, Jeff and Brenda: staff, people with disabilities, and people in rural areas who do not have access to a transport network. There are therefore major issues that need to be resolved.

I state very clearly that we should not be pushing those fundamental, structural inadequacies on to already hard-pressed, much-needed front-line health and social care staff or, indeed, on to people with disabilities. Jeff, you talked about managing the system. Surely it would not be beyond the wit of people to look into supplying passes to control parking. I am not content that we throw to the wind the idea of removing parking charges.

Jeff, you mentioned that making changes would require significant capital investment and that the transition would take more than six months. Has there been any engagement with the Department for Infrastructure or, indeed, the Bill sponsor about your concerns?

Mr Thompson: I will pick up a few points that you have raised. First, the issue of Cardiff. I am not aware of the situation in Cardiff or in Scotland, but I am aware of the situation in England, as I sit on a national performance advisory group. Since England stopped charging during the pandemic, its experience has been that car use rose and is now back to 2015 levels. All the work done to try to improve and reduce single-occupancy vehicle use has therefore been unwound because of the current stance in England.

The removal of controls during COVID was possible only because there was a downturn in services that meant that fewer people were coming on-site, and we therefore had the capacity to deal with the additional staff wanting to park on our sites. In any case, the South Eastern Trust offers all staff at the Ulster Hospital and Lagan Valley Hospital sites, and soon those at the Ards Community Hospital site, free off-site parking alternatives that are either adjacent to the site or have park-and-ride schemes funded through car parking income. Policy is the way forward.

As I said, it would take more than six months to implement. No, I have not had any engagement, because the Bill is currently going through the Assembly. No one has approached me to ask for our view on the Member's consultation. That is why I really appreciate being asked about that by the Committee today. There has been no engagement, but I can tell you that it would take longer than six months to put the measures in place. The only way in which to do that is through a comprehensive review of policy by the Department of Health. Mitigations for the costs incurred must be funded.

The Chairperson (Mr Gildernew): Jeff, can we agree that Cardiff, for example, has clearly dealt with the issues and has managed to overcome them?

Mr Thompson: I am not aware of the situation in Cardiff. I cannot speak about Cardiff.

The Chairperson (Mr Gildernew): OK. I can tell you that Scotland and Wales have both abolished charges, and a similar Bill is making its way through the House of Commons at present. This is therefore being done by a lot of other jurisdictions.

Mr Thompson: Yes, but even —

The Chairperson (Mr Gildernew): There has also been evidence in the course of the Bill's progress of cancer patients who are paying hundreds of pounds for parking services.

Brenda, to go to you briefly, my understanding is that the Belfast Trust is looking at raising charges. We are almost creating a situation in which staff are subsidising the system for its lack of capacity. Staff are having to bear the brunt of the cost through their having to pay for what is a problem with a lack of capacity. Brenda, what is your view on the need to increase charges? Why, at this time, are you even considering placing additional costs on front-line staff?

Ms Creaney: We are required to charge for car parking within the current policy. I say from the outset that, if our policy were to change, we would work with all our partners to support and implement the new policy. I understand where this is coming from. We have had a very challenging two years. You will all be fully aware of that, and, without our very loyal staff, we could not have got to this point. It is therefore really important that we recognise the benefits of having free car parking over that period. From a practical point of view, however, we do not have enough space at the minute. We are looking to streamline our charges, because, if you park at the Belfast City Hospital, for example, you pay a lot less than if you park at the Royal or at the Mater. Our purpose in doing that was in line with policy and to stratify the charges. Our charges are currently index-linked to people's whole-time equivalent and their salary, and we will continue to do that. Importantly for us, we need the people who need ready access to our car parks to have that access. Those are our patients and their families, and then our staff.

The Chairperson (Mr Gildernew): You said that there are not enough spaces to provide free parking. How many additional spaces would be needed?

Ms Creaney: At the minute, we need about 1,500 spaces across all our Belfast Trust sites. We are testing access criteria. If we were to get to a point at which we had access criteria that colleagues could agree to so that staff who have ready access to public transport and work regular hours would use public transport, we would be able free up a number of spaces. Similar to colleagues in the South Eastern Trust, we have park-and-ride facilities, which are not hugely used at the moment. They do not cover the 24-hours-a-day requirement, but we are looking to our staff who work regular hours and who live on those routes. That does not apply to everybody. We have people in Belfast who travel from Donegal, from Derry and from the north coast to work with us, so we have to be practical and realistic. It is the same for our patients and their families who access our services.

