Northern Ireland Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Hospital Parking Charges Bill: RaISe Briefing

17 February 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:
Mrs Sinéad McMurray Northern Ireland Assembly

The Chairperson (Mr Gildernew): I welcome Sinéad McMurray, one of the Assembly's research officers. Would you would like to go ahead and give us the briefing, please, Sinéad? Thank you.

Mrs Sinéad McMurray (Northern Ireland Assembly): The briefing is about hospital parking charges, the practicalities of removing them and the experience of other regions in the UK that have lifted car parking charges for staff and visitors. As there is quite a bit to get through, let me know if you want me to speed up or that I have had my allotted time.

As has been well trotted out by this stage, there are several compelling arguments for removing car parking charges. Charging has been described as a tax on the sick, in that it impacts financially on patients with longer-term illnesses and their carers, who may already be under financial strain as a result of their illness or caring responsibilities. It has also been described as an attack on going to work for healthcare staff. Depending on the hospital that they work in, the charges for car parking can be significant. Removing charges would bring a measure of financial relief for staff and patients, although it is important to acknowledge that there are some concessions for patients, depending on their illness. It is also important to acknowledge the significant costs that rural staff and patients incur as a result of a lack of sufficient transport. They already incur the cost of significant mileage and wear and tear on their vehicles. It has been mentioned that maintaining the free car parking that staff have had during the pandemic would be a demonstration of appreciation for their hard work during a particularly difficult number of years and that it might help with recruitment, particularly of lower-paid healthcare workers where there are significant recruitment difficulties.

Equally, though, there are strong arguments for retaining car parking charges, specifically that car parks need to be maintained — lighting, security, repairs and so on — and that would continue to be

needed after car parking charges were removed. Given that that maintenance is currently paid for through charges, the question is where that money would come from, and the indication is that it would come directly from patient care budgets. Another argument for maintaining car parking charges is that free parking promotes private vehicle commuting. That somewhat undermines not only trusts' sustainability plans for introducing alternative modes of travel but wider government plans and policies to reduce greenhouse emissions in the context of a climate emergency having been declared and targets on emissions set.

Related to both arguments — the argument for retaining car parking charges and the argument for removing them — is the current strain on car parking infrastructure in Northern Ireland, particularly at hospitals like the Royal Victoria Hospital in Belfast. It is widely acknowledged that there is a lack of space for patients and visitors that results in long queues and missed and delayed appointments. It can be a stressful experience for the patient and their carer or visitor. The lack of parking for staff results in overflow into patient areas, and that compounds the effect of reduced space for visitors and patients. It also means that staff pay public charges for car parking, which impacts on them financially. Another issue is that staff, patients and visitors park in surrounding areas, which creates issues with residents and congestion outside hospitals. It also presents a security issue for staff who work nights or unsociable hours and those who leave the building at different times. Is where their car is parked secure? Is it safe for them to do that? Those additional issues warrant consideration in the wider discussion on car parking charges.

Scotland and Wales have lifted car parking charges at their hospitals. Unfortunately, there are not many research studies or much data to demonstrate with any certainty what impact, if any, that has had on car park churn and car park capacity. Although there are some case studies that we can look at, it is difficult to say conclusively one way or the other whether the removal of charges has had a positive or negative impact on the infrastructure of car parking.

In 2015, the Scottish Government announced that the abolition of charges had saved staff and the public £25 million in the previous seven years. That £25 million would otherwise have been paid by staff, visitors and patients. They also noted that the cost of covering parking in privately funded hospitals where free parking did not apply was approximately £5·5 million, which, had the Government not covered it, would have been charged to staff, visitors and patients. It indicates that charging is a significant burden, and its removal is therefore a significant financial relief for staff and patients.

Some hospitals have reported issues with free parking. The Royal Infirmary of Edinburgh suggested that accessing parking has become more difficult since the introduction of free parking. NHS Lothian, which is responsible for the hospital, suggested that, with the increased number of cars accessing the site since the introduction of free parking, the area had become dangerously congested. In particular, ambulances had experienced difficulty getting through the site. That was ongoing for a number of months, so, as a result, it introduced measures to mitigate that increased demand. Similarly, Ninewells Hospital and Medical School in Dundee cited that parking demand had increased significantly since the removal of charges, and that was despite the hospital's being well served by public transport. It commented that there has been a direct link between the increase in car parking and the increase in the number of patients who miss or are delayed for appointments.

