House of Commons
Transport Committee

Ending the Scandal of Complacency: Road Safety beyond 2010

Eleventh Report of Session 2007–08

Report, together with formal minutes, oral and written evidence

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The Transport Committee

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**1 Introduction**

1. It will be fifty years this December since the first motorway opened in Britain.¹ In 1958 there were seven million motor vehicles licensed in Britain, resulting in the deaths of 6,000 people.² By 2007 the number of licensed motor vehicles and vehicle mileage covered had increased by 400%, yet deaths had halved to below 3,000 – the lowest figure since records began in 1926. This is a remarkable achievement by all involved, right across the road safety spectrum.³

![Figure 1: Road traffic deaths in Great Britain 1958–2007](image)

Sources: Department for Transport, Road Casualties Great Britain 2007: Annual Report, September 2008, Table 1a; and Department for Transport, Transport Statistics Great Britain 2007, November 2007, Table 8.1.

2. And yet, as is so often pointed out in progress reviews, the deaths of three thousand people and injuries to a quarter of a million are a staggering annual toll to pay for mobility. It is inconceivable that any transport system invented today would be accepted, no matter what its benefits, if it involved this level of carnage.

3. Our witnesses pointed out how road accidents have an impact on society on multiple levels. At a personal level, road deaths are devastating not only for the victims but also for the families and friends left behind. Professor Danny Dorling of Sheffield University told us that road accidents were the largest single cause of death for people between the ages of 5 and 35 in Britain.⁴ Road accidents cost our economy about 1.5% of GDP – some £18

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¹ The Preston Bypass was officially opened on 5 December 1958. It now forms junctions 29–32 of the M6.

² Department for Transport, Transport Statistics Great Britain 2007, November 2007, Tables 8.1 and 9.1. In 1958 there were 7,175,000 motor vehicles licensed, 107 billion vehicle billion kilometres and 5,970 people killed. In 2006 there were 33,369,000 motor vehicles and 511 billion vehicle kilometres; in 2007 2,946 people were killed.

³ Department for Transport, Road Casualties Great Britain 2007: Annual Report, September 2008. This annual publication is the main source of information about casualties. As the title suggests, it provides only basic information about casualties in Northern Ireland. The figures quoted in our Report are therefore mostly for Great Britain.

⁴ Ev 323
billion each year.⁵ Dealing with road safety is a major item of public expenditure⁶ that extends far beyond the budgets and boundaries of the Department for Transport and its agencies. This involves not only the local highway authorities, and health and police services but also others whose involvement may not be so well appreciated.⁷ The Fire and Rescue Service, for example, now spends a large proportion of its resources on dealing with road traffic collisions.⁸ Road safety also affects wider transport policy. Making pedestrians and cyclists feel safer is crucial to promoting walking and cycling.⁹ On the railways the largest risk of a catastrophic train accident comes from road vehicles, mainly at level crossings.¹⁰

4. Few people, if any, would argue that we should not try to reduce the number of people killed and injured on our roads. Yet road safety is a contentious issue. Relatives of those killed in traffic collisions call for radical measures whilst restrictions on the rights of individuals to take risks are often strongly resisted by some motorists.¹¹ Even after detailed analysis, it is not easy to prove exactly which measures are effective. The Netherlands has seen impressive reductions in road deaths between 2004 and 2006. Yet the Dutch road safety institute SWOV concludes that “It has not been possible to find an explanation for […] two-thirds of the decrease.”¹²

5. Even the meaning of road safety is disputed. For some, as implied by the Government’s casualty reduction target, safety is the absence of death and injury. By this count the UK does relatively well, with ‘only’ 5.4 deaths per 100,000 population – placing it sixth amongst European countries after Malta, the Netherlands, Norway, Sweden and Switzerland.¹³ In contrast, the USA has almost 15 deaths per 100,000 population. Yet for others, road safety implies freedom from the dangers associated with motor vehicles. These dangers may not always lead to accidents but the threat can impose restrictions on the people’s daily lives, particularly for children, older people and those wishing to walk or travel on two wheels. Some of our witnesses emphasised the need to reduce dangers at source and not to unduly restrict the freedoms of vulnerable road users, which may have other, undesirable consequences.

6. In this Report, we examine the progress made in reducing death and injuries and in reducing danger to vulnerable road users. We focus on the diverging trends between deaths and serious injuries. We then identify the key actions and delivery mechanisms that we believe are needed to reduce casualties dramatically beyond 2010. In particular, we highlight the need for a step-change in approach, overseen by a high-level independent body to ensure consistent, cross-departmental support.

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⁵ Ev 333
⁶ The Minister and official were unable to say what percentage of the Department for Transport’s budget was allocated for road safety. See Q 428.
⁷ Q 153
⁸ Ev 349
⁹ Q 312
¹⁰ Ev 315
¹¹ Ev 133
¹² “Why is the UK no longer number one for road safety fatalities?” Local Transport Today, 21 March 2008, pp14–17
¹³ Department for Transport, Road Casualties Great Britain 2007: Annual Report, September 2008, Table 51
2 Progress towards the 2010 targets

Setting the targets

7. In 1987 the Government set the first national road safety target: to reduce casualties by one third by 2000. This was seen as groundbreaking. The main target was exceeded and, by 2000, deaths had fallen by 39% and serious injuries by 45%. The overall number of accidents and of slight injuries, however, remained unchanged in the context of a 30% increase in the number of licensed motor vehicles and a 32% increase in vehicle miles travelled.14

8. The current targets for road casualty reduction in Great Britain were published in March 2000 in Tomorrow’s Roads – safer for everyone.15 This strategy, co-signed by the Minister for Road Safety in the Department of the Environment, Transport and the Regions and his counterparts in the Scottish Executive and National Assembly for Wales, set the targets to be achieved by the year 2010, taking the average of years 1994–98 as the baseline.16

9. The three targets for Great Britain were:

• A reduction of 40% in the number of people killed or seriously injured in road accidents;

• A reduction of 50% in the number of children killed or seriously injured (children are defined as being those aged under 16); and

• A reduction of 10% in the slight casualty rate, expressed as the number of people slightly injured per 100 million vehicle kilometres.

14 Department for Transport, Transport Statistics Great Britain 2007, November 2007, Tables 8.1 and 9.1
15 Department for Environment, Transport and the Regions, Scottish Executive and National Assembly for Wales, Tomorrow’s Roads – safer for everyone, March 2000
16 Major aspects of road safety have been devolved to the Scottish and Welsh administrations and road safety as a whole is devolved to the Northern Ireland Assembly. The Department for Transport has provided a detailed statement of the legislative and executive competencies of the devolved administrations with regard to road safety in Ev 357
Box 1: Definitions of “killed” and “injured” used in UK road casualty statistics

<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“Killed:”</strong></td>
<td>Human casualties who sustain injuries leading to death less than 30 days after the accident. (This is the usual international definition, adopted by the Vienna Convention in 1968.)</td>
</tr>
<tr>
<td><strong>“Serious injury:”</strong></td>
<td>An injury for which a person is detained in hospital as an ‘in-patient’, injury or any of the following injuries whether or not they are detained in hospital: fractures, concussion, internal injuries, crushings, burns (excluding friction burns), severe cuts, severe general shock requiring medical treatment and injuries causing death 30 or more days after the accident. An injured casualty is recorded as seriously or slightly injured by the police on the basis of information available within a short time of the accident. This generally will not reflect the results of a medical examination, but may be influenced according to whether the casualty is hospitalised or not. Hospitalisation procedures will vary regionally.</td>
</tr>
<tr>
<td><strong>“Slight injury:”</strong></td>
<td>An injury of a minor character such as a sprain (including neck whiplash injury), bruise or cut which are not judged to be severe, or slight shock requiring roadside assistance. This definition includes injuries not requiring medical treatment.</td>
</tr>
</tbody>
</table>

Source: Department for Transport 2008: Road Casualties Great Britain, Main Results 2007 (Definitions).

10. The setting of the targets was supported by considerable statistical and policy evaluation. The potential contributions to casualty reduction, beyond the existing trend lines, were calculated for a range of policy initiatives. These included additional measures to reduce drinking and driving, further work to improve secondary safety in vehicles, new road safety engineering schemes and safety on rural single-carriageways (which have a high rate of fatal accidents). Thus, the targets were not merely extrapolations of trends but ambitious statements of priority and intent.

11. Subsequently, in 2002, the road safety Public Service Agreement of the Department for Transport was enhanced to reflect the higher number of road casualties that occur in disadvantaged areas. It was agreed to achieve a higher level of reduction in disadvantaged areas – defined as the 88 Neighbourhood Renewal Fund areas.

12. Slightly different targets were set for Northern Ireland:
   - A reduction of one third in the number of people killed or seriously injured in road accidents; and
   - A reduction of 50% in the number of children killed or seriously injured.

These were to be achieved in the period 2002–2012 and measured against the 1996–2000 average.


18 Primary safety measures reduce the likelihood of a collision occurring; secondary safety measures prevent or reduce the severity of an injury in a collision.

13. The Government has continued to recognise improving road safety as one of its core transport objectives. Promoting safety, health and security is one of the five key objectives in *Towards a Sustainable Transport System*.\(^\text{20}\) Whilst this document does not elaborate on how the strategy for sustainable transport links with the road safety strategy, the intent at least is clear.

14. Some organisations have commented positively on how the Government has moved away from dealing with road safety in isolation and is increasingly linking it to other key policy areas, such as social inclusion, young people, and improved health.\(^\text{21}\)

15. **We commend the Government on having set and maintained ambitious road traffic casualty reduction targets.** We also commend it for recognising that road safety needs to be integrated with other important policy objectives such as promoting good health, reducing carbon-dioxide emissions, tackling deprivation and improving quality of life. The Government has not sought to reduce casualties by discouraging vulnerable road users from taking to the streets; but some trends, such as increased traffic, have had this effect. We recommend that in the forthcoming White Paper on sustainable transport, road safety objectives should be integrated with these wider objectives. We also recommend that the road safety strategy for beyond 2010 be explicitly set in the context of wider policy objectives. This should help to ensure that road safety is seen as relevant in other policy areas and that road safety policies do not have unintended consequences on other important objectives, such as improving public health by encouraging walking, cycling and play.

### Progress since 2000

16. The Government is on track to meet all its road safety targets by 2010.\(^\text{22}\) By 2007:

- the number of people killed or seriously injured was 36 per cent below the 1994–98 average;
- the number of children killed or seriously injured was 55 per cent below the 1994–98 average;
- provisional estimates show the slight casualty rate was 30 per cent below the 1994–98 average; and
- the additional target for reducing casualties in areas of deprivation was met in 2005.\(^\text{23}\)

17. Not surprisingly, the Government has tended to report this as “good progress”.\(^\text{24}\) In his evidence to us, the Minister, Jim Fitzpatrick MP, was more circumspect. He told us

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\(^{20}\) Department for Transport, *Towards a Sustainable Transport System*, Cm 7226, October 2007

\(^{21}\) Ev 187


In general terms, casualty reduction has been good but not good enough, particularly in terms of deaths. Our target was set in terms of the combined figure for deaths and serious injuries. The trend in these has diverged unexpectedly […]25

18. Those who have looked more closely at the figures have raised concerns. Two official reviews have been undertaken, in 200426 and 2007.27 The more recent review noted:

- good overall progress against the targets but serious injuries falling much more rapidly than deaths;
- little progress in reducing car user deaths;
- a significant rise in motorcyclist deaths;
- particular concerns about male drivers, younger drivers and rural roads; and
- possible changes in the level of accident reporting to the police, based on comparison of hospital and police data.28

19. A further report concluded that the casualty reductions anticipated in 2000 would not be achieved on current trends by 2010. Three policy measures had exceeded expectations: road safety engineering measures, improved secondary safety in cars and additional measures for speed reduction. However, in terms of casualty reductions from certain other major policy measures, little or no progress was likely to be achieved by the end of the target period due to a lack of initiatives.29 These were notably:

- improving safety on rural single-carriageway roads;
- reducing casualties in drink-drive accidents; and
- reducing the accident involvement of novice drivers.

20. The road safety target for deprivation was met in 2005. However, significant disparities remain in casualty rates according to levels of income. Child pedestrians from the lowest socio-economic groups are 21 times more likely to be killed in a traffic accident than those from the top socio-economic group.30 This inequality is not restricted to child pedestrians: less affluent car users are also at greater risk of death than the more affluent.31 Dr Christie felt that the target had not been sufficiently stretching and that, having achieved it, there

25 Q 356
28 Ibid, para 60.
was a danger that the problems would be overlooked.\textsuperscript{32} \textbf{We urge the Government to renew its focus on tackling the appalling level of child road traffic deaths associated with deprivation.}

\textbf{Reliability of data}

21. The Government’s assessment of “good progress” towards its main target (reducing the number of people killed or seriously injured by 40%) relies largely on the reduction in serious injuries, rather than deaths. There are approximately ten serious injuries reported for each death, so trends in serious injuries dominate the target. Whereas deaths have declined by 18\% since the baseline, serious injuries have declined by more than twice as much (37\%). This was not anticipated when the target was set.

22. The Government’s monitoring data are based on police records of road accidents and casualties on a form known as “STATS19”. The forms are collated by the local highway authorities and forwarded to the Department for Transport. It has long been known that not all accidents are recorded on the STATS19 system\textsuperscript{33} and that some accident types, such as pedal cyclist accidents, are disproportionately under-recorded (see Box 2). It has been assumed, however, that these data would give a robust picture of the trends (if not the absolute numbers), just as a sample survey should do. This assumption, sometimes referred to as the “trend defence”, rests on the underlying principle that, even if not all accidents are reported, the proportion which go unreported is likely to remain pretty constant. There is, however, increasing evidence that reporting and recording has changed over the period and that the STATS19 data do not give a reliable picture, particularly of the trends in serious injuries. Indeed, the trend defence is now challenged by some of the statisticians responsible for compiling the data.\textsuperscript{34}

\begin{table}[h]
\centering
\begin{tabular}{|l|}
\hline
\textbf{Box 2: Sources of under-reporting and under-recording of road accidents} \\
\hline
- Not all road accidents are “reportable”: for example, if no injury occurs. The requirements to stop, provide information and report a road traffic accident are set out in the Road Traffic Act 1988 (section 170), as amended by the Road Traffic Act 1991 (Schedule 4);  
- There is no legal obligation for drivers to report road accidents to the police, provided the parties concerned exchange personal details at the scene;\textsuperscript{35}  
- Some accidents that should be reported by drivers to the police are not reported. This may be because the driver is ignorant of the legal requirements or is reluctant to do so, for example, if the driver has been drinking or is uninsured;  
- The police do not record all accidents reported to them. Up to one fifth of casualties reported to the police are not recorded in the STATS19 system;\textsuperscript{36} and  
- It is often difficult for a police officer to judge whether a casualty should be classified as having a serious or slight injury (see Box 1). For example, the full severity of the injury may not be apparent until some time after the collision when the police officer is no longer present. Research has found that the police tend to underestimate the severity of the injury.\textsuperscript{37}  
\hline
\end{tabular}
\caption{Sources of under-reporting and under-recording of road accidents}
\end{table}

\textsuperscript{32} Qq 14–17  
\textsuperscript{33} For example, Bull, J.P. and Roberts, B.J, “Road Accident Statistics—A Comparison of Police and Hospital Information”, \textit{Accident Analysis & Prevention}, 5, 1973, pp 45–53.  
\textsuperscript{34} Ev 343  
\textsuperscript{36} Department for Transport 2007: Road Casualties Great Britain 2006, p 1  
\textsuperscript{37} Ward, H (2006), op.cit.
23. There are a number of reasons to believe that the actual decline in serious injuries is not as great as that recorded in STATS19 statistics:

- Hospital data suggest that serious injuries are not falling.\(^{38}\) There are differences in the criteria and hospital data are not necessarily ‘correct’ but this divergence has been confirmed by a number of in-depth studies.\(^{39}\) Personal injury insurance claims are rising\(^{40}\) and collisions attended by the Fire and Rescue Service have not shown a decline.\(^{41}\)

- Over long periods the ratio between deaths and serious injuries has been 11–13 serious injuries for each death. Yet since 2000 the ratio has declined almost every year, without explanation, so that now there are only 9 serious injuries reported for each death.\(^{42}\)

- Improvements in medical care can be expected to have saved the lives of some road accident victims who would previously have died. The number, however, is disputed. The College of Emergency Medicine says that advances in medical care have had a considerable impact in recent years\(^{43}\) whilst the Minister told us that this has made little difference to the casualty figures.\(^{44}\) Life-saving medical care would tend to reduce the figure for deaths but not for serious injuries.

- Witnesses representing the police pointed out that the police tended to report only those accidents that they attended and that a reduction in the number of roads police officers had led to a reduction in accident reporting.\(^{45}\)

- Analysis of serious injury records shows that it is the less severe ‘serious injuries’ which are declining more rapidly than the more severe ‘serious injuries’.\(^{46}\) These are also the types of injury less likely to be reported to the police.

24. We asked many of our witnesses why serious injuries appeared to have declined so rapidly whilst deaths had not. Mr David Lynam of the Transport Research Laboratory (TRL) thought that there had been some changes in policy and in vehicle design that might explain a small increase in the chance of fatal outcomes but “that is explaining only a proportion of the difference we see.”\(^{47}\) No-one was able to offer a more convincing explanation, other than the possibility that reporting rates had changed. The Transport

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\(^{40}\) Q 63. This could be a result, at least in part, of changes to the law relating to personal injury and the introduction of conditional fee agreements.

\(^{41}\) Q 187 and Ev 349

\(^{42}\) Ev 272

\(^{43}\) Ev 346

\(^{44}\) Q 438; Ward et al.; *Fatal injuries to car occupants: Analysis of health and population data*, Department for Transport Road Safety Research Report no 77, 2007

\(^{45}\) Qq 167–168 [Mrs Jan Berry of the Police Federation and Chief Constable Steve Green of ACPO]


\(^{47}\) Qq 22–26 [Mr Lynam]
Research Laboratory investigated possible explanations, particularly seat-belt wearing rates and an increase in ‘unsurvivable’ accident types, but found that these did not explain the divergence. 48 An analysis of Scottish casualty data found that, relative to hospital records, police reporting rates fell substantially between 1997 and 2005. 49

25. The Department for Transport has acknowledged weaknesses in the police data and publishes caveats with the relevant statistics. For example:

“[…] research has shown that an appreciable proportion of non-fatal injury accidents are not reported to the police. […] up to a fifth of casualties reported to the police are not included in the statistical return. Moreover, studies also show that the police tend to underestimate severity of injury because of the difficulty in distinguishing severity at the scene of the accident.” 50

26. Differences between police and hospital records are not peculiar to road-traffic casualties: there is a similar discrepancy in the recorded numbers of injuries due to violence. 51 The Department has commissioned research to further compare police and hospital casualty data. This shows a decline in the rate of reporting of serious injuries. 52

27. The reporting of accidents involving only slight injuries has always been acknowledged to be less robust than that for more serious injuries. Furthermore, the reporting of slight injuries also appears to have declined. 53 Although slight injuries are still an important issue, particularly for vulnerable road users, 54 our witnesses generally attached little credence to the slight injury target.

28. The Department for Transport seems reluctant to contemplate that all these findings might imply some fundamental problems. “We do not see it as a major problem, but there is a discrepancy. […] We are very happy with the STATS19 figures we get from the police and have no reason to doubt that they are not in about the right place […].” 55

29. Up to this point we have accepted the assurances of the Government that its casualty data were robust and that good progress was being made on bringing down the number of people killed or seriously injured. Given the significant yet unexplained divergence in the trends for deaths and serious injuries, and given the growing body of evidence of changes in the reporting rates, we can no longer conclude that good progress is being made on casualty reduction. Indeed, we are worried that Ministers are not challenging their officials sufficiently and that policy-makers and practitioners are being lulled into a false sense of security.

50 Department for Transport, Road Casualties Great Britain 2007: Annual Report, September 2008, p 1
51 Q 24
53 Q 22
54 Ev 179, 184
55 Q 400
30. The reality is that STATS19 is a system for recording accidents reported to the police, in order to assist with road safety measures. It is well established that some common categories of injury-accident are disproportionately under-recorded. It was never designed to be a scientific method for recording overall trends in accidents or casualties. It is neither a census of all accidents, nor a properly structured sample.

31. The Government should establish a British Road Safety Survey to track overall casualty and safety trends. This would be a structured survey, gathered from a statistically significant sample of households, similar to the National Travel Survey. It would, therefore, not rely on levels of reporting by road users or police. It would be akin to the British Crime Survey which is seen as a more reliable long-term monitor of crime than the police crime statistics. This would involve original survey work, and might also draw on existing data sources, including police, hospital and insurance company data, to obtain a more rounded picture. A survey would have the additional benefit of being able to monitor attitudes to road safety including, for example, the fears of vulnerable road-users.

32. Chief Constable Steve Green of the Association of Chief Police Officers emphasised that the police were not deliberately misreporting or under-recording road casualty data.

One thing I would say absolutely categorically is there is no organised conspiracy to under-record. There is no incentive to do so because there is no result at the end of it, partly because so little priority is given to road safety in the Home Office list of priorities.56

33. Other witnesses emphasised the value and quality of STATS19 data for a range of practical purposes.57 We make no criticism of the police with regard to STATS19 reporting. The police have no mandate to seek out unreported accidents, nor the time or qualifications to make complex assessments of the severity of injuries. Equally, we accept that STATS19 data provides some valuable information.

34. There is a significant body of evidence to suggest that the current methods for recording road-traffic injuries are flawed. We recommend that the Government commissions an independent review of the STATS19 system in order to establish its strengths and weaknesses, bearing in mind our recommendation above for a British Road Safety Survey. The review should also examine ways in which the system could be simplified, with a view to promoting greater consistency, and consider ways of routinely linking police and hospital data.

Reductions in road deaths

35. Whereas we have reservations about the accuracy of the serious injury data, there seems to be agreement that few, if any, deaths go unrecorded. These give a less controversial account of the Government’s success with reducing casualties. The reviews of 2004 and 2007 noted the disappointing progress in reducing deaths.

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56 Q 168 [Mr Green]
57 Ev 297
36. The casualty figures for Great Britain for 2007 were significantly different to previous years in that the number of deaths fell sharply. Compared with 2006:

- overall deaths fell by 7%, contrasting with only 11% in the previous ten years;
- the number of child deaths fell by 28% to its lowest ever total; and
- deaths among car users declined by 11%.

The 2007 figures are extremely welcome.

37. The Minister was understandably wary about placing too much emphasis on a single year and there has not been time for the data to be fully analysed to see if there are particular reasons for them. It remains to be seen whether this represents the result of particular events, a random fluctuation, or the start of a new trend.

38. The changes in deaths over the whole period, compared to the 1994–98 average, are shown in Table 1. This shows that 632 fewer people (18%) died on the roads in 2007.

Table 1: Change in deaths by road user group, 1994–98 average to 2007

<table>
<thead>
<tr>
<th>Road user group</th>
<th>1994–98 Average</th>
<th>2007</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedestrians</td>
<td>1008</td>
<td>646</td>
<td>-362 (-36%)</td>
</tr>
<tr>
<td>Cyclists</td>
<td>186</td>
<td>136</td>
<td>-50 (-27%)</td>
</tr>
<tr>
<td>Motorcyclists</td>
<td>467</td>
<td>588</td>
<td>+121 (+26%)</td>
</tr>
<tr>
<td>Car users</td>
<td>1762</td>
<td>1432</td>
<td>-330 (-19%)</td>
</tr>
<tr>
<td>Bus &amp; Coach</td>
<td>20</td>
<td>12</td>
<td>-8 (-40%)</td>
</tr>
<tr>
<td>LGV &amp; HGV</td>
<td>118</td>
<td>110</td>
<td>-8 (-7%)</td>
</tr>
<tr>
<td><strong>All users</strong></td>
<td><strong>3578</strong></td>
<td><strong>2946</strong></td>
<td><strong>-632 (-18%)</strong></td>
</tr>
</tbody>
</table>


39. Excluding bus and coach users where the numbers are very small, the biggest absolute and percentage fall is in pedestrian deaths, which have declined steadily, by 36% over the period. Cyclist deaths have also declined substantially, by 27%. The distances walked and cycled per person have stayed fairly constant over the period but total distances travelled by these modes have increased due to growth in the population. The percentage reductions in child pedestrian and cyclist deaths are even greater (Table 2). There is, however, some evidence that part of the reduction is due to increased restrictions on the independent

58 Qq 413–415

59 Road deaths have also declined sharply in the USA in 2007/08. This has been attributed to a reduction in risky driving behaviour and less driving by those with higher accident rates, as a result of increased fuel prices. See Sivak, M, Is the U.S. on the path to the lowest motor vehicle fatalities in a decade? UMTRI– 2008– 39, Michigan University, July 2008.

60 Ev 105
mobility of younger children, something that the National Travel Survey is not designed to monitor.

40. Car user deaths, particularly car drivers, had reduced by only 9% prior to 2007. As this is the largest fatality group, it is particularly worrying. In 2007 there was a sharp fall giving a 19% reduction over the whole period.

41. The figure that most stands out is the 26% increase in motorcyclist deaths. The amount of motorcycling has increased over the period but so too have the amounts of driving, walking and cycling whilst the numbers of deaths for these groups has reduced.

42. Accidents involving young drivers, particularly young males, are also a major concern. We have previously drawn attention to it in our Report Novice Drivers which showed that:

- 27% of 17–19 year-old males are involved in a road collision as a driver in their first year of driving; and
- one in eight driving licence holders is aged under 25, yet one in three drivers who die in a collision is under 25, and almost one in two drivers killed at night is under 25.

Despite the improvements in 2007, drivers aged between 16 and 29 years still make up 42% of all driver deaths. We highlight this issue again in paragraphs 67–77 below.

Table 2: Change in child deaths, 1994–98 average to 2007

<table>
<thead>
<tr>
<th>Road user group</th>
<th>1994–98 Average</th>
<th>2007</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedestrians</td>
<td>133</td>
<td>57</td>
<td>-76 (-57%)</td>
</tr>
<tr>
<td>Cyclists</td>
<td>43</td>
<td>13</td>
<td>-30 (-70%)</td>
</tr>
<tr>
<td>Car users</td>
<td>77</td>
<td>45</td>
<td>-32 (-42%)</td>
</tr>
<tr>
<td>Others</td>
<td>82</td>
<td>51</td>
<td>-31 (-38%)</td>
</tr>
<tr>
<td><strong>All users</strong></td>
<td><strong>260</strong></td>
<td><strong>121</strong></td>
<td><strong>-139 (-53%)</strong></td>
</tr>
</tbody>
</table>


43. Safety – as opposed to the mere absence of accidents – can be measured by casualty rates based on distance travelled. The fatality rates for different users are shown in Table 3 below. These show that over the period 1997–2006 the fatality rate has fallen for each of the main user groups, but more steeply for pedestrians and pedal cyclists.

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61 Q 337 [Mr Voce]; also Cycling England, Cul-de-sac kids survey, March 2008
Table 3: Deaths per billion passenger kilometres

<table>
<thead>
<tr>
<th>Road user group</th>
<th>1997</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedestrians</td>
<td>57</td>
<td>36</td>
</tr>
<tr>
<td>Cyclists</td>
<td>45</td>
<td>31</td>
</tr>
<tr>
<td>Motorcyclists</td>
<td>119</td>
<td>107</td>
</tr>
<tr>
<td>Car users</td>
<td>3</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Source: Road Casualties Great Britain 2007, Table 52

International comparisons

44. Compared to many other countries, the UK has a low number of road deaths relative to its population. Its position, however, has been slipping. In 2001 it was second behind Malta in a table of 29 nations compiled by the European Transport Safety Council. By 2006 it was down to sixth, behind Malta, the Netherlands, Sweden, Switzerland and Norway. Of the top ten nations, all had made bigger percentage reductions in deaths than the UK.

45. Mr Fred Wegman, Managing Director of the Netherlands road safety institute SWOV, told us that

“Until 2000 we were always looking to the United Kingdom when it came to road safety. You were the inventors of many good activities and policies. All of a sudden, somewhere in 2000, you stopped doing things and we [the Netherlands] continued with our efforts.”

46. His view is echoed by others with an international perspective. Many of our witnesses suggested that the UK could learn most about road safety from the examples of the Netherlands and Sweden, and in different ways, France and Germany.

47. Along with the evidence provided by our witnesses, we have used the above tables on road deaths to identify priorities for the future. We set these out below.
3 Priorities beyond 2010

Systems approach

48. Those countries that have adopted the most ambitious visions for road safety have also adopted a systems approach. Rather than tackling one-off problems, the systems approach takes a more fundamental and integrated approach to designing out the possibility of deaths and serious injury. The vehicle, the road infrastructure, regulations and driver training are designed to similar safety and performance standards. For example, the speed at which airbags are operational should be compatible with the maximum speed of the vehicle.

49. This approach is almost routine in other transport modes. It has been described by safety expert James Reason as the ‘Swiss cheese’ approach whereby it is made almost impossible for an event to pass directly through the holes in the system and emerge as a serious accident, due to the multiple safety barriers designed to block it. This is more than just “taking a holistic approach”.

50. The UK has tended to take a pragmatic, problem-solving approach to road safety, such as treating sites with accident clusters. This has had good results, but as these sites diminish, more difficult, diffuse problems remain. These require a different approach.

51. The systems approach to road safety, now adopted by the Netherlands, Sweden and elsewhere is different to that pursued by the UK. We believe that it is time for the UK to move towards this more fundamental approach which is accepted for other transport modes. The Department for Transport needs to explore this approach further and to engage the public in a discussion of the ideas and implications.

Roads

52. The UK’s roads are some of the busiest in Europe. Part of the difficulty of reducing casualties and improving the safety of places where people live and work is due to the density of our population and the historic road network that brings heavy traffic into close proximity with pedestrians, cyclists and other vulnerable road users. Many city streets and rural roads are simply not designed for the volumes of traffic they now carry.

53. The Eddington study showed the benefit of roads investment to the economy. Some aspects of the UK’s performance on road safety are weak due to inadequate investment in transport infrastructure. More investment is needed in the road network to take unsuitable traffic out of residential areas and to reduce the serious casualty toll on some rural roads.
However, diverting road safety budgets to new road building would not be the most cost-effective way of reducing casualties.

54. Local highway authorities have been effective at treating locations where accidents have clustered. Because of their success there are now fewer treatable sites, and those that remain often require more costly treatment to save a smaller number of accidents. More systematic approaches to improving the safety of our road infrastructure are needed to reduce the possibility of death or injury occurring.

55. Whilst some casualties are the result of deliberate recklessness or rule-breaking by road users, many are the result of momentary lapses of concentration or a coincidence of events:

   We can no longer say in the future that we are just looking for violators. Half, if not more, of our problem is related to people like you and me having a crash. […] That is why we are in favour of something like a “forgiving road” – forgiving of your errors.\(^1\)

56. A disproportionate percentage of collisions and fatal or severe injuries occur on rural roads. Progress with tackling these accidents has been disappointing.\(^2\) The Road Safety Foundation claims that investing in the ‘forgiving’ engineering measures would yield first-year rates of return of 300%.\(^3\) The Minister has expressed guarded support.\(^4\) There are issues to resolve, such as the visual impact on the environment, and the capacity of the road safety engineering profession to deliver these schemes. There may also be questions about the priorities: should money be spent on protecting road users from their own mistakes, such as drivers colliding with road-side objects; or should it be spent on protecting road users (particularly vulnerable road users) from risks imposed by other road users?

57. \textbf{The emphasis needs to shift from treating localised problems to one of long-term improvements to the safety of the infrastructure. At the same time, it is essential that a multi-disciplinary approach is taken to ensure that safety measures are compatible with a good quality local environment.}

58. The safety benefits of lower speeds—20 mph or below in residential areas, town centres and around schools—have long been recognised by the Department for Transport. Progress has been made with tackling inappropriate speed and many areas have been traffic calmed, with 30 mph or 20 mph limits. Yet this has been a slow and expensive process and, although effective in engineering terms, they have rarely enhanced the attractiveness of our streets in the way that schemes in other countries have done.\(^5\) Britain has lacked boldness and the pace of change has also been slow. The German state of North Rhine-Westphalia introduced 10,000 home-zones by 1991 and Graz (Austria) made the whole city 20 mph in 1992.\(^6\) These things have been achieved in only a handful of UK

\(^1\) Q 224 [Mr Wegman]


\(^3\) Mr J Dawson, Chairman of the Campaign for Safer Road Design at the campaign launch, House of Lords, 8 July 2008.

\(^4\) Jim Fitzpatrick MP: Speech at the launch of the Road Safety Foundation’s Campaign for Safer Road Design, House of Lords, 8 July 2008.

\(^5\) Ev 179

\(^6\) Q 205 [Professor Whitelegg]
towns and cities, such as Hull and Portsmouth. The charity Sustrans has pioneered “Do it Yourself Streets”\textsuperscript{77} which, according to Mr Voce, have proved effective for a fraction of the cost of conventional home zones.\textsuperscript{78} However, these are isolated initiatives.

59. Much wider use of 20-mph limits is supported by groups representing vulnerable user and by many other organisations who presented evidence to our inquiry. The Parliamentary Advisory Council for Transport Safety (PACTS) recommends 20 mph as the default speed limit in all built-up areas.\textsuperscript{79}

60. Ways must be found to satisfy the desires of local communities for safer streets. We recommend that local authorities be given the powers and resources to introduce 20-mph limits much more widely. Flexibility is required to avoid the prohibitive costs associated with some approaches. The balance of engineering measures, technology, policing and community influence should be a local matter. Systems, however, must not rely on high levels of fines or draconian enforcement.

### Vehicles

61. The driving environment is likely to be very different in ten years’ time. Climate change policies, higher oil prices, an ageing and increasing population, security considerations, and many other factors may become increasingly influential.

62. Future vehicles are likely to incorporate many new technologies, possibly including intelligent speed limiters, automatic crash avoidance, and even driverless cars.\textsuperscript{80} We considered some of these in our Report \textit{Cars of the future}.\textsuperscript{81} Some vehicles are already fitted with systems such as electronic vehicle stabilisation, data-recorders and pre-ignition breath tests (‘alcolocks’). These and other technologies could play a significant role in reducing casualties.\textsuperscript{82}

63. Most of the new technologies are market-driven. Motor manufacturers and technology specialists are understandably keen to promote them, not least because they can give new cars a commercial advantage. The motor industry is frustrated that technologies that might save lives are not more readily adopted because of additional costs to the driver.\textsuperscript{83}

64. Professor Oliver Carsten of Leeds University points out that independent evaluation of these technologies, often carried out at EU level, has sometimes been “remarkably thin” and that “reliance on the vehicle manufacturers to promote new systems may not lead to the most beneficial deployment path in safety terms”.\textsuperscript{84} We welcome the publication by the

\textsuperscript{77} www.sustrans.org.uk/diystreets
\textsuperscript{78} Q 317 [Mr Voce]
\textsuperscript{79} PACTS, \textit{Beyond 2010 – a holistic approach to road safety in Great Britain}, 2007, p33. The Director of PACTS, Robert Gifford, is a Specialist Adviser to this Committee and has contributed to its work on this inquiry.
\textsuperscript{80} Ev 278, 312
\textsuperscript{81} Transport Committee, Seventeenth Report of Session 2003–04, \textit{Cars of the Future}, HC 319, 8 November 2004
\textsuperscript{82} Ev 143
\textsuperscript{83} Ev 312
\textsuperscript{84} Ev 243
Department of the research into intelligent speed adaptation (ISA). However, we are disappointed that the Government is reluctant to take a lead on this issue by, for example, requiring the fitting of ISA in its own vehicle fleet. While consumer pressure is important, the suggestion that a significant safety feature can be left to the market leaves open the conclusion that the Government is not taking safety seriously.

65. The safety benefits of new technologies do not always materialise in practice as road users may not respond to them as hoped. Initial research into the implementation of anti-lock braking found that cars with ABS continued to be involved in as many accidents as those without. However, that position improved as the technology became more prevalent within the car fleet.

66. The Government should take a more proactive approach to determining the safety benefits of new vehicle technologies. It should make clear which ones it believes have most safety benefits and encourage their adoption into the UK vehicle fleet. The Government should use the various tools at its disposal, including fiscal and financial incentives, to encourage employers to use vehicles with additional proven safety features. Government departments and agencies should also give a lead in their fleet purchasing decisions. This would help to reduce work-related casualties and speed up the adoption of these features into the wider UK vehicle fleet.

**Young drivers**

67. The continuing challenge of young drivers is clear. In 2005, there were 1,077 road deaths in crashes involving a driver aged between 17 and 25. Of the dead, 377 were drivers in that age group. Young drivers, especially those under 20 years of age, are nearly 12 times more likely than those aged 35–65 to have caused a fatal accident than to have been innocently involved in one.

68. Young men are disproportionately more involved in the most serious traffic offences. In 2004, of 384 findings of guilt for causing death or bodily harm, 25% were male drivers under the age of 21. 33% of those found guilty of dangerous driving were males under 21.

69. The safety of young and novice drivers is of great concern to us and others. It was the subject of an earlier report by the Committee and of two Westminster Hall debates this year. The Government has responded with its consultation document, Learning to Drive. This proposes additional steps prior to fully qualifying as a driver but does not accept any of the restrictions on young drivers, such as a ban on carrying passengers that we

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88 Ev 156
recommended in our Report on Novice Drivers.\textsuperscript{92} It is unlikely that any changes proposed in Learning to Drive could be adopted before 2011. When and by how much this might lead to a reduction in young drivers involved in serious accidents is uncertain.\textsuperscript{93} The proposals place a great deal of faith in improved training overcoming what some witnesses see as genetically-programmed “caveman tendencies” in young men.\textsuperscript{94}

70. The links between deprivation, acquiring a licence, affording vehicle insurance, and unsafe driving came through strongly in the evidence that we heard.\textsuperscript{95} This is a complex area, much of it outside the remit of the Department for Transport. The Fire and Rescue Service, for example, plays an increasing role in road safety for young people who are not in education or training.\textsuperscript{96} Our witnesses were clear that this was a vital area to tackle, through a multi-agency approach, from both the road safety perspective and that of tackling wider social issues.\textsuperscript{97} This might include organisations such as the Road Haulage Association which suggests that lorry drivers could provide positive role models.\textsuperscript{98}

71. There are clear links between uninsured and unlicensed driving, and crash involvement. A twin-track approach is needed. The Government should encourage greater partnership working at local level to prevent offending by young people. At the same time, greater levels of enforcement are needed to prevent uninsured and unlicensed driving. The Committee recommends the Department for Transport identify projects of this type that have been successful and disseminate these more widely.

72. We do not wish to stigmatise young drivers. The dice are often loaded against them: not only are they less experienced but they also tend to drive older, smaller and less well-protected vehicles.\textsuperscript{99} They drive more at night and with passengers who may distract them. The fact remains, however, that young drivers – particularly young male drivers – represent a disproportionate risk to road users, including themselves and those travelling with them.

73. Whilst we welcome the Government’s move to raise driving standards we have some concerns. Firstly, the proposals do not address the urgency or gravity of the situation. The

\begin{itemize}
\item evaluate the enforceability of two blood alcohol concentration limits: one for novice drivers, one for the general driving population; (Paragraph 109)
\item reduce the permitted blood alcohol concentration from 0.8g/l to zero (or 0.2g/l) for novice drivers; and tackle drink-driving through ongoing publicity and enforcement campaigns targeted at all drivers; (Paragraph 110)
\item prohibit novice drivers from carrying any passengers aged 10–20 years, between the hours of 11 p.m. and 5 a.m.; (Paragraph 113)
\item undertake research on what combination of restrictions in a graduated driver licensing system would be most effective in reducing road death and injury among novice drivers, but not delay implementation. (Paragraph 115)
\end{itemize}

\begin{footnotes}
\item The Report recommended that the Government:
\item Q 385
\item Ev 283
\item Q 43 [Dr Christie]
\item Q 175 [Mr Smith]
\item Q 104 [Ms Ward]
\item Ev 256
\item Q 88
\end{footnotes}
scale of casualty reduction that *Learning to drive* will achieve is unclear and benefits will be long-term at best. The proposals are most unlikely to have an immediate impact in the way that restrictions on carrying passengers would do. Secondly, despite the Minister’s assurances, we believe there is a risk that the cost of acquiring a driving licence will rise and thereby exclude significant numbers of people, thereby reducing social inclusion and encouraging unlicensed driving.  

74. We are also unconvinced by the Government’s contention that, under the proposed scheme, newly-qualified drivers will be as competent as experienced drivers. We believe there will inevitably be a post-qualification period in which further valuable experience is gained and that some restrictions on newly-qualified drivers are both justified and reasonable. These would reflect not only the driver’s reduced experience but also the higher levels of risk, responsibility and distraction that young drivers often face.

75. **We support the Government’s efforts to revise the driver training system and to place greater emphasis on attitudes and behaviours as well as driving skills. The proposals in Learning to Drive are steps in the right direction, but we are not confident that they will be sufficient to arrest the carnage of young drivers on our roads. We recommend that the Government takes bolder and more urgent steps to cut the number of collisions involving young drivers, particularly young men. We urge that it reconsiders its response to our recommendations in *Novice Drivers* regarding a graduated licensing scheme and, in particular (p36), restrictions on young drivers carrying teenage passengers between the hours of 11pm and 5am.**

76. Some councils see pedestrian and cycle training as a valuable precursor to learning to drive. Nottingham City Council is preparing to pilot LifeCycle – a structured cycle training programme for children from the age of five until they become competent to take part in Cycling England’s Bikeability courses. The council anticipates that early and then staged interventions are likely to produce a more risk averse, disciplined future adult vehicle user.  

77. **More link-up is needed between the various road safety education programmes. It is disappointing that, in a relatively wide-ranging review of driver training, the Government has not consulted on the possibility of strengthening links between driver training, and pedestrian and cyclist training in the ways that some local authorities are doing.** We recommend that the Department for Transport and the Department for Children, Schools and Families consider ways in which a range of road-user training schemes might be targeted at school students of the appropriate ages.

**Vulnerable road users**

**Motorcyclists**

78. The substantial rise in the number of motorcyclist deaths stands out in stark contrast to the reduction in deaths for all other road user groups. On current trends motorcyclist
deaths will soon exceed pedestrian deaths. The casualty rate for motorcyclists (in terms of deaths per 100,000 kilometres travelled) is over 40 times that for car users (Table 3).

79. The Motorcycle Action Group (MAG) told us that other European countries, which have higher rates of motorcycle use, have lower motorcycle collision rates because drivers are more aware of motorcyclists. MAG believes that up to the mid-1990s motorcyclists were given no official consideration but progress is now being made “[…] with the Government’s Motorcycling Strategy and with more local authorities beginning to think seriously about motorcycling [but] we are way behind the game.”

102 The Government has set up a national advisory committee and is working with a range of interests to ensure that motorcycling is seen as a central part of road safety policy.

80. We have previously drawn attention to the dreadful motorcyclist casualty rate and we have called for radical action. The various parties now recognise the issue and seem to be working together on the problem. However, the statistics show how much remains to be done.

81. **We recommend that the Government redoubles its efforts to improve the safety of motorcyclists and to ensure that their safety is seen as central to its road safety strategy. This needs to be communicated effectively to all parties involved with road safety.**

82. **The causes of motorcyclist accidents and remedial measures need to be thoroughly investigated and the results communicated to road safety professionals, motorcyclists and other road users.**

*Child pedestrians and cyclists*

83. The view of many of our witnesses was that the UK’s record on the safety of child pedestrians and cyclists was disappointing. This is confirmed by the Government’s own assessment. The significant reductions in child deaths, particularly in the past few years, show encouraging progress, although some of this appears to be due to increased restrictions on children’s mobility, which might in turn have negative consequences such as increased child obesity.

84. It is also clear that cossetting children from traffic and depriving them of the opportunity to learn about risks and road skills is not a sensible or responsible approach. In many cases, this merely defers the danger to later in the child’s life. Mr Armstrong of Living Streets highlighted how the incidence of serious accidents suffered by children doubles between the ages of 10 and 11 years. Living Streets believes this to be because many primary school children are driven to school but then travel independently to secondary school, without having had the opportunity to develop adequate road safety skills.

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102 Q 244 [Mr Brown]
103 Q 435
105 Q 10
107 Q 315 [Mr Armstrong]
are other good reasons why children need independent mobility and physical activity, including preventing obesity and developing as confident, independent young people. The Government has recognised this in its Fair Play strategy launched in April 2008. 108

85. The fatality rates for child pedestrians and child cyclists in 24 countries are shown in Table 4. As the amount of cycling varies considerably across countries, the combined pedestrian-cyclist fatality rate probably best describes the safety of child road-users. Great Britain is ranked 9th and the UK is 11th. The safety of children in Northern Ireland is particularly poor, with only the Republic of Korea (South Korea) having a worse death rate.

86. We have noted earlier the strong links between deprivation and child casualties. Dr Christie was clear that the most important measures needed in poorer areas were improvements to the local environment to calm traffic and to create safer places for children to play. Involving the local community and strengthening neighbourhood policing are also important. 109

87. It is important to distinguish between casualty reduction and danger reduction: the absence of death or injury does not necessarily imply a safe environment. Professor Whitelegg of Liverpool John Moores University was critical of dangers faced by vulnerable road users in the UK, particularly child pedestrians and cyclists. Other European countries, such as Sweden, Denmark, Germany and the Netherlands, have gone much further than the UK in adapting their urban areas for safer walking and cycling. Dutch children spend around half their pedestrian time in traffic-calmed streets compared with only 10% in England. 110 Mr Sinclair of Help the Aged said that both older as well as young people benefited from safe, well designed communities. 111

109 Qq 17–20
110 Ev 175
111 Q 315 [Mr Sinclair]
Table 4: International child fatality rates 2005

<table>
<thead>
<tr>
<th>Country</th>
<th>Pedestrians aged 0–14</th>
<th>Cyclists aged 0–14</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iceland</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Norway</td>
<td>0.11</td>
<td>0.00</td>
<td>0.11</td>
</tr>
<tr>
<td>Sweden</td>
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<td>0.25</td>
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<tr>
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<td>Republic of Korea</td>
<td>2.10</td>
<td>0.23</td>
<td>2.33</td>
</tr>
</tbody>
</table>

Source: Department for Transport 2008 (requested by the Committee)

88. The UK is unusual in not having compulsory road safety education in schools. The Department for Transport has been supporting the development of ‘Kerbcraft’ pedestrian training and, more recently, ‘Bikeability’ cycle training. Both these initiatives are welcome, though long overdue. The amount of formal pedestrian or cyclist training is increasing although there seems to be a lack of awareness about the extent to which they are being delivered. We recognise the important role that parents play in training their children to be safe road users but this needs to be supported with more formal training.

89. It is unsatisfactory that so few children are given pedestrian or cycle training at school. Whereas there is a plethora of statistics on school-related matters, the

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113 Q 194; Q 389
percentage of children receiving road safety training is not monitored. We welcome the Department for Transport’s support for Kerbcraft and, more recently, for Bikeability training. However, the Government should frame its targets in terms of the percentage, rather than the absolute number, of children in the target age group to be trained. The timescales for implementing these schemes must be reduced; and they should be properly monitored and supported with long-term resources to ensure that they are available to all children. We recommend that the Government investigates the effects that the compulsory wearing of cycle helmets by children would have on casualties.

90. Many organisations are involved with various forms of road safety, publicity, education and training for young people. These include the Red Cross, Fire and Rescue Service, Police and local authority road safety officers. The variety of organisations and approaches is a strength but it is not clear that these efforts are coordinated to best effect.

91. We note that there is a wealth of educational materials aimed at pre-school and primary age youngsters. However, we are concerned that similar efforts have not been made to produce material for pupils in secondary school. We believe that there needs to be a more co-ordinated approach to the provision of such materials and a consolidated approach to risk education across the age range.

Other vulnerable road users

92. The daily lives of many vulnerable road users are affected by safety issues that do not appear in the mainstream road safety statistics. These may not involve dramatic collisions but they can still lead to injury and even death.

93. According to a survey by Help the Aged, some 2.5 million people aged over 65 have fallen on damaged or uneven pavements in 2007. Of those, one third had to visit a hospital as a result, at a cost of around £1 billion to the NHS. Poor quality pavements are also particularly hazardous to visually-impaired pedestrians. Poor road surfaces are estimated to cause 7% of cyclist casualties. These appear in hospital casualty statistics but only rarely in the STATS19 data. The CSS highlighted “increasing concern amongst local highway authorities about the level of funding for road maintenance, not just for ensuring the structural integrity of the network, but to maintain safety standards.”

94. The British Horse Society is also concerned that the extent of collisions involving horses and vehicles is not reflected in the STATS19 statistics. The Society estimates that at least 3,000 road accidents every year involve horses but only those in which a person is injured are recorded, regardless of the injury to the horse. It is seeking better monitoring in official statistics and greater awareness by drivers of horses.

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114 Ev 122
115 Q 321
116 Ev 203
117 Information provided by CTC based on survey of 923 cyclists, October 2008.
118 Ev 324
119 Ev 196
95. Elsewhere in this Report, we have identified the apparent mismatch between data sets in terms of the number of actual casualties compared with those recorded. We believe that it is important for local highway authorities to have as accurate a picture as possible of the number of people killed or injured in their area and of the costs of preventing these injuries. We encourage these authorities to gather and publish such information in addition to the STATS19 data.

96. As cycling increases, there are concerns about the behaviour of some cyclists, particularly adults, who evidently have not received adequate cycle training, if any. They pose a risk to themselves and sometimes to others. **We recommend that cycle training should be offered as an alternative to fines for offending cyclists, just as driver retraining courses are now commonly offered to motorists who commit minor traffic offences.**

### Older drivers

97. There are now more older drivers, who are driving further. Between 1995 and 2005, people aged over 70 increased the average distance that they drove by 65%. Many organisations who provided evidence stated that older drivers should be a priority for a future road safety strategy.

98. PACTS describes the issues as follows:

> The implications of these travel patterns for road safety in an ageing population are profound. Although there is little evidence of an increase in the incidence of road traffic accidents, older people are more fragile than their younger counterparts – they injure more easily, their injuries are more severe and heal less quickly. Compared with drivers aged 20–50 years, older people’s fragility increases their risk of fatal injury by 1.75 times for drivers aged 60+, by 2.6 times at 70 and by over 5 times for drivers aged 80 and above.

People aged 60+ account for:

- 10% of all casualties, but 21% of deaths;
- 13% of pedestrian casualties, but 40% of pedestrian deaths; and
- 10% of all driver casualties and 20% of driver deaths.\(^{120}\)

99. There was a consensus among witnesses that mobility was extremely important to older people and should not be curtailed without good cause. There was also consensus that compulsory retesting or other age-related measures were not justified and might well be illegal on age discrimination grounds. Issues regarding efficacy of the self-reporting system and the responsibility of doctors to report patients who are unfit to drive were raised but these are not age-related.

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\(^{120}\) PACTS, op.cit., p 44
100. Mr Wegman recommended that driving and the road environment should be made simpler and more ‘forgiving’, rather than general restrictions on the rights to drive for older drivers.\textsuperscript{121}

101. \textbf{We recognise the vulnerability of older drivers and their increasing numbers. We do not believe that automatic, mandatory retesting of drivers above a certain age is justified. We favour the more positive approach of simplifying the driving task and protecting drivers from the more serious consequences of their errors. Making walking and public transport more attractive to older people, with initiatives such as 20-mph limits and accessible vehicles, should also be encouraged. Schemes to provide assistance to older drivers are also to be encouraged.}

\textit{Mobility scooters}

102. Mobility scooters (defined in law as “invalid carriages”) are becoming increasingly common. Depending on its class, a mobility scooter may be used on pavements at up to 4 mph or on the road at up to 8 mph. There is no legal requirement to undertake training or to pass a test before using one.\textsuperscript{122}

103. Various issues have arisen about their interaction with pedestrians and other road users. ROSPA has received calls from people concerned about being nearly knocked down by mobility scooters.\textsuperscript{123} Bus drivers have reported being delayed by mobility scooters in bus lanes.\textsuperscript{124} The press have also highlighted incidents.\textsuperscript{125} However, Mr Sinclair of Help the Aged said that it was an issue that scarcely arose and he thought it was largely a creation of the media. There was general agreement that reliable statistics were sparse. The Minister said that it was not an issue that crossed his desk and the view of the Government is that such statistics that do exist do not indicate a safety problem.\textsuperscript{126}

104. \textbf{We recommend that the Government urgently review the increasing use and safety of mobility scooters with a view to establishing whether safety guidelines or mandatory training would be beneficial.}

\textit{Driving at work}

105. The number of work-related road deaths is estimated at between one quarter and one third of all road deaths. (This excludes commuter deaths, on the journey to or from work.) On this basis, in 2007, approximately 750–1,000 road deaths were work-related. By comparison, the Health and Safety Executive reported that there were 228 fatal injuries to

\begin{flushright}
\textsuperscript{121} Q 228 [Mr Wegman]
\textsuperscript{122} Ev 80
\textsuperscript{123} Q 196
\textsuperscript{124} Q 300 [Mr Sealey]
\textsuperscript{125} The Guardian “Mobility scooter rider caught on 70mph dual carriageway”, 6 August 2008; In August 2008 mobility scooters were banned from the Tyne and Wear Metro after two serious accidents.
\textsuperscript{126} Q 377
\end{flushright}
workers in 2007–08 in “traditional” workplaces. It is clear that, for many people, the greatest risk of being involved in a fatal accident at work is when they are using the roads.

106. The reluctance of the Government and the Health and Safety Commission to involve the Health and Safety Executive more fully in road safety had been criticised previously. Although some progress has been made, ROSPA, PACTS and others feel that there is still a vital role for the Health and Safety Executive to play.

107. The safety record of professional drivers is generally good but the union Unite has shown the problems of tiredness and fatigue that can arise, particularly on long shifts and night-time working.

108. We have described above (see Vehicles) the sorts of technologies that are increasingly available to reduce road casualties. These could make a major difference to work-related deaths and help to introduce safer vehicles into the wider UK car fleet.

109. The Government should work with employers’ organisations and trades unions on the issue of work-related road accidents, including an evaluation of its Driving for Better Business initiative. It should use the tools at its disposal, including fiscal and financial incentives, to encourage employers to use vehicles with additional proven safety features. This would help to reduce work-related casualties and speed the adoption of these features into the wider UK vehicle fleet.

110. It is anomalous that the vast majority of work-related deaths are not examined by the Health and Safety Executive, purely because they occur on the roads. The Government should review the role of the Health and Safety Executive with regard to road safety to ensure that it fulfils its unique role in the strategy beyond 2010.

Drinking and driving

111. There has been no progress in reducing casualties from drink-drive accidents. The numbers of deaths (460) is now exactly as it was in 1998. In the intervening years it rose to 580. As the total number of road deaths has decreased, drink drive deaths have become a larger percentage of the total – some 16% in 2007. Although 2007 saw a fall in drink-drive deaths there was an overall increase in drink-drive accidents.

112. The analysis by TRL in 2007 identified drink-drive casualties as a policy area where progress had not been made in accordance with the Government’s road safety strategy. The assumption was that the drink-drive limit would be lowered in line with other European countries and that enforcement levels would be maintained. In the event, the limit was not lowered and the numbers of drink-drive tests fell during the early years of this millennium (although recently they have risen).

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127 HSE website July 2008: www.hse.gov.uk/statistics
129 Q 154
130 Ev 319
131 Department for Transport, Road Casualties Great Britain 2007: Annual Report, September 2008, Table 3a
113. Enforcement of drink driving offences is a matter for Chief Police officers and is therefore outside the direct control of the Department for Transport. Enforcement levels have varied over time and across police forces. Roads policing has not been a priority for the Home Office over the past decade and this remains the case.  

114. The UK drink drive limit is 80 milligrams of alcohol per 100 millilitres of blood. Most other European countries have a lower blood alcohol limit than the UK (typically 50mg/100ml), though the penalties are less severe at the lower end of the scale. According to the Association of Chief Police Officers the UK is isolated with the highest blood alcohol limit in Europe. “It is seen by our European neighbours as condoning drink driving.” The Association of Chief Police Officers also identifies the serious issue of driving whilst under the influence of illegal drugs.

115. Many groups have called for greater enforcement and a reduction in the blood alcohol limit as a part of a strategy to reduce drink driving. “RAC would support a reduction in the UK drink-drive limit to 50mg per 100ml of blood in line with other EU countries. In addition, RAC believes such a reduction should be accompanied by increased detection and continued focus on the most serious offenders.”

116. Even some of those organisations which have traditionally opposed a reduction are changing their position in recognition of support by drivers for lower limits. Over two-thirds of Automobile Association members support a reduction in the legal limit and the Automobile Association has now changed its position to one of ‘not objecting’ to a reduction. Among our witnesses, only the Association of British Drivers, a much smaller organisation, still opposes a reduction.

117. There appears to be a growing consensus that the limit should be reduced from 80mg/100ml to 50mg/100ml which is the standard in most other European countries. Whereas, at present, drivers might think they can consume one or two alcoholic drinks and remain under the limit, the lower level would make it clear that “none for the road” was the only option. It would not, however, penalise those drivers who had consumed very small amounts of alcohol, say in a liqueur chocolate. The lower limit would require a more graduated penalty regime. It would provide the opportunity to simplify and relaunch the anti-drink-driving campaign which seems to have lost its impact. It would need to be adequately resourced and given appropriate priority by the Home Office.

118. We understand that the Department is to shortly consult on proposals to address the problem of drink-drive collisions. As in our report on Novice Drivers, we welcome this much-needed investigation and look forward to a thorough examination of what should be the permitted blood alcohol concentration for drivers. Should our recommendation for a lower alcohol limit for novice drivers be implemented, this
would provide further useful evidence on the impact of a lower alcohol limit for drivers in general.

119. It is unacceptable that such a major element of the Government’s road safety strategy can be given such a low priority by a key department. It is imperative that the Home Office gives much higher priority to enforcement of drink-drive and drug-drive offences. This should include the type-approval of roadside evidential breath-testing devices and development of equipment to assist the police to identify and prosecute drug-impaired drivers.

Enforcement

120. There are strong links between criminal behaviour and road safety. Unlicensed, uninsured and untaxed driving, dangerous driving, drink driving and excessive speed are all strongly linked with road casualties. Witnesses from opposite ends of the road safety spectrum, including the Association of British Drivers and Brake, have called for more roads policing, as indeed we have previously. We were pleased to hear the Minister agree with us that there should be more roads policing. However, the powers to influence these matters lie elsewhere in Government.

121. We were shocked to hear that, in some parts of the country, including areas of Bradford, an estimated 57% of resident vehicles are being driven uninsured, leading to significant social problems and dangers on the streets. These figures are compiled by the Motor Insurers’ Bureau and are available to the local authorities and police.

122. It was also disconcerting to hear that, having purchased enforcement equipment for police to use, the local authorities in West Yorkshire have to pay the police overtime to use it because the police performance framework does not allow the police to use it in normal police time.

123. There has been an increase in the seizure and crushing of untaxed or unlicensed vehicles by VOSA and the police in the past year or so. Some 150,000 vehicles were impounded by the authorities in 2007. There is some indication that the significant reduction in deaths in 2007 may be partly due to the increase in seizure of untaxed or unlicensed vehicles.

124. The connections between unlicensed, untaxed or uninsured vehicles, crime and anti-social behaviour, and road safety need to be more widely acted upon. We welcome the recent increase in enforcement activity by VOSA. This must be continued and consistently applied in all areas. The lack of congruity between the priorities of the

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140 Q 409

141 Qq 188–193

142 Q 185 [Mr Thornton]

143 Qq 415, 435
Home Office and the Department for Transport on road safety continues to be of great concern to us.
4 Delivery

Role of Government in road safety

125. Our witnesses were clear that the Government has a number of important roles to play with regard to road safety. These include:

- Leadership;
- coordinating strategy across departments;
- integrating road safety with other policy, such as health and environment;
- research; and
- funding.

126. In the main, witnesses felt that the Government should do more of all of these things. They particularly wanted stronger leadership – at Prime Minister or Cabinet level, as in France – and better support for road safety across government departments. Research was generally seen as good but the results were not always carried through to implementation.

127. The road safety strategy cannot be delivered by the Department for Transport alone. During the course of our inquiry, the Road Safety Delivery Board – a cross-departmental body recommended in the 2007 progress review – held its first meeting. The Minister outlined to us some of the discussions that he and his department are having with other Government departments, including the Department of Innovation, Universities and Skills, the Department of Health, the Ministry of Justice and the Home Office. We note the statements by the National Institute for Health and Clinical Excellence (NICE) and the Department of Culture Media and Sport on the importance of creating safe environments for children to walk, play and cycle. We also note that Department of Children Schools and Families is taking a greater interest in road safety issues following the White Paper “Every Child Matters”. We welcome all this, as did our witnesses.

128. It is, however, evident that the road safety strategy has not had the full support of some of the most crucial departments since it was launched in 2000. As noted earlier in this report, the Home Office has given roads policing a low priority and Mrs Berry, Chairman of the Police Federation in England and Wales, questioned whether road safety targets now being set in local area agreements would be supported by the performance framework set by the Home Office. The Health and Safety Executive has been reluctant to get involved in work-related road deaths and the Department of Health barely features in the original

144 Ev 297
145 On 26 March 2008 – see Ev 94.
146 Qq 358, 360
147 Q 313
148 Q 155 [Mrs Berry]
strategy. We do not doubt the willingness of the Department for Transport to engage with these other departments but we question its ability to get them to deliver.

129. It is vital that the Government provides leadership on road safety at the highest level and ensures that all Government departments play a full part in the future strategy. We are encouraged by the discussions going on between the Department for Transport and other departments. This needs to result in action across the board.

Road Safety Commission

130. Despite the best intentions of the Government and road safety professionals, progress with reducing deaths since 2000 has been inadequate and the reported reduction in serious injuries is questionable. Only a major shift in thinking and priority is likely to change this. The Government has not demonstrated sufficient rigour in monitoring progress; nor has it demonstrated sufficient high-level leadership or concerted cross-departmental action.

131. Some form of high-level, independent body is needed to ensure concerted Government action and a step-change in progress. This might be a Royal Commission for road safety. In recent years Royal Commissions have been set up to address major health and transport issues, such as the Royal Commission into Environmental Pollution. We believe that a quarter of a million people killed or injured every year warrants such a body.\(^{149}\)

132. We do not believe that the Department for Transport’s forthcoming road safety strategy review will have sufficient profile or the necessary cross-governmental authority to bring about the fundamental and long-term change that is needed. We therefore recommend that the Government establishes an authoritative and independent road safety commission that has powers to work across the whole of Government. The role of the commission should be to ensure that the Government gives high priority and adequate resources to road safety and that all government departments and agencies give active support. It should also have responsibility for monitoring progress, and developing more rigorous and holistic assessments. It might also investigate good practice, particularly in those countries that have overtaken the UK in road safety standards.

Vision and targets

133. There was a considerable view that a broader vision for road safety was needed. Numerical targets are important but they are not particularly meaningful for the general public. The Swedish Vision Zero and the Dutch sustainable safety vision give a stronger sense of the ultimate objective.

134. As we have shown above, many people see road safety as a much broader issue than casualty reduction alone. There are conflicting perspectives and sometimes competing road safety priorities. Although most people will agree on the overarching objective of reducing death and injury, quality of life, danger reduction, and associated policy

\(^{149}\) A Forum for Preventing Deaths in Custody was established in 2006, following a recommendation by the Joint Committee on Human Rights.
objectives must be part of the vision. Bold measures will only gain widespread support if the broader issues are addressed.

135. Road safety is not a morally-neutral area. Issues inevitably arise regarding how far it is right for the state to restrict personal freedom – including the 'right to drive' – in order to reduce death and injury. Our witnesses were clear that a degree of risk-taking is inevitable and even desirable and that some level of injury is bound to result. Even the Swedish Vision Zero does not attempt to eliminate all deaths where individuals deliberately put themselves at risk. We agree with our witness who said we should not have the right to put other people lives at risk by the way we exercise our freedom.\textsuperscript{150} We feel that the Government’s main duty should be to try to protect road users from risks imposed by others and then to protect road users from the worst consequences of their own mistakes.

136. A new vision is needed for road safety in Britain beyond 2010. This should be underpinned by a strategy that explains how casualty reduction, danger reduction and the various other important policy objectives, such as a sustainable transport system, economic efficiency, climate change, social inclusion and physical health are integrated. Priorities must also be clarified. Widespread consultation is needed that takes in the complexities of the issues.

137. There is general agreement that the national targets have helped at a strategic level to focus resources and efforts on casualty reduction. There is also support for adopting challenging new targets beyond 2010. Because of the divergence in trends of deaths and injuries, there is support for having a target for reducing deaths that is separate from any target for reducing injuries.

138. Support for simple casualty reduction targets is not universal. Living Streets contends that “an obsession with targets for casualty reduction has contributed to pedestrians being designed out of the urban environment.”\textsuperscript{151} The CTC reported that although the Department for Transport was promoting casualty reduction and cycle use, some local authorities have interpreted the road safety target as a reason not to encourage cycling.\textsuperscript{152}

139. Other witnesses pointed out that casualty reduction targets that do not take account of levels of exposure (use) can mask important trends.\textsuperscript{153} This is not necessarily an argument for not having casualty reduction targets but one that shows the need to pursue multiple objectives and better monitoring. Dr Christie, and groups representing vulnerable road users (including motorcyclists) stressed the importance of monitoring casualty rates – deaths and injuries relative to the amount of distance travelled or hours of ‘exposure’.\textsuperscript{154} This is difficult to achieve accurately at local level but is more reliable at national level.

140. The Government should adopt a national target for reducing deaths, which is separate from any targets for reducing serious or slight injuries. The Government should also adopt a national target for reducing deaths and serious injuries. This

\textsuperscript{150} Q 159 [Mr Clinton] \\
\textsuperscript{151} Ev 176 \\
\textsuperscript{152} Ev 179, 184 \\
\textsuperscript{153} Ev 232 \\
\textsuperscript{154} Ev 310
combined target should also be applied at local level where performance monitoring should take account of the inevitable fluctuations in casualties from year to year.

141. It is essential that, at both national and local level, casualty reduction targets are seen in the context of promoting sustainable transport.

142. It is not for us to specify the level of casualty reductions to be targeted. These will need to be based on technical analysis of options, resources and trends, and may be adjusted at local level. As an ambition, however, we believe that the Government should be setting the bar high, perhaps as follows:

- Reduce deaths below 2,000 by 2020; and below 1,000 by 2030.
- Reduce deaths and serious injuries below 20,000 by 2020 and below 10,000 by 2030.

143. These suggested reductions are in line with the targets set in the 2000 strategy. They are also broadly consistent with the ‘pragmatic’ vision recommended by PACTS whereby road risk should be reduced to not more than twice that experienced elsewhere in everyday life.\(^{155}\)

144. The IAM Motoring Trust recommends a long-term target of 20–25 years with intermediate 5-year targets and reviews. It states that

> Experience of the past two target rounds suggests that 10-year target periods may not be the most effective approach. Most elements of both casualty reduction targets have been met within the determined period, leaving a sense of hiatus until new targets are set.\(^{156}\)

145. We feel the suggestion of a long term target of 20–25 years, with intermediate 5-year targets and reviews, is something that the Government should consider carefully in arriving at new targets.

146. There is less agreement about exactly how or which national targets should be applied at local level. The Institute of Highway Incorporated Engineers (IHIE) points to local authority ‘target fatigue’ and stresses the need to ‘re-engage’ the public.\(^{157}\) The Audit Commission, TRL, the CSS and Scottish road safety professionals pointed out that annual targets were not always meaningful at local level because of the fluctuations in casualty numbers and the small number of casualties in some local authority areas.\(^{158}\)

147. There should be flexibility for local authorities and Local Area Agreements to set their own additional local road safety targets, to suit local priorities and needs. These might include indicators other than casualties. Whilst reducing deaths must be an overriding priority, deaths are not necessarily a meaningful indicator of performance

\(^{155}\) PACTS, op.cit.
\(^{156}\) Ev 192
\(^{157}\) Ev 149
\(^{158}\) Ev 143, 217, 236, 324
or priorities at the local level where the numbers will be small. Reducing casualties in the most deprived areas may be a priority in some local authority areas.

**Improved data and monitoring**

148. The Department for Transport has relied on a relatively narrow range of data to monitor road safety. Various organisations emphasise the need to monitor additional factors and from additional sources to give a more rounded picture. These might include the percentage of people obeying the speed limit, changes in the amounts of walking and cycling, the percentage of roads with 20-mph speed limits and the number of breath tests undertaken by the police. Some of these, such as breath tests, are means-to-an-end and not objectives in their own rights. As such, it is more appropriate to monitor them rather than to set additional targets for them. Some of these data are available elsewhere but not brought together to provide a holistic picture of road safety.

149. With regard to the overarching issue of deaths and injuries, we agree with the recommendation in research commissioned by the Government that

This and other studies have shown that it is insufficient to rely solely on STATS19 data, or on any one data source for an assessment of trends in serious injury. That different databases show different parts of the picture is useful and it is recommended that greater use be made of all sources. A system of data triangulation should be used to compare and understand trends in road casualties.159

150. **Greater independent monitoring and scrutiny of progress is required. Progress should be monitored against a range of indicators, not all of which need to be targets. This would include the British Road Safety Survey. The main casualty reduction targets must be monitored against both police and hospital data and overseen by the independent commission.**

**Road-safety professionals**

151. Delivering a more ambitious, innovative and effective road safety strategy will require a range of professional skills. Witnesses pointed out that to train, recruit and retain people with the appropriate skills, secure, long-term funding was essential. Some skills are in short supply:

- The CSS and IHIE identified a range of issues, including a lack of formal training and the need to reverse the decline in graduates entering the civil and highway engineering and planning professions from which many road safety professionals are drawn.160

- Future roads and vehicles will include much more safety technology. This will require specialists who understand intelligent transport systems.

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160 Ev 324 and Qq 147–149
- The Police Federation pointed to the reduction in dedicated roads policing officers.\textsuperscript{161}

- Due to fluctuations in funding levels and priorities, there are also difficulties in staffing the expanded programme of child pedestrian training.\textsuperscript{162}

152. Communication and consultation skills are also much needed. These include the skills to engage with local people. As Mr Thornton of the West Yorkshire Road Safety Strategy Group stated:

I do not think we have engaged enough with local communities and roads users as a whole. We are still trying to say that professionals deliver road safety and virtually exclude the influence that people can have on their own safety and the safety of people they come into contact with. It is really important to say that local people deliver road safety as much as we do.\textsuperscript{163}

153. Mr Lynam and others emphasised that simply continuing with current policies would be inadequate and that new measures and lateral thinking were required.\textsuperscript{164} This is likely to require people from outside the traditional road safety professions.

154. \textbf{Consistent and adequate long-term funding is required in order to attract and retain the calibre of road safety professional that is required to deliver the road safety strategy.}

155. It is evident that the context is different for safety professionals in different transport modes. Whilst some differences are inevitable, there are opportunities for greater exchange of ideas and expertise across transport sectors.

156. \textbf{The approach taken to investigating accidents differs sharply across the transport modes and there is insufficient cross-over between road and the other modes. The systems approach that is routine in marine, rail and aviation accident investigation and prevention is much less apparent in road safety. The Government should facilitate greater exchange of personnel, ideas and learning across the modes.}

157. \textbf{The Government should establish a road accident investigation branch, to parallel those for aviation, marine and rail. Its purpose would be to draw together lessons from the fatal accident investigations undertaken by police and other sources.}

\textsuperscript{161} Ev 285
\textsuperscript{162} Ev 285
\textsuperscript{163} Q 160 [Mr Thornton]
\textsuperscript{164} Q 58
5 Conclusion

158. The number of deaths and injuries on our roads far outweighs the deaths and injuries in other transport modes or in other work-related accidents. It is time that we stopped seeing this as a collection of individual tragedies and started viewing it as the major public health problem of our age. Because young people are disproportionately affected, more life-years are lost due to road accidents than any other single cause. For decades every road safety minister has prefaced his or her speeches with a reference to this terrible toll; yet this is not news and somehow it is accepted. PACTS has called this the “scandal of tolerance”.\textsuperscript{165} We should tolerate it no longer. A bolder and more integrated strategy is required beyond 2010 to restore the UK to its position as a world leader in road safety.

\textsuperscript{165} PACTS, op.cit., p24
Conclusions and recommendations

Progress towards the 2010 targets

1. We commend the Government on having set and maintained ambitious road traffic casualty reduction targets. We also commend it for recognising that road safety needs to be integrated with other important policy objectives such as promoting good health, reducing carbon-dioxide emissions, tackling deprivation and improving quality of life. The Government has not sought to reduce casualties by discouraging vulnerable road users from taking to the streets; but some trends, such as increased traffic, have had this effect. We recommend that in the forthcoming White Paper on sustainable transport, road safety objectives should be integrated with these wider objectives. We also recommend that the road safety strategy for beyond 2010 be explicitly set in the context of wider policy objectives. This should help to ensure that road safety is seen as relevant in other policy areas and that road safety policies do not have unintended consequences on other important objectives, such as improving public health by encouraging walking, cycling and play. (Paragraph 15)

2. We urge the Government to renew its focus on tackling the appalling level of child road traffic deaths associated with deprivation. (Paragraph 20)

3. The Government should establish a British Road Safety Survey to track overall casualty and safety trends. This would be a structured survey, gathered from a statistically significant sample of households, similar to the National Travel Survey. It would, therefore, not rely on levels of reporting by road users or police. It would be akin to the British Crime Survey which is seen as a more reliable long-term monitor of crime than the police crime statistics. This would involve original survey work, and might also draw on existing data sources, including police, hospital and insurance company data, to obtain a more rounded picture. A survey would have the additional benefit of being able to monitor attitudes to road safety including, for example, the fears of vulnerable road-users. (Paragraph 31)

4. There is a significant body of evidence to suggest that the current methods for recording road-traffic injuries are flawed. We recommend that the Government commissions an independent review of the STATS19 system in order to establish its strengths and weaknesses, bearing in mind our recommendation above for a British Road Safety Survey. The review should also examine ways in which the system could be simplified, with a view to promoting greater consistency, and consider ways of routinely linking police and hospital data. (Paragraph 34)

Priorities beyond 2010

5. The systems approach to road safety, now adopted by the Netherlands, Sweden and elsewhere is different to that pursued by the UK. We believe that it is time for the UK to move towards this more fundamental approach which is accepted for other transport modes. The Department for Transport needs to explore this approach further and to engage the public in a discussion of the ideas and implications. (Paragraph 51)
6. The emphasis needs to shift from treating localised problems to one of long-term improvements to the safety of the infrastructure. At the same time, it is essential that a multi-disciplinary approach is taken to ensure that safety measures are compatible with a good quality local environment. (Paragraph 57)

7. Ways must be found to satisfy the desires of local communities for safer streets. We recommend that local authorities be given the powers and resources to introduce 20-mph limits much more widely. Flexibility is required to avoid the prohibitive costs associated with some approaches. The balance of engineering measures, technology, policing and community influence should be a local matter. Systems, however, must not rely on high levels of fines or draconian enforcement. (Paragraph 60)

8. The Government should take a more proactive approach to determining the safety benefits of new vehicle technologies. It should make clear which ones it believes have most safety benefits and encourage their adoption into the UK vehicle fleet. The Government should use the various tools at its disposal, including fiscal and financial incentives, to encourage employers to use vehicles with additional proven safety features. Government departments and agencies should also give a lead in their fleet purchasing decisions. This would help to reduce work-related casualties and speed up the adoption of these features into the wider UK vehicle fleet. (Paragraph 66)

9. There are clear links between uninsured and unlicensed driving, and crash involvement. A twin-track approach is needed. The Government should encourage greater partnership working at local level to prevent offending by young people. At the same time, greater levels of enforcement are needed to prevent uninsured and unlicensed driving. The Committee recommends the Department for Transport identify projects of this type that have been successful and disseminate these more widely. (Paragraph 71)

10. We support the Government’s efforts to revise the driver training system and to place greater emphasis on attitudes and behaviours as well as driving skills. The proposals in Learning to Drive are steps in the right direction, but we are not confident that they will be sufficient to arrest the carnage of young drivers on our roads. We recommend that the Government takes bolder and more urgent steps to cut the number of collisions involving young drivers, particularly young men. We urge that it reconsiders its response to our recommendations in Novice Drivers regarding a graduated licensing scheme and, in particular (p36), restrictions on young drivers carrying teenage passengers between the hours of 11pm and 5am. (Paragraph 75)

11. More link-up is needed between the various road safety education programmes. It is disappointing that, in a relatively wide-ranging review of driver training, the Government has not consulted on the possibility of strengthening links between driver training, and pedestrian and cyclist training in the ways that some local authorities are doing. We recommend that the Department for Transport and the Department for Children, Schools and Families consider ways in which a range of road-user training schemes might be targeted at school students of the appropriate ages. (Paragraph 77)
12. We recommend that the Government redoubles its efforts to improve the safety of motorcyclists and to ensure that their safety is seen as central to its road safety strategy. This needs to be communicated effectively to all parties involved with road safety. (Paragraph 81)

13. The causes of motorcyclist accidents and remedial measures need to be thoroughly investigated and the results communicated to road safety professionals, motorcyclists and other road users. (Paragraph 82)

14. It is unsatisfactory that so few children are given pedestrian or cycle training at school. Whereas there is a plethora of statistics on school-related matters, the percentage of children receiving road safety training is not monitored. We welcome the Department for Transport's support for Kerbcraft and, more recently, for Bikeability training. However, the Government should frame its targets in terms of the percentage, rather than the absolute number, of children in the target age group to be trained. The timescales for implementing these schemes must be reduced; and they should be properly monitored and supported with long-term resources to ensure that they are available to all children. We recommend that the Government investigates the effects that the compulsory wearing of cycle helmets by children would have on casualties. (Paragraph 89)

15. We note that there is a wealth of educational materials aimed at pre-school and primary age youngsters. However, we are concerned that similar efforts have not been made to produce material for pupils in secondary school. We believe that there needs to be a more co-ordinated approach to the provision of such materials and a consolidated approach to risk education across the age range. (Paragraph 91)

16. Elsewhere in this Report, we have identified the apparent mismatch between data sets in terms of the number of actual casualties compared with those recorded. We believe that it is important for local highway authorities to have as accurate a picture as possible of the number of people killed or injured in their area and of the costs of preventing these injuries. We encourage these authorities to gather and publish such information in addition to the STATS19 data. (Paragraph 95)

17. We recommend that cycle training should be offered as an alternative to fines for offending cyclists, just as driver retraining courses are now commonly offered to motorists who commit minor traffic offences. (Paragraph 96)

18. We recognise the vulnerability of older drivers and their increasing numbers. We do not believe that automatic, mandatory retesting of drivers above a certain age is justified. We favour the more positive approach of simplifying the driving task and protecting drivers from the more serious consequences of their errors. Making walking and public transport more attractive to older people, with initiatives such as 20-mph limits and accessible vehicles, should also be encouraged. Schemes to provide assistance to older drivers are also to be encouraged. (Paragraph 101)

19. We recommend that the Government urgently review the increasing use and safety of mobility scooters with a view to establishing whether safety guidelines or mandatory training would be beneficial. (Paragraph 104)
20. The Government should work with employers’ organisations and trades unions on the issue of work-related road accidents, including an evaluation of its Driving for Better Business initiative. It should use the tools at its disposal, including fiscal and financial incentives, to encourage employers to use vehicles with additional proven safety features. This would help to reduce work-related casualties and speed the adoption of these features into the wider UK vehicle fleet. (Paragraph 109)

21. It is anomalous that the vast majority of work-related deaths are not examined by the Health and Safety Executive, purely because they occur on the roads. The Government should review the role of the Health and Safety Executive with regard to road safety to ensure that it fulfils its unique role in the strategy beyond 2010. (Paragraph 110)

22. We understand that the Department is to shortly consult on proposals to address the problem of drink-drive collisions. As in our report on Novice Drivers, we welcome this much-needed investigation and look forward to a thorough examination of what should be the permitted blood alcohol concentration for drivers. Should our recommendation for a lower alcohol limit for novice drivers be implemented, this would provide further useful evidence on the impact of a lower alcohol limit for drivers in general. (Paragraph 118)

23. It is unacceptable that such a major element of the Government’s road safety strategy can be given such a low priority by a key department. It is imperative that the Home Office gives much higher priority to enforcement of drink-drive and drug-drive offences. This should include the type-approval of roadside evidential breath-testing devices and development of equipment to assist the police to identify and prosecute drug-impaired drivers. (Paragraph 119)

24. The connections between unlicensed, untaxed or uninsured vehicles, crime and anti-social behaviour, and road safety need to be more widely acted upon. We welcome the recent increase in enforcement activity by VOSA. This must be continued and consistently applied in all areas. The lack of congruity between the priorities of the Home Office and the Department for Transport on road safety continues to be of great concern to us. (Paragraph 124)

Delivery

25. It is vital that the Government provides leadership on road safety at the highest level and ensures that all Government departments play a full part in the future strategy. We are encouraged by the discussions going on between the Department for Transport and other departments. This needs to result in action across the board. (Paragraph 129)

26. We do not believe that the Department for Transport’s forthcoming road safety strategy review will have sufficient profile or the necessary cross-governmental authority to bring about the fundamental and long-term change that is needed. We therefore recommend that the Government establishes an authoritative and independent road safety commission that has powers to work across the whole of Government. The role of the commission should be to ensure that the Government
gives high priority and adequate resources to road safety and that all government departments and agencies give active support. It should also have responsibility for monitoring progress, and developing more rigorous and holistic assessments. It might also investigate good practice, particularly in those countries that have overtaken the UK in road safety standards. (Paragraph 132)

27. A new vision is needed for road safety in Britain beyond 2010. This should be underpinned by a strategy that explains how casualty reduction, danger reduction and the various other important policy objectives, such as a sustainable transport system, economic efficiency, climate change, social inclusion and physical health are integrated. Priorities must also be clarified. Widespread consultation is needed that takes in the complexities of the issues. (Paragraph 136)

28. The Government should adopt a national target for reducing deaths, which is separate from any targets for reducing serious or slight injuries. The Government should also adopt a national target for reducing deaths and serious injuries. This combined target should also be applied at local level where performance monitoring should take account of the inevitable fluctuations in casualties from year to year. (Paragraph 140)

29. It is essential that, at both national and local level, casualty reduction targets are seen in the context of promoting sustainable transport. (Paragraph 141)

30. We feel the suggestion of a long term target of 20–25 years, with intermediate 5-year targets and reviews, is something that the Government should consider carefully in arriving at new targets. (Paragraph 145)

31. There should be flexibility for local authorities and Local Area Agreements to set their own additional local road safety targets, to suit local priorities and needs. These might include indicators other than casualties. Whilst reducing deaths must be an overriding priority, deaths are not necessarily a meaningful indicator of performance or priorities at the local level where the numbers will be small. Reducing casualties in the most deprived areas may be a priority in some local authority areas. (Paragraph 147)

32. Greater independent monitoring and scrutiny of progress is required. Progress should be monitored against a range of indicators, not all of which need to be targets. This would include the British Road Safety Survey. The main casualty reduction targets must be monitored against both police and hospital data and overseen by the independent commission. (Paragraph 150)

33. Consistent and adequate long-term funding is required in order to attract and retain the calibre of road safety professional that is required to deliver the road safety strategy. (Paragraph 154)

34. The approach taken to investigating accidents differs sharply across the transport modes and there is insufficient cross-over between road and the other modes. The systems approach that is routine in marine, rail and aviation accident investigation and prevention is much less apparent in road safety. The Government should
facilitate greater exchange of personnel, ideas and learning across the modes. (Paragraph 156)

35. The Government should establish a road accident investigation branch, to parallel those for aviation, marine and rail. Its purpose would be to draw together lessons from the fatal accident investigations undertaken by police and other sources. (Paragraph 157)
Formal Minutes

WEDNESDAY 15 OCTOBER 2008

Members present:

Mrs Louise Ellman, in the Chair

Mr David Clelland
Mr Philip Hollobone
Mr Eric Martlew
Mr John Leech
Mr Mark Pritchard
David Simpson
Mr Graham Stringer
Mr David Wilshire

The Following declarations of interest relating to the inquiry were made:

15 OCTOBER 2008

Mrs Louise Ellman declared the following interest:


Draft Report (Ending the Scandal of Complacency: Road safety beyond 2010), proposed by the Chairman, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 117 read and agreed to.

Paragraph 118 read.

Question put, That the paragraph stand part of the Report.

The Committee divided.

Ayes, 5

Mr David Clelland
Mr Philip Hollobone
Mr Eric Martlew
David Simpson
Mr Graham Stringer

Noes, 1

Mr John Leech

Paragraph agreed to.

Paragraphs 119 to 158 read and agreed to.

Resolved, That the Report be the Eleventh Report of the Committee to the House.

Ordered, That the Chairman make the Report to the House.
Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

Written evidence was ordered to be reported to the House for printing with the Report.

Written evidence was ordered to be reported to the House for placing in the Library and Parliamentary Archives.

[Adjourned till Wednesday 22 October at 2.30 pm.]
Witnesses

Wednesday 26 March 2008

Professor Danny Dorling, Professor of Human Geography, University of Sheffield, Dr Nicola Christie, Head of Surrey Injury Research Group, University of Surrey, David Lynam OBE, Chief Research Scientist, TRL (Transport Research Laboratory),

Professor Richard Allsop OBE, Professor of Transport Studies, University College London, Heather Ward, Honorary Senior Research Fellow, University College London, Nick Starling, Director of General Insurance and Health, Association of British Insurers

Wednesday 30 April 2008

Rob Salmon, Assistant Head of Highways & Transport, West Sussex County Council, County Surveyors’ Society, Chris Lines, Head of London Road Safety Unit, TfL, Technical Advisers Group, Neal Skelton, Head of Professional Services, Intelligent Transport Society UK, Paul Everitt, Chief Executive, Society of Motor Manufacturers and Traders

Kevin Clinton, Head of Road Safety, Royal Society for the Prevention of Accidents, Steve Thornton, Chairman, Principal Engineer – Traffic and Highways Bradford South, West Yorkshire Road Safety Strategy Group, Chief Constable Steve Green, Head of Roads Policing, Association of Chief Police Officers, Stuart Smith, Assistant Chief Fire Officer, Staffordshire Fire and Rescue Services, Chief Fire Officers’ Association, Jan Berry, Chairman, Police Federation of England and Wales

Wednesday 14 May 2008

Professor Phil Goodwin, Professor of Transport Policy, University of the West of England, Professor John Whitelegg, Professor of sustainable Development, University of York, Fred Wegman, Managing Director, SWOV (Netherlands Institute for Road Safety Research)

Andrew Howard, Head of Road Safety, Automobile Association, Nicholas Brown, General Secretary, Motorcycle Action Group, Malcolm Heymer, Traffic Management Advisor, Association of British Drivers, Jack Semple, Director of Policy, Road Haulage Association, Roger Sealey, Researcher – Transport, Unite the Union (Transport & General)

Wednesday 21 May 2008

Adrian Voce, Director, Play England, David Sinclair, Head of Policy, Help the Aged, Tony Armstrong, Chief Executive, Living Streets, Roger Geffen, Campaigns & Policy Manager, CTC, the national cyclists’ organisation

Jim Fitzpatrick MP, Parliamentary Under Secretary of State, Mike Fawcett, Head of Road User Safety Division, Department for Transport
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70 Professor Danny Dorling, University of Sheffield
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List of unprinted evidence

The following memoranda have been reported to the House, but to save printing costs they have not been printed and copies have been placed in the House of Commons Library, where they may be inspected by Members. Other copies are in the Parliamentary Archives, and are available to the public for inspection. Requests for inspection should be addressed to The Parliamentary Archives, Houses of Parliament, London SW1A 0PW (tel. 020 7219 3074). Opening hours are from 9.30 am to 5.00 pm on Mondays to Fridays.

Under 17 Car Club – annexes
Road Safety Foundation – Maps
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Oral evidence

Taken before the Transport Committee

on Wednesday 26 March 2008

Members present

Mrs Gwyneth Dunwoody, in the Chair
Clive Efford
Mrs Louise Ellman
Mr Eric Martlew
Mr Philip Hollobone
Mr Lee Scott
David Simpson

Witnesses: Professor Danny Dorling, Professor of Human Geography, University of Sheffield, Dr Nicola Christie, Head of Surrey Injury Research Group, University of Surrey, and Mr David Lynam OBE, Chief Research Scientist, TRL, gave evidence.

Chairman: May I welcome you to the committee. I ask for Members to declare any interests.

Mr Martlew: Member of Unite and GMB Unions.

Clive Efford: Member of Unite.

Chairman: Member of Aslef.

Mrs Ellman: Member of Unite.

Q1 Chairman: If there is nothing you want to say before we begin, may I say that we are very grateful to you for coming this afternoon. You will understand that the Committee takes a continuing interest in the business of road safety. We think it is very important. Perhaps it is not always treated with the urgency and importance that we think it should be. What do you think is the main role of government in relation to road safety? Mr Lynam, I am not sure whether your role now is pseudo governmental. I have the greatest admiration for your research laboratory but I am not sure whether you are fish, flesh, fowl or good red herring.

Mr Lynam: I think we are in the middle, as you rightly suggest. Obviously, we do a lot of work for the Department and we advise the Department through its Road Safety Division, which is responsible for setting up road safety strategies and targets and indeed pursuing policy to reduce casualties.

Q2 Chairman: Tell me what the main role of government is in relation to road safety.

Mr Lynam: My thinking in terms of government is that it needs to lead, which is one thing that I would like to talk about—we have not done that strongly in the past compared with some other countries—and lead by giving priority to road safety. Also clearly government’s role is in terms of regulation where it has to decide the balance between the winners and the losers, if you like, which there always are in any sort of regulation, and how it produces a suitable balance for acceptability.

Q3 Chairman: Dr Christie, do you agree with that? Is there anything else?

Dr Christie: I think the Government has to be a champion for road safety. It has to lead by example. It has to keep it at the top of its priorities and take a holistic approach to casualty reduction. Alongside that is commissioning the right sort of research to answer any gaps in the evidence.

Q4 Chairman: Professor Dorling, is there anything else?

Professor Dorling: Yes, because it is one of the major health risk factors for children and young adults in particular and for elderly adults. This is one of the major ways in which our young people die in this country. To see children dying as a result of a car hitting them as somehow different to children dying from meningitis—

Chairman: I think you are proving that we must not be too hasty, Professor, if it takes us 150 years to come to any conclusion. What role does road safety have in relation to wider transport policy or social, environmental and economic policy objectives?

Mr Lynam: One of the clear things that we have to do is to achieve an acceptability and credibility for any road safety policies. That means balancing the things that we are trying to do with road safety in relation to the other issues that are important for wider transport policies, such as the environment, mobility and accessibility. We need to find policies that do all of those whilst rooting them clearly, from our point of view, in a strong casualty reduction programme.

Q5 Chairman: I think you are proving that we must not be too hasty, Professor, if it takes us 150 years to come to any conclusion. What role does road safety have in relation to wider transport policy or social, environmental and economic policy objectives?

Mr Lynam: One of the clear things that we have to do is to achieve an acceptability and credibility for any road safety policies. That means balancing the things that we are trying to do with road safety in relation to the other issues that are important for wider transport policies, such as the environment, mobility and accessibility. We need to find policies that do all of those whilst rooting them clearly, from our point of view, in a strong casualty reduction programme.

Q6 Chairman: Do you think it is sensible for the Government to include road safety in the same objective as protecting people’s health?

Professor Dorling: Yes, because it is one of the major health risk factors for children and young adults in particular and for elderly adults. This is one of the major ways in which our young people die in this country. To see children dying as a result of a car hitting them as somehow different to children dying from meningitis—
Q7 Chairman: It is in the sense that if the same numbers of young people died from meningitis, I think our red tops would be waxing extremely eloquent?

Professor Dorling: Yes. We have become used to this, acclimatised. I feel that we will begin to recognise it as a public health problem soon. The second point I should add is that other risks for children and young adults have, in general, reduced dramatically, particularly infectious diseases. As other risks reduce, the major risks that are left for our children are things like road traffic accidents.

This has great effects on how we treat our children and what we let them do. So we severely curtail the freedoms of our children, particularly in affluent areas; we do not let them out, we do not let them play, we do not let them walk to school at ages that I used to walk to school. This has a very wide effect on society in general. My personal feeling is that the question is not whether it is going to be recognised or not, it is just simply when we are going to recognise this as the equivalent of the problems that we saw in the past with sewerage and cigarettes and that we currently are seeing with mental health.

Dr Christie: In some ways, road safety is forced between the gaps because it is inherently a multidisciplinary subject. It is about people’s behaviour, the environment, people’s travel mobility. I think the Department of Health needs to take more responsibility for health inequality alongside the Department for Transport. There are issues about illegal driving and unlicensed driving, and so the Home Office should be playing more of a role.

Chairman: We will need to explore most of those aspects.

Q8 Mr Scott: What measures do you think have been the most effective in reducing casualties since 2000?

Mr Lynam: First, we have this clear problem that the numbers of fatalities has not reduced as substantially as we would have liked since then. Clearly the sorts of measures that we are trying to put in place have not borne strongly on those.

Clearly there has been an effect in the area of speeding policy. There is a lot further to go in terms of speeding policy but quite a lot of work has been done and there has been a change in attitudes in terms of the way in which speed cameras, for example, and other speed measures (speed limits) are being implemented. I think we can see some change there. There is continuing road engineering work which I think is effective but it needs to go to a different level now. I am happy to talk about that. With things like drink driving and helping young drivers through testing and training, in those areas we can see very little progress over that period.

Dr Christie: I would agree that engineering has played a major role in injury reduction.

Chairman: Let me differentiate. Are you talking just about engineering to vehicles or are you talking about road engineering?

Dr Christie: I am talking about road engineering, speed reduction, measures that change the environment and reduce the speed of vehicles, and traffic management as well, which reduces flow. The evidence for engineering measures is always reasonably strong. It is much more difficult to evaluate the impact of educational initiatives. People are occasionally dismissive of the role of education and publicity. Even though there is not good evidence, it does play an important role in raising awareness of risks. We need to think about the evidence we accept. In practice there might be a one-off educational initiative but it is very hard to link that to casualty reduction, but that does have a role to play right from the cradle to the grave.

Mr Lynam: To pick up on your earlier comment, Chairman, vehicle safety is clearly an area that has contributed substantially to that reduction since 2000. Many of the policies that have achieved that reduction were put in place before 2000 and now seem to be working through the vehicle fleet in that period. Some of the policies that we might have hoped would come forward on vehicles have not done so in that period.

Professor Dorling: I think I am right in saying that in 2000 we were third in the world, according to WHO, in having the lowest crude mortality rate from road traffic accidents. We did incredibly well at it. However now our place is lower on that international league table. I do not think we are now in the top 10 of the best countries. The most significant change, looking locally, is that in 2000-2001 we had a lower mortality rate on the roads than the Netherlands or Sweden and we now have a higher mortality rate than those countries. My colleagues will know more about this than me. What is important is not what we have done but that they have done more than we have and we have not yet learnt from what they have done.

Q10 Clive Efford: To clarify, are you saying that we have reduced the accident rate but not as fast as in other countries and therefore they have overtaken us?

Professor Dorling: Yes, so we have lost our place in the top 10. We were in the top three in 2000-2001. Dr Christie: There is some truth in the top line figure that the UK is one of the leaders in road safety. But if you disaggregate the data, taking the figures for children, in the OECD countries we are 17 out of 25 or 30 countries that contribute to the international road traffic accident database. We are not as good as we thought we were with regard to children. I think how we treat our most vulnerable is important.

Dr Christie: To pick up Clive’s point, I do not think we have reduced the accident rate. What I am saying is that if we measure how we are doing by the health index rather than the accident index we are doing well. It is in the sense that if the same numbers of young people died from meningitis, I think our red tops would be waxing extremely eloquent.

Mr Lynam: I have commented already on drink driving and the education and training of drivers. In relation to the comment about other countries, what they have done, particularly since the millennium, which we have not done is make some hard decisions about trying to move forward in some of the areas that are more difficult; that involves investment in...
road infrastructure. It also involves creating a
general vision of what they are trying to achieve in a
broader social and environmental sense. Those
decisions and what they put in place to enact that
sort of philosophy have moved them rather more
ahead of where we are.

Q12 Mr Scott: Do you think there is a question of
enforcement in that recently, as I am sure everyone
would agree, wherever you go you still see people
using their mobile phones and driving in a
dangerous manner. The law is not being enforced.
Would you agree that if the law is not going to be
enforced, there is little point in having a law?

Mr Lynam: There is every point in having a law. The
key point is to enforce it, as you say. You are quite
right that enforcement is one of the areas where we
have not made progress and potentially, if anything,
we have gone backwards. We can see that with the
drink driving example. If we turn to other countries
and look at the rate of testing, for example in Sweden
and the Netherlands, something like one in four or
one in seven cars are tested every year. We did a
comparison in Britain in 2003 and the figure was one
in 26 cars. The amount of testing since then has
reduced further. We are clearly not enforcing the law
in anything like the same sort of way.

Q13 Mr Scott: Drink driving is socially
unacceptable and so there has to be better
enforcement of the law. I am particularly concerned,
personally, with the mobile phone aspect. I think it
is as dangerous as anything else and the law is not
being enforced, in my view, at all. I do not see it
being enforced anywhere.

Dr Christie: Does that relate to the amount of
dedicated traffic policing? That has reduced
substantially over the last five to 10 years.

Chairman: This Committee has expressed its views
on the priorities that chief constables should give to
crime prevention and the di

Q14 Mrs Ellman: Which socio-economic or ethnic
groups would you say are particularly at risk?

Mr Lynam: As my colleagues could tell you rather
better than I, we have known for a long time that the
people in deprived areas, disadvantaged people,
have much higher fatalities rates in those sorts of
areas. You probably know that the Government did
set a target to reduce rates in those areas faster than
in other areas in the first five years of this decade.
They did achieve that but there is still a big gap
between the groups in deprived areas and the groups
in non-deprived areas.

Dr Christie: I think it is a shame that the
Government set its target in the way that it did. It
achieved it and many people working in the area of
road traffic injury and deprivation just wondered
what the point was if everyone thinks the target has
been met, even though we know a large health
inequality exists. It has been estimated that it is 21
times more likely that a child pedestrian from the
lowest socio-economic group will be killed
compared to from the top socio-economic group.

Q15 Mrs Ellman: Why do you think that
information is not known more widely?

Dr Christie: I think it is a whole new area in terms of
road safety. There has only been a real interest in this
area probably since 1997 with the whole idea of
neighbourhood renewal, disadvantage and health
inequality. I think the formation of the
Neighbourhood Renewal Unit made big strides in
putting that particular target in with the other
general road safety target but the NRU has now
been disbanded.

Professor Dorling: The kinds of gaps we see between
areas can be five-fold or ten-fold for the chance of a
child being hit by a car. In addition to this huge
health inequality, what worries me is that in the
areas with the very lowest rates, the rates we are
trying to get other areas down to, the reason why the
rates are so very low is because there are no children
on the pavements of the streets; there are no children
on bikes; there are no children in any position to be
hit by a car. My worry is that you could achieve your
target and reduce the best down to a minimum by
not letting children out at all. You need to think
about ways to make the streets safer so that the
children who currently are not going out can go out
and fewer children in the poor areas are being killed.
Do you see what I mean?

Q16 Chairman: I see what you mean but it is very
difficult to do that sort of equation, is it not? It is like
the person who says that the railways were quite safe
over Easter because there were not any trains. It is
not very helpful.

Professor Dorling: When we look at these targets
and the difference between areas, the areas that are
doing very well are mainly doing well because people
wrapping their children in cotton wool.

Q17 Clive Efford: People from poorer communities
are over-represented in many of the figures about
disadvantage, health outcomes, et cetera. I can quite
easily envisage why that is but I find it difficult to see
why they are over-represented in traffic statistics.
What is a failure? What is it that makes them the
victim of road traffic accidents in that way?

Dr Christie: For example, in poor areas children are
much less likely to travel by car because car
ownership is very low; they are more likely to walk.
They live in more dangerous areas. They tend to live
in the older style, Victorian, grid-iron layouts with
through roads and high traffic speeds, with on-street
parking because that was the era when there was no
provision for cars. They do not do very much after
school. They do not go to supervised activities; their
activity is to play out in the street. They are often
playing in environments that are dangerous for
other reasons related to traffic. We have done
research in 11 of the poorest areas in England. When
we talk to parents of children, they say that there are
young people on motorised two-wheel vehicles and
joy-riding and speeding in cars, which is seen as a
recreational pursuit, mounting the pavements with
a disregard for children playing in the areas. There is
a feeling that the police are not that interested in
what is going on; there is a feeling of abandonment,
that all this is destroying their quality of life and people are being injured. The people in these vehicles are injuring themselves and others.

Q18 Clive Efford: To follow that up, if we put you in charge, what would you change that would address those issues?

Dr Christie: The environment.

Q19 Clive Efford: What do you mean by that?

Dr Christie: I would change the road environment and put in measures but it is absolutely key to speak to the community all the time. I would see what could be done to change the environment where people live, reduce vehicle speed and flow, create more play areas for children that are safe. Many parents say that when they take their children to the park it is inhabited by teenagers drinking, drug use, dogs roaming around and lots of litter, and that is if they have a play space nearby. Neighbourhood policing is part of the community to whom people feel they can turn. When you talk to parents in these areas they say that they feel intimidated by going to the council offices to discuss matters. They say that there used to be a neighbourhood office but there is no longer.

Q20 Clive Efford: That does not have much to do with driving?

Dr Christie: Exactly, but all these are wider matters than traffic.

Q21 Mr Martlew: Basically you are saying that road safety is too important for the Ministry for Transport, that it goes far beyond that. Mr Lynam said that you have to convince the public to do something. When we talk about children, obviously we have a bad record. I brought a Private Member’s Bill to try to make young cyclists wear helmets. I have never been so vilified in all my life by the CTC. Unfortunately, I found that the Department for Transport was aiding and abetting them. In a way, road safety, passenger safety and children’s safety are not high on the priorities of the Department for Transport. Is that your view?

Mr Lynam: My answer would be that it is high on their priorities, but whether they have the solutions for it is another matter. If we can look at the comparison, because we have already said that some countries are doing better than ours, what is happening in those countries? One of the difficulties we see in Britain rather more so than in some of those countries is that generally traffic flows on average right across towns are much higher in Britain. It is a lot easier in the Netherlands and in Sweden to develop a town structure which separates the residential areas and puts intensive measures on those. Keeps traffic out of them, keeps traffic slow, and then have a smaller number of main routes on which the traffic can be concentrated with rather different policies. It is far more difficult to do with the structure of British towns and the amount of traffic in British towns.

Q22 Mrs Ellman: I would like to ask you about the official road casualty statistics. Do you think that there is serious under-reporting and, if so, in which areas?

Mr Lynam: Clearly we feel that in terms of slight injuries there has been such a major change in the numbers that we believe, yes, there is a clear change in reporting of those. What is a lot more difficult to determine is what is happening within the serious group. We know there is this divergence between serious accident trends and fatal accident trends. We have looked particularly at fatalities and we have identified small areas where there has been a greater tendency for fatal injury, due to some of the policies and the way in which for example vehicles have changed and so on over recent years. Clearly there is something more than that going on. There has been a number of studies trying to link hospital-based data with police-based data that shows discrepancies and we ourselves at TRL have been looking at Scottish hospital in-patient data in a database. Clearly, there seem to be some differences occurring there. I do not think we have yet nailed those down.

Q23 Chairman: Are they differences of definition or of recording?

Mr Lynam: I think they may be due to both. Once you start talking about hospital in-patients, then there clearly are potential differences in the way in which hospitals have dealt with patients over the last 10 years, but not enough I suspect to account for the sorts of changes we are talking about. Yes, there is some change in the way the police are reporting the severity of the injuries. Police reporting of severity injury is not an exact science.

Chairman: We sort of suspected that.

Q24 Mrs Ellman: Are there any other views on the under-reporting of accidents? Are there any particular areas where you think there is under-reporting, perhaps in slight accidents or perhaps accidents involving single vehicles?

Professor Dorling: You see this more widely in the reporting of violence, which is not to do with traffic at all. There are widening discrepancies between police figures on violence and hospital episode statistics and so on. There is a wider discrepancy than just simply transport and what is going on with the recording of damage done by violence.

Q25 Mrs Ellman: What about the distinction between serious and slight injuries, if that is a distinction acceptable on the definitions map?

Mr Lynam: 1 do not think it is a helpful distinction. Certainly it is a different distinction than most other countries use. We have a much broader category of “serious”. That makes it more difficult for us to focus strongly on the really severe accidents, even if we used the “killed and serious” category because we are including quite a number at the lower end of that which are less severe. If indeed there is a change in reporting policy that is occurring, we want that moved towards a rather better definition of what are the more severe accidents. Of course what it does in the short term is present us with a problem in any
trend analysis. In the future, because any such casualty targeting has to relate to numbers of casualties, we need to be very sure about what our definition is and that it will be consistent over a long period of time.

Q26 Mrs Ellman: There has been a much bigger reduction in serious injuries compared with fatalities over the last 10 years. Is there any explanation for that?

Mr Lynam: As I have said, we have seen a number of small areas where fatalities seem to be more likely now than they were in the past. When one thinks about vehicles, there is increasing separation between larger vehicles and smaller vehicles and impact between those two gives a greater likelihood of a fatal outcome. There are indications of worsening behaviour in the sense that we can see more single vehicle run-off accidents, and they are typically due to excessive speed. There are changes of that sort that appear to be implied by some of the changes that we are seeing. That is only explaining a portion of the difference that we see.

Dr Christie: Seat belt wearing is a major problem because only 11% of fatally injured passengers were wearing a seat belt. It is a very low figure.

Q27 Mrs Ellman: Would there be any benefit in changing to the fatality equivalent as used in road accidents?

Mr Lynam: If you are going to move to that, you must have a factor on which you are deciding. If you are going to create a fatality equivalent, why not have a fatality? If you are simply multiplying the number of fatalities by a factor, then the numbers that you are recording are the fatality numbers anyway. In a direct sense, that does not really help you. Where it might help you and where we tried for example on some of the assessment programmes is to look for some factors that are characteristic of groups of roads—for example motorway factors and major rural road factors—which we can look at from a national level but then apply those down when we are looking at the local roads, so that we are able to look at “killed and serious” and turn those into fatal equivalents for comparing individual roads. There are ways that you can use that sort of concept but as a national figure, I do not think it gives you anything more than purely fatality figures.

Q28 David Simpson: You mentioned earlier about the Dutch and the Dutch concept of a safe, sustainable transport system which argues for a systematic approach to safety management and the removal of risk, removing the potential for human error. Could that be achieved in Great Britain? If you think it could, what would we need to do to achieve it?

Mr Lynam: The principles behind that, which are basically relatively the same as those behind the Swedish zero vision type approach, suggest then that you are looking, as you say, for the areas of risk and for ways to eliminate those. The difference is a matter of degree; in other words, whether you try to eliminate 100% of them or 95% or 90% or whatever. If you look at those sorts of principles, then the policies that Britain has put in place are based on similar sorts of principles. The issue is the extent to which those principles have been applied. We see in the Swedish situation, for example, that they have a large proportion of head-on accidents. As you will know, they have typically gone for a programme of putting safety fences down the centre of single-carriageway roads and said, “We will simply prevent that process”. If you try to transfer that policy into Britain, because the road structure in Britain is rather different and we do not have these long stretches with small numbers of junctions that the Swedes have, in Britain we have a much more interactive and dense network, it is more difficult to achieve that and we have to look at the costs of doing it. At the same time, if we look at the proportion of accidents in Britain, we do not have the same number of head-on accidents. When you look at the policies, it does not quite work out but if you look at the general principles, yes, I would agree that the sort of vision that we want to develop is one which is similar to those sorts of visions, but set within a British context.

Q29 Mr Hollobone: I would like to ask my last question first, so that you all have time to think about it. That is going to be: if you were an all-powerful prime minister and you could do whatever you wanted, what three things would you do to improve road safety? In the meantime, I would like to ask each of you some individual questions. Mr Lynam, on the statistics—this is for those of us who know, they have typically gone for a programme of putting safety fences down the centre of single-carriageway roads and said, “We will simply prevent that process”. If you try to transfer that policy into Britain, because the road structure in Britain is rather different and we do not have these long stretches with small numbers of junctions that the Swedes have, in Britain we have a much more interactive and dense network, it is more difficult to achieve that and we have to look at the costs of doing it. At the same time, if we look at the proportion of accidents in Britain, we do not have the same number of head-on accidents. When you look at the policies, it does not quite work out but if you look at the general principles, yes, I would agree that the sort of vision that we want to develop is one which is similar to those sorts of visions, but set within a British context.

Q30 Mr Hollobone: How many of those 3,200 are vehicle-on-vehicle deaths as opposed to pedestrian deaths?

Mr Lynam: Pedestrian deaths are somewhere in the order of 20%. Vehicle occupant deaths are of the order of 60%, but some of those will simply be single vehicles running off the road, so that is not purely vehicle-on-vehicle. The largest proportion in terms of vehicles, is vehicle running into vehicle. That is why, if I can spend a moment on this, the vehicle safety industry and the research into vehicles safety focuses very much on vehicle-to-vehicle contact. All the work in the 1990s was to improve secondary safety. It is now looking more at the issue of vehicles running off the road and hitting things off the road or the infrastructure, and so on. We are looking for compatibility between the vehicle design and the road design to ensure that the passiveness is taken out one way or the other, and so we are getting more passive infrastructure as well as more passively safe cars.
Q31 Mr Hollobone: About 600 pedestrians a year are killed on our roads. What proportion of those 600 are children?

Dr Christie: I think it is about 120.

Mr Hollobone: Within that 120, what is the age breakdown?

Q32 Chairman: I think you will find that is done by definition anyway because a child is defined by its age up to whatever.

Mr Lynam: It is 0 to 16 and there will be a higher proportion of 11 to 15 than there are under 11.

Mr Hollobone: So more than half would be over 11?

Mr Lynam: I think so.

Mr Hollobone: In terms of very young children, we are talking about 60 or fewer young children killed on our roads every year, roughly?

Q34 Chairman: In Great Britain, 15 of 0 to 14 are cyclists; 56 of 0 to 14 are pedestrians. I think that is the figure you want.

Mr Lynam: Then your estimate was very good.

Mr Hollobone: To be clear, this is child pedestrians, not in vehicles, on the side of the road, dying basically because they are hit by vehicles.

Chairman: The normal way to define a pedestrian is that they are not in a vehicle.

Q35 Mr Hollobone: I wanted to check that I was up to speed with what we are being told. Professor Dorling, I was interested in what you were saying about treating this issue as a public health issue. To settle this in context, given that 3,200 people are dying on Britain's roads every year, how does that compare to some of the headline diseases and chronic conditions that all of us will have heard about in the world?

Professor Dorling: Clearly there are the ones in the cars as well and the ones on bicycles and so on.

Q37 Mr Hollobone: How many children are we counting in cars?

Professor Dorling: If you want accurate figures, I am happy to supply them. Our environment has become incredibly safe in other ways. For instance, the way we can now treat leukaemia much more often, all these improvements in health have meant that, relatively speaking, this risk looks bigger and bigger, even though it is absolutely smaller. As we care about our children as much as we ever did, this becomes in our minds a bigger and bigger risk because it is increasingly the major risk.

Q38 Mr Hollobone: From age 11 and upwards until the end of childhood, the risk of death on our roads is bigger than any other single medical condition?

Professor Dorling: Yes.

Q39 Mr Hollobone: Which other countries have decided to pursue road safety as a public health issue?

Professor Dorling: In effect it is a public health issue in Sweden and in the Netherlands far more than for us, but remember we are doing well at this. I suspect there was a similar discussion here, not in this room but in a room very like it, 150 years ago when somebody in your position asked, when had another country decided to see their sewerage system as a public health issue, that we can have privies in backyards and what is wrong with that. There will be one country that does it first. This is a major killer. Who sees it as a public health issue and it lists road deaths amongst the major 20 killers in the world; roads come high up the list with one million people a year dying on the roads in the world and rising; one every 30 seconds.

Q40 Mr Hollobone: Those two countries you mention, Sweden and the Netherlands, pursuing road safety as a public health issue have amongst the best road safety in the world.

Professor Dorling: Yes, but this is one of the things we are very good at. Rather than be complacent about the fact that we are generally good at it, somebody has to be the best, so why not aim to try to be the best and treat it as a public health issue in the first batch of countries, rather than be in the position that we are often in of being in the last batch of countries.

Q41 Mr Hollobone: Of the three of our distinguished panellists here, are any of you in favour of a dedicated yellow school bus scheme like they run in the United States?

Dr Christie: Schools do have dedicated bus schemes that are trialled at various counties. My children use one, so they are available now. They are not yellow buses but they are dedicated school buses.

Professor Dorling: 1 See Memoranda (RS 70)
Q42 Mr Hollobone: Do you think if there was greater provision of dedicated school buses, perhaps along the lines of the yellow bus scheme in the States, that would make a significant improvement to children’s road safety?

Dr Christie: I think any improvement in public transport would help, without a doubt, but it has to be affordable. I think it is very expensive, so I think that would need to be considered. There is some evidence from the Eighties—you will be talking to Professor Allsop later—with the Fares Fair scheme where fares were reduced in London and the casualty rate dropped.

Q43 Mr Hollobone: Before I come to the last question, which I warned you about at the beginning, I want to ask all of you about the two million uninsured/untaxed vehicles on Britain’s roads. Were those taken off Britain’s roads, would that make a significant difference to road safety?

Dr Christie: They do feature disproportionately in accidents.

Mr Lynam: My view is that it is a growing problem and an important problem for us to tackle.

Dr Christie: I would say that if you think about the car, getting access to tuition is expensive; cars are expensive; insurance is phenomenally expensive for young men, and it is about £2000 to insure a young man. If you cannot afford to drive, then we are creating a bigger problem of unlicensed driving. I think this also relates to injury risk in deprived areas.

Q44 Mr Hollobone: My last question is: if you were an all-powerful prime minister and you could do what you wanted to do, briefly what three things would you do to improve road safety?

Professor Dorling: The first thing I would do would be to encourage an environment whereby some of our largest cities could become majority 20 mph areas like Amsterdam and the Hague. The second thing I would do would be to make information on the dangers of roads the responsibly of the Minister of Public Health. The third thing I would do would be to force the Health and Safety Executive to investigate deaths on the road caused by drivers at work and the deaths of people who are driving while at work.

Dr Christie: I would ensure that there was capacity to deliver the engineering. At the moment there is not the capacity. I would make sure that there are enough trained transport planners and engineers to be able to deliver the whole programme of engineering. I would reduce fares on public transport substantially, perhaps even make it free in deprived areas. I agree that there needs to be massive environmental change to make things safe for people to walk.

Mr Lynam: What I would like to be done first is what President Chirac did a few years ago and say that road safety is a key national priority to improve. That made a huge difference in France. Secondly, the issues about drink driving have founndered very much at the upper levels of government in the past and some announcement from the Prime Minister that he would like to see changes in terms of policies towards drink driving would be extremely welcome. There are other areas like speeding which could also be fruitful. The third one, as has been said before, is the availability of funds to change the road structure to one that we really want over a period of time.

Q45 Clive Efford: Do we have enforcement right?

Dr Christie: I do not think so. I do not think there are enough dedicated traffic police who are mixing in the communities and talking with people and understanding the road safety problems in their areas.

Mr Lynam: You have to be clear about what enforcement is really for. To me enforcement should work on the minority of people who are not prepared to obey and comply with laws that are accepted by the majority of people. One of the problems with enforcement is that you need to ensure this public debate, the public acceptance, of the sorts of policies you are putting in place in order to create that situation where you are focusing enforcement on the minority.

Q46 Clive Efford: Are you suggesting more focused enforcement but more draconian measures for those people who defy the rules?

Mr Lynam: No, I am suggesting for example with things like speeding and drink driving that there needs to be publicity and education and a process of convincing people of the importance of road safety and of measures being applied in those areas. That is not just a one-way track; it is not a matter of you standing up and saying, “This is what should be done because this is my view of priorities”. It is a question of having a convincing debate about what should be the social values going into the future.

Q47 Clive Efford: Does that go back to instruction at the time that people learn to drive or earlier than that?

Mr Lynam: If you talk to educationalists, they will tell you that attitudes start forming very early on and you can work right through the period of 10 or 11 upwards, well before you get to driving age, to try and influence responsible attitudes. Carrying over those attitudes into adulthood is where we begin to see a breakdown, and so much more effort needs to be focused on convincing young adults particularly, but society generally, about the value of improving safety.

Q48 Clive Efford: Do you favour enforcement through extra police or do you think we should do more to put in actual physical barriers on our road networks to ensure that drivers are forced to comply with speed restrictions and other restrictions on the roads?

Mr Lynam: There is an interesting thing about physical barriers in terms of the road structure. I did a lot of work in the Seventies developing urban networks of that sort. Essentially, it was taking old grid-patterned networks and putting some limitations on the sorts of trips that people could make. They could only go out of one end of a street rather than the other end. There was tremendous
resistance to that and yet at the same time the new estates that were being built were being built to planning principles that clearly did not allow the same sort of movement. They had similar options for movement as we were trying to create in these areas. I do not see anything wrong with turning an estate into that shape but you have to do it in consultation; you have to explain what you are doing and convince people that they are not getting a raw deal out of it,

Q49 Clive Efford: That does not deal with the issue of speed, though, does it?
Mr Lynam: If you look at modern estate layouts, they are built so that speed is not attractive and indeed cannot be obtained. You have small sections, constant turns, you do not have straight through rat-runs.

Q50 Chairman: While every television programme about motor cars emphasises speed, how are you going to change that atmosphere, that idea? I think it was the present Mayor of London who said that to get a 20 m.p.h. restriction on the residential areas in London alone would take 30 years. That is always provided that people accepted that restriction. What can you really do that would change the atmosphere?
Mr Lynam: When we looked at drink driving and that same sort of question, there was a development in attempting to change attitudes. It started off with the concept that you needed to convince people there was a risk, and then people were quite happy to take that on board but it was other people’s behaviour that was at risk, not theirs, and so you have to convince them that it is their behaviour that is at risk. Then they have a trade-off as to whether they accept that or not. Then, what are the penalties or rewards in complying with that?

Q51 Clive Efford: I was going to ask about 20 m.p.h. zones. When I tried to suggest 20 mph. zones, the police turned round and said that unless it is physically imposed on people by speed bumps, they will not comply with it, and therefore they will not support it being introduced because it cannot be enforced. What is your attitude to residential areas being turned into 20 mph. zones as a minimum?
Mr Lynam: My view is that we should turn a lot more of the residential zones into 20 mph. areas. Again, it is something which has been done particularly in the Netherlands and also in Sweden. It has contributed to their reductions. Going back in history, when we first started trying to restrict speeds in areas, it was done simply by putting up signs. Drivers did not comply with those signs, and hence the need to put in physical obstructions. I think now you are moving more and more to a situation where people have become used to the idea of travelling more slowly because of the physical obstructions and there may be scope for reducing them. It is something you have to do in concert with the people who are living there. If people do not reduce speeds without the physical obstruction, the obstruction has to be in place.

Q52 Clive Efford: Your opinion would be that 20 mph. zones should not require physical barriers and restrictions?
Mr Lynam: That is the ideal but there are not many places that have managed to achieve that. Again, if you look at the Dutch situation, they started off with quite a complex set of humps and changes to the road structure and subsequently went for a less dense structure but still having a number of these physical deterrents present.

Q53 Mrs Ellman: What percentage of fatal accidents would you say are the result of deliberate risk taking rather than mistakes?
Mr Lynam: It is very difficult to define. I do not think I would like to come up with a number. There is certainly a large proportion of single vehicle accidents. How deliberate you suggest that is, if it is clearly a situation where there is only one vehicle that is involved, then it is a loss of control. I do not think anybody sets out to have an accident as a result of risk taking, and so it is a matter of degree. If you look at single vehicle accidents, they can make up maybe 20% of car accidents and certainly that sort of number of motor cycle accidents.
Dr Christie: When you look at the proportion of young people involved in fatal traffic accidents, speed and alcohol and lack of seat belt wearing are major contributory factors to fatalities. There are some very big issues around that

Q54 Mrs Ellman: What level of risk should we be aiming for?
Dr Christie: As someone who contributed to the PACT report, the whole gist that is proposed in there is to have a risk that is not more than twice the risk of injury doing any everyday activity. I am not quite sure what that means but that is the theory.
Mr Lynam: It is very difficult to put a level of that sort and say that is what we should aim for.

Q55 Chairman: Except that Professor Dorling made the point earlier that you have to balance it with the other transport objectives: access, exposure, mobility and so on. There is a balance to be achieved. Personally, I prefer a level of risk looking a little more at that balance than simply plucking a number out of the air. It has to be said that it is perfectly valid to look at other activities and ask what the risk is in the other activities and why should we have a risk that is any higher than those other activities.

Q56 Mrs Ellman: Do you think there is an area where the public would not accept what they saw as restrictions on their freedom in the name of safety? Do you think there is a limit?
Professor Dorling: There always is but it changes. If you are talking about smoking in the 1950s, you would never have imagined the regime we have about smoking now. The point is that you lead the public as well as listening to what they say and you
have to move things forward. Also, I think the public in the Netherlands have a much better idea about risks than the public here because of the way society in the Netherlands educates their children better perhaps than we do, and because of what is shown on our television, which I do not think would be acceptable in the Netherlands. Some people have to lead. Parliament is part of that. You move people with you.

Q57 Mr Scott: How robust to you think the benefit cost calculations for road safety engineering programmes are?

Mr Lynam: I think they are robust relatively speaking to other cost effective calculations. There is a difference between these and a full cost benefit analysis and so I am not quite sure which you are looking at. Cost benefit has to take in a lot of other factors which do not necessary have monetary values to them, and that then creates a difficulty in making those sums work, but if you look at the pure cost effectiveness, then I think they are robust. The evidence for engineering measures, as Dr Christie mentioned earlier, is far easier to get at and far stronger because of the numbers that we are dealing with and the very large number of situations you can monitor than the evidence for progressive policies like education and training.

Q58 Mr Scott: Do you think more lateral thinking and action is needed to tackle road safety problems and than is currently being carried out?

Mr Lynam: That is what I was intimating right at the beginning when I said that some other countries have taken more of a step forward. As we said, we were certainly up with the leaders in 2000; we are now lagging behind a bit. That is because some of these other countries have taken much more substantive steps in their thinking at least and they are trying to put that into implementation as well.

Professor Dorling: I would make one point about cost benefit calculations. They were designed at a time when we were a poorer country. In a sense, you can argue now that we have reached a level of affluence on average, although we are very unequal, whereby you could look at what we value in life and decide things a little differently than the cost benefit analysis that was done in the past. As other risks have decreased and as we have come to a point where we can heat our houses and we all have colour televisions and so on, that alters how we think about these things. That is partly why other countries are moving forward because they are valuing having a better environment more highly than they did in the past because they have become richer. If we become richer and cannot make our streets safer, in a sense, what was the point?

Dr Christie: Lateral thinking is very important in the deprived areas where you have to look at the root causes of road traffic injury. That might be because there are not many safe play areas or there is nothing for children to do. It is important to think about those issues. It is not necessarily a road safety solution.

Chairman: On that positive and useful note, may I thank you all. It has been very interesting. Thank you very much indeed.

Witnesses: Professor Richard Allsop, OBE, Professor of Transport Studies, and Ms Heather Ward, Honorary Senior Research Fellow, University College London; and Mr Nick Starling, Director of General Insurance and Health, Association of British Insurers, gave evidence.

Q59 Chairman: Good afternoon to you all. Can I thank you for coming, firstly? This is an important inquiry and it is one that we take very seriously indeed. Would you be kind enough to identify yourselves for the record, please?

Mr Starling: My name is Nick Starling. I am Director of General Insurance and Health at the Association of British Insurers. I am also a trustee of the Parliamentary Advisory Council on Transport Safety.

Ms Ward: I am Heather Ward. I am an honorary senior research fellow at University College London. I have been in the field of road safety research for the past 30 years.

Professor Allsop: I am Richard Allsop. I am emeritus professor of transport studies at University College London. I have worked on road safety research in various forms for 40-odd years and I am also a director of PACTS and of the European Transport Safety Council.

Q60 Chairman: It is very nice that PACTS is so fully represented today. As you will realise, our adviser on this particular inquiry is also not unrelated to the PACTS organisation which we regard as a very useful form of parliamentary support services. Do any of you have anything you want to say before we start, briefly? No. You are all looking very well disciplined. Tell me the main role of government in relation to road safety.

Ms Ward: The main role of government, like your previous panel of witnesses, is to lead by example, to take a political lead. Those countries where there has been a sustained political lead are doing very well indeed.

Professor Allsop: In addition, to draw together the inputs. There are many stakeholders in road safety, people with responsibilities for the roads, for vehicles in various ways, for operations using the roads and representing interests of different groups, concerned with education and training and public health as influenced by what happens on the roads. Many organisations have a contribution to make. Some of them already recognise this explicitly. Others perhaps need to be encouraged to recognise it more fully and government can help to identify synergies between these contributions and bring them together and, where there are tensions between them, to try to resolve them positively.
Mr Starling: I would agree that leadership is the absolute key. I think it is extremely important to work closely with other organisations and also to work in areas where the objectives might be slightly different but the outcomes are the same. For example, if you sort out road safety, you sort out a lot of issues round the health service, as previous witnesses were saying. You improve the environment for people, so if you can align different interests to the same end then I think you can begin to win in these sorts of areas.

Q61 Mrs Ellman: What measures have been most effective in reducing casualties since 2000?
Professor Allsop: Engineering of the roads, in the light of the capabilities of the road users, people on foot as well as users of vehicles, is a large contributor. Occupant protection and pedestrian protection by vehicles influencing how much injury results from a given collision is a large contributor. Also, traffic law influencing behaviour of drivers and persuading and influencing the behaviour of drivers, especially in terms of drink, choice of speed and wearing of seat belts.

Q62 Chairman: Mr Starling, are there any special groups that cause you more trouble?
Mr Starling: From our point of view, personal injury claims are going up so from a purely insurance point of view we are not seeing reductions.

Q63 Chairman: Is that because there is a different atmosphere in terms of litigation or is that because there are more accidents in the groups that you deal with? What do you personally, in your organisation, think is the reason for an increase?
Mr Starling: We do not know. We know that there is this increase. In the last 10 years, bodily injury claims have gone up by about 3%. The costs of bodily injury claims have gone up by about 6.5% a year so the costs are rising and the numbers are rising. There may be a number of factors in this. People are more aware of what they can do in terms of claims. There are more people who are acting on behalf of claimants. We know that a lot of the increase is in very light injury claims, whiplash in particular. There might be an issue around people being encouraged to claim for whiplash. That is what we see, so the strict answer to your question, “What has worked best in the last few years?” is we do not know because things seem to be getting worse. We do know where we have the most concerns. We have huge concerns around young drivers. There is carnage among young drivers. There are other groups where there are problems: older drivers, foreign drivers, uninsured drivers where action is starting to be taken. We are getting there. There is still a lot more to do. The key issue is identifying those risks, working with others to sort them.

Q64 Mrs Ellman: Have speed cameras saved lives?
Professor Allsop: Yes. The best estimate is about 100 lives a year. We have more or less levelled out at a number of speed cameras of the order of 7,000 I think over the network. In terms of support for that through evidence of changing behaviour, we have seen the average speed of vehicles in free flowing traffic on 30 and 40 mile an hour road decrease steadily throughout the period when the number of speed cameras has been built up and the percentage of people driving over the limit on those roads is also decreasing steadily. There are still a lot of people driving over the limit but it is about half in free flowing traffic on 30 mile an hour roads. It was about two thirds before we had speed cameras.

Ms Ward: They have been demonstrated to have saved lives but only on specific parts of the road network where the greatest concern is on the rural network, where the speeds are much higher and there is much less use of speed cameras in rural areas than there is in urban areas. A lot of the gains have been made in towns and cities but there is a much higher proportion of deaths on the rural network than on the urban road network these days, especially amongst car occupants.

Q65 Mrs Ellman: Has there been any reduction in roads policing in relation to drivers breaking traffic regulations? Has there been a reduction of enforcement on the roads?
Professor Allsop: I believe that there has been over the 1990s and into this century a reduction in police presence in that less police officer time has been allocated to patrolling on the roads.
Ms Ward: That is my understanding as well. It is a concern amongst those of us working in road safety that there does seem to have been a reduction in the number of police present on the road network, which is increasing the levels of bad behaviour such as was mentioned earlier, the use of mobile phones, speeding, drink driving, drug taking, etc. The perceived risk of being stopped is very low. What we need to do is to raise the perceived risk of being stopped, not necessarily the real risk of being stopped. People need to think that they are going to be stopped by the police a lot more often than they actually are. The higher we can raise the level that you think you are going to be stopped, the more effective the enforcement becomes.

Q66 Chairman: On the M6 for example the police had very clear evidence that there were people travelling from large conurbations, from Liverpool and Manchester, into our areas because they were easier and were perceived as not being so well protected. There was a very great deal of publicity about the automatic number plate reading and all the other things that would normally be very effective forms of enforcement. I think it may have worked probably for a week but the Liverpool villains who are very professional are only impressed for what I may call a short period of time. What evidence have you that there is this change?
Mr Starling: You mentioned automatic number plate recognition and I think that is a success area in enforcement in the last few years. Well over 100,000 vehicles were stopped last year and some of them were crushed. That has been successful. As you pointed out, some police forces do it more than
others. I think it does demonstrate what I said earlier, that if you can get people’s objectives aligned you get action because we are obviously interested in stopping uninsured drivers. They rip off our honest customers. The Department for Transport would like to stop them because they are disproportionately dangerous, very much so, but the police also found that when they stopped uninsured drivers they were committing other offences. That is the example of people with different motivations wanting to do the same thing and you are beginning to get action.

Chairman: I should not upset these Liverpool Members. I apologise if I suggested only Liverpool has professional villains. I know of other cities that do quite well as well.

Q67 Mrs Ellman: What should the priorities be over, say, the next 10 years? What are the categories of people particularly at risk? I know, Mr Starling, you mentioned young drivers. Are there any groups where you think attention should be directed?

Ms Ward: There is a mounting level of evidence about the risk of those involved in road traffic accidents, young people in particular, who are without employment. When we talk about this rise in uninsured and unlicensed driving, it is most prevalent in these more disadvantaged groups. There are more injuries in these groups and there is a lack of seatbelt wearing. The figure that Dr Christie mentioned earlier of 11% is 11% of young, male, rear seat passengers at night that were killed. Only 11% were found to be wearing a seatbelt. Seatbelt wearing amongst young people in particular at night and young men in particular is an absolute number one priority for saving lives because not wearing a seatbelt is implicated in head injuries. If you have a head injury, you are far less likely to survive than if you do not have a head injury. Anything that we can do to reduce the number of head injuries, either in car or outside of car, is going to bring forth major benefits over the next few years.

Q68 Clive Efford: What assessment do you make of public opinion towards the government’s road safety strategy?

Professor Allsop: We know that a large percentage— I think it is in the 70% to 80% range—would like the alcohol limit lowered and would like more enforcement against drink driving. We know that a large percentage of the population, including a considerable majority of drivers, approves of speed cameras and their use. Many local groups ask for additional cameras in their areas. We know from the research that has been carried out into the impact of the department’s Think campaign that attitudes to excessive speed have shifted considerably. The proportion of people who are asked on a five point scale how badly they see exceeding the speed limit, the percentage who see it as a very serious matter, is considerably higher. These are examples of positive perceptions of aspects of the programme. I do not know of research that has asked the general question of how people perceive the road safety policy. I do not know whether my colleagues know.

Mr Starling: We have made no formal assessment but the big issue for us at the moment is young drivers. When we published our research and started our campaign on young drivers 18 months ago, we found the public response astonishing in terms of political support, public support and press support. That is a good indication that we have shared concerns with the public. That also meant that there was public support for the sort of proposals we had around testing, training, age when you can drive, the number of passengers and so forth. We have not gone out and tested that but we thought that was a good indication to us of how seriously people take it.

Q69 Clive Efford: Do you think we should be worried about sections of the media and groups who actively campaign against road safety measures such as cameras and speed limit enforcement?

Ms Ward: In a democratic society, all views have their place. One of the problems that I see from these groups is that they are disproportionately vocal according to the size of the membership that they purport to have on board. From that point of view, I think the amount of media attention that they are able to garner is out of all proportion to the size of their membership.

Q70 Clive Efford: Name names.

Ms Ward: My main concern I think, having been involved quite a lot in the speed camera programme, is the Association of British Drivers who seem to have rather a lot of ears of a lot of very influential people, again out of proportion to the size of their membership. That is my personal view.

Chairman: One that I might concur with, if I can be non-controversial.

Clive Efford: What percentage of fatal accidents are the result of deliberate risk taking? How many are the result of mistakes or accidental factors?

Q71 Chairman: Mr Starling, do you want to make a guess?

Mr Starling: I am not going to make any sort of guess. The issue is not really deliberate risk taking. It is being unaware of risk and not knowing the limitations, which comes back once again to the issue of young drivers. We know that they will be in accidents which involve speed, losing control of the car. As I think other witnesses have said, no one actually sets out to drive a car off a bend or across a central reservation but your actions can lead to that. There is also the “mates” factor. That is, the friends in the back. One of the things we have found is that quite often you will have a law-abiding young driver. They have not drunk anything but they are driving their mates back from a party and that is when the accidents occur. It is nothing deliberate. They have been egged on. There is excitement in the car and that is a concern.

Clive Efford: What level of risk should we be aiming for?

Q72 Chairman: I know we keep returning to this but it is important.
**Professor Allsop:** My calculation of the risk we tolerate over use of the roads is leaving aside one other, big area of risk which is the risk of fatal falls to very elderly people in their homes. If we leave aside that area, the ratio of the risk of death per hour when we are using the roads to the risk that we tolerate in the rest of every day life is about eight to one. This relates to your previous question about the media and these groups who challenge safety measures. If we had a wider public understanding and perhaps a wider understanding in the very high levels of responsibility for the content of our newspapers and television of this disproportion and thereby rationale for measures that try to reduce this, we might help things forward. In terms of where to go, my pragmatic vision is a road system in which we tolerate no higher risk there than elsewhere in every day life. I do not think that we should lead the public to expect that, just as I do not think we should lead the public to contemplate that there could be a road transport system with no risk of death or serious injury, which some of our European neighbours do claim to aim for. I do not think we should lead the public to expect that because, if we are going to use mechanised transport, we are accelerating our bodies to speeds from which we have not evolved to be slowed down suddenly. There will be some risks as long as we have mechanised transport. As long as we have mechanised transport which is open for all of us as individuals to use, as is the case with the road system, we have to reconcile ourselves to there being somewhat higher risk there than we expect to find elsewhere in every day life, but perhaps as a long term target a factor of two.

**Q73 Chairman:** If we did not have human beings in charge of cars, we would not have a problem?  
**Professor Allsop:** Yes. If we had sufficiently intelligent and reliable automata, we would have less of a problem.  
**Chairman:** I think we are into Utopia there. If car drivers were tested on their IQ before they got behind the wheel, life would be very interesting. There would be fewer cars on the road.

**Q74 Clive Efford:** What can we learn from other countries about tackling drink drive problems?  
**Ms Ward:** The Australians have taken this very seriously and, at the same time they have brought in a massive speed camera programme, they have brought in a massive drink drive campaign with random stopping of motorists. Their vision of a road system is that you can be stopped anywhere, any time. Again, this comes back to my point, in increasing the level of perception in the mind of the driver that you are likely to be stopped. Whether or not the level of stopping changes is slightly another matter but if people believe they are going to be stopped it is my belief that they do start to think more about their behaviour and it impacts more on certain people than others. There is always a class of person who does not care. They do not bow to authority in any way at all, so there will always be people who drink drive and there will always be people who speed, no matter what level of enforcement we have. The majority want to comply and the majority will believe that, if they are going to be caught, they will stop drink driving.  
**Mr Starling:** May I make a general observation? There is a lot we can learn from other countries. To some extent, the fact that we have slipped down the rankings helps a little bit because sometimes the attitude before was: “we do best; why should we learn?” We have not done specific work on drink driving. We have some very interesting statistics on the number of passengers in cars relating to accidents. For example, other countries have done it, so I think that this is an area where you can learn very much from what other countries have done, even if they started from a higher base than we have.  
**Professor Allsop:** Several of our successful European neighbours’ police do have the power to stop and test. I prefer not to use the word “random” myself but led by their intelligence as to where there are most likely to be drinking drivers which police forces have a pretty shrewd idea about, they should have the power then to stop and ask for a breath sample without any prior suspicion that the person has been drinking. That has been called the unfettered discretion to test and in Sweden and the Netherlands the police have those powers. They need the equipment and here, in the Serious Crime Act, just before the last election which means three years ago, we created the power for evidential roadside breath testing. The reason that is not yet happening is that the Home Office has not yet completed type approval procedure for the equipment to enable it to happen. The difference it will make is that a crew that is put on the road by a chief constable in an evening—at the moment the first offender over the limit that they find takes them off the road for the rest of the relevant period because they have to go back to the station. If they could do procedures at the roadside, they could deal with that in perhaps half an hour or an hour and then they could catch two more people. That is a big difference.

**Q75 Chairman:** What is the objection? Is it that they have not technically got the evidential system right or is it just that the police forces and the Home Office are not enforcing it?  
**Professor Allsop:** The Home Office are taking a long time to carry out this procedure. You would need to ask them exactly why, but I cannot believe that if it were a really high priority it needed to have taken more than a year at the outside, because these equipments are approved in other countries. It is not new research. It is approving pieces of equipment which are in use in other countries for use here and I think it is a very serious matter that they have delayed this.  
**Chairman:** That is helpful. You may take it we will be asking questions.

**Q76 Clive Efford:** How big is the problem of drug driving and what should we do about it?  
**Professor Allsop:** The measurements we have are that on Thursday, Friday and Saturday evenings and into the early hours of Friday, Saturday and Sunday about 1% of people are driving around over
the limit. About half of those are very seriously over the limit. There is probably another 2% in the range 50 to 80 who would be over the limit if we had the European recommended limit. They are contributing 550 or so deaths per year. Those evenings are the peak. There are other times of the week when there are also contributions.

Q77 Chairman: It is the drug taking that we are concerned about, both recreational and medicinal. Ms Ward: I cannot answer your question directly with figures but a colleague and I have been undertaking work in the west of England interviewing, as it happens, 16 year old moped drivers, again who are a big problem group that are not quite recognised to the extent that they should be. The attitude of the 100 or so young people that we interviewed in the west of England is that they have maybe one drink and then stop, because they know they are not supposed to drink and drive. Then they move on to drugs because they think that is safe. The perception amongst young people, it appears, is that driving with drugs is perfectly okay but driving whilst drinking is not okay.

Q78 Clive Efford: How important is the quality of emergency services and hospital A&E care in reducing crashes? What impact has that had on the comparability of international data? Ms Ward: We have looked in one of our pieces of work for the Department for Transport at ambulance response times over the last decade. The main indicator that we have looked at is the speed at which the ambulance conveys the injured person to hospital. That does not seem to have changed in terms of travel time. Obviously the way that ambulances are sent to a road traffic accident has changed over time because they now have category A and category B ambulances. If it is considered to be serious, an ambulance that is fully equipped with paramedics on board is generally sent out. In the same piece of work, it emerges that about 80% of deaths occur before admission to hospital. Those people that are killed in road traffic accidents tend to die very quickly indeed, before admission obviously. That means that they can be alive as they are going through the A&E department and alive as they are going into theatre for surgery. That does not count as admission. The admission comes after that. It is just quite a small proportion of the deaths that go into hospital and are treated there. Also, we have looked at not so much the treatment in the A&E department but the treatment of injured people. As I mentioned earlier, your chances of survival, of coming out of hospital alive as it were, with a head injury, are substantially lower than coming out of hospital with injury to anywhere else on your body. Anything we can do to prevent the head being injured, either inside the vehicle, being ejected from the vehicle or as a vulnerable road user being hit by another vehicle or, as a cyclist or motor cyclist, hitting your head, would be a help. That is the main area that there has not been much of an improvement on over the last decade.

Q79 Chairman: Mr Starling, do you have any evidence about drug taking and driving accidents, fatal or otherwise? Do you differentiate between those who take drugs recreationally and those who take drugs on a prescription, because it seems to me in this country we do not even recognise the implications of somebody who is taking prescription drugs and the effect it may have on their driving. Mr Starling: We do not. Obviously there are some medical conditions which you need to report to your insurance company.

Q80 Chairman: Those tend to be things like epileptic fits and things which are much more major will have a direct effect before people get behind the wheel. Mr Starling: It is important to say where we come at road safety. We basically know about injuries for which people make claims. We know surprisingly little about some of the causes of accidents in terms of speed, drugs or drink because the issue for us is when the claim comes forward and who was driving and so forth.

Q81 Chairman: Forgive me, Mr Starling. I know you are all altruists in the insurance industry but for those of you who are not there is an indication to the rest of us that possibly you do ask awkward questions. What we need to know is what does the insurance industry say about people who are taking drugs behind the wheel. Mr Starling: We say generally do not do it, absolutely not. What I am saying is we do not have any specific data about the extent to which people—

Q82 Chairman: You have never made the effort to drill down into what is happening in this matter? Mr Starling: I am not sure that we would find out essentially because, if there is a claim that comes in and the claim is for an injury to a third party, it will not come in if it has been a death. Mostly it is if there has been an injury. What you then do is, first of all, you establish the liability for that injury. That may or may not involve drugs. It will rely a lot on what the police say in some circumstances. Then you assess the cost of that injury. That does relate to the earlier question. I do not know what the survival rates are like in hospital but we do know that the cost of compensating for catastrophic injury is going up all the time. It can be extremely high. We know of one case at the moment being dealt with by the Motor Insurers’ Bureau where the total claimed loss is £19 million, because these are young people who require lifetime care for catastrophic injuries.

Q83 Chairman: This would be something like a quadriplegic situation? Mr Starling: It could be paraplegic, quadriplegic, brain injury, but anything which requires lifetime care.

Q84 Mr Scott: Without making any generalisations, there are a number of cars from elsewhere in Europe on our roads now, some of which are allegedly not in terribly good condition and certainly would not
necessarily pass an MOT in our country. Are there any statistics or information you have on their impact on road accidents, deaths and injuries?

Mr Starling: Yes. We did some work on this last year. We produced a report on European drivers. It is certainly the case that there has been very considerable increase in collisions involving cars from other countries, particularly eastern European countries, over the last few years. We have sent you those details so I will not repeat them, except to say that Lithuania went from one collision in 2001 to 745 in 2006, which is perhaps the most startling increase. For example, Poland has gone up by nearly 10 times, 361 to 3,132. It is an issue. I think there is an issue about enforcing the laws that are supposed to be in place around registering a car when it comes across. People can drive round for a long time. The government has no record of when the cars come in.

Q85 Chairman: It is six months, is it not?

Mr Starling: It is six months. How do you know when it has been here for six months? I do not think there is any indication that that is known.

Q86 Mr Scott: You are saying that after six months it is not being enforced?

Mr Starling: That is what we understand. Some of them come from countries where—how can I put it delicately?—there may not be the same tradition of insurance as we have here, so there is an issue about claims involving these people. There is an issue about MOT or MOT equivalents. We think this is quite an important area where perhaps the EU needs to get together and sort out some of the enforcement and registration issues.

Q87 Mr Scott: We have heard a lot about novice drivers, young people driving cars, with particularly high records of accidents. You referred to not necessarily the driver being drunk but maybe passengers in the car egging them on etc. Why have we not made more headway, because certainly on this Committee we have been discussing it for quite some time. It is not new. Why has there been so little headway, in your opinion, on this?

Mr Starling: I do not know. We have come a long way in the last few months because a lot of people started talking about it. We did, you did and this Committee did an inquiry on it. I think it has caught the public imagination. One of the reasons it started to make headway is because of risk identification measurement. If you can set out figures to people on what is happening, people can grasp it better. We are enormously encouraged that the government is now tackling the whole issue of driver testing and training. We think that there are some fundamental issues that need to be grasped there. There are further issues around the number of passengers in a car and enforcement of that. I do not know why it has not attracted attention up to now. It is beginning to and more pushing is required.

Ms Ward: I conducted a study a few years ago now about young drivers driving at night. One of the things that we found from our interviewing of young drivers—there was a question earlier about risk taking—is that a very small proportion of them do take risks at night. They think it is safer to drive at night, especially on the country roads, because with headlights on you can see if something is coming. If there is not a light coming the other way, it is safe to speed, it is much more fun and there are no police on these roads anyway. There is a tiny element of risk taking and we have heard about cars with maybe a sober driver being distracted by people in the backseats feeling sick and just playing around, kicking the backs of seats and those kinds of things. All this sort of thing you are thinking is perhaps arguing for restrictions on carrying passengers at night and restrictions on young people at night and that is not something that I am particularly—

Q88 Chairman: We are ahead of you there, so you can move on.

Ms Ward: Part of the problem is that young people in their leisure time tend to be driving in the late evening and at night. When you are looking at the risks at that time of night, they are absolutely disproportionate to the amount of traffic on the streets and to the number of young drivers driving. This is not a problem that we have in this country; it is a problem in all of the industrialised world. Everybody is trying to work out ways of improving the safety of their young drivers, but one defining feature of young drivers is that they are tending to drive smaller, older cars. You are much more at risk as an occupant of smaller, older cars if you are hit by something newer because newer cars tend to be bigger and heavier. A new Golf is much bigger, about 30% bigger, than an old Golf, for example. The new Polo is the size of the old Golf. Young people tend to drive hand me down cars. They tend to drive mum’s old car. She gets the new one and the young person does not. There are all these issues as well. As David Lynam mentioned earlier, the fleet with more heavy cars in it, more four wheel drives and people carriers in it at one end, that market is increasing, so there is a lot of weight up at the top end. There is a huge increase in the number of Minis and very small cars as well. There is a much bigger disparity in the vehicle fleet. Your chance of being hit by something bigger and heavier has increased in recent years. There is nothing we can do about it. It is a lifestyle choice and in time these bigger cars will cease to exist.

Q89 Clive Efford: Is it something that we cannot do anything about? I am not so sure. Is it not the economics of it that force them into those unsafe or less safe, older cars because they are cheaper to insure?

Ms Ward: Yes.

Q90 Clive Efford: Is that not slightly counter-intuitive on the part of the insurance companies? They are insuring the vehicle rather than the person. They place more value on the vehicle.

Mr Starling: The insurance companies calculate risk from a number of factors. There is the size and the power of the car, essentially, so the smaller the car the lower the premium is going to be. It is obviously
based on the age of the driver. It is not just about other vehicles on the road. An awful lot of young drivers manage to kill themselves and their occupants without any other vehicle involved. Even small cars now are perfectly capable of travelling at 80 miles an hour.

Q91 Clive Efford: Are you not arguing against yourself then?
Mr Starling: I am not sure. A lot of the issues around young drivers are around behaviour and experience and perception of risk.

Q92 Chairman: Do you share your data with the government, Mr Starling?
Mr Starling: Yes.

Q93 Chairman: Is that only through the agencies or directly through the department?
Mr Starling: We talk to the Department for Transport and also to the relevant agencies of the Department for Transport. We will share our general data with anyone. Clearly, if there is commercially sensitive stuff, that might be dealt with slightly differently but by and large the sort of data we produce is available for all. Indeed, we published some recent data which I hope the Committee has been sent.

Q94 Chairman: Have you any evidence about the Norwich Union pay as you drive insurance scheme?
Mr Starling: I do not have any evidence on how that has worked so far. Incidentally, I would add that is an area where we do not think it is practical for government to enforce things like restrictions on driving at night. That is an area where we think the insurance industry can do its bit by making it more expensive to drive at night.

Q95 Mr Scott: Everything we have discussed and everything we have said all comes back to one thing. If enforcement is not going to be carried out adequately, whatever measures are put in place are not going to alleviate the problem and it is not going to get better. Would you agree with that? We just need more enforcement?
Mr Starling: I think it is part of the answer that we need more enforcement, but for example one of our proposals is that you should restrict the number of passengers that a young driver can carry for six months after passing their test. The vast majority of young drivers are law abiding and they would obey it. I think you can say that quite clearly. In a sense, that one change would of itself add value. Clearly beyond that you have to have some enforcement. Enforcement is important. It needs to be consistent. You need to be able to focus it in the right ways. You need to be able to develop some forms of enforcement which do not necessarily need people on the roads. For example, we are still waiting for the government to introduce continuous enforcement for uninsured drivers, enforcement from the record. If you introduce that, you no longer need to have the police on the streets enforcing it.

Q96 Chairman: What is holding that up?
Mr Starling: We do not quite know. We know that the Department for Transport wants to introduce it. We do not know whether it is an issue of budgeting or not but we think it is extremely important that that does happen. It would have the effect of enforcing but leaving the police able to do work in other areas. Enforcement is important but I think that people do, by and large, obey the law when they are driving. I think you can rely on that to some extent.

Q97 Chairman: On automation, there is going to be a complete change in vehicles in the next 10 or 20 years. Many more things are going to be done routinely and indeed if you feed in all the motor manufacturing definitions of all the new tricks they are going to put into cars we could get to the point where the driver is the last one in charge of the vehicle. Is that going to have a direct effect?
Mr Starling: It could do. The history of vehicle manufacture is that safety features have come in. They tend to come in at the luxury end and go through the fleet. There are various technical measures now on controlling the car and the speed of the car etc., which have potential. They only have potential if you have to use them. If you can opt out of them, then they do not.

Q98 Chairman: Has London’s emphasis on cycling and public transport with restrictions on car use and a good concessionary travel scheme produced any results, particularly those involving young people?
Ms Ward: I am afraid I cannot answer that.

Q99 Chairman: Is anyone doing any work on that?
Ms Ward: Yes. Transport for London are doing a lot of work. They are producing figures and statistical reports all the time. It is just that I do not have those figures to hand. The only surprising thing to me—and I welcome it—is that there has not been an increase in the number of collisions between motor cycles and pedestrians since the start of congestion charging.

Q100 Chairman: Is there a direct link between criminality and road safety?
Professor Allsop: The police certainly find that people they detect committing traffic offences are often offenders in other ways and I think vice versa. The first is the less obvious. There is the urban myth that you look at the able bodied people who are parking in disabled parking bays in a shopping centre and pick up quite a lot of your local criminals that way. Of course, that is a caricature but—

Q101 Chairman: It seems a little too simple. Otherwise, I think the Met would be round every Sainsbury’s in London.
Professor Allsop: When you talk to the police about allocation of effort, I think you will find they will tell you that effort devoted to traffic policing also contributes a great deal to the incidence of general crime.
26 March 2008  Professor Richard Allsop OBE, Ms Heather Ward and Mr Nick Starling

Q102 Chairman: Is there a danger that if you clamp down too hard on drivers you are going to increase the number who drive untaxed or uninsured?

Professor Allsop: Yes. I think that is a danger and particularly there we need to be careful how we deal with the younger driver problem that has been discussed at some length. That is to say, we do need to bring our novice drivers through to maturity in a way that keeps them within the system.

Q103 Chairman: Keeping them alive would be quite a constructive move towards that.

Professor Allsop: First, keeping them alive but also keeping them wishing to hold a driving licence and drive legally, not feeling driven by an excessively intrusive regime.

Mr Starling: Obviously there is a risk that you might increase the number of uninsured and unregistered drivers but the important thing then is to catch them. If you catch them by number plate recognition, you can cart their cars off and crush them or you can do this continuous enforcement from the record where, if your insurance lapses, you then get a letter with an automatic fine in the same way as if you strayed into a bus lane. The key thing is you might create a bigger risk in one area but just tackle that risk. The weapons are there to tackle that risk.

Q104 Chairman: How reliable are number plates as a means of identifying a vehicle and a keeper?

Mr Starling: My understanding is that the system is pretty good. I do not have figures but it has certainly been effective. Clearly, if you are pulled up through number plate recognition and someone says that you are not insured, there is a pretty quick means of establishing that you are if you really are.

Ms Ward: I am a little bit concerned about the use of the continuous record. It is fine for those drivers that are compliant and middle class, but there is quite a rump of the population, especially the younger population, who feel rather marginalised and outside of the system. They are the ones I think that we have to work the hardest with. There is a lot of need to be starting to work much more broadly with other agencies certainly in areas where there are wider social problems because those are areas in which the wider social problems often result in what we call traffic crime. These are the youngsters driving mopeds and cars without tax and insurance. Indeed, we have been in estates where these mopeds and cars sit by the side of the road with a key in. They are effectively a pool car for anyone to use and these cars are completely outside the system. The drivers are completely outside the system and I do not think any heavy handed enforcement in these areas to catch these people is going to be welcome or productive. What they can do is drive and that gives them some defining part of their personalities.

Q105 Chairman: Part of the problem is they cannot drive.

Ms Ward: Yes, absolutely.

Chairman: One has to say enforcement is never routinely popular, irrespective of the income, the background, the age group or anything else of the driver. Everybody seems to believe they can drive. You have been very helpful to us. Thank you very much indeed. We are very grateful. It is always nice to hear that we are at least looking at things that are important. This is a matter of people’s lives. Thank you very much indeed.
Wednesday 30 April 2008

Members present

Mr David Clelland

Clive Efford
Mrs Louise Ellman
Mr Philip Hollobone
Mr Eric Martlew

Mr Lee Scott
Graham Stringer
Mr David Wilshire

In the absence of the Chairman, Mr David Clelland was called to the Chair

 Witnesses: Mr Rob Salmon, County Surveyors’ Society, Assistant Head of Highways & Transport, West Sussex County Council, Mr Chris Lines, Technical Advisers Group, Head of London Road Safety Unit, TfL, Mr Neal Skelton, Head of Professional Services, Intelligent Transport Society UK, and Mr Paul Everitt, Chief Executive, Society of Motor Manufacturers and Traders, gave evidence.

Mr Clelland: Good afternoon, everyone, welcome to the Transport Select Committee. This is the first meeting of the Committee since the sudden and tragic death of our Chairman, Gwyneth Dunwoody. Gwyneth, as we all know, was a consummate politician. She was very well respected on all sides of the House of Commons, not least by this Committee, its members and its staff. She will be sadly missed. She was also, of course, an expert at transport issues and well-respected in the general transport world outside. I hope you will join me and stand for a minute’s silence in memory of Gwyneth Dunwoody.

There followed a minute’s silence.

Thank you. Before we start could I ask members who have an interest to declare? Mr Martlew.

Mr Martlew: I am a member of Unite and the GMB trade unions.

Graham Stringer: A member of Unite.

Clive Efford: A member of Unite.

Mrs Ellman: A member of Unite.

Q106 Mr Clelland: David Clelland, a member of Unite. I am not the permanent Chairman of the Committee; I am only here temporarily while the Committee sorts itself out and elects a new chairman in due course after the funeral of Mrs Dunwoody takes place. The witnesses should introduce themselves for the record, please, from my left.

Mr Salmon: I would say primarily to set direction, to look at the overall strategy, certainly to set targets but also to be aware of what joining up is needed to tackle the combination of efforts needed for road safety and to carry out research in that direction to give us an evidence-based steer across the whole area of road safety work.

Mr Lines: I would like to add funding, government has a major role to play in the solid funding of road safety, and to say leadership as well. It is leadership which is really important. Road safety, in my view, cannot be delivered without the public and support from society and leadership from government has a big role to play in affecting public opinions.

Q108 Mr Clelland: What role does road safety have in relation to wider transport policy and other social, environmental and economic policy objectives?

Mr Everitt: If I could touch on a bit of both of those questions, from a vehicle manufacturer’s perspective clearly government is central in creating the regulatory and legislative environment in which we put our products onto the marketplace. Clearly there are a number of sometimes conflicting requirements that society places on us in terms of what it requires in terms of safety but also in terms of environmental performance and what we look for from government is to provide us with the right kind of lead and guidance on balancing those sometimes conflicting requirements and ensuring that we have a clear direction so that we are not in a position on one level where this Committee will be scrutinising the industry rightly on its performance on road safety and elsewhere we will be scrutinised on CO2 emissions or other hazardous exhaust emissions. Clearly, sometimes there are issues that need to be understood across those various performance criteria so that we can provide satisfactory products into the marketplace.

Mr Salmon: There is a very strong link to health and I think the cost to society of road safety obviously has a strong link to health in today’s joined-up policy thinking, and with road safety being part of transport/mobility there is the point about accessibility to services too, but health must be the single most important one.
Q109 Mr Clelland: What about other government departments in terms of reducing casualties, apart from the Department for Transport; what role do other government departments have?

Mr Lines: One that springs to mind is the Home Office in terms of roads policing, that is critical to a holistic road safety policy and I agree with colleagues that there is a lot more we can do with the health links as well.

Mr Skelton: I would like to support colleagues and their comments; road safety does transcend across more than only one government department. The Home Office has a distinct responsibility within the roads policing area and it is the joining-up of the two that has tended to ensure a coherent strategy that actually helps to minimise casualties. On the estimation that each road death costs approximately £1.5 million together with the associated congestion it is this point, as my colleague said before, of balancing the priorities of environment, transportation and congestion as well as safety.

Q110 Mr Clelland: Are there sufficient funds allocated to road safety? Are the funds which are available being used effectively enough?

Mr Salmon: On the first point we would all say not enough. The point that is made about the link between the Home Office and the police and the combination of a strategic priority and funding have to go hand in hand, and we feel that there is not enough funding for active road policing as yet. We tend to appear to move away from that priority from the Home Office perspective and, whilst the police are making efforts with the resources they do have, there clearly is a public perception that all that policing is about is speed enforcement, which of course it is not. We feel that education is a very strong role for the police, as it is for other agencies. Funding, right through from basic road maintenance—for which, looking into the future, we need at least a 30% increase in our basic level of road maintenance support to maintain the integrity of the network and also to make improvements in passive protection too. That is the sort of minimum figure I would say.

Mr Lines: You asked about effective use and we are pretty good at that. We have a good data collection process with Stats 19 and therefore we do have a good understanding of the casualty problems, it gives us a very good foundation for having interventions which are cost-effective. Compared to other European countries we are certainly quite strong on that so there is less of a worry about using the resources effectively than there is about getting more resources and obviously more resources mean safer roads.

Mr Salmon: I agree with Chris but I would put a rider there about the value of education and training in road safety which is widely perceived by everyone involved and the public at large as a good thing, but there is very little evidence to support that, so deciding that it is actually effective is quite difficult, that is a point we want to emphasise.

Q111 Graham Stringer: On Mr Salmon’s previous point that a 30% increase in the budget would be welcome, can you explain on what basis you have come to 30% and how many lives it would save if you got that increased investment?

Mr Salmon: I come at it from two points really. If we talk about the basic investment in intervention through road safety schemes on the ground, accident reduction schemes, speed management and so on, we know from our evaluation of those schemes roughly how much it costs on average to save one killed or seriously injured as a number and it is typically around £100,000 per KSI (killed or seriously injured). That is for a targeted scheme and we know from our bids for funding where we have tried to forecast how much effort is needed for the interventions that we put in that our bids are not necessarily realised in full, so in that sense 30% extra would give us more confidence about meeting or exceeding targets. The other point is from the road maintenance side and increasing concern about the effect of extreme climate conditions and the fairly well-understood national position from the industry that excess inflation in the industry is not matched by levels of funding year on year for road maintenance, so whilst we have a low defect level that leads directly to road accidents, probably less than 2% of casualties caused by defects on the network, the fact is that if we do not maintain the standard of the road that number is likely to go up.

Q112 Mr Martlew: Can I just follow up on that? Obviously I understand the need for road maintenance, but the idea that you are going to get 30% I find unlikely. Is there a list by county or perhaps, in the urban areas, a list of accident black spots where the problem could be solved and the casualties reduced by actually spending a specific amount of money on that, and is there a backlog of that?

Mr Lines: The general answer to your question is yes, and it comes back to the data point, that we have good data so we do know where these so-called black spots are. In a sense we have been doing it for the last 30 years and some of them come and go as the network changes and road safety engineers are always mindful of that. There is another aspect of road safety engineering as well as the black spots and that is treating what we call scatter accidents. A lot of the collisions that occur are not clustered and there are still people being killed and injured, so that needs a wider area-based approach as well, we do not just treat the black spots we treat the area-wide collisions as well. There are methods to do that and 20 mph zones are a good example of those sorts of treatments, so it is not just the black spots.

Q113 Mr Martlew: What I am trying to get at is the number of people being killed is reducing but is now reducing very slowly. If you anticipate getting X million pounds to treat the black spots that could have a major impact on it I suppose.

