



Northern Ireland  
Assembly

Committee for Health

# Report on the Hospital Parking Charges Bill

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Report: NIA 145/17-22      Committee for Health

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# Powers and Membership

## Powers

The Committee for Health is a Statutory Committee established in accordance with paragraphs 8 and 9 of Strand One of the Belfast Agreement 1998 and under Assembly Standing Order 48. The Committee has a scrutiny, policy development and consultation role with respect to the Department of Health and has a role in the initiation of legislation.

The Committee has power to:

- consider and advise on Department of Health budgets and annual plans in the context of the overall budget allocation;
- consider subordinate legislation and take the Committee Stage of primary legislation;
- call for persons and papers;
- initiate inquiries and make reports; and
- consider and advise on matters brought to the Committee by the Minister of Health.

## Membership

The Committee has 9 members, including a Chairperson and Deputy Chairperson, and a quorum of five members. The membership of the Committee is as follows:

- Colm Gildernew MLA (Chairperson)
- Pam Cameron MLA (Deputy Chairperson)
- Paula Bradshaw MLA
- Gerry Carroll MLA

- Alan Chambers MLA<sup>1</sup>
- Deborah Erskine MLA<sup>2</sup>
- Órlaithí Flynn MLA
- Colin McGrath MLA<sup>3</sup>
- Carál Ní Chuilín MLA<sup>4</sup>

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<sup>1</sup> Alan Chambers replaced John Stewart MLA with effect from 10 February 2020.

<sup>2</sup> Deborah Erskine replaced Jonathan Buckley MLA with effect from 1 November 2021. Jonathan Buckley previously replaced Alex Easton MLA with effect from 2 November 2020.

<sup>3</sup> Cara Hunter MLA replaced Colin McGrath on the Committee between 14 December 2020 and 18 October 2021. Colin McGrath previously replaced Sinéad Bradley MLA with effect from 23 March 2020.

<sup>4</sup> Carál Ní Chuilín replaced Pat Sheehan MLA with effect from 1 February 2021. Pat Sheehan previously replaced Jemma Dolan MLA with effect from 16 March 2020.

# List of Abbreviations and Acronyms used in this Report

AHPFNI: Allied Health Professions Federation Northern Ireland

ANPRS: Automatic Number Plate Recognition System

BMA NI: British Medical Association Northern Ireland

Department: Department of Health

Dfi: Department for Infrastructure

DoH: Department of Health

HSC: Health and Social Care

NIC-ICTU: Northern Ireland Committee of Irish Congress of Trade Unions

RCN: Royal College of Nursing

RVH: Royal Victoria Hospital

# Executive Summary

1. This report sets out the Committee for Health's consideration of the Hospital Parking Charges Bill.
2. The Hospital Parking Charges Bill was introduced in the Northern Ireland Assembly on 18 October 2021 by the then Bill Sponsor, Fra McCann MLA and was referred to the Committee for Health for consideration on completion of the Second Stage of the Bill on 22 November 2021. Following Mr McCann's resignation as a MLA, Aisling Reilly MLA, assumed responsibility as Sponsor of the Bill.
3. The purpose of the three-clause Bill is to prohibit the imposition by Health and Social Care hospitals of charges for car parking; and for connected purposes.
4. The Committee received nine written submissions to its call for evidence on the Bill. All the written submissions received were from organisations.
5. The Committee heard the views of six organisations during a number of oral evidence sessions held on the Bill. These included the Belfast Trust, the South Eastern Trust, the Royal College of Nursing, Allied Health Professions NI, Marie Curie and the Irish Congress of Trade Unions. In addition, the Committee heard from Department of Health officials on 3 February 2022. The Bill Sponsor also briefed the Committee on two occasions, on 16 November 2021 on the principles of the Bill and on 10 February 2022 to respond to the evidence received by the Committee.
6. The main issues identified in the written submissions and oral evidence related to:
  - Financial issues including the cost for staff, patients and visitors and the cost of providing free parking for all.
  - Capacity and the need for additional parking spaces to provide free parking.
  - Inequity in charging across Trusts and Health Service sites.

- Staff issues including the need for staff to have access to parking at sites especially when carrying heavy equipment or regularly attending community appointments.
- Patient issues and inconsistencies in approach to providing free parking to patients, such as those receiving treatment for cancer.
- Alternatives to car travel and the use of other initiatives to reduce pressure on car parks and encourage sustainable transport.
- Management of parking in other jurisdictions and how other jurisdictions have managed to introduce free parking at hospitals.
- Proposed Departmental review of car parking policy.

