Committee for Health

OFFICIAL REPORT
(Hansard)

Hospital Parking Charges Bill: Allied Health Professions Northern Ireland; Royal College of Nursing; Marie Curie; Northern Ireland Committee, Irish Congress of Trade Unions

27 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 Leandre Archer	Allied Health Professions Federation Northern Ireland
Ms Joan McEwan	Marie Curie
Ms Tanya Killen	Northern Ireland Committee, Irish Congress of Trade Unions
Ms Dolores McCormick	Royal College of Nursing

The Chairperson (Mr Gildernew): I welcome Dolores McCormick, associate director for employment, relations and member services at the Royal College of Nursing (RCN). We are also joined by Leandre Archer, Allied Health Professionals Federation (AHPF); Tanya Killen, Northern Ireland Committee, Irish Congress of Trade Unions (NIC-ICTU); and, last but by no means least, Joan McEwan, head of policy and public affairs at Marie Curie in NI.

Thank you all for taking the time to attend. All your organisations have attended previously, and I look forward to you providing your evidence. Tá fáilte romhaibh uilig.

If you could each give a short presentation, as brief as you can manage, we will then go to members' questions. If one person can answer the substantive question, that is fine. If witnesses need to provide additional information, that is also fine, but we want to avoid repetition so that we can move through as many questions as possible. I ask members to keep their questions as succinct as possible so that we can move through as many questions as we can.

Dolores, will you go ahead with your brief opening remarks, please?

Ms Dolores McCormick (Royal College of Nursing): Thank you, Chair. Good morning to the Committee. Thank you for the invitation to the Royal College of Nursing to address the Committee. My opening remarks will be brief. Members have already received our written submission on the Bill.

The RCN supports this draft legislation. Our members are opposed to the imposition of parking charges for nursing staff in Health and Social Care (HSC). For many nurses, and particularly for lower-paid nursing staff, parking charges can be a significant expense. Our members believe that parking charges impact negatively on nursing workforce recruitment and retention, at a time when we can least afford any such impact.

Our written submission explains the consequences of parking charges for nursing staff in their own words. On that basis, the RCN rejects the view that free parking could be provided only by cutting patient services. Without nursing staff, there are no patient services. That has become very clear in recent months. It is not the fault of nurses that trusts are unable, or unwilling, to provide adequate parking capacity or that Northern Ireland has such inadequate public transport connectivity. It is, however, nurses and other healthcare workers who are asked to pay the price of those failings. If the pandemic has taught us anything, surely it is that the Department and the trusts need to start viewing nursing as an asset to be cherished and nurtured, rather than as a cost to be contained and controlled. One way to realise that approach is by having the common sense and good grace to abolish these unreasonable and unnecessary charges.

I hope that those brief remarks have been helpful. I look forward to responding to any questions that members may have.

The Chairperson (Mr Gildernew): Thank you, Dolores. Leandre, may we have your opening remarks, please?

Ms Leandre Archer (Allied Health Professions Federation Northern Ireland): Thank you, Chair. Good morning, Chair and members of the Committee. I am a national officer in the Society of Radiographers. Today, I represent the Allied Health Professions Federation Northern Ireland (AHPFNI). I thank the Health Committee for inviting the federation to provide evidence on the topic.

No allied health professional (AHP) or, indeed, any other member of health service staff should be paying to park at their place of work. We represent 13 professions, all of which fully support the abolishment of car parking fees. Now more than ever, we need our AHPs, our radiographers, our paramedics, our physiotherapists and our occupational therapists, to name but a few. They have been dealing with the COVID pandemic, as Dolores said, for nearly two years, along with increasing vacancy levels and workforce issues. Many are working excessive hours to ensure sustainability and effective service delivery. Health service staff have gone above and beyond, and this additional tax has to be removed without delay.

When the Health Committee listened to evidence last week, a number of issues were discussed at length. It is important to remember that Wales and Scotland abolished these fees in 2008 and 2009 respectively. They will have encountered the same problems, and it is encouraging that they found a way forward. I am sure that, with innovative, proactive thinking and planning, we can too.

As our submission states, many AHPs use equipment that they cannot bring with them on public transport. Many have to use the car parks in the hospitals, and they incur fees for multiple journeys back and forth to their base. Many pay public tariff rates, which range from about £1 to, on some sites, £11. Many AHPs and other health service staff are struggling with increasing costs and rising inflation. We have AHPs who, because they cannot afford the parking fees, park on side streets that are dimly lit or a long walk from the hospital site. A number of AHPs stated that they have felt extremely unsafe walking to and from their car alone. Every employer has a duty of care, and employers are expected to provide that for their employees. In this case, they are failing.

Many AHPs work in 24/7services and live far from their place of work. The use of public transport is not viable as the services do not cover their working hours or there are insufficient routes to the areas where they live. AHPs have been instrumental in transforming services during the COVID pandemic. They have implemented new ways of working, such as tele-appointments and virtual outpatient appointments, which have greatly reduced the number of face-to-face attendances that have been required by patients.