Mr Lines: Yes. As Rob says, we know that if we spend money on engineering we get reductions in killed and seriously injured, that is true.
Q114 Mr Clelland: If we dualled the A1 from Newcastle to Edinburgh, what effect would that have?

Mr Lines: You would get twice as much traffic.

Mr Skelton: As a resident who lives alongside that road I am aware of the issues in relationship to the dual carriageway of the A1 in particular, but the point is that you have got three strands to road safety engineering. You have the Highways Agency technology strategy which has been released fairly recently and reference was made before to the Stats 19 and the engineering that comes as a consequence of the deliberations of the evidence and answers found there, but also the location of the accident black spots are quite often attributed to the siting of road safety cameras, for which there are specific criteria which place them in those locations. I know from the submissions that I submitted that road safety cameras are a very emotive issue which provide a considerable amount of angst amongst motorists, but they are there for a very sound and specific reason. The other issue as well is that you can engineer a considerable amount of work and, given unlimited funding, the exponential effort to reduce the collisions becomes that much harder. I am not saying that that should not be done but there is a recognition that the fatalities we are talking about are within a band of young male drivers who are causing particular concern; in other areas the safety environments that have been built by my colleagues have created an excellent environment but we have this small area which is attributing far greater casualties than we can actually sustain.

Q115 Mrs Ellman: Do you think we should be satisfied with the reduction in death and serious injury rates over the past decade?

Mr Skelton: If I can just give a short answer, the answer is no. Sweden fairly recently has adopted a zero strategy; whether that is actually achievable is another matter—because accidents will happen. I know the police will refer to accidents as collisions because they are caused by a combination of unforeseen circumstances whereas an accident suggests that there was no possible explanation, although there will be some circumstances where you will end up with a very small minority where it is difficult to attribute the cause. Every effort should be made to reduce collisions down to the lowest possible level and if zero is achievable it should be that, but I do hasten to add that there will be areas that will remain unexplained.

Q116 Mrs Ellman: Does anybody else want to comment on the areas of concern?

Mr Lines: We certainly should not be satisfied because road deaths are the biggest cause of accidental deaths of people in this country and, as others have said, for young people it is particularly severe. The frustration is that it is all avoidable, you do not have to kill these people, we can do things about it. I look to the other modes—air, rail, sea—where this sort of level of carnage was not acceptable and we have done something about it, so it can be done. Again, the Swedish zero vision—Vision Zero as they call it—is a very laudable one and puts us maybe in the same sort of philosophy that we have with other modes of travel.

Mr Salmon: I agree that we are not satisfied. We are reasonably satisfied with the effort made so far and the reductions that we have had, but we are not happy, certainly, with the level of fatalities which has not come down as quickly as serious injuries. It is a question, however, of how much can we directly influence and if I may just make a reference back to this point about increased investment, if we thought engineering could resolve it on its own we would be asking for more than 100% increase; the point is that there is only so much you can do with each aspect of intervention and what we have to think about is if we are not satisfied with the rate of reduction we have to decide how much responsibility we need to encourage for the road user, given that 90% of collisions are caused by human error, so although we can intervene to mitigate that human error and protect the motorist from whatever is out there, we cannot stop people colliding with each other unless we build everything without junctions, and that is physically impossible. There has to be a responsibility out there that we have to tap, therefore, and find some way of influencing. Where I am not satisfied with investment over the last 10 years is back to the point of education, and we cannot prove how good it is. I think we need to determine what part that needs to play, what collective role government and all the agencies play together in influencing that behaviour to get more responsibility and less risk-taking and possibly even more ability and awareness because many accidents are caused simply by distraction or lack of awareness.

Mr Skelton: Just to add to the point that Mr Salmon made there is the issue in relationship to vehicles colliding with each other, and part and parcel of the work that the ITS UK is doing is looking to help develop technologies which will assist motorists in these very critical areas of being aware of what is taking place around them. As the ITS UK submission suggests, not all drivers are intuitive, they do not necessarily maintain the vehicles to the proper standard, so every assistance they can have to assist properly manufactured vehicles which are put onto the road would be of great and considerable assistance to them.

Q117 Mrs Ellman: How much automation do you expect to take place to take away this risk of some of the misjudgement factors?

Mr Skelton: It is realistic to take a certain amount away. I went to an exhibition called the PrEVENT Exhibition last year where there was a wide range of technologies on preventative and pre-crash technologies which helped to assist the driver. In certain circumstances these were extremely effective, potentially taking control of the vehicle from the driver during particular, practical situations, however that raises the whole issue of the correct application of that technological advance or otherwise, but these were all test models which were going through evaluation before being considered as
installations in vehicles. Probably, colleagues on the bench will be better placed to describe those installation potentials than I. Notwithstanding that these technologies can assist in the reduction of casualties by assisting the driver with the considerable overload that they have under particular circumstances.

Q118 Mrs Ellman: What about the statistics themselves; are we all satisfied that they are accurate? Queries have been raised specifically about the serious injuries statistics, looking at hospital records and so on? Does anyone have any views on this specifically?

Mr Salmon: There is a variety of accuracy out there, especially if you look at the data over the last 10 years: systems have changed, training has changed and various authorities or partnerships will have struggled at some point to understand the blips in the data from one period to another, so there is a degree of inaccuracy over time for the monitoring process. Clearly, from the research done and the varying high level mismatch between police casualty data, which is where we get our information from, and health authority casualty data for road accidents, in spite of research done on that, we have not got very far with that combination. It would be nice to resolve that problem and have a broader base of more reliable data. Inevitably we have to work with the data that we have got, so whether it is 90% accurate or 95% accurate is probably not too critical, but we do recognise that there is inaccuracy there and it sometimes would explain why we do not get a smooth curve in the monitoring process, apart from the fact that there are random events going on that we cannot control anyway. So the data is a bit questionable, but on the other hand much of it is very good and we can use it to target our activity.

Q119 Mrs Ellman: The figures also show reductions in fatalities in walking and cycling, is that to do with real improvements or does that really mean that fewer people are undertaking those activities? Does anyone have a view on that?

Mr Lines: In terms of some of the urban areas, particularly London, there have been increases in those, so that is not just to do with exposure as it were but you cannot paint that picture over the whole country I think. Overall I would suspect that there probably is more cycling and walking and that we have actually targeted those particular vulnerable road users. It has been a priority for road safety engineers to target the vulnerable road user, particularly children, and again we have been very successful in that so I think it is a real success.

Q120 Mrs Ellman: Are we right to pay so much attention to speed as a cause of accidents?

Mr Lines: Can I just come back on something that Mr Skelton was saying? It is speed; we know from all the research that casualties are very much linked to speed, both numbers and severity of casualties, and there again going back to technology there is a definite role there to be played by having vehicles which actually keep to the speed limit, and perhaps longer term we can use vehicle technology to actually manage the speed situation.

Mr Skelton: I would just emphasise the point that Mr Lines was making. The particular technology there is intelligent speed adaptation, which has two forms: one is the voluntary whereby a motorist is advised of the speed limit and can conform to that; there is a second level which generally speaking at this stage has not been perceived as a way forward, and that is that it becomes mandatory, i.e. the vehicle is managed as it goes past particular areas, for example a 20 mph zone past a school, that sort of situation, that ends up with the vehicle’s speed being monitored. It does raise lots of issues with regard to driver control because the driver has to maintain control under the Road Traffic Act legislation; as soon as you remove that control it does raise serious and severe issues regarding whom to prosecute where needed.

Q121 Mr Martlew: Just on that point, are you saying if this technology is to be introduced then we are going to have to change the law?

Mr Skelton: In certain areas that would have to be the case. I am not suggesting that technology is a panacea to everything. I am just suggesting that it has a significant role to play as part and parcel of daily monitoring, but in certain circumstances there would be a requirement to redraft legislation accordingly.

Mr Salmon: Two points: just to respond on the question of speed, I agree that it is still one of the primary areas of activity that we have to keep a focus on. The danger in that is that the public at large tend to see authorities, including central government, as over-interested in speed management to the point where it turns off public perception about responsibility, so it is a bit of a battle really. What we have got to do somehow is get people to understand more widely that speed is a component of all sorts of other aspects of collision causation, so if you are overtaking in the wrong place actually it is a speed issue. Controlling speed helps all these things, but if you just go on about speed and nothing else then we do not get the message across to the public about the responsibility for the whole driving experience, and we need to think hard about that. On the question of technology there is a fundamental principle about whether we are starting to transfer risk and responsibility from the driver to some other body, organisation or simply the manufacturer of a vehicle. At the moment implementation is about leaving responsibility with the driver, and I appreciate that those involved in developing a technology, which is all a very positive activity, are very conscious of that and that is the line that we are taking at the moment. If we move that line to the point where we are saying we will take responsibility away from the driver, then you have a very tricky legal situation to consider, so until we can take a view about whether we go beyond the 100% driver responsibility situation, we are going to have to live with the fact that it is the drivers we need to be
tackling in terms of their attitudes, irrespective of how much technology can help us mitigate the effects of collisions.

**Mr Lines:** Can I just point out that there is a third option that Mr Skelton was referring to. There is the advisory ISA, there is the mandatory ISA and the one in the middle is a voluntary ISA where people have the equipment fitted and they can turn it off if they want to. There are advantages in having speed adaptation on the vehicle if you run fleets of vehicles or whatever and there are benefits in terms of fuel consumption, there are benefits in terms of emissions, so it is possible that some people might be happy to use it, and tests abroad and in Europe have shown that people actually quite like using it after a while and would voluntarily fit it.

**Q122 Clive Efford:** Can I just follow up on that point about driver responsibility? Is that not a bit overblown, because there is all sorts of technology involved in vehicles now but some of the basic things like the driver is responsible for ensuring that there are tyres on the car that have a tread that complies with the law. The driver is responsible for all sorts of aspects of the car to make sure it is roadworthy, so specifically what is it about the technology that there might be a third party other than the driver responsible for the performance of the vehicle?

**Mr Salmon:** Let me just make the point this way: there is technology out there that will control the speed of the vehicle, bring it to a halt—

**Q123 Clive Efford:** Gears control the speed of the vehicle now and the power of the engine controls the speed of the vehicle.

**Mr Salmon:** Under the control of the driver though. The point is that if you provide an external mandatory control—I am not against that in principle, what I am saying is that you need to determine the legal position if that does not work and the crash occurs. If the police investigate a fatal road collision, they will be looking for responsibility and what I am saying is that we have to be clear in introducing technology where the responsibility for the action lies. The technology will help and if it is voluntary and informative and is done in such a way that the manufacturers are doing it, which is to provide an assistance to the driver, then the responsibility ultimately still stays with the driver, but in theory it could be the other way around, I could actually have a full control mechanism, technology could do that for me.

**Q124 Clive Efford:** I am very suspicious that people are listening to lawyers because it is very convenient for them to do so and not make changes that are necessary to make. Let me try this one on you: there have been occasions where there have been faults with vehicles where they have been recalled, so that sort of issue exists even now with vehicles—I can recall one vehicle that was too narrow and tipped as it went round sharp bends and that vehicle had to be recalled. So there are areas where the pointy heads in the manufacturing industry get it wrong and cars have to be recalled, but on the day-to-day maintenance of a vehicle, whether it has a warning system about the proximity of other vehicles on the road or not, is down to the driver.

**Mr Everitt:** That is absolutely right and we would support that. The point being made about liability is that in order for something like independent speed adaptation to work there has to be an infrastructure that is outside the vehicle that communicates with the vehicle and then influences what the vehicle does. If it is a warning that says you are now in a 30 mph zone you should reduce your speed, then it is the driver who has the ultimate responsibility—either they do or they do not and if they do not they face the court for breaking the law. If it is an external signal that either does or does not trigger then clearly if the motorist has some problem as a consequence then there is an issue about whether it was the driver who failed or whether it was in fact the technology either in the vehicle or outside the vehicle did not perform as it should.

**Q125 Clive Efford:** Let us set aside external technology and let us stick with the technology that is on or in the vehicle. What is there out there that could actually improve safety on our roads?

**Mr Everitt:** There are a number of things that are already available and I think people will be fairly clear that the focus for a number of years has been on protecting occupants, what we call passive systems, whether those are air bags, seat belts or crumple zone side impact protection, so the physical framework of the vehicle and how it operates. We are now into a phase where vehicle manufacturers are focusing more effort on systems that help either minimise or potentially avoid collisions or accidents, so that are at the basic level things like ABS, assisted breaking system, which mean that there is greater control, we are now seeing what we call electronic stability control on vehicles so that the vehicle is more forgiving if you like of some of the driver errors that occur so that the vehicle will not move completely out of control if the driver has not driven it in an appropriate manner. We have put a lot of investment into commercial approaches at the moment for things like adaptive cruise control, so a group of sensors that will sense vehicles around you and ensure that you are an appropriate distance from those vehicles. Similarly, we are now beginning to see the first signs of what we call collision avoidance type systems, which are essentially built around sensors in the vehicle which can identify obstacles and have some impact, either in braking the vehicle or steering the vehicle away from that particular obstacle.

**Q126 Mr Martlew:** Just on technology, you mentioned the ABS; that is not new technology, is it compulsory yet on cars?

**Mr Everitt:** There was a voluntary agreement and it has been fitted as standard on vehicles since 2004.

**Q127 Mr Martlew:** My concern is that there are technologies out there, but because of costs and lack of legislation they are not introduced quickly.
**Mr Everitt:** There are two issues: one is the availability and, obviously, a legislative route is always available and, again, that tends to be a time-consuming process. One of the difficulties we as vehicle manufacturers have is these things are available and, as you rightly say, if I am selling a vehicle that has to still retail at £9,999 it is quite difficult to include all the potential technologies in that package. Where we would look to see greater assistance is in, if you like, the fiscal incentives that are available, so insurance companies as an example would clearly benefit from a significant reduction in the number of accidents yet very few of the technologies that could help that would lead your insurance premiums to reduce. In some cases, if we were looking at things like sensor technology, they would actually ensure that your insurance premium went up because the potential damage that might be done if you were to back it into a wall, because it has a whole bunch of sensors in it, would mean that you would be paying more, so we have a perverse incentive in some cases. From a vehicle manufacturers’ point of view what we are good at is responding to our consumers who are society at large. It is not because we do not want to make it available, it is an issue that we need to make it available at a price the consumer actually is prepared to pay and we would be prepared in a lot of situations to work with others to try and find ways of doing that.

**Mr Skelton:** Just to follow on from Mr Everitt’s point there, the black box which has been looked at by the European Commission’s Project Veronica would help to analyse a lot of the information that Mr Everitt spoke about, which is about collating that data in order to make vehicles that much better, safer and to allow user profiles to be that much more readily identifiable. However at the same time as we are looking at in-vehicle technologies we must not forget to look at the issue of roadside technologies and the infrastructure and the availability that is in those systems by the roadside and having a whole series of acronyms of VMS and ATM and ANPR. The reality is that these are roadside infrastructures which can offer assistance and advice and direction to motorists to offer greater safety. Where the really clever part comes into play is where the in-vehicle and roadside technologies “speak” to each other to give greater information to the motorist in every respect, such as better route guidance, warning of problems that are coming up ahead, congestion, unexpected delays et cetera. It is the development of this range of technologies that give greater Warning and anticipation so that action can be taken to prevent the collisions which are the cause of the increase in fatalities.

**Mr Lines:** If we are talking about vehicles and how they benefit road safety, by far the biggest one is in collisions with pedestrians. In most urban areas, something between 60% and 75% of killed and seriously injured are not in a car, they are outside it; the majority of those are pedestrians and the technology required to actually mitigate those collisions and save lives has actually been known for a long time. I know we are going to end up by having technologies that avoid them, hopefully, but it seems a pity that that is often forgotten, that we can improve vehicle technology to save those casualties. Cars can be designed to be more pedestrian-friendly in terms of collisions; at the moment they are designed such that they hit in the leg region and accelerate the head throughout the momentum onto the base of the windscreen, which is quite hard. We have known this for 30 years and there is no doubt that by altering the design of cars they could be much more friendly in collision with pedestrians.

**Mr Everitt:** That is actually happening, it has been subject to legislation for a number of years and there are a number of vehicles that are going onto the market and have been over the last three or four years that are somewhat different to things that have been on the market before.

**Q128 Mr Martlew:** We do not have any bull bars any more.

**Mr Everitt:** Not for a long time. It is an EU problem to be honest.

**Mr Salmon:** Just on technology there is a developing area of technology which is very exciting with regard to in-vehicle capability and that is the ability to monitor the behaviour of the driver whilst the vehicle is being driven and use that to feed back that behaviour. I am not an expert in this area directly and have been somewhat divorced from that development for some time, but certainly the ability to analyse how the driver is responding to the road environment and is being driven is something we do not understand very well, so if we are looking to improve driver behaviour and ability to cope with the changing circumstances along the route, different levels of traffic and so on the technology that can actually help us monitor this and evaluate it would be very positive.

**Q129 Mr Clelland:** That sounds very much like spy-in-the-cab technology.

**Mr Salmon:** That could be a problem, but it is being trialled and tested.

**Q130 Clive Efford:** Mr Everitt, can you tell me what sells cars most, speed or safety?

**Mr Everitt:** I do not think it is speed that sells cars.

**Q131 Clive Efford:** They talk about nothing else on *Top Gear.*

**Mr Everitt:** Do you buy your car from having watched *Top Gear?* *Top Gear* is an entertainment programme. I do not think too many people in the industry would regard *Top Gear* as being particularly reflective of their own approaches to the sales and marketing of vehicles. I would acknowledge that in the course of the last 20 years and certainly, I would say, positively in the last 10, the approach to selling and marketing cars has changed and when you see vehicles being sold and marketed today the focus very much is on safety and protection, both of the passengers and the drivers of those vehicles but also other road users. The focus is on its braking ability, its manoeuvrability and the
sense of safety and protection that it provides. I do not think too many vehicles are sold on the fact that they are very quick.

Q132 Clive Efford: Do you ever envisage a time when we will be encouraged to buy a car because it is really comfortable to drive at 30 mph?

Mr Everitt: I think you are; again, if you look at the samples of adverts that you see those that are in an urban environment are very much focused on their drivability in those circumstances. Again, I think that the industry responds to the environment and to the society in which it operates. Individuals are much more conscious and when they look to purchase a car they look to purchase a car that suits their individual needs and lifestyles and, as an individual, the majority of people are very concerned about their own safety and the safety of others.

Q133 Clive Efford: In your own evidence you say that you are disappointed that people who buy cars do not place enough emphasis on safety.

Mr Everitt: Did I say that? I am not sure. Again, we need to draw a distinction because there are a number of disappointments that I have on car purchases, not least I think the biggest one is that they do not value either the safety or, in our case as well, the environmental improvements. Therefore, I cannot sell, we as an industry cannot sell, a vehicle because it is safer or because it has an extra technology, we cannot get any extra amount for that because consumers are driven by the price of the vehicle and they want a package, the best package they can get for the particular amount of money that they are prepared to spend. It is not a question, therefore, of the industry not wanting to but we have to be able to deliver that package to the consumer at a price the consumer is prepared to pay. As I say, there is a whole variety of technologies out there that are available that are offered to the consumer, but the consumer does not very often choose to buy them.

Mr Skelton: Just to supplement the particular comment that has been made, our Society’s dilemma really is that road safety technology and environmental technologies are inherently incorporated into vehicles and I think to a certain extent they are taken for granted by purchasers as standard installations. Therefore, purchasers’ attention will be looking elsewhere and I think it is very laudable that those have been introduced by manufacturers. Overall, I believe it is fair to say that purchases will not necessarily be made on road safety or environmental issues. I think there has been a shift latterly because the escalating cost of fuel has started to change people’s opinions more towards the durability and fuel consumption rather than the performance of the vehicle; there has been a societal shift in that direction but I think there is a long way to go. Certainly, I know the DTI (now DBERR ) has conducted a long term scoping study for future recognition of what transport will look like between now and 50 years ahead. There are several scenarios which have developed which are all markedly different, but there is no doubt that what is common to all of them is that transportation as we know it will change drastically.

Q134 Clive Efford: Is it good enough, if we have got the technology and we know we can improve safety by making alterations to vehicles, to sit back and say “The market is not demanding it and legislation does not require it so we are not doing it”, is that satisfactory?

Mr Everitt: Do I feel comfortable about having to answer that question? No, I do not but a vehicle manufacturer has the technology available and is making it available as an active choice that the consumer can make; are you saying that they should override that irrespective of the cost?

Q135 Clive Efford: I am asking the questions actually.

Mr Everitt: If we put it into a vehicle it costs a certain amount of money; if people do not buy that vehicle we are stuffed either way. There are more opportunities, I would suggest, to find ways of incentivising the take-up of that technology other than either legislating—because the things are available now and legislation, as we have seen with pedestrian protection measures, takes a long time simply because the legislative process takes a long time and if the technologies are there it is a question of people just buying them, so what are the mechanisms available to persuade people or to encourage them to buy those technologies or to buy that package? As I said, there are probably a number of options available.

Q136 Graham Stringer: Is there any engineering solution to men going through a midlife crisis?

Mr Everitt: I am not an engineer so I could not possibly answer that question.

Q137 Graham Stringer: The worst statistics, the ones that are going the wrong way, are for motorcyclists driven by men between 35 and 50. We would normally look at statistics and say that is going the wrong way, what do we do about it? Is there anything in road design or engineering, what action can be taken to send those statistics going the right way again?

Mr Everitt: As a motorcyclist of the age group you have identified I have to say that the best thing we can do is actually to encourage more people to do some form of training because one of the issues that everyone faces on the road, particularly as they reach that sort of midlife crisis point, is the fact that they have probably been driving for an awfully long time and perhaps have not thought about some of the things that they should be thinking about, simply because it has become a habit, so additional training or encouraging people to take training is actually a good thing but I think there is a broader behavioural issue that we touched on in the early part of this, talking about the Home Office and policing. We take safety seriously, that is why we invest in technologies that hopefully make a difference; it would be nice to think that the Government was giving the police
forces and traffic policing some of that priority too because it does make a difference. We have cameras, which are great on speeding whether in a bus lane or anywhere else, but we have no direct intervention. As a young man, when I first learnt to drive, it was actually quite frequently that you would be stopped by a policeman, or you would see a policeman stopping someone else, one of your friends, one of your colleagues, and you would feel that the chances of you being stopped were probably quite high. Many of the behaviours that particularly inexperienced drivers may get involved in, whether that is because they have been out drinking, are going too fast or just driving badly will tend to be limited or mitigated against. These are the things that will make a difference on the roads, both to safety and to the environment in which people will be experienced.

Mr Skelton: Just to give an anecdotal comment which reinforces the issues there, I have noticed quite considerably the numbers of young male drivers who are not wearing a seatbelt; there seem to be far less doing so, so you install perfectly good technology which creates life-saving properties or injury-reducing properties and it is not used.

Q138 Graham Stringer: I was particularly interested in the group of men riding motorcycles and what could be done about the deterioration in the statistics in that category?

Mr Skelton: Again, it is overall the education in a wider context for those particularly identifiable and vulnerable groups and I would include motorcyclists within that group as well as the younger drivers.

Mr Salmon: We have had this as one of our four key priority groups of road users and the difficulty with engineering, even with enforcement through technology, is that motorcycles are the hardest ones to touch in that respect. Traffic calming is bad for motorcycling, it actually introduces a potential risk if you try to use traffic calming on a high speed road, for example; it is fine in an urban area. It is about education and it is about working with the police. There are lots of initiatives around the country in those areas that suffer worst through weekend motorcycling. To give you some indication of the statistical story, in my own authority’s area every single motorcycle fatality in one particular year was either on a summer Sunday or a bank holiday and it was down to exactly that sort of motorcycle activity, so it is about risk-awareness, ability and being involved with vehicles that have to have more capability in the riders themselves in many cases in the circumstances that they find themselves in, so it is about education and enforcement; there is very little we can do in terms of engineering.

Q139 Graham Stringer: Maybe you are not the right group of people to ask about this but I will ask this anyway; do you think that argues for a supplementary test when you go beyond a particular area of capacity with motorcycles?

Mr Salmon: It argues for much more rigorous training generally at test level and the suggestion about moving up to a certain size of machine will require more training. That is being done to a degree in parts of the country but having some stronger, centrally influenced approach to that would be a good thing.

Q140 Graham Stringer: The fact is that you can pass your motorcycling test on a 150cc and go out the next day and buy a 1000cc bike and kill yourself the day after.

Mr Everitt: I do not think you can, sorry.

Q141 Graham Stringer: Can you not?

Mr Everitt: No, you have to have at least a two-year period or you have to take a specific test on a higher-powered machine.

Q142 Graham Stringer: That is helpful.

Mr Lines: I just worry that several of these conversations are symptomatic of the ignorance that the public has about road safety, the lack of education and the lack of knowledge and the fact that they do not appreciate the risks. Education is the answer and we think educating children at an early age through their upbringing is a very important step and I worry that there is a bit of a missed generation that are now reaching the dangerous age. It all links for me to having a society which takes road safety seriously and the understanding that if they go out on a powerful bike they are likely to kill themselves and others and so forth, and they will willingly look for training, not have it forced upon them by some nasty government, that they would actually realise that they need training and seek it out. That is the best way forward, and something like a Swedish Vision Zero for me gives the philosophy and if society raises the importance in society where people will actually behave that way—it is people’s behaviours we have been talking about largely in terms of road crashes.

Q143 Mr Martlew: Can I perhaps go on from that to the issue of the influx of foreign drivers? There are two issues; one is the left-hand drive vehicles, especially heavy goods vehicles, and the other one is the people who are coming, very often from Eastern Europe or Portugal where they do not have a very good safety record. Do you think that has added to our problems and if so how do we solve them?

Mr Salmon: It is in some areas. I believe you are talking to the police later on and they will have a very definite view on this, but some areas are suffering from an increased level of concern about the number of those sorts of drivers. I do not think it is a huge problem in terms of the total numbers of killed or seriously injured at this time, but it is an area that we have to watch very carefully. One of the problems is sometimes even a lack of insurance and a lack of awareness of the rules, some of the vehicles are actually substandard, vehicles come into the country for a short time without any standard test or roadworthiness capability and, on occasions, they are involved in a crash, but at the moment it is a small but potentially growing problem and one that I would look to the police for a very specific view.
Mr Everitt: I know that in terms of heavy goods vehicles there has been a particular step-up in enforcement in the UK and that is finding a higher proportion of foreign hauliers either breaching the drivers’ hours or roadworthiness conditions. Some of the issues are actually about how it is that those trucks are managing to pass through a large part of Europe without anybody else bothering to check those vehicles and there is an issue about how other European countries regard road safety and the enforcement of roadworthiness, particularly for HGVs. In terms of the growing number of passenger cars, again that is an issue about enforcement and visibility.

Q144 Mr Clelland: We had better get a move on, if we can perhaps give answers, because we are running out of time and there are a number of areas we have not covered yet. Should there be an extension of 20 mph zones, is that something you would recommend?

Mr Lines: Yes, certainly for urban areas and for the right sort of residential areas in urban areas they have proved to be very successful and we know that casualties are less than half killed and seriously injured so they do work and the methods are well-known. Having said that, we have largely delivered 20 mph zones in the past through using engineering measures—road humps and cushions—which are not always very popular and which do have a down side for emergency vehicles and buses and a lot of authorities are very keen to move away from engineering measures in the 20 mph zones to technology in terms of time/distance cameras so that we can use those to enforce speeds, which not only mean there is no engineering and no maintenance but also it encourages a smooth driving style which, again, is good for emissions. With that sort of future scenario it is very positive and I know a lot of urban areas are very keen to try out these camera systems.

Q145 Mr Clelland: How do you explain the much higher reduction in serious injuries compared with fatalities over the last 10 years?

Mr Lines: It touches on some of the things we have talked about but it is a very complicated question and I do not have the answer so do not think that I do. My own personal belief is that one of the issues is that if you look at fatalities they tend to be specific. We talked about young men, we talked about alcohol. We talked about young men and alcohol in combination. I think, therefore, they are just more prone to the combination of lack of awareness, lack of experience and generally being distracted.

Q146 Mr Clelland: Why are we not making such an impact on young drivers which are still the highest fatalities and injuries?

Mr Salmon: It is a lack of awareness of risk, it is the impact of their attitude to life and they feel immune I think. One of the factors, without wishing to make this sound particularly negative, is that modern vehicles are very comfortable and young drivers do not actually appreciate in many cases the speed they are actually doing, they tend to be distracted because of lack of experience, texting on mobile phones whilst driving is not just the young but they are suffering quite badly from it and we have got examples of fatalities that come through that sort of event. I think, therefore, they are just more prone to the combination of lack of awareness, lack of experience and generally being distracted.

Q147 Mr Clelland: Does it make sense to apply national road safety targets at a local level rather than doing it at different levels with different targets at the local level to the national norm?

Mr Lines: The setting of national targets has to be reflected locally otherwise how do you relate to it in terms of joined-up action. What we need though is to be very clear about what those targets are and very clear about the user group concept of targeting rather than simply talking about overall numbers. Overall numbers are very important because they give us the bigger picture, but we have to agree on what are the target groups that we work on together to tackle where the highest risks are and where the numbers are.

Mr Salmon: Obviously it does cause problems. National targets, I agree, are absolutely vital and we all need something to aspire to but they do get very difficult to apply when you get right down to the lower levels and small authorities with a lot of variability in collision data. The benefits outweigh the disadvantages of having national targets.

Q148 Mr Clelland: Is there a shortage of road safety professionals?

Mr Salmon: There is an increasing lack of resource in the industry, not just for road safety but in engineering generally. There is a lot of pressure on the industry, a lot going on in the UK, both in terms of local authority and consultancy activity for road safety work. Road safety is one of those very specialist areas which tends to be regarded as a small community within the broader highways and transport industry, so to get people into road safety they have to want to be interested in becoming a specialist, the training is a bit patchy and I think it is an area we need to encourage and provide more positive encouragement and training for.

Q149 Mr Clelland: What sort of skills are we short of?

Mr Salmon: It is both in term of experienced design, there are specialist safety auditors who will look at schemes but in fact even those are relatively few and far between. It is those having a long experience of design for safety, working with safety schemes, understanding what is going on on the ground as well as what is happening in the minds of the motorist.
**Mr Lines:** The skills are engineering, civil engineering mainly, and associated skills. As Rob says, there is a general shortage of those (a) coming out of the universities—and there seems to be a decline as far as I can see in people doing engineering—and (b) in the opportunities in other areas so it is very difficult to find new people coming in with those sorts of skills. Can I just say one other thing about road safety? It is really important that there is a continuity because I think road safety suffers from a lack of continuity sometimes, there are a lot of programmes which are stop/start and that makes life very difficult for authorities if they do not know there is continuous funding for the next five or six years to set up teams and to build teams that are really effective.

**Mr Skelton:** I would just support the engineering aspects within the terms of transportation. We have a huge range of extremely innovative technologies and trying to attract students to it or arrange university courses to direct students in those directions is difficult because “Intelligent Transport” studies are trying to attract a number of students from limited academic budget availability.

**Q150 Mr Clelland:** Could I just ask you a question about mobility scooters? The advent of mobility scooters has given a lot of mobility to a lot of people up and down the country and they are very useful little vehicles, but of course there is no regulation, there is no test needed, there is no road sense even needed by many of the people who use these mobility scooters. Should there be more regulation in this area, what can be done to avoid accidents happening with mobility scooters?

**Mr Salmon:** It is a difficult question in the sense that it is a very sensitive area, but certainly the use on the carriageway of the road with other traffic is clearly very high risk so I think there has to be some form of legislation to identify where they should or should not be used. That is going to be quite a difficult thing to do and I do not think I have a definitive answer for you.

**Mr Skelton:** There are several classifications of mobility scooters but I think the issue is that they are restricted to eight miles an hour and below, but as soon as you introduce a vehicle of that nature onto the highway—and the highway includes the pavement—then you are into road traffic legislation of a variety which would actually encompass those, and I am sure the police will actually give you far greater detail of it. Suffice to say that there is legislation to cover it, but the difficulty is that we are an increasingly aging population, with more and more people who recognise the benefits of using these particular scooters, so it is trying to balance the need against managing expectations and managing control because, once again, the majority of people who are tending to use these are aged and whose control of modern devices is starting to collapse. I know my ability to manage a DVD is reducing virtually daily so it is an issue, as I said before, which is very difficult and complex. There is sufficient legislation in place already to manage the use of scooters on highways but it would require registration to enable greater detail of who is actually in control of these vehicles at the relevant time and that, currently, is very difficult.

**Mr Clelland:** Gentlemen, thank you very much for your evidence and advice, it is very much appreciated.

**Witnesses:** Mr Kevin Clinton, Head of Road Safety, Royal Society for the Prevention of Accidents, Mr Steve Thornton, West Yorkshire Road Safety Strategy Group, Principal Engineer—Traffic and Highways Bradford East, Mr Steve Green, Head of Roads Policing, Association of Chief Police Officers, Mr Stuart Smith, Chief Fire Officers’ Association, Assistant Chief Fire Officer, Staffordshire Fire and Rescue Services, and Ms Jan Berry, Chairman, Police Federation of England and Wales, gave evidence.

**Q151 Mr Clelland:** Welcome to this session on road safety; could I just ask the witnesses to identify themselves for the purposes of the record, starting to my left?

**Mr Smith:** Stuart Smith, Chief Fire Officers’ Association.

**Ms Berry:** Jan Berry of the Police Federation of England and Wales.

**Mr Clinton:** Kevin Clinton, Royal Society for the Prevention of Accidents.

**Mr Thornton:** I am Steve Thornton, I am Chair of the West Yorkshire Safer Roads Partnership.

**Mr Green:** Steve Green, Association of Chief Police Officers.

**Q152 Mr Clelland:** Could you, in your view, tell me what the role of government is in relation to road safety?

**Mr Clinton:** I would say that the role of government really is about leadership, setting the agenda for road safety and certainly about setting strategies and targets, co-ordination and funding is obviously very important. I would also say that it is the role of government to act as an exemplar in road safety. It is a major employer, it uses lots of vehicles on the road itself and therefore there is a role for government in setting a good example in the way its civil servants and its politicians and ministers use the road themselves.

**Mr Thornton:** I would agree with Kevin on that but there are real issues around consistency from government which have not helped the way we have delivered road safety in the past. There also needs to be recognition of the different conditions in different areas of the country.

**Ms Berry:** I would not actually disagree with either of the previous comments but where responsibility lies between different government departments there is a responsibility for those government departments to work together and there can be an element of fragmentation in the way in which targets are set,
how they complement each other or, rather, how sometimes they compete with each other.

Mr Green: I just wanted to say the same as Jan Berry has said, I think that responsibility for the different departments, particularly the Home Office and the Department for Transport, is one of the key condtions that they can set. It is better than it was, in fairness, and I know that there is a much better link-up at ministerial level between the relevant ministers, but I still think that it can be very difficult to get the two departments to work together.

Q153 Mr Clelland: Are there other government departments, apart from the Department for Transport, which should be concerned with road safety and taking a greater role?

Mr Smith: The fire and rescue service have come onto the road safety scene, as it were, quite recently following changes in the legislation for the fire and rescue service, so we now have a responsibility for road traffic accidents that did not exist before 2005. Certainly in terms of being the relative new kids on the block as it were in terms of road safety, there has been some scepticism about our involvement and there has been a reluctance from government departments to encourage our involvement in that respect, so it has very much been a service-led approach.

Mr Green: I have here today’s statistics issued around motoring offences and better statistics issued by the Ministry of Justice, so there is another department involved as well. If I may say as well, Chairman, that feeds through, as well as joining the departments together, into joining the inspectorates together as well because different parent bodies have different inspectorates, and therefore there are different inspectorate regimes for different agencies that are actually working on the ground.

Q154 Mr Clelland: There is room for improvement in the way that the departments work with each other.

Mr Green: It is joining it up.

Mr Clinton: Particularly with the inspectorates. The HSE has a very important role in road safety and one of RoSPA’s concerns is that it is not really proactive enough in terms of ensuring that employers are dealing with their road safety risks and managing those in the same way as they should do with any other health and safety risk. Education has been mentioned a lot so the Department for Children, Schools and Families is clearly a crucial department as far as road safety is concerned.

Mr Thornton: I would certainly second that; we are also working with the Department for Communities and Local Government, the Department of Health as well as through education, so there is a great deal of work that we are doing with other agencies.

Q155 Clive Efford: Have the current reduction targets been helpful in improving road safety?

Mr Clinton: I would certainly say that they have been a tremendous help. They have been crucial in terms of setting priorities and in generating resources from central and local government and also helping to get the message across publicly that road safety is an important issue. It has been crucial that when they were created that was done on a solid evidence base according to accident data and research and it is also crucial that we have had this approach for over 20 years now, since the mid-1980s, and continuing that as we go into the next few decades certainly should be a priority.

Mr Thornton: It has been a tremendous driver for people around the country with targets to aim for and it is something we can now build on to make sure those targets are applicable locally and prove more successful locally.

Mr Green: Again, I would just echo the same; it has been helpful. One of the reasons it has been helpful is that it has helped to focus partnership activity at a local level and also the beauty of the road safety strategy is that it is so simple, there is nothing complicated about it and people can understand it in very simple terms. There was a problem which I hope has been rectified but the Home Office measured the effectiveness of roads policing by a different measure to the road safety strategy target which in effect gave two different pictures of who was successful and who was not. We are assured that that will be corrected in the new performance framework but any urging that you can give to make sure that they are aligned would be very helpful because what is important is that when people sit at the partnership table every agency there has got the same definition of success. That has not been the case in the past.

Ms Berry: From the point of view of targets one of the main functions of policing is around enforcement and whilst the targets can be important, if there are no targets relating to enforcement of road traffic legislation then in this day and age of policing if it is not counted it will be discounted and that is, I think, not helpful in terms of safety and security on the roads.

Mr Smith: If I could comment in terms of targets and the local area agreements which many of the agencies are now involved in, where they are appearing as priorities for counties and local authorities it is encouraging the partnership arrangements to focus on mutually agreed and supportive targets so it is a useful concept.

Ms Berry: Just on that very point actually there is a huge difference between the local agreements and the targets set for the police service from the Home Office and unless these things complement each other it is really confusing for police officers on the ground and also for BCU commanders who are being pulled in one direction by their chief officers and being pulled in another direction by their local partners. Very often money comes with the local partners and therefore there is a drag in that direction; then of course they miss the targets in another direction which causes confusion.

Q156 Clive Efford: Bearing that in mind when you answer this question, what targets should we have for the period beyond 2010?
Mr Clinton: We should be looking to have a target specifically for deaths because as you mentioned in the earlier session there has been a difference between progress on serious injury and progress on deaths. I think we should look carefully at whether it would be useful to have targets for particular road user groups such as motorists, in particular, because their numbers have been going up. There is certainly a role for a vision in addition to targets; Vision Zero in Sweden has been mentioned a lot today and I think what is not understood is that Sweden also has casually reduction targets in terms of numbers, similar to the way we do here. They have not set a date for Vision Zero so they have not said by the year 2020 we are going to have no deaths on our roads, so there is a difference between a vision and targets and there is a role for both.

Mr Thornton: Government research will give you some indication of what is achievable in the next 10 years as it did over the last 10 years. That was a guide for setting targets which was then taken on by ministers and put into the national road safety strategy.

Q157 Clive Efford: On the point about having separate targets for deaths and serious injuries, Mr Clinton made the point that there should be separate targets. You do not have to elaborate but do you all agree with that point?

Mr Green: Yes.

Mr Thornton: Yes.

Q158 Clive Efford: What about slight injuries?

Mr Clinton: They are much more difficult because, first of all, under reporting we do not really have an idea of how many slight injuries are out there. We have currently a target which, if I remember rightly, is a rate for slight injuries and while they are important, for me the deaths and serious injuries are more important. Slight injuries certainly should not be ignored but I think there may be an issue if we have too many targets.

Q159 Clive Efford: Is the public ready to accept radical measures that may involve restrictions on personal freedoms that they have enjoyed up to now?

Mr Clinton: We have seen with cameras that you get different opinions on whether they are a good thing or a bad thing. One thing is we need to sell the reasons for these things better and we certainly need to be talking about personal responsibility and the fact that roads are a shared space, so although we should have personal freedom we have not got the right to put other people at risk by the way we exercise our own freedom.

Mr Green: We need to be really clear about what you mean by “the public” because my perception, having been involved in roads policing for 10 years now for ACPO, is that I can see three segments. On one extreme are what you might call the motoring lobby who are very sceptical about any apparent restriction placed on their freedom. On the other extreme are those who are very concerned about the risk of injury to themselves and have full lives. I do not think one would ever practically get to a zero risk whereas a vision zero is different. I do not know what level would be the minimum we would ever get whilst still being able to move about on the road. You cannot have zero risk and we would not want zero risk because we do need to move about, we do need to enjoy ourselves and have full lives. I do not think we can achieve a direct correlation between how intrusively we are willing to regulate and how much impact we can make on how far we can go. We could say every driver on the road has to be retested every six months to prove their competence, cars can only drive at five miles an hour, I am taking extremes clearly, but it is about trying to find a balance between an acceptable level of freedom and the optimum reduction target that we can achieve. I do think there could be had about the future because if you look at what technology can do in motorcars over the next 10 years, the whole landscape of motoring could be changed if there was a will to invest in those extreme are what you might call the motoring lobby who are very sceptical about any apparent restriction placed on their freedom.

Q160 Clive Efford: You had a member in Derbyshire, I recall, who was very keen on that approach.

Mr Green: We may well have done, I will have to associate myself with him. On that side is the motoring lobby. At the other extreme tends to be the families of those who have been killed or seriously injured on the road. The views of those two groups are probably totally incompatible. I think in the middle is the majority of the public and when you look at surveys of that majority they tend to have a more pragmatic view than perhaps the two extremes I have just described. What we need to ensure is when policy is being made that it is genuinely taking account of what the majority would accept rather than trying to accommodate those two extremes. I have never found a way that those two extremes can be accommodated. They should be listened to, they often point out issues that need to be explored, but we need to make sure that we hear the mainstream voice of the public and of motoring, which I do not think gets represented that often in the general debate.

Mr Thornton: Kevin has touched on this when he has talked about responsibility. I do not think we have engaged enough with local communities and road users as a whole. We are still trying to say that professionals deliver road safety and virtually exclude the influence that people can have on their own safety and the safety of people they come into contact with. It is really important to say that local people deliver road safety as much as we do.

Q161 Clive Efford: Is there a level of death and injury on our roads beyond which we cannot go and, if so, what would you say it is?

Mr Clinton: Do you mean which is acceptable?

Mr Green: No death on a road is acceptable, but is there a level beyond which it is not possible to get?

Mr Clinton: So, in practice would we ever reach a zero? Probably no, which is why I would say one would not want to see a target zero whereas a vision zero is different. I do not know what level would be the minimum we would ever get whilst still being able to move about on the road. You cannot have zero risk and we would not want zero risk because we do need to move about, we do need to enjoy ourselves and have full lives. I do not think one would ever practically get to a zero risk or would even want to.

Mr Green: I think this must be a direct correlation between how intrusively we are willing to regulate and how much impact we can make on how far we can go. We could say every driver on the road has to be retested every six months to prove their competence, cars can only drive at five miles an hour, I am taking extremes clearly, but it is about trying to find a balance between an acceptable level of freedom and the optimum reduction target that we can achieve. I do think there could be had about the future because if you look at what technology can do in motorcars over the next 10 years, the whole landscape of motoring could be changed if there was a will to invest in those extreme are what you might call the motoring lobby who are very sceptical about any apparent restriction placed on their freedom.
things and the infrastructure that goes with them. If we are going to talk about how much should we reduce it then we have to be clear about how that would be done and build ambition on to some credible intention rather than just trying to set a target because it sounds like a good thing to set and is a laudable thing to support.

Q163 Clive Efford: My last question is on public opinion and the media. What do you think about sections of the media or road user groups that actively campaign against road safety measures, such as speed cameras or speed limit enforcement? What impact do you think they have on public attitudes towards road safety?

Mr Thornton: There is a great difference between national and local media. Certainly perceptions in Westminster of things like opposition to traffic calming and speed cameras are not what we are seeing out in the metropolitan authorities. Everyone wants to be safe on the streets where they live. My postbag is full of requests for traffic calming, speed cameras, anything that will reduce the harmful effects of road traffic. Vehicles driven at speed is the biggest problem followed by parked vehicles, and this is coming across very strongly in the media.

Q164 Mr Clelland: Has the partnership you set up, Mr Thornton, been particularly successful and more successful than others?

Mr Thornton: We have not had the opposition from the press that other Safety Camera Partnerships have had. That is just part of the Safer Roads Partnership. We have been very open and gone to the media to make stories, to give them information, and we sell their papers for them and they are very keen on the information that we put out, but we try and strike a balance.

Q165 Mr Clelland: Have you had fewer casualties than other areas?

Mr Thornton: We met the 2010 target for killed and serious injuries to children two years ago but we do need to keep it there. Reducing casualties is not just linked to the media, of course.

Q166 Mr Clelland: Why have other areas not set up these partnerships? Does anyone have a view on that?

Mr Smith: I think there are a lot more partnerships than maybe you are aware of. The partnership element of road safety is spreading throughout the UK. The majority of Fire and Rescue Service, for example, is involved in partnership working. It is a recognition that there is a whole range of agencies which have got something to contribute towards road safety. One of the changes that were recently made to the rules around Safety Camera Partnerships and the use of funding, which was extremely popular, was the fact that some of that funding that was seen to be basically revenue-making can be directed towards education now and that has been a really positive move which means that people can see that some of these funds are being redirected into education to help keep people safe.

Q167 Mrs Ellman: How reliable would you say the official road casualty statistics are? Is there under-reporting or are there differences in definition?

Ms Berry: Just from our experience, you will only ever get the records of those events that we attend so, therefore, with less road policing officers on the roads we are not recording as many things as we probably did before. For those events that we do record, we believe there are probably better, simpler ways of recording which will improve the accuracy and should reduce the amount of time that officers have to take in order to complete the statistics. It is vitally important the statistics we all use in order to make judgments about legislation, enforcement and all the rest, are accurate and I suspect there is a whole raft that goes unreported at the moment, but also what we do I think we could make far simpler.

Q168 Mrs Ellman: What is the extent of under-reporting and what are the reasons for it? Can you make any judgment on that?

Ms Berry: Just from our point of view, I think it is probably a lack of road policing officers enforcing road laws at the moment. The incidents we have to attend we will record, but that is very much the tip of the iceberg.

Mr Green: One thing I would say absolutely categorically is there is no organised conspiracy to under-record. There is no incentive to do so because there is no result at the end of it, partly because so little priority is given to road safety in the Home Office list of priorities. I would not disagree with what Jan has said, there is certainly something in that. When we look at minor collisions, or collisions that on the face of it are very minor, sometimes people simply do not ring the police or if they do, because it is not seen as a serious incident, the police do not feel they need to attend. My personal view is that at the fatal and serious end of collisions we have probably got a pretty good record because we would be called and we would go. It is at the less serious end that I think there will be some fragilities in the figures. Even if the police did attend, someone may well say at that point in time, “No, I’m fine”, wake up the following morning with a stiff neck, unable to get out of bed, and because they have not started a formal report with the police they might just go to their doctor or hospital or whatever. There are logical reasons why figures collected by the Health Service, say, might be different from our own. Again, I do not think it is because there is any conspiracy for that to happen, it is simply the way that these things get recorded and reported. We are about to start investing huge amounts of money in the Police Service in officers carrying hand-held computers around with them. I know that working with DfT we are going to offer up to every police force a standard accident reporting software package that will work on those hand-held computers. Maybe once we get that in, and that should come in in the next couple of years, that will
make it easier for officers to record it, but it will not take away some of the things I have described where some people do not realise they are injured until a day or a couple of days later and those things will tend to slip out of our statistics and appear in other peoples.

Q169 Mrs Ellman: Is there any way that you could try to quantify that?
Mr Green: No, I am sorry, no way. I am aware of the issues and I have probably listened to the same radio programmes and read the same articles that you have about the disparity between NHS statistics and police statistics, and we have not done any objective research on it but we are not trying to be in denial of it either, we fully accept those discrepancies exist but cannot quantify the difference.

Mr Clinton: There is some research which quantifies the difference between hospital accident data from roads and police data. When I first started working in road safety in the late 1980s one of the first research reports I read was about this very issue, and my memory says it was something like 60% of slight injuries were not recorded in police data but were in hospital data. There is some quantifiable data. What I am not sure about is any research which indicates how accurate the hospital data is. Does that include things like a child getting their hand caught in a car door on the drive, for instance? There is a lot we do not know about this issue, but it is also true to say that the STATS19 data gives a very comprehensive dataset and we should not be too negative about that even though we recognise it is by no means perfect.

Q170 Mrs Ellman: How clear is the distinction between “serious” and “minor” injuries on the police STATS19?
Mr Clinton: There is a written definition but, of course, as has just been indicated, an officer at the scene may not necessarily put them in the right category, and to some extent that is probably inevitable. The definition of “serious” is quite broad. It might include things which you and I would say are not necessarily serious. There is a written definition of what is “serious” and what is “slight”.
Mr Green: I think it is fair to say that a broken finger or a life-changing brain injury are both classified as serious injuries, so there is a very wide range of injuries that are captured in that category.

Q171 Mrs Ellman: You are saying that is within serious injuries that there is a wide range?
Mr Green: Yes.

Q172 Mrs Ellman: Are there any types of injuries within the definition of minor injuries that could be reclassified looking at it the other way round?
Ms Berry: This is a very similar point to the one that Mr Green has just given, that if you go to hospital and you are detained for observation overnight that would be classed as a serious injury even though you might be absolutely fine and not need any further medical attention the next day. When you start making observations about the level of serious injury, the difference between a life-changing injury and where you have spent one night in hospital could actually conjure up a totally different picture from the reality.

Q173 Mr Clelland: Mr Green, you have been briefed?
Mr Green: Yes. Where “slight” is concerned, it is anything that is not “serious”, there is no specific definition. There certainly is discussion taking place between the Home Office, DTf and ourselves about further classifying “serious” to try and look at the different grades of it. I can see how that will paint a more accurate picture but, as Jan, I am sure, would say, poor old cop at the roadside has then got to try and work out exactly which box to tick, as it were. The more sophisticated you make it, the more difficult it is to collect unless someone does go to hospital and you have got a more robust medical definition.

Q174 Mrs Ellman: In rail accidents a different system is used. “Fatality equivalent” is the category. Are you aware of that and does anybody think that would be a better way of doing it?
Mr Green: I am not aware.
Ms Berry: Not aware.

Q175 Mrs Ellman: Are there any particular categories of drivers on the road where you feel more attention should be given in terms of road safety, particular socioeconomic groups, age groups, young or old?
Mr Clinton: I think it is well-recognised that young, inexperienced drivers are a high risk group. At-work drivers certainly need to be a target, partly because of the nature of the driving that they are required to do. Although we say there are these high risk groups, we should not lose sight of the fact that most drivers come under the general category of “other experienced drivers” but very, very few of them would actually take any further training after their test, so there is a broad issue which we are beginning to look at which is lifelong driver development and refresher training throughout people’s driving careers.
Ms Berry: We have given evidence previously around novice drivers and drivers who are quite young and that will be a continuing concern. There is always a danger that you can link absolutely every category to having an element of danger. Also, the elderly pose a particular risk and people who are maybe in a certain socioeconomic position will also pose a particular risk where they cannot afford necessarily to travel on public transport and they cannot afford particularly well-maintained vehicles and may take risks with uninsured vehicles and things like that. There is a whole variety of different groups, each of which probably needs slightly different strategies and tactics to know how to deal with it.
Mr Smith: Clearly the Fire and Rescue Service go to the most serious of incidents where there is usually entrapment, so we are called on to extricate. When we got involved in the road safety arena we were looking at the risk analysis associated with where we...
should target our road safety activity. There is undoubtedly a correlation, for example, looking at where the drivers originate from rather than where the accidents occur, a link to socioeconomic issues and deprivation. Certainly as far as young drivers are concerned, they do feature disproportionately in the accidents that we attend. We target our road safety very much at young offenders, for example, those who are not in education and training to try and make sure we catch those who are not necessarily in the education system. **Mr Thornton:** I agree with addressing priorities, but we must not forget huge swathes of the population who are driving badly and driving illegally. It is hard to target young people when older people are misbehaving. In West Yorkshire, the groups which are most caught by speed cameras are 35-44 and 45-54. They are the ones who are misbehaving and we should not ignore that. We should not penalise young people without looking at the wider problem.

**Q176 Mrs Ellman:** Ms Berry, you mentioned older people on the road. There are more older people driving with the changes in demography. Do you think that more enforcement should be introduced in relation to the fitness of older people to drive, or is this just a phenomenon that you are observing?

**Ms Berry:** It may be something where some further research would be helpful. Clearly people over a certain age need to have a medical certificate for their driving licence to be renewed and they will also take that into account maybe in the insurance premiums, but the robustness of some of the medical examinations for some elderly people may need to be reviewed, particularly in the way of eyesight and things like that.

**Mr Green:** I want to augment that point. It is a difficult issue, I know, but most people who have got issues in later life which would question their fitness to drive would be under some kind of active medical supervision or consultation and, whilst not wishing to drive a coach and horses through the medical practitioner’s duty of confidentiality, surely there ought to be some responsibility that if someone’s fitness to drive is in question then the medical practitioner has a duty and an obligation to report that to the licensing authorities. I do not think that is currently the situation. To allow someone to walk out of the consulting room door knowing that they are not fit to drive and not taking action is an indefensible position.

**Q177 Mrs Ellman:** So you are looking at putting new responsibilities on doctors, say?

**Mr Green:** Yes.

**Mr Clinton:** There is an issue here about education and help for drivers. There is not an age at which people suddenly become unsafe to drive, and you can certainly have 75 year-old drivers who are better and safer than 50 year-old drivers, but there is an issue about education and raising awareness about how our driving abilities change and providing help in terms of extra assessments or training for drivers. Driving is something which is fundamental to a lot of people’s mobility and quality of life, so what we do not want to see is a lot of people suddenly becoming housebound because their licences have been taken away. I would agree that there is more awareness needed in the medical profession in terms of advising drivers when they need to stop and from time to time we get members of family call who are desperate to stop their elderly relative driving and the GP either will not help them or has said this but the driver concerned is ignoring them. There is certainly an issue there. I have something in the back of my mind saying there is already a duty on a GP to report to the DVLA, but I am not confident enough in my memory to say that for certain. There is a consultation from the DfT on the medical rules for driving which is looking at a lot of these issues. For me, this is very much education, awareness and the provision of training rather than a stricter enforcement issue.

**Q178 Graham Stringer:** How much of a problem are people driving with drugs in their system, unlawful drugs, and how do you know?

**Ms Berry:** Did you say lawful drugs?

**Q179 Graham Stringer:** Unlawful, and prescription if you like. You can tell us about both.

**Ms Berry:** I think that is an unknown quantity for a number of different reasons. If a fatality occurs then clearly the toxicology reports will be able to tell us what was in the system.

**Q180 Graham Stringer:** Of the victims?

**Ms Berry:** For the victims, yes. But for other people, the technology that is available at the moment to detect drugs is just not there. What we would like to see is some real investment going into getting that technology. From a police officer’s point of view they are pretty simple tests that you undertake on the roadside if a person was behaving in a strange way to check whether they are impaired to drive. They are not foolproof in any way. Then you take them back to the police station if you are still not satisfied and you have got reason to believe they are under the influence of drugs and then you go through the system of taking blood checks and urine samples and waiting for some time for the results on those. The technology for drugs is nowhere near as advanced as it is for alcohol and the quicker we can get a roadside test for drugs, then I suppose in answer to the original question you asked that would be a far better way to tell that. Of course, having the technology is one thing, but having the people in a position to check for it is another and that would be another problem for us at the moment.

**Q181 Graham Stringer:** Do you have a subjective assessment of how big a problem it is?

**Ms Berry:** I do not think it matters whether it is lawful or unlawful. For lawful drugs it is a problem, I do not believe people are given sufficient advice as to whether they should be driving when they are on prescribed drugs and sometimes if you read the very fine print on medications you can see some advice on that, but how many people are actually directed to
that and do read that. As far as unlawful drugs are concerned, the perception of police officers is that it is a considerable problem.

**Mr Green:** Forgive me, because I cannot tell you the figures, but I think there is research which gives an indication of the size of illegal drug abuse in the population. I do not know what those figures are but they are not particularly encouraging. It is reasonable to extrapolate those figures into the driving population. It is possible to put some rough quantification to it. I just wanted to make the point that I agree with everything Jan has said, particularly around the difficulty of actually detecting the presence of drugs in people’s bodies, but there are unnecessary complications in the law as it currently stands. With alcohol there is an objective measure and if you have a level of so much alcohol in your body then you are guilty of a criminal offence; with drugs the starting point is an impairment, you have to prove that someone’s ability to drive has been impaired before you get into a criminal offence. Whilst I can see that as a defendable position for legal drugs, because clearly not all prescription drugs have an impact on someone’s ability to drive, where illegal drugs are concerned I cannot see what the justification is for maintaining that requirement for impairment. Certainly ACPO’s position is that the law should be changed so that if anyone is found to be driving a motor vehicle with an illegal drug in their body, that should be an absolute offence regardless of impairment. We have debated the reason why those drugs are illegal, therefore the fact that it is in someone’s body should be sufficient to convict them of a criminal offence and that certainly simplifies the position considerably.

**Mr Thornton:** We are told by the youth offending teams in West Yorkshire that there is chronic use of cannabis amongst young people and these people are driving, but we do not know the extent of that.

**Mr Stringer:** Just to give you an estimate, when we are delivering our road safety talks we ask the young people whether they have ever driven with anybody who is under the influence of alcohol or drugs. In Staffordshire we deliver that road safety talk to around 12,000 young people every year and when we ask the question we get a figure of around 20% who admit to having been in a car with somebody who is under the influence of alcohol or drugs. That gives you an idea that this is a sizeable problem, around 2,500 who are admitting to that. I would say that is you an idea that this is a sizeable problem, around 12,000 young people every year and when we deliver our road safety talks we ask the young people whether they are under the influence of alcohol or drugs. In some teams in West Yorkshire that there is chronic use of cannabis amongst young people who says the position of ACPO and my personal view is that we do need to give the public some simple messages and I think the message at the moment is too complicated. I have launched the last couple of drink-driving campaigns and said, “If you drive then you must not drink and if you drink then you must not drive”, but everyone knows when the limit is at 80 they can drink and still be legal. Where random breath testing is concerned, Jan and I are 1970s police officers at heart and we know that with the law as it currently is, without breaking the law or doing anything improper, we can breath test anybody who is drinking and driving, but to make it simple for people so they understand the risks they are taking the law should be really clear and simple to say a police officer can stop someone and breath test them and if you have a drink then you run the risk of being over the limit, therefore do not have one. I do not think that law is clear enough or simple enough in people’s minds at the moment.

**Q182 Graham Stringer:** Is the alcohol level of 80mg the right level?

**Mr Green:** I think that the penalties available are right where drink-driving is concerned. You have probably yet to meet a police officer who says the court makes the fullest use of the penalties they possibly could because at the end of the spectrum is imprisonment, and I think that is right. Certainly the position of ACPO and my personal view is that we should make two changes where alcohol is concerned. One is to lower the level of the permitted limit to 50mg rather than 80 as it currently is, and the other is to change the law on breath testing so we have random breath testing. I accept there are differing opinions about the underpinning science certainly behind lowering the level of the permitted limit, but my view is this: we need to give the public simple messages and I think the message at the moment is too complicated. I have launched the last couple of drink-driving campaigns and said, “If you drive then you must not drink and if you drink then you must not drive”, but everyone knows when the limit is at 80 they can drink and still be legal. Where random breath testing is concerned, Jan and I are 1970s police officers at heart and we know that with the law as it currently is, without breaking the law or doing anything improper, we can breath test anybody who is drinking and driving, but to make it simple for people so they understand the risks they are taking the law should be really clear and simple to say a police officer can stop someone and breath test them and if you have a drink then you run the risk of being over the limit, therefore do not have one. I do not think that law is clear enough or simple enough in people’s minds at the moment.

**Q183 Graham Stringer:** Is not the real problem with drinking and driving at the other end, that most people are safe and do not drink and drive but there is a small rump of people who drink a lot and might drink the equivalent of seven, eight or nine pints and go out and drive and we are not dealing with that group of people rather than those people who might be at 60mg or 70mg? Is that not the real problem?

**Mr Green:** Forgive me because I am not au fait with the most up-to-date research. That is not my perception. If you look at society and the way in which alcohol is marketed to the population, the way in which you can buy it cheaper than water in supermarkets, the creation of garishly coloured sweet, sickly drinks aimed to get young people involved in drinking, the threat of alcohol to people driving is bigger now than it has ever been. We should intrude on the risk judgments that people make about whether to drink and drive at every stage in their thinking. I am not saying you are wrong, but because of the way that alcohol is marketed to people by the industry today then I think it is necessary to have very clear, understandable risk judgments that people make based on very clear laws and legal powers.

**Ms Berry:** I agree with most of what Mr Green has just said. It is indefensible for our drink-drive levels to be as they are today, and I say that for a number of different reasons. There is clear evidence from across Europe that you save lives by reducing it, but the way in which you do that has to be explained, it has to be trained and marketed in a very sensitive way. There may well be a rump of people who are going to flout the law irrespective of any changes you make, but I also think in the 1970s when I started policing, swinging the lamp, that it was socially acceptable to drink and drive and there has been a huge culture change in that where it is now socially
 unacceptable to drink and drive. However, I do believe that there is a slight move back in that direction where maybe because of the lack of fear and enforcement people are starting to take risks that maybe they would not have done a little while ago, so there is an area around the likelihood of being caught and enforcement that should be of concern to us. On top of that, Mr Green is absolutely right, I do not think you need to change the law in order to make a statement, I think that police officers probably have sufficient laws now to randomly check people provided they can justify the course of action they are taking, and the important aspect there is about justification. 

Mr Clinton: Can I just say that RoSPA strongly favours giving the police more powers to do random breath testing or targeted breath testing along with a lower limit drink-drive limit. There is research which shows that lowering the limit to 50 would save around 65 lives a year. Some of the research in Europe about lowering the limits indicates that some of these higher drink-drivers would also be affected, although I am not quite sure how that works. In terms of random breath testing, what I think is crucial is the visibility of it. It is not just about catching drink-drivers, it is about sending a deterrent and an education message to every other driver who sees this happening. There was a Home Office survey a few years ago which suggested that around half of drivers felt that they could drink and drive once a year without being stopped and breath tested. There is a sense here that there is not a deterrent to drink-drive and the chances of them getting caught are so low that they need not particularly worry about it. Increasing this deterrent is very important and the profile of the drink-drive campaign.

Mr Smith: Just a point on education. We discuss with the people that we are involved with as far as education about units and people have no idea what a unit is.

Q184 Graham Stringer: Do you really think that? Do you not think that most people in a pub think they are alright on a couple of small glasses of wine or two pints of bitter?

Mr Smith: I am just saying that maybe in terms of education and setting the limit there should be some messages there so that people understand what is acceptable and if it is target zero it is about zero alcohol in that respect.

Ms Berry: There is a huge difference in the strength of alcohol, half a pint of one compared to another, and also in a glass of wine. A glass of wine a little while ago and today is considerably different, so you can have a large glass or a small glass. There are mixed messages around that. The other thing my colleagues have suggested is at the moment we give people second chances, so if they have got a level of alcohol between 35 and 45 or something they are given another chance to blow a negative breath test. We feel that is too high anyhow and it sends a very strong message that if you blow a positive breath test then that is the evidence. Our suggestion would be that we remove the opportunity for people to have second breath tests in order to blow a negative. 

Mr Green: I just wanted to make a point prompted by my colleague, just going back to your point about there is there a rump of people. When that theory was dominant the view was that the rump of people were approaching middle-age and had not been touched by the more recent education campaigns. In the Christmas drink-drive campaign that was conducted a few months ago, there was no difference between under-25s and over-25s in the level of positive breath tests, so the indication from that campaign, which I accept was only a couple of weeks but very intensive drink-drive testing, was that both those sections of the population were equally likely to be drinking and driving. That tends to point towards a more general problem than perhaps has been perceived. Just picking up on the visibility of enforcement, figures out today for 2006 show quite clearly since the early 2000s, having seen a progressive fall-off of breath testing in the country, breath testing has been picking up year-on-year. It fell back slightly in 2006 but the level of positive tests increased again. The trend of breath tests is that it is back on the increase and police officers are understanding again that this problem is coming back on to the radar screen. I just wonder if all this is telling us that maybe that level of social unacceptability that we achieved for drink-driving 10 years ago has worn off and needs to be re-established in education and campaigning.

Mr Thornton: Some statistics we have been looking at recently might suggest that we are developing a morning after problem with alcohol. The biggest problem for us over the last couple of years in the morning peak period has been drivers not seeing motorcyclists and we are looking to do more research on what the causes of that are, but it may be it is a morning after problem.

Q185 Graham Stringer: Can I ask one last question which I think is related to the previous question. A number of answers have referred to the lack of resources really for enforcing the law on the roads. Does that mean that the enforcement agencies, primarily the police, are missing a trick? Is there not a pretty strong link between criminality and those people who cause accidents on the road? Would there not be a double benefit if there was more enforcement by the police on the roads?

Mr Clinton: Certainly there is strong research that roads policing is very good at catching people involved in other types of criminal activities so you do get that double benefit, and that is a very strong argument for more roads policing and visible roads policing.

Mr Thornton: We are funding roads policing, buying ANPR equipment, laser speed measurement. We are supporting the police but we have to get roads policemen out on overtime. The targets in the Police Performance Appraisal Framework does not allow them in West Yorkshire to go out and do that in normal policing time.

1 Note by Witness:
Mr Clelland: Has there been a reduction in roads policing?

Ms Berry: There has certainly been a reduction in roads policing?

Q187 Mr Clelland: Are the Emergency Services now dealing with more road traffic accidents or less since 2000?

Mr Smith: I can give you some figures for my local area. For the past five years the number of incidents we have attended are 945, 960, 976, 969 and 977. They are hovering just under the 1,000 mark. We have seen no decrease in the number of incidents that we attend.

Ms Berry: I think casualties are reducing, but I do not think we are able to give a true statistic on whether the numbers of accidents are going up or down because we are not attending as many incidents as we would have done previously.

Mr Thornton: Crashes have come down considerably in West Yorkshire over the last two years, but we are seeing an increase in extreme behaviour and we are seeing a levelling off in deaths and serious injuries. The total number of crashes has come down quite dramatically.

Q188 Mr Clelland: Would a stronger emphasis on tackling uninsured or untaxed drivers lead to fewer road casualties?

Mr Clinton: Yes, it certainly would. The research is fairly clear that drivers who are illegal drivers because they are not licensed, insured or taxed are more likely to be involved in road crashes and more likely to be involved in serious road crashes. We were talking earlier about which are the high risk groups and certainly illegal drivers are one of the key groups. Things like ANPR, automatic number plate recognition, that sort of technology, is a very important tool for dealing with those drivers.

Mr Thornton: This goes back to what I was saying about local conditions. In some areas of West Yorkshire the Motor Insurers' Bureau estimates 60% of the resident vehicles are being driven uninsured and these are huge social problems for us and do lead to dangers on the streets.

Q189 Graham Stringer: I am sorry, I misheard that. Could you repeat that percentage?

Mr Thornton: 60% of resident vehicles are being driven uninsured. That is from the Motor Insurers’ Bureau and that is in areas of Bradford.

Q190 Graham Stringer: That is an extraordinary figure. When we have had the AA here in the past they have given us what I thought were very high figures which in percentages would be about 6 or 7%, but you are saying in parts it is more than half?

Mr Thornton: 57% is the actual figure, but there are other places in West Yorkshire where they are much higher than I would have imagined.

Q191 Graham Stringer: Have you bothered telling the local police?

Mr Thornton: We have spoken with Sir Norman Bettison, the Chief Constable.
Q192 Graham Stringer: And the response?
Mr Thornton: He will give the attention to it that he can within his resources. Sir Norman has been very good, he has made road safety a responsibility of the neighbourhood policing teams and we are hoping we can progress road safety in that way.

Q193 Mr Clelland: The question is do people who are uninsured or untaxed tend to have more accidents than others?
Mr Thornton: Yes. PACTS have proved that in the past. That is the information that we use.

Q194 Mr Clelland: What percentage of children currently get formal pedestrian and/or cycle training?
Mr Clinton: I cannot give you a figure. It is certainly true that pedestrian training has grown very significantly over recent years and the Department has very recently published research which shows that it is effective in improving children’s skills as pedestrians. In terms of cycle training, traditionally we would say that around 200,000 to 250,000 children in the capital in the nine to ten year age group would get some form of cycle training. Cycle training is going through a revolution now, there have been new national standards developed and the Government has earmarked a tremendous amount of money and set itself targets for basically trying to make practical cycle training available to virtually every child in that age range. We are seeing a massive increase in both pedestrian and cyclist training.

Q195 Mr Clelland: The Government’s money which has been provided for bikeability training, that will improve the situation, will it?
Mr Clinton: Yes. What has been very important about that is there is a new form of cycle training that has been developed very much involving going out on the road, which research shows is where you need to do the training both in pedestrian terms and cyclist training because it is of limited use to do it in the playground. There has been a lot of progress in that area and it is certainly very welcome.

Q196 Mr Clelland: On a similar vein, on the Tyne & Wear Metro recently we had two accidents with people on motability scooters mounting the Metro and because they have got to speed up to get over the gap, they went straight across, hit the doors into the side which opened and out onto the track on the other side, which is very, very dangerous. Fortunately, there have not been any fatalities yet but it does raise the whole question of the increasing use of motability scooters which are totally unregulated, there is no test involved, no protective clothing. Do we need to do more about regulating the use of motability scooters?
Mr Clinton: We certainly need to look at it. At RoSPA we do get calls from people who are concerned about nearly being knocked down by somebody on a motability scooter. The data is very sparse. There have been some fatalities and the Department for Transport did a consultation in 2005 about Class 2 and Class 3 vehicles which was asking a lot of questions about should there be a training regime, and certainly there should be. When people are getting a motability scooter they get very little advice on what is suitable for them and very little training in its use. There certainly is a need for more action here, but in terms of the number of casualties the data is not there and it would be difficult to make a very strong cost-benefit case in terms of casualties, but that is not the only issue of course.
Mr Clelland: Thank you very much for coming along, it has been very useful and will help us a lot in our inquiry. Thank you very much.
Witnesses: **Professor Phil Goodwin**, Professor of Transport Policy, University of the West of England, **Professor John Whitelegg**, Professor of Sustainable Development, University of York, and **Mr Fred Wegman**, Managing Director, SWOV (Netherlands Institute for Road Safety Research), gave evidence.

**Graham Stringer: Before we start, we have some housekeeping to go through—declarations of interest.**

**Clive Efford:** Member of Unite.

**Mr Martlew:** Member of Unite and GMB unions.

**Q196 Graham Stringer:** I am a member of Unite. Welcome to the Transport Select Committee. Would you like to introduce yourselves?

**Professor Goodwin:** I am Phil Goodwin, Professor of Transport Policy at the University of the West of England.

**Professor Whitelegg:** I am John Whitelegg, Professor of Sustainable Transport at Liverpool John Moores University.

**Mr Wegman:** Fred Wegman. I am from the Netherlands. I am the Managing Director of the Dutch Road Safety Research Institute.

**Q197 Graham Stringer:** Would any of you like to make a brief statement or shall we get straight into questions?

**Professor Goodwin:** Straight in.

**Q198 Graham Stringer:** What do you think is the main role of government in relationship to road safety? It is a big question to start with.

**Professor Goodwin:** Starting with an easy one, yes! Let us say to provide a context in which road safety is improved. Government is not primarily going to be the main agent of accidents but it does have a very big responsibility to create the legal framework, the norms, the guidelines and, to some extent, the prevailing mood and cultural acceptance of driving behaviour that influences whether there will be a lot of accidents or a small number of them.

**Professor Whitelegg:** I would say that the role of government is to take a very strong line on issues which are contentious—and road safety, from my perspective, is contentious—with different stakeholders, different interest groups; to select a path, to find a way through that morass of contentiousness, to produce a situation that is significantly improved above the current situation; and, in a sense, to take the moral high ground; to take an ethical view, an operational view, a view that says, “We can do a lot better and we will do a lot better”; and then to set the framework that produces that delivery.

**Q199 Graham Stringer:** It is obvious what the role of the Department for Transport is, or it is fairly obvious, I think. What role is there for other government departments, apart from the Department for Transport, in reducing casualties on the roads?

**Professor Whitelegg:** One of the observations I would make about road safety in general is that there is probably a very severe example of lack of joined-up thinking across all government departments. The recent discussion, for example—and I know I do not have time to go into detail and so I will avoid detail—on post office closures has, in many examples I am familiar with, imposed longer, more hazardous journey times on vulnerable groups: children, the elderly, the disabled, and so on. There is no view across government on the impact of policies on road safety. There is no view within the National Health Service about the extent to which the size, location and spacing of healthcare facilities might well have a damaging or deleterious impact on road safety. There is none in the post office example. There is a very poor level of appreciation about the nature of urban design and urban space. We talk about eco-towns, sustainability and sustainable cities, but it is all at the level of rhetoric. It does not get translated into detail of how we make really safe streets and make joined-up, seamless journeys really easy and really safe. I therefore do not think that central government appreciates the way that policies interact across the widest possible range of accessibility, spatial planning, healthcare planning, and so on.

**Professor Goodwin:** I would perhaps add one further example along the same lines, and that is education. The location of schools and the policies which influence how far children travel to schools will affect their exposure on the roads and therefore will affect the probability of encounters with vehicles. I suppose one would say that this can be determined by a sufficiently strong lead from the Department for Transport to ensure that safety considerations, as indeed other transport considerations, are taken into account when education departments take policies from the point of view of education, health departments take policies from the point of view of health, and so on. One wants to make sure that the transport considerations, including safety, are included in those decisions.
Mr Wegman: We have come quite a long way in the last couple of decades in improving road safety in your country and in mine as well. It means that we have to look for other avenues in the future. These other avenues do not necessarily lie in the field of the Department for Transport but are far broader, not just in central government but also regional and local government. There are many opportunities there, which are not very well explored today. That is one reason why I suggest that in future we have to have a far broader perspective than we have had in the past.

Q200 Graham Stringer: I am slightly surprised that nobody has mentioned the relationship between the Department for Transport and the Home Office. Do you think that the Home Office plays as full a role in preventing casualties as it could do? Are its policies as well co-ordinated with the Department for Transport as they could be?

Professor Goodwin: When I was in another institute some decades ago now, we did a piece of research for the Police Foundation, a research body looking at policing. The results of that research and their perceptions certainly were that traffic policing is not a high-profile career track for high fliers within the police force. It is something that clearly they all understand is necessary but there are concerns about how important it is, and especially concerns that, by too stringent policing, the police might put themselves into conflict with what they see to be the upstanding, middle groups of the community, which therefore might conflict with the public support that is necessary for other and, as they see it, more important policing objectives. It is a complicated issue but there does seem to be some truth in that: that there can be a go-softly approach to traffic policing. “Ah, well, it’s the sort of thing we all do, isn’t it?”—as compared with any other activity likely to cause such grievous damage to life, limb and property. Whether that is due to the Home Office or to cultures within the police force I think is a moot point, and I am not sure about that. However, I do think that there is a need to raise the profile and importance; and that actions likely to cause serious damage while you are driving are absolutely as important as potential crimes, as any other activity that people undertake.

Professor Whitelegg: Perhaps I may add to that. As part of an exercise I did in 2004-05 on a Department for Transport-funded project on the Swedish Vision Zero road safety policy, we had the much-maligned focus groups and we talked about 230 citizens across the whole of England about road safety, targets, objectives, and what people were concerned about. There was an overwhelmingly strong view, almost without any exception, on the part of the citizens we talked to that speeding was a problem, and that was equalled by lack of police enforcement. They were very unhappy about the lack of police enforcement. Interestingly, however, they said, “But we see the point of view that we think the police are operating from. They have large numbers of demands on their time and we can see how it would be possible for a police force maybe to prioritise crime against the person, burglary, terrorism, or whatever.” They were well aware of the competing demands on time, but nevertheless the strong view expressed was that there is a mismatch between what members of the public are concerned about—they want safer streets and much-reduced possibilities of being injured or killed in a road traffic accident—and the lack of police enforcement of speed limits, and the fact that the police actually operated, in their words, as a “blocking mechanism”. If there was a proposal to impose a heavy goods vehicle ban on a street or have a 20 mph speed limit outside a school or a whole number of things, the police would say, “Do it if you like, but we won’t enforce it because we don’t have the resources”. That led to a deep sense of grievance. I do not know in detail about the way the Home Office works, but in terms of the interaction between road safety issues, policing, justice, law enforcement issues, I think that there is another strong lack of joined-up thinking.

Q201 Clive Efford: In your focus groups, when people were talking about their concerns about their local communities, did they give any indication of where they ranked the issue of speeding against other issues that concerned them in their communities? Was it very high on their list of priorities?

Professor Whitelegg: In a sense, we had prejudged the situation by asking people to come and see us to talk about road safety: so they were motivated to raise issues about road safety. I think that it would therefore be unfair to try and pretend that we had a scientifically rigorous, representative sample across a range of things. In random discussion, they wanted to talk about street crime, mugging, and a whole number of other things that they thought were problematic and stopped them using the streets as much as they would like to. Speeding traffic and lack of enforcement was as high as anything that they mentioned, but it would be wrong for me to say that I have some kind of rigorous statistical sample to back that up.

Q202 Clive Efford: Did they give any indication about the use of technology, perhaps to replace police enforcement?

Professor Whitelegg: Yes. It was something that we had not raised in our briefing of the people taking part in the focus groups but that they raised spontaneously. They were very keen, for example, on whether or not speed cameras—which generally speaking they did not like—could be used as a way of controlling speed automatically, in the sense that a speed limit could be set and there would be two cameras. There is the technology around, though I am not a technology expert. Basically, there are experiments underway in London on what I think they call “averaging speed cameras”, which is what they were talking about. They were very keen on technology being used, because they were very keen on not putting a high burden on police resources; so they wanted technology to substitute for police persons, because that would serve the same objective of minimising speed and controlling speed.
Ev 38  Transport Committee: Evidence

Professor Goodwin: There is some other survey evidence as well to add to that—the more conventional types of opinion surveys—and it is quite interesting that the idea of 20 mph speed limits, especially in residential areas or what people perceive as being residential areas, which means “where I live”, has an extraordinarily high level of public support: very much higher than you would sense by looking at the statements of organised opinion of stakeholders in the transport/safety argument. It does seem to be one of the most popular potential policies that can be implemented. I think that it is also well established that potentially it is one of the biggest remaining hits that one could make on the accident rate.

Q203 Graham Stringer: How does our institutional approach to road safety compare with other European countries, both at the national level and at the regional level, as Mr Wegman suggested is important?

Mr Wegman: Perhaps I may come back to this police question. One of the best things a government can do in showing its serious interest in road safety is to bring police to the roads and streets. There are not that many other activities a government can show to the public. However, in all countries I am aware of people are complaining in the road safety sector the public. However, in all countries I am aware of people are complaining as being residential areas, which means “where I live”, has an extraordinarily high level of public support: very much higher than you would sense by looking at the statements of organised opinion of stakeholders in the transport/safety argument. It does seem to be one of the most popular potential policies that can be implemented. I think that it is also well established that potentially it is one of the biggest remaining hits that one could make on the accident rate.

Q204 Mr Martlew: On the priority that the various countries give to road safety—for example, if we look at the audience today is quite sparse but when we were looking at the fiasco in Terminal 5 we were packed out and the cameras were there, although nobody was killed—do the public and the media take a more enlightened view with regard to road safety, say, in Sweden and in the Netherlands? Is it more important than it is to us?

Professor Whitelegg: I was a German civil servant for three years—which I have still not recovered from!

Q205 Mr Martlew: Neither have they, I daresay! Professor Whitelegg: No, they have not! It was the Ministry of Transport in the state of North Rhine-Westphalia, in Düsseldorf, a state of 16 million people. I have worked in Denmark and in other European countries, and there is an enormous difference between Britain and these other countries. It is simply one of boldness versus nervousness. Britain is a very, very nervous country—increasingly nervous. We have the best transport analysis and policy, in terms of documents and research, of any European country I know—and I defer to the Dutch, whose work is excellent—but we do not translate it into policy, namely to things that happen on the ground. What I mean by that is that is this. At the time I worked in Düsseldorf, we had a street party to celebrate our 10,000th Home Zone. Ten thousand in one state of Germany. Britain now has 600 Home Zones. In 1991 we had 10,000 in one state in Germany. Graz in Austria made the whole city 20 mph in 1992. There is Freiburg in southern Germany—and the list goes on and on. The debate that we have constantly is, “Oh, dear, what shall we do? We know about speed; we know about the probability of crashes and injuries” and so on. We go round and round, and we have lots of interesting investigations and reports; then we say, “That was nice, wasn’t it? But we won’t do it”. We are not bold. That sort of national governmental culture, wherever it comes from—I do not have an explanation of where it comes from—I think gets translated into a degree of frustration and almost disengagement on the part of the public, which goes back to your point. There is not so much interest in Britain because, again in our focus groups, the thing that came through repeatedly was, “There’s no point in saying anything because nothing useful ever happens”. Nothing will happen. We do not get the 20 mph; we still do not get the Home Zones; we do not get the speed enforcement. We just do not get it.
The big difference between us and other countries, therefore, is simply one of boldness. The Swedish Vision Zero, as Phil said, is not unique. The Danes do not have a Vision Zero, but they have a policy that says, “One death is one death too many”. Norway has a similar policy, and so it goes on. They implement it and have clear, budgeted, targeted interventions that deliver that result. We do not. We are very nervous, very complacent, and we behave more like rabbits in the headlights of an oncoming car. We go round in circles, back to where we started, and we do not do the job—that is the problem.

**Mr Wegman:** Until 2000 we were always looking to the United Kingdom when it came to road safety. You were the inventors of many good activities and policies. All of a sudden, somewhere in 2000, you stopped doing things and we continued with our efforts. A simple figure to illustrate that is that, compared to 2000, in 2006 you had 7% fewer fatalities in this country. We have one-third fewer. That was the pace of improvement that you also showed in the past. I do not have an explanation for that, but the real question is why you have not showed in the past. I do not have an explanation for that. The road safety problems are not new or unknown to you. You know everything. I fully agree with you on our side. It is not their top priority and never has been; nevertheless, you can make progress by doing and not applying the same recipes as we did in the past.

**Mr Wegman:** The first example I gave is traffic-calming. Essentially, it is one-of-a-kind. I think that we have tended in the past to rely too narrowly a repertoire of interventions that deliver that result. We do not. We have quite a lot of public support for the implementation of 30 kph zones—20 mph zones. Potentially, we have 30,000 km of street lengths in which to implement it. In the last 10 years, we have managed to implement 30 kph zones in 60% of those streets. Not because it was a wish on the part of the government but because the citizens asked for it. It is very important indeed that you market a solution to the public and that the public is asking for those sorts of solutions. Instead of bringing the good measures to them, they ask for it. We are now running out of budget and we are looking for additional budget to continue with these efforts. Nevertheless, it is an example of the implementation of these different measures. That is not new or unknown to you. You know everything. I fully agree that you have the best experts in this country. The question is why you do not do it. I do not have an explanation for that. The road safety problems are rather similar. We are facing a new area, where we cannot simply apply the same recipes as we did in the past. We have to develop new recipes. We need the public on our side. It is not their top priority and never has been; nevertheless, you can make progress step by step. The big question for you is “Where can we find our opportunities here?”

**Q206 Clive Efford:** Just to follow that up, could you elaborate for us, Mr Wegman? You said that we fail to follow through and implement changes that you have implemented. What specifically do you mean? **Mr Wegman:** The first example I gave is traffic-calming, but I can give you another example.

**Q207 Clive Efford:** Can I just ask you what you mean by traffic-calming?

**Mr Wegman:** By traffic-calming we mean that we do not want to have people using residential streets as a through-traffic street, first of all, so we would like to get rid of that through-traffic in residential areas.

**Q208 Clive Efford:** We are talking about physical barriers, one-way systems, to stop people doing what we call “rat-running”?

**Mr Wegman:** Let us call it making it less attractive. The second thing is that we try to slow the traffic down to 30 kph. Again, if you accept that the only people in these areas are those who live there and have their destination there, you want to see some kind of interaction between the residents who live there, saying, “Please slow down”. That is just an example. I can give you another example.

**Q209 Clive Efford:** Is it a request just to slow down or is it physical barriers like speed humps?

**Mr Wegman:** Two things are very elementary in this. First of all, that you are aware that you are entering such an area; so there is a kind of gate there to show that there is a different area to the one you have been in before. The second thing is that, regularly, you have to do it together with the people living there, instead of just showing. I think that we have tended in the past to rely on too narrow a repertoire of instruments of traffic-calming. Essentially, it is one-way streets or cul-de-sacs and speed bumps. When you look at the textbooks now, the international textbooks on traffic-calming, there are 100 different measures, including the road surface you use, the curvature, the use of lines of sight. You have very much more effective engineering methods than the simple speed hump with a bumpy profile, with speed tables. You can use the texture of the road surface to give signals to people that this space is allowed to vehicles but is the pedestrians’ property. People do actually behave in accordance with those signals. If you do all these things together and you do it with good design standards, and not too cheaply, then the...
experience seems to be that this is not resented by residents as something which is inconvenient; this is perceived as an improvement to the quality of their local street environment, in the same way that trees or a local park would be. It is actually a very positive thing.

Q211 Clive Efford: Could you give us an example of where a textured road surface, where pedestrians are given priority rather than cars but they come into— not contact with one another—but I am thinking of somewhere like Covent Garden. Do you have any examples?

Professor Goodwin: You want actual locations?

Q212 Clive Efford: Yes.

Professor Goodwin: We can provide you with a good list of places to look at.

Q213 Clive Efford: And the sorts of measures that are being implemented.

Professor Goodwin: Yes. To give a very simple example, speed tables, which are much broader than speed humps, with a pedestrian crossing on top of them, are a very effective, simple method of changing the perception of the driver so that they do not think, “This is a road. What are the pedestrians doing here?” They think, “Ah, this is a pedestrian space. I’d better go a bit carefully”.

Q214 Clive Efford: It is remarkable that you made that last comment, because my next question was do we corral pedestrians too much?

Professor Goodwin: We do.

Q215 Clive Efford: Do we generate too much an attitude that every pedestrian that steps off the kerb into the road is a trespasser?

Professor Goodwin: I had a very interesting experience recently in an international conference, talking about pedestrian refuges. A German colleague at the conference said, “Refuge? What’s ‘refuge’?” We explained, “This is an island”. “You mean pedestrians are refugees?” He could not get the concept of these railings which are a barrier in the way of pedestrians. We send pedestrians underneath roads, in nasty, smelly underpasses, while the vehicles get the priority of the surface. It is a crazy process of priorities.

Professor Whitelegg: This is again a matter of boldness, in that one of the issues that the discussion of Home Zones and traffic-calming raises is that a traffic engineer, or a local authority, indeed the Department for Transport, would see these as fundamentally causing problems in terms of traffic flow and congestion. There is almost a hierarchy of policy objectives, and one of the problems in Britain is that that hierarchy is often described in a benevolent way, saying, “We put pedestrians first”, and then cyclists, and so on. However, every time I have looked in detail—and I have worked with dozens of local authorities—the hierarchy is the other way round. The car comes first. I even know of local authorities that are trying to remove pedestrian crossings as a way of improving traffic flow and of reducing congestion. There are the kinds of policies which would have the direct effect that I have seen in German, Austrian and Swiss cities, for example. We can close streets. If there is rat-running on a street, close it; put bollards at both ends which are up most of the time and all the residents have a smart-card, they swipe it, and then they go down. In fact, York City Council has done this. It is the only one I know of in Britain, but there may be others. The street has been converted from an extremely unpleasant place to a place where children are playing on the streets and the whole street has taken on a new life, because a residential street had become a major traffic thoroughfare. Now it is there for everyone to see, with the rising bollards that go up and down. However, that kind of discussion which we need to have is very difficult in Britain, because of this inherent or intrinsic conflict in what we really, really want. What I think we really, really want in Britain—we could have a big discussion, but you do not have time and neither have I, about what we mean by “we”—is to have lots of cars running round, because it looks good for the economy; it is freedom of choice; it reduces congestion; and we do not really want to create highly healthy, attractive, pleasant living environments. We have to change that priority.

Q216 Clive Efford: Could I ask you to go back to the issue of lack of boldness and 20 mph zones? My experience of trying to introduce them is that there is this perverse impact now of technology. That is, because there are not speed cameras that are calibrated for 20 mph zones, police say, “If you put a 20 mph zone in, it must be self-policing.” Therefore you have to spend a lot of money on speed humps and things like that, if you are to have a 20 mph zone, which seems to me to be a barrier in the way of actually introducing 20 mph zones in what we would call residential areas.

Professor Whitelegg: You have identified a crucial problem or barrier generally to making progress in terms of urban design and making places really attractive for the elderly, for children, for people with disabilities—making places nice places to live. First of all, the 20 mph calibration thing is a completely false point—that they cannot be calibrated. There is no problem technically in having a piece of equipment and technology that can identify whether a vehicle is going at 19, 20 or 21 mph. It can be done; it is being done. It is being done in York, where there are 20 mph speed limits outside schools, which are enforced. That one has therefore been resolved. The thing about self-enforcing is very much a circular kind of argument. The current position in England is that Home Zones, traffic-calming, have to be self-enforcing, which means that there have to be humps, bumps, chicanes, build-outs, and so on, and you cannot have them otherwise. However, the international experience—and German cities have moved massively in this direction—is that you do not need the humps, bumps, chicanes and build-outs. You put up big signs. You say—in the case of Germany “Tempo-30”—“This is a 30 kph area”. It is effectively policed,
and every country has a different way of policing to minimise demands on police time. People get the message, and it works. The problem in England is that a Home Zone—that is, an area-wide treatment with new surfaces, humps, bumps, chicanes and build-outs—on average costs about half a million pounds. We had one in my local authority area that covered 150 dwellings, which cost three-quarters of a million pounds. There is no chance whatsoever that we will get enough Home Zones in England, at those costs, to solve the problem. We therefore have to move in the direction of a different kind of psychology and a different kind of engineering, and that removes the barrier—but there is resistance.

Q217 Clive Efford: I know that we have been on this point for a very long time, but I have just one last quick question to follow that up. Your experience is, though, that in other countries where they have introduced Home Zones, 20 mph zones, without the build-outs and the humps and bumps, they have worked?

Professor Whitelegg: Yes, they do work. The whole city of Graz in Austria is one Home Zone and it works, and it is not all humped and bumped. It was in the early days but they have now got rid of them, and they have moved on to this kind of open-space approach—and they work.

Mr Wegman: I know the German example. In Germany they claim that it works like that. In my country it does not work like that. We need engineering measures but we also need public support, and I am not very much in favour of sending police officers to residential zones for their enforcement activities. It is simply not very cost-effective. It is far better to send your police officers to roads where you have volumes and where you have a massive neglect of the speed limits. I am not in favour, therefore, of sending police officers to residential areas. That is why I am more for self-enforcing activities; not because it is only humps and bumps or whatever, but because people in the residential areas do accept that as a starting point and then you add, for example, those gates that I have talked about. I am also very much in favour of raised intersections. It makes it very clear that there is an intersection; it indicates that you have to slow down; there is other traffic to the intersection. That is a starting point, and sometimes you need additional, in-between, physical engineering measures.

Q218 Mr Martlew: I think it was said earlier that it is becoming more and more difficult to reduce the number of casualties. The easy bit has been done. To listen to the professor, you would think that we were one of the worst countries in the world. In fact, we are still one of the best countries in the world. Would it not be easier, if we wished to make progress fairly quickly, to have two pieces of legislation? One would be—and personally I am ambiguous about this—to reduce the alcohol limit at which people could drive; secondly, to change the novice driver system, so that people can start to learn to drive at 17 but cannot pass until 18. That would very quickly have a fairly dramatic effect, would it not, on the number of fatalities and would not cost a lot of money?

Mr Wegman: Coming to drinking and driving, in many parts of Europe—I do not exactly know the situation in your country—the public no longer accept drinking and driving. There is only 1% of all motorised transport in my country where there is drinking and driving. It means that the overwhelming majority of the population are no longer drinking and driving. However, we need to send police officers to make it clear to the public that we do not accept that. Our major problem now is that this 1% represents perhaps 20 or 25% of our fatalities. The big problem these days is how to find those who are not obeying the law.

Q219 Mr Martlew: We have a higher blood level, but we are talking about reducing it.

Mr Wegman: When we talk about making it more comprehensive, broader, my opinion is that we have to treat that as a problem of alcoholism that is manifesting itself in road traffic. Then you have a far broader perspective than just sending more police officers and bringing more police pressure on these people. The problem is that you simply do not find them. You can post a police officer on the roadside; he will wait and wait, and will see no one. Police officers do not like that. That is the reason why we have to do something different in the future than we have done in the past, in order to bring the overwhelming majority below the legal level. In your case, and the point about the legal limit, I do not believe there is a good reason to have it at that level; there is a good reason to lower it. There is one problem that you will have to face, however. Assuming that you are lowering the legal limit and at the same time you have more people above the legal limit, it means that you have to send more police officers for more people above the legal limit. That is a major problem. If you are going to change the law, you have to pay a lot of attention to the pressure by the police on those who are above the legal limit. That is not an easy problem to solve at all, assuming that there are not a lot of additional police officers to be sent onto the streets.

Professor Goodwin: Although I would add one point to that. There are cases when it can actually be easier to enforce a zero legal limit than an 80 mg legal limit. The problem with our current situation is the uncertainty. People think, “Well, I’m allowed to drink a bit”, and nobody knows exactly how much that bit is or what it really means in terms of their own body physiology, or even what it means in terms of the size of the measures that are offered in homes or in pubs. The advantage of an effectively zero limit is that there is no doubt any more. People know. It is a simple decision, “I’m going to drive; therefore I won’t drink”. That is a question of public acceptability but, once it is gained—and I think that it is possible to gain it—you have a smaller enforcement problem with the amount of policing you need, not a larger one. I do think that it is one of the biggest examples of success, when you think that, when I was young, “one for the road” was a
statement of hospitality. Now, “one for the road” is an incitement to get into trouble. It is a phrase that has simply disappeared from civilised discourse now. You do not hear people saying, “I really must have one for the road” and it was a completely normal expression of everyday life. In one generation, that is a very big effect on social norms, which I think would translate itself with a clearer decision, that drinking and driving are two things which simply do not match together, and if you are doing one you do not do the other.

Q220 Mr Martlew: The Government has just come out with a consultative document on training drivers. Have you had time to look at that? Do you have any opinions on it?

Professor Whitelegg: I have not looked at it. I intend to do so. However, going back to your original question, I think there is little doubt that we should just say yes to your suggestions. I will read what the document says and there may be an analysis.

Q221 Mr Martlew: Unfortunately, the Government have not said yes!

Professor Whitelegg: The whole thing about the Swedish Vision Zero road safety policy is that you have the kind of discussion that we are now having; you make a list of all the measures that you can possibly imagine; you do something approaching what we would call benefit cost analysis; you have a fairly integrated set of ideas about what you do first—which you do in what order—but, fundamentally, unless something fails the test of common sense, you do it all. The thing about road safety is that you just do the lot. For example, one of the 11 major policy areas of the Swedish Vision Zero road safety policy is alcohol interlock technology. Because I am from Oldham—which Mr Stringer will know quite well—I have a healthy disrespect for technology, in that I think I can find a way round it but, putting aside my origins, the alcohol interlock technology is getting a good press in Sweden. Basically, the vehicle is equipped with a sensing device and, if it senses alcohol, you cannot start the car. The Swedish Vision Zero uses technology, uses common sense, uses intelligence, and throws the lot in. All the stuff on speed, all the stuff on urban design, all the alcohol stuff, the driver training is there as well, and everything is in there. If I can be a bit rude for a moment, the point that you made at the start about Britain being the best in the world is not true.

Q222 Mr Martlew: No, I said “one of the best in the world”.

Professor Whitelegg: No, it is not one of the best. What we do in Britain—and government refuses to investigate this properly—is achieve road safety improvements by terrorising people so that they do not use the road. We have the highest rate of schoolchildren being taken to school by car and the lowest rate of walking and cycling. An epidemiologist or a public health specialist will explain this better than I can, but if you remove people from the group at risk—so the population at risk goes down and down—you do not get much of the disease. If we locked up every child in a bedroom with five television sets and never let the kid out, there would be no deaths and serious injuries on the part of kids on the roads—because they would be in their room and not out on the street. We terrify people so that they are afraid to use the streets. The safest streets in Britain are the most dangerous streets—the busy, busy streets—because nobody in their right mind lets a kid walk or cycle or cross. Elderly people stay at home, worried, upset and ill, because they cannot cross to the post office, which does not exist any more but the street is too busy anyway. We have the lowest levels of use of public space in walking and cycling of most European cities and we claim that is a road safety gain, but it is not.

Q223 Mr Martlew: Just on that point, when you and I were growing up in much less busy times of traffic, there were a lot more children killed.

Professor Whitelegg: Yes.

Mr Wegman: But at the same time you have the busiest roads of Europe. You have the highest volumes in Europe on your roads.

Q224 David Simpson: You have mentioned Germany at lot and also Holland, but in recent times France has reduced the amount of deaths on the road. Is there something we can learn from them, or what are they doing differently?

Mr Wegman: I do not know exactly, but as a matter of fact France has introduced a speed camera programme on a very large scale. Also, when in the past you got a ticket in France there was a less than 10% chance that you would have to pay it; now it is higher than 90%. They have therefore made it a serious problem, and have sent enforcement out to the French population on a massive scale. You have to compare yourself, as to whether you can improve or increase your pressure in this country compared with France. I am doubtful about that. That is why I said that if you have done that, if you have a good system of enforcement and of punishment, you cannot make a lot of progress there. My neighbour here talks about Sweden; I am talking about the Netherlands. We have a safe system approach, sustainable safety, and we have made that system the nucleus of our policy. I would invite you to make yourself somewhat more familiar with that. That is how we have to progress. We can no longer say in the future that we are just looking for the violators. Half, if not more, of our problem is related to people like you and me having a crash—just because we have a crash, because we are doing something else on the road. That is why we are in favour of something like a “forgiving road”—forgiving of your errors. It is not a real violation, in that you are going fast or over the limit; it is just because you have made an error, and you are punished in your behaviour for that error. There is nothing around you taking care of that. There I would say the safe system approach is the future for countries like ours. We have made a lot of progress already and that system approach is the next step, together with finding the real violators—people who are violating the law with
higher than legal limits of alcohol and who are speeding far more than the legal limit. That is my solution in the future, and it is the same for countries like yours as it is for Sweden.

Professor Goodwin: There is another thing that is happening in France very recently, probably more swiftly than in any other country that I am aware of. It is the extent of urban policies changing the allocation of road space between private vehicles, public transport and pedestrians. For very many years, the French having been rather anti this sort of policy—with a very motor-oriented, urban life, with cars parked on pedestrian crossings, on the pavements, everywhere—when you go to the big cities in France now, it has changed enormously in the last few years. You have major urban thoroughfares that used to be six lanes of speeding traffic, which are now two lanes for cars, two lanes for buses, and two lanes doubling the width of the pavement. That is an extraordinary change in the allocation of road capacity, and of course it has effects. I do not think that it is done primarily for safety reasons; it is done primarily for sustainable transport reasons. However, it certainly has an effect on the way in which people use the road space.

Professor Whitelegg: I have to confess lack of knowledge of the drug side. I would also link any discussion of drink and drugs and other kinds of impairment, whatever they may be, back to the speed point. If you have a 30 mph limit in an urban area, enforcement rarely kicks in up to 35 mph, and any kind of impairment at those speeds will produce very serious injuries and death. Lowering speeds, therefore, has to be seen as part of a policy of dealing with a likelihood of impairment. I have no idea where we are in Britain with drugs. I wish I knew; I need to know more about that. However, I think that it is another reason why lower speeds and the enforcement of speeds are so important, because it picks up the impairment by making the consequences of decisions—which, shall we say, are not of the best kind—much less severe than they might otherwise be.

Professor Goodwin: I do not know about drugs either. We are all very innocent on these matters. However, there is an issue that we have not really started to address, namely the consequences of very large increases of people who live for very much longer, into very much older old age. There are also issues of impairment there. The other half of the question raised earlier about training drivers when they are young is what sorts of tests we maintain for a population in which 20 or 30% of the population have spent their whole life in a car-oriented mobility and there is little opportunity for them to become used to not having a car. There is another thing that is happening in France very recently, probably more swiftly than it is wise to do so. I think that the issues of impairment of physical and mental alertness that are raised by drugs are also raised by medical advances in other ways, medication, and ageing itself. We have not really started to address that. I do not have a recipe for what we ought to do, but I do think that it is an agenda which is not being seriously tackled here.

Q225 Mrs Ellman: We have spoken about drinking and driving, but what about drugs, whether it be medicinal drugs or recreational drugs? How do you see that issue here and how does that relate to the rest of Europe?

Mr Wegman: It is a serious road safety problem; it is a growing road safety problem, especially when you combine illegal party drugs with drinking and driving. That increases the risk enormously. You may know that we do not yet have procedures in how to detect drugs; we do not know exactly how drugs impair driving. We are now, in European programmes, developing measures to detect drugs. The next question is whether we can make something like a legal limit, as has been done with alcohol for drinking and driving. That is a very complicated question indeed. If you say that it is illegal, then you can say that is the end of the problem—even if it does not make a problem for your driving task. Then we have to take some political steps, in my opinion, where we try to define the impairment level for drugs and driving, and then for different drugs; because it is not exactly the same for all of the different party drugs. I would say cannabis is not a big problem—

Q226 Mrs Ellman: Would you say that there is sufficient testing of whether drugs—

Mr Wegman: We are developing testing procedures now in a big European programme, DRUID, where we are developing types of testing devices to be used by the police on the roadsides. We will have to wait another one, two or three years until we have that available, and the next step will be to introduce it in the country; because you then have to follow all the legal procedures for its acceptance in the courts.

Q227 Mrs Ellman: What about in this country? Has anyone any views on that?
where they find a solution. I will give you one simple example. Elderly people are using the roads less at night-time because they have a loss of sight. That is their own answer to the problem. They experience it themselves. Make them aware of that. I believe that it is far better to go along those lines than to find an age at which they have to do some sort of re-testing. I do not believe that we can find a valid test. Furthermore, we would have enormous problems in society in introducing a signal that you are no longer allowed to participate in traffic.

Q229 Mrs Ellman: Are the official casualty statistics reliable?
Professor Whitelegg: It is a very good question. They are reliable in the sense that, when you are talking about fatalities, they are fairly accurate, but the 30-day rule introduces a note of inaccuracy. If you die 31 days after a road traffic accident, you are not dead: you are seriously injured. With the advances of medical science and medical intervention, I think that there is a distortion. This is well known in the road safety world. Once you start getting into serious and slight injuries in the UK stats, they are very unreliable. There are well-known reports comparing hospital data with police data and, because most of our road traffic accident stats begin their life with a police officer filling in a form at the site of a road traffic accident, decisions are made about “serious” and “slight” and that is known to introduce fairly massive distortion; so they are not reliable. Then there is massive under-reporting. Cyclists and pedestrians very often are not that inclined to report an accident or an injury. The answer is probably that they are reliable in fatalities but not otherwise, and we need to know more about under-reporting and how to deal with it. The scale of the problem is therefore bigger—that is all it means—that we currently assume.

Q230 Graham Stringer: What would explain the big reduction in serious injuries and not a similar reduction in deaths? Is that a statistical quirk or is there something completely different happening there?
Professor Whitelegg: I am sure that someone has looked at that; so, first of all, I have to be honest and say that I have not looked at the detailed stats. I know the kind of things that would explain it. There are conventions in terms of how one evaluates things at the scene of an accident. There are changes over time in how the police officers, in their training and in their experience, deal with that. There are those changes, therefore. The thing with road traffic accident stats is that we should really look at hospital data more than the road traffic accident stats themselves. Hospital data is more reliable; because when a person goes to hospital with an injury there is a formal assessment of the severity of the injury on recognised scales, with numbers attached, and that is very reliable. People, if they are injured, do tend to go to hospital if they feel the injury needs attention; so we should focus more effort on the hospital stats and not so much on the police stats. That would give us a truer picture.

Q231 Mrs Ellman: We have three categories: killed, seriously injured, and slightly injured.
Professor Whitelegg: Yes, and then damage only.

Q232 Mrs Ellman: Is that the same in other European countries?
Professor Whitelegg: To the best of my knowledge, yes. My colleague from the Netherlands will no doubt have a view but, to the best of my knowledge, in Sweden, Denmark, Germany, Austria and Switzerland, the ones you mentioned are the main categories.
Mr Wegman: What we normally use is an international severity scale; though with serious and minor injuries it is not very precise. We have internationally accepted injury scales in hospitals. I would say that the combination of police data and hospital data is the future. We are able to match both datasets. We know that police data are not perfect, hospital data are not perfect, but the match that we can make out of those combined datasets is pretty good. My colleague says that you are satisfied with fatal accident registration. We are not. We are missing 10%, if we rely only on police data. That is why we have to combine three data sources. What we try to do, therefore, is accept that these datasets in themselves are not perfect but, by combining them smartly, we have a good picture of the reality.

Q233 Graham Stringer: We are coming to the end of our time; can I ask three or four quick questions with three or four quick answers? The motorbike statistics stand out like a sore thumb and are going the wrong way; what can we do about motorbike accidents?
Mr Wegman: I have two types of solution. First of all, motorists have to accept that it is not only a way of life-expressing, driving a motorcycle, there are others on the road as well; the second thing is that motorists should not overlook motorcycles and in that respect motorcyclists should behave themselves more defensively than they have done so far.
Professor Goodwin: Speed limitation that is seriously enforced.

Q234 Graham Stringer: Thank you. We have also identified an increasing problem with foreign drivers and not being able to follow them up after accidents or breaches in the law. Is that a problem in other European countries?
Mr Wegman: Yes, it is.

Q235 Graham Stringer: What are they doing about it?
Mr Wegman: It is not very well solved. They are allowed to travel, they do travel, they live far more in other countries than in the past and it is a new type of problem we have to face. We do not have the answer already.
Professor Whitelegg: We have to remember that British drivers go into other countries—I am sure that was part of your question.
Q236 Graham Stringer: It was.
Professor Whitelegg: I am perhaps too much influenced by reading scurrilous newspapers but normally it is put the other way round. British drivers do spend a lot of time on Spanish roads and get into great difficulty, and I think there is a discussion within the European Commission along the lines of European driving licences and European satellite tracking systems and registration systems, so eventually there will be the kind of big brother technology, I guess; whether that is acceptable to some of us I am not so sure, but it will deal with the problem you raised.

Q237 Graham Stringer: Can we make driving safer or do all measures ultimately depend on changing road user attitudes?
Professor Goodwin: I do not think road user attitude is a decisive thing that will be important for the political acceptability of measures, but actions have the effects that they do, whether people like it or not. I would, however, say that road user behaviour—distinguishing between behaviour and attitude—is absolutely vital, and the experience we have is that behaviour is complicated, people are very much more adaptive than we give them credit for, not all the adaptations are in the direction that we would like them to be, though many of them are, and any initiative for road safety needs to be monitored and addressed very, very closely. You have to work it out and you have to be confident that it is having the effect that you really want it to have.

Q238 Graham Stringer: Does the fact that about a third of drivers are fined for speeding or for parking offences every year make it more difficult to change behaviour, does it alienate drivers?
Professor Whitelegg: I do not think it does and I think there are people more expert than I am about massive changes in behaviour across society. When I used to get the No 12 bus from Durkett to Middleton when I went to school every day I used to sit on the top deck of a double deck bus in a cloud of smoke; everybody on the top deck of the No 12 bus was smoking. When I describe that now people think I am making it up or that maybe I am confusing with the 1920s or something; we have seen massive changes in behaviour where masses of the population have done a particular kind of thing and then the pendulum has swung and they have gone to the other extreme. I do not see any problem at all with a programme of really intensive discussion, awareness-raising, legislation, enforcement and public health prioritisation changing these attitudes. Driving and road safety is still regarded as not really a serious problem, not really a criminal offence, not really an issue that people should be worried about and should be uptight about; I think we should all be really, really worried and really, really uptight and sort it out. Government has to take a lead, to go back to your opening question.

Q239 Graham Stringer: Finally, what are the most important targets to be set for the future to improve road safety?
Mr Wegman: I am very much in favour of targets first of all. I am positive about the vision as well, so that is the next step for you, perhaps, but added to that is a targeted programme that is realistic, where you know how to reach the target, and I am very much in favour of an ambitious target. Do not make it too easy.

Q240 Graham Stringer: In particular areas, which areas would you prioritise?
Mr Wegman: I would suggest that it is dependent on the areas where you can make progress; what I call a targeted programme. For example, I would like to improve the situation of novice drivers and I am convinced, I have no doubt, that there is space for further improvement like this. Based on that I make a target, not specific for that group as a whole and then you have a targeted system that is for everybody to implement; that is crucial in my opinion.

Q241 Graham Stringer: Those are your targets.
Professor Whitelegg: I am a great believer in the canary in the cage model of life; once the yellow thing drops off its perch you know there is something wrong. We should have zero deaths and zero serious injuries for all child pedestrians and all cyclists.

Q242 Graham Stringer: Those are your targets.
Professor Whitelegg: Yes.
Professor Goodwin: I suppose the thing to add is that we want to reduce all accidents—fatal, serious and slight—and if there are some which are coming down very successfully and some which are not then we ought to be focusing more attention on the ones that are not, and that will change from year to year. If there are, as there are, aspects of safety statistics which are not showing the successes of the overall figures then they ought to be the ones we focus on.

Graham Stringer: On that note can I thank you all for coming and being such interesting witnesses. Thank you all. Can we have the next set of witnesses, please?
Witnesses: Mr Andrew Howard, Head of Road Safety, Automobile Association, Mr Nicholas Brown, General Secretary, Motorcycle Action Group, Mr Malcolm Heymer, Traffic Management Adviser, Association of British Drivers, Mr Jack Semple, Director of Policy, Road Haulage Association, and Mr Roger Sealey, Researcher—Transport, Unite—the Union (Transport & General), gave evidence.

Q242 Graham Stringer: Can I ask the witnesses to introduce themselves?
Mr Howard: I am Andrew Howard, Head of Road Safety at the AA, Automobile Association.
Mr Brown: My name is Nick Brown, I am the incoming General Secretary of the Motorcycle Action Group.
Mr Heymer: I am Malcolm Heymer, I am a Transport Planning and Traffic Management Adviser to the Association of British Drivers.
Mr Semple: Jack Semple, Director of Policy, Road Haulage Association.
Mr Sealey: Roger Sealey, I am the Transport Researcher of the T&G section of Unite—the Union.

Q243 Graham Stringer: Welcome again. The first question is what is the major role of Government in relation to road safety?
Mr Howard: Ultimately it must manage and it must guide and it must try and make sure that what it is doing will get it elected next time, because governments like to do that.
Mr Sealey: The role of Government is to identify what the risks are and then in that sense set them in order and attempt to deal with the most obvious ones first.
Mr Heymer: Government needs to obviously set a framework within which road safety is taken forward but it needs to recognise that you cannot use legislation and enforcement as the only way of achieving road safety, you have to give responsibility to road users. The trend in recent years has been the opposite, through additional legislation and additional enforcement it has been taking responsibility away from road users which means that they then feel that they are absolved, to a certain extent, of responsibility. I think we need to reverse that trend.
Mr Howard: I would not agree that they feel absolved but I would agree that they feel concerned that they are being overly restricted, overly looked at, and at times this leads them to question actually why the law was being passed, even if it was passed for the best reasons. We have all seen and we have all read of the various suggestions that various measures are much more about money than they are about promoting road safety, and maybe a lot of drivers believe that and a lot of drivers therefore believe that the measures that they have been given are not actually measures about road safety at all, they are for other motives and therefore why obey them.

Q244 Mr Martlew: You do not believe that.
Mr Howard: I think I have to say that I do not believe that, no, but certainly in day to day contact with the people I do it is a question I am commonly asked.
Mr Brown: I would say that Government’s role, having passed legislation in a Road Traffic Act which speaks of providing a safe and efficient highway network for all classes of road user, should be to make sure that local authorities actually think about motorcyclists in doing that because for 20 years or so, up until the mid-1990s, there was absolutely no consideration of the needs of motorcyclists. That is reflected in the accident statistics and the changes that we have seen in recent years with the Government’s motorcycling strategy and with more local authorities beginning to think seriously about motorcycling, we are way behind the game on that and there is an awful lot of safety advantage to come yet.
Mr Semple: I would agree with all that has been said about the framework; I would just add that perhaps we need to understand more about the causes of accidents, I am not sure that the motoring public—whether it is motorcyclists, motorists or lorry drivers—have as much understanding or Government has as much understanding as to what causes accidents as they might have.
Mr Howard: I certainly think that there is an area where drivers do struggle. They see a lot of safety schemes and safety things happen, but because they do not really have an in-depth understanding of the accident problems it does not dawn on them what could be a problem and nowhere better does it get shown than the fact that if you go out and ask drivers where is dangerous, you will probably discover that the motorway ends up sitting at the top of the list and a lot of them, for example, who get bitterly angry about speed cameras get angry about the fact that they are on perfectly safe rural roads. Those of us who look at the statistics know that the rural roads are not perfectly safe.

Q245 Mrs Ellman: Mr Sealey, in your written evidence you have written about loading vehicles as an area of concern, how great a concern is that?
Mr Sealey: It is a concerns and it is an increasing concern; it is not only recognised by us but I have had a discussion with the skills for logistics training body and they recognise the problem as well. It is two things; one is a change where in the past the lorry driver would always supervise the loading of the lorry but these days quite often they are not there when the lorry is being loaded so they have no idea what is on there and how the weight is distributed. That is a real problem, so when they drive out onto the road the load could be unbalanced and that causes the lorry to overturn.

Q246 Mrs Ellman: Who do you feel should be addressing that?
Mr Sealey: It is a question of responsibility and ultimately the responsibility legally is with the lorry driver for ensuring that the load is safe, but the lorry driver in a lot of cases does not have access to the load so he cannot see, so there is a conflict between the law and what employers and their customers actually allow their driver to do.
Mr Semple: A lot of this comes back to the health and safety officers on loading sites who increasingly, in the aggregates sector for example, will not let the driver anywhere near the loading of his lorry and, in developing the health and safety structures for sites, take insufficient account of the requirements of the vehicle when it goes on the road. This is something that we are talking about at the Road Haulage Association. It is similar in a number of distribution centres but another problem area is perhaps coming out of the docks and ISO containers where it is very difficult for the driver to know exactly what is on the vehicle. Having said that, I think we have a better loading culture in this country than in much of continental Europe and Ireland.

Mr Sealey: There may be disagreements between us and the RHA in that view because certainly we think that a lot of the pressures are actually time pressures and not necessarily the RHA in that view because certainly we think that a lot of the pressures are actually time pressures and the RHA in that view because certainly we think that a lot of the pressures are actually time pressures and the RHA in that view because certainly we think that a lot of the pressures are actually time pressures and the RHA in that view because certainly we think that a lot of the pressures are actually time pressures and the RHA in that view because certainly we think that a lot of the pressures are actually time pressures and the RHA in that view because certainly we think that a lot of the pressures are actually time pressures.

Mr Brown: With motorcycling, having spent the past nearly 20 years working with local authorities and industry trying to find innovative ways of improving motorcyclists’ lot one of the things that the on-the-ground evidence shows is that if the general public is more aware of motorcyclists then motorcyclist casualties come down and their collisions with other people come down. If you look across Europe, as I have been doing with colleagues from the European industry, those countries that have higher instances of motorcycle use have lower rates of motorcycle collisions because the public is more aware of them. One of the first effects when the congestion charge was introduced in London was that motorcycle traffic went up tremendously and their collisions with other people came down, and a lot of the research that has been commissioned by DfT and other people has shown over the years that a lot of the problems that we have with motorcycle safety is about other people not thinking about motorcycles being present, not looking out for them, not considering the differences between a motorcycle on the road and other vehicles.

Q248 Mrs Ellman: Is the emphasis on reducing speed the right one?

Mr Sealey: In our view, no; I think the biggest problem that we have to deal with is fatigue, that is the biggest problem in terms of road safety at the moment and that has to be reduced.

Mr Heymer: We obviously feel that speed limits have been reduced too much already in recent years and the over-emphasis on speed is not justified by the casualty statistics. The Department produced figures in 2006 showing that in only 5% of accidents was exceeding the speed limit a causal factor, not necessarily the only one and in about 12% of fatalities, so it is a much smaller proportion than, say, the factors of inattention or not looking properly which are more educational issues. We feel that there should be far more emphasis on the education of road users and it should not be just a matter of do this and do not do that, it should be educating people to manage risk. Basically, driving is a process of continuous risk management and people need to be equipped to do that.

Q249 Mrs Ellman: Does that mean that you accept the current level of casualties?

Mr Heymer: No, not at all, we believe that casualties have not been going down as much in recent years as they had been previously, at least measured in terms of deaths, which as we have already heard is the only really reliable figure. They should have gone down more and we believe that the emphasis on speed has actually had a negative effect on forcing down casualties because over the last 10 to 15 years there have continued to be major improvements in car design, both active and passive safety, which should have been reflected in improvements in casualties by now, but that has obviously been negated by other factors, one of which we believe is the emphasis on speed to virtually the exclusion of everything else.

Q250 Mrs Ellman: How can bringing down speed increase casualties?

Mr Heymer: It is not bringing down speed, it is giving people the impression that obeying the speed limit is the be all and end all so that as long as they see the sign at the side of the road and match the needle on the speedometer to the figure there, then that is it, that is the end of their involvement, and of course that is not correct at all.

Q251 Mr Martlew: I am fascinated by your argument there. Are you saying that if people drove faster there would be less fatal accidents?

Mr Heymer: No.

Q252 Mr Martlew: That seems to be what you are saying; can you clarify it, please?

Mr Heymer: Inappropriate speed is certainly an issue but that is not necessarily the same as exceeding the speed limit. People need to adjust their speed...
according to the conditions and in order to do that they need to realise that they have responsibility for adjusting their speed. If they are told time and time again that speed limits are the be all and end all they will adjust their speed to the speed limit and at times they will be going too fast, even though they are within the speed limit.

Q253 Mr Martlew: So you are not advocating increasing speed limits, are you?  
Mr Heymer: Certainly we are advocating a return to the 85th percentile rule which was in force up to 2006 which means that the speed limits are set as close as possible to the speed that 85% of drivers would not exceed anyway. This is a process which has been found in other countries, especially the United States, to be the most effective in getting maximum compliance and minimum casualties.

Q254 Mrs Ellman: What does that mean then?  
Mr Heymer: It means that if you set the speed limits according to the 85th percentile you would get a good level of compliance, very few people would exceed it, because the majority will obey it anyway which means that it gives a strong message to the remainder that they should obey it; therefore you get less spread of speed and it is spread of speed rather than speed per se which has been shown time and time again to be a major contributor to accidents.

Mr Semple: As a motorist it seems that the worst offences are the ones where the speed is exceeded by a great deal. I would just like to say that in the haulage sector our members are very, very keen for an increase in speeds on the A road system from 40 miles an hour, which is the current lorry driver speed and which the great majority of our industry feel is too low, and I think in terms of road safety there is a real case to be looked at for at least trialling a higher speed limit on A roads. There is a great deal of frustration that builds up on the part of motorists following lorries at 40 miles an hour on particularly the trunk roads.

Mr Sealey: Just on that point, the 40 miles an hour, we represent quite a large number of lorry drivers and it is never an issue that has actually been raised with us in terms that 40 miles an hour is a problem, so I do not recognise that argument.

Mr Semple: It is a problem that is raised in a great many meetings with RHA members and I would think the overwhelming majority of RHA members would raise that as an issue.

Q255 Mrs Ellman: What should the priorities for road safety be over the next 10 years or so; are there any particular routes that you think should have more attention or are there any particular areas of concern that you think should be addressed?  
Mr Howard: There are three that really leap out. We have obviously got the drink and drug impaired drivers and we have obviously got to pay a lot of attention to them, and we have got the young driver problem. Although it does not leap out on any statistical basis I suspect that if you roll on 10 or 15 years we will start to see an older driver problem unless we start to provide for it adequately over the coming years. Certainly within the next target period we have got to think about how we are going to handle older drivers and I would actually think they are beginning to need a target of their own. Oddly, I may even advocate that that target was lower than any overall target that was set because we are going to have more and more of them in that time, but at the same stage we need a target there and we need to think about how we are going to equip them properly for the world that they are moving into, and whether that is how we encourage them to regulate themselves, which would be my favourite, or whether it is going for some other effort I do not know, but we do need to help them regulate themselves into the newer, busier world they are in.

Q256 Graham Stringer: Do you believe that the age for being able to hold a full licence should be raised to 18 and do you think that older drivers should be tested at, say, 75 or it might be 80, or it might be 70? Do you think that would help road safety figures, would you support those measures?  
Mr Howard: I do not think any kind of retesting for older drivers would be a particularly good idea. The first reason I say that is that a lot of them restrict themselves, a lot of them say I do not want to drive on motorways, I do not want to drive in the dark, I do not want to drive in the rain and they keep away from that. If we retest them and they pass the probability is that they will drive in those places that they do not want to and the self-regulation that we have generated down the years will go away. I would also worry that in the same way as satellite television channels show you life insurance advertisements all the time are always stressing the fact that you do not need to do a medical if you are eligible to get one of their policies, because they are scared they will scare you off, there would be a risk that quite a lot of older people would decide I have to do my 75 or 80, whenever it is, retest, I will pack up now and we would end up with a major problem with how we move those older people around and how we make sure they have a proper life. At the younger end of the scale the question I would say was more difficult, and a lot of it is tied up with the fact that people now expect to be able to take their test at 17, people now tend to go to university at 18 and it is how we work round all those changes. The year’s delay I have always felt could end up as being a very bureaucratic and very complicated arrangement to enforce properly.

Mr Brown: I think we need imaginative new types of target but I think we should spend far more time looking at rates and looking at reasons in a way that we have not been able to with the 2000 targets and the 2010 targets. If we look at a rate-based target then the changes in exposure to risk—so more or fewer motorcyclists, more or fewer pedestrians—get accounted for in the progress towards the target. Also, now that we have more than two years of police data talking about the causal factors of an accident we could actually target some of the bigger
causal factors. In motorcycle accidents three-quarters of them involve another road user and the biggest single causal factor is the other road user’s failure to look properly. That has been shown time and time again, not just in the police statistics but also in in-depth studies, and we are now in a position where we can start thinking about targets that get underneath why the numbers are the way they are.

Q257 Mr Martlew: Just on that point, you say that the majority of cases are basically people in cars or vehicles not seeing the motorcyclist; do you think that the courts are dealing severely with this issue? I hear of cases of people who are involved in a fatal accident with a motorcycle and the punishments are very light; is that your opinion?

Mr Brown: It is certainly something that worries our members a great deal and it does tie in to a general feeling that motorcyclists are valued less than other people. Whether that is a fair analysis or not, I think the law is a very complicated thing and the rules of evidence and the ability to get over people’s stereotypes in giving their witness statements makes it difficult, if you like, for a rider to get a good deal sometimes. A lot of those stereotypes about motorcycling of course and motorcycle accidents just do not get borne out by successive years of accident data and analysis.

Q258 Clive Efford: Do you think we place too high a priority on the rights of way of drivers and not enough on the rights of pedestrians?

Mr Sealey: It depends on which drivers you are talking about. A lot of the discussion we have had at the moment has been about mainly private drivers; professional drivers work in a totally different environment so you have to separate that argument out and look at the environment for professional drivers where they are regulated much more, their hours are regulated and what are the reasons for that? We know the reason for that is that they are much more liable to be involved in a sense in more serious accidents than a lot of civilian drivers.

Mr Semple: Can I pick up one or two points on that? I absolutely agree in terms of professional hauliers being highly regulated and highly trained as well and the lorry sector has a very good road safety record, both at the European level and also in terms of motorists, so a truck is 40% cent in round numbers less likely to be involved in an accident than a car. We are not sure of the causes of those accidents but I would say that truckers to a degree, in terms of their core road safety culture—and I think Unite’s members are part of this as well—could be role models for motorists because they have a more defensive driving culture. The one area where we have concern is that while the UK truck fleet is less likely to be involved in an accident than a car, despite the size and weight of the vehicle—and obviously if there is an accident it is more serious—the same cannot be said of the foreign vehicles visiting these shores, the international vehicles, which are much more likely to be involved than a car and very much more likely than a UK vehicle. There is a real problem for the foreign driver in terms of a blind spot on his front nearside view which we think the Department for Transport ought to raise awareness of and could do more. Also, we have a concern at the continuing lack of any practical sanction for anything other than the most serious infringements of the road haulage rules and we are some way off yet. At the moment, incredibly, there is nothing—I think we raised this before in the Committee—there are no sanctions that can be taken against foreign lorry drivers.

Q259 Clive Efford: The question was do we place too high a priority on the rights of way of drivers and not enough on the rights of pedestrians. Mr Heymer.

Mr Heymer: Obviously, all road users are entitled to use the roads to get to where they want to go and there has to be a balance between the different road users and obviously that balance changes depending where on the road network one is. Clearly, on motorways you would expect the right of way to go to motor vehicles and in town centres you would expect it largely to go to pedestrians and, to a certain extent, cyclists.

Q260 Clive Efford: You are a very vocal group defending the rights of drivers; do you feel hard done by, do you think drivers are too restricted, do you think that there are too many rules restricting the freedom of drivers?

Mr Heymer: There are in places, yes.

Q261 Clive Efford: Can you give us some examples?

Mr Heymer: In some city centres, for example, we have the allocation of road space to buses which has actually taken capacity out of the road network and has led to extra congestion; then of course local authorities come along and say congestion is going up so we need to introduce congestion charging and that sort of thing. The timing of some traffic lights has been altered—

Q262 Clive Efford: Bus lanes cause congestion.

Mr Sealey: May I come back at one point very directly, if I could, and I apologise for straying from the point. One area where I think a lot of road users have difficulty, certainly trucks, is that a lot of cycle lanes are inappropriate. In the previous session the target was suggested as zero injuries to cyclists; that is not going to happen while they share the road space with other vehicles and certainly there is the proliferation of cycle lanes, many of which are judged quite broadly to be inappropriate.

Mr Heymer: I would agree with that and in fact many cyclists do not like some of the on-road cycle lanes that are provided because they feel that they should be riding with the traffic and part of the main traffic, and if a cycle lane exists they are expected to stick to the kerb and drivers resent it if they come out of the cycle lane, so a lot of these cycle lanes are pretty useless and really should go.
Mr Semple: We could take them more seriously and invest more in putting the cyclists in a really safe area and then more people would take the exercise and cycle.

Q263 Clive Efford: I do not know if you heard the previous witnesses but certainly two of them were advocating that the attitude that we instil in drivers is wrong, that there is an emphasis on the right of way for cars and that somehow pedestrians are treated as an inconvenience that slow down the passage of cars. Do you think there is something that we could do to educate drivers more about speeding and about being aware of the dangers of other road users, including pedestrians?

Mr Howard: There is a lot that we need to do to educate drivers in all sorts of areas. The Committee suspended from 4.17 pm to 4.29 pm for a division in the House.

Q264 Clive Efford: What more can be done to educate drivers about the dangers of speeding and the threat to other road users?

Mr Howard: I had launched into a reply; unfortunately, I have been practising for the entire interval how I was going to answer the divided space for pedestrians question.

Q265 Clive Efford: Have a go at both.

Mr Howard: I was going to say on that that it is very much horses for courses in terms of where you can separate pedestrians and where you should not. Old animal behaviours tend to show that they feel at home and they move quicker when everything is delineated, so created confusion is a good thing, but it is doing it in the right place. And I want to make the point that people like the Guide Dogs for the Blind Association and other organisations are quite worried about shared space, and that might be something the Committee would like to look at in the course of this inquiry if they look down that line. Staying with educating drivers, there is so much that needs to be done, not just in educating them in the whole idea of going slow but trying to educate them in the idea of why we want them to go slow. We have seen in some cases people put up signs that say “69 casualties in the last year” or something like that; that starts to explain it. In other places they put up signs that say “deceiving bends” or “dips in the road” or something like that but one of the things I think drivers would react an awful lot better to on a road where the speed limit does not look right, would be some kind of explanation to them of why it is so slow.

Mr Semple: There is a great need for a cultural shift in terms of understanding and an appreciation and awareness of other people on the road and beside the road.

Q266 Clive Efford: I will leave that there and move on. What measures have been most effective at reducing casualties since 2000?

Mr Heymer: The problem is that we have not really reduced casualties that much since 2000 based on the deaths figure which, as we have already heard, is the only reliable one. Some research I saw some years ago suggested that if we looked at the reasons why road deaths have come down in most countries since the 1960s, something like 40% was due to better vehicles, another 40% was due to better roads and the remaining 20% was due to everything else which included legislation and enforcement. As I said earlier, we have continued to get better vehicles over the last 10 to 15 years but we have not had so much in the way of better roads, the roads programme has stalled recently since the mid 1990s which has led to increasing levels of traffic on overloaded single carriageway trunk roads which are roads with a high accident rate and a lot of those roads need replacing with dual carriageways or motorways. Part of the problem I think we have had is the lack of investment in the infrastructure but also, as I said before, it is the culture in terms of speed limit enforcement which has really reduced drivers’ feelings of responsibility towards other road users, they just feel that as long as they obey the simple rules then that is all they need to do, which is of course not the case.

Q267 Clive Efford: That is a myth, is it not? Where is the evidence that proves that that is the case, that just because there is a speed camera in an accident blackspot therefore drivers feel that they have got no responsibility for controlling their vehicle’s speed. What suggests that that is true?

Mr Heymer: It is not the camera itself, it is the whole culture that the cameras and enforcement produces, the culture that says exceeding the speed limit is the primary cause of accidents, when of course we know it is not, but that is the message that has been given.

Q268 Clive Efford: Do we know that? You are making these statements but can you back them up? “Research by the Transport Research Laboratory has found that crash risk rises the faster a driver travels, with a driver travelling at 25% above the average speed being six times more likely to be involved in a crash.” That is scientific evidence; what evidence have you got that says that is wrong?

Mr Heymer: There is certainly evidence that the 85th percentile speed is the optimum speed at which to set speed limits, that is evidence that goes back to the 1940s in the United States and elsewhere, so if you reduce speed limits below that you will get a greater spread of speed, and as you quote there people who drive a lot faster than the average are at higher risk and also those who drive a lot slower than the average. The idea is to get the spread of speed down and you do that best by setting speed limits at the 85th percentile, which is what we have now gone away from.

Q269 Clive Efford: Remind me, the 85th percentile would set a speed limit of what?
Mr Heymer: It depends on the road, you measure the speed and then you set the speed limit at the level that 85% would drive within in any case and only 15% would exceed it.

Q270 Clive Efford: One of the things that we have heard is about clarity in terms of speed limits so that people understand what is expected of them on certain roads, so we have a limited number of speed limits. You are suggesting that people would turn a corner and go into a road where the 85th percentile would result in a 5 mph reduction in speed limit; is that what you are suggesting?
Mr Heymer: People would adjust their speed according to the visual clues given to them by the road environment, that is what determines how fast or how slow they go.

Q271 Clive Efford: How do we know if they are speeding then?
Mr Heymer: The definition of speeding is exceeding the statutory speed limit, but if a speed limit is set at a level below which drivers expect to see a speed limit then more of them are going to break the speed limit so you have more speeding.

Q272 Clive Efford: Perhaps I am being incredibly dim. If you are saying—I think I have heard you right—that the road environment would set the speed limit because drivers would drive at a certain speed and you take the 85% as the average and you would set the speed for that particular road at that level, have I got that right?
Mr Heymer: Yes, you would set it as close as possible.

Q273 Clive Efford: So the road around the corner could be a completely different speed is my point.
Mr Heymer: Yes.

Q274 Clive Efford: So on a short journey you could encounter several different speed limits.
Mr Heymer: Indeed. Obviously you cannot have speed limit changes too often which is why it is important not to over-use local speed limits.

Q275 Clive Efford: You do not think that speed limits are too fast then at the moment.
Mr Heymer: No.

Q276 Graham Stringer: What speed limit would you have on the M40?
Mr Heymer: On the rural section we would recommend an 80 mile an hour speed limit, on most rural motorways.

Q277 Clive Efford: You have quoted America, America does not have speed limits that high even in the most rural areas.
Mr Heymer: They abolished their 55 mile an hour speed limit back in 1995 and many states have set speed limits up to about 75 miles per hour. It varies.

Q278 Mr Martlew: It is a fact of course that the faster a car is going when it hits a pedestrian the more likely it is to kill the pedestrian.
Mr Heymer: Yes.

Q279 Mr Martlew: If we talk in particular about children who are uncertain in how they will behave, how does your driver when there is no speed limit compensate for that, for the child who runs out from behind the car and he hits them at 40 miles an hour instead of 20?
Mr Heymer: For a start I am not suggesting there should not be any speed limits, but the speed limits have to reinforce the driver’s appreciation of the road environment. If we want to change that then you need to change the road environment to agree with the speed limit. Coming back to the impact speed, obviously the laws of physics say that the faster you hit something the more damage it is going to cause, but when you actually look at the statistics only about 2% of pedestrians who are hit or involved in collisions are killed, which according to the graph of impact speed versus fatality proportion means that the average impact speeds must be well below 20 miles an hour. You do not want people hitting pedestrians at 20 miles per hour or any other speed, you want them not to hit pedestrians at all.

Q280 Clive Efford: Do you agree with the introduction of 20 mile per hour zones in residential areas?
Mr Heymer: In appropriate areas but not as a blanket 20 miles per hour over all urban areas because obviously that would include roads which are not suitable for 20 miles per hour, but in cul-de-sacs and small housing developments then fine.

Q281 Clive Efford: Small housing developments. Do you think that there has been a reduction in roads policing?
Mr Heymer: Certainly there has, but whether it has reduced as much as people perceive it to have reduced is debatable. I think a lot of the problem is that people perceive roads policing has gone down which is why the irresponsible minority feel they can get away with things like drink and drug driving and so on.

Q282 Clive Efford: Do you accept that on the whole the public want to reduce speeds for environmental reasons as well as for road safety?
Mr Heymer: I am rather doubtful that the majority of them want to reduce speed limits for environmental reasons but people are very ambivalent about speed limits, they might like other people to slow down but those same people when they drive their cars do not do so, so there needs to be a balance.

Mr Howard: Coming at it from a slightly different angle, because AA members are by definition drivers, we also accept the fact that they walk, cycle and do all other things. We are well aware that they would like to see speed limits reduced and we know from the 17,500 people we now regularly survey on
motoring matters that well over 50% of them would like to see more 20 mile an hour areas in urban areas. Again, one of the things that we are trying to turn our minds to would be ways that we can pump-prime that system in the hope that it will get public acceptance going of the 20 mile an hour limit rather than some kind of fear that it is yet another restriction being placed upon them.

Q283 Clive Efford: Do you think speed cameras are used appropriately?
Mr Howard: We generally do. Again, we poll and we get a constant between 69 and 75% of people who say it is acceptable, but again that is when we ask them a question which does not say “As a driver passing one do you think they are acceptable?” we ask them whether they think so as a resident and as a person who walks and cycles too.

Q284 Clive Efford: Does anyone else want to come in on speed cameras?
Mr Sealey: Again we have a difference between ordinary drivers and professional drivers. Professional drivers cannot use the argument of speeding in a sense as a defence, they are expected to know the speed they are travelling at and they cannot use that as an argument, so speed cameras for them in a sense are irrelevant. Again, we are dealing with different types of drivers.

Q285 Clive Efford: Do you have any comment about speed cameras—I am sure you do?
Mr Heymer: The ABD’s position is that we do not generally approve of them, we think there are better ways of slowing down people where they really need to be slowed down—things like the vehicle activated signs which are very much cheaper than speed cameras to install and maintain and which really grab the driver’s attention, so if you are approaching a crossroads or a bend above the pre-set speed it will flash at you and warn you of what is coming up, and that is going to grab your attention much more than a speed camera, especially one that perhaps is not in full view and will only penalise you after the event and will not slow you down and stop you going off the road in the first place.

Q286 Clive Efford: You do not think that being hit in the wallet is a deterrent for drivers.
Mr Heymer: If they do not know about it at the time then it is not going to change their behaviour in the following 14 days it takes for it to come through. If the idea is to slow them down rather than penalise them then vehicle activated signs are an ideal way of doing it.

Q287 Clive Efford: You do not accept that the introduction of speed cameras in accident blackspots has actually reduced speeds and reduced accidents.

Mr Heymer: When you look at the overall casualty figures as I said before and look at the road deaths since speed cameras came in, the rate of reduction has slowed dramatically. Certainly, a lot of speed cameras were introduced in places where—

Q288 Clive Efford: But that is a self-fulfilling prophecy, is it not? What you have to do is go back to those particular spots and look at the accident rate before the cameras were put in and look at it now; that is the fair comparison, is it not?
Mr Heymer: It is, except for the fact that in many cases the before figure was abnormally high and often an upward blip in accidents at a site where a speed camera is subsequently installed is likely to reduce anyway by virtue of the law of averages, it is called regression to the mean. That accounts for a lot of these so-called claims for reductions at speed camera sites.

Q289 Mr Martlew: Can I just come on to young drivers which have been identified as an area where there is a particular risk. In your opinion, why have we not made progress with this particular group, what is the problem?
Mr Howard: I am always tempted to go back to the fact that what we need to do is tackle attitude. All the time we have looked at ways of tackling skill so far but it is attitude that makes these young drivers choose to drive badly. The research always suggests that it is not that they do not know how to drive properly, it is that they choose not to drive properly. That is an attitude thing and the key has really lain for years and years now in getting it into the school curriculum somehow, and what I hope is that the various attempts which will come up following the consultation which was published last week may serve to get it into schools and I hope that they can look at things like whether the theoretical test can be used as an additional lever to get it into schools because perhaps even pupils will stay after school if they can do something which will get them through the theoretical test at the end of their course.

Mr Brown: We also have a difficulty with the cost of accessing rider and driver training. With riders, if I can just focus on that in particular, as of October of this year the number of centres run by the Driving Standards Agency where you can take your motorcycle test will drop from 220 to less than 50, so people will be having to travel very often a couple of hours at a time in more remote areas just to get to the test and then regardless of whether they have passed or failed they will then have to travel back for an equal amount of time. We do not think that is terrible good, we do not think it is good that changes to the riding test that come in from October have forced a situation where the DSA’s response is to not allow people the opportunity to take the test. The fear is that much as I suspect is happening amongst young people in some communities with car driving is that people simply will not take their test, take any training, take the compulsory basic training before they even start and we could see a rise in unlicensed, uninsured riding and driving as time goes on.
Q290 Graham Stringer: Mr Brown, on that point can you tell us what the current figures are for unlicensed, untaxed and uninsured motorcyclists compared to drivers?

Mr Brown: Sure. The stats are very patchy; the untaxed one happens to have been resolved very recently. The government statistics in some years were saying that almost half of motorcyclists were evading paying their tax; the change to the methodology—by which I mean that they actually say that they actually looked at photographic evidence for last year’s survey—found that something like 6% of motorcyclists were evading paying their vehicle excise duty.

Q291 Graham Stringer: Obviously big discrepancies.

Mr Brown: Yes, and the Committee of Public Accounts has made that point. In terms of unlicensed and uninsured driving, because there has been no specific research done in that area on motorcyclists, it has always been assumed that it will follow similar trends to having no vehicle excise duty, so on that basis if you believe that distinction then it looks like it is going to be about 6%.

Q292 Graham Stringer: And it is about 2%, is it, for motor cars?

Mr Howard: I had always thought it was higher than that.

Q293 Graham Stringer: You are the expert.

Mr Howard: I always walk around with 1.2 million drivers in my mind which I think is nearer to 5%.

Q294 Mr Martlew: Can I ask about the issue of tackling fatigue in bus drivers and lorry drivers? Is that a major problem?

Mr Sealey: Listening to your previous experts, they said that impairment was the big issue and they mentioned two specific things, drugs and alcohol, but the third impairment is fatigue, and we actually see that as a bigger problem. Certainly, some of the experts that we have spoken to from the Sleep Research Laboratory and that sort of thing say that in actual fact driving if you are fatigued is actually more dangerous than if you are driving under the influence of alcohol or drugs.

Q295 Mr Martlew: Do you think it is a problem?

Mr Sealey: We are convinced it is a major problem.

Q296 Mr Martlew: Mr Semple, what is the Road Haulage Association doing about it?

Mr Semple: In terms of fatigue I think drivers would tell you that there is as much of a problem around the first hour to hour and a half where there is a fatigue issue rather than towards the end of the day. I think that is a pretty clear understanding on drivers that is borne out by research where there is very clear understanding that if you are too tired to drive you should not drive. That said, in terms of government responsibility we are very concerned about the lack of places to stop a truck, particularly secure truck stops, and there is a growing shortage of facilities in some urban areas—London is an absolutely classic—both to take your statutory four and a half hour driving break and also your overnight rest, so there is a problem there. I think also in some sectors of the industry it may be where you are starting at varying hours in the middle of the night, but that is perhaps on the wane in terms of how common that is, where you have can inconsistent start time.

Mr Sealey: On that one we believe in actual fact that the evidence is going the other way in regard to that. In our evidence we submitted we said that there is pressure on lorry bans in areas to reduce those lorry bans so that lorries can deliver into the night or early morning, and that is precisely the time that you are putting drivers into the period where their circadian rhythms are at their lowest.

Q297 Mr Martlew: What you are saying is that there is a pressure to have lorry drivers driving when normally they would be asleep.

Mr Sealey: Yes.

Mr Semple: Night driving, as such I think is not so much of an issue actually. There is a lot of driving at night, but the issue that I was referring to more was differing start times so that you start at one o’clock in the morning one night and four o’clock in the morning the next day, so it is an inconsistent start time. The other huge issue which I will just mention very briefly is foreign lorry drivers who come into the UK, suddenly they are on the wrong side of the road, they are towards the end of a long journey, unfamiliar road conditions. If you were to say where is the issue in terms of fatigue in truck operations on UK roads it is very clearly in that area for existing lorry drivers.

Q298 Mr Martlew: More and more of us are seeing an increase in the number of vans delivering goods in actual fact; is that a problem for road safety?

Mr Sealey: Before I answer that one, we have mentioned lorries but what we have not done is really mention bus drivers as well which was part of your original question. In a sense the domestic hours rules mean they are in a worse position because they can go five and a half hours without a break rather than four and a half like a professional driver. It is interesting that the Government’s own advice is that you should not drive for much more than two hours without taking a break, and I am not aware of any company that actually applies that standard. Going to the bus drivers, it is five and a half hours but in their case they are under the domestic hours rules and so they can actually get as little as an eight-hour break between shifts. If you take it that they have to get home, undress and that sort of thing, they could get a very small amount of rest between shifts, and they are driving people. The increase in the number of vans is a concern and we see this as partly a result of the introduction of the Road Transport Working Time Directive where employers are going just under the weight limit with vans to avoid the road transport working time limit and they can go up to a maximum of 78 hours working without any regulation.
Q299 Mr Martlew: So there is a get-out clause.  
Mr Sealey: Yes.  
Mr Semple: On the two-hour guidance that is given, that is focused very much on motorists. The issue of vans—there is a proliferation of vans which has been driven to some degree by what my colleague was saying but to a much greater degree by the increase in home delivery. We are going to see a huge explosion in home delivery vans where there is going to be a requirement—I do not think fatigue is so much going to be an issue—for the people driving those vans to be familiar with driving vehicles that are much bigger than a car, in an urban area, around housing estates. Finally, on commercial vehicles, if I could just get back in terms of the road safety outcomes, the safety record of the industry—which is the acid test if you like—is good and getting better and I believe will get better.

Q300 Mr Martlew: Can I come to something that you may all agree on, I do not know. Mobility scooters: are they an increasing road safety problem or is nobody bothered about it?  
Mr Howard: It is basically unquantifiable and takes you back to all the older driver issues and how you equate the importance of someone’s mobility against their safety and also of course poses the problem of whether people would not give up driving if they had problems going to a mobility scooter. I at the moment have no data at all about the extent of the problem.  
Mr Sealey: I think there is a problem for both road users and also for pedestrians because mobility scooters can be on the path as well, so they are just as big a problem for pedestrians as they are for drivers. One of the problems we do get is especially with bus drivers and bus lanes, mobility scooters using bus lanes.

Q301 Mrs Ellman: What role can targets play in reducing casualties? Do you think targets are effective?  
Mr Howard: The targets have certainly concentrated the road safety officer’s mind; you never hear people at work in local authority road safety not talking about their targets but whether they have caught on with the public I do not know. I suspect that the first one might have rung the odd bell but since then we have had so many targets that I wonder any longer whether it has the appeal to the public that the first one did and perhaps it may be that one very important argument for a vision would be that it actually would be something different to a target and perhaps that would mean we could try and communicate it to the public.

Q302 Mrs Ellman: A vision instead of a target?  
Mr Howard: A vision as well as a target, but I have a feeling that by the time we have had all the various targets that people have talked about today it is not going to be something that is going to be terribly easy to expect the man on the Clapham omnibus to remotely understand what we are talking about and what we are saying to the road safety industry.

Mr Semple: You could set a target but how you implement it, how you go about getting to that, may be a different thing. By all means set a target which is informed by more information than we possibly have at the moment and a clearer understanding, but how you then communicate the target I think is a different issue. If you possibly take a different route a target maybe becomes slightly secondary to changing the culture of ideas. In the haulage industry, very briefly, targets have been adopted more and more by companies undergoing risk assessments and as a way of reducing their insurance bills and their damage. That has been quite successful.

Q303 Mrs Ellman: Would you like to see targets made local rather than national, say at a local borough level?  
Mr Semple: We are going to see targets set at a local level by local authorities. TfL, for example, is very keen on producing targets and is going to produce targets. I have to say at the same time over the last 18 years a report submitted to TfL this year showed a 70% reduction in KSIs in terms of commercial vehicles above 3.5 tonnes and a 49% reduction in minor injuries, so the industry in the operating environment nationally and in terms of culture has achieved quite a lot without local targets but I think inevitably we are going to see targets set by local authorities.

Q304 Mrs Ellman: What level of risk should we be aiming for? Can we eliminate risk or should we perhaps have to accept risk?  
Mr Heymer: You can never eliminate risk entirely. As soon as an object is put into motion it has kinetic energy and if it goes out of control it can cause damage. As long as we have road transport, therefore, we cannot eliminate risk entirely but it is a matter of trying to reduce it to a sensible level without impeding people’s used of the road network to an undue degree.  
Mr Brown: The difficulty with targets and with trying to assess risk is not only that it is sometimes difficult to get meaningful data to measure it by, it is also a question that because we live in a very diverse society and people’s needs vary from one part of the country to the next, finding a broad target that is going to suit everybody’s needs and everybody’s rights is a very difficult thing to do. The problem is if you get people then chasing targets without the proper resources to achieve a constructive way of dealing with it, you get people finding ways of meeting the targets almost by cheating. The professor in the first period mentioned the possibility that vulnerable road users could be removed from the road in some places in order to reduce their casualties; that might meet the target but it has not improved road safety or reduced risk.

Q305 Graham Stringer: What should the alcohol limit be for driving? Should it stay at 80 mg, go down to 50, zero?
Mr Heymer: The ABD believes that the current limit is about right because it was based on scientific studies back in the 1960s and the main problem we have at the moment is people drinking above that limit and perceiving that they have little risk of being caught. This goes back to the roads policing issue that we discussed earlier; there need to be more police on the roads rather than the automated enforcement that is currently in vogue to give people a much greater perception that they are likely to be caught if they exceed the limit. If the limit were reduced I think the main problem we would see is in the morning after situation where responsible people avoid driving if they know they are going to drink, but then the next morning they could find themselves with a residual alcohol level over the limit. The evidence shows that for a given blood alcohol concentration the risk posed by the person as a driver is lower when the level is coming down than when it is going up, so somebody could get up the next morning with, perhaps, 51 or 52 milligrams in their blood, feel absolutely fine and probably be absolutely fine and yet still be breaking the law.

Mr Sealey: Again, we are in a slightly different position with professional drivers. Certainly our experience in the bus industry is that we have reached a number of agreements with the major companies on drugs and alcohol policy as to whether there is random testing. There is clear recognition with our members that they cannot come in in that position of drinking even the night before because they know that they could come into work and fail the random test.

Q306 Graham Stringer: These internal tests are set at 80 milligrams are they?

Mr Sealey: Yes. It changes the whole culture of the industry for people who certainly would have gone out the night before and had a drink, they are much more likely now to maybe not drink for 24 hours before they drive, so it has had a major impact on them. We would like to see that extended much more into the road transport industry; some of the major employers are doing it but it would be a useful exercise to expand it to road transport as well.

Q307 Mr Martlew: Just on that, do you believe that the penalties for drinking and driving are the right ones, the loss of licence?

Mr Heymer: They are probably right with the current limit, but if the limit were reduced you would need to look perhaps at a system such as that in some European countries where you do not have such a draconian penalty for being a small amount above the limit.

Mr Howard: I can safely say that with over two-thirds of our members saying we should reduce the legal limit, the time has come when we can no longer stand in the way of a reduction. At the same stage we would want to point out that we suspect that many of them think that reductions in deaths will come from the worst and most serious, top of the range drink drivers, not from the people at the bottom, and would be very concerned that when the limit changes it is enforced in such a way that we continue to concentrate resources on the people right at the top who are most likely to kill and are still doing the majority of the killing.

Q308 Graham Stringer: When you say you want it reduced, is it the AA’s view that it should be 50 or zero?

Mr Howard: The AA’s view in writing is that we would not object to a reduction in the legal limit to 50.

Mr Semple: I think I am right in saying that if thou are a professional driver and you get convicted of drink driving you lose the ability to earn your living from professional driving so it is a complete non-starter, the culture will become even stronger but it is already very strong.

Mr Brown: Certainly the culture amongst motorcyclists has turned very much against it progressively over the last 20 years. If you look at the involvement of motorcyclists in drink driving fatalities, there has been a steady decline over 20 years in a way that there has not been for car drivers. A lot of the issues around drink driving which we quite often think of as being a rural sort of issue also relate very much to urban areas. The amount of collisions with pedestrians and vehicles as a result of a pedestrian having had rather too much to drink is a worrying social trend and it is just another example of the way that society operates. It has fallen within the road safety sphere but it is not necessarily something that road safety legislation can immediately attack.

Mr Sealey: There is another issue which is in a sense more drug-related and that is over-the-counter drugs which can be a problem for drivers because they cause drowsiness and that sort of thing. That is an area that we do need to look at, especially with professional drivers again because of the pressure to be at work because there are shortages of drivers and so on. That would tend to indicate that they may be using these medicines and that sort of thing to keep them going, but there is a down side in terms of the drowsiness and the effect on their ability to drive.

Graham Stringer: On that note can I thank you all for spending time with us this afternoon.

\footnote{Note by Witness: In most of the larger companies the limit is 40 milligrams.}
Wednesday 21 May 2008

Members present
Mrs Louise Ellman, in the Chair

Clive Efford
Mr David Clelland
Mr Philip Hollobone

Mr John Leech
Mr Eric Martlew
David Simpson

Witnesses: **Mr Adrian Voce**, Director, Play England, **Mr David Sinclair**, Head of Policy, Help the Aged, **Mr Tony Armstrong**, Chief Executive, Living Streets, and **Mr Roger Geffen**, Campaigns and Policy Manager, CTC, the national cyclists’ organisation, gave evidence.

**Chairman:** Before we proceed to questioning, I should like to ask Members whether they have any relevant interests to declare.

**Mr Clelland:** I am a member of Unite.

**Clive Efford:** I am a member of Unite.

Q309 **Chairman:** I am a member of Unite. I welcome the witnesses and ask them to identify themselves for the record.

**Mr Geffen:** I am Roger Geffen, Campaigns and Policy Manager at CTC, the national cyclists’ organisation.

**Mr Armstrong:** I am Tony Armstrong, Chief Executive of the charity Living Streets.

**Mr Voce:** I am Adrian Voce, Director of Play England, part of the National Children’s Bureau.

**Mr Sinclair:** I am David Sinclair, Head of Policy at Help the Aged.

Q310 **Chairman:** Can you indicate what you think is the main role of government in relation to road safety?

**Mr Geffen:** I believe it is absolutely fundamental. If we want people to feel that the quality of life in their neighbourhoods is good and feel confident and safe in travelling by healthy and sustainable modes they need to believe that the streets outside their front doors are safe, particularly if they are to allow their children to travel by healthy and sustainable modes. That is fundamental to tackling the crises of obesity, climate change and the quality of life agenda. I was amazed that when the government produced its *Towards a Sustainable Transport Strategy* late last year the section on road safety did not mention walking and cycling when they are so fundamental to the climate change agenda which is part of that strategy document. I think that reveals a real gap in thinking that needs to be addressed.

Q311 **Chairman:** If you look particularly at the different groups that all of you represent, what progress do you say has been made since, say, 2000 in relation to road safety?

**Mr Voce:** In relation to child policy we have given a warm welcome to the proposal to introduce a statutory duty by way of guidance to local authorities and children’s trusts in particular to take a lead in the impact of the environment on children’s wellbeing including their safety. We think this would introduce an explicit duty on local authorities rather than just the children’s service departments essentially to child-proof all of their plans. A very significant part of that would be traffic management and street design. We welcome the recent policy by government to recognise that part of safeguarding children and young people is to allow them to encounter the outdoor world at an appropriate age. That becomes incrementally greater as they get older but, as the evidence shows, it has decreased the age at which children are allowed independent access to the outdoor world. An important part of safeguarding children is to allow them to have a certain degree of independent mobility. Children and young people tell us—their parents concur—that the biggest obstacle for them is their safety in terms of road traffic.

Q312 **Chairman:** How do you see road safety in relation to environmental, social or other objectives?

**Mr Geffen:** I have seen the answers to this question given by other witnesses. I would suggest that a really important role is the integration of road safety into wider policy areas to make sure that road safety contributes to wider quality of life and environmental health objectives and that education and planning are contributing to road safety. Therefore, it is a two-way relationship. That integration is the most important thing I would stress in addition to the points other witnesses have made about resources, leadership and target-setting.

Q313 **Chairman:** Would anybody else like to add to or disagree with that?

**Mr Armstrong:** I would share those comments. Road safety should not be seen in isolation but as part of a wider neighbourhoods approach and public realm approach because the two are inseparable. I also believe that the key role of government is the setting of the framework for road safety—the setting of national targets and national regulatory schemes—allowing local authorities to prioritise the correct things that will have an impact on road safety.

Q314 **Clive Efford:** All the debates around healthy lifestyles for young people suggest that children are not out and about in their communities as much as they used to be; they are deposited in front of Playstations and other things because of the risk of injury from traffic, assaults and all the rest of it
parents mollycoddle their children more than in the past. You appear to suggest that that is not true and children are out and about more.

*Mr Voce:* Our evidence suggests that the substance of what you say is true. I challenge the use of the term “mollycoddle” because it suggests over-protection against dangers that are not so real. The danger to “mollycoddle” because it suggests over-protection of what you say is true. I challenge the use of the term Mr Voce:

Our evidence suggests that the substance children are out and about more.

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serious injury rates on some of our busiest streets are unacceptable. There is an onus on those responsible for managing traffic to make the streets safer for children in order that parents can be assured that in reality the streets are safer. There is an argument that road safety statistics relating to children are much better than 10 or 15 years ago, but by the same token there is also evidence that, as you say, children are not out and about as much. Therefore, are the streets actually safer or are children just being protected from them by not being given any freedom to explore the outdoor world on their own?

Q315 Chairman: What about older people?

*Mr Sinclair:* It is very clear that well designed communities which work for both older and younger people are those which will encourage both groups to use those facilities. Recently I met someone on an estate in south London. He told me that he would love to go out and play football with the kids on the road but there were just too many cars now. He was a man in his 80s. Linking that to a previous question, one of the great things to happen over the past few months is that we now have the older persons’ housing strategy *Lifetime Homes.*

*Mr Geffen:* Probably the most effective thing when it comes to fruition is the emphasis that the government has begun to place on cycle training. I have to say that the safety benefits of cycling training have not been well documented and we would like to encourage the government to look at them both in terms of whether it improves the safety of the trainee cyclist but also in terms of the live issue of the training of novice drivers. There is anecdotal evidence to suggest that cycle training makes people better drivers. They learn more quickly and have a more sensible attitude to driving if they have done some cycle training first. This is unproven but given there is good evidence that cycle training encourages people to cycle more that must be a good thing for other reasons. If it also helps people to drive more responsibly we should be doing it too and using that to gather up evidence as to its wider safety benefits both to cyclists and drivers.

*Mr Voce:* Research by the Economic and Social Research Council published in 2000 drew a direct correlation between slower and traffic-calmed vehicles and the numbers of children playing out. There is triangulated evidence about safety given that all of the research on the barriers to children playing out, both with parents and children themselves, tells us that it is traffic and not stranger danger, although that also features quite highly. Fear of traffic accidents is the number one barrier. Some of the most successful schemes in this country have been home zones where streets are redesigned and re-prioritised to give greater right of way to pedestrians and to delineate clearly the area as shared space. Sadly, at the last count we had only about 100 home zones in the UK since the introduction of that legislation in 1999. That is only a drop in the ocean in terms of impact on overall safety of pedestrians.

*Mr Armstrong:* Home zones are a good thing, but the principles underlying them are the important factors. Our concern is that the home zones do not mean that the pedestrian’s point of view is that because of the absolute targets that have been set to reduce casualties and death, quite rightly, often on the ground it has meant a risk-averse approach to mixing pedestrians with traffic. Therefore, pedestrians have been segregated from the roads through long guardrails and very complicated crossings. We know that pedestrians tend not to like to use these things; they go for the shortest route and often put themselves in more danger, creating an environment less conducive to safety on the roads.

We think that the key thing is not to segregate pedestrians from the traffic but to have a shared space principle in our streets and to focus more, as the DT’s *Manual for Streets* suggested, on pedestrians who are first in a hierarchy of road users. You think about our streets and roads from a place

Q316 Clive Efford: Can you tell us what measures have been most effective in reducing casualties since 2000 in regard to the groups you represent?

*Mr Geffen:* Probably the most effective thing when it comes to fruition is the emphasis that the government has begun to place on cycle training. I have to say that the safety benefits of cycling training have not been well documented and we would like to encourage the government to look at them both in terms of whether it improves the safety of the trainee cyclist but also in terms of the live issue of the training of novice drivers. There is anecdotal evidence to suggest that cycle training makes people better drivers. They learn more quickly and have a more sensible attitude to driving if they have done some cycle training first. This is unproven but given there is good evidence that cycle training encourages people to cycle more that must be a good thing for other reasons. If it also helps people to drive more responsibly we should be doing it too and using that to gather up evidence as to its wider safety benefits both to cyclists and drivers.

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perspective rather than a travel from A to B perspective. We believe that that is an extremely good principle which we welcome. Unfortunately, the Manual for Streets applies only to new developments.

Q317 Chairman: Do you think that to have home zones right across the country is affordable?  
Mr Armstrong: My personal view is that home zones are very good. You can implement the kind of outcomes you want by not doing the full home zone treatment. For example, we work with communities in different local authorities and audit their neighbourhoods and streets. We make very cost-effective, cheap recommendations that have approximately the same outcomes as home zones but at a fraction of the cost. Therefore, it can be done much more cheaply.  
Mr Voce: If I may add to my colleague’s comment about affordability, Sustrans, an organisation with which we work quite closely, has piloted a scheme called Do It Yourself Streets which takes the home zones concept and tries to do it much more affordably. Some of its schemes have been very successful and have cost less than £10,000 for the overall project. I think the lessons are not just that some of the measures are cheap and do not need the full retrofit and resurfacing of the whole area but the principles of community engagement; it is about consent and permission and designation of use. Once there is a consensus among the regulatory authority, the community and the road users about what the space is for then you achieve the changes. It is just a matter of giving an indication; it may be something as simple as having a planted area in the middle of the street and changing some of the layout in small ways, but it gives the very clear message that this is not primarily a road any more but a street where people live, walk and play and vehicles have access to it but not right of way. That is the message which the project gives to motor vehicles without great expense.