Colm, another point that I want to make is that people who come to Belfast for cancer services get free parking. If they do not, I need to know about that, because anyone who is attending critical services or who comes regularly for chemotherapy or radiotherapy is entitled to, and should get, free car parking. Similarly, if anyone is in intensive care or in the children's hospital, their parents or guardians are entitled to free parking. Our issue is with space and our locations.

A further point that I am keen to make to Committee members is that we are supportive of doing the right thing, but, given the challenges that we face, we need the support of Assembly colleagues and, indeed, the public to allow us to do the right thing. No matter what way the Bill goes, we simply do not have enough *[Inaudible owing to poor sound quality]* space at our large hospital sites. For example, if we had free car parking and everyone who comes into Belfast for work chose to park at the Royal Victoria Hospital, the City Hospital and the Mater Hospital, our patients and their families would not have enough space to park. We need to have those difficult conversations with our public.

The Chairperson (Mr Gildernew): Everyone wants to do the right thing and everyone supports doing the right thing, Brenda, but we are aware that staff members, particularly those in Belfast, are paying up to £60 a week to park. That is heavy for minimum- or living-wage employees. That is clearly not the right thing.

Ms Creaney: I agree, Colm. We ask staff who work regular hours and who have ready access to public transport — as you know, the Belfast hospitals are very well served by public transport — to consider using that public transport to allow the car parks to be used by their colleagues who work

nights and weekends and who leave at all times of the day and night. Worryingly for all of us in the trust, we have staff who cannot afford to pay that. They may park in areas where they put their personal safety at risk, which I do not want either.

The Chairperson (Mr Gildernew): I want to get to other members, but, first, I want to briefly check with both of you whether PFI contracts are in place for parking in either of your trusts? Is that part of the equation?

Ms Creaney: Not in Belfast. Our PFI contract on the Royal site, which was our only one, ended two and a half to three years ago. We now have [*Inaudible owing to poor sound quality*] so we have no PFIs for car parking.

Mr Thompson: No, there are no PFIs. In fact, from my experience, region-wide, there may be only one, which is associated with the South West Acute Hospital. That is the only one that I can recall regionally.

The Chairperson (Mr Gildernew): Thank you. I will go to other members.

Ms Bradshaw: Thank you to Brenda and Jeff for coming along. I will not ignore what you have said or what is in your written submissions — I very much take that on board — but I have a couple of additional questions.

Have any of the trusts considered revenue-raising through other means? I am talking about advertising hoardings, for example, although obviously there are strict guidelines about what can be advertised.

From the data and information provided by the Belfast Trust about the claims for the hospital travel cost scheme, it seems that, over those three years, the number of claims declined. Do you know why that was the case? Obviously we then moved into COVID, but I think that those three years were slightly before that.

Can you talk a wee bit about how virtual, online hospital appointments have impacted on pressure for places? The other issue is the new application and assessment process. It would be great if you could provide any further information about that. That last question is for the Belfast Trust. Thank you.

Ms Creaney: Thank you, Paula. I am sorry to say that I do not know why the number of claims declined, but I can look into that and come back to you.

We have not considered other ways of raising revenue. That is not in my area of expertise, but I can certainly take that back to colleagues.

As we noted in our submission, we have worked on our access criteria, for probably three years now, with trade union colleagues and staff. Those criteria are about applying a fair process in the context of the policy by which we pay for car parking. As I said, Paula, because of our infrastructure and lack of space, I think that we would need criteria for staff irrespective of whether or not we charge. You will be aware that there is considerable redevelopment and building work on the sites of both the Royal and, particularly, the City Hospital. That reduces our ability to build car parks. We are working with organisations such as Translink and, at the Royal, the Park Centre to see whether we can use the parking that they have available. The big challenge for us at those sites is the need to walk from places like the Park Centre or to take buses from the park-and-ride. We have to weigh that up against the safety of our staff in particular. We are keen to prioritise parking for patients and their families, because that is the right thing to do. We want people to have ready access to clinic appointments and emergency care. As you know, we also have a large number of staff who meet the criteria and, as I said, we are about 1,500 spaces short.

Mr Thompson: I do not know whether you want me to answer some of those questions as well.

Ms Bradshaw: That is fine. You can. The other question that I want an answer to was about virtual appointments.

Ms Creaney: We have implemented virtual appointments quite well across the Belfast Trust. However, I am keen to say that those are not suitable for everyone. In particular, as you might

imagine, the older population who use our services find them challenging. Not everyone has a smartphone or access to a device. Secondly, sometimes a virtual appointment does not provide the level of clinical assessment and review that we require. We are looking at a blended approach. However, where possible, we are encouraging our staff to develop effective virtual appointments. This is a very important point: the virtual appointments need to meet the needs of the patients, first and foremost, and, then, enable our clinicians to do effective assessments.