7. Further information on consideration of these issues can be found at paragraphs 16-59.

8. The Committee deliberated on the evidence it heard on the Bill at its meeting on 17 February 2022. The Committee undertook its formal clause by clause scrutiny of the Bill at its meeting on 17 February 2022 and further information on the clause by clause can be found at paragraphs 60-63 of this report.

9. The Committee agreed that it was content with the Bill as drafted.

10. At its meeting on 24 February 2022, the Committee agreed its final report on the Hospital Parking Charges Bill and ordered that it should be published.

## Introduction

1. The Hospital Parking Charges Bill (“the Bill”) was introduced to the Northern Ireland Assembly on 18 October 2021 and was referred to the Committee for Health for consideration in accordance with Standing Order 33 (1) on completion of the Second Stage of the Bill on 22 November 2021.
2. At introduction the Bill Sponsor, Fra McCann made the following statement under Standing Order 30: *‘In my view the Hospital Parking Charges Bill would be within the legislative competence of the Northern Ireland Assembly.’*
3. Following the resignation of Mr McCann as MLA on 19 October 2021, Aisling Reilly MLA assumed responsibility as Sponsor for the Bill.
4. The purpose of the three-clause Bill is to prohibit the imposition, by Health and Social Care hospitals, of charges for car parking; and for connected purposes.
5. Further information on the background and policy objectives of the Bill can be found in the Bill’s accompanying Explanatory and Financial Memorandum<sup>5</sup>.

## Committee Approach

6. The Committee was briefed by the Bill Sponsor on the principles of the Bill at its meeting on 16 November. The Minutes of Evidence of this briefing can be found at Appendix 3. Following the Bill’s referral to the Committee for consideration on 23 November, the Committee agreed to issue a call for evidence. A public notice inviting written submissions on the Bill was placed in the Belfast Telegraph, Irish News and Newsletter. In addition, the Committee invited views from a number of key stakeholders. The Committee received nine written submissions in response to its call for evidence. Copies of the written submissions are included at Appendix 4.

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<sup>5</sup> Available: [hospital-parking-charges-bill---efm---as-introduced---full-print.pdf](https://niassembly.gov.uk/hospital-parking-charges-bill---efm---as-introduced---full-print.pdf)  
([niassembly.gov.uk](https://niassembly.gov.uk))



7. During the period covered by this report the Committee considered the Bill and related issues at nine meetings. The related Minutes of Proceedings are included at Appendix 2 of this report.
8. At its meeting on 25 November, the Committee agreed a motion to extend the Committee Stage of the Bill to 28 February 2022. The extension was sought to ensure that there was sufficient opportunity to take oral evidence and carry out robust scrutiny of the clauses of the Bill. The motion to extend Committee Stage was supported by the Assembly on 15 December 2021.
9. The Committee heard oral evidence from six of the organisations who provided written evidence, and from the Department. The Minutes of Evidence for these sessions are included at Appendix 3 and a list of witnesses who gave oral evidence is included at Appendix 5.
10. The Committee would like to place on record its thanks to the organisations who responded in writing and provided oral evidence on this Bill.
11. The Committee explored the issues raised in the evidence it received with the Bill Sponsor both in writing and in further oral evidence sessions.
12. The Committee sought advice from the Examiner of Statutory Rules in relation to the range of powers within the Bill to make subordinate legislation. The Examiner was satisfied the Bill as drafted did not provide for the delegation of legislative power.
13. The Committee carried out informal deliberations on the Clauses of the Bill at its meetings on 10 February and 17 February. The Committee undertook its formal clause by clause scrutiny of the Bill on 17 February 2022.
14. At its meeting on 24 February, the Committee agreed its report on the Hospital Parking Charges Bill and ordered that it should be published.

15. The next section of the report sets out the Committee's consideration of the provisions of the Bill.

## Consideration of the evidence

16. A total of nine written submissions were received in response to the Committee's call for evidence on the Bill. The Committee heard oral evidence from six of the organisations that provided written submissions, and from the Department of Health (Department). This section of the report provides a summary of the key issues raised by stakeholders and considered by the Committee during its consideration of the Bill.

