Northern Ireland Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Hospital Parking Charges Act (Northern Ireland) 2022: Department of Health, Belfast Health and Social Care Trust, South Eastern Health and Social Care Trust

11 April 2024

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Ms Liz Kimmins (Chairperson)
Mr Danny Donnelly (Deputy Chairperson)
Mr Alan Chambers
Miss Órlaithí Flynn
Miss Nuala McAllister
Mr Colin McGrath
Mr Alan Robinson

Witnesses:

Ms Brenda Creaney	Belfast Health and Social Care Trust
Ms Preeta Miller	Department of Health
Ms Anne-Marie Smyth	Department of Health
Mr Jeff Thompson	South Eastern Health and Social Care Trust

The Chairperson (Ms Kimmins): I welcome to the Committee Preeta Miller and Anne-Marie Smyth from the Department of Health; Jeff Thompson from the South Eastern Health and Social Care Trust (SEHSCT); and Brenda Creaney from the Belfast Health and Social Care Trust (BHSCT). They are kindly attending today to give a briefing.

Ms Preeta Miller (Department of Health): Thank you very much for the opportunity to engage with the Committee today on hospital car parking charges. The Hospital Parking Charges Act (Northern Ireland) 2022 prohibits the imposition of charges for parking vehicles in hospital car parks and is due to come into operation on 12 May 2024. Its main policy objective is to abolish hospital parking charges across Health and Social Care (HSC) hospital sites in Northern Ireland for staff, patients and visitors. Trusts have been working to implement the legislative requirements by 12 May. Owing to legal challenges beyond our control, however, the award of a contract for the traffic management solution has been delayed by about four months. Following the resolution of those challenges, we anticipate awarding the contract very soon, but, owing to implementation timescales, which include ordering, delivery, installation, testing of equipment and then updating the signage and managing communication, the earliest that we envisage the solution being rolled out is September 2024, which is after the new law is scheduled to come into effect.

Many of you will already be aware of the traffic issues at our hospital sites, and advice from the trusts is that, once parking is made free, owing to the likely surge in demand without the solution in place to manage parking controls, they will be unable to control parking, preserve blue-light routes and protect designated spaces. Trusts are now significantly concerned about their ability to maintain safe access to sites for patients, clients, visitors and staff. The result of congestion at sites and on access and

egress routes will contribute to delayed or missed hospital appointments, including emergency treatments.

Charges also differ across our hospital sites and are set in line with local car parks to protect spaces from potential commuter demand. Free car parking at hospital sites without the controls in place could therefore increase demand for spaces from the public to the detriment of service users. In particular, that is expected to have a significant impact on the South Eastern Trust and the Belfast Trust, so we are joined by Jeff and Brenda today in that regard.

For example, Belfast City Hospital is within easy walking distance of the city centre, and free parking there would make it a cheaper alternative to using public car parks and public transport. It is expected that, at the Royal Victoria Hospital site, which is already prone to serious incidents of gridlock, parking queues will increase in length and time once parking becomes free. That will put blue-light routes at serious additional risk and may delay or prevent emergency service vehicles from reaching their ED. In addition, gridlock on the adjoining roads, especially the Donegall Road, Broadway roundabout and the Grosvenor Road, will be negatively impacted on and thus potential increase congestion in those areas. Consequently, there is a fundamental problem to address in order to protect access to hospital sites for service users.

The Hospital Parking Charges Bill therefore proposes to modify the operational date of the 2022 Act by two years, to May 2026. The Minister has proposed to proceed with the option of making parking permits for eligible staff free of charge during the deferral period as a fair recognition of the hard work and dedication of HSC staff and to deliver at least some of the intent of the Hospital Parking Charges Act. The deferral period will also be used to implement fully the infrastructure required for the introduction of free parking from May 2026, so, as a consequence of the extremely pressurised timeline to achieve deferral in advance of 12 May and the associated risks that I have outlined today, the Minister has written to the Health Committee to seek its agreement to the Bill's accelerated passage and to stand down its Committee Stage. That will allow the Bill to be introduced in the Assembly in the week commencing 15 April. Jeff, Brenda, Anne-Marie and I are now happy to take any questions that the Committee has.