Q318 Mr Leech: I totally agree with this concept, but do you not think it needs a complete change of attitude among drivers to get to the stage where we can prioritise pedestrians without having quite drastic changes to the road? With a home zone it is very clear what it is and that cars do not have priority, but when you start to spend a small amount of money to try to slow down cars and give pedestrians priority I am not sure that motorists take the attitude that pedestrians have priority.  
Mr Armstrong: That is certainly true. Some of the success of home zones arises because they are very clearly residential areas and it is easy to implement some of those behaviour change lessons. The key is to have a package of different measures to change behaviours. We see driver behaviour as more important than setting absolute figures and targets around injuries and deaths. A key part of that is a 20 mph default limit in urban and suburban areas which is not restricted to the school gate and the immediate vicinity because everyone is very much aware that they are driving near a school and there are many children and vehicles around. You could argue that it is safer around a school gate because people are very much aware of the risks. If one had a broader area subject to 20 mph that would slow down the traffic. We know from the evidence that people tend to have much greater eye contact at 20 mph rather than 30 mph and are aware of each other’s behaviour rather than placing an onus on a particular user.

Q319 Mr Leech: You will not have any argument from me on that because I introduced a Bill on the very same point. But the argument against having 20 mph zones is always that you cannot force traffic to slow down. Do you say you do not need the physical measures to get people to slow down to 20 mph?  
Mr Armstrong: I think you need a package of different measures. It will depend on the local area and whether it is residential or a mixed use area. The Department for Transport at the moment has a policy not to implement 20 mph without physical changes. What we suggest is that you change a number of other things such as the physical environment of the road and make pedestrians more important, for example by having a shared space scheme and more permeability in terms of pedestrians being able to cross. For example, in Kensington High Street the authority has uncluttered all of the road which is now a shared space scheme. We have seen accidents there fall by almost half over two comparable periods and that is because the road signs have been taken down and the whole area has been uncluttered. Everybody has greater lines of sight to each other and are much more aware of each other’s presence on the road and so the behaviour of all the users changes at once.

Q320 David Simpson: Do you believe there has been a reduction in roads policing? If the answer is yes what impact do you think it has had?  
Mr Geffen: The figures suggest that there has been a reduction in roads policing. I want to make some wider points about roads policing, but perhaps I may relate policing to the previous question before I move on to that. There are two important elements to making 20 mph work. One is the process by which you bring the community to design it, which is where the DIY Streets process can be very effective. If you have a community which says it wants to pull together and the majority want safer streets and slower driving then you can design the street very differently and it becomes much easier to legitimise police action to clamp down on the minority who are still fouling the nest for everybody else, if you like. Therefore, the combination of community process is backed up by policing once you have created consent for a lower speed limit because there is majority will to make it happen. On policing more generally, I was very interested to note the evidence that the Committee received the other day from Jan Berry of the Police Federation and the representative of ACPO who said that there might well be a real problem in that the change in reporting levels had also been affected by declines in road traffic policing and the police were less willing to take reports. That
certainly tallies with our own perception of what is going on. Cyclists tell us that they are more likely to be told by the police that they do not want to take reports from them and they should go to the police station. The cyclist may be 10 miles from the police station. That may be one of the factors that affects reporting rates, but it certainly also affects compliance rates. This Committee’s previous inquiry into traffic law enforcement contained a lot of very strong evidence that what made the biggest difference was the fear of being caught rather than the severity of the penalty. People do not like being found guilty and having to acknowledge that to their boss, family or whatever else. Enforcement and the fear of detection are a major influence on people’s behaviour.

Q321 Clive Efford: I think Mr Sinclair wants to answer the previous question. I do not know whether he remembers it.

Mr Sinclair: In terms of older people, I do not believe there have been very many initiatives focused specifically on that group in terms of road safety. I believe that is a missed opportunity bearing in mind that an older person is two to four times more likely to be severely injured or die in an accident than a younger adult. People aged 80 or over are six times more likely to be injured in a given accident than someone aged 20 to 50, so I believe there is a missed opportunity there. Clearly, there have been some very positive policy moves. For example, the introduction of concessionary fares is very positive. Help the Aged has for a long time campaigned on the issue of safe, accessible, reliable and affordable public transport and across all of those areas we have seen some progress. On the other side there are areas such as pedestrian accidents where each year we have a Falls Awareness Day. The work we did last year highlighted that 2.5 million people aged over 65 had fallen on damaged or uneven pavements. Of those, a third of those who had fallen had had to visit the hospital as a result. We know that falls cost the NHS about £1 billion a year, so there are issues around the pedestrian environment in terms of road safety which are also extremely important from our perspective.

Q322 Clive Efford: What about the emphasis we have placed on speed? Is it speed with which we should be dealing or is it more to do with the environment in which people walk and drive?

Mr Sinclair: From my perspective I think it is a combination of speed, the environment and enforcement of existing speed regulations and design of the environment is also extremely important. I think there is a mix of all three which is important.

Mr Geffen: Speed is important. All the data says that speed is a factor and in about one third of casualties that makes a huge difference both to the likelihood of being able to avoid a collision and the severity of it. The role of the environment and enforcement is to help us achieve lower speeds. That is how they synergise. If one designs the street so it feels that it is the sort of place where you will drive slower then that will slow down the majority of drivers and it makes it much easier to come down on that minority who are still fouling things up and ignoring the signals being given both by the rules and the design of the street.

Mr Voce: I think that question is related to an earlier one about the extent to which road safety policy affects and ought to integrate with other policies for the community. If the policy is simply to make the streets safer in absolute terms on the basis of casualty statistics then speed is the major issue, perhaps the single issue, but if the policy is one that is seen in the context of a wider policy for a people-friendly environment then speed is, if you like, just the bare minimum factor that needs to be addressed. It cannot really be addressed in isolation from the wider issues of access to space. From the point of view of my own organisation taking the child’s perspective, children do not want to be hit at 20 mph either. Even though they may end up better off than if they are hit at 30 mph; it does not make the street any nicer a place in which to play. It may in time lead to their parents allowing them out more, but we need to do something about parked cars and the space that currently is completely dominated to the exclusion of all else by through traffic. How can we share that space with the people who live there including older and younger people together and also allow vehicle access? I reiterate and underline my earlier point that the key message is about right of way. Motorists given the right of way tend to drive as fast as they can get away with; if they are not given right of way their greatest fear is that they will be involved in an accident and their behaviour changes radically. If they are not given the right of way they manage their own speed regardless of the enforcement measures because they do not want to hit a pedestrian.

Q323 Clive Efford: When you design a road with road safety barriers and things like that you do not design it for the 99% of drivers but the 1% reckless driver who comes through? Is that the wrong approach?

Mr Armstrong: Our view is that by segregating pedestrians in such a stark way you are removing the risk, but you can take that to its natural conclusion and say that the safest road is one where there are no people on it; in other words, it is completely dedicated to traffic and then there will be no pedestrian accidents ever. By doing that one is creating higher risks for pedestrians in many ways because we know that pedestrians tend to take the most direct route from A to B rather than go by long-winded rail crossings. I am sure that in towns and cities we have all seen people clambering over railings and running across five-lane motorways. That is less safe because drivers are not conditioned to their parents allowing them out more, but we need to do something about parked cars and the space that currently is completely dominated to the exclusion of all else by through traffic. How can we share that space with the people who live there including older and younger people together and also allow vehicle access? I reiterate and underline my earlier point that the key message is about right of way. Motorists given the right of way tend to drive as fast as they can get away with; if they are not given right of way their greatest fear is that they will be involved in an accident and their behaviour changes radically. If they are not given the right of way they manage their own speed regardless of the enforcement measures because they do not want to hit a pedestrian.
schemes, for example the one in Kensington High Street, show that all users tend to watch what others are doing much more carefully. There are examples in the Netherlands where traffic lights at major junctions have been removed. They have shown that it is a much safer environment because everybody is watching very carefully what everyone else is doing rather than going into a mind-neutral zone and proceeding as soon as they have a green light without watching what is happening around them.

Q324 Clive Efford: What should be the priorities for road safety for the next 10 to 20 years? Should there be more speed cameras, or what other measures should we be taking?

Mr Geffen: I suggest that the most useful thing that can be done to improve cycle as well as pedestrian safety, as my colleague Mr Armstrong would say, is to encourage more people to cycle and walk. That is related in part to a previous question. There is very good evidence that both walking and cycling get safer the more people do it. In answer to your earlier question about what is the most effective thing that has happened I could point to the congestion charge which has driven up cycle use and driven down cycle casualties. It is a very good demonstration of the theory of “safety in numbers”. One of the most useful indicators of whether or not we are getting road safety right and what we can perhaps adopt in road safety strategy is whether people feel it is safe to walk and cycle. That will translate into whether they actually walk and cycle and in turn it will feed back into safety through the “safety in numbers” effect. Therefore, the focus must be on improving cycle and pedestrian safety in ways that encourage more cycling and walking because the two completely synerge.

Mr Voce: The 20 mph default must be the minimum in residential areas with incremental investment rolling across years and decades to transform residential areas so they adopt the home zones concept and greater investment in cycling and walking schemes as my colleague suggests.

Q325 Clive Efford: Are there particular groups that warrant special attention in road safety?

Mr Voce: Clearly, children.

Mr Geffen: I would go back to my earlier point that pedestrians, cyclists and children are the areas of road safety where we are doing least well. They are also the areas where by focusing attention on road safety for those groups one can have the biggest gains in terms of the wider impact of road safety policy to improve quality of life, climate change and tackle obesity. The wider benefits of road safety come from getting road safety right for the most vulnerable groups as and they are also the most sustainable and healthy ones.

Q326 Clive Efford: What do we do about the poor behaviour of some cyclists who mount pavements and do not stop at red lights?

Mr Geffen: I am not here in any way to defend bad cycling any more than you would expect the AA to defend bad behaviour by drivers. That is not a facetious point. I am in the same position here. Bad cycling undermines my role because I have to listen to decision-makers who keep saying that cyclists are undeserving because they misbehave. There is bad behaviour by people in all groups of society. How does one deal with it? First, we want to see more road traffic policing. Cyclists are far more likely to be the victims than perpetrators of irresponsible behaviour on the roads, so if more traffic policing comes down on errant cyclists that is fair game, but we want to see more road traffic policing. Second, there is a useful role for cycle training here, not just learning how to avoid falling off a bicycle when riding round bollards in a playground but giving people as they move into their teens the confidence and skills to ride sensibly, responsibly and confidently on the roads in accordance with road traffic law because you can then explain why the rules of the road are what they are. You could even apply some of the lessons from speed awareness and driver training courses where retraining drivers has been used effectively as a sanction. If you see a cyclist riding on the pavement it may be because he or she has never been given the confidence and skills to ride on the road. Send that cyclist on a cycle training course and that may be a punishment that not only fits the crime but fixes it as well.

Q327 Clive Efford: Has road and pavement maintenance improved or is it still a concern to pedestrians and cyclists?

Mr Sinclair: Help the Aged will launch a piece of work in a couple of weeks. We will happily send that to the Committee. We have not seen the final version yet, but it looks at how much local authorities put aside per year for street maintenance and, at the same time, for litigation. That report may well be helpful on some of these issues and we are happy to share it with the Committee. If I may deal briefly with priority groups, in terms of government’s own interest in social policy Help the Aged’s annual spotlight report which it launched just today highlights that one in 10 of the older population describe themselves as often or always lonely. It strikes me that one of the big issues is fear of leaving home and road safety and safety of the immediate environment are extremely important matters. To reinforce the importance of encouraging walking and cycling, I talked to a group of older people on an estate in London. One of the matters they raised with me, quite rightly, was fear of crime and particularly in the winter from three or four o’clock in the afternoon they were afraid to go out in the local area because of that. They said that if there were more people walking around at that time of the evening they would feel a lot more comfortable in that environment. They recognised the fact that because they did not go out they were contributing to the problem for others. If we created environments on those estates in such a way that encouraged walking potentially it would have a knock-on effect in tackling isolation and loneliness.

Q328 Clive Efford: How do we get more 20 mph zones?
Mr Geffen: Our aim, which I believe is shared by all four organisations, is to move to a situation where 20 mph is the default for 65% to 85% of streets in urban areas with local authorities having the freedom to identify the majority of the busier and wider streets where a higher limit would apply. How do we start the process rolling? Given there is about 75% support for 20 mph but there will be a minority who will object very strongly, one thing we can do is pilot the idea of 20 mph particularly in Cycle Demonstration Towns. That would be a very good pilot test bed. The government is due to announce the new tranche of Cycle Demonstration Towns later this year. We could give those local authorities the power to introduce 20 mph zones rather than limits so they do not have to put in humps where they are not needed and do not need lots of signing. They could do this by allowing the local authorities the freedom to use 20 mph zone signing in a non-prescribed manner. One could then experiment how far one could go with 20 mph zones without having to have physical enforcement measures all over the place.

Q329 Mr Clelland: What needs to be done to reduce the level of casualties involving older drivers?
Mr Sinclair: Clearly, road safety is extremely important for all age groups. There is no evidence that older drivers are any more dangerous than any other age groups.

Q330 Mr Clelland: I did not say that. I said that the level of casualties was higher than for most other drivers?
Mr Sinclair: That comes down mainly to the issue of frailty. In many ways the solutions will be no different from what we are talking about for other age groups, that is, slower and safer roads and environments which facilitate slower and better driving and enforcement of existing regulations.

Q331 Mr Clelland: Are you aware of any schemes that provide older people with alternatives to using the car?
Mr Sinclair: There are not very many around. A couple of pilot schemes offer refresher driving courses but they tend to be very small in scale.

Q332 Mr Clelland: For example, there is free travel. Mr Sinclair: Of course. Clearly, the opportunities for an individual to move to public transport are made a lot easier by concessionary fares and free public transport. We would argue that concessionary fares or free local transport are of little use if there is no local bus or someone has a disability and cannot get onto the local bus. Therefore, there is a need for flexible alternatives. We argue there is a strong case for local authorities to offer an alternative to the bus pass such as value against taxis or other forms of transport which will potentially help people make that move. Clearly, older people like any other age group have every right to drive as long as they are safe to do so.

Q333 Mr Clelland: You say “as long as they are safe to do so”. All of us have an interest in this; old age will come to all of us. Does the current system rely too heavily on the honesty of the driver to notify the DVLA that he or she is unfit to drive?
Mr Sinclair: The research shows that the current system seems to work very well and when individuals recognise they are becoming more vulnerable they tend to make strategic decisions about how they drive, or they stop driving at night, or they drive on routes they know. At the first stage people start to do that. I am sorry but I have forgotten the last part of the question.

Q334 Mr Clelland: At the moment the DVLA relies on drivers themselves to decide whether or not they are fit to drive. Should there not be some other way to measure it?
Mr Sinclair: We would not object to the increased use of healthcare professionals if appropriate, but we would ask why one should target older drivers as opposed to every age group. Why not do it in 10-year bands? Is it right for me as someone in my mid-thirties who has not driven for 10 years to get on the road in a new car without having a retest? One comes to the issue of age-related disabilities. Clearly, there are certain conditions associated with increasing age. If one looks at the DfT evidence on the causes of accidents, dementia or other conditions feature in only in a small number of cases; they are not the main factors.

Q335 Mr Clelland: Another matter which is related mainly to elderly people is the increasing use of mobility scooters. Obviously, there is an issue with these machines. They give mobility and freedom to a lot of people and no one wants to restrict that, but there is an issue about their interaction with pedestrians, other road users and access or otherwise to public transport. Do you have any evidence on that?
Mr Sinclair: It is a very interesting matter and it will certainly grow as we have an aging population. We already have 11,000 people over 100 and the aging population is set to grow significantly. This issue almost never comes up through our networks. Interestingly, the only time it is ever really raised is through the media. I was interested to see the DfT’s supplementary evidence which highlights research in 2004 showing that there is one reported incident involving a wheelchair or scooter owner in a major shopping centre for every 15 million visitors. What we know is that with an aging population more and more people will be using these. I agree with the DfT’s line that it is absolutely worth monitoring this issue as we go forward to see whether or not the increasing numbers have an effect. It is difficult to find the evidence. I know that some Parliamentary Questions on statistics have been tabled. The statistics available on that issue are fairly poor. We would welcome recommendations to encourage the gathering of better statistics. In the European context it is interesting that very few countries have any regulation of these products. My main point is
that we should not regulate or jump in until we know there is a problem. We welcome that debate when we have evidence that it is a significant problem.

Q336 Chairman: Where do you say the key problems are on the reliability of statistics on casualties?

Mr Sinclair: On the issue of mobility scooters, the Parliamentary Answer that I saw in April said the department did not collect any statistics in this area, but independent research has attempted to make an estimate which the DfT quotes in its evidence. There are also lots of unreported incidents, but I think it is an area where more and more individuals will use these devices and it is important to ensure that in future we have a sensible policy to support the most vulnerable.

Q337 Chairman: I am looking more broadly at the whole issue of road casualty statistics. What are the key problems?

Mr Voce: In general, our observation is that the road traffic casualty statistics are presented and analysed in a composite way which does not always allow for differentiation between casualties sustained by passengers compared with pedestrians. If we are talking about road safety in general, fine, but if we are talking about the safety of pedestrians and cyclists that differentiation needs to be made. We have increasingly safer vehicles for passengers but they are also driving at the same speeds and the risks and hazards to pedestrians and other road users are just as great. Therefore, a composite figure which implies that the roads are safer may not be telling the whole story.

Mr Geffen: There are huge and, it seems, growing problems particularly on cycle safety. We have known for a long while that of all road user groups cyclist casualties are perhaps the most under-reported. We have looked at various studies conducted a couple of years ago and it is unclear whether the problem is that the cyclist simply does not report the casualty, whether the police are unwilling to accept the report, though we receive increasing anecdotal evidence of that—as an organisation we shall be doing some work on that later this year—or whether there is a growing under-classification of casualties involving cyclists in particular whereby what would previously have been classed as serious are now classed as slight casualties. One of the problems with the studies was that researchers tried to compare information with hospital data. When we looked at this we realised there were huge problems with the hospital data too because hospitals did not differentiate between road cycle casualties, if you like, and recreational off-road or play cycle casualties. It is very hard to use the hospital data to try to measure whether there are changes going on in the under-reporting of road casualties by the police. We have two unreliable data sources and it is very difficult to tell what is going on. Certainly, our anecdotal evidence is that the police are increasingly unwilling to take reports of cycle casualties and we want to try to document that later this year.

Mr Voce: I should like to add a recommendation that some analysis be made of the national travel survey statistics in relation to children playing in the streets. There is a certain amount of evidence but it is not analysed. For example, the 2005 survey reported that about 15% of children between the ages of five and 15 were observed playing in the streets. That is to be compared with a study by the Department of the Environment in 1973 which reported 75% of children playing in the street in any given area. We would like to see some analysis of the correlation between children playing in the streets and the overall road casualty figures for children.

Q338 David Simpson: Do you have any idea what percentage of children receive cycle training?

Mr Geffen: If I remember rightly, it was about 27% a few years ago. Cycling England has set a target to get that up to 50% and it is well on the way to achieving it. It is estimated that to get that up to 100% for nine and 10 year-olds would cost something like an additional £15 million. That could make a huge difference both to people’s willingness to cycle and to their safety, but we do not have good documentation on the safety benefits. We also need to give people not only initial cycle training so they do not fall off when riding round bollards in playgrounds but the confidence and skills to carry on cycling in their mid-teens as they start to travel a bit further and show more independence so that they start to see the bicycle not just as a toy but as a means of getting around at the time they are progressing into mid-teens and early adulthood. In relation to some of the points that have emerged about older people and safety, the Dutch have started to do cycle training for people in their sixties and seventies as a way to encourage them to remain healthy and not lose their confidence in old age. We know that the decline of cycle use with age is far less marked in countries like Holland than in Britain. We have a very serious tail-off particularly among women. In the UK teenage girls give up cycling very quickly; in Holland it is much more equal between the genders and much more even across ages.

Q339 Mr Clelland: How big a problem is drink driving now, and what should be done about it?

Mr Armstrong: From our point of view progress has been made and that is extremely welcome. Drink driving still accounts for a large proportion of deaths and serious accidents involving pedestrians. I think we need to look again at the limits and a zero tolerance approach would be welcome. We may not get it down to zero, but I think the limits should be reviewed. We also need to look again at enforcement and education. In many ways the drink driving awareness campaigns have been very successful and are a model for some of the speed-type campaigns. Perhaps we need to look at some of the modern social marketing techniques to see whether we can have an impact. Although generally it is socially unacceptable to drink and drive there are some key demographic groups who still regard it as okay, but
because it is such a large proportion of avoidable accidents and deaths there must be increased focus on it.

Q340 Mr Clelland: Do you think there should be a zero limit?
Mr Armstrong: I am not a scientist and I do not know whether we can achieve that in any practical sense, but it should be as close to zero as possible and perhaps give some leeway for the previous night’s drinking.

Q341 Mr Clelland: Does anyone else agree that there should be a zero limit or as near zero as possible?
Mr Geffen: We have supported other organisations in calling for a limit of 50 mg to bring us into line with continental Europe. We think there is a good argument for a limit of 50 mg to bring us into line with the overall problem.

Q342 Mr Clelland: You believe there should be an age differential?
Mr Geffen: It could be an experience differential; it could be novice drivers rather than young drivers.

Q343 Mr Clelland: What about the policing of it? If we are to have limits of any sort they are not much good if they are not policed. Should we have random breath tests? Is that something you advocate?
Mr Armstrong: Certainly, yes. We can probably make enforcement more targeted and look at what kinds of drivers are more likely to drink above the limit and at the areas where perhaps there are higher concentrations. Like one of the earlier answers, there is the deterrent effect of the fear of being caught rather than fear of the general consequences of it. If you know there will be spot checks in your area—for example, we see it at Christmas when there is greater advertising and enforcement—levels tend to decrease because you have a greater chance of being caught. If we can keep up that pressure the year round it will have an impact.

Q344 Mr Clelland: What about the related issue of drugs and driving? What can be done about that?
Mr Armstrong: As far as I can tell that is a growing issue. There is difficulty in measuring that. Certainly, a recommendation by this Committee about greater knowledge and evidence about that issue is important. Whether you can test for certain drugs in the same way you can test for alcohol I do not know, but it appears to be a growing issue and one that is not getting sufficient prominence.

Q345 Mr Clelland: We tend to concentrate our efforts on people who abuse either alcohol or drugs behind the wheel, but quite often people who wander the streets when drunk or high on drugs can also be a danger to traffic and themselves. Should that also be a matter where some kind of regulation, monitoring or policing should be brought in?
Mr Armstrong: This goes back to some of the earlier questions about road safety being very clearly in the centre of a number of different linked issues. The quality and sense of community in local neighbourhoods and town and city centres are very important matters. If there is effective policing and people feel that they are safe in their local neighbourhoods then everyone tends to behave in a slightly different way. It is not just about traffic-calming; it is also about making sure that people have vibrant areas that have mixed use. We need to look at our planning policies where we have 10 or 20 different bars, clubs and fast food joints all in one place. It attracts only a certain proportion of users of the city or town centre. You will hear particularly from middle-aged people that they feel they cannot go into town centres any more because, like the wild west, people will just be carousing around. That is the key issue that needs to be addressed as part of the overall problem.

Mr Sinclair: A linked issue in regard to drugs is the use of medication when driving. Very recently we conducted a survey of 1,000 older people about 80% of whom made the point that issuing a directive that GPs and pharmacists should be required to advise patients when giving a prescription that can affect ability to drive would be extremely important. On the other hand, there was also very much awareness in the survey by older people that if they were taking medication they had to inform the DVLA. There is very much awareness of that but clearly there could be additional support from the GP in informing someone that a drug may have an effect.

Q346 Mr Clelland: Who would that “someone” be?
Mr Sinclair: When the GP prescribed a drug to, say, an older person he would say that this might impact on his or her ability to drive.

Q347 Mr Clelland: But you do not necessarily suggest that the GP should inform DVLA?
Mr Sinclair: No. Our survey showed high awareness that individuals themselves were obliged to inform the DVLA if they began to take drugs which might affect their ability to drive, but better information and advice could be very useful to older people.

Q348 Mr Leech: I may have misheard Mr Armstrong. Were you suggesting there was an actual reduction in drink driving around Christmas time because people were more aware of it and worried about being caught?

Mr Armstrong: The figures show that there is probably an increase.

Q349 Mr Leech: In that case do you suggest there is more drink driving outside the Christmas period that goes undetected because of a lack of enforcement? If so, do you think we ought to introduce more enforcement and random breath-testing?

Mr Armstrong: The point I was trying to make was that more people were being caught proportionally because of the greater focus in terms of television campaigns, stop and searches, random patrols and so on. I was suggesting that rather than just focus on peak periods when we know that people are more likely to drink and drive why not have sustained efforts throughout the year? As you said, there is a
level of drink driving at the moment that perhaps is not being picked up outside those peak times and it could be.

Mr Voce: I want to respond to Mr Clelland’s earlier question which I think was about the relative fault/responsibility in regard to drivers and pedestrians in the context of alcohol. The question of the responsible use of drugs and alcohol in public or elsewhere is a slightly different issue, but surely the relative responsibility in terms of safety on our roads must be weighted with the driver who by virtue of starting up the engine is in charge of a piece of machinery that can do serious harm and should be handled responsibly. We would always argue in favour of the onus of proof of innocence to be with the driver. Most European countries have in place legislation that regards the driver as the default offender in any collision with a pedestrian.

Q350 Chairman: Have targets helped in safety of the groups you represent? Would you want to change targets in relation to road safety in future?

Mr Geffen: From the point of view of cycling targets have been a double-edged sword, if you like. There has been a focus on overall casualties, which is helpful, but the rate of pedestrian/cyclist casualties has not fallen to the same extent. At a local level often road safety officers say that the best way to meet targets is to get rid of pedestrians and cyclists. Ideally, we would like a much more rate-based target so you can see whether cycling is getting safer per trip or mile. The trouble is that data on cycle use is also unreliable. Perhaps the most useful model is a more perception-based indicator, a bit like the bus passenger satisfaction indicator which we already have. Do you feel it is safe to walk? Do you feel it is safe to cycle? If people believe it is safe they are more likely to do so and that translates into the “safety in numbers” benefits to which I referred.

Q351 Chairman: Would any other witness like to say how it might be changed?

Mr Voce: We have welcomed the proposal in the new play strategy consultation document for a national indicator of children’s play that measures children and young people’s satisfaction with play opportunities in their area. There is to be a one-year technical consultation period which is a great opportunity to consider in detail how that might work and what tools might be put into the hands of local authorities to achieve good performance against that. With regard to the safety of children and young people on the roads, a study of the statistics available from the national travel survey about the use of the roads and children’s relative safety might be a way to introduce a composite indicator that does not simply measure the bald statistics of road traffic casualties but the wider use and enjoyment by children and young people of public space, their safety and the opportunities they derive to manage risk, develop social responsibility and achieve the other outcomes that we want for them.

Q352 Chairman: Does anybody differ from that or have any other suggestions?

Mr Armstrong: I agree with what has been said, but perhaps the target should be greater focus on some driver behaviour. The absolute target in terms of accidents has a perverse incentive at local level. We have heard anecdotally in some areas that if they get rid of the pedestrians it will be safer. If you target behaviour and reduce some of the more dangerous aspects of it, for example speeding and drink driving, that will have the same effect that the government is trying to achieve in terms of outcome and perhaps get rid of some of the perverse incentives.

Q353 Chairman: Do you say that the steep reduction in deaths of pedestrians and cyclists is to do with reduced use of the road rather than improved safety?

Mr Armstrong: To measure that on the basis of the overall statistics is very difficult. We get feedback by talking to local areas about how they have done it. Because there are no pedestrians anywhere near the road no one is being killed or injured, which is brilliant, but if we took that approach no one would be on our streets.

Q354 Chairman: Do you have any views on the Learning to Drive consultation?

Mr Geffen: To reiterate an earlier point, first, the potential role of cycle training is a way to educate and prepare people to learn to drive; it could be extremely valuable. We want better evidence on this. Second, in the consultation the government has talked about wanting to improve people's understanding, not just their ability to learn by rote. That is all very worthy. It proposes to enhance the hazard protection test. We also need to improve people's understanding of why the rules of the road are what they are. If people understand that the risk of a pedestrian fatality reduces by 5% for each 1 mph they have a much better understanding of why a 30 mph or 20 mph speed limit matters. If they understand that mobile phone use impairs you as much as being at the drink drive limit they are much more likely to understand the rule that they should not use a mobile phone. Therefore, understanding the reasons for the rules is really important.

Chairman: Thank you for your very helpful evidence.
Q355 Chairman: I welcome our witnesses and ask them to identify themselves for the record.

Mr Fitzpatrick: I am Jim Fitzpatrick, Parliamentary Under-Secretary of State at the Department for Transport. On my left is Mike Fawcett, head of the Road User Safety Division.

Q356 Chairman: The UK is 11th in the league for child, pedestrian and cyclist deaths. Do you think that is good enough?

Mr Fitzpatrick: Perhaps I may make a brief opening statement. Mrs Ellman, first I offer our congratulations on your unopposed election as the new chairman of the Select Committee. We had a very good relationship with Gwyneth and I am sure we will have the same with you. She is a difficult act to follow, but on behalf of my colleagues you have our sincere congratulations. In general terms, casualty reduction since 2000 has been good but not good enough, particularly in deaths. Our target was set in terms of the combined figure for deaths and serious injuries. The trend in these has diverged unexpectedly with deaths dropping only 11% by 2006 compared with a 35% reduction in serious injuries. Of those deaths, a disproportionate number of young drivers dying on our roads is a great concern and is part of the motivation for our new proposals to improve driver training and testing. In the short term aside from this our focus is on improving performance in the period to 2010 when the 10-year strategy is due to conclude. In our Road Safety Delivery Board we have brought together the key players: the police, local traffic authorities, fire and ambulance service and national government. They are tackling the most pressing road safety issues: drink driving, excessive speed and failure to wear seat belts. They will also consider the disproportionate number of casualties among young drivers and motorcyclists. In the longer term we have begun work on a new road safety strategy for the period from 2010. This will need to have road deaths as one key focus and there is a case for deaths being the currency of the new target. These targets would need to cover a short enough term to inspire action, but there is some appeal in a strategy covering a period beyond 10 years which would enable it to consider the potential for new technology to reduce casualties. Part of the brief for the new strategy is that it should take account of successful international approaches, but we need to pursue measures that will be successful in a British context taking account of British roads and road users. This is a blank canvas for the new road safety strategy. Obviously, we are interested in the views of the Select Committee, road safety interest groups and the public on these important issues.

Q357 Chairman: Do you think we do well enough in relation to child casualties on the road?

Mr Fitzpatrick: To amplify what I said a moment ago, we have made reasonable progress. The targets are to reduce all KSIs—killed and serious injuries—by 40% by 2010 and 50% for children. We met the 50% target for children; it is 52%. As to all KSIs, we are up to 33% or 34% and still have 18 months to go. We would hope to get to that level. That still means, however, over 3,000 people being killed on our roads and nearly 30,000 seriously injured. As to children, I believe there are some 170 deaths and 3,000 serious injuries. The dilemma is that if one were to express any satisfaction in the reductions with the fallback figures as they were it would tend to suggest one is happy or satisfied with the figures. We certainly are not; we know that there is a lot more to do, which is why we are floating the idea for the 2010 onward strategy in informal discussions at the moment with stakeholders before we proceed to the formal consultation later this year as to whether we adopt the Swedish strategy of having zero tolerance and saying that we do not want a single death. We recognise that we will not reach that point, but is it something to which we should aspire or is it so ridiculous that it will undermine the credibility of a reduction strategy? We are not satisfied with the progress that has been made, but lots of people have worked very hard to make that progress. I do not want that dissatisfaction to reflect critically on them in any way because it is quite an accomplishment, but obviously we can do more.

Q358 Chairman: Do you think government departments are sufficiently joined up in relation to road safety?

Mr Fitzpatrick: There is always a prospect of being able to do more. We liaise with other government departments in a whole manner of different ways. I attended a conference yesterday with Kevin Brennan from DIUS about play spaces and children’s ability to be natural and enjoy their childhood and how road safety impacts on that. They have the PSA target in terms of child safety. We are engaged with the Home Office naturally because of the policing issues, the MoJ because of sentencing issues and the Health and Safety Executive because now companies have corporate responsibility for employees who drive for work. We are also engaging with the health service because clearly it wants to assist us in getting down casualty numbers; and we also engage with the devolved administrations because they too have responsibilities. I believe we are engaging relatively effectively, but equally I am sure that more can always be done.

Q359 Mr Hollobone: On that theme, between the ages of five and 35 motor vehicle accidents are the major cause of death in this country, and above 35 the major causes are heart attack and chronic heart disease for every group. Is there a justification for making road safety a matter of health policy?

Mr Fitzpatrick: To a certain extent we are trying to do that by making motorcyclists wear helmets and drivers and passengers to wear seat belts and beefing up the offence of speaking on mobile phones when driving and the rules about drink driving and so on. To a certain extent we are looking at it in a similar fashion like the smoking ban and the advice that goes out about drinking and health. We are trying to
Q360 Mr Hollobone: The health departments of other countries have adopted road safety as a health policy. Obviously, the Department for Transport is concerned about road safety but presumably the Department of Health does not have road safety as one of its major objectives and yet that is the major killer for every group between five and 35. Above 35 the Department of Health does have a policy on heart attacks and chronic heart disease but not road safety. Since you are talking about cross-department liaison do you think this is a matter you might take up with the Department of Health?

Mr Fitzpatrick: I will ask my colleague to speak in a moment because he will be more familiar with contact between officials in the various departments and I am sure can speak to that. I certainly understand the point you make. I believe that we need to take a wider look at what we can do additionally. I have just come from a meeting with one of your colleagues, Mr Brokenshire. He brought in the senior officer of Cheshire Fire Brigade who is responsible for its anti-collision policy and two road campaigners, one of whom lost her son to a drink driver. The fire service works across the country with different fire and rescue services, sometimes independently, sometimes with the police and sometimes with the Ambulance Service. Clearly, the Ambulance Service has a frontline role to play in a whole number of places across the country. I went to see a similar demonstration in Fife last year. There is a joint emergency service and educational approach to this for school children, particularly secondary school kids, to alert them to the dangers of the road and try to create an attitude within them that the road is a dangerous place whether you are a passenger in a car, a driver, pedestrian or cyclist and to bring home to them what those dangers are and how they impact on individuals and their families.

Mr Fawcett: We are working with the Department of Health among others on the new strategy beyond 2010. They are members of the steering group on the Department of Health does have a policy on killer for every group between five and 35. Above 35 the Department of Health does not have road safety as one of its major objectives and yet that is the major killer for every group between five and 35. Above 35 the Department of Health does have a policy on heart attacks and chronic heart disease but not road safety. Since you are talking about cross-department liaison do you think this is a matter you might take up with the Department of Health?

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Mr Fawcett: We are working with the Department of Health among others on the new strategy beyond 2010. They are members of the steering group on the Department of Health among others on the new strategy beyond 2010. They are members of the steering group on that strategy. We also see an increased interest, for the reasons you set out, at all levels of the health service. A number of the regional public health observatories have taken quite a strong interest in road accidents as a source of death and injury. We have also talked to the National Institute for Clinical Excellence (NICE) because they are not just interested in what sort of drugs the NHS can prescribe but also in preventative measures that can improve the health of the population. There is an increasing amount of collaboration with different parts of the health service. As the Minister said, that is not to say it cannot be improved further, but it is increasing.

Q361 Mr Hollobone: In terms of international comparisons of road safety records, Mr Wegman, the MD of the Dutch road safety institute (SWOV), said last week that in the nineties the Netherlands used to look to the UK for the lead on road safety issues but since 2000 that is no longer the case. Why is this? Can you make any suggestions as to why our performance has fallen behind that of other countries?

Mr Fitzpatrick: No, but what we are trying to do in our contact with the Netherlands, Norway and Sweden is to look at how they have been as successful as they have in surpassing us and, as my colleague says, try to ensure that we incorporate their best practice into our 2010/20 strategy. The Swedes have zero tolerance for road deaths. The question is whether we make that a headline figure and then build it into the 20 mph zones which the Swedes have used. I was at a road safety conference last week where the Swedish representative responded to a question from the floor about whether or not we ought to introduce centralised diktats to local authorities in respect of the introduction of 20 mph zones. That was not what they did; they did what we did which was to delegate responsibility to local authorities and communities so they could best work out themselves where these zones were appropriate and not micro-manage it from the capital any more than we would micro-manage it from London. We are in contact with other countries, particularly those where there is improved performance, to see what we can learn from them and whether or not it will be applicable here in respect of our 2010 forward-looking strategy.

Q362 Mr Leech: I am interested to hear about the 20 mph measure being devolved down to local authorities. Do you have any information on how they funded the change in speed limit? One of the problems that local authorities face is that they do not have the resources to prioritise all the roads on which they would like to reduce the speed limit. Were additional resources put in by the Government of the Netherlands to local authorities so they could fund these schemes?

Mr Fitzpatrick: That certainly did not come across in the meeting I attended. My colleague may have more information about the resourcing implications. What we are doing is to recognise that for the 20 mph zones to be effective it is no use just putting up signs because they will not he adhered to; there will have to be physical restraints, whether it is bollards, obstructions in the road, cameras or repeater signs. There must be something to reinforce the fact that the speed in that area, whatever it is, has been reduced and there is a cost. We are exploring with local authorities how best that can be done and in the least expensive way, particularly in relation to signage.

Mr Fawcett: I am afraid that I do not know how the Dutch funded the schemes.

Q363 Clive Efford: Are you prepared to consider pilot schemes where you do not have to invest so much money in infrastructure like bollards and physical barriers? There is an argument that because the cost of implementing 20 mph zones is so high we have too few of them in residential areas.
Mr Fitzpatrick: We have clear evidence that where 20 mph zones are introduced without any additional reinforcement speed reduction is minimal. It may go down by one mile an hour. Where speed humps, bollards or cameras are introduced there is better observation of the 20 mph zone and traffic speeds are reduced. We have evidence to show that just changing the speed limit in itself is not necessarily an adequate response in order to reduce speeds.

Q364 Clive Efford: From where does that evidence come? What evidence do you have?

Mr Fitzpatrick: That evidence results from the introduction of 20 mph zones so far. What we have initiated over the past few months is a more in-depth study to ask local authorities where they have introduced 20 mph zones to supply us with the information and data so we can roll out best practice. The initial evidence we received suggested there was a 59% reduction in crashes and a 69% reduction in child casualties where 20 mph zones have been introduced. That was very powerful evidence to show that we ought to be introducing more of these schemes, which is why we recommend it.

Q365 Clive Efford: How do those figures compare with the zones that have been introduced where there have not been put in place physical barriers such as speed humps?

Mr Fitzpatrick: If I remember, every mile per hour added increases the chances of a collision by 5%, so the reduction from 30 mph to 20 mph clearly demonstrates that people who drive at lower speeds are more likely to be able to react to kids running into the road or anything that happens.

Q366 Clive Efford: The question is: what evidence do you have to suggest that just implementing a 20 mph zone will not be effective?

Mr Fitzpatrick: I am reading briefings that have come across my desk saying that surveys conducted when 20 mph zones were introduced with no additional physical restriction showed that the reduction in speed was minimal; it was maybe 1 mph. Where there were physical restrictions the reduction in speed was much more marked.

Q367 Clive Efford: We are talking about physical restrictions, not marking the boundaries of a residential zone as a 20 mph zone?

Mr Fitzpatrick: We are talking about physical things—road humps, bollards, cameras and repeater sign—which are in the driver’s face, as it were.

Q368 Clive Efford: With road safety issues in mind, what do you think the future of the road and vehicle environment will be?

Mr Fitzpatrick: We published a document last March and disseminated it as best practice. We tried to suggest that in the design of future community environments perhaps the car might not necessarily be the priority and we should be designing environments which had people more in mind. We are looking at what has come back in response to the Manual for Streets and we have published a leaflet which summarises best practice. That is about the design of environments. We should be designing streets where the car is not necessarily a priority and thinking about crossings, how pedestrians get from A to B, cycle zones and all manner of things and changing our attitude towards the design of future communities.

Q369 Clive Efford: What about the vehicle? How much will vehicles change in terms of automation and the extent to which drivers make decisions on roads in future?

Mr Fitzpatrick: All manner of tests are being conducted by manufacturers and we are involved in some of them in respect of speed limiters. These days braking systems fitted as standard in some upmarket vehicles assist. A variety of technological advances is being examined. Some of these—certainly the automatic limiting of speeds beyond a certain point—are some way off. I do not think that the driving public are ready for that yet.

Q370 Clive Efford: Do you think the government is doing enough to encourage manufacturers to develop technology that would advance road safety?

Mr Fitzpatrick: I think we are. I defer to my colleague who has been director for longer than I have been Minister for road safety. Certainly, in terms of our engagement with vehicle manufacturers, TRL Ltd and in other aspects such as the development of safer helmets for motorcyclists with the new star-rating system that we hope to publish by the end of this month, we are examining all manner of different ways to try to make roads safer for users as well as those who perhaps are more vulnerable, be they cyclists or pedestrians.

Q371 Clive Efford: What about research into the effectiveness of intelligent speed adaptation? Are there any conclusions from that?

Mr Fitzpatrick: Not as I understand it. Those trials are still going on.

Mr Fawcett: I think the trials have been completed but the researchers are still completing their report. It has been through a process of peer review and, as I understand it, they are completing the writing of their report. We hope to receive that report fairly shortly.

Q372 Clive Efford: So, you cannot tell us what lessons we can learn from adaptation in other European countries or whether it would lead to fewer casualties if they were adopted?

Mr Fawcett: I think we will have to await the report and look at it carefully.

Q373 Clive Efford: When will that be?

Mr Fawcett: I understand that the researchers are completing the report at the moment. We should receive it within the next few weeks or thereabouts.

Q374 Mr Clelland: Is there a particular problem with older drivers?
Mr Fitzpatrick: It is not apparent to us that there is a particular problem with older drivers. We have said that we shall be consulting on health issues later this year which has led to some stories that we would introduce a compulsory retest for 70 year-olds. That is certainly not the case, and the statistics do not suggest that there is a particular risk element involved with older drivers. We are much more concerned with young and novice drivers and a variety of elements, whether it is drink driving, no seat belts, driving for work and so on, features disproportionately in the road safety casualty statistics.

Q375 Mr Clelland: As to those people who may feel that they are unfit to drive, is it adequate to rely on the honesty of drivers themselves to notify DVLA, or should there be some other way to measure whether or not people are fit to drive?
Mr Fitzpatrick: I do not think it is adequate to rely solely on self-reporting. We spend quite a bit of time reminding the medical profession about this and sending out guidance notes to GPs to say that if they are aware of patients whom they believe not to be in a fit state to drive and they advise should not be driving and they realise in the course of conversation or personal observation that those individuals are driving we expect those GPs to report it to DVLA which in turn will take that on board and call in those individuals for medical assessment, or make the appropriate assessment based on the evidence that has been submitted. We do not rely totally on the individual. There is a lot of engagement with the medical profession and, I suspect, the Department of Health but certainly with the BMA and information for GPs’ practices to alert them to the responsibility that we feel they have.

Q376 Mr Clelland: You say “responsibility”. There is no duty on GPs to report in this way.
Mr Fawcett: I believe it is just a responsibility.
Mr Fitzpatrick: My understanding is that it is a responsibility.

Q377 Mr Clelland: There is growing use of mobility scooters which give a great deal of freedom to a lot of elderly and disabled people, but there is a problem with their interaction with pedestrians and other road users and access to public transport. Do you see any need perhaps for more regulation of the use of mobility scooters?
Mr Fitzpatrick: It is certainly not on our radar that the number of complaints, issues or concerns is such that it is a matter on which we need to look for regulation. I have read stories in the papers of people using them on motorways; and sometimes people run into difficulties on pavements. It certainly does not come across my desk as a matter that we should address at this point.

Q378 Mr Clelland: To what extent is there a shortage of road safety professionals?

Mr Fitzpatrick: In terms of engineering skills?

Q379 Mr Clelland: In terms of skills generally in the field of road safety. What kind of skill shortages do we have?
Mr Fitzpatrick: There is more anecdotal evidence than firm evidence about shortages of skills in terms of road safety and engineering from local authorities. The educational ministries and Learning and Skills Council are examining this and funding where they believe a shortage exists. We understand that it is becoming an issue, but it has not been in the forefront of our concerns so far.

Q380 Mr Clelland: Do you think there are sufficient road safety professionals who understand the particular needs of vulnerable road users?
Mr Fitzpatrick: What do you mean by “vulnerable road users”?

Q381 Mr Clelland: I am talking about elderly and disabled people who are more vulnerable than others on the road.
Mr Fitzpatrick: I would have hoped and expected that where accident statistics that demonstrate particular issues in terms of elderly people feature either on a particular road or area local authority road safety officers will spot this and deal with ourselves, the Highways Agency and the police however the matter has arisen. It is not something that has been brought to my attention ministerially as a matter that forms a pattern across the country that we ought to address.

Q382 Mr Clelland: I return briefly to the 20 mph zones. Would it not be an idea to have a national standard of 20 mph in residential areas except where it is indicated otherwise? Everyone then knows that whenever they go to a residential area there will be a 20 mph limit unless there is a sign in the road saying the speed is 30 mph?
Mr Fitzpatrick: I receive letters from parliamentary colleagues occasionally on behalf of constituents who complain that they have not seen a sign and have been reported for speeding. The standard answer we send back is that if it is a lit street it is a 30 mph zone. That is why we do not put 30 mph signs up everywhere. The cluttering of signage and so on is becoming a bit of a problem. In that case 20 mph zones have to be mapped out because they are different. As to whether we micro-manage that from Westminster, it has been the view of the department, to which I adhere, that local authorities know best where their vulnerable areas are, whether it is a shopping precinct, a school or park that kids use a lot and the nature of the rest of the local area. I have schools in my constituency that back onto four-carriageway roads. That side of the school has been shut off; kids are not allowed out that side. Because it is next to a school you would not want to have a 20 mph limit; it is appropriate to make it 30 mph. The local authority knows better than the Department for Transport what should be a 20 mph
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zone and what should be a 30 mph zone. That is why we have delegated it rather than seek to do it from the centre which we believe would be impossible.

Q383 Mr Martlew: Obviously, the government have an impressive record in bringing down the number of deaths particularly over the past 10 years, but when one looks at road user groups there is one area where it has failed abysmally. In the case of motorcyclists the numbers have gone up by 28%. Because of outside pressures like congestion charges and the price of fuel we appear to be forcing more and more people to use motorcycles. How will you reverse that trend? It seems to me somehow that people who are killed when riding motorcycles are not as important as other groups and the statistics indicate that the government think that as well.

Mr Fitzpatrick: It is certainly a key area of concern. I shall ask my colleague to speak in greater depth about the motorcycle strategy set up in 2005 by one of my predecessors. The statistics are worrying. They are less worrying—I heavily qualify this—in that although the numbers have gone up the number of people engaged in motorcycling have increased by a greater number. Therefore, if that is taken into account the increase is not as disproportionate as it looks.

Q384 Mr Martlew: It is probable that the present price of fuel is driving more and more people to motorcycling. That means that more and more people will be killed and the trend will continue. You will not meet your targets and there will be a lot of sadness in the country. What is to be done to stop this carnage?

Mr Fitzpatrick: I mentioned earlier in passing that at the end of this month we shall introduce a star-rating system for motorcycle helmets. It became apparent to us from evidence that not all motorcycle helmets available for sale did an adequate job in protecting motorcyclists and that it was not necessarily the case that the most expensive helmets were the best for safety. Our estimate is that if people wear better helmets we can save up to 50 lives a year from this. The motorcycle strategy that we worked out was to address that particular issue. Out of 3,000-plus dead 599 were motorcyclists according to the last available figures. I have met the board of the centre which we believe would be impossible.

Q385 Mr Martlew: I turn to road user training and novice drivers and the consultation document Learning to Drive published by the department. I find it a disappointment and a missed opportunity. A previous witness on another today told us that the department was no longer brave enough and I think that gives a good indication of the document. When do you think we shall see the results of the new initiative? When will we see the number of young drivers killed or seriously injured, or killing others, going down?

Mr Fitzpatrick: That is crystal ball gazing and I am not sure I can offer you any kind of authoritative answer.

Q386 Mr Martlew: Perhaps an easier question is: when will the information come in?

Mr Fitzpatrick: The first thing is the piloting of the pre-drive educational qualification in Scotland this autumn. This is about preparing youngsters who are not of driving age in secondary school with the opportunity to get a qualification that will stand them in good stead because it will demonstrate that they take an interest in road safety in due course when they enter employment. That will teach them some basic things such as how to behave as a passenger in a car—for example, the wearing of seat belts—and also general road safety matters. That will prepare them for driving. That is the first thing to be piloted this year. The timetable for the rest of the programme is that we expect to roll it out in the years ahead, so there will be no immediate change. We want to pilot elements of the new training and testing to make sure we get it absolutely right. In that instance it will perhaps take longer than we would have wanted it to take.

Q387 Mr Martlew: A key part of your proposals is that people will pass the initial test and then there will be an incentive for them to go on to take further driver training. My understanding is that there are difficulties with the ABI in that respect. You do not
have an agreement with the insurance companies. The logic is that people will take this advanced course and pay a lower premium. Is there not an agreement at this time with the insurance companies?

**Mr Fitzpatrick:** As to the ABI, it arrived at a commercial decision that for young and novice drivers who passed their test and then went onto a course called Pass Plus they would offer a reduction in premiums because they expected that having passed that test and done additional training they ought to be safer. There is a suggestion—it is no more than that at the moment—that the pass plus qualification is not as good as was hoped and some youngsters were signing up for it because they knew they would get a reduction in their insurance premiums rather than wanting to secure better training. The insurance companies have said to us, however, that if we can demonstrate that the new driver training and testing regime produces better and safer drivers—the only way we can demonstrate that is by a reduction in the number of collisions, crashes, serious injuries and deaths with drivers coming through the new regime—obviously they will be interested in reducing premiums, because the only reason the premiums are high is because of the number of crashes that young drivers experience in the first six months. On that basis all of them are regarded as a risk and have to pay the premium. If we can demonstrate that they are being trained more effectively, that they are safer and likely to have fewer collisions insurance companies will cut the premiums.

**Q388 Mr Martlew:** The plan is that everyone will pass the basic test and then go on, but what you are saying is that until it is proved that there is a reduction in crashes there will be no subsidy—I use that word advisedly—from the insurance companies. Therefore, how will these young drivers pay for that extra training?

**Mr Fitzpatrick:** What we are trying to achieve is a sea change in driving. One lady I saw at a meeting before coming here said that she went on an advanced course having sat through the initiative before coming here said that she went on an advanced course and pay a lower premium. Is there not an evidence to suggest a difference in the standard of safety as between full face and open face helmets?

**Mr Fitzpatrick:** The government is not convinced that it should be made compulsory for children in different environments, for example cycling around in front of their own homes as opposed to cycling on a road. There are different categories of cycling. Enforcement in respect of helmets is a matter about which the government has not yet been persuaded.

**Q391 Mr Martlew:** I am talking about the wearing of helmets by children being made compulsory. That is where the government seems to have a blind eye.

**Mr Fitzpatrick:** The government is not convinced that it should be made compulsory for children in different environments, for example cycling around in front of their own homes as opposed to cycling on a road. There are different categories of cycling. Enforcement in respect of helmets is a matter about which the government has not yet been persuaded.

**Q392 Mr Leech:** Perhaps I may take you back to motorcycle helmets. Is there any evidence to suggest a difference in the standard of safety as between full face and open face helmets?

**Mr Fitzpatrick:** I do not know. I know that on my desk in the department there is a submission in respect of the publicity surrounding the launch of the star-rating system. I do not want to mislead you. The impression I got was that there was not a difference; there were good and bad points about both types of helmet.

**Q393 Mr Leech:** I think it would be worth making some comparisons because a lot of motorcyclists who now drive scooters rather than traditional motorbikes tend to use open rather than close faced helmets.

**Mr Fitzpatrick:** We would have tested both types of helmet.
Q394 Mr Leech: I should like to move on to drink and drug driving. Your predecessor was opposed to the idea of reducing the drink drive limit. What is your view on that?

Mr Fitzpatrick: I am listening to arguments based on European comparators. There is a strong body of opinion that if one looks at the statistics for those killed in accidents that have been caused by people who have been drinking the levels of drink consumed are greater than 100 mg—in many cases greater than 150 mg—per millilitre. Therefore, the argument for going from 80 mg to 50 mg has not necessarily been made out as far as concerns the department. However, when we open the door to consultation obviously there will be a strong body of opinion to say that it ought to be reduced and we would have to consider that.

Q395 Mr Leech: Without wanting to put words into the mouth of your predecessor, he argued that we needed to get it right with 80 mg before we reduced it to 50 mg. Given that we have not got it right yet, is the government prepared to put in the additional resources necessary to police the streets better to be able to catch more people?

Mr Fitzpatrick: Certainly, the thrust of the preparation for the consultation at the moment is to look at better enforcement of the present regulations rather than a reduction in the limit. That is a discussion which is going on. If one looks at the drink drive campaign at Christmas, there was a 6% increase in breathalysers and a 20% reduction in those which gave a positive reading. The way that some constabularies operate within the framework of the regulations as they stand at the moment is far more aggressive than others. It is almost random testing.

Q396 Mr Leech: Should we have random testing?

Mr Fitzpatrick: That is one of the issues that we shall be looking at. When we launched the drink driving campaign at Christmas last year—forgive me, but I can never remember whether it was East or West Sussex that I visited, which is embarrassing for me since the officers were great and worked very hard—a road with a high accident rate was chosen. At one point they pulled in virtually every car. They said they were alerting drivers to the fact that this was a dangerous road and then asked, “Have you been drinking, sir?” On that basis they were able to catch more people?

Mr Fitzpatrick: Yes, for evidential purposes.

Q397 Mr Leech: There is some evidence to suggest that drug driving is as much or more of a problem now than drink driving. What is the government doing to try to deal with that particular problem?

Mr Fitzpatrick: Equipment is being examined by the Home Office with a view to it being approved and used to detect drugs in the same way the breathalyser detects drink. The analysis that has gone on of accidents, particularly fatalities, where there has been evidence of drugs in the system of the individual who causes the accident is that usually it is a combination of drink and drugs and usually there is more drink than drugs in the system. I do not say for a second that it is not a problem; we know that it is and it is increasing. Therefore, the new equipment that we ought to receive very soon should be able to help us to start addressing that issue, but the bigger problem is still alcohol, and will be.

Q398 Mr Leech: There is in existence already roadside drug-testing equipment that has not yet been approved.

Mr Fitzpatrick: Yes, for evidential purposes.

Q399 Mr Leech: Forgive me if I am wrong, but my understanding is that the government’s reluctance to use it stems from the fact that it cannot be used at temperatures below 25°C and above 40°C. It is used in other countries. Given we do not have those extremes of temperature in this country, why can we not use it here now?

Mr Fitzpatrick: I am not aware that that is the reason for the delay. My understanding is that approval arrangements are taking place. There may be validity in what you say but I have not seen it. My expectation is that the type approval notices are not too far away.

Q400 Chairman: We have received a lot of evidence that casts doubt on the reliability of the statistics for deaths and serious injuries on the roads. Do you have any plans to change the way those statistics are collected?

Mr Fitzpatrick: We are looking at the statistics produced by the health service as against the STATS19 produced by the police. We seek to identify the anomaly. We do not see it as a major problem, but there is a discrepancy. We are looking at that to ensure that our statistics are as accurate as they ought to be. The one statistic which is almost guaranteed to be accurate is that which involves deaths. Obviously, that is the key driver of road safety policy. The matter is being examined by us, the health service and the police to see if we can get a more accurate readout, but we do not believe the figures are that far wrong. We are very happy with the STATS19 figures that we get from the police and have no reason to doubt that they are not in about the right place, but to make absolutely sure we are making a study with the Office for National Statistics.

Q401 Chairman: Are they also looking at definitions of serious and minor injuries?
Mr Fawcett: Not in that study, but clearly when
thinking of targets for the strategy beyond 2010 one of
the matters we are thinking about is what should be
the definitions used for those targets.

Q402 Mr Hollobone: Minister, earlier you
mentioned the connection between speed and road
safety. To what extent does the department measure
the link between congestion and road safety?

Mr Fitzpatrick: In the sense of the impact of
congestion on road safety?

Q403 Mr Hollobone: If vehicles are closer together
presumably there is a correlation between the
number of times they bump into each other. I just
wondered how that might be measured by the
department, if at all.

Mr Fitzpatrick: I am not aware that it is a feature of
the statistics we produce. I anticipate that although
there may be bumps because of impatience on the
part of drivers or whatever if they are in congestion
they are not likely to be moving very fast. Are you
talking about vehicles travelling in density at great
speeds?

Q404 Mr Hollobone: I am quite surprised by your
answer. If a vehicle travels at high speed on an empty
road there must be a chance that it will crash, but
that chance must be far less than if it is travelling at
high speed in a crowded road. I expected you to say
that chance must be far less if it is travelling at
road there must be a chance that it will crash, but
answer. If a vehicle travels at high speed on an empty
road at capacity. That road already has
congestion. It is full of vehicles that are packed
together in that way and it is taken into account in assessing road
safety policy.

Mr Fitzpatrick: I am not aware that we measure
road safety in the terms you describe.

Q405 Mr Hollobone: Perhaps I may give you a local
to illustrate that it is of concern. The A14, a
Highways Agency road, goes through my
constituency.

Mr Fitzpatrick: I am very familiar with it; I use it
quite a lot.

Q406 Mr Hollobone: On that road 70,000 vehicles a
day go round Kettering and it is at capacity. The
present proposal of the Highways Agency is to
divide up the road from its present two lanes in each
carriageway into three lanes on each which is
causing a lot of local alarm because residents are
fearful of vehicles packed together in that way
driving on a road at capacity. That road already has
a very bad accident record. My follow-up question
is: to what extent does the Highways Agency or the
department compromise on road safety when taking
into account the policies of other government
departments. In the case of my constituency the
policy is to increase the number of houses by a third
by 2021 which is why this proposal has been
brought forward.

Mr Fitzpatrick: I would be very surprised if we
compromised on road safety at the expense of other
departments’ policies or perhaps even our own. The
most damming statistic of 3,000-plus people being
killed on our roads is just unacceptable. I cannot
imagine that any decisions would be taken by the
department on the basis of evidence that there would
be a few more collisions, crashes and deaths but that
would be acceptable because we would get an extra
2,000, 4,000 or 10,000 homes out of it. I cannot say
that that would be the case, but I can say that where
there is a planning application for new housing there
will be discussion with the local planning authority
about whether there is sufficient road capacity to
deal with this. I am sure the Highways Agency would
be called in to give evidence to determine whether or
not it could or could not make the adjustments, or
what it would cost to deliver better roads. I cannot
imagine that we would countenance a trade-off
between increased road deaths and other policies
coming forward.

Q407 Mr Hollobone: To what extent do foreign
drivers pose a risk to road safety both in the driving
of vehicles and also monitoring the roadworthiness
of those vehicles that come into the country? We
heard evidence in previous sessions on other issues
that effectively the department did not have a
mechanism to ensure that when foreign vehicles
to enter the country they were MoT’d within a
certain period because no data was kept as to their
date of entry. My question is: to what extent do
foreign drivers and vehicles pose a risk to road
safety?

Mr Fitzpatrick: It is certainly a matter of concern.
We undertook some studies as a result of a request
from the Road Haulage Association and others to
introduce a vignette scheme within the UK for
hauliers on international journeys from other EU
countries. The conclusion was that a vignette scheme
would not deliver that which the sponsors thought it
might. However, there was an issue in respect of
observation of regulations and road safety. Initially,
we improved the resourcing of VOSA, the
enforcement organisation for highways, to make
sure it was better equipped to deal with these. We
gave it a further £24 million earlier this year. That
would increase the number of staff by nearly 100. It will
provide a 24-hour seven days a week opportunity to
monitor what is happening on our roads. We shall
have two new stop and search stations and more
weigh-in motion sensors and another 90,000 vehicles
will be stopped to ensure we clamp down on those
who think they can drive on our roads without
taking the appropriate breaks or drive vehicles that
are not up to scratch in terms of construction and use
or the weight they carry. The automatic number
plate recognition systems that we now use at VOSA
stations are very effective. We are building up a
profile of companies with a track record of non-
compliance. We are engaging with our European
partners because we want to ensure that we can
exchange information more readily. We are directly
involved with the Republic of Ireland where we have
a particular concern about vehicles coming from the
republic in order to be able to pioneer the exchange
of road traffic offences, penalties and things which
would be a first in Europe. Therefore, in terms of
HGVs we are providing additional resources and
staff and we will have more effective enforcement on
the ground. As a precautionary measure we are also
trialing Fresnel lenses for left-hand drive vehicles. We initially trialed the distribution of 40,000 last year. That showed a significant reduction in sideswipe collisions involving left-hand drive HGVs. We have issued another 90,000. We are sharing that information with our European colleagues because not only is it good for left-hand vehicles that come here; it is also good for our vehicles that go to the continent. In an HGV there is a blind spot regardless of where it is. If one is driving on the opposite side of the road it is even more difficult to conduct manoeuvres in the safest possible way. On all these issues we are concerned about hauliers on international journeys who commit a disproportionate number of offences which is why we are focusing on them.

Q408 Chairman: How many lives are saved every year by speed cameras?
Mr Fawcett: It is estimated that about 100 lives a year are saved because of the speed camera programme according to the most recent research we have done.

Q409 Chairman: Do you agree that we should have more roads policing?
Mr Fitzpatrick: Yes.

Q410 Chairman: In addition to speed cameras, for instance?

Mr Fitzpatrick: Absolutely. The Home Office is at an advanced stage of type-approving average speed cameras. From a personal point of view I think that average speed cameras are even more effective than speed cameras which themselves are effective. In that instance they are not a substitute for officers but supplement and complement them. We engage with the Home Office to do all we can to make sure that roads policing is as effective as it can be.

Q411 Chairman: Should we have a whole system approach to road safety as we do in aviation and rail where everything including, say, the design of roads is looked at?
Mr Fitzpatrick: I would have thought and hoped that to a certain extent that is the role of the Department for Transport. We produce document after document to try to address all manner of different issues. It is our responsibility to take a holistic approach to design the safest and most efficient roads and to take into account how best to design out casualties in addition to making sure that people get from A to B as efficiently and quickly as they can.

Chairman: I am told that the department held a high-level seminar in May on transport safety but road safety was not mentioned in it. I just leave that thought with you. Thank you for coming and answering our questions. We look forward to seeing you again at another session.
Chairman: Would Members like to declare any relevant interests?
Mr Clelland: Member of Unite.
Mr Martlew: Member of Unite and the GMB unions.
Clive Efford: Member of Unite.
Graham Stringer: Member of Unite.

Q412 Chairman: Member of Unite. Anyone else? Could I welcome our witnesses and ask if you would like to identify yourselves, please, for the record.

Jim Fitzpatrick: Good afternoon, Chairman. Jim Fitzpatrick, Parliamentary Under-Secretary at the Department for Transport, and Mr Mike Fawcett, who is Head of our Road User Safety Division is on my right. We are very pleased to be here this afternoon and we are at the disposal of the Committee.

Q413 Chairman: Thank you very much. You have of course given evidence to us relatively recently on this issue but since that time there has been the publication of new road safety statistics and we felt that, on the basis of that, we would like to talk to you again and ask you some questions, and we are very pleased that you are here. Would you like to make a brief statement before we ask you any specific questions?

Jim Fitzpatrick: Only to urge a very slight note of caution and apology in perhaps not being able to respond as definitively as colleagues might wish in respect of the statistics that were released a few weeks ago. They are in the early stage of analysis. We expect to publish additional information on traffic speeds, traffic levels and congestion for 2007 next week, on 24 July. The initial estimates for drink-driving for 2007 are due on 7 August. The first quarter of 2008’s casualties data will also be issued on 7 August. The National Travel Survey will be published in late August and the Road Casualties Great Britain 2007 Annual Report will be released on 25 September. All of these reports will help colour the figures that we published recently and give better insight perhaps into exactly what has been happening, because these are the first of a set of figures that will be released by the Department and that we will be analysing fully to try and identify exactly what is happening out there.

Q414 Chairman: Thank you very much for that. I think that is very important because what we would like to do is get behind some of these figures and see what they mean and see what factors might have led to them. Could I ask you first, do the figures as you have them now change anything that you told us when you gave evidence to us in May?

Jim Fitzpatrick: No, I do not think they do. The figures released for 2007 apparently were similar to figures released in 2004, and in 2005 and 2006 there was a very small decrease in the numbers of KSIs. So again, a cautionary note about using one year’s figures as justifying or vindicating or pointing in any particular direction. We are, as you know, Chairman, heading towards a consultation period later on this year in respect of our post-2010 strategy. I know that when we spoke previously we had a discussion about what shape that might take and whether we might want to separate out deaths from serious injuries, to have a more definitive identification of what is happening, and whether we want a five-year strategy, a ten-year strategy, whether we want to use the Swedish model of going for zero deaths or the Dutch model of sustainable safety, and culturally, philosophically, trying to work out where we ought to be. We are still very much in the formative stage of preparing for the consultation and, of course, the consultation itself will allow us to come forward with conclusions that we can publish next year so that the strategy, once it is developed post 2010, will have as strong a consensus behind it as is possible. We are not prejudging anything and we are certainly not using one year’s figures to reinforce or to deter us from any particular course.

Q415 Chairman: Are there any additional measures that were introduced in 2007 that you think could have helped to come to this result?

Jim Fitzpatrick: We have had a preliminary look at what might have been happening out there, and there are a couple of initiatives which were within the period which may have had an impact. The campaigns for not using mobile phone whilst driving. This was made an endorsable offence in February 2007. There was a high profile “Think!” campaign. It is certainly true that mobile phone use appears to have dropped significantly between 2006 and 2007, by possibly as much as 40%. The campaigns to seize more vehicles which are uninsured, by the police, or untaxed, by DVLA, resulting in the rate of 150,000 vehicles a year being seized, obviously may be taking off the road a stratum of people who, if they are not paying tax or insurance, may very well be breaking other road...
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regulations in terms of the road-worthiness of the vehicle or speeding, drinking, drugs and all the rest of it. We are not quite clear whether that 150,000 has had an impact but those are two things which clearly were high profile and out in the public domain in the period previously. Again, until we drill down into a proper analysis of the figures, it is too early to tell whether or not these aspects have had an impact.

Q416 Clive Efford: Minister, can you tell us how much the fatalities among young drivers have fallen by in 2007?

Mr Fawcett: We have some information which suggests that for car drivers under 17 deaths dropped by 75%, although the numbers there are very small, and there were large drops in the numbers of car drivers aged 17, but particularly, the largest drops in terms of numbers were car drivers in the age range 20-24, where there was a drop of 22% and that was a drop in actual numbers of 45 fewer people killed. That was one of the largest single drops across the whole of the deaths in 2007.

Q417 Clive Efford: What do you put that down to? What do you think has been a key factor in bringing about that reduction?

Mr Fawcett: As the Minister has been saying, I do not think we can be certain at this stage. It would be very interesting to see the drink-drive data. We certainly know there were fewer drink-drivers caught by the police in December, and they were doing more checks than in the previous December. In particular, there were fewer drink-drivers found following injury accidents, a 27% reduction in December 2007 compared to the previous year.

Q418 Clive Efford: In relation to young drivers, is there a similar reduction in deaths and serious injuries?

Mr Fawcett: Looking at the KSIs, there were also quite substantial reductions in car drivers really throughout the range, quite evenly spread. The reduction in deaths was more marked among people in their younger twenties. The reductions in KSIs were quite evenly spread.

Q419 Clive Efford: Do you think there is still more to be done in relation to young drivers?

Mr Fawcett: Absolutely. We published in May a consultation on radical reforms to the whole testing and training process, which, of course, is still to come.

Q420 Clive Efford: What about the issue around the types of cars that they tend to drive? Is there an issue there? Is there any way that we can provide incentives or get young people to change the types of vehicles they drive that might make it safer for them?

Jim Fitzpatrick: We have tended to conclude that it is very difficult to legislate for what vehicles would be available to young people, whether they are able to afford them themselves, whether they are being bought for them by their family. There has been a debate about whether we should restrict younger and newly qualified drivers to smaller vehicles, but of course, a small vehicle can do 70 miles an hour in a 30 mile an hour zone and do tremendous damage. We have not identified that as an issue. The debate in Westminster Hall this morning, which was moved by our Honourable friend from Pendle—and the Chairman was there, as was Mr Hollobone and Mr Leech and other members of the Committee—did look to have an element devoted to the types of vehicles that young drivers were driving and whether or not, because they are more likely to be less expensive vehicles because they are younger people and therefore do not have the latest safety features in terms of air bags and braking systems and what have you, they are more vulnerable. It was very difficult to see how we could influence purchasing arrangements, given that it is very much down to every individual’s economic circumstances and family assistance which might be available.

Q421 Clive Efford: How much more expensive would it be for a new driver to acquire a licence under the Government’s learning to drive proposals?

Jim Fitzpatrick: Our assessments, which we lay out in the document, is that given the numbers of lessons which people are having to take at the moment, with the level of professionalism, the standard and quality of instruction that they are getting, we are estimating it is £1,500 for a person on average to pass their driving test, but the vast majority do not pass first time so there are repeat lessons and repeat test fees. We believe that with the improved quality of ADIs and recommendations in the star rating system, the improved quality of lessons, the better structured approach, it should be around about the same. But ultimately, if we can demonstrate to the satisfaction of the insurance companies that we are producing better, safer drivers, who have less crashes, that should result in lower premiums as well. So actually, in the medium term that should lead to a reduction in the cost of motoring for younger and newly qualified drivers. We certainly do not anticipate the analysis and assessment we have made through the learning to drive consultation paper suggests there will be an increase in the cost. We think it will be roughly about the same.

Q422 Clive Efford: So you do not think the new arrangements will add to the cost but how much do you think that those costs contribute to young people from low income households and socially deprived areas not getting the training that they require and therefore being over-represented in the accident statistics?

Jim Fitzpatrick: I am not sure I have an analytical or evidence-based answer to that. I think it was Mr Leech this morning who remarked in the debate on how much it costs for insurance for young drivers, but they still manage, in the vast majority of cases, from all elements of society to be able to afford the very high insurance premiums for young and newly qualified drivers. We are certainly trying to provide a framework for training and testing which gives greater certainty, clearer understanding, a better quality of learning, so in that instance breaking the
procedure up into modules, with the pre-educational qualification in schools for safe driving, it ought to make it more attainable for the whole community to achieve a pass in their driving exam and therefore to be a safer driver on the roads.

Q423 Clive Efford: Do you think the costs contribute to the number of unlicensed and uninsured drivers that there are out there?

Jim Fitzpatrick: I am not sure that it does. Certainly, if cost is a factor, again, I go back to one of the statistics I quoted earlier. If cost is prohibiting people from taking lessons and sitting the test, it will also be prohibiting them from insuring or taxing their vehicle, and the fact that we now have in place the seizure arrangements, which are relatively new, up to 150,000 vehicles a year being seized, hopefully we are taking these vehicles off the road which people ought not to be driving.

Q424 Mr Martlew: Just on this point about young drivers, there was an intervention by the Government’s Chief Medical Officer on Monday, who said that the blood-alcohol level of young drivers should be zero. Do you welcome that intervention? Are you going to implement that proposal?

Jim Fitzpatrick: As you know, Mr Martlew, we have said that we will be going out to consultation on the drink-drive regulations later on this year. It is the Department’s view, as I think we are also on record as saying, that we will be leaning that consultation towards better enforcement. We will not be recommending a reduction or elimination in alcohol levels but we know that when we open the door to a drink-drive consultation, naturally that debate will occur and there will be strong opinions submitted in favour of reducing to 50 or eliminating altogether or eliminating for newly qualified drivers. Professor Donaldson has obviously expressed his strong opinion. It is not one which is shared at the moment by the Department and our drink-drive consultation later on this year will allow that debate to take place.

Q425 Mr Martlew: So you did not welcome his intervention?

Jim Fitzpatrick: To be perfectly frank, Mr Martlew, anything, from my point of view, which gets road safety into the headlines, no matter how perversive, is good news because if it is raising the question of safety, notwithstanding, with the greatest of respect to the Select Committee and the disagreement we have about restrictions for younger drivers, having that debate itself is a good thing because it gets the media interested, it gets us some headlines, it gets us some coverage in the written and the electronic media, and it means people are discussing road safety. In that way we welcome it but in terms of the Department welcoming it as something it might support, that is a different proposition altogether.

Q426 Graham Stringer: One of the essential explanations for peaks and troughs in the accident statistics is, I suppose, the weather. Do you record your statistics against snow, mist, blizzards or whatever? I am just asking whether that is an explanation.

Jim Fitzpatrick: I am afraid I do not know.

Mr Fawcett: I think the answer is that we do not in a terribly detailed or systematic way, but you are absolutely right. We do look at that as one possible factor influencing the figures. For instance, in 2007, in the first quarter we saw the figures were really not terribly good, and in particular, there were a lot of accidents to children and pedestrians, because the weather was so unusually mild in that quarter, but then in the later quarters of 2007 the figures got better and better, and particularly in the final quarter the figures were the best of all. So in terms of individual quarters, yes, the weather certainly does have an effect, and we try to look at that as one possible factor.

Q427 Graham Stringer: Do you think it was a significant factor in the 2007 improvement?

Jim Fitzpatrick: As Mike was just saying, it may very well have been a factor. Of course, in the police investigation of fatalities, road conditions, weather and visibility, et cetera, would be a feature but whether or not that is extrapolated and used as a particular aspect of analysis, I must say I have not seen it.

Q428 Graham Stringer: What percentage of the Department’s budget is currently spent on road safety? In the capital budget we have a figure of 16% of your budget is on security and safety. How much of it is safety? This is getting to be a more and more complicated question. How does the capital budget relate to the revenue budget in these things?

Jim Fitzpatrick: I certainly do not have that figure off the top of my head and, of course, determining what the aggregated total would be is a determination of whether or not the money that the Department gives to the Highways Agency and to roads agencies for normal maintenance, routine maintenance, which may incorporate improved signage, improved road layout, safety measures such as proposed by the Road Safety Foundation in its examination of better engineered solutions to reduce accidents, whether you are talking about the “Think!” safety publicity campaign, which was about £17 million a year. I am not sure, Mike, if you have a departmental total or a total for your section of the Department as to what that budget might be?

Mr Fawcett: No. As the Minister says, it is quite a difficult question to answer, particularly relating to the agencies, where very large expenditure by DVLA and DSA—DSA clearly very largely about safety, DVLA quite a large part, Highways Agency quite a large part. In terms of our particular bit of the budget, we give grants to local authorities for some demonstration projects but these are on quite a small scale. The big spending comes from local authorities’ mainstream budgets, where the Department allocates very large sums for transport expenditure, with safety being the determinant of quite a large part of that. But local authorities are free to spend that on their priorities. There is
evidence that their spending on safety capital projects has gone up substantially over the last five years or so compared with previously but, as a percentage of the Department’s total budget, it is very difficult to put a precise figure on that.

Q429 Graham Stringer: The Road Safety Foundation claim that you can get rates of 300% return from investing in safety schemes. I just wondered how many schemes you are aware of or you keep listed that have positive rates of return that are waiting to be invested in. That would be an interesting figure.

Jim Fitzpatrick: We supported the Road Safety Foundation’s launch of its reports in the Lords last week, and the evidence and the data which they published and spoke to on the morning was very impressive. I do not think we fully accepted perhaps all of the calculations but there certainly was a very strong cost-benefit analysis case put forward, which is why, as I mentioned earlier, we are looking very closely at that, and looking at what has happened in Sweden, because it could very well be a key plank in the post-2010 strategy as well as looking at what can be done in the short term to improve roads. There is a very clear need for us to look at that and to see how strongly we place it in our future strategy.

Q430 Graham Stringer: This is the last question. Will you be in a position with the next annual report, or the next time you visit this Committee, to give us a list of schemes across the country with positive returns?

Jim Fitzpatrick: I am not sure if we will be able to. I am certainly happy to take that away and see if that is possible. The money that we are passing on through road safety partnerships, through local authorities, through the Highways Agency—there are schemes being developed all the time. Again, I suspect in terms of determining whether or not these schemes will be as a direct result of the Road Safety Foundation proposal or whether they are developed on the basis of a better understanding, that engineering solutions can give better benefits. I am very happy to take that away and look at it and perhaps respond to the Committee with a better perspective.

Mr Fawcett: Could I just add something? We are following up with the Foundation as a matter of priority. I think it would be unlikely, to be honest, that local authorities would have the manpower resources to devise a complete list of all the schemes that they might want to introduce over—I think the Foundation was suggesting a seven-year period—within a matter of months. I think this will more likely take the form of a rolling programme that will be developed over the years, tackling first some of the big, obvious problems on stretches of road that have very high casualty levels, and then moving on progressively to roads that are serious but with not quite such dramatic problems.

Q431 Mr Hollobone: The reduction in road casualty figures is most welcome; nobody would disagree with that, but the numbers of people involved is still huge: one quarter of a million road casualties every year, one and a quarter million over a parliamentary term, and motor vehicle accidents are the most common cause of death for people dying in Britain aged between five and 35. Do you think that this should be made a health issue rather than just a Department of Transport issue?

Jim Fitzpatrick: I think we skirted around this discussion the last time I was in front of the Committee. I think the view that I expressed and articulated at that point is certainly in agreement with the fact that we have a horrendous number of casualties and that the carnage ought not to be allowed to continue. We are doing what we can in terms of treating it as an issue, back to the territory we covered before, when public health questions like stopping people smoking is a health issue, we are stopping people drink and driving, we are trying to make sure that people wear seat belts—we are interfering in social and cultural activities in a way which is quite invasive in respect of individual freedoms, but when the evidence is that is demonstrated to have been beneficial, more often than not people come round to accepting it, and even supporting it and being advocates for it. As I said earlier on in response to Mr Martlew, if making it a public health issue, in the sense of trying to make sure it is featured prominently all the time, constantly, and that is not something we would move away from, I know that officials within the Department through police and enforcement agencies are working extremely hard to get every health message across and every safe driving message across that we can.

Q432 Mr Hollobone: A hundred and twenty-one children died on the roads, an impressive 28% reduction on the year before. It is the lowest ever recorded figure. Why do you think the figures dropped so much?

Jim Fitzpatrick: I would go back to our answers previously. It is very difficult to make a snapshot determination on the basis of how recently we have received the figures and the analysis which does have to be done. Clearly, we do have the evidence over the past eight years. In the 2000-2010 strategy to reduce KSIs by 40% for adults and 50% for children, we have achieved the 50% early on. Whether the 20-miles-an-hour zones may be having a greater impact because they are being rolled out by many more local authorities across the country… We are looking specifically at the evidence in respect of that, seeking data from the local authorities which have introduced it wholesale, like Hull and Portsmouth, trying to measure how far the roll-out has been and what the success rates have been. We often quote the figures in support of the guidance that the Department issues to local authorities that where 20-miles-an-hour zones may very well be one of the reasons why the KSIs are reducing more than the 50%.

Q433 Graham Stringer: Can we ask about the recent data from the Department that was published and spoke to on the morning was very impressive. I do not think we fully accepted perhaps all of the calculations but there certainly was a very strong cost-benefit analysis case put forward, which is why, as I mentioned earlier, we are looking very closely at that, and looking at what has happened in Sweden, because it could very well be a key plank in the post-2010 strategy as well as looking at what can be done in the short term to improve roads. There is a very clear need for us to look at that and to see how strongly we place it in our future strategy.
Obviously, as soon as we have, were it to be the case that they would be mainly responsible as part of this minor success, that would only reinforce the guidance that we issue to local authorities.

Q433 Mr Hollobone: Why not ban male drivers from carrying passengers until they are aged 20?
Jim Fitzpatrick: We have outlined previously our reasons why we do not think restrictions on young and newly qualified drivers is the appropriate way forward. We believe it would signal failure, that we would be indicating that we are not training people to an appropriate level. There would certainly be an element of challenge to policing the age of passengers in a vehicle by the police authorities—not that that would be insuperable, but obviously it would be difficult. Our view is that the vast majority of young and newly qualified drivers are safe and responsible drivers and that it is the minority who are irresponsible or who are involved in these crashes, and to introduce that blanket, across the piece, we are not persuaded to, but the consultation, again, will bring that forward and I know the Committee has very strong views on it.

Q434 Mr Hollobone: Is it true that a disproportionate number of the vehicles involved in road accidents are either untaxed or uninsured or both? What are the latest figures for the number of vehicles on Britain’s road which are (a) untaxed and (b) uninsured?
Jim Fitzpatrick: I can answer on the untaxed, in that with the survey that we published recently we got into trouble with the Public Accounts Committee because they thought we were being unfair to them, because they had published a report criticising the poor collection rates, when we were saying it was something like 90-92% for cars and much lower for motorcycles. Last year we introduced a new system for collating, using the automatic number plate recognition cameras that we have across the country, and then physically double-checked those figures and the VED rates were up at 97%. I will double-check that figure for you. The numbers evading VED were much lower, and in terms of motorcycles, where there was a suggestion it was as high as 30%, that was down to about 9% because we had much more reliable data, although it is the first year’s figures, so again, we put a health warning on those. In terms of uninsured vehicles, I think, off the top of my head—forgive me again—the ABI estimate that there are between 2-3 million uninsured vehicles which cost the rest of us an extra £30 or £40 per annum in premium to cover the cost of those vehicles which have accidents. But, as I also said earlier, the seizure rate for vehicles that we are now seeing across the country of 150,000 vehicles which are being impounded by the authorities may be a clear explanation as to why those numbers evading VED are going down as well.

Q435 Mr Leech: I would like to move on to motorcycles, if I can. Unfortunately, the number of people killed or seriously injured on motorcycles rose between 2006 and 2007 by 4%. There was a 4% increase although the number of people who were actually killed went down. Is there a particular reason why you feel the number of casualties where the person died has gone down, and can you explain why the Department thinks that the number of casualties overall is still rising?
Jim Fitzpatrick: I am not sure that we can rationalise it at this point. We certainly are concerned about motorcycle casualties given the proportion that they are of the driving population and the disproportionate number of those who are being killed: 599 in 2006 and 588 in 2007. We have set up the national advisory committee for the motorcycle fraternity, incorporating both the industry and user groups, which is working through a whole series of issues, and dealing specifically from the point of view of the motorcyclist and how better we can make sure that we are mainstreaming motorcycle issues into the Road Safety Strategy. We also have initiatives such as the SHARP scheme, where we are rating by a star system the safety and validity of motorcycle helmets. That was published last month and was welcomed by the industry and the trade. Our estimates say that that initiative on its own, by producing a star rating system to advise motorcyclists of the best helmet which is suitable for them and their pocket—because some of the most expensive helmets that one would think might be the safest does not appear to the case—we could save up to 50 lives a year if people get a helmet which suits them and which is going to be better to protect them. So at the micro level we are dealing with the equipment and at the strategic level we are dealing with motorcycling generally, both people who are motorcycling as commuters because it beats congestion, or because it is less expensive, or born-again cyclists, men in their thirties and forties, who are rediscovering the thrill of riding at weekends.

Q436 Mr Leech: Just on that last point, do you think one of the problems with motorcycle casualties is men going through mid-life crises returning to their youth and getting on motorcycles that they are not any longer qualified to drive?
Jim Fitzpatrick: I am not entirely sure. Certainly, the increase in the population, the increase in the numbers of men—I am not sure it is a mid-life crisis but perhaps it is the ability to have more disposable income and free time and the ability to enjoy themselves—certainly, putting themselves at some risk, because we know that motorcycling is more dangerous than driving a car; you do not have the safety features to protect you. We are changing the testing arrangements for motorcyclists; from September the test will be more robust. We hope that that also will have an impact and an effect. Certainly, motorcyclists by and large are victims of road crashes as opposed to killing themselves, although, obviously, their own failures do result in deaths and serious injuries. So we are trying to arrive at a holistic approach in terms of how best to protect motorcyclists from themselves but also from other road users, who in the main may not see them coming.
16 July 2008  Jim Fitzpatrick, MP and Mr Mike Fawcett

Q437 Mr Leech: One last question: is there any evidence that the cost of driving a car is persuading more people to use a motorcycle instead, and therefore having an impact on accidents involving motorcyclists?

Jim Fitzpatrick: I am not entirely sure. I suspect the answer to that anecdotally is probably yes, just the same as congestion is probably persuading more people to use motorcycles rather than cars, in terms of what the congestion scheme costs. Equally, more people are taking to cycling and, as you know, we are investing a lot of money in that over the next three years. Cycling rates across the country do seem to be rising for the first time in many years, with in London an 83% increase over the past five years. Cycling is becoming more attractive. Motorcycling is clearly more attractive to some people because the numbers over recent years have been going up. Proportionately, although the figures are very depressing, the numbers going up as high as they are, the figures remaining roughly about the same possibly could be interpreted—and I am not trying to spin figures here—as a reduction.

Q438 Chairman: Are fewer people dying because of better hospital care?

Jim Fitzpatrick: I think the answer to that is that we do not think that is the case. We value the Health Service, we know there is better treatment available, but the evidence does not suggest that better A&E is having an impact on the figures.

Chairman: Thank you for your evidence. Thank you very much for coming.
Written evidence

Memorandum from the Department for Transport (RS 01)

Summary

1. Mobility scooters are called invalid carriages in law and there are a number of legislative provisions relating to invalid carriages. The Government does not currently believe that mobility scooters have a significant impact upon road safety at this point in time. However, the Department for Transport (DfT) is aware that the number of mobility scooters in use is likely to increase in the future, in line with the predicted changes in UK demographics with respect to age and obesity. For this reason, the Department will monitor its policy on mobility scooters including future fitness to drive, insurance, registration and training requirements.

Legislative requirements

2. In legislation, “mobility scooters” are called “invalid carriages”. An “invalid carriage” is defined by section 185 of the Road Traffic Act 1988 (the “RTA 1988” as follows:

“In this Act ‘invalid carriage’ means a mechanically propelled vehicle the weight of which unladen does not exceed 254 kilograms and which is specifically designed and constructed, and not merely adapted, for the use of a person suffering from some physical defect or disability and is used solely by such a person”.

The definition in section 136(5) of the Road Traffic Regulation Act 1984 (Meaning of “motor vehicle” and other expressions relating to vehicles) is similar, but the expression “physical defect” is used in place of “physical default”.

3. If an invalid carriage exceeds 254 kg in unladen weight it will not be classified as an “invalid carriage” for the purposes of the RTA 1988, the Road Traffic Offenders Act 1988 (the “RTOA”) and the Road Traffic Regulation Act 1984 (the “RTRA”) and of the Road Vehicles (Construction and Use) Regulations 1986 (SI 1986/1078) (the “Construction and use Regulations”). It will, instead be a motor car or, if it has less than four wheels and the weight does not exceed 410 kg, a motor cycle.

4. Therefore a carriage for invalids over 254 kg is not an “invalid carriage” but will fall within whatever category is appropriate for the particular vehicle and the RTA 1988 the RTOA, the RTRA and the Construction and use Regulations will apply, for example, the requirement that drivers of motor vehicles have driving licences and compulsory insurance against third-party risks.1 (Section 143(4) of the Road Traffic Act 1988 provides that Part VI of that Act, which includes provisions relating to compulsory insurance requirements, does not apply to invalid carriages. However, the Department strongly encourages individuals to take out insurance on a voluntary basis).

5. The Use of Invalid Carriages on Highways Regulations 1988 (SI 1988/2268) (the “1988 Regulations”) make provision for Class 1, Class 2 and Class 3 invalid carriages. Invalid carriages complying with regulations 4–14 of the 1988 Regulations and, in relation to invalid carriages manufactured before 30 January 1989, the provisions set out in the Use of Invalid Carriages on Highways Regulations 1970 (SI 1970/1391) (the “1970 Regulations”), are treated for the purposes of the RTA 1988, the RTOA and the RTRA as not being motor vehicles. Section 185 of the RTA defines “motor vehicles” as follows:

“In this Act ‘motor vehicle’ means, subject to section 20 of the Chronically Sick and Disabled Persons Act 1970 (which makes special provision about invalid carriages, within the meaning of that Act), a mechanically propelled vehicle intended for use on roads”.

6. Section 20(1)(b) of the Chronically Sick and Disabled Persons Act 1970 provides that if an invalid carriage which is mechanically propelled complies with either the 1988 Regulations or the 1970 Regulations and is used in accordance with the conditions set out in those Regulations:

“. . . it shall be treated for the purposes of the RTRA, the RTA1988, except section 22A of that Act (causing danger to road users by interfering with motor vehicles etc), and the RTOA as not being a motor vehicle and sections 1 to 4, 21, 34, 163, 170 and 181 of the RTA 1988 shall not apply to it”.

7. Section 20(1) also provides that where an invalid carriage complies with the requirements of the 1988 Regulations or the 1970 Regulations and is used in accordance with conditions set out in those Regulations it may be used on a footway.

8. Invalid carriages used or kept on the road (Class 3) are exempt from excise duty under Schedule 2 to the Vehicle Excise and Registration Act 1994 (VERA). However, such invalid carriages will need a nil licence by virtue of regulation 33 (Nil licences) of the Road Vehicles (Registration and Licensing) Regulations 2002 (SI 2002/2742). Such carriages ought to be registered by the Secretary of State upon the issue of the nil licence under section 21 (Registration of vehicles) of VERA.

9. As mentioned above, the 1988 Regulations provide for three types of invalid carriage, entitled Class 1, Class 2 and Class 3:

   - Class 1 invalid carriages are defined in the Regulations as invalid carriages which are not mechanically propelled.
   - Class 2 invalid carriages are defined as mechanically propelled invalid carriages with an upper speed limit of 4 mph. They are designed to be used on pavements.
   - Class 3 invalid carriages are defined as mechanically propelled invalid carriages with an upper speed limit of 8 mph and are equipped to be used on the road as well as the pavement. When being used on a footway, Class 3 invalid carriages must not be driven at a speed greater than 4 miles per hour.

10. In addition to the speed limits there are weight restrictions set out in regulation 7 of the 1988 Regulations in which the unladen weight of a Class 1 or 2 invalid carriage must not exceed 113.4 kilograms and a Class 3 invalid carriage must not exceed 150 kilograms. The regulations also set out other requirements such as being able to stop (regulation 8), lighting (regulation 9), speed devices and speed indicators (regulation 10), width (regulation 11) audible warning instruments (regulation 12), vision (regulation 13) and rear view mirrors (regulation 14).

11. The Department of Transport currently issues local Highway Authorities with a best practice guide “Inclusive Mobility” available on the internet at: www.dft.gov.uk/transportforyou/access/tipws/inclusivemobility for making the pedestrian environment and transport infrastructure accessible to older and disabled people (including invalid carriage users). The Department for Transport is planning to update this guidance by December 2008. Based on the following accident data, the Department for Transport does not believe that mobility scooters have a significant impact upon road safety at this point in time.

Accident Data

12. In 2006, the Department for Transport published research into the use of Class 2 and 3 mobility scooters and powered wheelchairs (invalid carriages). The following accident data has been drawn from the report "Review of Class 2 and 3 Powered Wheelchairs and Powered Scooters (Invalid Carriages)" which is available in the House Library and on the internet at: www.dft.gov.uk/transportforyou/access/tipws/pwps/report "

13. Precise and unambiguous statistics on the number of incidents involving powered wheelchairs and mobility scooters in the UK are not available. However, by analysing data that has been complied from numerous sources, it can be concluded that the number of incidents involving powered wheelchairs and mobility scooters in the UK is extremely low.

14. Data from an insurance company who participated in the above research (which is likely to be a reliable indicator of the number of people experiencing incidents whilst using powered wheelchairs and or scooters) indicates that 3.2% of wheelchair and or scooter users experience incidents involving damage caused to or by the vehicle.² Using an estimate of 44,778 powered wheelchair/scooter users in the UK, the national estimate for claims is 1,343 per year. This equates to only 3% of powered wheelchair/scooter users filing a claim each year.

15. Similarly low incident figures have been reported by the Leisure Accidents Surveillance (LASS) database and Medical Devices Agency (MDA). The 2002 LASS data recorded 902 “leisure accidents” on powered wheelchair mobility aids.³ The MDA data concludes that approximately 1,400 incidents involving wheelchairs are reported annually but this included powered and non powered wheelchairs.⁴ The MDA recorded only three serious injuries in relation to powered wheelchair users and only two third party injuries.

16. Although shopping centres may be considered to provide more scope for incidents involving pedestrians and wheelchair/scooter users, for every 15 million visitors to a major shopping centre there will be approximately only one reported incident involving a powered scooter.⁵ Similarly, Shopmobility (charitable organisations that hire out mobility scooters) report low levels of incidents. The Shopmobility data suggests that there is approximately one injury related insurance claim per 195,995 loaned mobility units.

17. Moreover, the insurance company data indicates that third party involvement in incidents with powered wheelchair/scooters appears to be low—just over one in five (22%) of claims involve third parties.

18. In terms of comparing incident rates of wheelchair and scooter users with pedestrian and cyclists it is useful to look at data supplied by Lancashire Police. This data highlights that in Lancashire between 1999 and 2002 there were no fatalities, three “serious” and 14 “slight” casualties recorded in relation to “invalid

² From 30,000 powered wheelchair/scooter users, the insurance company receives approximately 956 claims involving damage caused to or by the vehicle a year.
³ This data refers only to incidents which involved the injured party to seek hospital treatment.
⁴ Note that this data includes powered and non powered wheelchairs and is thought to be under-reported.
⁵ Meadowhall and the Trafford centre reported that incidents involving personal injury of wheelchair/scooter users and third parties where as low as one injury per 15 million visitors. This equates to approximately two incidents a year at both centres.
carriages”. These figures are compared to 17,910 car driver or passenger, 3,131 pedestrian and 1,593 cyclist casualties. Consequently, out of a total of 26,463 casualties recorded in Lancashire, those involving “invalid carriages” represent just 0.06% of incidents over this time period.

**Recommendations for Consideration**

19. The Government does not currently believe that mobility scooters have a significant impact upon road safety. However, demand for mobility scooters, may increase significantly in the future due to the aging population and increased obesity.

20. In order to balance the mobility needs of scooter users with the safety needs of other pedestrians and road users, the DfT will monitor its policy in this area and continue to look at how best to improve advice and information to prospective users and address the insurance, fitness to drive, training, registration and licensing issues that have been brought to the Government’s attention.

The Department welcomes the views of the Transport Select Committee on these issues.

December 2007

**Further memorandum from Department for Transport (RS 01A)**

**INTRODUCTION**

The Department welcomes the Committee’s continuing interest in road safety, since this remains a vital matter of public interest and concern. This inquiry is particularly timely. The current strategy, *Tomorrow’s Roads: Safer for Everyone*, covers the period 2000 to 2010 and the Department has begun working with a wide range of stakeholders to develop a successor strategy.

This memorandum follows the structure of the Committee’s seven questions.

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

1.1 The current road safety strategy, *Tomorrow’s Roads: Safer for Everyone* set three casualty reduction targets for 2010 against a baseline of the average for 1994–98:

- a 40% reduction in the number of people killed or seriously injured (“KSI”) in road accidents;
- a 50% reduction in the number of children KSI; and
- a 10% reduction in the slight casualty rate, expressed as the number of people slightly injured per 100 million vehicle km.

1.2 The Department believes that the road casualty reduction targets for the period to 2010 have been effective. The 2006 data shows:

- a 33% reduction in the number of KSIs in road accidents;
- a 52% reduction in the number of child KSIs; and
- a 28% reduction in the slight casualty rate per 100 million vehicle km.

1.3 Although the existence of the targets has not been the only factor in driving this improvement in performance, we believe that they have provided a clear and consistent framework within which progress has been delivered. The strengths of the current road safety targets are that they: (a) simply express the outcome which the Department and its partners wish to see—a reduction in death and injury; (b) can be applied at local as well as at national level, galvanising effort on the ground as well as by policy makers; (c) are firmly grounded in research evidence refined by extensive consultation with stakeholders; and (d) benefit from a longstanding and consistent source of base performance data (the “STATS 19” returns). This view of the targets appears to be endorsed by stakeholders, including in the recent PACTS report.6

1.4 The financial incentives which reward road casualty reduction under the Local Transport Plan regime have helped ensure that national aspirations are delivered locally. Local authorities will continue to report on road casualties under Local Area Agreements, whose delivery will be central to Audit Commission assessments and associated with financial incentives. The Department also works directly with struggling local authorities to reduce casualties and has now set up a Road Safety Delivery Board, made up of those agencies with key responsibilities for road safety, to spread good practice and overcome obstacles.

1.5 In addition, two areas of particular focus have seen their targets achieved. The first was that for reducing deaths and serious injuries amongst children to a greater degree than the target for the wider population—50% rather than 40%. This reflected the concern at the time of publication of *Tomorrow’s Roads* that child casualties were high in Britain when compared to international peers. The fact that this

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target has already been achieved is further evidence, in the Department’s view, that there is “buy-in” to the targets contained in *Tomorrow’s Roads*. Secondly, a target was added in 2002 to secure by 2005 a greater percentage reduction in road casualties in the 88 most deprived English districts than for England as a whole. This was achieved in 2005.

1.6 These targets appear to have been effective for the 2000–10 period. However, whilst the numbers of KSIs have been reduced in line with the targets, a breakdown of the numbers shows that a disproportionate part of that reduction has been in serious injuries rather than deaths. This is, of course, a matter of great concern to the Department. We consider this issue further in relation to the Committee’s last two questions on our future strategy.

1.7 The post-2010 strategy will also need to take account of a very different context to that of 2000. We will be taking a fresh look at the structure and focus of targets to make sure that they reflect the new national priorities and are likely to be effective in driving high quality performance.

2. *What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?*

2.1 Alcohol abuse in Great Britain is a recurring factor in anti-social and criminal behaviour of various types. And young adults who drink to excess feature disproportionately in crime and disorder.7 The Department recognises the need to work effectively across Whitehall to combat these wider societal problems.

2.2 The number of deaths and serious injuries in road accidents involving illegal alcohol levels fell 30% from 1996 to 2006.8 While this fall is very welcome, it still leaves 540 deaths and 1,960 serious injuries resulting from such accidents—an unacceptable position.

2.3 We made clear in the second review of the current road safety strategy that tackling drink-driving is a high priority and that our first objective is improved enforcement. This reflects the evidence that most drink drivers involved in fatal accidents have alcohol levels which are well above the legal limit, so enforcement measures might be expected to have a greater impact than a change in the alcohol limit.

2.4 We were therefore encouraged by the police’s Christmas 2007 crackdown on drink driving, which saw a 6.4% increase in the number of breath tests.9 Given the high level of breath test failures—still over 100,000 a year—it is similarly encouraging that drink-drive enforcement is part of the new police performance framework upon which the Home Office is currently consulting.10

2.5 The Department will monitor the impact of this enhanced enforcement in terms of deaths and injuries in accidents involving excess alcohol. We will also consult on means of supporting the police in their enforcement role and will continue to work with them in co-ordinating our Think! drink-drive publicity campaigns, on which we currently spend some £3.25 million per annum, with their enforcement effort.

3. *How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?*

3.1 A comparison of road deaths rates per 100,000 population shows that the UK continues to perform well by both EU and wider international standards (see graph below). The approach taken in our 2000 strategy, combining engineering, enforcement and education has been widely regarded as a success story and many of our approaches replicated across Europe. However, there have been notable improvements in performance of some of our EU peers, even those who like the UK are already strong performers.

3.2 As part of our review process, we will be considering how high performing countries have succeeded in achieving continuing improvement—for example in Sweden and the Netherlands.

3.3 Sweden’s *Vision Zero* starts from an ethical perspective—that nobody should die or be seriously injured for life in road traffic. In practice, there is an acceptance that the inherent risks of the road mean that accidents will occur, but Vision Zero seeks to ensure, as far as possible, that such accidents do not lead to deaths or crippling injuries. Vision Zero does appear to have changed the practices, policies and standards of Swedish road safety professionals.

3.4 The Dutch *Sustainable Safety* vision is not entirely dissimilar. It is based on the idea that human error is inevitable and that the road and vehicle environment therefore needs to be constructed so as to compensate.

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3.5 In developing the post-2010 strategy, the Department will consider our longer term vision or goal for road safety in Great Britain. We will then reflect on whether that can be translated into an approach to road safety which brings about consistent, reinforcing action in all elements of the road safety system—engineering, education and enforcement.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

4.1 Deaths on roads per distance travelled continue to dwarf those for other modes (see graph below). The Department recently reaffirmed its commitment\(^{11}\) to reduce “the risk of death, injury or illness arising from transport”. In the context of both that commitment and Sir Rod Eddington’s advice to the Department\(^{12}\) to be more “modally agnostic” in its thinking, we are considering how we might improve safety policy-making across the modes.

4.2 A new Departmental Transport Safety Group, which brings together transport safety experts from each mode, will seek to identify the key future safety challenges and will consider issues such as:

- public perceptions and attitudes to risk for the different modes;
- how risk is assessed and how that drives policy making; and
- the role of human factors in transport safety.

4.3 Attached at Annex A is a brief summary of the approaches to safety for the different modes.

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\(^{11}\) Towards a Sustainable Transport System, DfT, October 2007.

\(^{12}\) Eddington Transport Study, DfT, December 2006.
Passenger fatality rates in air, rail, motor vehicles: 1980 to 2005

Per billion passenger kilometres
5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

5.1 There is growing concern about the shortage of skilled resources amongst transport professionals. This was one of the reasons why we have supported a national resources study “Project Brunel” led by TfL, to investigate the current and future state of engineering and transport planning professional resource in the road and rail sector. Previously commissioned reports\(^{13}\) conclude that there is a skills gap in areas of the transport industry. We believe that lack of know-how is hampering casualty reduction, at least in some areas of the country. Project Brunel covers road safety engineering expertise and should provide more detailed evidence than previous reports about the many different disciplines within the industry. The study is due to be completed later in 2008 and also aims to identify actions, which could be taken to address identified skills shortages.

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

6.1 Our 2000 strategy and targets have been highly effective mechanisms for improving safety performance at both national and local level. Given the success we have already achieved, making a further step change from 2010 will be a much more challenging task. Our thinking on the post-2010 strategy is at an early stage, but it is clear that we shall need both to focus on reinforcing those measures from the 2000 strategy which are proving consistently effective, and to develop new approaches which learn from the best practice across government in effective regulation and the achievement of behavioural change.

6.2 Our February 2007 review of the current strategy has already highlighted some areas where performance has been weaker, and some behaviours which are persistently causing death and injury. In terms of our performance, perhaps the strongest message from our performance data is that we are being less effective in reducing deaths than in reducing KSIs overall. Deaths in 2006 were only 11% below the 1994–98 baseline.

6.3 It is already clear that a key challenge for our new strategy will be to improve this record of performance on the most serious crashes. This will mean identifying and tackling those behaviours and groups of behaviours which are most likely to lead to fatalities. We shall want particularly to focus on deaths associated with drink-driving, which have shown an increase since 1998; on fatalities associated with not wearing seatbelts; on inappropriate and excessive speed; and on how we generally encourage improved driving standards whilst dealing effectively with those whose behaviour is unacceptable. We are also keen to probe the extent to which dangerous driving traits and unlicensed and uninsured driving are associated with the same individuals or groups. In addition, moving away from issues of poor behaviour, we will need to continue to consider how to tackle the disproportionate rate of death and injury among motorcyclists.

6.4 We have also identified a number of key themes which we will be addressing in the consultation and the strategy review.

6.5 First, we want to ensure that we are not only tackling the most dangerous behaviours, but tackling them in a way which is likely to be effective and to secure broad public support. Our road safety strategy will need to be part of a balanced deal with the motorist, which not only includes effective penalties for those who endanger others, but supports strong road skills and responsible decision making. A key issue for our review is how we can strengthen motorists’ incentives to drive in a safe and responsible way, building on the success of the THINK\(^{1}\) campaign.

6.6 Second, we need to consider how we can move beyond programmes of discrete measures aimed at tackling unsafe behaviours individually to develop an approach to road safety which considers how all parts of the system—engineering, education and enforcement—can work together to reduce casualties. This means ensuring that there is a balanced package of measures in place to avoid and mitigate the impact of road accidents.

6.7 Third, as set out in section 4 above, we will be keen to learn lessons from the experience of other modes of transport in planning for and regulating safety, including looking at the arrangements for investigating accidents and promulgating advice and recommendations at national level.

6.8 Finally, the Department will be keen to put road safety into the wider policy context, looking at influencing factors from outside the road safety world. These include the need to reduce carbon emissions and raise levels of physical activity and the changing national demographics, with a higher proportion of older drivers. We shall consider both the short- to medium-term measures and the issues on the horizon with stakeholders in developing our strategy.

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\(^{13}\) Engineering & Technology Board, Engineering UK, December 2006 and Institution of Civil Engineers’ State of the Nation Report, December 2007.
We intend, with the Scottish Executive and Welsh Assembly Government, to consult extensively on a road safety strategy for the period from 2010 and will be keen to hear the views of the committee and other interests as part of that process.

February 2008

SAFETY REGIMES APPLYING FOR DIFFERENT MODES

A1 For roads, the Secretary of State for Transport has overall statutory responsibility for road safety, with local highway authorities, the police and many others all playing important roles. Safety standards for vehicles are set at European level and European requirements also underpin, to varying extents, a range of areas of road safety law (for instance driver licensing and driver training and testing requirements, seat belt wearing requirements and the drivers’ hours regime for many commercial vehicles). The Department’s approach to road safety policy and schemes is through cost-benefit analysis (CBA)—a standard means of weighing up costs and benefits. Non-financial costs and benefits are given financial values wherever possible. Safety benefits are based on the number of occurrences of incidents that a measure can be expected to prevent, and the statistical value of fatalities and injuries avoided. There is always some uncertainty and, like all appraisal techniques, CBA informs decisions. Decision-takers need to understand the limitations of the appraisal’s robustness and to know what additional, non-monetised, costs and benefits should be taken into account. In light of the very large numbers of deaths and injuries on the roads, all the authorities involved have to prioritise their actions and concentrate on those issues and problems where action can deliver the largest reductions in casualties, taking account of the resources available.

A2 The Secretary of State for Transport is accountable to Parliament for safety on the railways. She is responsible for making rail safety legislation, acting on the advice of the Office of Rail Regulation (ORR), which is the independent safety regulator and enforcement body. The principle that risk should be reduced “so far as is reasonably practicable” (known as SFAIRP) is central to the Health and Safety at Work etc Act 1974, and is the basis for rail safety regulation. In Great Britain, rail operators, infrastructure managers and renewal companies manage rail safety through the implementation of Safety Management Systems (SMS), as required by EC Railway Safety Directive 2004/49/EC, under which they are required to use risk assessment to establish what the key risks are and to introduce control measures to remove them or to ensure that they are adequately controlled.

A3 For aviation, the Civil Aviation Act 1982 places complementary duties on the Secretary of State and the Civil Aviation Authority (CAA) in relation to aviation safety. The Secretary of State is responsible for encouraging measures for promoting safety in the use of civil aircraft; ensuring that international obligations are fulfilled; issuing permits to foreign-registered aircraft; and appointing inspectors to carry out air accident investigations. Harmonised standards for aviation safety are increasingly being set at the European level. The European Aviation Safety Agency (EASA) was established in September 2003 and determines the rules and standards for airworthiness and flight operations. In due course, EASA is expected to take on responsibility for setting the standards for aerodrome and air traffic management safety as well. The CAA implements the European regulations as well as the standards set by the International Civil Aviation Organisation. The CAA adopts a risk-based approach to its enforcement and regulatory oversight, using incident and occurrence report data, accident analyses and its oversight of organisations to identify the key risks.

A4 Shipping safety is overseen by the Maritime and Coastguard Agency (MCA), an agency of the Department. The MCA is responsible throughout the UK for implementing the Government’s maritime safety and marine environmental protection policy, which is underpinned by requirements of European and international law—in particular the International Maritime Organisation’s Conventions on Safety of Life at Sea (SOLAS) and Maritime Pollution (MARPOL). The Secretary of State for Transport is responsible for the framework in which the Agency operates. Maritime accidents can result in injury to people, environmental damage, and economic losses to ships equipment and cargo. The IMO Formal Safety Assessment system is the international method by which regulation is considered, and its application is broadly consistent with UK principles (including ALARP) and UK values. The maritime safety regime deals with very significant risks, especially where significant numbers of passengers and large volumes of pollutants are involved. Accordingly, regulation, inspection, and enforcement are, to a large extent, risk based.

Supplementary memorandum from the Department for Transport (RS 01C)

It might be helpful if I clarified a few matters further to the Select Committee’s Hearing on road safety on 21 May.

Clive Efford asked about the effectiveness of introducing 20 mph speed limits where there were no supporting engineering measures. My recollection—that introducing such limits without engineering measures had the effect only of reducing average speeds by 1 mph—is borne out by the research. A 1998 report by TRL (TRL 363, Urban Speed Management Methods) looking at this subject contains this finding.
Mr Efford also asked about vehicle technologies that would advance road safety. Electronic stability control (ESC) is now fitted as standard in some upmarket vehicles. DfT research has shown that ESC equipped vehicles are involved in 25% fewer fatal accidents; it is particularly helpful in reducing accidents which involve the vehicle skidding or overturning. We are working to bring in international regulations that will make this technology mandatory for all new cars and larger vehicles and are also taking steps to encourage voluntary uptake in the short term.

David Clelland asked about the obligation upon doctors to notify DVLA in a case where they consider a patient medically unfit to drive. Whilst there is no legal obligation on doctors to notify DVLA, they do have a duty of care, not only to their patient but also to the general public. On this basis, doctors do have an obligation to report to DVLA instances where they consider a patient unfit to drive. The General Medical Council has issued guidelines to the effect that doctors should inform DVLA about unfit patients who they have advised should notify DVLA but who, for whatever reason, have failed to act on that advice.

John Leech asked whether our motorcycle Safety Helmet Assessment and Rating Programme (SHARP) tests take in open faced helmets. The SHARP tests and assessments are valid for all types of helmet. We have started with full-face helmets as these represent the largest part of the market (approximately 80%). Our original intention was to complete ratings for all full face helmets before moving on to open face and ‘flip-front’/system type helmets. However, since our initial market review, it seems the popularity of ‘flip-front’ helmets is growing (approximately 10%) and we are reviewing our original timetable with a view to assessing them this summer. We intend to move on to consider open face helmets, but it is unlikely that this will be before 2009.

Philip Hollobone also asked about safety and the plans to develop the area around the A14 in Kettering. Whilst any accident is a matter of concern, the A14 around Kettering does not have a very bad accident record. The relevant DfT Circular (2/2007, Planning and the Strategic Roads Network) confirms that “The Agency will continue to treat safety on the network as a paramount concern”. Proposals for development of the A14 are at a very early stage.

In reply to Philip Hollobone’s question on the impact of foreign drivers on road safety, I did my best to recall some details of the Government’s investment in the Vehicle and Operator Services Agency (VOSA) enforcement work. The additional investment in VOSA resources is £24 million over the next three years, which will provide 97 extra staff. This will enable VOSA to check an additional 30,000 vehicles each year. In that same exchange, I also mentioned our studies on a potential vignette scheme within the UK for hauliers on international journeys from other EU countries. Our studies concluded that a vignette would not deliver the enforcement benefits that the sponsors thought it might and so we have no plans to introduce a vignette.

Eric Martlew asked about the current level of cycle training for children. Estimates are that Local Authorities fund some form of cycle training for around 200,000 children a year. The Department announced in March that we would be making funding available to Local Authorities to train nearly 80,000 schoolchildren to the Bikeability standard in 2008–09, in addition to the 46,000 children for whom we have already funded training via local authorities and School Sports Partnerships. We aim to provide training for a total of 500,000 children by 2012.

David Clelland asked about mobility scooters. We do not currently believe that mobility scooters have a significant impact upon road safety. However, there is expected to be an increase in the number of mobility scooter users in the future, in line with changes in UK age and obesity demographics. For this reason, the Department for Transport is monitoring its policy on mobility scooters including future fitness to drive, insurance, registration and training requirements.

John Leech asked about the Dutch Government’s funding of local 20 mph zones.

We have asked Dutch Government contacts for advice on this point and will pass on the details when we have them.
Lastly, you mentioned a Departmental seminar on transport safety on 14 May and suggested that it was odd that road safety did not feature. In fact, the seminar was about accident investigation and those organisations speaking were the three Accident Investigation Branches—for rail, air and maritime. Whilst road safety did not feature in the seminar, officials concerned with road safety did attend, as we try to use the experience of other modes to reduce road casualties.

June 2008

Supplementary memorandum from Department for Transport (RS 01D)

1. INTRODUCTION

Jim Fitzpatrick MP gave evidence to the Select Committee’s inquiry into Road Safety on 21 May 2008. The Committee subsequently put a number of further questions to the Department. This memorandum provides answers, following the structure of the Committee’s questions.

2. THE ROAD SAFETY DELIVERY BOARD

(a) What are the Board’s terms of reference?

The second three-year review of the government’s Road Safety Strategy, Tomorrow’s Roads: Safer for Everyone, committed to the establishment of a Road Safety Delivery Board. The Delivery Board met for the first time in March 2008 and agreed the following Terms of Reference:

“The Delivery Board is responsible for improving the delivery of the casualty reduction objective by their respective agencies, by:
— Identifying the best performers, how they achieve their results and exporting this to others.
— Identifying problems and obstacles and driving through the solutions.
— Making connections between agencies and fostering better partnership working”.

The Board’s focus is on delivery on the ground with a view to ensuring that we meet the targets set in the 2000 Strategy.

(b) What is its current membership?

Core Delivery Board membership is:
— Department for Transport
— Association of Chief Police Officers
— Driving Standards Agency
— Highways Agency
— Transport Wales
— Chief Fire Officers Association
— Department of the Environment Northern Ireland
— Home Office
— Scottish Enterprise & Life Long Learning
— County Surveyors Society
— Local Authority Road Safety Officers Association

Associated membership includes:
— Department of Health
— Department for Children, Schools and Families
— Communities and Local Government

(c) How often does it meet and how many meetings have been held to date?

Two meetings have been held to date (in March and May 2008). Three more are planned in 2008. It is anticipated that meetings will be held quarterly from 2009.
(d) **Is the Department able to supply further information about its programme of work?**

A programme of work has been agreed and is attached at A.

(e) **Is the Department able to supply copies of the minutes of its meetings?**

Minutes of the March and May meetings are attached at B.

3. **Intelligent Speed Adaptation (ISA)**

*Can the Department give a firm date for publication of the Report on Intelligent Speed Adaptation (Q 371)?*

A peer review process has now been completed but we do not yet have a final version of the overall report of the ISA research or the executive summary. We are therefore not able to give a firm date for publication of the results at this stage. We hope, however, to publish before the Summer Recess.

4. **Cyclist Training**

(a) **How many young people (and what percentage of the target age-group) are expected to receive Bikeability training during the lifetime of the Cycling England grant to which the Minister referred (Q 389)?**

It is estimated that there are some 600,000 children in Year 6 (10 year olds) of whom approximately 200,000 currently receive some form of cycle training funded by local authorities. Our commitment is to enable an additional 500,000 children to have access to the Bikeability standard training by 2012. Meeting our 2012 target would mean that, in that year, at least 27% of Year 6 pupils would receive Bikeability training. However, we also expect a substantial part of the existing non-Bikeability training currently provided by local authorities to 200,000 children a year will be upgraded to the new Bikeability standard.

In 2007–08 we funded 46,000 Bikeability standard training places and in 2008–09 we are making funds available to train a further 100,000 children. We are working with Cycling England, local authorities, schools and the cycling sector to develop this further to enable more children to have access to the training.

(b) **What proportion of the £120 million will be spent on Bikeability training?**

Cycling England’s budget is £140 million over three years. We will be investing approximately £70 million of this in cycle training, safe routes to schools and other programmes to give children the skills, and parents the confidence, to enable them to cycle safely and well. The remaining £70 million will be spent on improving facilities and raising levels of cycling in Cycling Towns and a Cycling City and developing other means of increasing cycling.

During 2008–09 around £4 million will be made available to provide Bikeability standard training—some 20% of Cycling England’s budget for the year. We are working with Cycling England to develop a detailed project plan to deliver cycle training and their other projects following the January announcement of their increased budget.

(c) **How many local authorities are involved?**

This year we are supporting 69 local authorities with grants to provide Bikeability standard training. This will increase.

(d) **Will the Department evaluate the impact of Bikeability on the collision involvement rates of young motorists (as well as cyclists)?**

We are working with Cycling England to develop plans for the evaluation of the impact of Bikeability. This will certainly require a long-term programme of study and will also need to consider the wider impacts.

5. **Police Forces’ Approach to Breath Testing**

*In his evidence, the Minister referred to variation between police forces in the number of breath tests conducted (Q 396). What evidence is there of different levels of activity and what explanations do the police offer for this?*

The attached table (C) gives detailed information about breath testing by each force, which shows the variations to which the Minister referred. Police operations are the responsibility of the chief constable and not in any way controlled by government or local authority/elected members or the police authority. There
are therefore no targets to achieve a uniform level of testing. The number of screening tests undertaken much
depends on force strategy, and the extent to which they target known bad drinking and driving targets, area
or individuals, target high traffic flow and visibility areas for maximum prevention/compliance. We are
talking to ACPO about ways in which we might collect and disseminate good police practice on this. For
example, the North Wales constabulary trialled the use of screening checkpoints as part of the Christmas
campaign in 2007. Other forces are doing valuable work to profile drink-drive offenders to improve
intelligence underpinning their enforcement work.

6. PROCESS OF DEVELOPING NEW ROAD SAFETY STRATEGY

(a) What is the process by which the Department will review the current road safety strategy and draw up the
post 2010 strategy?

(b) Is there a plan or timetable yet?

The Department aims, with the Scottish Executive and Welsh Assembly, to produce a new strategy by
the summer of 2009.

We have been consulting informally with road safety interests since January on the road safety problems
which they want to see addressed and the potential measures which they would like to see to reduce
casualties. We have also held very useful workshops with experts in vehicle safety and transport safety across
different modes.

We have convened a cross-Departmental steering group (see below) which we expect to meet every two
months until the strategy is published. And we have commissioned research on potential casualty reduction
measures in order to inform the new strategy.

We expect to issue a consultation paper by the end of 2008, which will take account of the Transport Select
Committee’s report and findings.

(c) Who will be in charge?

Ministers in Westminster, the Scottish Executive and the Welsh Assembly will ultimately determine the
content of the new strategy. In order to provide them with advice, we have convened a Steering Group
comprising the following members:
— Department for Transport
— Scottish Executive
— Welsh Assembly
— Highways Agency
— Driving Standards Agency
— Home Office
— Department of Health
— Health & Safety Executive
— Ministry of Defence
— HM Treasury
— Department for Children, Schools & Families
— Department for Business, Enterprise and Regulatory Reform

The Steering Group met in February and April and next meets at the end of June.

(d) Will there be independent assessment of progress?

There will be independent involvement in the process. We have engaged technical experts in various road
safety fields to conduct the research which will inform the new strategy. And their research will in turn be
peer-reviewed by a panel of highly-qualified independent academics.

In addition to the ongoing consultation with individual road safety interests, we shall also convene, at a
suitable point in the process prior to publishing our consultation paper, a meeting of the Road Safety
Advisory Panel. The Panel comprises the key road safety interest groups and will meet to provide views to
the Minister on the approach which Government should take to the new strategy.
7. **Priority given to Road Safety**

*Does the Government have any plans to significantly raise the priority given to road safety post 2010? If so, how does it intend to do this?*

We believe that the achievements since 2000 have in part been due to central government, local authorities and the police raising the priority given to road safety as a reaction to Tomorrow’s Roads: Safer for Everyone. However, we acknowledged in our initial memorandum in February that making a further step change in casualty levels beyond those achieved since 2000 is going to be difficult and it follows that we will need to refresh the appetite to make our roads safer still. How we do that will be a crucial element of the new strategy and our work with partners.

8. **Road Casualty Statistics**

*Are the road casualty statistics that are used by the Department to assess progress towards its 2010 targets validated by ONS or NAO? Has there been any independent validation of their usefulness and accuracy in monitoring trends and performance?*

Since the road casualty statistics are used to measure progress against the 2010 road safety targets for reductions in killed and seriously injured casualties (PSA 5 2007–08) they are included in the NAO PSA data systems assessment. The latest validation report14 “Fourth validation compendium report—HC 22-II, Session 2007–08, National Audit Office, published 19 December 2007 rated the road accident data as “green”, fit for purpose (Vol 2, page 9).

Part of the NAO judgement was based on the fact that road casualty statistics (STATS19) are National Statistics. National Statistics are produced to professional standards set out in the National Statistics Code of Practice. This includes undergoing regular quality assurance reviews which are approved by ONS. The most recent review, NSQR Series Report No 45—Review of Road Accident Statistics, Department for Transport (DfT), was published on 28 June 2006 and can be found on the Office for National Statistics (ONS) website15 together with the National Statistician’s response. The review was conducted by the Standing Committee for Road Accident Statistics (SCRAS) with an independent assessor.

Research is continuing on possible changes in levels of reporting of road accidents. Two reports,16 including an externally commissioned review, were published in June 2006 and the most recent work was published in an article17 in Road Casualties Great Britain: 2006. In particular, the Department is currently working with ONS on a project to match individual records from STATS19 with records from hospital admissions resulting from road accidents. The project is supported by an advisory group of external experts in the field. A further report will be published later this year.

*June 2008*

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**ROAD SAFETY DELIVERY BOARD**

(AGREED) TIMETABLE FOR FUTURE DISCUSSION TOPICS

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18 Article on use of hospital “in patient” data on road accidents and comparisons of this data with STATS19 was published in Road Casualties Great Britain: 2006 http://www.dft.gov.uk/pgr/statistics/databasereportspublications/accidents/casualtiesgb/roadcasualtiesgreatbritain2006
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ROAD SAFETY DELIVERY BOARD  
NOTES OF MEETING—26 MARCH 2008  
HELD AT DfT OFFICES, GREAT MINSTER HOUSE, LONDON

**Present:**

Geraint Anwyl (GA) — Association of Chief Police Officers (ACPO)  
Sandra Armstrong (SA) — Department for Transport—Secretariat (DfT)  
Adam Briggs (Abr) — Association of Chief Police Officers (ACPO)  
Andrew Burr (AB) — Department for Transport (DfT)  
Nick Carter (NC) — Driving Standard Agency (DSA)  
Robert Cone (RC) — Transport Wales  
John Doyle (JD) — Chief Fire Officers Association (CFOA)  
Stanley Duncan (SD) — Department of the Environment (DoE)  
Mike Fawcett (MF) — Department for Transport (DfT)  
Michael Gillespie (MG) — Home Office (HO)  
David Gingell (DG) — Highways Agency (HA)  
Patricia Hayes (PH) — Department for Transport—Chair (DfT)  
Russ Jordan (RJ) — Association of Chief Police Officers (ACPO)  
David Murphy (DM) — Department for Transport (DfT)  
Richard Wills (RW) — County Surveyors Society (CSS)
APOLOGIES:
David Patel — Scottish Enterprise & Life Long Learning
Ginny Clarke — Highways Agency (HA)
Jim Fitzpatrick MP — Department for Transport—Minister for Road Safety (DfT)

1. INTRODUCTIONS AND WELCOME

PH welcomed everyone to the inaugural meeting of the Road Safety Delivery Board. Jim Fitzpatrick had hoped to pop in to the meeting to meet members, but had been required to attend the House of Commons at short notice.

Members of the new Delivery Board represent each of the key organisations who have a role in delivering safer roads and have the knowledge and networks to both identify the gaps in delivery, and the profile and authority to make changes that will deliver improvement.

Board members introduced themselves.

ACTION 1: Board to confirm/update membership contact list. Table attached with minutes.

2. TERMS OF REFERENCE/WAYS OF WORKING

MF outlined the draft Terms of Reference.

The questions for the Board should centre around:
— What can be learned from those which have achieved the best casualty reductions?
— What is getting in the way of progress in some places?
— What practical lessons can be learned and passed on?
— Where can improvements be made by working in closer partnership?

Board discussion confirmed the broad framework for the ToR. Board agreed that involvement of other agencies such as Department of Health and Department of Children Schools and Families should be relevant to specific topic discussions.

It was agreed for each specific topic addressed, the Board should ask itself “what the board is trying to achieve”.

Board also signed up to utilising their own networks to influence and mobilise activities resulting from the Board.

3. KEY MESSAGES FROM THE SECOND 3RD YEAR REVIEW

MF introduced this item by summarising the key issues, some of which were long-standing problems, that were identified by the second 3rd year review of the Road Safety Strategy “Tomorrow’s Roads: Safer for Everyone”, as requiring continuing attention:
— Drink-Driving.
— Seat Belt compliance.
— Excessive/inappropriate speed.
— Road Users at risk:
  — Motorcyclists.
  — Driving for Work.
  — Young Drivers.

Understanding that there are overlapping issues ie young drivers who do not wear seat belts, who speed. The review outlined that progress on fatalities was not as good as serious injuries and referred to a number of activities and interventions that were being taken/required for future casualty reduction focus, including:
— Enhance publicity.
— Increase enforcement.
— Review of speed limits.
— Improve driver training and testing.
— Delivery and review of motorcycle strategy.
— Driving for work, working with employers.
— Child Road Safety Strategy.
— Pedestrian and pedal casualties.

The review concluded “We will establish a new Road Safety Delivery Board that will involve key delivery partners to oversee the implementation of road safety policies”.
Transport Committee: Evidence  Ev 95

PH noted that collectively, a lot of source data is available, as well as behavioural and characteristics of road users and the Board needs to focus on the best way to ‘cut’ some of this information, as well as identify information needed that is not there currently, in order to define and take forward future topics.

4. Drink/Drive

AB introduced this item by providing a brief background to the drink-driving issue.

When breath-testing was introduced in 1967, 1,800 deaths yearly were attributable to drink-driving. By the mid 1990’s, this figure had dropped to approximately 500 and has stalled around this figure ever since.

The second 3rd year review suggested drink-driving should be a priority to re-invigorate enforcement attention in this area.

At the end of 2007, DfT prepared a consultation paper on this subject and this is due for public consultation in the near future.

As policy lead for this issue within DfT, AB wishes to better understand the reasons for the 500 yearly deaths at both the “drinker and seller” end ie who drinks and how the pattern of obtaining alcohol is changing, and at the “enforcement” end ie how can enforcement be made easier.

The focus of the Departments work in this area is to stop drink-driving not catch drink-drivers.

A number of activities are already in train, including:

— Providing more testing equipment, that also increases the level of data that can be obtained ie age and gender of those taking breath-tests.

— Proposal for a new drink-driving survey (last national survey taken 10 years ago). This aims to be a rolling survey, which attempts not only to capture and understand the prevalence of excessive drinking, but also identify where/when drinking takes place as well as other links such as seat belt compliance. Proposal for survey to be piloted before country-wide roll-out.

— The Home Office and Dept of Health have commissioned research from KPMG (reporting to HO at the end of April 2008), which seeks to gain insights into the relationships with alcohol providers and how changes are impacting on drink-driver issues ie 24 hour licences, smoking ban etc.

**ACTION 2: HO** to copy results of the HO/DoH drink-driving research to board, due end April 2008.

— Statistics need to be re-examined to see if data relating to the spread of peaks in drink-driving is still relevant. Keen to understand, through this Board, why there is such a difference in breath-testing levels across the Country.

**ACTION 3: Board** to review Maps which show proportion of reported personal injury road accidents where breath-test requested/failed, by local authority and police force area, by 100,000 population (GB 2006). Board to offer any insights into reasons for differing levels of testing. Maps 1–9 issued with minutes.

Board discussion followed, split by drinker issues and the enforcement regime. Board agreed that drug driving would be considered as a separate issue.

Board noted that sharing data across agencies and organisations can encourage local accountability, including areas such as Police breath-testing levels and Magistrate outcomes. Comparing results across GB and Scottish models, as well as understanding challenges that other EU Countries have overcome would also be useful.

Issues, ideas and actions summarised as:

**DRINKER**

Although an overview of drink-drive statistics, for Christmas campaigns, show progress in both numbers of tests carried out vs % positive tests, more needs to be done in understanding influencing factors.

4.1 What data correlations to drink-drive issues could be investigated? ie seat belt compliance; increased criminality. What evidence is there that criminals ignore other road safety laws such as speed, seat belt etc?

GA advised that a 2007 local study in Sussex looked at these issues, particularly the levels of recidivism vs distance to home of driver.

**ACTION 4: ACPO (GA)** to copy results of this study to board.

4.2 Data is unsighted on any specific migrant issues to the overall contribution to drink-drive figures.

**ACTION 5: ACPO** to investigate/provide any additional data related to migrant issues and relationship to drink-drive issues.

4.3 What societal issues relate to drink-driving as well as by individual core groups? ie the “respectable” cross section of society. AB hoped that the 2008 survey would reveal data relating to this as part of its remit.

**ACTION 6: DfT (AB)** to copy outline of the aims, objectives and any key date for publication of results from the 2008 Drink-Drive Survey.
4.4 What other “entry points” could be utilised to tackle this issue? ie Health education. Data on the categories of people who are dying obtained via Stats19 and Coroners reports reflect road user groups only. Segmentation needs to be more sophisticated to better understand characteristics (and how they may be better influenced by road safety campaigns) and how other entry points can be explored.

**ACTION 7:** Board to investigate other segmentation channels, involving Department of Health once initial outcomes known.

**ENFORCEMENT**

Discussion centred on identifying current opportunities and obstacles.

Abr outlined political issue regarding police performance issues relating to offences brought to justice. Need for drink-drive offences focus for performance targeting, as this affects leverage against local force decision-making for activity in this area.

Board noted that enforcement can be enhanced by increasing the fear of being caught as a strong influencer in individual decision whether to drink and drive.

4.5 GA outlined an enforcement campaign in North Wales where highly visible, liveried vehicles were used, with breath-testing signs, to set up breath-testing road blocks over the last Christmas period. Positive tests decreased significantly.

**ACTION 8:** ACPO (GA) to supply a full report and evaluation of the North Wales campaign.

4.6 Data now shows that historic peak of drink-driving over Christmas period has been addressed. Board wondered whether future dates for targeted campaigns should change to reflect new picture?

**ACTION 9:** DfT (DM)/ACPO to consider review of THINK and Enforcement calendars for future timing of drink-drive campaigns.

4.7 Board agreed that “story-telling” is most powerful way of road safety messages influencing young drivers. Most board members knew of models of good practice within their organisation and networks.

**ACTION 10:** Board to capture and share (maximum “top3”) list of local models of good practice in influencing young drivers in drink-drive message. Particularly note models which had regional/cross-cutting partnership-working.

5. **FURTHER IDENTIFICATION AND TIMETABLE OF DELIVERY BOARD PRIORITY TOPICS**

Board considered the list of future discussion topics and added two further issues for future debate (pedestrians and older drivers).

Board agreed that each meeting would cover three topic areas on a rolling basis by:

- Reporting on previous topic.
- Discussion on new topic.
- Scoping next topic.

It was agreed that the May meeting will discuss Motorcyclists as the new topic and Young Drivers as the scoping topic.

**ACTION 11:** DfT (SA) to produce rolling programme timetable for these and other topics.

**ACTION 12:** DfT (MF) to commission background papers on topic areas.

**ACTION 13:** Board to consider best practice / obstacles for topic areas in advance of next meeting.

6. **NEXT STEPS/ANY OTHER BUSINESS**

JD questioned how the board plan to engage others and communicate outcomes and messages from board.

**ACTION 14:** Board to consider and agree way forward at next meeting. SA to list as agenda item.

7. **FUTURE MEETING DATES**

<table>
<thead>
<tr>
<th>Confirmed</th>
<th>GMH, London</th>
<th>11.00–14.30 (lunch to be provided)</th>
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<tr>
<td>TBC</td>
<td>19 May 2008</td>
<td>11.00–14.00</td>
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<td></td>
<td>17 July 2008 or 14 August 2008</td>
<td>11.00–14.00</td>
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<td></td>
<td>11 September 2008 or 16 October 2008</td>
<td>11.30–14.30</td>
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<td></td>
<td>19 November 2008 or 16 December 2008</td>
<td>11.00–14.00</td>
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**ACTION 15:** Board to confirm diary availability for 2008 meeting dates.
## 26.03.08 ACTION POINT SUMMARY

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<tr>
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<th>What</th>
<th>When</th>
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<tr>
<td>1</td>
<td>All</td>
<td>Confirm/update membership contact list.</td>
<td>By return to SA</td>
<td>Table issued with minutes</td>
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<tr>
<td>2</td>
<td>HO</td>
<td>Copy results of HO/DoH research to board.</td>
<td>By end April to SA</td>
<td></td>
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<tr>
<td>3</td>
<td>All</td>
<td>To review Maps which show proportion of reported personal injury road accidents where breath-test requested/failed, by local authority and police force area, by 100,000 population (GB 2006). Board to offer any insights into reasons for differing levels of testing.</td>
<td>Report at May mtg</td>
<td>Maps 1–9 issued with minutes</td>
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<td>4</td>
<td>ACPO</td>
<td>Copy results of 2007 local drink-drive study in Sussex to board.</td>
<td>By return</td>
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<tr>
<td>5</td>
<td>ACPO</td>
<td>To investigate/provide any additional data related to migrant issues and relationship to drink-drive issues.</td>
<td>By end April to SA</td>
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<tr>
<td>6</td>
<td>DfT</td>
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<tr>
<td>9</td>
<td>DfT/ACPO</td>
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<td>Report at May mtg</td>
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<tr>
<td>11</td>
<td>DfT</td>
<td>To produce a rolling programme timetable for discussion topics.</td>
<td>By return</td>
<td>Issued with minutes</td>
</tr>
<tr>
<td>12</td>
<td>DfT</td>
<td>To commission background papers on topic areas for May meeting</td>
<td>To SA by end April</td>
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<tr>
<td>13</td>
<td>Board</td>
<td>To consider best practice/obstacles for topic areas in advance of May meeting</td>
<td>May meeting</td>
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<tr>
<td>14</td>
<td>Board</td>
<td>To consider Board engagement/communication strategy and agree way forward at next meeting. SA to list as agenda item.</td>
<td>May meeting</td>
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<tr>
<td>15</td>
<td>Board</td>
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<td>To SA by return</td>
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### ROAD SAFETY DELIVERY BOARD
**NOTES OF MEETING—19 MAY 2008**
**ROOM LG4, GREAT MINSTER HOUSE, LONDON**

**PRESENT:**
- Geraint Anwyl (GA) — Association of Chief Police Officers (ACPO)
- Adam Briggs (Abr) — Association of Chief Police Officers (ACPO)
- Andrew Burr (AB) — Department for Transport (DfT)
- Andrew Coltski (AC) — Department for Transport (DfT)
- Nick Carter (NC) — Driving Standard Agency (DSA)
- Robert Cone (RC) — Transport Wales
- John Doyle (JD) — Chief Fire Officers Association (CFOA)
- Stanley Duncan (SD) — Department of the Environment for Northern Ireland (DoENI)
- Malcolm Burns (MB) — LARSOA
- Mike Fawcett (MF) — Department for Transport (DfT)
- Barbara King (BK) — Department for Transport—minutes (DfT)
- Ginny Clarke (GC) — Highways Agency (HA)
- Patricia Hayes (PH) — Department for Transport—Chair (DfT)
- Russ Jordan (RJ) — Association of Chief Police Officers (ACPO)
- Jerry Moore (JM) — ACPO Advisor
- David Murphy (DM) — Department for Transport (DfT)
Ev 98  Transport Committee: Evidence

David Patel (DP) — Scottish Enterprise & Life Long Learning
Richard Wills (RW) — County Surveyors Society (CSS)
Fiona Seymour (FS) — Department for Transport (DfT)
Ian Yarnold (IY) — Department for Transport (DfT)
Jim Fitzpatrick MP (JF) — Department for Transport—Minister for Road Safety (DfT)

Guests

DCC David Griffin (DC) — ACPO (motorcycling lead)
Craig Carey-Clinch (CCC) — Motor Cycle Industry Association (MCI)

1. INTRODUCTIONS AND ACTION POINT UPDATE

PH welcomed everyone to the Road Safety Delivery Board meeting and said that Jim Fitzpatrick MP would visit and say a few words during the lunch break. No apologies were received.

Action points were reviewed as published in advance of the meeting.

Confirmation of future meeting dates

— 17 July 2008 11.00–14.30
— 16 October 2008 11.30–14.30
— 16 December 2008 11.00–14.30

2. RATIFICATION OF ROLLING PROGRAMME TIMETABLE

The board agreed the initial time-table as distributed. The following topics were discussed as additional items:

— Data quality and timeliness. To look at consistency of data and how it is used. PH pointed out that data cross-cuts all topics, and is relevant both geographically and thematically. It was agreed that data should be a topic in its own right.
— Traffic Management relating to Road Safety. Topics so far focus on behavioural issues rather than infrastructure.
— Migration and its effects on Road Safety. To be added.

Action 1: DfT (SA) to provide expanded topic list to be prepared for next meeting.

3. REPORTING TOPIC: DRINK-DRIVE

3.1 AB spoke about how drink drive fatalities fell, but numbers stalled around 10 years ago at 550 per annum. There is a need to consider how to make enforcement more effective, including efficiency and good value. There is inconsistency across force areas in enforcing drink driving, and variable levels of testing drivers after injury accidents. Consideration should also be given to the timing of Think! campaigns which no longer coincide with peak drink-drive casualty times, and also targeting passengers, who account for around 130 fatalities.

Board discussion identified that there is a public appetite for an approach of testing all drivers stopped at checkpoints. New testing equipment funded by DfT will be installed in every vehicle. Drink drive messages are not reaching younger people. Differing good examples of police operations from Surrey, Sussex, North Wales circulated. Intelligence being used to identify key times/locations to target. Operational strategy is a mix of specific targeting and showing broad police presence to increase the perceived risk of being caught.

There was discussion about how to influence police forces to operate enforcement. Areas differ in their issues and therefore approach.

JM said that Sussex use targeted enforcement; whilst North Wales sending out message that you will be tested. Mix of two won’t work. ABr favoured perceived randomness, but actual targeting—random slot in right place at right time. RW said random feels the right approach—it is important to get public on board, and mobilise public to influence potential offenders. FS spoke of increasing the perception of risk that offenders will get caught, and that Think! Campaign should mirror operational approach. Recent approaches were “New news!” Summer: endorsement lasts 11 years, and Christmas: Ramping up random testing. There will always be a group who don’t care about anti-social stigma. Booze bus idea worked in Australia and New Zealand.

JD asked what other groups can do to help. A consistent message would increase impact. RW agreed F&RS liked and respected—how should we use them?

ABr commented that DfT are investing in partnerships—how are they handling the issue? AB emphasised the role of local schemes, who could bid for Partnership Grant funding to trial their ideas, focussing on transferability—drink driving could be included as a key subject for the next round of the scheme.
JD asked how we should target those who think they are outside of law.

GC felt stronger co-ordination would help—should campaigns be twice yearly, or day-in, day-out? HA run “don’t drink and drive” message occasionally on message boards as part of rolling campaign. NC suggested targeting a road eg M60 Manchester.

AB felt several approaches should be run concurrently. AB asked if police want change of law eg close loop-hole of blood testing, which is dated. ABr confirmed that police will engage fully into consultation process. Young drink drivers are a growing issue.

RC asked about possible involvement of drinks/entertainment industry and better dialogue with whole industry, supermarkets etc. AB confirmed he is talking to providers of non-alcoholic drinks regarding possible campaigns.

How should we communicate with RS partnerships? Possibly by E-newsletter. ABr suggested requirement on partnerships to report back what they are doing on DD.

RW asked who influencers of target audience are. Eg employers, CBI, TfL who banned all drinking by employees during working day.

**Action 2: Board Members** to provide evidence of good practice to DfT / ABr to under-pin possible drink drive models.

**Action 3: ACPO (ABr)** to write up models of good practice. ABr to present to Police Operational Forum taking place in Belfast in September, and feedback.

**Action 4: DfT (MF)** to include Drink Driving as key topic in next round of Partnership Grant.

**Action 5: DSA (NC)—Drink drive to be considered as part of the pre-driving qualification proposed in learning to drive consultation.**

**Action 6: DfT (FS)** to back operational activities through Think! and to create pages on what’s happening on web-site. More intelligence-led use of Think! campaigns to be encouraged locally.

**Action 7: DfT (MF)** to communicate core narrative of framework of this board’s actions through partnership for use with local stakeholders, to include summaries of topics.

**Action 8: DfT (FS)** to identify influencers of drink drive target audience.

4. Discussion Topic: Motorcyclists

4.1 AC introduced the paper for this item, emphasising that this group is different to all other road user groups. Casualties had peaked in 2003 and there had been some improvement in the last three years. Fatal and serious injuries were now around the same as the 1994–98 base-line, fatalities had increased by 28%, but this must be seen in the context that Motorcycle traffic had increased by 33% over the same period.

Motorcycling activity can be broadly split between leisure/rural, (issues with bends and over-taking) commuting/urban (issues with junctions, and motor-cycles not seen by other road users). DfT launched motor-cycle strategy in 2005, with an action plan to 2010. The key theme of the strategy is the mainstreaming of motorcycling, so that it is regarded as a legitimate mode of transport in all aspects of transport policy, not only road safety. National Motorcycle Council, which brought together central and local Government, police and motorcycle industry and user groups, was taking forward actions, and working up a new action plan. The paper included some examples of good practice that had been provided by LARSOA and the motorcycling groups—these had not been evaluated.

There were no specific examples of bad practice, which mainly took the form of not implementing the good practice. Local Authorities and police services need to regard motorcyclists as Vulnerable Road Users needing support and assistance to reduce casualties, rather than as a problem that needs to be removed.

4.2 CCC gave presentation on motor-cyclists (attached).

DG spoke about lack of consistency in use of data, and lack of robust evaluation of the impact of enforcement and training on skills and casualties. More needs to be done to understand the differences in other European countries—Germany has 25% of our casualties, although France is similar to us. Is this a feature of the culture, the commuter vs leisure usage, or different skill levels? CCC observed German riders have a different approach to motorcycling, doing more long distance touring and less sport riding.

ABr referred to the leisure riders hard core: < 5% that ride stupidly. Covert motorcycle enforcement is controversial. Bikesafe post test skills assessment widely supported and encourages further training, but is not an answer in itself. Unknown how many do further training. Bikesafe implemented by 38 forces in England and Wales, which capitalises on police brand. Access to pre-rider 16 year-olds is very difficult. IHIE report handles engineering approaches. Bus lane use has been successful in Humberside. SMIDSY campaigns successful (sorry mate, I didn’t see you).

ABr referred members to the TISPOL conference “Europe’s roads—one vision—saving lives” in Harrogate 30 September/1 October. In some European countries, high level offenders have vehicles seized.
GA said there is growing public opinion concerning adverse environmental impact through anti-social behaviour and perceived danger eg racing bikes on mountains and in national parks, leading to others choosing not to visit. AC expressed doubt that this was a safety issue and such an approach was not consistent with the mainstreaming message of the Government’s Motorcycling Strategy. It was much more effective to work with motorcycling groups to address safety concerns rather than treat them as a problem to be removed. ABr felt that some riders are using such areas as a playground. Germany has prohibited use of motor-cycles on certain roads.

DG said legally ridden motor-cycles do not cause concern. Behaviour is due to attitude to risk, and skills inappropriately used. RW—need to have more comprehensive picture of leisure/urban riders. Lincolnshire funds the use of smaller motor-cycles to enable young people to access work. Sustainability benefits make P2W use desirable. Maybe we should be targeting other road users. We need to understand more about the casualty data by day of week/time of day relative to type of user. Key day for leisure crashes is Sunday. GA said problem is not touring motorcyles, but sports bikes.

RC questioned whether well-maintained roads were a good or bad thing in respect of motorcycle casualties. RW stressed the importance of consistency of maintenance levels. If roads are poorly maintained, drivers/riders take more care. Problems can be caused by a bad section in an otherwise good road. NC raised the issue of what obstacles are hit after leaving the road. Aim should be to enable motorcycle use on roads, rather than displacing it.

AC referred to Partnership Grant scheme on Peak district roads (Derbyshire).

DG promotes engaging overtly with motorcycle riders, if it doesn’t improve, then there will be covert enforcement. Word about enforcement travels fast amongst riders.

AC said DfT that a research project on the characteristics of motorcycle casualties was being considered but had not been commissioned yet.

**Action 9:** ACPO (DG) to share stats with board regarding police enforcement and characteristics of the KSIs riders/backgrounds/training/journey purpose.

**Action 10:** DfT (AC) to provide map to show motor-cycle KSIs geographically overlaid with police force area, and specific campaigns if possible. DG to work with AC on this.

**Action 11:** DFT (FS) to provide initial report from study of motorcyclists due in June.

**Action 12:** DSA (NC) to prepare note on pre and post test training information.

5. **Scoping Topic: Young Driver**

5.1 Presentation from NC on Learning to Drive consultation (attached).

5.2 AB—most young drivers want to be safe and responsible—a small element doesn’t, particularly those with no licences, stolen cars, no insurance.

There is a separate problem which is young men who risk serious accidents by bad driving, impairment, lost control, occupants not wearing seat belts, sometimes as a result of influence from their peers. This element is more difficult to identify. Are the police able to recognise this element, and how do they deal with them? Should we target and educate those at high risk, if so, how?

3 key issues:
- How do the Police use intelligence to identify those at risk?
- How can we ensure greater compliance?
- How can we educate high risk young drivers?

ABr—pleased that there is not more legislation in DSA proposals due to difficulty of enforcement. He likes the concept of educating in the driving experience rather than just learning the skills to pass the test.

Pre-test qualification to be trialled in Scotland—currently being written. DP asked about possibility of it becoming compulsory—NC replied that this possibility was a long way off.

GA said an aggravating issue was non-wearing of seat belts. Also, concern about educating males and females in the same way, although their risk perceptions are very different.

AB said that a seat belt campaign would be launched in October. The segmentation task is difficult as young people are inconsistent wearers of seat belts. PH encouraged engagement in DSA consultation process, but we need to focus on “hard to reach group”. ABr suggested working with manufacturers to make non-wearing very difficult.

JD said there is a risk hierarchy eg if candidate required to do their own route finding, general driving skills drop off. Risk hierarchy escalates with poor weather and passengers—all of which may only be encountered after passing the test. Passengers can create peer pressure.

AB said passengers assume driver has necessary skills, and aren’t aware of risks. DfT are undertaking research to evaluate “drive and survive” interventions. GC said there is a tendency not to tackle differentiation. ABr said insufficient focus given to the power of female influence and strategies women can
deploy to modify males’ driving. Kirklees have developed materials for those who need to stand up to “yobbish” driving. NC referred to Devon’s work involving Ministry of Justice and rehabilitation. AB mentioned the New Drivers Act—suggested tackling young drivers on 3 points, and diverting them to training, before their licence is revoked, as it is known that those drivers tend to drop out of the system.

**Action 13:** DSA (NC) to come back with partnership proposals, and members to contact NC with offers and ideas.

**Action 14:** DSA (NC) to put forward paper with examples of young driver good practice from LAs.

**Action 15:** All to provide Information on pre-driver education products to AB.

**Action 16:** CSS (RW) to arrange for presentation of Lincs.’ Partnership grant scheme at next meeting.

**Action 17:** DSA (NC) to provide Kirklees information on young drivers.

**Action 18:** ACPO Trawl Europe-wide approaches on young drivers.

**Action 19:** DSA (NC) to look at hierarchy of driving demands.

**Action 20:** DFT (AB) to write up actions if/when agreed by Ministers on remedial driver training.

### 6. Board Engagement/Communication Strategy

*(As action point 14 of March meeting)*.

MF spoke about how we communicate generally with delivery partners; write up conclusions on good practice, then board members use their networks to disseminate. Communicating with public is not the remit of this board. Is the evaluation of initiatives adequate? ABr said the board needs to develop a better understanding of where we are going before deciding on communications strategy. NC suggested a geographic focus with possible visits to good performers. Need to look at ways to gain support at wider political level—OGDs etc. RW asked if the Roads Liaison group were aware of this group—is there a danger of duplication?

### 7. AOB

None.

#### 26.03.08 ACTION POINTS—OUTSTANDING

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<td>End 2008</td>
<td>Ongoing</td>
</tr>
<tr>
<td>7</td>
<td>Board</td>
<td>To investigate other segmentation channels, involving Department of Health once initial (drink-drive) outcomes known.</td>
<td>Ongoing—linked to May AP3</td>
<td></td>
</tr>
</tbody>
</table>

#### 19.05.08 ACTION POINT—SUMMARY

<table>
<thead>
<tr>
<th>No</th>
<th>Who</th>
<th>What</th>
<th>When</th>
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<tbody>
<tr>
<td>1</td>
<td>DfT (SA)</td>
<td>To prepare expanded topic list.</td>
<td>By next meeting</td>
<td>Cleared</td>
</tr>
<tr>
<td>2</td>
<td>Board</td>
<td>To provide evidence of good practice to DfT/ABr to underpin possible drink drive models.</td>
<td>By next meeting</td>
<td>Cleared</td>
</tr>
<tr>
<td>3</td>
<td>ACPO (ABr)</td>
<td>To write up models of drink drive good practice. ABr to present to Police Operational Forum taking place in Belfast in September, and feedback.</td>
<td>October meeting</td>
<td>Cleared</td>
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<tr>
<td>4</td>
<td>DfT (MF)</td>
<td>To include Drink Driving as key topic in next round of Partnership Grant.</td>
<td>By next meeting</td>
<td>Cleared</td>
</tr>
<tr>
<td>5</td>
<td>DSA (NC)</td>
<td>Drink drive to be considered as part of the pre-driving qualification proposed in learning to drive consultation.</td>
<td>By next meeting</td>
<td>Cleared</td>
</tr>
<tr>
<td>6</td>
<td>DfT (FS)</td>
<td>To back operational drink drive activities through Think! and to create pages on what’s happening on web-site. More intelligence-led use of Think! campaigns to be encouraged locally.</td>
<td>On-going</td>
<td>Cleared</td>
</tr>
<tr>
<td>7</td>
<td>DfT (MF)</td>
<td>To communicate core narrative of framework of this board’s actions through partnership for use with local stakeholders, to include summaries of topics.</td>
<td>On-going</td>
<td>Cleared</td>
</tr>
<tr>
<td>No</td>
<td>Who</td>
<td>What</td>
<td>When</td>
<td>Status</td>
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<td>-----</td>
<td>------</td>
<td>------</td>
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<tr>
<td>8</td>
<td>DfT (FS)</td>
<td>To identify influencers of drink drive target audience.</td>
<td>By next meeting</td>
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<tr>
<td>9</td>
<td>ACPO (DG)</td>
<td>To share stats with board regarding police enforcement of motor-cyclists, and characteristics of the KSIs riders/ backgrounds/training/journey purpose.</td>
<td>By next meeting</td>
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<tr>
<td>10</td>
<td>DfT (AC)</td>
<td>To provide map to show motor-cycle KSIs geographically overlaid with police force area and specific campaigns if possible. DG to work with AC on this.</td>
<td>By next meeting</td>
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<tr>
<td>11</td>
<td>DfT (FS)</td>
<td>To provide first part of report from study of motorcyclists due in June.</td>
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<tr>
<td>12</td>
<td>DSA (NC)</td>
<td>To prepare note on pre and post test training information.</td>
<td>By next meeting</td>
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<tr>
<td>13</td>
<td>DSA (NC)</td>
<td>To come back with partnership proposals on tackling young driver issues, and members to contact NC with offers and ideas.</td>
<td>By next meeting</td>
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<td>14</td>
<td>DSA (NC)</td>
<td>To put forward paper with examples of good practice on young drivers from LAs.</td>
<td>By next meeting</td>
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<td>15</td>
<td>Board</td>
<td>To provide information on pre-driver education products to AB.</td>
<td>By next meeting</td>
<td>July Meeting</td>
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<td>16</td>
<td>CSS (RW)</td>
<td>To arrange for presentation of Lincs.’ Young Drivers Partnership grant scheme at next meeting.</td>
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<tr>
<td>17</td>
<td>DSA (NC)</td>
<td>To provide Kirklees information on young driver scheme.</td>
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<tr>
<td>18</td>
<td>ACPO (ABr)</td>
<td>To trawl Europe-wide approaches on young drivers.</td>
<td>By next meeting</td>
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<td>19</td>
<td>DSA (NC)</td>
<td>To look at hierarchy of driving demands in relation to young drivers.</td>
<td>By next meeting</td>
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<tr>
<td>20</td>
<td>DfT (AB)</td>
<td>To write up actions if/when agreed by Ministers on remedial training.</td>
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<td>Total vehicles involved in accidents</td>
<td>Number of breath tests requested</td>
<td>Number of breath tests per 100,000 population</td>
<td>Number of failed breath tests per 100 million vehicle kilometres</td>
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<td>-------------------------------------</td>
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<td>Lancashire</td>
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<td>2,053</td>
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<td>Merseyside</td>
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<td>40%</td>
<td>3,058</td>
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<td>Greater Manchester</td>
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<td>7,764</td>
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<td>Cheshire</td>
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<td>Northumbria</td>
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<td>4,528</td>
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<td>Humberside</td>
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<td>3,845</td>
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<td>1,994</td>
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<td>Leicestershire</td>
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<td>1,058</td>
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<tr>
<td>Northamptonshire</td>
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<td>68%</td>
<td>1,994</td>
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<td>Cambridgeshire</td>
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<td>1,276</td>
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<tr>
<td>Norfolk</td>
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<td>Suffolk</td>
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<td>Essex</td>
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<td>6,911</td>
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<td>7,927</td>
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<td>Hampshire</td>
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<td>Surrey</td>
<td>8,756</td>
<td>54%</td>
<td>4,671</td>
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<td>Kent</td>
<td>9,635</td>
<td>65%</td>
<td>4,906</td>
<td>300</td>
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<td>8,738</td>
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<td>4,876</td>
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<td>City of London</td>
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<td>5,571</td>
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<td>Avon and Somerset</td>
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<td>1,801</td>
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<td>Wiltshire</td>
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<td>2,545</td>
<td>401</td>
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<td>Dorset</td>
<td>4,216</td>
<td>62%</td>
<td>2,979</td>
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<td>North Wales</td>
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<td>58%</td>
<td>2,119</td>
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<tr>
<td>Gwent</td>
<td>1,969</td>
<td>57%</td>
<td>1,126</td>
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<td>South Wales</td>
<td>6,791</td>
<td>59%</td>
<td>4,009</td>
<td>327</td>
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<td>Dyfed-Powys</td>
<td>3,337</td>
<td>65%</td>
<td>2,349</td>
<td>444</td>
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<td>Northern</td>
<td>1,142</td>
<td>74%</td>
<td>849</td>
<td>28</td>
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<td>Grampian</td>
<td>1,324</td>
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<td>1,060</td>
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<td>Tayside</td>
<td>1,632</td>
<td>83%</td>
<td>1,349</td>
<td>344</td>
</tr>
<tr>
<td>Police force</td>
<td>Total vehicles involved in accidents</td>
<td>Proportion of accidents where breath tests requested</td>
<td>Number of breath tests per 100 million vehicle kilometres</td>
<td>Number of failed breath tests</td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Fife</td>
<td>1,104</td>
<td>70%</td>
<td>769</td>
<td>214</td>
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<tr>
<td>Lothian and Borders</td>
<td>4,354</td>
<td>60%</td>
<td>2,631</td>
<td>289</td>
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<tr>
<td>Central</td>
<td>1,062</td>
<td>62%</td>
<td>654</td>
<td>224</td>
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<tr>
<td>Strathclyde</td>
<td>9,241</td>
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<td>4,629</td>
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<td>Dumfries and Galloway</td>
<td>751</td>
<td>73%</td>
<td>515</td>
<td>344</td>
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<td>England and Wales</td>
<td>310,195</td>
<td>54%</td>
<td>166,814</td>
<td>310</td>
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<tr>
<td>Great Britain</td>
<td>331,155</td>
<td>54%</td>
<td>179,270</td>
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</table>

1. Includes City of London Police Force
2. Included within Metropolitan Police Force
3. Data not available
Transport Committee: Evidence  Ev 105

Supplementary memorandum from Department for Transport (RS 01E)

NOTE ON WALKING AND CYCLING STATISTICS

National Travel Survey (NTS) Technical Note

A trip is a one way course of travel having a single main purpose. Walking/cycling trips are those where walking/cycling is the main mode of travel in terms of distance. A trip consists of one or more stages, where a new stage is defined when there is a change in the form or transport or a change of vehicle requiring a separate ticket. Distance travelled figures are based on stage distance and therefore include walking/cycling as part of any trip.

Cycling figures are relatively volatile due to the relatively small number of cycling trips recorded by the NTS.

The results presented here cover Great Britain unless otherwise stated.

Levels of Walking and Cycling by Age and Gender

There is some variation in the level of walking and cycling between males and females and between different age groups.

TRIPS, DISTANCE AND TIME SPENT TRAVELLING ON FOOT, 2006

Children tend to travel further, make more trips and spend more time travelling on foot that the average person. Women aged 17–29 walk further, on average, than other groups. Among adults aged 17–59, women do more walking than men but this pattern is reversed among older ages (60+).
Levels of cycling are much higher among males than females.

In terms of average number of trips and time spent travelling, cycling is highest among boys aged 11–16. However, the average distance travelled by bicycle among this age group is similar to the distance travelled by men aged 30–59, who tend to make fewer trips but cycle faster, and further per trip.

TRENDS IN WALKING AND CYCLING BY AGE AND GENDER

Over the last 10 years, the average number of trips made on foot has declined by around 15%, although this trend has levelled off in recent years. Declines in walking trip rates have been observed among both men and women.

TRENDS IN TRIPS TRAVELLED ON FOOT: MALES

Indexed: $1996 = 100$

3 year rolling averages
Overall, the average distance travelled on foot has remained relatively stable over the last 10 years. There has been an increase in the average distance travelled on foot by boys under 17 and a decrease among men aged 60+. Among women, there is less variation between different age groups.
The average number of trips by bicycle has declined by around 15% in the last ten years while the average distance travelled has fallen by over just 10%. These declines have levelled off in recent years.

Most of the decline in cycling is accounted for by a fall in cycling among children and young adults (11–29 year olds). Levels of cycling have remained fairly stable among older adults (30–59 year olds).
TRENDS IN DISTANCE WALKED AND CYCLED IN LONDON COMPARED WITH THE REST OF GREAT BRITAIN

Trends in distance walked have been reasonably stable in London and in the rest of Great Britain. However, the trend in cycling is different in London, which has experienced a marked increase in cycling since 2002.
Data on cycling from road traffic statistics suggest there was an increase in cycling over the 10 years up to 2006.

Technical note:
Traffic data are likely to present a more reliable picture of the overall change in cycling over time than the NTS but they are still based on small sample sizes and should therefore also be interpreted with caution. When comparing NTS and traffic trends, it is worth noting that there are differences in coverage between these sources. Also, the NTS data is presented in terms of an average rate per person whereas the traffic data covers total vehicle km; the latter therefore incorporates population growth over time. The NTS data are presented as 3 year rolling averages whereas traffic data are presented for single years and therefore appear more volatile, as well as showing annual fluctuations due to the weather.
Supplementary memorandum from Department for Transport (RS 01)

Pedestrian Exposure data

<table>
<thead>
<tr>
<th>Year</th>
<th>Passenger km (billion)</th>
<th>Pedestrian km per person per year</th>
<th>Population (GB)</th>
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<tr>
<td>1989</td>
<td>21.5</td>
<td>392.7</td>
<td>54,814,500</td>
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<tr>
<td>1990</td>
<td>20.4</td>
<td>366.9</td>
<td>55,641,898</td>
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<tr>
<td>1991</td>
<td>21.4</td>
<td>383.9</td>
<td>55,831,363</td>
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<tr>
<td>1992</td>
<td>18.1</td>
<td>322.7</td>
<td>55,961,267</td>
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<td>1993</td>
<td>17.7</td>
<td>315.9</td>
<td>56,078,337</td>
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<td>1994</td>
<td>18.1</td>
<td>322.7</td>
<td>56,218,438</td>
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<tr>
<td>1995</td>
<td>18.3</td>
<td>324.8</td>
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<td>318.1</td>
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<td>305.3</td>
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<tr>
<td>2000</td>
<td>17.5</td>
<td>305.6</td>
<td>57,203,121</td>
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<tr>
<td>2001</td>
<td>17.4</td>
<td>303.1</td>
<td>57,424,178</td>
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<tr>
<td>2002</td>
<td>18.3</td>
<td>317.9</td>
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<td>2003</td>
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<td>2004</td>
<td>19.0</td>
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<td>2005</td>
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<td>317.1</td>
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<tr>
<td>2006</td>
<td>19.0</td>
<td>322.8</td>
<td>58,845,730</td>
</tr>
</tbody>
</table>

* Calculated by multiplying per person NTS data by ONS population data.
** Data revised 16 August 2007.