### Financial

17. A number of stakeholders referred to the financial burden of parking charges, particularly on low paid staff, with staff reportedly paying up to £11 per day to park on hospital sites. Stakeholders commented that public transport is not always a viable alternative for those who work shifts, those who live in rural areas, or for those who are required to use their cars for work purposes (eg those who work in the community). Allied Health Professions Federation Northern Ireland (AHPFNI) explained that some of their members are required to carry specialist equipment, which cannot be easily brought on to public transport. The British Medical Association Northern Ireland (BMA NI) highlighted that junior doctors, medical students and other staff rotate across sites regularly and are not eligible for permits. Staff who are based at Health and Social Care (HSC) sites, but who attend to patients in the community, are also often ineligible for permits as they may park for a number of short periods in between appointments.

18. The Royal College of Nursing (RCN) referred to the Minister's comment, made during the Assembly debate on the Second Stage of the Bill, that "car parking charges should not be considered to be a revenue-raising tool". However, it believes that the Department does in fact view car parking charges as a source of revenue. It went on to state that:

*"we do not believe that the HSC should be reliant in this way upon an income stream deriving directly from its own staff and nor do we believe that it is either fair or appropriate to imply to staff that patient services would need to be cut in order to sustain the costs of free car parking".*

19. In its submission on the Bill, the Belfast Trust referred to the Department's strategic direction that only income from parking can be used to meet the costs of operating car parks. It stated that the Trust will only be able to comply with this direction if it is allowed to charge. The Trust further stated that it is currently operating its car parks at a deficit which is met from other sources; it is exploring other options, including increasing parking charges or introducing charges on other HSC sites that are currently free, in order to meet the deficit.
20. In its oral evidence to the Committee, the Belfast Trust stated that while it receives a large number of complaints about long waits and the potential for missed appointments, it gets very few complaints about charging. It outlined a number of incentives for staff to use alternative methods of travel, some of which are salary sacrifice or tax saving schemes. These include improved facilities for cyclists, car-share schemes and an annual Translink card.
21. In its evidence, the South Eastern Trust stated that loss of revenue from parking charges may lead to the closure of its free-to-use off-site staff car parking, the termination of free-to-use staff park-and-ride schemes, a reduction in security presence on sites, and the closure of the Shopmobility services. The Committee was concerned that the funding of services such as park and ride, car park security and Shopmobility was dependent on revenue from car park charges. In oral evidence, the Trust clarified that it was not suggesting that these services would cease should car parking charges be abolished, but that it would need to find alternative funding sources that did not impact on patient services.
22. The Committee asked if revenue raising alternatives, such as leasing of advertising space, had been considered. The South Eastern Trust responded that it had already tried product placement on site, and that it is looking at using advertising hoardings, in line with what the ethics and code of conduct of Health and Social Care permits it to advertise.
23. In its oral evidence to the Committee, the Department stated that it already faces a substantial funding gap in its financial position in future years, and that

given existing commitments, it does not have funding to absorb the loss of revenue from the abolition of car parking charges. The Department advised that the estimated recurrent cost of £8.8 million, in addition to any unidentified costs associated with passing the Bill, would add to an already extremely difficult financial position, and that there could be an impact on patient services and waiting lists. The Department also stated that it was open to considering revenue raising alternatives.

24. The Committee took the view that, whilst it understood the financial pressures facing the Department, the burden of car parking costs should not be carried by staff or patients. Members pointed out that HSC organisations in Scotland and Wales have already addressed the issue of car parking charges within their budgets, and argued that the Department should be able to do likewise.

## **Capacity**

25. Both the Belfast and South Eastern Trusts referred to capacity issues on their hospital sites. The Belfast Trust advised that they would need to identify 1500 spaces to address capacity issues at its sites. They argued that the abolition of charges would create greater difficulties, because those who do not park there at present may do so if it were free; capacity for patients and visitors may therefore be reduced if staff avail of free parking.
26. The Trusts further argued that parking charges create a degree of 'churn', where one space is utilised several times during the day. In addition, Trusts were concerned that free parking would encourage commuters or others to park in hospital sites, reducing capacity for legitimate hospital users. However, some stakeholders and Committee members expressed doubts that hospital parking would be abused in this way, and asked if the Trusts had any direct evidence of this.
27. The Department commented that additional capital investment will be required to address capacity, and that sites with limited parking will not have sufficient space for all. In addition, the Department stated that providing free car parking could have an unintended consequence of creating accessibility issues for

patients, and would potentially require significant investment to address capacity issues, whether through the construction of new car parks or putting in place park-and-ride facilities at locations adjacent to hospitals.