The Chairperson (Ms Kimmins): Thank you, Preeta. Given that it was one of my party colleagues who introduced the Bill that became the 2022 Act, we are very disappointed that we are at the stage at which it has not been implemented within the time frame, which was already extended when the Bill was going through the Assembly in the previous mandate. The legislation was brought through the Assembly primarily to try to alleviate the costs for staff and those on lower incomes, who are those most negatively impacted on by hospital car parking charges. We are therefore keen to see the Act implemented at the earliest possible stage. We understand that we are in an impossible situation, but it is disappointing.

I have a couple of questions, although we will probably draw out a lot more information during the debate in the Chamber. On the two-year timeline, your briefing paper states that the infrastructure should be in place by August, but you said that it will now be September, so the date has changed slightly. How confident are you that that date is deliverable?

Ms Miller: I am confident that it is deliverable in two years' time. To give you a bit of context, we originally thought that, in August, we could avail ourselves of a contractor from the national framework, but that national framework did not come out at the anticipated time. We then had no choice but to pursue our own procurement route. Given that we had to react by pursuing our own procurement route, we ended up trying to accelerate the process, putting the contract out to procurement in October 2023. Unfortunately, the timescale was already so squeezed that, when they came, the legal challenges really threw us.

On your question of whether we can deliver this in the next two years, the answer is yes. I said earlier in the week that I thought that the contract would be awarded this week. I have now been told that it will be either this week or next week. Just one trust is waiting on advice from its solicitor before giving the green light to proceed. We are therefore on the cusp of awarding the contract. Once that is done, there is a series of conversations to be had. Each trust site is so different, and different local issues have to be taken into account. The contractor will go through the surveys, tailoring the needs of the solution to the trusts.

We envisage six months as being the minimum timescale required. A level of prioritisation has to be applied to the sites. One of the challenges that our hospitals are dealing with is the roll-out of Encompass, which is another digital system, and there is a digital angle to the automatic number plate

recognition (ANPR) solution. We will therefore have to try to choreograph that to work around the Encompass roll-out across our hospital sites as well, but I remain confident — I do not whether Jeff and Brenda agree — that it is achievable in two years.

The Chairperson (Ms Kimmins): My question was about the September 2024 date and the infrastructure required, but I suppose that you have answered that as well, because you said that you are confident that the contract will now be awarded and that the infrastructure will be in place by September at the latest. Is that what you are saying?

Mr Jeff Thompson (South Eastern Health and Social Care Trust): We are yet to appoint a contractor formally. Meetings will then need to be held with the contractor. We will have to have a series of meetings with the contractor, conduct on-site assessments and then purchase the items, for which there will be a lead-in time to get them and then put them in place. September is realistic, but I would not guarantee it. That is the minimum time by which we might be able to get the infrastructure in place.

The Chairperson (Ms Kimmins): If there are any unforeseen delays, can the Committee be kept informed of them, if possible?

Ms Miller: Yes.

The Chairperson (Ms Kimmins): Given the stage that we are at now — two years on from the passing into law of the Bill — we do not want to see its implementation be pushed down the road any further. To go back to the two-year extension, when I spoke to the Minister earlier in the week, I said to him that we hope that that is not a target date and that we will see implementation at an earlier stage, if possible.

Ms Miller: The assurance that we can give you is that there is no winding down or slowing down of anything that is happening here. Regardless of whether we were to implement free charges, we absolutely need the parking controls at all our sites anyway. Work will proceed and is proceeding. As Jeff says, it will be September at the very earliest, but I can see no reason, as we sit here today, that we will not have the infrastructure in place. That time frame allows us to see how it operates, to work through any teething issues and to make sure that we are not having to divert staff off Encompass to roll this out. That gives us time to bed in the structures so that, when we come to May 2026, we are in the best position possible to implement the legislation.