Source: DfT 18 June 2008.

Memorandum from CTC Yorkshire and Humber Region (RS 02)

**Drink Driving**

There is concern at the number of road deaths and injuries each year. Estimates show there were 560 people killed in drink drive related crashes in 2003 and if the Government could lower the blood alcohol limit for drink driving from 0.8g/l to 0.5g/l many lives and injuries could be avoided. Countries such as Belgium, Denmark, Germany, Spain, France, the Netherlands, Austria, Portugal and Finland already have the lower limit. Sweden has an even lower limit of 0.2g/l. More than 200 lives may be saved and thousands of injuries prevented by introducing the lower limit. Additional encouragement for younger and inexperienced drivers to avoid drinking and driving could be introduced.

**General Road Safety**

The committee may benefit from considering aspects of safety I raised in my 1995 publication Safer Cycling with regards to several issues. Standards as well as guidelines for some cycling facilities, improved parking requirements, HGV safety aspects and a 50 mph general speed limits in National Parks unless specified otherwise. The following countries have the equivalent to a 50 mph limit (80km/hr) and more information can be provided if required.

- Netherlands 80 km/hr, 25% of journeys by bicycle.
- Denmark 80 km/hr, 18% of journeys by bicycle.
- Switzerland 80 km/hr, 12% of journeys by bicycle.
BICYCLE HELMETS

Also the hearing may benefit from considering the details in my report “The Case against bicycle helmets and legislation” as presented in Munich at the 2007 Velo City cycling conference.


December 2007

Memorandum from Mrs Patricia Heathfield (RS 03)

CYCLISTS

1. Riding on pavement which is hazardous to pedestrians.
2. Riding without lights on bicycle during darkness.

MOTORISTS

1. That the minimum legal driving age be raised to 18 years of age.
2. That the maximum legal driving age is set at 80 years of age because today’s demanding road conditions require total concentration and observation of all situations.
3. That disabled drivers are given periodic observation of their driving ability.
4. That cars driven by provisional learner drivers have their headlights on while being taught to drive to alert other road users of their status.
5. That more attention is drawn to the rule where motorists must drive with headlights on when day light conditions require this. It is not uncommon to witness many motorists who have no lights on at all during bad day light, worse, I may add, at this time of year. I have heard that the new Ford Fiesta has a light sensor which turns car lights on during bad day light conditions. Further, should it be law like, I believe, in Scandinavian countries where drivers have to use headlights continuously day and night while the vehicle is being driven? I feel that this would help road safety tremendously if this law was passed for UK drivers as car headlights are far easier to seen when displayed on moving vehicles even during sunny weather conditions.

These are my personal observations which I hope the committee will find constructive in their inquiry into road safety conditions. I have not made my views public elsewhere and give my consent for the Committee to use my comments in any way they may wish.

January 2008

Memorandum from David Slinger (RS 04)

INTELLIGENT SPEED ADAPTATION (ISA)

I believe that this is the key factor in the search for ways to reduce road casualties significantly in the future. The painstaking and rigorous research has been done. No significant doubts now exist about its technical effectiveness and convenience in use. The critical factors now are political and social ones. In this, Parliament and this Committee have the opportunity and, I firmly believe, the duty, to give a decisive lead towards making the implementation of this life-saving technology a reality.

This will no doubt be a long-drawn-out process. I think it is instructive and encouraging to recall the course of campaigns to introduce motorway speed limits, breathalyser tests and seat belts. Thank goodness for parliamentarians of the stature of Barbara Castle; may their tenacity inspire this Committee!

I trust that it will be acceptable for me to make the points I wish to raise as a mixture of observations and questions, as below:

1. I consider one of the best expositions of the ISA case to be the article by George Monbiot in The Guardian, 27 July, 2004.
2. A DfT official (Mr Alex Jones of Vehicle Standards and Engineering) reported to me in a letter of 12 March 2003 that “fatal accidents could be reduced by over one half” according to estimates of a DfT research project completed in 2000. Even if this estimate is very optimistic, why has the Government been so lukewarm in its commitment to the eventual implementation of ISA? (“The UK has no plans to mandate the use of ISA . . . ”—Mr David Patterson of the DfT Speed Policy Branch in a letter to me of 21 June 2005).
3. If the complete ISA system is deemed to be politically unacceptable at present, why does the Government not do more to encourage the “half-way house” technology of black-box in-car monitoring devices which Norwich Union is beginning to promote, as a means whereby drivers can reduce their insurance premiums. What about the idea of compelling drivers who have been prosecuted for dangerous driving also to have such devices fitted, to monitor their future driving performance? (This sort of system is already in force in other countries—eg Ireland, I believe).

4. The issue may be one where the EU will have to take the final decisions. This does not excuse our Government and Parliament from taking a lead with our European partners. Let us build on our relatively good road safety tradition.

5. This is no longer a technical issue, but a moral, political one. Once the ISA speed limiters become standard equipment, their cost will fall to below that of many of the “must-have” extras and accessories which motorists seem to afford quite easily. What value do we attach to the lives that can be saved in this straightforward way?

MORE VISIBLE POLICE TRAFFIC PATROLLING

The reduction over recent years in the amount of routine police traffic patrolling, particularly on motorways, is a major cause for concern. It has, in my view, contributed to a belief by many irresponsible motorists that they will probably “get away with” bad driving practices.

There seems to be a deep reluctance in decision-making circles of the Police and Government to acknowledge the deterrent effect of police patrols on our roads. The mantra is about “solving” crimes and pursuing criminals; shouldn’t we move back to a belief in the value of deterring crimes—including the crime of dangerous driving?

Has any research work been done to measure the relative effectiveness of different forces’ traffic patrolling profiles between those who believe in a high profile and those who do not? If not, why not?

Many vehicles on motorways exceed the 70 mph limit by a wide margin. Are they automatically monitored by CCTV surveillance and “flagged up” by the system to be stopped further down the motorway and their drivers prosecuted? If such action is taken—which I believe should be the aim—why is the public not made more aware that an effective system is in place? If such active interventions are not taken, why not? Why have the expensive and extensive monitoring equipment if it is not routinely acted on?

In connection with the above questions, I would ask the Committee to insist on robust statistical and other evidence, not on bland assurances of a general nature, pointing to the “need to prioritise and show discretion” etc.

PROCEDURE FOLLOWING NON-INJURY COLLISIONS

My wife and I were no-fault victims of a collision on the M6 motorway in Birmingham during 2003 which could easily have had fatal consequences. The collision occurred when an articulated lorry drove into the back of our car as we were proceeding normally in the middle lane along the motorway. The lorry driver must have been either (a) driving without due care and attention or (b) driving under the influence of alcohol or other substance or (c) overcome by some medical/physical condition or (d) asleep at the wheel.

However, there is no way of knowing which of these possibilities applied, because the police patrol which attended at the scene of the collision (which blocked the north-bound carriageway of the M6) took no statements, either of my wife, myself or the lorry driver, nor of the many witnesses of the incident. No breathalyser tests were done either. The deciding factor: no one appeared to have been injured.

The lorry driver’s insurers accepted total responsibility on his behalf. But what were the consequences for him? We shall never know: but in the absence of any witness statements or breathalyser test, there can have been no legal proceedings.

Surely, in such a case, it should be mandatory for the police at the very least to conduct a breathalyser test. It was good fortune that we were not seriously injured or killed. How can society be sure that the lorry driver does not represent a serious risk to other road users’ safety now?

January 2008

Memorandum from Peter Cossins (RS 05)

I am a resident of the city of Bath, and have exchanged correspondence with Hon Mrs Gwyneth Dunwoody MP about excessive speeding of traffic within this city.

She suggested that I might wish to submit written evidence about the inadequacies I perceive in the enforcement of speed limits.
INTRODUCTION

My home is situated on the A36 trunk road, a large section of which (around one mile) is within the city boundary. The road is under the jurisdiction of the Highways Agency, and thus road traffic management road safety/law enforcement matters are in many respects are outside the empowerment of the local district and parish council. Also The Avon & Somerset Constabulary Traffic Police Unit operates largely under the umbrella of the Avon & Somerset Safety Camera Partnership, and seems to be governed by the partnership’s decisions and objectives. There are no lay or publicly elected representatives on the partnership’s board (a national decree I presume?), and thus there is no routine local input to the activities of the safety camera partnership for and by the local electorate about local traffic speeding problems. The Camera Partnership has indicated that the road meets all of the requirements for the installation of speed cameras, except for there not having been three road deaths in the road.

Operating procedures covering the Highways Agency and the Safety Camera Partnership are not responsive and/or sympathetic to local concerns and fears caused by excessive speeds. The police have largely withdrawn from their traditional role of law enforcement in this connection, and routine flouting of the speed limits by the majority of drivers is common within this city, and especially within this road.

It cannot be argued that the primary concern for the authorities should be other than the reduction in road deaths, and that cost effectiveness of speed enforcement measures be disregarded, but road safety policies should also recognise the genuine fears and concerns of the public, especially in densely populated residential areas. Furthermore in roads such as this one the potential for major tragedy exist because HGVs of maximum capacity, and carrying all manner of loads, are permitted to pass through at excessive speeds on a road not made for the purpose.

I contend that such law and/or regulation relating to combating speed on our roads should allow for the views of the public to be heard, either directly or by representation by those who are elected locally to represent the public view. The blunt truth is that mechanisms available to the public for seeking improvement through elected members, both local and the constituency MP, are absolutely useless due to the empowerment for action being invested in others outside public reach.

It is unfortunate for the residents of this road that its trunk road classification prohibits the implementation of sensible local road safety initiatives that are otherwise considered to be appropriate by the district council for all other roads in the city. Undoubtedly the division of responsibility for roads within this city’s boundaries between The Highways Agency and the local authority, is a major obstacle to consistent road safety management, and the implementation of the local road safety initiatives.

The public funded agencies combined efforts are proving incapable in curbing the speeding problem here, and thus they are failing in their statutory responsibilities and their “duty of care” to the public.

Regrettably Press Notice 6 shows the tendency to consider road safety from an accident statistical standpoint only, whilst seeming to disregard public concerns about of endemic and proven levels of speeding, which by themselves may not meet the strict criteria for speed cameras and/or regular police interest, but are causing extreme anxiety to the public and are unquestionably in contravention of the laws of the land.

1. EVIDENCE OF SPEEDING

In March 2007 The Avon & Somerset Safety Camera Partnership surveyed the A36 Warminster Road in this city. The results were as follows:

30 mph limit (east and west combined), average speed 35.1 mph.
85th percentile speed 40.6mph.
Percentage travelling above the speed limit 82.2%.
Percentage travelling more than 15 mph above the speed limit 5.4%.

There are proportionate figures for the 40 mph limit section that fall entirely outside the city boundary.

The report also states: “The 85th percentile figure is the figure which is used for analysis at all camera sites, and does meet our own criteria for enforcement”.

2. Daily observation of traffic since the March 2007 survey, would suggest that the statistics in 1 above are typical of normal traffic flows in the road.

3. The figures reflect the conduct of all traffic types, thus it seems entirely possible that a proportion of the total traffic flow in the survey were HGVs and that some of these were amongst those exceeding 15 mph above the 30 mph limit. This supports the observed instances of HGVs moving very fast, and that a proportion of these must have been exceeding 45 mph.

4. The potential consequences involving a very large, fully loaded vehicles travelling in excess of 45 mph in a residential road, could be catastrophic!

5. The Avon & Somerset Safety camera partnership admit that: “presently safety camera enforcement is carries out on 3% of the road network, and we are operating at full capacity with very little resource to increase enforcement”.

6. Press Notice 6 shows the tendency to consider road safety from an accident statistical standpoint only, whilst seeming to disregard public concerns about of endemic and proven levels of speeding, which by themselves may not meet the strict criteria for speed cameras and/or regular police interest, but are causing extreme anxiety to the public and are unquestionably in contravention of the laws of the land.
6. Both the local police and the traffic division have undertaken enforcement exercises in the road in the last 12 months. It is sad to say that these have been of short duration (less than one day in each case) and ineffective in providing improvement.

7. The Highways Agency are not even slightly sympathetic to proposals for the installation of additional signage in the road eg repeater signs, and argue that existing signage is consistent with national laid down requirements. They say: “the area concerned (this one) is a street lit area and therefore a 30 mph limit. Under the Traffic Signs and General Directions (TSR&GD) 30 mph repeater signs are not permitted in a street lit area, as the streets themselves stipulate the 30 mph limit”. So there you have it. Clearly the organisation tasked to manage this road (The Highways Agency) are “burying their heads in the sand” if they believe that drivers comply with such obscure logic. It is also clear that they have no room for discretion and have their hands tied, even in the face of appalling and proven speeding survey statistics, and in the face of sensible local initiatives (like repeat signs) proving of real benefit in traffic calming measures? Those expounding this approach probably live outside this area, yet have absolute power over what happens locally. This can’t be right?

8. The above mentioned directive does not take account of the lack of awareness by foreign HGV drivers of UK traffic regulations, substantial numbers of which are observed passing through at excessive speeds. There is sufficient evidence in the traffic survey to indicate that not very many drivers understand or are too bothered about this regulation ie in the absence of regular enforcement.

9. Local elected representatives including parish and district councils and the local MP, work in isolation and thus do not reap the benefits of coordinated effort on behalf of the public. This constitutional weakness, coupled with the lack of empowerment to act significantly to the public good in this context, needs to be examined?

I should be most grateful if your committee would give due consideration to my submission.

January 2008

Memorandum from the Rev Brian M. Cave (RS 06)

QUESTION 1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

1. The test as to whether targets have been a useful tool for focusing professional activity is to be found in the results of that activity, and the hitting of the target of “casualty reduction”. The question to be asked is—“What was the outcome of that activity—both positive and negative?” It is important to consider whether any gains outweigh any losses, or vice versa. Not only has the aim of “casualty reduction” to be considered, but there are also moral, legal, personal, social, community and economic considerations.

2. This is especially important when dealing with what is naturally the very emotive subject of road accidents and casualties, and how to reduce them. One only has to note the reaction of the police and the public to disaster of all kinds. But we need to stand back and see what is possible and effective—or else we can so easily rush into legislation and action where we ask men and women for the impossible—and we hit the wrong target. Any legislation to seek to reduce loss of life and injury on our roads should be measured and balanced—not oppressive and “knee-jerk” to statistics which appear to be shocking.

3. Road accidents need to be seen in the context of other accidents. Road accidents account for about a quarter of all fatal accidents. Accident fatalities in the home account for a very slightly higher number. This is not to say that we should be complacent about accidents, but to recognise that accidents happen—they are “part of being human”—and we must accept that. We should not, however, shrug our shoulders and say “That’s life!”, and do nothing to improve things in our homes, in our work and on the roads.

4. To answer the Question 1 we therefore need to look at the effectiveness and results of two casualty reduction programmes—that relating to “the New Drivers Act 1995”, and that relating to “Speed Cameras”.

5. The New Drivers Act 1995 seeks to effect casualty reduction amongst novice drivers—with legislation affecting those learning to drive, a theory test, a longer practical test, “Pass Plus” training and the introduction of revocation of licences for six points.

6. The Seventh Report of the Select Committee on Transport acknowledges that the 1995 Act is ineffective, and that the “measures appear to have had only a marginal impact on novice drivers (Para 2)”. That is a very serious and far-reaching statement about the effectiveness of the Act and the failure to attain the target of casualty reduction for novice drivers. Looking at the effects of this Act should be very instructive as to what might or might not be done in the future.
7. The statement in that Report, Para 2, that “the appalling collision rate of novice drivers clearly demonstrates that the problem must not be ignored. “Do nothing” is not an option” is highly emotive. It also invites the question—“What is the problem?”

8. The Report shows that there is “little understanding” about why “the casualty reduction as a whole has not been matched among novice drivers (Para 18).” And that, “We questioned several witnesses about the reasons for the increased novice driver casualty rates but were unable to identify the cause of the problem. (Para 16)”

9. The 1995 Act was supposed to be “a solution”—here it is acknowledged that there is no apparent answer to “the problem”. It is no good solving problems that aren’t there—or solving one problem and creating a host of other problems. If the answer to “a problem” is not understood, then rather than ‘doing anything’ it is probably better to “do nothing” until the answer is fully understood—and then take any steps that might be necessary.

10. The 1995 Act makes it more difficult to become a driver, and puts an emphasis on exclusion by revoking the licences of those who, having passed the theory and practical tests, receive six penalty points. The effect of the Act is that there has been a 20–25% fall in the number of novice drivers holding driving licences (Para 15), about 15,000 novice licences are being revoked each year under the 1995 Act (Para 154), and about half of these do not go on to retake their test. The Report also mentions in Para 3 that about one million are driving without a valid driving licence. It might be reasonable to conclude that an increasing number of those of “novice age” (17–25 years old) are “opting out”—either not taking part in “the system” because it has become too difficult or academic, or when they fail to live up to the unreal expectations of the system (of not driving to a higher standard than that expected of experienced drivers) and get their licences revoked, they decide to drop out and join the “alternative society” and continue to drive unlicensed (and uninsured).

11. The results of the punitive aspect of the 1995 Act appear to have been largely overlooked, although the Seventh Report does refer in passing to the social and economic impact, but does not look “sideways” at the consequences of and repercussions of the Act.

12. The Seventh Report suggests that revocations are “an incentive to safer driving (Para 144). That may be the intention in theory—but when they are applied, they are “excluding penalties”—they are “Draconian penalties.” A novice driver whose licence is revoked may, like those who are disqualified, need a car either to go to work or to do their work. Becoming unable to drive independently may therefore result in the loss of their job. Public transport is often not an option for many revoked (or banned) drivers. To say that “they should have thought of that before they went speeding (or whatever)” is unacceptable and patronizing. The penalty of loss of mobility has then become a penalty of loss of work as well. If the driver has their own home and a family to support the effort is even more serious—the penalty may escalate to the loss of their home and the inability to support their family. The driver may turn to the Social—and maybe begin the circle of dependency on the State. Not only is the driver punished, so is their family—and the State picks up the tab—maybe for years. The punishment does not fit the crime—it is totally disproportionate—and economically foolish.

13. The individual driver whose licence is revoked and who loses their job and goes on the Social faces a personal tragedy. But when multiplied by hundreds of thousands (if we include those who are disqualified under the points system) it can be seen as a social and economic disaster for our country. The Aim of any “Casualty Reduction Legislation” should be to continue to be inclusive not exclusive.

14. The alternative for the revoked or disqualified driver is to join the “alternative society” and continue to drive—unlicensed and uninsured. They have been “pushed” into a criminal spiral of illegality, fines, prison (with huge costs to the State)—by bad legislation—legislation that it is acknowledged does not work. How does this help these drivers? How does this help the “community”? Accidents involving uninsured drivers are still paid for by the rest of us. And as for “forfeiture of vehicles”—there has to be a better way. Legislation that excludes men and women in the pursuit of “casualty reduction” (which is acknowledged does not work) should have no place in a civilised society.

15. In the Seventh Report drivers are blamed as being “lawless and anarchic”. But as the legislation has been acknowledged to be ineffective, it is the Act and its outworking that should be blamed. Applying “a tighter penalty” is NOT the answer—the growing criminalisation of the motoring public is a blight on our way of life, and a disgrace to it.

16. The problem as to why the measures appear to have had only “a marginal effect” on novice drivers needs to be addressed. That they have had only “a marginal effect” would strongly suggest that they are the wrong measures and should be repealed. So what is the answer to the “unanswered problem”?

17. Para 7 of the Seventh Report says that “1,077 people died in 2005 in crashes involving a driver aged 17–25 (or whom 377 were drivers aged 17–25).”
18. The emphasis in the 1995 Act is on the driver. The Seventh Report lays greater emphasis on the role of the car, which is an aspect that has not been recognised to its full extent in the past in relation to novice drivers. Para 10 states—“Young novice drivers (and this is true of those under 35 who feature in 60% of car accidents) tend to drive older vehicles which have fewer safety features than are offered on newer vehicles. This means that in the event of a crash, the injuries inflicted tend to be worse than they would have been in a newer vehicle with better secondary safety features.” This, in fact, understates the position—for in addition to more serious injuries in an older vehicle in an accident, the vehicle is more likely to be in a collision because the lack of ABS or Electronic Stability Programmes makes it easier to lose control of the vehicle. The car itself gives the answer to the “unanswered problem”!

19. Para 10 also says—“20% of the 17–22 year old male drivers killed in collisions were driving cars more than 13 years old”. The safety levels of cars of more than 13 years old, manufactured in 1994 (or before), are almost the same as those manufactured in 1981 (13 years earlier). The main safety feature in both being seat-belts. Those cars allow their drivers to lose control quite easily as they have no ABS, no Electronic Stability Control—and in collisions the risk of fatal or very serious injuries is much higher with no crumple zones, no air bags (or one at best).

20. In new cars drivers do not lose control of their vehicle so easily with ABS and Electronic Stability Control, and in a collision the occupants are protected to a great extent, by the crumple zone, padded fascias and multiple air-bags, so that fatalities are less common and injuries less severe. In the last 13 years there has been an increasing gap in the safety levels of old cars and new cars. And this means drivers (often those who are older), who can afford newer cars with more safety features, are protected. But those drivers, who tend to be younger but buy older cars, whose priorities are a very loud stereo and a very noisy exhaust, are at very great risk—apart from the fact that many of them have little or no experience. It is therefore to be expected that whilst there has been casualty reduction generally, among novice drivers casualties have hardly changed.

21. The Seventh Report in Para 51 says that “experience has a larger impact on collision risk than age”. Therefore those who lack experience, as we all once did, are more vulnerable to collisions and injury (especially if driving an older vehicle)—and those who are younger are more likely to “make mistakes” of one kind or another. It is perverse of the 1995 Act to punish by revocation those who make mistakes, and so do not exceed the standards required of experienced drivers, in the process of gaining experience.

22. The future, however, is brighter—time will do what the 1995 Act has failed to do and reduce fatalities and casualties amongst novice drivers! For by 2021 (13 years’ time) novice drivers’ KSI will have started to fall because many of them will be driving much safer cars—manufactured this year, or in very recent years. The answer to why “casualty reduction as a whole has not been matched among novice drivers” is much more in the safely level of cars—than in the ability of the drivers. The 1995 Act has been solving a problem which doesn’t exist—creating more problems in other ways.

23. The 1995 Act calls for “radical measures (Para 2)”. Radical measure would be—repeal the 1995 Act, cancel all revocations and disqualifications, restore licences, and stop vehicle forfeitures. This would make a lot of unlicensed driving legal, reduce prison sentences, and free up the police to deal with more serious criminal behaviour.

24. Speed Camera Legislation is also very pertinent to Question 1. There is something very wrong with the whole system when the Rt Hon Dr Stephen Ladyman was reported as admitting to nine points on his driving licence, Chief Constable Richard Brunstrom and the Rt Hon Harriet Harman with points, hundreds of highly-trained, highly motivated police officers have points on their driving licences, let alone the many ordinary drivers who seek to be “law abiding” who find themselves “caught”—caught because the legislation requires them to drive in a way that is not humanly possible. As the police acknowledge—“speed limits are not always easy to spot, especially if you are concentrating on a developing situation”, or “because of a moment’s inattention”. No-one concentrates 100% one hundred percent of the time—it is not humanly possible.

25. It has been quoted in the comments relating to the 1995 Act that “the under-35 age group feature in 60% of car accidents”. Yet “over 65% of Speeding Tickets (NiPs) are sent to those over-35”. This is a statistic obtained under FoI. Speed Cameras are missing the target. That statistic puts a big ? against the effectiveness of Speed Cameras.

26. So does this! The Left Table’s figures on fatalities are much used by the DfT, the Police, et al, to highlight the “success” of Speed Cameras. The Right Table also on fatalities gives a very different interpretation. The Left Table shows the “tremendous progress” made in “Casualty Reduction”—referring to the Base Line figures, we see the amazing reductions in fatalities by 2002, 2003, 2004, etc, as the Safety Camera Partnerships have developed their work—aren’t cameras wonderful—targets are being met! But it is an illusion.
27. The Right Table looks at the actual figures and how they have changed—the top half covers the six years before the mass introduction of Speed Cameras, and the bottom half covers the six years after the mass introduction of Speed Cameras. The decline in fatalities is almost the same in both six-year periods. Before 2001 there were very few cameras around, yet fatalities fell by 241 overall in the six years. The question is “Why?” And from 2001, with the mass introduction of speed cameras to effect “Casualty Reduction, fatalities fell by 237 overall in that period of six years. If the same factors, that were causing the ongoing reduction over the first six years, were present in the second six years, then if Speed Cameras were effective for “casualty reduction”, then they should have resulted in a noticeable extra decrease in fatalities but none was seen. The 3 and 4 year evaluation reports on Speed Cameras claim a reduction of 100 fatalities per annum, but that is not evident in the figures above. Also there should have been a noticeable decrease in novice fatalities and casualties, but none was evident. The conclusion has to be that Speed Cameras are not effective for “casualty reduction”.

28. In 2000 RoSPA said that seat-belts had probably saved some 50,000 lives. As commented, Para 10 of the 1995 Act says that novice drivers tend to drive older vehicles—but this can be extended to the wider at-risk under-35 age group. Those under 35, on average, tend to be less affluent than those older, they have less available money, they have a mortgage and a family, and they buy less safe cars because of the price. If new, the car is not top of the range with all the safety aspects included; and if second-hand—from no side and curtain air-bags, to no Traction Control, no ABS, no passenger airbag, no rear head restraints, no driver air-bag—down to the £100 old banger with the only essential being a very loud stereo!

29. The advance in vehicle safety has been dramatic over the last decade or so. As with the seat-belts, these advances are taking time to have full effect (especially those that cannot be retro-fitted)—maybe 20 years. The older, unsafe vehicles are slowly being lost from the stock of vehicles on our roads. We can therefore expect fatalities to continue to fall until all vehicles have very high levels of safety—air-bags, Electronic Vehicle Controls and crumple zones. With the decline of fatalities, many serious injuries will become less serious. We should therefore be looking at ways to remove the most dangerous vehicles from our roads. Younger drivers will continue to buy them while they are available—to their peril.

30. Speed Camera Legislation however blames the drivers. I am not advocating a free-for-all on the roads. However the punishment of drivers for technical offences of speed, rather than for offences against safety, should stop. And the Draconian penalties of disqualification, as with revocation, is way out of all proportion to the “crime”. It, again, pushes drivers into the “alternative society”, and unlicensed driving—or else into State dependency. The country cannot afford to have huge numbers of banned drivers—whether they are sitting at home on the Social, driving unlicensed or incarcerated in prison. We have to consider how many prison places need to be built for the increasing numbers of those who defy the law in order to provide for their families.

31. “Radical measures” must be taken over Speed Cameras. Many Speed Cameras should be removed. The criminalisation of motorists must cease. Those disqualified should have their licences back. The Law has shown to be ineffective and counter-productive. The Law is supposed to be for the benefit of the community and the country. Both the 1995 Act and the Speed Camera Legislation fail this basic test.

32. Targets have hindered the necessary process of thinking “outside of the box” by focusing too narrowly—and as a result targets have done more harm than good.
QUESTION 6. What further policies, not already used, might be considered for adoption and what evidence there is for their success?

1. Firstly, it needs to be commented that governments love to be able to announce “new policies” and “new initiatives”—they show the public that they are “on the ball”, dynamic, progressive—meeting the needs of the times. However the introduction of an endless number of new policies and initiatives often results in not solving the problems of the day, but producing the problems of tomorrow.

2. In relation to “casualty reduction” there needs to be a “new direction” rather than adding on new policies and initiatives. The New Drivers Act 1995 and the Speed Camera legislation are two cases in point. The Seventh Report of the Select Committee on Transport acknowledges that the New Drivers Act 1995 is ineffective. If ever there was a warning about new initiatives here is it! The Report says that the “measures appear to have had only a marginal impact on novice drivers (Para 2)”.

3. The New Drivers Act 1995 (as with the Speed Camera Legislation) is based on the premise that it is the drivers who are at fault for fatalities and casualties—and so the novice driver is targeted, with a “tighter penalty regime”, to seek to reduce the proportionately greater number of casualties among younger drivers. The same premise pervades Speed Camera legislation—the driver is at fault—”If only they would keep within the speed limit we would all be safe”! The Speed Limit is not the defining line between safe driving and dangerous driving. Legislation has treated driving as an exact science—it is more of an art or skill. However the Seventh Report lays greater emphasis on the role of the car, which is an aspect that has not been recognised to its full extent in the past in relation to casualty reduction amongst novice drivers (or experienced drivers either).

4. The motorists who are most at risk of death and serious injury are the novice and the less experienced driver who drive a greater proportion of vehicles which are inherently “dangerous”, which have little or no safety features (apart from seat belts). This is why novice driver fatality and casualty rates have not fallen in line with the reduction of fatalities and casualties across the population as a whole.

5. The car itself is the major and key factor in casualty reduction. In 2000 RoSPA said that seat-belts had probably saved some 50,000 lives (and doubtless reduced many more casualties in severity). This is an amazing result—the only downside is that a minority of drivers and passengers still continue not to put them on—to their own peril! One would expect other safety features to have similar results in casualty reduction—they are! ABS, Traction Control and Electronic Stability Control programmes (even one of them) make a tremendous difference to a driver being able to keep control of their vehicle. (The DfT has said that 43% of accidents are due to loss of control of a vehicle.) And with ABS, Traction Control and Electronic Stability Control, in the therefore less frequent event of a collision, the occupants are better protected when there are two air-bags, crumple zones, curtain air-bags, soft fascias—and pedestrian friendly bonnets. As these major advances in car safety have started to be introduced in mass market cars over the last 10 or so years, their effect on casualty reduction is clear in the statistics. The fatality statistics are below.

6. But before looking at those we need to note the statistic that “the under-35 age group feature in 60% of car accidents”. Yet “over 65% of Speeding Tickets (NiPs) are sent to those over-35”. This is a statistic obtained under FoI. Speed Cameras are missing the target. That statistic puts a big ‘?’ against the effectiveness of Speed Cameras.

7. So do the statistics below! The Left Table’s figures on fatalities are much used by the DfT, the Police, et al, to highlight the “success” of Speed Cameras. The fuller Right Table, also on fatalities, gives a very different interpretation. The Left Table shows the “tremendous progress” made in “Casualty Reduction”—referring to the Base Line figures we see the amazing reductions in fatalities by 2002, 2003, 2004, etc, as the Safety Camera Partnerships have developed their work—aren’t cameras wonderful—targets are being met! But it is an illusion.

See previous table

8. The Right Table looks at the actual fatality figures and how they have changed—the top half covers the six years before the mass introduction of Speed Cameras, and the bottom half covers the six years after the mass introduction of Speed Cameras. The decline in fatalities is almost the same in both six-year periods. Before 2001 there were very few cameras around, yet fatalities fell by 241 overall in the six years. The question is “Why?” Not cameras, not better driving—but ongoing improvements in vehicle safety! And from 2001, with the mass introduction of speed cameras to effect “Casualty Reduction”, fatalities fell by 237 overall in that period of six years. If the same factors of ongoing improvements in vehicle safety, that were causing the ongoing reduction over the first six years, were present in the second six years (and vehicles are getter safer every year), then if Speed Cameras were effective for casualty reduction they should have resulted in a noticeable extra decrease in fatalities but none can be seen. The 3 and 4 year evaluation reports on Speed Cameras claim a reduction of 100 fatalities per annum, but that is not evident in the figures above. Also one would have expected there to have been a noticeable decrease in novice driver fatalities and casualties, but none has been evident as the Seventh Report acknowledges. The conclusion has to be that Speed Cameras are not effective for “casualty reduction”. Unfortunately recent safety features are not “add-ons”, but the decline in fatalities of the last decade or so will continue as old cars come to the end of their life, and the average safety level of vehicles on the road therefore increases year on year. However the younger drivers
who generally buy older cars will stay greater risk until the 13+ year old cars contain a higher level of safety features. Time will do what the 1995 Act has failed to do, and reduce fatalities and casualties amongst novice drivers.

9. New policies must (a) be switched away from an emphasis on the driver, and (b) be switched to an emphasis on vehicles.

10. To deal with (a) first! What has gone wrong—and what must be put right? The emphasis on the driver has criminalised some 10 million drivers with points on their licences, with over a million driving having nine points. The target has been the motorist. One in four motorists now has a criminal record because of they are asked to drive to a standard which is not humanly possible, even for experienced drivers. 15,000 novice drivers are having their licences revoked each year for reaching six points under the 1995 Act—for not living up to the unreal expectations of the Act, and not driving to a higher standard than experienced drivers. And many more drivers are disqualified through reaching 12 points on their licence. The Policy of the 1995 Act is one of “Exclusion”—drivers are seen as “lawless and anarchic”—as the Seventh Report reports, and it speaks of more enforcement. The same is true of Speed Camera policies—enforcement by exclusion. Revocation or disqualification of licences is a totally disproportionate penalty for offences which are generally much more technical rather than dangerous. Some just carry on driving, unlicensed—others, for whom public transport is not an option and who need to drive to get to work or to drive at work, find that their ban results in the loss of their job, they may have to go on the Social, they may even lose their home. The effects of Revocations and Disqualifications are unacceptable. Other penalties should be given—when appropriate, see later.

11. It must be of no surprise that the results of the 1995 Act are that there has been a 20/25% fall in the number of novice drivers holding driving licences—and about half of those whose licences are revoked do not go on to retake their driving test. It might be reasonable to conclude that an increasing number of those of “novice age” (17–25 years old) are “opting out”—“the system” has become too difficult or academic—and they have joined the growing number, estimated at something like 1,000,000 drivers, who continue to drive unlicensed and uninsured. It is no wonder that the whole system is breaking down—bans seldom work, and bad legislation produces more problems that it solves. The theory test which is of very dubious value is a dodge to the academic but impossible to those whom the education system has failed. That is inequitable—the theory test needs to be abolished.

12. New policies must end the criminalisation of the motorist. They must restore licences to revoked and disqualified drivers. (Licences should only be taken away on health grounds, eg Because of sight problems, or age problems). This would make much unlicensed driving legal, reduce prison sentences, and free up the police to deal with more serious criminal behaviour. Vehicle forfeiture should cease—it has no value in many cases. Drink driving should be punished with fines (not disqualification) at a level which will make the driver think twice before he drinks and drives again—and for subsequent offences, greater fines/a prison sentence. Speeding offences—average speed offences should attract fines, but the targeting of motorists by speed cameras for “spot” offences, which are mostly technically illegal rather than dangerous, should stop. (This is not to advocate a “free-for-all” policy.) Dangerous driving should be treated as drink driving—fines/prison sentence. Disqualification should no longer be a penalty—it isn’t for many who join the one million who drive illegally—which brings with it the problem that those who are not insured are “covered” by those who are, The aim of the policy should be “inclusion”—the only “exclusion” being prison sentences.

13. Those who are arrested for driving without a licence should be given the usual fine but no points—plus £50, and “given” a provisional one “free”, and told that if caught driving unsupervised they will be fined heavily. For no insurance the penalty should be a fine plus the cost of a year’s “New Start” insurance—and “given” it by the courts. The government needs to work with Insurance Companies to produce a minimum new insurance to bring those outside the system within it—a “New Start”. The premium levels would not have to be “bumped up” enormously, but would take into account that those driving uninsured are costing the insurance industry millions already. Therefore if uninsured drivers are “given” insurance by the courts (it could also be offered generally in an amnesty) uninsured driving costs would decrease.

14. The personnel employed in speed enforcement could turn to “safer driving training” of offenders—so that those who have collected, say, 12 points are not disqualified but required to attend a safer driving course within three months.

15. (b) the emphasis on “the vehicle”. There are two aspects here—making vehicles safer to occupants and pedestrians at the point of manufacture, and removing vehicles from the road stock which do not have sufficient basic safety features.

16. The writer bought a mass-market Ford Escort in 1994. An option at that time was a “Safety Pack”—for an extra £600 a passenger air-bag and ABS brakes could be added. What price safety!! Manufacturers should be encouraged/persuaded or even compelled to include increasing safety features as standard—offering options of better sound systems, finishes, etc.

17. Older vehicles which are “dangerous” due to a total lack of safety features will eventually disappear in old age. If it is not possible to remove them by legislation, it would be possible to set up a purchase scheme whereby old cars without, say, even a driver’s air-bag could be bought for scrap (on a voluntary basis)—at a “flat rate”. The cost of such a scheme would be offset by the inherent cost of leaving them on the roads.
20% of the 17–22 year old male drivers killed in collisions were driving cars more than 13 years old. These losses of lives has an enormous economic cost—how many dangerous cars could have been taken out of circulation for that money?

18. Another aspect is advertising. Manufacturers could be asked to major on the safety features of their products alongside their power and acceleration, their “sexiness”, their “pulling power”, their macho image. The DTI could also make this a feature of an ongoing advertising campaign on buying a car under the slogan—“Buying a new car—Buy Safe”. For example—“A better music system won’t save your life—ABS and two air-bags may—Buy Safe!” “Buying a nice second-hand set of wheels? Alloy wheels and flash spoilers won’t save your life—ABS and two air-bags may—Buy Safe!” “An old banger, and only £100—no air bags, no ABS—it could be your hearse—Buy Safe!” “A car for the family—ABS and two air-bags at the front, and head restraints in the back may save your children’s lives—Buy Safe!” “Don’t buy a shiny coffin on wheels—get ABS and two air-bags—Buy Safe!” “A ghetto blaster without ABS and two air-bags may not be heard for long—Buy Safe!”

19. Summary—There needs to be a “new direction” in relation to ‘casualty reduction’. The emphasis needs to be on the vehicle. Ineffective and punitive legislation, such as the New Drivers Act 1995 and Speed Camera Legislation which is ineffective as far as casualty reduction goes, needs to be repealed, as does punitive legislation which is ineffective, excluding, and unjust—a disgrace to our way of life. There must be a policy of inclusiveness on the roads.

QUESTION 7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

1. The priority for government must be to accept that measures taken to achieve “casualty reduction” have not worked, but have had enormous consequences, not only to the detriment of motoring but to both the economy and community life of our country.

2. Casualty reduction must be seen in a much wider context. It would appear that because casualty reduction has been focussed very sharply, the possible consequences of policies were not given sufficient consideration and, in retrospect, we see very real problems have arisen. These need to be addressed.

3. The targets that have been set both for novice drivers and motorists in general have been “hopelessly unrealistic”. The “bar has been raised” to such an extent that millions of motorists are knocking it off. Targets that are set for motorists must be attainable—motorists are only human, they are not machines. Driving is an art rather than a science. The targets set for drivers need to be relaxed to realistic levels so that drivers can concentrate on driving safely.

4. The Seventh Report of the Select Committee on Transport acknowledges that the 1995 Act is ineffective, and that the “measures appear to have had only a marginal impact on novice drivers (Para 2)”. That is a very serious and far-reaching statement about the effectiveness of the Act and the failure to attain the target of casualty reduction for novice drivers. The effectiveness of the Speed Camera Legislation at reducing casualties is increasingly being called into question. (Some evidential comments are given at the end of this submission.) Speed camera legislation is only effective in revenue raising, and in disqualifying drivers for infringements which are more technical than dangerous.

5. The government must recognise that “bans 2 are not the answer. Revocation and disqualification of drivers are NOT “an incentive to safer driving”. They have encouraged the snowballing of those driving without a driving licence or insurance. Penalties must be for “real offences” of dangerous driving—rather than for technical offences. Penalties for dangerous/drink driving should be fines and/or prison sentences. Bans and vehicles forfeiture should not be used.

6. In the Seventh Report drivers are dismissively blamed as being “lawless and anarchic”. The presumption seems to be that they need control through Draconian measures. Some drivers may be lawless and anarchic, but there are many who seek to be “law-abiding” members of society who are facing the unfair and unjust consequences of “bad law”. The 10 million motorists who have been criminalised with points on their licences suggests that the legislation desperately needs changing. The million drivers with nine points on their licence underlines the urgency of repealing legislation and cancelling disqualifications and revocations. When hundreds of highly trained and highly motivated police officers find themselves unable to drive within the constraints that legislation has put on them (without referring to Chief Constables and Members of Parliament) the case for repealing the legislation is overwhelming. And if members of the police can’t drive within the legislation, what hope is there for “Joe Bloggs”?

7. The disastrous consequences of the casualty reduction “exclusion policies” has alienated and “encouraged” thousands to move over into the “alternative society” of unlicensed and uninsured road use. Enforcement (of bad law) is NOT the answer. The DTI estimate for the size of that problem is in excess of one million—and it will continue to grow. An alternative way forward has to be found—unless it is proposed to lock up the million illegal drivers. Suggestions as to a possible way forward is contained in the writer’s submission in answer to question six of this New Inquiry into Road Safety. Again this situation underlines the need for urgent action. Enforcement is not the answer—and the economic cost of enforcement would be huge. And there would be a very real chance of severe civil unrest. The need is for legislation which will
bring illegal drivers into the system—cancelling revocations and disqualifications. Alongside this we need to remember that there is the already dwindling goodwill and support for the Police—the agents of “bad law enforcement”.

8. The priorities for government must be to become “inclusive” towards motorists—the only disqualifications should be on severe health grounds. Government expectations of motorists must not be unrealistic—especially the novice driver. The novice has to learn—and will make mistakes—it has been crass to penalise them for not being better than experienced drivers. Of course, they are a risk to themselves and to others in their early years—we all were, and still are to a lesser extent. That is called life. That is called “being human”. And “Accidents Happen”—we have them in our homes, we have them in our work, we have them in our leisure activities, and we have them on the roads. Not to be complacent, but we need to recognise that there are limits to what legislation can do.

9. It must also be recognised that the vehicle is the key element in casualty reduction. If every novice suddenly had a new car with all the modern safety features of ABS, driver and front passenger air-bags, traction control, electronic stability control, side and curtain air-bags, there would be an instant and dramatic casualty reduction among them. Novices, who tend to buy less safe vehicles because of financial restrictions, are more likely to have serious accidents because (a) they are inexperienced, (b) their vehicles lack ABS, traction control and stability control so that they lose control more easily and, (c) in those more frequent accidents, without air-bags or crumple zones, they will receive more severe injuries.

10. The preceding comment in Paragraph 9 also applies to a large extent to those under 35, and explains why the under-35 age group feature in 60% of car accidents. It also explains why the New Drivers Act 1995 has been a failure in terms of casualty reduction. The 1995 Act has been solving a problem which doesn’t exist—and created more problems in other ways. It also explains the ineffectiveness of the Speed Camera Legislation which, again, has had more problematic consequences.

11. Speed Camera Legislation.

12. Note again the statistic quoted in paragraph 10 above that “the under-35 age group feature in 60% of car accidents”. Yet “over 65% of Speeding Tickets (NiPs) are sent to those over-35”. A statistic obtained under FoI. Speed Cameras are missing the target. This statistic alone puts a big “?” against the effectiveness of Speed Cameras.

13. So does this! The Left Table’s figures on fatalities are much used by the DfT, the Police, et al, to highlight the “success” of Speed Cameras. The Right Table also on fatalities gives a very different interpretation. The Left Table shows the tremendous progress made in “Casualty Reduction”—referring to the Base Line figures we see the amazing reductions in fatalities by 2002, 2003, 2004, etc, as the Safety Camera Partnerships have developed their work—aren’t cameras wonderful—targets are being met! But it is an illusion.

See previous table

14. The Right Table looks at the actual figures and how they have changed—the top half covers the six years before the mass introduction of Speed Cameras, and the bottom half covers the six years after the mass introduction of Speed Cameras. The decline in fatalities is almost the same in both six-year periods. Before 2001 there were very few cameras around, yet fatalities fell by 241 overall in the six years. The question is “Why?” And from 2001, with the mass introduction of speed cameras to effect ‘Casualty Reduction’, fatalities fell by 237 overall in that period of six years. If the same factors, that were causing the ongoing reduction over the first six years, were present in the second six years, then Speed Cameras had no effect on Casualty Reduction as far as fatalities are concerned. The claims that Speed Cameras have resulted in 100 fewer fatalities per annum cannot be read into the figures.

February 2008

Memorandum from the British Red Cross (RS 07)

**Summary**

(i) The British Red Cross welcomes the opportunity to contribute to this inquiry. We have responded to questions on which we have experience or expertise.

(ii) First aid is often—wrongly—perceived to be “too little, too late” in road safety terms. In fact, it can be a preventative measure. Early first aid can prevent an injury deteriorating and causing lasting harm or death.

(iii) First aid can save lives, particularly in the “golden hour” after a road traffic collision has first occurred. Learning how to deal with common scenarios such as bleeding and blocked airways is simple and takes a few minutes.

(iv) Other European countries require drivers to learn first aid before they are granted a licence.
(v) The EU Directive 2003/59/EC introduces a Certificate of Professional Competence for vocational drivers such as bus and lorry drivers, which includes dealing with emergencies and first aid education. All learner drivers could benefit from basic first aid skills.

(vi) We believe the forthcoming review of driver testing and training is an ideal opportunity to increase first aid education in an innovative way. We would recommend including computer-based scenarios as part of the driving test so learner drivers could learn about staying safe, handling emergencies and basic first aid.

BACKGROUND ON THE BRITISH RED CROSS

1. The British Red Cross helps people in crisis, whoever and wherever they are. We are part of a global network that responds to conflicts, natural disasters and individual emergencies. We enable vulnerable people in the UK and abroad to prepare for and withstand emergencies in their own communities, and when the crisis is over we help them to recover and move on with their lives.

2. The British Red Cross is part of the International Red Cross and Red Crescent Movement, which comprises:
   2.1 The International Committee of the Red Cross;
   2.2 The International Federation of Red Cross and Red Crescent Societies; and
   2.3 183 National Red Cross and Red Crescent Societies worldwide.

3. As a member of the Red Cross and Red Crescent Movement, the British Red Cross is committed to, and bound by, its Fundamental Principles. These are: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

4. As an auxiliary to the UK Government, we work in support of the emergency services at major incidents, and support people at fires and smaller emergencies. We provide first aid services at public events and promote first aid education and training.

5. The British Red Cross has, for the last five years, run road safety campaigns, both as part of a Europe-wide initiative by Red Cross national societies and in partnership with Toyota. These campaigns have entailed roadshows, demonstrations, and workshops in schools. We focus on the key skills that make the greatest impact at the scene of an accident, including airway management and severe bleeding.

Our Don’t Be a Bystander campaign taught young people key skills, including:

— Making the scene safe and basic rescue.
— Airway management.
— Treatment of a severe bleed.
— Calling emergency services.
— Handover to emergency services.
— Basic psychological support.
RESPONSE OF THE BRITISH RED CROSS TO THE INQUIRY

6. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

6.1 In several European countries such as Austria, Estonia, Germany, Hungary, Latvia, and Lithuania holding a first aid certificate or having completed some form of first aid training is required before a licence is granted. This is also the case in Switzerland, although not an EU member state.

6.2 In Slovenia, you have to take a first aid course and take along a certificate in order to gain your licence. In Slovakia, you are required to attend lectures from a doctor on first aid issues and have both theory and practical tests.

6.3 The Red Cross fully supports the promotion of life-saving skills to learner drivers, and we understand that this can be delivered in different ways. Learning first aid doesn’t necessarily mean taking a long course and gaining a certificate, the basics can be learnt in a couple of hours.

6.4 We were delighted that the Department for Transport and Driving Standards Agency extended the number of theory questions in the current test in 2007 to give more scope for questions such as first aid. The British Red Cross has been pleased to work with the Department of Transport and Driving Standards Agency on first aid and road safety over the last two years, to improve and increase first aid learning in the theory section of the driving test. We believe that the forthcoming review of driver testing and training gives scope for increasing and improving first aid content, for instance through interactive computer scenarios.

7. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

7.1 Professional drivers, such as bus and lorry drivers, will soon be receiving first aid education.

7.2 The EU Directive 2003/59/EC Certificate of Professional Competence for vocational drivers introduces a mandatory certificate of competence, and periodic training every five years thereafter.

7.3 The Directive includes a list of subjects which should be taught, including: “3.5. Objective: ability to assess emergency situations: behaviour in an emergency situation: assessment of the situation, avoiding complications of an accident, summoning assistance, assisting casualties and giving first aid, reaction in the event of fire, evacuation of occupants of a lorry/bus passengers, ensuring the safety of all passengers, reaction in the event of aggression; basic principles for the drafting of an accident report”.

7.4 Clearly, some of these skills are of particular benefit to professional drivers (eg evacuation of passengers) but basic life saving skills would be useful to all drivers.

8. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

Policy

8.1 The Red Cross believes that ensuring people learn basic, road-safety specific first aid when learning to drive could save lives and reduce injury. The fundamentals of first aid are simple to learn, and include:

— Applying pressure to a wound to stop bleeding, and raising the cut above heart level.
— Opening the airway by, for example, tilting the head back.

CASE STUDY: QUICK THINKING SAVES ROAD CRASH VICTIM

A Red Cross trained office worker helped save a road crash victim’s life—by tying her gym trousers around his head.

Twenty-year-old Anita Kelly saw the incident happen as she left her office for the evening in Salford. She said: “There was a terrific bang as the man was hit by a car and thrown up on to the windscreen.”

“There was blood everywhere from a severe gash to his head and his condition was deteriorating quickly. I was carrying my gym kit, so I got out my tracksuit bottoms and tied them around his head to compress the wound and reduce his blood loss”.

Anita ensured the man’s airway was clear and that someone had called an ambulance. She then stayed with him for the next 15 minutes, checking his breathing and reassuring him, until the ambulance arrived.

A spokesperson said: “Anita may well have saved this man’s life. She takes her responsibilities as a first aider very seriously and this was a case of the right person being in the right place at the right time”.

8.2 We were delighted that the Department for Transport and Driving Standards Agency extended the number of theory questions in the current test in 2007 to give more scope for questions such as first aid. The British Red Cross has been pleased to work with the Department of Transport and Driving Standards Agency on first aid and road safety over the last two years, to improve and increase first aid learning in the theory section of the driving test.

8.3 We believe the forthcoming review of driver testing and training is an ideal opportunity to increase first aid education in an innovative way. We would recommend including computer-based scenarios as part of the driving test so learner drivers could learn about staying safe, handling emergencies and basic first aid.

8.4 Using interactive technology to assess first aid competence would mean that new drivers would undertake realistic first aid education in the least bureaucratic way possible. The Hazard Perception section of the theory test consists of video clips of hazardous driving situations played on a computer, to which the learner driver must respond in the correct way using interactive technology. The Red Cross has used a CD-Rom with similar interactive technology for some years.

Evidence

8.5 There is a body of good clinical evidence showing how first aid in itself is effective—particularly in the first 10 minutes after an accident has occurred. However, of most use to this Committee is evidence about the efficacy of first aid in relation to road accidents.

8.6 One common cause of a road accident fatality is the casualty suffering from anoxia—loss of oxygen supply—caused by a blocked airway. On average, it takes less than four minutes for a blocked airway to cause death. In these cases, it is often the case that bystanders and those already at the scene of an accident are in the best position to prevent these deaths from occurring.

8.7 A study carried out in Staffordshire by Hussain and Redmond19 into pre-hospital deaths showed that “at least 39% and up to 85% of preventable pre-hospital deaths may be due to airway obstruction” and all pre-hospital deaths reported occurred before the arrival of the emergency services.

8.8 Hussain and Redmond concluded: “Death was potentially preventable in at least 39% of those who died from accidental injury before they reached hospital. Training in first aid should be available more widely, and particularly to motorists as many pre-hospital deaths that could be prevented are due to road accidents”.

8.9 Professor Matthew Cooke, Professor of Emergency Medicine at Warwick Medical School, states that “preventable deaths in pre-hospital care are rarely due to availability of advanced techniques but more often to failure [for example] to treat basic ABC [airway, breathing, circulation] problems”.

CASE STUDY: THE INSTANT FIRST AID HERO

Hero Iain Ferguson attended to a seriously injured child at a road accident—just five minutes after completing a British Red Cross first aid course.

On 10 September, Iain was travelling home from his final first aid assessment in Bellshill when he came across the accident scene. A young boy had been hit by a car and was lying seriously injured in the middle of the road. Besides being in shock, the boy was bleeding heavily from a head wound and had suffered a broken leg.

Thinking quickly, Iain ensured the child was not moved and stemmed the bleeding. He also supported the boy’s broken leg, and provided constant reassurance to the frightened child and his mother. The novice first aider then kept control of the situation for 15 long minutes until the paramedics arrived.

Iain said: “It just goes to show that you never know when first aid skills might be required. As a father myself, I would hope that someone would be able to help my child if she ever needed first aid”.

8.10 In conclusion, we welcome the Government’s commitment to fundamental reform of driver training and testing. We particularly welcome the comments of the Minister last year in the House, recognising that the test is about more than mastering the technicalities of driving: “The driving test was introduced in 1935. Roads and traffic have changed out of all recognition in 70 years . . . The test was conceived to ensure that those who had access to a vehicle knew how to operate it . . . A modern driver training and testing system . . . must deliver safe life-long drivers”.20 We hope that this opportunity to design a system of training and testing which promotes safe driving at its core, also includes the vital skills of dealing with emergencies and basic life-saving skills.

20 The Parliamentary Under-Secretary of State for Transport (Jim Fitzpatrick), Hansard, 17 October 2007, Column 297WH.
Memorandum from Stephen Plowden (RS 08)

1. The Committee’s inquiry comes at a very busy time for me. I can amplify these hasty notes if they are of interest. In particular, I have done a great deal of work on lower speeds and cars built to match, also on freight.

2. I believe the cause of road safety would be better served if the Government placed less emphasis on targets and insisted instead that transport budgets were allocated according to cost/benefit criteria as either reinforced or modified by social and equity considerations.

3. Targets are arbitrary and become more so when a national target has to be apportioned to the different agencies concerned. (A target has to be set for a particular person or organisation with specific responsibilities, otherwise it is meaningless.) There is always a risk that success in meeting the targets will be achieved in ways which are counter-productive with respect to other objectives. For example, one way in which road casualties would be reduced would be if less use was made of the roads by the most vulnerable travellers. Many people believe that the decline in road casualties that has been experienced, and that both the Government and the Committee applaud unquestioningly, has come about in just that way. In particular, street life and children’s independent mobility are both much less now than they were in previous generations or than they are now in many other European countries. This is hard to reconcile with the idea that the streets have become safer.

4. In addition, actions to improve road safety which have no wider impacts are rather few (training, publicity, driver licensing are about all). Most policies which could be important to road safety impinge on other things as well. These other effects may be either favourable or unfavourable, but either way they have to be taken into account; safety cannot be considered in isolation.

5. The most important example is speed. Properly enforced speed limits, whether the existing limits or lower ones, would reduce casualty rates especially for the more severe casualties. They would also reduce intimidation, a consequence of danger on the roads of comparable importance to casualties which is largely ignored in the official approach. In addition, they would affect travel times (not always unfavourably), journey lengths, modal choice, fuel consumption, emissions of CO₂ and other gases, and driver stress.

6. The Government’s record on the whole issue of speed is lamentable and I think can only be explained by political cowardice. This is true both of setting speed limits and of enforcing them, although empire building may help to explain the reluctance to reduce speed limits on high-speed roads outside towns.

7. The Government’s unconvincing objection to the much wider use of 20 mph limits in towns was discussed in a letter I sent recently to Local Transport Today which is reproduced below. The Government has also failed to look properly at speed limits outside towns. This issue cannot be discussed adequately without going into more detail than is possible in these notes, but a very important point is that the Government’s approach ignores the very important consequence of lower speeds that they would reduce the number and length of car journeys. Lowering speeds would be more certain, effective and fairer as a method of traffic restraint than road pricing, and it would also bring benefits in reducing costs of all kinds per vehicle mile, including casualty rates, that road pricing cannot deliver. If road pricing for cars on motorways was still necessary even with lower, properly enforced speed limits, it would be easier to introduce. Technically, it would be quite easy to introduce now, since it is very simple to record the points at which cars enter and leave motorways, but the problem is that road pricing on motorways runs the risk of encouraging drivers to divert to other less suitable roads. Lower speeds on the roads to which drivers might be tempted to divert should more or less eliminate that risk. Road pricing for lorries is a different matter. A simple system of distance-based road pricing for lorries, with the rate per kilometre depending only on the physical characteristics of the lorry, without regard to the road being used, congestion, time of day or any other circumstances, could and should be introduced immediately. It would reduce lengths of haul, encourage town-or area-based systems of distribution in towns and induce changes to rail or water for some longer road hauls.

8. Very great benefits, including fewer casualties but going far beyond that, would arise from these reductions in vehicle mileage. One of the great disappointments of the present Government has been its revial of the road programme which it promised to curtail. There should be a moratorium on all roadbuilding designed to increase capacity, apart from roads serving new development, until these and other reforms have been implemented and their effects observed.

9. With respect to enforcement, despite its road casualty reduction targets, the Government has failed to put as much money into speed cameras as their high benefit/cost ratios indicate. But the best way of enforcing speed limits is through the vehicle. Driver-operated variable speed limiters are technologically almost identical with cruise control and they could have been introduced 20 or even 30 years ago. Mayer Hillman and I discussed them in our report Danger on the Road the Needless Scourge published by PSI in 1984. We relied heavily on information supplied by the then president of the Insurance Institute for Highway Safety in the US, which shows how respectable the idea of speed limiters was even then. But instead of...
adapting a known, tested and very cheap method, the Government has preferred to research externally activated variable speed limiters, which are not immediately feasible. The research proceeds at a leisurely pace and no commitment has been made to introduce speed limiters when the technical problems have been solved. This enables the Government to say that it is doing something while avoiding taking action on the ground which it knows would be unpopular with some people, including some very vocal people, however beneficial to society as a whole.

10. There is something pernicious about building very powerful cars and then trying, with limited success, to find ways of preventing drivers from using that power. In 1991 the European Conference of Ministers of Transport unanimously passed a resolution “that the continuous increase in the power of vehicles (cars and heavy goods vehicles) is undesirable and unacceptable for safety, environmental and energy conservation reasons” and recommended that the need to regulate maximum power to weight ratios should be examined urgently. The ECMT made a similar call in 1993, in which year the European Transport Safety Council also pointed out that it was anomalous that although roads have speed limits there is no corresponding limit on vehicles’ speeds and that although many features of cars are regulated, performance is not. Nevertheless, the average power of new cars sold in Europe has increased year by year since then, up to and including 2006, the last year for which statistics are available.

11. Part One of the King Review of low carbon cars (Part Two has not yet been published) does not mention reducing power. It may be that if the Review had been concerned, as it should have been, and as the ECMT’s resolution was, with safety as well as with carbon, reducing power would have been mentioned, although possibly not even then. There are signs that the Treasury (the true authors of this Review) was influenced by what officials perceived to be the interests of the British car industry, which traditionally has specialised in luxury cars and sports cars. In his visit to China last month, Gordon Brown applauded the fact that there are more Bentleys in Beijing than in any other city of the world. He seemed to think that this constituted a valuable link between Britain and China. The Bentley Arnage emits 495 grammes of CO2 per kilometre. It weighs 2.5 tonnes and can accelerate from 0 to 60 mph in six seconds. This is a truly lethal combination, and China already has a serious road safety problem. China is experiencing a growing gap between rich and poor; the Bentley is a supreme example of conspicuous consumption and flaunted wealth. It is immoral to promote or applaud the manufacture and sale of such cars for the sake of commercial advantage, which in any case could quickly disappear if consumers became more responsible or governments discharged their regulatory duties properly.

12. Britain has lagged behind the Continent in environmental transport planning. Vehicle design could provide the opportunity for us to show leadership by making the case in the EU for regulations to ensure that cars are built so as to minimise their social and environmental costs while still performing their transport function. That will require a change of heart and a vision of which at present there is no sign.
Ev 128  Transport Committee: Evidence

comprehensive trials in selected towns and covering both road safety and environmental effects. It is hard to see any reason other than the fear of making itself unpopular with motorists why the Government did not follow this recommendation. Now the AA is calling for independent research on the safety and environmental impact of 20 mph zones. The Government must respond urgently to these appeals or face the charge that policy is being dictated by the vociferous lunatic fringe.

February 2008

Memorandum from the Motorcycle Action Group (MAG-UK) (RS 09)

BRIEF INTRODUCTION TO THE AUTHOR OF THE SUBMISSION

David Short is the Campaigns Manager for the Motorcycle Action Group. The Motorcycle Action Group represents the interests of UK motorcyclists and enjoys a nationwide membership of approximately 50,000 riders.

David Short retired from the police service in March 2006 having completed over 30 years service. He retired in the rank of Chief Superintendent and was the senior officer in charge of the Eastern Area of North Yorkshire. Mr Short is a life long motorcyclist and during his police service he initiated the “Bike Safe” casualty reduction scheme. He was awarded the Prince Michael of Kent Special Road Safety award in 1998 for his innovative approach to road casualty reduction. Bike Safe is now a National police motorcycle casualty reduction education programme.

David Short was a member of the team which compiled the Association of Chief Police Officer, (ACPO), Road Deaths Investigation Manual. He has been the Senior Investigating officer in a number of high profile fatal collisions involving police officers. David Short represented ACPO on the Government Advisory Group on Motorcycling. He holds a BSc in the Social Sciences and is a member of the Institute of risk management.

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

1.1 The fact that overall, the government has achieved the casualty reduction targets which were set in 2000 suggests that the notion of using targets is meaningful and most importantly saves lives. Targets provide all those charged with the responsibility for road safety, at national, regional and local levels to focus activity on measures which will make a difference. They also provide a conduit for the three key elements of casualty reduction namely, education, engineering and enforcement to work together to the same end.

1.2 Nevertheless, targets can be blunt instruments in that they can mask the subtle differences between road user groups within the overall picture. The fact that the overwhelming majority of vehicle traffic is made up of motor cars, which are increasing in numbers at an exponential rate can mask the impact of casualty reduction targets on more vulnerable road users. There is no doubt that whilst vehicle design and technology is making the roads safer for those drivers and passengers carried within the modern motor car, the safety of those outside the safety cocoon of the modern motorcar is not so clear cut.

1.3 Motorcyclists for example have failed to meet the 40% reduction, achieving a 26% but this in turn has to be balanced against the increase in motorcycle usage of 37% over the same period, (DfT Compendium of Motorcycle Statistics 2007 edition). Whilst it is to be expected that those setting targets will focus on groups which have failed to meet the targets it is essential that a holistic approach is considered, taking into account the causes of these casualties and not just the effects.

MAG recommends that future casualty reduction targets should be “mode” specific which will provide road safety practitioners with more realistic, though still challenging, measures.

2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

2.1 The UK has achieved significant success over the last 30 years resulting in a cultural shift in society which now considers it socially unacceptable to drink and drive. There is still a problem with young males and recent TV advertising campaigns have effectively targeted this problem group. However future campaigns need to consider which other groups feature in drink driving statistics. This is particularly relevant in relation to the increasingly mobile migrant worker population from Eastern Europe whose driving skills, attitudes to road safety and the police have been shaped by cultures and regulation far removed from those in the UK.

2.2 Recent figures produced by the Association of British Insurers show an increase of 47% in the number of accidents over the last five years involving foreign drivers. Freedom of information requests to police forces show a rise of 27% since 2005 in the numbers of Eastern Europeans arrested for driving offences. By far the biggest increase is down to drink driving. This care less attitude towards drink driving is also reflected in attitudes to other aspects of road safety which we take for granted like the wearing of seat belts.
MAG recommends that future drink driving campaigns and other casualty reduction campaigns must take into account the differences which are now embedded within the multi cultural nature of the UK to ensure that campaigns have an impact on hard to reach groups.

3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

3.1 The UK can be proud of its achievements in road casualty reduction, resulting in the UK roads being some of the safest in Europe. However there is a need to look wider, to “think outside the box”. We need to consider not just the causes of casualties but also the effects and how rapid and effective responses are to those who are injured in road crashes. Air ambulances play a significant role in rapidly collecting, treating and evacuating casualties to specialist treatment centres.

3.2 Helicopter numbers are limited and the costs to health authorities very high. One option may be to consider making more use of police helicopters, which are more numerous across the country, and utilise paramedics to fly to crash sites rendering vital first aid in what is known as the “Golden hour” of casualty treatment. The use of intelligence led policing would be able to identify the times, dates and roads where traffic volumes would suggest crashes would be problematic, for example on busy holiday routes during bank holidays.

3.3 One problem might be that whilst the UK has defined targets for casualty reduction it does not have an overarching vision. This lack of a vision suppresses the “thinking outside the box” that I have alluded to in this example. Visions need to inspire but they also need to be realistically achievable. The Swedish, “Vision Zero” is an example of an unachievable goal whilst the Netherlands “Sustainable Safety” both inspires and yet at the same time engenders a feeling of being realistically achievable.

MAG recommends that future casualty reduction targets embrace a “Vision” which would encourage more collaborative working across departments and organisations.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

4.1 Other transport modes, air rail and sea are highly regulated and the individual is a “passive” participant whose life and well being is largely entrusted into the hands of others. This is diametrically opposed to the mindset of the road user who sees his/herself as an “active” participant, able to act independently of others, in charge of their own destiny and unfettered by regulation. This philosophy reaches deeply into the psyche of the road user. What it overlooks is the fact that “Road safety is not just in their own hands but the hands of everyone else on the road whose levels of competence, ability and approach to risk may be very different to their own. Whilst the road is one of the most regulated environments we can find ourselves on it is fraught with the risks associated with sharing this environment with incompetent individuals and the errors which we ourselves might make. These dangers are exacerbated when the road user is vulnerable such as motorcyclists, cyclists and pedestrians.

4.2 Road Safety Campaigns are often focussed on specific road user groups. In many cases this may be appropriate but there is a danger that its overuse may result in a “silo” mentality. “I am not one of them, so it doesn’t affect me”! The reality is that everyone has a responsibility to watch out for each other and education campaigns should consider a more embracing approach which in turn might break down barriers which exist between certain transport users in order to foster a collective sense of responsibility.

4.3 Measures to promote employers duty of care towards their staff using the road as a workplace through the Management of Occupational Road Risk should be encouraged. Police road crash investigations which now look into employers risk management policies and duty of care liabilities are to be applauded as measures which will help bring into sharp focus road risk policies.

5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

5.1 The MAG Campaigns Manager has visited many road casualty reduction forums across the country and noted a lack of understanding of the issues specific to motorcyclists when considering casualty reduction policies and initiatives. Some were unaware of the existence of the Government’s Motorcycling Strategy which was issued in February 2005. The IHIE Motorcycling Guidelines is likewise not as uppermost in the minds of some planners and policy makers as it should be. Although not quantifiable by the author there would appear to be anecdotal evidence that there are skills gaps which would diminish the delivery of effective casualty reduction policies and initiatives. This lack of understanding or awareness appears to be systemic and clear leadership from the highest levels is needed to overcome blockages to progress.

MAG recommends that the Government appoint a “Motorcycling Czar” to help inform government departments and policy makers to help promulgate effective road safety measures for this vulnerable road user group.
6. **What further policies, not already widely used, might be considered for adoption and what evidence is there for their success?**

6.1 There is a myriad of policies which impact road safety. Many have yet to be implemented in full for their benefits to be assessed. In terms of motorcycling, the Governments Motorcycling Strategy, itself subject to a recent transport select committee scrutiny, the recently published IHIE Motorcycling Guidelines, the new changes to the learner test through the second driving licence directive coming into effect in October 2008 and the Government’s new “Sharp” safety helmet assessment, will all have a positive impact on casualty reduction.

6.2 There are however simple measures which can be taken now which will have a positive effect on casualty reduction. Motorcycle safety helmets are subject to VAT at a zero rate. A simple extension of this zero VAT rate to include protective clothing that meets CE rating minimum standards would give encouragement to riders to wear protective clothing including back protectors. CE clothing has a proven record of minimising trauma and considerably reducing the severity of injury.

6.3 Measures to minimise the conflict between user groups competing for road space could be achieved by allowing motorcycles to use bus lanes. No trials involving motorcycles in bus lanes have ever been withdrawn on reasons of safety. In fact evidence would clearly show net safety benefits for pedestrians, cyclists, motorcyclists and bus passengers.

**MAG recommend that the government attaches a zero VAT rate for CE approved motorcycle safety clothing which would encourage riders to wear equipment which would reduce the severity of injuries in the event of a collision.**

**MAG recommends that motorcycles are allowed in bus lanes in order to reduce conflict between transport modes in congested road space.**

7. **What should be the priorities for government in considering further targets for casualty reduction beyond 2010?**

7.1 I refer back to paragraph 1.3 of this report and would suggest that whilst targets have proved an effective means of focussing activity on casualty reduction the overall targets mask specific needs of sub groups, in particularly in relation to vulnerable road users. Future targets should therefore take into account the specific needs of vulnerable road users and casualty reduction targets should be shaped to meet their needs. The areas which need addressing are in relation to:

- Motorcyclists.
- Young Drivers.
- Elderly people.
- Migrant worker populations, cultures and attitudes.

February 2008

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**Memorandum from dbda (RS 10)**

I refer to the recently published call for evidence to be submitted to the Transport Committee as part of a new inquiry into what further road safety policy frameworks can be put in place to assist casualty reduction on roads beyond 2010.

At the time of writing in the Department for Transport’s (DfT) most recently published *Road Casualties Great Britain* sets out the latest position in relation to collisions on the GB roads.

This document also outlines the present casualty trends in respect of the year 2010 targets set by Government in 2000.

Progress has been excellent, by the end of 2006, with:

- KSIs 33% below the 1994–98 baseline target.
- Child KSIs 52% below the 1994–98 baseline target.
- Slight casualties 28% below the 1994–98 baseline target.

These figures do make encouraging reading for not only those involved in road safety, but society in general. However, during 2006 over 250,000 people were victims of reported road collisions in GB.

dbda, are an organisation who have had involvement for over 20 years with road safety education not only in the UK but internationally and are known for the quality of our products.

dbda have built a bank of respected “blue chip” corporate clients who are considered to be major players in terms of road safety delivery in the community.
We would be pleased to assist in any way the Transport Committee in its deliberations and our comments below to each of the seven questions posed by the Committee will we trust be helpful in formulating the new policies beyond 2010.

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

   Targets have the ability to focus attention and concentrate/motivate national effort on specific priority areas.
   Any targets much be soundly based on robust research evidence and good quality collision data and statistics.
   Targets also have to be reviewed on a regular basis, at present the existing three year review is adequate and gives a good indication of current developments and allows for realignment of strategy in light of emerging trends in terms of collisions.
   Our organisation would therefore support the development on new specific targets post 2010.

2. What further measures need to be adopted to reduce death and injuries arising from drinking and driving?

   Aligned with EU levels, GB still continues to have one of the highest BAC limits (80 milligrams of alcohol per 100 ml of blood) in the EU.
   A graduated change from the year 2010 until 2020 to harmonize with Norway, Poland and Sweden of 20 milligrams would be advantageous in terms of casualty reduction.
   In the absence of an appetite for such a quantum leap, we would certainly suggest a reduction to 50 mg by 2015 in conjunction with high profile enforcement campaigns. It has been intimated previously that this step change would alone save about 65 lived per year.

3. How does GB compare with other EU countries in its approach to reducing death and injuries?

   dbda have for a number of years used their road safety expertise to assist the Red Cross National co-ordinators across the EU with delivery of road safety education messages. This is carried out as part of the first aid lectures to children.
   As part of the development of the resources dbda carried out an EU wide study of what was being developed, what was being delivered, how it was being received and ultimately what the casualty reduction picture was like across these countries.
   What did come over was how well the UK was doing in reducing casualties, how well it was supported financially and the quality of educational resources were high. There was however a lack of joined up thinking across some authorities and a high degree of non-engagement with Central Government on certain issues.
   Many EU countries particularly the ones that are new to the EU could benefit from the experience of the Road Safety movement in the UK and in certain countries this has already happened.
   Where we must do better, however is in relation to child pedestrians, for an advanced country in terms of road safety we should be aiming to be on a par with the countries we consider our equal on safety terms, namely Scandinavia and Germany. At present we sit at 0.6 child pedestrians deaths per 100,000 compared to the 0.2 of Sweden. 0.3 of Finland and the 0.4 of Germany.
   The UK should consider implementing a national progressive education programme addressing risk from the early years, for instance the well researched and evaluated Children’s Traffic Club.

4. How do approaches in reductions to risk on the road compared to those adopted in other forms of transport?

   Risk on the road in terms of safety procedures is the poor relation when compared to air and rail travel.
   In the Institution of Civil Engineers publication “A Vision for Road Safety Beyond 2000” published during the consultation period for the present targets, a table of Relative Safety Indices for Passenger Travel indicated that if the risk by distance travelled on rail was 1, car was 10, however Air was 0.1. This I would contend reflects the expectancies of the user and also the scale of investment in training and safety precautions for these modes of transport.
   More investment is required on the roads in terms of driving for business as this is where the largest gains can be made in terms of casualty reduction by ensuring safe systems of work are in place.
   Perhaps for this to have some effect there will have to be a high profile prosecution following a major collision on our roads.
5. **Are there specific blockages by shortages of appropriately trained and skilled staff?**

Government had primed the pump with recent funding of child pedestrian training, however a lot of the momentum was lost due to the lack of published research. From this and in the absence of long term contracts being forthcoming from the Local Authorities, many of the highly skilled and well motivated staff left to go to more permanent positions out with road safety and hence the skills were lost after substantial outlay.

Some have gone onto to become road safety officers, however sadly some are lost to the profession altogether.

With the up surge and sustained funding for travel co-ordinators/cycle trainers this offers an ideal opportunity for a multi-tasking with these groups and assist in the delivery of risk and safety messaging.

However there is still a problem where established RSOs are finding posts not being filled with their organisation as the green issues become more prominent, there requires to be some consolidation and support for the specialist role and a return to 1 RSO ETP specialist per 50,000 of population as adopted by many authorities previously from the LARSOA Code of Good Practice.

Road safety education should become compulsory on the school curriculum.

Higher levels and greater funding for road traffic policing, enabling Highway Patrols to have powers of enforcement.

6. **What further policies, not already widely used, might be considered for adoption and what evidence is for their success?**

Many policies and practices have been tried and to a certain extent some testing has gone on, occasionally research has been slow in coming out.

One area where we appear to not be progressing is the child pedestrian issue. Sweden in 1999 sat at 0.2 per 100,000 of population, at this point Scotland and Wales sat at 1.6 and 1.4 respectively, England was at 0.8. In Road Casualties GB 2006, Sweden remains unchanged at 0.2, Scotland and Wales have experienced massive reductions and are now down to 0.6 and England down to 0.5.

Although starting from a high level Scotland and Wales rate of decrease has been much better than England. Why should this be?

Both of these countries have their own National Road Safety organisations (Road Safety Scotland and Road Safety Wales) co-ordinating road safety ETP measures country-wide. Both also have Road Safety integrated into the curriculum and both run the Children’s Traffic Club free of charge to every three year old in the respective countries.

Northern Ireland and the Republic of Ireland are at present considering implementing The Club on a national basis.

The Club is the most researched and evaluated road safety initiative in the UK. Previous research has shown that:

- 12% fewer overall road casualties than non-members.
- 4% fewer casualties when walking.
- 20% fewer casualties as a result of crossing whilst hidden by vehicle.
- Reduces the number of children who:
  - play in the street; and
  - run across the road.
- Increases the number of children who:
  - hold hands with carers when out;
  - always stop when told;
  - are careful when crossing driveways;
  - walk on inside of pavement;
  - stop at kerb before crossing;
  - look and listen for traffic before crossing; and
  - recognise safer crossings places.
- In a survey of parents of Club members:
  - 76% said the Club had helped them become more road safety aware; and
  - 89% said it helped them teach road safety to their other children.

Discussions are underway for further research to take place in the next few months.

Government should consider implement through subsidy The Children’s Traffic Club to every three year old in England.
Consideration should be given to a three year pilot, along similar lines to “Kerbcraft” with a view to Local Authorities/Health Boards taking it over financially on conclusion of pilot.

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

— Government should keep targets as they focus effort and builds partnerships.
— Should be kept simple to encourage understanding and engagement by the public, unlike the slight target in Tomorrows Roads.
— Some index linking to the safest forms of transport (Air and Rail).
— Target period perhaps five years, with annual reviews.
— Vision Zero is a highly laudable target and in practice is probably never achievable, however it does process the motivation for all groups to united behind and bring road safety to the top of the agenda.

Thank you for the opportunity to comment and I trust you will find the foregoing points from dbda to be of assistance when formulating the new targets which I am sure will be extremely challenging.

This submission represents the thoughts of dbda ltd. and has been prepared by:

Bill Smith, Senior Business Development Manager, dbda ltd. Bill Smith is at present Chair of RoSPA’s National Road Safety Committee, Chair of the Scottish Accident Prevention Council Road Safety Committee and formerly Chair of the Road Safety Scotland Publicity Committee.

These organizations I believe will be commenting separately through their relevant secretariats and dbda will be fully supportive of their comments.

February 2008

Memorandum from the Association of British Drivers (RS 11)

EXECUTIVE SUMMARY

While Britain has traditionally had an enviable road safety record, the rate of progress in reducing casualties has slowed markedly since the mid 1990s. Government claims that its targets for 2010 will be met are based on police figures for seriously injured casualties that are becoming increasingly out of step with hospital records. Fatality figures give a truer indication of progress and these are falling only slowly.

The poor performance in recent years is partly due to lack of investment in the road network, but the ABD believes that much of the decline is a result of focussing road safety policy almost entirely on the claimed contribution of “speeding” to accidents. This has resulted in widespread reductions in speed limits and a massive increase in speed limit enforcement using cameras. At the same time, police traffic patrols have been cut, so the minority of drivers who commit dangerous offences believe they are less likely to be apprehended. Worst of all, this policy has given the false impression that being a safe driver is just a matter of driving by numbers.

Speed has been made important because it is easy to measure. Dubious research has been used to justify cutting speed limits below the level that decades of international experience has shown to be the optimum for safety—the 85th percentile speed (the speed not exceeded by 85% of vehicles).

The ABD wishes to see mandatory rules applied to highway authorities on setting local speed limits, including reinstatement of the 85th percentile principle. The motorway speed limit should be raised to 80 mph, and the 40 mph and 50 mph national speed limits applying to heavy goods vehicles should be scrapped. Speed limit enforcement should be restricted to stopping drivers at the time and more police traffic patrols should focus on setting an example to other road users, giving advice to those who make minor errors, and deterring the reckless minority.

Traffic calming measures can damage vehicles, injure their occupants, obstruct the emergency services, and may introduce hazards that did not previously exist, leading to more accidents rather than less. Alternative ways of reducing speeds, by changing the appearance of a road to drivers, should be applied more widely.

Allowing local authorities to keep the income from enforcement of waiting restrictions and other traffic regulations has led them to target minor offences rather than attempting to deter those who cause real obstruction or danger. Local authorities should instead be required to bid for funding to carry out enforcement to the level needed for traffic flow and safety, with income reverting to the Treasury.
There needs to be a much greater emphasis on educating and training road users, which has the potential to produce better results than engineering and enforcement combined. Using the roads is an exercise in continuous risk management and it is largely a person’s beliefs and attitudes that determine his or her safety. The correct attitudes need to be taught at the earliest possible age, but they must not be about just obeying simple rules. Education should be about teaching the principles within which people are encouraged to think for themselves. Advanced driver training should be encouraged throughout a driver’s career.

1. INTRODUCTION

1.1 The Association of British Drivers (ABD) was formed in 1992 to campaign for a better deal for Britain’s motorists. In particular, its founder members were very concerned about the increasing use of technology to enforce driving laws, which threatened to undermine the traditional “Three Es” approach to road safety (Education, Engineering and Enforcement) that gave Britain the safest roads in the world. Those fears have been more than realised.

1.2 The ABD is a voluntary organisation funded by subscriptions and donations from its members and supporters. It receives no funds from public bodies or private-sector businesses, so is truly independent. The ABD is a member of the Parliamentary Advisory Council for Transport Safety and the National Council of Voluntary Organisations.

1.3 Many of the ABD’s active members are from professional or managerial backgrounds, and around 40% of national committee members hold advanced driving qualifications. Malcolm Heymer, who is submitting this evidence on behalf of the ABD, holds a master’s degree in Transportation Engineering and has over 30 years’ local government experience in the fields of transportation modelling, highway engineering, transport planning and traffic engineering, including road safety engineering.

1.4 Mr Heymer is willing to give oral evidence to the Transport Committee if requested.

2. SUBMISSION

2.1 Britain still has one of the best road safety records in the world, but its rate of improvement has slowed dramatically since the mid 1990s. Several other countries now have lower fatality rates, and claims that the government’s targets for casualty reduction by 2010 are likely to be met are based on official figures for serious injuries that are highly suspect (Annex B).

2.2 The stagnation in Britain’s road safety performance coincided with major cuts in the programme to improve the strategic road network, which is now one of the most underdeveloped in the EU (Annex A). Motorways and dual carriageways have much lower accident rates than single carriageway roads, many of which are now operating beyond capacity, leading to both delays and accidents. Major improvements to the strategic network are essential.

2.3 At the same time as the roads programme was cut, official road safety policy changed to one focussed almost entirely on the simplistic view that speed is the main cause of accidents. This resulted in the deployment of speed cameras to automate speed limit enforcement, and many speed limits have been reduced unnecessarily, leading to large numbers of drivers being prosecuted for what are, in most cases, technical offences creating little or no danger. Worse still, the culture that gave Britain the best road safety record in the world has been undermined. Drivers are now led to believe that they do not have to think for themselves, just stick blindly to a few simple rules. This has been a disaster.

2.4 The majority of accidents are caused by human error, and it invariably requires a combination of factors to come together for an accident to happen. Rather than determine what all these factors are, police investigations are usually aimed at establishing whether a driver has broken the law and can be prosecuted. This approach is hampering the advancement of knowledge about the real causes of road accidents, ensuring that more will occur. An accident investigation body, independent of the police, would encourage drivers to co-operate in establishing the full facts (Annex C).

2.5 While speed limits have a role to play in road safety, they have been given a level of importance they do not deserve because speed is so easy to measure. Even when correctly set, fixed speed limits give no more than a guide to the speed that may be safe on a particular stretch of road, and make no allowance for changing conditions. It is absurd to maintain, therefore, that driving within the speed limit is always safe, or that exceeding it is always dangerous.

2.6 International research over many years has shown that drivers who have the lowest accident involvement travel at speeds that are above the average. That is why the 85th percentile speed (the speed exceeded by only 15% of drivers) is established as the best basis on which to set speed limits. Drivers who travel faster—or slower—than this speed are more likely to be involved in an accident. Those who select a speed around the 85th percentile are exhibiting the greatest skill in matching their speed to the level of hazard density, by observing and assessing the risks presented by all aspects of the road environment on a real-time basis (Annex D).
2.7 It is a tragedy that the Government abandoned the 85th percentile principle in its 2006 guidance to highway authorities on setting local speed limits. By adopting the mean (average) speed instead, the Government has surrendered to those local authorities and interest groups that had ignored the previous guidance, and is undermining the position of other authorities that have fought to retain a degree of objectivity and realism in speed limit setting. By setting speed limits at the mean speed, the safest and most responsible drivers will become criminals if they continue to use their skills in selecting a safe speed for the conditions. This cannot be just or reasonable, as summarised in the following principle adopted by the U.S. State of Arizona:

“The normally careful and competent actions of a reasonable individual should be considered legal”.

2.8 Setting speed limits below the 85th percentile level will lead to increased non-compliance and bring all speed limits into disrepute. The ABD considers it essential, therefore, that the 2006 guidance is withdrawn and replaced with rules on speed limit setting that are mandatory for highway authorities. These should include a return to the 85th percentile as the basis on which speed limits are set, and a ban on the use of local speed limits except where needed to indicate significant changes in hazard density. In particular, they should not be used on a whole-route or area basis in the belief that accidents will be reduced regardless of their causes. The research purporting to show a relationship between average speeds and accidents is flawed, because it has not taken due account of the non-linear relationship between accidents and traffic flow.

2.9 The national speed limit on motorways has been in force for over 40 years and is widely disregarded. An increase to 80 mph would bring the limit into line with many EU countries and close to the optimum speed, calculated by the Transport Research Laboratory, at which overall costs are minimised. Since the effect on actual speeds of a change in speed limit is only a small proportion of that change, raising the motorway limit to 80mph would not lead to a significant increase in speeds, so there would be little change in accidents, emissions or noise levels. There would, however, be a marked decrease in the number of drivers breaking the limit, which would be seen as more realistic.

2.10 The differential speed limits applying to heavy goods vehicles on rural roads are also outdated and, in particular, the 40 mph limit on single carriageways, if observed, creates danger by causing frustration in following drivers. This can lead to dangerous overtaking manoeuvres and accidents. This speed limit, and the 50 mph limit on dual carriageways, should be scrapped (Annex H).

2.11 Since the introduction of speed cameras, enforcement of speed limits now takes place mainly after the event, with drivers often unaware that they have been caught until a notice of intended prosecution is received two weeks later. This gives drivers little chance to defend the allegations against them, and the automated processing of large numbers of speeding tickets frequently bypasses the legal safeguards intended to protect drivers against wrongful prosecution.

2.12 The ABD believes, therefore, that speed limit enforcement should be restricted to situations where drivers are stopped at the time of alleged offences. This would not only be fairer but would have an immediate effect on a driver’s future behaviour. It would mean removing all unattended speed cameras, but these could be replaced with effective measures, such as vehicle-activated signs, to slow drivers on the approach to hazards (Annex H).

2.13 The effectiveness of speed cameras in reducing accidents has been greatly misrepresented. Accidents are random events, and large variations can take place from year to year, especially when studying individual sites or small areas. Most cameras have been installed after an upward blip in accidents, which would be expected to fall again anyway, with or without a camera. The lack of effectiveness of cameras overall can be seen from their failure to have reduced fatalities nationally or within camera partnership areas (Annex G).

2.14 Greater use should be encouraged of speed limits that vary according to time of day, where there are significant variations in risk. An obvious example is outside schools, where the greatest hazards exist only for short periods on weekdays during term time. Even in other locations, the degree to which a fixed speed limit reflects a safe speed will vary according to time of day, weather and traffic conditions, and so on. Accordingly, the police should be encouraged to use discretion in the enforcement of speed limits (Annex H).

2.15 Police traffic patrols have decreased since the widespread deployment of speed cameras, resulting in less likelihood of drivers being observed performing actions that may be more hazardous than breaking the speed limit. There is also less chance of drivers being detected who are unlicensed, uninsured or driving an unroadworthy vehicle. Traffic policing should be made a core police function, therefore, with traffic patrols providing an example to other road users, giving guidance and advice to those who make minor errors, and acting as a deterrent to the reckless minority. It is vital that traffic police are not encouraged by a target-driven culture to prosecute large numbers of drivers for relatively minor offences.

2.16 Advances in technology have improved the safety of modern vehicles, with systems such as anti-lock braking and traction control. There is a serious risk, however, that developments which take partial control of a vehicle from the driver can make them believe that their responsibility has been offloaded to the technology. For this reason, the ABD opposes the use of intelligent speed adaptation (variable speed limiters) in mandatory form. Research should be undertaken into the adverse effects on driver behaviour of the fixed speed limiters already fitted to heavy goods vehicles, coaches and, more recently, smaller goods vehicles. The use of intelligent transport systems (ITS) should be focused on helping drivers avoid delays, and improve safety by monitoring drivers’ attentiveness to the driving task (Annexes I and J).
2.17 The spread of traffic calming schemes has done little to reduce casualties overall and has many negative impacts. Road humps cause premature wear to vehicles, and cause discomfort and even injury to vehicle occupants. They delay emergency services, increase fuel consumption, and create more noise and vibration suffered by residents. Other forms of traffic calming often bring vehicles into conflict with one another, raising the risk of accidents, and the features themselves and the signs associated with them are visually intrusive, especially in villages and rural areas. Casualty reduction claims for traffic calming schemes ignore the random nature of accidents and the displacement of traffic the schemes can cause, so they are not reflected in national casualty figures or those of the casualty reduction partnerships (Annex K).

2.18 There should be a freeze on the introduction of conventional traffic calming schemes and the funding arrangements that encourage highway authorities to construct them. Where there is a real need to slow traffic below the speed at which drivers would naturally choose to travel, this should be achieved by changing the visual environment as perceived by drivers. The use of “psycho-logical” traffic calming and the shared-space concept should be encouraged in appropriate locations, but it is vital that solutions are tailor-made to specific circumstances and they are not applied regardless (Annex L).

2.19 The decriminalizing of waiting restrictions and some other traffic regulations, with local authority enforcement operations financed by the penalties for non-compliance, has led to a huge increase in the issue of penalty charges, often for technical infringements having little bearing on safety or traffic flow. To ensure that the more serious offences are targeted, the financial incentives to issue more penalties must be removed. Local authorities should make an annual bid for funding to carry out enforcement to a level necessary to maintain traffic flow and safety, and to deter the avoidance of legitimate charges. The income from any penalties applied should revert to the Treasury, and there must be no targets for numbers of penalties to be issued (Annex M).

2.20 The role of education in casualty reduction has never received as much attention or funding as enforcement and engineering, yet it has the potential to contribute more than either of those. Most road accidents are caused by errors on the part of one or more road users. While human fallibility is inevitable, the consequences of errors could be mitigated if all road users paid full attention to what they were doing and made allowance for the likely mistakes of others.

2.21 The current driving test concentrates largely on the ability to control a car or motorcycle, knowledge of the law, and hazard awareness. What it does not assess are the attitudes and beliefs of candidates towards driving and safety. Safe driving is essentially an exercise in continuous risk management, so the way a driver thinks is more important than how the car’s controls are handled. Instilling the right attitudes concerning road safety needs to start as early as possible, preferably in schools. Everyone needs to be made aware that learning to use the roads safely is a vital life skill (Annex N).

2.22 Road safety education must not mean brainwashing people into slavishly following simplistic rules, since the road environment is too complex for that. People have to think for themselves within a framework of basic principles. Education should focus on teaching those principles and the correct approach to individual risk management on the roads. The driving public should be treated like responsible adults, which most of them are.

2.23 Advanced driver training and testing significantly reduces accident involvement among those who undertake it. People who voluntarily take advanced driver training are showing that they have a responsible attitude to using the roads through their desire to improve their skills. More people should be encouraged to take advanced driver training, possibly by introducing a system of positive points for those who successfully complete approved training schemes after the standard driving test. These positive points would help offset any penalties incurred for minor offences.

2.24 Recent increases in drink-related fatalities reflect the reduction in police traffic patrols since the use of unattended speed cameras became widespread. This has led to a perception that there is less likelihood of being stopped than before. The ABD does not condone drinking and driving, and considers that the advice not to drink at all if one is planning to drive is correct.

2.25 The ABD does not support a reduction in the legal blood-alcohol concentration (BAC) level, however, since the current limit is generally seen as reasonable and has a scientific basis. Lowering it would produce more injustices, particularly in “morning after” situations, when research shows that, for a given BAC, a driver is less impaired when the alcohol level is falling than when it is rising. An increase in drivers who avoid knowingly drinking and driving, but who are punished in situations where they were not unfit to drive, could undermine respect for the law (Annex O).

2.26 An increase in police traffic patrols would enable the current drink-driving legislation to be better enforced, but this should not mean the introduction of random breath testing, which would unnecessarily inconvenience innocent drivers. The police already have the effective power to stop any driver at any time, and they are quite capable of deciding which drivers are likely to be impaired by alcohol. Traffic patrols should use their enforcement powers to improve road safety and apprehend serious and wilful offenders, rather than seek to prosecute large numbers of drivers for the sake of it.
2.27 In conclusion, current road safety policies are negative and confrontational, alienating drivers rather than persuading them. Attempts to reduce accidents by introducing more laws and restrictions, and enforcing absolute offences without flexibility or common sense, are doomed to failure. Treating drivers as if they are all criminals, and issuing large numbers of fixed penalties that give innocent drivers little chance of achieving justice, is unacceptable in a democratic and free society.

2.28 There needs to be a fundamental change in approach. It must be recognised that most drivers are responsible individuals who do not set out deliberately to have accidents, the causes of which are complex. The use of simplistic sound bites like “Speed Kills” should be abandoned, and the real causes of accidents investigated properly. Most importantly, the education of road users from an early age needs to impart the right beliefs and attitudes to road safety. The criminal law should be reserved for those who wilfully and recklessly endanger the lives of others.

RECOMMENDATIONS FOR ACTION

R.1 Due to the unreliability of police reporting of non-fatal injuries, the use of combined killed and seriously injured (KSI) figures should be discontinued in setting future casualty reduction targets, which should focus on the more reliable fatality figure. Casualty reduction partnerships should be required to show fatalities separately in all reporting of road casualty figures.

R.2 The inter-urban motorway and trunk road network requires significant and urgent extra investment to relieve overloaded single-carriageway routes and remove through traffic from towns and villages. This would make a significant contribution to accident savings, as well as reducing congestion, improving journey time reliability, and benefiting local environments and the economy.

R.3 The Government and agencies responsible for improving road safety must recognise that the causes of accidents are complex and cannot be solved with simplistic solutions. There needs to be a fundamental change in thinking, away from the idea that punishing people for human errors and minor technical offences can improve driver performance. The criminal law should be reserved for dealing with wilfully dangerous acts, and the focus of accident investigation should be on establishing all contributory factors, so that further accidents of the same type might be prevented.

R.4 The possibility should be investigated of setting up an accident investigation body, independent of the police, with which drivers could co-operate on a confidential basis. This body would be required to issue annual reports, analysing the results of its investigations to give a greater understanding of accident causation factors.

R.5 Road safety policies must make it clear to all road users that they have a responsibility for their own and others’ safety. Road users must be encouraged to think for themselves and not assume that rigid adherence to legal restrictions will ensure their safety.

R.6 There must be a move away from speed limit enforcement as the focus of road safety policy. While speed limits have a legitimate role to play, they can never have more than a minor impact on casualty reduction and their enforcement cannot be a substitute for road safety education and engineering solutions.

R.7 The 2006 guidance on setting local speed limits should be withdrawn and replaced with mandatory new rules, reinstating the 85th percentile principle for speed limit setting. Local authorities should be required to review their existing speed limits and bring them into line within five years. Traffic managers should be required to report progress to the Secretary of State.

R.8 Speed surveys undertaken to establish the 85th percentile speed for speed limit setting purposes must use only the speeds recorded of vehicles unimpeded by those ahead of them, ie the surveys must disregard the speeds of drivers who do not have the freedom to choose their speed.

R.9 Local speed limits should only be used to indicate significant changes to hazard density and not on a whole-route or area basis.

R.10 The national speed limit for motorways should be increased to 80 mph.

R.11 The 40 mph and 50 mph speed limits applying to heavy goods vehicles on rural single and dual carriageway roads should be scrapped.

R.12 Speed limit enforcement should be restricted to situations where the driver is stopped at the time of an alleged offence. Fixed speed cameras on the approaches to hazards such as junctions and bends should be replaced with vehicle-activated signs, or other measures to slow traffic.

R.13 The regulations for introducing variable speed limits should be relaxed, so that they can be used more widely in locations where a lower limit is required only at restricted times, such as outside schools.

R.14 The police should be encouraged and legally entitled to apply variable thresholds when enforcing speed limits, to reflect changing degrees of risk.

R.15 Traffic policing should be made a core police function, to set an example to other road users, to give guidance and advice to those who make minor errors, and to act as a deterrent to the unlicensed, uninsured or reckless minority. Traffic police should not be encouraged by a target-driven culture to prosecute large numbers of drivers for relatively minor offences.
Research should be undertaken on the adverse effects on driver behaviour of the speed limiters currently fitted to some goods vehicles and coaches.

Any form of technology that takes responsibility away from the driver, such as intelligent speed adaptation in mandatory form, should be prohibited. The use of intelligent transport systems should be focused on helping drivers avoid delays, and improving safety by monitoring drivers’ attentiveness.

There should be a freeze on the introduction of road humps and obstructive traffic calming schemes, and the funding arrangements that encourage them.

New guidance should be provided to local authorities on alternative methods of reducing traffic speeds where necessary and improving the environment for all road users. Schemes based on the shared-space concept should be encouraged where appropriate.

The income from penalties for breaches of waiting and other restrictions should no longer fund enforcement operations. Authorities should instead make an annual submission to finance the level of enforcement needed for traffic flow and safety reasons, or to deter the avoidance of parking or other reasonable charges.

Local authorities should be required to review their traffic restrictions, to ensure that they are still needed for legitimate traffic flow and safety reasons.

Road safety education should start as early as possible and should teach the correct approach to individual risk management, based on people thinking for themselves rather than always expecting to be told what to do.

There needs to be recognition that the right attitudes and beliefs in road users are essential for safe use of the roads, and that unnecessary distractions should be avoided when driving, cycling or walking.

To encourage people to take advanced driver training throughout their careers, a system of positive points should be considered.

There should be no reduction in the legally permitted blood-alcohol level for driving, since this would increase the number of drivers being penalised for morning-after offences and undermine respect for the law.

Police should not be given specific powers to carry out random breath tests to detect drink-drivers, as they already have adequate powers to stop and test drivers whom they suspect of having consumed alcohol.

Reinstatement of police traffic patrols, plus inclusion of advice on the dangers of drink (and drug) driving in road safety education programmes, are the best ways of tackling these problems.

NB: Annexes not printed as information already in public domain.

February 2008

Memorandum from The Royal Society for the Prevention of Accidents (RoSPA) (RS 12)

INTRODUCTION

RoSPA is an independent, registered charity that promotes accident prevention in all areas of life—on the roads, at work, in the home, in schools, at leisure and on (or near) water. Our mission is to save lives and reduce injury. We welcome the Committee’s Inquiry and are grateful for the opportunity to submit evidence.

Q1 To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

The casualty reduction targets and the national road safety strategy, “Tomorrow’s Roads: Safer for Everyone”, have been instrumental in reducing death and injury on Britain’s roads. They have helped to focus the attention of road safety policy makers and practitioners, set clear priorities, ensure that resources have been allocated and motivate those working in road safety.

A crucial feature of the Strategy and the Targets is the fact that they were evidenced-based, developed from road accident data, traffic growth predictions, and research into the most common types and causes of road casualties and the effectiveness of measures to reduce them. Monitoring progress towards the targets has also been key. The three-yearly reviews being conducted during the target period have helped to make the Strategy proactive, responsive to changes and resulted in new priorities being identified and tackled.
Q2 What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

Despite 30 years of consistent drink drive education and enforcement, over 100,000 people are still caught drink driving every year, and over 10 people die in drink drive accidents every week. A new drink drive campaign is needed, with a package of measures, including:

- Lowering the maximum blood alcohol limit from 80mg/100ml to 50mg/100ml. This would save around 65 lives a year on our roads.
- Evidential roadside breath testing (the powers for this were introduced in the Serious Organised Crime and Police Act 2005, but it is still not happening).
- Wider powers for the police to breath test drivers to enable both targeted, evidence led, and high profile random breath testing. This would increase drivers’ perception of the risk of being caught without necessarily placing additional demands upon police resources.
- Wider user of drink drive rehabilitation courses.
- Encouragement for employers to set zero limits for staff who drive for work.
- Improved public education, in particular to raise awareness of how easy it is to be above the limit, how difficult it is to know exactly how many units of alcohol have been consumed (because alcoholic strength and glass sizes vary so much) and that the only safe limit for driving is zero.

Q3 How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

Generally, Britain compares very well, and has one of the best road safety records in Europe. In common with other good performing countries, such as Sweden and the Netherlands, we have a clear and long term road safety strategy and casualty reduction targets. Of course, there are differences; we:

- have a higher drink drive limit than most European countries;
- have seen significant increases in the amount of motorcycling in recent years;
- have a poorer record for child pedestrian casualties; and
- are seeing significant increases in the number of foreign drivers and vehicles.

Evidence from some other countries shows that significant road safety improvements can be gained by improving compliance with road traffic laws.

Q4 How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

We have greater personal freedom when using road. Journeys by rail and air are more managed—the individual has less choice about timings, routes and their individual behaviour has little influence on the outcome of the journey. On the road, driver behaviour is the main influence on the safe outcome of our journeys, and so we are all dependent on the attitudes, skills and behaviour of millions of individual drivers. We accept a greater level of death and injury on road than on rail and air, perhaps because rail and air accidents are so much rarer than road accidents, so when they do occur they generate much more media and public interest.

Q5 Are there specific blockages caused by shortages of appropriately trained and skilled staff?

ROADS POLICING OFFICERS

Roads policing is a fundamental and irreplaceable activity, which plays a key role in saving lives and minimising injury on the road. In order to do this effectively, roads policing must be given its rightful priority by the government and the Police Service, and be adequately resourced, with sufficient numbers of officers.

TEACHERS

Teachers are the main deliverers of road safety education in schools, but many do not feel trained, or confident, in providing road safety education. The Child Safety Action Plan, launched by the DCSF in February 2008, considers the possibility of Continuing Professional Development for teachers and other practitioners in safety education. This could be a good opportunity to develop teachers’ skills and confidence with respect to road safety education.

MANAGERS

Given the importance of improving at-work road safety (between 25% and 30% of road accidents involve someone who was at work at the time) there is also a need to train employers and line managers in how they can tackle this issue.
Parents deliver road safety education to their children for many years. Encouraging them to set the right example as pedestrians, riders and drivers, and to provide effective help when their children are learning to drive, would pay dividends.

Q6 What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

Help Drivers Not to Speed

It needs to be much, much easier for drivers to choose to drive at safe speeds. This requires education, training and publicity, better and more consistent roadside information about the posted speed limits and improved vehicle design so that drivers are more aware of the speed at which they are travelling.

Roadside

The over-riding principle of speed limit signing should be to ensure that the limit is always as clear and obvious as possible. Drivers should not be expected to work out the speed limit; it should always be clearly and consistently marked. This requires greater use of speed limit repeater signs and speed limit road markings. Local publicity campaigns explaining the reasons why certain roads have lower speed limits than drivers may believe are justified would also be useful.

RoSPA recommends that a trial of using 30 mph repeater signs should be conducted. If this was effective, the prohibition on using repeater sign on 30 mph roads with street lamps should be rescinded to enable Highway Authorities to put repeater signs or roundels on roads which have a speeding, or speed-related crash, problem. Repeater signs are not the only way of informing drivers of the prevailing speed limit. Other methods should be developed.

In Vehicle

Manufacturers could do more to help the driver to know the speed limit and what speed they are actually doing. For example, they should improve the design of speedometers to help drivers maintain their awareness of their speed and to stay within speed limits. The development of devices (many are already available) to alert drivers when they are exceeding speed limits and to alert them when they are approaching a stretch of road with a known crash problem is welcomed. However, standards are needed to ensure that this technology is used to improve drivers’ personal speed management, and not just to “get away” with breaking speed limits.

Ultimately, the mapping of the speed limits of the UK’s road network will make it possible to display the speed limit of every road within the car, so that a driver can constantly be aware of the limit. Eventually, this should lead to the adoption of Intelligent Speed Adaptation (ISA) where the vehicle limits the speed of the driver according to the prevailing speed limit and road conditions. Technologically, ISA is entirely feasible and trials indicate it is likely to significantly reduce casualties. ISA should continue to be developed and evaluated with the aim of introducing it as soon as feasible. A crucial pre-requisite is a national electronic database of speed limits, which does not currently exist. RoSPA recommends that the government should fund or commission the creation and maintenance of such a database.

The Driver

Speed awareness courses provide a good opportunity to educate drivers who have committed speeding offences. Many drivers seem to believe that their car will not do less than 35 mph. Education, training and publicity should seek to help drivers understand that they can control their vehicle sufficiently to drive within the 30 mph speed limit. RoSPA’s Top Ten Tips for Staying Within the Limit is an example of the advice that can be given.

Managing Occupational Road Risk (MORR)

Between 25% and 30% of road accidents involve someone who was at work at the time. RoSPA believes that the HSE must make work related road safety a greater priority. Specifically, the HSE should:

— Make at-work road safety a key part of its Strategy.
— Allocate more resources to work-related road safety.
— Liaise more effectively with the Police.
— Include at-work road injuries in RIDDOR so they are recorded as work injuries as well as road injuries.
— Link work-related road safety with its site transport safety campaign.
— Raise MORR in visits by its Inspectors to employers.
— Lead the MORR research agenda.

**Young and Novice Drivers**

This is clearly one of the most pressing road safety issues. As the Transport Committee has recently published a report on this issue, RoSPA will not cover it in detail in this submission, except to say that, in the forthcoming government consultation, we hope to see measures to ensure new drivers receive more training and practice, and gain wider driving experience, during their learning period.

**Refresher Driver Training**

Very few drivers take any further driver training after gaining a full driving licence. Once the driving test has been passed, the driver is licensed, virtually for life, with no requirement and very little incentive, to develop his/her driving skills any further.

A RoSPA survey in 2004 showed that only 57% of drivers were aware that it was possible to take further driver training, and only 46% of those knew where to find it. Many drivers who are sent on Driver Improvement, Speed Awareness or Drink Drive Rehabilitation courses say that they wish such help had been available before they offended. Awareness of refresher driver training needs to be raised considerably.

Given the need to tackle motoring’s contribution to climate change, the promotion of “eco-driving” should also be harnessed as a way of promoting safer driving. Advanced driving techniques help with eco-driving and vice versa.

**Make Cycling and Walking Safer**

Encouraging and enabling more people to walk and cycle more often is, quite rightly, a key transport policy. It has significant implications for road safety and it is crucial that pedestrians and cyclists have a safe environment. RoSPA supports the recent announcement of significant new funding for cycling, and the new approach to the design of the pedestrian environment seen in the DT’s “Manual for Streets”.

**More Roads Policing**

Roads policing plays a key role in saving lives and minimising injury on the road. In order to do this effectively, roads policing must be given its rightful priority by the government and the Police Service, and be adequately resourced.

**Safer Motorcycling**

Motorcyclist casualties are higher than they were in 1994–98 (the baseline against which the casualty reduction targets are measured), probably because there has been a significant increase in the amount of motorcycling. Nevertheless, it still means that much more needs to be done to reduce motorcyclists’ deaths and injuries. One of the key approaches is to ensure that riders receive appropriate training when they start (or re-start) to use a motorcycle, and further training as they progress in their riding careers, especially as they move from smaller to larger motorcycles. Research to investigate current training courses, identify good practice and develop guidelines for standardising pre- and post-test motorcycle training will, hopefully, result in more effective training. A weakness of the current system is the lack of a statutory register to ensure that motorcyclist instructors are trained, tested and monitored to minimum, national standards (similar to car driving instructors). More action is also needed to ensure that the needs of motorcyclists are catered for in road design.

**Harness the Benefits of Vehicle Technology**

Vehicles are changing rapidly, with new technologies being constantly introduced to help the driver, and we should be encouraging quicker uptake of such technology where the evidence shows it is effective in reducing crashes. Many things are now possible in vehicles that were not possible just a few years ago. Sensors can collect information about the environment around the vehicle, the vehicle itself, and even about what the driver is doing. This enables the vehicle to assist the driver to avoid accidents or to reduce their severity. For example, research suggests that Electronic Stability Control (sensors monitor the vehicle’s direction and the speed of each individual wheel, and if necessary, brakes individual wheels to prevent a skid) will significantly reduced fatal crashes. Perhaps the greatest potential for accident reduction from improved vehicle technology lies with Intelligent Speed Adaptation (ISA), discussed above.
However, while these technologies can, if used properly, reduce the risk of drivers crashing, they can also increase the risk (e.g., by distracting the driver or by drivers over-relying on or misusing the technology) if not used properly. Driver training needs to keep up-to-date with how technology is changing the way we drive.

**Lighter Evenings**

Changing Britain’s time-keeping to Single/Double Summertime (SDST) would save around 100 lives a year, as well as provide a wide range of health, environmental and economic benefits. Every Autumn when the clocks go back, road casualties and the casualty rate rise, especially for the most vulnerable: pedestrians, cyclists and children. RoSPA recommends that a three year trial of lighter evenings is conducted to confirm its benefits and to give people the opportunity to experience the change for themselves.

**Rural Roads**

More deaths occur on rural roads than on urban ones. Rural roads vary from wide, modern dual carriageways to narrow, hilly and bendy single carriageways with frequent blind bends, hills and verges bordered by trees and hedges. They travel through unpopulated areas as well as through towns and villages. They often carry lower levels of traffic than urban roads but have higher speed limits. Some are mainly through routes and links between towns, others are mainly local access roads. Many carry both through traffic and local traffic.

Rural roads are less likely to have been treated with safety engineering schemes than urban roads. Drivers, especially younger and inexperienced ones, drive with less care on rural roads than they do on urban roads, because they think these roads are safer because they are quieter. Unfortunately, they often do not realise that rural roads present many unforeseen hazards, such as blind bends, hidden dips, animals and mud on the road.

RoSPA believes that a major Rural Road Safety Demonstration project is needed to develop and evaluate good practice in improving the road safety of rural roads.

**Q7 What should be the priorities for government in considering further targets for casualty reduction beyond 2010?**

RoSPA believes that it is crucial that new targets, and a new strategy for meeting those targets, are developed for beyond 2010. We are aware that the DfT has started the process of considering what should happen after the end of the current target period and we strongly support them in doing so.

Any new strategy and targets should continue to be evidence-based, using a thorough review of current and projected accident data and trends, likely traffic growth and our growing understanding of the effectiveness of particular road safety measures. The development of new targets, and the strategy, should also be informed by predictions of other changes in our society that affect the way roads are used, especially climate change measures, demographic changes (ageing population, increasing migration from Europe, etc) and modal shift, such as more walking and cycling. These different policy areas should be integrated.

We believe that the targets should be kept clear and simple. We would recommend that targets be set specifically for reducing death on the road, as well as for deaths and serious injuries together. In our view, the targets should be absolute numbers rather than rates because numbers are more easily understood and much easier to monitor and measure.

**A Vision?**

RoSPA believes there is a strong case for also developing and setting an overall “Vision” for road safety, although we feel it will need to be clear that the casualty reduction targets are crucial pre-requisite steps towards that vision.

If a vision is adopted, it should be “Visionary”, clear and simple. We are not convinced that a vision for road accidents to be no higher than rail or air accidents, or for Britain to have the best road safety record in Europe, would be sufficiently inspiring.

The ultimate Vision for road safety is “Vision Zero”.

*February 2008*
To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

9. Safety targets and visions are self-evidently useful. They help raise awareness, give priority to devising and implementing road safety strategy, indicate expected rates of progress and allow progress to be monitored and corrected. Wong et al (2006) found that in 13 of the 14 countries studied (which set targets during 1981 to 1999), the introduction of a target was associated with a reduction in fatal accidents. It is not possible from such studies to be sure of the extent to which the targets actually led to the casualty reductions. However, it seems certain that target setting can play an important role in reducing road casualties.

10. The process of setting the 2010 GB casualty reduction targets and monitoring progress demonstrates in itself the powerful effects that targets can have on road safety strategy. For example, in proposing a numerical basis for the national target for 2010 Broughton et al (2000) identified a range of new safety policies and estimated the potential contribution that each could make to casualty reduction. In developing its road safety strategy (DETR, 2000) the Government drew upon this work and on the associated expert reviews of road safety measures. The regular monitoring of progress towards the 2010 targets undertaken by TRL (eg Broughton and Buckle, 2007) has assessed the casualty reductions achieved by the new measures envisaged by the original forecasts. It has also identified trends (eg unexpectedly poor progress on fatal accidents and worsening driver behaviour) and led to research being commissioned to help tackle them.

11. The national target for 2010 has been cited by all GB local authorities when describing their local road safety plans, and their monitoring reports have shown progress in relation to these plans. Disaggregating national targets into local targets has however proved more problematical. Finding ways of enabling targets to be more meaningful at local level will be an important task for the future.

12. The Highways Agency has monitored closely the progress in casualty reduction across its network and has recently been investigating the use of separate targets for each Agency area. Partly as a result of the 2010 targets the Agency has started to look at roadside safety with vulnerable road users in mind, especially motorcyclists and their interaction with installed objects such as safety barriers, lighting columns and sign posts.
What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

13. In Britain, the number of drink-drive related fatalities has risen over the last 10 years. The estimated number killed in drink-drive accidents in 2006 was 540, above the 460 of 1998–99 but slightly lower than in 2003–04. The contribution of pedestrians who have been drinking to pedestrian accidents is substantial, with 38% of fatally injured pedestrians aged 16 and over having BAC levels over 80mg/100ml (RCGB (2006)).

14. Britain’s Blood Alcohol Content (BAC) limit of 80mg/100ml is higher than in most of Europe (typically 50mg/100ml but 20mg/100ml in Sweden) and, unlike some countries, Britain does not have lower BAC limits for novice drivers. Penalties for drink-drivers tend to be more severe in Britain than elsewhere.

15. The effectiveness of drink-driving limits and penalties has been shown to depend strongly on drivers’ perceived likelihood of being caught. Comparison with other countries (Koornstra, 2002) shows that Sweden and the Netherlands had much higher rates of testing than GB (1 in 4 cars tested per year in Sweden; 1 in 7 in the Netherlands; 1 in 26 in Britain (and Britain’s rates of testing have since declined further) In France, the rate of testing recently has been about 1 in 10 cars per year. Clearly the average chance of a driver being stopped and screened is much lower in Britain than in these other countries.

16. The TRL response to the Government consultation “Combating Drink Driving: the Next Steps” (TRL, 1998) recommended a package of measures including:
   — Random stopping and breath testing to increase the real and perceived risk of being caught.
   — Reducing the legal BAC level from 80 to 50 mg/100ml.
   — A fixed penalty option for offenders in the 50–80 mg/100ml range, coupled with disqualification for repeat offences.
   — Continuing the High Risk Offender scheme and Rehabilitation courses.
   — New initiatives in education and publicity.

17. Actions were taken for High Risk Offenders and Rehabilitation courses, but apart from this there has been no substantial change in drink-drive policy since that date.

18. In addition to the outstanding items from the above list, a number of future policy measures to curb drink-driving merit careful consideration:
   — Increased police enforcement levels and resources to improve substantially the likelihood of a drink-driver being stopped and tested.
   — Introduction of roadside evidential testing, which should make enforcement more efficient and could also pave the way for penalties designed to provide immediate and effective feedback to the drink-driver. (Provision for roadside evidential testing has been made in the Road Safety Act (2006) but type approval of the equipment is awaited.
   — Lower BAC limits for novice drivers.
   — Introduction of systems such as ignition interlocks.
   — Impounding the vehicles of drink-drivers.
   — Increased emphasis in training and testing on the dangers of drink-driving and strategies to help avoid it.

How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

19. Three countries that have made substantial reductions in fatality numbers in recent years (France, Sweden, Netherlands) have raised public debate and Parliamentary input to a much higher level than in Britain. In France this was as a result of President Chirac’s intervention in 2002, in which he selected road safety as one of his three national priorities. Sweden and the Netherlands have developed strong “visions” of the way in which they want safety to change in future, emphasising redesigning their safety systems to virtually eliminate fatalities (SRA,2006; SWOV,2006). In Britain, there has been more reliance on the numerical casualty reduction targets themselves and their supporting safety strategy, and there has been little attempt to articulate a vision for road safety that might have gained public and political support for more radical safety measures. Raising public awareness and support will be crucial for substantial casualty reduction beyond 2010.

20. The major focus in France (FIA, 2006) has been to change driver behaviour. This has concentrated on improved detection of offences assisted by speed cameras and electronic breathalysers, and tougher penalties especially for causing death or serious injury while offending. Penalty points have been introduced for BAC levels between 50 and 80mg/100ml, using mobile phones, and failure to wear seatbelts. These actions appear to have produced marked improvements in behaviour. Alcohol related fatalities and speeding have reduced and seatbelt wearing rates increased.

21. Sweden and the Netherlands are considering speed limit policies based on safe speeds (20 mph for roads with potential conflict with vulnerable road users, 34 mph for roads with lateral conflicts at junctions, 44 mph for roads with possible head on conflicts, 68 mph where head on and side conflicts are not possible.
22. Some countries (eg Sweden, Norway, the Netherlands) have been prepared to make substantial changes to their training, testing and licensing systems in an attempt to reduce novice driver accidents. Apart from the pioneering introduction of moving-image hazard perception testing into the driving test, and the measure whereby novice drivers who amass six penalty points within the first two years of driving lose their licences, only minor changes have so far been made in Britain. The Transport Committee’s recent report and the Government’s forthcoming consultation will no doubt re-open debate in this area. There is good evidence from other jurisdictions for the effectiveness of measures such as increased pre-solo driving experience, and restrictions on passengers and night driving during early solo driving (eg Baughan et al 2005). Recent thinking on testing and training also offers the possibility of further casualty reduction (eg Baughan and Keskinen, 2005).

23. Several countries planned greater proportions of their fatality reductions through improvements to their road networks than were included in the 2000 GB strategy for the period to 2010. For example, Sweden expected 59% of its planned fatality reduction from such improvements, and the Netherlands 50%. Britain’s expected contribution from road improvement was 44%, and much of this was intended to be achieved through better speed management of the network rather than reducing the aggressiveness of the road environments as in the other countries. However, in the last few years, Britain has moved towards the use of passive roadside structures that protect vehicle occupants in collisions. This development has been embraced by the Highways Agency, and EuroRAP is leading the way by auditing the aggressiveness of main rural roads throughout the UK and in many other European countries. Local Authorities too are also commissioning research on the application of these devices. Availability of funding limits the rate of progress in implementing such measures.

How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

24. In rail and air transport, the system operator is seen to be responsible for all aspects of safety, and travellers are intolerant of failures to control risk effectively. In road transport a substantial part of responsibility for safety is retained by the driver, and the system is anyway less tightly controlled (and less amenable to control). This applies particularly to the selection, training, and behaviour of the operators of the vehicles themselves. Air and rail accidents are rare, and tend to produce multiple fatalities.

25. Together, these characteristics have had profound effects on evolution of safety policy and on the levels of safety that are tolerated. Rail and air accidents receive enormous publicity and public concern. In contrast, the steady flow of road fatalities, equivalent to the loss of a large passenger aircraft per month, goes largely unremarked. This means that special efforts are needed to gain public support for road safety measures.

26. In future, road transport may become more like air and rail as regards public tolerance of risk. For example, the introduction of greater automation into road transport may influence road users’ views of the division of responsibility between themselves and system operators. The adoption and promotion of a future vision for road safety would, if successful, also change public tolerance of road risk.

27. Specialist accident investigation branches exist for air, rail and maritime accidents but there is no equivalent for road accidents. Where Police Collision Investigators do investigate serious and fatal road accidents their reports are not collated and little use is made of them beyond the case being investigated. There could be much benefit in establishing a formal link between serious/fatal crash investigation and safety research by standardising certain aspects of investigations and encouraging recommendations from these specialists. Establishing this link would increase the value of police investigations by providing high quality accident data for safety research and thereby helping to reduce casualties.

Are there specific blockages caused by shortages of appropriately trained and skilled staff?

28. A shortage of road safety engineers and suitably experienced Road Safety Officers can limit ability to translate DfT intentions into local action, though needs are sensitive to changes in the balance of road safety measures being implemented. Others will be better placed to offer evidence to the Committee on this. Suitably qualified road safety researchers are in short supply, partly because training opportunities (eg post graduate courses) are limited.

What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

29. Further substantial casualty reductions will become progressively more difficult, and are likely to require policies that are more radical than have previously been accepted. More attention will therefore need to be given to changing public attitudes towards road safety, and towards the safety policies and behavioural changes that will be required if ambitious casualty reductions are to be achieved. This will be an important safety policy in itself. As discussed in paragraph 47 it would be useful to set out a future vision for safety in Britain that the majority of the public could be persuaded to support. This will be difficult to achieve, and require much careful thought to set out and promote effectively.
30. People who drive as part of their work have been shown (eg Broughton et al, 2003) to have much higher injury risk than others, even when their higher mileages are taken into account. Trends in the use of LGVs are likely to increase the contribution of at-work road accidents to overall casualty figures. Important work is being done here to help companies control these accidents (eg Lang, in press), and this will doubtless need to continue at increased level beyond 2010. In-vehicle devices enabling companies to manage crucial aspects of driver behaviour are becoming available and development will continue—this needs to be guided by research. Encouraging or requiring fleet operators to use these devices offers a real prospect of improved safety. Requiring work-related road accidents to be reported as occupational accidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) would help focus employers’ attention and would help in setting targets.

31. There is potential for large scale infrastructure programmes based on improving the injury protection provided by road design standards and ensuring that traffic speeds are consistent with the level of protection offered. Such programmes have been pursued by Sweden and the Netherlands, and EuroRAP studies (Castle et al 2007, Lynam and Lawson, 2005) suggest there is scope to do this cost-effectively in Britain. An important challenge will be to find ways of helping local authorities to prioritise and make progress with this work.

32. The scope for using median barriers on single carriageways (as in Sweden) and improving roadside protection on these roads needs to be reviewed.

33. The proportion of urban roads having a 20 mph limit should be increased. This will reduce casualties, but GB’s relatively high traffic levels mean that the scope here is limited and that new solutions are also needed to control risk for vulnerable road users. A longer term move towards lower speed limits for two-lane rural roads, while developing a larger network of higher quality inter-urban routes which can sustain higher speed limits, would bring Britain more into line with practice elsewhere. Improved enforcement of speed limits will be needed. Average speed cameras could play an effective part here. There is robust research evidence that in a given situation higher speeds mean more accidents (eg Taylor et al, 2000). This message needs to be continually reinforced to increase public awareness.

34. Seatbelt wearing rates in GB are generally high: roadside surveys in 2007 found that 94% of car drivers and 95% of car passengers were wearing belts. Nevertheless, Broughton and Walter (2007) found that 20% of male car drivers killed during the day and 34% of those killed during the night were not wearing belts. The majority would have survived if they had worn their belts, so raising the seatbelt wearing rates would reduce the number of car occupants who are killed. Measures to achieve this will need to be aimed at groups with low wearing rates—young men in particular. Automatic interlock systems should also be encouraged.

35. Substantial safety benefits have come from increasing resources for traffic law enforcement in other countries, and this should be considered seriously for Britain. The rise in drink-driving fatalities, the high proportion of accidents involving excess speed and the deterioration in driver behaviour noted by Broughton and Buckle (2007) to underlie the disappointing trends in fatal accidents all suggest that this policy merits serious consideration. The balance between automated and police enforcement needs to be considered carefully.

36. There is considerable scope for in-car equipment to enforce traffic law automatically. These include interlocks that prevent a vehicle from starting unless a legal breath sample is provided, interlocks to encourage or enforce wearing of a seatbelt, and “Intelligent Speed Adaptation” (ISA) which can prevent a vehicle from exceeding the speed limit or advise the driver that he is exceeding the prevailing limit. Current estimates indicate that ISA could be very effective in reducing casualties.

37. Many vehicles are being fitted with in-vehicle data recorders (IVDRs or “black boxes”) which can log aspects of vehicle and driver behaviour as well as geographical position and transmit the information back to base. Such systems have the potential for influencing driver behaviour (via incentives, feedback and supervision/enforcement). They will also make it easier for research to optimise and evaluate the effectiveness other road safety interventions designed to influence behaviour. There is considerable scope for achieving voluntary take-up of safety measures based on these systems. Such systems are already appearing and with the right level of investment in research and development may in the future provide a rich new vein of accident reduction measures. To maximise the potential of these systems, Government will need to give attention to developing, promoting, enabling and regulating them, and using them in research to develop and evaluate other safety interventions.

38. Similarly, the fast-developing field of active and integrated vehicle safety systems and Intelligent Transport Systems (ITS) in general, will require Government planning and research to enable potential benefits to be realised and institutional, legal, social and business issues to be overcome. The safety benefits of such systems are difficult to predict, and to maximise them the Government needs to develop a strategy for predicting benefits, enabling the introduction of effective systems as they appear, and regulating their design and use. Human factors issues such as distraction, behavioural adaptation and effects of reliance on automated systems will continue to need very close research attention.

39. The physical frailty of elderly people makes them vulnerable in crashes, and as the number of elderly drivers increases there will be an increasing need to improve and assess occupant protection systems that take this into account. Similarly, continued attention will need to be given to addressing the vulnerability of children in vehicles.
40. Despite improvements, Britain’s child pedestrians are more at risk than in other countries. As one of the components of addressing this problem, Britain needs to ensure that every child receives road safety education that continues into secondary school. This should also help form safe and responsible attitudes to driving. Policies to improve speed management and vehicle safety systems are also relevant here.

41. There is likely to be a need for continuing improvement to the driver training, testing and licensing system to reduce casualties, especially the excess risk experienced by novice drivers in their early months of solo driving. Possible developments here include the introduction of computer-based training and testing tools, improved coverage of “higher level” skills and knowledge during training and testing, increasing pre-solo driving experience, post-test restrictions during a probationary period, and post test training (e.g. Baughan et al., 2005; Baughan and Keskinen, 2005). There will also be a continuing need for educational/publicity measures to influence driver behaviour.

42. There will clearly be a need to tackle the very high risk of motorcycling. Innovative policies will be needed, aimed at improving motorcycle safety systems, the infrastructure, and motorcyclist skills and behaviour. Highways Agency is starting to introduce additional protection for motorcyclists by fitting secondary rails to safety barriers. A case study of an installation on the A2070 showed a marked improvement in motorcyclists’ safety, and similar effects have been seen on a European basis.

43. Measures to reduce exposure to risk by influencing travel patterns and mode choice also need to be considered.

44. Targets for casualty reduction beyond 2010 need to be demanding, so that they require effort and resources to be focussed on casualty reduction throughout the target period and do not risk permitting resources to be diverted away from road safety part way through the period. They therefore need to take account of the existence (or likely future existence) of suitable road safety interventions, their likely effectiveness, the availability of funding for their development and implementation, the rate at which they can be implemented and the political and societal pressures that influence their acceptance. Setting the targets will therefore require careful analysis and will need to take account of future developments such as environmental pressures on vehicle design, the likely scope of road charging and its effects on behaviour, demographic trends, trends in vehicle use, the availability of in-vehicle data recording, active and integrated vehicle safety systems, and other developments in ITS.

45. The target indices need to be chosen to capture the intended changes in safety, allow targets to be set and monitored for subgroups of the population or individual types of accident, and minimise the difficulties associated with under-reporting of accidents. The Stats19 accident reporting system provides the data used to decide whether the targets have been/will be met, so it will be essential to find ways of ensuring that levels of under-reporting are kept low and roughly constant.

46. The casualty reduction targets need to be developed alongside subtargets for a set of safety performance indicators. The targets and subtargets then need to generate a comprehensive and vigorously implemented road safety strategy. Finding ways of translating national targets into local ones will be crucial to success.

47. The targets need to be accompanied by a longer term vision for road safety designed to achieve public and political support for the safety measures and behavioural changes that will be needed to achieve them. This vision will need to be strongly articulated and promoted. The form that the vision should take is open to debate, but it will need to deal with individual areas of safety such as vehicle design, road design, speed management, and drinking and driving. The vision should also provide continuity between successive rounds of target setting and should help to maintain effective downward pressure on casualty numbers even if the numerical targets themselves are being achieved more easily or more quickly than expected.

48. To maximise the benefits obtained from limited resources a scientific approach to the development and evaluation of new road safety measures is needed. This will require well designed experimental studies of potential measures, followed by implementation in ways that permit scientifically robust evaluation.

REFERENCES


Memorandum from Sarah Joiner (RS 14)

I draw to the Transport Select Committee’s attention information about battery operated mobility scooters designed for use by disabled, elderly or infirm people and offer some ideas that would improve their safety and that of other road users. My main concern is with the heavy duty, class 3 specification as this class of scooter can reach speeds of 8 miles an hour and is allowed on the road.

My name is Sarah Joiner. I am 47 years old. I have multiple sclerosis, diagnosed in 1981. I walk with a stick indoors and regularly use a mobility scooter (heavy duty, class 3) to cover longer distances outdoors. I was employed in the NHS and Department of Health for 16 years until 2007. I am actively involved in a number of national charities and in my local community. I am Patron of the MS Trust and a Trustee of Gardening for the Disabled. I was Lady Mayoress of the City of Westminster from 2005–06.

Points for the Transport Select Committee to Consider

1. Since 2007 it has been compulsory for heavy duty, class 3 mobility scooters to be registered with the DVLA and carry a tax disc.

2. Insurance for heavy duty, class 3 mobility scooters should be made compulsory. This is currently only advisory.

3. The build specification of all mobility scooters and in particular the heavy duty, class 3 scooters should be improved. The scooters can cost as much as a small car and yet the specification is not comparable. For instance, plastics do not have the resistance to impact and can shatter into dangerous shards. Metals are subject to rapid corrosion, as they are not treated appropriately prior to sale. Electrics are not sufficiently waterproofed.
4. Sizes of scooters vary considerably and manufacturers have not considered fully the implications of their use on Britain’s public transport. The railways and buses have very clear views on the size of scooters they will carry. The manufacturers, often from the Far East, are not working alongside public transport to ensure that disabled people can move about the country as easily as able-bodied people by producing scooters to the required dimensions. It is essential that equipment can travel economically with owners to be available for use at their destination. Eurostar is an excellent example of such a service. Railways in the UK do not reach this standard at present.

5. Local Authorities must ensure that dropped kerbs are included in every pavement/highway renewal plan. If dropped kerbs are not available, users of mobility scooters can find themselves trapped on the road in areas of heavy and fast moving traffic.

February 2008

Memorandum from The Institute of Highway Incorporated Engineers (IHIE) (RS 15)

EXECUTIVE SUMMARY

THE INSTITUTE

The Institute of Highway Incorporated Engineers is the qualifying body for Chartered and Incorporated engineers and technicians in highways and transportation. It has been a licensed institution of the Engineering Council for 30 years.

Its 3,000 members work in Central and Local Government, Consulting Engineers and supplying contractors. Incorporated Engineers and technicians are the “day to day” highway engineers designing, installing, operating and maintaining the highway network. As such our members deal with all aspects of highway operation including Highway design, Traffic engineering and management, Materials & Soils engineering, Traffic control, Transportation & Highway maintenance.

The Institute is well known for its training courses, and specialist qualifications in development control, traffic signing, and highway maintenance and signal control. IHIE published the industry-standard Home Zone Design Guidelines in 2002 and launched the UK Home Zones website with DfT backing in 2005. The IHIE Guidelines for Motorcycling, also published in 2005, is an award winning compendium of good practice for road engineers in how to consider that particular group of “vulnerable” road users.

SUMMARY OF PROPOSALS IN THE IHIE SUBMISSION

UK highway engineers can be justifiably proud of the role that they have played in delivering government targets for casualty reduction since their introduction in 1987.

All involved in highway design, construction, operation and maintenance have a significant role to play in reducing the level of road trauma.

Casualty rates for highway travel are often compared unfavourably to those of other modes of transport (rail, sea and air). However, they are not wholly statistically comparable. It is not easy to see how their levels of corporate responsibility of such modes could be transferred to the personal transport users and operators of our highway network.

IHIE is well placed to highlight concerns over the state of the highway industry. We have a long record in qualifying engineers and accrediting relevant qualifications. The last 5–10 years has seen a significant reduction in those entering the civil engineering and in particular highway engineering professions. The shortage of staff may impact on the successful delivery of the Government’s road safety targets.

With the introduction by the DfT of its new “Road Safety Partnership Grant” IHIE are concerned that a valuable resource (ie the NGOs) has been “frozen out”.

IHIE believes that in order that the public be more fully engaged then targets should be split from 2 into 3 groups Killed, Serious and Slight and that consideration be given for different, challenging, reductions in each of these groups. Future targets should reflect regional traffic growth and increases in differing modes (possibly via modal rate/Km target?)

IHIE believes that in setting the next round of targets it is vital for the Government to investigate how to “re-engage” the public if the level of road trauma is to be reduced in the UK (Para 1.7).
IHIE believes that in setting any next round of targets, Government should be aware that in Local Authorities there is a deal of “target fatigue” With something as important as road safety targets we should ensure that delivery doesn’t result in short term or temporary gains at the expense of works that are “too hard” to deliver (Para 1.8).

IHIE would welcome the active involvement of interested parties (DfT, Home Office, ACPO, CSS) to establish the best way to promulgate “best practice” in partnership working between investigating officers and local highway authorities. This should in turn feed results back into highway design and operation (Para 4.3).

IHIE believes that if the UK is to maintain its pre-eminent role as a leader in Road Safety then a continued supply of qualified, skilled practitioners (in all disciplines) is of fundamental importance. Local Authorities, private sector employers, Highway Agency regional offices (together with there HA managing agents) should all be actively encouraged to work with universities, colleges and schools (possibly via industry liaison boards) to promote engineering within a “local” context (Para 5.13).

Private sector employers and Local Authorities, in association with the universities, colleges and professional bodies should investigate how best to attract staff (possibly from less “traditional” backgrounds) to then equip them with the necessary competencies and indeed how to reward those achieving such competencies, to deliver highway engineering works (Para 5.14).

IHIE believes that the re-establishment of day or block release courses (which may need to be subsidised centrally) to equip those from non engineering backgrounds should be actively pursued (Para 5.15).

Despite competing financial demands private sector employers and Local Authorities (Possibly via an identified sum in Local Transport Plans?) should set aside an allocation for the training and continued professional development of staff (Para 5.16).

IHIE believes that DfT should keep the new “Road Safety Partnership Grant” fund under review and consider how the long standing involvement of NGOs can be maintained (Para 6.5).

IHIE believes that if the public are to be fully engaged in addressing road safety trauma then the decline in uniformed roads policing of the last 10 years needs to be halted. Such road policing has a role beyond that of enforcement into road safety education (and often by presence alone?) prevention (Para 7.3).

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

1.1 UK highway engineers can be justifiably proud of the role that they have played in delivering government targets for casualty reduction since their introduction in 1987.

1.2 The UK has a world wide reputation based on the professionalism and innovation of our road safety specialists but the delivery of road safety targets is not the sole province of such “road safety” engineers. All involved in highway design, construction, operation and maintenance have a significant role to play in reducing the level of road trauma. But IHIE would question if the targets have brought about as much “joined up action” across departments as might had been hoped.

1.3 The use of “appropriate” targets is one way of focusing policy makers and professionals alike. On the plus side as the casualty numbers have fallen, local authorities (who collectively have born the lion’s share of the work) have, in a number of cases developed partnerships in varying disciplines and with disparate stakeholders. But there is also a risk of target fatigue.

1.4 IHIE would, however, question whether a significant “step change” can be made in reducing casualty numbers if the public, most of whom are unlikely to have little direct experience of road trauma, are not fully engaged in the setting, monitoring and progression of such targets.

1.5 The public can be very “parochial” in terms of “road safety”: as an example many communities want traffic calming measures for themselves but want to travel un-impeded in other neighbourhoods.

1.6 Similarly it must be asked how the “good news” message of casualty reduction by means of “safety” cameras was lost and why a significant proportion of the public has become “disengaged” and refers to “stealth taxes”.

1.7 IHIE believes that in setting the next round of targets it is vital for the Government to investigate how to “re-engage” the public if the level of road trauma is to be reduced in the UK.

1.8 IHIE believes that in setting any next round of targets, Government should be aware that in Local Authorities there is a deal of “target fatigue” where such targets, often individually well intentioned, but linked to funding have spawned a new bureaucracy. With something as important as road safety targets we should ensure that delivery doesn’t result in short term or temporary gains at the expense of works that are “too hard” to deliver.
2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

3.1 As we have said, the UK can be justifiably proud of its successes in delivering casualty reduction over the last 20–30 years, however, the significant reduction in casualties has, perhaps naturally, appeared to plateau.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

4.1 Casualty rates for highway travel are often compared unfavourably to those of other modes of transport (rail, sea and air). However, they are not wholly statistically comparable. It is not easy to see how their levels of corporate responsibility of such modes could be transferred to the personal transport users and operators of our highway network.

4.2 Recent changes in legislation and the adoption and application by police of the Road Death Investigation Manual (whereby all fatal collisions are investigated as “unlawful” killings) may, however, engender such a level of responsibility (In highway operators at least). IHIE has organized several courses with Kent promoting a partnership approach to implementing the RDIM and is keen to work with police forces and highway authorities to develop efficient procedures which feedback into authorities' safety, design and maintenance strategies.

4.3 IHIE would welcome the active involvement of interested parties (DfT, Home Office, ACPO, CSS) to establish the best way to promulgate “best practice” in partnership working between investigating officers and local highway authorities. This should in turn feed results back into highway design and operation.

5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

5.1 IHIE is well placed to highlight concerns over the state of the highway industry. We have a long record in qualifying engineers and accrediting relevant qualifications.

5.2 The last 5–10 years has seen a significant reduction in those entering the civil engineering and in particular highway engineering professions. The shortage of staff is particularly apparent in, though not restricted to, local authority highways departments. These authorities have traditionally been the training grounds for the highway engineers and in particular those responsible for the successful delivery of the Government’s road safety targets. However, in common with many industries, where the post war “baby boom” is working through, many of these experienced, highly skilled and qualified, engineers are now retiring (or will do so within the next few years). Such Engineers often depart, with short notice, as part of Local Authority “re-structuring” in order to deliver financial savings.

5.3 Despite a recent increase in the number studying civil engineering at University, a recent survey by the Academy for Sustainable Communities predicted that, because of significant increased demand, the existing shortage of Engineers will increase to 17% by 2012 with the most significant shortages being in the housing hotspots of the south and west of England.

5.4 Equally disturbing for the longer term future is the ETB’s 2007 Survey which calls attention to the declining birth rate which means that the number or 16 year olds in 2018 will be 16% less than now.

5.5 Revisions in the educational qualifying standard since the late 1990’s by the UK Engineering Council, to match central governments/ public aspirations of university education along with local government reorganisation and cost cutting has seen the effective demise of “Day release” at the former polytechnic colleges (now universities). Such day release courses provided a firm grounding in engineering whilst staff learnt the “practical” aspects “on the job”. Many of these, then highly skilled staff “journeyman” engineers would progress in their career via professional registration (which has seen a similar decline).

5.6 Those currently in “tertiary” education perhaps eager to clear student debts and start earning “a living” are not, it seems, naturally attracted to careers in engineering or transportation and many seem to be easily recruited directly from university into other professions that are also facing staff shortages.

5.7 In order to try and address the shortage of staff a number of local authorities have turned to outsourcing their works to private consultancies. Yet such consultancies are not themselves immune from the problems of staff recruitment and an ageing staff profile (indeed a number often employ the engineers who have recently “retired” from the local authorities!) As more work is outsourced then local authority staff are tempted by more attractive packages and authorities may soon no longer able to act as “intelligent clients” possibly weakening the delivery of safety targets.

5.8 Others have sought to fill the shortage with staff from abroad, originally from commonwealth countries, Australia, New Zealand, etc, and laterally from the new European countries. But as these countries start to su

5.9 It has been suggested that experienced engineers be “encouraged” to delay retirement or to continue to work in a “consultancy” basis. IHIE believes that whilst this might buy some time it would be but a short term fix to the problem.
5.10 There is an obvious need for employers and employees alike to attract staff from new sources, to train staff to industry recognised knowledge and competence standards, and for those staff to be required to show competence in their area of work.

5.11 IHIE has launched several Professional Certificates in specialist areas such as Development Control, Traffic Signs, and Traffic Signals designed to set a standard for training and for individual competence. The Minister and Highways Agency have welcomed our initiative and endorsed the Signs Certificate, for instance.

5.12 Enhanced professionalisation of road safety staff could attract more recruits and in 2008 IHIE will establish a Professional Certificate in Road Safety Engineering and we would also draw the Committee's attention to Transport for London’s STAR and ProSTATT training and development initiatives.

5.13 IHIE believes that if the UK is to maintain its pre-eminent role as a leader in Road Safety then a continued supply of qualified, skilled practitioners (in all disciplines) is of fundamental importance. Local Authorities, private sector employers, Highway Agency regional offices (together with there HA managing agents) should all be actively encouraged to work with universities, colleges and schools (possibly via industry liaison boards) to promote engineering within a “local” context.

5.14 Private sector employers and Local Authorities, in association with the universities, colleges and professional bodies should investigate how best to attract staff (possibly from less “traditional” backgrounds) to then equip them with the necessary competencies and indeed how to reward those achieving such competencies, to deliver highway engineering works.

5.15 IHIE believes that the re-establishment of day or block release courses (which may need to be subsidised centrally) to equip those from non engineering backgrounds should be actively pursued.

5.16 Despite competing financial demands private sector employers and Local Authorities (Possibly via an identified sum in Local Transport Plans?) should set aside an allocation for the training and continued professional development of staff.

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

6.1 For a number of years DfT has operated a “Road Safety Challenge Fund”. This funding (capped at £20,000 per grant) has allowed non government organisation with a strong commitment to Road Safety such as RoSPA, BRAKE, CAPT and ourselves to deliver many wide ranging, national projects, often focused on vulnerable road users and much valued by local authorities.

6.2 In 2006, however, the scheme was replaced with “Road Safety Partnership Grant” funding. This new “Road Safety Partnership Grant” is targeted specifically at local highway authorities and, whilst one of the stated aims is to encourage “partnership” working, the summary statements for the first round of awards do not refer to NGOs.

6.3 The budget for the new “Road Safety Partnership Grant” funding was set at £4 million (although £5.5 million seems to have been committed in the first year) but even in its most successful years the previous “Road Safety Challenge Fund” committed less than £340,000 (8%).

6.4 Whilst the stated rewarding of innovation and sharing of good practice under the new “Road Safety Partnership Grant” fund is welcomed by the IHIE, we are concerned that a valuable resource (ie the NGOs) has been “frozen out”.

6.5 IHIE believes that DfT should keep the new “Road Safety Partnership Grant” fund under review and consider how the long standing involvement of NGOs can be maintained.

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

7.1 IHIE believes that in order that the public be more fully engaged then targets should be split from 2 into 3 groups Killed, Serious and Slight and that consideration be given for different, challenging, reductions in each of theses groups.

7.2 The present targets are headline & numerical, based on averages from the late 1990’s, they do not (at a local level at least) seem to take into account regional or modal variance. Future targets should reflect regional traffic growth and increases in differing modes (possibly via modal rate/Km target?)

7.3 IHIE believes that if the public are to be fully engaged in addressing road safety trauma then the decline in uniformed roads policing of the last 10 years needs to be halted. Such road policing has a role beyond that of enforcement into road safety education (and often by presence alone?) prevention.

February 2008
Memorandum from the RAC Foundation for Motoring (RS 16)

1. INTRODUCTION

1.1 The RAC Foundation for Motoring is an independent charity established to promote and conduct research into the environmental, economic, mobility and safety issues relating to use of motor vehicles. Our vision is to advocate innovative transport solutions for safer roads, safer drivers, greener cars, improved mobility and a fair deal for motorists.

1.2 The Foundation welcomes the Committee’s inquiry into road safety, which is timely. Today’s toll of some 3,000 deaths and 28,000 serious injuries on our roads (DfT, Road Casualties Great Britain, 2006) reflects no credit on a civilized society and need not be accepted. A comprehensive review of the whole range of possible measures is urgently required.

2. THE ROLE OF TARGETS IN FOCUSING PROFESSIONAL ACTIVITY

2.1 Targets are generally considered to be useful for focusing the mind of professionals on priorities within their particular field. The key is making sure the targets are the right ones.

2.2 Based on 2006 figures all of the core targets developed in the 2000 Transport Road Safety Strategy have been met or are on-track to be met by 2010 and therefore it is possible to argue that these targets have helped to focus professional activity. Strategy themes that have not been directly linked to specific targets (eg safer driving and safer testing) have seen slower progress against strategy objectives.

2.3 National targets have two main uses. Firstly they are used for the analysis and monitoring of options to establish the combination of measures, which could achieve a given result. Their second use is to establish a framework within which local authorities can set their own priorities and work. We believe that professionals find such targets useful.

3. FURTHER MEASURES NEEDED TO REDUCE DEATH AND INJURY FROM DRINK DRIVING

3.1 Despite increased awareness and action on drinking and driving, it is still causing a serious casualty problem on UK roads. On average 3,000 people are killed or seriously injured each year in drink drive collisions and nearly one in six of all deaths on the road involve drivers who are over the legal alcohol limit (DfT Think! Campaign, 2007). “In 2006, it was estimated that 14,350 casualties (6% of all road casualties) occurred when someone was driving while over the legal limit for alcohol. The provisional estimate of the number of deaths was 540 (17% of all road deaths)” (DfT, Road Casualties Great Britain, 2006).

3.2 Although the number of people killed or seriously injured whilst drinking and driving is down from the 1980s, there has been an increase in casualties since 1998, which peaked in 2004 and is slowly starting to tail off. Slight drink drive casualties have also risen since the early 1990s until 2002, but have started to fall off since this time (DfT, Road Casualties Great Britain, 2006).

3.3 In January 2008, the RAC Foundation ran a Facebook survey asking 1,000 members of the London network the following question:

— This Christmas did you travel in a car driven by someone you thought was over the drink drive limit?

3.4 13% of all respondents said they had got in the car with a drunk driver, and this figure increased to 17% for 18–24 year olds. This was particularly the case for men in this age group. The results also showed that 13–17 year olds are being put at risk, indicating that more needs to be done to encourage drivers to set the right example to children, pre and novice drivers and to encourage young people to refuse a lift from a driver who appears to be over the limit.

3.5 Current Government publicity campaigns target men in the 17–29 age group due to their high involvement in collisions and failed breath tests. This will obviously continue to be an important target group, but the risks created by drivers above this age group should not be overlooked.

3.6 Education and current legislation should continue to be used to tackle drinking and driving. Enforcement is a key factor and with police manpower being constrained, proposals to amend current legislation (eg lowering the blood alcohol limit for new or all drivers) should be examined very carefully to see if such proposals would be a cost-effective use of finite manpower, and whether they might lead to public confusion.

3.7 If drinking and driving legislation is to work, and to save lives, adequate and visible enforcement is needed to provide a real and present discouragement to the drunk driver. The relationship between enforcement, compliance with the law, and casualties is we believe researchable; and we would argue that the blood alcohol limit should not be lowered without evidence that this would be a cost-effective use of scarce police resources, compared with other enforcement activities.
3.8 Drug driving is increasing and should feature heavily within any future policing activity. Drugs slow reaction times and heavy cannabis users are ten times more likely to be injured or injure others in a collision (University of Auckland, Addiction Study, 2005). Providing officers with the correct type approved equipment to secure convictions and discourage drug driving is urgently needed.

4. THE APPROACH OF GREAT BRITAIN AND OTHER EU COUNTRIES TO REDUCING DEATH AND INJURIES

4.1 Every year, about 40,000 people die in Europe as a consequence of road crashes. Many more are injured. While the number of deaths is falling, studies have shown that faster progress is possible if all effective means are applied (Elvik and Erke 2006 p. 6 IN: ETSC Raising Compliance with Road Safety Law 1st Road Safety PIN Report, 2007).

4.2 Some European countries have taken a different approach to road safety in comparison to Great Britain and there are certainly lessons to be learnt and best practice to be shared across these different countries.

4.3 Sweden’s Vision Zero and the Netherlands’ sustainable safety are often used as examples of good practice and although these visions are commendable the RAC Foundation sees merit in the approach suggested in the PACTS report on this issue (PACTS, Beyond 2010—a holistic approach to road safety in Great Britain, 2007) which suggests that the UK should learn from these approaches before developing new initiatives.

4.4 The UK has traditionally been one of the highest performers in Europe for road safety, but in recent years Great Britain has lost its place at the top of the league table. The Foundation suggests that the Department for Transport should seriously consider what lessons can be learnt from the experiences of other European countries. Some of the largest reductions in road casualties have been achieved in countries such as Luxembourg, Spain and Belgium through enforcing existing traffic laws, which suggests that the UK should learn from these approaches before developing new initiatives.

4.5 The British authorities should pay attention to getting the basics right to improve the situation. In particular this involves enforcing current laws on issues such as seatbelts, child seats, mobile phones and drink driving. Drink driving is a case in point as for Great Britain, like half of the other countries in the EU, drink drive deaths have not contributed to overall casualty reductions, meaning that overall improvements have slowed as a result (ETSC Raising Compliance with Road Safety Law 1st Road Safety PIN Report, 2007).

5. ROAD RISK REDUCTIONS IN COMPARISON TO OTHER MODES OF TRANSPORT

5.1 Figure 2.4 of the White Paper “Towards a Sustainable Transport System” (DfT, 2007) shows that although there has been marked reductions in death rates for all modes of transport over the last 15 years, the risk of being killed in a car is still significantly higher per billion passenger kilometres travelled than being killed in a bus or coach; and much higher still than the risk of being killed in a railway or air accident. The possible reason why this anomaly is accepted by the public, Governments and legislators is that when someone travels by public transport, they entrust their safety to the operator whom they have paid to carry them. On the roads, drivers have much greater control over their own safety and that of their passengers. This reasoning is presumably why the summary of road safety measures in paragraph 2.63 of the White Paper lists only interventions against drivers and no other safety measures.

5.2 While bad driving and breaking the law must be penalised, the Government’s approach pays insufficient attention to the fact that the roads are a transport system in many ways like rail and air. In all modes, failures in the system resulting in accidents can be rectified by interventions to improve the infrastructure, the signaling, the standards of the vehicles, or the skills or performance of the human operator. The right combination of measures should depend on expert evaluation. Roads differ from the other modes in that access to the system is open to all drivers who meet a minimum standard of proficiency (though the police can intervene to enforce standards of behaviour) and the standards of the road infrastructure are much more variable than would be accepted in the operation of other modes.

5.3 Despite the higher death and injury toll on the roads in comparison to other transport systems, the management of the road system is much slacker. Substandard sections of infrastructure and signaling are accepted, which would not be tolerated in other transport systems; the level of traffic safety enforcement by the police is determined not by the need for it on the roads, but as a residual after the police have met Government targets in other areas. Whereas accidents on rail and air are rightly subject to detailed expert examination, such examinations are rare in the case of road collisions. The implied value of life on the roads used to appraise remedial measures is much less than that on rail or air.

5.4 Two conclusions at least may be drawn from the above. The first is that much more attention should be paid to the standard of the road infrastructure, that highway authorities should be more accountable for improving the standard, and that much more money should be invested in local road safety schemes. It is well documented that the returns from local road safety improvements are very high, with benefit/cost ratios...
of the order of 20 or 30 to 1; but such schemes do not attract the level of investment that such high rates of return would warrant. Transport safety expenditure on road and rail should be judged on more consistent criteria. Second, there is a case for setting up a central specialist unit to examine certain road accidents in detail, and recommend solutions. Such a unit might be analogous to the Air Accidents Investigation Branch. It could not, of course, examine more than a small sample of road collisions, and might confine itself to those where there was an interesting interaction between technical and human factors.

6. THE IMPACT AND BLOCKAGES CAUSED BY THE SHORTAGE OF APPROPRIATELY TRAINED AND SKILLED STAFF

6.1 The Foundation has no figurative evidence for shortages of trained staff, but we are frequently told that shortages occur particularly in local authorities. This may in part explain the lack of investment in local safety schemes mentioned in paragraph 5.4 above. Developing appropriately trained and skilled staff and providing defined career paths for them is important for improving road safety.

7. THE ROLE OF NEW POLICIES AND EVIDENCE FOR FUTURE SUCCESS

7.1 Many new initiatives are being considered, for example in driver training and testing and in measures to tackle unlicensed and uninsured drivers. These should be pursued. The Think campaign also appears to be having an impact. However, the Foundation believes that it is time for a fresh and radical look at road safety policies to revitalise the drive to cut deaths and injuries, and to restore the country’s leading position in this field.

7.2 The objective of the fundamental review would be, very briefly, to consider what combination of measures would be needed to reduce the current level of deaths and injuries to, say, one half of present levels (ie 1,500 deaths), or perhaps 1,000 deaths. To do this, the review would project current and foreseeable trends, such as the ageing driving population; increasing congestion; and improvements in the vehicle. It would then consider the range of interventions open to central or local government, such as improvements in infrastructure; changes in signs and signals; speed limits; changes in training and testing; vehicle standards and enforcement levels and techniques.

7.3 The review would aim to produce packages of measures directed to achieving the targets set. It would be a necessary condition that the evaluation of possible measures should be based on sound research and evidence. The packages would then be the subject of public consultation and Parliamentary scrutiny. Some measures might involve some loss of individual freedom (such as the introduction of ISA, or other measures of speed enforcement; or changes in driving standards); others might involve spending more public money, for example on more traffic police or better roads. The review could also consider whether road traffic law could be simplified and made more intelligible. It could also consider the possible implications for road safety of road user charging.

7.4 The objective would be to secure public understanding and acceptance of very demanding targets for cutting deaths and injuries; and the means of achieving them. By showing that reducing deaths and injuries required a partnership—in effect a deal—between authority and motorists, the hope would be that it would reduce the present “disconnect” between the political class and the motorist, which comes about as the motorist sees road safety policies being implemented by more and more aggressive measures using automatic devices backed up by databases of varying reliability.

8. PRIORITIES FOR GOVERNMENT CASUALTY REDUCTION TARGETS BEYOND 2010

8.1 Future targets and goals for road safety should be based on sound evidence, not prejudice. They should be developed and implemented in a way that encourages motorists to comply voluntarily with rules rather than engendering fear, dislike and distrust towards the governing bodies. There should be a drive towards local road improvements, which save lives and show the motorist that the authorities are playing their part.

8.2 Segmenting the market (eg older driver and younger drivers) can be helpful, but policies and targets must emphasise the diversity inherent in these groups. More emphasis should be placed on influencing the behaviour of all drivers and the interaction between different road users needs closer attention.

8.3 Current targets appear to have been well received by the professional community. Future targets should not be overtly prescriptive to allow flexibility at local levels and data collection should not create an industry in itself. Wider buy-in for targets associated with road safety should be also sought (eg police, health service). Leadership is needed, but the backing of public opinion is essential.

February 2008
Memorandum from the Association of British Insurers (ABI) (RS 17)

1. The ABI (Association of British Insurers) represents the collective interests of the UK’s insurance industry. The Association speaks out on issues of common interest; helps to inform and participate in debates on public policy issues; and also acts as an advocate for high standards of customer service in the insurance industry.

The Association has around 400 companies in membership. Between them, they provide 94% of domestic insurance services sold in the UK. ABI member companies account for almost 20% of investments in the London stock market.

INTRODUCTION

1.1 This paper sets out the ABI response to the Transport Select Committee’s Inquiry on road safety. The ABI is committed to improving Britain’s road safety record: we have analysed our members’ claims data to identify groups of high risk drivers, including young drivers, older drivers, and cross-border drivers, and have formed coalitions with road safety organisations to publish papers outlining the factors contributing to their risk and proposing ways in which to tackle those factors. Insurers play a major role in promoting road safety, incentivising safer behaviour through initiatives such as no-claims discounts, discounts for driver training, and telematics. In 2005, the ABI signed the European Road Safety Charter demonstrating our commitment to promoting road safety.

1.2 In this response, we focus on the policies and priorities for Government in considering further targets for casualty reduction beyond 2010. The 33% KSI reduction since 2000 demonstrates that the Government’s road safety strategy has been effective in its main goal thus far. However, ABI claims data analysis shows that there is more the Government can do to reduce the risk of certain groups of drivers. We also explain the need for a slight casualty rate reduction target to be reintroduced.

2. YOUNG DRIVERS

2.1 The Government’s main priority should be to deliver on their promise to “reform fundamentally the way people learn to drive”. ABI research published in 2005 showed that young drivers are more than twice as likely to make an insurance claim than older drivers, and the average value of each claim is three times larger. In addition, 17–20 year old male drivers are almost 10 times more likely to be killed or seriously injured than more experienced drivers. The ABI 2006 policy paper Young Drivers: Reducing Deaths on the Roads identified the key factors contributing to young drivers’ riskiness, including inexperience, driving attitudes, driving at night and carrying young passengers. The paper also proposed a four-point plan: a longer learning period, a more structured learning period, discouraging driving at night, and discouraging carrying young passengers.

2.2 To deliver these proposals requires a partnership between the public and private sectors. Several insurers have products that offer lower premiums to customers but with a higher rate for driving at night. For example, Norwich Union and R&SA offer telematics-based products where the young driver is either charged a flat fee or a rate fee for driving between the hours of 11.00 pm and 6.00 am.

2.3 However, Government action is needed to reduce the number of passengers that young drivers can carry. Carrying young passengers both increases the risk of a collision and increases the number of people affected by a collision. The Government should introduce a graduated passenger restriction, as operating in the US, Australia and New Zealand. Data from the US shows that a 37% reduction rate in fatal crashes was achieved over a 10-year period in states where some form of passenger restriction was in place. We recommend that drivers under 20 should carry no more than 1 teenage passenger for six months after passing their test.

3. EUROPEAN DRIVERS

3.1 The Government must also recognise the changing driver landscape. The ABI 2007 policy paper European Drivers: Crossing Borders Safely cites evidence from the insurance industry that, in recent years, the risk posed by drivers from other European states is growing disproportionately to the increase in cross-border driving. According to the UK Green Card Bureau, which administers claims against foreign vehicles, the number of collisions caused by foreign vehicles rose 28% from 2001 to 2004, whereas the number of foreign vehicles leaving the UK rose only by 14% in the same period (foreign vehicles entering the UK are not measured). Nine of ten of the member states with the most increased number of UK Green Card Bureau claims are newly acceded member states.
3.2 As recognised in our paper, cross-border driving brings many benefits, but there are various measures the Government must take to reduce the risk associated with cross-border drivers in the UK:

— The UK is in a unique position regarding entry and exit of drivers, and the Government should take steps to measure the exposure on UK roads of cross-border drivers.

— Evidence shows that a significant number of collisions are caused by drivers’ lack of knowledge of the rules of the road; for example, the Scottish Executive found that 20% of collisions caused by a cross-border driver occurred when the driver was on the wrong side of the road. Simple measures to tackle this problem include introducing clearer signposting around the country, not just at ports, and ensuring that information on road laws is available in multilingual and accessible formats.

— The Government should also continue to work with the EC to ensure that effective enforcement and information-sharing measures are put in place. These measures include member states providing vehicle and driver licensing information to EUCARIS, an online European network, so that offenders can be identified and penalties enforced; and ratifying the Convention on Driving Disqualifications, so that penalties are mutually recognised across borders.

— The Government should also work with the EC to encourage other member states to respect the requirement that all vehicles are insured.

— Vehicles which are imported into the UK without being re-registered may not be in a satisfactory state of repair, may not be insured, and are unlikely to be modified, as necessary, for driving on the left. The Government should establish a system for identifying foreign vehicles kept in the UK for more than six months so that the appropriate enforcement authority can take the necessary action.

4. Older Drivers

4.1 The Government should establish effective measures to deal with the road safety implications of an ageing population—over four million people over 70 currently hold a full driving license, forecast to rise to over 10 million by 2050. Driving can become more difficult for older motorists as a result of declining health and mobility. The 2007 ABI paper Insuring Older People cites that drivers over 70 are 72% more likely to be killed or seriously injured in an accident than 60–69 year-olds. The ABI calls on Government to establish an effective medical licensing framework for detecting drivers not meeting the required medical standards, providing support where appropriate and helping them to make the transition away from driving.

5. Driving for Work and Rehabilitation

5.1 The Government should continue to focus on those driving or using vehicles for work, as they cause almost a third of all road collisions. The ABI has been working with the Department for Transport on initiatives to improve the road safety of those driving for work in its Driving for Better Business pilot. On an individual level, insurers work with their customers to improve the road safety of their employees. This ranges from visiting driving sites and suggesting simple solutions, such as painting a line in a parking bay, to offering a detailed occupational road risk assessment and action points which could include fleet telematics products, which help employers track their drivers and address any risky driving behaviour to reduce claims in the future.

6. Slight Casualty Rate

6.1 The Government is right to prioritise KSI reduction. However, they should also set a new slight casualty rate reduction target, and engage with the insurance industry in examining the growing number of whiplash claims. The slight casualty rate reduction target set in Tomorrow’s Roads: Safer for Everyone was arguably too low at 10%, with a 12% reduction achieved by the first strategy review. The ABI/IUA 4th Bodily Injury Study demonstrates that the claims frequency in most small claim bands (up to £50,000) increased between 1996 and 1999 but then leveled off or even reduced between 2000 and 2006. However, the same report shows that the frequency of claims between £2,000 and £5,000, many of which are whiplash claims, increased by 8% between 1996 and 2001, and continued to increase by another 11% between 2001 and 2006. The ABI will be holding a whiplash seminar in the autumn to examine what stakeholders, including the Government, can do to tackle the rising number of whiplash injuries.