The hospitals have had to introduce mitigations to manage that increased flow. To manage the issues at the Royal Infirmary of Edinburgh, staff parking permits were introduced. Those permits had been abolished alongside the abolition of parking charges. It has reintroduced the staff permits, which are awarded on a points-based system. Primarily, it is based on distance, any disability that the staff member may have and whether they have dependants. It is a sliding scale of their level of need. The trust pointed out that it has park-and-ride services five miles from the hospital that staff can also access, so it has alternative travel plans in place.

Free parking has caused significant controversy, particularly among clinical staff, who suggested that the majority of spaces in the hospital were being taken up by staff who work core administrative hours — 9.00 am to 5.00 pm or 8.00 am to 4.00 pm — when, in fact, the staff who are most in need of the car parking spaces are clinical staff. They work the most unsocial hours and leave the hospital at night, when it would not be safe for them to go into side streets. It was also suggested that some staff were nervous about using the park-and-ride late at night because it was not well staffed and serviced. To mitigate that, the hospital introduced shuttle buses that run earlier in the morning and later at night to accommodate staff. It has also added shuttles. It has reintroduced free parking for all staff, not just those who have parking permits, after 11.30 am to accommodate the more clinical staff who come on shift later for, say, an 11- or 12-hour shift. The hospital is trialling that to see what impact it has on congestion.

Similarly, Ninewells Hospital has introduced separate car parking for staff, patients and visitors. Patients and visitors can use only one car park, and staff can use only one car park. It has introduced short-stay car parks located near the hospital in the hope that that encourages quicker flow in the car parks. It has also introduced staff permit-only parking. It means that staff who have permits and are deemed to be most in need of parking will have parking available to them every day.

Obviously, that experience is not representative of every hospital in Scotland. There is no data to show comprehensively what the impact has been and whether the mitigations that the hospitals have brought in have balanced that out. It demonstrates, however, that, potentially, there are issues with increased demand from introducing free parking and that mitigations can be put in place to manage those. Again, that all depends on finances, planning and procurement.

Similarly, in Wales, all parking has been free since 2008, apart from car parks that had private contracts in place. The Government decided that they would let those contracts run their course, and the last ran out in 2018. The largest hospital in Wales is the University Hospital of Wales. As a result of the Government's decision, car parking is now free there. It is free for the first four hours, and then you have to register at a terminal to get an additional four hours. The hospital also cited that, since the removal of charges, the volume of cars accessing the site has increased significantly, and, again, that has resulted in difficulty accessing the site and overspills into residential areas. Despite that hospital being the largest in Wales, the significant lack of public transport to access the site compounds the issues. The car parks have been split and are solely designated for visitors and patients. They have reduced the additional hours that you can get from four to two. They have reintroduced staff parking permits, reinstated a park-and-ride, and improved cycling facilities and bike points. They have also introduced flexible working and working from home, not only to reduce overall staff miles but to reduce congestion for staff who work core hours, such as HR and administrative-type staff.

That is the experience in Scotland and Wales. It is difficult to say one way or another, but it indicates that there is some issue with traffic flow when removing car parking charges.

Let us look at the situation in England. In 2021, it released new guidance that requires trusts to deliver parking concessions for various groups. Disabled people, whether staff or visitors, and patients in possession of a blue badge are entitled to free parking. Frequent outpatient attendees —"frequent" is defined as at least three times in a month over a three-month period — are entitled to free parking. Parents of a sick child are entitled to free overnight parking, as are staff working night shifts. The NHS long-term plan has committed to reducing emissions from rapid response vehicles and patient and staff journeys by a fifth by 2024 and to increasing the number of virtual appointments, which would remove the need for up to one third of outpatient visits or 30 million a year nationally. In the context of introducing those sustainability initiatives and that virtual plan, it is unlikely that England would consider introducing free staff parking on a long-term basis. The Minister of Health in England has indicated that extending free staff parking past the end of the pandemic is not up for discussion at the moment.

I move on to mitigations and how hospitals are managing since the removal of charges, including by generally engaging technology and increasing the use of digital technology to support parking. Specifically, many trusts in other regions have engaged the use of automatic number plate recognition technology (ANPR). The purpose of ANPR is that cameras are placed at the exit and entry points of the car park, and they capture the licence plate details of cars passing through. The built-in number plate recognition system correlates the licence plate data with a range of markers, depending on the options in place in the car park. They might register permit permissions so that there is no need for paper dockets on cars and the car will automatically be registered when it goes through the barrier. Blue badge holders could be automatically recognised. The licence plate will be tracked for a maximum time limit or, in the case of paid parking, to see whether the person has paid for their ticket when leaving. If people overstay the maximum time limit or have not paid their ticket, they can be issued with a penalty charge notice.