Ms Bradshaw: Thank you.

Mr Thompson: Paula, may I come back to you on advertising, first? Yes. In the past, we did some product placement on our sites and advertised environmentally friendly vehicles. However — would you believe it? — because of COVID, the pressures on the car market and vehicles being in quite short supply, those car companies now do not have the spare capacity to place products on our sites. We are looking at using advertising hoardings, in line with what the ethics and code of conduct of Health and Social Care permit us to advertise.

You said that the number of claims declined. I did not know that and we will look into it, but what people are entitled to is advertised on our website.

There have been a lot of virtual meetings and consultations. I concur with Brenda that some elderly people do not like using that technology. We are in danger of viewing car parking capacity in the current climate of COVID. I hope that that is a false climate and that we will return to normal one day. We cannot overcommit parking spaces only to find that, in a year, we need them. It is just not a good time to assess car parking capacity in general terms.

Finally, I would like to pick up something that Brenda mentioned about whether we charge staff. That is an important concept for the Committee. Charging for public parking acts as a deterrent, primarily on urban hospital sites. There is wriggle room for staff charging but, if we go down a route of it being free, criteria would have to be used to ensure that those staff who are most in need of a vehicle have on-site access and that we provide free off-site spaces.

Ms Bradshaw: Those are fair points. To clarify, I was talking very much about the link between virtual appointments and the pressure on parking spaces. However, I suppose that, in many ways, you still have to continue to assess how effective they are. I appreciate all the responses. Thank you.

Mrs Erskine: I thank Jeff and Brenda for coming before the Committee. It is really important for us to hear what could be the practical outworkings of the Bill on the ground. You have expressed your views very articulately.

I want to ask about the staff. Jeff, this may be a question for you. From looking at what you provided, I understand that there are 4,000 parking permits in the South Eastern Trust. Is there equality across the bands in the staff who hold parking permits in the South Eastern Trust? Do you have a breakdown of the professions and specialities of those staff?

Mr Thompson: Nice to meet you, Deborah. Where we have started to use eligibility criteria — on the Ards Community Hospital and Lagan Valley Hospital sites — staff apply for their passes, and we are blind to their grade. Whilst we could try to establish or infer what band or grade they are, that is not a factor when they apply for their permit. Rather, it is about whether they need it or not, based on the criteria that are set. People's parking at the Ulster Hospital is historical and predates the use of criteria to get a pass. As you can imagine, many thousands of people have passes for the Ulster Hospital site. To go, retrospectively, and ask them to reapply might be problematic for us. We could do that, but it is really not likely in the near future. The answer is that we are blind to staff grades.

Mrs Erskine: OK. Is there a risk that, because certain staff cohorts, patients and visitors already benefit from concessions or free parking, the Bill would have a limited impact, and might instead grant unjustified or disproportionate support to people who do not have evidenced need? You have touched on commuters from outside Health and Social Care entirely. That leads on to another question. It has been said that a benefit of the Bill would be the avoidance of a postcode lottery in free parking. How can that risk be avoided under a revised model that sees the continuation of hospital parking charges?

Mr Thompson: On not applying controls on our sites that currently have controls, all that I can do is go back and describe the position before those controls were put in place. On the Lagan Valley Hospital site, for instance, we were all aware of the market that occurred on a Tuesday morning, when

everyone filled up our hospital site because it was free of charge, rather than pay even a small rate in a local car park. We were also aware of commuters using the Ards Community Hospital and Ulster Hospital sites. On one occasion, someone was even witnessed parking at Ards Community Hospital and using the park-and-ride service to get an aeroplane at the City Airport. All those things happen. It is probably even more acute in Brenda's world in the Belfast Trust, but we certainly feel the brunt of it more on the urban sites than on the rural sites. People fill up the parking spaces early. Those people could be commuters, but they could also be staff. If there were a lack of controls, the staff who come in for an earlier shift — say, at 7.00 am or 7.30 am — would park on-site before any of the public could arrive.

We have multi-agency forum meetings over in Lagan Valley Hospital. They are chaired by an MLA and attended by Sustrans, DFI, the PSNI and Translink. Recently, there were queues forming on the Hillsborough Road. When we looked into it further, we found that it was actually staff who were not parking in the free-to-use off-site car park, but paying the public rate and filling up the public car park, who were causing queuing down the Hillsborough Road and up to the junction outside the Lagan Valley Hospital. We had to do some work to improve the layout of the site to facilitate queuing to mitigate that. Sometimes, regardless of the alternatives and even though there are free options, staff still choose to park on-site and pay a public rate. Having it free of charge will only exacerbate those problems.