February 2008

21 Based on claims data for private car comprehensive policyholders.
Memorandum from REFLECT (RS 18)

INTRODUCTION

This is REFLECT's submission to the Transport Select Committee's current inquiry into Road Safety. We are working to improve the safety of Heavy Goods Vehicles (HGVs) by increasing their conspicuity, and are campaigning for retro-reflective markings to become mandatory on all newly registered HGVs at the earliest opportunity. We are supported by the AA, the IAM Motoring Trust, PACTS, the RAC Foundation, the Motorcycle Industry Association (MCIA), BRAKE, and the Reflective Equipment Manufacturers Association (REMA). Our patrons our David Drew Labour MP for Stroud, Robert Goodwill Conservative MP for Scarborough and Whitby and Shadow Road Safety Minister and John Leech, MP for Withington and Liberal Democrat Transport Spokesperson.

Please find below our responses to the relevant questions outlined in the terms of reference:

To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

1. The introduction of road safety targets in 1987 effectively encouraged government and NGOs to take action, and has resulted in significant decreases in the number of road casualties. The casualty reduction targets outlined in “Tomorrow’s Roads: Safer for Everyone”, are currently either being exceeded, or are well on the way to being achieved. However, there are certain key groups where progress appears to have stalled.

2. Notably, Heavy Goods Vehicles continue to be involved in a wholly disproportionate number of fatal accidents. In 2006 13% of all fatal casualties in road accidents were the result of an accident involving an HGV, although Goods Vehicles represent just 1.2% of all licensed motor vehicles in the UK.

3. Therefore, although targets have played an important role in reducing the overall number of road casualties, further action is required to reduce the casualties from accidents involving key vehicle groups, such as HGVs.

How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

4. The UK has long been regarded as a leader in road safety. However, it has now fallen far behind both Sweden and the Netherlands in recent improvements in road safety. As a result, the reduction in casualties in the UK appears to have reached a plateau in the last few years.

5. It is particularly disappointing to note that the UK has been hesitant to introduce mandatory retro-reflective markings on HGVs, despite separate evidence commissioned by the DfT, and the European Commission, supporting their introduction.

6. Following these reports, the UNECE GRE Working Party, which determines changes to vehicle regulations on lighting and light-signalling, voted to amend UNECE regulation 48 to make retro-reflective markings mandatory on all newly registered HGVs from October 2009. The UK was the only country to vote against this proposal.

7. The Italian Government decided to introduce mandatory retro-reflective markings for all newly registered HGVs in 2003. It has since extended it legislation to cover all HGVs in the vehicle parc. Despite the Government’s claims that it is unable to act unilaterally and mandate this measure prior to its introduction across the European Union, no action has been taken against Italy by the EU. So there is no reason why the UK cannot follow suit.

8. To continue to reduce the number of road casualties in the UK, and ensure that the UK retains its status as a road safety pioneer, the Government must look to introduce new measures to reduce collisions. It is clear that making retro-reflective markings mandatory on all newly registered HGVs would help to achieve this, and so the measure should be introduced at the earliest opportunity.

Are there specific blockages caused by shortages of appropriately trained and skilled staff?

9. The Reflective Equipment Manufacturers Association (REMA) has indicated that there is sufficient current capacity within the industry to fit retro-reflective markings should they become mandatory for all newly registered HGVs.

10. The cost of fitting retro-reflective markings to a vehicle is around £100, or 0.001% of the total vehicle cost. This is substantially less than the cost of repairing a vehicle following an accident and the additional loss of earnings resulting from the vehicle being off the road. For newly registered vehicles markings could be fitted prior to registration, thus ensuring that hauliers do not suffer any loss of earnings during fitting.

11. Furthermore, once the measure is introduced, increased competition amongst manufacturers is likely to further reduce cost.
What further policies, not already widely used, might be considered for adoption and what evidence is there for their success?

12. Making retro-reflective markings mandatory on all newly registered HGVs would significantly improve road safety by helping to reduce the disproportionate number of accidents involving HGVs.

13. The 2005 report by Loughborough University, commissioned by the Department for Transport concluded that “there is a cost benefit for fitting [ECE104 retro-reflective] line markings to newly registered vehicles greater than 7.5 tonnes”. Similarly, a report undertaken by the TUV Rheinland group on behalf of the European Commission stated that “it is recommended to equip all new vehicles over 3.5 tons with contour markings”.

14. The Government has accepted that this measure would improve road safety and former Road Safety Minister, Dr Stephen Ladyman MP stated that it “wants the tape to be mandated”. Mr Ladyman also stated that the measure would be introduced “by 10 October 2009”.

15. However, the implementation timetable published by the Vehicle Certification Agency (VCA) in October indicated that on 10 October 2009 the retro-reflective markings will only become mandatory for newly registered vehicles that were type approved after 10 July 2008. As a result, we estimate that only 5% of newly registered HGVs—about 2,500 vehicles—will be required to have markings fitted from this date. It will not be until 2011 that a significant number of vehicles are required to have this important safety measure fitted.

16. The Loughborough report estimated that introducing this measure would prevent 385 collisions each year. The longer the Government delays implementing this measure, the more casualties there will be.

What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

17. Significant progress has been made in reducing road casualties. However, to ensure that this continues further action is required to target those groups, such as HGVs, where progress has stalled, and which are involved in a disproportionate number of fatal accidents.

18. The Government should ensure that retro-reflective markings are made mandatory for all newly registered HGVs from October 2009.

19. In order to minimise the impact on hauliers, REFLECT has suggested that mandatory retro-reflective markings should initially only be introduced for newly registered vehicles.

20. However, to maximise the benefit, and further reduce the disproportionate number of fatal accidents involving HGVs, the Government should also examine the possibility of introducing this measure across the entire vehicle parc as soon as practicable.

REFERENCES


ii DfT: Table 1: “Road Casualties in Great Britain 2006: Annual Report”, Published September 2007.


iv Loughborough University, “Assessment of the safety benefit of retro reflective markings on HGVs and buses”, May 2005, page 49.


vi Hansard, 6 November 2006, Column 654.


February 2008

Memorandum from TTC Group (RS 19)

CONTEXT

TTC Group are the UK’s largest provider of the Drink Drive Rehabilitation courses, delivering a three day group work programme to over 10,000 convicted drink drivers annually. We are also the UK’s second largest provider of Police diversionary schemes for National Driver Improvement and Speed Awareness.
RESPONSE TO Q2—DRINK DRIVING AND FURTHER MEASURES

Drink drive fatalities represent about 1:5 of all UK road deaths; more must be done to reduce this
death toll.

A. We are concerned that over the last seven reported years, deaths have risen:

2000—530
2001—530;
2002—550;
2003—580;
2004—580;
2005—550; and
2006—540.

In comparison to the late 1990s:

1998—460; and
1999—460.

This also coincides with a significant reduction in the number of breath tests administered:

2000—715;
2001—624;
2002—570;
2003—534; and
2004—578 (in thousands).

In comparison to the late 1990s:

1998—816; and
1999—765.

Conclusion—as roadside testing has reduced, deaths have increased.

We acknowledge that the % number of positive tests have risen which can indicate more effective Police
targeting. However, it could also show that more drivers are prepared to take the risk as they believe they
will not be stopped and tested.

EXAMPLE OF TEST LEVELS IN EUROPE
PER HEAD OF POPULATION

<table>
<thead>
<tr>
<th>Country</th>
<th>Tests per Head of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finland</td>
<td>1 test/4 people</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1 test/16 people</td>
</tr>
<tr>
<td>Spain</td>
<td>1 test/30 people</td>
</tr>
<tr>
<td>UK</td>
<td>1 test/67 people</td>
</tr>
<tr>
<td>Europe average</td>
<td>1 test/16 people</td>
</tr>
<tr>
<td>Only Ireland and Austria had a lower rate of testing than in the UK in year 2000</td>
<td></td>
</tr>
</tbody>
</table>

B. If random testing was introduced it could make the public more aware that they could be stopped and
tested at any time night or day.

Why not introduce blanket testing like Australia or other European countries such as the Netherlands,
where the police will stop and test all drivers at quickly set up check points which can easily be moved to
different locations throughout a town or city. This is where the term “drunk buses” come from as they take
the drivers away.

C. The type approval of roadside evidential breath testing devices will be a major step forward and will
also help to catch those who blow over at the roadside, but then show a lower reading on the intoxiliser at
the Police station due to many factors that cause a delay before they are put onto the evidential machine.

D. We would strongly urge government to reduce the current limit from 80mg to 50mg, bringing us in
line with Europe. Research based on the original pre 1961 model shows that this would save 65 lives and
230 serious injuries on our roads each year. Three years ago we conducted a public poll with Sky news and
over 70% of the public supported a reduction in legal limit.

E. We are increasingly concerned about the number of drivers who are driving above the legal limit the
next day. TTC conducted a survey on 4,000 convicted drink drivers and 18.7% reported they were stopped
for this offence the morning after, driving to work or driving for their employers. We also expect the
percentage to increase with the change in licensing hours, allowing people to drink longer and later.
F. We are concerned about the increasingly high levels of alcohol being recorded by many drink drivers who are caught and prosecuted. This group clearly know they are taking a risk. We think there should be more public information about the HRO scheme and its penalties. We understand the medical section (HRO) of the DVLA have also seen an increase in their workloads, attributable to an increase in HRO’s ie high readings, repeat offenders and failure to provide.

In November/December 2007 we conducted a review on over 1,000 drink driver referrals received from courts, which confirmed our evidence of increasingly high readings. However, it also showed a disproportionately high number of Eastern European drivers. We know that in some Eastern European countries there are cultural issues about heavy drinking. We believe this new trend should be monitored by Government and strategies to educate immigrants on their arrival in the UK, so that they do not subsequently feel targeted.

G. Young drivers continue to be over represented in drink drive deaths. 17–29 year olds (12 driving years) = 49% of drink drive deaths, 30 to say 80 yr olds (50 driving years) = 51% of drink drive deaths.

The THINK campaign has targeted this group in recent years and this is clearly a step in the right direction.

We think more could be done to educate new drivers before they take a driving test. One example would be a three hour classroom programme covering alcohol, drugs, fatigue and mobile phone use. This three hour session would cost the same as a 1 hour driving lesson £20–£25 per person. We would welcome the opportunity to work with Government to develop a pilot project.

H. One further sanction at “no cost to government” would be to make attendance on drink driver rehabilitation courses compulsory.

February 2008

Memorandum from Freight Transport Association (FTA) (RS 20)

INTRODUCTION

1. Freight Transport Association represents the freight transport interests of businesses throughout the UK. Its members range from small and medium size enterprises to multi-national public companies and are involved in all modes of transport. FTA members operate over 200,000 heavy goods vehicles, about half the UK fleet, are responsible for 90% of freight moved by rail and 70% of goods shipped by sea and air. This unique multi modal mandate enables FTA to speak authoritatively on all aspects of freight based on the broader transport needs of industry in the economy.

BACKGROUND

2. Good progress is being made in road traffic accident reduction in the UK. The Government appears to be on course to meet its target for reducing the number of people killed or seriously injured in road accidents by 40% in 2010 compared to the baseline period of 1994–98. However, the rate of casualty reduction slowed markedly in 2006 to just 0.6%. If this lower rate of decline persisted, the casualty reduction target would be missed. The targets to reduce child casualties and slight injuries have already been achieved.

SUMMARY OF PROGRESS AGAINST SAFETY STRATEGY KPIs

<table>
<thead>
<tr>
<th>Casualty reduction indicator</th>
<th>Target (reduction from 1994–98 baseline)</th>
<th>% change 1994–98 baseline to 2006</th>
<th>Progress needed by 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people killed or seriously injured</td>
<td>−40% by 2010</td>
<td>−33</td>
<td>−7%</td>
</tr>
<tr>
<td>Number of children killed or seriously injured</td>
<td>−50% by 2010</td>
<td>−52</td>
<td>None</td>
</tr>
<tr>
<td>Number of slight injuries per 100 million vehicle km</td>
<td>−10% by 2010</td>
<td>−28</td>
<td>None</td>
</tr>
</tbody>
</table>

Source: Road Casualties Great Britain 2006

3. The frequency of accidents is falling for all road user groups—whether the measure used is killed and serious injury accidents or slight accidents. Factors influencing this reduction include vehicle design and safety features, traffic management and road user behaviour.

4. For HGV operators appropriate road safety policy make good business sense. Minimising the number of accidents and their severity means costly downtime linked to vehicles and drivers being off the road can be minimised.
 SUMMARY OF PROGRESS BY VEHICLE TYPE AND SEVERITY OF ACCIDENT: % CHANGE 1994–98 BASELINE TO 2006

<table>
<thead>
<tr>
<th>User group</th>
<th>Killed/Seriously injured</th>
<th>Slight</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedestrians (rate per 100,000 of population)</td>
<td>−42</td>
<td>−34</td>
<td>−36</td>
</tr>
<tr>
<td>Cyclists (rate per 100 million vehicle km)</td>
<td>−42</td>
<td>−41</td>
<td>−42</td>
</tr>
<tr>
<td>Car (rate of 100 million vehicle km)</td>
<td>−45</td>
<td>−22</td>
<td>−25</td>
</tr>
<tr>
<td>HGV (rate per 100 million vehicle km)</td>
<td>−40</td>
<td>−30</td>
<td>−32</td>
</tr>
<tr>
<td>Bus and coach (rate per 100 million vehicle km)</td>
<td>−45</td>
<td>−29</td>
<td>−30</td>
</tr>
<tr>
<td>Motorcyclist (rate per 100 million vehicle km)</td>
<td>−25</td>
<td>−28</td>
<td>−27</td>
</tr>
</tbody>
</table>

Question 1  To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

5. Targets for road accident casualty reduction have provided a context for:

  Enforcement priorities
  — Maintaining the momentum and focus of the work of Traffic Commissioners and VOSA on road
    worthiness inspections and traffic enforcement—for example drivers hours rules which aim to
    improve road safety by preventing professional drivers driving for longer than is safe to do so.
    Proposals in the draft Local Transport Bill included plans to increase the focus of Traffic
    Commissioners on bus punctuality issues. FTA rejected these plans, which were subsequently
    dropped, on the basis that it would result on a detrimental effect on compliance in the goods
    vehicle sector.
  — Setting the priorities of police traffic enforcement activities and accident investigation,

  Highways Authority initiatives
  — Distribution by VOSA of fresnel lenses at UK ports to left-hand-drive foreign hgv's has been
    prompted by the need to tackle growing incidents of “side swipe” accidents. Highways Agency
    report that sideswipe accidents dropped by about 59% during the pilot period.
  — Transport for London is planning to issue redesigned fresnel lenses free of charge to operators in
    2008 for use by hgv's in urban environments to improve visibility of cyclists and other vulnerable
    road users.
  — Transport for London’s Freight Unit is working closely with the FTA and other industry
    stakeholders to develop a Freight Operator Recognition Scheme (FORS). The scheme includes
    industry working with the TfL-funded Commercial Vehicle Education Unit to promote awareness
    of occupational road risk and develop in-house preventative strategies for operators.
  — The Greater London Authority (GLA) has launched a “Share the Road” campaign in London
    enabling road user stakeholders to gain a shared understanding of the different needs of road users
    with the common aim of accident reduction.

  Legislative developments
  — Legislation focussed on reducing road accident risk and lessening road accident severity has
    continually evolved, with new offences developed (such as the ban on the use of hand-held mobile
    phones whilst driving) and tougher penalties introduced.
  — There has been a greater safety focus for the instruction and testing of new drivers, additional test
    time has been introduced as well as extra questions in the theory test.

  Academic research
  — The risks of sleep deprivation and their link to occupational road risk is an important stream of
    academic research and industry best practice advice. The University of Loughborough is a leading
    centre for this research and FTA uses its staff and findings in providing advice for operators
    and drivers.

6. Targets for casualty reduction also provide a context for industry road safety initiatives, for example:

  — Use of “Well Driven?” as a code of practice for professional drivers and a mechanism for other
    motorists to feedback positive and negative experiences of hgv driving.
  — Development of industry accident benchmarking initiatives as a mechanism for individual
    companies to identifying opportunities for improvement and report performance in a consistent
    way as a corporate social responsibility indicator.
  — Use of accident monitoring/accident records used as a KPI in driver reward.
  — Incorporation into wider workplace transport safety policies and procedures.
  — Awareness raising by the industry for other road users—such as “If you can’t see my mirrors then
    I can’t see you” stickers on the rear of HGVs.
Question 2  What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

7. The Government could encourage the wider adoption by companies of blood alcohol limits below the UK minimum threshold of 80 milligrammes of alcohol in 100 millilitres of blood, or indeed zero-alcohol policies for professional drivers, supported by in-company random checks. However, professional drivers should not be singled out as a road user group for mandatory lower blood alcohol limits or a zero-alcohol limits.

Question 3  How does GB compare to other EU countries in its approach to reducing deaths and injuries?

8. FTA’s response to Q1 highlights the role road safety targets in Great Britain have had in setting enforcement priorities, compliance standards and conditioning the approach taken to road safety for operators of commercial vehicle fleets. The strong road safety culture among UK commercial operators relative to foreign carriers is illustrated by the following table taken from the Summary of Evidence from the joint FTA/RHA/HM Treasury Haulage Industry Task Group, which was published in December 2006.

<table>
<thead>
<tr>
<th>Type of offence</th>
<th>TARGETED CHECKS</th>
<th>RANDOM CHECKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drivers Hours</td>
<td>GB 6.7%</td>
<td>GB 3.4%</td>
</tr>
<tr>
<td></td>
<td>Non-GB 20.8%</td>
<td>Non-GB 14%</td>
</tr>
<tr>
<td>Roadworthiness (all)</td>
<td>23%</td>
<td>31.5%</td>
</tr>
</tbody>
</table>

**NB:** Targeted checks are made using intelligence-based information. This data is more comprehensive for UK operator as it includes an operators vehicle test history as well as VOSA encounters at the roadside. The data for non UK vehicles is based only on the operators roadside encounter history with VOSA.

Question 6  What further policies, not already widely used, might be considered for adoption and what evidence is there for their success?

9. EU Drivers’ hours rules require that drivers stop for regular rest breaks and not drive for more than 4.5 hours at any one stretch on the ground of road safety. In recent years a number of dedicated truck parking areas and laybys used regularly by trucks have closed. Reduced availability of driver facilities, combined with congestion creating less predictable journey times on the motorway and trunk road network and reductions in flexibility on the length of breaks resulting from an overhaul of EU drivers’ hours rules from 11 April 2007 means operators (especially in London and the South East of England) have difficulty in adhering to the rules.

10. In October 2007 FTA gathered its members’ views on how the recent closures of truckstops in the UK (such as the Alconbury truckstop on the A14 near Cambridge and Truckworld in Essex) have impacted on their operations. 1 in 7 operators have experienced difficulty with adhering to legally required drivers’ hours rules on breaks when drivers have nowhere to stop and take the required breaks.

11. FTA believes that there should be a coherent national strategy for driver facilities and that the responsible highways authority (whether that is the Highways Agency or a local authority) provides regularly spaced facilities for hgv drivers on major freight routes. These include the motorway network, key interurban corridors such as the A34 and A66 and port access routes such as the A14 and A12.

Question 7  What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

12. Future targets for road casualty reduction should continue to be generic in their application to road users. FTA believes that professional drivers should not be singled out as a target group in order to deliver an “easy win”.

13. The road freight sector has made significant improvements in its accident record. Government should build on these initiatives through:

**Targeted enforcement**

Enforcement Authorities should focus their enforce activities against those operators with the poorest safety record. Companies that have an established culture of safety and compliance should benefit from lighter touch enforcement.
Safety best practice

Early adopters of safety best practice should be encouraged and supported, where appropriate, through grants or vehicle. Examples of vehicle safety features which should be encouraged includes:

- electronic vehicle stability control;
- improved vehicle lighting or fitment of reflective tape for enhanced visibility at night; and
- front and rear underrun and sideguards that go beyond legal requirements.

Encouraging hgv’s to use motorways

Motorways remain much safer than rural trunk roads (their “all severity” rate of 8 accidents per 100 million vehicle kilometres compares to 23 accidents per 100 million vehicle kilometres for rural trunk roads). Motorways should be the route of choice for operators. To ensure this is the case they must deliver journey time reliability. The most effective measure to relieve congestion on heavily trafficked motorway routes is through adding additional lanes. Whilst the Highway Agency’s use of technology and effective incident management to get more capacity out of the existing network by improving traffic flow is welcome, this cannot be a substitute for widening. Importantly, as Active Traffic Management, particularly hard should running, is rolled out to other parts of the network it must meet the rigorous safety standards applied to pilot schemes.

Road safety education

Education aimed at raising safety consciousness and initiatives to modify behaviour should be targeted at vulnerable groups and situations where the risk of accidents is high should be the main targets. Issues of particular relevance to hgv’s include:

- Cyclists:
  - How to behave around hgv’s. In particular:
    - Positioning at red traffic lights.
    - Anticipating HGV manoeuvres at left hand turns.
    - Being seen at night/in times where visibility is poor.
  - Highway Code:
    - Inclusion of awareness of trucks in the Highway Code and how motorists should manoeuvre and position themselves on the road with trucks in mind (for example awareness of hgv cut-ins at roundabouts and rear view limitations for HGVs).

- Driving test:
  - Additional information to be included in the driving test on motorway driving. This should include:
    - Use of the middle lane of motorways.
    - Safe practice for overtaking lorries—don’t sit alongside lorries travelling at the same speed. Either stay behind in the mirror’s view or get in front.

- Ongoing professional development for drivers:
  - The EU’s Driver CPC qualification is a ongoing training programme requiring professional drivers to undertake 35 hours of training over five years. A key element to the Driver CPC syllabus is road safety.

February 2008

Memorandum from Help the Aged (RS 21)

1. INTRODUCTION

1.1 Help the Aged welcomes the opportunity to respond to the Transport Select Committee’s inquiry on Road Safety.

1.2 In responding to this inquiry, we are focusing on the issues relating to older drivers and road safety. We have an interest in broader issues in relation to road safety, but believe our expertise in terms of road safety lies with the issue of older drivers. In March 2008, we will be publishing a report and survey on older drivers. Our content for this submission has been developed using the evidence from that report.
1.3 Road safety is of paramount importance to Help the Aged. Improving road safety is vital for all road users, and initiatives to promote road safety will disproportionately benefit older drivers as a whole, given that for any given accident an older person is two to four times more likely to be severely injured or to die as a result than is a young adult. Also, people aged over 80 are six times more likely to be killed in a given accident than someone aged 20–50 (mainly due to older people being more frail).22

1.4 Help the Aged is an active supporter of initiatives to improve road safety.

1.4.1 In 2007 for example, we supported a project by the Royal College of Art Helen Hamlyn Centre entitled Keep Driving Safely. This led to the creation of a series of posters aimed at older drivers.

1.4.2 Help the Aged works with the Association of British Insurers on older drivers’ issues and in late 2006 supported its new leaflet on older motorists and insurance.

1.4.3 Help the Aged has also funded touring theatre productions on the issue of older drivers and road safety.

1.5 Help the Aged also provides transport related services and information and advice to help older people. Our SeniorMobility service helps older people’s groups and community transport projects to purchase vehicles and essential transport equipment. Since the service was set up in 1979, it has helped thousands of these groups with their transport needs. As well as providing financial help through price discounts and grants, the service offers free specialist advice on buying the right vehicle to suit individual needs and locality.

1.6 Later in 2008 Help the Aged will be launching Voyager. The Voyager Information Service will provide a high-profile, high-quality community transport information and support service to enable older people with restricted mobility to plan complex personal travel arrangements. This service will help to reduce isolation and boost the independence of the most socially excluded older people in our communities.

1.7 Help the Aged is a charity fighting to free disadvantaged older people in the UK and overseas from poverty, isolation and neglect. It campaigns to raise public awareness of the issues affecting older people and to bring about policy change. The Charity delivers a range of services: information and advice, home support and community living, and undertakes international development work. These are supported by its fundraising activities and paid for services. Help the Aged also funds vital research into the health issues and experiences of older people to improve the quality of later life.

1.8 In preparing this response, Help the Aged has drawn on our extensive research and experience of working with and talking to older people. Through the Charity’s engagement strategy Vocal Point, all issues older people raise with the Charity are logged and monitored to feed into the work of the organisation. We also proactively seek older people’s opinions through focus groups and listening events, as well as liaising with members of Speaking Up For Our Age, a programme which facilitates and supports hundreds of local older people’s forums.

Summary

Help the Aged believes that:

— ability, not age, should determine whether anyone is deemed to be safe on the road;
— a public sector equality duty for age would help to ensure that the needs of older people were taken into account in the planning and provision of public transport services, which in turn would help secure our calls for:
  — safe, accessible, reliable and affordable public transport, which would help older people to make the move from private to public transport;
  — flexible provision of transport concessions (ie alternatives to the bus pass), which would help many older people, particularly where public transport is limited or where mobility impairments make it difficult for older people to use the bus;
  — better information, advice and support, which would help older people make the move from private to public transport and;
  — further investment in community transport solutions for older people.
— free or subsidised refresher driving courses should be made available and promoted to people of all ages;
— the design, motor and intelligent transport industries should continue to research and develop technologies to help people of all ages use the roads safely;
— the current age at which a licence needs to be renewed is 70. We believe this is an arbitrary age limit and many older people see it as discriminatory;

there is no strong case for the current licensing regime for older people to be significantly changed. Our survey showed that a small majority of older respondents were willing to accept medical testing. However, if the DVLA were to introduce further medical or driver testing, it should apply to people of all ages at regular intervals (given that, as far as we are aware, there is no evidence to indicate that older drivers are less safe than other drivers). On the contrary, older drivers are actually much safer than younger drivers; and

the present system of testing could be tightened up through the requirement for an independent witness or medical professional to be involved in the self-assessment process.

ISSUES

2. AGEING SOCIETY

2.1 Currently over 2 million people aged 70 and over hold driving licences in Great Britain. By 2015 this will double to 4 million. Increases in longevity will involve a significant increase in the number of older drivers in their 80s, 90s and upwards. A study published by the International Journal of Epidemiology showed that 8% of a Cambridge cohort of people aged 84 and over were still driving.

2.2 Road Safety and Older Drivers—the Evidence

The House of Lords (Ageing, Scientific Aspects) Committee argued that older drivers do not pose significant excessive risk of injury to other road users compared to drivers of other ages, particularly young drivers:

in spite of the decline in function associated with normal ageing, research internationally (including the UK) showed little increase in the incidence of road traffic accidents with advancing age. (5.19)

Professor Desmond O’Neill from the Department of Clinical Gerontology at Trinity College Dublin told the Lords Committee “all the crash data suggests that older drivers are the safest drivers and this is largely accounted for by strategic decisions on driving, limiting driving at night, for example, and in bad weather, and avoiding complex traffic situations, and by withdrawing prematurely from driving . . . For the moment self-regulation seems to be effective, certainly from a public health/safety point of view”.26

The DFT review of evidence also states that “nowhere are there any statistics demonstrating that older drivers have anything like the number of accidents that young drivers in the 17 to 24 age bracket do”.27

When you take into account miles driven, there are some statistics which imply that older people are more likely to be killed or seriously injured in road accidents than younger people. However, as the Department for Transport’s literature review conclusions point out (as does the House of Lords evidence cited above), one major and often overlooked reason for this is the increased physical frailty of the older driver (and not necessarily, as is so often assumed, because older people pose a higher risk on the roads). In an accident, an elderly person is two to four times more likely than a young adult to be severely injured or to die as a result. People aged over 80 are six times as likely as someone aged 20–50 to be killed in an accident.28

The current age at which a licence needs to be renewed is 70: we believe this is an arbitrary age limit and many older people see it as discriminatory. Help the Aged believes that ability, not age, should determine whether anyone is deemed to be safe on the road.

2.3 Changing the licensing regime

There appears to be some support within the DfT and the DVLA for changing the existing licensing arrangements in relation to older people, hence the current review.

However, based upon the evidence, Help the Aged supports the status quo in terms of licensing. The Charity opposes any change which would single out drivers over 70 for compulsory driving or even medical tests (the DfT has itself conceded that the age of 70 is ‘somewhat arbitrary’ in any case).29 We welcome only proposals which will not lead to age discrimination—less favourable treatment or disadvantage on grounds of age that is not objectively justified, or the denial of right or opportunities on age grounds, or the use of stereotypical images of older individuals.

23 Older People: their transport needs and requirements, main report, February 2001, DFT.
26 ibid.
29 http://www.publications.parliament.uk/pa/ld200506/ldselect/ldsectech/20/4110903.htm
We would, however, support well thought-out and evidence-based procedural changes that “tighten up” the present system. The present system of testing could be tightened up through the requirement for an independent witness or medical professional to be involved in the self-assessment process.

2.4 Improving road safety for older people

Help the Aged backs efforts and extra resources being devoted to enabling older people to continue to drive safely, including government and local authority schemes to help and support older people, both before and when they have to cease driving. For example, research and projects which encourage and enlighten older people as to how to access public transport and claim travel concessions to which they are eligible.

Help the Aged believes that a public sector equality duty for age would help to ensure that the needs of older people were taken into account in the planning and provision of public transport services which in turn would help secure our calls for:

- safe, accessible, reliable and affordable public transport, which would help older people to make the move from private to public transport;
- flexible provision of transport concessions (ie alternatives to the bus pass), which would help many older people, particularly where public transport is limited or where mobility impairments make it difficult for older people to use the bus;
- better information, advice and support, which would help older people make the move from private to public transport; and
- further investment in community transport solutions for older people.

We also believe that free or subsidised refresher driving courses should be made available and promoted to people of all ages.

2.5 With an ageing society we need to increasingly consider how we design products and public goods and services to meet the needs of this population. In terms of tackling road safety there is an extremely important role for planners as well as for the design, motor and intelligent transport sector. Help the Aged believes that these industries should continue to research and develop technologies to help people of all ages use the roads safely.

Road safety and older pedestrians

2.6 It is beneficial for older people to take physical exercise through walking to ensure that they remain healthy and independent, however high volumes and speed of traffic can often prevent older people from feeling safe in their local area. A study of pedestrian activity and accident risk showed that adults over the age of 65 were the group third most at risk of injury from pedestrian accidents after very young children and those aged between 10 and 15. It found that crossing roads at junctions reduced the risk of injury, as did the use of pedestrian crossings on main roads.

Help the Aged has also received significant anecdotal evidence, suggesting that cars parking on pavements can make traversing pavements extremely difficult for pedestrians with mobility problems, forcing them to use the road to continue their journey. Parked cars also accelerate the deterioration of pavements. Help the Aged research identified that 2.5 million older people aged 65 plus had experienced a fall due to a dangerous or broken pavement. Falls can destroy confidence and lead to social isolation.

One person emailed Help the Aged to share her concerns about a neighbour: “She lives on the edge of a village in a rural area in a pre-fab. She used to be very active; up until the age of 65 she worked in orchards climbing ladders to harvest fruit, and cycling and walking down the roads. Her husband died six years ago and so she has no more outings by car. She now has severe mobility and balance problems. There are no pavements here on the outskirts of the village. In the last six years she has once ‘walked to the bend in the road’ but was frightened by the speed at which the cars passed her. Her sister-in-law lives in the bungalow next door. As there is no pavement she does not visit her sister-in-law (although only a few yards away). Instead they talk by phone in the evening”.

One woman in her mid eighties wrote: “I believe the Roman gave us footpaths to walk on. Today the curbs are taken for parking motor vehicles, and general storage of building materials. The curbs are being taken away to give access, to what were front gardens, to use for parking, many not suitable and the vehicles over-hang. You might as well walk up the middle of the road”.

“It was about 100 yards from my house and at the top of the road, the pavements are awful. My son is a lawyer and he wrote to the Council for me. It was really serious, the whole top of my head split open. My boys, I can see it in my mind, turned and went into the wall, really bad. Every day

I am glad I’m alive. He has been in touch with the Council and they wrote back and asked for photos. I am 70 and concerned about people who live locally. We ladies we walk everywhere, the younger people drive even up to the village, they don’t notice. In Liverpool, we’re the capital of culture next year and all the money is being spent in the city, not in the suburbs. As my head healed, my daughter had to come down because I was afraid to go out”.

There are concerns about the lack of pavements, particularly in rural areas, where people in scooters are often forced to drive on the road. Frail older people are also put off from walking when there is no pavement. This can lead to increased isolation, and poor quality of life for some older people who are prevented from getting out and about.

Environmental assessments of local areas should include an understanding of how safe they are for older pedestrians. This should involve consulting older people on the barriers they face and ensuring plans address their concerns. Activities could include increasing the number of pedestrian crossings, and ensuring sufficient time is allowed to safely cross a road, ensuring the maintenance of public pavements by local authorities and enforcing parking on the road, rather than on pavements.

February 2008

Memorandum from Dtec International Ltd (RS 22)

To paraphrase your task, “to further reduce the deaths and injuries from road accidents especially in the 15 to 19 year age group, by the year 2010”. This requires something that is available now, can be implemented immediately and will have a rapid and significant effect on the annual statistics.

In Summary

The immediate implementation for use by the Police of a credible and globally accepted road side drug screener would instantly help deter drug users from driving after consumption. The subsequent rapid increase in prosecutions would act as further deterrent and have the desired significant effect on UK figures in the next 24 months. We know 18% of fatalities are positive for illicit drugs so if only 3% of the total fatalities were caused by drugs we would save over 100 lives a year!

The equipment is available now as DrugWipe5+ and is being very successfully deployed in Germany, Switzerland, Austria, Czech Republic, Iceland, Poland, Finland and Australia. They all use various forms of law to allow the stopping and screening of drivers with subsequent laboratory confirmation and different penalties for those prosecuted.

Presently, we have insufficient dedicated traffic officers and we only have a percentage of those traffic officers trained to perform the Field Impairment Test (FIT). Performing the FIT test in a safe environment is not always possible and adds delays. Any failures to the FIT must then wait to be transported to the station and held awaiting attendance of the Forensic Medical Examiner (FME). The FME, after this possible delay of one to two hours may no longer “see” the drugged state and decide not to take a blood sample.

The bottom line is, drug drivers, unless extremely impaired, are not fed into the system because the system is too slow with the drugs having worn off before the decision to take a blood sample is made. The taking of the blood sample needs to! be as quick as possible after the offence and possibly performed by a nurse or technician.

In the UK, the charge is unfit through drink or drugs. If the officer “sees” bad driving, then that is the evidence and the point of charge. Any further work is only to show if the observed bad driving was due to drink or drugs, or in a lot of cases, both. If the officer did not see the bad driving but came across an accident or incident, then a FIT test will be needed to show impairment. In both cases, a large number of traffic officers have told my company that the use of the simple road side screener, gives a very strong indication to the officer that drugs are involved and with that confidence, the officer can initiate the priority procedures and they incur the significant cost implications in the knowledge that a prosecution is likely.

The use of a screener at the road side is already allowed from the Railways and Transport Safety Act 2003 (RATS) and any positives should be made a priority. A rapid FIT test performed by the Police officer, and without delay the FME or a suitable technician, take a blood sample for laboratory analysis.

The ideal and possible solution for the future, as proposed by CC Med Hughes whilst ACPO lead on Roads Policing, would be the use of a simple screening device at the road side and very promptly back to have blood sampled by a technician, followed by prosecution under a zero tolerance law if illegal drugs were confirmed at the laboratory.

Dtec International is already screening significant numbers of UK safety critical employees such as bus and coach drivers for drugs, but also screens Police officers as part of the Home Office recommendations.
It is my belief that the fundamental problem still lies in the Department for Transport having the road safety targets and the Home Office, through the Police Authorities and Chief Constables, having the where with all to enforce the law. No matter what the Ministers profess as interdepartmental cooperation, this does not appear to work sufficiently well.

**IN DETAIL**

Answers to the specific terms of reference.

1. *To what extent have targets for casualty reduction been a useful tool for focusing professional activity?*

   I believe the fundamental problem still lies in the Department for Transport having the road safety targets and the Home Office, through the Police Authorities and Chief Constables, having the where with all. This does not appear to work sufficiently well enough, no matter what the Ministers profess as interdepartmental cooperation and specifically reported to a past Transport Committee by the then incumbents.

2. *What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?*

   See one.

   Accept that drug driving is a real and significant problem.

   The real question should perhaps be “why does drug driving not appear on Government priorities?”

   We are not using available resources to measure drug driving properly now, nor are we planning to put a system in place in the foreseeable future. Therefore, if it is not measured, it cannot be listed or prioritised, so it remains largely unaddressed.

3. *How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?*

   In my personal view, not as well as it should or could, especially considering the availability of solutions like road side drug driver screening.

   It could be construed from the statistics presented by the EU so far, that so long as some of the “other” worse performing EU states improve to being half as good as the UK, then the EU over all target will be met with little cost or effort from the UK.

   From this, it appears that little or low priority has been given to a problem that is generally accepted to exist in the UK and is accepted as existing in many other EU countries.

   Why has resource not been used to gaining a hard data set on the problem of drug driving?

   Why is the writing of a specification for a simple road side screening device to be used by police, taking so long with very little apparent priority from the committee of experts that appear to be steering the detailed specification?

   Why are the proposed requirements for the UK specification so tight and strict, so as to rule out any currently available technology that is found acceptable all around the world. The many other countries find the sensitivity is OK, the selectivity is OK, the range of drugs is OK, the operating parameters of warm and cold weather are OK. But apparently this is not good enough for the UK. Why are we so special?

4. *How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?*

   We have been successfully screening for drug driving in industry for 10 years now. My company has seen five positives in January alone and all from “professional” bus, coach and truck drivers. My company is only one of several in this industry.

   Another view could be that Government highlighting to industry to reduce the one in four traffic accidents that happen whilst at work, is a good move. Define a problem and find a route to try and solve that problem. Or is it a way of potentially reducing the departments accident statistics with out any great spend from the department? Both, I presume. But is this another indication of no data, so no priority so no resource and the only way left open to the department is to push some one else to pay, in this case industry its self?

5. *Are there specific blockages caused by shortages of appropriately trained and skilled staff?*

   The blockage is in the lack of priority because drug driving is not being measured. Then, due to the two ministries not co operating sufficiently and the other priorities placed on the police resource, sufficient appropriately trained traffic police officers are not present on the roads.

   The last Transport Committee report on the efficient use of technology considered the use of a road side screener, discussed DrugWipe specifically and concluded that not enough was being done by the two departments to address the problem of drug driving.
Police are skilled enough to implement use of DrugWipe with less than two hours training. The remainder of the process already exists but is purely procedural and needs to be altered slightly and streamlined significantly. This is routinely done already in 8 countries and in hundreds of thousands of tests per year with our DrugWipe device alone. Why do we in the UK think we are any different or more complex than these other countries?

If we are not careful, a blockage to any progress will effectively be put in place by the Department of Transport and the Home Office in the guise of a Type Approval Specification. The process of writing the specification has now already added five years delay, and the last draft requires any kit to be able to function at extremes of physical conditions temp etc not seen in this country and to tolerances and levels beyond the capabilities of today’s technology. If this Type Approval specification is finalised in its current form as seen in the fourth and last draft of nearly a year ago, it will prevent the introduction of a road side screener in the UK for many more years.

DrugWipe5+ is used in the heat of Australia and mid European summers, in the cold winters of Iceland and Finland. DrugWipe detects reliably and regularly at the lowest levels required to see a drug that is currently causing impairment to the suspected driver. There are numerous companies with equipment on the market, and most have been tested extensively by 10 or more countries in the ROSITA and DRUID European Union funded trials. Many devices are more suitable for certain uses and environments found away from the road side, but Securetec has been chosen by many countries and has become the global market leader in road side screening with the DrugWipe device.

Surely a very logical solution would be to write the type approval to accept the current technology, start helping the police to save some lives, then work with industry to enhance the specification and performance, whilst continuing to save lives?

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

Evidence? The rest of the countries that realise the need to reduce deaths and serious injuries from drug driving have looked at what is available on the market and chosen DrugWipe as the road side because of its deterrent effect, its credibility at catching offenders and the ease of use and capability to work in all environments. In Australia, they have been successful at catching and prosecuting drug drivers. They stop drivers at random, screen at the vehicle with a five second saliva sample and five minute result with the DrugWipe5+. Any positives are taken to a nearby Booze Bus where a two minute saliva sample is collected and run through a Cozart device. All positives at this point are then processed at the laboratory and prosecuted. The Australians are finding 1 in 50 drivers chosen at random are positive. Shocking. Even more shocking when you realise they only look for Methamphetamine, Ecstasy and Cannabis. They are yet to expand to Amphetamine, Cocaine and Heroin. They are apparently not even considering Methadone or Benzodiazepines at the moment. The Australians saw there was a problem and went to try and solve it, even if only in part, but at least it was a start and it is saving lives. A very different approach to what we see here in the UK.

With all this anecdotal evidence from the other countries, why should we believe we do not have a problem with drug driving here in the UK?

We have advisers and professionals making statements to the press about “not knowing the size of the problem, so why should we address it?” The Home Office press department tells journalists that “we are doing something about drug driving, we are writing a type approval” is one answer and the other answer is “we are developing a device to detect all drugs, illegal, medicinal and over the counter”. The latter, the HOSDB SERS Raman device has been in development for 10 years already, it works on certain substances when prepared in a laboratory, but is a long way from working on all compounds, and a long way from being the panacea of a breathalyser size device for use at the road side.

Inherent in the above statements that work is being done, there must be some acceptance of the existence of a drug driving problem, so why then are they not advising that we should measure the problem? The 2006–07 British Crime Survey says fewer cannabis users but more cocaine users. Although the cannabis use may be slightly less, according to the Forensic Science Service statement at the end of 2007, that 75% of cannabis seizures were now the more powerful and more impairing “skunk”. Other studies show the higher users to cover the age groups in question with this enquiry.

The EU funded study IMMORTAL D-R4.2 (at www.immortal.or.at/deliverables.php) showed in part of its corrected raw data that more than 15% of drivers in Glasgow, chosen at random, had taken illegal drugs in the last 48 hours. One in seven!

MDRS University College Dublin analysed a 1,000 samples taken from the road side and showed the number of drivers trying to mask the consumption of drugs, by taking a below the legal limit amount of alcohol so the police officer would suspect alcohol, test and find it negative for alcohol, so release the suspect.

There are the reports that show drug driving exists here in the UK. It appears that they are either hidden away or not sufficiently or effectively publicised to high light the drug driving problem, so the priority is not presented to those people that have the power to make changes.
We have the FSS, when Government owned, stating in the early 2000s, that the number of drug drivers they were seeing was 1 in 5.

We have had civil servants ignoring what technology exists and has been available for more than 10 years like the immunoassay test devices, but rather look for a “blue sky” solution that will measure impairment from drink, drugs, medicines and tiredness. A laudable target, but almost impossible to achieve in the near future. For a start, any device that measured impairment would need an individual base line measurements from each and every driver. Another device, the HOSDB Raman SERS, has been on the bench of the HOSDB for over 10 years now and is still a good number of years away.

We can follow other European and Western countries in screening for the most significant problem drugs and help solve the majority of the problem now.

DrugWipe5+. It may not be 100% perfect, but it will detect at the road side, over 90% of the occurrences of the UK drugs of interest with confidence levels in excess of 95%. A key fact is that its use will not penalise any innocent people as it is only a screener. All results will be backed up by a confirmation sample. DrugWipe5+ is a feasible solution, very credible device and available immediately. The manufacturer, Securetec Ag, has become the global market leader in road side screening devices. Ask any or all the other countries that are road side screening and selected DrugWipe from the products available world wide.

Introduction of a 

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

Sweden has said “one death is too much”. Are we strong enough to accept that challenge?

February 2008

Memorandum from RoadPeace (RS 23)

RoadPeace is Britain’s national charity for road traffic victims. It was established in 1992 in response to the overwhelming need for a national organisation to support bereaved families and injured victims of road crashes, and to draw attention to their lack of rights, the disregard of their needs and the casual attitudes taken towards them. Another founding aim was to campaign for road danger reduction, which is a wider objective than reducing road deaths and injuries.

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

1.1 While casualty reduction targets, which in effect measure the extent of failure, have their place, we believe there should also be other, more proactive targets, including the reduction of speeding, and a reduction in motor vehicle (car and motorcycle) trips, the latter called for by the Royal Commission on Environmental Pollution.

1.2 The basis for future targets should be better publicised, especially among transport and motoring correspondents. Speed cameras should not have been held responsible for the lack of progress in the reduction of road deaths, when road safety engineering and vehicles safety improvements were expected to have the lead roles in reducing road deaths and serious injuries.

1.3 Future targets should include reducing the death/serious injury risk differential between vulnerable/active road users and motor vehicle occupants in urban areas.

1.4 Future casualty targets should be based on hospital casualties, as in Sweden and Netherlands, since there is a discrepancy between police and hospital statistics.

1.5 There is an underspend in road safety and much more investment in safety measures could be justified according to the Treasury cost benefit guidelines. The reduction of this underspend would be a very useful target.

1.6 We believe that fear there has been too much focus on those cohorts that are over-represented in road death statistics (young drivers and motorcyclists) and not enough on what measures would have the greatest benefit for the largest number of road users. Vehicle speed limiters, for example, would help all road users.
2. **What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?**

2.1 Key measures that are needed include the:

- reduction of the drink drive limit to 50 mg in line with European countries with a major publicity and enforcement campaign;
- many more breath tests conducted and on a randomised basis;
- alcolocks;
- lifetime bans for drink drivers who kill;
- DVLA driving license suspensions for drink drivers until they come to court;
- a drink driving charge which mentions serious injury and which carries a maximum prison sentence of five years or more;
- DUI license plates;
- drink drivers to pay for breathalyser test;
- insurance companies encouraged to sue drink drivers to recover costs;
- vehicle confiscation; and
- drink drive victims to qualify for criminal injuries compensation.

2.2 But whatever is introduced, care should be taken not to widen the penalty gap with speeding drivers who are sober as these kill and seriously injure at least twice as many as do drink drivers. We do not agree with the recent RAC Motoring Report recommendations to increase the penalties for drink and drug driving but not for speeding.

3. **How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?**

Excessive and inappropriate speed is the number one road safety problem in European countries and deserves a special focus . . . Speeding is the cause of about one-third of fatal accidents and an aggravating factor in all accidents . . . Managing speeding is therefore the most important measure to reduce death and injury on our roads. European Transport Safety Council (ETSC), 2007.

3.1 Recent ETSC reports have highlighted the tough approaches taken against speeding drivers in other countries. In the Netherlands, the number of speeding tickets issued last year exceeded the number of drivers. On a per driver basis, they issued 40 times more speeding tickets than did the UK. They have also reduced their tolerance level down to 2.5–6 mph above the limit. (The Independent, 15/12/07, “Dutch speeding tickets soar”). Sweden has also reduced their tolerance limit and in Norway, drivers are fined according to the income, with drivers being fined over £20,000 for speeding.

3.2 The ETSC has also highlighted how many more breathalyser tests are conducted in other EU countries.

3.3 In Sweden and other Scandinavian countries, it is widely accepted that road user error should not, wherever possible, be the cause of death or serious injury. The Swedes promote the development of an error-tolerant, or forgiving, road system. In the UK, whilst we mitigate against the possibility of road user error by the use of seat belts, air bags and other passive safety devices within the vehicle, we do much less on our road network to design out the likelihood of injury or death resulting from driver error, other than the use of Crash barrier (itself a known hazard to vehicle occupants and motor cyclists). As almost a fifth of fatalities in the UK result from a collision with roadside objects such as trees, lighting columns sign posts and even crash barrier, the promotion of forgiving road design could lead to a significant reduction in the numbers of killed and seriously injured on UK Roads. Whilst the UK Highways Agency have published some advice for the Trunk Road network on this subject, passive design has not been readily adopted on those roads where it is most needed ie the local road network of dual carriageway and single carriageway roads. Recent publication of EN12767:2007 and its associated UK Annexe could enable much greater use of passive design on local roads, but it is left to individual authorities to assess need, unlike Sweden, where a law has been passed by Parliament requiring the use of passive road design.

3.4 Other countries involve the health sector much more while our current RS strategy does not even include a chapter on emergency medical services or mention of rehabilitation.

4. **How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?**

4.1 We tolerate motor vehicle speeds 5 miles and more over the speed limit. In urban areas, this means that vulnerable road users have a 50 50 chance of dying if they are hit by a car. Such a risk would never be tolerated for other modes of transport.

4.2 With other transport modes, we are much tougher on drink driving with random breath testing of operators and drivers. We are also much tougher on red light running by train drivers. Signals passed at danger (SPAD) on the rail way are considered much more serious and much more money is spent in preventing their occurrence.
4.3 In other areas, including in the area of crime, we look at designing out risk, but with road danger, the victim centred (blaming) approach is still preferred by many, including government and local authority departments responsible for road safety.

5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

5.1 The shortage of road safety staff in local authorities was highlighted several years back by PACTS and we are unaware of any major improvements in the situation.

5.2 Training should also include statistics, evaluation methods, and a review of the evidence for road safety measures. The Audit Commission’s Changing Lanes report demonstrates this gap. It included various one-off examples but no systematic evaluation of the cost-effectiveness of different road safety measures.

5.3 We also believe there is a need for including more on the risk and consequences of speeding in the training for road safety officers, police, CPS, magistrate, and judge training. We believe that speeding is more important than all other factors.

5.4 Collision investigation for fatal crashes is being improved but we are concerned that many injury collisions, including serious injury crashes, are not investigated properly. Much more training in collision investigation is needed to ensure lessons are learned and bad driving that injures is prosecuted accordingly.

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

6.1 The Law changes

(a) Law changes: We still believe the prosecution for road death should be on a par with the prosecution for manslaughter. CPS guidelines should re-classify many offences at present considered as careless driving to dangerous. We also believe that those driving offences which lead to a failure of the driving test should be classified as dangerous driving in the CPS charging standards.

(b) The law needs to deal more seriously with causing serious injury by driving. There is no charge at present that mentions serious injuries caused by dangerous, careless or drink driving. Dangerous driving that injures someone is restricted to a maximum of two years imprisonment while dangerous driving that kills has a maximum of 14 years imprisonment.

(c) Strict driver liability. We believe the duty of care should lie with the party posing the greater risk. This only affects civil compensation, not criminal prosecution, and we believe such an approach would lead to greater interest by the insurance industry in tackling speeding.

6.2 Road danger reduction approach

(a) A road danger reduction approach needs to be taken rather than focussing on casualty figures. The approach should be to reduce danger from motor vehicles by reducing speed and volume of motor traffic, rather than educational programmes or road engineering focussed on potential victims.

(b) Policies to increase walking and cycling will lead to greater safety for these modes. A 20 mph urban default speed limit—the TRL report concluded that 20 mph areas reduced K/SI crashes by 56% while the Health Development Agency reported that a 20 mph default limit in residential roads would reduce child pedestrian casualties by two-thirds.

(c) A 60 mph speed limit on motorways and dual carriageways—this was identified as a quick win by the UK Energy Research Centre.

(d) Road engineering that prioritises vulnerable road users, and reduces risks for them. This is not the same as EuroRAP which is now focused on secondary safety measures only.

6.3 Vehicle technology

(a) ISA—this has been in the pipeline for years. Trials show that mandatory speed limiters on vehicles would prevent over half of all deaths. No other safety measure is equally effective but still we allow vehicles to be designed and operated at speeds vastly in excess of the speed limit.

(b) Black boxes. We believe these are needed for improving collision investigation and the determination of culpability. They have also been shown to lead to reduced mileage.

(c) Lorries should be required to be fitted with proximity mirrors and cycle sensors, at least before they are allowed to operate in urban areas.

(d) Eco driving needs to be more linked with road safety. This is a missed opportunity as both smoother and lower speeds are needed.
6.4 Improved collision investigation

(a) National Road Collision Investigation Centre where data could be collated and lessons learned to reduce risk.

(b) Mandatory drug testing after a fatal crash. It has been over ten years since ACPO adopted the policy of breathalysing surviving drivers in fatal crashes and this same approach should be extended to drug testing. Despite the public and many professionals thinking this is a leading problem, we have very limited evidence on the extent to which drug driving is involved in crashes, including fatal crashes.

6.5 More effective tackling of driving offences

(a) Training for CPS, magistrates and judges. Just as there is for sexual violence, there should be specialised training for prosecutors and judges to ensure they are properly informed of the risks related to driving behaviours.

(b) Vehicle confiscation for other offences. If vehicles can be confiscated from uninsured drivers, then this should also be possible for drivers who are speeding or are under the influence of drink or drugs.

(c) Driving bans for offenders. Disqualifications should be possible for gross speeding and we also support a DVLA rule change whereby drivers in injury/fatal crashes who fail breathtests are banned from driving immediately. At present they are allowed to continue driving until the court trial with very few of them banned from driving as a bail condition.

(d) Camera fines. We argued in our response to the 2003 Transport Committee Inquiry on Speed that camera fines should be invested in rehabilitation programmes and support services for crash victims, to remind motorists of the devastation caused by speeding. We understand camera fines are no longer hypothecated but believe this is still needed and would help change the public attitude towards speeding.

(d) The evidence for existing policies needs to be reviewed, not just for new proposals. We believe the evidence exists for banning hands free mobile phones.

6.6 Government policy

(a) A road safety spending review should be undertaken—the last one was conducted in 1996 and a call by the Labour government for a new one is long overdue. This review should include the cost spent by the police and the hospitals, both which were included in the previous review.

(b) The term accident should be banned by the DfT, if not all government, in relation to road crashes. This has been called for by RoadPeace and others for over 15 years and the BMJ banned it over seven years ago. The CPS have also recently announced their policy not to use it. The DfT should show good practice in changing behaviour patterns.

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

7.1 A road danger reduction approach should be adopted as this would include the impact on both the environment and public health/obesity, as well as on road casualties. Targets would include:

— Average and max motor speeds on urban roads and particularly residential areas.
— Increases in walking and cycling (differentiated for vulnerable groups—children, disabled and elderly people).
— Reduction in motor traffic.
— Air quality.
— Perceptions by people of danger from streets.

7.2 This has been the call from road danger reduction campaigners for over 15 years and is needed even more now than before with the threats posed by these two twin catastrophes looming. This should result in a situation where speeding will be treated as seriously by the justice sector as drink driving.
7.3 We participated in PACTS’ Beyond 2010 seminars last October and provided follow-up comments in which we stressed the need to focus more on speeding. We noted the following:

Cyclists and parents are not scared of drink driving/which was listed as a challenge, nor will drug driving aggravate climate change. Speeding kills both people and planet and deserves much greater priority than has been given.

The key issue for all programmes and plans should be tackling climate change and this will require a much tougher approach to speeding. We think the next road safety plan should be ‘climate proofed’ to ensure it reduces carbon emissions from transport. Every action should be checked to see its impact on carbon emissions. For instance, any driver education in schools must include lessons on the costs of motoring, both financial and environmental.

The Think campaign needs to better reflect the real word and the continuing speed debate. Please do compare the financial resources, campaign time dedicated to the various risk factors and see how speeding is overlooked. DfT promotes not drinking any alcohol when driving—which actually goes beyond the law, so why do they also not ask drivers to never exceed speed limit—which is only obeying the existing law. DfT’s previous policy on speeding left them in a hole—speeding was only to be tackled after it had already contributed to repeated death and injury, which implied speeding was okay in locations where casualties had yet to occur. A much bolder approach is needed, as was adopted with drink driving, racism, domestic violence, etc. Many people say that speeding needs to be made as anti-social as drink driving but they have forgotten what a tough admirable stance on drink driving was taken—DfT needs to be equally brave now.

February 2008

Memorandum from Play England (RS 24)

Play England welcomes the chance to respond to the Transport Select Committee’s inquiry consultation. Play England is the leading national play organisation in England, working under the aegis of the National Children’s Bureau and funded by the Big Lottery Fund. We currently hold a play policy development and research contract with the Department for Culture Media and Sport.

1. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

Research has shown that Dutch children spend half their pedestrian time in traffic-calm/controlled areas, but only 10% of English children are protected in this way. Pedestrian mortality rates among English children are twice those of Dutch children.32

2. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

Priorities should include all local authorities creating more 20 mph zones (which have been shown to reduce child pedestrian deaths by 70%)33 in residential areas.

Hull’s 20 mph zones have reduced the number of people killed or seriously injured by 90%.34 However, it is not enough to concentrate solely on road traffic accidents. In the longer term we propose that greater emphasis be placed on the role of the streetscape, design as well as traffic management, in affecting outcomes for children and young people. The opportunities for everyday activity, social development, encountering and managing risk and enjoying play and informal recreation that have traditionally been had in and around the streets where they live, are now largely denied to children until they are young teenagers. There is a need to reshape residential streets and to rethink how they are used and perceived as although valuable. Merely introducing 20 mph zones is unlikely to encourage significant numbers of children to play out more in the streets where they live.

The government should therefore priorities applications for Home Zones and similar schemes where people can share road space more safely with traffic, through traffic calming measures and redesign of communal areas.

In 2001, the prime minister announced a Home Zone Challenge Fund. Local authorities in England were invited to bid competitively for funding for home zone schemes. Sixty-one schemes were selected, each scheme receiving an average of £500,000.

Transport Research Laboratory (TRL) evaluated the schemes and gathered before and after information on traffic speeds and volumes, accidents and attitudes and views of children and adults. TRL evaluations\(^{35}\) found consistent support from adult and child residents for the measures introduced in their streets. Five out of the seven evaluations suggested a positive impact on children’s play opportunities. Over two-thirds of the adults interviewed thought that the home zone had made it safer for children walking and cycling and just over half thought that children should play in the street now that it was a home zone.

In 2003 the then Association of London Government (now renamed London Councils) funded London Play’s Home Zones for London project (HZfL). The project aimed to work in one designated neighbourhood in five London boroughs, chosen for their diversity and geographical spread. Two of the aims were to enable children’s access to safe play areas in their own neighbourhoods and increase walking and physical activity levels.

An evaluation of the work of London Play’s Home Zones for London project, along with that of other home zone schemes was conducted.\(^{36}\) One of the key findings of the evaluation was that home zones make a real difference to children’s outdoor play: children played in the street more, and adults said streets were safer for children’s play. This also has an effect on levels of contact between adults, which increased, creating a stronger sense of community and making it more likely that parents will feel happy about giving their children greater freedom outside the home as they grow up.

If you would like any further support of assistance with information please do contact me, as I would be happy to help.

*February 2008*

**Memorandum from Living Streets (RS 25)**

**SUMMARY**

- The default urban speed limit in the UK should be reduced to 20 mph.
- An obsession with targets for casualty reduction has contributed to pedestrians being designed out of the urban environment.
- Real, long-lasting improvements to road safety will come about only by changing driver behaviour.
- Average speed cameras and intelligent speed adaptation, should be implemented more widely.
- We want to see an increased police presence on our streets, paying particular attention to poor driver behaviour.

1. **ABOUT LIVING STREETS**

1.1 Living Streets is the national charity campaigning for better streets and public spaces for people on foot.

1.2 The history of Living Streets demonstrates the strength of our agenda. We were formed in 1929, as the Pedestrians Association. We have grown rapidly in the last few years and our work is supported by a network of 98 branches and affiliated groups, 37 local authority members and a growing number of corporate members.

1.3 As well as working to influence others, we also carry out a range of practical work to implement our vision. This includes facilitating Community Street Audits (which engage with the people using streets to identify improvements) and providing training and consultancy to practitioners who design and manage our streets.

2. **RESPONDING TO THE INQUIRY**

2.1 This response from Living Streets focuses on the road safety implications of street and traffic policing and the use of new technology. The response draws on our experience of working on road safety issues and from consultation with our members and supporters.

2.2 We have chosen to respond only to the questions most relevant to our agenda.


3. Answers to Specific Questions

To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

3.1 We accept that setting targets can be a useful tool, but we are concerned that this approach has led to “vulnerable” road users (such as pedestrians and cyclists) being designed out of the environment in an effort to minimise their interaction with motor vehicles. This is unacceptable. Our streets must be made as welcoming and open to all users as possible.

3.2 Excessive pedestrian guard railing, long-winded staggered crossing points, the disappearance of zebra crossings, and guiding cyclists onto shared use pavements as opposed to the highway: these are all symptoms of the problem. This separation serves only to:

(a) Condition drivers into believing they “own” the road—when faced with the unexpected they then become less able to react appropriately.

(b) Inconvenience pedestrians, and hence discourage walking (which is both bad for public health and the UK’s carbon emissions).

(c) Waste money. A traditional, yet highly effective, zebra crossing costs £10,000 compared to £40,000 for a light-controlled puffin crossing. 37

What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

3.3 (a) The UK should adopt a zero tolerance approach to drink-driving: a minimal amount of alcohol—even from half a pint of beer—in the blood should become a criminal offence.

(b) Increased random breathalyser tests of motorists.

How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

3.4 As suggested in our response to question 1, physically separating motor traffic from other road users is not the best approach to increase road safety. “Shared space” approaches to highway design, currently more common in countries such as Holland and Germany, increase road safety by encouraging drivers to pay more attention to their surroundings and negotiate priority with other road users on a more conciliatory level.

3.5 However there are pioneering councils in the UK, for example Kensington and Chelsea. Their remodelling of Kensington High Street incorporated some shared space ideas, not least by removing some of the street “clutter” ostensibly aimed at protecting pedestrians, and the number of accidents fell as a result. 38 This approach should become standard practice on all of our high streets.

What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

3.6 Default urban 20mph limit

Immediate improvements to road safety can be enjoyed by reducing the default urban speed limit to 20 miles per hour. The evidence in its favour is strong. In Hull, where a 20 mph limit has been rolled out in 118 zones over the past five years, overall injuries have declined by 60%. Moreover, child pedestrian injuries have declined by 75%.

3.7 20 mph is the speed at which drivers can have eye contact with other users of the street. It is the speed at which pedestrians feel more confident about crossing the road, children play outside their homes and it is quiet enough to hold a conversation.

3.8 The Commission for Integrated Transport’s 2001 study looking at best practice in transport across Europe found that where cities have 20mph limits covering between 65% and 85% of the urban network, they are transformed “from being noisy, polluted places into vibrant, people-centred environments”.39

3.9 There are environmental benefits too: a default 20 mph speed limit would lead to a smoother flow of traffic, with less braking and acceleration, and would therefore be expected to reduce vehicle emissions on an area-wide basis.

3.10 More fundamentally, speeding traffic is among the biggest barriers preventing greater uptake of zero-emission modes of transport such as walking and cycling. Other cities that have adopted area-wide 20 mph limits, such as Graz in Austria, have experienced significant modal shifts from motor vehicles to walking and cycling. This also contributes to an overall reduction in CO2 emissions.

39 http://www.cfit.gov.uk/factsheets/03/index.htm
3.11 New technology

New technology offers opportunities to improve road safety. Living Streets supports the use of speed cameras and believes that the spread of a network of cameras has had a positive impact on reducing road traffic casualties. We would like to see early type approval for “time over distance” speed cameras used to enforce 20 mph zones and limits.

3.12 Automatic number plate recognition (ANPR) has led to a positive impact on arrest rates. A 2004 Home Office report highlighted the kinds of arrests that have been made as a result of police intercept teams using ANPR. Of the 13,499 arrests, 3,324 were for driving offences such as driving whilst disqualified. These could be expected to have a positive impact on road safety but we are not aware of research that looks at this issue in particular although it is a logical assumption that removing those disqualified from driving from the roads would contribute to safer roads.

3.13 However, both these technologies catch offenders once offences have been committed—speed cameras at particular points where it is known that drivers often speed and ANPR for drivers who have committed offences which have been logged on the police national computer or vehicle excise duty databases. They do not in themselves influence behaviour directly.

3.14 Intelligent speed adaptation (ISA) has the greater potential to directly influence behaviour and could make a significant impact on road traffic safety. The different levels of speed intervention or regulation through ISA would have different impacts on road safety. Research for Transport for London by the University of Leeds and Mira suggests that implementing mandatory fixed ISA would produce a 20% reduction in injury accidents and a 37% reduction in fatal accidents in London whilst an individual vehicle with an overridable intervening ISA would be predicted to be in involved in 19.3% fewer injury accidents per unit of time.

3.15 Although the technology is still being developed, policy makers should be considering how it can be promoted and road users encouraged to take it up. Living Streets would like to see public sector agencies develop plans to adopt ISA systems for their vehicle fleets and for those vehicles they directly regulate (e.g. taxis and buses in the case of Transport for London).

3.16 We would also like to see Government initiate discussions with car makers and insurers on incentives for drivers to adopt ISA. The Department for Transport should also consider how incentives for drivers to adopt ISA could be developed within proposals for road pricing (for instance considering exemptions for vehicles with ISA in schemes under the congestion element of the Department for Transport’s transport innovation fund).

3.17 Development of ISA could also contribute to greater use of 20 mph limits which are currently not recommended by the Department for Transport where speeds are above 24 mph because of the lack of enforcement to directly challenge driver behaviour.

3.18 The use of geographical information systems can also have an impact on road safety. Police and local authorities need to work together to share data to help inform decisions about improvements alongside other information like pedestrian demand and use.

3.19 Police presence

Although new technology is already contributing to road safety, it is not enough on its own. The use of cameras tends to only catch certain behaviour such as speeding or jumping red lights. Research also suggests that speed cameras effect seems to be mainly limited to the camera site.

3.20 Living Streets argues that there needs to be a visible police presence alongside the use of new technology. Research suggests that the minimum distance “halo effect” (the effect of the presence of the police on driver behaviour in the area around where the police are seen) is five times greater than for speed cameras.

3.21 However, there has been a long-term marginalisation of traffic policing as other priorities have taken precedence. Responses from Living Streets supporters to our request for views put this down to police viewing those committing road safety offences (e.g. driving dangerously) differently to those committing other types of offence (e.g. robbery) even though the impact may be as severe.

3.22 Street design

Advanced Stop Lines (ASLs) are currently used to good effect at many traffic lights. Not only do they bring benefits to cyclists, allowing them to adopt an assertive position at the front of the traffic queue, but they also create a space between motor traffic and pedestrians contributing to a greater sense of safety. We believe they should be used far more frequently; in particular at all light-controlled pedestrian crossings. For instance, recently a woman was killed near Marble Arch in London whilst using a light-controlled pedestrian crossing: if the vehicle involved had been required to stop further from the crossing, her life may well have been saved.
3.23 In general however, there needs to be a sea change in attitudes towards urban design. The DfT’s *Manual for Streets* is a step in the right direction. It recommends a user hierarchy wherein the needs of pedestrians, cyclists, and public transport users are considered, in that order, before those of private motor cars. Genuinely adopting this approach across all highway authorities would bring huge improvements to road safety.

3.24 If planners followed the *Manual for Streets* guidelines in all urban areas this would lead to, among other improvements: better street lighting, a reallocation of roadspace to pedestrians and cyclists where appropriate, more informal crossing points, and more shared spaces in busy pedestrian locations. All of these measures have been proven to improve both driver behaviour and overall road safety.

What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

3.25 Rather than continue to set road casualty reduction targets, government must now focus on *driver behaviour*, in particular speeding and alcohol misuse. Therefore the targets set should reflect this: we want to see ambitious targets for improved driver compliance with speeding and alcohol legislation.

3.26 Please contact us if you would like any more information regarding this submission.

February 2008

Memorandum from CTC (RS 26)

INTRODUCTION

1. CTC, the national cyclists’ organisation, was founded in 1878. CTC has 70,000 members and supporters, provides a range of information and legal services to cyclists, organises cycling events, and represents the interests of cyclists and cycling on issues of public policy. We welcome the opportunity to respond to this inquiry.

2. We welcome many of the proposals put forward in the PACTS report, Beyond 2010, particularly the links it draws between road safety policy and the twin crises of obesity and climate change. Although the Government is proud of its overall record on road safety, Britain is still a poor performer compared with our European neighbours on the safety of pedestrians, cyclists and children (see paragraph 9). Road safety’s most important contribution towards health and sustainability objectives surely lies in improving the safety of these particular groups. Hence it is particularly regrettable that the paragraphs on road safety in “Towards a Sustainable Transport System” (the Government’s response to the Eddington and Stern Reviews)

3. Our proposals echo many of those in the PACTS report, notably its call for 20 mph to be the default speed limit for urban streets. We also advocate reduced speeds on rural roads, addressing attitudes towards and training amongst cyclists and drivers, traffic law and enforcement, promotion of cycling, cycle friendly infrastructure and safer vehicles.

4. A key principle underlying our response is the strong (and growing) pool of academic and empirical evidence that cyclists gain from “safety in numbers”—ie the more people who cycle, the safer it becomes (NB the same goes also for pedestrians). Evidence suggests that a doubling of cycling would only lead to a 32% increase in casualties and hence a significant overall improvement in cyclists’ safety (the Government has acknowledged this in recent guidance on the appraisal of walking and cycling schemes). Cyclists also impose very little danger on other road users (see paragraph 36). Hence increased cycle use has wider benefits for the safety of all road users, not to mention its wider benefits in tackling congestion and promoting social inclusion, health and sustainability.

To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

5. Current targets for casualty reduction have not helped vulnerable road users and in some areas have been very damaging. The decision to adopt absolute numbers rather than rate-based figures has led some local authorities to conclude that reducing cycle use would help them meet their targets (and vice versa), and hence to adopt policies which deter rather than encourage walking and cycling.

6. This approach manifests itself particularly in road safety awareness campaigns which use shock tactics to impress on people (particularly children) that cycling is “dangerous”. This is unhelpful given that the Government itself acknowledge that cycling’s health benefits alone far outweigh the risks involved,
that you are in fact about as (un)likely to be killed in a mile of cycling as a mile of walking.\textsuperscript{45} Such campaigns may even be counter-productive to cyclists’ safety—deterring people from cycling (or allowing their children to cycle) risks undermining their “safety in numbers” benefits. Since its much criticised (and initially factually inaccurate) “Cyclesense” campaign,\textsuperscript{46} the Department for Transport has rightly desisted from such initiatives. However examples are still widespread at the local level.\textsuperscript{47, 48}

7. Targets for casualty reduction have also led to risk-averse behaviours amongst road safety professionals and a systematic failure to adopt innovative approaches to road safety on a wider basis, such as the principles of “shared space.”\textsuperscript{49}

**What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?**

8. The blood alcohol limit must be reduced to 50 mg for most drivers and to zero for novice drivers. The UK has the one of the highest blood alcohol limits in Europe—just 5 out of 27 EU countries have a limit equal to or above that in the UK; eight countries have limits half or below that of the UK.\textsuperscript{50} Reducing the blood alcohol limit to 50 mg could save 65 lives a year.\textsuperscript{51}

**How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?**

9. Although Britain’s road safety record is in overall terms better than most EU countries, the picture is much more mixed when it comes to vulnerable road users. The UK has the highest proportion of pedestrian casualties of any of its EU peer countries but the third lowest level of walking.\textsuperscript{52} In terms of cycle safety Britain also performs poorly compared with other European countries. Britain’s casualty rate of 36 cyclist deaths per billion kms travelled is three times worse than in the Netherlands, where 27% of journeys are made by cycle.\textsuperscript{53}

**How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?**

10. Reductions in road casualties over the last few decades have been proportionately lower than those amongst other modes of travel. An equivalent to the RAIB or AAIB is sorely needed to provide expert investigation into road collisions and “near misses”.

11. Whereas “Signals Passed at Danger” and “near-misses” are thoroughly investigated and their frequency monitored on the railways and in the air, “close shaves” on the road are ignored by police when brought to their attention. CTC members often tell us of the difficulty of persuading the police to take reports or witness statements of dangerous incidents, even in cases where serious injuries have occurred. This not only undermines legal actions against dangerous drivers, but also deprives road safety officers of the data they need to carry out their duties to investigate and minimise reported sources of danger.

**Are there specific blockages caused by shortages of appropriately trained and skilled staff?**

12. Part of the explanation for the above problem is the shortage of police officers trained to investigate road collisions. This in turn is a consequence of road traffic policing having been under-prioritised for many years by the Home Office.

13. There is also a need for traffic engineers to be better trained in the planning and design of “cycle-friendly infrastructure”. Despite government guidance on this subject being available since 1996 and a revision in draft form since 2004,\textsuperscript{54} street and junction layouts are often extremely cycle-hostile, and even the facilities ostensibly provided for cyclists are generally very poorly designed, often to the point of being positively dangerous. Councils should be encouraged to adopt Cycle Audit and Cycle Review procedures,

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\textsuperscript{45} DfT. Road Casualties Great Britain: 2006. 2007. Table 52.

\textsuperscript{46} Guardian. Cycle groups attack road safety “skull” campaign to shock youngsters. 27.5.2003.


\textsuperscript{48} Cycling Weekly. TFL road safety DVD shocker. 17.1.08.

\textsuperscript{49} Crawford E. Beyond 2010. 2007. p 34.

\textsuperscript{50} EU, Energy & Transport in Figures 2006. 2007. Table 3.1.3.

\textsuperscript{51} Allsopp R. Reducing the BAC limit to 50mg—what can we expect to gain? PACTS research briefing. London, 2005.


not only because they can lead to more cycle-friendly design solutions but also because they effectively provide engineers with "on the job training" in how to "think bike" when planning or designing highway and traffic management schemes. "Cycle-friendly infrastructure" is discussed further in paragraphs 28-30 below.

What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

20 mph urban speed limit

14. We wholeheartedly endorse the recommendation by PACTS of making 20 mph the default speed limit in urban areas. Experience from Hull, and elsewhere in continental Europe (eg in Hilden, Germany and in Graz, Austria where 30 km/h speed limits cover 76% of the road network) show that 20 mph speed limits have clear road safety benefits, particularly for non-motorised road users and children.

15. The Commission for Integrated Transport has found that lower speed limits have wider benefits beyond road safety. They found that cities which apply 30 km/h limits extensively (typically between 65% and 85% of the road network) are "transformed... from being noisy, polluted places into vibrant, people-centred environments as well as facilitating the widespread re-assignment of street space to PT, cycling and walking to meet increased demand".

16. To facilitate the long-term goal of achieving the 20 mph default urban speed limit and ensure public acceptance we believe that greater flexibility must be given to local authorities to implement widespread 20 mph limits such as those in Portsmouth. The expanded programme of Cycle Demonstration Towns, which forms part of Cycling England’s recently announced new funding programme, could provide a valuable opportunity to pilot the use of “default” 20 mph limits, providing both evidence and experience which can be used to build support for rolling out this measure more widely.

17. The Home Office should complete the long-awaited type-approval for time over distance cameras to enforce speed limits below 30 mph, thus reducing the need for expensive and often unpopular road humps and other engineering measures.

18. Greater use should be made of the innovative approaches to speed reduction advocated in the Government’s generally excellent Manual for Streets (MfS), such as the removal of centre-lines and “shared space” street designs. The scope of MfS should be extended from new-build residential developments to encompass all “streets” where “people” are more important than “traffic”.

Reduced speeds on rural roads

19. A disproportionate number of deaths and serious injuries occur on rural roads. Whereas by 2006 built up roads have seen a 15% fall in fatalities over the 1994–98 average, non-built up roads have seen a fall of just 10%. Speed limits on rural, unclassified roads must be reduced, with 40 mph default, reduced to 30 mph in villages being suitable. As above, enforcement by time over distance cameras is required.

Driver/cyclist training and attitudes

20. Despite publicity campaigns from Government and elsewhere, there remains a lack of awareness amongst drivers of the extent to which higher speeds increase the risk of killing someone. More drivers and would-be drivers need to be informed that the chance killing a pedestrian goes up by 5% for every extra 1 mph. There is similar lack of awareness that using a mobile is as dangerous as exceeding the drink-drive limit, and that this is as true for hands-free as for hand-held mobiles. These messages should be central not only to driver awareness campaigns but also to the training of novice drivers. People are more likely to adhere to speed limits and other laws if they understand the reasoning behind them.

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55 ibid. pp 32–33.
21. Bikeability is the Government’s recently launched cycle training programme based on the National Standard for Cycle Training. The Government’s recent funding allocation to Cycling England will enable a further 500,000 children to receive Bikeability training over the next three years. However, we believe that there is still scope to bring Bikeability training to all children, extend it to teenagers and adults of all ages. There is good evidence that it is highly effective in increasing cycle use and improving people’s confidence about cycling (or allowing their children to do so).

22. There is less evidence however about whether cycle training improves the safety of cyclists—and such evidence as does exist predates the National Standard. On the other hand, anecdotal evidence from police forces, driving instructors and others suggests that cycle trainees turn out to be better drivers, and pass their driving tests more easily. We also know that drivers who cycle have a much better understanding than non-cyclists of what constitutes safe and responsible cycling. Further research into the safety impacts of cycle training would therefore help identify its potential contribution to both cyclist and driver safety, and hence its possible role in either driver or pre-driver training programmes.

23. The Government should also consider the possible role of cycle training as a remedy for illegal or irresponsible cycling, in much the same way that speed awareness or driver retraining courses are offered to offending drivers. The justification for taking a similar approach with errant cyclists is if anything even stronger, given that many cycling offences are due to the cyclist not having acquired the confidence or training to be able to ride safely and legally on the roads in the first place.

Traffic law and enforcement

24. Although the Road Safety Act 2006 will shortly lead to the introduction of a new offence of causing death by careless driving, we remain concerned that the legal framework gives insufficient priority to the safety of vulnerable road users. The new offence does nothing to clarify the distinction between what is “careless” and “dangerous” driving, nor does it remove the vast discrepancies between the sentences available depending on whether a victim happens to die or “merely” to be maimed. Where both problems arise (ie where a victim is maimed by someone whose driving is judged “merely” to be careless), the courts will still have only derisory penalties available. We believe the Government needs to keep this area of the law under review.

25. Vulnerable road user safety is also under-prioritised by the police, prosecutors and the courts. As discussed in paragraph 10, CTC members regularly report cases of the police refusing to attend crash scenes, to take reports or witness statements or to carry out proper investigations. They also regularly object to proposals for lower speed limits arguing that they have insufficient resources. The Health and Safety Executive also pleads poverty when pressed to take its road safety responsibilities more seriously. This too should be addressed urgently, given that a disproportionate number of road collisions involve someone who is driving for work, while HGVs have a disproportionate involvement in cyclist fatalities (see paragraph 31).

26. Since hands-free mobile phones present a similar level of distraction as ordinary mobile phones we believe that they must be banned.

27. The Government must follow the lead of other European countries and introduce an insurance structure whereby drivers in the event of a collision with a vulnerable road user are held to be liable unless negligence can be proved otherwise. There are good arguments of legal principle for making this change. Although fears are sometimes expressed that it would add to drivers’ insurance premiums, a more likely outcome is it would lead to safer driving, hence fewer collisions—ie the improvement in road safety could mean reduced payouts as well.

Cycle friendly infrastructure

28. Cyclists persistently complain of the poor quality of highway and cycle facility design. This was particularly apparent when 11,000 cyclists complained to their MPs then a draft rewording of the Highway Code suggested that cyclists should use cycle facilities “where provided”, potentially undermining their legal position if they decided not to use them for whatever reason. Work on updating the current 1996 “Cycle Friendly Infrastructure” guidelines has been in the pipeline for about five years and, since 2004 the Government has consulted on a poorly coordinated sequence of guidance notes. Parliament was assured in December 2006 that the process would be completed in 2007, yet even now the Government cannot commit to a publication date, saying only that they “expect to publish this year”. We are appalled by the lack of urgency in addressing this crucial issue.

67 Crawford E. Beyond 2010. 2007. p 64.
69 See reference 15.
70 Parliamentary written answer on 7 December 2006 (see www.publications.parliament.uk/pa/cm200607/cmhansrd/cm061207/text/61207w0004.htm#06120780002470).
29. We nonetheless welcome the inclusion in the draft guidelines (and in the Manual for Streets—see paragraph 18) of a “Hierarchy of Provision”, which advises planners that they should look first solutions involving traffic reduction, speed reduction or road-space reallocation before introducing specific cycle facilities. The Hierarchy should be widely adopted—and we have already highlighted the need to train planners and engineers in how to implement it (see paragraph 13). Adherence to its principles will reduce conflict between cyclists and other road users, particularly pedestrians, with road safety benefits for all concerned.

30. Cycle collisions occur disproportionately on rural major roads with 21 deaths per million vehicle kms—the same as motorcycles—recorded in 2006. The failure of the Highways Agency to cater for cyclists and other vulnerable road users also needs to be addressed. The HA’s Non-motorised User Crossings projects, promised in the Government’s Walking and Cycling Action plan, needs dedicated funding and a timetable for its completion—at present it is unclear when it will be completed, if ever. Major trunk roads must be audited to ensure that safe cycle access is provided, either on-road or with wide, well-maintained cycle tracks where links alongside major roads are required.

Safers vehicles

31. In 2006 HGVs were involved in just 2.4% of collisions with pedal cyclists but 16% of cyclists’ deaths occurred as a result of these collisions. Inclusion of near-side, front-view and wide-angle mirrors need to be mandated for all lorries together with near-side equipment to warn the driver of the presence of a cyclist.

32. More needs to be done to improve vehicle front safety with regard to cyclists. Safety measures promoted by the European Commission have focused on head-on collisions with pedestrians, whereas most cycle collisions result in different impact points on the vehicle.

33. Intelligent Speed Adaptation must be brought into the motor vehicle fleet, especially in hire-cars and commercial vehicles, with the incentive to employers that its use will encourage eco-driving.

34. Use must be made of Event Data Recorders which gather information on vehicle handling and performance in the event of a crash. These could be trialled initially in particular vehicle types or for high-risk driver groups.

What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

35. Given that 83% of all road casualties result from collisions involving a motor vehicle (97% for cyclists), targets for reduction of motor traffic and increasing modal shift to non-motorised modes of transport must be part of any future targets.

36. As stated above, priorities must include tackling the discrepancies in vulnerable road user casualties, preferably through focusing on rate-based per hour and per trip casualty reduction targets. These rate-based targets for casualty reduction must be based not just on exposure to risk but also the level to which each road user poses risks to others—out of the 13,182 collisions between cars and cycles in 2006, 78 cyclists and 0 car users were killed, 99% of cyclists were casualties from these collisions, whereas just 2.7% of car users were slightly injured. Setting rate-based targets would make it clear that the aim should be to achieve “more” as well as “safer” cycling, rather than seeing these objectives as being in conflict with one another (see paragraphs 5–7).

37. Sheer volumes and fear of traffic are two of the chief deterrents to cycling—amongst non-cyclists around 61% of one survey’s respondents agreed or very much agreed that “fear of traffic would frighten them”. The perception of safety is one of the chief barriers to higher levels of walking and cycling, therefore qualitative data on the perception of the safety on the roads, especially with regard to walking and cycling, must be included in any future targets.

38. Rigorous enforcement and reduction of speed limits must be a priority for the next decade of road safety activities. A default 20 mph speed limit, such as recently proposed by the Mayor of London, would, we believe, do more than anything else to reduce road casualties. Targets for proportion of the road network reduced in speed limits and adherence of traffic to these speeds must be adopted.

74 ibid, table 23c.
78 DfT. RCGB. 2007, table 23c.
39. With the theme of climate change assuming ever greater attention in wider policy we believe that this should be reflected in the priorities for the next Road Safety Strategy. The importance of road safety policy in tackling greenhouse emissions from the transport sector cannot be overstated. If people are to be encouraged to reduce the carbon footprint caused by their travel, then it is essential to create conditions outside their front doors where they feel able to walk and cycle in safety, and to allow their children to do likewise.

February 2008

Supplementary memorandum from CTC (RS 26A)

INTRODUCTION

1. CTC, the national cyclists’ organisation, was founded in 1878. CTC has 70,000 members and supporters, provides a range of information and legal services to cyclists, organises cycling events, and represents the interests of cyclists and cycling on issues of public policy.

2. This supplementary memorandum follows our formal response to the questions posed. We wish to bring three further matters to the attention of the Committee: firstly a section of closer analysis of the trends in cycling and walking (and their relative safety figures); secondly discussion of a worrying recent spate of the deaths of cyclists in collision with lorries; thirdly some comments on the Government’s newly published proposals for reforming the training of novice drivers; and finally a report on our judicial review of the Crown Prosecution Guidance (CPS) on prosecuting dangerous and careless driving.

How does Great Britain compare with other EU countries on reducing deaths and injuries?

3. Further to our previous submission, we would like to draw the Committee’s attention to more detailed statistical evidence for the evidence that the UK has relatively poor road safety figures for vulnerable road users.

4. Although the Government is proud of Britain’s overall road safety record, we are towards the lower end of the European league table in terms of pedestrian and cyclist safety. Measured in terms of millions of km cycled per fatality, Germany, Belgium, Sweden, Denmark all perform better than Britain. These countries also outperform Britain for the equivalent measure of pedestrian fatality rates—see figure 1.

![Figure 1. Cycling and Pedestrian fatality rates in Europe](image)

Sources: IRTAD, 2005; EU Transport Statistics, 2003
5. Research indicates that as levels of cycling increase, there is a disproportionate increase in cyclists’ safety. This has been witnessed recently in London—where an 83% increase in cycling (2000–05) coincided with a 42% decrease in killed and seriously injured cyclists on London’s roads (against the 1994–98 average).

6. Evidence from Europe further supports this position. Denmark, with a cyclist fatality every 122 million kilometres, also has one of the highest levels of personal cycle use—936 km per person per year. The UK, on the other hand, has personal cycle use of 75 km a year and a death every 30.4 million kilometres—see figure 2 below.

![Figure 2. Cycle fatality rates vs distances cycled per year](image)

Sources: IRTAD, 2005; EU Transport Statistics, 2003

**Lorries and Cyclists—Recent Developments**

7. Although we mentioned this topic in our previous submission, we would like to bring the Committee’s attention to the recent spate of cyclists’ deaths involving HGVs. Since the start of 2008 four out of the five cyclists who have been killed in London were in collisions involving HGVs, three of which we know to be construction vehicles. Goods vehicles have also been involved in cyclist fatalities in Edinburgh, Northallerton, and probably also in North Tyneside.

8. Dealing with the threat posed to cyclists by HGVs is difficult. Recent EC legislation forcing lorries to install extra mirrors may help but there is little sign of it being implemented in the immediate future in the UK. Research is needed to determine how best to address the problem. Solutions to consider include vehicle safety features (detectors and audible warnings, mirrors, “black box” event data recorders, intelligent speed adaptation etc), driver training and awareness initiatives, fleet management and regulatory or enforcement options.

9. Our provisional view is that three options are likely to prove particularly effective. The first is to strengthen the requirements for those seeking goods vehicle licenses to be trained in and to demonstrate awareness of cycle safety issues—see the section on “novice drivers” below. The second is to invest more in adult cycle training. Although it is unclear to what extent cyclists are at fault for collisions involving HGVs (eg by attempting to ride up the inside of a goods vehicle which then turns left, rather than being overtaken by a goods vehicle which then cuts across the cyclist), good cycle training can prevent hazardous situations arising in the first place, by giving them the confidence to position themselves where they can see, be seen

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82 http://www.lbp.police.uk/press_release/articles/2008/April/29/1.htm
83 http://www.thenorthernecho.co.uk/news/topstories/display.var.2222647.0.teenage_cyclist_killed_in_collision_with_lorry.php
84 http://news.bbc.co.uk/1/hi/england/tyne/7215939.stm
85 Directive 2007/38/EC.
and avoid being overtaken in situations where this could be dangerous. Finally we recommend that the heavy goods vehicle section of professional drivers’ licences be suspended following a fatal or serious injury collision until exculpated.

10. We urged DfT to consider these and other potential solutions to the HGV safety issue as part of its forthcoming study of factors affecting cyclists’ safety. Regrettably they concluded this could not be done within the project budget. We therefore urge the committee to highlight this ongoing research need in its recommendations.

**Novice Drivers**

11. The Government has recently published consultation proposals for improving the training of novice drivers. Preparation for the driving test is a vital opportunity to instil appropriate attitudes towards and understanding of cyclists and their needs, and this in turn is a key determinant of cyclists’ safety. We therefore note with amazement that the Government has not included any organisation concerned with either walking or cycling in its list of consultees, let alone the extensive pre-consultation exercises which have evidently taken place. This is all the more extraordinary given that our recent campaign on the Highway Code clearly flagged up the training and information given to drivers as a major issue for cyclists’ safety.

12. We will seek a dialogue with Government over these issues and will consider a full consultation response in due course. However we feel that two issues merit immediate comment, these being driver understanding and the potential role of cycle training.

13. The consultation document rightly stresses the need to ensure that learner-drivers understand the issues they are being tested on rather than learning them by rote. They therefore propose to strengthen the hazard awareness section of the driving test. We would add however that the same approach also needs to apply to trainees’ understanding of the rules of the road. Speed awareness and driver training courses have demonstrated that drivers are more likely to respect rules when they understand (for instance) that the chances of killing a pedestrian rise by around 5% for each extra 1mph on the clock, or that mobile phone use (hands-free as well as hand held) impairs a driver’s responses by about the same amount as being at the drink-drive limit. We therefore believe that the theory test as well as the hazard perception test should cover a syllabus which requires trainees to demonstrate that they have understood (rather than merely learnt) the rules of the road.

14. Secondly, there is a good deal of anecdotal evidence that people who have completed more advanced cycle training (to levels 2 or 3 of the Government-backed “Bikeability” cycle training standard) become safer and more cycle-aware drivers (as well as safer and more confident cyclists), and pass their driving test more quickly. This would be consistent with other research that drivers who do not cycle have a poor understanding of what constitutes correct and responsible cyclist behaviour, but that understanding is much better among those who do cycle.66 There is research demonstrating that cycle training is highly effective in encouraging people to cycle more and to feel more confident when doing so, but very little on its safety impacts, and none on whether it improves trainees’ competences as drivers, or the speed at which they learn to drive. We therefore urge the Committee to call on the Government to research the safety benefits of cycle training. We suspect it could play a major role not only in improving cyclists’ safety but also in improving the safety of how drivers interact with cyclists. Cycle training, or at least cycle awareness training, may be a particularly effective solution to the hazards presented by goods vehicle drivers.

**Bad Driving Offences and CTC’s Judicial Review of the CPS Guidance**

15. CTC has initiated legal proceedings against the CPS’s decision to bring into force their guidance on prosecuting careless and dangerous driving offences. Although we recognise that the Committee will not wish to comment directly on a matter which is before the courts, this note sets out the underlying issues and makes recommendations relevant to them.

16. The CPS guidance was revised following the Road Safety Act 2006 and includes guidance on prosecuting the new offence of Causing Death by Careless Driving. CTC responded to the consultation in March 2007. A key issue in CTC’s response was the CPS’s guidance on how prosecutors should decide whether to prosecute for a “dangerous” or a “careless” driving offence.

17. The statutory test for dangerous driving is set out in Road Traffic Act 1988, section 2A. Subsection 1 states that a person drives dangerously when the way he or she drives falls far below what would be expected of a competent and careful driver and it would be obvious to a competent and careful driver that driving in that way would be dangerous. Subsection 3 defines “dangerous” in this context as meaning the risk “either of injury to any person or of serious property damage”.

18. Subsequent case law has established that this is an entirely objective test. In other words, the statute does not require any evidence that the driver intended to drive dangerously, or was negligent or even aware of the possibility that the way they were driving would give rise to danger. The only requirements are that the manner of driving fell “far below” the required standard, that it gave rise to a risk of injury or serious property damage and that this risk would be obvious to a competent and careful driver observing the scene.

19. In its 2004 report on Traffic Law and Enforcement, the Select Committee stressed the need for a major overhaul in the law on traffic offences and sentencing, and the priority attached to traffic law by police, CPS and all other relevant agencies. It noted that the CPS appears reluctant to prosecute “dangerous” driving offences, perhaps because it CPS (understandably) perceives that jurors are reluctant to expose drivers to the risk of long sentences by convicting a fellow citizen of “dangerous” driving—even when the driving was clearly “dangerous” by any objective standard—as they realise they could easily make a similar error themselves. The Committee therefore urged that the two-tier distinction between “dangerous” and “careless” driving offences should be replaced with a single tier of “negligent” driving offences, with judges or magistrates determining sentences for the most and least serious offences following clear sentencing guidelines. It also recommended that “[the] promised revision of charging standards must start from a wholesale reconsideration of the standards, not minor amendments”, adding that “Some of the existing standards appear unduly lenient”.

20. We very much regret that neither of these recommendations has been heeded. Instead of the more thorough overhaul recommended by the Committee, the Government has simply added a new offence of “causing death by careless driving” to the statute books. It remains to be seen what effect this amendment will have; although well-intentioned, we fear it could prove counter-productive, leading prosecutors to downgrade cases which they would previously have treated as “causing death by dangerous driving”, on the basis that a “careless” conviction will be easier to secure.

21. This legislative change prompted the publication (in December 2007) of the new charging standard for bad driving offences. Although CTC welcomed the increased importance which it attaches to mobile phone use (another issue on which the Committee made strong recommendations), we regret that it does not represent the fundamental overhaul which the Committee and others (CTC included) had called for. Emerging from a side road is still to be classed as “careless”, even though the CPS’s consultation had noted that this can be “particularly dangerous for cyclists and motorcyclists”. Indeed CPS has provided an assessment of how recent cases might have been treated under the new guidelines, which shows that they still propose to class as “careless” many cases which we believe are objectively dangerous.

22. The deterrence factor of sentences for dangerous driving therefore continues to be eroded by regular reports of cases of extremely bad driving being prosecuted for minor offences with resulting desultory sentences. The legal system’s continuing dismissal of driving which objectively causes danger as mere “carelessness” is undermining efforts to persuade drivers of the need to take greater responsibility for the safety of other road users.

23. We hope our challenge will result in the CPS (and hence the courts) treating more cases as dangerous rather than careless driving.

24. Nonetheless, there remain some fundamental problems with the definitions of the various bad driving offences, the sentencing framework, and the priority given to traffic law and enforcement by Government and police forces alike. We therefore urge the Committee to recommend the Government to keep the framework of “bad driving” offences under review and to carry out a much more comprehensive overhaul—as recommended by the Committee’s previous report—if this turns out to be justified (as we fear). We also urge the Committee to reiterate its recommendations on priority for road traffic policing, sentencing and the need to hear all cases involving death and serious injury in the crown court rather than the magistrates.

May 2008

Memorandum from Sustrans (RS 27)

Sustrans

1. Sustrans is the UK’s leading sustainable transport charity. Our vision is a world in which people choose to travel in ways that benefit their health and the environment. We work on practical solutions to current transport challenges. Our aim is to transform the UK’s transport system and culture so that:

- the environmental impacts of transport—including climate change and resource depletion—are significantly reduced;
- people can choose more often to travel in ways that benefit their health;
- people have access to essential local services without the need to use a car; and
- local streets and public spaces become places for people to enjoy.
2. To achieve our aims we work on a wide range of practical, evidence-based projects. These include:
   — The 12,000-mile National Cycle Network.
   — Connect 2: our £50 million award-winning programme to increase accessibility in 79 urban areas.
   — Safe Routes to School and Bike It!, which are promoting children’s health and independent mobility.
   — Low Carbon Travel, Liveable Neighbourhoods and Active Travel: all promoting low carbon, non-motorised travel.
   — TravelSmart: our pioneering work in behaviour change, which is leading to a 10% reduction in traffic in the Sustainable Travel Demonstration Towns and in other projects.

3. However, a perceived general lack of road safety by the public makes our work more difficult. Adults and young alike are often reluctant to use non-motorised transport, certainly not at the levels often common in the rest of Europe and sufficient to make real changes in improving health or reducing carbon emissions. This lack of real road safety has wide-reaching consequences, for ourselves and for our partners in national, regional and local government. We hope the debate stimulated by this Inquiry will help improve matters.

**Policy Integration**

4. Historically “Road Safety” was a topic very much in its own right, and for years was stuck within its own policy silo. Recently the Government has made successful attempts to broaden its policy linkage to other key areas, such as social inclusion, young people, and improved health.

5. Sustrans strongly welcomes this, but believes that much more remains to be done in the way of policy integration. Accordingly before replying to the specific questions posed by the Committee, we sketch out below some key players and themes we believe important.

**Road Danger Reduction**

6. We believe that the main focus of road safety should be tackling the danger caused by motorised traffic, primarily cars. Therefore measures to reduce the power, volume and speed of car traffic are a priority. Allied to this approach should be a determined effort to promote sustainable modes, and to “lock in the benefits”, that is to reallocate road space in their favour.

**Staying Safe Action Plan**

7. This was launched by the Government on 5 February 2008. It is a cross-Departmental plan, aimed at improving the safety of children and young people. It encourages local authorities to create more 20 mph zones and Home Zones; will create materials for parents, children and young drivers; and will consult on issues concerning 16–18 year old drivers and passengers. From April 2008 Child Death Review Panels will have to examine each unexpected child death in their area. Sustrans welcomes this kind of integrated approach to improving road safety.

**TASTS**

8. In October 2007 the Department for Transport published “Towards a Sustainable Transport” system. This began a year-long debate about how our economy can work efficiently within a low carbon world. A major element of this will be “Government having a role in removing barriers that prevent people from using lower-carbon transport” (TASTS, page 33). Clearly, then, there is a major strategic need to encourage these modes and make them safe, in order to support wider Government objectives.

**RoadPeace**

9. For years the cause of road traffic victims has been championed by RoadPeace. Their work continues to highlight the rather casual attention road traffic victims receive from the police and the legal system, and the way that the consequences of anti-social behaviour on the road are not fully considered. Much of their effort is beyond Sustrans’ core work, but we urge the Committee to examine carefully the many constructive and necessary comments RoadPeace will undoubtedly have to say.

**PACTS**

10. Sustrans is not a member of PACTS, but we wish to underline the very useful work this body undertakes. We have been particularly impressed by their recent publication “Beyond 2010—a holistic report to road safety in Great Britain”. We believe this wide-ranging, integrated approach is exactly the way forward, and commend it to the Committee.
NICE


12. This evidence-based work contains crucial recommendations relating to health, physical activity, open spaces, access to buildings, spatial planning and transport. One finding is that transport planners should:

“Ensure pedestrians, cyclists and users of other modes of transport are given the highest priority when developing or maintaining streets or roads”.

Other recommendations include restricting motor vehicle access, introducing more traffic-calming, creating Safe Routes to School, and reallocating road space to physically active modes.

ECOTOWNS AND HOUSING GROWTH

13. Sustrans is pleased to have been invited on to the DCLG expert reference group for EcoTowns. This is doing valuable work regarding the integration of safe and sustainable means of transport, in particular linkage to public transport provision, reduced car use and low speeds. We believe the principles here should be adopted in all new areas of Housing Growth, thereby inbuilding road safety from the outset.

LOWER SPEEDS

14. Lower and better enforced speed limits are central to improving road safety for all. Crucially, moving the default 30 mph limit down to 20 mph would transform our urban streets and save many lives (1). In 2003 the Health Development Agency suggested this would reduce child deaths and injuries by 67%. 20 mph zones in London, Hull, Portsmouth and Newcastle are supporting these findings, and we commend the present London Mayor for his proposals to make 20 mph the main default speed.

MOTORCYCLES

15. At 2% of the traffic but 20% of its fatalities there are clearly serious issues still to be addressed with motorcycling. We remind the Committee of its inquiry into this topic in the Session of 2006-07. At the time it said “Motorcycle accident rates are far too high . . . It is time to consider radical action to tackle this problem” (page 24).

ACCESS

16. Safe pedestrian access to tram, bus and rail services is still not all it could be. There remain particular problems—partly to do with historic legacy—with safe routes on foot or by cycle to railway stations. Though we welcome the Government’s recent Station Travel Plans Steering Group, it is a matter of regret that this has no money allocated to it. Sustrans has itself developed detailed proposals over years for “Safe Routes to Stations”, but has found neither the public or private sectors willing to back them (2).

CRITICAL MASS

This is also known as the “safety in numbers” theory. Broadly speaking, the more pedestrians and cyclists there are on the street, the more drivers “see” them and take extra care (3). Thus contrary to popular fears, cycle use can increase and overall casualties fall. Central London since the introduction of the congestion charge is an excellent example of this. Consequently any measures which raise the levels of walking and cycling—such as Sustrans’ new “Connect 2” scheme—can in themselves contribute to Road Safety. The same is achieved by modal shift, as in our TravelSmart work in the Sustainable Travel Demonstration Towns.

LORRIES

18. There is a wide range of safety issues associated with lorries, mostly foreign. About a third of cyclist fatalities in central London are due to lorries, and older vehicles are exempt from recent moves to retrofit better wing mirrors.
TACKLING THE “CLARKSON EFFECT”

19. The great majority of road users are law-abiding, but a vociferous and unrepresentative minority have been allowed to capture much of the media. Issues to do with speed and safety cameras are a case in point. The BBC has been wholly irresponsible in allowing programmes like “Top Gear” such prominence. The Committee may wish to examine the extent to which the “Clarkson effect” exercises an adverse influence on younger male drivers.

EFFECTIVE POLICING

20. We believe effective traffic policing, whether on motorways or local streets, plays an important role in combating a wide range of road safety and anti-social measures. Greater use of police on bicycles has been very successful, and more scope for this still exists. Community safety audits used under the Crime and Disorder Act 1998 can provide the police with a powerful tool for public consultation on road safety issues. When implemented they consistently show high levels of public concern about speeding traffic (4).

ANSWERS TO QUESTIONS

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

21. Clearly a framework is needed for casualty reduction. However great care is needed that casualties do not “fall” simply because people are travelling less, in particular by sustainable modes. We must beware of a mechanistic approach to road safety which does not embody the kind of necessary change in travel behaviour we outline elsewhere. Thus there should also be instruments of measurement for traffic reduction, increases in sustainable modes, and public attitudes to road danger.

22. We wish to remind the Committee that there are major social inclusion issues here. Road crashes account for 52% of all child fatalities. Children in social class 5 are four times more likely to die from road crashes than social class 1 (5).

23. The bottom line is that by European standards our streets are too often hostile and dangerous places, where traffic adversely affects social inclusion and community cohesion. The result is that the UK still has relatively low levels of cycling and walking, and not very impressive levels of safety either. It is also worth noting that a serious though unrealised consequence is a lack of “passive surveillance” of the public realm by those not in cars. It is within this context that the much-publicised anti-social behaviour by some groups of young people is allowed to go unchecked.

2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

24. The Government needs to build in measures to tackle drink-driving with its wider proposals for tackling excess consumption of alcohol. Equally, though, a tougher stance on drink-driving could be used to reflect back more widely among drinkers themselves. There seems no good reason why our drink-drive limit of 80 milligrams should not be reduced to the 50 mg limit common in the EU.

25. It is not our area of expertise, but there appears to have been much public concern recently over drugs and driving, and we urge the Committee to examine this topic also.

3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

26. We have noted elsewhere that most EU countries have a lower drink/drive limit. Many make extensive use of lower speed limits in residential areas, eg 30 kph (6). Some have strict driver liability, which we have elsewhere urged the Committee to investigate. On a per driver basis Holland issues 40 times more speeding tickets than the UK. Most countries spend far more per head on walking and cycling (eg £5 compared to the UK’s £1). Holland leads the way in developing Sustainable Road Safety, whilst Sweden looks further ahead with its Vision Zero.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

27. Air and rail have quite clearly superior approaches to safety. The lack of enforcement and margins for error tolerated on the roads would not be countenanced by these other modes. It should be noted that the exceptionally high standards for rail put it at an unfavourable cost advantage vis-à-vis road, for both freight and passenger travel.
5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

28. There appear to be two main areas:
   (a) Within the wider policy-making community, which is still not linking road safety into the wider sustainability agenda.
   (b) Within the police, magistrates, Crown Prosecution Services and judges—where the full consequences of anti-social behaviour on the road (speeding in particular) are still not fully considered.

6. What further policies, not already widely used, might be considered for adoption, and what evidence is there for their success?

29. Wider use of Automatic Number Plate Recognition: people who commit anti-social behaviour on the road tend to be those who do the same elsewhere.
   — Mandatory fitting of Intelligent Speed Adaptation: these have now been extensively trialled in the UK, and were strongly supported by the EC MASTER project nearly a decade ago (7).
   — Mandatory fitting of in-vehicle black box recorders.

Changes in the Law

30. Road death offences should be put on a par with manslaughter. The law needs to deal more seriously with causing serious injury.

Strict Driver Liability

31. This is an issue which we now believe deserves official research and consideration. It would place the duty of care on those posing the greatest risk ie motorists. It would only involve civil compensation, but if implemented has the potential to send a very strong and positive message about safety on the road. We urge the Committee to consider this issue and the best ways of taking it forward.

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

32. Integration of Road Safety into wider programmes of sustainability.
   — Adoption of a road danger reduction approach.
   — Decreasing the volumes of motor traffic.
   — Overall reductions in speed limits.
   — Reductions in the power and acceleration of cars and motor-cycles.
   — Much closer integration with public health programmes to promote active travel and to counter obesity.
   — Pay particular attention to the skills and attitudes of young drivers.
   — Pay high regard to the needs of pedestrians, cyclists, children, young people, the elderly and those with mobility problems.
   — Conduct a separate review of road safety in rural areas.
   — The Health and Safety Executive should establish a unit for road deaths investigation within the course of work.
   — Extra awareness training of vulnerable road users to be given to the drivers of fleet cars, vans, buses, taxis and lorries.
   — Any revenues from road-pricing schemes should be ring-fenced for the increased use and safety of sustainable modes.
   — The closure of public facilities be audited for road safety issues, notably the increase generated in motor traffic.
CONCLUSION

33. Sustrans believes that the Government faces a new policy agenda, one which includes issues of Climate Change, Resource Depletion, Localism, Obesity, Housing, and Low Carbon Travel. Central to tackling these issues will be major reductions in private car use, and a large increase in sustainable travel. Real and lasting improvements in Road Safety will be a crucial part of this change, and make a major contribution to achieving these new aims.

REFERENCES


February 2008

Memorandum from the IAM Motoring Trust (RS 28)

INTRODUCTION

The IAM Motoring Trust is the research, policy and advocacy arm of the Institute of Advanced Motorists (IAM). The IAM is now in its 52nd year and has a membership of around 127,000 drivers committed to improving road safety. The IAM Motoring Trust welcomes the opportunity to contribute to the debate about the future of road user safety policy within the UK in the medium and long term.

1. Have casualty reduction targets been useful in focusing professional activity?

It is clear that the combination of challenging but achievable targets, and effective policies for improving the safety of different road user groups, focuses attention, effort and resources on areas of greatest need. In TRL Report 382, Broughton, Allsopp, Lynham and McMahon noted that “much of this reduction can be linked to measures taken as a consequence of setting the target”.

However, experience of the past two target rounds suggests that 10-year target periods may not be the most effective approach. Most elements of both casualty reduction targets have been met within the determined period, leaving a sense of hiatus until new targets are set.

A much more challenging casualty reduction target, set over 20 or 25 years, with five-yearly reviews, would encourage longer term policies. Central and local government would also be encouraged to incorporate the potential application of foreseeable engineering and technological developments into both targets and strategies. This approach would make a target of reducing KSI casualties in all groups of at least 50 per cent by 2025, with reductions of 60% among pedestrians a viable option.

A challenging casualty reduction target would focus attention on road user groups that are over-represented in the KSI tables, and on the most common causes of serious crashes and casualties. It would also encourage open debate about the political and social viability of introducing regulations that would produce improvements essential to achieving the casualty reduction targets.

While Britain’s Roads: Safer for Everyone recognised the importance of involving the wider community in specific road-user education measures, the casualty reduction targets were confined to central and local government and to government agencies. Given the success of the policies and targets, the Government should now consider how individuals and employers can be compelled or at least encouraged to play their part in achieving road casualty reductions. To do this a simple vision of future road safety is needed that can be readily understood by road users, opinion formers and legislators alike.
2. Drink and driving: What more can be done?

About 500 people die in drink related collisions each year and 100,000 drivers are still arrested for drinking and driving annually. The IAM Trust agrees that this figure is far too high. Such figures, inevitably, generate calls for a new, more stringent government response involving a lower permitted alcohol limit and wider police powers.

The IAM Trust recognises the logic of arguments for lowering the permitted alcohol level from the present 80 mg, unchanged since 1967. The Grand Rapids study, upon which the RSA 1967 was based, suggested that 50 mg represented a significantly lower collision risk.

However, the absence of clear data about the number of serious casualties arising from collisions where one or more drivers was below the 80mg limit—and how far below—complicates the formulation of an evidence-based lower limit. Currently three quarters of drivers killed whilst over the limit are found to have BACs of over twice the existing limit. This suggests that most accidents are caused by a minority of drivers who deliberately ignore the limit—they are the least likely to be influenced by an even lower limit.

Police resources are limited and it is the view of the IAM Trust that considerable scope exists for more robust enforcement of the present limit. Reducing the limit, without significantly increasing police enforcement, may not produce the projected casualty reduction benefits. While a lower limit may act as a further deterrent for law-abiding motorists, only more high-visibility police enforcement on the street will deter those who ignore the present limit.

The IAM Trust would also support:
— further development of roadside evidential breath testing, subject to robust calibration and checking systems;
— clearer police powers to breath test any driver without the need for suspicion that they have committed a moving traffic offence, have been involved in an accident or have consumed alcohol;
— wider use of drink/drive rehabilitation courses;
— education campaigns directed at the high-risk age group at the point where they are most likely to make decisions about drinking and driving, in bars, clubs and public houses;
— the use of alcohol “ignition interlocks” in the treatment of offenders, and encouragement of motor manufacturers to install them in new cars; and
— research into the impact of greater alcohol consumption in society as a whole on drink-driving. Social factors such as cheap alcohol, longer licensing hours and lack of safe late night public transport are all factors in the drink drive issue.

3. Britain’s casualty reduction approach, compared with other EU countries

Casualty statistics suggest that road safety in the UK compares favourably with the best of its EU neighbours, although some countries eg, France, are making significant reductions, albeit from a substantially higher starting point.

However, the IAM Trust does not have the detailed knowledge of casualty statistics, social and economic conditions and trends necessary to provide the detailed, evidence-based comparison the Transport Committee wishes.

4. Road risk reduction, compared to other modes of transport

Road risk reduction attracts less social and political time, effort and money per casualty than other forms of transport. If air or rail transport were to produce 3,000 casualties per year, there would be a national outcry, whereas the prospect of only 3,000 road deaths in 2007 is seen as a success for government policy.

Investment in crash protection and accident reduction schemes is very cost effective. The IAM Trust would urge the Committee to underline to government that investment in saving lives on the roads offers proportionally greater value for money than saving lives on the railway.

5. Problems associated with shortages of appropriately trained and skilled staff

The combination of local authority reorganisation during the 1980s and the lack of long-term commitment to road schemes has led to a lack of skilled engineers. And the trend for young people to focus on non science subjects has led to key skill shortages in areas such as safety engineering.

Reorganisation within police forces in line with government priorities has led to fewer dedicated traffic patrol officers, now called “roads policing specialists”. The IAM Trust believes that fear of being caught is the most influential deterrent for poor driver behaviour. Not all traffic regulations can be enforced remotely or decriminalised down to local authorities. Chief Constables should be incentivised for their contribution to safer roads.
Ev 194  Transport Committee: Evidence

To address skill shortages the government must:
— encourage greater take up of science degrees;
— commit to long-term funding of transport projects to encourage a career in engineering;
— link engineering and road safety with “green” issues to attract good quality graduates;
— ensure education inspectors encourage best practice in road safety education and link this to overall school performance;
— embed road safety education in the teaching of trainee teachers; and
— include road policing targets in Home Office performance criteria for chief constables.

6. Further policies not already widely used, which might be considered for future implementation and evidence of their success

“Vision Zero”

The Swedish government has shown what can be done when legislators commit vigorously to their responsibility to make the roads safe. The concept of zero deaths on the roads requires cross departmental working, “buy in” from the general public, as well as a genuine increase in resources for engineering, enforcement and education.

Occupational road risk

Company car drivers cover high mileage and have a much higher risk of accident involvement than the general public. All employers should be actively encouraged by government to share the responsibility for reducing road collisions and casualties involving their employees. The IAM Trust supports more research into how best to involve the Health and Safety Executive in recording road accidents at work. HSE involvement should reward responsible employers who train staff, record incidents and use best practice in fleet and driver management. It should not be an exercise in form filling and red tape that adds unnecessarily to companies’ costs.

The insurance industry

The insurance industry is already involved in many innovative and exciting accident reduction programmes. However, the IAM Trust believes that motor insurers could do more. Each of the following would help to encourage safer driver:
— incentives for advanced driver training;
— better targeting of high risk groups;
— more rewards for low-risk groups, such as women; and
— encouragement of initiatives that help novice drivers to gain experience.

The role of technology

Adopting long-term targets allows technological developments to be evaluated to determine their effectiveness and the best to be incorporated into action plans. A number of possibilities merit serious consideration:

*Active Traffic Management (ATM)—*the use of ATM on the M42 and the controlled sections of the M25 show what new technology can achieve. Congestion has been reduced and accident savings are substantial. Drivers support and understand these projects and they should be rolled out to other busy motorways and trunk roads as a priority.

*Incident detection and travel information*—there is a key role for better incident detection and use of roadside information signs to let drivers know what is happening ahead. Our motorways are now better managed than ever before and this process must continue. Dealing with incidents quickly and informing drivers of diversions and delays all contribute to road safety by reducing stress and the potential for further collisions.

*Intelligent speed adaptation (ISA)*—trials of ISA suggest that advisory use is enough to make most drivers adhere to the speed limit. Fitting of such equipment should be voluntary and incentivised through insurance discounts. With advances in satellite technology, ISA offers the potential to set
speed limits to reflect weather conditions and road environment. Ultimately it could remove the need for traffic calming features, as the technology takes over and slows traffic outside schools or in residential areas.

*Active safety aids for drivers*—following on from the success of informal agreements to fit ABS as standard on all new cars, the government should encourage and incentivise the compulsory fitting of traction control and brake assist systems with the minimum of delay.

*Star rating for roads*—too many people die, or are seriously injured following head-on collisions, side impacts at junctions or collisions with roadside features. Even a modern five-star rated EuroNCAP car cannot protect its occupants in the event of such crashes. The European Road Assessment Programme (EuroRAP) is bringing together motoring organisations, governments and engineers from across Europe to inform consumers where their risk is highest and to improve the crash protection offered by roads.

While most road collisions start with human error, all too often the roads themselves punish that error with death or serious injury. The ideal road safety system should see car or rider, vehicle and road working together to save lives. Too many roads still contain lethal junctions or unprotected roadside objects. On our single carriageway network little effort is put into addressing the issue of head on crashes. In Sweden and Norway, new road designs are making single carriageways as safe as motorways.

The IAM Trust recommends the adoption of star-rating as a standard diagnostic tool for engineers. The results can be used to direct resources and ultimately to set speed limits based on risk to drivers.

**Road User education**

Most road casualties are caused by a few basic errors. Road Casualties GB has, for the past two years, carried data about collision causation factors gathered by the police.

They indicate that for all road user types:

- 35% of all casualties were caused by “failing to look properly”;
- 18% of collisions were caused by “failing to judge the other person’s, or vehicle’s path or speed”; and
- 18% of crashes are caused by drivers “being careless, reckless and in a hurry”.

These figures are for all types of road user, but are supported and emphasised by the causation data for pedestrian fatalities:

- 57% caused by one or both parties in the crash failing to look properly; and
- 26% being caused by one or both parties being careless, reckless or in a hurry.

Concentration, observation and correct speed choice are key elements of advanced driver training. A scientific study for the IAM by Brunel University showed that 70% of drivers coached to the advanced driving standard showed measurable improvements in key safety areas. Advanced training delivers safer drivers.

Incentives to take further training must be developed by the government and encouraged as a key part of a lifelong learning approach to driving.

**7. Priority areas for further targets beyond 2010**

Priorities for casualty reduction targets must focus on those groups which are most vulnerable and most at risk:

- young road users, whether as child or adolescent pedestrians and cyclists, or young adult drivers, passengers and motorcyclists;
- motorcyclists are over represented in the casualty statistics. Many new bikers actively choose to “challenge” the road as they seek to enjoy their new machines to the full. Extra training on courses such as the IAM test for motorbikes should be encouraged to deal not just with basic skills but attitudes;
- car/van occupants make up 50% of all casualty groups. With the involvement of employers, trade unions and government, crashes involving business users can be substantially reduced. Knowledge of the implications of “occupational road risk” is growing. In the long term, the IAM does not believe that the voluntary approach can work. The designation of the driving seat as a place of work under health and safety legislation is required. A properly designed scheme need not add to the administrative burden for companies;
- elderly road users represent a unique challenge as their mobility increases and their needs should be recognised by road and vehicle designers. Voluntary driving assessments should be made more widely available to help drivers to decide whether to end their driving careers;
— the IAM Trust would like to see active promotion of the benefits of continued driver training beyond the basic driving test. Driving is a “skill for life”, requiring extra skills and independent assessment;
— drinking and driving continues to present a challenge to safe road use, despite 40 years of enforcement. A thorough review is needed of all education, engineering and enforcement options to determine the most effective means of securing and maintaining significant reductions in this grossly anti-social behaviour;
— speed limits must be reviewed regularly to ensure they meet modern standards and encourage self enforcement by the majority of drivers;
— the safety camera programme should continue but with a stronger focus on long-term solutions to the problem locations they are protecting, which, in most cases, will require engineering improvements; and
— the great majority of fatal and serious accidents occur on single carriageway rural roads. New targets must include a category for rural roads if real progress in reducing overall deaths to be made.

February 2008

Memorandum from The British Horse Society (BHS) (RS 29)

The British Horse Society (BHS) represents the interests of the 4.3 million people in the UK who ride or who drive horse-drawn vehicles. With the membership of its Affiliated Riding Clubs, the BHS is the largest and most influential equestrian charity in the UK.

The BHS has a riding and road safety training, education and examination programme. Every year some 4,500 riders take the Society’s riding and road safety test. Last year this programme received the prestigious Prince Michael International Road Safety Award. The Prince Michael International Safety Awards recognise the most outstanding examples of international road safety initiatives.

The BHS also works for safer on and off-road riding and driving through an improved public rights of way network. The BHS works in partnership with other user groups, local and central government to make rights of way useful and open to all.

The BHS has more than 800 access and safety volunteers across the country working to achieve greater safety not only for horse riders and carriage drivers but other road users as well, in both rural and urban areas.

The Strategy for the Horse Industry in England and Wales, published in December 2005, was prepared by the British Horse Industry Confederation in partnership with the Department for Environment, Food and Rural Affairs, the Department for Culture, Media and Sport and the Welsh Assembly Government.

Aim 5 of the Strategy is to “Increase access to off-road riding and carriage driving”, two of the objectives of which are:
— continuing safety education for motorists, riders and carriage drivers; and
— ensuring urban and suburban riding and carriage driving are promoted and improved as well as rural riding and carriage driving.

The British Horse Society welcomes this new inquiry into road safety. There is no doubt that targets for casualty reduction have greatly assisted in reducing the scale of deaths and injuries on the roads and focused the attention of local authorities to achieve these targets.

However the Society estimates that at least 3,000 road accidents every year involve horses. At present there is no unified national system for recording horse related road accidents. The Society records those incidents that it is informed of but believes that this only represents the tip of the iceberg.

It has proved impossible to get an accurate picture of the extent of road accidents involving horses as every police authority has a different procedure for recording such incidents.

Most police authorities only record accidents where horses are involved if the rider or some other person has been actually injured. They do not record those accidents where there has been no human injury but where there has been injury to a horse. Records are also not kept of near misses which are of course accidents waiting to happen in the future.

The Society considers that much more could be done to record equestrian related accidents so that a true picture of the problem can be given, so that appropriate measures can be taken to reduce such accidents.

The Society also believes that much more can be done in respect of educating motorists as to how to pass riders and carriage drivers safely.

Many young people who take their test in an urban environment will never have experienced driving past a rider and horse or indeed be aware of how a horse might react. They need to have a greater awareness of the problems of all vulnerable road users and what to do when they come across them.
Consideration should be given to making the Pass Plus Scheme compulsory, with this scheme including an element of animal awareness, and more training in respect of passing vulnerable road users.

Two recent examples of accidents involving horses are as follows:

On 27 January 2007 in the Willingham/Rampton area a horse was destroyed when it shied in front of a bus when the rider had asked the bus to slow down and the horse shied when the air brakes sounded and was hit by the bus.

Another horse and rider fatality occurred in the Wisbech area on 31st October 2007 when the rider, a girl of 9, was injured along with a second woman aged 37. The horse was killed when it was struck by a blue Peugeot 306 on the B116 at Leverington Common. An 18 year old man was arrested on suspicion of dangerous driving and bailed until 9th January 2008.

Under section 71 of the Highways Act 1980 a Highway Authority has a duty to provide by the side of a highway maintainable at the public expense by them which consists of or comprises of made up carriageway added grass or other margins as part of the highway where they consider the provision of margins necessary or desirable for the safety or accommodation of ridden horses and driven livestock.

Greater provision of such margins and maintenance of those margins by local Highway Authorities would enable horse riders and other vulnerable users to get off the carriageway. Many such margins are unusable during the summer months because of Highway Authorities restricted maintenance programs and many margins are only cut once a year, or at the most twice a year with the effect that vulnerable road users are forced onto the carriageway.

Whilst traffic signs must be clearly visible to drivers of motorised traffic, local authorities should be dissuaded from erecting signs and other paraphernalia so as to obstruct such margins.

The Society believes that speed limits need to be reduced to protect vulnerable road users and has adopted the recommendations as set out in DfT Circular 01/2006 as follows:

— in respect of A and B roads 40 mph where there is a high number of bends, junctions or accesses, substantial development, where there is a strong environmental or landscape reason, or where the road is used by considerable numbers of vulnerable road users; 30 mph should be the norm in villages; and

— in respect of C and unclassified sealed roads 40 mph on roads with a predominantly local, access or recreational function, or where the road forms part of a recommended route for vulnerable road users. 30 mph should be the norm in villages.

In respect of road pricing the Society believes that any road pricing proposals should be structured in such a way so as to ensure that more traffic is not pushed on to minor roads, to do otherwise will only encourage more traffic to use minor roads thereby further endangering vulnerable road users.

As from April it will be necessary for all counties to offer Driver Improvement Schemes for drivers caught speeding. The Society believes that vulnerable road users (including horse riders) should be mentioned during these lessons.

February 2008

Memorandum from RAC (RS 30)

ABOUT RAC

1. RAC provides a comprehensive range of motoring and vehicle services for both consumers and businesses. These range from those learning to drive with BSM, people who enjoy peace of mind with RAC breakdown cover and to customers utilising HPI for vehicle history checks. RAC is part of Aviva, the world’s fifth-largest insurance group and the biggest in the UK, where it operates under the Norwich Union brand.

2. Since 1988 the RAC has produced an annual research publication, known as the Report on Motoring (previously known as the Lex Report on Motoring), which reports motorists’ views of the issues of most relevance to drivers in the UK today. In 2007, the focus of the Report on Motoring was on driving and safety. The Report is based on an extensive programme of specially-commissioned research amongst British motorists. In 2007, a total of 2,029 face-to-face interviews were carried out, and a further nine focus group discussions were held amongst particular interest groups.

3. RAC welcomes the opportunity to submit evidence to the Committee relating to road safety, and share with you some of our findings. The 2007 Report on Motoring demonstrated that road safety and the reduction of casualties and fatalities on our roads features higher on the list of Britain’s motorists than any other issue.
4. Furthermore, the Report indicated that driving and safety is by far the greatest concern for the vast majority of motorists ahead of congestion, the cost of motoring, the number of cars on the road and the environment. The concerns motorists have about driving safely are overwhelmingly about the behaviours of other motorists.

To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

5. RAC welcomes the Government’s commitment to reducing the number of casualties and deaths on our roads; however we remain concerned at the continuing high level. In 2005, Department for Transport statistics show there were 3,201 deaths and 28,954 serious injuries on our roads. Whilst the trend in deaths and casualties is declining, the rate of this decline appears to be slowing year-on-year.

6. The UK’s targets for reducing the number of fatalities differ from the Swedish model, where in 1997 they adopted a “zero tolerance” approach which aims to have no road deaths. In our research for the 2007 Report on Motoring, drivers were informed that there were 3,201 deaths on UK roads each year and were asked how acceptable they thought a policy of “zero fatalities”, similar to the Swedish approach, would be in this country.

7. Our research demonstrated that a majority (54%) of Britain’s motorists would, in principle, support a policy of “zero fatalities” although, this support is strongly tempered by scepticism about how “realistic” such a policy would be. What did become apparent however, is that 59% of motorists would support a more ambitious national target that aims for a sizeable reduction in road deaths.

What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

8. Department for Transport statistics show that in 2005 car drivers over the alcohol limit were involved in 6% of all casualties and 17% of all deaths on our roads. Drinking and driving killed or seriously injured 2,660 people, and injured a further 12,740. Nearly 1 in 6 of all deaths on Britain’s roads involve drivers who are over the legal alcohol limit.

9. RAC would support a reduction in the UK drink-drive limit to 50 mg per 100 ml of blood in line with other EU countries. In addition, RAC believes such a reduction should be accompanied by increased detection and continued focus on the most serious offenders.

10. RAC supports education measures to remind drivers what the limit means in practice and to help them understand “morning after motoring” when it might be some time since the driver last consumed a drink.

11. RAC also welcomes proposals to make roadside breath tests admissible in court, without the need for supporting blood test results, to save police time and provide a more instant deterrent to drivers.

12. RAC supports further investigation into the benefits and applications of new technology such as “alcolocks”, as a deterrent to repeat offenders.

13. Driving under the influence of alcohol is a long-standing and well-documented problem. Drug-driving receives less public attention but is of no less concern and RAC believes drug driving is as prevalent and dangerous as drink driving. The current roadside “Field Impairment Test” includes asking drivers to put their finger to their nose; stand on one leg; and count to 30. Together with an examination of the pupil in the eye the police officer determines if drug-driving has taken place. RAC does not believe that this is scientifically reliable and calls for more robust tests to be developed.

14. In the 2007 Report on Motoring, motorists were asked what concerns them most about their driving safety. Of greatest concern to motorists were other motorists under the influence of illegal drugs (76%), and other motorists driving over the legal alcohol limit (74%).

15. The research also tested the acceptability to motorists of a range of safety initiatives. The evidence showed resounding support in favour of initiatives to tackle drink driving. The essential message was that drivers will accept lowering the drink-drive limit to 50 mg of alcohol per 100 ml of blood (69%); an increase in random breath testing (71%); the “naming and shaming” of convicted drink/drug drivers (73%); and, the installation of “alcolocks” to test driver’s breath before the engine starts (67%). Our research showed that motorists would accept the inconvenience that such measures would have on the law abiding majority, as long as they are effective in combating drink driving.

87 Road Casualties in Great Britain in 2005, Department for Transport.
88 Road Casualties in Great Britain in 2005, Department for Transport.
Transport Committee: Evidence

Are there specific blockages caused by shortages of appropriately trained and skilled staff?

16. People who drive for work and drivers who habitually speed are both more likely to say they feel very safe on today's roads but, for differing reasons, both are more at risk than the average motorist.

17. Research by the Transport Research Laboratory has shown that, even taking into account their higher mileage; people who drive for work have up to 50% more accidents than private motorists. RAC therefore believes that whilst regular training for all drivers should be encouraged, employers have a particularly important role to play in helping to reduce the number of accidents related to those driving on company business.

18. Research for the 2007 Report on Motoring tested company car drivers about whether their employers undertake basic checks routinely. The research showed that 56% had the validity of their driving licence checked annually; 56% were provided with guidance of what to do in the event of a crash; 42% were provided with a policy or guidance for driving whilst at work; and, 33% were provided with realistic journey planning to include adequate rest periods.

What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

19. The Department for Transport acknowledges that there are a number of groups who remain more at risk on the roads—these include young drivers and those who drive for work. In addition, the Department for Transport's research highlights some key areas for concern—these include drink driving and speeding.

20. RAC believes a lifelong learning approach is needed for driver education. Driving is a skill for life and RAC therefore calls on Government to formalise this by including driver education in the national curriculum. Young people are taught about responsible attitudes to sexual relations and alcohol consumption, but despite the fact most go on to drive, they are not taught about safe and responsible attitudes to driving. The 2007 Report on Motoring found that young drivers see the need to be better prepared before they are allowed to drive and list their top three priorities as learning more about “safe driving” at school (58%); more emphasis on “teaching to drive safely” (37%); and, better preparation for modern driving (30%). The over-riding message emerging from the research was that Britain’s motorists want, and would accept, greater measures to help prepare young people for driving and to help them drive safely.

21. RAC is calling for a lifelong approach to driver education to ensure that all drivers are equipped to deal with modern road and traffic conditions. The realities of driving today are very different to the conditions back in, and prior to, the 1980’s, when 62% of today’s motorists passed their test. Today, cars are more powerful, complex, have more equipment, and traffic conditions are more demanding; for example, our roads are more congested.

22. The Report on Motoring 2007 tested various measures which would encourage a lifelong learning approach to driving for their level of acceptability with today’s motorists. Our research showed that 42% of drivers supported periodical re-testing with compulsory re-training for those who failed; 51% of drivers supported re-testing for all drivers over the age of 65, with periodical re-testing thereafter; and, 79% of drivers supported regular medical checks for elderly drivers.

23. Statistics from the Department for Transport show that whilst speeding is identified as a “contributory factor” in 15% of all accidents, this increases to 26% in the case of all fatal accidents, demonstrating that speed does kill. However, speeding is often considered socially acceptable. Research for the 2007 Report on Motoring demonstrated that 47% of motorists admit to driving significantly above the speed limit in built-up areas and 54% admit to doing so on motorways.

What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

24. RAC believes the Government needs to set realistic and achievable targets for casualty reduction beyond 2010. Where appropriate, RAC believes that national targets should be separated into specific localised targets that reflect local concerns and priorities.

25. RAC believes there needs to be a lifelong approach to learning to drive, with a more prominent and integrated system equipping people with the skills they need to drive safely throughout their lives. Statistics show that young drivers are at greatest risk, and as such RAC calls for the Government to include driver education as part of the national curriculum.

26. In relation to combating drink driving, RAC would support random breath testing and a reduction in the drink-drive limit to be in line with other EU countries.


90 Road Casualties in Great Britain in 2005, Department for Transport.
27. The 2007 Report on Motoring concluded that drivers need help to better understand the inherent risk in how they drive. The research showed that motorists would like ongoing education and training combined with proportionate and effective enforcement to become safer drivers, but ultimately, that drivers need to take personal responsibility. RAC believes that all motoring organisations have a role to play in helping motorists achieve this and become safer drivers.

*February 2008*

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**Memorandum from Gavin Smith (RS 31)**

1. **Introduction**

   I am keenly interested in road safety and road casualty reduction. I am a car-driver and a cyclist, as well as of course being a pedestrian. I have been a magistrate for 12 years, often dealing with road traffic cases, though I stress that this submission is purely personal.

2. **Roads Policing as a Core Aim**

   In order to achieve significant road casualty reduction, I believe that Roads Policing needs to be made one of the police’s core aims. Far more time needs to be spent on Roads Policing (the latest figures I have for Sussex Police show that just 21% of police man-hours are spent on Roads Policing—this compares with 15% in France as a whole). A regular and visible police presence on the roads deters bad driving of all sorts. There should be greater investment and far more use of ANPR technology to combat unlicensed, untaxed, uninsured and disqualified drivers.

3. **Statistics**

   It should be recognised that the only really reliable road casualty statistic is the number of people killed. This is due to under-reporting and under-classification of injuries, as recognised on the Department for Transport website. By lumping together “killed and seriously injured” in the targets for 2010, there is an incentive for the authorities (including the police) to under-classify injuries.

4. **Bolder Statements Needed**

   Politicians, the police and others need to be bolder in their statements on road safety. For example, we should drop the political line that “our roads are among the safest in Europe”. (The notion of “safe” just doesn’t come into it, with over 3,000 people killed every year. At the very least, this statement should read “... among the least dangerous ...”) We are too complacent about our casualty statistics and should be striving to dramatically reduce casualties.

   Often, when the police speak of their road safety operations, they also mention that these also serve to catch “criminals”. Though this may well be the case, I believe the police should not appear defensive when speaking about tackling bad driving.

   Some years ago, Sussex Police announced that they were using the police helicopter to detect speeding drivers. However, their spokesman was reported as saying that the aim was to detect those who drove well above the limit, not those whose speed was marginally over. At a stroke, by making that statement, I feel he reduced the likely impact that operation would have.

5. **Penalties for Road Traffic Offences Generally**

   The penalties for serious driving offences are too lenient. For example, for driving whilst disqualified by a court order, the sentencing “entry point” is a community penalty for a first-time offender. Some years ago, it was custody, and it could legitimately be argued that it should be custody. The French Government announced on 13 February 2008 that it would soon be imposing the automatic confiscation of vehicles driven by disqualified and unlicensed drivers (where they are the owners of such vehicles), and I feel that such a move would serve as a useful deterrent in the UK.
6. Drink Driving

Specifically to combat drink driving, we urgently need to come into line with most of the rest of Europe and drop our alcohol limit from 80 to 50. However, this will only be useful if there is more Roads Policing (please see Paragraph 2).

Surely it is also time for the penalties for drink driving to be more severe. The maximum penalty in England and Wales is six months imprisonment (though in fact custody is seldom imposed for this offence), whereas in France it is two years imprisonment for a first offence and four years for a subsequent offence.

7. Speeding

The tolerance allowed over the speed limit in the UK is generally thought (rightly or wrongly) to be 10% + 2 mph. Ironically, in a 30 mph limit area this means 35 mph—exactly the speed mentioned in Government anti-speeding campaigns as being serious enough to kill a child. On motorways, this means that it is 79 mph, which pushes the boundaries further. Indeed, on motorways in the UK, it is tempting to ask oneself if there is actually a speed limit; when driving at 70 mph, there is always a constant stream of traffic overtaking.

There needs to be some simplicity and clarity, eg a nationwide announcement that the tolerance will 10% and no more. (Incidentally, in France it just 5%.) Again, this will only be useful if there is more Roads Policing (please see Paragraph 2).

8. Driving While Using a Hands-held Phone

This dangerous offence remains prevalent despite the introduction of a £60 penalty + 3 points endorsed on the licence. I believe that only more severe penalties will deter drivers from committing this offence. Perhaps the vehicle should be confiscated when a second offence is committed?

9. Driving Without Insurance

The fixed penalty for this offence (when pleading guilty) is a £200 fine + 6 points endorsed on the licence. £200 is far below the sum paid by most drivers for their annual insurance, especially young drivers and drivers of expensive and/or high-powered cars. Just as for paragraph (8) above, I believe that only more severe penalties will deter drivers from committing this offence. Perhaps the vehicle should be confiscated when a second offence is committed?

10. Road Casualty Reduction in France

Since 2002, the French government have run a highly successful campaign to reduce road casualties, with dramatic reductions achieved (43% fewer deaths on the road from 2002 to 2007; this compares with just 8% fewer UK deaths in the five year period 2001–06, the latest year for which statistics are available). In France, these results have largely been due to increased enforcement and higher penalties, and also due to publicity campaigns, with updates on road casualties published every month on their website www.securiteroutiere.equipement.gouv.fr. These updates appear around the 10th day of the following month, so there is very fast feedback on progress. For example, in France the (provisional) figures for 2007 were published around 10 January 2008, whereas in the UK we shall have to wait until June 2008 before finding out the casualty statistics for last year.

The latest French campaign highlights the fact that most crashes are due to failure to obey the Highway Code in some small way, eg driving at 55 km/h in a 50 km/h limit area, which then has serious consequences. Their announcement on 13 February 2008 includes the aim to reduce the annual road death figure to below 3,000 by the year 2012 (a further reduction of 35% over five years). We need to be at least as ambitious as the French in our aims for road casualty reduction.

11. Conclusion: The Need for Bold Ambitions Backed by Rigid Enforcement

I believe it is lamentable that, year after year, we put up with a death toll of over 3,000 people on our roads in this country without much more action to combat this.

I would suggest that:

(a) The reduction targets should be based on numbers killed.

(b) The aim should be to halve the number of fatalities between 2010 and 2015 (ie probably from around 3,000 to 1,500).

(c) Road Casualty Reduction should be one of the Police’s Core Aims.

(d) Far greater priority needs to be given to Roads Policing, in terms of man-hours, investment and status.
(e) Consideration should be given to increasing penalties for certain road traffic offences, e.g., drink driving, driving while disqualified, driving while using a hands-held phone, driving without insurance.

(f) The Government needs to set up special bodies charged to oversee the delivery of the reduction targets.

(g) A dedicated website should be created, giving monthly updates on casualties by Police force area.

February 2008

Memorandum from the European Secure Vehicle Alliance (ESVA) (RS 32)

1. BACKGROUND

1.1 The European Secure Vehicle Alliance (ESVA) was established as an Associate Parliamentary Group in 1992 with the aim of reducing vehicle related crime and disorder.

1.2 There have been significant reductions in theft of and theft from vehicles—British Crime Survey (BCS) reports indicate a 40% reduction since the peak in 1995—and the most recent BCS update for the year till September 2007 reports an annual reduction of 4% to 1.64 million offences.

1.3 However, the House of Commons Committee of Public Accounts highlight in their January 2008 report on Evasion of Vehicle Excise Duty an increase of evasion to 5% in 2006–07 from 3.6% in the previous year.

1.4 ESVA would like the Transport Committee to consider new policies and priorities in light of its own learning over the past 15 years and especially be sensitive to the potential benefits of encouraging greater compliance amongst all road users on road casualty reduction.

1.5 The United Kingdom enjoys a leadership position in Europe in terms of the levels of road casualties but has been a laggard as regards vehicle crime and there has been a paucity of research on this paradox. ESVA considers that one contributing factor is a “linguistic dilemma” whereby our vocabulary distinguishes between safety and security whilst French and German make no differentiation in their terms—La Securite and Die Sicherheit. As a result—government policy has tended to focus attention on safety within the Transport portfolio and security within the Home Office and as a result has on occasions missed the opportunity for some valuable shared strategic action.

1.6 The national “3E” casualty reduction strategy—Engineering, Enforcement and Education—has not only been successful as a road casualty reduction strategy but has proved invaluable in shaping the national vehicle crime reduction strategy.

However, ESVA would like to suggest a further dimension to this proven strategic model which perhaps has a limitation in that it tends to be “directed at” road users as opposed to seeking their active cooperation. Would a strategic approach which aimed to “encourage and celebrate road user compliance” have merit in that it seeks to engage actively with all road users and expect them to comply fully with all regulations associated with road usage such as holding valid road tax, insurance and MOT and also extending to such matters as showing regulation number plates?

1.7 During the past five years we have seen a growth in camera-related, road user enforcement regimes which rely on the reading of a number plate and subsequent identification of the road user—for example—congestion charging, bus lane and box junction enforcement. As a result, we all need to actively raise our expectations of all road users to be compliant in their use of the road and also to enable cost effective enforcement should they not comply with traffic related regulations.

2. PROPOSALS

2.1 ESVA suggests that the Committee consider the merits of adopting a strategic aim to significantly enhance road user compliance from an estimated 95% to 99.5%. Such an initiative would result in significantly more order on UK roads and as a consequence there would be a reduction in disorder which can result in road casualties.

2.2 ESVA is mindful of the “leading edge” approach adopted by Sweden in reducing road casualties and suggests that the Committee also investigates the contribution made by their coherent, integrated vehicle registration and driver registration regime. This includes a single source of manufacture and supply of vehicle number plates. ESVA understands that road user compliance in Sweden is at the suggested 99.5% target level and the manufacture and supply system of vehicle number plates, that have a similar provenance to bank notes, is a significant contributory factor.
3.3 ESVA is also mindful that the growing presence of vehicles bearing foreign number plates is a matter that will require further consideration in order to reinforce any commitment to optimise road user compliance on UK roads.

3.4 Should the Committee see merit in the approach to significantly enhance road user compliance then it may well also seek to consider two further initiatives:

4.1 Integrate Insurance, VED and MOT renewal procedures in order to make it easier for motorists to remain compliant.

5.1 Develop a strategy for new, young drivers that is predicated on a basis that they will be 100% compliant as regards their vehicle and its associated documentation from the outset.

5.2 ESVA shares the concern that young, new drivers are especially vulnerable to the risk of becoming a road casualty. However, a careful balance needs to be established between raising training and preparation standards for young drivers whilst ensuring that appropriate processes are in place to help ensure that they are 100% compliant.

5.3 Currently, our relatively low order compliance rate at 95% supports a climate and culture of accepted disorder and abuse and this is evidenced by Youth Justice Board annual reports that indicate that vehicle and motoring related offences are the single greatest category of offence (at 20%) amongst all young people aged 17 years or less.

5.4 The growing interest in developing a coherent education, training and employment strategy for 14 to 19 year olds provides an enabling template within which to position learning to drive—especially for young people who are seeking employment as opposed to entering higher education.

6.1 In the preparation of this submission—drafts have been circulated to various ESVA stakeholders and the following observation may well also be considered to have merit by the Transport Committee:

6.2 The current planning direction which seeks to reduce the impact of the vehicle on the street scene in new housing developments may well have a negative impact on casualty reduction. Police Architectural Liaison Officers are reporting that many schemes are being proposed which use as “guidance” a ratio of 1.5 to one for vehicle parking spaces to dwellings, or indeed less. This is resulting in excessive parking in inappropriate locations on narrower roads designed to allow more high density housing. Vehicles are parked on pavements creating a disorderly appearance and placing mothers with prams and pushchairs at risk and accessibility for emergency vehicles is also compromised.

This submission has been made on behalf of the ESVA network and we would welcome the opportunity to provide oral evidence.

February 2008

Memorandum from Guide Dogs for the Blind Association and the Joint Committee on the Mobility of Blind and Partially Sighted People (RS 33)

INTRODUCTION

Our organisations welcome the Transport Committee’s decision to conduct an inquiry into road safety. The pedestrian environment can be very hostile for blind and partially sighted people and crossing the road can be particularly difficult on occasion dangerous.

Blind and partially sighted people find the pedestrian environment particularly difficult. Government research (Gallon et al, 1995) surveyed 300 people with sight problems and discovered that all had had an accident while walking and over a half had sustained injuries. We have organised our response under the headings of the seven questions that the Committee has asked for evidence on.

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

Targets can provide focus for local authorities but they can also be a blunt tool that may present a distorted view of the impact of certain measures. Take for example, the design concept of “Shared Space” which is being adopted enthusiastically by local authorities across the country. Some of the aims of the concept, such as making streets more attractive and “people-friendly”, and reducing the dominance of vehicles, are welcome. However, the concept is often delivered by means of shared surfaces which have a severely detrimental impact on the ability of blind and partially sighted people, and other vulnerable pedestrians, to use town centres safely and independently.
Protagonists point out that accident rates in these schemes are lower. What is less clear is whether the most vulnerable pedestrians, amongst them blind and partially sighted people, are still able to use the space independently. If they are not present in the composition of the population using the space, then they will not show up in accident statistics. A good result for the statisticians, but a poorer result for those who are no longer able to use their local town centre.

The main problem with shared surface schemes, which render them a barrier to blind and partially sighted people, is that they involve the removal of street features including the kerb and in some cases controlled crossings. Priority and right of way is expected to be negotiated by “eye contact” between pedestrians, cyclists and motorists—posing a very serious problem for blind and partially sighted people.

Guide Dogs research shows that many blind and partially-sighted people simply avoid the area:

“I keep away from this area—I stay away”. (Guide dog owner, Coventry)

“It is actually limiting what I feel I want to do independently”. (Guide dog owner and mother to young children, Leamington)

“Although I have some sight, I go home absolutely exhausted due to sheer concentration and tension”. (Woman who uses a symbol cane, Dundee)

Those who do use shared space schemes have experienced some quite nasty accidents:

“I got smacked by a bike. I had a busted lip, damaged tooth and bleeding nose. He raced away”. (Partially sighted person, Newport)

Shared surfaces also pose a threat to other vulnerable road users, such as those with physical, cognitive or hearing impairments. Organisations representing a wide range of disabled people have endorsed a joint UK statement directed at local and central government stating that they will only support streetscape and public space developments, including those that follow the “shared space concept”, that meet the needs of all disabled people. The joint statement was in turn welcomed in an Early Day Motion signed by 117 MPs in the 2006–07 Parliamentary Session. The concerns of such a wide range of disability organisations should be taken into account in local authority policy and planning decisions, not least because of their duties under the Disability Discrimination Act.

**GOVERNMENT GUIDANCE**

*The Manual for Streets,* published by the Department for Transport and the Department for Communities and Local Government, and the Welsh Assembly Government at the end of March 2007, recognises the concerns about shared surfaces. It states that, in many instances, a protected space with appropriate physical demarcation, will need to be provided so that those pedestrians who may be unwilling, or unable, to negotiate priority with vehicles can use the street safely and comfortably.

**GUIDE DOGS RESEARCH HAS NOT FOUND A SOLUTION**

Guide Dogs has recently carried out research with University College London, involving trials with potential delineators for pedestrian paths which might be suitable replacements for the traditional kerbs in shared space streets. The delineators were tested with blind and partially sighted people and also with wheelchair users and people with walking difficulties: in a shared space street wheelchair users and people with walking difficulties may wish to cross the street at will rather than at designated crossing points where dropped kerbs are normally provided.

On the basis of the research results none of the proposed delineators as tested could be recommended by Guide Dogs as an effective replacement for the traditional kerb in terms of being consistently detected and useful for navigation by blind and partially sighted people and not presenting an impediment to wheelchair users and people with walking difficulties.

In the meantime, we urge that any local authority undertaking street schemes or considering planning proposals which include shared surfaces require, (where appropriate, through planning conditions), inclusion of clearly defined paths/footways and safe spaces. These could then be a choice for disabled people and other pedestrians who would not be able or willing to use shared surfaces with vehicles and cyclists. If the traditional footway and kerb is not used the method of defining the safe space should be backed up by evidence of research showing it can be used by blind and partially sighted people and other disabled people.

We believe that the potential benefits of “shared space” proposals,—of attractive streets with less clutter and reduced dominance of vehicles—can be achieved without putting the lives of blind and partially sighted and other disabled people at risk, or creating “no-go” areas which are dangerous and intimidating for disabled people.
2. **What further measures need to be adopted to reduce deaths and injuries from drinking and driving?**

Escaping a drunk driver is particularly difficult for a blind or partially sighted pedestrian who can’t see a drunk driver coming. We have therefore worked with colleagues in the safer streets Coalition to campaign for the drink drive limit to be reduced to 50 mg in line with other European countries.

3. **How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?**

Our organisations have no comments to make on this issue.

4. **How do approaches in reduction in risk on the roads compare to those adopted in other modes of transport?**

In the UK we tolerate speeds 5 miles and more over the speed limit. In urban areas, this means that blind and partially sighted people have a 50/50 chance of dying if they are hit by a car. We would not tolerate such risks on other modes of transport.

5. **Are there specific blockages caused by shortages of appropriately trained and skilled Staff?**

As members of the Safer Streets Coalition Guide Dogs have supported the coalition in calling for more road safety staff in local authorities. Despite calls from coalition member PACTS they are not aware of any major improvements in the situation. We believe that it is essential that road safety staff also have disability equality training so that they can understand how blind and partially sighted people and disabled people in general are affected by road safety issues in general and the specific provision needed to meet the needs of blind and partially sighted people, for example appropriate tactile paving and dropped kerbs.

6. **What further policies, not already widely used, might be consider for adoption and what evidence is there for success?**

We believe that a programme needs to be promoted which reduces the volume and speed of traffic. We support the Safer Streets Coalition in calling for a 20 mph default urban speed limit. A TRL report concluded that 20 mph area reduced crashes by 56%.

Road engineering should prioritise vulnerable road users to reduce risks to them. For example, cycle paths can reduce the dangers of cyclists having to cycle on busy roads, but if they are not segregated from the footway they can create hazardous environments for blind and partially sighted people.

The increase in footways and footpaths shared by cyclists and pedestrians is causing widespread concern not only to people with a sensory impairment but also to other pedestrians and facility planners. These concerns and needs should be taken into account.

RNIB research showed an almost universal condemnation of shared facilities by blind and partially sighted people with 96% thinking that it was either essential or desirable that there were no shared use facilities. Research by the Cycling Touring Club (2000) showed how widespread these concerns were among the general public with half of the pedestrians and cyclists fearing crashes.

The provision of safe, well designed and convenient cycle routes is important. The National Cycling Strategy states that: “most cycling takes place on the road and this will continue to be the case. So it is essential that the road network is made suitable for cycling”. Traffic management to enable safe on road cycle routes should be actively promoted.

Where it is not possible for cyclists to be on the carriageway we would call for cycleways which are separate from both the road and the footway.

Properly segregated adjacent pedestrian and cyclist facilities, using the recommended tactile indicators, are only acceptable as a last resort where completely separate cycleway are not possible and where there is sufficient width to accommodate both users’ needs. The pedestrian side of the facility should always provide an adequate minimum obstacle free clear passage.

In all types of route it should be clear through signage and other information that pedestrians have precedence over cyclists.

Suitable and safe arrangements must be made for pedestrian access to all footway amenities, for example, crossing points, bus stops, telephone boxes, rest places and public toilet facilities etc. In particular, controlled crossings should be fitted with audible signals (where it is appropriate to do so) and in all cases with tactile signals to assist blind and partially sighted people, including deafblind people.

All routes must be provided with warnings to cyclists to take care and give right of way to pedestrians.
Adjacent or shared cyclist and pedestrian facilities should never be permitted within the following types of location, which we consider are totally inappropriate for cycling:

- pedestrianised areas;
- promenades; and
- shopping areas and footways.

If a cycle path is required for instance to ensure the continuity of a cycle route, a totally separate route must be provided.

The Department for Transport’s Inclusive Mobility Guide of 2002 states that shared use facilities should be a last resort and every effort should be made to keep pedestrians and cyclists totally separate.

The Government also need to undertake a road safety spending review as the last one was undertaken in 1996. This review should consider the money spent by police and hospitals and how by investing more money road safety money spent by the police and hospitals can be saved along with people’s lives.

7. What should be the priorities for Government in considering further targets for casualty reduction beyond 2010?

We believe that the following should be the priorities for the Government in reducing casualties:

- Working to reduce the dangers to blind and partially sighted pedestrians caused by shared surface schemes and shared use cycle paths.
- Increased spending on footway maintenance which has been neglected much to the detriment of blind and partially sighted people.
- Reducing speeds particularly on urban and residential roads.

February 2008

Memorandum from The Automobile Association (AA) (RS 34)

Views of the Automobile Association—Summary

When this inquiry was announced, all the evidence was that Britain’s road safety performance, at least in terms of cutting deaths, was on a plateau. Provisional figures published in February may show that this is no longer the case, with a decline of 160 against the corresponding 12 months a year ago. There are, however, many factors which can affect the level of road deaths in a single year.

Road safety targets have been a success story, and there should be new targets after 2010. These targets should include a national target for reducing deaths on the road, while other, wider targets should exist along with ones for clearly defined classes of road user, and it is these which should be at the centre of local authority efforts. A target for young drivers, and one for older people are particularly needed.

The AA is concerned that there is a growing backlash against surveillance, restriction and what is seen as the nanny state. The large increase in the remote detection of some offences through cameras and ANPR has driven a wedge between some of the public and those responsible for managing and enforcing traffic, parking and road safety rules. The loss of traditional traffic policing and trained officers is unfortunate, and many drivers find it hard to treat parking, congestion charge and road safety enforcement as different.

In some ways this backlash has its origins in the reporting of what are referred to as “absurd health and safety” restrictions, and in coverage of speed camera and road pricing issues. But widespread arguments in the press seem to have convinced many motorists that Britain’s road safety strategy is failing, and that it is more about raising money and being restrictive than cutting deaths. This, along with the activities of some organisations that question the direction of the road safety effort, can be considered to be tantamount to an anti-road safety lobby—a new phenomenon in international road safety. It has to be wondered whether respect for and compliance with the law is affected by such controversial publicity.

To overcome this concern, measures need to be introduced at the right pace, and in a way that is designed to make them appeal to people and to reduce any immediate adverse impact. Blanket residential 20mph zones are a case in point and implementation should be carried out in a way that means most people live in, and benefit from a zone before they are even contemplated on roads which can be considered through routes.

The level of enforcement is key, and the inclusion of key motoring offences within police targets for offences brought to justice is vital. In many ways early experience with the mobile phone law has shown that a law introduced but not enforced makes little difference.
INTRODUCTION

Road safety targets have given the road safety effort a focus. Whatever target is introduced from 2010 must learn the lessons of the previous targets, particularly in setting a target for deaths on the road. There are many new measures that can increase road safety over the next 12 years, but key to any of these is maintaining a satisfactory level of public acceptability for any measures proposed. The AA sees roles for enhanced police targets and activity, tightening of drink-drive laws, and respected low speed zones in residential areas, but believes that the pace of change must be managed to ensure that increasing concern about restrictions and surveillance, and the “nanny state” can be overcome.

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

They have done a good job in focusing activity. This is however directed solely towards achieving the targets. Much attention has been applied to the absence of a reduction in deaths, even though there is no target for reducing deaths. It is more than a little unfair that professionals are criticised for not reducing deaths, when they are doing well at achieving the target they were set. This criticism can also give the general public the view that the road safety strategy is failing, and this may not make them more likely to respect new safety rules and guidelines. Recently published provisional figures show that reductions in deaths are again being achieved.

2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

Targets

The conviction of drink drive offenders is not currently an “offence brought to justice” within the targets set for police. Changing this, and therefore increasing the priority of drink drive policing for the police is a critical and necessary change.

Enforcement

No change in drink driving law is likely to be effective unless drivers feel likely to be caught if they drink and drive. This means that there have to be police officers on the street enforcing the law, and these have to be visible. Allowing “random breath testing”, provided this power is sensibly used, will raise the profile of this offence which is widely recognised as anti-social, will increase people’s perception of being stopped, and should make them more likely to see people stopped. Seeing another driver breathalysed and knowing that the powers exist for it to have been you provides a salutary experience. But continuing to target the groups most likely to offend, and those who exceed the limit by a considerable margin is still vital.

Roadside evidential testing is also a key measure. By making more of limited police resources (drivers will not have to be taken back to the police station and evidentially tested in a time consuming process that effectively removes a police officer from the road) and by effectively cutting the drink drive limit this measure has huge potential. “Immediate” evidential tests could save up to an hour of time, time in which the offender is eliminating alcohol from the system.

While supporting roadside evidential testing, the AA urges some caution—the new system must be trusted by the public. Therefore we believe that the blood option should remain, on the current basis, for some time after the new machines are introduced. Maintaining public confidence in the accuracy of a machine that will send some drivers to jail, and cost licences and livelihoods, is paramount.

The introduction of technology to detect, at the roadside, drivers who have taken illegal drugs is also needed. Too many drug drivers believe they cannot be caught.

The drink drive limit

The AA would not oppose a reduction in the limit to the 50 mg level used in most of Europe. However, we still have some concerns. While there has long been public support for cutting the drink drive limit, we remain concerned that we may not have the enforcement levels to get the best from the change, even though this could be overcome to some extent by evidential roadside testing. It is widely acknowledged that a reduction will be unlikely to tackle the drivers who are most impaired, most likely to have an accident and least likely to even think about the amount they drink. But we are aware that expert opinion believes a change can save some 65 lives even without affecting this hard core. A reduction in the limit will also mean the long established norms for drinking and driving will have to change at a time when more and more drivers are worried about increasing restriction and surveillance. Additionally, exceeding the new, lower limit will incur a minimum penalty greater than in those countries that already have the 50 mg limit.
3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

It is difficult and sometimes unfair to compare the actions taken by different countries. All have differences, and all did not start in the same place. While it is easy to point to success stories of recent years—France for example—it is equally easy to question whether such success would have been achieved if adequate measures had been taken in earlier years and the situation had not been allowed to become as bad as it was. There is a reasonable argument that Britain’s stagnation (at least in terms of reducing deaths) has its roots in earlier success.

In the early years of this decade it seemed that Britain was on a plateau shared by the other “best” road safety countries. Recent improvements by the others now call this into question, and can be for a number of reasons, most of which apply to differing extents in other countries:

— we have taken our eye off the ball and been more occupied with crime and terrorism;
— we have seen the development of new trends especially “extreme driving and motorcycling” and not yet managed to counter them;
— we have set out on a course of restriction and enforcement which has failed to resonate with the British public, and which may even have had an adverse effect by creating an “anti road safety lobby”; and
— our road safety strategy is wrong.

The AA is more inclined to believe in combinations of the first three of these points, rather than the fourth.

Together these factors may mean we enforce with police officers less, and have tried to compensate by using automatic enforcement in a way that, with hindsight, could have been done much better, particularly with regard to keeping public and press support. We have also introduced new offences, and increased penalties, relying it seems on compliance to improve safety. But it must not be forgotten that serious injuries have fallen, as the target requires.

It is interesting that many foreign governments have successfully lowered speeds in residential streets—generally through engineering the street to make it hard to drive fast, and by providing alternative routes. These schemes have also evolved, rather than being imposed, all at once, as a blanket regulation. Great Britain seems to be looking more and more at imposing these limits without engineering the routes and relying upon automatic enforcement. While we can see from overseas experience that the principle of slower speeds work, we have no evidence that the enforcement based method works. Often it is the culture that is different. Such a method has the potential to cause more public upset and possibly to increase CO₂ emissions.

20 mph speed limits

There is considerable logic in looking to increase the number of 20 mph limits in residential areas. Much of the key to doing this effectively is to introduce the system in a way that is seen as acceptable by drivers, especially on those roads which are both “residential” and major traffic routes.

The AA has argued a phased approach. The first phase would be to create a “fast track” for the introduction of 20 mph limits in those residential streets where it is fundamentally difficult to exceed that limit. This could include almost all post 1980, cul-de-sac based housing developments, and many purely residential roads in urban areas. This would create the situation where a significant proportion of the population lived in 20 mph limits and would therefore be more likely to respect these limits. This would not have a great impact on road casualties—but it would however create the atmosphere in which 20 limits would be accepted by most drivers.

Later, these limits could be extended to take in other residential streets that were relatively low on the road hierarchy. A good guide would be those roads which were not bus routes. Further extensions would be possible in the future.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

Road safety is different to safety in other modes of transport. Rail safety improvements tend to be costly—while road safety can save a life with a simple sign or a white line. Road safety has to cope with 35 million drivers and 60-plus million people who used the roads. But both systems can engineer protection for users. Both need a systematic approach.

In most areas safety relies on protecting users through physical measures (ie guard on guillotine) or technology. Road safety has been that way, but now seems more intent on behavioural change among users. Protection still has a role, and the AA believes that there is still much to be gained from engineering and technology.

The first road safety target was based engineering techniques which made it harder for road users to make mistakes. Much was achieved with little more than white paint. It also benefitted, as has the second target, from vehicles being designed to protect their occupants. It remains questionable what contribution education has made—even though driving tests have been made harder and the theoretical test introduced.
The behavioural change agenda may be achieved for new drivers through better driver training and testing. But for experienced drivers it seems to be based upon more rules and tougher penalties. What little coverage of road safety appears in the media seems to be dominated by these aspects, and by questions about why death reductions have “stalled”. There is little wonder that some feel that restrictions are not saving lives and may be being imposed for some other reason.

5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

Yes, there are undoubtedly blockages on high standard safety schemes. However, there are grounds to ask whether ever more sophisticated systems are what are needed. There may well be scope for simpler measures. As an example most continental countries have better pedestrian safety records than Great Britain yet use pedestrian crossings engineered to a much lesser scale. Would more crossings, but less sophisticated than those currently used, make for safer pedestrians? This is an approach which would need less skilled staff and less bureaucracy.

Making safer roads through following the principles of the European Road Assessment Programme also allow for measures to be made without needing top calibre staff.

New rules seem to be ineffective if they are not accompanied by adequate enforcement—the mobile phone law has shown this. Staff shortages include traffic police, as well as engineers.

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

Innovative thinking is called for—spending millions on local safety schemes is to be applauded but all too often critical road maintenance is neglected. Meanwhile there is never time or money available for road safety education in schools, which can teach small children how to be safe pedestrians and cyclists, often with practical, on road sessions. It can then move on to work on developing in children in their teens the right attitudes towards driving—there is much evidence that the wrong attitudes develop long before young people are old enough to have licences. The road safety dimension is still missing in schools, even though time has been found to add cookery and culture to the syllabus.

Many times road safety innovations come from non-transport budgets but liaison between the different functions in national and local government leaves much to be desired.