The positive thing about ANPR technology is that, because it also negates the need for barriers, it can increase the flow of traffic. Instead of taking a ticket, visitors register their licence plate number at a kiosk, and they just check out when they leave or, in the case of paid parking, pay at the kiosk. ANPR technology also facilitates contactless payment through an app or, as has been introduced in England, payment on exit, which means that you pay only for what you have used rather than, for example, parking in a car park for only two hours but having to pay for four. It also takes away the stress for patients wondering, "Do I need to go down to the car park to top up the meter? If I go, will I miss my slot? If I go over the time limit, will I get a ticket?". Payment on exit removes that stress. Although ANPR is widely used in other areas across the UK and is increasingly being incorporated into all kinds

of car parking sites, it has not been used in Northern Ireland. Some trusts have said that they would like more robust research to be done on the use of ANPR technology, particularly on whether there would be the capital required to introduce it, whether it would be suitable for an ageing population — would older people be able to engage with kiosks and enter their licence plate details? — and those kinds of things. The trusts have highlighted areas of concern.

The other thing about ANPR technology is that it is not perfect. It does not take into account human error and human behaviour. There are a lot of media reports about visitors being issued with parking tickets incorrectly. If, for example, you enter your registration details incorrectly, your leaving the car park may not be registered, so you might be overcharged. It is not a perfect system. There are also privacy concerns. Ultimately, the system tracks and stores somebody's registration plate data. The Information Commissioner's Office (ICO) has released guidance on the use of ANPR technology, and there are issues to bear in mind with its use.

The other thing that trusts are incorporating is the idea of sustainable travel options. Given the demand for parking spaces and the limited ability to expand, whether for reasons of capital or by virtue of being located in urban areas, it is suggested that reducing the demand for spaces is the best way to move forward. The key way to do that would be to promote and make available more sustainable forms of travel. There is a lack of data and readily available case studies on the best way to implement sustainable travel options, but there are examples, such as Addenbrooke's Hospital in Cambridge, whose car parking facilities often reach and exceed 100% capacity, so, over the years, it has developed a range of sustainable transport options. The trust reported that Addenbrooke's has been commended on how it has managed to implement its travel plan. It introduced a number of options and managed to halve the number of staff cars accessing the hospital daily since 1993, despite the number of staff journeys to the hospital increasing from 4,000 to 10,000. Even though the hospital has significantly increased its staff, it has managed to halve the number of journeys. It has also reduced the number of single-occupancy car journeys from 74% to 34%. Addenbrooke's introduced a number of initiatives, such as a car share scheme for staff; a bus station located on the site, which is served every hour by buses from all parts of Cambridge; interest-free loans for rail travel and motorcycle purchases, depending on the size of the motorcycle; park-and-ride services for patients, visitors and staff; and courtesy buses. It also invested heavily in cycling, with the use of electric bikes and cycle lanes. Cycling is, though, highly specific to that area. It may be more feasible in an area such as Cambridge than elsewhere, so that has to be borne in mind.

Those initiatives are in place. The Belfast Trust has sustainable travel initiatives in place too, through its 2018 travel plan. It has a free park-and-ride service from Blacks Road to the Royal Hospital every 30 minutes; an internal shuttle bus between the Belfast Trust hospital sites; and a range of biking options. It also plans to introduce additional park-and-ride facilities, and there is the Translink public transport hub adjacent to the Royal Victoria Hospital and Belfast City Hospital.

Sustainable travel options need to be practical and available to really work for patients, staff and visitors and to replace the car as a mode of travel. Obviously, many patients and staff report that their journeys to hospital can be inconvenient. They may have to take two buses, and there may be transfers. At the moment, alternative, sustainable forms of travel are not necessarily practical for them. It is about how sustainable travel can be implemented.

The other thing that I should mention briefly —.

The Chairperson (Mr Gildernew): Very briefly, if you can, Sinéad, please.

Mrs McMurray: It is in the briefing paper. It is the possibility of using patient and transport data to make smarter choices when scheduling appointments and providing options for patients.

If I ran on there, I am sorry.