Mrs Erskine: Thank you for that. Is that the same for the Belfast Trust, or are there any differences there?

Ms Creaney: Hello, Deborah; nice to meet you. We do not have a huge problem with commuters using our sites. Our rates, particularly at the City Hospital, prevent that. Our concern is that, if we had free car parking, people would potentially avail themselves of that because, as you know, you can walk to the city centre within 15 minutes from either the City or the Royal and in a slightly longer time from the Mater. Our concern is the potential impact of not having some sort of control. We are a bit further along with our access criteria. They are based on hours of working and the need to travel between sites during the working day, irrespective of profession.

Mrs Erskine: OK. Thank you.

Ms Ní Chuilín: Hello, Brenda and Jeff. I find this quite shocking. Some of the examples that Jeff gave are the complete opposite of my experience in Belfast. Anyway, notwithstanding that, we, as MLAs, enjoy free car parking all day long; even staff who use our Building enjoy free car parking. I find it a bit bizarre that we, who are fairly well paid, are begrudging low-paid workers and, indeed, hard-pressed families the opportunity to not be further penalised because they cannot afford to pay for car parking. For me and for us, that is what it is about. It is cheaper to park in a well-known shopping centre than at the City Hospital. Brenda, you know that and have admitted it.

You talked about being grade-blind, but a lot of consultants have free car parking spaces. I certainly know that, on one of the sites at the Royal, they can drive into a space. It used to be their name on the car parking space, but a space is now identified for them by their department. I was at the Royal three weeks ago. If that has not been changed, it should be.

I am concerned that the threat to Shopmobility is being used as a red herring on free car parking. I would like more examples on that.

Chair, I will finish with this. I point you to paragraph 4.3 of the evidence from the Belfast Trust. The Belfast Trust has not included in its budget operating costs for the car park; it is relying on the charges to operate the car park. I understand that that is a current policy, but, if the Bill were to go through, that would have to be thought out. What discussions, if any, have been had on that?

Mr Thompson: Carál, thank you very much. Where charges are applied on sites, all consultants have to apply and pay the same rate as anyone else. The current Department of Health policy says that it is based on their full-time income or as a proportion of their income. Consultants are charged on our sites. I am not aware of any examples of free consultant parking; none.

Look, it was not my intention to say that Shopmobility would go; my intention was to highlight that Shopmobility is funded through car parking income. Likewise, several staff provide a security service that is funded by car parking income. There are difficult choices. Some negotiation and dialogue is needed to make sure that we have adequate funding to keep those services going without affecting

other types of patient-facing services. Difficult choices would have to be made as a result of the Bill being passed. There is one pot of money available to health and social care trusts. Funding from car parking income is how we have traditionally paid for those services.

Ms Ní Chuilín: OK. I am not being pedantic, but the implication was that, if the Bill is taken forward, the continuation of Shopmobility will be an issue. I remind everyone that the discussions that you have had with the trade unions thus far have been about fair car parking. Trade unions and staff site representatives have raised those concerns for a number of years. Trade unions are not opposed to the Bill by any stretch. They have given us their submissions and spoken to different members. Trade unions are very much in favour of free car parking at public hospital sites, and that is the intention of the Bill sponsor.

Paragraph 4.3 of your evidence basically says that, if there is free car parking, other funds will have to be found to operate the car parks, irrespective of whether the Bill goes through or not. You are basically saying, "This is how these services are currently funded".

Ms Creaney: Thank you, Carál. First, I am not aware of any areas in Belfast where consultants park free of charge. If you can advise me of that, I will certainly look into it. Consultants go through the same access criteria as all our staff, and I want to assure my colleagues about that. However, if you —

Ms Ní Chuilín: Sorry, Brenda. To clarify, unlike any other member of staff, consultants have a space marked out for them.

Ms Creaney: OK. That may be a historical issue, Carál, and we probably need to remove that signage.

Ms Ní Chuilín: OK.

Ms Creaney: That should not be the case, if it is. In fact, recently, we removed car parking from a number of consultants in our redesign of services. I am very happy to look at that. I think that I know where you are talking about, but that is historical. Does it say, "Red Badge Holders", by any chance?

Ms Ní Chuilín: It absolutely does, Brenda.

Ms Creaney: I know where you are talking about; OK.

At paragraph 4.3, we are articulating that there is a cost to managing car parking. In line with policy, we use that income to manage the infrastructure, staffing and cash handling at our car parks. If the Bill goes through, we will need to consider that in our budget management. We will have that conversation with our Department of Health colleagues, because we need the funds to manage our car parks, which are running at a deficit.