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

Road safety targets

Targets are a way of achieving a vision and road safety needs a vision as well as targets. The existence of an aspirational target both overcomes the argument that a level of death and injury is “accepted” by the target, and shows that changing some things—especially attitudes and behaviour—can only be achieved in the long term. But the vision does need to be pragmatic and accept that some death and injury on the road is inevitable. There are attractions in the approach of linking the road death vision to safety performance in other areas of transport and life.

The new target and strategy, and any new vision, will need a “champion”—someone who has the respect and trust of most people. Such a champion can help convince people that measures are needed to save life, will be effective and will be reviewed if effectiveness is in doubt. A “champion” can also encourage support across the community for a strategy that is for the common good.

There has to be a road deaths target. This must be a national target, but should not be turned into a local target. Analysis of recent figures shows that there are considerable fluctuations in local performance over times and that these could easily be more a reflection of randomness than of the performance of the local authority.

Targets should also be set for killed and seriously injured and for all casualties. Local authorities could then disaggregate these targets for local use. An all casualties target is important for sub groups of the casualty total (ie individual road user groups) where at a local authority level figures can again become low.

The increasing number of older people means that they should have their own targets, taking their population growth and travel patterns into account. A target for new and young drivers also seems appropriate.
Other targets

While we need a numerical road safety target, it is also important that other targets reflect the need for activity directed at improving road safety.

The most important of these would be targets for policing activity, and crucial among these would be the inclusion of drink driving in the offences brought to justice targets for the police. There could also be arguments for the introduction of similar targets for the apprehension of unlicensed and uninsured driving.

The need for road safety education in schools could also be reflected in educational targets. Separate targets may be needed for the different tasks of educating the young in road use, and instilling the right attitudes in teenagers.

Extreme Driving

There are many (mainly drivers and motorcyclists) who appear to have decided either to break the law, or to drive in a manner involving showing off, taking risks, or pushing their driving skills to the limit. This group includes those who drink and drive and take illegal drugs and drive. It would be interesting to be able to quantify this group, both in terms of the number of drivers involved and the death and injury problems that result. It does not seem unreasonable to assume that it takes in 700 to 800 fatalities, and that the majority of these involve death or injury to occupants of the vehicle being driven in this way. If the existence of this group is accepted, it is more than likely that the average road user who takes care and drivers within established norms is becoming considerably safer. If this group could be quantified, a target for its reduction would be justified.

Deliverability

The target must be deliverable and the resources made available to deliver it.

Safety versus environment and economy

This will be a key area in the next 10 to 15 years. The AA has raised questions about the effect of 20 mph limits, where they would mean cars travelled for reasonable distances at a steady 20, on increasing CO₂ over that produced by 30 limits. Somewhere a balance has to be struck.

Recent events have also seen the Minister of State at the Department for Transport say “Experience shows that better street lighting helps improve road safety, as well as reducing crime and the fear of crime. It is also helps create happier and healthier local communities by promoting social inclusion and more sustainable patterns of transport by encouraging people to cycle and walk”. Meanwhile, many local authorities have switched off some street lights late at night on grounds of economy or environment.

Keeping a perspective

It has become accepted for those working in road safety to say “we are working in road safety, we are saving lives, we are right”. Those days may be over. Now road safety needs to be able to prove to a motoring public concerned about growing restriction and surveillance, that its measures are saving lives and are right. This may not be because they have been wrong, but because the public now has doubts.

February 2008

Memorandum from TRAVELSAFE (RS 35)

Whilst the publication of TRAVELSAFE’s next report on road risk—“Should the Jeremy Clarkson School of Motoring Be Allowed To Trade?”—is still some weeks away TRAVELSAFE submits the following key proposals to the Transport Select Committee of the House of Commons to meet 18 February 2008 submission deadline.

1. Speed and Attitudes to Speed

The United Kingdom has had in place a maximum national speed limit for a period in excess of 30 years and most countries in Europe and the rest of the trafficked World have speed limits set at similar limits which have been in place for many years.

However every car and most motorcycles manufactured, marketed sold and used substantially exceed this speed limit. There is no justification whatsoever for governments to continue to allow manufacturers to produce such speed limit exceeding vehicles. There is, by contrast every justification for re-gearing vehicles to a maximum of say 80 mph which could produce a 15–25% saving in fuel use and carbon emissions. The existing UK car parc (34 million plus motorcycles, vans etc not already subject to speed limiting measures)
would at low cost be capable of retrofitting of speed limiters with the same fuel saving and positive environmental impact. These proposals would be a substantial move to assisting HM Government to meet its CO2 emissions targets. The existing UK car parc could be implemented in a short time whilst HMG worked with European and other Governments on the new vehicle parc.

The opponents of this will cite that it is not speed that kills per se but irresponsible or inattentive drivers. TRAVELSAFE holds the view that there is no such thing as a wholly responsible driver where speed is concerned. Responsible members of society (for example Chief Constables, Judges, Senior Clergy, MP’s, mature members of the Royal Family, Front Bench Members of the House of Commons, Captains of Industry and Peers of the Realm) have consistently over the decades been convicted of substantial overspeeding offences. Inattention likewise is an inevitable consequence of being a human being—there is no one who can claim to concentrate 100% of the time on a journey of more than a few miles. Even on short, regularly travelled journeys the “autopilot syndrome” is a well known phenomenon.

Many road safety organisations have been calling for some time for car performance figures to be banned in car advertising and sales literature based on the premise that they are only of use to those who see speed as an important buying criteria as boy racers. TRAVELSAFE wholeheartedly support such a ban which could be implemented in short measure as has happened with tobacco advertising. Public roads are not for racing on and anything that removes that incentive to do so should be positively promoted. TRAVELSAFE additionally proposes that the wider media, and in particular television, should be barred from promoting speed and fast driving as a valued attribute. The Stig and all that Mr Clarkson’s Top Gear business and similar programmes promote is counter to instilling a responsible attitude to driving one tonne of steel in close proximity to other one tonnes of steel travelling at speed and in at least two directions on public roads.

TRAVELSAFE recognises that there needs to be a non public road outlet to enable those who enjoy fast sport driving to do so in appropriate facilities. In this context HMG should through the PFI PPP mechanism actively promote off road motor circuits in each county or metropolitan area. As many motor circuits already do, additional driver training facilities could be included in the offering eg skid pans, off road training, go karts, rallycross, motor bike scrambling/motocross, young driver training and education.

2. Anti Collision Technology

Poor physical separation of vehicles on the road is the cause of many road traffic accidents and speed adaptive radar devices, as fitted on some high end, luxury brands eg Jaguar’s CATS system should be mandated across all new vehicles. Existing cars in some cases can be retrofitted but where that is not possible even a tamper proof loud audible warning device (as opposed to a brake applying system) could be produced at low cost if sufficient units were involved.

3. Drivers

The use of P plates for a period of at least 12 months should be mandatory for all new drivers, regardless of age.

Drivers under the age of 25 should not be permitted to drive high powered or high acceleration cars much as happens with motorcycles.

The post driving Pass Plus scheme should be enhanced and spread to all new drivers. It is, for example, quite ridiculous that a driver who passes her or his test can immediately drive on a motorway at night, in fog or inclement weather without any tuition, experience or proven competency in the motorway driving environment.

All drivers should be retested at a minimum of 10 years (ideally 5 year intervals) with tests becoming progressively more difficult.

4. Government Safety Warnings

In its last road risk report to the Consultation carried out by the WRRSTG titled “Corporate Killing Machines” TRAVELSAFE called for Government Health warnings to be placed on the steering wheel boss of all vehicles. Wording to be along the lines of “This vehicle has the potential to maim and kill—as the driver you are responsible for its control”. TRAVELSAFE urge HMG to implement such safety warnings.

5. The Dulux Solution

The use of road markings is still not fully exploited within the UK. At major motorway merges eg Junction 5 of the M25 the greater adoption of 3 chevron marking accompanied by roadside signage advising that maintaining a good distance enables merging and journey times to be improved. It is self evident that people are able to maintain a higher average speed when vehicles do not bunch up—the closer the bunching the slower the vehicles travel until they come to a standstill.
More radically the use of different coloured roadpaint supported by varying colours of catseyes and road studding could be used to identify speed limits e.g. blue lining on motorways/green on A roads/yellow for 50 mph, white lining or no road markings (such as country lanes) denoting 30mph/Red lining for 20 mph high hazard blackspots. As some drivers are afflicted by colour blindness this is not a solution to replace conventional speed signage but would reinforce the message with drivers on a continuous second-by-second basis unlike conventional signage systems which are “one hit wonders”.

This summary submission is made by “TRAVELSAFE—Safe Travel for Electors and their Children in the 21st Century”.

The Director General of TRAVELSAFE Mr JEP Whittaker is available to attend before the Committee should the Committee wish to call him to attend.

February 2008

Memorandum from GoSkills (RS 36)

INTRODUCTION

GoSkills are pleased to be able to submit evidence to the Transport Select Committee’s Road Safety Inquiry.

GoSkills is the Sector Skills Council for Passenger Transport. We represent employers in the following industries: bus, coach, taxi, private hire, community transport, driving instruction, transport planning, allied transport professionals, rail, metro, tram/light rail, airports, airlines, ground handlers and inland waterways. This response is provided in the context of the passenger transport sector.

Many of the industries within the GoSkills remit provide transport services that use the road infrastructure. Road safety is therefore of paramount importance to the sector not just in relation to the safety of individual roads uses but also in relation to the safety of passengers and the safety of professional drivers. Working with employers and associated bodies, we set the national occupational standards for driving instruction, from which are derived vocational qualifications, for which we also have an approval function. Additionally, road safety has been a key issue for the Driving Instruction industry and the industry group has tasked GoSkills with raising awareness in schools and colleges of road safety and driver education issues. Our work to date has included working with the Motor Cycle Industry Association (MCIA) to produce a pack of materials for schools.

GoSkills has recently joined forces with the Driving Standards Agency to take forward a project on the development of a qualification for schools across the UK that addresses road safety.

RESPONSE TO SPECIFIC QUESTIONS

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

They are an essential national tool. The targets have helped to drive action and also to raise awareness of road safety issues with a wider range of organisations and individuals. The establishment of targets provides a clear message about the work that is needed in this area. This has been helpful for GoSkills when we take the road safety message to key partners such as qualifications regulators and awarding bodies as we are able to demonstrate government commitment to this important agenda.

2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

Education has a role to play. Driving is viewed as a desirable and essential skill and most individuals, particularly young people, seek to achieve a driving licence. However, issues about road vehicle driving and safety on the roads are currently a comparatively low priority in schools. Skills related to employability, such as the use of IT and information on personal health such as nutrition have secured a much higher profile in schools—yet road safety, which can literally make the difference between life and death, is not given the same profile. Given the importance of reducing deaths on the roads, it would be sensible to give greater attention to driving and road safety in schools and other full-time learning programmes.

Alongside work to raise awareness with young drivers, further work is needed with existing drivers. Many individuals (other than professional drivers) drive as part of their job role; there is a need to recognise driving as an essential skill that needs to be embedded in training programmes and constantly updated. There is a role for all Sector Skills Councils in raising awareness of safe driving with employers in their sectors.

The question relates to drink driving. However, a current major cause for concern is also driving under the influence of drugs. With no coherent means of testing ordifferentiating between prescribed/non prescribed drugs, ultimately this subject has a direct impact on the KSI rates. The education community has a moral responsibility to promote road safety and the dangers of drink and drug driving.
3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

Although Great Britain compares very favourably with most EU countries in terms of deaths and serious injuries for passenger miles travelled, the rate of decrease is slowing. If one looks at accident rates among young drivers, they are at a shockingly high level. It appears that we have taken all the relatively easy steps as a country, but are being caught up by other countries that are now applying the stricter legal controls we have had for some time. However, in certain respects our approach to young drivers is less developed than in, say, a country like France where driver training is a part of the school curriculum.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

A key difference in relation to the use of the roads is that there are far more individuals using the roads. Drivers/Pilots in rail and aviation contexts are more likely to be taking control of a vehicle in a professional context; there are also more age restrictions. The time spent in initial training is likely to be far longer and to be compulsory-as in aviation. The period of preparation for a train driver can be a year-a far longer period in practise than for the initial car driver licence-where no minimum training period is currently mandated.

5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

There is over-supply of driving instructors, partly as a consequence of entrants' very poor knowledge of what the job is like in practice and how well it pays. This is partly driven by the supply side and its promotion of the career, which at first face would strike people as very attractive, particularly the appeal of “being your own boss”. As a result the market is saturated; work is scarce and therefore badly paid. There is no incentive to upskill and quality suffers. Many instructors are able to train perfectly well on basic vehicle controls, road signs and the law, plus what the driving test entails, but lack background in vitally important areas such as driving strategies, planning trips and driver behaviour.

The process by which individuals learn to drive is fragmented in the sense that practical skills are developed through work with an instructor (not always professional) whilst the theoretical knowledge is developed by the individual, usually in isolation. There is a clear gap in the availability of training for the theoretical part of the test. Training towards the theory element of the test would also provide an excellent vehicle for enhancing awareness of road safety issues and potentially bringing about attitudinal and behavioural changes.

In order to offer more pre-driving training, work will be needed to upskill professional driver trainers who may wish to take on this work and also to upskill teachers/trainers in the classroom so that they can contribute.

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

We should certainly consider a compulsory minimum period of initial instruction through a qualified instructor. There would need also to be consequential reforms in the preparation and continued professional development of driver trainers. Work is currently ongoing to develop the CPD of ADI’s.

GoSkills maintains the national PCV driving instructor register. PCV driving instructors wishing to be considered for the register have to achieve the driving instruction national vocational qualification (NVQ) level 3. In order to remain on the register, PCV driving instructors have to be re-assessed by qualified Assessors and Verifiers in the Mandatory Units in the driving instructional NVQ to prove they remain competent. Our evidence indicates this method of using national occupational standards is a credible and reliable means of ensuring driving instructors remain occupationally competent.

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

In setting priorities and targets, consideration should be given to addressing pre-driver training as this offers a real opportunity to bring about changes in attitude prior to new drivers entering the driving arena. Consideration should be given to increasing the availability of relevant road safety qualifications in schools. We also see a need to allow the carrying forward of credits earned in theory testing through a school-based qualification into the driving theory test.

We of course would be happy to contribute further oral evidence if the committee would find it useful.

February 2008
Memorandum from The Motor Cycle Industry Association (RS 37)

The UK motorcycle industry has an estimated two million customers and employs approximately 15,000 people. Turnover is estimated to be £3 billion per annum.

The Motor Cycle Industry Association (MCI) was founded in 1910 and represents around 90% of the established UK industry. MCI represents manufacturers and importers of motorcycles and their related goods and services. MCI’s annual International Motorcycle Show attracts around 150,000 visitors each year. MCI works closely with government departments and their agencies to promote and develop the safety of motorcycle users. MCI also works closely with other bodies representing UK motorcycling through the National Motorcycle Council.

MCI welcomes the opportunity to provide a written response to the specific questions set by the Transport Select Committee; the following memorandum is confined to considerations of motorcycle road safety as this is our core area of expertise.

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

The 2000 and 2010 targets undoubtedly lead to much closer working between people from disparate disciplines in local and national agencies and the various stakeholder groups representing public interests. However, they have weaknesses:

(a) Targets that adequately address the underlying causes of road casualties are difficult to devise. Consequently, targets can result in actions based on short-term or temporary gains without solving underlying problems, or exclude difficult cases. Restricting vulnerable road user activity to reduce their exposure to risk does not address the causes of their vulnerability.

(b) Simplistic comparison of total casualties in a target year against the average for earlier years does not show whether using the road has become any safer, although this is often the inference made. In 2006, number of motorcycle users killed or seriously injured was just 0.1% different from the target baseline years 1994-98, suggesting no change in risk. In the same period the annual distance travelled by motorcycle grew 33% and the number in use grew 95% indicating the activity became safer.

(c) Short-term comparisons and latest annual figures might appear to illustrate current progress, but can be highly misleading. Demands for policy change based on the latest single years’ figures make no sense when motorcycle casualties and traffic levels vary greatly from one year to the next (eg; rider deaths fell by 16% in 2004 immediately after a 14% rise in 2003).

(d) The prospect of targeting reductions in the major causes of collisions should be explored seriously. The apparent contributory factors in individual collisions are now routinely collected, this data and in-depth studies confirm the single largest contributory factor for motorcycle-user casualties is another drivers’ failure to look properly and this seems an eminently treatable problem.

(e) Professionals and policy makers are judged and rewarded by their successful engagement with targets, but it is far more difficult to engage the public in working toward targets that appear to have little direct personal relevance to them. Specific targets were set for individual road user groups for the year 2000, but did little to inform the public, practitioners or policy makers if their individual efforts made travel by road any safer because the targets did not measure the effect of wider changes in the operating environment. Rate-based measurements relate casualties to changes in the number of road users or the distance they travel and are more informative. Whilst the 2010 targets include of a reduction in the rate of all slight injuries the exclusion of available rate data on deaths and severe injuries does not help to focus on the overall level of risk.

2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

When casualty reduction targets were first set in 1987, the number of people killed in drink-drive collisions was 67% higher and the number seriously injured 201% higher than currently.\(^{(1)}\) However, since 1993 the overall rate of improvement has slowed considerably. Different groups of road user appear to have accepted the drink-drive message more readily than others; the proportion of car drivers killed has remained steady at c 20% while the proportion of motorcycle riders killed has steadily reduced and now stands at 11%.\(^{(2)}\) This is not simply because the most vulnerable are the most aware, the proportion of pedestrians killed with alcohol levels over 80mg/100ml is estimated to be the highest of all road users while motorcyclists and cyclists are among the least likely to be killed when over the limit.\(^{(3)}\) Future measures might be best informed by analysis of why the current strategy is far less effective with pedestrians and car drivers than with motorcyclists.
3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

Looking specifically at reducing motorcycle casualties, the British approach has concentrated on the rider/driver licensing process (the imminent closure of around three-quarters of DSA motorcycle rider testing centres is a particular cause for concern) alongside advertising to raise driver awareness of motorcycles. The Government’s Motorcycling Strategy identifies a range of actions to improve safety through “mainstreaming” motorcycling, but many local and national agencies have been slow to address the GMS.

By contrast, other EU countries have been more positive toward motorcycling, designing highways for all types of road user with active consideration for motorcycles. The risk to individual riders appears lowest where social acceptance and general awareness of motorcycle users is greater; the latest (2005) data for European countries shows that the three largest motorcycle markets (Italy, Germany and Spain) respectively account for 36%, 20% and 14% of motorcycles in use among the EU15 but generate only 23%, 15% and 12% of rider fatalities—by comparison, Great Britain accounts for 5% of motorcycles in use but 9% of rider deaths.(6)

The fashion is to view road casualties as a public-health issue, the principles of eradicating road casualties said to be much the same as those for eradicating diseases. While the EU figures illustrated above strongly suggest that increased motorcycle awareness and acceptance will help to inoculate against user casualties, there is a tendency in some quarters to misdiagnose riders and other specific groups of road users as if they were the disease itself.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

Casualty rates recorded for trip-stages on regulated mass-transit modes on rail, sea or air are much lower than for individual road users, yet all these trips require passengers to start and finish their journey by road as mass-transit systems cannot deliver the level of individual flexibility most travellers require. Rail, sea and air transport works on a model of very heavy direct regulation based around detailed risk assessment requiring professional and corporate responsibility for passenger safety. The lives of large numbers of passengers are entrusted to relatively few licensed operators plying fixed routes dominated by the need for carriers to generate commercial reward. Consequently, the safety models applied to mass-transit modes are unlikely to be appropriate to most of the personal transport options currently on offer.

However, the safety improvements that have been identified as both appropriate and effective for mass-transit modes have arisen out of routine detailed investigation of collisions or near misses. Road collisions are not investigated in detail unless the random outcome looks likely to result in death or criminal prosecution; a road collision investigation strategy where road incidents become more routinely and thoroughly investigated would allow the sort of cultural change that has reduced air, sea and rail travel risks.

5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

The knowledge and skills of trainee and practicing highways engineers and planning staff needs considerable broadening to ensure integration of all modes. For example, until recently no general professional guidance or training was available to equip highways staff to correctly understand how motorcycles differ from other modes,(5) such training is scarce and few highways staff have a working knowledge of the mode. This severely restricts the ability of highways authorities to play their part in reducing casualties when the road environment can been identified as a contributory factor in around 15% of motorcycle casualties.

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

(a) To minimise the risk of motorcycles suddenly losing of control while turning, accelerating or braking, ensure all road surfaces offer sufficient dry and wet grip across the width of the road and that manhole covers, etc offer similar levels of grip as the surrounding carriageway—loss of control is given as one of the most common contributory factors in motorcycle collisions.(6)

(b) Broaden the knowledge and skills of practicing and trainee highways engineering and planning staff to correctly understand how motorcycles differ from other modes and how to incorporate these requirements into their work—IHIE training courses have encountered a general lack of knowledge in critical areas of motorcycle safety requirements among delegates.

(c) Revise highway infrastructure design standards to ensure they do not cause or exacerbate PTW casualties—the Highways Agency and several local authorities have started to specify higher-grip surfaces and more forgiving crash-barrier designs based on rider casualty records.

(d) Low-cost “WYLIWYG” (where-you-look-is-where-you-go) treatment on rural bends to reduce incidence of vehicles running-off the road through driver or rider error—around one-fifth of motorcycle collisions on rural roads involve no other road user, compared to around one-tenth in urban areas.(7)
(e) Encourage better visibility of motorcycles in traffic, for example by local authorities allowing access to bus lanes—experimental studies conducted in several cities over last 10 years indicate reductions in casualties can be expected.
(f) Revise EuroNCAP car-safety testing to raise the importance of giving a clear view to drivers, reducing obstructions from windscreen pillars, etc—car driver failure to see is the most common contributory factor recorded in motorcycle crashes.

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

(a) Rate-based targets would offer a more useful picture of any reduction in risk to individual travellers.
(b) Targets for reduction of driver inattention would focus resources on the main cause behind road casualties overall and motorcycle users in particular.
(c) Further action to mainstreaming motorcycling, encouraging awareness and acceptance of the needs of riders among other road users and highways decision-makers.
(d) Changes to training for highways and planning professionals so that all modes are better understood and integrated.
(e) Measures to ensure road surfaces offer consistently good grip across the whole width of the road and that road sides are forgiving to all types of road user.

BACKGROUND NOTES

The Department for Transport Compendium of Motorcycling Statistics gives various useful indicators of motorcycle use, some figures not contained in the latest edition have been updated below:

— Most motorcycle use is for commuting, work and education trips during the week, motorcycles are versatile, multi-purpose vehicles and are used extensively for leisure journeys at other times.
— The motorcycle vehicle population (1,224,000 on the road at the end of 2006) is split roughly equally between 50–600cc machines and those above 600cc.
— The new motorcycle market (145,000 in 2007) is split roughly equally between 50–125cc (learner specification) machines and those above 125cc.
— Motorcycle rider casualties reflect these points, although fatal injuries are less likely to occur in built-up areas than on roads where traffic speeds for all vehicles are higher.
— Around two-thirds of motorcycle casualties are associated with junction collisions, typically where the driver of a larger vehicle collides with a motorcycle travelling with right of way.
— Motorcycle casualties are also associated with bends, specifically loss of control due to sudden change in tyre grip due to road surface conditions or rider error (although, by comparison, the proportion of car drivers killed after leaving the road is far higher than riders).
— To a far lesser extent, motorcycle casualties are also associated with overtaking manoeuvres either through the action of the rider or another road user.

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February 2008
Memorandum from the Audit Commission (RS 38)

The Audit Commission is an independent body responsible for ensuring that public money is spent economically, efficiently and effectively, to achieve high-quality local services for the public. Our remit covers around 11,000 bodies in England, which between them spend more than £180 billion of public money each year. Our work covers local government, health, housing, community safety and fire and rescue services.

As an independent watchdog, we provide important information on the quality of public services. As a driving force for improvement in those services, we provide practical recommendations and spread best practice. As an independent auditor, we ensure that public services are good value for money and that public money is properly spent.

Summary

1. The Audit Commission welcomes the opportunity to provide evidence to the House of Commons Transport Committee inquiry. Our submission is based mainly on our study into local delivery of road safety, published in February 2007(1). The submission below considers targets, staffing levels and partnerships. It supports the use of targets but argues that these must be sensitively applied at a local level. We outline particular staff shortages but also point to a way forward, involving greater partnership working between relevant local agencies to help make the most effective use of available resources.

Detailed Response

Use of targets

2. Interviews with local authority road safety professionals revealed that targets provide a helpful focus for road safety activity and provide a strong negotiating tool when decisions on service budgets are being made. Some authorities were able to negotiate targets that were more demanding than the national one, through local public service agreements, securing additional funding from government. This provided an added incentive for road safety activity.

3. A further motivation is that local progress against the national targets is included in the current annual assessment of councils (Comprehensive Performance Assessment) carried out by the Audit Commission, and as such, contributes to the overall assessment of the authority.

4. The new performance framework for local government that will apply from 2009 will offer councils and their partners more discretion to negotiate a set of local priorities that will be set out in a Local Area Agreement (LAA). One of the foundations of this new system is the establishment of a new set of 198 national performance indicators. These will be used by councils and government offices to define the targets within the LAA. Two of the indicators, (NI47: the number of people killed or seriously injured and NI48: the number of children killed or seriously injured) reflect the current national road safety targets. The process of negotiating LAAAs and subsequent monitoring of the indicators within the performance framework will ensure the issue is still under scrutiny. There will be a particular focus on those places where casualty reduction is prioritised within Local Area Agreements.

5. In small authorities, for example Hartlepool, with low numbers of fatal and serious casualties, measuring progress based upon year-on-year figures can be misleading because their statistics are heavily influenced by random fluctuations in casualties and so more difficult for an authority itself to detect trends and influence them. Therefore, local year on year targets may be seen to be penalising small councils for performance which is essentially beyond their control. One way to mitigate against this is to consider council-level progress over a rolling three-year period, rather than for a single year so that underlying trends are more evident. This is the model currently used in Audit Commission assessments of casualty reduction efforts. An alternative approach would be to use pooled targets between a number of adjoining councils, such as at the police authority scale.

6. In addition, any future targets should be consistent across all public bodies working towards them (councils, police, and so on). Currently, councils and police forces have casualty reduction targets that are constructed differently, potentially stifling partnership working. We would therefore advocate that government’s proposed approach of councils and police sharing the national indicators for road casualty reduction should continue beyond 2010. National and local targets might also usefully take into account discrepancies between figures for road casualty figures recorded by police and those for hospital admissions. This would help address casualty reduction efforts among groups under-represented in police figures, building on Department for Transport research(2).
Staffing issues

7. We found increasing numbers of road safety (education) officers in many areas often because of specific government sponsored schemes, such as school travel plan advisors. Though this additional funding was welcomed, councils raised concerns about continuity after the expiration of these schemes. This issue presents a challenge for councils in managing temporary funding and ensuring adequate maintenance of schemes once established. Also, there are sometimes shortages of volunteers with particular skills, such as cycling proficiency instructors.

8. A recurring theme from our study was that councils reported a shortage of engineers with specific experience in designing for road safety. Some authorities managed this through long-term contracts with private firms to provide these services—in effect these engineers are shared between councils rather than employed directly.

9. In addition, there were generally insufficient data analysis skills for comparing different sources of data on road traffic accidents. This was principally a reflection of such activity being a low priority, and not being seen as core to casualty reduction delivery. However, a data-led approach, with a robust understanding of who is injured on the road, and where, is essential for evidence-based casualty reduction measures. A shortage of analysis skills risks uninformed allocation of scarce resources.

10. As noted above, we found that some councils already effectively share valuable skills and knowledge. The general shortage of skills perhaps points towards greater pooling of valuable skills and knowledge between councils.

11. We also found that other staff of local public bodies can influence road users. For example, teachers are well placed to remind pupils of the importance of road safety issues and firefighters can stress the same issues at school open days. A more integrated approach between partners can exploit respective strengths; for example, fire-fighters may have more credibility than council officers in delivering road safety messages to teenagers.

12. The benefits of a partnership approach are important, where messages delivered through various channels are complementary, coordinated and delivered through the most effective channels.

Further policies to consider for adoption

13. Our fieldwork highlighted the differing contributions that local agencies can make to casualty reduction and that they can be most effective when their efforts are coordinated. Any partnership set up to address these issues should evaluate itself to ensure continued relevance. The Audit Commission has devised a framework for improving road safety working, along with improvement questions tailored to relevant local agencies, for this purpose(3).

REFERENCES

2 Department for Transport, The Use of Hospital Data on Road Accidents, Department for Transport, 2007.
3 www.audit-commission.gov.uk/roadsafety/.

February 2008

Memorandum from Ian Belchamber (RS 39)

1. Summary

My interest in road safety was triggered by a combination of factors:

- I’m an experienced driver of cars and motorcycles with many years of experience, with an almost perfect driving record.
- I am aware of increasing actual accident counts in my area, deteriorating driving standards and worsening congestion. I am also aware that current policy does not target the real problems and frequently targets the wrong ones.
- My interest has given rise to a website which has attracted some considerable attention, and it has become clear that many are dissatisfied with current policy. It is the view of many that a policy that targets the real primary problems more directly would result in a real and significant improvement in road safety with improvements also in road efficiency. My evidence is therefore based on the observations and thoughts of the “end users” of road safety. Where specific problems are mentioned these are likely to relate to the Dorset area.
2. **Current Road Safety Policy**

2.1 **Speed**

Most would agree that current policy focuses on speed much more than anything else. Many see this as the first main problem. Also, there are many problems with the way that speed limits are set and enforced.

Observations

2.1.1 Many authorities will use speed limit reductions almost in isolation to reduce accidents. This has resulted in limits on many roads very much lower than an average experienced safe driver would choose, far below the natural safe speed for the road. See this road for example, a 30 limit dual carriageway favoured for enforcement by the Dorset Safety Camera Partnership: http://dorsetspeed.org.uk/news/2007-11-07.aspx

2.1.2 Many speed limits are set with apparently little consideration for the actual risks present, sometimes too low, sometimes too high. See these pictures of a ½ closed road with cones, workers and equipment, and a 50 limit: http://dorsetspeed.org.uk/limits.aspx. Just with these few images, I have clearly demonstrated that limits are set completely incorrectly. How can the publicity that driving at 30 in a 30 limit is completely safe, and 31 in a 30 highly dangerous, therefore have any credibility with the thinking public? It does not.

2.1.3 See this video of driving along a one mile normally NSL dual carriageway which is completely clear but which has a temporary 30 limit due to “DfT guidelines” : http://www.youtube.com/watch?v=Yc1Y2580YFg. This is proof that drivers will not drive at a small fraction of the natural safe road speed unless it is obviously enforced. Further evidence can be seen every day on the 50 and 30 limits near Holes Bay in Poole, which are completely ignored. This is not dangerous driving, but normal safe drivers not taking notice of speed limits because there is clearly no need to drive so massively below the natural safe road speed. Those who support current policy often claim it is successful in making speeding socially unacceptable; in fact it is achieving exactly the opposite as the evidence in this paragraph proves.

2.1.4 No one takes responsibility for obvious problems and inconsistencies with speed limits. Reporting situations like the above is most likely to result in no response and no action. If you can get a response, it is likely to be that the councils are following DFT guidelines, and the DFT will say the councils should set
Ev 220  Transport Committee: Evidence

limits according to local needs. Likewise, when the Dorset Safety Camera Partnership are tackling on their intentions, they don’t respond which does not give the impression of an organisation which has any integrity or belief in its actions. Situations like this don’t help to promote current policy.

2.1.5 Enforcement is carried out in a way which alienates the majority of safe drivers from safety policy and the law, and which does little to target problem speeders who can easily avoid detection. A quick search on the web provides plenty of evidence for this. Here are just a few links:

http://www.bbc.co.uk/dna/actionnetwork/A16239242
http://www.dailymail.co.uk/pages/live/articles/news/news.html?id=1770
http://news.bbc.co.uk/1/hi/uk_politics/3529864.stm
http://www.dooyoo.co.uk/discussion/speed-cameras-and-speed-limits/1051117/

2.1.6 Statistics often quoted to support the current policy lack credibility: According to the DfT, The percentages of road deaths where excess speed was a factor is about 30%. But this is widely disputed and much more likely to be in the region of 4%. Given that this 4% is likely to include “lunatic” speeding which EVERYONE would like to see targeted but which bright yellow boxes and badly chosen mobile speed traps don’t, it is hardly difficult to see why current policy is considered so misguided. Also widely disputed are the accident and casualty figures, which the DfT claims are reducing, but this is not matched by hospital figures and the views at least the Chief Constable of Dorset Police. When directly challenged about this recently, Andy Smith and John Gray of the DfT failed to respond. Again, there is plenty of evidence available to support this, here is a sample:

http://www.dailymail.co.uk/pages/live/articles/news/news.html?id=1770

2.1.7 Insurance companies no longer necessarily load the premiums of those who have even multiple speeding convictions. They do not necessarily consider those drivers more dangerous.

2.1.8 Current policy does not target:
- Dangerous speeders who can easily overcome current enforcement.
- Aggressive drivers.
- Tail-gaters.
- Lane hogs/drifters/jumpers.
- Drivers who demonstrate a complete lack of awareness for those around them.
- Those who drive too slowly causing frustration and overtaking.
- Drivers who don’t use sliproads to adjust their speed to the road they are joining.
- Rubbernecksers.
- Incredibly, those who cause accidents. Anyone causing an accident should get a minimum 6 points.
- Drivers who are clearly not concentrating on their driving.

These things certainly are more dangerous than driving at 34 in some 30 limits, which is where the safety partnerships concentrate their efforts.

2.1.9 The numbers of speeding convictions have increased massively over the last few years: see http://www.telegraph.co.uk/news/main.jhtml?sessionid=RB2H4QDGQXJALQFIQMGSFGGAVCBQYIV0?xml=/news/2007/12/04/nspeed104.xml. But most will agree that driving standards are deteriorating and accident rates are increasing. Therefore, the current policy has failed.

2.1.10 Attempting to achieve “satisfactory” accident rates only by reducing speeds is not likely to be effective until we have 10MPH limits on all roads enforced every inch. This is not the way forward.

3. SUGGESTIONS

3.1.1 Software and technology have come along way since speed cameras were introduced. There is no reason why they cannot be enhanced to detect many of the other forms of bad driving. This would allow a much better balance for automated enforcement and a relaxation in speeding enforcement which most consider has got completely out of control.

3.1.2 There should be more human policing, targeting all forms of bad driving. It is realised that this has a cost but when compared with the cost of bad road accident, and the likely REAL reduction of accident rates that would result, it will make a lot of sense.
3.1.3 Drivers should NOT be brain-washed with only the thought that all they must to is drive within speed limits. This does not make a good, safe driver. They should be encouraged to actually think about their driving, and be responsible for errors they may make.

3.1.4 Speed limits must not be set too low. This only results in general lack of respect for all speed limits. Many existing limits should be raised. Councils (such as Poole) should be encouraged to take more care setting permanent and temporary speed limits. The public should have a way to report incorrect limits and other problems which is properly managed.

3.1.5 It will help greatly to gain public support. The public almost universally agree that speed cameras are only to raise cash. If more money is needed for transport this should be done with a direct tax. Only speeding which could in itself actually be dangerous should be automatically enforced.

3.1.6 Much greater effort should be made to improve road efficiency. Improving driving standards will help with this. Road works are often carried out clearly with no concern whatsoever for keeping disruption to reasonable levels. Shorter journey times will result in less fatigue, lower stress and fewer accident opportunities.

4. Conclusions

It really is time for the DfT to start to realise that a serious change in direction is needed for road safety. If you simply observe and think as you drive, you will realise that the opportunities for improved road efficiency and safety are huge. The “speed kills” policy has gone far too far, does not work and must be replaced with a credible intelligent approach which obviously achieves its aims and does not simply provoke disbelief and outrage. When we have policy which is measured and motivated by honest results, and not by profit, we will see huge improvements almost instantly in road safety and efficiency. Most believe that no-one, not even those in the DfT, honestly believe current policy is good, but that such has been the support and growth fuelled by the financial incentives and those dependant on it, that it’s now going to take some serious work and possibly even embarrassment to correct it. But if improving road safety is really the aim, this is what is going to have to happen, the longer it goes on for, the worse it will get.

February 2008

Memorandum from Barbara Davy (RS 40)

(a) Targets for the reduction of accidents have been a useful tool in focusing minds on the problem, however, surely it is appropriate that improved road safety is at the top of the agenda at all times and that all efforts should be concentrated in that direction.

(b) In order to reduce road deaths and injuries arising from drink-driving and drug taking—alco-locks should be considered. Most European countries have an alcohol limit of 0.5, in Norway it is 0.1, our limit should be reduced. It should also be understood that Police can breathalyse drivers as they leave pubs, clubs and other licensed premises.

With regard to other forms of transport I think it is true to say that there is a complete ban on alcohol for bus drivers, train drivers and pilots as they are responsible for the safety of their passengers. As driving a car is the most dangerous thing any of us do on a regular basis and is implicated in the highest percentage of accidental deaths in any form of transport perhaps a total alcohol ban should be considered.

(c) The European approach seems to be focused on a better sharing of urban space, such as clearly marked speed reductions at town gateways which pertain until you leave the town ie pedestrians and other road users have equal or even superior status within towns and cities—motorists are frequently encouraged to comply by a change of road surface and layout. Heavy on-the-spot fines, license or car confiscation are common methods of enforcing the law.

1. Attitudes to Driving

Our greatest difficulty in reducing deaths and injuries is in changing the attitude of the media, motor manufacturers, motoring journalists and hence the driver, towards the issue of speed.

Inappropriate speed in combination with any other driving error is potentially dangerous. We cannot instantly (or ever) improve driver intelligence, we cannot make all drivers courteous, considerate or careful—would that we could—but we can control speeds, which would ameliorate all other damaging behaviour.

We live in a culture of speed generated by motor manufacturers—for profit,—motoring journalists—who write for those addicted to speed,—and the media who seem to forgo their responsibilities and common sense with regard to road safety in favour of excitement, sensationalism and ratings.
2. **THE MEDIA**

The visual media has enormous power to influence behaviour—witness the “Delia” effect. Car adverts, both on TV and in print, are totally unrealistic—portraying drivers on empty roads with clouds of dust and spraying water, speed as exciting, male dominated, sexually attractive, for the wealthy and the high flyer, there is no balance.

Cigarettes now carry a compulsory health warning—why not insist that all adverts for cars, both in the press on TV and in the cinema, carry a visual image of UK speed limits.

Having written to the BBC on several occasions expressing concerns that “Top Gear” glorified and glamorized speed, I was told that it did not! My faith in the integrity of BBC is now somewhat diminished.

My five year old grandson having seen trailers for various programmes has, sadly, already concluded that having a crash in which a vehicle explodes is “fun”. Clearly, indoctrination by visual image starts at an early impressionable age.

Mrs Dunwoody wrote to me on 17 October 2006 quoting from “Road Traffic Speed” printed 13 June 2002, the section “The media and the motor industry”:

“The failure to take road safety in general and speed in particular seriously has important effects. We would have expected campaigns to be mounted to reduce so tragic and avoidable form of death and serious injury. There are many opportunities for all parts of the media to do this; unfortunately, some elements in the press do the reverse; they rail against the very measures designed to reduce speed and save lives. The evidence to this inquiry shows that there are serious concerns about the link between motor industry advertising and journalism. We are also concerned that the BBC has done so little to promote road safety in pursuance of its general public service obligation”.

Voicing my concerns about this aspect of the media to my MP, I was assured several years ago that Lord Whitty was hoping to meet with media representatives to address this problem. I was told to expect further information about this meeting. Did it ever take place?

Even programmes that purport to show speeding being addressed by the Police are really nothing more than adrenalin fuelled car chases, cops and robber style that have little value in promoting road safety, but rather glorify the bad boy image of “joy riders”.

Rather gruesomely, the BBC used to announce the number of road deaths during Bank Holidays—unpleasant maybe, but a salutary reminder of our mortality. I believe this still happens every week in Australia, why not here?

The BBC claim that road safety programmes would be dull, but it shouldn’t be beyond their wit to make them otherwise nor should ratings should not take precedence over road safety.

I consider the BBC to be a dereliction of duty in its public service obligation.

3. **MOTOR MANUFACTURERS**

It seems the financial security of the motor industry takes precedence over road safety in some quarters. I am not sure their unhelpful stance deserves such support, for example despite the contra indications such as national well-being and safety, shortage of road and parking space, fuel consumption and pollution, they persist in building and promoting faster, bigger, heavier vehicles with little thought for the disastrous effects.


“Second, at the risk of being called a kill-joy, it really must be said that all motor vehicles now made are “not fit for purpose” in the sense that they all have engine capacities permitting—indeed, encouraging—the driver to exceed the maximum speed limits. In fact, many seem to be designed for other purposes, such as off-road driving or racing. It has become virtually impossible for anyone to drive at 70 mph on a motorway without being consigned to the slow lane with another vehicle tailgating. Cars are machines. In factories, machines are restricted to protect their operators. Why are cars any different?” . . .

Christopher Macgowan, Chief Executive of the Society of Motor Manufacturers and Traders Ltd, replied . . .

“It is true that, for many owners, the appeal of a new car lies in its ability to be tested off-road. They can dive at speed under the supervision of experts at track days throughout the country”.

Further . . .

“Speed limits vary from country to country. In the global automotive industry, a car made in one market may well be destined for several others. Limiting speed is impractical for the industry and also undesirable for the vast majority of drivers”.

This seems to me a specious reply and totally unacceptable. In essence we all pay for excess speed capability we cannot legally use and suffer the misery generated by speeding, in order that some drivers can indulge in a minority sport and others can drive at speed on German autobahns, in Nepal or the Isle of Man where there are no speed limits. Thus the safety of all other road users is compromised for a few stretches of tarmac.

This attitude, by motor manufacturers is further explained in correspondence I had with Adrian Hobbs then Secretary General of Euro NCAP who wrote to me on 21 May 2005:

“With regard to the attitude of car manufacturers, I have a long history of involvement with them, often in situations where they are defending their position. Car manufacturers, like any other manufacturer, are in the business of making money. They can be expected to do those things which help them to sell cars. It is very difficult to get them to regulate themselves. Provided that the public want fast cars they will provide them.

You might be interested to learn that, within The European New Car Assessment Programme (Euro NCAP), we are looking at ways to encourage manufacturers to fit drive activated speed limitation devices to new cars. It will then be for drivers to show that they will use such devices. It remains to be seen how successful this action will be in reducing road accidents”.


As Chairman of a local road safety group that has tried since 2001 (personally, I’ve been trying since 1974!) to reduce speeding within our town, we have virtually come to the end of the line with very little positive result. Every local provincial newspaper has reports of residents trying to find ways to reduce speeding, many utterly disillusioned with current speed control methods.

We have written to, contacted or lobbied:
- The Police Our local Highway Authority.
- Local road safety officers Local Taxi Authority.
- Our MP Our local Councillors.
- Our Metropolitan Councillors.
- The Department for Transport—on many occasions.

We have raised a petition, we have taken part in Camera Partnership broadcasts, we have produced wheelie bin stickers, newsletter and car stickers and have become Police volunteers for a local Speed Watch group.

We have repeatedly been told by the DfT that measures are available to prevent speeding and yet we have had to “fight” all the way to get even moderate traffic calming . . . it covers only a few hundred yards of two local roads . . . it does not solve the problem.

5. Intelligent Speed Adaptation ISA—Tackle Speeding where it Begins—Within the Vehicle

Research has been done at Leeds University. “Contributory factors to road accidents 2005 DfT, 2006”, states our local Safety Camera Newsletter, West Yorkshire Casualty Reduction Partnership: estimated its use on UK vehicles could reduce road deaths by 59%.

If this is the case, it is difficult to see how any Government conscious of its duty of care to the public can fail to insist on its implementation as with seat belts and the breathalyzer.

Rosie Winterton and Jim Fitzpatrick have both told me that this system must be “consumer led”—why? It seems iniquitous. A life saving measure of such potential magnitude would be made mandatory in any other form of transport. Naturally it would have to be “sold” to the public, but the advantages of in-car speed control are manifold.

Motor manufacturers would then be under the same obligation as other machine makers to ensure their products were fit and safe for purpose.

Speed cameras and costly unsightly traffic calming that despoils our landscape would be redundant. Those who have previously claimed that “law-abiding” motorists are being unfairly persecuted would have no further cause for complaint. ISA would be an aid to all those who genuinely want to drive within posted limits.

Lives would be saved as young, inexperienced drivers would not be able to “show off” by speeding—it all too often results in death or injury. No more “joy-riding”. Car theft would be reduced. The criminal get-away car would be a thing of the past.

It would be an opportunity to overhaul, simplify and standardize speed limits where necessary. Speeds could be controlled on all roads, at present thousands of miles of rural roads where most fatal accidents occur are without protection.

We now have huge advances in technology to make our roads and vehicles safer. We must embrace them.
6. **Safety in Urban Spaces**

   If we could separate pedestrians and cyclists from motorized transport many lives could be saved and the quality of life in general would improve. We have far too few cycle ways and pedestrian priority areas.

7. **Quality of Life**

   One further point, irrespective of accidents, it is traffic speeds that cause most distress in urban areas. Loss of amenity, the devaluation of roadside properties, noise and pollution now feature highly on a list of complaints. These have to be addressed.

   *February 2008*

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**Memorandum from the British Motorcyclists Federation (RS 41)**

The British Motorcyclists Federation currently represents 92,000 members across the UK and across all walks of life. It was formed in 1960 to represent the views of the ordinary, law-abiding motorcyclist.

To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

1. Although targets are not normally accepted wholeheartedly in other walks of life, targets in casualty reduction are widely accepted. Much has been done to reduce road casualties over the last few years and this is to be commended.

2. However, often simple reductions of headline figures do not take into account the changing situation on the ground. Over the last 10 years, motorcycle usage has risen exponentially with registrations and annual mileage increasing by over 60% and 37% respectively. During this time, fatalities have remained at around 600 per year. We believe that the Government’s Motorcycling Strategy and similar initiatives by some local authorities have been instrumental in ensuring that this figure did not also rise by 35–60%.

What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

3. Motorcyclists are under-represented in drink-drive statistics. Nevertheless, they are often victims of drink-drivers. Therefore, we support measures designed to tackle drink-drivers. However, there are others who are better placed to answer this question.

How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

4. Great Britain is still one of the best countries in the world with regards to road safety.

5. However, Britain lags behind several other countries with regards to motorcyclist safety. For example, wire-rope barriers are still being installed in Britain despite countries such as the Netherlands and Norway banning them on the grounds of their disproportionate involvement in motorcyclist fatalities. To go further, Spain has introduced a separate safety standard specifically for motorcyclists for its safety barriers. Portugal has made it a legal requirement to install these safety barriers.

6. By comparison, Spain has nearly halved its number of motorcycle and moped fatalities from 1525 in 1991 to 784 in 2005 and Portugal has reduced its by nearly three quarters from 891 in 1991 to 234 in 2005. In the same period the number of UK motorcycle and moped fatalities went up from 566 to 584 (Source: European Commission CARE). Not all of this reduction is due to safety barrier standards. Safety barrier standards are a symptom of governments taking motorcyclists’ concerns seriously.

7. Bus lane access for motorcyclists is universal in many European cities such as Barcelona and Stockholm (and Northern Ireland), but Britain refuses to commit to this measure despite the fact it is either shown to have neutral or positive benefits to road safety.

8. Much of this lag seems to stem from the different view we have in Britain regarding motorcycles. In Britain, motorcycles are seen as two-wheeled cars and are treated with the same contempt by policy makers as all motorised transport if not worse. Elsewhere in Europe, motorcycles are treated as congestion-busting green alternatives to car use and incentivised. Policies which may improve motorcyclists’ safety are often refused on the grounds that they may incentivise motorcycle use. Bus lane access is a clear example of this.

Are there specific blockages caused by shortages of appropriately trained and skilled staff?

9. There is a severe knowledge gap surrounding the needs of motorcyclists in highways engineering. The BMF, the Department of Transport and other stakeholders attempted to address this situation with the publication of the Institute of Highways (Incorporated) Engineer’s Guidelines for Motorcycling which outlined various measures to facilitate safer motorcycling. This was completed as an action of the Government’s Motorcycling Strategy.
10. However, uptake of these guidelines has been slow and their implementation even slower. Largely this is due to a lack of trained professionals in road engineering and consequently a shortage of time to read and implement the guidelines.

What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

11. The largest single cause (roughly a third) of all motorcycle accidents is car drivers looking but failing to see a motorcycle. Whilst various engineering measures have been adopted (motorcycle manufacturers have hard-wired motorcycle headlights to always be on), simple driver education measures to be more aware of motorcyclists would make a vast improvement and would probably be more effective.

12. Various agencies have run “Think Bike” campaigns which are intended to alleviate the problem and these have helped reduce the number of casualties over the last few years.

13. However, drivers need to be better educated from the very start of their driving careers to be aware of motorcyclists.

14. There is limited evidence to suggest that involvement of stakeholders can improve motorcyclist casualty figures. Buckinghamshire County Council has been running a motorcycle forum since 2003 that involved regular meetings with stakeholders and this local authority has seen a steady decline in all casualty figures for motorcyclists. Particularly of note is that fatalities have declined from 12 in 2003 to 4 in 2006, a reduction of 75%. Given the rise in popularity of motorcycling, this is a significant achievement and goes to show what can be done by facilitating and supporting motorcycling.

What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

15. Government should, and by extension local authorities, work with motorcyclists to achieve casualty reductions for motorcyclists. A separate target for motorcycle casualties may be required to ensure this happens. The Government’s Motorcycling Strategy is a large step in the right direction.

16. Achieving this target may require a philosophy change by policy-makers to recognise motorcycling as a credible alternative to car use and therefore casualty reduction of motorcyclists is not contrary to “green” policies.

17. Large casualty reductions can be achieved by having political will and addressing the concerns of stakeholders.

February 2008

Memorandum from RoadSafe (RS 42)

RoadSafe is a high level partnership which encourages innovation and new thinking.

Our mission is to reduce road deaths and injuries through partnerships between the motor industry and related companies, traffic engineers, the police, public health authorities and road safety professionals by promoting the safe design and use of vehicles and roads and encouraging improved education and innovation.

We fully agree that considerable progress has been made in reducing the scale of deaths and injuries on the roads of Great Britain since the publication of Tomorrow’s Roads—safer for everyone in March 2000.

Our evidence is based on the views of a number of RoadSafe partners who fully support the concept of all stakeholders working in partnership and cites initiatives which have won recent Prince Michael Road Safety Awards as examples of innovation: www.roadsafetyawards.com

Our response to specific questions raised follows:

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

1.1 Whilst we agree that casualty reduction targets have been a useful tool in tracking progress, the targets are all too often seen as “government targets” rather than community targets and so lack a sense of “ownership” by other important stakeholders; for example the motorcycling community, whilst keen to assist in reducing casualties took some time to come together to address this issue—had this community been given agreed targets set eight years ago this process may well have been speeded up.

1.2 Whilst there has been some focused activity resulting in a desire to reduce casualties within certain specific stakeholder groups such as motorcyclists or children, stakeholders need to be given a much finer focus and better strategic direction if we are to achieve the best from the professionals.
One example of this lack of intimate involvement in the achievement of targets is the vehicle manufacturers who, although not having specific targets have invested heavily in casualty reducing technologies.

1.3 A lack of understanding of what is possible to achieve at local level has led to patchy performance. Some local authorities have chosen to allocate a proportional reduction to themselves—in some regions the targets have been met or even exceeded but in others results have been less satisfactory.

1.4 A lack of in depth understanding of the real underlying issues has led to a lack of clarity in thinking through the interventions. Young drivers for instance are always cited as a particularly vulnerable group, however, whilst research shows that it is in fact young male drivers who are the main cause of problems the approaches often being taken to rectify this problem are insufficiently male specific.

1.5 The science is not yet sufficiently mature and there is certainly a lack of understanding of how effective specific interventions can be. Much more could be done to demonstrate their cost effectiveness eg a roundabout will cost $x$ and reduce accidents by $y$.

1.6 This being said, there have been some good examples of where research has been placed in the public domain to show that a specific intervention has the ability to create a specific measurable effect. One was the publication by DFT of VSRC, Loughborough University vehicle safety research showing a reduction in non-VRU Accidents if ESC was to be fitted:

<table>
<thead>
<tr>
<th>Type of Accident</th>
<th>Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatal accidents</td>
<td>25%</td>
</tr>
<tr>
<td>Serious accidents</td>
<td>11%</td>
</tr>
<tr>
<td>On wet roads</td>
<td>22%</td>
</tr>
<tr>
<td>On snowy roads</td>
<td>30%</td>
</tr>
<tr>
<td>Skidding</td>
<td>33%</td>
</tr>
<tr>
<td>Rollover</td>
<td>59%</td>
</tr>
<tr>
<td>Slight accidents</td>
<td>6%</td>
</tr>
</tbody>
</table>

1.7 Such research output is most helpful and should be more widely used to set detailed targets for stakeholder groups and to act as catalysts for action.

2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

2.1 Since the drink driving laws were introduced, societal tolerance of drink driving has changed radically for the better. However, there are still small minorities who blatantly ignore the law and drive whilst well over the limit. RoadSafe does not support a further reduction of the blood alcohol limit without more research into the impact on casualties of those driving whilst just below the current limit. There would seem little to be gained from lowering the limit if transgressors who cause casualties are well over the current limit. Much more should be done to actively enforce the current limit.

2.2 Employers need to be made much more aware of their duties and responsibilities; for example if incentives were in place to make personal breathalysers available to employers during the party season employee awareness could be raised.

2.3 The drinks and entertainment industry has a responsibility here and needs to be re-engaged to work closely with government to identify new approaches. Since the demise of The Portman Group and the establishment of the DrinkAware Trust the momentum has been lost.

2.4 The current publicity programme is excellent, but it needs to be sustained.

3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

3.1 We are living off the consequences of past actions and have failed to bring forward sufficient new initiatives in recent years. We are losing momentum compared with some other EU countries and our fatality and injury rate reduction is beginning to slow. One key point is that we have stopped building the safest possible roads, especially motorways, and have allowed traffic to build on A roads, many of which have lower safety standards. Another factor is the population growth in peri-urban areas, particularly in SE, which has increased traffic flows on poor quality semi-urban roads. Contrast this with Sweden’s vision zero approach to road safety management or France’s zero tolerance initiative with a highly active enforcement programme on driver behaviour, and we are now beginning look quite backward.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

4.1 This is where the Swedes are showing the way with their combination of safety functions across all modes of transport. In UK someone who builds a railway or airport that kills people is considered culpable, even if the cause of the fatality involves driver error. However someone who builds a road that kills people is never challenged—the fatality is considered an “accident”. Steps need to be taken to ensure that engineers work with others.
5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

5.1 RoadSafe believes that the country has a shortage of skilled engineers who understand the full consequences of road design and therefore too few who are sufficiently innovative to do more that simply apply some well tried principles and use standard design features, rather that apply new safety thinking. Some of the professional institutes recognise this and are making great strides to improve professional education—Institute of Highway Incorporated Engineers (IHIE—www.ihie.org.uk) for example has produced some excellent new guidance on tackling motorcycle casualties and The Highways Agency (HA) with its Strategic Safety Action Plan has begun to approach the task of managing its network as a service to motorists rather than a simple engineering task. It has made significant progress and the performance of Local Network Management schemes on trunk roads should be widely publicised and used as an example to other highways authorities.

5.2 There have been many successful engineering led successes.

5.3 Focusing engineering works at sites with relatively high casualties has continued to give excellent improvements. Engineering works have been the main measure used in the 120 + 20mph zones in London. A research project has measured the casualties in these zones and found reductions of 57% in KSI. The casualty benefits obtained from engineering work is well understood in London and the £133M spent over the period 1995–2005 is estimated to give a reduction of around 600KSI a year. Using standard values for prevention of casualties, the annual savings amount to £134 million.

5.4 Some highly successful local initiatives such as The Hull City community programme have been successful, but the “know how” has not been effectively transferred to all authorities. In a similar way institutions such as Institution of Highways and Transportation (IHT—www.iht.org.uk) have produced some excellent engineering guides, but these have not been universally adopted.

5.5 The narrow professional training of all engineers involved in transport remains an obstacle to progress; it restricts their full understanding of wider issues—for example very few mechanical engineers are ever able to work alongside roads engineers.

5.6 Working closely with the engineering institutions and professional associations, Government could substantially enhance the professional knowledge of engineers and trigger a much better understanding of what is possible.

5.7 We are fully supportive of the evolution of the new road safety partnerships, but recommend that their effectiveness be highlighted with some well conceived publicly available performance measures.

5.8 We also wish to praise the work of the Think team and congratulate Government in its commitment to funding a highly effective public information campaign—well organised centrally but some local campaigns have been ill considered and are ineffective. More needs to be done to assist those working at a local level on road safety to share ideas with others as currently much effort in innovation is being duplicated. This could be done by creating a central data base of successful local schemes both at home and abroad.

5.9 The Fire and Rescue Service has now taken on a role to educate the public in road safety—although well intentioned, we believe that the service is poorly resourced for the job and that Government should invest in better training for the service to make this valuable resource truly effective.

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

6.1 Currently it is the police who investigate all death and injury on the road, but the supposition is always that the fault lies with the road user—little is done to consider who else may be at fault or at least a contributor to the cause.

6.2 We recommend that transport authorities (councils and HA) should be held to account for fatalities on their road systems in the way that railway and airlines operators are held accountable. All too often these authorities are not involved in the investigation.

6.3 There should be league tables for road authorities and employers showing who manages road safety best.

6.4 We would also like to draw committee’s attention to our increasing concerns about road policing. Many commentators raise concerns about declining driving standards and cite, tail gating, under-taking and red light running as issues of note. While there has been some evidence of a gradual improvement in adherence to speed limits, the focus of police effort onto technology has been accompanied by reduced presence of police on the roads and a resulting lack of visual deterrence.

6.5 Every year more than 14,000 road deaths and serious injuries involve vehicles driven on company business.

The DFT is supporting RoadSafe to deliver the Driving for Better Business programme www.drivingforbetterbusiness.com to develop and co-ordinate a network of employers and champions to promote good practice in order to catalyze a reduction in deaths and injuries caused by vans and cars used
for business purposes. The business case for adopting good practice is very clear—by employing sound Work Related Road Safety (WRRS) risk management systems, companies can increase efficiency, produce better financial results, improve staff motivation and develop a better corporate image.

6.6 However to ensure that all businesses adopt best practice Government should consider incentives for the best and encourage effective action by HSE against those which fail. Employers should be held accountable for casualties involving staff while driving in the same way they are held accountable for casualties on a work site.

6.7 One of our major concerns is the number of drivers who still slip beyond the road laws. We believe that it may well be the case that the recent slowing of the casualty reduction rates in certain areas is caused in part by an increase in foreign drivers. The VOSA/Highways Agency initiative to tackle this problem is welcome but we recommend that Government should be taking a much more proactive line.

6.8 The number of people who are driving uninsured or without tax remains unacceptable to the law abiding motorist. A revised emphasis on better enforcement and improved roads policing in general would be welcome—insufficient attention is currently given to traffic violators who become the killers/maimers of others.

6.9 The wider and more aggressive use of ANPR should be encouraged to tackle these issues—effective operations such as Manchester’s Operation Cheetah which tackles criminal avoidance of speeding fines should be replicated widely.

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

7.1 Further investment in safer roads—we know how to design these and should insist that they are provided.

7.2 Invest in technology. In addition to collision avoidance technology such as ESC—here EC is considering to mandate its fitment as standard from 2012. HMG should embrace this and encourage its fitment as standard before then—in Sweden fitment is 93% simply because Government insists it is standard on all its own vehicles—in UK it is fitted to only 45% of vehicles. The rapid introduction of vehicle active safety systems, already available on high end production cars such as adaptive cruise control and pre-safe should certainly form an important element of the development of targets beyond 2010.

7.3 Much more interactive safety technology will become available in vehicles and through traffic management systems such as Intelligent Speed Adaptation (ISA)—all of which will have both environmental and safety benefits.

Government should devise ways of providing incentives for industry and road users to embrace this new technology.

We would be delighted to offer oral evidence or brief the committee is required.

This submission is made on behalf of RoadSafe and represents the views of the organisation as a whole.

February 2008

Memorandum from Transport for London (TfL) (RS 43)

INTRODUCTION

Transport for London (TfL) is grateful for the opportunity to contribute to the Committee’s inquiry into Road Safety. We have set out our comments in accordance with the inquiry’s terms of reference as follows.

1. TARGETS

To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

1.1 Road safety professionals agree that the original road safety target setting in the mid/late 1980s was instrumental in raising the profile of road deaths and increasing the resources allocated to casualty prevention. The national targets provided a focus for road safety activities, demonstrated real and long-term support from national government that cascaded to local government and led to increased resources for road safety.
2. Measures

What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

2.1 Our view is that this is very largely an enforcement issue. The research supports the view that good benefits could be achieved if the current levels of blood alcohol were better enforced. This would require significantly higher levels of traffic policing and more police resources. The Select Committee is well aware of the view of road safety professionals, who as a body oppose the recent trend of less roads policing. There would be very substantial road safety benefits from higher levels of visible policing.

2.2 There is evidence that drivers without licences, MOT, tax, insurance, etc are much more likely to be involved in serious road traffic collisions. Hit and run collisions make up a quarter of all collisions in some London boroughs and these are often linked to criminality. A recent TfL-Metropolitan Police Force operation (FOIST) impounded 1,894 “illegal” vehicles in a month.

2.3 The issue of driving while under the influence of drugs (both legal and illegal) is also very important. Although it is difficult to obtain robust data, the view is held that in London drug driving is an equal problem to drink driving.

3. GB versus EU

How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

3.1 This is a difficult question to answer as there is no single approach to road safety in UK authorities, just as there is no single approach across Europe. Our response to this question is therefore more of a comparison between countries identifying where UK is in the lead and where we could learn from others.

3.2 Many UK authorities have strong data collection (Stats 19) systems, which provide a good understanding of the collision problems and allow value-for-money interventions aimed at achieving targets. The data collection (Stats 19) process is well-developed and generally well supported in the UK, whereas some other EU countries are less well served in terms of data. We identify collision data, collection, analysis and research as areas where the UK is strong and other countries could look to the UK. The importance of data is not always understood in some EU countries. The idea of getting best value for road safety interventions is also not as well developed in other EU countries.

3.3 Numerous EU projects over the past 20 years have encouraged contact between EU countries on the subject of road safety and while more could be done, many European ideas have been taken on board in the UK. An example is the Dutch “woonerf” city traffic calming concept. This has been adapted to UK conditions in the form of 20 mph zones, which offer much better value-for-money.

3.4 The issue of National Government support is very important for road safety, as evidenced by the astonishingly successful French initiative to reduce road deaths—largely by reducing speeds on main rural roads using enforcement and cameras—led by President Jacques Chirac in 2002. Deaths on French roads fell from 7,721 in 2001 to 5,232 in 2004. Our view is that road safety would benefit hugely from a Government champion (Cabinet Minister or the Prime Minister) and strong Government support.

4. Road versus Other Modes

How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

4.1 The other travel modes that are most often compared with roads are train, air and water. Relative risk figures are published every year by the DfT and highlight the differences in both numbers killed and risk per kilometre travelled. The figures of killed per billion km for 2005 are: Air = 0.0; Rail = 0.4; Water = 0.3; Bus/coach = 0.2; Car = 2.6; Motorcycle = 111; Cycle = 33; Pedestrian = 36.

4.2 Why does society accept much higher injury/death rates on the roads? There is a view that it is linked with control. For modes where one is just a passenger and someone else is doing the driving, a high level of safety is demanded. Major rail/air accidents give rise to public enquiries with recommendations that often lead to new legislation. Wholesale changes are made to fleets of aeroplanes and trains. A classic example is the removal of all slam-door trains, which entailed the investment of hundreds of millions of pounds, in order to save one or two deaths every year. The equivalent investment in road safety could have saved hundreds of lives.

4.3 The car is seen by society as an instrument of freedom and the price of this freedom is accepted as the occasional crash. Society appears to accept this cost, sublimely believing that a crash will never happen to them. This is obviously not true as crashes happen to somebody. For a car driver, particularly in London, any crash is likely to involve serious injury to someone outside the vehicle (not the driver). This cost is therefore largely borne by cyclists and pedestrians. The threat from motorised traffic is a major issue for cycling and walking lobby groups, as the use of sustainable travel becomes increasingly important.
5. Staff Skills

Are there specific blockages caused by shortages of appropriately trained and skilled staff?

5.1 TfL and our suppliers are facing increasing difficulty in recruiting and retaining skilled and experienced engineering and planning staff. Many of the problems relate to an ageing base of engineers and planners which, in the main, is due to a decline in numbers of trainees and graduates entering the professions in recent years. This is exacerbated by a buoyant national and international market.

5.2 The relatively small number of road safety professionals is a major limitation on what can be achieved and how quickly. While there are good levels of skill and knowledge in the road safety profession, it is still a very small community. Road safety is not seen as a career in itself, but rather as something to be done for a limited time to broaden the CV. This needs to change.

5.3 What would encourage more people into road safety? Having more resources available would be a starting point. If budgets were larger then teams would be bigger, jobs more challenging and salaries higher. Heads of road safety need to have a senior position and influence in the Authority. It is currently very rare for this to be the case; far more frequently road safety is part of “Environment” or “Transport”. It is also important to have continuity of funding and the knowledge that the team and projects are going to be sustained into the future.

5.4 Rather than think about road safety in isolation, it is becoming more usual to link road safety with other agendas such as health, environment and sustainability. This has benefits in ensuring that solutions meet a number of policy priorities and initiatives do not happen in isolation.

6. Other Policies

What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

6.1 New technology has an increasingly important part to play in reducing collisions. In London we are keen to pilot the use of time-distance cameras to enforce low speeds in 20 mph zones. New technology time-distance cameras have been developed that do not require expensive cabling between camera sites. Once these have received Home Office approval, we intend to use them to enforce speeds in 20 mph zones, as well as on lengths of major trunk road in London. There is a lot of research evidence which shows that these cameras have the potential to halve collisions on the routes and zones they cover.

6.2 A second initiative is Intelligent Speed Adaptation (ISA), which ultimately could use vehicle technology to encourage and indeed keep cars to the posted speed limit. The first requirement of an ISA system is a reliable and regularly updated digital speed limit map. Such a map has been developed for London and will be launched in Spring 2008. Research by Leeds University has indicated that, if all vehicles had advisory ISA (where the driver is warned of the speed limit), collisions would reduce by more than 10%. For mandatory ISA systems (where vehicle speed is controlled to the speed limit automatically, other than when emergency driver override is necessary), benefits could be up to a 35% reduction in casualties.

6.3 As mentioned in paragraph 3.4 above, there is potential in having centralised initiatives and a senior Government champion, similar to the French example. Road Safety professionals often feel isolated and not supported by Government and would be encouraged and motivated by more centrally championed programmes.

6.4 Previous DfT initiatives have centred on demonstration projects and they have provided money to authorities to undertake trials. Examples are “Safer City” in Gloucester and “Inner City” in Birmingham. While these have been beneficial, they have not led to major changes or higher levels of road safety interventions across the UK.

6.5 One possible way to secure major change and increase the level of intervention would be for DfT to produce a digital speed limit map of England and support the introduction of ISA; firstly as an advisory option and later as mandatory on selected vehicle fleets. This would be a far more effective way to encourage motor manufacturers to factory equip vehicles for ISA, than for London to have to do this more or less alone.

6.6 Another policy change option would be to review the funding of Safety Camera Partnerships to encourage the use of technology and to provide additional funding streams. Much more could be achieved with safety cameras if the fine income could be used for increasing the camera activity and funding other road safety activities. The current arrangements provide fixed funding to Partnerships which are not directly linked to the amount of fine income generated. If the grant funding were linked to the previous year’s fine income, then Partnerships with the potential to increase activity could continue to grow. Under current arrangements this is not possible as grants are more-or-less fixed for the foreseeable future. We know that safety cameras reduce collisions by 40–50%, so encouraging more usage has proven safety benefits. It would be important to communicate this sensitively to avoid criticism of cameras as just a revenue generating exercise, but this could be linked to a more coherent approach to safety camera communication across the country.
7. **Priorities Post 2010**

*What should be the priorities for government in considering further targets for casualty reduction beyond 2010?*

7.1 Priorities should shift away from vehicle occupants towards vulnerable road users.

7.2 Road Safety should not be seen in isolation but as an integral part of other policies including health, environment and sustainability.

7.3 The problems associated with an ageing population will also need consideration in the near future. Older people are more fragile and are over-represented in serious and fatal collisions.

7.4 More resources need to be made available to the road safety profession. Road safety is a relatively straight-forward business. The more resources that can be applied, the greater the benefits and results achieved. Increased resourcing would also reflect positively on road safety as a profession and encourage others to join a worthwhile enterprise. The techniques are largely tried and tested and well understood by the profession. The number of road safety professionals could be increased and staff “brought up to speed” relatively quickly, if the budgets were available. There are sufficient professionals to give confidence that enlarged road safety programmes could be delivered and provide value-for-money.

7.5 Targets have worked in the past and should be continued into the future. Simple numerical targets are the easiest to understand, but can prove too challenging when numbers change quickly over time. Casualty rate targets can be useful for modes where numbers are changing relatively rapidly, but need clear guidance and support in terms of measurements of exposure (eg measure cycling km per year). This could be costly.

7.6 GB should adopt “vision zero”. This is a very powerful vision that has the same philosophy as used on other modes—air, rail and water—that no deaths are acceptable and we should work towards reducing them to zero. For roads this is a very, very long-term vision and is by no means incompatible with having casualty reduction targets.

7.7 The DfT could (and should) get more directly involved in supporting road safety interventions. The time for research is over; we should be doing things. Rather than fund “pilot trials” we need funded interventions that make a difference.

7.8 The DfT should take the lead on encouraging new technology—cameras and speed limiters. More could be done to allow camera fine income to be used back in road safety (rather than disappearing into the Treasury). Providing a digital speed limit map of England to encourage the introduction of ISA would not be difficult. London did this in less than 12 months. Controlling vehicle speeds through ISA, coupled with a lowering of speed limits, would significantly reduce deaths and serious injuries and provide for greater opportunities for cyclists and pedestrians to share the road safely, without costly special measures applied to constrained road space.

**Conclusions**

— Road safety needs more resources. The more resources that can be applied, the greater the benefits and results achieved.

— While the risk of using the roads will remain much higher than using trains, aeroplanes or ships for the foreseeable future, we should be doing much more to equalise the level of acceptable risk across the modes. Why does Society accept over 3,000 deaths a year on the roads? We know how to prevent these deaths, and should do more to change society’s view about road deaths.

— The main threat posed by car drivers is to pedestrians and cyclists and we need to make this clearer to society and do more to protect the vulnerable road users. The risks of an ageing population also need to be considered and we need to continue to educate the young in safe use of the roads.

— We need to encourage the road safety profession by increasing the size of budgets and giving confidence that funding will be available into the future.

— New technology has a major part to play in the future of road safety. Time-distance cameras could be used to enforce low speeds in 20 mph zones, replacing road humps. Intelligent Speed Adaptation (ISA) also has huge potential for casualty savings, especially when it is mandatory. Keeping traffic to the speed limit could reduce average speeds by 5 to 10 mph; reducing the number of people killed or seriously injured by a third.

*February 2008*
Executive Summary

Casualty reduction targets and vulnerable road users

(i) Road accident statistics can mask important changes in behaviour unless they include information about how much various travel modes are used. It is recommended that future road safety targets systematically incorporate data on travel behaviour in addition to accident numbers.

(ii) Unfortunately, current travel behaviour data do not work well for vulnerable road user groups. Nor do current accident statistics, which suffer from considerable under-reporting (for example, the majority of serious cycling accidents go unreported). The Committee is therefore encouraged to recommend that specific surveys of vulnerable groups’ travel behaviours and accident experiences be conducted to supplement existing data sources.

Safety in numbers

(iii) Increasing the number of pedestrians and cyclists leads to dramatic improvements in their safety. This is perhaps the simplest and most efficient way of increasing the safety of vulnerable groups. It also carries benefits for the environment and public health. As such, the Committee is urged to recommend that government policies seek at every opportunity to encourage active travel.

Vulnerable road user protection in collisions with motor vehicles

(iv) Vulnerable road users are ill-served by the design of many cars. It is recommended that the committee question the Department for Transport about their policies on car design. It is further recommended that the Committee support measures to encourage greater consideration of vulnerable road user protection in vehicle design.

Introduction

1. Ian Walker’s research focuses on vulnerable road user safety and people’s decisions to travel using healthier and more sustainable—but less protected—methods than the car. His 2006 study of how drivers overtake cyclists attracted international interest and was chosen as one of the defining ideas of the year by the New York Times. He is a member of the European Science Foundation’s motorcycle helmet research group and a founder member of the Centre for Transport and Psychology. His opinion on road safety issues is often sought by the media internationally.

2. This document focuses on three topics relating to the safety of vulnerable road users—taken here to mean pedestrians, cyclists, motorcyclists and children—which the author hopes the Committee will consider in its work.

3. It is assumed that the Committee wishes to encourage greater use of travel modes which are healthier and more sustainable than the car, not least because of the role these play in combating obesity, disease, climate change and congestion. The Committee might note the recommendations of the National Institute for Health and Clinical Excellence (NICE) in this regard.¹

4. On a related note, it is to some extent unfortunate that the Committee’s remit is road safety alone: The issue of making vulnerable road users safer would best be examined in a wider context whereby personal travel habits, reliance on the private car, public health, environmental impact and road infrastructure could be considered together with safety, since these are all highly inter-related.

Topic 1: Casualty Reduction Targets and Vulnerable Road Users

5. Planning and evaluation in road safety relies heavily on casualty figures, usually derived from police records. An intervention aimed at making a group safer will usually be deemed a success if the number of casualties from that group declines. For example, the road safety strategy for 2010 included a target to reduce by 50% the number of children killed or seriously injured in traffic.²
6. The number of casualties from vulnerable groups declines if those groups are made safer. However, the number of casualties from vulnerable groups also declines if people abandon healthy walking and cycling and increase their use of private cars. These two causes of decline in casualty figures are indistinguishable without data on people’s travel behaviour: if people abandon walking and cycling this can easily be misinterpreted as vulnerable groups having become safer when in fact one undesirable outcome (casualties) has simply been replaced by another (greater car use).

7. In other words, targets expressed in raw numbers, such as the current target for a 50% reduction in child casualties, are crude and can mask important changes in behaviour. The current target for child casualties is particularly relevant, as it is children who are most clearly having their travel shifted from healthy to sedentary modes.iii

8. Recommendation: The Committee are encouraged to treat with caution any road safety statistics or targets which do not also refer to travel behaviour.

9. Recommendation: The Committee should recommend road safety targets for the protection of all vulnerable groups from 2010, and these should systematically incorporate information on travel mode use.

   (a) For example, a target to “reduce by 50% injuries to cyclists” would more appropriately be expressed as “a 50% reduction in injuries to cyclists per million kilometres cycled”, or even better as “a 50% reduction in injuries to cyclists in the context of increased cycling”.

10. There is, however, a confounding issue: monitoring the amount of vulnerable road user travel is notoriously difficult. Traditionally, the amount that various transport modes are used has been assessed through traffic counts at major junctions. However, vulnerable road users tend to avoid these areas, leading to their numbers being underestimated.

11. A second confounding issue is the level of accident reporting for vulnerable road user groups. I recently conducted a survey of around 5,000 English cyclists.iv This showed that for every bicycle accident reported to an authority such as the police, 14 more went unreported. Of course, many of these were minor spills; but still, over 60% of bicycle-related accidents involving serious injury in our survey did not enter official records, even when a motorist was involved. Similar problems of under-reporting can be seen to cut across vulnerable groups internationally.v This is in no way a criticism of the police and their work in recording accidents; rather, it is a reflection of the extent to which they do not become involved in many road accidents.vi

12. The National Travel Survey (NTS) begins to address these concerns about vulnerable road user data and accident under-reporting. Each year it asks a sample of the UK population about their travel behaviour and recently has begun to ask about their accident history also. The Department for Transport (DfT) are to be commended for seeing the value of epidemiological data in these areas.

13. However, owing to the predominance of private car use amongst the general public at present, and the correspondingly low number of cyclists, motorcyclists, etc. in any realistically sized sample of the population, the NTS cannot be particularly good for understanding the experiences of such groups in its current form. The 2006 NTS acknowledged this, stating that “due to the relatively small number of cyclists in the sample, figures on travel by bicycle are more volatile than figures for more common modes”.vii The same problem will be seen with the NTS’s new accident questions.

14. Recommendation: To address the current lack of knowledge about vulnerable groups’ travel behaviours, as well as the real incidence of accidents amongst vulnerable groups, the Committee should encourage the DfT to supplement the National Travel Survey with epidemiological studies of travel behaviour and accident incidence specifically within vulnerable groups, such as bicycle users and motorcyclists, to which the majority of people do not belong. Experience suggests such monitoring need not be particularly onerous or expensive.
**Ev 234  Transport Committee: Evidence**

**Topic 2: Safety in Numbers**

15. Ordinarily, one would expect that if the number of pedestrians or cyclists were to double, the number of collisions involving these groups would also double. However, there is evidence from various countries over several decades that doubling the number of vulnerable road users increases the number of collisions by on average only 32%. This is because the relationship between the amount of vulnerable mode use and the number of collisions takes the form shown in the graph.$^viii$

![Graph showing the relationship between vulnerable road user journeys and collisions](image)

16. Because this relationship tends to become flatter as the amount of walking and cycling increases, travel by foot or by bicycle has a cumulative safety benefit. Consider the graph: at point A, when levels of walking and cycling are relatively low, there are 63 collisions over 100 journeys, which is 0.63 collisions/journey. At point B, when levels of walking and cycling are higher, the risk per journey is lower ($83 \div 200 = 0.42$)$^ix$. There is a very positive message here: whenever you make a journey on foot or by bicycle, you make everybody else safer.

17. As such, the most efficient way to improve vulnerable road user safety is almost certainly simply to increase the number of vulnerable road users. Indeed, the opportunity exists for a virtuous circle in which increased walking and cycling makes walking and cycling safer, which in turn leads to further increases in walking and cycling$^x$ and thereby even greater safety.

18. This is interesting, as increasing the amount of everyday travel through active modes like walking and cycling would not only carry road safety benefits, but has also been described by various bodies, including the World Health Organization, as the “best buy” for improving public health.$^{xi}$

19. Recommendation: For improved road safety, as well as on public health and environmental grounds, the Committee should recommend that government policies seek at every opportunity to encourage active travel.

(a) Many opportunities exist to encourage active travel through government policy and practice. Some promising areas include taxation, infrastructure development and traffic planning, health and safety legislation, school admissions policies, rail franchise contracts, advice to employers, health education, and guidance to local government.

**Topic 3: Vulnerable Road User Protection in Collisions with Motor Vehicles**

20. There is a large body of international evidence on collisions between motor vehicles and vulnerable road users. This is naturally complex, but for practical purposes can be reduced to the following principle: other things being equal, if a person is hit by a car they are more likely to survive if they are hit low down on their legs (below their body’s centre of gravity) and if the head’s first point of contact is yielding.$^{xii}$ Obviously this issue is particularly pressing with children, whose centre of gravity is lower than adults’.

21. In general, the safer a vehicle is for pedestrians the safer it will be for cyclists (and presumably also for motorcyclists).$^{xiii}$ Designing cars for pedestrian safety therefore carries benefits to vulnerable road users more generally and can be seen as a particularly laudable goal.

22. EuroNCAP’s crash-testing reports$^{xiv}$ indicate that many vehicles currently sold in the UK show a dramatic and alarming discrepancy between the protection they offer to their occupants and the protection they offer to pedestrians. In particular, the current fashion for high-fronted “off road” vehicles is entirely inconsistent with the “below the centre of gravity” principle adumbrated above.
23. The discrepancy between cars’ internal and external safety is of particular concern if risk-homeostasis theories are correct, as these suggest that the safer people feel, the more risks they take when driving.iii

24. Recommendation: The Committee should question representatives of the DfT to discover (i) why they have taken so little action on the lack of vulnerable road user protection inherent in many car designs, (ii) what they consider to an acceptable minimum level of pedestrian protection and (iii) what action they intend to take on this issue in the future.

(a) If some concrete examples would be useful to the Committee, the DfT might be asked why they have taken no action about Jeep selling in the UK a highly dangerous vehicle on which the manufacturer, by its own admission, has “not attempted to incorporate pedestrian protection in the design”.xvi The Committee might further ask the DfT what their opinion is of Land Rover/Ford selling a vehicle (the Range Rover) whose pedestrian protection was described as “dire” after it was tested by EuroNCAP.xvii

25. Recommendation: The Committee should recommend legislation better to protect pedestrians and cyclists who are struck by cars. This might be appropriate at either a UK or European level and might, for example, involve one or both of the following ideas:

(a) A legal obligation for manufacturers to ensure an effective minimum level of pedestrian safety in their vehicles.

(b) A requirement for new cars to be rated on their pedestrian safety before they can be sold, in a system analogous to the energy-efficiency ratings now used for electrical appliances. These ratings could be taken into account when deciding liability for injuries after a collision (a person who had knowingly chosen to drive a vehicle that is dangerous to other road users might be held more culpable).

NOTES

i “[Planners and authorities should] ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads”. http://www.nice.org.uk/nicemedia/pdf/PH008Guidancev2.pdf

ii There was a curious inconsistency in these targets: some were expressed in overall casualty numbers (eg, a 50% reduction in children killed or seriously injured) whereas others were more sensibly expressed in relation to journey mode (eg “a 10% reduction in the slight casualty rate, expressed as the number of people slightly injured per 100 million vehicle kilometres”).


vi Several attempts have been made to deal with this issue by supplementing police data with hospital records (eg, Ward, H et al [2006], “Road Safety Research Report No 69: Under-Reporting of Road Casualties—Phase 1”, Department for Transport; and Simpson, H F [1996], “Comparison of Hospital and Police Casualty Data: A National Study”, TRL Report TRL173). However, our data suggest this approach still does not work satisfactorily for vulnerable groups as our estimate of under-reporting, obtained by specifically asking cyclists about their experiences over the past 12 months, are considerably higher than those calculated using police and hospital records. I would argue that our approach of asking cyclists about their recent accidents should give more reliable (although still not quite perfect) estimates of accident incidence and under-reporting than methods which rely on inference from records which are known to be problematic. Note that our estimates of under-reporting are very similar to those of Mills who, in the late 1980s, questioned patients directly at the time they attended hospital (Mills, P J [1989], “Pedal Cycle Accidents—A Hospital Based Study”, Transport and Road Research Laboratory Report 220).
http://www.dft.gov.uk/162259/162469/221412/221531/223955/322743/NTS2006PDF
I must stress that these numbers are purely to illustrate the relationship: there are not really 63 collisions per 100 journeys!
Perceptions of danger from traffic are frequently cited as a barrier to increased cycling.
For example, World Health Organization (2002) “*A Physically Active Life through Everyday Transport*”, Copenhagen: WHO Regional Office for Europe. See also http://www.sustrans.org.uk/default.asp?ID=1089735305687 and Note 1 above.
See Maki *et al* (2003), *op cit*.

http://www.euroncap.com/testresults.aspx

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**Memorandum from the Institute of Road Safety Officers (IRSO) Scotland, and the Scottish Accident Prevention Council (RS 45)**

On 4 February 2008 a seminar took place in Edinburgh run jointly by IRSO (Scotland) and the Scottish Accident Prevention Council. Some 60 Road Safety practitioners from all around the country took part and—as a key part of the day—considered the 7 points of consultation in workshops. The following represents the bullet pointed views that were collated that day—I trust they are of some assistance to inform your deliberations.

**Q1 To what extent have targets for casualty reduction been a useful tool for focusing professional activity?**

— Useful in a professional sense for focusing strategies.
— In a limited way for senior managers and sourcing funding.
— Local targets much more important for day to day working.
— National targets more useful at strategic level.
— Validity of targets doubted due to a change in the reporting of accident data.
— Due to press/public perceptions KSI targets are focused on.
— Fatal accidents are usually random.

**Q2 What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?**

— Reduction in the current drink drive limit. Set level low enough to prevent anyone having one drink. Zero level difficult to enforce and not possible.
— Review Drink drive education to make it more socially unacceptable. Start earlier, at primary school, as once children leave primary their attitudes are set.
— Review the number of outlets/retailers that are permitted to sell alcohol. This would take many years to become socially acceptable but would assist in other areas outwith drinking and driving—health of the nation.
— Increase penalties for drink drive convictions. Increased fines, longer disqualification periods, re-sit driving test. Harsher penalties for reoffenders. Crush cars of drink drivers.
— Frequent and improved public transport, particularly in rural areas, to encourage motorists away from drink driving.
— Increase the numbers of Police Officers able/available to enforce the drink drive limit. The fear of getting caught is a simple deterrent.
Q3 How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?
- Not enough info on European RS education to compare.
- On surface compare well against southern & eastern European countries but poorly against northern.
- Road Policing has been thinned down.
- More vehicles on road and more young drivers.
- Graduated licenses—P Plates, restricted driving, number of passengers.
- National Government directed approach rather than local—more joined up.
- Funding from other areas eg education.

Q4 How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?
- Compare with training for train drivers and pilots.
- Revamp the driving test to include motorway, night etc.
- Change the law to have a probationary period.
- Change the age limit, brain not developed until 25.
- Restrict engine size—would not affect top speed but would restrict acceleration.
- Zero tolerance for drink driving, allow random testing, alcolocks.
- Increase in traffic police.
- Methods of delivery is OK at present but more publicity, local and national, required. Tell the truth about accidents don’t hide behind statistics. Get media on our side to describe how/why certain accidents happen.

Q5 Are there specific blockages caused by shortages of appropriately trained and skilled staff?
- Yes.
- Longer term funding is required—short term leads to unfinished business.
- Road safety not used as a patch for other problems in society.
- Make road safety compulsory in schools.
- More effective funding—not just year by year.
- Funding year to be September to September for engineering—more able to use up left over money in August/September.
- Stop comparison of stats between single years and five year averages as these move around a lot for small areas.
- Injuries to older road users—pedestrians, drivers and passengers.

Q6 What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?
- Priorities.
- Graduated licences for young people eg no passengers for first year—pass plus thought to be good.
- Change speed limits from mph to kph.
- Education a vital priority.
- Develop a good public transport system.
- Retesting for older drivers.
- Managing driver behaviour—dealing with in car distractions such as mobile phones and sat nav systems.
- Reduction in the drink drive limit.
- Vehicle fitness—stricter MOT test.
- Dealing with boy racers—graduated licenses, education for both pupils and parents—parents bad habits get passed down.
- Road engineering—better maintenance—more money.
- Advanced driving tests to give better knowledge and cheaper insurance.
- Funding of road safety should be provided if these priorities are thought to be socially necessary.
- Learn from other countries.
Q7 What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

- Disaggregation of current targets eg children within certain age groups, young drivers and passengers, older people or vulnerable groups.
- Index link with other modes of transport—perception and reality of casualties—more media coverage of these accidents.
- Linking school development plans to road safety education—school travel plans.
- Targets for road safety education in schools.
- Legislation regarding driving laws and licensing—such as reducing drink driving offences.
- More road policing—cannot set targets if not able to enforce.
- Protected funding streams for road safety under a national body.
- Put funding in place to enable challenging targets to be met.
- More evaluation of the effect of travel safety initiatives.
- National targets related to the roll out of engineering eg 20 mph zones, setting appropriate speed limits.

February 2008

Memorandum from the Retail Motor Industry Federation (RMIF) (RS 46)

The Retail Motor Industry Federation (RMIF) welcomes the opportunity to respond to the call for evidence for the forthcoming Inquiry into Road Safety.

The RMIF represents businesses concerned with providing motor industry products and services and has more than 11,000 members throughout UK. You will be aware that the annual turnover of the UK retail motor industry is in excess of £70 billion and employs 600,000 people in 30,000 businesses. Annually the industry raises £33 billion in tax revenue.

The following comments are offered on the questionnaire:

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

These targets have served the dual purpose of highlighting the magnitude of the problem as well as setting a benchmark for improvement and the industry has reacted in a positive manner. Vehicle build quality, particularly with regard to pedestrian safety has accelerated exponentially.

2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

- This must be an Educational matter. It is quite obvious that the initial “threat” of penalty and disqualification has had an effect on the casual drinker. To now attack the hardcore drinker would increase the cost of policing out of all proportion.
- More research is required to identify habits and locations of serious drinkers. Is it drinking at home, public house, restaurant or another quantifiable source, and that the focus be placed there. Pubs currently honour their social responsibilities by having posters about drinking and driving yet restaurants, golf clubs etc . . . do not.
- It is also recommended that additional education is needed about “the morning after” and how alcohol can stay in the blood and lead to accidents.

3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

Northern Ireland offers a certificate or qualification as part of secondary education (see item seven below).

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

Vehicles that are used for public transport undergo regular professional maintenance. The same criteria do not apply to cars or motorcycles. Drivers consider the MOT as a chore that they only carry out because the law requires them to do so. Many motorists would not have any servicing carried out if it were not the MOT. For drivers of new cars, the first MOT point at three years is the first time many vehicles receive any servicing. This begs the question is service to be considered preparative or reparative; the latter would suggest that cars are un-roadworthy until the fault is disclosed rather than preventing a vehicle from becoming un-roadworthy with service.
5. *Are there specific blockages caused by shortages of appropriately trained and skilled staff?*  
   There remains a continuing shortage of skilled staff, which causes inevitable delays.

6. *What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?*  
   
   — Better levels of highway maintenance.  
   — Action on road engineering and design to identify and eliminate accident black spots.  
   — Action to reduce diesel spillages particularly at roundabouts and road junctions, which are a major cause of crashes affecting motorcyclists.  
   — Greater clarity is required for the policy on road speed humps. Speed humps cause considerable safety damage to vehicles, leading to premature failure of suspension components such as sway-bar bushes, shock absorbers and steering swivels.  
   — Speed humps also greatly increase pollution from car emissions due to constant acceleration and deceleration.

7. *What should be the priorities for government in considering further targets for casualty reduction beyond 2010?*  
   
   — The current system whereby the Highway Code is studied just to pass a theory test leaves the learning far too late, and demeans the purpose of the code to all road users.  
   — Greater focus should be made on children and the young people about the use of roads and vehicle safety. Teaching the “highway code” should start at school. The process of education should continue as they grow older through the period when they use the road first as pedestrians, then as cyclists and later as motorcyclists and drivers.

**Motorcycle Rider Training**

Within the RMIF, The RMI Motorcycle Rider Training Association (MRTA) exclusively represents the companies involved in the provision of motorcycle rider training. 83,000 people took their motorcycle rider test in 2006–07. There are 662 training bodies authorised to carry out Compulsory Basic Training (CBT) in the UK.

Almost two thirds (65%) of motorcycle test candidates pass first time. Motorcycle test candidates have the highest pass rate for the national theory test—84%, compared to 68% for car and 75% for lorry.

The MRTA was successful in getting vital changes made to the regulations implementing the second EU Driving Licence Directive (DLD). The new bike test that comes into force in September 2008 is now far less prescriptive than originally planned. For example, speed timing will now only cover swerve and emergency stop manoeuvres after the specified turn radii were dropped, and restrictions on space have been relaxed. Our focus is now firmly on the forthcoming 3rd Driving Licence Directive.

In 2007 the MRTA strengthened its relationship with the DSA with the formation of a joint forum designed to be at the front end of DSA policy making. It has been established at a time when motorcycle training schools are facing a plethora of issues, including the new 2008 test, Pass-Plus for bikes, the CBT review, Pre-test training and DAS reviews, not to mention the Post Test Register and the third DLD.

The RMIF would very much welcome an opportunity to give oral evidence before the Committee in due course.

*February 2008*

**Memorandum from Association of Chief Police Officers (ACPO) (RS 47)**

1. **Introduction**

   1.1 The Association of Chief Police Officers (ACPO) is an independent, professionally led strategic body. In the public interest and in, equal and active partnership with Government and the Association of Police Authorities, ACPO leads and co-ordinates the direction and development of the police service in England, Wales and Northern Ireland. In times of national need ACPO, on behalf of all chief officers, coordinates the strategic policing response.

   1.2 ACPO’s 341 members are police officers of Assistant Chief Constable rank (Commanders in the Metropolitan Police and City of London Police) and above, and senior police staff managers, in the 44 forces in England, Wales and Northern Ireland, and other forces such as British Transport Police and States of Jersey Police.
2. Question 1: To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

2.1 The targets have helped to focus activity but the measurement of that focus is difficult to quantify. With limited resources dedicated to Roads Policing, our best efforts are not making the impact that would be possible with more resources. It has been proven that criminals are more likely to be involved in collisions; therefore by detecting those criminals and removing them from the roads, a positive impact could be made on the casualty figures. This is only achievable by directing resources towards denying criminals the use of our roads, in line with our current strategy. We are working positively towards this by the development of the ANPR network, which has led to a dramatic increase in vehicle seizures for incorrect driving documentation. However the ANPR network is only as efficient as the resources deployable in support of the network, to respond to ANPR activations. This area of improvement will only be perpetuated if Chief Officers are incentivised to increase resourcing of specialist Roads Policing/ANPR units. With existing Home Office priorities this is unlikely to happen.

2.2 The targets have caused a lot of effort to go into the identification of collision causes and vulnerable road user groups. It has been clearly identified that there is a serious issue with young drivers that needs to be addressed and several different groups are working hard to seek a solution to the problem in various ways.

2.3 Without wishing to pre-empt the response to question 2 below, drink and drug driving continues to be a major contributor to road casualties. This cannot be addressed by ANPR units and roadside cameras, it can only be effectively addressed by an increase in on-road resources to detect and deal with offenders. Again, Chief Officers are given little incentive to increase deployment of resources in this area. We would like to see drink or drug driving and disqualified driving included in the list of Offences Brought to Justice. This would help to focus enforcement activity towards this important area and consequently contribute towards casualty reduction.

2.4 The targets have helped to develop co-operative arrangements between the police and Highways/Local Authorities to address engineering and other issues that contribute to collisions. This is an area that needs substantial further development in terms of engineering and, possibly more importantly, education, particularly of young drivers.

3. Question 2: What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

3.1 Drinking and driving continues to be a significant factor in the death and serious injury of an unacceptably high number of people. It is significant that there is no mention in this document of drug driving. We assert that there are a significant number of people driving whilst under the influence of drugs, which is bound to lead to an increased risk of involvement in collisions. The current legislation in respect of drug driving is cumbersome and is actively preventing the police from tackling the issue effectively. There needs to be a significant overhaul of this piece of legislation to make it an offence to drive a motor vehicle with an unlawful drug in the body. The existing legislation could remain to tackle the issue of people who drive whilst unfit through the use/misuse of prescribed drugs.

3.2 The results of the most recent ACPO drink drive campaign showed a significant increase in the number of roadside test conducted, as well as a reduction in the number of positive tests. This shows that the police have a will to tackle this issue and seek positive Government support to keep the pressure on drink and drug driving offenders.

3.3 Issues that should be considered here include a review of the current drink driving limit, to consider aligning it with the majority of our European colleagues, although this may require phased sentencing according to the level of alcohol. There are 14 countries showing decreases in drink driving related collisions, some achieving 10% reductions. The UK shows an increase. A recent Eurobarometer revealed that when asked what the current blood alcohol concentration limit (BAC) was, the majority of respondents resident in the UK did not know. This was the opposite of those in European countries with lower levels.

3.4 The European Commission has recommended a Euro BAC rate of .5 for drivers and .2 for novice and professional drivers. With Eire moving to .5 this leaves the UK isolated with the highest BAC in Europe at .8. It is seen by our European neighbours as condoning drink driving.

3.5 Switzerland has reduced road death by 20% in 2005 compared to 2004 and similarly drink drive related death by 25% in the same period. This is directly linked to Switzerland reducing its BAC from .8 to .5 in January 2005 and introducing random breath testing at the same time.

3.6 Subject to the provable accuracy of the currently available evidential breath testing devices, it is also time to review the policy of allowing the blood/urine option for readings between 40 and 49 mg. As the limit of 35 is not enforced until 40, why the need to allow offenders a second bite of the cherry? Cases may be lost by delays in a Police Surgeon attending to take a sample and other stalling tactics on the part of the offender.

3.7 Recent figures show that under 25s are just as likely to offend as over 25s. This is very significant as it shows that collectively, we have failed to make a real impact on the attitudes of new drivers to drink driving. This needs addressing as part of a desperately needed programme of education from an early age to stop the current, unacceptable level of deaths and serious injuries caused to and by young drivers.
4. Question 3: *How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?*

4.1 Traditionally, Great Britain has performed well in comparison to its EU counterparts in the areas of road safety and casualty reduction. One of the original “SUN” countries, the others being Sweden and the Netherlands, British road safety activities have long been established by implementing the ethos of the “4 Es” of education, enforcement, engineering and evaluation.

4.2 Strong partnerships and a multi-agency approach have ensured that a gradual but consistent reduction in road deaths and serious injuries have been made when compared to the targets set by the publication of “Tomorrow’s Roads—Safer for Everyone” in the year 2000.

4.3 In 2001 the European Commission published a white paper calling for a 50% reduction in road deaths across Europe by the year 2010. Following a half term assessment, it is highly unlikely that this ambitious reduction will be achieved, mainly due to an increase in EU membership. A large number of countries, some surprisingly large and politically significant, had made little or no effort to reduce casualties until the publication of the White Paper calling for this carnage to be reduced.

4.4 As a consequence, major activities commenced across Europe and significant reductions were made. The percentage reduction in some countries, such as France, was spectacular in comparison to Britain but it must be borne in mind that they started from a much lower baseline of activity. As a result of strong political leadership, France has transformed itself from being among the very worst performers to being the best within Europe within a period of only four years. A whole driving culture has been revolutionised.

4.5 The UK Government’s abandonment of hypothecation for Safety Camera Partnerships for the good of overall road safety was in direct contrast to the French Government which proudly declares its cameras to be responsible for 70% of its total casualty reduction. The Governments of some major European nations have grasped road safety with the same vigour as environmental campaigners and have succeeded in politicising their cause. This is needed if attitudes are to change. Road death is avoidable and there is a need for political resolve.

4.6 Great Britain continues to enjoy a prominent position in Europe in the areas of technology (particularly ANPR), collision analysis, intelligence and, as mentioned earlier, the multi-agency approach to casualty reduction.

4.7 Around the same time as the White Paper was published, the European Traffic Police Network (TISPOL) became more established. TISPOL has made important strides in the field of road safety and currently has 25 members. As the UK enjoys Executive and Council membership of TISPOL through ACPO, the methods used to reduce casualties on the roads of GB and Northern Ireland are beginning to be implemented on the continent.

4.8 TISPOL organises nine annual pan-European operations which aim to coordinate the activities of member states in the areas of speed detection, drink and drug driving and the non-wearing of seat belts, all major contributors to road casualties.

5. Question 4: *How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?*

5.1 There is a far greater level of regulation in other forms of transport in the UK. The consequence of collisions or other mishaps in other forms of transport will usually be massive in terms of casualties and/or disruption in comparison with incidents involving motor vehicles on our roads. Because of this, the training, licensing and regulation of vehicle controllers is far more rigorous in other modes of transport. The smaller numbers and selection criteria for vehicle operators in other modes of transport undoubtedly make it far easier to control the standard and performance of those vehicle operators but we feel there is far more that may be done in terms of life-long training of motor vehicle drivers to make the roads safer.

5.2 Because road casualties are a steady “drip” of numbers, the public perception seems to be that they are not dramatic, when compared with the loss of life of tens or hundreds of people in a single, catastrophic incident in other modes of transport. This is despite the fact that over 3,000 people are being killed on our roads annually, a figure far greater than all other modes of transport added together. There is greater perceived corporate responsibility in other modes of transport, which, coupled with the higher levels of training and regulation, makes other forms of transport far safer.

5.3 It may not be insignificant that other forms of transport do not have the same liberal attitude to the consumption of alcohol when operating vehicles.

6. Question 5: *Are there specific blockages caused by shortages of appropriately trained and skilled staff?*

6.1 We have already alluded to this in our answer to earlier questions. There has been a massive increase in the development and deployment of automated detection equipment such as speed cameras and ANPR cameras. Whilst we welcome this and give our full support for this development, we have serious concerns about the lack of appropriately trained and skilled staff.
6.2 There are massive numbers of goods vehicles travelling on our roads and a very significant proportion of these are now foreign vehicles. Goods vehicle enforcement operations have shown that a very large percentage of these foreign vehicles have dangerous or potentially dangerous defects. Whilst VOSA are the main enforcement agency for this, their numbers are so small that they are unable to make significant inroads into the problem. We consider that this represents a significant danger to other road users.

6.3 With the gradual erosion in the number of police officers involved in the direct enforcement of road traffic legislation, our roads are becoming a haven for defective vehicles, with drivers knowing that they have little chance of being stopped by the police. The same may be said of drink and drug driving offenders, who are confident that they can offend with very little chance of detection unless involved in a collision.

6.4 The introduction of VOSA and the Highways Agency Traffic Officer Service has been a welcome development but there remains a need to develop Strategic Roads Policing and hold Chief Officers to account for the avoidable death toll on the roads of the UK. It is vital that HMIC includes this area of policing in its framework for assessment.

7. Question 6: What further policies, not already widely used, might be considered for adoption and what evidence is there for their success?

7.1 The areas causing most concern at this time are young drivers and motorcyclists. This is not unique to the UK. There is a need to consider the introduction of graduated driving entitlement for young drivers, restricting the types of vehicle that may be driven and to raise the age limit for tests.

7.2 The UK casualty figures for motorcycle collisions are very poor, with riders being 42 times more likely to be killed than car users, compared to a European average of 18 times. Rider improvement schemes such as BikeSafe are shown to be successful and should be statutorily incorporated. The detection of motorcycling offences is problematic, encouraging non-compliance. This includes Vehicle Excise Duty evasion on a massive scale. For this reason, stricter penalties should be introduced for non-compliant registration plates and further work should be done on the development of such products as number plates containing chips that will allow automated vehicle identification, even at high speeds.

7.3 There is a need for radical thinking in respect of motorcyles, including consideration of engine capability and the creation of protection zones where all motorcycles other than those specifically permitted, would be prohibited.

7.4 Production machines are readily available for use on our roads with top speeds in excess of 200 miles per hour. Motorcycles are seen in the UK to be, in the majority of instances, vehicles of choice rather than necessity and one might consider if our congested roads are any longer fit for purpose for these motorised toys.

7.5 One issue if concern is the current system for reporting of health problems to DVLA. At this time the system is completely based on self-reporting, with GPs not being responsible for reporting patients with illnesses or disabilities that make them unfit to drive. We are concerned that this leads to people who are unfit to drive through health reasons retaining their driving privileges. There are a considerable number of collisions caused by drivers being taken ill or dying at the wheel and while we cannot evidence how many of these have been advised by a GP not to drive; it is an issue we would like examining in detail.

7.6 The introduction of legislation to mandate the fitting of Fresnel lenses to all large goods vehicles. With the influx of foreign goods vehicles referred to earlier, there have been a significant number of fatalities and serious injuries sustained in “side-swipe” collisions, caused by lane changing when a smaller vehicle is in the “blind spot”. A Department for Transport trial has shown that the introduction of Fresnel lenses contributed to a reduction in such collisions. The mandating of fitment would undoubtedly reduce these collisions even further.

8. Question 7: What should be the priorities for Government in considering further targets for casualty reduction beyond 2010?

8.1 As previously outlined, our main areas of concern that require urgent action are alcohol, speed, young drivers and motorcyclists. On top of those, we need to maintain the pressure on mobile phone abusers and improve the level of compliance with seat belt legislation. We suggest that there is an urgent need to include non-compliance with seat belt regulations on the list of endorsable offences. We accept that there are difficulties surrounding this in terms of giving an endorsable penalty to an unlicensed or teenage passenger. We feel strongly that the necessary effort to work around this problem will be totally justified.

8.2 Pedestrian fatalities are also an identified problem, particularly where the victim is aged or under the influence of intoxicants. There are many examples of good practice to be found both in Europe and America related to pedestrian control and we believe that the UK should put concerted effort into researching this problem area.
8.3 The previously mentioned influx of foreign registered goods vehicles into the UK is an ever increasing problem, with foreign operators of large goods vehicles remaining beyond the influence of UK law. Despite the provisions of the Road Safety Act in respect of taking deposits from foreign drivers, this will continue to be the case for the most serious breaches. There is a debate to be had here regarding the harmonisation of EU law.

8.4 The issue of data sharing should also be examined and developed to improve enforcement and intelligence gathering throughout the UK. This could include data sharing with Ports ANPR to address the issue of Vehicle Excise Duty evasion and incorrect driving documentation for vehicles brought into and remaining in the UK.

8.5 In conclusion, we feel that if a meaningful impact is to be made on casualty figures, Government support is absolutely essential in terms of legislative changes, funding of appropriate research and incentivising Chief Officers to put resources into roads policing, to increase the visible presence and the fear of detection and prosecution.

8.6 There is also a need for the Department for Transport and Home Office to settle upon a common set of measures for success in roads policing, with, in effect, the APACS measure obscuring achievement or failure against the target. At the present time, the two differing measures cause confusion and blur the focus of direction of resources.

8.7 The ongoing battle to reduce casualties is the responsibility of not only the police but also all of the partners within their extended family and the Government.

February 2008

Memorandum from Oliver Carsten, University of Leeds (RS 48)

1. INTRODUCTION

My area of research is particularly focussed on new technologies and safety, including how new technologies can be applied to further reduce casualties. There is quite a long lead time associated with deploying new in-vehicle and roadside systems. Therefore this memorandum discusses how full advantage can be taken of the potential of new systems to deliver benefits post-2010.

2. NEW SYSTEMS

Potentially we are now entering an era when new systems will account for a very large part of casualty reduction. We have already seen this happening in the area of occupant protection (passive safety), where the improved performance of vehicles in protecting their occupants has delivered a substantial proportion of casualty savings among occupants. No vehicle manufacturer wishes to score less than five stars for a new model in the Euro-NCAP crash tests, and it is likely that further improvements in the performance of vehicles in protecting their occupants will continue to deliver savings in injuries.

Even more promising are the various active safety systems now ready for deployment or under development. At a European level various activities are grouped under the eSafety initiative. These include the very useful work of the eSafety Road Map Working Group looking at paths to implementation (eSafety 2005). The report from this group points out the major role of incentives in speeding up deployment and hence ensuring that the benefits can be realised.

Two types of system can be distinguished. On the one hand there are autonomous systems, often known as ADAS (Advanced Driver Assistance Systems). On the other hand there are cooperative systems, often known as CVHS (Cooperative Vehicle Highway Systems) or CVIS (Cooperative Vehicle Infrastructure Systems). Such systems require vehicle-to-vehicle (V2V) communication or infrastructure-to-vehicle communication (I2V). An example of a V2V system would be one in which the car in front notifies the following vehicle that it is beginning emergency braking, so that the car behind can respond immediately. An example of an I2V system is one in which a vehicle or driver is automatically informed by a transmitter in the infrastructure that the road surface is icy.

It is not inherently obvious which kind of system will produce greater benefits. For example, both autonomous and cooperative systems are looking at the benefits of assisting or warning drivers in intersections (both urban and rural). Such locations continue to account for a high proportion of collisions including very serious and fatal collisions at rural intersections. It is possible as the INTERSAFE subproject of the large European project PreVENT has shown to address the problems using advanced wide-angle scanning radars to create an entirely autonomous system. Such systems would be costly and would initially
be available on expensive luxury cars. On the other hand it is possible to apply an infrastructure-based approach in which the road is equipped with detectors to identify impending conflicts and the relevant vehicles are then warned about the potential for an accident. This is the approach being adopted by I2V projects such as SAFESPOT. An investment may be required from the relevant highway authority but vehicles could be equipped with the relevant warning devices for quite low cost. Such devices could easily be offered as a retro-fit. Only the most dangerous junctions could be equipped initially, but penetration into the vehicle fleet could be rapid, since no special link to the vehicle would be required for the on-board device.

There are thus substantial and significant choices to be made in terms of deployment. Reliance on vehicle manufacturers may slow down the roll-out of systems and may lead to lower benefits in the short to medium term. On the other hand I2V equipment may require public investment to speed up the process of realising safety benefits from these new systems.

3. DEMONSTRATING BENEFITS

The need to demonstrate the benefits of new in-vehicle technologies has, to some extent been appreciated in the UK. It is after all the motivation behind the recent real-world trials of Intelligent Speed Adaptation, funded by DfT. The same need for robust testing of the systems in a real-world context has now been grasped at a European level with the recent emphasis on the need to demonstrate the concrete benefits of Advanced Driver Assistance Systems (ADAS) and Cooperative Vehicle Highways Systems (CVHS) through so-called Field Operational Tests (FOTs). Such tests are intended to prove the real-world impacts of using various systems by conducting rigorous large-scale trials using participants who drive the vehicles in their everyday driving. Equipping the vehicles can either be done by adding the relevant system to the participant’s or the fleet’s vehicles, but is more typically done by loaning equipped vehicles to the participants. Such FOTs have been quite common in recent years in North America, with examples being a trial of Adaptive Cruise Control (Fancher et al 1998) and a trial of Forward Collision Warning (University of Michigan Transportation Research Institute and General Motors Research and Development Center, 2005). However, with the notable exception of trials of Intelligent Speed Adaptation, they have been much less common in Europe. The resulting lack of solid empirical evidence on the impacts of new technologies has been identified as a critical weakness by a report from the eSafety Forum setting out the research priorities for the European Seventh Framework Programme (FP7) (eSafety Forum, 2006):

"[T]here is still a great need to investigate the behaviour of the user in the real traffic environment when being equipped with new ICT systems for safety and efficiency as compared to the user’s behaviour without the ICT systems. The short and long term effect of the use of such systems is also of great importance to assess as a justification of the systems.

Field Operational Tests (FOTs) have during later years developed as a powerful tool to gain insight into how new functions and systems suit the user when operated in the real context under sufficiently long time to reach the “daily operational and behaviour level”.

Two large consortia have been funded by the European Commission to conduct such FOTs on near-market or already on-market systems such as Forward Collision Warning and Curve Speed Warning. However, it can be noted that the overall UK participation in these projects is quite small and that little of the testing will take place on UK roads and with British drivers.

At the same time that the European Commission is funding these FOTs to establish the real benefits of the new technologies, it continues to promote the introduction of some systems whose benefits are questionable. One such system is eCall, which is the system that automatically notifies the emergency services in the event of a serious crash. The European Commission is planning fitment in new cars from 2009 as part of full-scale rollout. Counterpart equipment in emergency centres is required and the Commission is putting pressure on the member states to provide that infrastructure. Viviane Reding the European Commissioner for the Information Society and Media has stated of eCall: “It has huge potential. Every year it can save 2,500 lives in Europe, with very large socio-economic benefits. We cannot wait any longer: we have to work together and sort out the barriers remaining to the implementation of eCall.” (European Commission, 2005) It is suggested that up to €26 billion annually could be saved with eCall, were all cars equipped. The claimed savings in fatalities would amount to a reduction of over 6%.

It is therefore important to examine the actual evidence for the benefit of eCall. One source was the European project E-MERGE, which focussed on technical validation of the system at various test sites, but they also produced safety predictions. The prediction of E-MERGE was based on a questionnaire survey sent out to the PSAPs (Public Service Answering Points, i.e. emergency call centres) in the project test sites (Geels, 2004). The report states: “The replies show a positive view for the additional value of an E-MERGE system. The foreseen live savings are estimated on an average between 5–10% which means 2,000 to 4,000 lives given the current number of fatalities of approximately 40,000 and the reduction of the severity of injuries is estimated at the same number 5–10%. None of the PSAP’s foresees large procedural or technical problems with implementing the E-MERGE solution”.

91 There were six test sites, one in each of six countries.
The E-MERGE final report adjusts these conclusions somewhat (Nielsen, Lindholm, and Andrade, 2004). Drawing on the same questionnaire, it states:

Based on the project’s investigations, a full-scale deployment of the E-MERGE system is expected to lead to a decrease in fatalities and severe injuries in traffic accidents as follows:

- Fatality: 5% reduction.
- Severe Injuries: 10% reduction to light injuries.
- Light Injuries: No positive effect foreseen.

That level of reduction would mean 2000 lives saved each year and a saving of nearly €4 billion each year in related social and health costs and lost “public” income calculated for the European Community. (page 49)

This is most probably the source for the European Commission predictions. It is not clear where the €26 billion in claimed savings came from. The SEiSS project on the socio-economic impact of intelligent safety systems, drawing on the E-MERGE results, estimated the annual accident savings at €12.4 to €21.9 billion (Abele et al, 2005). Overall, it is remarkably thin evidence for making an important decision on the Europe-wide implementation of a safety system.

Only one detailed study from a European country on the impact of eCall has been found (Virtanen et al, 2006a and Virtanen et al, 2006b). This study was carried out in Finland and used in-depth accident reports on fatal accidents. In Finland, all road accidents that result in a fatality within three days are investigated by an in-depth team. For the study cases covering 1180 fatalities, of whom 919 were motor-vehicle occupants were used. The time delay between accident occurrence and the notification of the emergency response centre was calculated. Two trauma specialists were on the study team and their task was to assess whether a fatality would have been prevented had there been no delay in accident notification. The conclusion was that eCall would have saved 3.6% of the fatalities, but it was also found that eCall would have been most effective in accidents involving vehicles for which eCall is not designed, ie motorcycles and mopeds. The likely effect of eCall could not be authenticated for any fatality to a pedestrian or cyclist.

There were also cases where the system might possibly have prevented the fatality. This proportion was approximately 5% for motor-vehicle occupants and 1% for pedestrians and cyclists. Thus the overall conclusion was that eCall could have prevented approximately 4–8% of the road fatalities that occurred in Finland during 2001–03. It was also calculated that benefits would most likely exceed the costs.

In thinking about the transferability of these results to Great Britain, it should be noted that in Finland 70% of fatal accidents occur outside urban areas and single-vehicle accidents account for 47% of all fatal accidents. In Great Britain, 58% of fatal accidents occur on rural roads, and single-vehicle accidents constitute 26% of fatal incidents (RCGB, 2006). In addition the country is much more densely populated than Finland and British roads carry heavier traffic. There is thus less scope for eCall, although there are no doubt parts of the road network such as the Scottish Highlands where eCall would no doubt affect rescue times and hence severity outcomes.

4. P R O M O T I N G D E P L O Y M E N T

It was stated above that reliance on the vehicle manufacturers to introduce and promote the new systems may not lead to the most beneficial deployment path in safety terms. The government needs to give careful consideration as to how to best encourage and ensure rapid take-up of the most beneficial systems. Waiting for market forces to deliver may mean that the benefits are restricted for some time to drivers and passengers in expensive luxury cars. It could even mean that the full potential is never realised as the vehicle manufacturers may be reluctant to offer systems such as Intelligent Speed Adaptation (ISA) to their customers, especially in their more effective forms such as the version of ISA that is directly linked to engine and brake control. There are a number of mechanisms for promoting system introduction that should be considered:

1. Consumer information. Euro-NCAP has been extraordinarily successful in promoting safer design for occupant protection. It needs to be extended to include primary safety, ie crash avoidance, including giving points for equipment with beneficial ADAS technology.
2. Tax incentives to vehicle purchasers.
3. Use of the purchase of vehicles for the government fleet to promote new systems that are of proven benefit.
4. Dialogue with the insurance industry.
5. Strong encouragement to manufacturers to improve what they offer—Swedish pressure has resulted in virtually all cars on the market in Sweden being fitted with Electronic Stability Control.
5. REFERENCES


February 2008

Memorandum from James C Walker, JCW Consulting (RS 49)

The Transport Committee has asked for commentary on how to improve road safety in Great Britain between now and 2010, with some specific questions noted:

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success? and

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

My comments focus primarily on points 1, 3, 6 and 7 above.

1. Great Britain has traditionally achieved the lowest fatality rate per vehicle mile travelled of any major country in the developed world. In part, this is due to the attempts over many decades to focus efforts at the greatest problem areas for vehicle crashes, injuries and fatalities. These include efforts to identify and correct issues at specifically dangerous areas, often called “black spots”, where the accident rate is unusually high for the traffic volume involved. Previous efforts also include very effective campaigns to reduce drink driving, principally by making it socially unacceptable with the majority of the population. Efforts aimed at the prevention of hazardous actions are far more effective than efforts aimed at enforcement or punishment after hazardous actions have occurred.

2. However, Great Britain has made two major errors in safety programs in recent years that have slowed or even somewhat reversed parts of the progress in reducing the accident, injury and fatality rates. Safety results and lives saved in the future in Great Britain would be measurably better if these two errors were corrected.
3. The first major error was to rely on artificially-low posted speed limits that do not reflect the normal safe driving behaviour of the vast majority of motorists. Setting posted limits below the safety-optimum 85th percentile speed of free flowing traffic under good conditions tends to increase speed variance and tends to increase accident, injury and fatality risks for all motorists. This principle has been well known to most unbiased traffic safety engineering professionals for at least 65 years. I have a copy of the relevant pages of the (US) National Safety Council Report on Speed from 1941 which clearly describes how to set posted speed limits between the 80th and 90th percentile speeds of free flowing traffic to achieve the best results for smooth and safe traffic flow. Dozens of unbiased studies over the last six decades have validated the principle, and a high proportion of safety authorities use it as the basis of proper speed limits to maximize safety.

4. In Great Britain, the USA, and in many other countries, there has been a tendency for about 30 years to abandon the correct and well-proven traffic safety engineering principles to set posted speed limits. Due to campaigns of mis-information and dis-information (including the overused and mis-used “speed kills” phrase) from many worldwide sources, well meaning public officials and the uninformed general public often believe the following false equation:

lower posted speed limits = lower actual travel speeds = safer traffic flow = fewer accidents.

The true equation is, always has been, and always will be:

correct posted speed limits = reduced speed variance = smoother traffic flow with fewer conflicts = fewer accidents.

In virtually all cases, the correct posted speed limit to maximize safety is the 85th percentile speed of free flowing traffic under good conditions. That limit tends to produce the smoothest traffic flow with the smallest speed variance, the fewest conflicts between vehicles, and the lowest possible accident rate.

5. The reason 85th percentile speed limits are the safest and promote the smoothest traffic flow is that the average driver can and does take virtually all visible hazards into account when they choose and correctly adjust their travel speeds safely for the conditions involved. The vast majority of motorists are safe, sane, sober and competent to see the hazards (and lack of hazards) that a casual observer cannot see. The vast majority of motorists are safe, sane, sober and competent to see the hazards (and lack of hazards) that affect the choice of the safest speeds of travel.

6. Great Britain took a serious step backwards in 2006 in traffic safety when it recommended authorities stop using the proven 85th percentile speed of free flowing traffic under good conditions as the primary principle to set posted limits, and instead recommended setting limits at the mean speed. Using the mean speed as the limit means, by arbitrary definition, about 50% of all drivers are defined as criminals and open to severe financial and license restricting or banning penalties. This is completely inconsistent with the fact that Britain normally has the lowest motoring fatality rate per mile travelled of any major country in the developed world. Britain cannot hope to improve on this outstanding record by defining 50% of its drivers as criminals. It will not work. The safe driving behaviour of the overwhelming majority of British drivers should be defined as legal, by setting posted speed limits at the 85th percentile speed.

7. It is fundamentally wrong to criminalize the driving behaviour of any safe driving motorist. It does not contribute to safety, but it does contribute to a general and intense feeling of disrespect for motoring laws, plus disrespect for the police, other authorities and the enforcement mechanisms used to penalize huge numbers of ordinary drivers for the arbitrary “crime” of being among the safest drivers in the world.

8. From six or seven decades of traffic safety engineering research, we know the safest possible travel speed range under good conditions is also around the 70th to 90th percentile speed of free flowing traffic. If you graph vehicle speeds versus accident risk, the bottom of the risk curve falls in that range, generally close to the safety-optimum 85th percentile speed where posted limits should be set (if safety is the true goal). When posted limits are set at the mean speed, it literally becomes illegal for a driver to use the speeds which give them the lowest possible accident risk. This is not consistent with safety.

9. It is fundamentally wrong to criminalize safe drivers for choosing the safest possible speeds of travel. Coercing or forcing many drivers to choose less-safe travel speeds around the mean speed to protect their finances and the ability to keep a valid driving license is completely counter-productive to safety.

10. I recommend that Great Britain immediately return to the safer practice of setting most posted speed limits at the safety-optimum 85th percentile speed of free flowing traffic under good conditions. It would be best if Parliament required this general practice by law.

11. The procedure in point 10 would permit exceptions for the minority of special cases where hidden hazards not detectable by the average driver make lower than 85th percentile speed limits advisable. The engineers responsible would be required to document the hazards, the reasons why the average driver is not capable of taking them into account with their normal speed choices, and show how they arrived at the particular lower posted limit chosen for that particular section of road.

12. The second major error has been the overuse of speed cameras, particularly in areas where the posted speed limit is set far below the safety-optimum 85th percentile speed of free flowing traffic under good conditions. In some cases, the posted speed limit represents something below the 30th percentile speed of free flowing traffic under good conditions, thus arbitrarily defining over 70% of drivers as criminals. The use of cameras in this way compounds the first major error in point 3 above.
13. The revenue purpose for many cameras, where posted limits represent travel speeds at or below mean speeds, is completely clear to most observers. Some cameras enforce limits set below the 30th percentile speed of free flowing traffic. In good conditions, the vast majority of safe, sane, sober, well-trained drivers proceed safely at up to about the 90th percentile speeds of free flowing traffic until they are about 100 yards before the camera. Then you observe a sea of brake lights through the camera zones. This often bunches up traffic with inadequate distance between vehicles, and increases the risk of conflicts and accidents. Once past the cameras, drivers resume their safe speeds of choice representing the smoothest traffic flow with proper following distances and the fewest conflicts between vehicles. This “rubber band” effect at camera locations disrupts the normal, safe flow of traffic. It also increases noise, traffic congestion, air pollution, fuel consumption, and vehicle wear and tear as cars brake to avoid camera penalties and accelerate again to their chosen safe speeds of travel. This distinctly negative effect is directly counter to road safety and should be completely eliminated.

14. The situation in point £12 is quite common in Britain and is the primary reason the original safety purpose for speed cameras has frequently been diverted into an improper source of revenue, primarily collected from the safest drivers on the road. If you install a camera to enforce a 42nd percentile speed limit, where 58% of the drivers are arbitrarily defined as criminals, the majority of tickets will go to drivers in the 50th to the 90th percentile speed ranges. These are the drivers at or near the bottom of the risk versus speed curve, the ones that have the smallest possible risk of having an accident. This severely punishes the “crime” of smoothly driving along with the normal flow of traffic in the safest possible speed ranges, and leads in some cases to banning the safest drivers. This is surely a perversion of the intent of speed cameras, and a procedure that has nothing to do with safety.

15. There is a long list of comments about the negative effects and the abuse of speed cameras from respected police, academic and other sources in the speed limit section of the website of the Association of British Drivers (www.abd.org.uk). Some typical quotes are shown here:

“You can never argue against a camera but it’s not enlightened. It doesn’t recognise the 90% of accidents which have nothing to do with the speed limit. They’re primarily a revenue generator rather than a safety measure. There is a danger that this single-minded pursuit of speed cameras will not end up solving the problem but will alienate every motorist in the country. There is already evidence to suggest that their goodwill has been tested and if it continues you could have a situation where motorists effectively go on strike.”

Anthony Beresford, Lecturer in Road Transport, Cardiff University Western Mail 07.06.2006

“I believe we have lost a tremendous amount of goodwill from the public. I think the biggest mistake we have made is getting some money back. I am most uncomfortable with the focus on the taxation view which goes with it.”

There is a place for them but I think we have lost the argument on that. I think the police service has really suffered some really serious confidence problems, and support from the public, as a result”.

Mike Hedges, Chief Constable, South Yorkshire Police, 20.02.2004, Source: Sheffield Star

“The irresponsible siting of speed camera for income generation has been a highly effective means of eroding public support for the police. Their benefits are strictly limited to speeding offences and do nothing to tackle the array of other dangerous driving offences”.

Alan Gordon, Vice-Chairman of the Police Federation, “POLICE” December 2005 [pdf]

Many other quotes highlight the ways speed cameras have become a negative influence on road safety and have led to a general loss of respect for police and other authorities. Most people in Britain now realize the enormous revenue effects of speed cameras, and know that this is directly contrary to their original stated purpose and intent.

16. Some insurance companies in Great Britain have stopped taking many speed camera tickets into account in underwriting drivers’ appropriate insurance rates. They recognize that modest violations of under-posted speed limits are not safety-related, and that insurance sanctions are not justified under those circumstances.

17. Speed cameras in locations that are not demonstrable black spots or areas of similar special hazards need to be dismantled and removed altogether.

18. Most speed cameras remaining after point 17 is implemented need to be turned off until posted speed limits are corrected to the safety-optimum 85th percentile speeds of free flowing traffic under good conditions. Temporary stickers should be installed on the cameras to say “Not in use at this time”, to eliminate the tendency for regular road users to create the anti-safety rubber band effect described in point £13 above.

19. Speed cameras that would be justifiably used to enforce speed limits set below the normal safety-optimum 85th percentile speed due to hidden hazards described in point 11 above should have clear warning signs noting the hazard and the speed camera enforcing the special speed limit. Advance signs might convey this information:

“Hidden intersection 200 yards ahead” “Speed limit 30 mph” “Speed camera ahead”
If special areas with hidden hazards were specifically identified, drivers would respect the need for unusually slow speeds in those areas, and would respect the enforcement of those speeds for hidden hazard areas.

20. Implementation of points 17, 18 and 19 above would go a long way to restore the public faith in the use of cameras for safety, and only safety, purposes, and would also begin the long process to rebuild general respect for the police, road authorities and others involved that have been severely damaged by the abusive use of speed cameras and artificially low speed limits that only raise revenue without improving safety. In the eyes of the safest population of drivers in the developed world that Britain enjoys, revenue was never an acceptable use of speed cameras and artificially low posted speed limits. The disrespect for police and authorities that has resulted can be rebuilt only by eliminating the sources of the abusive practices altogether. The list of quotes noted in my point £15 above shows that many police and other authorities are in full agreement that the entire system of speed enforcement in Great Britain is broken and needs a major overhaul.

21. Great Britain would likely achieve a measurable reduction in the nationwide fatality rate by implementing a special case of 85th percentile posted speed limits in point 10 above. In the 1960s when many miles of rural British Motorways and US Interstates were opened, the 70 mph statutory speed limit was completely appropriate. It represented the 85th percentile speeds of that day on Motorways and Interstates. The 70 mph speed limit was also appropriate for most vehicles of that era that were generally equipped with narrow bias ply tires, drum brakes, imprecise steering and suspension systems, no seat belts or only lap belts, poorly designed steering wheels and interior features, and virtually no sophisticated safety systems. Today vehicles have radial tires, fade-free disc brakes, accurate steering and suspension systems, three point safety belts, steering wheels and interior features designed to mitigate injuries, and a host of sophisticated safety systems on many vehicles including ABS brakes, traction control, dynamic stability controls, supplemental restraint systems (air bags), controlled crush body structures to reduce injuries, and many more. Four decades on, drivers do not believe that 70 mph is still an appropriate speed limit, and they do not respect it. The 85th percentile speeds on most rural Motorways and US Interstates today varies from about 78 mph to 83 mph. Great Britain could significantly improve safety by raising the rural Motorway speed limit to 80 mph, with the proviso that unusual areas could be posted at 70 mph if necessary (see point 11 above).

22. Setting most rural Motorway speed limits at 80 mph would decriminalize the normal safe driving behaviour of many drivers. According to figures for 2004 from www.dft.gov.uk/transtat, the 70 mph speed limit for cars on Motorways is the 44th percentile speed, with 56% of drivers defined as criminals. A limit of 80 mph would be the 81st percentile speed, a near-perfect posting for the safety-optimum 85th percentile speed methodology. Dual Carriageways are similar, where 70 mph for cars is the 52nd percentile speed, with 48% of car drivers defined as criminals. A limit of 80 mph would be the 86th percentile speed of traffic, another near-perfect posting to maximize safety.

23. Setting most rural Motorway speed limits at 80 mph would decriminalize the normal safe driving behaviour of many drivers. According to figures for 2004 from www.dft.gov.uk/transtat, the 70 mph speed limit for cars on Motorways is the 44th percentile speed, with 56% of drivers defined as criminals. A limit of 80 mph would be the 81st percentile speed, a near-perfect posting for the safety-optimum 85th percentile speed methodology. Dual Carriageways are similar, where 70 mph for cars is the 52nd percentile speed, with 48% of car drivers defined as criminals. A limit of 80 mph would be the 86th percentile speed of traffic, another near-perfect posting to maximize safety.

24. Setting rural area Motorway and Dual Carriageway speed limits at 80 mph to match the actual 85th percentile speeds of traffic would improve safety in several ways. First, it would reduce speed variance among cars, where some drivers obey the low limit but most do not. Second, it would improve lane discipline, so slower vehicles would be more in the lowest and second lanes and fewer cars would block the faster lane(s). Third, the legal ability to drive in the safest possible speed ranges would draw more traffic to the Motorways where the fatality rate per mile travelled is much lower than on single carriageway A and B roads. Diverting more vehicles to the safest possible road types tends to reduce overall area and nationwide fatality rates. When the USA allowed 65 mph Interstate speed limits in 1987 (formerly 55), states that used 65 mph had a greater fatality rate reduction over the next few years than states which retained the less safe 55 mph limit. In 1997, when Michigan raised rural Interstate speed limits to 70 mph (from 65), and raised most urban Interstate limits to 65 or 70 mph (from 55), after the repeal of the counterproductive National Maximum Speed Limit, the state enjoyed a 17% drop in the statewide fatality rate over the next three years.

Note that Michigan and most other states also need to set most rural Interstate speed limits at 80 mph to maximize safety, for the same reasons shown here for Britain.

Note also that 80 mph speed limits on most rural Motorways would bring Britain into line with speed limits on similar high quality limited access highways in many other countries that now post 130 kph (81 mph) limits.

25. Local authorities should be specifically instructed to review the default 30 mph limits based on street light criteria. Areas where the 85th percentile speeds of free flowing traffic under good conditions are significantly above 30 mph should be re-posted with limits set at the 85th percentile speeds of traffic to promote the smoothest traffic flow, the fewest conflicts between vehicles and the lowest rates of accidents, injuries and fatalities.

I thank the Transport Committee for the opportunity to comment, and ask that my points be carefully considered. I am not a citizen or resident of Great Britain, but I feel I have the background and experience to comment in detail on these issues.

February 2008
Memorandum From West Yorkshire Road Safety Strategy Group (RS 50)

Summary

This submission is made by the West Yorkshire Road Safety Strategy Group, which includes road safety professionals from the five West Yorkshire Highway Authorities along with professionals from NHS, the road safety camera partnership, police, Fire and Rescue and the Highways Agency. It considers the reduction of death and injury between now and 2010—and beyond, by providing responses to the questions asked by the Transport Select Committee.

Introduction

The West Yorkshire Road Safety Strategy Group (WYRSSG) is a multi-agency working group that determines forward direction in road safety matters in West Yorkshire taking into account government policies and requirements alongside local needs and priorities. It is closely linked to other transport professionals through the Local Transport Plan and encompasses sustainable transport issues alongside the requirements to progress safer roads.

The group comprises the five West Yorkshire Highway Authorities—Bradford MDC, Calderdale MDC, Kirklees MC, Leeds CC and Wakefield MDC—West Yorkshire Police, West Yorkshire Strategic Health, West Yorkshire Casualty Reduction Partnership (Road Safety Camera Partnership), the Highways Agency, West Yorkshire Fire and Rescue and Yorkshire Ambulance. Those represented have their own organisations to plan and progress road safety matters involving professional and community bodies, road safety charities and with local people.

Questions

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

   1.1 The target reductions have focused professional activity, particularly for local authorities, but the supporting guidance has focused on professional activity, rather than involvement of the wider community and personal/joint responsibility for road safety and the prevention of road crashes. The target reductions do not appear to have totally focused government and the mixed messages from government departments have been a barrier to making further progress in reducing road injuries and gaining the support of the wider public.

   1.2 It is not clear what the effects on casualty reduction have been of the changes in society, deprivation, increasing lawlessness, deteriorating behaviour on the roads and disregard for others, and the effects of government investment in different areas of the country—insomuch that comparisons between authorities and the performance in reducing road injuries against target reductions are somewhat meaningless.

   1.3 In relation to roads policing the target reductions have not focused activity nationally—with further reductions in roads policing activities. The Home Office specifically need to set complementary targets for roads policing towards casualty reduction in the Police Performance Appraisal Framework to ensure that roads policing is given an appropriate priority.

   1.4 Target reductions for casualty reduction, and progress towards them, have provided repeated and numerous opportunities for the generation of positive publicity, and subsequent positive coverage in local and regional media.

   1.5 The targets reductions have given us the opportunity to engage with local politicians and local communities although often there are small numbers of casualties that are subject to extreme fluctuation. It has been difficult to talk about joint responsibility and for people to accept that their behaviour is the key to meeting targets for reducing road casualties.

2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

   2.1 The obvious answer to this question is as in any other unlawful activity—have a suitable deterrent. In that if you break the law there is a substantial risk that you will be caught and punished according to the law. That must be supported with greater remedial education that seeks to address underlying alcohol abuse. There is a strong link with antisocial behaviour including assaults linked to alcohol.

   2.2 The drink/drive limit should be set to avoid misinterpretation and confusion. At present we have legislation that allows one or two drinks (who knows?) before driving, yet we have “Think” campaigns that say one is too many. There are again mixed messages coming from government that are not helpful.

   2.3 The legal limit for drinking and driving needs to be reduced as a matter of urgency and, whilst acknowledging that ACPO suggests 50 mgs in 100 mls blood, the majority view in of the WYRSSG is that the limit should be set at 20 mgs in 100 mls blood.
2.4 A priority should be the targeting of young people and groups where culture is based around alcohol, through education and behaviour change. The current approach does not focus sufficiently on death and injury whilst driving as a consequence of drinking and driving. There is not enough information on residual alcohol in the blood and the impact on driving.

3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

3.1 Our approach in West Yorkshire is to work towards and hopefully exceed target reductions in line with EU “Vision Zero” principles, which involve increasing numbers of partner agencies and communities, to promote and be responsible for road safety, and that road users be responsible for obeying road traffic law. The extent to which that can be achieved depends greatly on government taking the lead.

3.2 There is an underlying understanding through issued media that the European Union is working to reduce road death and injury across the European community and promoting that as a priority. That does not appear to be promoted equally strongly in Great Britain. Government and other national agencies (e.g. DSA, safer vehicles, drug/drink driving, young drivers) need to move more quickly and give a consistent message backed by consistent priority setting and action. The current practice appears to rely on linkages being forged at a local level rather than that priorities being set at a national level. This dilutes the message and slows progress.

3.3 The issue of behaviour—and its consequences—on GB roads appears to have a higher media profile than other EU countries. There is wide (and conflicting) media coverage of road safety issues and it is likely that there will continue to be a need for more proactive community engagement and communication in GB than some other EU countries.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

4.1 Other transport modes are appropriately regulated and subject to scrutiny, investigation and penalties when regulations are not followed. Consequently there is little contravention of the regulations in those modes of transport—somewhat different to road traffic law, where there are excesses of speeding, mobile phone use, and the non-wearing of seatbelts, for example, together with unlicensed, uninsured and untaxed vehicles.

4.2 The level of proof and interpretation/application of traffic laws means that challenging driving convictions is seen as “fair game”, openly promoted and a victory for the “law abiding citizen”. The message that dangerous behaviour is putting others lives at risk is lost. The level of all road user education to achieve attitude and behaviour change needs to be vastly increased to help counteract this behaviour.

4.3 Again, effective deterrents come into the discussion and as a start on one third of road injuries some analysis of road fatalities/injuries/crashes incurred in the course of work could give information on current regulations and their effects on reducing road crashes and injury—and give some indication of what further regulations, restrictions or penalties would be needed for more employers to become responsible for the safety of their drivers and of other road users. The Health and Safety Executive should become involved in the investigation of road crashes causing death whilst on work related journeys—again needing to make it clear that this is a wider community responsibility.

4.4 It is more difficult to see how private use of motor vehicles could be regulated in the same way, but mechanised vehicles should not have precedence in law over non-mechanised vehicles and people walking, when in a collision. “Pedestrian crossing heedless of traffic” is still too common when in many cases vehicle speeds are too high for the conditions or location, or drivers were not paying attention. In our experience drivers tends to be outwardly putting blame on others (pedestrians, cyclists, older drivers, children young people, parents, police and local authority), rather than looking to modify their behaviour.

4.5 There is a more systematic approach to risk reduction in other transport areas, including preventing operatives from acting illegally. Design, maintenance, training and prevention are better integrated. In road safety there is in-vehicle technology that would provide appropriate control but as yet it has not been widely implemented or proposed other than in demonstration projects.

5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

5.1 There are blockages in all areas of road safety, because of the limited finances that are available, the scale of the problem and the huge numbers of people that we need to target. Road Safety is a topic than most motorists think they are an expert about simply because they drive. In reality it is most motorists that are the problem but having sufficient resources to re-educate them is of concern. To educate the next generation of road users is extremely difficult also and a change to the National Curriculum is urgently needed in order to put Road Safety onto the agenda in both Primary and particularly Secondary Schools. There is a need for a whole life approach to road user education from the very young through to older people. This would include messages and interventions appropriate to the age, road safety need and risk, together with remedial approach for those that have contravened or demonstrated they are at risk.
5.2 There are not enough trained and skilled staff available to deliver road safety needs in an acceptable timescale—given that re-engineering of the highway system would take 10 to 15 years at least given the current levels of funding, particularly in relation to speed management and meeting the needs of all road users, and the communities alongside. Re-engineering is not a sustainable solution as we move to risk reduction, speed management and high injury locations or routes become more difficult to find and more expensive to address. There is also evidence of community rejection of engineering measures and the constant need for compromise. A step change in reducing casualty numbers is dependent upon changing behaviour and dependent upon initiatives that do that, alongside the long-term improvement of the infrastructure.

5.3 The age profile of present trained and skilled staff is relatively high overall and numbers will reduce disproportionately in next 10 years due to retirements. There remains a problem of attracting the right calibre of professional into the road safety area, training, development and retention. This is also influenced by available funding within local authority and partners as road safety education in particular suffers from inadequate funding.

5.4 There is a shortage of skills in the area of road user psychology and it’s effective application in delivering education to all road users. There is much good work in the psychological research areas of road user attitudes and behaviour change but a lack of skilled people to translate that into effective, sustainable interventions at a local level and national level.

5.5 In terms of roads engineering, perhaps more time is taken up dealing with increasing behavioural issues that would be better dealt with by increasing resources in other areas of road safety. Extensive time and costs are now devoted to engaging with the community to achieve equitable solutions whilst addressing the need and priority. There is a perceived shortage of this skill set within many of the organisations that work in the engineering field. This requires skills and competencies that are not taught as part of engineering education. Indeed engineering professionals may not want to get involved in the social engineering aspects of road safety.

5.6 There is huge concern at the level of capability, competences and approach of driving instruction and instructors, which play a vital role in training safe and responsible drivers of the future. These trainers as they play a vital role in post-test education and training of road users.

5.7 There are insufficient roads policing officers and complementary resources, education, training and publicity staff—and supporting staff to allow the considerable expansion of enforcement and driver training initiatives that are needed.

5.8 If there were more funding available then facilities would need to be put in place through education, further education and professional development to increase the numbers of trained staff to appropriate levels.

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

6.1 Firstly to promote social and individual responsibility alongside professional action to improve road safety—and have appropriate deterrents. The problem of young drivers being killed and injured may be caused by the absence of deterrents and the apparent lack of government support for roads policing—again giving the message that behaviour on the road is not a priority for government and consequently not for the country as a whole. The knee-jerk reaction to propose further restrictions on all young people may be seen as dealing with the symptoms instead of dealing with the cause. This is also happening with older drivers.

6.2 A recent analysis of drivers at fault in road crashes causing death and serious injury in the Bradford District has shown that drivers up to 40 years of age are significantly represented in road crashes causing injury not just young drivers.
6.3 Authorities in West Yorkshire are funding dedicated roads policing activities through road safety grant and neighbourhood renewal funding, and there is some early indications that where this can be carried out, that road injuries have been reduced.

6.4 Graduated Driving Licences have been introduced in other countries with casualty rates falling dramatically across the target audience of new drivers. Australia, New Zealand, Canada and the USA have all seen GDL’s as being successful but it is reliant upon the Police providing adequate and robust enforcement. This action alone could have a dramatic effect on any casualty reduction targets as the new (young) drivers are heavily over represented in current RTC statistics.

6.5 Improving the level of novice and post-test education is necessary along with developing a professional approach to driving instruction. Huge amounts of resources are put into training, developing, and testing teachers in the schools education system with league tables, exam results etc. The public view of being taught to drive (a lethal machine) is more about cheap cost and speed of passing the test rather than a professional and important service to train responsible safe drivers. Retesting of newly qualified young drivers one week after passing their test as part of a research project, resulted in the vast majority failing. Newly qualified drivers are ill equipped with the higher order attitude and behaviour concepts resulting in disproportionate involvement in death and injury on the roads involving themselves and their young passengers. Complete route and branch changes to the driver training system is required with proposals identified in the “safe driving for life” DSA strategy needing rapid but considered implementation.

6.6 New legislation to make it illegal to use a Hands Free Mobile Phone should also be introduced. Recent studies have proved that using a hands free mobile phone has the same effect as drinking and driving at the legal limit.

6.7 Compulsory wearing of cycle helmets should also be considered. Helmets prevent head injury and even though there aren’t many cyclist RTC’s compared to the overall numbers, cyclists are more likely to suffer a serious head injury than most other road users. Simply wearing a helmet whilst cycling can prevent death or a lengthy stay in hospital and/or long-term disability.

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

7.1 The priorities for government should be the setting of consistent policies followed by all government departments, which remove the mixed messages that compromise road safety activities.
7.2 There is concern amongst communications professionals within road safety that there is insufficient support from Government. As a result, conflicting messages have been given, which fuel media speculation and public uncertainty about the effectiveness of road safety policies, both regionally and nationally. A policy of more overt central support for road safety initiatives at a local level would be very helpful.

7.3 Government should carry out an analysis of current performance in reducing road injuries in local authority areas that takes into account changing social conditions and the effects of government action, policy and investment in addition to initiatives that are led by Local Authorities. In that way meaningful predictions can be made of future performance at local levels.

7.4 Government should carry out further research on the incidence of road crashes and particularly work-related road crashes and the connections to disadvantage, the unlawful use of motor vehicles and to other criminal activities.

7.5 Further complementary targets should be set that link to related areas of anti-social and illegal use of vehicles and the support of local communities that are intimidated, for example, by the increasing numbers of vehicles driven at speed. Meaningful roads policing targets should support them.

7.6 Consideration should be given to increasing the powers of Police Community Support Officers and Highways Agency Traffic Officers in an effort to provide an effective uniformed deterrent with consideration for the widespread use of CCTV for enforcement of Road Traffic Offences, eg Seatbelts, Mobile Phones.

7.7 Consistent safer roads targets should be set for partners from a national level to minimise the conflicting priorities at a local level. There should be clear identification of linkages with other policy areas and joined up thinking between government departments so that targets to do not conflict.

8. Conclusion

8.1 There continues to be increasing potential for road crashes and injury that can only be addressed by strong central direction from government followed by committed local involvement and delivery. Whilst this submission is a snapshot of views within West Yorkshire there are other initiatives that will contribute to reducing road injuries overall. Driver training initiatives are an example, which are being developed to give a review of driving attitudes and abilities, and can be linked to enforcement technology. In car technology will also develop further in the coming years.

8.2 The significant challenge is still to change behaviour such that dangerous and unlawful activities become unacceptable. That would seem to point to increasing involvement with local communities and those most at risk, using increased and integrated, effective initiatives that give support and guidance, such as pedestrian training for children, seatbelt campaigns and driver/rider training to create safe responsible road users of the future. This must be underpinned by appropriate enforcement.

February 2008

Memorandum from South Yorkshire Casualty Reduction Tactical Group (RS 51)

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

1.1 The target casualty reductions have been useful in focusing professional activity but they appear not to have had the same effect on government with mixed messages coming from government departments. For example the Home Office has not set casualty reduction targets for the Police which has meant that roads policing has not been given a high priority. These mixed messages may have hindered making greater progress towards achieving targets and gaining more public acceptability and understanding of the road safety initiatives being used to achieve targets.

1.2 The current emphasis in targets on casualty “numbers” can often hide other important factors such as exposure to risk for example and does not pay enough recognition to previous performance and other indirect factors.

2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

2.1 One obvious answer would be to reduce the drink drive limit, perhaps even to the point where drinking is not allowed at all. However, it seems pointless to do this if the level of road policing remains at its current level where the chance of being caught drink driving is low. People need to realise that there is a high risk of being caught and punished and this can only be achieved by increasing enforcement activity at the same time as the drink drive limit is reduced.
2.2 Consideration should also be given to clearer labelling of the alcohol content of drinks so that people are better informed when choosing what to drink.

3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

3.1 Several EU countries have adopted the Vision Zero principles which involve agencies and communities working together to promote and be responsible for road safety with the aim of reducing casualties to the lowest level possible. In South Yorkshire, while not formally adopting Vision Zero principles, a similar multi-agency approach to casualty reduction has been embraced under the heading of the South Yorkshire Casualty Reduction Partnership.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

4.1 Other transport modes such as railways, aviation and shipping are much more tightly regulated. When these regulations are not followed investigations and penalties usually result. Accordingly there tends to be few infringements of the regulations in those modes of transport. This is at odds with road traffic law and general precedent where rules governing speeding and mobile phone use, to name but two, are widely disregarded. It is difficult to see how a tightening of the regulations could be successfully applied to motor vehicles without increasing the amount of road policing to provide a suitable deterrent and infringing on perceived or actual civil liberties.

5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

5.1 The shortage of education, training and publicity (ETP) staff could affect the shift in focus of road safety initiatives away from engineering based solutions towards those that involve changing behaviour and which could deliver a step change in casualty reduction. Having said that there is also a shortage of engineering based staff and if the shortage of ETP staff is not addressed more of their time could be taken up dealing with increasing behavioural issues at the expense of progressing road safety engineering.

5.2 The lack of roads policing officers is also of concern. Increasing their number would not only result in more effective enforcement of traffic laws but would give greater public reassurance and discourage some of the anti-social behaviour that currently takes place. However, this is perhaps related to the shortage of roads policing officers as much as it is to do with the lack of priority given to roads policing.

5.3 Most of the above in 5.1 and 5.2 rely on “revenue” funding and this is scarce within local authorities who along with the police are looking at technology to reduce resource costs.

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

6.1 There is evidence to suggest that the lack of roads policing is leading to problems with anti-social behaviour and a lack of individual responsibility on the roads. This is particularly noticeable among young drivers, where the number being killed and seriously injured is of concern, and is caused by the absence of deterrents in the form of adequate roads policing. This gives the message that behaviour on the road is not a priority for government even though this could work against achieving targets for casualty reduction.

6.2 The introduction of Graduated Driving Licences (GDL’s) could reduce the involvement of new (young) drivers in road accidents. The evidence from countries where GDL’s have been introduced has been very encouraging with casualty rates falling dramatically among new drivers. Australia, New Zealand, Canada and the USA have all seen GDL’s as being successful but again it is reliant upon the Police providing suitable enforcement. This action alone could contribute significantly to casualty reduction targets as new (young) drivers are over represented in current casualty statistics. To illustrate this the 17 to 24 age group makes up approximately 10% of the population in South Yorkshire but in the last three years has made up 40% of the people killed and seriously injured in road accidents.

6.3 Continuing the new driver theme consideration should be given to prohibiting new drivers under the age of 25 from carrying passengers.

6.4 Automatic number plate recognition should be developed further. There is growing evidence that drivers who are uninsured and/or driving untaxed vehicles are more likely to be involved in accidents.

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

7.1 The introduction of casualty reduction targets for the Police would be beneficial. It is of little use having legislation in place if there is insufficient enforcement activity to back it up and make it effective. Those that disregard the laws need to be aware that there is a reasonable chance that they will be caught and prosecuted. Consideration should also be given to increasing the powers of Police Community Support Officers and Highways Agency Traffic Officers in an effort to provide an increased uniformed deterrent.
There is an argument to suggest that without additional police enforcement more stringent casualty reduction targets will be more difficult to achieve as ETP and engineering have played the major part in the most recent casualty reduction figures towards the 2010 targets.

7.2 Consistent road safety related policies should be adopted by all government departments. This would remove the mixed messages that are currently coming out of government and which are possibly compromising the achievement of casualty reduction targets.

This evidence represents the views of the South Yorkshire Casualty Reduction Tactical Group. This is a multi-disciplinary group committed to reducing road accident casualties in South Yorkshire and is formed of representatives from each of the four South Yorkshire districts, South Yorkshire Police, South Yorkshire Safety Camera Partnership, the Highways Agency, South Yorkshire Fire and Rescue Service, the Yorkshire Ambulance Service and the local health authority.

February 2008

Memorandum from the Road Haulage Association (RHA) (RS 52)

The Road Haulage Association welcomes the Transport Committee’s Inquiry and the opportunity to submit evidence.

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

The statistical information published on a regular basis concentrates the minds of road users, professionals and policy makers. It is unclear, however, the extent to which understanding has been developed as to exactly what factors have contributed to reductions or held back progress. More research and consideration in these areas would be of use. In the particular area of truck-related collisions, a greater understanding of causes may help to inform behaviour of truck operators and drivers and of motorists and would be of use to vehicle designers.

2. What further measures need to be adopted to reduce deaths and injuries arising from drink driving?

— High visibility policing at local hotspots would help along with and the targeting of known repeat offenders. We consider the issue to be less of a problem in the road haulage profession, which overwhelmingly considers drink-driving totally unacceptable and generates peer pressure as a result. Legal sanctions against employers further bolsters that culture.

— We support awareness-raising, high profile campaigns against drink-driving, although we are less certain that the routine use of motorways message boards is appropriate in this regard. We would particularly support campaigns in schools.

— We should not overlook the issue of driving while under the influence of drugs, which can be harder for employers to detect.

3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

— Generally the UK compares well and has one of the best road safety records within Europe. This is true of trucks and trailers, for which the maintenance legal requirements are substantially greater and also of the vehicle loading culture in the UK. It has become clear to us during negotiations and discussion of the new Driver CPC Regulation (effective from September 2009) that the perceived need for higher standards in some UK countries is much greater than in the UK.

— Anecdotally, foreign truck drivers are generally very positive about the car driving culture in this country and consideration shown by motorists compared with those on the Continent. This is in striking contrast to the widespread concern, shared by the RHA, than standards of care and courtesy among motorists may be declining.

— We have a clear road safety strategy coupled with casualty reduction targets and we note that the country’s road safety record generally improves year-on-year despite the increase in foreign drivers, particularly with regard to freight vehicles. But we would draw attention to our other comments in our response to question one.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

— Road transport allows a greater degree of personal choice than other modes of travel and is less well regulated. We depend on other road users to react in a responsible, social and safe manner when driving to a high degree. Unfortunately humans make mistakes when driving and this can
cause accidents, modern vehicle technologies to protect motorists and their passengers undoubtedly assist in reducing the deaths and injury of all road users. It may be that we need more understanding of the danger of "cocooning" and the complacency that might cause.

5. Are there specific blockages caused by a shortage of appropriately trained skilled staff?

— The RHA is working to promote the training of company trainers, who can further strengthen a positive driving culture and the use best practice among UK truck drivers. Such trainers/assessors and driving leadership positions are appropriate to even quite small fleets and this is increasingly being recognised in the industry.

— Many children today have little or no road sense; they have little opportunity to hone their skills by such means as walking or cycling to school etc.

— We believe that the absence of the requirement for a restricted licence holder to employ the services of a CPC-qualified transport manager is no longer appropriate. A CPC-holder has demonstrated that he or she understands the regulations required to operate a truck legally and safety. The restricted (or “own-account”) licence still accounts for 100,800 trucks (Traffic Commissioners’ Reports 2005–06), or one quarter of the UK fleet. By way of background, the Transport Act 1968 enacted a provision that all truck operators be required to use a professionally-qualified manager but this was never implemented; the CPC was introduced in the UK 1978 in response to the European Directive on access to the road haulage profession and the decision was taken not to gold-plate by applying to restricted licences. Our understanding is that the new A8 countries are applying the CPC requirement to all new licence-holders. The new regime being developed for Northern Ireland will allow for a similar route to be followed.

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

— New drivers should be identified following the granting of their driving licence for a period to be designated—perhaps, of one year. Our members in Northern Ireland report very positively on such a scheme in the Province, which has reduced death and injury among young drivers.

— Improved car driver education could reduce accidents involving trucks. A report published last year jointly by the European Commission and the International Road Transport Union suggests that around 75% of accidents involving trucks are caused by car drivers and not the truck or its driver. The study involved several EU countries but the UK was not included and we therefore do not draw firm conclusions. We would urge further UK research into the causes of accidents involving trucks, which would be valuable to road designers, truck operators and professional drivers. It could, perhaps, help to focus enforcement activity on safety outcomes.

— The haulage profession is keen to an increase in the 40 mph speed limit on single-carriageway A-roads, on the grounds not only of efficiency but also of road safety. The RHA has pressed strongly for such an increase through the road haulage forum and at local authority level. In addition, the Scottish freight inquiry (that was set up in response to the RHA) highlighted the issue when it was debated in the Scottish Parliament in 2006. It was striking that there were no dissenters and much support for a trial of a higher speed limit. SMPs recognised, as some Westminster MPs have, that 40 mph is an unnecessarily slow limit that causes frustration among cars drivers, who are consequently tempted to make unsafe overtaking manoeuvres.

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

— Death and injury from accidents involving trucks have been reduced by improved design to both cars and trucks, in the latter case with the additional of low front-under-run being a notable advance alongside earlier rear guard and, in the UK, side guards.

— We believe further improvements may be possible through the adoption of electronic safety systems, such as anti-roll for trucks and trailers. Reliable information is needed as to the effectiveness in reducing accidents of these systems, which are most cost-effectively fitted when the vehicle or trailer is being built. It may be that in some cases technology is held back by EU legislation; it may be that in other instances cost-effective factory-fit should be promoted as standard.
FURTHER OBSERVATIONS

The greatest gains in road safety can be derived from improving driver skills and attitudes and we believe that truck drivers would make good role models for motorists. The haulage sector has a core culture of safe (and fuel-efficient) driving that can be of potential benefit to other road users, a point the RHA is seeking to make to a broad motoring audience.

The haulage culture emphasises good practice in: reading the road ahead, allowing drivers to respond to situations as they arise; approaching traffic lights, roundabouts and other junctions in a manner that minimises braking and fuel use; anticipation of hazards and what other road users will to ahead, to the side and behind them; selecting the correct gear and being aware of the “sweet spot” on the engine.

Professional truck drivers do not race up to red lights and junctions, applying the brakes at the last moment; accelerate and brake harshly; and look only at the road ahead of them.

We make no claim that every haulage driver is perfect. But most drivers are very good and the culture of the industry is focused on safety. The industry readily integrated the principles of the Safe and Fuel Efficient Driving (SAFED) scheme for truck drivers, which we launched to the industry working with AEA Technology. The Driver CPC Regulation, which takes effect from September 2009 in the road haulage sector, will further underscore training.

DfT accidents statistics support the assertion that truck drivers can be role models. Truck drivers are substantially (almost 40%) less likely to be involved in a reported accident than car drivers, measured in accidents per mile (see Fig 1), despite their vehicles being much larger and much heavier than cars. In addition, the trend for trucks is consistently downward.

The British accident record would be better still, were it not for the inclusion of increasing numbers of foreign trucks, which are around twice as likely have accidents than UK trucks and whose compliance record is poor. Indeed, we have increasing concern that foreign drivers may damage the perception of the industry in this country. We welcome the strongly targeted action and prosecutions now being brought by small number of police forces but very much more needs to be done to enforce haulage and safety laws in regard to foreign truck drivers. The continued absence of sanctions and delays to the Graduated Fixed Penalty scheme is most disappointing. We note that VOSA’s public position that implementation of the scheme will not be before spring 2009; and logistics minister Jim Fitzpatrick’s more recent Parliamentary Answer (in February) that implementation will be “as soon as possible”. Our fear is that delays may stretch well beyond spring 2009. The current weak enforcement of haulage laws in respect of visiting trucks is damaging road safety, truck operating efficiency and UK competitiveness and to the image of the industry in the UK.

More positively, we welcome the Department for Transport’s initiative in issuing Fresnel lenses to foreign drivers, which has greatly reduced the incidence of side-swiping. This success should prompt further initiatives and we would suggest a short information pack or sheet for visiting drivers, issued at port of embarkation.

We are greatly concerned about the impact that closure of secure truckstops may have on road safety. The closure last autumn of Alconbury near the A1, which is as close as the industry has to an iconic truckstop with spaces for more than 200 trucks, as well as more recently Wolverhampton and several smaller truckstops, is making a serious problem worse.

Drivers have a statutory duty to take breaks at regular intervals but the parking infrastructure is inadequate in many areas of the country. There is a degree of legal uncertainty among drivers, who have long been allowed to continue to drive beyond their hours if they feel that the security of their truck, their load or their own personal security is at threat, provided that road safety is not impaired. (This is currently allowed under Article 12 of EU Regulation 561/2006 on drivers’ hours.) We have examples of the police moving trucks on from crime hot-spots after the driver has finished—or thought he had finished—his day’s driving and Cambridgeshire police have recently reported an increase in crime against trucks following the closure of Alconbury.

We are encouraged by the Department for Transport’s growing recognition that more needs to be done to protect and promote a strategic truckstop park. However, we sense a need for greater urgency of action; local authorities must accept the need for truck parks in their transport plans; additionally, there is concern that investment in security at truckstops attracts substantial increases in business rates, which acts as a disincentive to invest.

We are disappointed that the DIT appears to be unwilling to allocate a small proportion of the Dartford Crossing tolls to the promotion of secure parking facilities in the area, for which there is an urgent need. Commercial vehicles generate half the toll revenue of around £70 million a year. We note that concessions are to be given to Dartford residents—to which we have no objection—and believe that the precedent could be used for truck parking. We believe there would be road safety as well as security and social benefits.

February 2008
APPENDIX 1

ACCIDENT RATE/100M VEHICLE KILOMETRES

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ACCIDENT RATE/100M VEHICLE KILOMETRES

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Figures sourced from DfT Accident Statistics 2006–07

Memorandum from The Patrick Foundation (RS 53)

QUALITY DRIVING INITIATIVE

The Patrick Foundation Quality Driving Initiative lobbies for a return to former high standards of driver training for Police and Public alike, and for realistic research based on evidence, knowledge and established facts. The initiative should be implemented by those who have experienced and followed the pursuit of excellence, exemplified and enacted by the Metropolitan Police Driving School at Hendon. This former centre of excellence has subsequently been run down with its crucial influence in improving driving standards progressively diminished from 1965, by less well informed and badly advised Government departments and Ministers.

The Metropolitan Police Driving School at Hendon, was founded in 1931 as a direct result of concern at an incident rate of one per 7,000 miles amongst their drivers. Opened for business in January 1932, driver training evolved from Hendon, to encompass eight police driving schools nationally, and influence driver training for the services, companies, the public, and input into virtually all major overseas countries. By 1965 an incident rate of one per 85,000 miles had been achieved for all police drivers nationally. The Hendon training methodology and success story began to be widely implemented in the public and corporate sector by organisations such as the British School of Motoring. Britain stood as a world leader in implementing a superior road safety culture, which is proven to have worked.

Three years ago in 2004 the Metropolitan Police admitted an incident rate of one per 10,000 miles. There are no valid arguments to dispute this catastrophic decline in driving standards, and the current appalling Police accident statistics. If this was not enough, the current National statistics for young drivers are even more disturbing within a culture of confrontation, gun and drugs crimes, loss of discipline, loss of respect for authority amongst all age groups, and a Government who panders to single issue pressure groups who raise money by presenting misleading and untruthful statements to the media and the public. Implementation of the Quality Driving Initiative now, before it is too late, will save lives, reduce injuries, and restore the Nations dignity—Edmund Marriage

February 2008
CONTENTS A

A. *What is the Truth?—Some important facts behind the urgent need for radical changes to current policies*

1. The responsibility for the lethal Instrument in a collision rests with the driver of that lethal instrument.

2. There are four identifiable types of driver requiring different types of formal supervision, training, and low cost medical rehabilitation.