28. The Department also stated that car parking provision is considered at the design phase of any new construction on hospital sites, and that this is balanced out with the space required to deliver services. In oral evidence to the Committee, it was noted that the Department of Infrastructure is not supportive of increased car parking provision on the Royal Victoria Hospital (RVH) site.
29. The Department acknowledged that capacity is a major concern. In oral evidence to the Committee officials stated that:

*“passing the Bill immediately would really test and stretch capacity, and we would see operational issues at hospitals, where you would have queues and full car parks. There would be queues to get to appointments, and some appointments would be missed, which is a major concern”.*

30. The Department stated that while it supports the intent of the Bill, it needs to strike the right balance to ensure that the available capacity can be best utilised to meet the needs of those who require it. The Department advised that it could not achieve the abolition of parking charges with six months of Royal Assent, as provided for in the Bill. Officials informed the Committee that the Minister intends to table amendments at Consideration Stage that would commit it to carrying out an in-depth review of its 2012 policy<sup>6</sup>, to ensure that the Bill is workable in practice for the HSC system.

## **Inequity**

31. Stakeholders referred to the inconsistency in hospital parking charges which vary greatly from location to location; this was referred to as a postcode lottery

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<sup>6</sup> Policy for Car Parking Provision in the Health and Social Care Sector, DoH 2012.

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/car-parking-provision.pdf>

for staff and patients. Northern Ireland Committee of Irish Congress of Trade Unions (NIC-ICTU) stated that:

*“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.”*

32. The Rural Community Network argued that car parking charges have a greater impact on rural dwellers who have less opportunity to access public transport and who are more dependent on private cars to meet their travel needs. The Rural Community Network also made the point that people who require ongoing hospital treatment are more likely to have lower incomes due to disruption to their earnings caused by ill-health or disability, and expressed concerns that parking charges may act as a deterrent to attending hospital appointments.
33. Rural Community Network expressed further concerns that the reorganisation of health services in future will mean that many specialist medical services are likely to locate in fewer hospital sites, which will lead to more expense for people in rural communities who will have longer distances to attend appointments. Members asked the Department about the impact of the transformation of health services on car parking; in response officials stated that this required a collective discussion with the Trusts on how the space can be best utilised to ensure that those who need access to certain services can get it and that it delivers for staff as well.
34. In its submission, the Belfast Trust acknowledged the inequity in charges across its sites. The Trust referred to the Department’s Policy for Car Parking Provision and Management in the Health and Social Care Sector. This states that the regional guidance for eligibility criteria for free car-parking must continue to be applied to ensure consistency across the health and social care system. The Trust stated that inconsistencies, and other car parking issues, are being addressed by the Trust in line with the Department’s Policy and that it does not consider that a legislative solution is required. The Trust further stated

that it is currently introducing car parking access criteria for all staff which, it claims, will ensure that the available staff parking provision is targeted towards those in greatest need. However, some RCN members expressed concerns around this process, and said that it would create inequity for those who do not get car park access.

35. The Belfast Trust expressed the view that to offer free parking to staff would create further inequalities by in effect subsidising those who travel to work by car whilst other staff pay public transport costs.
36. In its evidence to the Committee, the Departmental officials acknowledged the differences in the charging policies across Trusts; it explained that the Department's policy was constructed in such a way that hospitals could take all of the circumstances in their locality into account, such as the demand and the space that they have available. Officials explained that charging is utilised by the Belfast Trust and the South Eastern Trust because it was deemed necessary for them to control and manage their car parks. However, the Department also acknowledged that a regional review of the policy should be carried out.

## **Staff Issues**

37. Stakeholders commented that the burden of parking charges and the lack of available parking are disincentives to work in the HSC sector. The temporary suspension of parking charges during the pandemic was widely welcomed by staff, and considered a boost to morale. Stakeholders highlighted that HSC staff often travel from all areas to work at the hospital sites, they do not necessarily live close to their hospital workplace, and are often dependent on car parking to access work.
38. In addition, both NIC-ICTU and the RCN reported concerns from their members around personal safety when parking in dimly lit areas and off site. Some reported vandalism of their cars. Both Belfast and South Eastern Trusts use revenue from car parking charges to pay for security on car parking sites.



39. In her response to the evidence heard, the Bill Sponsor commented that funding for free parking should be provided for within the Department's budget and that this would have a potential knock-on effect in terms of staff retention.