Finally, Shopmobility is not dependent on car parking income in the Belfast Trust. We are very supportive of Shopmobility on the sites where we have managed to implement it successfully. That would not be an issue for us in Belfast.

Ms Ní Chuilín: Thank you for the clarification, because the Belfast Trust —

The Chairperson (Mr Gildernew): We need to move on, Carál. Thank you.

Ms Ní Chuilín: I know, but I am trying to make an important point, Chair —

The Chairperson (Mr Gildernew): Alan Chambers, go ahead, please.

Mr Chambers: Car parking charges are used in city centres for on-street and off-street parking. The reason why there is a charge is not to make a fortune for somebody but to facilitate movement of cars by encouraging people not to stay long and hog a car parking space all day or for a lengthy period. That is the ethos of on-street charges. I would fully support any scheme to allow staff to park free of charge at a hospital site, provided that the logistics to support that were in place. You cannot just jump into that, much as we would like to facilitate it. If any plan comes along to facilitate it, I will fully support it.

We have to realise that a car park on a hospital site does not stand alone; it is part of a process of the hospital's operations. It facilitates staff in coming to work and parking safely. It facilitates visits by families to their loved ones in hospital. More importantly, it facilitates attendance at outpatient clinics. I sat in a queue at the Royal with, maybe, 50 cars in front of me. I thought that I was in good time, perhaps half an hour or 45 minutes before my appointed time. I thought, "I will get in here and get a cup of coffee before I go to the clinic", but I sat, car number 50, in a queue waiting to get into the Royal, willing 49 or 50 cars to come out of the car park so that I might get in to make my outpatient appointment in a timely fashion.

My one question is about unintended consequences. I think that the officials would acknowledge that car parking around the Royal Victoria Hospital and at the Ulster can be absolutely chaotic. I do not see how free car parking would ease that; it would probably make it worse, for all the reasons that we have heard. Could the Bill have the unintended consequence of disrupting outpatient operations, with so many patients not being able to arrive at their appointed time because of circumstances beyond their control?

Mr Thompson: Alan, it is nice to meet you. Yes, that would be an unintended consequence. It is reasonable to foresee that car parks becoming unrestricted would lead to delayed or missed appointments. That was our experience before. It may be marginally offset at the moment by virtual consultations, but, as I have explained, some of those may not continue post COVID. Our hospital sites are generally becoming busier environments. There is an ageing and growing population as well. Some of those who come to our sites to attend appointments are more reliant on vehicles to get to the site, in no small part because there is not the rural infrastructure to bring folk in on buses. A lot of those people do not have a choice; they need their vehicle. Anything that disrupts that equilibrium of car parking on-site could very easily make the problem even more chaotic.

Mr Chambers: Thank you.

Ms Creaney: Hello, Alan; it is nice to see you again. If access to car parks were unfettered, our concern would be the potential impact on our patients and their relatives. Interestingly, we get a large number of complaints about long waits and the potential for missed appointments, but we get very few complaints from our service users about charging. I think that I noted that in our evidence.

More importantly, whatever we decide to do going forward, we need infrastructure and support. We need to be able to prioritise the areas for our patients, their families and our staff. The majority of shifts, particularly for nurses and ancillary staff, start at 7.30 am. If we have open access to all the car parks, they will undoubtedly be filled. There is also the potential that I referred to earlier: people who commute into Belfast may avail themselves of that as well. We *[Inaudible owing to poor sound quality]* a level of control and priority access for our service users and staff in different areas.

Mr Carroll: Thank you for the presentations. I agree that parking charges are an extra tax on health workers and should be abolished. I support the Bill, as I have said before. We have a situation whereby health workers, particularly in trusts and hospitals, are being blamed and charged for the lack of sufficient investment in public transport and the inadequacy of planning generally across our city. In my constituency of West Belfast, we have a situation whereby large estates on the Springfield Road have no public transport Sunday service whatsoever. These are big estates. Some workers in the Royal, working 12-hour shifts or longer, are unable to get public transport because it is not there. Those workers are being blamed, charged and fined through parking charges, and that is unacceptable. We have also heard in the evidence that some people have to get two buses to get to work. That obviously takes longer and creates all sorts of barriers for people. I am a regular user of public transport, and buses and Gliders are crammed with people, which is not safe with COVID or for people with underlying conditions.

I missed the start of Brenda's presentation, so I apologise if she did not say this. However, we have heard previously that people park at hospitals because it is free. I have no evidence of that, anecdotally or otherwise. I live right next to the Royal Victoria Hospital. My constituency office is right next to it. The biggest workplace in West Belfast is the Royal. That is where people go. If people park in the Royal, where else do they work? Why else would they go to avail themselves of the free parking? To be upfront and honest, I just do not buy it. My understanding is that Department of Health staff have free parking. Why should there be one rule for the Department's staff and another for trust workers? It is unfair and unjust, and the environmental arguments do not justify this regressive charge. They do not wash.