The Chairperson (Mr Gildernew): There were some really interesting points, but I am conscious of time, and I want to get to members' questions.

There are some really interesting solutions, and your briefing flags up the idea that, when you take up the challenge of resolving a problem, you can unleash some creativity. Those are all important things that should be happening anyway, but it would be an interesting dynamic if, as a result of this process, we were to look at further improvements along those lines. Those are all sound suggestions.

That was a useful briefing. I do not have a lot of questions. In fact, essentially, what I took from your presentation is that, although there are challenges, they are surmountable and there is learning that we can take from elsewhere so that we do not repeat mistakes. That is useful for the Bill sponsor and the Department to consider.

I want to check quickly with Carál and Paula. Both had their hand up for the previous session, and I have that noted, but I want to check whether they are also looking to come in on this session.

Carál?

Ms Ní Chuilín: Sorry, Chair. I am not looking to come in on this session. Thank you, Sinéad.

The Chairperson (Mr Gildernew): Thank you, Carál.

Paula, you still have your hand up. I know that you had it up earlier. Do you want in on this session?

Ms Bradshaw: Yes, please, Chair.

The Chairperson (Mr Gildernew): Go ahead.

Ms Bradshaw: Thank you. There are two aspects to my questions. First, your briefing paper says that feedback from staff and patients of the Belfast Trust was that the biggest factor was not the cost of parking but the availability of places. Did you have access to the whole analysis of the feedback?

Mrs McMurray: No.

Ms Bradshaw: The other aspect is that your paper refers to the Bliss and TinyLife research. It found that some parents going to hospital every day to look after their sick children were paying parking fees and were not aware that parking was free. Do you have any analysis of how the hospitals and trusts communicate where there is free or concessionary parking? Part of the issue is that there are people who are eligible but are not availing themselves of it.

Mrs McMurray: That has just come up in some case studies and other things that I have read. Even simple things like signs around the hospital that clearly explain what the parking rules are, what is available and whom to contact would help with that. As you suggest, it may be just a communication issue.

The point about the Belfast Trust came from the evidence that it submitted to the Committee. It was in response to the consultation, which found an overwhelming desire among people for charges to be abolished. The Belfast Trust said that, in fact, it hears more about the situation in the car parks and the stress that that causes to patients.

The research report from Bliss and TinyLife did not have a breakdown of where that communication issue was. That was just what they reported. As you suggest, it is a communication issue, and other options are available, such as the hospital travel costs scheme. In certain instances, the hospital is allowed discretion in allowing patients to have free parking. It is about whether the patients know that they are able to ask hospital staff whether, given their situation, they are entitled to free car parking.

Ms Bradshaw: Thank you. I will place a brief comment on the record. Sorry, Sinéad, I should have said that this is a fantastic research paper. Well done on pulling it together so quickly. It is really thorough.

Mrs McMurray: Thank you.

Ms Bradshaw: A takeaway point from it is that there can be unintended consequences of the removal of car parking charges, and it is difficult to reintroduce a scheme, even if it is a points-based system like one of the Scottish models. Part of my concern is that, if we were to take it away, it would be difficult to put it back in place. Thanks again, Sinéad.

Mrs McMurray: No worries.

The Chairperson (Mr Gildernew): Funnily enough, in relation to that section, it is interesting that the Belfast Trust said that cost was not the biggest factor, yet it proposes to increase the charges, which would be an increase in what is, essentially, as you said, a tax to pay for maintenance and lighting. It is asking the staff to pay for that, I suppose. That is an interesting wee dynamic.

Mrs Erskine: Thank you, Sinéad. Paula has covered one of the questions that I wanted to ask. Following on from that, has there been specific research on people with large medical equipment trying to park near the door of a hospital and the stress that that can cause? The Committee heard about that issue at some of its briefings. Has that presented problems in any specific cases in Scotland and Wales? In those cases in Scotland and Wales, do people miss or turn up late to appointments as a result?

Mrs McMurray: There have been concerns about missed appointments and delays in attending appointments as a result of parking, particularly in the example of Ninewells in Dundee, but they have not related specifically to those patients. There is no detailed information about there being an issue relating to patients with large medical equipment.

If you read through any of the available reports, however, there is always mention of how stressful it is, particularly when you have to drop, say, an elderly relative off at the door. Because there is nowhere to park at the front door, you have to find parking. You could be looking for a parking space for up to an hour and then have to find your relative to find out whether they got in OK. There are significant reports about that. They are not specifically about heavy medical equipment, but the general issue of carers or whoever being unable to accompany their person into the hospital because they have to find parking elsewhere comes up.