The Chairperson (Ms Kimmins): Finally, what is happening in the interim? You mentioned in your introduction, Preeta, that staff will be given permits free of charge. I understand that there are a limited number of permits, so how will eligibility for them be determined? To go back to my earlier point, the purpose of the Bill was to ensure that staff, particularly the likes of nursing staff and others who may be at the lower end of the salary scale in hospitals but who, in many cases, work the longest hours, are not footing a lot of the bill for hospital parking charges. If they are working five days, some of which will be 12-hour shifts, that should be taken into consideration.

On the other side of the coin, there are patients and families who use hospitals regularly. There is a support scheme in place, but I do not feel that it is advertised well enough. It is therefore crucial that, until we get this fully operational, the scheme be well advertised in order to ensure that patients and their families are not taking the hit as well.

Ms Miller: The representatives from the two trusts with us have already applied criteria-based allocation of staff permits. It is pitched largely from the viewpoint of need, so it is determined by which members of staff need their vehicle to deliver services, whether they are a blue-badge holder and whether they are working across multiple sites. It is therefore determined on the basis of need.

One of the interesting things is that, when the application process for permits opened, uptake from staff on lower bands tended to be lower than you might have thought. I think that a lot of those members of staff do not utilise a vehicle to access hospital sites, and that is one reason that income criteria are not applied. The criteria focus more on a needs use and on what is best for the end user of the service and those delivering the service rather than on income.

Jeff or Brenda, do you wish to say anything?

Ms Brenda Creaney (Belfast Health and Social Care Trust): Yes. I am the director of nursing in Belfast, and our criteria are, as Preeta said, based not only on need and flexibility of the service. Shift working, for example, is one of the criteria, as are caring responsibilities for, for example, a child, an older person or a person with a disability.

We have worked closely with our trade union colleagues on the criteria. An important point to make, however, is that a lot of our lower-paid workers live local to the City, the Mater or the Royal. Musgrave Park Hospital in Belfast is slightly different, but we have bus routes into there already, and we are working with Translink. It is therefore about that balance. We are encouraging people, where they can, to walk to work or take public transport, and that is done from a sustainability point of view as well. We will provide supports around public transport, and we are working with Translink on that. It is multifactorial.

I have to be honest, though, and tell the Committee that, if I were a member of consultant medical staff, I would meet the criteria, because I might be on three sites in a day. I might have surgery to perform in one hospital and a clinic to do in another, as well as being on call. I therefore would need to be in at different times of the day and the night.

We allocate five people to every car parking space and still have a capacity issue, particularly at the Royal and City sites. We are working through that at the moment.

The Chairperson (Ms Kimmins): I take on board all the points that have been raised. I come from a constituency that has a large rural area, so nursing and other staff perhaps do not have the luxury of being able to use public transport and therefore have to rely on a car. That is why I am saying that we need to take that into consideration.

Ms Creaney: That is part of our criteria. If staff live on a route that requires taking more than two buses, or a bus and a train, they will meet the criteria to a higher level than a member of staff who, for example, takes one bus.

Mr Thompson: In our trust, the distance from base to home is taken into consideration. We also have an appeals process, whereby people who are not successful the first time around can submit an appeal, which will be heard by an anonymous panel. Their appeal is also sent anonymously, so the whole system is balanced to ensure fairness. At that stage, we are blind to people's grade and any other circumstance, so we are looking purely at exceptional circumstances, and such things are picked up, particularly for section 75 considerations.

Mr McGrath: Notwithstanding the fact that you are here delivering this message, I think that this is nonsense. There has been an institutional dragging of heels on the matter. The Department and the trusts did not like the Bill. They did not want it and did not want to see what was to come from it happen.

To take four years to put a control at the entrance to a car park is verging on the ridiculous. On Saturday night, I attended a conference in a hotel in the South. As a hotel guest, I got a reduced rate for parking. I simply handed the hotel the card, and it was scanned and handed back to me. It took seconds with that system in place. Most of the car parks have barriers that open and close, so it is simply a case of how the card is inserted into that barrier and recognised. From the original discussions in the Chamber on the now Act, it was obvious to me that the Department did not want the Bill, but I hope that we see it come into operation.