3. Very few people understand the wide range of skills required to be a safe driver. These skills are best taught at a young age in schools, to establish personal responsibility and a popular safety culture.

4. Very few people understand the established formal driver training terminology of both the good use of, and misuse of speed. This has led to speed per se being falsely considered a major cause of death and injury, and the implementation of policies with a range of very serious unintended consequences.

5. Reliance on speed cameras encourages bad driving and side effects, which lead to increased numbers of deaths and injuries. The implementation of this speed camera policy, has in practice destroyed motoring public respect and confidence in the Police, the Courts and Government.

6. A significant proportion of the costs of the Quality Driving Initiative in achieving higher standards of driver training can be absorbed within a thriving private sector. The consequent benefits would contribute a net gain in Government finances.

7. The harsh reality of the important statistics, call for a major change of attitudes and policies at the highest level.

CONTENTS B C D AND E

B. *Implementing the Quality Driving Initiative*

1. Ten Year Plan to Bring to a Halt to the Spiral of Social Disorder, Lack of Individual Responsibility, and re-establishing a Safety Culture.


4. Promoting the Self Funding Potential of Quality Assurance, Apprenticeship, Training and Rehabilitation in the Absence of Government Funds.

5. Simulated Advanced Driver Training, using Virtual Reality PC based packages, for schools and driver training establishments.


7. Resolution of Drug, Drink, Substance or other Health Abuse Issues by using the Neuro Electric Therapy addiction cures, linked with effective work and training based rehabilitation, free from any subscription drugs from day one.

8. Integrating and Implementing the range of measures required to encourage and achieve high levels of individual responsibility through a wide range of linked activities.

9. Encouraging the supportive roles, which would arise by fully engaging with the Private Sector.

10. Legislation which would ensure that all aspects of the Ten Year Plan gained the support and understanding from the Exchequer, Police, Local Authorities and the Courts.

C. *Background on the Patrick Foundation and Edmund Marriage*

D. *Request to attend the Oral Evidence Hearings and offer of assistance in implementing of the Quality Driving Initiative*

E. *Attachments (not printed)*

A. *What is the Truth?—Some important facts behind the urgent need for radical changes to current policies*

1. The responsibility for the lethal Instrument in a collision rests with the driver of that lethal instrument.

Drivers of vehicles are personally responsible for the lethal instrument in a collision, and therefore their levels of concentration, hazard perception and anticipatory skills, together with their general ability and physical fitness are the primary factors in assessing and reducing their accident potential, and their impact on death and injury statistics.
Put simply, bad driving causes accidents, and if bad driving is not being addressed or discouraged, progress will not be made. The informed reality is that current policies encourage bad driving, discourage good driving, and prevent high standards of driver training from taking place.

Individual responsibility and free will is being discouraged in an atmosphere of confrontation and distrust, brought down upon us by the significant, detrimental and unsustainable expansion of State-ism into our lives.

Government in reality has a duty of care to each individual in our wide community, and a primary requirement though education, to reduce the accident potential of those individuals, where undue risk would compromise the public interest. If targets are to be used, then the numbers who have undergone training would be a first priority measure of achievement.

2. There are four identifiable types of driver requiring different types of formal supervision, training, and low cost medical rehabilitation

   Excellent common sense research, unfortunately discarded by the Transport Research Laboratory in the 1970s, because it could not be precisely defined on paper, concluded that there were four identifiable types of driver, who required different approaches, training methods and length of time in undertaking driver training. **Associated Active—Associated Passive—Disassociated Passive—Disassociated Active.** The ability to allow for these individual differences, and identify those drivers with the highest accident potential, would enable training to be conducted with greater efficiency, and more positively assist each group to lower their accident potential, rather than tend to alienate and confuse them under more standard or more limited training procedures.

3. Very few people understand the wide range of skills required to be a good and safe driver. These skills are best taught at a young age in schools, to establish personal responsibility and a popular safety culture

   Positioning, hazard perception, judgement of speed and distance, creating safety space, making good use of speed, and acting and responding courteously to other drivers, can be taught more effectively, when a driver is put under pressure. Psychological difficulties can also be recognised by an experienced instructor at an early stage, so that the pupil can be given the appropriate instruction and experience to provide the vital confidence combined with discipline, which will significantly reduce accident potential.

   Adjusting speed to suit the prevailing conditions at all times requires maintaining high levels of concentration, observation, anticipation, hazard perception and above all, keeping eyes on the road.

   Mastering the ability to drive slowly enough when conditions demand such action, being the primary and ultimate objective of driving skill, regardless of what speed limit was set. This is a particularly important skill on country roads, along with an understanding of the behaviour of wild animals, and the reasons for rural activities, such as riding horses on country roads.

   Not to obstruct other road users—Learning the art of positioning the vehicle correctly and safely at all times—Not driving into other peoples accidents—Overtaking as quickly as possible in order to create safety space and reduce time exposed to danger.

   The priority of providing excellent training to Police once allowed them to use their high skills to identify driving faults and an accurate analysis of the real causes of accidents—These skills are being lost.

   Former heads of the Police Driving School at Hendon would confirm that the emphasis was placed on the use of speed in the training process in order to expose and correct small mistakes before they became big ones.

   *Today loss of control of a vehicle, is said to occur in 35% of accidents.*
   *600 deaths (20% of total) are due to drivers failing to look properly.*

4. Very few people understand the established formal driver training terminology of the good use, and misuse of speed. This has led to speed per se being considered as a major cause of death and injury, and adopting policies with a range of very serious unintended consequences

   The reduction of speed has been seen by the authorities as a priority in reducing deaths and injuries, and the strict enforcement of speed limits by mechanical means, has been a primary instrument in the attempt to achieve optimistic targets. The reliable accumulated evidence shows that this approach is simplistic, ineffective, damaging, and plain wrong for one key reason. It was established long ago that speed in itself does not kill. The correct terminology has been defined by the Hendon Police Driving School as the use of speed and misuse of speed.

   Misuse of speed as a cause of death and injury did not exceed 7% of deaths and injuries, when accident analysis was properly assessed under Stats 19–21 by Police Class One trained drivers. The Stats 19 to 21 forms still display the terms, use and misuse of speed. Sufficient confidence was expressed to support this qualified analysis that the breakdown of causes was printed in the Highway Code. In support of this important fact, speed itself was recorded as a lesser cause than this at 5% by the Transport Research...
Laboratory in September 2006. At least 93% of deaths and injuries therefore arise from a wide range of simple and complex causes other than speed, which should be addressed and not neglected. Government policy centred on speed *per se*, currently fails to address the use and misuse of speed, and fails to deal with 93% of the real problems.

Use of speed more often relates to driving well under the speed limit to reduce the chance of a collision. Use of speed is an important part of driving safely and creating safety space for all drivers. Use of speed also assists in removing the problem of obstructing other road users and causing congestion. Use of speed become a valuable tool in maintaining the essential high levels of concentration. For all drivers speed is the primary beneficial influence, which encourages them through fear to be observant, stay mentally awake and behave safely and responsibly.

The failure to understand the difference between use of speed and misuse of speed, and to remove knowledge and experience on these two aspects of speed from the debate, lies at the heart of the damaging conflict between a badly advised Government and the better informed driving public.

The strict enforcement of speed limits, in practice, creates side effects by lowering the standard of driving, and this in turn leads to a relative increase in the numbers of dead and injured, particularly within the built up areas at speeds below 30 mph, where most death and injuries occur. Cameras are extremely expensive and cannot cover more than a very small percentage of the country (currently less than 3%). In any event they are required as a matter of priority where pedestrians are at high risk. There is no possible hope of meeting road safety targets, unless individual responsibility is encouraged and rewarded. The lack of mutual respect between the State and Road Users has made this all the more difficult. One size fits all speed enforcement therefore does not address the issue of saving lives and reducing injuries on our roads.

18% of accidents are said to occur with drivers travelling too fast within the limit. 2 million speed tickets are currently issued each year, and 1.3 million drivers are one offence away from disqualification.

5. Reliance on speed cameras encourages bad driving and this leads to increased numbers of deaths and injuries. This policy has destroyed motoring public respect and confidence in the Police, the Courts and Government

Misuse of speed is now a growing problem, because the reliance on speed cameras sends the wrong messages to drivers. There is no longer a means to identify and encourage the correct use of speed. There is no longer a means to identify and punish the misuse of speed. There is no means to encourage and reward good driving.

Other specialists have provided the solid evidence to this committee, to demonstrate that speed cameras used as a one size fits all solution has been a disaster, indirectly causing many more deaths and injuries (estimated at 1,200 deaths per annum) to set off against the very small reduction in deaths and injuries claimed at camera sites (25 deaths—see the Conclusions of the Safe Speed Report attached.

The camera was located on a straight stretch of high quality dual carriage way, far from any form of hazard, such as a bend or the brow of a hill. The road conditions and visibility on the day in question were excellent and the amount of traffic was light. Accident statistics demonstrate that such roads in Britain have the lowest relative ratings for deaths and injuries of all roads, including those in any other country in the world—Witness statement at a site where record amounts of speeding fines have been unjustly extracted from drivers.

The proven method of encouraging drivers to adjust their speed to suit the prevailing conditions and to keep their eyes on the road, is now more relevant than ever before in restoring sanity and safe driving. Total control of speed by gantry signs and cameras has proved successful under certain conditions, but the nanny state has decreed the strict enforcement of speed limits, without any consideration being given to the serious ongoing decline in standards of driving, and the massive increase in the wide range of bad driving habits, which eventually kill and injure more people.

Reliance on speed cameras is guaranteed to increase deaths and injuries on the roads of the world. Using them to raise money is a corrupt abuse of authority, guaranteed to alienate the drivers of vehicles, and further destroy public respect and trust in what were once called the courtesy cops. The letter attached from a Police Sergeant on this subject covered above is typical of the majority of experienced and informed policemen in the United Kingdom, whose advice has been ignored.

Meanwhile 1.2 million road deaths and 50 million injuries around the world continue to present growing unresolved problems for the human race, through the failure to deal with the known causes of deaths and injuries.
6. A significant proportion of the costs of high standards of driver training can be absorbed within a thriving private sector, and the consequent benefits contribute to a net gain in Government finances. The current average cost of each road accident, is estimated to well exceed £1 million. This does not include the disruption and congestion, which impacts upon the National economy. The cost effectiveness of improved and widespread driver training has for long been proven.

7. The harsh reality of these important statistics, call for a major change of attitudes and policy’s at the highest level.

1. A loss of downward trend from the early 1990’s costing more than 8,000 lives.
2. From the lowest fatality rate of 33 countries in 1995 to 5th place in 2005, and 28th in accident reduction over the last 10 years.
3. One million, mostly young drivers, on the roads without insurance and valid driving licences.
4. Death rate for young drivers under 20 has doubled in the last five years, when full licence holders in this group has halved over five years.
5. Of £44 billion collected, £8 billion is spent on road transport.

B. Implementing the Quality Driving Initiative

1. Ten Year Plan to Bring to a Halt to the Spiral of Social Disorder, Lack of Individual Responsibility, and Re-establishing a Safety Culture

Promote a new driver training industry based on the Quality Driving Initiative and allowing a period of 10 years to meet major objectives. This would be achieved initially, by pulling together all current loose ends—clear leadership, reform and re-mobilisation of police skills, instructor training, legislative issues, public awareness of the facts, industry requirements etc. Re-establishing the pursuit of excellence within an effective safety culture for the future.

In order to encourage individual responsibility within an ordered community, each individual has a moral duty of care to that community. An individual who legally chooses, or is required, to deploy a lethal instrument, be it a knife, gun or car, should demonstrate skill and responsibility in its use. The Quality Driving Initiative sets out how this can be achieved under self regulatory structures, with the minimum of Government interference. An essential requirement is the encouragement of individual responsibility, and taking seriously all related issues at as young an age as possible.

_The pursuit of excellence in each department was a matter of honour, where self interest led to a duty of care towards fellow citizens and the overall success of that community—Learning from History—Edmund Marriage._

2. Mobilising Currently Unused Police Expertise, and the Training of the Instructors and the Administrators of this Initiative

We have reached a point in time where there is a rapidly decreasing number of Police, who were trained the Hendon Class One driver qualification. They would however currently represent sufficient available numbers to be the potential, knowledgeable instructors and administrators in the revival of Hendon methods, through the Quality Driving Initiative.

The policy of encouraging or allowing police personnel to retire as early as the age of 48, does allow this substantial reservoir of highly skilled and experienced individuals, familiar with past best practice in driver training and community policing, to be re-employed as a matter of national emergency, in clearly defined and well rewarded roles, which should not create conflict with the running of the current Police force.

Radical action is required by Government in a number of important areas to ensure the Quality Driving Initiative is successful. One central issue is to mobilise unused Police skills on a large scale in training instructors and administrators for the Initiative. At the same time a dual purpose in this action would be to select those Police skills best equipped to provide supporting sensitive community policing, to support this, and similar rehabilitation and training initiatives.

3. Quality classifications for successful instructors and pupils to British and International Standards and Use

A British Standard for five classifications of training achievement as perfected by the Police Driving School at Hendon, between 1933 and 1965. This would be re-branded as the Quality Driving Initiative for police, fleet training, public, armed services, and administered through a re-formed Driving Standards Agency, and the Driver Training industry.
For example Pass Plus, the IAM test and the Driver Improvement Scheme would fall in the category of Class 5. A good IAM test would fall into the category of Class 4.

Penalties for bad driving, especially amongst the young, should be focused on compulsory and voluntary driver training, not being banned and criminalised, but encouraged to enjoy driving well and be rewarded for achieving results. In cases where a Court imposes a two year detention and training order, this should dovetail into the Initiative outlined in this Submission (see B7 below).

4. Promoting the self funding potential of quality assurance, apprenticeship, training and rehabilitation, in the absence of government funds

The early success of the Initiative would stimulate a wide range of opportunities of linking with similar training projects, and obtaining funds from a wide range of sources other than Government. Good planning and support from Government is therefore of great importance to achieving long term objectives. Neither Government nor the private sector could achieve a successful outcome on its own.

5. Simulated Advanced Driver Training, using Virtual Reality PC based packages for schools and driver training establishments

The writer was closely involved with the Transport Research Laboratory and the Bristol based Virtual Reality Specialist Company Division in 1997–98 in an attempt to set up a grant aided project, to explore the provision of low cost, mass produced VR PC packages, which would utilise Hendon methodology, to allow realistic driver training to be taught in the classroom. The plans were ahead of their time. However such a project 10 years on, with improvements in technology and lower costs, make such a concept a practical reality.

6. Skilled assessments of individual capability and needs

This initiative would provide an emphasis on the all important duty of care to the individual with methodology to understand individual training requirements, encouraging confidence, providing special assessments and resolutions of psychological and medical difficulties. This would assist in successfully training high risk individuals and reducing numbers condemned to a underclass, unable to enjoy the freedom of driving.

7. Resolution of drug, drink, substance or other health abuse issues by using the Neuro Electric Therapy addiction cures, linked with effective work and training based rehabilitation, free from any subscription drugs

An assessment of the inmates of Exeter Jail demonstrates that some 80% are there for drug related crime, and some 10% alcohol related crime. This pattern is typical across the county. Drug related gun crime has a major influence on road deaths and injuries. The growth in gun crime matches the growth in the illegal drug industry. The illegal drug industry has thrived and expanded by exploiting addiction. The illegal drug industry is a man made monster out of control. Addiction, or craving for another dose of drugs, is an uncontrollable physical reaction due to damage to brain connections. This physical problem can be cured in one short simple treatment, together with the efficient follow up of aftercare and supervision, during which the patients can be placed in work in suitable environments. The take over and dismantling by the State of the drug industry is now a practical proposition, coupled with proven measures to bring about a medical treatment approach, which would remove the spiral of drug crime, without the de-criminalisation of drugs. However, this solution to the problem cannot be compromised by a failure to address all the linked educational, environmental, rehabilitation supervision and legislative requirements, which must be delivered in a single package.

8. Integrating and implementing the range of measures required to encourage and achieve high levels of individual responsibility throughout linked activities

This initiative would link for obvious reasons with many other education projects, youth training programmes, and vocational qualifications.

A consultation process would be required by all interested parties to build a successful cooperative strategy, and highlight special opportunities for cooperation.
9. Encouraging the supportive roles, which would arise by fully engaging with the private sector

   Government would be required to provide a fiscal and administrative environment in which the Initiative and the driver training industry could thrive and prosper both in the United Kingdom and Internationally.

   The Insurance industry as a whole would almost certainly have to be compelled by legislation to support and encourage Quality Assurance Classifications for driving ability, and feed data into the system so that progress can be monitored, and management decisions made.

   The private company sector has established an example of one incident per 250,000 miles through an on going company driver training programme, against a National average of approximately one incident per 15,000 miles

10. Legislation, which would ensure that all aspects of the Ten Year Plan gained the support and understanding from the Exchequer, police, local authorities and the courts

C. Background on the Patrick Foundation and Edmund Marriage

   The Patrick Foundation is an independent not for profit research organisation run by Edmund Marriage based at Sherborne in Dorset. The Quality Driving Initiative lobbies for a return to high standards of driver training for Police and Public alike, and for realistic research based on evidence, knowledge and established facts, in reducing deaths and injuries on our roads.

   Edmund Marriage—Principal of the Patrick Foundation—ARICS, MRAC—Qualified in Agriculture and Land Agency at the Royal Agricultural College Cirencester and Wye College, London University. Founder of the Golden Age Project, British Wildlife Management, Work Groups for Wildlife (Rehabilitation), the Quality Driving and Shooting Initiatives, with a career in countryside and wildlife management, property, fund management, and independent research. His video lectures can be seen on the Holistic Channel Broadband Television.

   Edmund Marriage successfully undertook most of the advanced driving courses offered to the general public in the early 1960s, exercising his personal responsibility in undertaking over 100 hours of one to one training in the private sector, reaching a standard, which equated with Police Class 1 Standard. He benefitted greatly from instruction by Hendon trained instructors employed by the British School of Motoring High Performance Course, who had taken driver training to its ultimate apogee of excellence with specialist cars under the auspices of Tom Widom and Denise McCann, before the imposition of the 70 mph limit.

   He has campaigned and lobbied on driver training issues since 1965. For many years he was a member of the Association of Road Safety Officers attending events arranged by that organisations. He has undertaken many refresher courses to maintain driving skill. He has wide experience of the driver training industry, especially in teaching young people.

   He instigated the Quality Driving Initiative in 1995 to lobby for a return to the high standards of Hendon driver training for police and public, utilising the system of five classification of categories of training skill.

   He was closely involved with the Transport Research Laboratory and the Bristol based Virtual Reality Specialist Company Division in 1997–98 in an attempt to set up a grant aided project, to explore the provision of low cost, mass produced VR PC packages, which would utilise Hendon methodology to allow realistic driver training to be taught in the classroom.

   He gave a presentation on the Quality Driving Initiative to the Association of Road Safety Officers at the Driving Standards Agency training school at Cardington in Bedfordshire in November 1999.

   As direct result of his involvement and passion for high standards of driver training he has recorded over 1 million miles without incident. He is prepared to state that however good a driver thinks he is, just one mistake at the wrong time or place would result in instant death. However this is more likely if drivers are encouraged by the State to divert their attention away from best practice, towards misleading beliefs!

D. Request to attend the Oral Evidence Hearings and Offer of Assistance in implementing of the Quality Driving Initiative

   With a working lifetime of interest and experience in this subject, I would like to attend the oral evidence hearings, and play a key role in the implementation of the Quality Driving Initiative.

E. Attachments (not printed)

   February 2008
Memorandum from The Institution of Highways & Transportation (IHT) (RS 54)

Number of people you are representing: 11,000

The Institution of Highways & Transportation (IHT) welcomes the opportunity to submit evidence to the Transport Committee and having consulted with our members our responses are listed below.

To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

1. The IHT support target setting as part of the UK Government’s national road safety strategy. IHT support the use of clear goals as in “Tomorrow’s Roads—Safer for Everyone”. With targets that follow close analysis of trends, data led objectives can be demonstrated to be achievable although the effectiveness of these is dependent on success at a local level. Despite this, the IHT believe the high level nature of the targets allows highway authorities to address the issues from various different angles.

2. The IHT believe this demonstrates how road safety targets are very successful catalysts for action, enabling a level of comparison, and ensuring that levels of funding, geared to the target reductions, is secured. However, poorly set targets that are too easy to achieve, could mean that road authorities may not strive for overshooting unless there is incentive to do so. Therefore the IHT suggests that setting targets for individual user groups (eg powered two wheelers) would not be helpful as they may detract from the achievement of overall casualty reduction.

3. Future targets should continue to concentrate on total numbers, but there needs to be pragmatism when dealing with high-achieving authorities and there may need to be assumptions about what represents a “lower bound acceptable” number of casualties per annum per 100 km of road in each Local Highway Authority (LHA). Hampshire County Council is an example of how stretched targets have been used to produce impressive casualty reduction with evaluation of whole programmes of schemes demonstrating the high rates of return.

What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

4. The IHT encourages the reduction of limits with the lowering of maximum blood alcohol limit from 80mg/100ml to 50mg/100ml and encourages further research into the application of technology as seen with “intoximeters” and “alcolocks”.

5. The IHT look to a sustained effort to increase awareness of limits and further campaigns to improve public education of the detail of safe levels and consequences of drink driving. The IHT encourage further coordination with the drinks industry and the wider use of drink drive rehabilitation courses.

6. The IHT encourage the enforcement of existing sanctions in addition to the introduction of evidential roadside breath testing as detailed in the Serious Organised Crime and Police Act. The UK lags behind Europe in random testing and the IHT commend the increase in use of random testing. The IHT calls for an exploration of the issues surrounding alcohol and drug testing as a part of driving for work. The IHT encourages the debate and support for employers to set zero limits for staff who drive for work.

7. The IHT call for proactive planning and believe in the importance of mitigating against the outcomes of drinking and driving. We consider that if there is an acceptance of some level of risk on the roads then there is a need to ensure that when these incidents do occur the circumstances are such that these are mitigated.

How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

8. The UK compares very well with other EU countries such as Sweden and the Netherlands with their broadly similar approaches to road casualty reduction, through consistent leadership and the use of targets and evidence based strategies. The IHT recognise the efficient planning and clear national framework, but are keen to emphasise the slowing in the rate of past progress. The UK differs from the better performing countries in not having a vision zero approach. As part of this strategy we have different policy measures as outlined above, with a higher drink drive limit than other EU countries, and poorer outcomes for vulnerable users.

9. There is evidence that the UK values travel-mobility more equally with safety than in countries such as Sweden and Netherlands, where casualty reduction is now showing signs of bettering the UK performance. This may be due to an increased focus on safety at the expense of mobility (speed).

10. IHT believes the UK needs better compliance with, and enforcement of, existing policy and that a visionary approach is needed. We commend the perspectives outlined in The Department for Transport (DfT) “Manual for Streets” and the IHT “Collision Prevention and Reduction Guidelines”, that links the five elements of data, structure, systems, finance and monitoring in the policy sphere. A sound, sustained policy environment is vital to establish these fundamentals and keep them operating well. The DfT “Road Safety Good Practice Guide” emphasises that it is not simply road safety practitioners who have the ability to impact and influence and therefore consultation and communication with all parts of government and stakeholders is vital.
**How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?**

11. The IHT acknowledges that the approaches are inequitable in economic terms. However, redressing the balance should be about increasing spending on road safety, not reductions in money spent on rail or air safety. In doing so the emphasis may need to be given to rural accidents which are the most pressing concern. Safety is the most important responsibility of anyone involved in transport and the IHT assert that it is not acceptable to allow a greater level of death and injury on road than on rail and air. As part of a proactive approach to risk management the aim would be the removal or protection of hazardous roadside objects from new projects and progressively over the entire road network to create a more forgiving roadside with EuroRAP assessment methods and engineering applications.

**Are there specific blockages caused by shortages of appropriately trained and skilled staff?**

12. There have been radical changes in the nature of local government and its delivery of road safety engineering—including the increased use of externalised bodies and changes in the funding available for road safety projects. The IHT believe that if funding increased to improve safety performance it is unlikely that there is sufficient capacity to respond to such a change in funding quickly. In general road safety engineering is a neglected professional area, and it is not attracting the most able. There would appear to be a lack of status and recognition of the importance of this specialism. The IHT encourage recognition of this at senior management and political level.

13. The skills shortage continues to be an important issue across the transport industry. As in the US there has been recognition of the need for a common body of knowledge and skills, a talented and diverse workforce, a sound supply of professionals, career advancement and education and training for the road safety workforce. The IHT have recently launched the Society of Road Safety Auditors (SoRSA) as a way of bringing together and providing support such as this. It is hoped that a common body will concentrate effort in providing a database, a focal point for discussion and the certification and the qualification of the workforce. We continue to support Continuing Professional Development (CPD) and the promotion of Advanced Driving Instructors (ADIs).

14. The IHT call for increased funding and research into solutions. The IHT is undertaking a joint project with Transport for London (TfL) and the Department for Transport (DfT) following from the Transport Planning Skills Initiative. We commend the dissemination of knowledge to other areas and cooperation with business and the wider community through employers, parents and teachers, amongst others.

**What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?**

15. The IHT believe a focus on drivers is necessary, and in particular young drivers. The IHT suggest consultation on the use of Graduated Driving Licences (GDLs) and policies directed to particular age groups.

16. We suggest creating a civil passing-out ceremony for new drivers. Such local events (a few times a year) would mark the official hand over of the license and would give road safety personnel a captive audience to educate these new road users that this is the start of their learning experience not the end. At the moment the license is handed over right after a test pass, together with leaflets. Leaflets will not win hearts and minds. The cost of a civic ceremony could be a few thousand pounds, but money well spent compared to the cost of just one accident on the road from the amount of attendees. Enforcement of this may mean no attendance, no license.

17. The IHT seeks a culture that enables drivers to drive well and assists in reducing speeds. We commend the use of technology and enforcement of existing policies. The IHT encourage the Government and the automotive industry to develop in-vehicle technology such as Intelligent Speed Adaptation (ISA) and the continuation of projects such as the creation of a national speed limit database. The use of technology in a variety of road environments with the application of temporal and seasonal factors would be welcomed.

18. The IHT support the extension of policies to encourage all modes of travel and learning from the good results of UK Government projects such as the Gloucester Safer City Project and the M42 Active Traffic Management pilot.

**What should be the priorities for government in considering further targets for casualty reduction beyond 2010?**

19. The IHT encourage the use of simple targets. We believe by making them easier to understand they are therefore supportable. By keeping priorities, strategies and targets based on evidence and avoiding academic definitions that use the word “risk” it may encourage wider understanding. One way of doing this could be to set the target along the lines of “reducing the cost of road accidents from £x billion a year to £y billion per year by 2020”.

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20. The IHT seek a move from reactive to proactive road safety. We seek more effective road safety management in the planning stages and creativity in the options available, such as with passive road safety techniques, creating a forgiving roadside, the use of temporary speed restrictions and the retraining of drivers. More emphasis is needed on supporting vulnerable road users and communities.

21. The IHT will continue to identify good practice and produce robust guidance and encourage the linking of road safety into other policy initiatives and public health. We seek a mandate to change the culture of driving, roads and risk. Better performing Local Authorities have a culture of casualty reduction, coordinate all the work on the road network, with all road safety practitioners working closely together to deliver casualty reduction on an objective basis. The IHT seeks improved communication with the insurance industry and are concerned to avoid premiums that are higher than they should be, leading in turn to more uninsured driving.

22. The IHT promote a concentration on rural road safety. Emphasis should be on Road Protection Score (RPS) style upgrades of roadsides, with support from significant one-off investment spread over the next 10 years and adoption of whole route management approaches, as recommended in our guidelines on “Rural Safety Management”.

23. The IHT encourage the monitoring of the impact of amended penalties. It remains to be seen if the new and amended penalties set out in the recent Road Safety Act 2006 will have an effect in removing the most dangerous road users from the road system more effectively (eg banning or imprisonment, as appropriate), but there is a risk that the current prison population problems could place the wrong pressure on the judiciary to treat serious motoring offences such as driving while disqualified, dangerous driving, or death by dangerous driving as more “minor” in the future. The judiciary must remain well informed and we encourage the enforcement of these policies.

24. The IHT promote better engagement with new offenders. Evidence from speed awareness and drink driving courses is that they have good outcomes. These models could be extended into other traffic offences and used more widely generally. For example reaching 8 points could trigger the need to attend general road safety sessions arranged by courts or Local Highway Authorities (LHAs).

25. The IHT encourages a visionary approach. Such a long term strategy provides scope to ensure road safety is a major responsibility of Government at all levels. The IHT acknowledges the progress made in road casualty reduction in recent years and calls for our concerns to be addressed in the next Road Safety Strategy.

February 2008

Memorandum from the Under 17 Car Club (RS 55)

On behalf of the Committee and Members of the Under 17 Car Club we submit the attached evidence to your inquiry. In addition and by way of supplementary evidence, we have provided under separate cover the outcome of a survey published in July 2006 investigating the “on the road” experiences of Under 17 Car Club “graduates”.

EXECUTIVE SUMMARY

We contend that high quality, organised, consistent and well structured pre-licence driver training, coupled to adoption of earlier, observed, on-road driver training would have a significant impact in reducing both KSI and conviction rates amongst novice drivers. A focus on attitudinal development incorporated with the current “technical skill” training would, in our opinion, lead to safer, more risk aware novice drivers with the consequent likelihood of a reduction in accidents and convictions of all types.

Based on extensive experience combined with a recent survey of ex-Club Members, the full results of which are attached at Appendix A, we offer the following as evidence of the value of this approach:

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<thead>
<tr>
<th>Ex-Club Members</th>
<th>National Average</th>
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<tbody>
<tr>
<td>Novice Driver Accident Rate*</td>
<td>1 in 12</td>
</tr>
<tr>
<td>All Accidents</td>
<td>1 per 13½ years</td>
</tr>
<tr>
<td>Insurance Claim Accidents</td>
<td>1 per 17½ years</td>
</tr>
<tr>
<td>Overall Driving Conviction Rate</td>
<td>7.5%</td>
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<tr>
<td>Points on Licence</td>
<td>5.4%</td>
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<tr>
<td>Conviction Rate (All Males)**</td>
<td>22.2</td>
</tr>
<tr>
<td>Conviction Rate (Young Males)**</td>
<td>22.2</td>
</tr>
<tr>
<td>First attempt DSA Practical Test Pass</td>
<td>Grades 1 &amp; X: 92%</td>
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<table>
<thead>
<tr>
<th></th>
<th>Ex-Club Members</th>
<th>National Average</th>
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<tr>
<td>First attempt DSA Practical Test pass</td>
<td>All Grades: 80%</td>
<td>47%</td>
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<tr>
<td>Pass Plus participation</td>
<td>34%</td>
<td>15%</td>
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<tr>
<td>IAM or RoSPA Advanced Test</td>
<td>10%</td>
<td>&lt;0.5%</td>
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* Insurance claim data.
** Per Thousand Driving Years.

Our principal recommendations to this inquiry are:

1. A stronger developmental focus by tutors of novice drivers on the thinking skills influencing Attitudes, Behaviour, Observation Skills, Risk Awareness and Assessment.
2. Extended supervised development for novice drivers.
3. Development of a national pre-licence driver training scheme emphasising both attitudinal and practical dimensions of driving.
4. Emphasis by ADIs/Driving Schools on attitudinal development, risk awareness and defensive driving rather than simple test passes.
5. Engagement by Government and the relevant Executive Agencies in a complete reappraisal of the development and testing regime for novice drivers.

**INTRODUCTION**

1.1 Paul Silverwood and John Beckford are respectively the President and Vice-President of The Under 17 Car Club. Both are actively engaged in the development and delivery of its pre-licence driver training scheme and have personally contributed to the development of around 1,500 young members over 14 years. Both are Members of the Institute of Advanced Motorists (IAM), drive significant distances in connection with their occupations and are fathers to four young, male drivers.

1.2 Since 1976, The Under 17 Car Club (www.under17-carclub.co.uk) with the active engagement of Members’ parents has taught over 3,000 pre-licence age children to drive. The Club has developed a tuition and assessment process which develops responsible attitudes, technical skills and a positive road safety ethos. Membership is open to young people from all backgrounds from the age of 11. The Club evolves its work to meet the changing needs and challenges of young drivers and engages with ADIs, Police and Emergency Services drivers, RoSPA and the IAM in setting very high standards. Members develop their driving skills through a rigorously assessed grading system, aspiring to a standard equivalent to the IAM/RoSPA Advanced Driving Tests with progress dependent on a balance of responsible attitude, driving skill and technical knowledge.

1.3 The Club’s Members experience driving all types of vehicles and undertake a varied, enjoyable and challenging programme which includes driving in close proximity to significant traffic and other potential hazards. Beyond basic skills training, Members undertake a series of driving theory, hazard awareness, mechanical knowledge and close maneuverability development and tests to further their understanding of vehicle dynamics and raise awareness of their own performance limitations as well as those of their vehicles.

These young drivers, on average, enjoy three years driving in a private, secure and managed environment in which they develop a positive road safety ethos, a defensive and risk averse driving attitude and practise the attitudinal, decision making and technical skills required to drive with care, consideration and safety on the public roads. The skills developed include skid training, first aid and advanced handling involving both a wide range of vehicles and, in appropriate circumstances, motorway speed driving.

1.4 The Club works closely with other motoring organisations to ensure the quality, relevance and appropriateness of its programme and enjoys significant support from the Police Service.

1.5 Based on our recent survey of ex-Club Members (attached as Appendix A), we offer as evidence of the value of this approach the following:

   The accident rate (insurance claim data) for ex-Club Members is 1 in 12 compared with the national average for novice drivers of 1 in 5.

   The driving conviction rate for ex-Club Members (males aged 17–24) is 22 per 1,000 driving years compared with a national average of 144 per 1,000 driving years.

We contend that high quality, organised, consistent and well structured pre-licence driver training, coupled to adoption of earlier, observed, on-road driver training would have a significant impact in improving road safety for future generations.
1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?
   1.1 No Comment

2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?
   2.1 Whilst recent evidence shows that young drivers are represented disproportionately in occurrences of driving whilst under the influence of alcohol, the same is true of driving whilst under the influence of drugs, driving while phoning or texting, and failing to wear a seatbelt. This suggests a lower awareness or understanding of risk on the part of this population rather than any specific relationship to drinking.

   2.2 The quantitative evidence from the survey of ex-Under 17 Car Club Members is that the Club’s ethos and learning environment, which focuses on awareness, understanding and management of risk, produces drivers with a risk-conscious attitude which, from the survey data, converts to both considerably fewer driving convictions and considerably fewer accidents. This suggests that extension of the pre-test driver training curriculum to develop risk understanding and consciousness alongside appropriate technical competence would be beneficial.

   2.3 The qualitative evidence from the survey records that Under 17 Car Club graduates will not compromise their own safety by allowing themselves to be driven by anyone who is not properly in control. Similarly, many report that their friends prefer to be driven by them [the graduates] than by other members of the peer-group. This suggests that young people can discriminate and do choose safety, given the choice.

   2.4 Whilst there are short term benefits from the more hard-hitting media campaigns and public opinion is increasingly regarding drink-driving as socially unacceptable, random breath tests are still not permitted and the Government is considering a lower blood-alcohol limit for young drivers. The messages are inconsistent and confusing, the latter proposal implying that, from a certain age or with a certain length of driving experience, one can drink more and still drive safely.

   2.5 Novice drivers, especially the young, tend to regard reaction times and demonstrable ability at “extreme” vehicle control as important. Here advantage can be taken of contemporary game and simulation technology to demonstrate post-alcohol consumption degradation in response times and the broadening gap between perceived ability and reality. This type of evidence, used in classroom-style discussions by The Under 17 Car Club with Members and their parents, educates young drivers and provides them with the confidence to avoid social situations which can pressure young adults to drink and drive.

3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?
   3.1 No comment.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?
   4.1 No comment.

5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?
   5.1 In our joint capacity as representatives of The Under 17 Car Club we engage with many people and organisations involved in road safety. This includes both professionals and volunteers whose involvement is driven by a commitment to reduce road related deaths and injuries. Many believe that:
      - the majority of such deaths and injuries could be prevented;
      - improvements in vehicle design and traffic management have not been matched by improvements in driver education and training;
      - notwithstanding the comparatively recent introduction of theory and hazard awareness testing, the essential process of novice driver tuition continues to be focused on the mechanical handling of the vehicle itself.

   5.2 The current requirements for the qualification of Approved Driving Instructor, assumed to be set by the Department for Transport and the Driving Standards Agency, and as translated into operational training activity by Driving Schools and individual Instructors fail to create the conditions under which novice driver risks can be reduced. Collectively they act to reinforce the established focus on technical skills and “teaching the test”.

   5.3 Risk will not be reduced without addressing the thinking processes of young drivers, and how they make decisions out on the road.
5.4 There is a need to include in the training of ADIs and subsequently the development paths for novice drivers and the Driving Test, a substantial element of attitudinal development and testing. It is probably the case that many of the existing ADIs and Examiners would be perfectly capable of dealing with this aspect if it were explicitly included.

5.5 The principal blockage to improvements in this area is the failure of the relevant authorities to engage constructively with those who, in however limited a way, are attempting to take action to improve the situation. Our engagements are with Police and Emergency Services, ADIs, Road Safety Officers and Parents—all of these people are working to bring about improvements—despite lack of official support.

5.6 We acknowledge that the evidence of the benefit of such interventions as that made by the Under 17 Car Club is limited—this is necessarily the case for a small, volunteer run organisation. Similarly, we acknowledge that we only reach a small population each year. These limitations are used to dismiss the work of the Club—as a reason, wilfully or otherwise, of misunderstanding the approach taken by the Club and as a reason for ignoring the potential benefits if this were extended to a wider population.

5.7 Whilst accepting the limitations of what we do and the population to which it is available, we contend that, when it comes to addressing the principal cause of death in the 17-24 population, it is better to do something, however limited, than nothing—which appears to be the institutional response (as evidenced by the Government’s response to this Committee's previous Novice Driver Inquiry, see Appendix B).

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

6.1 Practical actions, building on that of the Under 17 Car Club, could be extended to a much wider population with the active support of Education Authorities, Schools and the Departments for Education and Transport. The evidence for the success of the Under 17 Car Club approach has already been provided (see above and attached). We accept the limitations of this evidence in relation to the size of the population and the constraints acting on the Club and its Members. Nonetheless, we maintain our view that high quality, organised, consistent and well structured pre-licence driver training, coupled to adoption of earlier, observed, on-road driver training would have a significant impact in reducing both KSI and conviction rates amongst novice drivers.

6.2 There is herein insufficient space to document a full proposal. Nonetheless, the witnesses are seeking to establish a “Pathfinder” project to test the validity of the Under 17 Car Club methodology with a wider audience during 2008. The Pathfinder project is being established to determine whether the Club’s methodology can be taken to a wider audience and used to deliver both attitudinal and technical skills in a compressed period. In response to the Committee’s request of 30th March 2007, the Pathfinder Proposal was made available to the Committee on 12th April 2007 together with an update.

6.3 The findings of the project will be submitted to the Committee in due course.

6.4 We have been impressed by the way the thinking skills, that are so critical to safe driving, are explained the recent publication Mind Driving (see footnote). This book covers the broad range of risk management, decision-making, attitude and responsibility, and presents these skills in a way that is readily teachable to learners both before or after the age of 17.

6.5 The omission of such vital skills from current training and testing limits the safety of new drivers and we believe there is sufficient positive response from driver trainers to warrant examination of the potential for Mind Driving techniques to improve driver quality and reduce casualties as part of the Government’s “fundamental reform” of new driver training.

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

7.1 The priority for Government should be to focus on understanding that sustainable casualty reductions will not arise from target setting (how many teenage driver deaths is the “right” number?) but from a substantial shift in the driver development, testing and ongoing monitoring processes.

7.2 Einstein defined madness as “keeping doing the same thing and expecting a different result”. In this respect, perhaps the current system is mad? The priority for Government then should be to re-design the process of driver development and testing, considering both attitudinal and technical dimensions, and reflecting on both contemporary vehicles and road conditions. Engaged in this process should be all those capable of making a substantive contribution to the work. The outcome to be a redesigned process which is capable of delivering the reductions in KSI numbers that is so desperately needed.

“Mind Driving” by Stephen Haley: ISBN 1873371160
APPENDIX A (not printed)


APPENDIX B (not printed)


34. We were impressed by the evidence we received from the Under 17 Car Club of the effectiveness of their off-road driver training for young people aged 11–17. We understand that schemes such as this are resource intensive and require the commitment of parents and guardians, as well as the young people themselves, but we nevertheless suggest that the potential to broaden such schemes to reach a wider group should be assessed (paragraph 135).

Research presented by the Under 17 Car Club is necessarily limited, and relates only to a proportion of their current and past clients. The Department believes that a number of organisations promote opportunities for young people below the minimum driving age to practice driving off public roads. The Government does not intend to promote these as part of its reform of driver training and testing. It is evident that learning to drive involves more than acquiring the practical skills of vehicle control, and that more focus is needed on the higher level aspects of driving and the safe use of shared road space—acquiring the means to interact safely as a driver with a variety of other road users, and to respond safely to the full range of hazards which drivers encounter. For pre-drivers to concentrate on practical driving skills in a traffic-free environment risks reinforcing an unbalanced approach to safe driving.

February 2008

Memorandum from Idris Francis (RS 56)

A. EXECUTIVE SUMMARY

A.1 The first step towards improving road safety in the future is to understand what has gone wrong in the past. This submission therefore starts by documenting how the single most significant indicator of road risk, deaths as a function of traffic volume, that fell with almost mathematical precision by 7% pa. from 1950, and probably from the dawn of motoring (excluding WW2) suddenly all-but stopped falling in the mid-1990s. In excess of 8,000 more people have died than would sensibly have been predicted in 1993. While the reasons may, to an extent, be subjective, the facts are a matter of record.

A.2 The continuing fall in serious injuries (SI) known to the police when deaths were no longer falling, was not only counter-intuitive but also bogus, in the sense that figures represent not real falls in serious injuries, but further falls in already low reporting levels.

A.3 The figures show how, after decades of being the safest country in the world, Britain’s 12% fall in road deaths from 1995 to 2005 was the 5th worst of 33 countries for which data is readily available—far lower than the 43% achieved for example by Germany, 40% by France and 36% by Austria. By the end of 2006 our relative position could only have become worse still.

A.4 Having documented these tragic failures, this submission then identifies and dissects the single most significant reason for these failures—the absurd, fatally flawed concentration of policy on speed as the be-all and end-all of road safety, and the inherently doomed attempts to improve road safety by penal automated enforcement of speed limits by speed cameras.

A.5 Both official reports and PR claims have systematically misrepresented what has been achieved and made claims that far exceed what is even theoretically possible. Web sites across the country continue to make inflated claims, even in areas with the worst record in the country, and routinely mislead readers not only about the evidence but about the legal process, their rights and responsibilities.

A.6 While the potential benefits of even draconian speed limit enforcement have been greatly overstated, the no less important adverse effects of cameras, identified here, have been totally ignored.

A.7 In its October 2006 report this Committee claimed of speed cameras that “A more cost effective measure for reducing speeds and casualties has yet to be introduced” but both the data and the analysis on which that statement and policy was based have been shown to be bogus, cameras being in reality some fifty (yes 50) times less cost effective than vehicle activated signs. Yet to this day the DTI and this Committee, despite having been forced to admit that signs are 10 times more effective than cameras, still recommend the installation of more cameras, in direct breach of their statutory duty of care to road users and taxpayers. An Independent Accountant’s Report (F.42 to F.46) confirms these inexcusable errors.

A.8 The KSI (Killed and Seriously Injured) parameter is wholly unsuitable as the lead indicator of road safety, and therefore as the main 2010 target. It is unsuitable because (a) there being 10 serious injuries for every death, KSI trends are almost identical to SI trends and tells us virtually nothing about fatality trends
(b) unlike fatalities which for obvious reasons are recorded accurately, SI numbers and trends are highly suspect (A.3 above) and (c) allows the authorities to mask dreadful fatality trends behind sound-bite KSI numbers. It is essential that the same “Fatality Equivalent” parameter, $K + (SI/10)$ used by rail safety authorities should replace KSI as the lead indicator.

A.9 Space does not allow adequate coverage of these important issues, so much more detailed information will be made available in print, on the web and on CD. References in this text relate to that web and CD evidence, except where explicitly referring to other paragraphs in this text.

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### About the Author

State Scholarship in Pure and Applied Mathematics 1957, 1st Class Honours B.Sc. in electrical engineering 1960, 30 years owning and running a specialist electronic manufacturing company, including every aspect of design costing, investment, financial planning, sales and accountancy. Queens Award for Export Achievement 1991 and since 2000 several thousand hours studying road casualty data and trends in detail. One million miles of driving experience since 1958 without injuring anyone.

The author formally requests an oral hearing

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### B. THE WORST-EVER DECADE OF ROAD SAFETY TRENDS—THE FACTS

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B.1 Ever since Karl Benz demonstrated the world’s first motor car at the end of the 19th century, saying that he doubted that more than a handful of people in the world would ever be able to drive them, road safety has improved steadily to an astonishing degree. The —7% pa trend line in the above graph is known to extend back at least to 1950, what data is available suggests that it extends back to 1926 when UK records began and logic suggests that it extends right back to the second motor car ever made, an improvement on the first.

B.2 The key feature of the graph—apart from almost clinical adherence to the trend line from 1950—is its sudden divergence in the mid 1990s, a loss of trend that has to date cost more than 8,000 lives. Furthermore, The Association of British Drivers and Safe Speed have repeatedly drawn attention to this adverse change of trend since 2000 or 2001 but have been ignored—and indeed insulted—for doing so. Instead of recognising the significance of the figures and doing something about them, the authorities buried their heads in the sand while claiming success on the basis of spurious falls in SI data.

B.3 Because 10 “serious injuries” are reported to the police for every 1 death, and because the police definition of “serious” (as opposed to “slight”) is strangely wide (including for example even a broken little finger or any suspected serious injury later found not to be serious at all) KSI is not and can never be—even if accurately recorded—a sensible indicator of road safety trends. An immediate change should be made to the same “Fatality Equivalent” parameter used by rail safety authorities, calculated as $K + (SI/10)$, a parameter that can easily be calculated at least from 1950. The problem the authorities then face is of course that it becomes clear immediately that there is no chance whatever of achieving a 40% reduction in $K + (SI/10)$ by 2010, even ignoring the unreliability of police SI figures (below).
B.4 The DfT have long known that only 40% or so of serious injury accidents become known to the police. It would be difficult to deny that in recent years, when far more drivers have penalty points and fear for their licenses and all that depends on them, and when the numbers of cars cloned, stolen or wrongly registered (usually to avoid speed camera penalties) have risen sharply and when more drugs are taken, that more and more drivers avoid if at all possible involving the police even in serious accidents.

B.5 In June 2006 The British Medical Journal reported (G.23) that hospital records across the country for serious accident admissions for 2 days or more do not reflect the falls reported in police data and concluded that “The overall fall seen in police statistics for non-fatal road traffic injuries probably represents a fall in completeness of reporting of these injuries”. The report also stated that “The findings from hospital admission statistics cast doubt on whether there were reductions in serious road injuries from 1996 to 2004 and on whether the government’s targets . . . will be met by 2010”. (G.25) and report (G.26). They add that, “If the reduction in injuries is real rather than an artefact, it can only have been a reduction in injuries that were not serious enough to warrant hospital admission”.

B.6 The DfT, as might be expected, seem to prefer to believe the police figures, but logic suggests that informed and properly documented diagnosis by hospital staff in controlled conditions is likely to be more accurate than assessments carried out by police officers or others lacking medical training, often in difficult and dangerous conditions. Indeed, Thames Valley Road Safety Partnership recently advised me that the 66% rise in SI numbers from 1999 to 2000 followed “ more specific guidance being given to officers”. If the necessarily subjective judgement of police officers can change SI numbers by 66% so easily, then it is at least possible for (conscious or unconscious) pressure to meet the 2010 SI target to shift the thresholds back the other way. As cynics increasingly observe, when targets are set, targets tend to be achieved whatever the collateral damage.

B.7 Recent media reports state that hospital targets lead to rising admission numbers, largely because Accident and Emergency Departments want patients out within their 4-hour deadline. However the BMJ study was explicitly based (G.23 Results, pg.1) on admissions for 2 days or more that would not have been affected.

B.8 In summary—the figures show beyond any doubt whatever that the speed camera era, the mid 1990s to date, has been by far the worst at least since 1950 (and probably ever in peace-time) in terms of reduction of deaths in relation to traffic volume. Further, the real trend in SI has probably been as bad, if not worse, at least over the last 10 years. It follows that claims of success and progress on a national basis—including hitting the 2010 target in any meaningful way—are no more than wishful thinking in defiance of the evidence. It is time to stop pretending, and get to grips with the facts.

C. INTERNATIONAL COMPARISONS

C.1 The tragic failures of road safety policy of recent year are evident not only in comparison with our past record—before speed cameras—but also compared to most other countries. In 1995 (with the exception of Malta, too small to be statistically significant) Britain had the lowest fatality rate of the 33 countries listed by the DfT, at 6.2 per 100,000 population, compared to Sweden (6.4), Norway (6.7), Iceland (6.8), Netherlands (8.2), Finland (8.4), Switzerland, (9.3), Australia (9.8) and Japan (9.9) This was a reflection of the historic lead we had for many decades for a wide variety of reasons.

C.2 Between 1995 and 2005 (J.22) 7 of those 33 countries (Estonia, the Netherlands, Switzerland, France, Portugal and Korea and Germany) achieved reductions of 40% or more. 6 (Japan, Austria, Luxembourg, New Zealand, Slovenia and Greece) 30% to 39%, 8 (Belgium, Latvia, Denmark, Norway, Sweden, Italy, Spain, Poland and Hungary and the Czech Republic) 20% to 29% and 6 (the Czech Republic, Australia, Slovakia, Cyprus, Finland and Canada) 13% to 19%.

C.3 Britain—28th of those 33 countries—achieved a fall of only 12%, an average of 1% pa compared to the 3% pa routinely achieved in earlier decades. Only five countries (the Irish Republic, Iceland 4%, the USA, Lithuania and Malta did worse—and 4 of those are small or very small countries (J.21 to J.29).

C.4 Given these comparisons and the dreadful national trends how dare the DfT and the Transport Committee talk glibly and complacently about the “considerable progress has been made in reducing the scale of deaths and injuries on the roads of Great Britain”? How dare Jim Fitzpatrick reply (Hansard 7th Feb 2008) that the reason France has been able to achieve a 40% fall in fatalities compared to our 12% is because “they had more to start with”? Does he not understand percentages? Does he not know that over 10 years France cut fatalities by 3,573 compared to our 420, some 9 times the reduction from a starting point only 2.5 times greater?

D. SPEED CAMERAS—DOOMED TO FAIL

D.1 The single most significant change of emphasis in road safety policy since 1993 has been the ever-greater emphasis on speed as the most important cause of accidents, and the increasingly automated detection and punishment of speeds above the speed limit. There have of course been other factors, not least the 1984 Home Office instruction that road safety was no longer to be a “core police activity”, drink, drugs
and other problems, but a billion pounds has been spent on cameras that could never eliminate even 0.5% of K or SI, while police patrols (which, unlike cameras can detect and inhibit all forms of dangerous driving and do it “in real time”) have been cut.

D.2 Throughout these 15 years the authorities who endorsed these substantial changes in policing tens of millions of drivers and vehicles on millions of miles of roads, have never even considered, let alone sought to quantify, the adverse effects of these changes—despite their being the daily experience of all drivers, but particularly of those already on 6 or 9 penalty points. Does the DfT believe that, uniquely, it is immune to the law of unintended consequences? How can making 38m drivers paranoid improve road safety?

D.3 The once widely used mantra “Making speeding as socially unacceptable as drink driving” implied that in the early years of cameras the authorities expected speed cameras to slow down drivers everywhere. If that was what they intended, they have demonstrably failed—their own speed data (D.21), (automatically obtained by some 200 detection systems across the country) shows clearly that there has been no such general fall in speeds and that whatever else cameras might have achieved, they have failed to slow traffic except at camera sites, which represent only 3% of our road network.

D.4 It is almost universally accepted that any benefits speed cameras might provide are limited to their sites and routes—any complaints to Partnerships about adverse trends in their wider areas are invariably met by the reply “Nothing to with us”. While the report in the 6-area camera trial suggested benefits in the wider areas, that claim was conspicuous by its absence from later reports, which failed even to mention other areas.

D.5 In September 2006 the DfT published new, more detailed accident causation findings (D.22) showing that 4% of slight, 5% of all, 7% of SI, 8% of KSI and 12% of fatal accidents involve speeds above the speed limit even as one of the many causal factors. “Going to fast for the conditions” (but implicitly within the limit) scored substantially higher than “Driver error” of various sorts showed higher still at 66% or more. Cameras of course detect no dangerous driving other than speeding.

D.6 The DfT explicitly warns that even eliminating all speeds above the speed limits could not be expected to eliminate even those modest percentages of accidents because the other causal factors, often more significant than the speeding element, would remain. Yet every Press Release, every glossily printed Partnership Report, and even the national reports on Camera Partnerships routinely claim casualty reductions of 30%, 50% and even 70% as camera benefit—even though the speed reductions achieved are relatively modest, of the order of 30% to 50%! In some cases they even claim credit for reductions in accidents where speeds have increased! This is all unadulterated nonsense and it has to stop!

D.7 The raw data is in any case suspect to an extent—all too often numbers appear that cannot be correct but have nevertheless been missed by error-trapping software. Sudden doubling or halving of traffic is probably due to incorrect entry of one or two-way counting. Speeds, being measured only in free-flow conditions tell us nothing about speeds in the more congested conditions which are inherently the most dangerous. Traffic volume is not usually measured, making it impossible to determine how many drivers—particularly faster drivers—divert to other routes and having their accidents there instead.

D.8 The two main reasons however that claims are fanciful—to say the least—are that (a) they often ignore the long term downward trend and (b) they ignore regression to the mean, the natural tendency of any parameter to revert to its long term trend after a disturbance. The significance of RTM in this context is that cameras are installed where accidents have been at a high level in the recent past, and are likely to fall naturally even if nothing is done—garden gnomes might well have as much effect as cameras.

D.9 That the 4th Year Report (D.31)—so often cited as justifying speed cameras—failed to allow for regression to the mean in its headline claims (despite vehement complaints in previous years and despite its own Appendix H), was nothing less than disgraceful. My more detailed analysis (C.0) shows how the claim of 100 lives saved each year was probably overstated by a factor of 4, and how the claimed benefit to cost ratio of 2.7:1 is in reality of the order of 1:1—and even that dismal failure fails to allow for the many adverse effects which were again ignored. That report is a disgrace.

D.10 The 6,000 cameras sites and routes we now have represent no more than 3% of our road network, but (because they tend to be sited at accident black spots perhaps 10% of accidents). We can therefore estimate the maximum possible benefit of speed cameras: Take the 12% K figure (D.5 above) that involves speeding, halve it to correspond to actual reductions in speeding (D.7) and halve it again because eliminating all speeding would not eliminate all of those accidents (D.6) and then divide by 10 because of the geographical coverage (D.11)—the maximum benefit cameras could ever provide in terms of fatalities is 0.12/(2x2x10) or about 0.3% of the national total, or about 10 lives a year—at a cost of £120m!

D.11 This is so small as to be invisible within the random fluctuations. The equivalent figures for slight and serious injuries are of course even lower, at 0.1% and 0.2% respectively—and worse, none of these allow for the adverse effects which might well be greater than the benefits. Spending £120 million a year in the hope of solving 0.3% of the problem is not just stupid but a breach of the statutory duty of those in public office to spend public money in a cost effective way.

D.12 There will always be, of course, those who understand emotion but not logic who reply that there can be no limit to how much is spent to save even one life. The answer to that is that spending inherently limited public funds ineffectively costs the lives of those who could have been saved had that money been
spent on more cost-effective measures. We now spending £120 million a year for minimal benefit when hospitals are killing 70,000 patients a year (D.22, D.23), many thousands of them for lack of the most basic provisions as hygiene and proper training. Many thousands more die at home for lack of drugs we are told “we cannot afford”. No hospital in its right mind would spend £50,000 a year to save one life every 75 years—don’t take my word for it, take the reply of the head of NICE when I asked him!

E. ADVERSE EFFECTS OF CAMERAS THAT HAVE BEEN IGNORED

E.1 It is extraordinary that the police and the Department of Transport made a fundamental change to road safety policy by automating speed limit enforcement, knowing that it would affect 30 million vehicles and drivers and 5 billion vehicle miles a year, without ever considering, let alone quantifying, the adverse effects—and have still not done so even 15 years later despite the appalling casualty trends.

E.2 In 2005 the DfT did invite tenders (E.21) for research work including such effects but then cancelled the project before it got under way (E.22) apparently on the grounds that no such effects could exist—and despite millions of drivers being only to well aware of them every day they drive—and this after they published TRL595 (E.25) showing that Gatso type cameras on motorways increase accidents by 31% to 55%!

E.3 As we have seen (Section D) it is arithmetically impossible for cameras to cut even 0.5% of K or SI. The tragic loss of trend in the speed camera era serves only to confirm that cameras have been a disaster. Indeed as long ago as November 2003 Autocar, with the RAC Foundation, published an article entitled “The £150m Failure” (E.26) Nothing changed since then, except that it is now the £1 billion failure and thousands more have died because of speed camera policy based on naïve ideas and wasting of public money that could have been spent to much better effect, either on other road safety measures or elsewhere entirely.

F. GROSS DISCREPANCIES IN COST EFFECTIVENESS COMPARISONS OF CAMERAS AND VEHICLE ACTIVATED SIGNS

F.1 In January 2003 the Department for Transport (DfT) published but then ignored (F.21) TRL548 “a large-scale evaluation of vehicle-activated signs” (VAS) carried out by the Transport Research Laboratory (TRL). The benefits identified in TRL548 were at least comparable to and arguably better than those routinely claimed for speed cameras while the installation costs quoted of about £5,000 compare to well established figures of £40,000 or more for a camera, with very substantially lower running costs.

F.2 In 2006 Dr Stephen Ladyman told this Committee (F.22) that funding partnerships direct from fines would end because “partnerships (were) minded to look first for a road camera based solution rather than a better and perhaps more cost effective solution”. (paragraph 116 page 40, Q345 page EV112, Q345 paragraph 18 page EV156). The Committee then asked for cost effectiveness comparisons of those alternative methods.

F.3 The DfT response (F.24, page EV156 onwards) failed to mention TRL548. Having first claimed—wrongly—that no such comparison was possible Dr Ladyman submitted one—based on single-figure and therefore statistically meaningless accident data from only one camera site and one VAS site. Using that accident data and wildly inaccurate cost figures (F.24 page EV157 onwards) the DfT calculated a 12% cost effectiveness advantage for cameras over signs. Despite this self-evidently flawed data, analysis and comparison, this Committee accepted the figures and called for more cameras on the basis that “A more cost effective measure for reducing speeds and casualties has yet to be introduced”. (F.24 paragraph 118 page 40).

F.4 In reality the DfT figures and analysis (F.24 pages EV157 and EV 158) skewed the comparison in favour of camera by a factor of about 50 to 1 (Auditor’s Report F.42 to F.46) as follows:

F.5 (a) The cost of the camera installation was given as £7.500, ignoring not only the £32,000 cost of the camera itself and its maintenance but also the costs of the penalty system.

F.5 (b) The £14,000 cost of the sign site was implied to be for 1 sign but was actually for 2, although this did not affect the bottom line comparison—the later adjustment by Dr. Ladyman was just another basic error.

F.5 (c) Only the first year costs were compared, ignoring the massive disparity in annual operating costs of £30,000 + pa. for a camera but only £200 for a sign. (F.24)

F.5 (d) The effectiveness of the camera versus the signs was overstated by 85% by a basic statistical error. By these various means what was in reality a cost effectiveness benefit of at least 50 to 1 in favour of signs was transformed into a 12% benefit in favour of cameras.

F.6 Having been aware of the correct comparison since TRL548 was published in 2003 I wrote on 8 November 2006 (F.25) to this Committee to point out that these figures were nonsense and copied that letter to Dr Ladyman and the DfT. I received a dismissive reply from Mrs Dunwoody (F.24) dated 4 December 2006 stating that the Committee “did not feel it had been misled by the Government over the relative cost effectiveness of speed cameras and flashing signs. On 17 January 2007 Mark Magee, head of the Speed Management branch of the DfT, wrote to tell me (F.25) that “the department does not accept that misleading information was contained in the memorandum”.

F.7 On 17 March 2007, using data obtained under the Freedom of Information Act, I wrote again (F.30) to this Committee and to all its members, providing irrefutable evidence (F.26, F.27, F.28, F.29) that the data and comparison were wildly wrong and copied that letter and information to Dr Ladyman and the DfT. On 20 March Mrs. Dunwoody replied (F.31) to tell me that she had “forwarded a copy of (my) letter to the Clerk for our records . . .” and by implication that she would take no other action. On 3 April I wrote again to Mrs Dunwoody (F.32) and Dr Ladyman (F.33) to protest, but Mrs Dunwoody failed to reply then or since.

F.8 On 23 April Dr Ladyman wrote to the Committee (F.34) finally admitting that (a) his £7,500 figure for the camera site had failed to include the £32,000 cost of the camera itself (b) his £14,000 figure had paid for two signs, not one (c) the cost effectiveness comparison was not 12% in favour of cameras but 920% in favour of signs! He continued however to ignore the nonsense of comparing only the 1st year figures and the error in effectiveness comparison.

F.9 Dr Ladyman also claimed that the figures had been given “in good faith” and that “we (he and the DfT) could not reasonably have known” that the figures were wrong! The man in the street knows that speed cameras cost tens of thousands of pounds, but Dr Ladyman and the DfT (and this Committee) “could not reasonably have known”! Despite having the relevant information on file!

F.10 Dr. Ladyman then claimed that signs being nine times more cost effective than cameras need make no difference to the Committee’s recommendation for more cameras but not for signs, because the two systems “are used in different circumstances, cameras for “excessive speeds”, and signs for “inappropriate” speeds”. This is semantic, self-serving tripe! It is impossible to justify spending £50,000 a year for a camera when 50 signs paid for by the same money would prevent 50 times as many deaths and injuries!

F.11 On 26 April, astonishingly, Mrs Dunwoody replied to Dr Ladyman (F.35), accepting his explanation and figures, being either unable or unwilling to recognise them for the nonsense they were. Mrs Dunwoody and Dr Ladyman have both failed to respond to all my further letters (F.37, F.38, F.39 and F.36) respectively while the DfT have still failed to recognise Dr Ladyman’s new error of a factor or 2 (F.40).

F.12 The massive discrepancies in Dr. Ladyman’s figures and analysis far exceed anything in my long experience—far worse that the costings even of the Millennium Dome, the London Olympics or hold-plated pigs named Galileo. The conduct exposed here amounts not only to gross incompetence but also arguably to breach of statutory duty of care, maladministration and/or misuseance in public office and breach of the Perjury Act of 1911 relating to false information in public documents. All the detailed documentation, including correspondence with all concerned, relating to these astonishing errors have long been in the public domain on www.safespeed.org.uk/VAS.html and are on the accompanying CD in Directory F, which also contains an Independent Accountant’s Report (F.41 to F.46) confirming these cost discrepancies.

G. MISLEADING STATEMENTS AND CLAIMS

G.1 Space does not allow me to document here even a small proportion of the errors of camera benefit, legal process and “advice” contained on virtually every Camera Partnership web site across the country. Apart from clearly spurious claims of camera benefit, whether explicit or implicit, these sites routinely ignore worsening trends in their overall areas, mislead readers about their rights, obligations and the legal process in ways clearly intended to secure the maximum number of penalties with the minimum effort, regardless of guilt or innocence. In many cases the “advice” risks charges of attempting to pervert the course of justice (for example G.2).

G.2 Lt Col Tex Pemberton of Sussex SCP claimed in evidence to this Committee (F.22 Q251 page EV90) in March 2006 that “we have had some very signigicant success” but seems oddly unaware (a) that Sussex fatalities rose in the first three years of his “success” from 88 to 100 to 114, (b) that the more meaningful three-year rolling average of fatalities, 107 in both 2005 and 2006, is now higher than at any time since 1992 and (c) that SI rose in 2005 from 748 to 889 and again in 2006 to 929—far worse than the national trend! Just how much more of this “success” can Sussex be expected to endure?

G.2 Most sites give the impression that the requirement to identify drivers is absolute, and ignore paragraph 4 SI72 1988 RTA “(4) A person shall not be guilty of an offence by virtue of paragraph (a) of subsection (2) above if he shows that he did not know and could not with reasonable diligence have ascertained who the driver was”. Parliament rightly decided that defendants should not be convicted of failing to do what they are unable to do—but the authorities (and indeed the courts) are now riding roughshod over this protection by ignoring it on their web sites when giving advice about procedures, rights and responsibilities. Similarly some web sites and police correspondence claim there is a legal requirement for the Registered Keeper to know at all times who is driving the vehicle. This is simply untrue—there is no such requirement in law, except perhaps for heavy vehicles According to law, the police (and only the police) are entitled only to ask for the identity of a driver—no more than that. Yet the authorities routinely use threats and improper duress, including knocking on doors to obtain confessions. Improper duress and misinformation is the order of the day in the dash for cash.

G.3 In May 2007 Meredydd Hughes, Chief Constable of South Yorkshire and then ACPO’s head of roads policing (The Times H.39) to threaten drivers who defend themselves in court with the costs of many thousands of pounds of a special squad of prosecutors and expert witnesses if they lose. His actual words
were “Come and get us if you think you are hard enough” (H.41). Defendants have a common law right to a fair trial and a proper defence, and it is simply not acceptable that police officers threaten defendants with costs quite out of proportion to the penalties to secure convictions.

G.5 How ironic that Mr Hughes had to resign from his road safety responsibilities after being convicted of driving at 90 mph in a 60 mph area, and that his predecessor Mike Hedges wrote of speed cameras “I believe we have lost a tremendous amount of goodwill from the public. I think the biggest mistake we have made is getting some money back. I am most uncomfortable with the focus on the taxation view which goes with it... There is a place for them but I think we have lost the argument on that. I think the police service has really suffered some really serious confidence problems, and support from the public, as a result”.

H. RECOMMENDATIONS

H.1 Stop pretending that road safety is improving—it isn’t.
H.2 Stop pretending that cameras save lives—they don’t. Scrap them.
H.3 Admit that vehicle activated signs are massively more cost effective than cameras and should therefore not only replace them but be installed in far greater numbers, while saving money.
H.4 Call for more specialist police patrols to monitor, inhibit and penalise all forms of dangerous driving, not just speeding, and to do so with a degree of judgement and discretion. Call also for proper training for police patrol drivers—their accident rate has quadrupled in only a few years.
H.5 Insist on the use of K+(SI/10) in all assessment of road safety progress.
H.6 Call for a review of the definition of “serious injuries” which includes too many minor injuries.
H.7 Call for a Public Inquiry into the entire speed camera programme and the conduct of all involved, including those who have wilfully misrepresented the benefits of cameras, or wilfully refused to act when gross errors of fact and analysis have been reported.
H.8 Recognise that motor vehicles and speed have been essential to the great improvements in our standards of living over the last century and save far more lives than they cost—so include in road safety policy the negative effects on GDP—and hence resources of all kinds—of slowing down traffic.

February 2008

Memorandum from ITS UK (Intelligent Transport Society for the United Kingdom) (RS 57)

1. OVERVIEW

1.1 Current Department for Transport (DfT) 2006 statistics suggest that the UK is achieving EU2010 road safety casualty statistics targets in most areas. However, the increases in collisions involving pedestrians, motorcyclists and young drivers (particularly male) contrasts the wider achievements and gives considerable cause for concern. Inappropriate speed is a recurring factor and a major contributor in road deaths and serious injury casualties. Other contributory factors such as driving while under the influence of drink or drugs, the non-use of mandatory safety devices such as seatbelts and dangerous or inappropriate driving behaviour mean that the environment within which road safety professionals have to operate is both complex and diverse. Further to the associated costs incurred through trauma treatment and recovery, there are significant cost implications to UK PLC through traffic disruptions and congestion.

1.2 Improving road safety has traditionally focused on the three fundamental areas of “education”, “engineering” and “enforcement”. Whilst ITS UK appreciates it has minimal skills in the first area and that other organisations are better placed to comment, it considers that it can comment authoritatively on the other two areas, ie enforcement and the technology-related aspects of engineering. The report “Towards Better Transport” published by the think-tank “Policy Exchange”, in association with Serco and Bevan Brittan LLP, identifies that the UK has the most crowded and congested roads, the fewest motorways and some of the worst public transport amongst the leading industrialised countries. Each year, more than 1.6 million passenger kilometres are travelled on each kilometre of Britain’s road network, more than twice the European average. However increased traffic flows require efficient and robust procedures to cope with the “engineering” and “enforcement” demands that ITS UK considers are critical to aiding casualty reduction targets. What is also clear is that technological solutions alone are not the panacea to achieve the Government’s targets; to be most effective they need to be integrated within a broader package of road safety improvement measures.

1.3 It is assessed that there are approximately 33 million UK registered vehicles and, in association with additional road activity (15% increase since 1994–98 baseline average by road type), has to be balanced against the 11% reduction in roads policing resources over recent years. The reduction in roads policing resources comes as a consequence of realigning police service’s core policing functions and has necessitated increased reliance on the Highways Agency’s Traffic Officer Service. The traditional definition of
“engineering” is naturally linked to improving the road infrastructure itself. However ITS UK proposes broadening this definition to include the “technological” aspects of engineering encompassing both roadside and in-vehicle safety devices.

1.4 “Enforcement” is the reactive response to offences being committed. Increasingly, enforcement in all its forms is relying on camera-based technology to record pertinent details of the offence being committed. This in turn, relies on offending drivers and/or passengers being identified through the accurate detection and interpretation of a vehicle’s registration mark using ANPR technology and subsequent consultation with the DVLA database. ANPR is a proven technology and has been used to great effect. However, the Public Accounts Committee report (2007) suggests that there is increasing VED evasion through deliberately misrepresented plates thereby reducing the effectiveness of ANPR. DVLA records are not sufficiently accurate to identify and prosecute a large number of offenders. This situation is exacerbated by the increase in vehicles registered outside the UK using roads in the country for which at the present time, there are no effective enforcement mechanisms other than stopping the vehicle at the roadside.

1.5 While threat of prosecution remains a deterrent for the majority of drivers, an increasing minority consider themselves to be effectively immune. If this linked to the reduced numbers of roads policing resources, the need for ITS enforcement technologies becomes ever more important. Minor offences remain undetected “opens the door” to a whole myriad of other, more serious offences such as reckless/dangerous/careless driving, disqualified driving, no driving licence, no insurance, no MOT test certificate, etc. While individually these are important offences, anecdotal evidence suggests that recidivists routinely commit numerous road traffic offences simultaneously.

2. CURRENT SITUATION

2.1 This submission seeks to outline the current and future technology options that will assist achieving casualty reduction targets, and irrespective of advice to the contrary “speed kills” if only because drivers’ response times to an emerging problem is reduced commensurate to the increased speed involved. In particular ITS UK would like to respond to the specific issues raised by the Transport Committee as follows:

2.3—Question 2—What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

2.3.1 Fitting commercially-available “alcolok” devices that require a driver to undertake a breath test are a means to prevent drink/drive offences. Whilst this is a step in the right direction, these devices can be circumvented and other more sophisticated in-vehicle sensors that can detect drink, drugs and biometric responses that override potential human intervention are preferable. Roadside drink/drug testing devices are being developed with a pilot study being undertaken in three police forces; they are in their infancy but will prove more objective that the current subjective Field Impairment Test. However roadside drugs testing does present a dilemma as drivers may have taken prohibited (ie illegal) substances and/or legally prescribed medication and/or alcohol. During recent research a large number of volunteers, who were known to have consumed alcohol, admitted consuming a “cocktail” of drugs; one respondent admitted taking six drug types within 48 hours. Prosecuting prohibited substances is easier to manage as the legislation is in place however the latter category will be far more challenging. Although this is a sweeping generality prohibited substances are more likely to be taken by younger age groups whereas prescribed drugs are more likely to be taken by older drivers. The latter medication groups may cause impairment without the drivers themselves being aware of the impact.
2.4—Question 3—How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

2.4.1 The UK has always taken a proactive approach to the reduction of deaths and serious injuries on UK roads and has been at the forefront of initiatives to reduce road casualties. However, this position has changed in recent years and the UK now lies “fourth in the league table”. The UK needs to be aware of other nations’ road safety strategies and be prepared to examine and where appropriate, adopt proven technological solutions. As an example, from a technological, operational and procurement perspective, the network-wide roll-out of Section Control in the Netherlands may have a beneficial influence the expansion of Active Traffic Management schemes across strategic parts of the UK’s motorways.

2.4.2 It is also important to recognise two emerging “international” themes. First, the requirement and marketplace for ITS technologies is becoming increasingly global. Second, the UK’s road safety problems are not unique. Considered together, this means that other nations are likely to have experienced similar problems to the UK and may have deployed technological solutions to help address them. Continuity in international “cooperation” will help UK PLC learn from others’ experiences and where necessary, “influence” the development of legislation and agreements that could ultimately enhance the effectiveness of technology as a road safety enabler.

2.5—Question 4—How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

2.5.1 It is fair to say that the public perception of road casualties is “it is one of those things”. Compare the publicity surrounding air and rail collisions such as the recent crash landing of the BA flight at Heathrow and the Virgin Pendelino train crash in Cumbria. The former collision caused 17 minor injuries and the latter one person was killed and five were seriously injured whereas road deaths average nine persons killed and seventy nine severely injured per day. For very obvious and correct reasons rail and air collisions and incidents are subject to considerably more stringent investigations than road collisions however consideration should be given to a similar approach being addressed. The ACPO Road Death Investigation manual has proved invaluable in ensuring that all road deaths are investigated to fully determine the cause of the collision. The Corporate Manslaughter Act, when legislated, may have an influence on how organisations respond to the implications of being prosecuted for actions that cause collisions.

2.6—Question 5—Are there specific blockages caused by shortages of appropriately trained and skilled staff?

2.6.1 As previously mentioned there has been an 11% reduction of roads policing officers in recent years through a reallocation of resources to other core-policing roles. The lack of roads policing resource presence, and potential prosecution threat, has resulted in a general diminution of driving standards. The introduction of Highway Agency Traffic Officers service has assisted with road management issues however their limited powers and anecdotal evidence suggests there is a lack of public compliance to their directions. A recent court case highlighted this problem and set the precedence when a driver was prosecuted, and fined heavily, for failing to conform to the directions of a Traffic Officer. Shortages of appropriately trained and skilled staff are being supplemented by network monitoring of CCTV and ANPR systems at the Highways Agency’s national and regional Traffic Control Centres by private sector staff releasing public sector employees to concentrate on their core duties and responsibilities to minimise road casualties.

2.7—Question 6—What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

2.7.1 Various engineering and enforcement technologies options, such as Intelligent Speed Adaptation and Electronic Vehicle Identification; are available and can assist in reducing road casualties; however their deployment has to be assessed in conjunction with the public support/antipathy/opposition that they introduce. Enforcement is achieved through a diverse range of technologies and methodologies. Deployments range from local, isolated safety camera installations through to route- or city-wide deployments and large-scale back office operations. From an organisational perspective, much has been gained through the establishment of Road Safety Camera Partnerships. The degree to which the new safety camera funding arrangements will allow this progress to continue remains to be seen.

2.7.2 Throughout the UK these cameras provoke emotive responses and animosity from road users who, in general terms, feel they are unfairly prosecuted. This is an important issue as enforcement technologies will remain a permanent feature. Historically, this has resulted in some drivers seeing themselves as being persecuted by the police service whom they accuse of “seeking ‘soft’ performance indicator targets”. However there is scope for a proactive education of road users about the purposes of enforcement rather than merely relying on responses to media challenges and this needs to be considered within the context of enforcement methodologies, equipment, standards and techniques currently employed by various law enforcement agencies that extends to include the private sector industry. This issue is of fundamental importance to the ongoing use and public-acceptability of enforcement technology which will remain a permanent feature at the roadside. There is real scope for a more proactive education of road users about
the purpose of enforcement rather than relying on responses to challenges set by the media. This needs to be considered within the context of enforcement methodologies, equipment, standards and techniques currently employed by various law enforcement agencies that extends to include the private sector industry.

2.7.3 Reliable and volume enforcement capabilities are essential with current and future technologies, such as ANPR and EVI, enabling a greater automated enforcement capability. The BERR Technology Strategy Board has recently funded a project that will provide the necessary research and development that will enable the integration of enforcement technology into the existing traffic signal infrastructure that will potentially provide a more cost effective platform and “lock in” the value of existing investment. Stringent evidential recording requirements defined through Home Office guidance has enabled the acceptance of images and associated data from digital Road safety camera equipment as evidence in the prosecution of road traffic law offences has greatly assisted the criminal enforcement process Criminal enforcement is being increasingly supplemented by a civil enforcement requirement from Local Traffic Authorities in meeting the requirements of the Traffic Management Act to regulate traffic flow in urban bus lanes, red routes, box junction and “red light” camera sites and enforcement by LTAs supported by commercial sector organisations; all of which contribute positively in reducing road casualties.

2.7.4 Enforcement also has to be fair to all road users, regardless of where the live, work or where their vehicle is registered. The VERA projects funded by the European Commission have shown that attempts to impose and enforce penalties on non-resident violators raise many legal, organisational and operational issues. Even where non-resident violators can be taken through a formal legal process, penalties can rarely be enforced. This is not just a UK problem—it is an issue all EU Member States have to address. In addition to the negative impacts on traffic safety, this contradicts the principles of fairness and equal treatment of all European citizens as enshrined in the Treaty and is not sustainable in the long-term. Government support will be required for the pan-EU legislation necessary to address this.

2.7.5 The UK’s “Speed limit” database is due for completion this year however it is difficult to keep pace with regular changes through new road building programmes, redesignating of certain urban 30 mph speed limits to 20, 40 and 50 mph variations. Nevertheless completion of the database is crucial to emerging technologies such as Intelligent Speed Adaptation that is capable of providing road speed limit information to drivers thereby enabling them to modify their speed. Even in its simplest form will be able to offer advice to drivers so that they have the opportunity to adjust their behaviour accordingly. Given the potential impact this kind of technology could have, the results of the forthcoming DfT ISA trial will be viewed with interest.

2.7.6 Road workers deaths cause considerable controversy as essential work has to be undertaken in extremely hazardous circumstances. However prolonged road works require speed control to be managed and enforced and the common complaint of motorists is that “no work is being done”. This leads to a general lack of compliance and rigorous enforcement is seen to be disproportionate and unfair. One of the means to reduce that danger is to reduce the speeds of vehicles travelling in those areas. “Spot” camera prosecution is perceived as “unfair” and akin to persecution by the police service seeking “soft” performance indicator targets. More intelligent camera deployment, using “average speed” cameras and responsive “signing” has proven to be effective. Unlike “spot” cameras motorists recognise that they must moderate their speeds over a distance. This is often supported by speed awareness signs that reinforce and advise. In much the same way “variable speed limits” have proved their worth, eg M25 and M42 ATM, and there is a general recognition that slower but free-flowing travel prevents frustration and avoids motorists “taking a chance” with the often tragic consequence.

2.7.7 The UK’s adoption of the “eCall” capability, currently under review by DfT, would enable on-board sensors to detect a substantial impact whereby the occupants may be rendered unconscious and automatically summons assistance from the emergency services. Medical evidence proves that prompt trauma treatment in, what is referred to as the “golden hour”, has significant impact on the reduction of injury severity.

2.8—Question 7—What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

2.8.1 Technological developments will continue apace and the government should be invited to consider the impact that ITS technologies can bring to aid casualty reduction targets. One of the major areas that needs to be considered is the education of all road users. There is a general deterioration of driving standards and there is minimal post-driving test education. Drivers, particularly young drivers, exhibit poor driving manners and a lack of adherence to the principles of the Highway Code. A general malaise of driving standards and skills may be attributed to an attitude of “It’s my road—I pay for it and I can do as I like” and any perceived interference through enforcement is seen as an intrusion into the inalienable “right” to drive as one feels. However there are technical means that can detect poor driving standards and attitudes. Vehicles can be equipped with sophisticated sensors that determine differences in driving styles that can be detected, stored and then relayed to the relevant body—eg a poor or aggressive driving style will be reflected in “pay as you drive” insurance premiums. Motor manufacturers routinely download stored driving information or receive this data in “real-time”. Inappropriate driving behaviour can be readily identified and attributed to individual driving styles and the potential to develop of “intelligent” sensors that could
detect drivers making illegal mobile telephone calls or sending text messages would further aid the reduction of collisions and casualties. It can be seen that these developments are only a short step to determining the drivers’ identities; a useful function when young drivers may be subject to an insurance curfew, thus enabling education and/or enforcement solutions.

3. SUMMARY

3.1 Not all drivers have intuitive or instinctive motoring skills nor possess a ready understanding, acceptance and adoption of technological complexities that may be demanded on rare occasions under exceptional situations. Considerable studies have been conducted into the “Human-Machine Interface” to investigate and avoid driver “information overload” therefore the introduction of any new system that enhances any contribution to safer journeys should be supported. However, the previously registered concerns and reservations must acknowledge there is a limited human interest, enthusiasm and intention to maintain, upgrade and monitor “on-board” equipment to its highest standard therefore compliance is required. Compliance through enforcement has traditionally fallen within the police service’s remit however the sheer scale of requirement means that the vast majority of offences must be detected using modern electronic technologies that are inherently more efficient than previous methods of enforcing road traffic offences.

3.2 The recent EU “PReVENT” project exhibition showcased a range of intelligent technologies to enhance journey safety and security and capitalised on the cumulative expertise and comprehensive capabilities needed to help achieve the EU’s 2010 casualty reduction targets. Generically these technologies incorporated lane deviation, vehicle proximity, collision avoidance and ADAS, and in certain instances these systems were sufficiently “intelligent” to prioritise and provoke the vehicle to respond to the most significant threat. As its title suggests the PReVENT technologies anticipate road conditions and circumstances as well as monitoring driver actions and reactions and advise on impending incidents and in critical situations can “assume vehicle control” and take avoiding and/or mitigating action. “Assuming vehicle control” at certain these critical times presents an interesting proposition as this could enable a driver to offer a legitimate defence in any court proceedings contesting that control was wrested from his/her control thereby preventing a wholly different and deliberate reaction. Furthermore, there are concerns that sophisticated technologies may further insulate drivers from the “driving experience” and compound driver inattention “behind the wheel” through increased distraction from variety of “infotainment” devices. Current indemnities may prove inadequate especially where a particular technology assumes a “guardian angel” role, such as one PReVENT technology proclaims. A balance has to be struck between the roles and responsibilities of vehicle manufacturing/OEM industry and what government agencies can achieve. For example is it reasonable to legislate which safety equipment new vehicles should be fitted as standard equipment or should it solely left to market forces?

3.3 In terms of the safety of commercial vehicle transport, there are technological ways that can ensure road user safety such as a further roll-out of WASP/VIPER “weigh-in-motion” systems, enforcement of driving and resting times using digital tachograph systems and ensuring that “haulier offences” that are committed in one Member State can be taken into account in the “home” country when issuing, renewing or revoking operator licenses, etc. The latter is currently being examined in a new EU-funded project called TUNER. Such measures would reduce the numbers of, unqualified drivers and disreputable operators from the road and would have a marked impact on the numbers of unroadworthy vehicles.

4. CONCLUSION

4.1 In conclusion, this submission seeks to highlight existing road safety problems and dilemmas and offers current and future technological solutions that may assist. The Intelligent Transport Society for the United Kingdom through its interest groups, members and industry links is ideally placed to provide independent expert advice into the effectiveness of ITS technologies and welcomes further opportunities to assist the Transport Committee in this process.

February 2008

FOUNDATION MEMBERS

Alcatel  Department of Trade & Industry  QinetiQ Ltd
Amey Infrastructure Services  Essex County Council  Real Fleet Ltd
Atkins Transport Systems  Faber Maunsell  RedSpeed International
Atos Origin  Glasgow City Council  Scottish Executive
BT  Highways Agency  Serco Integrated Transport
Capita Symonds  IBI Group  Transport for London
Civica  innovITS  TRL Ltd
Department for Regional Development  JourneyPlan  University of Southampton
Department for Transport  Mott MacDonald Ltd  Welsh Assembly Government
  Mouchel Parkman Services Ltd  WSP
CORPORATE MEMBERS


ASSOCIATE MEMBERS

BIFA (British International Freight Association BMF (British Motorcyclists Federation) CSI Dornier Consulting GmbH Dublin Transportation Office Elkon AG European Secure Vehicle Alliance (ESVA)

FIRSTLY, I WOULD LIKE TO PROVIDE SOME BACKGROUND INFORMATION ON ESURE. WE WERE FOUNDED IN 2001 AS A JOINT VENTURE BETWEEN PETER WOOD, THE ENTREPRENEUR WHO LAUNCHED DIRECT LINE IN THE 1980S, AND HBOS. ESURE BECAME THE FASTEST GROWING INSURER EVER IN 2005 WHEN IT GAINED OVER 1 MILLION CUSTOMERS JUST FOUR YEARS AFTER STARTING TRADING. THE COMPANY WENT ON TO LAUNCH THE REVOLUTIONARY BRAND SHEILA'S WHEELS, MARKETED PRIMARILY AT FEMALE DRIVERS, IN 2005 WHICH HAS TAKEN ON OVER A QUARTER OF A MILLION CUSTOMERS IN JUST TWO YEARS.

ESURE IS PARTICULARLY CONCERNED ABOUT THE PROBLEM OF HIGH ACCIDENT RATES AMONG YOUNG DRIVERS. FROM AN INSURANCE PERSPECTIVE, UNLESS STATISTICS IMPROVE, ESURE BELIEVES THAT THE AVERAGE 17 YEAR OLD DRIVER IS GOING TO FIND IT HARD TO FIND AFFORDABLE INSURANCE BEFORE LONG. CURRENTLY, PREMIUMS ARE VERY HIGH FOR YOUNG DRIVERS REFLECTING THEIR DISPROPORTIONATE LIKELIHOOD BOTH OF CLAIMING AND OF MAKING MORE EXPENSIVE CLAIMS—OFTEN INVOLVING INJURY TO PASSENGERS. THIS IN TURN MEANS THAT INCREASINGLY ONLY THE LARGEST INSURERS ARE ABLE TO UNDERWRITE YOUNG DRIVERS AND EVEN THOSE THAT DO MAY HAVE TO INCREASE PREMIUMS EVEN MORE IN ORDER TO PROPERLY REFLECT INCREASING RISK. CONSEQUENTLY, ESURE BELIEVES THAT POLICIES ARE REQUIRED TO REDUCE THIS RISK IF INSURANCE IS TO REMAIN AFFORDABLE FOR YOUNG DRIVERS.

WE HAVE BEEN ACTIVELY INVOLVED IN SUPPORTING ROAD SAFETY EDUCATION SEMINARS IN Surrey FOR THE PAST FOUR YEARS. THE SAFE DRIVE STAY ALIVE SEMINARS ARE ATTENDED BY ALL “A” LEVEL STUDENTS IN THE AREA WITH THE AIM OF EDUCATING THEM FORCEFULLY ABOUT THE DANGERS OF IRRESPONSIBLE DRIVING BEFORE THEY EVEN TAKE TO THE ROADS.
seminars screen a filmed recreation of a real life road traffic accident where a local young person was killed and the audience is subsequently addressed by each of the emergency services who attended the scene of that particular accident as well as other victims of irresponsible and dangerous driving.

esure has also been monitoring the Government’s Motoring Offences and Breath Test statistics for a similar length of time and, while the Committee praises the “considerable progress” made in reducing the scale of deaths and injuries on the roads of Great Britain since 2000, our analysis of those statistics has shown that there has been absolutely no progress in tackling the disproportionate amount of serious motoring convictions involving young male drivers.

The last Motoring Offences and Breath Test statistics to be published (2005) found that male drivers aged between 17 and 20 years old make up 32.2% of all convictions for dangerous driving offences despite only representing around 3% of the UK driving population. The equivalent figure for women of the same age is just 0.5%. esure believes that tackling this high risk group should be a priority for road safety policy in the future and that the Government should place as much emphasis on the causes of poor driver behaviour as is currently being given to tackling a perceived lack of driving skills among this group.

Attached as appendix 192 is an advance copy of an esure commissioned report called “Sex Differences in Driving and Insurance Risk” written by Professor Geoffrey Beattie of the University of Manchester. It will be published in the next couple of weeks.

The report concludes that the prevalence of young male drivers in motoring conviction statistics is not because men are less skilled drivers than women, but is instead due to inherent behavioural and hormonal factors, which require further detailed study and a recognition of which must form part of the Government’s future road safety policies. The conclusion of the report heavily influences our response, which has been restricted to questions 6 and 7 only. esure does not feel appropriately qualified to answer the other part of the inquiry.

We very much hope that this submission is of interest to the committee and would be pleased to provide oral evidence to your inquiry should you wish.

What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

1. We believe that the Government should target future road safety policy at the attitudes and behaviours of young male drivers specifically in order to produce the biggest and fastest impact on reducing accidents on British roads.

2. esure also feels that tackling a perceived lack of driving skill can only ever be part of the solution to reducing bad driving. We believe that the attitudes and behaviours of young male drivers toward road safety are just as important causal factors of poor driving as any lack of driving ability.

3. It is our opinion that, by concentrating only on reform of the current driving test and ignoring driver behaviour, the proposed DSA consultation on driver training and testing will fail to produce a comprehensive solution to the problem.

4. We have long held the view that road safety education needs to start before people get behind the wheel of a car. We have therefore recently written to the Road Safety Minister Jim Fitzpatrick MP to encourage the Department for Transport to undertake a thorough review of the way young men view road safety in order to develop government educational programmes aimed specifically at changing the attitudes of young men toward driving before they actually start learning to drive.

What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

5. The Government should prioritise road safety policies which specifically tackle the inherent behavioural and hormonal factors which contribute directly to the dangerous risk taking and thrill seeking driving behaviours of young male drivers if there is to be any significant reduction in deaths and injuries on the UK’s roads in the future.

6. esure’s analysis of the Government’s annual Motoring Offences and Breath Test statistics demonstrate that the vast majority of people convicted of the most serious driving offences are men and that there has been no progress made in reducing this figure since 2000 (see table below).

<table>
<thead>
<tr>
<th>Offence Type</th>
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<td>Causing death or bodily harm</td>
<td>95</td>
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92 Not printed here.
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<table>
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<th>Offence Type</th>
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7. Within that group it is young men in particular (aged 21 and under) who are hugely disproportionately responsible for the most serious offences and, similarly, there has been no progress made in tackling this problem.

<table>
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<tr>
<th>Offence Type</th>
<th>Percentage Male under 21</th>
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8. 94% of convictions for causing death or bodily harm on UK roads are by men and approximately one quarter of those are men under 21 years of age. A staggering 97% of convictions for dangerous driving are men and of those over one-third are men under the age of 21.

9. For the most recent year in which statistics are available (2005), male drivers aged between 17 and 20 years old make up 32.2% of all convictions for dangerous driving offences despite only representing around 3% of the UK driving population. The equivalent figure for women of the same age is just 0.5%.

10. It is clear that in order to make the biggest and fastest impact on improving road safety in the UK the Government must prioritise men and young men in particular when deciding on future road safety policies.

11. Therefore specific policies need to be developed for specific groups and those policies must be based on an understanding of the differences between male and female driving behaviours and the particular driving attitudes of young male drivers.

12. The “Sex differences in driving” report (appendix 1) provides evidence from studies around the world which show that differences between male and female drivers in terms of crash rates derive from fundamental differences in specific areas of behaviour and psychological functioning.

February 2008

Memorandum from the Police Federation of England and Wales (RS 59)

1. INTRODUCTION

1.1 The Police Federation of England and Wales is the staff association which represents the interests of all ranks, up to and including Chief Inspector. This relates to about 98% of all police officers. Established by statute, we are responsible for the welfare of officers and the provision of an efficient police service.

1.2 We welcome this opportunity to give written evidence and would be happy to provide oral evidence to the Committee at a later date.

1.3 In light of the unacceptable level of death and injury on our roads, the Police Federation have frequently called for action on road safety through enforcement and education.

1.4 Because of concerns raised by our members, in 2005 the Police Federation formed a traffic policing sub-committee. In November 2007 we held a joint roads policing conference with ACPO, at which both Ministers of State at the Home Office (Vernon Coaker MP) and Department for Transport (Jim Fitzpatrick MP) spoke.

2. OVERVIEW

2.1 There is an increasing amount of evidence, including our own, that points to a decline in driver behaviour and the levels of responsibility shown by road users. This is a particular problem in males under the age of 25. In light of this evidence we call for more and better trained Roads Police Officers (RPOs) so that traffic laws can be enforced effectively and work can be done to reverse this unacceptable decline in driving standards and the consequent effect on road safety. The perceived risk of being detected and stopped must increase sufficiently in order to become an effective deterrent.
2.2 We believe there is growing confusion as to the precise definition and role of RPOs with an accompanying shift beginning to open up as to who undertakes enforcement of which regulations. This in part stems from the lack of clarity between the Home Office and Department for Transport in relation to setting traffic policing targets or priorities. We have been consistent in our claim that a decline in specialist RPOs coupled with a confusing Government target regime that works against traffic policing does not reflect the opinions of the public which favours a more open and visible policing presence on the roads.

2.3 Technology is an important tool in influencing driver behaviour, especially in respect of speeding. It should be recognised, however, that its use has its limitations and is no substitute for the observant, experienced and highly trained RPO.

2.4. Although figures for 2007 are not yet available, we are deeply concerned about the flattening trend in fatality reduction figures, and the upward trend in drink (and especially drug) driving offences, deaths and injuries. We do not believe this problem can be addressed effectively until the broader problems with roads policing strategies, priorities and funding are improved.

3. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

3.1 The general targets set by the Government to address the high level of death and injury on the roads have been a valuable barometer against which to measure progress over time from the 1994-98 average towards the goal of 2010. However, we note that NHS and police records (based on the Stats 19 form which provides casualty statistics) have been identified (DfT Report 76, February 2007) as having measurable inconsistencies, particularly with regard to hospital admissions for serious injuries which show there has been little decline in numbers. Nonetheless, using the target figures is an objective means to manage improvements and direct operational activity for comparative purposes. The latest available Killed/ Seriously Injured (KSI) figures (2005), whilst down on the base average, still reflect an overall death and injury rate on our roads which is unacceptably high and it is deeply concerning that we will not reach the 2010 targets.

3.2 Work on regional or local achievements in relation to casualty reduction progress should be a criterion in Chief Police Officer performance assessment by HMIC and police authorities.

3.3 It is our view that Government targets (particularly those in relation to speed-related collisions which we feel are over simplified) have, over time, skewed enforcement priorities in favour of a growth in static speed detection cameras. We believe this has inadequately dealt with the problem and damaged the constructive, visible presence of roads policing whilst sending a confused and, in some ways, hostile road safety message to the public. Static cameras bring some safety benefits but can only measure targeted reductions across the limited range of its detection zone and this just moves the problem elsewhere. Greater use of average speed detection devices, whilst more expensive, have a marked effect on controlling speed over a much longer and varied given distance.

3.4 Although undeniable progress has been made, we believe much more can and should be done to make targets more specific. We advocate a national approach focussing on those road users who present the greatest risk in the overall casualty and causation figures—including the young and the elderly. For example, a meaningful target to reduce the incidence of collision risk amongst the under-25 age group.

3.5 The total economic cost each year for all road-related death and injury casualties should be accumulated from all stakeholders including the health service, local authorities, insurance companies and manufacturers as well as the police service. Targeted reductions in deaths and injuries bring not only human benefits but also financial savings to all those involved in dealing with road traffic collisions and their consequences. We believe the full impact of these potential savings is currently defused by keeping separate the totals for each agency.

3.6 We are unclear whether Highways Agency targets to reduce the delay and disruption caused by collisions on major arterial and motorway routes have been successful. PFEW are cognisant of the huge economic annual burden such collisions create.

4. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

4.1 We believe this question should also address the level of perceived drug related driving offences. (We say perceived because the level of offending can only be judged on anecdotal information due to the problem of having to prove impairment to drive).

4.2 More than one in six people killed in road crashes are victims of drivers over the permitted alcohol limit. (Source: DfT). The figure for drug driving is unclear due to difficulties in detecting such offences which, in the main, follow on from a detailed road side examination of a person’s fitness to drive. Few police officers have the skills required to test for drug driving and without any technology to assist at the road side the ability to check drivers for impairment due to drugs is very limited. We would like to see more investment in research and increased collaboration with industry in order to develop an acceptable and robust standard of assessment that is far less onerous than at present. We also question whether the current regulations relating to driving whilst impaired are fit for purpose and we recommend that they are revisited.
4.3 The Police Federation has long argued that the drink drive limit in the UK is set too high, and should be reduced. The public are unsure of what the limit is. We have evidence to support a reduction in terms of lives saved from work carried out by Professor Richard Allsop OBE of University College London, who spoke at the Police Federation conference on roads policing in 2006. He estimates that up to 60 lives could be saved each year by reducing the drink drive limit. It is our belief that he is correct and that the public would also overwhelmingly support a reduction.

4.4 Given the accuracy and reliability of the evidential equipment, we question whether there is still a need to give a driver a “second chance option”. Under current legislation, the breath sample can be changed to either blood or urine where the breath/alcohol reading is between 40mgs and 49mgs per millitre of breath. We feel that the current tolerance factor of between 35mgs and 39mgs of alcohol in breath following provision of a sample on an evidential device (the basis for giving a driver a warning) is an acceptable tolerance margin.

4.5 We advocate that all drivers convicted of drink or drug driving must not only be disqualified from driving but should also forfeit their driving licence. There should then be a mandatory re-test at the expiry of the disqualification. We would be happy to consider greater involvement from the court services and insurance industry to make this not only a punishment but an opportunity to improve road safety and driving standards and respect for rules of the road.

4.6 We note that drink-driving deaths fell sharply across Europe in the period 1998–2005, except in Britain and Spain. This is believed to be linked to the higher alcohol limit permitted in the UK. (Source: ACPO strategic assessment document).

5. How does Great Britain compare with other European countries in its approach to reducing death and injuries?

5.1 We are aware of work in some European countries (in Austria for example) reported by Dr Gregor Bartl (PHD) from the Institut Gute Fahrt in Vienna, that sets out more demanding and probationary style driving tests and assessments over a period that can more adequately offer support and training to learner drivers. On passing a driving test, after the first four months a driver receives a feedback drive assessment which lasts two hours. By the end of the ninth month another feedback assessment is given that includes track training and psychological instruction. There is far more involved to obtaining a driving licence under these systems than simply passing a 30-minute practical driving test. We understand this approach has seen significant casualty reduction benefits with a reported 25% decrease since 1999 and a marked improvement on driving standards.

6. How do approaches in reductions in risk on the roads compare to those in other transport modes?

6.1 Aside from Goods and Passenger-carrying vehicles, there is far more regulatory authority and corporate responsibility to other modes of transport, such as trains, planes and boats, than individual use of motor vehicles. Hence the overall management of risk and dealing with transport safety in those areas is unquestionably far more risk averse and consequently safer.

6.2 Employers must take greater corporate ownership in relation to driving standards from their employees, as exhibited in other transport modes be it shipping, airline or rail transport. We have received evidence from Prof. Frank McKenna (University of Reading) and from Australian research groups which highlights the fact that far too many collisions are linked to the physical condition of the driver. Poor lifestyle, obesity, back pain, depression, diabetes, hypertension etc are seen as being contributing factors, especially if linked to sleep disorders and mood swings. We are informed that physical activity has been proved to have a moderating effect on collisions. For this reason we believe work should be done to encourage employers to take greater care of their employees’ needs when using a vehicle on company business.

6.3 It is our opinion that simple but professionally conducted eye sight tests should be mandatory and linked to all driving licence renewal applications in a similar way to standards set in other transport modes.

6.4 Developments in onboard vehicle technology have the potential to increase safety. It might be a bold step, but we would like to see an increased use of onboard telemetry systems that record data into a vehicle’s storage system. Road haulage and public transport vehicles have a standard measure of such recording as part of the legislative framework. Vehicle data storage systems currently capture many aspects of a vehicle’s use and can be downloaded for diagnostic purposes.

6.5 More needs to be done to give drivers timely and relevant warning and information of hazards and speed limits. For example, many drivers do not seem to know what the speed limit is. The standard rule of street lighting indicating a 30 mph speed limit is out-dated and requires a more adequate approach to assist drivers. The level of information available, particularly on speed limits, is inconsistent and patchy and we urge a review for the provision of 30 mph repeater or reminder signs on roads which appear to be of a higher limit than the regulations permit. This approach might encourage greater compliance with the speed limits which remains a persistent problem. Local authorities must be held more accountable for the maintenance of warning and mandatory signing.
6.6 We are disappointed at the limited use of vehicle activated signs (where the display changes to indicate a positive or negative result according to the speed of the oncoming vehicle) for providing speed information. Such devices appear to be effective in reducing driver speed and are an alternative to enforcement. We would welcome greater use of such signs in areas of known high casualty risk.

6.7 We feel a review of the standards in relation to speed limit management needs a consistent, national approach. Control centres such as those used to regulate sections of the M25 and M42 are effective and consideration should be given to extending these initiatives to other parts of the motorway network.

6.8 We believe the collision problem, in part, relates to a no restriction rule that allows newly qualified drivers (especially the under-25 age group) to drive any vehicle within the group they have qualified for. For example, an individual can pass their test in a Nissan Micra and then drive away in a Ferrari. As a consequence, many tend to drive beyond actual safety margins and overstretch their levels of ability. Other professional transport operators would generally be required to have a system of continuous professional development and sanctions in place to manage these potential risks. We would support a complete review of driver age limits for all classes of vehicle.

7. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

7.1 Until the minimum age limit for driving is raised, the issue of early driver education remains particularly crucial. We are minded that currently much early learning and eagerness for driving comes from youthful development at school age. Parents are influential in offering their children advice on driving and road safety matters but we feel that much more work can and should be done in schools as part of the curriculum to encourage formative learning which reflects individual responsibilities as road users. To address this and to set young people on the right course, we believe that extra-curricular opportunities within a school environment would be beneficial. However, we feel that there are an insufficient number of trained staff or a sufficiently robust enough business case made out to support this early learning approach.

7.2 We are seriously concerned at the erosion of road traffic knowledge and experience amongst police officers coupled with the steady decline in numbers of suitably trained and specially designated RPOs. In their increasing absence, who will be filling the gaps in enforcement of driving hours legislation, construction and use regulations or the transportation of hazardous chemicals? We therefore recommend an urgent review into the current state of roads policing.

8. What further policies, not already widely used, might be considered for adoption and what evidence is there for their success?

8.1 Police forces should be encouraged to prioritise the enforcement of drink and drug driving regulations throughout the year and not just around Christmas time or the summer months.

8.2 The Police Federation have not previously called for a random breath testing policy but would support this legislative change if sufficient resources were put in place to ensure stronger enforcement activity.

8.3 We are very concerned about the relative dominance of young male drivers in the statistics for collisions. Enforcement without some educational input is not always the appropriate response to breaches of legislation. We would welcome further consideration of policies that would address this issue.

8.4 We feel the public should be offered a national call centre number for accessing the Highways agency control centre. This may encourage road users to pass on early and timely information or report problems of a non-emergency type in relation to motorways and trunk roads. For example, debris, broken down vehicles or other obstructions of the carriageway. In the absence of which, the only contact number the public have is by using the emergency 999 system, which in many cases will not be used.

9. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

9.1 We believe that there should be specific Home Office targets to reduce the number of deaths and injuries caused by dangerous driving, driving whilst under the influence of drink or drugs and those caused by young or novice drivers. This would sit under the umbrella of offences brought to justice. However, these targets should apply to other agencies as well as the police, such as local authorities, educational organisations and motor vehicle manufacturers.

9.2 Focus needs to be given to a targeted reduction in the risks to novice and young drivers who feature too prominently in casualty figures as victims or perpetrators.

9.3 Car manufacturers should be encouraged to universally fit an audible and visual warning device identifying any passenger that is not using a seat belt on a moving vehicle.
9.4 The Government should consider it a priority to examine the health of all drivers as a requirement for continued licensing to drive. An opportunity exists within the scope of renewable licences to include health assessment as part of the application (e.g., a mandatory eye sight test). Of particular relevance is the health of the ageing driver population and the consequent effect on road safety.

9.5 Levels of major motorway and arterial road disruption caused by avoidable collisions should be targeted and reduced. Measurements of improvement can be made in terms of hours of road closure and national economic benefits.

9.6 The Government and ACPO need to take urgent action to improve driver behaviour, especially that of the under-25s. A key factor in reversing the decline in driver behaviour would be an increase in suitably-trained traffic police officers to enforce traffic regulations and provide a visible presence on the nation's roads. The perceived risk of being detected and stopped must increase sufficiently in order to become an effective deterrent.

9.7 The number of young and novice drivers, as well as drivers from foreign countries, taking to the road without proper documentation needs to be targeted and reduced. These individuals are increasingly figuring as a factor in casualty and collision statistics.

February 2008

Memorandum from Brake (RS 60)

ABOUT BRAKE

1. Brake, the national road safety charity, is dedicated to stopping deaths and injuries on roads and caring for people bereaved and affected by road crashes. Brake carries out research into road users' attitudes on aspects of road safety. It also works with people bereaved and seriously injured in road crashes to campaign for changes in the law, which will benefit road safety and provide much needed support for road crash victims.

To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

2. Targets can be extremely valuable in focussing activity and enabling stakeholders to gauge the success, or failure, of casualty reduction strategies. Targets are successfully used by organisations to help to motivate action to achieve results. However, the existing casualty reduction targets, as set by the Department for Transport (DfT) in 2000, had several limitations to their usefulness:

2.1 The targets were a long way to being met before they were even introduced. The targets were set in 2000, but were based on casualty statistics from the 1994–98 baseline average. This meant that when the targets were introduced in 2000, several years had already passed, so significant reductions in casualties had already occurred. There had already been a 13% reduction in all KSIs from the baseline figure used before the target was set in 2000, and a 24% reduction in child KSIs by the same time. This meant that the targets were no where near as challenging as they appeared to be, and did not give an accurate picture of what was expected to be achieved over the 10-year period around which the strategy was based.

2.2 The targets were not challenging enough. Europe as a whole has a higher target—aiming to reduce the number of road crash fatalities alone by half by 2010. The fact that reducing road casualties does not appear to be a top priority for legislators or enforcers is symptomatic of the absence of motivating, challenging targets. Road crashes receive just a couple of paragraphs in the National Policing Plan, suggesting that enforcement of road traffic offences are not a priority. Road safety does not feature highly on the agenda of legislators either—despite the target being set in 2000, a long-promised Road Safety Act was delayed and was not passed until 2006, meaning crucial road safety measures requiring legislation had to be put on hold.

2.3 The targets were set for reducing ‘KSI’s (people killed and seriously injured) combined, as an assumption was made that deaths and injuries would follow a similar trend. In fact, the number of deaths on the road is falling at a much slower rate than the number of serious injuries—the Transport Research Laboratory (TRL) forecasts that if the fatality trend was to persist and no new measures were introduced then the number of fatalities would fall by just 19% by 2010.93 It is clear that in order for targets to be meaningful, it is necessary to have separate targets for deaths and serious injuries.

2.4 The targets were not as wide-ranging as they could have been, and left significant gaps. Only one specific road-user group—children—was identified and given a separate target from the main, general target. There is no clear reason why this road-user group was selected while others were not. It would make sense for specific targets to be given to road-user groups that are particularly at risk or have disproportionately high crashes or casualty rates. DfT could have conducted an analysis of which groups are most at risk and set individual targets for these groups. For example, it could have been helpful to have separate targets for child pedestrians and cyclists, as casualty rates for this group are particularly poor in comparison to the rest of the EU. Other at-risk groups include young drivers, motorcyclists and at-work drivers.

What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

3. There is evidence that the number of drink-drive crashes is rising—17% more people were killed in drink-drive crashes in 2006 than in 1998. Estimates for 2006 suggest that 17% of road deaths and 6% of all road casualties occurred when someone was driving while over the legal limit for alcohol.94

4. There are a number of measures that need to be adopted to reduce deaths and injuries arising from drinking and driving:

4.1 The Government should reduce the drink-drive limit. The UK and Ireland are the only remaining EU countries to have a limit of 0.8 BAC (Blood Alcohol Content), and Ireland has pledged to reduce this limit by 2009. Most countries have a drink-drive limit of 0.5 BAC. Some countries (such as Sweden, Poland and Estonia), have limits of 0.2 BAC while some have limits of 0.0 BAC (Czech Republic, Slovakia and Hungary).95

4.1.1 The European Commission adopted a recommendation in January 2001 which proposed harmonisation of the BAC level at 50mg (0.5 BAC) or below96 and it is estimated that reducing the drink-drive limit in Britain to 0.5 BAC would save about 65 lives and 230 serious injuries per year.97

4.1.2 There is widespread support among the public for a lower drink-drive limit: of those who responded to the consultation paper “Combating Drink Driving: Next Steps”, 79% were in favour of a lower limit, 14% were against and the remainder had no clear view.98

4.1.3 When Sweden lowered its drink-drive limit from 0.5 BAC to 0.2 BAC in 1990 fatal alcohol-related crashes were reduced by 10%. Similar experiences were found in Austria, Belgium and France after lowering their drink-drive limits.99 The evidence for reducing the limit is overwhelming. A limit of 0.2 BAC or lower sends a clear and consistent message to drivers that they cannot drink at all if they are driving, ending confusion about how much is “too much” and would be likely to lead to a significant reduction in drink-drive casualties.

4.2 The Government needs to type-approve roadside breathalysing equipment and to ensure all forces are equipped with the tools they need to perform evidential tests at the roadside. Having equipment to perform evidential breath tests at the side of the road saves the time and money of taking the driver back to the police station for tests, and allows an instant test to be given, rather than giving a test some time after being stopped. This frees up police time to get back on the roads and enforce road traffic laws.

4.3 Police should be given the power to perform random, targeted and blanket breath-tests. In most EU countries the police are entitled to use random breath testing, which means they do not have to have any cause to believe a driver is over the drink-drive limit before stopping and testing them. The only exceptions to this are Denmark, UK and Ireland. The power to test drivers randomly allows police to target particular areas or drivers—for example, stopping drivers driving away from town on a Friday night at closing time. It also allows them to perform blanket checks by setting up road blocks and stopping cars at regular intervals or stopping every passing car. This flexibility, when combined with increased enforcement is designed to make drivers feel they have a good likelihood of being caught if they break the law. A Swiss study in 1998 found that random breath testing was one of the most cost-effective safety measures that can be implemented. In 2005, Switzerland achieved a huge 20% drop in road deaths, and preliminary figures show that this trend is continuing. Swiss Government analysis reports that the main reason for this has been a better control of two of the main causes of crashes—speed and alcohol. On 1 January 2005, the legal

97 Professor Richard E Allsop Centre for Transport Studies University College London, http://www.pacts.org.uk/parliament/
briefings/lowerlimit.pdf
98 Professor Richard E Allsop Centre for Transport Studies University College London, http://www.pacts.org.uk/parliament/
briefings/lowerlimit.pdf
blood alcohol limit was lowered from 0.8 to 0.5 BAC and police were empowered to run random breath tests. Minimum levels of random breath testing is also one of the main elements of the 2004 European Commission Recommendation on Enforcement in the Field of Road Safety.

4.4 In many countries, alcohol interlocks, which require drivers to take and pass a breath test before their car engine will start, are used as a condition of probation for drink-drive offenders after their driving licence has been reinstated. As of 2006, 45 US states, the District of Columbia and most Canadian provinces and territories require or allow some offenders to use alcohol interlocks. There is significant evidence for the effectiveness of alcohol interlocks in reducing repeat drink-drive offences:

4.4.1 An alcohol interlock study was carried out in Maryland, USA in the 1990s. The results indicated that being given an alcohol interlock reduced the risk of an alcohol-related traffic offence within the first year by about 65%.102

4.4.2 An alcohol interlock programme began in Alberta, Canada, in 1990. After six years the re-offending rate for the group which used alcohol interlocks was 18%, compared to 38% for the control group.103

5. The Road Safety Act 2006 provides for the possibility of using alcohol interlocks for offenders in exchange for a reduction in the period of disqualification. The Government should run pilots using alcohol interlocks with a view to rolling this out if successful.

How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

6. Unlike some EU countries which have the lowest road death and injury rates, Britain does not have a clear, ambitious vision for reducing road crashes and deaths and perhaps as a consequence of this lack of a “vision”, road safety does not feature highly on the political agenda.

7. Although it sets casualty reduction targets, as do other EU countries, prior to recent speeches by the current road safety minister, the Government had not made any clear acknowledgement that every road death is unacceptable. Sweden expresses its view that it is unacceptable for there to be a single death or injury on the roads through “Vision Zero”—the vision is that eventually no one will be killed or seriously injured. Scotland’s Transport Minister has expressed a similar view.104 Britain should follow Sweden’s lead and make it clear that it is ethically intolerable that deaths and injuries should continue on the road. This would help to focus policies, strategies and legislation by having a clear aim and ambition.

8. Other countries also demonstrate that road safety can, and should, be prioritised by Government. On 14 July 2002, President Jacques Chirac declared the “fight against road violence” one of the top three priorities of his second term in office. In Luxembourg, road safety has been declared one of the first political priorities. The UK needs to follow these examples in order to make tackling road deaths and injuries a clear political priority.

How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

9. There is a general perception perpetuated by Government that road deaths are not as disastrous as deaths occurring on planes or trains. Plane or train crashes are treated like national disasters, with Government ploughing massive resources into its emergency response, and into investigations following the event. In contrast, because of their frequency, road crashes are often treated like unavoidable facts of life, with one of the main aims of the emergency response being to get traffic moving quickly, rather than focussing on investigating the crash.

10. The Government approach to plane and train crashes is that no risk will be tolerated. This is evident from the level of training required of pilots and train drivers, which is far more extensive than the training required for driving a car. Medical checks and extended periods of practical training are required before people legally able to take responsibility for the lives of their passengers on a plane or train. Yet with no professional training, no medical check, and with very little driving experience, people are able to drive on busy carriageways with passengers in their vehicle.

11. The fact that there is a lower drink-drive limit for train drivers and pilots than for car drivers is another indication that risks that the Government will tolerate on the road, will not be tolerated for other modes of transport. While the Government deems it acceptable to allow car drivers to drive with 0.8 BAC—a level that allows them to be intoxicated and for their faculties to be impaired—the legal limit for plane and train drivers is 0.2 BAC, meaning they cannot have a single drink before taking control of their vehicles. The reluctance of Government to take the simple step of reducing the drink-drive limit for car drivers

100 Road Safety Performance Index—Making progress happen—ETSC 2006.
demonstrates that they consider risks on the road to be more acceptable than risks on the railways or in the air, despite the fact that many, many more deaths and injuries occur on the roads than on trains and planes put together.

12. Variations in acceptable risks when it comes to engineering are startlingly obvious. Mechanics do not need a qualification, meaning cars can be maintained by people with no expertise, and no guarantee that the vehicle is safe or roadworthy. In contrast, aircraft maintenance mechanics undergo thorough training and must re-train as new equipment becomes available.

13. Resources devoted to crash investigation also highlight the difference in approach to different modes of transport. One example of the resources given to investigating crashes on other modes of transport is the Rail Accident Investigation Branch (RAIB), the independent railway accident investigation organisation for the UK. It investigates railway accidents and incidents on the UK’s railways to improve future safety on trains. No similar body exists for road crashes, and often minimal time or manpower is given to investigating crashes. The police investigation is a key element in securing the decision to prosecute by the Crown Prosecution Service, as well as an actual conviction in court, but is all too often left to just one or two police officers, whose main concern is to clear the road and get traffic moving following a crash. A good first step towards this measure would be to adopt the Association of Chief Police Officers’ Road Death Investigation Manual as a statutory requirement to ensure a comprehensively high standard of “accident investigation”. Currently all forces are signed up to the manual, but follow it to different extents.

Are there specific blockages caused by shortages of appropriately trained and skilled staff?

14. There are shortages of trained and skilled police officers able to efficiently enforce road traffic law. More dedicated road traffic officers trained in a whole range of traffic checks and enforcements would allow for improved enforcement of traffic law and would act as a disincentive to those who might currently break the law because they think they can get away with it.

15. Brake is also concerned that numbers of front line VOSA enforcement staff have increased only minimally during the past few years and numbers of enforcement checks have fallen.\textsuperscript{105} Brake is concerned that a lack of trained staff and decreasing checks means commercial vehicle safety is not being adequately enforced.

16. Shortages of Road Safety Officers (RSOs) mean community road safety education does not live up to its life-saving potential. We hear anecdotally from RSOs that they do not have enough staff to give all the training and education they would like to schools. Increased numbers of RSOs would allow for improved road safety education.

17. There is a shortage of road crossing patrols. In recent years, the number of lollipop men and women has declined at an alarming rate. In 2005, at least 25% of posts were vacant across the country.\textsuperscript{106} Research carried out by Jet in 2005 showed that the safety of school children across the UK was in jeopardy due to the continued shortage of crossing patrols. Councils across the country reported an average 18% shortage in some areas the shortage was much higher—in the London Borough of Lambeth shortfalls were as high as 70%\textsuperscript{107}. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

18. Brake recommends that the following policies are considered for adoption:

Graduated Driver Licensing (GDL)

19. There is currently no minimum learning period or requirement for professional tuition, which means novice drivers may obtain a full driver licence aged 17, without adequate tuition and with very little experience. Brake would like to see the introduction of GDL to allow new drivers to build up their driving skills and experience gradually and help prevent the tragic deaths of young people on our roads.

20. Brake proposes a three-stage licence comprising of a learner period followed by a test, and a novice period during which time restrictions would be placed on the driver before drivers could obtain a full licence. GDL has been implemented in many other countries such as New Zealand and the US, with high levels of success. Following the introduction of the GDL system in New Zealand, there was a reduction in car crash injuries of 23% for 15–19 year olds and 12% for 20–24 year olds. After GDL was introduced in the State of Washington, USA, annual fatal and serious crashes involving 16 and 17 year-old drivers fell by 59%.

21. For more information, visit the Licensed to Kill? campaign on Brake’s website www.brake.org.uk.

\textsuperscript{106} School-run Violence Drives Lollipop People Off the Roads, (LARSOA, 2005).
\textsuperscript{107} Jet Lollipop Barometer, (Jet, 2005).
Regular re-testing

22. The current system of allowing drivers to drive for life after taking just one test does little to ensure drivers keep their skills and knowledge up-to-date. A driver’s standard of driving, knowledge of the rules of the road, or medical fitness to drive may decrease over time, and so regular re-testing is vital to ensure that all drivers are competent and safe. This has been acknowledged by Government when it comes to commercial vehicle drivers who must complete a Certificate of Professional Competence which must be renewed every five years, with a minimum 35 hours of approved training every five years. (Regular checks for competence are equally important for other drivers because all drivers, professional or not, put lives at risk on the road.

Time-over-distance speed cameras

23. A policy should be undertaken to replace all fixed-site cameras with “time over distance” cameras. Time over distance cameras provide a better incentive for drivers to slow down and stay within speed limits for longer stretches of road, rather than just slowing down for a fixed-site camera, and then speeding up. A recent report found that the use of SPECS time over distance cameras reduced vehicles exceeding the speed limit by 53%, and those exceeding it by more than 15 mph by 100%.108

20 mph limits

24. We need a default 20 mph speed limit in urban areas. At the moment, 20 mph limits are at the discretion of local authorities who follow recently-reviewed guidelines from the Department for Transport on setting speed limits.109 These guidelines recommend that the needs of children are taken into account, and give some encouragement to local authorities to install 20mph limits. However, communities that campaign for 20mph limits around their schools by lobbying their councils are still often turned down on the basis that “there hasn’t been a death yet”, or because there is a lack of funding, or because the importance of traffic flow is prioritised on a particular urban road. The Government doesn’t monitor how many 20mph limits have been installed; in effect abdicating all responsibility to local authorities.

25. Yet the evidence is clear—reducing the speed limit will save lives. The first three 20 mph zones in the UK were implemented in January 1991. Five years later, the Transport Research Laboratory reviewed the results from 250 zones in England, Wales and Scotland. The average speed in these areas fell by 9 mph. The total number of crashes fell by 60% and the number of accidents involving children fell by 67%. The number of crashes involving cyclists also fell, by 27%.109 In 2003, the Health Development Agency called for a reduction in the speed limit to 20 mph on residential streets. It estimated that this measure would reduce child deaths and injuries by a massive 67%—or 13,000 children—each year.111

26. One local authority that has led the way is Hull City Council, which has introduced 20 mph zones on a quarter of its roads. There has been a 74% reduction in the number of crashes involving child pedestrians, and a 69% reduction in child cyclist crashes in the three years since the zones’ introduction, compared with the three before the speed limit changed. The overall number of crashes in Hull has been reduced by 56%, and there has been a 90% reduction in serious or fatal injury collisions.

27. Not only does reducing speed reduce the frequency of crashes, but it also reduces the severity of any crashes that do occur—there is a direct relationship between the speed of a vehicle and the severity of injuries. At 40 mph, 85% of people hit by vehicles die, at 30 mph, 20% of people die and at 20 mph it is just 5%.112

28. For more information, visit the “Watch Out There’s a Kid About” campaign on Brake’s website www.brake.org.uk.

More roads police

29. The number of police officers with responsibility for roads policing duties has fallen over the past decade despite the consistent increase in traffic volumes over this period. According to HM Inspectorate of Constabulary, in 1996–97 there were 9,201 dedicated road policing officers, while by 2003–04 this number had fallen to 7,636.113 Some forces have scrapped their road policing units, creating “rapid response units” or “problem-oriented policing” (POP) units, which combine road policing duties with other activities.

30. This increasing under-resourcing of roads policing means there is a lack of routine enforcement on our roads, such as speed, drink-drive, seat belt, mobile phone and tyre checks. It also means that in many forces, budgets for training and equipment for traffic police have been slashed.

112 Department for Transport, Managing Speed on our Roads.
113 Hansard, (written answers, 10 Jan 2005 : Column 364W).
31. We need to see a commitment from Government to putting more trained roads policing officers on our roads.

32. For more information, see Brake’s “Police Our Roads” campaign page on its website www.brake.org.uk.

Compulsory road safety education

33. Road safety education is not a compulsory part of the National Curriculum and often not taught, despite the availability of teaching resources from the Department for Transport and other agencies. We want compulsory, effective, road safety education for children of all ages to teach our children to be as safe as possible when using roads. The National Healthy Schools Programme is dedicated to making children healthier, happier and safer,\(^\text{114}\) yet road safety does not feature as a key theme of this initiative, despite the fact that road deaths are one of the biggest single causes of death for children, and despite the fact that in a recent Brake survey, 48% of children said they worried about being knocked down while walking or cycling.\(^\text{115}\) Traffic kills children and affects their health, happiness and well-being, so it is ludicrous that road safety it is not a compulsory element of children’s education.

Improved vehicle technology

34. In the longer term we need the Government to develop strategies around emerging vehicle technology. This includes creating legislation that makes use of GPS-linked speed-limiters and technology to record driver behaviour and journey patterns. There are several other very simple steps that could be taken to improve the safety of vehicles, such as making it compulsory for high-sided vehicles to have retro-reflective tape to improve the visibility of high-sided vehicles.

**What should be the priorities for Government in considering further targets for casualty reduction beyond 2010?**

35. When setting its targets for beyond 2010, the Government should prioritise setting casualty reduction targets for road users who have a disproportionate crash and casualty rates. If current trends continue, Brake recommends that the Government targets speeding drivers, drink-drivers, young drivers, child pedestrians and cyclists and motorcyclists, all of which have disproportionately high crash and casualty rates.

_February 2008_

**Memorandum from Parliamentary Advisory Council for Transport Safety (PACTS) (RS 61)**

1. The Parliamentary Advisory Council for Transport Safety (PACTS) is a registered charity and an associate Parliamentary Group. Its charitable objective is, “To protect human life through the promotion of transport safety for the public benefit”. Its aim is to advise and inform members of the Houses of Parliament on air, rail and road safety issues. PACTS brings together safety professionals and legislators to identify research-based solutions to transport safety problems having regard to cost, effectiveness, achievability and acceptability. We welcome the opportunity to contribute to the current inquiry.

**Role of Targets**

2. The UK is a leader in the road safety arena and an important element of this success has been its pioneering use of targets since 1987 to motivate government and non-government organisations to take action. The government’s road safety strategy, “Tomorrow’s Roads—Safer for Everyone”, published in March 2000,\(^\text{116}\) outlined casualty reduction targets for 2010 concerning the number of people killed or seriously injured (KSI) in road accidents, the number of child KSI and the slight casualty rate. The targets for slight casualty rate have already been met and progress in reducing all KSI is on course to meet that target also,\(^\text{117}\) suggesting that road safety targets have been very successful in harnessing professional commitment, giving a focus to casualty reduction activities and providing a measurement and accountability tool. Targets have been criticised as they have become ubiquitous in public policy. However, with an increasingly broad range of parties involved in achieving casualty reduction on the nation’s roads, targets still provide a vital impetus. PACTS strongly believes that the next stage of road casualty reduction should include an ambitious target (or set of targets) as an integral element.

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\(^{114}\) www.healthyschools.gov.uk


DRINKING AND DRIVING—FURTHER MEASURES

3. The problem of drink driving is still pertinent in the UK today. Evidence shows that alcohol-related deaths are not declining—and continue to make up just under 20% of all road deaths.\textsuperscript{118} The UK has some of the most severe sanctions yet countries where sanctions are combined with a high number of tests, such as Sweden and the Netherlands, appear to be tackling the issue more effectively. In light of this stagnation regarding reduction of alcohol-related deaths, PACTS again, recommends the type approval of roadside evidential breath-testing devices as a priority to assist the Police in quickly and accurately measuring impairment to an evidential standard. Concordantly, PACTS would also strongly support the introduction of targeted breath testing, a measure supported in a House of Lords debate in June 2005 at the committee stage of the Road Safety Bill.

In 2005, Switzerland experienced a 20% drop in fatalities\textsuperscript{119} which was primarily attributable to the lowering of the legal blood alcohol limit from 0.8 g/l to 0.5 g/l combined with the police being empowered to run random breath tests. The UK, in order to continue to achieve progress in tackling drink-drive deaths, should adopt similar measures.

COMPARISONS WITH OTHER EU COUNTRIES

4. Most frequently the UK is compared with Sweden and the Netherlands, largely because these three countries have been at the forefront of tackling road casualty reduction. However, the UK has fallen significantly behind both Sweden and the Netherlands in their recent progress on improving road safety. The UK’s rate of reduction in deaths has appeared to plateau. A notable difference in the approaches towards road safety of the so called “SUN” countries,\textsuperscript{120} is the existence of clearly articulated “visions” in the other two but not the UK. Sweden has adopted the idea of “Vision Zero” and the Netherlands the notion of “Sustainable Safety”. Examination of death rates in the three countries suggests that an appropriate comprehensive road safety visions can generate the additional political and public interest and attract the resources for enforcement and interventions to reduce deaths.\textsuperscript{121}

5. PACTS believes that a comprehensive vision would help to facilitate inputs from stakeholders who have not traditionally been involved directly in improving road safety. Signs exist that new stakeholders are increasingly entering the debate, notably the National Institute for Health and Clinical Excellence (NICE) through its recent public health guidance on creating environments to encourage physical activity. This included a recommendation to “Ensure pedestrians, cyclists and users of other modes of transport that involve physical activity are given the highest priority when developing or maintaining streets and roads.”\textsuperscript{122} Comparably, the Department for Children, Schools and Families in the Children’s Plan, released in December 2007, stated that they would “encourage local authorities to create 20 mph, where appropriate, because they can reduce child pedestrian deaths by 70%”\textsuperscript{123} whilst the Department for Health’s report “Healthy Weight, Healthy Lives”, emphasised the need to create rural and urban environments where “walking, cycling and other forms of physical activity, exercise and sport are accessible, safe and the norm”\textsuperscript{124}. These examples offer indication that a more interoperative approach to road safety is a plausible and realistic goal. PACTS believes that the formulation of a vision, possibly that of “Pragmatic Road Risk Reduction”, would not only support such examples of joined-up thinking but also encourage a broader and more unified approach to casualty reduction. This, in turn, could succeed in helping the UK to achieve ambitious casualty reduction targets and improve comparisons with other EU countries.

APPROACHES TO RISK IN OTHER MODES OF TRANSPORT

6. The rail industry, in its approach to risk, has adopted a strategy of achieving a level of risk that is as low as reasonably practicable. Unlike road transport, it has focused upon implementing pre-emptive measures. This decision to focus upon risk mitigation and accident prevention has been successful in reducing the level of risk on the railways. Undoubtedly a significant dichotomy exists in the nature of risks posed in rail and road yet there is potential within the latter for a similar, more preventative approach to risk in terms of active and passive safety. Work undertaken on rating roads in terms of safety, such as the EuroRAP project, has aimed to highlight those parts of the network which pose the greatest risk. PACTS believes it is important for such data to be gathered at local, national and European level and cross-examined to check for compatibility. Using these data, it would be possible to identify and implement road engineering measures which could reduce risk upon specific routes.

\textsuperscript{121} PACTS (2007) Beyond 2010—a holistic approach to road safety in Great Britain, PACTS, London.
\textsuperscript{122} NICE (2008) Promoting and creating built or natural environments that encourage and support physical activity, NICE, London, p 7.
7. The approach to risk in aviation has focused on the acknowledgement that even one air-related accident or incident could cause such financial difficulty that cost becomes almost irrelevant in the bid to reduce risk. Within road transport, such an approach would be impractical. However, PACTS suggests that level of resources allocated to risk reduction in both the rail and aviation sectors has contributed notably to their success. If local authorities were given similar levels of resource, a preventative approach to risk on the road, and adoption of the philosophy of achieving risk level that is as low as reasonably practicable, would be far more achievable.

**Blockages/Shortages of Appropriately Trained and Skilled Staff**

8. The Transport Planning Skills Initiative\(^{125}\) was created to provide a clear focus for a programme of action to increase the number of transport planners. The TPSI sought to address the training needs of those already within the profession and increase the awareness of transport planning as a career. Advocates of the Road Safety NVQ have pushed for improved marketing and there have been calls for a proposed on the job graduate training programme to increase the numbers of appropriately skilled and qualified staff. However, skill shortage continues to be a key issue across the transport industry as a whole. Investigation into the precise nature of these shortages is currently being undertaken in a joint project by Institute for Highways and Transportation (IHT), Transport for London (TfL) and the Department for Transport (DfT) yet arguably there is a dichotomy between concern and tangible ability to address the problem. The paucity of suitably skilled workers and the likelihood that this shortage will be compounded in the coming years due to retirements and a lack of suitably trained replacements means a real threat to the efficacy of prospective road casualty reduction schemes exists. Effective “competency” training programmes, such as that pioneered by the IHIE for Development Control Traffic Signal and Traffic Sign design, help to facilitate professional progression. Hence, PACTS would strongly recommend that local authorities include, within their Local Transport Plans, an allocation dedicated to staff training, in order to safeguard the future delivery of road safety schemes.

**Further Policies for Consideration**

9. A myriad of policies and strategies is already in existence in the attempt to achieve road casualty reductions. Whilst it is vital that many of these policies continue and are improved, there is also scope for further policies to be introduced. In the technological sphere, Intelligent Speed Adaptation (ISA), a system of in-vehicle speed limitation, offers considerable potential for improving road safety within the UK. The most effective form is mandatory dynamic ISA, where the vehicle is limited at all times and the system allows for temporary limits, such as in adverse weather conditions or outside schools at specific times of the day. Introduction of this mode of ISA could lead to a reduction of 36% in all injury accidents and of 59% in fatal crashes.\(^{126}\) The reduction in fatal crashes is particularly high since ISA ensures compliance with the speed limit and since research has already identified that targeting the highest speeders will bring the largest reduction in road crashes. This potential level of reduction should also be compared with the introduction of compulsory seatbelt wearing for front seat occupants which achieved a 7% reduction in fatalities overall. PACTS welcomes the research into ISA, sponsored by the DfT and completed by the University of Leeds and the Motor Industry Research Association (MIRA), and urges the early implementation of ISA.

10. PACTS would also suggest that greater efforts be made to expand upon and draw important lessons from DfT initiatives. Considerable thought is given to the development of these initiatives, such as the Gloucester “Safer City” approach. Yet whilst many of these are successful and important issues highlighted, often this fails to extend into a more comprehensive and widespread policy approach which is rolled out nationwide. In this vein, PACTS does support the extension of the Active Traffic Management (ATM) programme, initially piloted on a section of the M42, as it is proven to encourage consistent speeds and distribution of traffic across all lanes. However, PACTS also believes that, whilst this option may prove useful on certain short critical sections of the strategic road network, greater investigation into the safety implications of this method of delivering increased capacity needs to occur before wider roll-out.

11. It is also important to note the failure to cut road deaths on rural roads. On such roads it is not always easy to identify single high risk casualty sites. Thus, the adoption of whole route management approaches, as recommended nearly 10 years ago by “Guidelines For Rural Safety Management”\(^{127}\) published by the IHT, would be advisable.

12. Monitoring of trends in rural road accidents has identified an increasing proportion of accidents involving loss of control, running off the road and overturning. This increases the importance of making roadsides more forgiving especially where such accidents are most likely to occur.

PACTS recommends that local authorities and the Highways Agency be resourced to give increased to making rural roadsides more forgiving.

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13. The wearing of seat belts is crucial to the protection of vehicle occupants in collisions especially for users of cars and other lighter goods vehicles. Even with wearing rates in front seats over 90%, the proportion of killed vehicle occupants who were not wearing belts emphasises the importance of raising seat belt wearing rates still further. PACTS recommends that the offence of not wearing a seat belt should be made to attract three penalty points, with an accompanying publicity campaign.

GOVERNMENT PRIORITIES—TARGETS FOR CASUALTY REDUCTION BEYOND 2010

14. Undoubtedly, progress has been made in many areas of road safety since the publication of the first targets in 1987. However, as statistics from the most recent Road Casualties Great Britain report (2006) demonstrate, there are several key groups where reduction appears to have stalled. Most notably motorcyclists still account for a wholly disproportionate number of KSI. In 2006, despite improvements in the overall casualty rate, motorcycle deaths numbered 599 and still accounted for 19% of all fatalities. Therefore PACTS would recommend the creation of a specific casualty reduction target for powered two wheelers.

15. The vulnerability of young and novice drivers is well recognised. One in eight driving licence holders is under 25 yet one in three drivers in a collision is under 25. When considering night-time fatal collisions this rises to one in two. Whilst consultation has tended to focus on targeting the 17–25 age group, evidence from the Child Road Safety Strategy Review found that road safety education and strategies had the greatest impact among children aged 0–11. However, young people were most at danger on the roads between the ages of 12–15, suggesting that a strategy focusing on 13–21 year olds would be more effective. PACTS recommends a strategy that looks across the public health agenda, incorporating road safety along with other key themes which affect young people’s lives such as alcohol, drugs, sex and issues of freedom, in order to achieve a greater understanding of risk. Hence the government should develop a sub-strategy specifically aimed at this vulnerable group of road users in the next round of casualty reduction deliberations.

16. By 2031 it is estimated that, within the UK, the number of people aged 50+ will number 27.2 million. It is also becoming increasingly clear, that older drivers are now travelling longer distances and that this trend is likely to continue. The implications of these changes in travel are potentially profound. Whilst there is little evidence of an increase in the incidence of road traffic accidents in an ageing population, older people are more fragile than their younger counterparts. Compared with drivers aged 20–50 years old, older people’s fragility increases their risk of fatal injury by 1.75 times for drivers aged 60. People over 60, although only accounting for 10% of all casualties, make up 21% of deaths. If efforts to reduce road casualties are to be successful, interventions that respond to older people’s needs by reducing the severity of injury in the case of a collision and increasing their capacity to travel safely, both in vehicles and on foot, will become increasingly important. PACTS recommends that the next road safety strategy should include a comprehensive sub-strategy dedicated to reducing the rate of KSI experienced by older (60+) people per km travelled.

CONCLUSION

17. Considerable progress has been made in road casualty reduction in recent years. However, PACTS believes that there are still areas of concern, as previously outlined, which must be addressed in the next Road Safety Strategy. If these problems, be they behavioural, structural or technical, are not adequately addressed then there is a real possibility that the UK will fall even further behind its leading European counterparts in its bid to make our roads a safer place for all.

February 2008

Memorandum from the Technical Advisors Group (TAG) (RS 62)

As you may recall the Technical Advisors Group (TAG) represents a large number of local authorities in the country, these include those with highway and transport responsibilities; such as Transport for London, most London boroughs, Metropolitan authorities, Unitary authorities and also many of the districts and towns in two tier authorities—where the county is responsible for Transport Issues. All our authorities have road safety responsibilities.

We are grateful for the opportunity to contribute to the Committee’s inquiry into Road Safety. We have set out our comments in accordance with the inquiry’s terms of reference as follows:

1. Targets

To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

Road safety professionals agree that the original road safety target setting in the mid/late 1980s was instrumental in raising the profile of road deaths and increasing the resources allocated to casualty prevention. The national targets provided a focus for road safety activities, demonstrated real and long-term support from national government that cascaded to local government and led to increased resources for road safety.

In hindsight, having targets was probably the most important factor in the achievement of GB’s excellent casualty reductions through the 1990s.

2. Measures

What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

Our view is that this is very largely an enforcement issue. The research supports the view that good benefits could be achieved if the current levels of blood alcohol were better enforced. Given society’s support of the drink-drive laws, it should be politically possible to have a regime where there is a high likelihood of being stopped and tested. This would require significantly higher levels of traffic policing and more police resources. The Select Committee is well aware of the view of road safety professionals, who as a body oppose the recent trend of less roads policing. There would be very substantial road safety benefits from higher levels of visible policing.

There is evidence that drivers without licences, MOT, tax, insurance, etc are much more likely to be involved in serious road traffic collisions. Hit and run collisions make up a quarter of all collisions in some London boroughs and possibly other metropolitan areas and these are very likely linked to criminality.

The issue of driving while under the influence of drugs (both legal and illegal) is also very important. Although it is difficult to obtain robust data, the view is held that in some areas of the country drug driving is an equal problem to drink driving.

3. GB versus EU

How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

This is a difficult question to answer as there is no single approach to road safety in UK authorities, just as there is no single approach across Europe. Our response to this question is therefore more of a comparison between countries identifying where UK is in the lead and where we could learn from others.

Many UK authorities have strong data collection (Stats 19) systems, which provide a good understanding of the collision problems and allow value-for-money interventions aimed at achieving targets. The data collection (Stats 19) process is well-developed and generally well supported in the UK, whereas some other EU countries are less well served in terms of data. We identify collision data, collection, analysis and research as areas where the UK is strong and other countries could look to the UK. The importance of data is not always understood in some EU countries. The idea of getting best value for road safety interventions is also not as well developed in other EU countries.

Numerous EU projects over the past 20 years have encouraged contact between EU countries on the subject of road safety and while more could be done, many European ideas have been taken on board in the UK. An example is the Dutch “Woonerf” city traffic calming concept. This has been adapted to UK conditions in the form of 20 mph zones, which offer much better value-for-money.

The issue of National Government support is very important for road safety, as evidenced by the astonishingly successful French initiative to reduce road deaths—largely by reducing speeds on main rural roads using enforcement and cameras—led by President Jacques Chirac in 2002. Deaths on French roads fell from 7,721 in 2001 to 5,232 in 2004. Our view is that road safety would benefit hugely from a Government champion (Cabinet Minister or the Prime Minister) and strong Government support.

4. Road versus Other Modes

How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

The other travel modes that are most often compared with roads are train, air and water. Relative risk figures are published every year by the DfT and highlight the differences in both numbers killed and risk per kilometre travelled. The figures of killed per billion km for 2005 are: Air = 0.0; Rail = 0.4; Water = 0.3; Bus/coach = 0.2; Car = 2.6; Motorcycle = 111; Cycle = 33; Pedestrian = 36. But this is not the whole story accidents per trip would also be a useful comparator when a common objective of transport is to provide accessibility not mobility.
Why does society accept much higher injury/death rates on the roads? There is a view that it is linked with control. For modes where one is just a passenger and someone else is doing the driving, a high level of safety is demanded. Major rail/air accidents give rise to public enquiries with recommendations that often lead to new legislation. Wholesale changes are made to fleets of aeroplanes and trains. A classic example is the removal of all slam-door trains, which entailed the investment of hundreds of millions of pounds, in order to save one or two deaths every year. The equivalent investment in road safety could have saved hundreds of lives.

The car is seen by society as an instrument of freedom and the price of this freedom is accepted as the occasional crash. Society appears to accept this cost, sublimely believing that a crash will never happen to them. This is obviously not true as crashes happen to somebody. For a car driver, particularly in urban areas, any crash is likely to involve serious injury to someone outside the vehicle (not the driver). This cost is therefore largely borne by cyclists and pedestrians. The threat from motorised traffic is a major issue for cycling and walking lobby groups, as the use of sustainable travel becomes increasingly important.

5. Staff Skills

Are there specific blockages caused by shortages of appropriately trained and skilled staff?

Many of our authorities report increasing difficulty in recruiting and retaining skilled and experienced engineering, road safety and planning staff. Many of the problems relate to an ageing base of professional staff which, in the main, is due to a decline in numbers of trainees and graduates entering the professions in recent years. This is exacerbated by a buoyant national and international market.

The relatively small number of road safety professionals is a major limitation on what can be achieved and how quickly. While there are good levels of skill and knowledge in the road safety profession, it is still a very small community. Road safety is not generally seen as a career in itself, but rather as something to be done for a limited time to broaden the CV. This needs to change.

What would encourage more people into road safety? Having more resources available would be a starting point. If budgets were larger then teams would be bigger, jobs more challenging and salaries higher. It is also important to have continuity of funding and the knowledge that the team and projects are going to be sustained into the future.

Rather than think about road safety in isolation, it is becoming more usual to link road safety with other agendas such as health, environment and sustainability. This has benefits in ensuring that solutions meet a number of policy priorities and initiatives do not happen in isolation.

Professionally recognised qualifications are also an issue that needs to be considered. Nationally there are a number of academic and vocational qualifications, which could serve the industry well. However without the support and endorsement by Government and its respective departments, especially in the area of vocational qualifications, they will not be well supported by employers.

6. Other Policies

What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

New technology has an increasingly important part to play in reducing collisions. In a number of authorities we are keen to pilot the use of time-distance cameras to enforce low speeds in 20mph zones. New technology time-distance cameras have been developed that do not require expensive cabling between camera sites. Once these have received Home Office approval, we should be in a position to use them to enforce speeds in 20mph zones, as well as on lengths of major roads. There is a lot of research evidence which shows that these cameras have the potential to halve collisions on the routes and zones they cover.

A second initiative is Intelligent Speed Adaptation (ISA), which ultimately could use vehicle technology to encourage and indeed keep cars to the posted speed limit. The first requirement of an ISA system is a reliable and regularly updated digital speed limit map. Such a map has been developed for London and will be launched in Spring 2008. Research by Leeds University has indicated that, if all vehicles had advisory ISA (where the driver is warned of the speed limit), collisions would reduce by more than 10%. For mandatory ISA systems (where vehicle speed is controlled to the speed limit automatically, other than when emergency driver override is necessary), benefits could be up to a 35% reduction in casualties.

As mentioned in para 3.4 above, there is potential in having centralised initiatives and a senior Government champion, similar to the French example. Road Safety professionals often feel isolated and not supported by Government and would be encouraged and motivated by more centrally championed programmes.
Previous DfT initiatives have centred on demonstration projects and they have provided money to authorities to undertake trials. Examples are ‘Safer City’ in Gloucester and ‘Inner City’ in Birmingham. While these have been beneficial, they have not led to major changes or higher levels of road safety interventions across the UK.

One possible way to secure major change and increase the level of intervention would be for DfT to produce a digital speed limit map of England and support the introduction of ISA; firstly as an advisory option and later as mandatory on selected vehicle fleets. This would be a far more effective way to encourage motor manufacturers to factory equip vehicles for ISA.

Another policy change option would be to review the funding of Safety Camera Partnerships to encourage the use of technology and to provide additional funding streams. Much more could be achieved with safety cameras if the fine income could be used for increasing the camera activity and funding other road safety activities. The current arrangements provide fixed funding to Partnerships which are not directly linked to the amount of fine income generated. If the grant funding were linked to the previous year’s fine income, then Partnerships with the potential to increase activity could continue to grow. Under current arrangements this is not possible as grants are more-or-less fixed for the foreseeable future. We know that safety cameras reduce collisions by 40–50%, so encouraging more usage has proven safety benefits. It would be important to communicate this sensitively to avoid criticism of cameras as just a revenue generating exercise, but this could be linked to a more coherent approach to safety camera communication across the country.

TAG has consistently regretted the changes which make camera positions very obvious. This has engendered a large group of scoff laws who know the positions of cameras and flagrantly disobey the limits between cameras. Motorists are far more likely to keep to limits if they do not know where cameras are located. Speeding seems to be the only area of crime enforcement where criminals have to be informed so well that they may be being observed. We would however suggest that any changes to the present regime of highly visible cameras is accompanied by appropriate publicity, improvement in speed signing and efforts from the highest level on culture change.

7. Priorities Post 2010

What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

- Priorities should shift away from vehicle occupants towards vulnerable road users.
- Road Safety should not be seen in isolation but as an integral part of other policies including health, environment and sustainability.
- The problems associated with an ageing population will also need consideration in the near future. Older people are more fragile and are over-represented in serious and fatal collisions.
- More resources need to be made available to the road safety profession. Road safety is a relatively straight-forward business. The more resources that can be applied, the greater the benefits and results achieved. Increased resourcing would also reflect positively on road safety as a profession and encourage others to join a worthwhile enterprise. The techniques are largely tried and tested and well understood by the profession. The number of road safety professionals could be increased and staff “brought up to speed” relatively quickly, if the budgets were available. There are sufficient professionals to give confidence that enlarged road safety programmes could be delivered and provide value-for-money.
- Targets have worked in the past and should be continued into the future. Simple numerical targets are the easiest to understand, but can prove too challenging when numbers change quickly over time. Casualty rate targets can be useful for modes where numbers are changing relatively rapidly, but need clear guidance and support in terms of measurements of exposure (eg measure cycling km per year). This could be costly.
- GB should adopt “vision zero”. This is a very powerful vision that has the same philosophy as used on other modes—air, rail and water—that no deaths are acceptable and we should work towards reducing them to zero. For roads this is a very, very long-term vision and is by no means incompatible with having casualty reduction targets.
- The DfT could (and should) get more directly involved in supporting road safety interventions. The time for research is over; we should be doing things. Rather than fund “pilot trials” we need funded interventions that make a difference.
- The DfT should take the lead on encouraging new technology—cameras and speed limiters. More could be done to allow camera fine income to be used back in road safety (rather than disappearing into the Treasury). Providing a digital speed limit map of England to encourage the introduction of ISA would not be difficult. London did this in less than 12 months. Controlling vehicle speeds through ISA, coupled with a lowering of speed limits, would significantly reduce deaths and serious injuries and provide for greater opportunities for cyclists and pedestrians to share the road safely, without costly special measures applied to constrained road space.
CONCLUSIONS

— Road safety needs more resources. The more resources that can be applied, the greater the benefits and results achieved.

— While the risk of using the roads will remain much higher than using trains, aeroplanes or ships for the foreseeable future, we should be doing much more to equalise the level of acceptable risk across the modes. Why does Society accept over 3,000 deaths a year on the roads? We know how to prevent these deaths, and should do more to change society’s view about road deaths.

— The main threat posed by car drivers is to pedestrians and cyclists and we need to make this clearer to society and do more to protect the vulnerable road users. The risks of an ageing population also need to be considered and we need to continue to educate the young in safe use of the roads.

— We need to encourage the road safety profession by increasing the size of budgets and giving confidence that funding will be available into the future.

— New technology has a major part to play in the future of road safety. Time-distance cameras could be used to enforce low speeds in 20 mph zones, replacing road humps. Intelligent Speed Adaptation (ISA) also has huge potential for casualty savings, especially when it is mandatory. Keeping traffic to the speed limit could reduce average speeds by 5 to 10 mph; reducing the number of people killed or seriously injured by a third.

— GB should adopt the “vision zero” as an over-arching philosophy, supported by more casualty reduction targets.

February 2008

Memorandum from Roger Fell (RS 63)

SUMMARY

1. This response to the invitation by the Committee to submit evidence is to identify an area of potential in casualty reduction that is related to Medical Fitness to Drive.

2. This memorandum seeks to focus on a minority sub-group of Insulin Dependent Diabetics who have reached medical status levels which pose significant risks to other road users contrary to the concept of public interest. (The lessons derived in the research would suggest that other medical conditions affecting fitness to drive may also pose unacceptable risks which are identifiable).

3. It seeks to quantify the size of that minority sub-group and identify the cost to the nation using “official” published data and research and demonstrates that the potential saving in casualties is significant.

4. It seeks to identify areas of weakness in the existing monitoring methodology laid down in the Road Traffic Act 1988 and Health and Safety at Work Act 1974 and subsequent—and how these have serious adverse consequences on legal challenges following road traffic accidents.

5. During the writer’s research the following issues have arisen and are discussed below:

   5.1 The failure of drivers to notify DVLA of a medical condition as required by law.

   5.2 The failure of the DVLA to prosecute any driver for such failure.

   5.3 The failure by DVLA to monitor drivers.

   5.4 The lack of mandatory notification by medical professionals despite DVLA, GMC and BMA guidelines.

   5.5 The frequent portrayal of extreme resistance by a diabetic patient to acknowledge the risk without regard to self, family, friends and work colleagues.

   5.6 The level of poor advice by medical professionals to drivers.

   5.7 The presence of “discretionary” rather than “mandatory” advice by critical personnel.

   5.8 The vague guidance in documentation such as ACPO Road Investigation Manual (2007), HSE Driving at Work—Managing Work Related Road Safety and DfT document Fitness to Drive—A Guide for Professionals.

   5.9 The dependency by DVLA on “self-notification” despite warnings from research showing high levels of resistance to notify multiple with a further dependency of information from family, friends and work colleagues.

   5.10 The tendency of most debate to focus of the right to mobility by special interest groups at the expense of accident risk and the consequences.

   5.11 The poor level of solid research using adequate sample sizes and avoiding biased samples leading to poor conclusion.

   5.12 The consequential complexity in law due to the legal defence of “automatism” by an offending driver following an accident caused by a medical condition such as a hypoglycaemic episode which renders a driver incapable of driving and where it can not be proven that adequate safeguards were followed prior to driving.
6. The Memorandum addresses the particular incidence of Diabetes & Driving Risk in the population. Appendix 1 and Appendix 2 set out the numerical data provided by “official” sources. It is noted that data is “approximated” and sometimes does not precisely tally in cross reference but generally the values are without major discrepancy.

7. The focus of this evidence is on a specific sub-group of Type 1 Insulin Dependent Diabetes patients who have experienced hypoglycaemic episodes. From Appendix 2 Table (b) it can be seen that the highest prevalence of Type 1 Diabetes is within the 15–44 years age group with a rapid numerical population fall-off in the older age groups. The problem is to identify those in that population who are also drivers—thus there is no immediate estimate possible except by interpolation from other data sources of driver ratios in age groups.

8. Considerable research has been carried out to identify whether a driving risk is present in the Type 1 group. From this there are repeated findings that within the Type 1 group there is a higher risk where the patient experiences hypoglycaemic episodes. There are 2 stages which may be identified—firstly the range within which impairment occurs to the cognitive function leading to erratic driving / poor judgment thus presenting a risk to other road users, and secondly where the driver becomes unconscious at the wheel with catastrophic consequences.

9. It is understood that an under-pinning factor for the grant of licence to Type 1 Diabetic patients is the assertion that there is time to note an onset of symptoms leading to impairment thus permitting the driver to take suitable action to cease driving. However I am advised by an expert Diabetician with a specific interest in Driving Risk that this factor is not a constant nor is it consistent between differing drivers: it can happen very quickly and thus in many road driving scenarios there may in fact be no safe option available— not least high speed roads such as Motorways and dual ‘A’ roads. This suggests that driving licences are granted with a poor hypothesis unsupported by robust positive evidence rather than adopt a pre-cautionary principle—a principle more favoured in law where inconclusive expert opinion exists.

10. Whilst Group 2 (essentially commercial vehicle) drivers are automatically precluded from driving if Type 1 Diabetic (with exceptional circumstances) those driving Group 1 vehicles (cars and light vans) are permitted to drive subject to certain notifications as required by law. One reason for the refusal of licence for Group 2 vehicles is the assertion of greater risk due to vehicle type and the time spent driving in commercial environments. This division appears flawed as a hypothesis on three grounds. Firstly a commercial driver has to comply with rigorous driving time limits with enforced proper rest periods: a car driver has no such regulatory control and in a work environment will be placed under obligation to meet timescales for meetings/delivery etc within traffic conditions which will often be stressful—a factor in triggering hypoglycaemic episodes. There may well be advice but there is no statutory obligation/control. Secondly many accidents are caused by a car/light van driver fault which subsequently collides with another vehicle— and on Motorway and principle “A” class roads there is a very high commercial vehicle content in the traffic mix. This therefore means there is a high probability of one or more commercial vehicles being part of the accident generating high impacts. This risk is a greatest in any cross-over scenario whereby the commercial vehicle is caused to pass into oncoming vehicles. Such collisions are likely to have major injury implications. Thirdly there are numerically greater numbers of Group 1 drivers—and there is no evidence offered that the prevalence of Type 1 Diabetes is greater in Group 2 vehicle driver population than Group 1.

11. In Appendix 3 Table (B) and Appendix 4 Table (A) it can be seen that Road Type has a major influence on accident rate and casualty level.

12. Limited research exists to break down the specific medical condition which is presently recorded in DfT Traffic Accident Data under the Heading “Contributory Cause”. This category specifically excludes Drink, Drugs, Fatigue and Defective Eyesight. It thus includes Epilepsy that is considered to be a contributory cause in some 50% of this category of accident data. The DVLA currently states to the Secretary of State’s Advisory Medical Panel that it receives approximately 30 notifications from the police per month (having risen from 27 cases) where diabetes is recorded as a contributory cause to a Road Traffic Accident (RTA). There appears no record of the severity of these accidents—and it is considered there is substantial under-reporting. This will particularly occur in the case of Fatal Accident outcomes since the police do not report where the driver at fault is the victim nor where a death occurs after 30 days: that death passes into the Hospital reporting system. There is evidence in research suggesting that 44% of fatal accidents involve the driver at fault being the victim. There is further concern that the police identification methods of injury severity are not robust thus giving rise to further under-reporting. Finally there is also evidence that lesser injury accidents are not all reported to the police—thus the data in this memorandum represent only data where the police attended the RTA.

13. By taking the 2006 value of 1846 RTAs with Illness or Disability listed as Contributory Cause and the 360 annualised DVLA value for Diabetes related incidents it indicates a 19.5% factor. This compares favourably with other research assessments of 18%, 20% (police estimate) and more recently 17% for hypoglycaemia (Dft “Fitness to Drive (2006)—Section 5 Sudden Incapacity”). For the purposes of this submission a value of 20–25% is considered appropriate to take account of accepted under-reporting.
14. It is universally accepted that those who suffer hypoglycaemic episodes do represent a significant risk to other road users: the problem for legislators is that there is no agreed method to identify the threshold value within the overall Type 1 diabetic population thus it appears that rather than blanket legislate for Group 1 vehicle drivers as per Group 2 the decision has been made to avoid similar controls.

15. Theoretically rules are in place—together with guidance—to control this sub-group by a method of self-disclosure. Unfortunately it is clear that an irresponsible attitude exists amongst a significant cohort of this sub-group which ignores the law and the advice of professionals. In this scenario—until and accident happens—no-one is the wiser. The consequence to victims and their families is one of catastrophic value.

16. Expert research (in North America and Europe) has revealed in many studies that an unacceptably high percentage of Type 1 Group 1 vehicle drivers admit to a hypoglycaemic event whilst driving and significant numbers to having a driving accident since starting insulin treatment. Worryingly there are many reports indicating poor advice being passed to patients in respect of driving risk by medical practitioners—this despite substantive Guidance Documentation. It is accepted that there are increased efforts in this area but it does appear to remain one of deep confusion and inconsistency of advice.

17. Reports exist of deliberate fabrication of testing results by drivers when driving or about to undergo review or assessment by consultants.

18. The conclusion is that the current guidelines and legal requirement fall well short of the desired position to protect other road users. Most seriously—despite the Statutory provision—the DVLA has admitted to never having prosecuted a driver for failure to notify of a medical condition likely to be a risk to others either exiting or developing. This apparent “policy” expressed in correspondence from DVLA to the writer is regrettable. It seems to contravene a basic rule that the Executive should not become the Judiciary and effectively negates the wishes of Parliament. If there is no penalty for failure then the system is fatally flawed. This is of no comfort to victims and their dependants.

DVLA REQUIREMENT TO NOTIFY : THE STATUTORY POWER

19. The underpinning statutory power is given by the Road Traffic Act 1988. The DVLA acts on behalf of the Secretary of State.

20. Part III of RTA88 under Physical Fitness provides (section 92) that an application for the grant of a licence must include a declaration by the applicant stating whether he is suffering from or has at any time suffered from any relevant disability or any prospective disability (“disability” includes disease). Section 92(b) also states “any other disability likely to cause the driving of a vehicle by him in pursuance of a licence to be a source of danger to the public” Revocation of a licence is provided by section 93(2) “If the Secretary of State is at any time satisfied on inquiry that a licence holder is suffering from a prospective disability the Secretary of State may serve notice in writing on the licence holder revoking the licence”.

21. An important further provision exists for the period between the first issue of licence and the 70th anniversary of date of birth. This is the only limitation placed on the first licence and unless a driver changes details such as address no other application will be made until age 70. Under section 94 Provision of Information the requirement is 94(1) If at any time during the period for which his licence remains in force a licence holder becomes aware (a) that he is suffering from a relevant or prospective disability which he has not previously disclosed to the Secretary of State, or, (b) that a relevant or prospective disability from which he has at any time suffered (and which has been previously so disclosed) has become more acute since the licence was granted the licence holder must forthwith notify the Secretary of State in writing of the licence holder revoking the licence.

22. Section 94(3) states “A person who fails without reasonable excuse to notify the Secretary of State is guilty of an offence”.

23. Section 95 Notification of Refusal of Insurance on Grounds of Health: (1) If an insurer refuses to issue to any person such a policy of insurance as complies with the requirements of Part VI of this Act on the ground that the state of health of that person is not satisfactory the insurer shall as soon as practical notify the Secretary of State of that refusal and of the full name, address, sex and date of birth of that person as disclosed by him to the insurer.

24. Section 99 Duration of Licence: provides for provision to 70 years of age except for a driver suffering from a relevant or prospective disability when duration may be not more than three years and not less than one year.

ROLE OF THE MEDICAL PRACTITIONER

25. It is in this area that the major issue appears to arise since there is an underlying consideration of patient confidentiality. At the same time the Medical Practitioner is also in a unique position of assessment of the Medical Condition and the potential risks—and will be required by DVLA to submit relevant appropriate information.
26. In AG -v- Guardian Newspaper Lord Keith said: “The law has long recognised that an obligation of confidence can arise out of particular relationships. Examples are the relationships of doctor and patient, priest and penitent, solicitor and client, banker and customer”

27. The present guidance by General Medical Council (GMC) is to be found at:
http://www.gmc-uk.org/guidance/current/library/confidentiality.asp

28. This states that: “patients have a right to expect that information about them will be held in confidence by their doctors. Confidentiality is central to trust between doctors and patients. Without assurances about confidentiality patients may be reluctant to give doctors the information they need in order to provide good care”.

29. What, however, is the position when it is apparent to the diagnosing Medical Practitioner that the patient has a medical condition likely to cause risk to others?

30. The GMC Guidance is quite clear that the first action by the Medical Practitioner is that there is a Duty of Care to advise the patient of the risk which is considered to pose a threat to either the patient or to others. It is advised that the Medical Practitioner must further advise the patient of the patient’s obligation to notify the appropriate authority—eg DVLA. Where the Medical Practitioner is not satisfied that his patient has followed this advice to advise the DVLA as legally required and continues to drive the GMC then advises that the Medical Practitioner must act in the Public Interest even if this means without the patient’s consent. From the web based information this section is poorly written and is inherently unclear. Previously the advice (Blue Book) has been rather more robust that where there are “exceptional circumstances” then disclosure is required to the relevant person or Authority. In this matter the definition of “exceptional circumstance” includes situations where the health and/or safety of others would otherwise be at serious risk.