There have been mentions of allied health professionals (AHPs) having to travel around and needing car parking spaces. Physios and occupational therapists have a lot of equipment, and they just cannot use alternative forms of travel when lugging that around. I suppose that the same thing would apply to patients who have heavy medical equipment.

Mrs Erskine: Thank you for that. I do not think that anybody has an argument with the intent of the Bill. A concern of mine, as we have been going through the Bill, however, is how we make sure that the people who really need the free car parking will get it.

The paper has been useful, Sinéad. I echo Paula's comments, to have it on the record, that there are some unintended consequences. We have to look at those seriously. I appreciate the information from Scotland and Wales. Thank you for that.

Mrs Cameron: Thank you, Sinéad. This is a really useful paper. Thank you for your presentation on it.

In recent weeks and months, I have been concerned about rushed legislation, and that continues to be the case. Pre-pandemic, we would have looked at the Bill in a different way. If we had had more time, we probably would have interacted directly with the likes of Scotland and Wales to find out about their experiences directly from them. The paper is invaluable to us, given that, due to time pressures, the pandemic and all the rest of it, we have not been able to do that. Thank you. I have similar concerns to those of Paula and Deborah about the unintended consequences. It is concerning to see that there may be a negative environmental impact. We are trying to go in the one direction of improving the environment, but it looks like, when the measure has been done elsewhere, it has not helped, despite the infrastructure being in place. We know that infrastructure is a huge issue in Northern Ireland. We have such a small population that it is difficult to provide infrastructure that would allow good provision for access to hospitals and the like. That is a concern of mine. I would also be concerned about residential areas if a knock-on impact is congestion and more issues for residents in the vicinity of hospitals.

Mrs McMurray: There is the perspective of residents, with people parking across their driveways because they are in a mad rush to get to work or to their hospital appointment, and then there is the perspective of staff security. If you are leaving the hospital at 2.00 am, do you want to be walking in residential areas that are not necessarily well lit? Two factors are associated with that point.

Mrs Cameron: That is right, Sinéad. That has been reported to me, even in the current circumstances. There is not enough parking in Belfast at times, and there are staff who travel long distances to get to work at unsocial hours because of that lack of parking. Even when parking was free during the pandemic, you may not have got a space so were forced to get the bus or walk long

distances in the dark after long shifts. It is not ideal. We need to take more time on the matter to ensure that it is right. At this stage, our party may need to reserve its opinion on it. Thank you again, Sinéad, for your paper and your briefing.

Mrs McMurray: No problem.

The Chairperson (Mr Gildernew): It appears that the environmental impact depends on how you go about it. Addenbrooke's, despite more than doubling its staff cohort, halved its car parking capacity. That has to have a good environmental impact, and some of the solutions sound interesting.

We have taken significant evidence on the matter from, I believe, everyone who is involved and is a stakeholder. We have heard from the Department, the trusts and staff representative groups. We now have the RaISe paper that we asked for. I do not recognise that the Bill has been rushed at all, Pam. We have consulted everyone. Clearly, there are issues, and the Department appears to recognise them. It has stated that it supports the intent of the Bill and is prepared to work with its sponsor. That process can continue, but I certainly would not accept that the process has been truncated in any way; it has not. We have spoken to all the relevant stakeholders, in my view.

I will go to Carál, then to Órlaithí and then to Alan.

Mrs Cameron: Chair, could I come back in on your point?

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

Mrs Cameron: It was pointed at me, so —

The Chairperson (Mr Gildernew): It was.

Mrs Cameron: — I think it would be fair to let me respond. I am not saying that the process has not been done properly; I am saying that, had we more time, we might do it differently and, had we not been in a pandemic, we might take evidence directly from other jurisdictions and invest more in the process. Nobody could argue, especially with the number of Bills and regulations that we have dealt with, that we have not all felt rushed on lots of issues. I do not mean just this Bill. I am not saying that we are not doing it properly; I am saying that it feels rushed.

The Chairperson (Mr Gildernew): Fair enough, Pam. You are certainly entitled to that view, but I will point out that, as a Committee, we have met repeatedly. We have had extra meetings. That is a credit to the Committee. We have extended the time and effort of our work on the Committee. When we look at the overall report of the number of times we have met, we will see that we have addressed time, at least in some ways, by working harder. I welcome that, and I appreciate members' input to that, but that is fair enough.