The Department has stated that it wants to reduce health inequalities in Northern Ireland. AHPs are greatly invested in that. It is interesting to note that a recent study by the Government Office for Science showed that 66% of the elderly population could not reach a hospital within 30 minutes using public transport. That was the case for most rural and urban areas in the UK. Therefore, transport by car is their only alternative, and there is a requirement to use the parking facilities. The question that we must all ask ourselves is this: are patients making decisions not to attend hospital appointments

because of the parking costs? Indeed, with rising fuel costs, our health service may be inaccessible to those who live in poverty.

Aneurin Bevan said:

> *"Illness is neither an indulgence for which people have to pay, nor an offence for which they should be penalised, but a misfortune, the cost of which should be shared by the community."*

The NHS ethos is, "Free at the point of use". We fail when we charge patients and their carers at the very first point of access.

I am happy to take any questions.

The Chairperson (Mr Gildernew): Thank you, Leandre. I will go to Tanya Killen. Go ahead, Tanya, please.

Ms Tanya Killen (Northern Ireland Committee, Irish Congress of Trade Unions): *[Inaudible owing to poor sound quality.]* Chair, you seem to be getting a bit of feedback there. Can you hear me?

The Chairperson (Mr Gildernew): There is a lot of feedback, Tanya. I might go to Joan. Before I do, maybe the Clerk could advise us: is there anything that Tanya could or should do differently?

The Committee Clerk: No. Tanya, I suggest that you leave the call and come back in. That might help. Chair, I think that you are right to suggest that we go to Joan and bring Tanya back in after that. If you leave the call and come back in, we will get you back up, Tanya.

Ms Killen: OK.

The Chairperson (Mr Gildernew): If you have a second device, you may need to switch that off, Tanya. I will go across to Joan. Go ahead with your remarks, please, Joan.

Ms Joan McEwan (Marie Curie): Thank you, Chair, and thanks for the opportunity to present Marie Curie's position on the Bill and its impact on people with terminal illness in Northern Ireland. Marie Curie supports the Bill. We believe that it will help to relieve some of the financial pressures that face terminally ill people, their carers, their families and loved ones. People with terminal illness face a number of significant extra costs. They are also much more likely to visit hospital frequently, and car parking charges are just one contributor to the financial strain that they are under. The reduction or abolishment of these parking charges would leave dying people and their loved ones with more money to afford essentials and meet their daily living costs. That, in turn, would help with their quality of life in the time that they have left.

People with terminal illness are more likely to have additional support needs that incur additional costs, especially if they want to be cared for at home. That is where most people want to be cared for, and it helps to avoid unnecessary hospital admissions and the costs that are incurred by the health service. Additional support needs include, for example, expensive equipment and home adaptations, such as wheelchair ramps and stairlifts. There are also additional costs for things like special food, and phone, broadband and energy bills are higher.

Energy costs can be particularly high. In Northern Ireland, they have been compounded by the recent rise in energy bills, and the fact that we have only two gas suppliers here has imposed a unique disadvantage on Northern Ireland customers. National Energy Action has said that, during the winter of 2021, staff were dealing with a growing number of requests for help from people with terminal illness in Northern Ireland. Just yesterday, the Utility Regulator announced an expected further hike.

In addition to that, these households are doubly disadvantaged. Their higher outgoings for things that they must pay for are compounded by a decrease in income. Often, terminally ill patients are forced to give up work as their condition deteriorates. That is further exacerbated because, often, their carers also have to reduce their working hours or stop working altogether to look after them. Over one fifth of informal carers of palliative or end-of-life care patients have reported having to reduce their working hours to provide care, with 43% of them saying that they were struggling to make ends meet.

Whilst specific data about car parking is limited, we know that it is a significant issue for people with terminal illness. A survey of households that are impacted by motor neurone disease across the UK found that hospital car parking charges were among the top ten most expensive regular costs that they faced. A report by Macmillan Cancer Support suggested that, in Northern Ireland, car parking for outpatient appointments was costing people with cancer £37 a month on average, which is around £450 a year. Those charges are not optional for people with terminal illness or their families; they are inescapable. Similarly, a dying person's loved ones cannot pass up opportunities to visit them in hospital, given the limited time that they have to live, and, often, driving is the quickest and most convenient way for them to do that. Added to that, the symptom and health trajectories of those with terminal illnesses are very often unpredictable, so those costs cannot be predicted or budgeted for.

From our research in Marie Curie, we know that the number of deaths is expected to rise and will go up to about 18,500 per annum between 2020 and 2040. Hospitals will remain the setting in which the largest percentage of those deaths occur, so those pressures will only continue.

The Bill offers an opportunity for us to end the postcode lottery that we often talk about here, particularly for people with terminal illnesses. We highlight, however, that that inequity exists on a number of different levels. First, as highlighted by others on the call today, we know that car parking charges are not equitable across Northern Ireland; they vary very widely. Therefore, there is quite a disparity in the charges. Charge-exemption systems are in place on some sites, and, whilst they are welcome, they do not cover everyone, and we know that in the Royal Victoria Hospital, for example, the exemption system does not include people with chronic respiratory diseases or advanced neurological conditions. We would like that to be considered very carefully. Abolishment of charges would address that. In addition, although waivers are in place, they are at the discretion of staff and therefore vary widely across Northern Ireland. I also highlight that eligibility for the hospital travel cost scheme does not include those in receipt of personal independence payments. To us, that is an anomaly.