I have a couple of questions. First, if it is going to take only three or four months to get the contract and all the other stuff in place, why is a two-year extension to when the legislation is to take effect required? The Department is effectively asking for two years in order to overturn a decision that the Assembly has already taken. That does not sit easy with me.

The whole way through the debate on the matter, there has been discussion about costs. How much of the cost associated with car parks relates to the payment of rates? That is circular money within government. It comes out of one Department, goes into another Department and then comes back into a further Department. What percentage of the car parking costs — this was anchored as being one of the main reasons for not progressing the legislation — is accounted for by the payment of rates?

I find that some of the excuses — I highlight the Belfast Trust's excuses — are just lame, such as those related to the equality issues that the Act may present. What about equality for people who do

not have the same income as others but who need to access treatment? What about the protection of blue-light routes? Is there any detail available to the Committee about the assessments that have been undertaken, such as the traffic impact assessments that led to the conclusion that there would be an impact on blue-light routes?

I ask the witnesses to come back in on those issues.

Ms Creaney: The Belfast Trust can provide you with the assessments. If you have been on the Royal Victoria Hospital site recently, you will be aware that a lot of building work is going on on-site. The number of access roads has therefore been reduced to facilitate the new maternity hospital and the new children's hospital. We have limited access corridors through the site, and that information is shared with you at the moment. We are happy to share the assessments with you. I can assure you that we are not dragging our heels. Our focus is on ensuring that our staff, patients and visitors have equal access to our sites. The Royal site presents a particular issue.

The other issue is the impact on main roads. Preeta talked about the Grosvenor Road and the Broadway roundabout. We have worked with DFI Roads to have lights put on on the Broadway roundabout to try to increase traffic flow, because, at times when those lights have not been on, people have just not been able to move through that roundabout. Unfortunately, because we have only two access roads to them, our car parks become incredibly congested. At the minute, 75% of our staff are parking in the public car parks, because we do not have enough car parking space for staff who meet the criteria. We are working through that. Our trade union colleagues and all our staff are very aware of that issue and are working with us on it, but it is challenging.

At the moment, we have people phoning from traffic queues to say, "My child has an appointment at the children's hospital, but I can't get in", and people have to work around that. Those are the realities that we are dealing with because of having a very congested site. Please be assured that we are not dragging our heels. We are trying to manage.

Mr McGrath: You are dealing with those issues now, however. That is before you even get into anything else. You are dealing with them now, and you have not remedied them.

Ms Creaney: No, we are attempting to remedy them at the moment: first, by applying the criteria; and, secondly, by ensuring that our visitors and patients have access. We have criteria in place for the cancer centre and for critical care at the children's hospital, the City Hospital and the Royal, for which we provide car parking passes, but access depends on the car park being available for use by people. We receive criticism from our local residents about misuse of the public streets around their homes, which I understand.

Ms Miller: I will address your other two questions. On rates, you are looking at about 50%. Just over £4·5 million of the total costs are paid out in rates. The vast majority of that £4·5 million will be across the Belfast Trust and South Eastern Trust sites. On the two-year extension, we are saying that, with a fair wind and if everything goes to plan, we would like to think that, in six months' time, we will have rolled out the controls about which we are talking.

As everybody is aware, the reality is that the Department's financial situation has deteriorated quite a lot since the Bill passed a couple of years ago. I can assure you, hand on heart, that we have worked very hard to try to implement the Act by 12 May. It is unfortunate that we could not avail ourselves of the contractor from the national framework. Having to go through our own independent procurement process really delayed the process, and, unfortunately, the legal challenges, which were completely outside our control, have pushed us beyond the date of 12 May. We would have liked to have the infrastructure in place, notwithstanding budget pressures, because I can see only benefits for all our service users if the technology were already implemented and we had it as a control at our parking sites.