Ms Ní Chuilín: Chair, I agree with you: there has been consultation. Even the consultation on the Bill has been important, and the evidence that we have taken has been really good.

Sinéad's paper and presentation have thrown up lots of challenges and questions, but the key decision for us is this: are we content to tax people who are ill when they access health and social care? That is the bottom line. I wonder where the evidence regarding the Royal Victoria Hospital came from. What professions did it speak to? However, that is just by the by.

I will say this much: if anyone is not minded to support the Bill, they will find all sorts of reasons for that. The questions that we need to reconcile ourselves with are these: are we happy for the lowest-paid staff to pay to go to work, and are we happy for parents and individuals to pay to get access to healthcare, which should be free at the point of need? I will leave it there.

Ms Flynn: Pam made a point about the timing of the Bill, saying that it feels a bit rushed. It is fair to say that, although the Committee has had a really heavy workload, we have not treated the Bill, in terms of scrutiny, any differently from how we dealt with all the other Bills that we have been able to progress.

Carál laid out what is at stake in terms of the people whom we are trying to support and help financially. The paper is similar to a lot of the discussion that we have had on the issue. All the

problems and issues that have been flagged up are completely genuine, and there are, clearly, solutions to each of them and tried-and-tested models. I do not see any reason why we could not work towards the same sort of thing. To be fair to the Department, it explained that that will be taken in by its review, which is a good thing. You mentioned, Chair, that the Department accepts and supports the intent of the Bill: that is the most important thing for me.

Sinéad, you spoke about virtual appointments. If you are in solution mode with these things, could virtual appointments help to offset some of the costs that might need to be attributed to free car parking? The way that free car parking would affect residential areas was brought up. I am a West Belfast representative; I live in the area. That is a problem that has always existed. It is not right to pitch the burden on residents or to make the issue about what residents might face, because it is already an issue. There are genuine issues that need to be dealt with, but it is all doable. I appreciate the work that you put in to the paper, Sinéad. Thanks very much.

Mrs McMurray: Thanks, Órlaithí.

Mr McGrath: This is more of a comment on what we are discussing. I appreciate that we have the consultation to do, but I predicted at the start of the process that we would fundamentally have two positions: one was that of the Department and the trusts, which say that they need the money; and the second was that of everybody else, saying that the charges were unfair. I guarantee you that, even if we consulted for another six months, we would continue to get exactly the same perspectives. We need to make it clear that introducing the legislation will force the Department and the trusts to find other ways of raising that money so that they will not be in deficit. There are plenty of examples in the paper from across these islands that we could try in order to help the trusts to get that money back. However, we cannot continue to charge people for their healthcare or charge staff to park at their place of work. It is just not fair.

Mr Chambers: Chairman, in addressing an earlier comment of Pam's, you said that everything had been going at 100 mph. The fact is that we have consulted widely, and I have been impressed with the evidence that we have taken, so I do not think that we can be accused of skimping on our consultation. However, we have to be careful when we move to the next stage, which is the consideration of the evidence that we have received, and there is a requirement to take a steady course through that consideration.

This is a populist subject, and it is so easy to put your hand up and say, "Yes, we should not make our staff pay for parking. That is wrong". We can say that it is a tax on the sick, and you could even use the term "immoral", but, accepting and taking all that into account, there may be solutions other than universal free car parking. Universal free car parking may not solve all those issues. If the sick people whom we do not want to tax or the staff whom we do not want to charge cannot get a parking space at the hospital, make an appointment or clock in at the start of their shift, free car parking is not really helpful to them.

The Bill sponsor and others on the Committee have said that there is absolutely no evidence of any abuse on any of the hospital sites, particularly in Belfast, but, in the paper, we are told that it works well in Scotland and Wales. We had no information on that. We certainly welcome the paper today, which is revealing. It hints at a slightly different narrative on abuse, because we can see that the hospitals, particularly those in Scotland, are concerned about some of the unintended consequences. We will have to look at that as well.

I will ask Sinéad about the number plate recognition system. That appears to be a fairly straightforward system, but how do you cope with, say, someone who can drive themselves to the hospital for a regular outpatient appointment but one day suddenly just does not feel up to driving themselves so they get a sibling, a family friend or someone else to drive them to the hospital? If that person has an exemption for free car parking when driving their own car, which is registered, how do you cope if, at the last minute, they decide to come in another car? How do you get around that? Is there a system to extend the exemption to other vehicles at the last minute? Is that an administrative burden to the authorities, which would have to comply with it?