We welcome the Bill. It will help to end the postcode lottery for terminally ill people, their carers and their loved ones in Northern Ireland. It will mean that they do not have to face the extra costs of going to hospital at such a stressful time.

The Chairperson (Mr Gildernew): *[Pause.]* OK. Thank you. Sorry, there is a wee delay on the line. Is that you, Joan? Have you finished your remarks?

Ms McEwan: Yes. Thank you.

The Chairperson (Mr Gildernew): Thank you very much. I think that we have Tanya back on the line. Tanya, go ahead, please.

Ms Killen: Yes. Hopefully, you can hear me a bit better now, Colm.

The Chairperson (Mr Gildernew): Much better. Thank you, Tanya.

Ms Killen: That is great. I am the NIPSA joint branch secretary in the Belfast Trust, and I am here on behalf of NIC-ICTU.

First, I thank the Committee for allowing us to give a brief presentation. I begin by affirming just how important car parking is for workers across trusts: it is important at a practical level, a financial level and a symbolic level. From the shop floor to the top floor of our movement, nothing divides union activists in our position that car parking should be free for staff or in our determination to address the car parking issues that affect our memberships. Colleagues on the call addressed some of the issues. I will not repeat those, but their importance is evidenced by the level of activity on car parking-related matters in and across each of the trade unions, from local branches to the regional organisations. We assert that the car parking charges are an additional tax and a financial burden on workers, many of whom are underpaid for their work in the health service.

Car parking charges are an extremely emotive subject for our members. Staff have worked tirelessly to care for the sickest and most vulnerable, and they are justifiably angry at the injustice of having to pay to attend their place of work. Charging dedicated health service workers for parking at work is shameful at the best of times and an utter disgrace in the middle of a pandemic. It is nothing short of exploitation. It takes money from the wages of hard-pressed staff who have endured real-terms pay

cuts for years. At a time when the entire health and social care system is crippled by chronic workforce shortages, it is important that we create conditions that will make the sector more attractive to workers.

As colleagues detailed, there are significant inconsistencies in car parking charges across and within trusts, which, in themselves, create inequalities in pay parity for workers. Variability across trusts is a real source of frustration for staff and our members, and the evidence from staff exit interviews is that car parking charges are one reason for staff leaving the service. In a climate where staff retention is critical, it is an affront to charge staff, many of whom require their car to discharge their duties, to attend their place of work. It is imperative that measures are taken to retain staff in the trusts. Valuing staff should be a priority, and it has to be recognised that car parking charges are causing real financial hardship for workers. We owe a huge debt of gratitude to our workforce for their heroic efforts pre and during the pandemic, and a simple way of showing that is to abolish car parking charges. Our strong view is that car parking charges are morally wrong and unfair.

During the pandemic, workers were showered with kind words and gestures. Those words and gestures were, however, empty, given that staff were faced with hefty car parking charges. It is not acceptable that health workers are bearing the brunt and subsidising the health system, which has been under-resourced and underfunded for years. Sadly, the decision to revoke free car parking charges and backtrack on the pledge of free parking during the pandemic only confirms to NHS workers that the Government put money before their well-being. The abolition of car parking charges would be a practical indication to staff that they are valued and supported. It would be a real recognition of the critical work that they undertake. We hope that you will take our comments into consideration. I am happy to answer any questions.

The Chairperson (Mr Gildernew): OK. Thank you, Tanya, and thank you to each of you. Some of what we heard is quite stark in some ways. In general, the Committee has raised this issue previously. I raised with the Minister the possibility of even extending the mitigation — the removal of charges — and I was disappointed that that was not done.

At this time, we are asking health and social care staff across the board to work above and beyond their capacity as a result of workforce vacancies and increased pressure from the pandemic. As you said at the end, Tanya, those pressures existed pre and during the pandemic. It is totally contradictory to ask staff who are on weekend leave to cover a shift when the first thing that they meet is a barrier at which they have to pay to park. I recall the time when everyone was out on doorsteps clapping. I even recall people saying in the Assembly that we must do more than clap, and I personally think that this would be one such measure that would clearly demonstrate real value and also — this is even more significant — deal with what is being clearly identified as inequity and inequality and as a significant barrier to people even being able to remain in the service. The Committee is acutely aware of the retention pressures, never mind the recruitment pressures, so that is hugely important.

We heard figures on the extent of the impact on rural areas. I fully agree with that. For me to be sitting here today chairing this meeting, if I do not get an Ulsterbus two miles away from here in the Brantry at 8.15 am, I have no further access to public transport, and, if I am not back on that bus for 5.15 pm, I cannot get home. That is the extent of the public transport in the Brantry area and in many other rural areas besides. It is simply not practical, and that in itself is an inequity.

We heard about the scale of the charges, and they are shocking. I think that £450 or £480 was referenced in some cases. We have heard information about the Belfast Trust area in particular, where people pay up to £60 per week.