Mr Thompson: Colin, I will speak on behalf of my colleagues across the region who are not here today. Encompass is a big project that will consume a lot of the time of our IT folk. From talking to them at regional meetings, I know their concern about the capacity and capability to get this through and about giving you another false idea of timescale. Two years is realistic when you consider all the work that needs to be done, particularly given what I have heard from colleagues in the Western Health and Social Care Trust (WHSCT), who are at the end of the queue to get Encompass. Two years is therefore an absolute deadline for us to allow everything to be phased in. Some of us could

do it more quickly, but you would then have another problem, in that a regionally consistent approach needs to be taken across the trusts.

Mr Robinson: Is the Committee privy to the nature of the legal challenges? I have difficulty getting my head around why someone would wish to challenge something that is of benefit to the sick and to low-paid workers. Do you expect to receive legal challenges beyond those that you are currently facing?

Ms Miller: No. The procurement concluded in November, and our centre of procurement expertise (COPE) looked at the tenders that had come in. Letters went out to the unsuccessful and successful bidders, and, at that point, unsuccessful bidders lodged procurement challenges, which are legal challenges. Writs were served. Even I am not privy to their exact nature. The writs go to our solicitors. When there is a challenge on procurement, procurement automatically has to be paused. We are not allowed to award a contract until the challenges are resolved. With some toing and froing, those challenges have now been lifted, so, as soon as the final trust gets the go-ahead from its solicitor, we will be able to award the contract. That is why I say that we will be able to award it imminently.

Mr Robinson: On this day, 11 April 2024, the four witnesses can therefore give a cast-iron guarantee that the legislation will be implemented in May 2026. Are there any takers?

Ms Creaney: I would hope so.

Mr McGrath: That will be four years, so you would hope so.

Ms Miller: We can say, hand on heart, that the four of us —

Mr McGrath: It is not a tough challenge.

Ms Miller: — cannot at this time foresee a reason that that will not be possible, but I am a prudent person, and I would not like to bet my life on it.

Mr McGrath: Wise.

Ms Creaney: In fairness, as you know, a lot of us who gave evidence to the Committee in the pervious mandate raised our concerns about the legislation's impact. Since the Bill passed, we have been working diligently to implement it, notwithstanding our concerns, but, unfortunately, the contractual challenge was beyond our control. We will work to implement the infrastructure as soon as possible. As Jeff said, however, there is the issue of Encompass. We are quite lucky. The South Eastern Trust has already gone live with Encompass, while the Belfast Trust will go live with it on 6 June. When we have Encompass in place, we will have more IT capability than colleagues who come later to the programme. We need to be mindful of, and honest about, that.

Mr Thompson: Even where we have implemented Encompass, there is a whole backlog of IT work on which we need to catch up.

Mr Chambers: I remind the Committee that, when the Bill went through the Assembly — it was popular, obviously — it was one of many Bills that were pushed through at the last minute, so we may not have asked the right questions on a lot of the fine detail at the time. Committee members will recall that the Bill originally proposed that the scheme be introduced six months after Royal Assent. We can see now how totally unrealistic that was and the pressure that introducing it then would have put on everyone. The Minister proposed the amendment to extend introduction to two years in order to give everybody a little bit of extra time. I know that the people who will benefit from the scheme are the families on whom, as the Chair pointed out, it is a financial burden to have to pay for car parking.

Any of us who have recently visited hospital sites will have experienced this: I sat for a stressful 45 minutes at the Ulster Hospital trying to get a parking space. I had the same experience at the Royal and was really late for an appointment. Will the scheme make the experience of hospital patients and visitors less stressful, or will the queues still be there? Will we still have to wait for half an hour to see a car come out before we can get in? Will the situation change? You mentioned the queues. They are worse than ever, and, if something is free, people, particularly those who might want to abuse the availability of free car parking, will want a piece of the action. You said that you have worked with DFI Roads, but can you guarantee that there will not be absolute traffic chaos around hospital sites? The experience in Scotland was that one of the real downsides was how free car parking fouled up the

blue-light routes into hospitals. It is a matter of life and death for people, so I wonder whether all that has all been considered.