Mrs McMurray: I am not sure about something as specific as that. There are lots of different types of ANPR technology that can be configured in all sorts of ways depending on the specific needs of the hospital. I do not know the answer to that example. I do not know whether that would require you to go into the hospital, and maybe there would be some administrative duties in that. In all honesty, I am not entirely sure, but I know that the technology can be configured in lots of ways. It can be highly

technical or just a basic package; it really depends on the needs of the hospital. Honestly, in that specific instance, I am not entirely sure how that would work, and there may be *[Inaudible owing to poor sound quality.]*

Mr Chambers: So, not really. We cannot say with any confidence that it is a straightforward process.

The other issue that I have — the Bill sponsor was sympathetic to this — is that this will be a complex logistical operation. The staff in all our trusts are still under pressure in many ways at the moment because of the pandemic. Clause 2 states that the Act has to be commenced within six months of receiving Royal Assent. That is a tight timescale in which to bring such a fundamental logistical change to hospital car parks. I would have thought — this suggestion is not me running away from putting the Bill into operation — that maybe a nine-month period might give everybody a little more time. I do not know whether the Committee would consider that as an amendment, but I would consider tabling it just to give the trusts that little bit of extra time.

I recognise what Órlaithí said when she said that anybody who lives near an airport, a hospital or anywhere where there are lots of vehicles will be well used to the problems. In Bangor, that is the case for the railway station. If you live near the railway station, your driveway will be regularly blocked. The people in west Belfast may be used to what happens around the Royal Victoria Hospital, but my worry is that those problems could increase. It might be acceptable now, but after the introduction of the Bill, one of the unintended consequences could be that it gets worse. We need to keep our eye on that ball as well.

Thank you very much for the report. It is very useful.

Mrs McMurray: Thank you.

The Chairperson (Mr Gildernew): I will just check with the Committee Clerk. My understanding is that the Minister has indicated that he is looking at an amendment to the time period and that the Bill sponsor has agreed to look at that too. Is that the case?

The Committee Clerk: When we had the briefing from officials, they mentioned that they were looking at that issue, but we have not received anything firm from the Department to advise that it is tabling an amendment. We have heard that it is just considering it.

The Chairperson (Mr Gildernew): OK, thank you. I will go to Pam and then Carál, but I want to draw things to a close, members.

Mrs Cameron: I do not wish to cause an argument, but I take issue with Carál's comment that those who are minded not to support the Bill will find issues with it. It is not about the intent of the Bill. Every one of us wants there to be universal free parking, but we have to take into consideration the evidence in front of us. We cannot just say, carte blanche, that, yes, we should support it or not support it. We should listen to the evidence, and that is what we are doing. I do not like the implication that some of us are minded not to support the Bill: that is simply not the case and simply not true. I just want to put that on the record.

The Chairperson (Mr Gildernew): OK, thank you, Pam.

Ms Ní Chuilín: No bother. I just want to remind everyone that we enjoy free car parking at the Assembly, and we are far better paid than some Health and Social Care staff and others who use trust car parks. It is what it is.

I remind everyone that the Bill sponsor, Aisling, is still working with the Department on the Bill. You half answered my question, Chair, when you said that it is still the case that the Minister may table an amendment on the time period. Some of the problems that Alan raised are mentioned in Sinéad's paper, and they have been picked up in other jurisdictions. I just wanted to mention that. It is not about being popularist. To be honest, we are all trying our best to support families and workers, particularly after the pandemic. I just assumed that that is where we were all coming from, rather than making popularist legislation.

The Chairperson (Mr Gildernew): OK members, thank you for that. Thank you for your briefing, Sinéad, and for your assistance and support to members through your paper. I agree that it is a very

substantial paper. It certainly draws out what the problems with the Bill could be and provides some indication of what the solutions would be. Again, as in many areas of life, challenges can often generate creative and new thinking about how we deal with them. I am all for capitalising on the opportunities and for addressing them. The Bill is an opportunity for the Committee to actively address, in this mandate, an inequality and an inequity. Essentially, we have staff paying for the car parks, and that is what it boils down to.

Thank you, Sinéad. Your briefing will allow us to move to the Committee's consideration of the Bill. Thank you for that information, Sinéad.

Mrs McMurray: Thank you.