Those are all issues of concern and issues that we could and should address. To me, all of the arguments against charging, essentially, come down to how we control parking and how we pay for it. How do we control it? Certainly, it needs to be controlled, and who should pay for it? I do not believe that the workers or, indeed, sick patients and their families, who are under significant pressure already, should pay for it. In light of that and in light of the issues that we have heard about previously from the trusts, I ask my next question to any of you who feels able to pick it up. The Belfast Trust has indicated that it is short of 1,500 spaces in its area, and, again, I believe that that is the responsibility of decision makers, policymakers and trusts. Staff should not necessarily have to cover that. That trust has highlighted those capacity issues. How do you believe that the trusts should more fairly and equitably address the capacity issues than by charging? For example, we heard from some of the trusts — I think that it was mentioned by them — about the potential for park-and-ride or whatever, but could anything else be added into the mix to ensure that staff do not have to meet the brunt of it?

Ms Killen: A colleague mentioned earlier that there are innovative ways to do that. You mentioned park-and-ride, which was utilised quite successfully during the time of free parking. Certainly, there are ways to do that, and we have been trying to engage with the trusts to look at alternative ways of providing car parking. The reality is that, if you are paying, the car parking space is there; if you are not paying, the car parking space is still there. That is the reality, and it comes down to who funds it.

The Chairperson (Mr Gildernew): OK. Thank you. We received evidence from the Belfast Trust not only about charges but indicating that it is considering increasing the cost of parking. In light of the discussion that we have had, what are your views on that?

Ms Killen: That would be totally unacceptable to us, Colm. It is absolutely scandalous that there is a proposal from the Belfast Trust to extend car parking charges beyond hospital sites to health and well-being centres. That is just not acceptable to our members, to staff and to patients who require the use of the services in those centres.

Ms McEwan: That would increase the existing inequity. Look at what is happening in the Royal and some of the exemptions that are in place. If the Belfast Trust increases the car parking charges, you will have a bigger inequity between those who are exempt and those who are not, and those who are terminally ill would have to pay higher rates as well. We would not support that and would argue strongly against it.

Ms Archer: The Belfast Trust has some of the highest parking tariffs, with it costing £11 per day in the City Hospital, so we could not agree to any increase. It all comes down to funding. We need to think innovatively. How much are we spending a year on agency staff? If we got on top of that, a lot of that money could be put into car parking. We are able to find funds every year — is it £200 million a year? — for agency spend, yet we cannot find funds to pay for car parking.

The Chairperson (Mr Gildernew): The Committee has seen projected figures that are well in excess of that. I think that £300 million or £350 million is potentially being set aside for agency staff. That is a well-made point.

Ms McCormick: The RCN was astounded to hear that the Belfast Trust proposes to increase car parking costs. As Leandre and others have said, that trust has some of the highest costs. The issue for the Belfast Trust is that it has a serious recruitment and retention issue, particularly in nursing. It is a regional centre, and many nurses who work in the Belfast Trust do not live on its doorstep. Like you, Chair, many travel, and, if they were forced to depend on public transport, it would be a no-goer. It would be hugely concerning for the RCN if those costs were to rise even further.

Mr Chambers: I have listened to all the speakers with interest. They have all made exceptional points. Naturally, they all support free car parking for staff, and I concur with that. It is a shame that our health service staff have to pay for car parking. Also, various speakers have highlighted the differences in charges across the trusts, and I concur that any differences are totally unacceptable. However, is there a full appreciation by the contributors that the Bill has a twin approach? I note that Dolores, early in her opening remarks, said that she fully supports the Bill, but there are two elements to the Bill. The first is to make car parking free for staff, and the second is to make car parking free for everybody who goes to a hospital site for whatever reason, such as being either an outpatient or a visitor. That is the bit of the Bill that concerns me, as there may be unintended consequences with possible abuses.

We have talked about not only charging but the availability of spaces for staff. If we have an open house, where anybody can come to a hospital site and park for free for as long as they want, that will have a major impact on the availability of spaces. So far, no body has satisfied me with an answer about how the abuses and unintended consequences of free parking for all visitors to hospital sites can be controlled. Maybe I will be convinced about that when somebody brings forward practical solutions.

As I see it, the unintended consequences are that patients, such as those attending for long-term cancer treatment or whatever, will be impacted. As it is, you can sit for up to 45 minutes to get into the car park at the Royal site. It is very difficult for people to gauge when to arrive at the site so that they will not be late for an outpatient appointment. I am interested to hear what the witnesses can say about that. Outpatients might be inconvenienced and miss or be late for appointments, and that will disrupt the operation of the hospital. Primarily, I want to hear the witnesses' views on free car parking right across the board, how it can be controlled and if they accept that there could be unintended consequences. I totally support free car parking for all staff.

Ms McCormick: Thank you, Alan. I hear the question, and I hear that you are looking for solutions. I am not ducking the question, but it is not up to the Royal College of Nursing to determine it. I have sympathy about the unintended consequences for ill patients and their relatives, but the other side of the scale is the consequences of car parking charges that our healthcare workers face, many of whom are poorly paid. There are consequences for the healthcare workers as well, which has a knock-on effect in many areas, such as recruitment and retention.