## **Patient Issues**

40. The Trusts outlined the support offered to patients who may face high car parking charges. Patients undergoing chemotherapy, radiotherapy and renal dialysis are exempted, and Trust may also exercise discretion in other situations where patients or visitors may be subject to high parking charges. The Hospital Travel Scheme also provides financial assistance for hospital travel for those who meet certain criteria, including those on income support and other benefits.
41. Macmillan Cancer Support and Marie Curie NI both described the issues faced by those who have to make repeated and prolonged visits to hospital for treatment or to support or visit a loved one. Marie Curie described the financial impact of a terminal illness, including reduced income, increased energy costs and the cost of home alterations or equipment required to allow them to stay in their own homes. Hospital parking charges are inescapable for many patients, especially for those who live in rural areas not well served by public transport.
42. Both Macmillan and Marie Curie highlighted the inconsistencies in the current policy for exemptions – for example patients who are receiving chemotherapy or radiotherapy are exempt from car parking charges, including if they have a relative who is transporting them. However, they may have to pay for other outpatient appointments such as biopsy, scans, test results or other less regular forms of treatment. Marie Curie pointed out that the RVH's exemption system does not include, as standard, people with chronic respiratory diseases or advanced neurological conditions; and that eligibility for the Hospital Travel Cost Scheme does not include those in receipt of Personal Independence Payments.
43. The Department expressed concerns that the availability of free parking on hospital sites may have unintended consequences that would hinder patients from accessing car parking spaces. Similar concerns were expressed by the Trusts who argued that open access to all car parks would mean that spaces

would be filled by staff early in the morning. Members asked the Bill Sponsor how access to appropriate car parking could be guaranteed, particularly for those patients who required parking close to the hospital entrances. The Bill Sponsor referred to the example of other jurisdictions where there is free access to car parks, and where these issues have been addressed. In addition, the Bill Sponsor stated that she was willing to work with the Department to iron out any such difficulties.

### **Alternatives to car travel**

44. Both Belfast and South Eastern Trusts stated that they encourage travel to hospital by public transport, cycling and car-sharing to minimise the health and environmental impacts of car travel. The Belfast Trust is concerned that abolishing car parking charges will have a detrimental impact on the progress that has been made to date in encouraging a modal shift from single occupant car travel to more sustainable travel modes. In its written submission, the Trust outlined its Sustainable Development Strategy for 2016-21, which aims to reduce the number of single occupancy car journeys to its sites. The South Eastern Trust referred to multi-agency forums held by the Trust, to seek ways of reducing the over-reliance on single occupancy vehicle usage within the community and seeking views and means to enhance the Trust parking infrastructure.
45. The Belfast Trust described a number of initiatives to reduce the pressure on its car parks. These include the use of virtual clinics where appropriate, a drive through phlebotomy clinic, use of the Northern Ireland Ambulance Service Patient Care Service for eligible patients and links with public transport such as park and ride facilities. In addition, the Trust outlined a number of incentives for staff to use alternative methods of travel, some of which are salary sacrifice or tax saving schemes. These include improved facilities for cyclists, car-share schemes and an annual Translink card.
46. Staff representatives argued that public transport is not always available or suitable for those who work shifts or unsociable hours, those who have to carry equipment or those who live in areas not well served bus services, particularly

rural areas. Staff who have caring responsibilities (for example parents who may drop off/collect children from school or day care) cannot always rely on public transport. The cost of public transport was also noted. Others made the point that alternatives such as walking and cycling are not always possible for those who are sick.

### **Management of free hospital parking in other jurisdictions**

47. The Bill Sponsor referred to the situation in Scotland and Wales where there is free parking, regulated through the use of Automatic Number Plate Recognition Systems (ANPRS). She stated that both the Scottish and Welsh report very low levels of car park abuse.
48. The Belfast and South Eastern Trusts however expressed doubts that ANPRS would be a viable solution. The Belfast Trust referred to the lack of access to the required technology by some patients and the nature of emergency attendances.
49. The South Eastern Trust referred to the capital costs of APNRS, and expressed concerns that the effectiveness of APNRS was reliant on people inputting data in advance and suggested that not everyone would have the skills or technology to do this.
50. The Committee sought further information on the management of hospital car parking in other jurisdictions from the Assembly's Research and Information Service. A copy of the research paper is included at Appendix 6.
51. The Committee would highlight that implementation of the provisions of the Bill is a matter for the Department and Trusts. Therefore, the Committee would outline the importance of the Department looking at practice in other jurisdictions where free parking has been introduced and look in detail at how issues of capacity were addressed.