The Chairperson (Mr Gildernew): I am not sure if that was an actual question. Brenda, do you want to come in on that?

Ms Creaney: I will. Hello, Gerry. Nice to meet you. At the minute, we have no evidence of people misusing our car parks to go into the centre of Belfast, but that would be a concern if there were free and ready access to those car parks. Car parking charges are an emotive issue, but they have been our only method of control. If there were another way to control access for the right people, I would agree.

Gerry is quite right. The Royal is the biggest employer in Belfast, so we do have large numbers — 5,000-plus staff — coming through every day. However, we are also *[Inaudible owing to poor sound quality]* minutes' walk from the city centre at most, which is a concern for us, though an unproven one at the moment, admittedly.

Mr Carroll: Thanks, Brenda. It is important for us to appreciate Brenda's honesty, but there is no evidence. We have heard some trusts indicate that that could be a knock-on effect, but Brenda has confirmed that there is no evidence.

Finally, my experience in the constituency is that healthcare workers are parking in very narrow streets in communities. I do not blame them, but they cannot afford the hospital charges. The parking issue is in communities, and many people feel that the trusts — the Belfast Trust in particular in this case — have ignored that. It is an important clarification for the evidence on the Bill, Brenda. Thank you.

Ms Creaney: May I come back on that? I agree with Gerry on that. I have put on record and noted my concerns about staff parking in areas that are not safe. We need staff to work out of hours and, obviously, in the winter, that is after 5:00 pm. We want our staff to be parking safely, and we need to consider the impact on communities as well. It is unfair that our staff are using their streets, particularly around the Royal, the City and the Mater.

Mrs Cameron: Thank you, Jeff and Brenda, for your attendance at the Committee; it is much appreciated. We are here to listen to your evidence on this potential legislation, and we appreciate that you are giving your time today. It is not a straightforward issue. From my point of view, car parking is incredibly unpopular and nobody wants it. First and foremost, we want to see that staff are not treated differently in a postcode lottery in relation to parking charges. We know that that varies across the Province. I also appreciate that there are patients who need to park a reasonable distance from the health facility; that is vital. In an ideal world, we would not have any car parking charges but, unfortunately, we are not in an ideal world, so we need to look at the practical issues that the Bill may raise. I appreciate all of that.

Jeff, you touched on the environmental aspects of this subject. Do you and Brenda believe that the Bill sends mixed messages about the public sector's commitment to lowering emissions? It is a very important thing, and all the parties are greatly concerned. We are currently looking at not one but two climate change Bills, so it is an issue that has to be addressed. What do you think about the messaging and where we are looking at what are very challenging climate change targets? How does the Bill impact on that?

Mr Thompson: I will go first, Brenda. Pam, it is nice to meet you. When we are looking at future legislation, it is important to look at staff and the public as two separate entities, if we can, because there are two different approaches for those. As I said earlier, there are ways to minimise or even eliminate charges for staff if there are controls on site. However, there needs to be a deterrent in order to prevent unauthorised parking by the public and to prevent staff from parking in public car parks. It is important that there are two strands to the problem and the solution.

It will be important, if the Department of Health reviews the policy, that it looks at the needs of vulnerable members of the public, patients, clients and visitors and reflects that in policy. As I said earlier, the policy as it stands allows and instructs for exemptions and concessions for certain people with chemo and renal issues and people in critical care units. However, it is silent on people with mental health conditions, addictions and things like that, or hidden disabilities. There is more to be done from a policy development perspective on those other types of things where we could and should be more compassionate.

I will go on to the environmental issues. Yes, those are key for us. I have lived here for 30 years; I might sound like a blow-in, but I am not. As a region, we need to do more to address our impact on the

environment. We are aware that, regardless of which Bill goes through, we need to cut our CO2 emissions and we need to address that. Car parking charges are inextricably linked to travel planning and sustainability and to the reduction of CO2 emissions for vehicle use, which is very high in Northern Ireland. I do not have the exact percentages, but it is higher than in other regions of the UK and Ireland on our use of vehicles. If we can do anything to nudge behaviour and encourage people to use alternative, more sustainable transport, and even active transport, we will not only reduce the CO2 but improve the health of the population that we serve.

The Chairperson (Mr Gildernew): I know we lost you there, Brenda. Did you want to come in on that?