Our members resent that argument because nurses are told, "If we abolish car parking charges, there will be a cut in patient services". Nurses resent and are offended by that viewpoint. They object to being told that patients will suffer if they get free car parking. That flawed logic has been used with nursing staff for years, particularly in conversations about agreeing fair pay, when nurses have been underpaid for years.

I hear what you say, but it is up to others to determine how we get around the problem. In today's world of IT and passes and all the other things that are about, I would have thought that trusts could come up with solutions.

Mr Chambers: If the authorities announced tomorrow that car parking charges were to be abolished for all staff across the board and that you would not have the worry any more, which is a totally unacceptable worry, of having to pay to park to go to work, would you all continue to campaign for free car parking for everyone who attends a hospital site?

The Chairperson (Mr Gildernew): I will go to Leandre. I saw Leandre's hand up for a previous question, so maybe she could pick up from there and get back to that previous one if *[Inaudible owing to poor sound quality.]*

Ms Archer: Thanks, Chair. Following on from Dolores's comments, there are a number of innovative ways that car parks can be controlled, even if they are free. Those ways include the validation of tickets if you are visiting the hospital or are a patient and QR codes on appointment letters so that you can utilise the car park only if you scan your code. We need to look to what they have done in Scotland and Wales, where they have been doing that for 12 or 13 years. They will have things in place to control car parks. We have to look at the learning from across the water. I am sure that they have mechanisms.

I will move on from Dolores's point that we are always being told that there will be a cut in service if we do not have the funds for car parking. I ask all the members on the Health Committee and all your MPs to use their positions to get increased resources and funding for Northern Ireland so that funding can be put back into the service. That is an ask from us.

The Chairperson (Mr Gildernew): Does anyone else on the panel want to come in briefly on any of that before I move on? No. Alan, are you happy enough? Is there anything further from you, briefly?

Mr Chambers: I am not really sure that anybody has responded to my question about whether, if all staff were to get free parking tomorrow morning, they would all still collectively campaign for free car parking for every visitor to a hospital site.

The Chairperson (Mr Gildernew): OK. I think that the panel have answered in a way that they were comfortable with. Unless anyone is indicating that they wish to speak, I will move on to the next question.

Mrs Erskine: Sorry, I had a bit of a delay in unmuting myself. Thank you for the evidence that we have just heard. The arguments on each side are very finely balanced, but I fully take on board the points that have been made today. They were put forward very well. The current postcode lottery for rates of charging, concessions and exemptions breeds inequality. It is bad for morale and is not in keeping with the health service's ethos, which is that it should be free at the point of access.

I am interested to hear from Dolores and Leandre about this: do your organisations believe that car parking charges are instrumental in attracting skills and expertise to the health service? Are the core terms and conditions not likely to have a greater bearing on recruitment and retention? I totally agree with Leandre's points about agency nursing and things like that. We have been delving into that, and I have asked the Minister about that aspect of things.

My next question is this: what patient categories are excluded from trust exemptions from charging? I understand that some trusts differ on that.

Lastly, you, Joan, touched on the differences in how trusts operate when it comes to free parking. Has there been any discussion about forming standardised criteria for parking exemptions or related policies across trust premises? There are a lot of questions there, but I would like you to touch on some of them, please.

Ms McCormick: I am happy to come in first, Chair. The first question was about recruitment and retention and whether we believe that car parking has a bearing on that. The car parking debate has been around for years. It comes and goes, but it never goes away. Do we believe that it has a bearing on recruitment and retention? At this minute in time, our members describe it as an additional tax on going to work. They are driving to work, and, in some cases, they are paying up to £60 a week out of low wages. Our members, particularly those on the lower pay bands, are telling us that it has a bearing on their decisions. It has a bearing on the recent pay award. Whatever benefit they may have realised from the recent pay award, which was announced at the end of November, car parking charges erode that. Our members are telling us that car parking charges absolutely have an impact. That was the first part of your question, Deborah. Do you want to come in on that, Leandre?

Ms Archer: Car parking charges definitely have a bearing on recruitment and retention. They are an additional tax that people have to pay. MLAs and Department of Health staff have free car parking, so why is that inequality there for our health service staff?

Deborah asked about patients who are exempt. I know that, in some trusts, patients who are undergoing cancer treatment or people whose children are in hospital can avail themselves of free car parking. I know for a fact that anybody who is undergoing radiotherapy or chemotherapy treatment is given free car parking. That works really well. I was a therapy radiographer in Belfast, and we just validated tickets every week. Those people were given a ticket, and they could get in and out of the car park no problem.

Ms McEwan: I will answer Deborah's questions about people who are impacted by terminal illness. We have not heard anything at all about standardising exemptions, but it is highlighted in the paper, and Leandre has mentioned that patients who are receiving radiotherapy and chemotherapy are one of the discretionary categories, which also includes renal dialysis and critical-care high-dependency patients in the Royal. That is what is currently there.