## **Departmental review of car parking policy**

52. The Department's Policy for Car Parking Provision and Management in the Health and Social Care Sector was published in 2012, and was due to be reviewed in 2019; this review was postponed due to the COVID-19 pandemic.
53. The Department informed the Committee that it intended to table an amendment to the Bill that would commit it to carrying out an in-depth review of the 2012 policy. Officials advised that key areas for review would include the practical implications of removing charging, the benefits of removing charges for staff, patients and visitors, the cost recovery model, staff charging and parking eligibility, sustainable and active public transport solutions, climate change commitments and a review of the free car parking eligibility criteria. The Department further advised that it intends for the review to include Trust representatives, Department for Infrastructure (DfI) transport colleagues, officials and other stakeholders.
54. The Committee is supportive of the Department's proposal to carry out a comprehensive review of its car parking policy. Members asked officials for the proposed timeframe for the review, and if it planned to carry out subsequent reviews periodically. Officials were unable to provide an estimated timeframe, nor commit to periodic reviews. In evidence to the Committee, officials stated that they would like to have the opportunity to engage with all stakeholders and to take collective views before committing to what the review would look like.
55. The Bill Sponsor stated that she is also supportive of the idea of a review, which would look at many of the issues raised in evidence (for example, the inconsistencies across Trusts, difficulties with public transport, alternatives to charging, imposition of fines for abuse of parking etc.). However, she emphasised that she had not yet seen the details of the proposed amendment, and expressed concerns that the Department had not indicated the timeframe for the review. The Bill Sponsor advised that, while she was open to discussing the timeframe for commencement, she would not be supportive of a lengthy review that would delay implementation. The Bill Sponsor outlined that she would continue to work with the Department on the review.

56. The Committee welcomes the Department's proposed review and would be happy to consider any proposed amendments to the Bill that would allow a short delay of the commencement of the Bill to allow the Department to undertake a review and put in place necessary provisions to deal with capacity.
57. However, the Committee would outline that the review should be focussed on capacity issues and not be a review of charging at car parks. The review should outline how the Department will deal with the issue of capacity, how it will manage car parking at sites, how it will address issues facing staff when parking and alternatives for transportation to hospitals for staff, patients and visitors.
58. The Committee would also recommend that while the Department undertakes its review, the Department and Trusts should consider eligibility for free parking for patients and visitors who attend hospital on a regular basis.
59. The Committee would also call on the Department and Trusts to consider what they can do to ease the cost of parking for staff who are unable to use public transport, including those that work shifts, those that are required to have equipment with them for appointments and those who have to regularly leave hospital premises for appointments in the community.

## **Clause by Clause Scrutiny of the Bill**

60. Having considered the written and oral evidence it received on the Bill, the Committee undertook its formal Clause-by-Clause consideration at its meeting on 17 February 2022.
61. The related Minutes of Proceedings and Minutes of Evidence of the Committee's clause by clause consideration can be found at Appendix 2 and Appendix 3 respectively.
62. The Deputy Chairperson, Pam Cameron and Committee Members, Deborah Erskine, Paula Bradshaw and Alan Chambers advised, that they would not be taking part in the clause by clause consideration of the Bill.
63. The formal clause by clause consideration is outlined below.

### **Clause 1: Hospitals not to charge for car parking**

The Committee considered Clause 1 as drafted.

The Committee agreed it was content with Clause 1 as drafted.

### **Clause 2: Commencement**

The Committee considered Clause 2 as drafted.

The Committee agreed it was content with Clause 2 as drafted.

### **Clause 3: Short Title**

The Committee considered Clause 3 as drafted.

The Committee agreed it was content with Clause 3 as drafted.

### **Long title**

The Committee considered the Long Title of the Bill.

The Committee agreed it was content with the Long Title.

## **Links to Appendices**

### **Appendix 1: Memoranda and Papers**

[View Memoranda and Papers supplied to the Committee](#)

### **Appendix 2: Minutes of Proceedings**

[View Minutes of Proceedings of Committee meetings related to the report](#)

### **Appendix 3: Minutes of Evidence**

[View Minutes of Evidence from evidence sessions related to the report](#)

### **Appendix 4: Written submissions**

[View written submissions received in relation to the report](#)

### **Appendix 5: Witnesses who gave evidence to the Committee**

[View a list of witnesses who gave evidence to the Committee](#)

### **Appendix 6: Research Papers**

[View Research Papers produced by the Assembly's Research and Information Service \(RaISe\) in relation to the report](#)

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