Ms Creaney: Sorry; I am back on again. I do not think that we can say that it is a cause, but it could be an unintended consequence of increasing car usage, as Jeff explained. Certainly, unlike other *[Inaudible owing to poor sound quality]* Derry or from Coleraine are going to drive, but we need to encourage our local citizens, if they can, to use public transport and reduce car journeys around the city. For me, this is multifactorial. It is not just about this Bill; it is about having joined-up thinking and improving access to our sites and our clinics.

Mrs Cameron: That is useful. Thank you, Brenda and Jeff.

Mr Thompson: Pam, sorry, do you mind if I add to that? During the pandemic, DFI operated free transport on Translink services, and, at the time, I spoke to the Department of Health to ask whether it would open up negotiations or discussions with DFI on the extension of that. I note that, in the past, the Minister of Health has said that he would like to talk about the relationship with DFI and about connectivity and the use of public transport for our staff and for the public. If we are going to try to nudge behaviours, now is the time that those connections should be made, and, just like Brenda said, there is a need for cross-departmental working. If you gave concessionary travel or exemptions to all health and social care staff, that would not only show commitment towards a green agenda but nudge other people and their families' behaviour.

Mrs Cameron: That is a very valid point, Jeff. Thank you for that. It is a huge concern. Brenda, you touched on the safety of staff, especially when working out of hours. We all know people and have people in our families who are affected by that and who are putting themselves at risk and facing a lot of extra cost by going to do their job. They may be travelling some distance, especially those staff who travelled during the worst of COVID into the Nightingale sites. They may have travelled quite a distance across the Province to get there but still not been able to afford the car parking or access a space and were forced to take buses or walk long distances in the dark at incredibly unsocial hours. Given the recent horrific murders that we have heard about, there is a terrible fear there as well. There is much more to be done, especially on that staffing issue, but I think we could be looking more at the environmental impact. It has been really useful to hear your evidence today, so thank you.

Ms Flynn: Thank you, Brenda and Jeff, for coming along to the Committee today. I know that we are having conversations about the environmental aspect *[Inaudible owing to poor sound quality]*, and of course many important conversations and initiatives need to be had around environmental issues and the CO2 emissions. However, in the context of this Bill and in the context of the ethos of this Bill, I do not think that we should be pitching the CO2 emissions, because what we are trying to do is ease financial pressure on our health and social care staff and our patients. I accept that none of it is straightforward. Jeff and Brenda, you both mentioned some of the problems that might come up and issues that need to be dealt with. Jeff, you said that it could take longer than six months to put the measures in place. Is that reason enough to oppose what is behind the Bill? The timeline should not factor into that.

Examples were raised of other cities that have implemented a free parking scheme. Do you accept that the cities that we were talking about, such as Glasgow and Cardiff, are much larger than Belfast and have much larger populations, yet they have been able to resolve, I am sure, a lot of the situations and problems that we are speaking about today? Do you accept that we can actually work through those for the benefit of our health and social care staff and our patients?

I am conscious that a lot of the staff, unions and patients will be tuning in to this Health Committee meeting. In the public consultation, 98% of the respondents were in favour of the Bill, so a lot of those people will be listening to everything that is said in the conversation today. My fear is that, if the Bill does not progress because we cannot get into solution mode and resolve some of the issues to get to the point of having free car parking, it will create a disparity for patients and health and social care

workers here locally. It is already in Cardiff — it is in Wales and Scotland — and a Bill is progressing through the House of Commons as well.

I will leave it at that. Any feedback or commentary would be much appreciated.

Mr Thompson: It is nice to meet you. You talked about the six months and how easy it would be, and you asked why we would oppose it. We oppose it because we believe that it will impact on the most vulnerable and, in particular, on people from rural areas. As we said, uncontrolled access to car parks would lead to those car parks being filled first thing in the morning by our staff. It is really important to try to disentangle the staff side of things from the public side of things. There is an argument about giving free car parking spaces to staff if we base it on their demonstrable need and provide them with free off-site parking, which is what we do. Staff in the South Eastern Trust can park at the Omniplex in Dundonald and get a free bus across and back. Staff at the Lagan Valley Hospital site can park in the overflow car park at the LeisurePlex, which is only a five-minute walk away. On the Ards site, we are in the middle of negotiations to acquire a site right next to the hospital that would be free to use for staff. We are really talking about [*Inaudible owing to poor sound quality*] for on-site car parking. We believe that those staff should have a real necessity to use their car and have access to their car. If, for example, they are a community nurse delivering direct patient care on a daily basis, that is a very highly weighted criterion in the eligibility criteria that we use. I do not lead the policy; I follow Department of Health policy for staff. It is almost irrelevant as long as we have control of who can come on site and who takes priority to park there. I am not opposing the free thing. That is a Department of Health policy decision. The payment for the public is important to control the access, or else, like I said, staff would just park in the public spaces.