My earlier point was that that excludes people with many other terminal illnesses like chronic respiratory diseases and advanced neurological conditions like dementia etc. What we are really saying is that there is already an inequity that needs to be addressed, and the Bill offers an opportunity to address that inequity.

I reiterate some of the points that have already been made. The full consequences of the outworkings of the proposal need to be analysed and costed fully because there will be knock-on implications with any of the proposals. Somebody else mentioned this, but I would also look at models of best practice elsewhere where the measure has already been introduced instead of trying to reinvent the wheel. We need to bottom it out fully, because there are a number of issues that need to be addressed. We need to be very careful about looking at a halfway house. We do not want, under any circumstances, to add to the inequity and make it worse for any particular groups of people.

The Chairperson (Mr Gildernew): OK, thank you. There were a number of questions there. Were they all answered, Deborah?

Mrs Erskine: Yes. I just wonder whether better rates of pay would be more beneficial for staff rather than getting rid of car parking charges or whether the two go hand in hand. That is what I am trying to bottom out. Everything comes down to budgets and money. The argument on the other side is that car parking charges are revenue-raising sources, so are there any concerns that we will maybe strip some of that money from front-line services? Sorry, Chair. That was my final question.

Ms Archer: Pay and hospital car parking charges are two very separate issues, and they need to be kept very separate, Deborah. You asked where the budget will come from, and you raised the concern that we may strip services. In England, car parking provides £200 million, and car parking fees are being abolished. So, they are able to find that money. I am sure that it is exactly the same in Scotland

and Wales. Again, it is about looking across the way to see what they have done and how they funded it when they lost that revenue.

Ms Killen: I was going to make exactly the same point. They are very two separate issues, Deborah, from our point of view, so I reiterate Leandre's points.

Mr McGrath: Thank you to the panel for your presentation today. I am one of those people who sees hospital car parking charges as a stealth tax on staff. I also think that it is a stealth tax on those who are using the services, and, as has been referenced, the National Health Service at its core is free at the point of delivery. However, it is not if you are having to try to find change to go out into a car park and feed a meter. I just do not think that that is acceptable.

I really do not accept the point that there is a mass of people who are using car parking spaces as a park-and-ride. I do not see huge numbers of people parking at the Ulster Hospital if it was free so that they could go into the city centre to go to Primark and other places. There are many other places that they could go to that are much closer where they could avail themselves of free parking, and I do not think that we should be allowing that to be a smokescreen. There may be one or two individual cases, but, again, as has been referenced, there are technological ways that you could work around site-specific problems. I really do not think that the trusts have taken the corporate decisions that they want to try to remove the charges and, in so doing, look at alternatives. I think that they have just accepted that it is easy just to charge for the parking.

At the Downe Hospital in Downpatrick, which is near to me, parking is free, and it is not free at the Ulster Hospital. Quite a number of services have been moved from Downe Hospital to the Ulster Hospital, and that means that there is an extra burden on people because they have to follow where the services are going, which can be quite unfair.

I have a couple of questions about the impact on staff. Reference has been made to park-and-ride facilities, but I cannot help but think that, if you are a staff member who has done a 12-hour shift and then you have to go outside and you have to wait on a bus, which has to bring you several miles down the road, and then you have to get into your car, you are maybe starting your journey home half an hour after you have finished your shift. Somehow or another, that does not feel fair. What does the panel think about that? Is it really fair that staff should have to use off-site facilities and wait around on buses?

On the element of services being relocated from one site to another, what is your feedback from staff about how much of an impact it has when people have to move sites for their job? Maybe they have had to be relocated to somewhere where they have to pay car parking charges. How is that managed, and how do staff feel about that?

Ms McCormick: Colin, thank you for that. If we look at park-and-ride facilities and broaden it out to public transport, we see that those really hit a note with nursing staff. First, the nursing workforce is predominantly female, and that is what our members are telling us. Many of them are young mothers or people with caring responsibilities. If you are heading out at 6.30 am or 7.00 am to start a 12-hour shift with two kids to drop off at the crèche or the childminder's, public transport is totally out of the equation. It is not an option, and neither is a park-and-ride. Our members — they are not necessarily female members, either — tell us that using public transport adds another hour to their commute. There may be a place for park-and-rides, maybe for people who work in nine-to-five jobs; that is not for me to decide. They certainly are not at all suitable for shift workers. Then there are the other dangers with people's safety at night when they are moving back and forward to the park-and-rides. Park-and-rides may solve a bit of the problem, but there are huge issues with them for shift workers.

On redeployment, Colin, you are absolutely right: that was probably one of the biggest challenges for nursing staff over the past 20 months during the pandemic. It raised lots of challenges for members in getting recompensed for additional travel and car parking charges that were incurred when they were away from their base or their normal place of work. There were challenges with that, and they were taken through the normal trade union processes.

Ms Killen: Colm, may I add a point?

The Chairperson (Mr Gildernew): Yes, go ahead.

Ms Killen: Colin, the other issue with the park-and-ride option is that it does not take account of those members of staff, such as social workers and social care staff, who need their car to discharge their duty. That has to be considered.