We heard all about the fact that the equipment has to be procured, but what we have not heard about, and were not told about during the debate on the legislation, is how the scheme will operate day-to-day. How will you stop people coming in, parking their car, walking down from the Royal site into the city centre to do their shopping and coming back five or six hours later? I am sure that you have thoughts on that, but the Committee needs to know them, as I do not know how you will approach such a situation. I know what you are doing about trying to get the barriers erected, but I do not know what will happen and how it will work day-to-day. I would like to hear how you will control parking. Are you in a position to share that information with the Committee now, or is it still in development?

Ms Miller: We have an idea of how it will work, but, until we have worked through it in detail with the contractor, we probably cannot give you a lot of very detailed information. Essentially, a vehicle will come in, its number plate will be picked up and it will be allocated a slot of, say, three hours — we are still refining that to get an appropriate time period. After that slot expires, the person will need to reapply.

Mr Chambers: How do you know that I am legitimate? What if I drive in but I intend to go to Marks and Spencer in the city centre? How do you know whether I am a legitimate visitor to the hospital?

Mr Thompson: One of the most insightful comments that was made to me was by a contractor when the 2022 Act was introduced as a Bill; he said, "Jeff, from now on, everything's going to be a compromise. It's not going to be the same". We need to use the time that we have to plan and work with the contractor. I hope that, by getting ANPR in place, we will not see any detriment to the experience, but I cannot see it improving the experience. Essentially, the issue that we have on our Belfast sites and our major acute sites is one of capacity to deal with car parking. We can mitigate that to an extent with controls and ANPR to try to allow on-site the people whom we want and discourage the people whom we do not want. We can also look at park-and-ride schemes and other means of building additional capacity, which we are doing at the moment.

The queuing situation will probably be the same, but it will be mitigated with more off-site parking options. The experience will be similar. We will not be able to stop unauthorised parking 100%, but the ANPR technology will allow us to see patterns. It also has links to the Driver and Vehicle Licensing Agency (DVLA) so that penalty charge notices (PCNs) can be issued to people who are really abusing the system. Overall, I hope that, with careful planning and working with the contractor, we will be able to set up specific parameters for each hospital car parking site that will meet the needs of those people. It will take time.

Mr Chambers: I appreciate all the work that you are putting in. I am not criticising you, by the way; I really sympathise with you, given the task that you have. However, the message is that the experience is not going to be any better for visitors or patients who are going to hospital sites. No benefit is going to accrue to those people.

Ms Creaney: I said earlier that 75% of our staff and visitor car parking is used by staff at the moment. If we are able to implement the criteria appropriately and our staff work with us, we should see an improvement, with fewer staff needing to use the visitor car parks. However, unless that happens, the experience will not be a better one. That is why we have to do a very close piece of work with our staff to encourage the use of off-site parking, which also comes at a cost. At the moment, we provide a park-and-ride facility at Blacks Road for the Royal, but it is not very well used. Those are the sorts of options that we are looking at. We are also looking at providing a park-and-ride facility on the Musgrave Park site, which is not as congested as the sites at the Royal or the City.

On the issue of automatic number plate recognition, it will be a case of getting the right public messages out there. The message needs to be, "If you overuse this system and you're not a visitor, we will fine you". It is about getting people to work alongside us. The key priority is patients who are coming for appointments or treatment and their relatives and visitors. We really need to get our public onside.

Mr Chambers: I have every sympathy with the staff. They should not be paying for parking.

The Chairperson (Ms Kimmins): I am very conscious of time. We are running on.

Ms Flynn: I will be quick, Chair. On Alan's last point, the benefit is helping the staff and the patients who are paying those car parking charges to save money. Having said that, of course, we know about the congestion and the traffic issues. You are dealing with those now. They are not going to go away. However, that was the purpose and intention of the 2022 Act when it was introduced as a Bill.

On the timeline, the contract will, hopefully, be awarded over the coming weeks, so you are looking at a date in September 2024 for the system to be in place, but it will not fully function for somewhere between six months and two years. How do the Department and the trusts intend to plan for that? Will you put in place a timeline to work towards the six-month mark? Obviously, you will factor in possible slippage at different points, but are you going to set a timeline for a six-month target to work towards rather going right to the end of the two years?