You mentioned Glasgow and said that there are no issues, but my understanding is that there have been issues in Glasgow and there have been problems with those car parks being filled first thing in the morning. That is what I am aware of, although I do not know whether those issues have been ironed out or got through. All this stuff — the fact that you should treat the public differently to staff, because of the reasons that I have explained, and given that automatic number plate recognition technology, which could potentially be used on some sites, is not a proven technology, and given that we might need to look at different ways of doing things and have a dialogue over funding — means that the six-month timeline that is proposed in the Bill could be very, very tight and hard to achieve.

Finally, I acknowledge the 98% finding from your consultation that was done. However, in terms of its audience, we were never invited or signposted to contribute towards that, so, without casting aspersions, I do not know how reflective that audience is of public opinion. It is a true statement, but does it reflect public opinion? I do not know.

The Chairperson (Mr Gildernew): Brenda, please be as brief as you can.

Ms Creaney: I will be very brief, Colm. Órlaithí, it is nice to meet you. I agree we should be solution-focused around the outcome of this. I think that it is very important to listen to that 98%. That is a very powerful response, and, certainly, with any plans going forward if the Bill is passed, I think that we need to walk into this with our eyes open and work closely together across the agencies to do the right thing for our patients, their families and our staff and to manage all the potential implications, whether they are with access or are financial. I hope that you have found that our submission from Belfast has set that out, and we will be supportive and collaborative and work with colleagues going forward.

Ms Flynn: I appreciate that. Thank you both.

The Chairperson (Mr Gildernew): Briefly, Jeff, that was a public consultation that was quite open to everyone, including the trusts, to take part in, so it was open to anyone who wanted to take part in that.

The discussion largely boils down to two key issues: control and income. The question mark is around how you secure the control. I think that both issues are important; I do not dismiss either of them for a second. The question becomes how you achieve the control, how you secure the income and who that comes from, whether it is staff or otherwise.

Before Christmas, I raised with departmental officials the issue of bids in the monitoring round. One of the things that I pointed out that had not been applied for was any money to address the issue of parking. So there was the potential to bid for some money, and we are into three-year budgeting now.

I think that that should be borne in mind as well. We heard directly in evidence from one of the two of you — I think that it was you, Jeff — that the income currently pays for Shopmobility and for security.

Mr Thompson: For some.

The Chairperson (Mr Gildernew): Effectively, that could be interpreted to say that front-line staff, some on very low incomes, are paying for the security. I know that there is a difference of opinion, but that is one interpretation of it, and it is an important one. I just want to read a small section of your submission, Brenda, in that context. Your paper states:

"The Trust wants to reach a position where the income from car parking meets the cost of operating the car parks and so is exploring options for increasing the current charges and/or applying charges on other sites with 100 or more parking spaces and/or introduce charges on smaller sites where demand for parking exceeds the parking space available."

In the context of where we have all been out on doorsteps and on streets clapping for workers and supporting workers and all of that, the idea of raising additional charges on workers is, I think, a difficulty in one sense, considering staff retention and morale and all those issues. I agree that there are costs, but it is a question of where those are funded from. I think that we need to consider that. Brenda, I will give you a chance to reply to that. I do not want to put that to you and then bring it to an end. I am just quoting from your own submission.

Ms Creaney: Colm, it is important to consider our submission in the current policy context, in which we charge for car parking. As I reported earlier, we are running at a deficit, so we need to fund our car parking arrangements in some fashion. That is how we do it at the moment, but, certainly, we are very open to looking at other solutions.

The other issue for us around car parking charges is about making sure that there is equity, because our staff pay different rates on different sites, some of which is determined by the location of the site. There is certainly a fairness issue here as well. It is an emotive, challenging issue, and we are very keen to get the right solution that does not cause issues with access for our patients and staff. I am very committed to working with colleagues to do that in the right way.

The Chairperson (Mr Gildernew): We fully understand and accept that you have the interests of staff in mind. We are not insinuating anything else for one second. It has been a very useful session in the context of drilling into what the difficulties are. That therefore opens up the potential of looking at the resolutions rather than the difficulties. We will be taking further evidence from some of the other areas that have engaged, and that will be useful information for everyone as we move forward.

That is useful. I thank you both for attending our session today, going through members' questions individually in the manner that you did and providing written evidence to us as well. Thank you, Brenda and Jeff. Take care.

Ms Creaney: You are welcome. Thank you very much.

Mr Thompson: Thank you.