Mr McGrath: OK. *[Pause.]*

The Chairperson (Mr Gildernew): I will take the opportunity of that break to reiterate my own interest, for clarity, which is that I have previously been a social worker and remain on a career break with one of the trusts in that role. I want to be clear about that.

I find it a wee bit strange that, in many ways, we are talking about the inequities, challenges and unfairness in the system. Generally speaking, to expect the people who are the subject of inequities and unfairnesses such as those to come up with a solution before they are addressed or removed strikes me as a bit strange. It is not staff representatives' place to come up with the solutions any more than it is staff members' place to pay for parking, the lack of capacity in the system or the lack of planning to deal with capacity. I want to say that very clearly.

Paula, go ahead, please. You are next.

Ms Bradshaw: Thank you, Chair, and thank you, panel, for the update today. Quite a lot of the questions that were going through my head have been addressed. I really appreciate your contributions this morning.

One comment jumped out at me — I think it was from Leandre — and it was about allied health professionals potentially having multiple appointments during the day. I should know the answer to this, but are some of those AHPs appointed by different trusts, meaning that they have quite a distance to travel between those appointments, or does it happen just in Belfast?

Ms Archer: Thanks, Paula. I was talking about the likes of physiotherapists who may come in and out of car parks. They go out to the community, and they may then go back to their base to get further equipment and back out to another appointment in the community. Essentially, they go in and out of the car parks and may pay increased fees because they are not staying in the one car park all day for a shift.

Ms Bradshaw: OK, no problem. That has cleared up that question. Thank you. I liked your suggestion of validating parking codes in a letter. The Chair hit the nail on the head: it really should not be up to you to provide the solutions. That one would be very workable. Thank you to all of you for your contributions. I have read your submission and appreciate your time.

The Chairperson (Mr Gildernew): I will move on to Carál Ní Chuilín. Lean ar aghaidh le do cheist, Carál, le do thoil.

Ms Ní Chuilín: Go raibh maith agat, a Chathaoirligh. Thank you, Chair. Thank you, panel, for your attendance today.

I want to put on record the fact that we have campaigned for more money from Westminster for Health and Social Care, even when others have scoffed, and we will continue to do so. We have been steadfast in our support for Health and Social Care and how it should receive the bulk of the Budget, because that is where the need is. You are absolutely right: we raised the issue, as did the Bill sponsor, that not only MLAs but officials from all over the Stormont estate enjoy free car parking.

This point has largely been covered, but we hear a lot about the recruitment and retention of staff. Certainly, there are big concerns, which the Chair raised, about the retention of staff. Would not supporting free car parking for health and social care staff impact on retention? That is my first question.

My second question relates to the fact that there is a lot of deployment and redeployment, particularly in certain specialities of nursing, with staff being sent all over. They are happy to do so, but it is at a personal and financial cost to them. Apart from the Bill, what representations will be made for greater support for health and social care staff in matters other than parking? The car park at the Mater Hospital may be the cheapest in Belfast, but I do not feel safe going to it at night. It is very poorly lit and is tucked away at the back of the site. It is quite creepy. For us, it is about raising with the trusts not just free car parking but improving the services for people who use cars.

Chair, I will finish on this point. I do not think that it is up to nurses or any other member of staff to prove that car parking may or may not be abused. That is down to the trusts and the public. However, given the fact that a lot of people have to work shifts and drop kids off, is it fair that, in this day and age, especially with what we have been through, some staff are asked to pay up to £11 a day, particularly at the City Hospital? Those are my questions and observations.

The Chairperson (Mr Gildernew): I will go back to the panel to answer your questions. Who will pick up on the impact on retention?

Ms McCormick: Thank you, Chair and Carál. When I was reflecting on the conversation today, I thought long and hard about that point. As I said, our members cite parking as a retention issue. If something is going to hit your pocket to the tune of £60 a week in some cases, it would make you think about whether you want to work in that place or whether you should try to get a job down the road where they do not charge you for parking. We have huge recruitment and retention in the Belfast area, so it has to be a factor that is worthy of consideration.

At the moment, the RCN has asked the Health Minister to look at a retention strategy. That work has started. I would think that car parking might feature in that strategy when we are trying to think of ways in which we can make the overall package more attractive in order to retain our staff. Our issue in Northern Ireland is primarily retention. It is not so much about recruitment, particularly for nursing. We can get the nurses in, but we have a serious retention issue at the moment. Carál, it definitely features there. That was one part of your question about our representations.

We have been making representations on car parking and safety for years. We probably have a paper trail that takes us back through that. All my trade union colleagues will say the same thing. I do not know whether that answers your question, Carál.

Ms Killen: I will add to that point. I mentioned that the trusts undertake exit interviews for staff that are leaving. The evidence is not just anecdotal. The factual evidence is that, particularly in the Belfast Trust where some charges are extremely high, as colleagues said, staff are leaving that trust to go to a trust 5 miles up the road that does not have the same car parking charges. There is definitely evidence that people are not remaining in jobs specifically because of car parking issues. A number of other elements surrounding staff retention need to be picked up on, but car parking certainly has an impact on it.

The Chairperson (Mr Gildernew): Does anyone else want to comment on the impact on the staff whom they represent?