Something like 80,000 staff — that is the figure that we were given the other day — are being retrained in a new IT system. Jeff, the point was made that the Encompass system may hinder that six-month target and push you towards two years. Encompass is going live in the Belfast Trust in the next 60 days, and hopefully towards next spring, or maybe even this winter, it will go live in the remaining two trusts. Regarding IT staff, how big an issue will Encompass be on our working towards the six-month target to get the system up and running? That is really my point: I know that it is impacting on all the staff who are trying to deal with the new system, but how will it impact on the six-month target specifically?

Mr Thompson: The South Eastern Trust has introduced Encompass, so our experience will be very different to that of other trusts. That is the message that I want to get across. Although it may be possible for us to not only get the equipment installed in six months but get it operational soon after, there are concerns from our colleagues who work in areas where Encompass will be implemented after the six months. The lead-in time to Encompass will swamp the ability of the IT staff to make the connections that are needed. I am not a computer person, but the issue tends to be with IP links and things like that: it is about the getting the network of those peripherals into the servers. So I am told. I do not know.

Ms Flynn: Is there any opportunity for the trusts to collaborate on that? Can some of the staff from the South Eastern Trust get involved? I do not know how practical that would be; I am trying to think of ways to help.

Ms Creaney: I think the South Eastern Trust is tired of looking at the Belfast Trust at the moment. *[Laughter.]* We are working very closely and are learning about the impact and the IT capacity. We expect the contract to be awarded in the next two weeks, and then we will start to work to implement it. Interestingly, my colleague Clare McMahon, who is behind us, and I had the conversation this morning: we do not have enough physical resources in IT. We think that we need to look at that, and we could work with our colleagues in the South Eastern Trust to identify that resource. For us, Encompass is a patient safety system, but there are key links to staff well-being and staff availability, which are mixed across Encompass and the system that we are discussing.

At the minute, for example, we have different systems in all the hospitals in Belfast. To have one system and get all the people on it, we need to work with the other systems to get that right. Certainly, we need additional IT resources, and we are already having those conversations.

Mr Thompson: We have flagged that, at a later phase of Encompass, there will be a patient-booking platform within it. Hopefully, when it has been rolled out after a couple of years, vehicle registration details will be added when an appointment is booked, which will streamline the process.

Ms Flynn: Yes. If there is a timeline that you are working towards, Preeta, to get the contract in place, can the Committee see it?

Ms Miller: Yes.

The Chairperson (Ms Kimmins): That would be great.

Mr Robinson: I will be very quick because I am very conscious that we are way over time, Preeta mentioned PCNs. Will they be enforceable, similar to the way in which PCNs are enforced on DFI-owned land? Or, will the sites be deemed as being private land, in which case you will see a deluge of people seeking to challenge the PCNs?

Ms Creaney: We already use this approach on the Royal and City sites, and we do enforce it. We do give people the right to appeal. If I went to a clinic and thought that I would be three hours but took five hours and therefore did not pay enough for my car parking, we would not uphold that. We have a company that provides us with that service.

The Chairperson (Ms Kimmins): Finally, I know that Scotland has brought in this measure. Has there been any engagement with Scotland on how it is working. What has been the feedback from there?

Mr Thompson: I was chatting to a manager in NHS Lothian during the week. When the policy was introduced in that region, there were a lot of issues with congestion, and those issues remain. Alan Chambers made reference to Lothian, I think, having a 45-minute waiting time for ambulance services as a result of the congestion: the ambulances could not get on-site. So, there are real dangers if we do not plan for this properly. That is why we need the two years, not just to get the equipment in but to plan for the change. Scotland is over the hump, but it still sees an increased demand on the car parks as a result of the change. It is dealing with that consequence around the sites as well.

The Chairperson (Ms Kimmins): Thank you, all. We have run over time, but we do appreciate it. We will probably thrash this out a wee bit more in the debate next week.