31. In a further current GMC source (Confidentiality: Protecting and Providing Information—2004) the position is stated with greater clarity: “If you do not manage to persuade patients to stop driving, or you are given or find evidence that a patient is continuing to drive contrary to advice, you should disclose relevant medical information immediately in confidence, to the Medical Adviser at the DVLA”.

32. The primary issue appears to be that there is an absence of mandatory requirement under the present terms of the RTA88 on the Medical Practitioner whereas it is placed upon an Insurer (viz paragraph 23 above)—and that Insurer equally relies on the Medical Practitioner to establish the detail of the apparent risk posed by the patient after the patient has informed the insurer. There appears some pressure on insurers due to the Disability Discrimination Act not to disadvantage a policyholder due to illness unless it can be proven there is a risk requiring consideration. However this might have major implications in the event of an accident when claims are made against the policyholder and it is found material information has not been given.

33. The Medical Practitioner thus is placed as custodian of his patient’s medical treatment but also—without legislation—is left to make a judgment as to the element of Public Interest under the terms of a Duty of Care to the wider public. It appears that legal opinion is that where the public interest is greater than the interest of the individual the public interest shall have primacy.

**Def Guidance Document: Fitness to Drive—A Guide for Health Professionals (Published 2006)**

34. Loss of consciousness or an altered state of awareness is a self-evident risk if it occurs while an individual is driving and comes on too quickly to allow them to stop the vehicle safely. The most important indicators of driving risk are the speed of onset of incapacity from the event and whether there are warning signs/symptoms which, if heeded, will enable the driver to abort the event or to immobilise the vehicle safely.

35. In diabetes the most important safety-critical impairment is hypoglycaemia—almost always as a complication of insulin treatment, but occasionally from oral anti-diabetic medications, especially sulphonylureas.

36. Cognitive impairments from hypoglycaemia (prior to incapacity) are:- slower reaction time; slowed speed of performance of complex tasks; difficulty in rapid decision-taking; difficulty with sustained attention; difficulty with the analysis of complex visual stimuli; impaired hand-eye co-ordination; impaired contrast sensitivity; mood changes (including tenseness, tiredness, increased anger and irritability and mental confusion.

37. Perceptions of early symptoms (awareness) of a hypo may diminish over time. Early identification of a hypo greatly reduces the risk of consequential crash damage, as either oral carbohydrates can be taken to remedy the hypo or driving ceased. The time course from first awareness to incapacity is variable over a period of seconds to minutes.

38. There is some conflict between the evidence that strict control of blood/glucose reduces the frequency of complications but increases the frequency of hypos. There is a view that tight medicinal management leads to less awareness and thus greater risk.
39. Driving has its own metabolic demands for glucose and measurement of blood glucose before driving is recommended. This has been an important legal issue in a number of recent court cases where major accidents have been attributed to hypoglycaemia. Self recording meters have important advantages in this situation.

ROLE OF POLICE AND HEALTH & SAFETY EXECUTIVE

40. ACPO (in association with National Policing Improvement Agency) has produced a revision of Road Death Investigation Manual—2007 (RDIM).

41. The primacy of investigation at the scene of a fatal RTA is held by the police but there does appear to be a distinct need to consider the implications of the Health and Safety at Work Act 1974 where it is found that the offending driver is performing work on behalf of an employer—whatever the vehicle classification. Whilst the monitoring of Group 2 HGV/Commercial larger vehicle drivers is well recorded and monitored this appears not the case for cars and light commercials in Group 1.

42. Page 120 of the RDIM discusses the relationship of the HSE in respect of whether the HSE should be automatically contacted where the offending driver is found to be driving in connection with work related matters. If the driver is found to have a medical condition affecting fitness to drive then there appear implications on the role of the employer in monitoring.

43. An employer (under the Health and Safety at Work Act 1974) has direct responsibility to ensure that all drivers of all vehicles are fit to drive and not liable to put themselves or others at risk. This is an extension of the principle of duty of care. This appears to mean that all employers must have in place robust monitoring processes to identify risks including medical fitness to drive where it is a condition of employment or a casual requirement. It is thus imperative that an employee notifies his employee of material facts relating to medical fitness to drive whether it be a temporary or permanent matter.

44. However the revised RDIM does not detail this matter—it is vague and little better than the displaced version which was lacking in advice to the Investigating Officer.

45. It is a fact that there are many occupations which require regular (essential) use of a motor vehicle (whether own provision by employee or provided by employer): furthermore from the Accident Data shown in the Appendices the data showing accidents by road type would suggest that many serious accidents will have a very high probability of a driver being involved who is performing a task on behalf of an employer. The question therefore arises of how does the employer establish whether or not an employee poses a risk due to a medical condition affecting fitness to drive—and whether any driving role shall be adjusted to account for the specific requirements of the employee. In theory a restricted driving licence of either one, two or three years ought to be able to account for the specific requirements of the employee. In theory a restricted driving licence of either one, two or three years ought to be able to offer a warning to an employer but this does not cover the irresponsible driver who is the primary subject of this memorandum. A recent simple Freedom of Information request to a number of Local Authorities (organisations employing many who require access to Group 1 vehicles to carry out their role) revealed a major area of concern in that none could offer full information on the number of such drivers and whether or not they had any medical conditions affecting fitness to drive. As expected there were good and bad examples—including a County Authority which had no access to the data in a readily accessible format and thus declined to provide information.

ASPECTS OF LAW AND HYPOGLYCAEMIA

46. The legal position is that where a driver suffers a hypoglycaemic episode which results in an RTA the plea of “automatism” may be entered as the defence to any charge laid.

47. Automatism is defined as “unconscious involuntary conduct caused by external factor(s)” This can be various causes and has included swarm of bees stinging the driver and uncontrollable sneezing. The test is that the driver has no control over the function of his limbs and thus can not control the vehicle. It has also been held that it must be a sudden event not progressive—where some control has been exercised the defence of automatism will fail (Broom v. Perkins). A person is not criminally liable if he is found not to be aware of his actions at the time of the accident. He must therefore be acquitted.

48. Similarly the defence will fail if the automatism is “self-induced”—for example by taking drink or drugs or the opposite by failing to take medicinal drugs (such as insulin) which affect the ability to function correctly. This implies that there is a fine balancing act controlled by the patient/driver.

49. It is found that the proof of taking steps prior to driving to ensure fitness to drive (following medical advice/guidance) is fraught with problems of verification. It can be readily fabricated post-accident since often it is merely a written account in some form of diary. This is envisaged mainly for use by the Medical Practitioner in ongoing assessments of the patient’s condition and treatment. Unless the Prosecution can counter the claim based on such a record and prove that no test was carried out and thus the “automatism” was self-induced by neglect to follow medical guidance to control B/G levels the driver will be acquitted—or more likely not charged with any offence.
50. It is possible to consider whether a person was reckless in continuing to drive despite having longterm awareness of a poor condition leading to hypoglycaemic attacks requiring 3rd party intervention or partial impairment whilst driving. (Other research has shown how many drivers actually admit to partial impairment yet have continued to drive). Case law exists to the effect that if a person is reckless in ignoring the condition likely to cause impairment then a charge of “Causing Death by Dangerous Driving” is possible. Unfortunately there is inconsistency of approach in this by Police and CPS across the country.

CONCLUDING OPINION AND IDENTIFICATION OF AREAS FOR CHANGE TO REDUCE RTA CASUALTIES

51. It is felt that the key requirement in view of the level of inconclusive expert opinion is that a precautionary approach should be considered to cover the sub-group of Type 1 diabetics who have a record of hypoglycaemic episodes. The evidence is that other countries have a more robust view in comparison to the UK in this matter.

52. The key player in this must be the Medical Practitioner since he has the first hand knowledge of a patient’s condition. With the evidence to hand it is clear that the level of avoidance is far too high—and the consequences are represented in the attached statistics of accidents where a medical condition is a contributory factor.

53. The issue of patient confidentiality and doctor/patient relationship is recognised and respected but the matter is not one whereby the right of the patient exceeds the right of the wider public. At worst the patient displays reckless behaviour without regard to the risk to self, family or others: this is a Public Interest decision based on the wider Duty of Care to the public by the medical practitioner.

54. From various sources it is clear that the official guidance is that where there is known to be a failure to disclose voluntarily then there is a duty of care to advise DVLA. However as it currently stands the Medical Practitioner is likely to be accused of divulging confidential information by the patient.

55. Thus the proposal must be that the law is changed in such manner as to provide a mandatory requirement on the Medical Practitioner to directly notify DVLA where a patient exhibits a material condition affecting fitness to drive and is likely to place others at risk of death or serious injury. It would appear that the GMC would find little material change in this position from their current (slightly obscure) guidance. It is further considered that where the patient was clearly aware that such notification was not discretionary on the Medical Practitioner the choice would be whether the patient required medical support or was willing to suffer from the condition thereby placing themselves—at their own discretion—at serious risk. A patient does have the right to decline medical intervention.

56. There should be immediate revocation of the apparent unofficial DVLA policy of not prosecuting drivers who fail to notify under the terms of the RTA88: this is giving out the wrong message—it adversely affects the “honest” and responsible patient/driver.

57. A more robust manner of digitally recording testing must be mandatory: this is required to improve medical assessments and to substantiate claims made in a court of law where appropriate. Such equipment is understood to be readily available at low cost.

58. The procedures between Police Investigation and Health and Safety involvement to be urgently reviewed to ensure that in every case where a driver is found to be working on behalf of an employee the HSE is notified. Where a medical condition is then suspected as a contributory cause the HSE can continue to investigate the role of the employer under the terms of Health and Safety at Work Act 1974.

59. Legal provision to be made to ensure that all records of DVLA and Medical Practitioner are made available to Police Investigator within 15 days of request and that this shall be not more than seven days after the accident.

60. Robust information circulated with each Road Fund licence reminder/renewal document.

March 2008

APPENDIX 1

PREVALENCE OF DIABETES—EUROPE (’000s)

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<td>9.6</td>
<td>Slovenia</td>
<td>1,511</td>
<td>13.1</td>
<td>53.5</td>
<td>78.6</td>
<td>145.2</td>
</tr>
</tbody>
</table>
Transport Committee: Evidence

APPENDIX 2

PREVALENCE OF DIABETES—UK: 2004

(A) ESTIMATED DIAGNOSED DIABETES BY TYPE AND COUNTRY FOR THE UK

<table>
<thead>
<tr>
<th>Nation</th>
<th>Type 1</th>
<th>Type 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>200,000</td>
<td>1,280,000</td>
<td>1,480,000</td>
</tr>
<tr>
<td>Scotland</td>
<td>18,000</td>
<td>130,000</td>
<td>148,000</td>
</tr>
<tr>
<td>Wales</td>
<td>12,000</td>
<td>80,000</td>
<td>92,000</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>7,000</td>
<td>40,000</td>
<td>47,000</td>
</tr>
<tr>
<td><strong>UK</strong></td>
<td><strong>237,000</strong></td>
<td><strong>1,530,000</strong></td>
<td><strong>1,767,000</strong></td>
</tr>
</tbody>
</table>

Source: Diabetes UK

(B) ESTIMATED DIAGNOSED DIABETES IN THE UK BY AGE

(BASED ON A TOTAL POPULATION OF 59,773,600)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Type 1</th>
<th>Type 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–14</td>
<td>14,000</td>
<td>(Less than 1,000)</td>
<td>(Less than 15,000)</td>
</tr>
<tr>
<td>15–44</td>
<td>170,000</td>
<td>91,000</td>
<td>261,000</td>
</tr>
<tr>
<td>45–64</td>
<td>49,000</td>
<td>568,000</td>
<td>617,000</td>
</tr>
<tr>
<td>65–74</td>
<td>4,000</td>
<td>430,000</td>
<td>434,000</td>
</tr>
<tr>
<td>75+</td>
<td>Less than 500</td>
<td>442,000</td>
<td>(less than 442,500)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>237,000</strong></td>
<td><strong>1,531,000</strong></td>
<td><strong>1,768,000</strong></td>
</tr>
</tbody>
</table>
The total number of people in the UK with diabetes is now almost 1.8 million representing 3% of the population.

This figure may be a conservative estimate.

Of this, close to 250,000 people have Type 1 diabetes and over 1.5 million have Type 2 diabetes.

Figures for the number of people thought to have undiagnosed Type 2 diabetes are estimated to be between 765,000 and 1 million (equal to a further 50% to 75% of diagnosed Type 2).

The incidence of Type 1 diabetes in the UK has doubled every 20 years since 1945.

Half the people with Type 1 diabetes in the UK are diagnosed under the age of 15 and 90% have been diagnosed by 30.

The peak age range for diagnosis for Type 1 in the UK is 10–14 years but is becoming younger with a steep rise in under 5s.

There are 20,000 children and young people under 15 with Type 1 diabetes in the UK (note the anomaly in Table (b) above)

Blindness is more prevalent in people who have Type 1 diabetes. 20 years after diagnosis nearly all people with Type 1 diabetes will have some form of retinopathy.

20 years after diagnosis 60% of people will have some degree of retinopathy.

**APPENDIX 3**

**CONTRIBUTORY FACTORS TO ACCIDENTS ATTENDED AND REPORTED BY POLICE: GB 2006**

(A) ACCIDENTS BY SEVERITY

<table>
<thead>
<tr>
<th>Contributory Factor</th>
<th>Fatal No.</th>
<th>Fatal %</th>
<th>Serious No.</th>
<th>Serious %</th>
<th>Slight No.</th>
<th>Slight %</th>
<th>All Accidents No.</th>
<th>All Accidents %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairment or Distraction (all types)</td>
<td>496</td>
<td>18</td>
<td>3,140</td>
<td>14</td>
<td>13,280</td>
<td>11</td>
<td>16,916</td>
<td>12</td>
</tr>
<tr>
<td>Impaired by alcohol</td>
<td>259</td>
<td>10</td>
<td>1,716</td>
<td>8</td>
<td>5,722</td>
<td>5</td>
<td>7,697</td>
<td>5</td>
</tr>
<tr>
<td>Impaired by drugs (illicit or medicinal)</td>
<td>51</td>
<td>2</td>
<td>174</td>
<td>1</td>
<td>410</td>
<td>0</td>
<td>635</td>
<td>0</td>
</tr>
<tr>
<td>Fatigue</td>
<td>69</td>
<td>3</td>
<td>385</td>
<td>2</td>
<td>1,511</td>
<td>1</td>
<td>1,965</td>
<td>1</td>
</tr>
<tr>
<td>Uncorrected, defective eyesight</td>
<td>4</td>
<td>0</td>
<td>47</td>
<td>0</td>
<td>158</td>
<td>0</td>
<td>209</td>
<td>0</td>
</tr>
<tr>
<td>Illness or disability, mental or physical</td>
<td>75</td>
<td>3</td>
<td>393</td>
<td>2</td>
<td>1,379</td>
<td>1</td>
<td>1,847</td>
<td>1</td>
</tr>
<tr>
<td>Using mobile phone</td>
<td>28</td>
<td>1</td>
<td>57</td>
<td>0</td>
<td>260</td>
<td>0</td>
<td>345</td>
<td>0</td>
</tr>
</tbody>
</table>

**TOTAL ALL ACCIDENTS**

2,703 100 22,111 100 120,984 100 145,798 100

Source: Department for Transport: Extract Table 4B

(B) ACCIDENTS BY ROAD TYPE

<table>
<thead>
<tr>
<th>Contributory Factor</th>
<th>Motorways No.</th>
<th>Motorways %</th>
<th>A roads No.</th>
<th>A roads %</th>
<th>B roads No.</th>
<th>B roads %</th>
<th>Other roads No.</th>
<th>Other roads %</th>
<th>All Roads No.</th>
<th>All Roads %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairment or Distraction (all types)</td>
<td>1,082</td>
<td>14</td>
<td>7,339</td>
<td>11</td>
<td>2,256</td>
<td>12</td>
<td>6,239</td>
<td>12</td>
<td>16,916</td>
<td>12</td>
</tr>
<tr>
<td>Impaired by Alcohol</td>
<td>279</td>
<td>4</td>
<td>2,975</td>
<td>4</td>
<td>1,115</td>
<td>6</td>
<td>3,328</td>
<td>6</td>
<td>7,697</td>
<td>5</td>
</tr>
<tr>
<td>Impaired by drugs (Illicit or medicinal)</td>
<td>31</td>
<td>0</td>
<td>243</td>
<td>0</td>
<td>93</td>
<td>1</td>
<td>268</td>
<td>1</td>
<td>635</td>
<td>0</td>
</tr>
<tr>
<td>Fatigue</td>
<td>436</td>
<td>6</td>
<td>1,012</td>
<td>2</td>
<td>196</td>
<td>1</td>
<td>321</td>
<td>1</td>
<td>1,965</td>
<td>1</td>
</tr>
<tr>
<td>Uncorrected, Defective eyesight</td>
<td>2</td>
<td>0</td>
<td>93</td>
<td>0</td>
<td>24</td>
<td>0</td>
<td>90</td>
<td>0</td>
<td>209</td>
<td>0</td>
</tr>
<tr>
<td>Illness or Disability, mental/physical</td>
<td>129</td>
<td>2</td>
<td>840</td>
<td>1</td>
<td>234</td>
<td>1</td>
<td>644</td>
<td>1</td>
<td>1,847</td>
<td>1</td>
</tr>
<tr>
<td>Using mobile phone</td>
<td>18</td>
<td>0</td>
<td>160</td>
<td>0</td>
<td>49</td>
<td>0</td>
<td>118</td>
<td>0</td>
<td>345</td>
<td>0</td>
</tr>
</tbody>
</table>

**TOTAL ALL ACCIDENTS**

7,489 100 66,371 100 18,552 100 53,386 100 145,768 100

Source: Department for Transport—Table 4F: Extract
APPENDIX 4

(A) FATAL AND SERIOUS INJURY ACCIDENTS AND NUMBER OF CASUALTIES: 2004

<table>
<thead>
<tr>
<th>Severity</th>
<th>Fatal</th>
<th>Serious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Killed</td>
<td>5+</td>
<td>4</td>
</tr>
<tr>
<td>Seriously Injured</td>
<td>0+</td>
<td>0+</td>
</tr>
<tr>
<td>Slightly Injured</td>
<td>0+</td>
<td>0+</td>
</tr>
<tr>
<td>Motorways</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>&quot;A&quot; Roads</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>&quot;B&quot; Roads</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Other Roads</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: Department for Transport

(B) REPORTED PERSONAL INJURY ROAD ACCIDENTS: GB: 1997 TO 2006

<table>
<thead>
<tr>
<th>Year</th>
<th>Fatal</th>
<th>Accident Severity</th>
<th>Slight</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,286</td>
<td>38,501</td>
<td>188,757</td>
<td>230,544</td>
</tr>
<tr>
<td>1995</td>
<td>3,274</td>
<td>37,327</td>
<td>195,592</td>
<td>236,193</td>
</tr>
<tr>
<td>1997</td>
<td>3,298</td>
<td>36,330</td>
<td>200,659</td>
<td>240,287</td>
</tr>
<tr>
<td>1998</td>
<td>3,137</td>
<td>34,633</td>
<td>201,153</td>
<td>238,923</td>
</tr>
<tr>
<td>1999</td>
<td>3,138</td>
<td>33,267</td>
<td>198,643</td>
<td>235,048</td>
</tr>
<tr>
<td>2000</td>
<td>3,108</td>
<td>32,499</td>
<td>198,122</td>
<td>233,729</td>
</tr>
<tr>
<td>2001</td>
<td>3,176</td>
<td>31,588</td>
<td>194,250</td>
<td>229,014</td>
</tr>
<tr>
<td>2002</td>
<td>3,124</td>
<td>30,521</td>
<td>188,106</td>
<td>221,751</td>
</tr>
<tr>
<td>2003</td>
<td>3,247</td>
<td>28,913</td>
<td>181,870</td>
<td>214,030</td>
</tr>
<tr>
<td>2004</td>
<td>2,978</td>
<td>26,748</td>
<td>177,684</td>
<td>207,410</td>
</tr>
<tr>
<td>2005</td>
<td>2,913</td>
<td>25,029</td>
<td>170,793</td>
<td>198,735</td>
</tr>
<tr>
<td>2006</td>
<td>2,926</td>
<td>24,946</td>
<td>161,289</td>
<td>189,161</td>
</tr>
</tbody>
</table>

Source: Department for Transport

Memorandum from Alan Gillard (RS 64)

I understand from my colleagues in the Motorcycle Action Group that you are about to chair a review of road safety, and that you have invited interested parties to submit evidence. While I have very little or no empirical evidence I would suggest that 34 years of continuous riding in UK and abroad gives me fair grounds to submit my comments, for the general good and for what they are worth. I would like to urge your TSC to consider:

- Allowing motorcycles to use bus lanes. Government (TfL) statistics prove that there is no detriment either to bikers nor anyone else, and indeed in one trial has shown a positive improvement. There is no good reason not to permit this.

- Reducing VAT on protective clothing to zero. This would be in line with crash helmets, which are already zero rated. While there is an obvious but very small loss of revenue, the encouragement to adopt ptw for transport, particularly in urban areas and cities, may assist congestion reduction, lower pollution, and increase uptake of this very green mode of transport.

- Appointing a motorcycling overseer, as per the drug tsar. Silly name I know, but the role could very greatly assist the migration of many transport users to this mode, which is a very environmentally clean, efficient, and traffic-busting solution.

- Adopting a general road safety vision, as an overarching encouragement to greater joined-up thinking and innovation in road safety generally, but with ptw users especially in mind. I say this because while the separate agencies all operate, they do not operate together, and almost none ever consider the needs of ptw users. Hazards are routinely built into new roads and once there, they are there forever. This can be prevented. An overseer would achieve that.

I say all these things against a background of experience, with well over half a million miles of road riding. Motorcycling has had a very bad press for about ten years now, but statistics gathered by Government agencies show that while numbers of riders are climbing, numbers of accidents are falling, and continue to fall. None of the measures above would increase accidents per se. Even the very largest of motorcycles, scooters and mopeds are shown by Government figures to be not less than 14% cleaner than even newest...
cars, they take up very little space either on roads or when parked, and are clean, efficient, nimble, getting safer, and quicker from a to b than any other form of transport realistically available now. They are part of the solution, and should be recognised and promoted as such.

March 2008

Memorandum from Dr Nicola Christie, University of Surrey (RS 65)

PART A

1. General comments about targets: (Relating to questions 1, 3, 7 of Transports Committees Terms of References).

   (a) Political advocacy for road safety is essential. In 2002, in his Bastille Day address the French President Chirac announced that road safety was one of the top priorities of his new Presidential term and encouraged his Ministry of Transport, the police, public authorities and above all the French people to take action to promote road safety. Two years later there was an unprecedented 20% reduction in road traffic deaths.

   (b) Targets are one aspect of political support for road safety. However, how we measure and monitor targets is important. In particular, to help judge safety we need to take exposure into account ie the amount of driving; walking and cycling that is carried out so that we can understand injury rates per unit of exposure. This is particularly important in the context of different government agendas which are trying to encourage walking and cycling and use of public transport. We need to be able to ask the question: are casualty rates increasing or decreasing because the amount of car occupancy, walking and cycling has changed? And how has this changed among different demographic groups? We can also monitor whether we are achieving targets because we shifting from less vulnerable modes such as walking and cycling to becoming more protected as car occupants (Christie et al 2007a).

   (c) Other countries such as USA have “behaviour based” targets to increase the levels of seat belt wearing (Christie et al 2004a), perhaps these could be considered as motivators for stakeholders.

PART B

Specific comments (Relating to questions 1, 3, 6, 7 of Transports Committee’s Terms of References).

THE SOCIO-ECONOMIC CONTEXT OF ROAD TRAFFIC INJURY RISK

1. Why we need a target to focus activity on road traffic injury reduction in deprived areas?

   Road traffic injury is disproportionately high among people living in the most deprived areas in England. It is a major cause of health inequality and the consequences of injury and bereavement may compound deprivation. The Department for Transport’s (DfT) (2002) target to tackle the road casualty risk of the most disadvantaged in our communities was groundbreaking and unique among OECD countries (Christie et al 2004b). The target led to the DfT’s demonstration project The Neighbourhood Road Safety Initiative which finished in March 2007 (Christie and Ward 2007).

   The target for reducing the rate of casualties in deprived areas has, apparently, been met. But in practice all this has meant is that the rate of casualty reduction in the 88 local authorities in receipt of the regeneration money was around 4% more than the national rate of casualty reduction. Large inequalities in risk still exist and they are seen among adults and children, and, pedestrians and car drivers (Edwards et al 2006; Ward et al 2007 a, b). Within these communities, people from black and minority ethnic groups are more at risk of injury than their white counterparts (Christie 1995; Christie et al (in press); Thomson et al 2001).

   For child pedestrians we do not compare well with other OECD countries (Christie et al 2004a) and this may be, in part, linked to factors associated deprivation.

2. Why are the risks of road traffic injury higher in these areas?

   The risks of road traffic injury for people living in deprived areas relate to:

   (a) The quality of the environment: they are more likely to live in older areas where the road layout (the Victorian grid iron pattern) gives rise to high vehicle speeds, high traffic volume and more on street parking.

   (b) Greater exposure to risk: less access to a car and being more likely to walk and means higher exposure to hazardous environments. Children are more likely to play in the street and less likely to have access to more safe and secure activities and spaces.
3. What policy approaches are needed to address the high risks of traffic injury in deprived areas?

We do not yet have a clear understanding of how to address the high road traffic injury risk in deprived areas therefore the requisite “evidence base” for policy is not complete. At a macro level any factors which reduce poverty and income inequality may reduce injuries. At the micro level research into the injury risk factors for the most disadvantaged in society suggests that the following intervention approaches need to be considered:

(a) The policy imperative to reduce health inequalities caused by road traffic injury must be reinstated. If targets are claimed to be met then the focus for activity at a local level may be lost. The implementation of policy must encourage partnerships to adopt a holistic approach to address root cause and symptom.

(b) Engineering and traffic management are still powerful tools to reduce casualties. Interventions that reduce the speed and volume of traffic in these areas will reduce injuries, improve quality of life of people and make people feel more confident about walking and cycling.

(c) The inaccessibility of proper driving tuition and car ownership may compound deprivation, increasing crime and injury risk for people living in deprived communities where the majority are law abiding. Policies which facilitate access to proper driving tuition and legitimate car use for people in deprived areas could be encouraged.

(d) Safe, accessible, reliable and cheap public transport should be a priority in deprived areas.

(e) Children need safe and secure access to play spaces and facilities such as subsidised activities and safe and secure park facilities ie the cleaner, safer, greener agenda needs to be more fully implemented in deprived areas.

(f) Enforcement has a role to play in reducing illegal use of motor vehicles and increasing the uptake of safe behaviour.

(g) Education and publicity has a role communicating risks and providing strategies to address risks. But more needs to be understood about how to access and communicate with the community in its diversity and help them take an active role identifying the problems and solutions. In this respect the role of social marketing needs to be explored.

(h) More research is needed to understand why there is a lower uptake of safety road safety behaviour in deprived areas especially among different ethnic groups.

(i) A holistic partnership approach is needed to mesh the multiple government agendas of road safety, health, inclusion, regeneration, liveability and crime reduction to treat both root cause and symptom and reduce casualties in deprived areas beyond 2010.

(j) All of these policy approaches also need to be evaluated holistically in terms casualty reduction and quality of life especially in relation to perceived safety, the accessibility and affordability of transport, access to recreational facilities and safe and secure public spaces.

REFERENCES


March 2008

Memorandum from the Society of Motor Manufacturers and Traders (SMMT) Ltd (RS 66)

1. INTRODUCTION

1.1 The Society of Motor Manufacturers and Traders (SMMT) is the leading trade association for the UK automotive industry, providing expert advice and information to its members as well as to external organisations. It represents more than 600 different sized member companies ranging from vehicle manufacturers, component and material suppliers to power train providers and design engineers.

1.2 SMMT welcomes the opportunity to submit a response to this inquiry. We support the Committee in focusing on road safety and look forward to its final report and timely Government action on this important issue. This short response has been developed by SMMT in consultation with its membership.

2. EXECUTIVE SUMMARY

2.1 In this response, SMMT outlines the automotive industry's contribution to reducing road casualties and injury rates whilst also indicating measures and policies that—in our view—would contribute to increasing road safety levels. In short, we believe that road safety policy and delivery needs to be holistic, combining measures to improve road safety education and training, providing safer infrastructure, enforcement, and improving in-car safety and vehicle design.

3. EU LEGISLATION & VEHICLE TECHNOLOGY

3.1 Road crashes are now the leading cause of death for young people between the ages of 10 and 25 across the world. The motor industry takes its responsibility to build safer vehicles seriously and manufacturers are committed to improving occupant and pedestrian protection. Vehicles include features that help to prevent accidents and minimise injuries both to occupants of vehicles and to other road users including pedestrians and cyclists in the event of an accident.

3.2 EU legislation has been one of the main drivers behind vehicle manufacturers’ improvements in safety systems. EU legislation on road safety has been driven by the CARS21 initiative and the mid-term review of the Transport White paper of June 2006, which provided some guidance on the strategic direction of EU policies concerning road safety. In 2005, the European Commission launched CARS 21 (“Competitive Automotive Regulatory System for the 21st century”). A high level group of key stakeholders in the automotive sector conducted a comprehensive analysis of the competitiveness of the European automotive industry and issued a report putting forward a number of recommendations. With regards to road safety, the group adopted an integrated approach that incorporates vehicle technology improvements, infrastructure measures, education and information and traffic law enforcement, highlighting the responsibility of all stakeholders.131

3.3 Manufacturers work proactively to identify aspects of vehicle design, construction or operation which could be modified to reduce casualty rates and/or severity. As a result of this, front-end design is now a focus for all car makers. (ie softer bonnets, increased space between the bonnet and engine block). Recent examples also include fitting of anti-lock brakes (ABS) as standard to all new cars from July 2004 and

banning the fitment of rigid bull bars at production back in 2001. These were voluntary steps taken by the industry, a demonstration of our commitment to all road users. Similarly, stability and traction control systems, parking sensors and assisted braking systems are also widely fitted to new models, helping drivers avoid impacts with other vehicles, pedestrians and other road users. In the field of child safety restraint systems, ISOFIX—a standard system for fixing child seats into vehicles—became standard for all new vehicles in 2006.

3.4 Currently, the European Parliament is debating a European Commission proposal to increase the protection of pedestrians and other vulnerable road users. The proposal seeks to update the requirements of the pedestrian protection directive 2003/102/EC, combining it with the requirements for frontal protection systems and, at the same time, introduce the requirement for Break Assist System (BAS). SMMT and its umbrella body ACEA are working closely with governments, members of Parliament and a wide range of stakeholders to ensure a quick adoption of the legislation. Adoption of the proposal at first reading will result in an 80% higher level of protection than Europe’s previously existing provisions.

3.5 There are a number of technologies that are currently available but not as widely fitted in the UK as in other EU countries due to limited customer demand. When it comes to encouraging the uptake of vehicle technology, it is clear that more attention should be given to driving up consumer demand, supported by the insurance sector amongst others. This would be the case of ESC, an electronic stability control system directed by an on-board computer that detects when the car is not taking the path that the driver intended and then makes a correction.

3.6 Similarly, Collision Mitigation Braking Systems use the Adaptive Cruise Control (ACC) radar and warn the driver visually and audibly that a potential collision is imminent. Many systems will pre-charge seat belt, airbag and brake systems to obtain optimum performance in the event of a collision. Accidents are less likely to occur to vehicles fitted with these safety mechanisms. However, the extra safety benefits of fitting this feature are disregarded by insurance providers, who tend to add the cost of replacing the device on to the premium to cover the eventuality of an accident.

3.7 Other vehicle safety technologies in the market place include Collision Mitigation Braking Systems, E-call and Intelligent Speed Adaption (ISA) systems. E-call is a pan-European, in-vehicle emergency call system supported by the European Commission that could become a major lifesaver if fitted as a standard. A joint initiative of the European Commission, industry and other stakeholders, the so-called “European e-Safety initiative” is proving very valuable to accelerate the development, deployment and use of Intelligent Integrated Safety Systems. ISA, a system of in-vehicle speed limitation could ensure compliance with speed limits, thus bringing about a large reduction in road accidents. Seat belt reminders are likely to boost seat belt wearing rates considerably and, in turn, save lives and avoid injuries.

3.8 Research into the effectiveness, costs and benefits of introducing Daytime Running Lights (DRL)—a device intended to increase the conspicuity of the vehicle during daylight conditions—is being carried out.

3.9 Manufacturers strongly support initiatives that lead to in-car safety and vehicle design safety improvements. EuroNCAP has rapidly become a catalyst for encouraging safety improvements to car design. Vehicle technology improvements are the most prolific and readily available within the current transport system, but it remains difficult to get the public interested in and knowledgeable about the safety and environmental benefits associated with new cars. The Government needs to work with all stakeholders to overcome market barriers and provide incentives to facilitate the uptake of new safety mechanisms.

4. Way Forward: Integrated Approach and Enforcement

4.1 Great Britain has one of the best records in preventing and reducing road accident deaths in Europe (5th in the EU–25132) and around the world. In 2000, the Government introduced new casualty reduction targets to reduce total road casualties by 40% and road casualties involving children by 50%, compared with the average for 1994–98. According to Department for Transport’s Road Casualties Great Britain: 2006—Annual Report, compared with the 1994–98 average baseline, in 2006 the number of people killed or seriously injured was 33% below the baseline and the number of children killed or seriously injured was 52% below the baseline.

4.2 These figures show that, despite numerous improvements in car technology, the number of road fatalities has not declined as it was to be expected. Indeed, as a 2005 TRL report concludes “this trend has been offset by a decline in the driving standards of some car drivers.”133 Drivers must bear responsibility to use their cars safely, in particular to adhere to speed limits. Reportedly, however, the predominant failure leading to accidents is excessive speed. The second most common reason for loss of control is “lack of judgement of own path” and “behaviour—careless/reckless/thoughtless”. The abovementioned DfT’s report indicates that “four of the six most frequently reported contributory factors involved driver or rider error or reaction”.134

133 Monitoring progress towards the 2010 casualty reduction target by J Broughton and G Buckle (2005), TRL 643.
134 Ibid.
4.3 The UK needs an integrated approach to road safety. Initiatives and legislation adopted at EU level need to be complemented by equally driven national action. Government is a key pillar in the integrated approach to road safety and, consequently, needs to adopt a more proactive role to:

— fostering the development and deployment of vehicle technology measures;
— ensuring better enforcement;
— promoting education and training; and
— implementing infrastructure measures.

4.4 Law enforcement

More attention needs to be devoted to law enforcement as a central aspect to making driving safer. Measures to reduce the number of deaths and injuries on our roads need to be monitored to ensure compliance, in particular safety equipment use such as seat belts and child restraints, since the increasing actual wearing rate could save many lives. Speed management is another factor that needs to be controlled as speed is a contributory factor in accidents. However, the Government has not given roads policing the priority it needs. The number of dedicated traffic officers appears to be insufficient to act as a deterrent for offenders, to providing public reassurance and ultimately to reducing road casualties. The use of cameras and other technology, although positive, should not replace roads policing.

4.5 Information Campaigns and Drivers Training

With regards to the use of vehicles safety systems, drivers should be trained and encouraged to get the best of them. Greater emphasis should be placed on in-vehicle technology during driving training and, afterwards too would be appropriate as drivers need to familiarise with the technologies fitted in the vehicle. More importantly, however, is to educate drivers to prevent over-relaxation and/or inattention owing to automation, over-reliance on safety enhancing systems, or even distractions related to their operation. Vehicle manufacturers are looking at the so-called “human machine interface” (HMI) to integrate technology in a safely manner.

4.6 More broadly, road safety publicity campaigns, such as DfT’s THINK!, are powerful instruments to communicate key messages and counteract misguided attitudes and perceptions in driving. THINK!’s 2007 Annual survey shows that half of respondents said that they had recently seen advertising about road safety (52%) and eight in ten respondents (81%) recognised the THINK! Logo. In 2006, SMMT launched “Drive Green, Drive Safely”, a guide to responsible motoring, which includes tips on vehicle maintenance, how to refine drivers’ driving style and increase road safety.135

4.7 Infrastructure

Road design is a major factor in overall road safety. Good road design can help with accident prevention. For instance, roundabouts are reportedly safer than crossroads and traffic lights, as they are usually slower and collisions are rarely head-on. Spending on UK roads infrastructure was just £6.7 billion in 2003. Traffic calming measures are advocated as a key measure to improve the overall safety of road users. Measures to improve visibility and make the road environment safer must also be taken into account.

5. Conclusion

5.1 The motor industry has embraced its responsibility, and will continue to do so, to design safer cars and promote them responsibly. However, improved road design, better law enforcement and education are also key to driving down deaths and serious injury on UK roads. An integrated approach to the delivery of road safety is crucial. The concerted effort of all stakeholders, driven by well-designed and timely Government incentives, is conditio sine qua non for the continual improvement in the safety performance of vehicles.

Annex

OVERVIEW OF SOME AUTOMOTIVE SAFETY TECHNOLOGIES

<table>
<thead>
<tr>
<th>Tech</th>
<th>Aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS (anti-lock braking system)</td>
<td>Prevents the wheels from locking. An in-vehicle computer senses the moment when a wheel is about to skid and momentarily releases the brake pressure to that wheel.</td>
</tr>
</tbody>
</table>

135 Drive Green, Drive Safely. The industry guide to responsible motoring. Available at: http://smmtlib.findlay.co.uk/articles/sharedfolder/Publications/SMMT%20Drive%20Green%20Bro.pdf
<table>
<thead>
<tr>
<th>Tech</th>
<th>Aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC (Adaptive Cruise Control)</td>
<td>ACC radar sensors detect objects in front of the vehicle and adjust the vehicle’s speed to maintain a safe driving distance.</td>
</tr>
<tr>
<td>BAS (Break Assist system)</td>
<td>Reduces the stopping distance of a vehicle in an emergency situation by increasing braking pressure.</td>
</tr>
<tr>
<td>ESC (Electronic stability control)</td>
<td>Detects and prevents skids and slides, helping the driver maintain control of the vehicle.</td>
</tr>
<tr>
<td>E-Call</td>
<td>Automatically calls the emergency services and transmits location data from the scene of road accidents. The response time of the emergency services is cut drastically.</td>
</tr>
<tr>
<td>ISA (Intelligent Speed Adaptation)</td>
<td>Alerts drivers when they exceed the speed limit via audio and visual warnings.</td>
</tr>
<tr>
<td>SBR (Seat belt reminders)</td>
<td>Gives a sound and/or visual warning whenever a seat is occupied, but the seat belt is not fastened. It can be effective in increasing belt use.</td>
</tr>
<tr>
<td>Isofix child seats</td>
<td>Simplifies handling for installing child seats in the vehicle. Isofix points are fixed connectors in a car’s structure into which a child seat can simply and quickly be anchored.</td>
</tr>
<tr>
<td>DRL (Daytime running lights)</td>
<td>Prevents collisions by increasing vehicle conspicuity and making it easier to detect approaching vehicles from further away.</td>
</tr>
</tbody>
</table>

March 2008

Memorandum from Network Rail (RS 67)

SUMMARY

1. Network Rail very much welcomes the new policy guidelines relating to bad driving issued by the Crown Prosecution Service (CPS) at the end of last year which will lead to tougher prosecutions for deliberately disregarding signals or instructions at level crossings.

2. The risk of collisions between trains and road vehicles at the 1,521 road/rail interface crossings on our network represent the largest risk of a catastrophic train accident, endangering the lives of passengers and rail employees. Given this, Network Rail is pleased deliberate level crossing offences will lead to prosecution for dangerous, rather than careless driving.

3. We are now calling for sentencing guidelines to be updated to reflect this change in CPS policy.

4. Network Rail would like to highlight the need to prevent bridge strikes and the work being done in this area. The number of reports of vehicles striking bridges continues to rise each year. On average about six bridge strikes are reported each day. This poses a significant risk to the safety of train passengers and railway workers and damages Network Rail bridges, causing significant delays to train services.

5. We hope the Select Committee will be able highlight and support our bridge strike prevention campaign, particularly the need for a consistent approach to signing and road maintenance at bridges across the country and adoption of a new protocol and good practice guidance.

INTRODUCTION

6. Road safety plays a very important role in railway safety and performance and Network Rail welcomes the opportunity to contribute to the Select Committee’s inquiry.

7. Network Rail owns and operates Britain’s rail network. It is a private, “not for dividend” company directly accountable to its Members and regulated by the Office of Rail Regulation. All profits made by Network Rail are invested back into the railway. Over the last five years, working closely with our industry partners, Network Rail has made rail the safest form of transport and halved the numbers of late trains.

8. However, bad driving at or near the railways—level crossing abuses and bridge strikes—continue to pose a very serious risk to the safety of the railway as well as undermining the performance of the network.

LEVEL CROSSINGS

9. Every year, over 1,800 pedestrians and motorists are reported to have misused a crossing. The risk of collisions between trains and road vehicles at the 1,521 road/rail interface crossings on our network represent the largest risk of a catastrophic train accident.
10. Since 2006 Network Rail has conducted a multi-media “don’t run the risk” awareness and behaviour change campaign to highlight the consequences of level crossing offences. Network Rail also lobbied Parliament for tougher penalties for motorists who disregard level crossing signs and signals during the passage of the Road Safety Bill in 2006. In 2007 we also responded to the public consultation carried out by the CPS on the review of their policy approach to bad driving.

11. Network Rail is very pleased the CPS has since introduced a tougher approach to the deliberate disregarding of traffic lights and signs, including level crossing signs and signals in their new policy, which will now lead to prosecution for dangerous rather than careless driving.

12. Our concern has always been that motorists who disregard signals or instructions at level crossings are not only putting their own lives at risk but also those of both rail passengers and employees, who are delivering a public service. It is for these reasons that we very much welcome the new policy.

13. We are now calling on the Sentencing Advisory Panel to introduce tougher sentencing guidelines in response to this change in policy by the CPS. Rather than this serious risk to others being regarded as a potential aggravating factor, as is currently the case, we believe level crossing offences should be specifically dealt with as a dangerous driving offence in sentencing guidelines.

14. As the sentencing guidelines for dangerous driving will now need to take into account level crossing incidents, we would suggest that factors indicating higher culpability should include deliberate forcing of level crossing barriers, driving around barriers, ignoring instructions given by signalmen or failing to obtain permission to proceed over a level crossing where it is required.

PREVENTING BRIDGE STRIKES

15. Failure to report damage to rail bridges should also be subject to this tougher CPS policy approach. Network Rail signs at rail overbridges clearly instruct motorists who strike them to report it to Network Rail’s 24-hour helpline immediately. Failure to do so could seriously disrupt the network and, at worst, could cause a rail accident with multiple injuries and fatalities. Network Rail believes that failure to report a bridge strike should also lead to prosecution for dangerous driving by the Crown Prosecution Service.

16. The number of reports of vehicles striking bridges continues to rise each year. For the year to 31 March 2007, there were over 2,000 reported bridge strikes, and this number continues to rise. On average about six bridge strikes are reported each day.

17. The best way to manage the risk of bridge strikes is to prevent them. As well as tougher sentences for failure to report bridge strikes, it is essential that highway managers are aware of the consequences of bridge strikes and receive guidance on the requirements for managing this risk for the road user and implementing measures to prevent incidents occurring. Similarly, managers of freight and passenger transport companies and their drivers should also be aware of the risks of bridge strikes and take measures to stop them occurring.

18. As part of this effort to raise awareness, the County Surveyors’ Society, Department for Transport and Network Rail have produced “Prevention of Strikes on Bridges over Highways: A Protocol for Highway Managers and Bridge Owners”.

19. One essential preventative solution contained within the protocol is for a consistent national approach to signing and road maintenance at bridges to increase driver understanding and awareness. The protocol will be used by Network Rail in its discussions with local highway authorities as a basis for standards and practices to be adopted.

20. Network Rail and the passenger and freight transport industry have also developed good practice guides to help raise awareness of the risks and consequences of bridge strikes and how they can be prevented.

CONCLUSION

21. Good road safety at and near railways has an important role in the delivery of a safe, reliable network. Level crossing offences and bridge strikes pose a major risk of a major train accident leading to multiple injuries and fatalities. We very much welcome the tougher approach adopted by the CPS to level crossing offences and hope a similar approach will be taken to motorists who fail to report their bridge strikes. Reports of bridge strikes continue to rise each year and we hope the select committee will highlight and support our prevention campaign on this issue. In particular, a consistent national approach to signage and road maintenance at bridges and adoption of the new protocol and good practice is needed to help prevent bridge strikes.

March 2008
REDUCING ROAD DEATHS CAUSED BY SLEEP APNOEA

Executive summary

1. This memorandum provides evidence of the prevalence and danger of undiagnosed sleep apnoea in drivers—particularly of LGVs and PSVs, and recommends action for better identification of sufferers.

Brief introduction

2. We are the family of Toby Tweddell who was killed on the M62 motorway on the edge of Liverpool on 8 August 2006. The car he was driving was standing in a queue of traffic and was run into from behind by an LGV. The LGV driver had fallen asleep at the wheel, and was subsequently diagnosed to be suffering from sleep apnoea. Wishing to reduce similar road deaths in the future, we believe that the Transport Committee should consider the following evidence, and that having done so it should press for further and stronger preventive action by the Department for Transport and other government departments and agencies.

Factual information

3. Sleep apnoea is the most common of a wide range of medical conditions which can produce poor sleep quality. Sufferers are starved of oxygen during the night. They awake momentarily many times each night, without being aware of this, and as a result they experience waking symptoms ranging from general drowsiness and tiredness, difficulties in concentrating, through to sudden falling asleep.

4. The Government’s road safety campaign launched in March 2008 states that:
   — about one in five crashes on motorways and similar roads is caused by falling asleep at the wheel,¹ and about one in 10 on all roads;
   — an estimated 300 people a year are killed where a driver has fallen asleep at the wheel;
   — if you fall asleep at the wheel you are 50% more likely to cause death or serious injury because a sleeping driver does not react before a crash; and
   — about 40% of sleep-related crashes are work related involving commercial vehicles.

5. International research studies on sleep apnoea have established:
   — around 4% of middle-aged men—about 500,000 people in the UK—suffer from sleep apnoea;² partly as a result of the sedentary nature of their jobs, there is a significant incidence of obesity amongst professional drivers, and approximately 50% of sufferers from sleep apnoea are obese (see endnote 2). As many as one in six professional drivers are estimated to be suffering from undiagnosed sleep apnoea³; and
   — sufferers from sleep apnoea have been shown to be six to 15 times more likely to have a road-traffic accident than those without the condition;⁴ and in simulated driving performance tests, sleep apnoea sufferers score worse in terms of hazard awareness and reaction times than test subjects who are drunk.⁵

6. In the four months from October 2007, at least four cases came to court of LGV drivers accused of causing death by dangerous driving (nine people in total killed); all four LGV drivers were suffering from sleep apnoea which was only diagnosed after their accidents.⁶

7. All applicants and re-applicants for LGV and PSV licences must complete a Medical Examination Report (DVLA Form D4) with their general practitioner. This form contains the questions “does the applicant have sleep apnoea syndrome?” and “is there any other medical condition causing excessive daytime sleepiness?”. These questions are obviously not adequately identifying sleep apnoea sufferers.

8. At present, sufferers from sleep apnoea tend to under-report difficulties when driving,⁷ perhaps understandably as they have risked losing their licence and livelihood. Drivers should now be less concerned about this risk because the National Institute for Health and Clinical Excellence (NICE) recommended on 26 March 2008 that treatment for sleep apnoea using continuous positive airway pressure (CPAP) devices should be available throughout the NHS.

9. A relatively cheap and now widely available screening tool for sleep apnoea is the pulse oximeter, which can be used overnight at the patient’s home rather than in a sleep laboratory. It is estimated that, with experienced interpretation, this tool can identify significant sleep apnoea in 80–90% of cases.

10. In 1999 the Task Force of the European Respiratory Society⁸ pointed out the prevalence of sleep apnoea amongst professional drivers, and the consequent high risk (and high actual rate) of accidents caused. Their report highlighted the need for uniformly accepted regulations concerning driver licensing, with a shared responsibility between the physician, patient and licensing authority.
11. Whilst some major businesses in road and passenger transport do take sleep apnoea seriously, we are not aware of any example of a company routinely testing its drivers for sleep apnoea, and the general attitude (in the road-haulage industry at least) is one of complacency, with, for example, no mention of sleep apnoea at the time of writing, on the Road Haulage Association’s information-packed website, and no reference to sleep apnoea in the syllabus of the Certificate of Professional Competence (CPC) in Road Haulage.9

Recommendations for action

12. The Department for Transport, which regulates the issuing and renewal of PSV and LGV licences, needs to tighten up the requirements for identifying potential sufferers of sleep apnoea. In particular, PSV and LGV drivers should regularly be screened for this, and related disorders, and this should be part of their licence requirements. Furthermore, it should be a requirement on road haulage and passenger transport operators for them to have screening processes in place. The syllabus of the CPC in Road Haulage should be improved so that issues associated with sleep apnoea, its identification and treatment, and the rules pertaining to driver licensing are covered.

13. The Department of Work and Pensions, in dialogue with the Health and Safety Commission, needs to ensure that the Health and Safety Executive—with its responsibilities for minimising work-related death and injury, and with its powers to insist on action by employers to prevent risks to non-employees (that is, road users at risk from drivers suffering from sleep apnoea)—plays a much more prominent role in relation to work-related fatal road-traffic accidents and their prevention. In particular, HSE should be working on the introduction of legislation, if necessary on a European basis, on compulsory testing of professional drivers for sleep apnoea.

14. The Department of Health, which funds and shapes the work of medical practitioners, needs to ensure that those involved in the diagnosis of sleep apnoea are well briefed about the problem, its symptoms, its serious implications (particularly when the sufferer drives for a living), and on the importance of getting sufferers tested and off the road until their condition has been treated, with consideration given to making it a responsibility of GPs to report on their diagnosis to the Department of Transport rather than this being solely the responsibility of the driver.

Background References


6. Cases coming to court in the four months from October 2007:

On 1 August 2005 Alice-Anne Fuge, Nestor Siles and Jessie McCann were killed on the A82 near Alexandria, Scotland, by an LGV driven by Colin Kane. On 21 July 2006 Malcolm, Janice, Richard and George Dowling were killed on the A34, near Bicester, by an LGV driven by Ian King. On 8 August 2006
Toby Tweddell was killed while waiting in a traffic queue at the M62 Rocket Interchange, Merseyside, by an LGV driven by Colin Wrighton. On 14 April 2007 Leonard Nicholls was killed on the A48, Eastern Avenue, Cardiff, by an LGV driven by Hayden Bailey. In every case the driver of the LGV—each of whom suffered unknowingly from sleep apnoea—had fallen asleep at the wheel. Kane, King, Wrighton and Bailey were all prosecuted for causing death by dangerous driving. The outcomes of the four cases differed. On 1 October 2007, the Crown Prosecution Service decided to offer no evidence against Wrighton, who was acquitted. On 12 October 2007 a Scottish jury found the case against Kane unproven. In contrast, on 7 December 2007, King was convicted by the jury at Oxford Crown Court and jailed for 3 years and 9 months on 11 January 2008. On 23 February 2008, Bailey pleaded guilty and was sentenced to 10 months in jail with a 3-year driving ban.

9. 16 companies (out of 30 approached) replied to an enquiry made in December 2007 by Nic and Monica Tweddell concerning the company’s approach to the problem of sleep apnoea. Industry practice varies widely and in no case was compulsory testing and/or treatment of drivers for sleep apnoea the norm; nor is there yet any significant use of technical systems to detect driver sleepiness. The Traffic Commissioners (the issuing authority for operator licences) require professional competence to be demonstrated by at least one member of the management team of a road-haulage business that operates vehicles with a gross plated weight of more than 3.5 tonnes or vehicles which are not plated and which have an unladen weight of more than 1525 kg. One way of demonstrating this competence is by the designated member of the management team achieving the Certificate of Professional Competence in Road Haulage.

Memorandum from Unite the Union (RS 69)

1. INTRODUCTION

1.1 This evidence is submitted by Unite the Union, the UK’s largest trade union with two million members across the private and public sectors. The union’s members work in a range of industries including manufacturing, financial services, print, media, construction, transport and local government, education, health and not for profit sectors. The Passenger Transport (PT) and Road Transport Commercial (RTC) Trade Groups of Unite. Unite are the main trade groups representing professional drivers, although we also have significant professional driver membership in the food, drink and tobacco sector of the economy. This results in Unite being the largest trade union representing professional drivers in the United Kingdom.

1.2 We welcome the opportunity to respond to Transport Committee’s inquiry into Road Safety, and our response will reflect the issues we see as affecting professional drivers.

1.3 In this response will comment on driver fatigue, which is recognised by most people, as a major cause of road accidents, and especially those involving professional drivers. Occupational Road Risk, fatigue, the safe loading of vehicles and the inspection regime.

2. DRIVER FATIGUE

2.1 In Tomorrow’s roads: safer for everyone there was a section on Drowsiness and an Action plan: relating to work-related driver fatigue. The action plan was:

‘4.42 Separate, and different, UK drivers’ hours rules apply to certain HGV and bus operations that are exempt from the EU rules. The Government proposes to consult on the repeal of these rules in favour of the EU rules when we know the outcome of the current discussions in the EU of the proposed extension of the 48-hour Working Time Directive. This would impose working, as opposed to driving, time limits on mobile transport workers” (Department for Transport 2000).

2.2 The extension of the Working Time Directive has taken place and all professional drivers’ are working under the provisions of the Horizontal Amending Directive—Domestic Hours Regulations, or the Road Transport Working Time Directive—EU Driving Hours Regulations. We are still awaiting the review of the Domestic Hours regulations referred to in the 2000 White Paper.

2.3 According to the Jan–Mar 2007 Labour Force Survey 7% of LGV drivers and 4% of Bus and Coach Drivers worked over 60 hours per week. While 43% of LGV Drivers work 49 hours or more, and 24% of Bus and Coach Drivers—see Table 1.
Table 1

<table>
<thead>
<tr>
<th>Hours worked</th>
<th>Heavy Goods Vehicle Drivers</th>
<th>Bus and Coach Drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee only</td>
<td>Cumulative Total</td>
</tr>
<tr>
<td>&lt; 33</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>33–36</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>37–40</td>
<td>18%</td>
<td>24%</td>
</tr>
<tr>
<td>41–44</td>
<td>9%</td>
<td>38%</td>
</tr>
<tr>
<td>45–48</td>
<td>23%</td>
<td>56%</td>
</tr>
<tr>
<td>49–52</td>
<td>17%</td>
<td>73%</td>
</tr>
<tr>
<td>53–56</td>
<td>8%</td>
<td>81%</td>
</tr>
<tr>
<td>57–60</td>
<td>11%</td>
<td>92%</td>
</tr>
<tr>
<td>60 +</td>
<td>7%</td>
<td>99%</td>
</tr>
</tbody>
</table>

Total People 256,704 121,065

Source: Department for Transport

2.4 While we recognise that there has been a reduction in drivers’ hours since 2000, the long hour’s culture still exists and the fatigue associated with it still exists in these industries.

Table 2

<table>
<thead>
<tr>
<th>User casualties</th>
<th>Fatal</th>
<th>Serious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus or Coach</td>
<td>HGV</td>
<td>HGV</td>
</tr>
<tr>
<td>Bus or Coach</td>
<td></td>
<td></td>
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<tr>
<td>Bus or Coach</td>
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<td>Bus or Coach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bus or Coach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Change</td>
<td>100.0</td>
<td>14.3</td>
</tr>
</tbody>
</table>

Source: Department for Transport

2.5 During the period between 2000 and 2006 there appears to have been an overall reduction in the number of casualties involving professional drivers—see Table 2—the figures are very volatile and need to be treated with caution. Overall HGV fatalities fell by 14.3% between 2000 and 2006, while Bus and Coach Drivers increased by 100% over the same period.

2.6 It is our view that neither employers nor the Government take the issue of Occupational Road Risk (ORR) seriously. We hear plenty of fine words but the reality is somewhat different. In 2003 the Health and Safety Executive in collaboration with the Department of Transport published guidance for employers entitled Driving at work: Managing work-related road safety. One of the key elements in regards to ORR was in regard to the activities/journey (routes and scheduling).

Scheduling is an area where we have major concerns for both LGV and Bus and Coach that shift work, especially night-time driving, has on the driving standards of the drivers. Shift working limits the amount of sleep that workers are able to obtain to ensure that they are able to maintain sufficient alertness when at work. The risk increases considerably for night workers after the first night of the shift.

Yet the road haulage industry, along with its customers, is calling for the reduction in the number of lorry curfews. So that more lorries can deliver goods at night to avoid congestion. For example, in a recent study by the South London Freight Quality Partnership came out in favour of increasing out-of-hours deliveries to South London shops, saying that it could improve fright efficiency, and environmental performance (Croner 2008:3). They would appear to be more concerned with economics than ORR!

Table 3 shows the percentage of accidents that occur between 02:00 and 06:00. Again the figures are variable, but in 2006 30.6% of HGV accidents occurred between 02:00 and 06:00. The period accounts for 16% of the hours.
PERCENTAGE OF ACCIDENTS BETWEEN 02:00 AND 06:00 2000–06

<table>
<thead>
<tr>
<th></th>
<th>Fatal Bus or Coach</th>
<th>HGV</th>
<th>Serious Bus or Coach</th>
<th>HGV</th>
<th>Slight Bus or Coach</th>
<th>HGV</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>0.0</td>
<td>21.4</td>
<td>4.0</td>
<td>13.0</td>
<td>1.7</td>
<td>8.9</td>
</tr>
<tr>
<td>2001</td>
<td>0.0</td>
<td>17.0</td>
<td>5.0</td>
<td>13.7</td>
<td>1.2</td>
<td>8.1</td>
</tr>
<tr>
<td>2002</td>
<td>0.0</td>
<td>11.8</td>
<td>5.9</td>
<td>11.9</td>
<td>1.3</td>
<td>7.7</td>
</tr>
<tr>
<td>2003</td>
<td>0.0</td>
<td>26.2</td>
<td>2.3</td>
<td>13.2</td>
<td>1.1</td>
<td>7.8</td>
</tr>
<tr>
<td>2004</td>
<td>33.3</td>
<td>19.5</td>
<td>2.4</td>
<td>11.4</td>
<td>1.4</td>
<td>9.7</td>
</tr>
<tr>
<td>2005</td>
<td>0.0</td>
<td>29.2</td>
<td>9.7</td>
<td>14.7</td>
<td>1.7</td>
<td>9.5</td>
</tr>
<tr>
<td>2006</td>
<td>0.0</td>
<td>30.6</td>
<td>5.3</td>
<td>9.2</td>
<td>1.9</td>
<td>7.6</td>
</tr>
</tbody>
</table>

Source: Department of Transport

The bus industry is just as bad. In a larger number of cases schedules for bus drivers working under Domestic Rules, can involve the driver only having eight hours break between shifts. This can happen up to three times a week. We wonder how many passengers realise that their bus driver could have had as little as three hours sleep when they are driving them?

It is difficult to take the claims of bus companies seriously in regard to ORR when they have consistently opposed bus driver being brought under the more stringent EU Drivers’ Hours Regulations.

2.7 The overly long driving periods without sufficient breaks is another issue of concern to Unite. The Think! Tiredness Kills Campaign key message is Tiredness kills. Take a 15 minute break every two hours. Yet professional drivers are expected as a matter of course to drive for up to 5½ hours without a break. This raises serious doubts about the commitment of employers and the Government in regard to ORR.

2.8 The Government is also open to serious criticism in regards to the reform of the Domestic Hours Rules. In the 1999 publication From workhorse to thoroughbred: a better role for bus travel the Government stated in 12.9: “We announced in the UK Transport White Paper our plans to consult on a proposal to repeal the domestic rules and bring most of the operations within the scope of the EU rules. We expect to publish the consultation document in the summer. The changes will require primary legislation. In addition, we are currently considering proposals from the EU Commission to extend the Working Time Directive to the road transport sector, which would include bus and coach services. We will take into account the views of industry, the unions and the public before any final decisions are taken on both these matters.” Initially, the Government delayed the consultation on the grounds that changes were taking place to working time regulations and drivers hours rules. All these changes have now come into effect and we are still awaiting the announcement on this consultation!

2.9 The real problem is that there is not one agency which has the responsibility for ORR and the Health, Safety and Welfare of professional drivers. The responsibility for recording road casualty accidents lies with national government, and local police forces, who work closely to achieve a common reporting standard. However, because the cab is not classified as the driver’s place of work, these accident figures are excluded from the HSE Diseases and Dangerous Occurrences Regulations 1995 (RIDOR) figures.

This problem has been recognised both by the HSE and the police and changes to the reporting of road transport accidents (RTA) have been implemented in an attempt to capture this information. The form that was used to take down details at the scene of an incident has been revised to record specifically whether or not a driver involved in an incident was working at the time. So we are looking forward to receiving more accurate data in regards to occupational road transport accidents in the future.

Unite however believe that there should be one agency which has the responsibility for ORR, the Health, Safety and Welfare of professional drivers, and the collection and processing of occupational road transport accidents.

2.10 Undiagnosed sleep disorders pose a serious threat to safety, especially for those who drive for work. In particular we are concerned about the condition known as obstructive sleep apnoea (OSA)/hypopnoea syndrome which is a condition in which a person stops breathing for a short time when they are asleep because of closing or narrowing of the throat. This can happen many times during the night, and causes the person to wake up for very short periods to allow normal breathing to restart (although usually the person won’t remember waking up). A person with sleep apnoea often snores, may be unusually sleepy during the day and may have problems in concentrating because of lack of sleep.

OSA is more likely to occur with professional drivers but especially LGV drivers, as it is most prevalent amongst middle age men who are overweight. Therefore we welcome the recent recommendations of the National Institute for Health and Clinical Excellence in regard to the treatment of OSA. However, we would like to see both the haulage and the bus and coach industries take more proactive policies to identify professional driver who are likely to be at risk from OSA and have them assessed for the condition.
3. SAFE LOADING OF VEHICLES

3.1 Unite is becoming increasingly concerned in regard to the loading of LGVs. Increasingly the driver is unaware of the content of the load or how the load has been loaded and distributed on the vehicle. But the driver is ultimately responsible for the load carried on their vehicle, whether or not they were involved in the securing of the load. We are being told by our members that there is an increase in the number of vehicles overturning due to unbalanced or insecure loads.

The Code of Practice (Department of Transport 2002) states that legal requirements and common sense require that all loads carried on vehicles are secured, whatever the journey. This is to protect the people involved in loading, unloading and driving the vehicle, together with other road users and pedestrians.

Both loading and unloading should be subject to a risk assessment, as required by the Management of Health and Safety at Work Regulations 1999.

Loading and unloading should be carried out by trained staff who are aware of the risks involved. Drivers should also be aware of the additional risk of the load, or part of the load, moving when the vehicle is being driven. This applies to all vehicles and to all types of load.

The problem occurs most often part way through a route when the driver is told to go away and the warehouse staff unloads the relevant material for that drop. This can result in the load being unbalanced, and when the driver drives away and goes round a sharp bend the lorry over turns. Unbalanced loads also occur when the load inside a container slips, so although the weight remains constant, the container becomes unbalanced, but because the container is sealed the driver is unable to identify that the load has slipped.

4. ENFORCEMENT

4.1 If road safety is to be improved then we believe there has to stricter enforcement of the driver’s hours regulation, load safety, and the safety standard of commercial vehicles. We believe that currently there are insufficient resources currently allocated to enforce the legislation.

4.2 One major problem is that we have no real estimate of the size of the problem. As far as we are aware there has never been a proper national survey to identify the amount of drivers’ hour’s regulations breaches, or to identify what proportion of the national fleet is overloaded or does not meet the required safety standards.

4.3 Operation Mermaid, a multi agency operation involving the police, VOSA and other agencies goes some way to deal with the problem. But until the size of the problem is known, how can we know what resources are needed to combat it? The lack of resources means that both employers and professional drivers will continue to break the law, because they know that there is little or no chance of them being pulled up and their drivers hours regulations or working time offences being identified. The same problem in regards to lorry condition and loading applies.

4.4 Results of VOSA’s vehicle checks: On the 23 October 2006—the latest information we could obtain—in regard to roadworthiness 445 vehicles were checked (251 UK-registered vehicles and 194 foreign).

Of the 251 UK vehicles checked, 74 prohibitions were issued with brakes and tyres being the most common defects.

Of the 194 foreign vehicles checked, 33 prohibitions were issued.

4.5 In regards to traffic offences 223 vehicles were checked (130 UK-registered vehicles and 93 foreign). Of the 281 UK vehicles checked, 35 prohibitions and 25 verbal warnings were issued for drivers’ hours offences.

Fifteen reports for further Investigation were issued for drivers’ records/hours, and operators’ and drivers’ licence offences.

Of the 93 foreign vehicles checked, 19 prohibitions and 60 verbal warnings were issued.

4.6 In regard to the South East of England Table 4 shows the number of foreign-registered vehicles inspected and prohibitions issued during the South East pilot during the financial year 2006–07. From this table we can see that 47.7% of the vehicles inspected were issued with prohibition notices in regards to roadworthiness offences. In regards to traffic enforcement offences 21.8% were issued with prohibition notices, and 22.1% were issued with overloading offences.

Table 4

ROAD-WORTHINESS AND TRAFFIC ENFORCEMENT OFFENCES

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Roadworthiness offences</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Heavy Goods Vehicles</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspected</td>
<td>4,342</td>
<td></td>
</tr>
<tr>
<td>Prohibitions</td>
<td>2,073</td>
<td>47.7</td>
</tr>
<tr>
<td><strong>Trailers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspected</td>
<td>4,200</td>
<td></td>
</tr>
<tr>
<td>Prohibitions</td>
<td>2,040</td>
<td>48.6</td>
</tr>
<tr>
<td><strong>Traffic enforcement offences</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Drivers’ hours</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspected</td>
<td>6,513</td>
<td></td>
</tr>
<tr>
<td>Prohibitions</td>
<td>1,418</td>
<td>21.8</td>
</tr>
<tr>
<td><strong>Overloading</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspected</td>
<td>1,921</td>
<td></td>
</tr>
<tr>
<td>Prohibitions</td>
<td>424</td>
<td>22.1</td>
</tr>
</tbody>
</table>

Source: Hansard 17 Oct 2006: Column 1137W

4.7 Given even with the limited data we have available we have serious reservations about the Government’s proposals to privatise VOSA services. We do not have any confidence whatsoever that the private sector will deliver safer lorries and buses on our roads, let alone the rigorous enforcement of drivers hours and working time regulations, the consequences of moving away from independent inspection agency is horrifying!

BIBLIOGRAPHY


Supplementary memorandum from Professor Danny Dorling, The University of Sheffield (RS 70)

In my testimony I offered to provide further information on the most common cause of death of people in Britain in case of inaccuracy in my recall. With several colleagues in work in preparation for a new atlas of mortality by cause in Britain we have been studying the major causes of death across this island over the period 1981 to 2004 (inclusive). About one hundred causes of death are being mapped including groupings of causes that are hard to classify as one group. The source data for our analysis has been provided by the General Register Office for Scotland and from the Office for National Statistics (for those deaths occurring in England and Wales). The data we are analysing does not include Northern Ireland. We analyse by 20 age groups and find:

MOST COMMON CAUSE OF DEATH OF PEOPLE DYING IN BRITAIN BY AGE OVER THE PERIOD 1981 to 2004

<table>
<thead>
<tr>
<th>Age</th>
<th>Most death due to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Other conditions in the perinatal period</td>
</tr>
<tr>
<td>1–4</td>
<td>Congenital malformations of heart</td>
</tr>
<tr>
<td>5–9</td>
<td>Pedestrian and motor vehicle accidents</td>
</tr>
<tr>
<td>10–14</td>
<td>Pedestrian and motor vehicle accidents</td>
</tr>
<tr>
<td>15–19</td>
<td>Other motor vehicle accidents</td>
</tr>
<tr>
<td>20–24</td>
<td>Other motor vehicle accidents</td>
</tr>
<tr>
<td>25–29</td>
<td>Other motor vehicle accidents</td>
</tr>
<tr>
<td>30–34</td>
<td>Other motor vehicle accidents</td>
</tr>
</tbody>
</table>
Age | Most death due to: 
--- | ---
35–39 | Heart attack and chronic heart disease 
40–44 | Heart attack and chronic heart disease 
45–49 | Heart attack and chronic heart disease 
50–54 | Heart attack and chronic heart disease 
55–59 | Heart attack and chronic heart disease 
60–64 | Heart attack and chronic heart disease 
65–69 | Heart attack and chronic heart disease 
70–74 | Heart attack and chronic heart disease 
75–79 | Heart attack and chronic heart disease 
80–84 | Heart attack and chronic heart disease 
85–89 | Heart attack and chronic heart disease 
90+ | Heart attack and chronic heart disease 

Note: Motor vehicles (mostly cars) are the major killer between ages 5 and 34 in this country. This is of child pedestrians being killed in a collision with a motor vehicle between ages 5 and 14, and then through involvement in other motor vehicle accidents, most often as drivers and passenger between the ages of 15 and 34. It is possible that motor vehicles are a major factor before age 5 given that most deaths due to congenital malformations occur in the earlier years for those aged 1–4.

Source: Analysis by the author and colleagues of mortality records as work in preparation for a national atlas of mortality according to roughly one hundred key causes to be published by the Policy Press in Autumn 2008.

Definitions: “Other conditions in the perinatal period”—over half of deaths in this category are due to trauma around the time of birth or shortly after, such as asphyxia and other respiratory distress. The deaths come under case-codings: ICD-9 codes: 760-779; ICD-10 codes: G70.2, P00-P05, P07, P10-P11, P15, P20-P28, P29.0-P29.1, P29.8, P35-P37, P39, P50, P52, P54, P59-P61, P70, P74, P76-P78, P83, P90-P92, P94, P96, Q86.0. “Congenital Malformations of the heart” include deaths due medical condition present at birth ICD-9 codes: 745-747; ICD-10 codes: P29.3, Q20-Q28 “Pedestrian and motor vehicle accidents” includes deaths to pedestrians due to collision with a vehicle of some kind ICD-9 codes: E812.7, E813.7, E814.7, E815.7, E816.7, E817.7, E818.7, E819.7, E821.7, E822.7, E823.7, E824.7, E825.7, E826.0; ICD-10 codes: V01-V04, V06, V09.0-V09.3; “Other motor vehicle accident death are those deaths where the passenger or driver of the vehicle dies. Pedestrian deaths and the deaths of cyclists are not included here: ICD9: 810-812, 815-825 (excluding -.7’s). Heart attack and chronic heart disease: ICD9: 410-414 and 429.

Memorandum from County Surveyors’ Society (CSS) (RS 71)

TRANSPORT COMMITTEE TRAFFIC & SAFETY WORKING GROUP

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

1.A. The setting of the 10 year targets for 2010 has provided a strong focus for directing primary action on road safety, particularly with regard to those killed or seriously injured. The target for slight injuries has tended to become sidelined partly because of lack of data for proper measurement of vehicle flows across the network. Having different (lower) target levels for Highway Agency (HA) compared with Local Highway Authority (LHA) roads has caused some disquiet given that LHA targets include HA road casualties.

The system for monitoring targets annually has caused some distraction from the overall trend on casualty reduction progress. For example, an exceptionally good result in one year has been known to weaken arguments for forward investment levels to maintain progress in future years. This has led to calls for a three-year trend based approach for target monitoring.

2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

2.A. Positive investment in regular enforcement campaigns, coupled with national road safety promotion, should remain the core basis for action on drink driving. Publicity should be aimed at increasing awareness of both risk and the likelihood of detection with the associated consequences of prosecution. Two vulnerable groups are the young (who may not consider themselves vulnerable) and increasingly the elderly (the latter being those who knowingly take “careful” risks usually on short local journeys).

Further action is also needed on identification and detection of drug abuse whilst driving so that the Police can target both drink and drug driving in an effective manner.
3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

3.A. Great Britain has one of the best accident records amongst EU countries, although Sweden and the Netherlands are considered to be ahead in their vision and investment for road safety, and France has been notable for achieving significant progress in reducing fatalities. Whilst Great Britain is still amongst the leading countries in its approach to casualty reduction, it may be losing ground due to limited investment in key areas of research and evaluation.

There is also increasing concern amongst local highway authorities about the level of funding for road maintenance, not just for ensuring the structural integrity of the network, but to maintain safety standards and provide more passive safety particularly at high risk accident sites. In practice the funding secured through Local Transport Plans for accident remedial and route safety schemes is being diluted through the need to resolve basic maintenance shortfalls (eg for maintaining visibility clearance) along high risk sections of the network.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

4.A. The acceptance of risk in road travel is much higher than in rail, air, or even sea travel. Society expects higher degree of safety on trains and aircraft than on the road because passengers are 100% reliant on the systems and operatives for their safety. The reporting of casualties involved in rail, air or sea is generally more dramatic and often involves apparently significant numbers. At the same time the media tend to support and encourage the public perception that daily injuries on the roads are due to “accidents”, for which those directly involved rarely accept responsibility, and tend to blame “the authorities”.

5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

5.A. The shortage of skilled staff and other resources in road safety tends to limit innovation, evaluation, research and development, as well as constrain the overall amount of road safety intervention that would be achievable. Training for casualty reduction work is largely optional and skills are learnt mainly through experience. A more structured approach to training needs to be encouraged with learning and sharing of knowledge and guidance across all three primary aspects of road safety (education, engineering and enforcement). Further resources will be needed to reverse the decline in the numbers of graduate and other trainees entering the civil/highway engineering and planning professions which are the prime sources for this skill development.

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

6.A. Better co-ordination of policy development and funding arrangements is needed between the DfT and the Home Office to ensure that Roads Policing receives the appropriate priority from central government for both enforcement and road safety education. Whilst the Police are making positive efforts to direct their road safety interventions, they are seriously short of resources for active traffic policing to increase detection of inappropriate driving and criminal behaviour on the roads.

Technology already plays a key role in road safety but should be identified more clearly in national policy terms. For example, the availability of a national digital map of speed limits could be used to detect the practical use of existing in-vehicle and communication technologies, to inform motorists en route about the prevailing speed limits and encourage compliance without the need for more external intervention schemes.

Insufficient progress has been made in developing an evidence led approach to education, training and publicity (ETP). There is an increasing awareness of the need to develop policies and actions to change road safety behaviours including attitudes towards risk, and improving the ability of drivers to identify and respond to hazards. Most local authority work in this field is still based either on historically accepted activities or on perception (not measurement) of benefits derived from this particular aspect of road safety.

Local, regional and national research is needed to provide validated evidence of outcomes, preferably linked to effects on casualty numbers as well as impact on road user behaviours. This would improve the value of ETP work and provide proper justification for future expenditure.

The national approach to funding for road safety should encompass both capital and revenue budgets. For example bids through Local Transport Plans for road safety education or research initiatives have been refused in the past on the grounds that these involve revenue, not capital, expenditure. With better evaluation techniques the level of funding required to meet targets could be more accurately predicted and the results monitored.

Further encouragement should be given to an integrated approach towards delivering road safety improvements, building on the development of local road safety partnerships, and better co-ordination both regionally and nationally. This should include the sharing of intelligence across the three E’s (Education, Engineering and Enforcement) and identification of high risk road user groups which would benefit from joint or complementary road safety interventions.
Additional funding for road maintenance should be targeted at ensuring that standards are maintained and at improving passive safety at high risk sites particularly on the strategic road network (A and B roads). Around 50% of the numbers killed or seriously injured occur on these routes.

7. **What should be the priorities for government in considering further targets for casualty reduction beyond 2010?**

7.A. There is a danger of relying on the continuation of target setting defined solely as reducing numbers of fatal and serious injuries beyond 2010. This approach should be supplemented by setting objectives to change both attitudes and behaviours where they would improve road safety outcomes. Around 90% of road collisions are primarily caused by human error and we need to gain a better understanding of public attitudes to road safety. We should then focus on clear identification of the high risk road user groups in society and responsibilities for remedial action to improve behaviours. Key user groups are:

- Young people in cars (drivers and passengers).
- Occupational drivers.
- Two wheeled motor vehicle users.
- Pedestrians and cyclists.

The setting of national targets should also consider the potential for interpretation at the local level, for example, when Local Authorities negotiate Local Area Agreements with central government. Historically, in future it may be more beneficial to have better targeting of high risk groups (for example safety of young people in socially deprived areas, thus linking up road safety with other strategic community priorities).

**FURTHER COMMENTS ON THE APPROACH TO 2010 AND BEYOND**

**Casualty Data** varies in quality and reliability, and the harmonisation of Police and Hospital casualty data sets would provide more confidence in setting and monitoring national and local targets.

**Engineering** measures should remain as a core method of intervention but be supported more directly by road safety Education.

**Enforcement** should incorporate or be linked to more Education and Training so that the Police are seen to do as much towards encouraging road users to be more safe as they do in enforcing the law.

**Education and Training** should be a growth area in road safety and receive direct funding support similar to that provided for engineering schemes through Local Transport Plans.

**Research and Development** programmes should be nationally led to define best practice and guidance for measuring road safety benefits in the areas of Education and Training designed to influence road safety behaviours.

**Partnership Working** is based on improving shared intelligence amongst the various road safety agencies including the recently mandated Fire and Rescue Services, and this could lead to a nationally co-ordinated intelligence model for Road Safety. Progress in this area is patchy and could benefit from a more structured approach in the national context.

*April 2008*

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**Memorandum from Nottingham City Council’s Road Safety Team (RS 72)**

**Project Lifecycle**

Currently, child cycle training in Nottingham schools is inadequate. Even adopting Cycle England’s Bikeability Programme will not assure sufficiently high numbers of well trained cyclists for the future to make a difference.

Cyclists are often perceived as renegades who do not conform to the rules subjected to other road users. Complaints received from both motorists and pedestrians regarding cyclists’ risk taking behaviour are on the increase. This creates resentment leading to little or no consideration of the cyclists’ needs in mixed traffic. If this adversarial trend continues, it could leave cyclists—especially the novice—feeling vulnerable and less inclined to use the cycle as a regular form of transport.

Most children are introduced to the bicycle as a toy rather than a mode of transport. Having been taught to balance moving forward most children are left to develop further skills unassisted. Traditionally the next time the child receives any cycle training is if they undertake a cycle proficiency type scheme towards the end of their primary education.
Whether or not the child receives this training is dependent on the school’s voluntary participation in the scheme, the child possessing a suitable cycle and being able to attend each session (as most are held outside normal school hours). This conspires to make access to formal cycle training less likely; especially for children attending school in the city’s deprived wards. This also leaves the majority of children with no exposure to any formal vehicle training until they are 16 as a learner motorcyclist or seventeen as a learner driver. Although the need to pass a driver/rider test modifies the vehicle user’s behaviour, attitudes influencing that behaviour have usually hardened. Even if the majority of children in Nottingham had received cycle training in its current format, would it have sufficient impact to influence their attitudes on risk taking and transport choice as a future vehicle user?

Nottingham’s Road Safety Team is preparing to pilot a new approach to cycle training with the help of Nottingham’s schools. The intention is to provide structured cycle training to children from the age of five until they become competent to take part in Cycle England’s Bikeability Levels One and Two courses. To overcome the problem of accessibility, the scheme will provide suitable cycles for the child at each stage. Introducing the child to appropriate cycle training at this young age offers opportunities to engage the family, school and community with key support information at each stage of the child’s cycling development. As the child develops demonstrable safe cycling and road user techniques it could help alleviate the concerns of most primary head teachers, governors and parents to allow school cycle journeys.

It is anticipated that early and then staged interventions are likely to produce a more risk averse, disciplined future adult vehicle user. With a new generation more likely to choose cycling as their mode of transport or at the very least be more empathetic to the needs of the cyclists.

**Lifecycle**: safe cycling for life

*May 2008*

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**Supplementary memorandum from Professor John Whitelegg, Liverpool John Moores University (RS 73)**

1. My name is John Whitelegg and I am Visiting Professor of Sustainable Transport at Liverpool John Moores University and Professor of Sustainable Development in the Stockholm Environment Institute at the University of York. I am also editor of the journal “World Transport Policy and Practice”. I have worked as a traffic planner in Germany in the Ministry of Transport of the State of North Rhine Westphalia in Dusseldorf and one of our projects was evaluating “Tempo 30” zones (20 mph speed limited zones).

2. In this short written submission I want to draw attention to a small number of key themes that I think will be helpful to the Committee:

   — The Swedish Vision Zero road safety policy.
   — Speed limits: the German and UK approaches.
   — Wider benefits.

3. **The Swedish Vision Zero Road Safety Policy**

   3.1 The Vision Zero policy in Sweden marks a significant departure from traditional approaches to road safety. It says there shall be zero deaths and zero serious injuries in the road traffic environment and it was passed by the Swedish Parliament in October 1997 as the basis of official road safety policy in Sweden. It puts road safety in an ethical context rather than an economic or engineering context and in effect says that the only acceptable level of deaths and injuries in the road traffic environment is zero. It then sets out to deliver this result within a rather more conventional model of specific interventions and measures supported by intermediate targets.

   3.2 In 2004 the Stockholm Environment Institute was awarded a contract by the UK Department for Transport to investigate the Swedish Vision Zero policy and its relevance to the UK. We interviewed all the main people involved in producing this policy in Sweden and conducted focus groups with over 230 individual throughout England and we concluded that the Vision Zero policy had a great deal to offer to UK policy in re-invigorating road safety interventions, involving the public in a massive social change aimed at rejecting the unacceptable and bringing all the components of local and central government into a new and joined up effort to strip “accidents” out of the system.

   3.3 The core of the Vision Zero approach to road safety is the principle expressed by the architect of this policy (Claes Tingvall):

   "It can never be ethically acceptable that people are killed or seriously injured when moving within the road system".
3.4 In early 2005 I interviewed the Swedish Minister of Transport (Ines Uusmann) who was responsible for the introduction of the Swedish Vision Zero project in October 1997. One extract from the interview is helpful in understanding Vision Zero:

**JW:** Why did Sweden introduce Vision Zero?

**IU:** For two reasons mainly. After a long period of decline in deaths and serious injuries the rate had plateaued and there was no more decline. We had to do something to sort out this problem. It was not acceptable that the decline should stop. Secondly we were very much aware of a general commitment to vision zero principles in health and safety at work. The construction of the Oresund Bridge and Tunnel between Sweden and Denmark was a major civil engineering project and no one was killed (unlike the Channel Tunnel project which had many deaths). There are no logical reasons why this principle should not apply to the road environment. This is probably a reflection of Swedish society and the general view in the mid 1990s in Sweden was that this was the right time to do it.

3.5 Our Vision Zero project revealed overwhelming support from the 232 members of public in our focus groups in London, Ulverston, Preston, Devizes, Leeds and York. It was opposed by professional groups we consulted in an on-line questionnaire survey.

3.6 The Swedish Vision Zero policy has a great deal to offer to the UK policy and it should be adopted as the basis for our efforts in road safety.

3.7 The Vision Zero approach has been endorsed by the World Health Organisation:

- Vision Zero in Sweden and the sustainable safety programme in the Netherlands are examples of good practice in road safety. Such good practice can also have other benefits. It can encourage healthier lifestyles involving more walking and cycling and can reduce the noise and air pollution that result from motor vehicle traffic. Colombia is an example of a developing country that is beginning to implement a similar strategy.


3.8 The essence of Vision Zero is also captured in the same WHO report:

This report attempts to contribute to the body of knowledge on road safety. It is hoped that it will inspire and facilitate increased cooperation, innovation and commitment to preventing road traffic crashes around the world.

Road traffic crashes are predictable and therefore preventable. In order to combat the problem, though, there needs to be close coordination and collaboration, using a holistic and integrated approach, across many sectors and many disciplines.

While there are many interventions that can save lives and limbs, political will and commitment are essential and without them little can be achieved. The time to act is now. Road users everywhere deserve better and safer road travel.

(Page 164)

Road traffic crashes are predictable and can be prevented and we have to do more than we now do.

4. **Speed Limits: The German Approach and the UK Approach**

4.1 One of the very clear conclusions of the World Health Organisation report on road traffic injury prevention is that reducing speeds and enforcing the lower speed limits has a great deal to offer in eliminating death and serious injury:

- The probability of a crash involving an injury is proportional to the square of the speed. The probability of a serious crash is proportional to the cube of the speed. The probability of a fatal crash is related to the fourth power of the speed (38, 39).

- Empirical evidence from speed studies in various countries has shown that an increase of 1 km/h in mean traffic speed typically results in a 3% increase in the incidence of injury crashes (or an increase of 4–5% for fatal crashes), and a decrease of 1 km.h in mean traffic speed will result in a 3% decrease in the incidence of injury crashes (or a decrease of 4–5% for fatal crashes) (40).

4.2 The speed debate in the UK has not yet taken on board scientific evidence. There is a gold plated, scientifically robust argument for a total change in culture, attitude and quality of life through the adoption of a general 20mph speed limit in every urban area and in every village. It is simply wrong that millions of citizens should be exposed to a risk greater than we can achieve through a 20mph limit with effective enforcement. The debate is advancing in the UK with a commitment to adopt such a policy by the former Mayor of London, Portsmouth City Council and a joint committee of Lancashire County Council and Lancaster City Council.
4.3 A graph in the WHO report shows that the point of inflexion is approximately 20mph/30kph:

**Figure 3.3**

Pedestrian fatality risk as a function of the impact speed of a car

Source: reproduced from reference 49, with the permission of the publisher

(Page 78 of WHO report “World Report on Road Traffic Injury Prevention”)

4.4 We can achieve widespread 20mph speed limitation either through a blanket system-wide approach or through extensive “home zone” work. Home Zones in the UK are expensive and will never be implemented on a scale that is up to the task of protecting citizens from death and injury on a large enough scale. The Home Zone challenge in 2002 allocated £30 million for 61 home zones and the Poulton Home Zone in Morecambe cost £750,000 for an area with 150 residents. Pressures on public expenditure and on value for money point unerringly towards blanket 20mph speed limit in all urban areas and enforcement through averaging speed cameras. The alternative approach followed in Germany would be tens of thousands of zones with humps and bumps and chicanes and build-outs and new surfacing at an average cost of £0.5 million each and a total cost of several billion pounds. This will not happen which leaves us with system-wide approach as the preferred option.

4.5 The city of Graz in Austria adopted a general system-wide 30kph (18.75 mph) speed limit for all roads in residential areas in 1992. This has been very successful in reducing death and serious injury and creating excellent conditions for cycling and walking. The speed enforcement is managed by a private company under the supervision of the police so as not to take up expensive policing time and resources.

4.6 The city of Freiburg in Germany has a general system-wide speed limit of 30 kph (approximately 20 mph) and a speed limit of 5 kph (walking speed) in the new residential area of Vauban.

4.7 Cities in mainland Europe with system-wide 20 mph speed limits have a bicycle share of all trips around 25–30% compared to 2–3% in British cities (excluding London).

5. **Wider Benefits**

5.1 Dealing with death and injury in a road traffic environment will produce benefits across a wide spectrum of policy objectives. The wider benefits include the promotion of so-called “active travel”. More people will walk and cycle in an environment that is perceived of as safe and secure and more people walking and cycling will result in a reduction in obesity, a reduction in NHS costs, a reduction in congestion and a reduction in air pollution associated with vehicle exhaust emission.

5.2 In 1990 I wrote a book with my colleagues Mayer Hillman and John Adams (One false move: a study of children’s independent mobility) in which we drew attention to the massive decline in walking and cycling to school by children in the period approximately from 1970–90. The very low levels of walking and cycling on the part of school age children in the UK are now directly implicated in the so-called obesity epidemic and dealing with this epidemic will require a major transformation of the worries people have about road
The link between active travel modes and obesity has been illustrated by the US academic, John Pucher. The percentage of the population that is obese goes down as the percentage of all trips that are walk, cycle and public transport goes up:

5.3 A much improved and radical road safety policy is needed to deal with the obesity epidemic.
5.4 Road safety policy also has strong links with climate change policies. This is especially important now that the UK will be the first country in the world to put greenhouse reduction targets on a statutory basis through the Climate Change Bill.
5.5 The links between road safety policy and climate change is through speed reduction and can be described graphically as follows:

![Figure 1: The relationship between speed enforcement and CO₂ reduction](image)

Source: “Getting the genie back in the bottle: limiting speed to reduce carbon emissions and accelerate the shift to low carbon vehicles, Julia Anable et al, UKERC and the Centre for Transport Policy, The Robert Gordon University, January 2006

5.6 The study’s findings are:

**Summary Findings**

If applied in 2006, a properly enforced 70 mph speed limit would cut carbon emissions from transport by nearly 5 million tonnes (MtC) by 2010, averaging 0.97 MtC per annum.

A new 60 mph limit would double this reduction over the same period, reducing emissions by an average 1.88 MtC a year, or approximately 9.4 MtC in total by 2010.

These savings amount to a reduction of between 2.9% and 5.6% of emissions from the road transport sector in 2010.

The cumulative saving in 2010 of either 4.97 and 9.38 MtC (not including traffic restraint or knock on effects on the car market) could more than match or even double the total savings expected from the transport sector by 2010, as stated in the Energy White Paper.

These figures assume that speed enforcement and reduction will not affect travel demand. However, if restraint were included in the calculation, the reduction in emissions would be even greater.

A better enforced 70 mph limit on motorways would prevent over 300 deaths and serious injuries per annum on motorways alone. A 60 mph limit would prevent over 600 deaths and serious injuries.

Lower top speeds and the safety benefits would incentivise the market for lighter and less powerful cars, thus increasing the carbon savings further.

Costing this policy requires further work. However, initial indications are that this would be one of the cheapest carbon abatement policies, across all sectors, especially when ancillary benefits such as casualty and congestion reductions are taken into account.
5.7 There is a significant amount of disjointed thinking in government policy. There appears to be no understanding of how a significant step-change in road safety policy can deliver multiple gains in road safety, air quality, obesity reductions and climate change. This is not good enough.

6. So What Next?

6.1 There is a real need for a significant governmental, public health and transport industry effort to get the message across that the road safety environment will be made much safer than ever before. This is the role of “Vision Zero”.

6.2 There is a real need to establish system-wide 20 mph speed limits in every urban area and in every village and to makes sure that these are enforced. This will send a strong message that human life, physical activity and health are of the greatest importance and also that government attaches a very great importance to the health and welfare of low income, disadvantaged, children, non car owners and elderly groups. Traditional approaches to traffic and transport do not prioritise these groups.

6.3 There is a need to get the sums right. The costs of not doing these things is much higher than the costs of doing them and this simple comparison has not entered into the public debate. The costs of obesity, death and injury, air pollution, respiratory diseases and the associated demands on the NHS run into the tens of billions and there is not enough recognition that these costs are a drain on public expenditure and can be significantly reduced by a highly co-ordinated effort to exploit synergy between policy areas and to deliver value for money in public expenditure.

6.4 Public policy is not just about money. There is a yearning in the general population which was put to us repeatedly by our 232 focus group participants on the DfT funded Vision Zero project. Death and injury on the road infects us all with a degree of fear and nervousness which blights lives. It is repeatedly quoted as a reason why those questioned do not walk or cycle. They answer “it is too dangerous”. The death of one child in a road traffic crash blights the lives of hundreds of people, who attend the same school or the same church or the same scout group, read the same local newspaper or whatever. A modern compassionate and thoughtful society should identify this terrible blight and eliminate it.

May 2008

Memorandum from Norwich Union (RS 74)

I am writing in response to your request for further information on Norwich Union’s “Pay As You Drive™” scheme.

“Pay As You Drive™ insurance allows premiums to be calculated based on when, where and how far customers drive their vehicle by using a GPS device fitted into the policyholder’s car. The device is the size of a DVD case and stores information about each car journey before transmitting it automatically to Norwich Union via a secure GSM network.

Monthly bills, similar to mobile phone bills, are issued to customers based on car usage, providing motorists with greater choice and flexibility, fairer pricing and control over motor premiums. As requested, please find below the latest rate table issued in our promotional material highlighting the cost of our “Pay As You Drive™” insurance:

<table>
<thead>
<tr>
<th>RATE TABLE</th>
<th>Peak Time Rate</th>
<th>Off-Peak Time Rate</th>
<th>Rate were developed to reflect key learnings from Norwich Union’s pilot involving 5,000 motorists, including:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Midnight to 5 am, 7 am to 10 am Monday to Friday (incl Bank Holidays)</td>
<td>All other times</td>
<td>Driving during a morning weekday rush hour is 50% more likely to result in an accident than driving at weekends or before midnight.</td>
</tr>
<tr>
<td>Motorways</td>
<td>From 0.57p per mile</td>
<td>From 0.41p per mile</td>
<td>Accidents are more likely to occur between midnight and 5 am than during the day.</td>
</tr>
<tr>
<td>Dual carriageways</td>
<td>From 0.97p per mile</td>
<td>From 0.53p per mile</td>
<td>Motorway driving is up to 10 time safer than driving on low speed urban roads.</td>
</tr>
<tr>
<td>Single lane road, 50/60 mph speed limits</td>
<td>From 21.4p per mile</td>
<td>From 1.41p per mile</td>
<td>— Urban/suburban dwellers who use public transport to commute to work</td>
</tr>
<tr>
<td>20/30/40 mph speed limits</td>
<td>From 4.68p per mile</td>
<td>From 2.74p per mile</td>
<td>— Drivers who don’t need to use their car during morning rush hour in urban areas where 20/30/40 mph roads dominate</td>
</tr>
<tr>
<td>Norwich Union expects “Pay As You Drive™” Insurance to benefit the following driver types:</td>
<td></td>
<td></td>
<td>— Motorists who typically drive less than 8,000 miles a year</td>
</tr>
<tr>
<td>— Second car owners</td>
<td></td>
<td></td>
<td>— Drivers who mainly use motorways and/or dual carriageways</td>
</tr>
</tbody>
</table>

The Department for Transport’s own statistics show that young drivers account for 45% of road fatalities between 11.00 pm and 6.00 am; are ten times more likely to have an accident at night; and are 56% more likely to suffer an injury between 1.00 am and 5.00 am. Therefore our “Pay As You Drive™” insurance rates for young drivers peak between 11.00 pm and 6.00 am to act as a financial disincentive to use their car during those hours. The rates are variable and are personalised for each customer but for off-peak times (6.00 am to 11.00 pm) are around 3p per mile, and for peak times (11.00 pm to 6.00 am) are set at £1 per mile.
A year after the scheme was launched our data shows that only 3% of young customers drive at night, showing that while the policy is flexible enough to allow night-time driving it is clearly encouraging young drivers to stay off the roads during high-risk times.

As a result the number of claims made by young drivers has dropped by over 30% and on average they are saving 21% on their motor premiums. For drivers over 24, claims have also dropped by over 30% and the average saving on their motor premium is 27%.

The “Pay As You Drive”™ technology also has an “emergency assistance button” which means that in the event of a breakdown or accident, motorists can immediately speak to someone who is able to locate the car and can provide help. We have found that this appeals to many motorists, especially inexperienced or solo drivers and parents with children in the vehicle. GPS technology also allows for the vehicle to be tracked if the car is stolen.

As I hope we have demonstrated, Norwich Union has already taken significant steps to tackle young driver accident rates through its “Pay As You Drive”™ insurance policy. Furthermore, Norwich Union welcomes this week’s announcement of a consultation by the Driving Standards Agency into driver training and testing. We believe this is a step in the right direction; however, we would urge the Government to look at tackling other high risk areas, and in particular encourage them to implement a graduated licensing scheme that would limit the number of passengers novice drivers are eligible to carry for 12 months after passing their test to a maximum of one front seat passenger, and safely secured children in the rear. Accidents involving new drivers remain shockingly high despite initiatives to tackle the situation, and whilst Norwich Union is not proposing that young drivers shouldn’t take any passengers at all, we do think they need to be encouraged to consider who and how many.

We welcome your inquiry, which we have submitted evidence to via our sister organisation RAC, and look forward to reading the Committee’s forthcoming report, conclusions and recommendations.

May 2008

Memorandum from the Road Safety Foundation (RS 75)

Britain can cut road deaths and serious injuries significantly and catch up with top performing countries through combined action on safe driving, safe vehicles and, particularly, safe road design.

The Road Safety Foundation was established as a charity in 1986—the year that Britain established its first road safety target. The charity was initially known as the AA Foundation for Road Safety Research in recognition of its major donor at the time.

In the last quarter century the charity has taken leading roles in the research lying behind a number of major policy initiatives including young drivers, speed, vehicle safety (EuroNCAP) and, latterly, on safe road infrastructure design.

The Foundation has focused its recent work on establishing the European Road Assessment Programme (EuroRAP). With EuroRAP, techniques have been established with major global research centres (including TRL) to measure the safety performance of roads consistently—and monitor the rate of improvement.

EuroRAP techniques are now being applied on every continent with support from HMG and top performing governments across the world (eg the Netherlands, Sweden, Australia, New Zealand etc) as well as from supranational institutions like the European Commission and World Bank.

At the beginning of 2007, the Foundation returned its attention to Britain. The cost to the economy of British road deaths and injuries is 1.5% of GDP. It is of concern that, in 2001, Britain was the top performing nation measured in deaths per capita. Britain has since slipped quickly down the European safety league behind the Netherlands, Sweden, Norway and Switzerland. EC benchmarking shows the majority of EU members countries are improving faster.

Recent British policy has not been driven by the same goal driving top performing countries. Top performing countries are working to implement a “safe road system” which is at least as safe as rail or air. Many have adopted the challenge of “vision zero”: no road deaths at all.

Designing a safe road system means action on safer driving, safer vehicles and safer roads together. All three are needed and road users, vehicle manufacturers and road authorities all must accept their share of responsibility for the “safe road system”. Drivers need to drive within the law—particularly wearing seat belts, being sober, and obeying speed limits. Vehicle manufacturers must make vehicles which are safe for occupants and for other roads users with—as standard—crumple zones, airbags and increasingly, electronic equipment such as electronic stability control (ESC) and intelligent seat belt reminders. Road authorities must act to eliminate high risk roads.

International comparative research such as the SUNflower studies, recommend that Britain pays special attention to its weakness in safe road design, particularly outside built-up areas where most Britons die. Dutch and Swedish policies for roads are more explicit requiring roads to be “self-explaining” so that they
do not invite mistakes; and more “forgiving” so that inevitable human errors do not result in death and maiming injury. Safe road design means safe roadsides, safe junctions, safe overtaking and safe speeds where vehicles and vulnerable road users mix.

“Safer road infrastructure” programmes are affordable and deliver very high rates of return. They do however need to be generated from systematic studies of the network, with an understanding that unacceptable risks on the network will not be revealed by short term clusters of accidents alone. “Safe infrastructure programmes” need to be carried out by authorities as part of their responsibility for a “safe road system”.

The Foundation is currently collating evidence working with local authority professionals, TRL and its own expert staff on the scope for a major British ‘safer roads infrastructure programme’ as has been adopted elsewhere in Europe and overseas (eg State of Victoria, Australia).

The Committee may also be aware that there is increasing international discussion about who should set acceptable safety performance levels for roads. A number of governments (eg Sweden, France) like Britain are handing over many roads from national to local authorities. These roads tend to be those which are difficult to manage for safety, causing concern about how their improving safety can be assured. It is now possible to ensure safety is managed as a “quality” within the “safe road system”. In the Netherlands, the Dutch Minister has already publicly announced that EuroRAP 2-star roads will be eliminated from its national network by 2020, ie only 3-star and 4-star roads will be permissible; regional roads are now being studied.

The Road Safety Foundation therefore recommends:

1. The Committee should urge the government to review the casualty savings and economic return possible from a major “safer infrastructure programme” on both national and local authority roads.
2. The committee should urge the government to review carefully who and how minimum safety performance levels should be set in future.

May 2008

**Further memorandum from the Road Safety Foundation (RS 75A)**

**QUERY 1**

Total cost of crashes (including an allowance for damage-only crashes) in Great Britain is £18.3 billion (using the Willingness To Pay method), these costs forming 1.5% of GDP (all at a 2007 base).

This estimate is based on the latest crash data available (2006) with crash cost data from 2005 uplifted to 2007. Highways Economic Note No 1, Department for Transport:


The GDP data are those for 2006 at 2007 value.


This is costs in Great Britain, not UK. A 3% reduction in the GDP has been assumed in excluding Northern Ireland.

**QUERY 2**

Britain’s performance falling behind that of other countries (per head of population)—SafetyNet Table 2

http://www.erso.eu/data/content/main_figures.html#Main_figures

Rate of change of death reduction cited in Commission of the European Communities, Communication from the Commission, European Road Safety Action Programme Mid-Term Review:


Fatal road crash reduction performance of EU countries. Number of people killed between 2001 and 2004:

- 9 member states (Germany, Estonia, France, Italy, Luxembourg, Malta, the Netherlands, Portugal, Sweden) have reduced at a faster rate than the average for the 25 (−14%).
- 8 member states (Belgium, Denmark, Greece, Spain, Ireland, Austria, Finland, United Kingdom) showed limited progress (a fall of at least 5%, but less than the average rate).
- In 6 others (Czech Republic, Latvia, Hungary, Poland, Slovenia, Slovakia) progress has been very slow or there has been a slight backward trend (a maximum rate of progress of 5%).
- Fatalities in Cyprus and Lithuania have increased.
It is widely recognised in many countries active in crash reduction that, as high-risk sites are improved, injury-producing crashes will no longer cluster at single sites. The effect of countermeasure work will mean that those crashes that remain will be scattered across the network. In order to treat the crashes that remain it will be necessary to use an approach that will raise the standard of the network as a whole (by route or mass action). See, for example, Lynam D and S D Lawson (2005), “Potential for risk reductions on British inter-urban major roads” Traffic Engineering & Control, 46, No. 10, pp 358–361.

June 2008

Memorandum from the British Medical Association (RS 76)

DRINK DRIVING

The BMA has called on the Government to reduce the permitted blood alcohol concentration (BAC) level from 80mg/100ml (80 milligrams (mg) of alcohol for every 100 millilitres (ml) of blood in the body) to 50mg and supports the introduction of random breath testing. These are life-saving measures.

Almost every European country has a 50mg or lower limit and the UK needs to follow this lead.\textsuperscript{1}

Latest statistics

- Estimates for 2006 suggest that 6% of all road casualties and 17% of road deaths occurred when someone was driving while over the legal limit for alcohol.

- Provisional estimates indicate that the number of deaths in accidents involving drink driving was 540, 2\% lower than in 2005 and 4\% lower than in 2004. Final estimates will be available later in the year.

- In addition to those fatalities, around 2,340 people were seriously injured in drink-drive accidents in 2004, in the order of 2,090 were seriously injured in 2005 and provisional estimates for 2006 are of the order of 1,960.

- Although deaths and injuries increased during the period of 1999 to 2002 from 15,580 to 20,100, it appears that this trend is beginning to be reversed. It is estimated that there were around 16,980 drink-drive casualties of all severities in 2004, around 15,400 in 2005 and a provisional estimate of 14,380 for 2006.

- In 1998 and 1999 the number of people killed in drink-drive accidents fell to a recorded low of 460 deaths per year. However, by 2003 this figure had risen dramatically to 580 deaths per year and remained at that figure for a consecutive year; the highest recorded number of drink-drive fatalities per year since 1996. The number of deaths per year dropped marginally in 2005 to 550 and again in 2006 to 540.

- Regarding the number of breath tests, the number of screening tests required to be carried out increased dramatically during the mid 1990s, but has reduced again in recent years. Failure rates remained relatively stable during the late 1990s, but the number of failure rates has risen each year since 2000, despite a continuing decrease in the number of tests requiring administration.\textsuperscript{iv} (iv for all above)

- The Association of Chief Police Officers (ACPO) reported that the total number of breath tests conducted during December 2007 was 155,216 (2006: 145,867). The total number of positive, refused or failed breath tests was 7,774 (2006: 9,658).

The relative risk of accident involvement increases significantly above 50mg. The BMA believes that a reduction in the BAC level will prevent deaths and reduce the number of lives ruined by drink drivers. Research has found that there is a marked deterioration in driving performance between a BAC of 50mg/100ml and 80mg/100ml. The relative crash risk of drivers with a BAC of 50mg/100ml is double that for a person with a zero BAC; the risk rises to 10 times for a BAC of 80mg/100ml.\textsuperscript{v} Professor Richard Allsop, now Emeritus Professor at the Centre for Transport Studies at University College London in a 2005 Parliamentary Advisory Council for Transport Safety (PACTS) research briefing concluded that lowering the BAC level could be expected to lead to about 65 fewer deaths and 250 fewer serious injuries per year. This estimate is based on the 2003 road casualty figures.\textsuperscript{6} The Government’s own estimate in 1998 was that reducing the limit to 50mg could save around 50 lives and 250 serious injuries a year.\textsuperscript{7}

Time series analysis in New South Wales and Queensland, observing a reduction in the BAC from 80mg to 50mg noticed a significant reduction in all collision and fatality measures in both states.\textsuperscript{8} In New South Wales serious collisions were observed to drop be seven per cent and fatal collisions by eight per cent. In Queensland serious collisions dropped by 14\% and fatal collisions dropped by 18\%.

For further information please see: www.bma.org.uk/ap.nsf/Content/Drinkinganddriving
**Drug Driving**

The BMA recognises that drugs (both illegal and prescribed) can adversely affect the ability to drive safely. Millions of people regularly take drugs such as anti-depressants, painkillers, anti-histamines and cough mixtures, all of which can have a sedative effect. Whilst current research does not yet provide definitive answers, drug driving is a recognised concern in research and by motoring bodies.

The problem of drug driving is not merely related to drug misuse in terms of illegal drugs. The impact of some prescribed drugs and treatments (e.g. sedatives, anti-depressants and eye drops) are also relevant. Although patients are warned of the side effects (e.g. drowsiness, impaired vision), research has shown that they tend to ignore the advice given to them by doctors and pharmacists, and in information leaflets.

In order to assist debate and raise awareness about this matter the BMA has produced a website outlining the current legal situation, the implications of drug taking on driving and the need to develop an effective drug driving test. The site also supplies links to numerous organisations working in this area. Please visit the below link for further details:

For further information please see: www.bma.org.uk/ap.nsf/content/drivinginfdrugs

**Reducing Speed Limits**

The BMA would be supportive of the 20 mph speed limits being used more widely. The BMA merits the extensive use of 20 mph speed limits on roads, to cover all “walk to school” routes, as a measure that will reduce risk of injury, promote physical activity in school aged children and help shift the balance between motorist and pedestrian. The BMA report Injury prevention (2001) stated that the introduction of 20 mph speed limit zones in parts of the UK resulted in local reductions in child road accidents involving cyclists of 48% and a reduction of 70% in child road accidents involving pedestrians.

**Promoting Safe Cycling**

The BMA believes that cycling has many advantages to the individual in terms of improved health and mobility, as well as to society; it is a sustainable form of transport which has a minimal impact upon the environment. It is the least polluting way of travelling after walking; cycles do not produce carbon dioxide (CO₂) emissions. Cycles also require fewer resources to manufacture and maintain compared to other modes of transport.

As a part of a range of measures to improve cycling safety, the BMA policy is that cycle helmet wearing should be made compulsory for both children and adults. The Association recognises that voluntary helmet wearing should increase before the law is enacted.

For further information please see: www.bma.org.uk/ap.nsf/Content/Cyclsafety

**Fitness to Drive**

There is only limited evidence about the number of crashes that are caused by defined medical conditions; thus, many of the scientific uncertainties about risk become part of the wider public debate on who should be allowed to drive. There are public and political demands for criteria for fitness to drive that are clear and capable of being applied consistently. However, there is conflict between the expectation that such criteria will protect the public from injury and the wish to enable as many people as possible to be permitted to drive in order to stay mobile. Drivers also expect to be judged on their individual performance rather than being categorised according to the diagnostic label applied to them.

The driver as a condition of their licence is personally responsible for ensuring that they are fit to drive, refraining from driving if they are not and in some circumstances informing the DVLA as the licensing authority. In addition they must not be impaired to drive by alcohol or drugs. Their condition must not prevent control of the vehicle or lead to careless or dangerous driving.

For further information please see:
Fitness to drive: a guide for healthcare professionals, Department for Transport 2006 (endorsed by the BMA’s Board of Science).

**Road Casualty Data**

The majority of road related traffic data are formulated using police data (STATS19) where data are confined to accidents on public highways. The STATS19 consists of injuries reported to the police, including slight injuries (where a patient may not require hospitalisation); typically these data exclude non collision crashes that do not involve another vehicle. An alternate source of information is Hospital Episode Statistics (HES) which only covers patients admitted to hospitals. With the example of cycle crashes, for the financial year of 2005/2006 cyclists’ accidents accounted for only eight per cent of all seriously injured STATS 19 casualties, whereas they accounted for 17% of HES casualties.
RELEVANT BOARD OF SCIENCE PUBLICATIONS/SOURCES OF FURTHER INFORMATION
1. Driving under the influence of drugs, Board of Science, November 2006
2. Injury prevention, Board of Science, June 2001
5. www.bma.org.uk/ap.nsf/Content/promotingsafecycling
7. Fitness to drive: a guide for healthcare professionals, Fitness to drive: a guide for healthcare professionals, Board of Science, 2006

REFERENCES
3 ACPO press release 17/1/08.
7 Hensbridge et al.
9 Eirpharm.
June 2008

Memorandum from Rod King 20’s Plenty For Us (RS 77)
20’s Plenty For Us—The campaign for 20 mph to become the default speed limit for residential roads.

EXECUTIVE SUMMARY
In the UK parents consistently cite the high speeds of vehicles and the volume of traffic as the reasons why they do not allow their children to walk or cycle to school. At the same time public opinion is recognising that we are creating roads designed and operated for motorists first, rather than equitably for all users. It is our vulnerable road users who are “hardest hit” by urban and residential vehicle speeds which are 60% higher than those in Northern Europe. Whilst our pedestrians account for 21% of all road fatalities in the UK, in the Netherlands it is just 9.4%. A road fatality in the UK is more likely to be a pedestrian than in any of our West European neighbours.

For an equitable use of our roads and streets as shared public spaces it is imperative that we create a safe environment that recognises the vulnerability of pedestrians and cyclists.

There is clear evidence that the public is very much in favour of a 20 mph speed limit on residential roads. Portsmouth is the first city to implement such a scheme on an authority wide basis. In doing so it initiated a “community-wide” debate linking road safety to restraint and equitable use of its roads.

If we are to move to a society that is less dependent upon the motor car (and its inevitable use of oil for energy) then it is imperative that we maximise the opportunity for people to walk or cycle instead. In reality this will not happen unless a major shift road safety is made in support of vulnerable road users. 20’s Plenty For Us believe that the following should be key factors in that initiative:

— 20 mph as the default speed limit for all residential roads.
— Implementation of “strict liability” in road traffic injury cases.
— Traffic authorities to embrace the use of cycling and walking in day to day operations.
— Traffic Authorities to design-in direct and safe cycle and walking facilities on all new road schemes.
— Random and covert use of speed checks for enforcement of 20 mph speed limits.
— Driving bans should not be reduced by consideration of offenders use of car for employment.
Together with public debate, these reforms will bring the UK into line with best practice in Europe and provide the foundation for a society whereby road safety will be increased for all rather than only those who drive cars. Everyone should have the freedom to choose a method of transport without fear that the road laws or use of roads put them at greater risk because of their vulnerability.

Such a change will considerably enhance the country’s ability to face the transport challenges which are expected in the next decade. Regardless of the predictions for “peak oil” or “global warming” we need a more flexible transport policy that enables modal choice and shift without increased danger to those making that shift.

There is evidence of an increasing awareness by the public to such issues. Strong leadership, an honest recognition of these issues and firm action to change the way we use our roads and streets is now required.

INTRODUCTION

In 2004, Rod King of Warrington learnt that its twin town, Hilden in Germany, enjoyed high levels of cycling with 24% of in-town trips being made by bicycle. He cycled to Hilden to gain a better understanding of how this had been achieved. He found that the town was noticing that cycling levels were reducing in the early 1990’s and as a result they implement a reduced speed of 18.5 mph (30 kph) throughout the whole town. This had therefore become the foundation to their promotion of cycling. Whilst they had some segregated facilities, these were generally low quality and designed around a prevailing traffic speed of just 30 kph.

Since then Rod has campaigned for lower speeds on UK roads, especially in residential and urban roads. This effects not only cyclists, but also pedestrians who comprise a great percentage of road deaths in the UK than any other Western European country. In 2007 he founded 20's Plenty For Us to campaign on this issue and the charity now has groups throughout the country campaigning for 20 mph as the default for residential roads.

Over those four years he has noticed considerable shift in public opinion on 20 mph for residential roads. Now most residents favour it and there is increasing establishment recognition that this is a sensible step forward.

Rod is a regular contributor to the debate on road safety with particular reference to vulnerable road users. He has presented at conferences and meetings organised by Velo-City, CTC, Living Streets, Campaign for Better Transport, Cycle Campaign Network and Dublin City Council. Rod has a degree in Automobile Engineering and works as an IT consultant.

1. To what extent have targets for casualty reduction been a useful tool for focusing professional activity?

1.1 The primary target for casualty reduction is the KSI figures. Whilst this is quite laudable as a measure of the human and financial cost of incidents on our roads it fails to take account of the specific conditions which exists in the UK which effect the make up of these statistics, especially with regard to vulnerable road users.

1.2 No account is taken of a differentiation between “driver” deaths such as a motor driver accident involving no other parties and the deaths of pedestrians or cyclists as a result of actions by motor vehicles. Whilst the former are most often the cause of their own demise, the vulnerable victims are usually innocent road users who die because the motor driver has not taken into account their vulnerability. In a recent conversation with a Road Safety council officer, I was told that he agreed that lower speeds would be of enormous benefit to the quality of life for residents and particularly the safety of vulnerable road users. However, his targets for KSI reduction required him to focus on young drivers where it would give him the best potential KSI reduction for a given budget. The KSI targets were therefore causing a policy shift away from funding the safety of vulnerable road users.

1.3 KSIs are a very blunt measure of the safety improvement on our roads. In a recent PACTS conference Fred Wegmann of Netherlands Institute for Road Safety spoke of the need for a “paradigm shift” in our approach to road safety. The focus on KSI leads to emphasising ways to prevent KSI rather than create a safer environment. This may seem counter intuitive, but the creation of safety barriers, complicated segregated routes for cyclists and pedestrians often inhibits these transport modes in convenience and directness to the extent that they are discouraged. We are currently creating an environment whereby safety is achieved only at the expense of discouraging the very forms of transport which we aim to promote.

2. What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

2.1 It has been reliably established that any consumption of alcohol degrades the ability of a driver to control his or her vehicle. We need to widen the whole debate on responsibility for the use of motor vehicles to recognise that any pre-meditated impairment of judgement whilst driving is socially unacceptable and will result in penalties.

2.2 Alcohol limits should be set at a “zero tolerance” level of .2g/l. This will establish categorically that if driving then no alcohol should be consumed at all. Thus providing a clear message to all drivers.
2.3 Penalties for drink driving should not be attenuated according to the reliance of an offender on his car as a necessary means of employment. There should be a clear scale of penalties that start with the mandatory withdrawal of a license for a minimum of 12 months.

3. How does Great Britain compare with other EU countries in its approach to reducing deaths and injuries?

3.1 For vulnerable road users such as pedestrians and cyclists there is a very clear skewing of fatalities towards this category of road user in the UK.

In 2004 the percentage of accident fatalities to pedestrians was higher in Britain than any other EU country. 20.6% of road fatalities were pedestrians compared to 13.9% as an EU average. In the Netherlands the figure was just 9.4%. See appendix.

In 2005 this figure increased to 21.0% however, the introduction additional EU countries such as Malta, Poland, Hungary and Estonia with even poorer statistics moved UK from being worst in EU to being 5th from bottom. Hardly an indication that things were getting better in the UK. See appendix.

3.2 20's Plenty For Us believes that the following account for the very different statistics for percentage pedestrian fatalities between the best practice in Europe (Netherlands, Belgium, Luxembourg, Sweden) and the UK.

3.2.1 Lower tolerance of accidents in these countries.

3.2.2 Strict Liability. In Netherlands cyclists and pedestrians cannot be more than 50% responsible since 1990’s. Sweden has had a no fault liability since 1975. Note that these do not impose any automatic criminal guilt to the motor vehicle driver, but simply the liability in the event of an accident with a vulnerable road user.

3.2.3 A 30 kph (18.5 mph) speed limit as the default for all residential roads. This dramatically reduces both the incidence of accidents and their consequence. Most of this is achieved through a combination of public debate and consultation, low cost infrastructure (no need for physical calming) and random, covert enforcement.

3.2.4 Higher levels of walking and cycling as a result of the above create a culture with less polarisation between walkers/cyclists and motorists. This in turn creates a larger percentage of motorists who also walk and cycle.

3.2.5 Traffic engineers in UK local authorities have long been motivated by increasing throughput in motor vehicles on local roads without any recognising any economic or society benefit for encouraging modal shift from personal car usage. Road Safety has often become a “retrospective” exercise resulting in compromised facilities for pedestrians and cyclists at junctions. In other countries a “holistic” approach is taken whereby cyclists and pedestrian accessibility is recognised on all roads through a combination of either direct, convenient segregated facilities or through lowering the speed limit to 20 mph. Funding for such segregated facilities comes from the general road transport budget and is not limited by a cycling or pedestrian budget.

3.2.6 In Northern European countries the endemic use of the cycle as the primary mode of transport for teens creates a subsequent generation of learner drivers who are already skilled in road positioning and spatial awareness. Their experience of using roads as a cyclist therefore enables them to become better drivers more quickly and with more empathy towards cyclists and pedestrians with whom they share the roads. This experience of “teen cycling” therefore continues to benefit the safety of the country’s vulnerable road users long after those teens have matured. Increasing “teen cycling” could well be the answer to addressing the UK’s poor record on young driver deaths.

4. How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

4.1 I suspect that this is a rhetorical question. Clearly the manner in which we react to deaths on the railways or airways is completely different to that for road transport. As an example we have “rules and regulations” in such industries which do carry approbation and swingeing fines if broken. We have a central government that sets the rules for using the roads, but the policing of this is delegated to local police authorities. The police establishment had been reducing police resources for enforcement of driving laws for some time. Police forces seem to be content to delegate speed enforcement to Road Safety Partnerships and some refuse to enforce 20 mph limits in any way.

4.2 Whilst many improvements have been made by addressing “accident black spots” the remaining deaths, especially for vulnerable road users, are spread out across the whole road network with little clustering. Therefore these can only be improved by changing the way people interact with vulnerable road users rather than specific localised highway engineering.

137 European Road Safety Observatory, Traffic Safety Basic Facts 2006—Pedestrians/
5. Are there specific blockages caused by shortages of appropriately trained and skilled staff?

5.1 Yes, throughout most traffic authorities there is little perception of the needs of vulnerable road users. Responsibility for the “championing” of cyclists and pedestrian rights is often delegated to a junior member of staff. Most traffic engineers, and particularly senior management, have no experience of travelling to work other than by car. Hence their whole perception of transport is seen from behind a “windscreen” looking out, rather than an objective view of the needs of all road users. A number of changes would correct this.

5.1.1 Establish the mandatory use of cycles by all traffic authorities for engineer trips of less than 5 miles. If necessary this should be preceded by cycle training and the provision of “pool” bikes. The only exemption would be on health grounds and a doctor’s certificate.

5.1.2 Avoid the marginalisation of cycling and walking by recognising the need to include these modes in all professional training and highway design. If cycling and walking is to become a “mainstream” mode of transport then this must be reflected in the concerns, attitudes and design skills of traffic engineers and highway designers.

5.1.3 Rather than having junior “champions” of cycling and walkers, make this a prime responsibility of all traffic officers and highway engineers.

6. What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

6.1 20 mph as a default speed limit for residential roads.

6.1.1 This is a clear policy which has wide public support yet little widespread implementation. Portsmouth has taken the initiative to implement this across the whole authority without the expense of physical calming. Early evidence shows that the community wide debate that preceded this decision sensitised the whole population to the benefits of a collective community decision to reduce speeds and coupled this with a personal commitment to adherence. As a result average speeds have reduced by 3 mph and the whole community is tuned to the correlation between speed and safety reduction.

6.1.2 Unfortunately, those on the edges of social responsibility still break those limits. A more robust enforcement of these by the police with covert and random speed checks would be effective in bringing these into line. Experience from Northern Europe shows that police enforcement is a critical factor in gaining near 100% adherence to such limits. The government is not giving enough priority in resources to the police for the enforcement of 20 mph speed limits. It should also enable the use of covert and random enforcement.

6.1.3 Wider education and training is required for traffic authorities and engineers who have often not taken notice of the revised guidelines for setting local speed limits as in DfT Circular 01/2006. Many link 20 mph to physical calming and still refer to 85th percentile as the determining factor in assessing prevailing traffic speeds and the need for any form of calming. In fact this was revised to “mean” speed in 01/2006. Most do not recognise the in-built contradictions in 01/2006 which can be expected in guidelines. Hence a priority such as paragraph 33 which states that:

“The needs of vulnerable road users must be fully taken into account in order to further encourage these modes of travel”

is ignored because a suggestion in paragraph 82 that:

“20 mph speed limits are, therefore, only suitable in areas where vehicle speeds are already low (the Department would suggest where mean vehicle speeds are 24 mph or below), or where additional traffic calming measures are planned as part of the strategy”.

We also have some LA’s not recognising that traffic calming is not limited to physical calming and can include roundels, gateways, etc. Some authorities, such as Cambridge Traffic Authority have even decided to go further than the 01/2006 recommendations and not implement a 20 mph speed limit unless the average speed is already 20 mph or less!!!

Such ignorance of the needs of vulnerable road users should be addressed so that the implementation of 20 mph for residential roads can be universally implemented.

6.1.4 There is also a mistaken view that 20 mph speed limits in the immediate vicinity of schools is a good thing. This takes the debate away from all residential roads being 20 mph. In fact the presence of large numbers of children around schools make this one of the safest places for children. Evidence shows that they are far more at risk on parts of their cycling or walking journey closer to their home where drivers are less likely to be aware of their presence. Children need protection for their complete journey home and this will only come from the widespread lowering of vehicle speeds throughout communities.
6.2 Strict Liability should be adopted in the UK. This emphasises the protection that vulnerable road users should be afforded on our roads. We need to redress the balance in the inherent safety of vehicle passengers compared to the vulnerability of cyclists and pedestrians. Unfortunately all the recent progress in vehicle passenger safety has increased danger to pedestrians and cyclists. The concept of “risk compensation”\(^\text{139}\) means that where drivers feel safer then they compensate by increasing speed. This inevitably increases risks to vulnerable road users.

In 1982 Lord Denning proposed that there should be liability without fault where motor vehicles are in accidents with vulnerable road users. Since then there have been several attempts at bringing the UK law into line with that in other European countries. Strict Liability is another foundation of the success of cycling and walking policies in the Netherlands, Denmark, Germany and Sweden.

7. What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

The government should recognise that the equitable sharing of the roads for all users is a priority if it is to gain any modal shift to cycling or walking. Whilst Northern European towns have cycle usage in excess of 24% for in-town trips UK levels of 4% outside a few rare examples typify the view that our roads are too dangerous for people, particularly children, to cycle and walk.

Road safety must be viewed holistically within the context of encouraging modal shift and it must be realised that this cannot be done with low quality segregated pedestrian and cycle facilities that lack convenience and directness, often increase conflicts with motorists and only serve to maintain high motor vehicle speeds through isolation.

This equitable sharing must be the foundation of our road safety policies. Within all towns, villages or residential areas vehicle speeds must be lowered to 20 mph to provide such equitable sharing without fear for those too young to drive, those not able to drive or those who simply wish not to drive. Higher speed limits should only be allowed where continuous, high quality segregated facilities are available. These should have priority over side roads and entrances.

In the future, our society will become far more reliant upon those citizens who do shift their mode of transport and will receive considerable benefits from such active travel. Those citizens will not make that shift unless society gives them the respect on the roads that they deserve.

This foundation will become the basis to encourage active travel with all the benefits that result from this, specifically:

- Lower pollution.
- Lower oil use.
- Better health.
- Better accessibility.
- Fewer casualties.
- Lower noise.
- Better quality of life.

Most importantly this should be done as part of a wider initiative and public debate to address the country’s needs for the transport of people for the next decade. Increased safety for cyclists and pedestrians must be put into the wider context of benefiting the whole community rather than simply making better conditions for the current minority who walk or cycle.

With that need should come the acceptance of “strict liability”. The “innocent till proven guilty” argument should be robustly resisted as a “red herring” to the liability debate. The harmonisation of this with other Northern European countries should be sought.

In conclusion:

The nation is changing its attitude to travel and fact that we will inevitably have to change our transport habits. But whilst a nation can change attitudes and become receptive to the need for change it does need visionary leaders to implement policies which will enable those aspirations to be met. I trust that the Transport Committee can provide and encourage that leadership.

APPENDIX

Figure 3: Pedestrian fatalities as a percentage of total fatalities, 2004

<table>
<thead>
<tr>
<th>Country</th>
<th>UK</th>
<th>IE*</th>
<th>PT</th>
<th>EL</th>
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<th>AT</th>
<th>FI</th>
<th>SE</th>
<th>BE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedestrian fatalities/total fatalities</td>
<td>25%</td>
<td>20%</td>
<td>15%</td>
<td>10%</td>
<td>5%</td>
<td>0%</td>
<td></td>
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</tbody>
</table>

EU-14 average = 13.9%

* Data from 2003
** Data from 2002

Source: CARE Database / EC
Date of query: October 2006

Figure 3: Pedestrian fatalities as a percentage of total fatalities, 2005

<table>
<thead>
<tr>
<th>Country</th>
<th>MT</th>
<th>PL</th>
<th>EE</th>
<th>HU</th>
<th>UK</th>
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<td>0%</td>
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</tr>
</tbody>
</table>

EU-18 average = 17.5%

* Data from 2004
** Data from 2003
*** Data from 2002

Source: CARE Database / EC
Date of query: October 2007

Memorandum from Matt Allen (RS 78)

I am an individual writing to you in your capacity as members of the UK Parliament Transport Committee, because I have some ideas relevant to Points 2–4, 6 and 7 of the Terms of reference of your recent enquiry into road safety.

SUGGESTION NO 1

Given that poor eyesight is a significant problem amongst UK drivers, which leads to accidents and reduction in national GDP as a consequence of traffic delays, I have invented and developed the SAFEDRIVE eyesight testing assembly, which permits drivers to self-test their eyesight at the side of the road to check if it meets legislative requirements. The testing assembly can also be used at DVLA driver testing centres instead of the existing manual, inherently subjective, eyesight checking procedures.
There follows a link to a four-minute animation of the SAFEDRIVE eyesight testing assembly for your viewing.
http://cid-776e8f241546550e.skydrive.live.com/self.aspx/SAFEDRIVE/Safedrive%2030MB.avi

Please note, as illustrated towards the end of the animation, the possibility of using such a testing assembly to test driver tiredness, driver intoxication, vehicle tax, vehicle insurance, vehicle emissions, vehicle road worthiness, all simply by adding the appropriate testing modules to the testing assembly.

SUGGESTION No 2

An “outside-the-car” system of calculating how long a vehicle has been in continuous use (aimed at preventing driver fatigue).

METHOD 1

Sensors (cameras) can be arranged at various points of the motorway network (eg along the route North from Dover, on the M20, the M25 and the M1). The distance between the sensors would be fixed and known. A vehicle speed of between 65–75 mph can be assumed. Using the formula Speed = Distance/Time, a journey time can be estimated. If sensed vehicles exceed a journey time of 2 hours they can be notified using overhead gantry or in-car devices. This can prevent certain vehicles from driving for a dangerous length of time.

METHOD 2

Alternatively, the sensor could be a vehicle GPS device. This method would require the cooperation of a vehicle manufacturer. When the vehicle key ignition is turned on, the GPS clock in the vehicle begins running, and runs until the ignition key returns to the off position. Once 2 hours journey time is exceeded, the GPS signals a third party such as the Police, and the Police reply with a signal notifying the vehicle (eg by an overhead gantry, although possibly direct to an in-car device when technology permits it) to stop so that the driver can take a break.

I believe these ideas can improve road safety in the UK and I hope we have the opportunity to discuss these matters further in the near future.

May 2008

Memorandum from Department for Transport, Trade Union Side (RS 79)

This is a submission on behalf of the recognised Trade Unions within the Department for Transport.

In the pre-amble to the terms of reference to the inquiry the select committee state:

The Transport Committee recognises that considerable progress has been made in reducing the scale of deaths and injuries on the roads of Great Britain since the publication of Tomorrow’s Roads—safer for everyone in March 2000.

There is ample evidence to show that the number of serious road accidents has not decreased as claimed.

SERIOUS ACCIDENTS

Police forces send DfT details of road accidents via a return called STATS19.

Yet DfT—or at least DfT statisticians—are aware of the short comings of the STATS19 returns.

Two reports: Road Safety Research Report No. 69 Under-reporting of Road Casualties—Phase I and Road Accident Casualties: a comparison of STATS19 data with Hospital Episode Statistics; have been commissioned by the department to investigate these short comings.

Road Safety Research Report No 69 states in its introduction:

There is some concern that the trends in the serious road traffic injuries as recorded in STATS19 may not be an altogether accurate reflection of the true situation. Indeed, there is general recognition and acceptance that the STATS19 record is an underestimation of the actual number of road traffic accident casualties.
Later on the same report states:

The authors conclude from the limited data available that the serious group of casualties could be up to twice as large as indicated by the STATS19 serious category.

The *Road Accident Casualties* report concludes:

The data reported to and by the police which underpin the public record are not perfect. It is well known that under-reporting is significant, although fatalities are reported according to the STATS19 requirement. Studies have shown that there are about as twice as many casualties in road accidents as there are reported to and by the police, and under-reporting for some types of vulnerable road users is very much higher.

These are startling conclusions. If the degree of under reporting is as great as that suggested then the Government’s apparent success in reducing serious accidents and possibly deaths on the roads largely evaporates away. Therefore a premise on which the inquiry is conducted is incorrect.

**THE “TREND” DEFENCE**

Now it could be argued that over time the difference between STATS19 serious injury figures and the “real” serious accident figure has been constant. Thus you would still see a substantial reduction in accidents since 1997 if this constant were added to the STATS19 figure ie it is the trend that is important not the actual figures.

We reject that argument for the following reasons:

It implies that the absolute figures for the numbers of serious injuries is immaterial; but if the “real” serious accident figure is up to twice as large as that indicated by STATS19 that surely says something about the success or otherwise of the practical/theory test and other DfT policies ie the absolute figures must have an impact on how DfT operates;

Allowing “it’s the trend that’s important” argument means that Government targets can be ignored ie don’t look at the performance against the stated target, look at the trend;

The argument implies that over time the degree of under reporting/recording has been the same. There is evidence within *Road Safety Research Report No 69* that this may not be the case. At page 38 of that report it states: “the number of serious casualties in STATS19 could be under-reported and/or be under-recorded by as much as a half, and it is possible that this has risen over recent years”;

It allows the continuation of a system (STATS19) that clearly is not accurate in its present form;

It allows DfT to evade a serious public debate on the accuracy of accident statistics.

In our view the department, as a matter of urgency, should overhaul its accident reporting system to more accurately capture what is actually happening on the roads. If it does not then the “real” serious accident rate will continue to differ from that of the “official” rate. Thus policies that appear, in terms of the official data, to be working well may not be so effective in the real world—and surely the real world is one that the department should be concerned with.

**QUESTIONSPOSED BY THE SELECT COMMITTEE**

*To what extent have targets for casualty reduction been a useful tool for focusing professional activity?*

The Unions (who include the PCS union which represents driving examiners) are somewhat sceptical that targets for casualty reduction have focused activity in DfT up to now. Our view is that road and vehicle engineering measures have been the major cause of reductions in fatalities but that approach is beginning to show diminishing returns.

We take it as a truism that good drivers are safer drivers. Given that the real check of the driving standard is the practical driving test we would expect that if targets did drive DfT and its professional activity then there would have been a significant impact on the driving test itself. Yet the driving test has not changed much since 1997.

As far as we can see there is no linkage between DfT targets and Driving Examiner (DE) work. For example there is no reference in the DE’s annual reporting system to road safety or casualty reduction.

On the contrary, there is a sense that efforts within DSA are being directed at making the test easier to pass with more lax assessment of, for example, manoeuvring faults such as reversing errors.
What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?

There is clear evidence from the USA that graduated licensing reduces fatalities and accidents. We believe that graduated licensing would effect novice driver’s attitude to drinking. In Nova Scotia, for example, sufficient violations incurred during the two-year intermediate stage start the clock over. The threat of such a penalty can provide strong motivation for safe, sober, driving. Therefore we believe that it should be introduced in the UK. In addition the Unions call for a lower blood alcohol limit for young drivers as part of the graduated licensing process.

Whilst the Unions wish to see graduated licensing introduced for young and new drivers it can also be used as an alternative to banning and other orders. In certain circumstances we believe magistrates and other legal officials may welcome putting a driver found guilty of drinking offences on graduated licensing rather than banning them; for example where a driving ban would lead to loss of livelihood. In that way graduated licensing could become a form of driver ASBO.

A generation of drivers has grown up without the benefit of continuous anti drink-driving campaigns which were a feature of the 1970’s. We think that a new continuous anti drink/drug-driving campaign would influence drivers attitude to road safety as it has in New Zealand Influencing drivers throughout their careers is likely to be more effective if there is an integrated approach where the Department’s road safety policies are informed by accurate accident data collection and analysis. The conclusions of this analysis should then drive the testing and assessment carried out by DSA.

How do approaches in reductions in risk on the roads compare to those adopted in other modes of transport?

DfT has Rail, Marine and Aviation Accident Investigation Branches, there is still no equivalent Road Accident Investigation Branch. In the United States there is such a body. We believe that such an organisation is necessary in the UK to identify/analyse accident trends and to make recommendations to reduce deaths and injury. We further believe that the U.S. practice of such bodies publicising “most wanted” safety improvements could effectively challenge the Department by a statutory requirement to respond and justify inaction publicly in the face of such recommendations.

What further policies, not already widely used, might be considered for adoption and what evidence there is for their success?

Graduated Licensing has been proven in other countries to work. We cannot see that UK is not sufficiently different that such a licensing process could not work here.

The driving test does not have a motorway element, nor does it test overtaking, nor manoeuvres such right turns across the path of fast moving traffic. We believe that the driving test must have these elements. Of course to incorporate such new features into test will require the use of dual control cars.

We also believe that it is now necessary to nationalise the ADI (Approved Driving Instructor) industry to allow sufficient control over the delivery of a consistent standard of driving tuition to new drivers.

If this is considered too bold a move then there must be better regulation, training and help to raise ADI standards.

What should be the priorities for government in considering further targets for casualty reduction beyond 2010?

Improving road safety should be the key target for the relevant DfT Agencies rather than “meaningless” (in the context of road safety) customer service targets. DfT Agencies should operate as a coherent whole rather than operating at cross purposes as they currently do. DfT must focus on the drivers rather than predominantly on engineering solutions and it should develop a long term media and enforcement strategy for influencing new drivers.

February 2008

Memorandum from Steven Adelantado (RS 80)

I am sending to you a few suggestions to improve the quality of road usage in the UK. Mindful of the issues of time, I will keep it short.

1. Problem.

Often on the motorways you will find people pootling along hogging the middle lane, causing congestion as traffic behind “queues” to pass, as they appear to be oblivious to the fact that they are causing a problem, and feel that the left lane is the “slow lane” so won’t move over.
1. **Solution.**
   A programme of education of the public to keep as far left as they safely can.

1. **Benefits.**
   Ease congestion on the motorways, without the need to widen the lanes, and better lane discipline creating a safer more fluid motorway system.

2. **Problem.**
   Foreign hauliers using unsafe vehicles on the UK roads.

2. **Solution.**
   Rather than having a system of stopping and inspecting foreign vehicles on UK roads, and the resultant problem of unsafe vehicles impounded etc, have a system of inspection at point of exit of Europe for all foreign registered HGV’s and refuse unroadworthy vehicles access to ferries, or the tunnel, thereby keeping them off our roads.

2. **Benefits.**
   This would remove all unsafe or otherwise unroadworthy HGV’s from UK roads. This in turn would make our roads safer, and would give decent UK hauliers a reasonable opportunity to compete on a level playing field with foreign hauliers.

**Conclusion.**
I thank you for your attention, (if you have got this far) and hope my suggestions will be of some use in making the roads of the UK safer and more fluid, and help the UK haulage industry to compete by removing those who would operate unsafely to save money.

June 2008

**Memorandum from The College of Emergency Medicine (RS 81)**

**Response to request for written information from the Parliamentary Transport Committee on the future Road Safety strategy—June 2008**

The College is grateful for the opportunity to assist the Parliamentary Committee on issues relating to Road Safety. We provide written evidence in response to the questions detailed below.

**Question 1**
What is the Reliability of road casualty data, including the variances in police and hospital records, reliability of serious/slight casualty > distinctions in reporting, divergence of trends in deaths and serious > injuries (in Police data).

**Response 1**
Police data does not capture a significant proportion (perhaps up to 25%) of road casualties admitted to hospital and tends to underestimate severity in those it does record—there is value in data linkage with hospital and trauma registry records but this would need investment.

Central to the development of epidemiological understanding of road related injury is the creation, maintenance and analysis of injury registers or trauma registers. Such registers have been shown to be effective for improving understanding and focusing resources for a wide range of disease states. In the case of traumatic injury, population based injury research registers have also been successful in identification of higher risk populations and modifiable risk factors within populations.

Despite the fact that a great deal of information is actually available regarding road traffic related injury, the existing information sources are fragmented across a range of NHS and non-NHS agencies each focusing on different details and using differing definitions of the same phenomena. There is great potential for developing epidemiological research in this field. There is also good evidence that inter-agency data sharing improves our understanding of the epidemiology of road traffic related injury and allows us to target and evaluate primary prevention strategies and emergency/immediate care resources (secondary prevention). Although such inter-agency data sharing was first recommended in the Health of the Nation white paper in 1993 little progress has been made. A charity funded pilot project is underway in Cambridge.

There is therefore an opportunity to develop policy within both the Department of Transport and Department of Health to enhance existing injury prevention and control work by actively supporting the development of injury research registers which utilise ethically and legally robust information sharing arrangements to access all existing sources of injury data (NHS and non-NHS) within a known population area and combine these into population based injury research registers which allow sub-regional, regional and national bodies to:
— More clearly understand the pattern and distribution of injury events and identifying factors associated with more severe injury or poorer outcomes.
— Identify and evaluate existing injury prevention and control strategies.
— Explore and evaluate the impact of novel injury prevention and control strategies (such strategies to improve targeting of injury prevention measures).
— Evaluate clinical services and interventions with regard to the impact of secondary prevention on reducing deaths and disabilities—eg integrated pre-hospital critical care and retrieval teams.

Evidence supporting response 1

A review of the literature found two important studies in this regard. One published in the BMJ (Goldacre) 2006 reviewed hospital episode statistics which did not show the 25% decline in number of road casualties suggested by the police data between 2000 and 2004. The hospital data suggested a plateau in numbers of road casualties admitted to hospital and implied that the police data completion was declining.

A further study from Salford (Yates et al 1996) showed that police had no record of 25% of road incidents causing children to be admitted to hospital with injuries and that 27% of the injuries recorded as “slight” were in fact “serious”. The comparative hospital data was obtained from the national trauma registry (Trauma Audit and Research Network www.tarn.ac.uk).

Question 2

Is it possible to estimate the number of road deaths saved by advances in emergency procedures and medical care over the past decade? Is this an area that deserves priority alongside in future road safety budgets?

Response 2

It is only possible to estimate whether advances have occurred in hospitals that submit data to the national trauma registry TARN. TARN contains reliable information on the severity of injuries sustained by each road casualties using a validated international injury dictionary. Routine hospital discharge data is unsuitable for this purpose as it codes categories (brain, liver, limb) rather than severity of each patient’s injury. Unfortunately TARN submissions are not compulsory so data on this question is only available from the 50% of trauma receiving English and Welsh hospitals that are TARN members.

TARN data suggests that 10.5-13.5% (equivalent to 3,500 people every year) of road casualties admitted to hospital between 1996-2003 die from their injuries, however this figure has been declining: 8.9% in 2004, 7.4% 2005 without any change in the severity of injury in the patients admitted. This suggests that advances in medical care have saved hundreds of lives since 2003 in addition to the thousands being saved prior to this. These advances include hospital systems that now give better access to early brain scans and specialist neuro (brain) surgical care for head injured patients, and interventional radiology which can stop bleeding without need for invasive surgery. Access to effective rehabilitation facilities is variable across the country and unacceptably poor in some areas.

TARN hospital analyses show the quality of trauma care varies across the country. Work with the Healthcare Commission is on going to address these issues in TARN member hospitals: non participation of up to 50% of hospitals in TARN is a major concern. Road trauma is the number one killer of UK citizens under the age of 44 and probably the country’s most expensive disease. Effective road safety strategies should include improved investment and research in trauma care and compulsory membership of TARN for all trauma receiving hospitals alongside prevention initiatives. This has also been recommended by the recent report “Trauma—who cares” from the national confidential enquiry into patient outcomes and deaths (NCEPOD) and in NHS regional responses to the recent Darzi review.

In general terms, most existing road injury prevention policies focus on primary (pre-event) prevention and on how education, engineering and enforcement strategies can be developed to reduce injury events. The development of additional policies focused on improvements in secondary prevention (the impact of focused clinical care within trauma systems) and improvements in understanding the epidemiology of road traffic related injury might significantly improve our ability to reduce road traffic related deaths and injuries. The CTARP project (Cambridgeshire Trauma Audit and Research Project) is an example of how this approach might be implemented.
Evidence supporting response 2

TARN analysis of hospitals submitting consistent data returns since 1996-2005 (cases still being submitted from 2006).
Routine Hospital Episode Statistics giving numbers of road trauma deaths in UK hospitals in 1994.
“Healthier Horizons” NHS North West response to Darzi review www.northwest.nhs.uk/healthierhorizons.
CTARP 2007.

Question 3

For drivers who may have a medical condition or be taking medication that affects their capacity to drive safely, how big a problem is this and does the current self-reporting system work or should doctors be placed under a stricter duty to report patients to the authorities (DVLA etc)?

Response 3

There is no evidence that road traffic collisions are being caused by drivers who are unfit to drive as a result of a medical condition and / or medication. A change to the current legislation, placing the reporting onus on doctors is in our view not indicated.

Evidence supporting response 3

Literature review of reports on road collisions and medical conditions revealed no reports indicating a failure of the current reporting system in the UK.

Question 4

The Association of British Drivers claims that the effects of alcohol are less when the BAL level is falling (the morning after). Is there any evidence of this?

Response 4

There is no evidence to support this claim. The influence of any level of blood alcohol at any given time will be the same regardless of whether the level is rising or falling. The effects of alcohol on any driver are however influenced by level of driving experience. Drivers causing collisions through intoxication are usually young and / or inexperienced. There is a case for lowering the permitted blood alcohol level to less than 20 milligrams per 100ml in drivers who have had a full license for less than 5 years. This could reduce alcohol related road collisions and save lives.

Evidence supporting response 4

Literature review of studies relating changing direction of blood alcohol levels and ability to drive. No specific studies in the controlled (laboratory) environment have reliably addressed this issue in terms of simulation or response times. The is evidence from the road safety literature that novice drivers ability to drive may be significantly impaired by a BAL below the current UK legal limit of 80 milligrams per 100 ml. Significant road casualty reductions have been achieved by states within Canada and Australia where the legal limit has been lowered for novice drivers.

Australia, Austria, Canada, Croatia, Italy, Macedonia, New Zealand, Slovenia, Spain, and the United States are amongst countries with either fixed age definitions or probationary periods following the initial granting of a license (at any age) at which a lower BAL level applies (Stewart, 2000). While this lower limit tends toward zero tolerance for such drivers, in practice it is often set at 0.2 mg/ml (Deshapriya & Iwase, 1996) in order to reduce the possibility that other variables could confound the BAL reading.

June 2008
Supplementary memorandum from Staffordshire Fire and Rescue Service (RS 82)

Comparing Incidents, fatalities, casualties and rescues between Road Traffic Collisions (RTC) and Fire Damage Report (FDR1) Fire Calls for a sample of Fire & Rescue Services

A review of a sample of Fire & Rescue Services (FRS) was undertaken to assess the impact upon the services of responding to Road Traffic Collisions and attending Fires where there may be a life risk.

Ten non Metropolitan FRSs responded to our request for information in the time available (23% of the total non Metropolitan)

- Avon
- Cambridgeshire
- Humberside
- Leicestershire
- Mid & West Wales
- Northumberland
- South Wales
- Staffordshire
- Tyne & Wear
- West Yorkshire

(There are 40 non Metropolitan FRS in England, 3 in Wales and 1 in Northern Ireland; there are 7 Metropolitan FRS)

Please be aware there may be subtle differences between the way some of the statistics are assessed by individual services, eg in defining a casualty, but it is felt that the figures are broadly comparable.

The figures reported cover the financial reporting periods 01-Apr-05 to 31-Mar-06, 01-Apr-06 to 31-Mar-07 and 01-Apr-07 to 31-Mar-08. (Note that any National figures available cover 01-Jan—31-Dec)

1. INCIDENTS

The following chart shows the total number of incidents attended by the ten FRSs over the three year period.

Overall number of RTC and FDR1 Fire call incidents. (01-Apr-05 to 31-Mar-08)
As can be seen the number of FDR1 Fire calls is about 2.5 times the number of calls to RTCs.
RTC incidents decreased from 8,975 to 8,873 between 05/06 and 07/08. This is a 1.1% decrease.
FDR1 Fire incidents decreased from 23,545 to 20,292 between 05/06 and 07/08. This is a 13.8% decrease.
The next charts show the individual figures for each FRS.
Graph 1.2: The individual number of RTC Incidents for each FRS respondent.

Graph 1.3: The individual FDR1 Incidents for each FRS respondent.

As can be seen, whilst FDR1 incidents are showing a decline, the data for RTCs shows a more variable situation, with some services showing a slight increase and some a decrease. Overall the numbers of RTCs seems fairly constant over the last three years for these ten FRSs.
2. Fatalities

Looking now at fatalities, here are the overall figures. Please note that some fatalities that resulted some time after the incident may not have been fed back to the FRS concerned, or some fatalities may appear only on Police figures where the use of FRS facilities was not required.

As can be seen the number of fatalities resulting from RTCs is about three times the number of fatalities from FDR1 fire calls.

Fatalities at RTC incidents decreased from 265 to 238 between 05/06 and 07/08. This is a 10.2% decrease.

Fatalities at FDR1s Fire incidents increased from 80 to 97 between 05/06 and 07/08. This is a 21.25% increase.

Although the graphs seem to suggest a fall in RTC fatalities and an increase in FDR1 fatalities, the individual figures show some marked variation, but the overall picture is consistent:

Graph 2.1 Overall fatalities from RTC and FDR1 Fire incidents (01-Apr-05 to 31-Mar-08)

Graph 2.2 Fatalities from RTC incidents for each FRS respondent.
3. Casualties

Here are the overall casualty figures, again it is to be noted that different services may define a casualty in subtly different ways.
(Note: Humberside also include rescues in their RTC casualty figures.)

Casualties at RTC incidents decreased from 6740 to 6243 between 05/06 and 07/08. This is a 7.4% decrease.

Casualties at FDR1s Fire incidents decreased from 1322 to 1035 between 05/06 and 07/08. This is a 21.7% decrease.

The individual FRS data also show a varied picture:
Graph 3.2 Casualties from RTC incidents for each FRS respondent.

Graph 3.3 Casualties from FDR1 Fire incidents for each FRS respondent.
4. RESCUES

The overall figures for rescues (those that are not injured, but need extricating from a vehicle) are as follows: Note: Humberside does not account for separate RTC rescues and casualties.

Graph 4.1 Overall rescues from RTC and FDR1 Fire incidents (01-Apr-05 to 31-Mar-08)
This shows that rescues for RTCs are about twice the number for FDR1 fire calls.
Rescues at RTC incidents increased from 1,747 to 1,766 between 05/06 and 07/08.
This is a 1.1% increase.
Rescues at FDR1s Fire incidents decreased from 881 to 722 between 05/06 and 07/08. This is a 18.0% decrease.

The individual figures are

Graph 4.2 Casualties from RTS incidents for each FRS respondent.
5. CONCLUDING REMARKS

Although the number of incidents the FRSs attend for fire calls is far greater than the number of incidents attended for RTCs, the impact on death and injury is far greater for RTCs.

If we create a fatalities per incident figure for RTCs and Fire calls we get a figure of about 29 fatalities per thousand incidents for RTCs and 3 to 4 fatalities per thousand Fire calls. About ten times higher.

Similarly for casualties we get 730 casualties per thousand RTC calls and just 52 casualties per thousand fire calls.

The figures for rescues are 194 per thousand for RTC and 37 per thousand for fire calls.

The following graph perhaps shows the scale of the problem:
Looking at trends we note that:

Fatalities for RTCs are decreasing at a rate of 10.2% whilst injuries are decreasing at a rate of 7.4%.

For FDR1 Fire incidents fatalities increased at a rate of 21.25% but casualties showed a 21.7% decrease. The perhaps unexpected increase in deaths can be explained by the low number of fatalities at FDR1 fire incidents. Though it is tragic it only takes an additional few deaths to change the figures dramatically. (The actual total deaths among the 10 FRS were: 80 in 05/06, 73 in 06/07 and 97 in 07/08).

In terms of the time spent on incidents we note that for Staffordshire:

The average median time spent on an RTC incident was 29m 49s, resulting in an average amount of time spent on RTC incidents of 484 hours per year. (Average “median time” times number of incidents).

The average median time spent on an FDR1 fire incident is 40m 26s, resulting in an average amount of time spent on FDR1 fire incidents of 1647 hours per year.

Unfortunately given data limitations of some FRS systems and due to the time constraints we were not able to carry out a comprehensive review of times spent on incidents.

Staffordshire figures should only be taken as indicative as a comprehensive and detailed analysis was not carried out.

July 2008
Further memorandum from The College of Emergency Medicine (RS 81A)

We have been asked to comment on whether the quality of hospital treatment affects mortality following road traffic accidents.

**SOURCES**

We have used three main sources of information: (1) The Trauma Audit and Research Network is a national hospital-based analysis of patient outcomes which is available to the public at www.tarn.ac.uk; (2) The Cambridgeshire Trauma Research Project (CTARP) which is the UK’s only comprehensive population based trauma dataset; (3) A search of the medical literature carried out by the Academic Unit of Emergency Medicine at Leicester University.

**CONCLUSIONS**

— The effect of Primary Prevention (preventing the collision) can be seen in the overall number of collisions and severe collisions (killed and severe injury accidents).

— The effects of Secondary Prevention (transport factors minimising the severity of injury that occurs during the collision) and Tertiary Prevention (health factors minimising the amount of death and disability that results from that injury) are very difficult to disentangle.

— When current data systems show a change in RTC deaths they do not allow us to say how much is due to transport factors (improved vehicle/road design etc) and how much is due to health factors (quicker ambulance response times, improved trauma care etc)—for example an improvement in ambulance response times might well reduce RTC mortality. This makes the cost-effectiveness of transport injury reduction strategies very difficult to assess.

— About one third of deaths following road traffic injury occur in hospital. All of the patients suffering long-term disability from road traffic injury will require hospital treatment.

— Of the two thirds of RTC deaths that occur before hospital care (at the roadside or dead on arrival) only a few (2% to 5%) have potentially survivable injuries.

— There is evidence of a link between the configuration of health services for trauma care and mortality in injured patients in the international medical literature. There is good evidence from the UK that trauma outcomes depend on the configuration of the local health service.

— We therefore believe that the quality of medical care (from the ambulance service and the hospital) does have an influence on Road Traffic mortality. DoH agrees with this, as medical care for the injured has been identified as a priority in Lord Darzi’s current review of the NHS.

— The hospital mortality following injury improved between 1990 and 1994, but was then relatively constant from 1994 to 2006. More recently there is some indication of further improvement, however another year of data is required to show if this is a real trend or just a statistical variation.

— At present health and transport injury strategies are not joined up. Current injury data collection systems in the UK do not integrate medical and emergency service/local authority data, so it is difficult to separate the relative contributions to changes in mortality rates of secondary prevention (vehicle and road design) and tertiary prevention (treatment of injury). Better integration of health service, emergency service and local authority data would enable us to assess the cost-effectiveness of both transport and health strategies to minimise the burden of road traffic injuries.

— Research into improving healthcare for the injured is <1% of the UK’s total spend on medical research—which is disproportionately low given the societal burden of this disease.

**ADDITIONAL POINTS**

1. Mortality rates for severely injured patients treated in individual NHS Trusts can be found at www.tarn.ac.uk

2. There is no information available about long term trends in place of death following injury. It might be hoped that the in-hospital proportion of deaths would increase with better vehicle and road design (ie, secondary prevention means that more patients reach hospital alive), but there is no data to analyse this.

3. Disability is an important outcome following Road Traffic Collisions, with a huge cost to society. Discussion on reduction of the burden of road traffic injury should also focus on disability prevention—medical care and the organisation of trauma care services (both pre-hospital and in-hospital) has an obvious importance in the prevention of disability, in addition to vehicle and road design.

4. There is some indication of considerable variation around the UK in the place of death following Road Traffic Collisions, however current injury information systems are not able to give a clear picture.

September 2008
Road safety and the devolved administrations

Background

The following sets out the competencies (both legislative and executive) which have been devolved to the Scottish and Welsh administrations in respect of road safety. Road safety as a whole is devolved to the Northern Ireland Assembly and therefore is not covered separately under each sub-heading (see Schedules 2 and 3 to the Northern Ireland Act 1998).

Where the note refers to legislative competence, this means the power for a Parliament or Assembly to make laws in that area, in respect of their own territories. Where the powers are simply executively devolved, there is no primary legislation making power, however the functions (previously exercised by the Secretary of State) have been transferred to the Scottish or Welsh Ministers.

Devolved competencies

1. Road signage standards (Part V Road Traffic Regulation Act 1984)

Scotland

Legislative competence

This is reserved to Westminster by paragraph (c) of section E1, of Schedule 5, to the Scotland Act 1998.

Executive functions

The Scottish Ministers may authorise (otherwise than by regulations) traffic signs for conveying warnings, information, requirements, restrictions or prohibitions of any description.

The power to authorise signs of another character, otherwise than that prescribed by regulations is devolved to the Scottish Ministers.

(Article 2, SI 1999/1750).

Wales

Legislative competence

This is reserved to Westminster as it is not transferred by the Government of Wales Act 2006.

Executive functions

The power to prescribe that a sign is translated into Welsh; and to authorise signs of another character, otherwise than that prescribed by regulations, is devolved to the Welsh Ministers, Schedule 1 to SI1999/672.

2. Driving standards (Road Traffic Act 1988)

Scotland

Legislative competence

This is reserved to Westminster by paragraph (d) of section E1, of Schedule 5, to the Scotland Act 1998.
Executive functions

This is reserved to Westminster. The relevant functions are not transferred under the transfer of functions orders.

Wales

Legislative competence

This is reserved to Westminster. It is not transferred by the Government of Wales Act 2006.

Executive functions

This is reserved to Westminster. The relevant functions are not transferred under the transfer of functions orders.

3. Road Safety Education (section 39 Road Traffic Act 1988)

Scotland

Legislative competence

This is devolved to the Scottish Parliament. See exception to the specific reservation at Section E1 of Schedule 5 to the Scotland Act 1998: sections 39 (road safety information and training) of the Road Traffic Act 1988.

Executive functions

This is devolved to the Scottish Ministers as it is within devolved competence (as per section 53 of the Scotland Act 1998).

Wales

Legislative competence

This is reserved to Westminster as it is not transferred by the Government of Wales Act 2006.

Executive functions

The powers under section 39(1) are devolved to the Welsh Assembly. The relevant functions are exercisable by the Assembly concurrently with the Secretary of State under Schedule 1 of SIs 1999/672. The functions are exercisable by the Welsh Assembly free from the requirement for Treasury approval.

4. Funding of local road safety measures (section 40 Road Traffic Act 1988)

Scotland

Legislative competence

This is devolved to the Scottish Parliament. See exception to the specific reservation at Section E1 of Schedule 5 to the Scotland Act 1998: section 40 (grants for road safety information and training) of the Road Traffic Act 1988.

Executive functions

This is devolved to the Scottish Ministers as it is within devolved competence (as per section 53 of the Scotland Act 1998).

The Scottish Ministers also have powers to fund speed cameras etc. for prevention and detection of speeding and other road traffic offences. These powers are contained in section 46 of the Local Government in Scotland Act 2003.

Wales

Legislative competence

This is reserved to Westminster as it is not transferred by the Government of Wales Act 2006.

Executive functions

This is devolved to the Welsh Assembly. The relevant functions are exercisable by the Assembly concurrently with the Secretary of State under Schedule 1 of SI 1999/672. The functions are exercisable by the Welsh Assembly free from the requirement for Treasury approval.

5. Enforcement
Scotland and Wales

In terms of driving standards, the Driving Standards Agency operates across the United Kingdom.

The DVLA is responsible for issuing driving licences across the United Kingdom.

Enforcement (e.g. of speed limits) on the ground is done by the police and the courts.

VOSA enforce a substantial number of road traffic offences alongside the police and the Courts throughout the UK.

Enforcement of commercial operators is carried out through the operator licensing system, enforced by the Traffic Commissioners throughout the UK.

6. Highways engineering and design standards

Engineering and design standards are found in the “Design Manual for Roads & Bridges”, which applies to trunk roads, and is produced by the Highways Agency. Both Scotland and Wales follow this. In relation to residential roads, Wales follows the same advice used in England, found in the “Manual for Streets”, whilst Scotland follows its own version of this.

7. Speed limit policy

Speed limit provision is contained in Part VI of the Road Traffic Regulation Act 1984 (“RTRA”).

Scotland

Legislative competence

This is reserved to Westminster by paragraph (c) of section E1, of Schedule 5 to the Scotland Act 1988.

Executive functions

The Scottish Ministers have the power under section 17 of the Road Traffic Regulation Act 1984 (RTRA 1984) to make regulations with regard to the use of any particular “special road” (i.e. motorways), this may include the imposition of speed limits, see SI 1999/1750.

The power of the Secretary of State to, by order, alter the speed limit on “restricted roads” (as defined in the RTRA 1984) is exercisable, in relation to Scotland, only after consultation with the Scottish Ministers (see SI 1999/1750, article 4, schedule 3).

Local authorities have order making powers in respect of speed limits on unrestricted roads, which are not special roads, i.e. not motorways (also defined in RTRA 1984). In relation to the exercise of the local authorities’ powers to prohibit speeding as indicated by a traffic sign (under section 84(1) (c)), the Scottish Ministers have powers to make regulations under section 84(1B), which may prescribe, amongst other things, the speed limits which may be specified in an order, and the circumstances in which speed limits may have effect by virtue of an order (SI 1999/1750 art 2 Sch 1).

The Scottish Ministers have the power under section 88 of the Road Traffic Regulation Act 1984 to impose temporary speed limits. This function was transferred by SI 2000/1563.

Wales

Legislative competence

This is reserved to Westminster as it is not transferred to the Welsh Assembly by the Government of Wales Act 2006.

Executive functions

The Welsh Assembly has no devolved power to make regulations with regard to the use of “special roads” (i.e. motorways) as the powers under section 17(2) RTRA 1984 are not transferred by SI 1999/672.

The power of the Secretary of State to, by order, alter the speed limit on “restricted roads” (as defined in the RTRA 1984) is exercisable, in relation to Wales, only after consultation with the Welsh Assembly (see SI 1999/672 article 5, schedule 2).

Local authorities have order making powers in respect of speed limits on unrestricted roads, which are not special roads, i.e. not motorways (also defined in RTRA 1984). In relation to the exercise of the local authorities’ powers to prohibit speeding as indicated by a traffic sign (under section 84(1) (c)), the Welsh Assembly has powers to make regulations under section 84(1B), which may prescribe, amongst other things, the speed limits which may be specified in an order, and the circumstances in which speed limits may have effect by virtue of an order (SI 1999/672 art 2 sch 1).
The Welsh Assembly has no powers in relation to the imposition of temporary speed limits because the functions under section 88 RTRA 1984 are not transferred.

October 2008