Ms Archer: I have a final point to make. Inflation is at 5·4% and rising. Our members will have to make decisions to prioritise spending. It may be the case that I will go and work in a different hospital, because I will save about £200 a month by not having to pay for parking. Abolishing fees is a way of letting health service staff feel that they are valued. That is all that I would like to say.

The Chairperson (Mr Gildernew): Thank you. All of us in the Assembly are conscious of the very great cost-of-living pressures and all the other pressures that families and workers are under at present.

Mr Carroll: Thank you, panel. I have two quick points to make and a question to ask. It is a false debate to say that it is about either better rates of pay or free parking. There was debate in Committee a few months ago during which some members proposing free parking were opposed to better rates of pay for health workers. There is a contradiction and a bit of doublespeak there that needs to be challenged and called out. It is possible to have better rates of pay for all health workers — they deserve far more than the below-inflation offer that they were made by the Executive — and to have free parking for all staff and patients. The narrative therefore needs to be strongly challenged.

It was Tanya who touched on the fact that health workers have had a real-terms pay cut for years and now face another one. Perhaps someone would like to come in on how also being charged for parking has impacted on staff financially and on their morale.

We heard the narrative from some trust representatives last week, to which Alan Chambers referred in passing, that people would drive to a hospital and park there because it was free. That is inaccurate and a fallacy. Perhaps a panellist can speak to that. My experience of working and living next to the Royal Victoria Hospital is that it is the biggest workplace in the west of the city. If people are trying to

park there for free, or to get a space, where are they going? I asked that last week, and nobody could give me a clear answer.

Some health workers, because of the costs that they incur, park in streets near the hospital, and that is causing friction with residents. In built-up streets, people park on kerbs and in other places where they would not normally park. I do not blame health workers for that, but, in reality, because of the cost of car parking, there is friction and tension between some residents and health workers. Perhaps the panel can also speak to that. The idea that people will, or did during COVID when fees were waived, park in hospitals just for the craic is not, in my experience, the state of play. The trusts have no evidence of it. It would be useful if somebody could speak to that as well.

Ms Killen: Gerry, I absolutely agree with the points that you make. There is not any evidence whatsoever. You referred to workers having to park in the streets, and that is a cause of contention, but people who park there having their cars being vandalised is another issue. There is an additional cost for workers to get their car repaired. I agree with you that the narrative on pay has to change. There are two separate issues involved.

The Chairperson (Mr Gildernew): Thank you. Does anyone want to comment on the other elements of Gerry's question? *[Pause.]* Gerry, are you content that all your questions have been covered?

Mr Carroll: Tanya touched on the idea that people will park at hospitals for the craic if charges are waived. Again, no evidence to support that was presented last week. I asked the representative from the Belfast Trust whether there was any evidence to suggest that that would happen, and she said that there was not. If anybody were to have any further comment to make on that, that would be useful. Aside from that, that is it from me.

Ms Killen: I do not believe that there is any evidence. That is why the Belfast Trust was not able to provide it. It is very anecdotal. I agree with you. The Royal Victoria Hospital is one example, but it is the case right across our hospitals. What the trusts have said does not marry up.

Mr Carroll: Thanks, Tanya.

The Chairperson (Mr Gildernew): I do not see any other indications from members.

We have received some hard-hitting evidence, despite the fact that the issue is, in some ways, matter-of-fact: there are facts, and there are impacts.

Marie Curie, in its evidence, stated:

> *"hospital car parking charges represent an extra cost imposed on dying people and their loved ones when many can least afford it. These parking costs are inescapable".*

The Allied Health Professions Federation stated that hospital car-parking charges:

> *"are essentially a tax on the sick: one of the most vulnerable groups in our society."*

Indeed, the unions stated:

> *"The abolition of charges would be a real term show of recognition of the critical work staff undertake.*
>
> *It would also critically help to address the recruitment and retention of staff."*

Those are important and valid issues on which to reflect.

I reiterate the point that the people on whom the inequity is placed should not have to demonstrate or prove their case or design a system to address it. It is interesting to note that — this has been mentioned several times — Scotland and Wales abolished charges and, indeed, that England is moving towards that position, so it clearly can be done.

I will return to my opening remarks. The issues of how parking is controlled and who pays for it need to be addressed, but it is not up to staff to decide how it is controlled. There are clearly ways of doing

it, however. We hope to get some further documents on the Scottish and Welsh models. We are then down to considering the issue of income and, indeed, as was indicated last week, a loss of revenue. Again, it is not up to staff to subsidise security or lighting. Staff are entitled to be able to park at their workplace in order to do their urgent and important work, which we all respect and for which we state our respect. Implementing this measure would be the practical outworking of that.

I thank you for attending today's Committee meeting. I wish you and the people whom you represent all the best in the time ahead. Please take care and be safe. Moreover, please accept our appreciation and acknowledgement of your efforts way before and right throughout the pandemic, during which you have been under huge pressure. We appreciate and acknowledge your efforts in that regard.

Ms Archer: Thanks very much, Chair.

Ms McCormick: Thank you, Chair.

Ms Killen: Thank you very much.