

## **RoSPA's Evidence to the Transport Safety Commission Inquiry "UK Transport Safety"**

### **Introduction**

This is RoSPA's response to the Transport Safety Commission Inquiry into UK Transport Safety. Our submission focuses on road safety.

RoSPA, the Royal Society for the Prevention of Accidents, is a 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 Transport Safety Commission's Inquiry and are grateful for the opportunity to submit evidence.

### **Summary**

- Great Britain has achieved very significant reductions in the number of people killed and injured on our roads over the last four decades. However, around 5 people are still killed and 500 injured on our roads every day, and there are indications that road deaths and casualties have increased in 2014.
- Comprehensive road safety strategies, with evidence-based casualty reduction targets, that are co-ordinated between the various UK governments, and other road safety stakeholders, are essential.
- Poor basic driving standards contribute to a very high proportion of road crashes, but only a very small fraction of the driving population take further driver training.
- A Graduated Driver Licensing scheme should be developed for Great Britain.
- Telematics can help to improve driving standards and potentially reduce crash and casualty rates, although more research and development is needed.
- Learning to drive should include professional lessons and private practice. A minimum learning period, with a log book, would help learners to gain more driving experience before their test.
- Crashes involving at-work drivers and riders kill more workers, and more members of the public, than all other occupational accidents. Managing Occupational Road Risk has huge potential to save lives and reduce injuries, and should be a priority.
- Vehicle technology has a major influence on the way we drive. As technology advances, we need to ensure that it is harnessed to provide safety benefits, and unintended consequences (such as drivers over-relying on technology) are designed out.
- RoSPA strongly supports the drink drive limit being lowered in Scotland and Northern Ireland, and hopes that England and Wales will follow their lead.
- Accidents are a leading cause of preventable years of life lost, and cause hundreds of thousands of emergency hospital admissions each year, putting an enormous strain on A&E. Accident prevention should be one of the top priorities for the NHS.
- RoSPA recommends that lighter evenings should be introduced on a trial basis for 2 – 3 years (similar to experiment conducted during 1968/71).
- Cycling and walking provide a wide range of health benefits, but more needs to be done to help more people to walk or cycle more often and more safely. Perhaps the most important measure is to provide a safe and high quality walking and cycling environment.
- Two approaches for improving motorcyclist safety are to encourage motorcyclists to take appropriate training and testing, and to help drivers to be more aware of motorcyclists.
- [www.roadsafetyobservatory.com](http://www.roadsafetyobservatory.com) provides easy access to road safety research.
- [www.roadsafetysurvey.com](http://www.roadsafetysurvey.com) and the E-valu-it Toolkit help practitioners to evaluate their road safety education, training and publicity (ETP) interventions.

## **Background**

Great Britain has achieved very significant reductions in the number of people being killed and injured on our roads over the last two to three decades. In the mid 1980s around 5,500 people were killed, and around 75,000 seriously injured on our roads each year. This has fallen to 1,713 deaths and 21,657 serious injuries in 2013.<sup>1</sup> As welcome as this is, it still means that around 5 people are killed and 500 injured on our roads every day, and there are indications that road deaths and casualties have increased in 2014.<sup>2</sup>

## **Road Safety Strategies and Targets**

It is essential that Government takes a clear leadership role in the continuing development and delivery of road safety, and that Local Authorities, the Police and the many other agencies and individuals involved in road safety are able to work towards common goals. Co-ordination with the priorities and work of government departments (especially, Transport, Health, Education, Home Office and Justice), and between the Scottish Government, Welsh Government, Northern Ireland Assembly, and Westminster Government is also essential.

In many ways there has been strong leadership from central government over recent decades, including previous road safety strategies and targets, and the wide range of measures they delivered. However, the current Strategic Framework for Road Safety is not as comprehensive as previous strategies and does not include casualty reduction targets. Other gaps include the low priority given by the HSE to Managing Occupational Road Risk, and the decision not to publish the promised Green Paper on Young Driver Safety.

Scotland<sup>3</sup>, Wales<sup>4</sup> and Northern Ireland<sup>5</sup> all have casualty reduction targets in their road safety strategies, but England and Great Britain<sup>6</sup> as a whole do not. RoSPA believes that the Government should set evidence-based casualty reduction targets within its road safety strategy. These should be monitored to measure progress and to enable road safety measures to be adapted to changing priorities.

International evidence<sup>7,8,9</sup> supports the case for setting clear casualty reduction targets and for supporting those targets with a road safety strategy.

RoSPA also supports setting an over-arching 'Vision Zero' for road safety, supported by a Safe System approach, which places human vulnerability at the centre of the road safety system. This requires roads and vehicles to be designed to minimise the risk of crashes and so that when crashes occur, the impacts remain below the level that is likely to result in death or serious injury. This ensures that measures to prevent injuries extend beyond trying to change individual behaviour, and include changing vehicles, roads and vehicle speeds. "*A Safe System approach is the only way to achieve the vision of zero road fatalities and serious injuries and requires that the road system be designed to expect and accommodate human error.*"<sup>8</sup>

## **Drivers**

Once they have gained their full driving licence, only a very small fraction of the driving population take further driver training or education. It is perhaps not too surprising, therefore, that poor basic driving standards, such as failing to look properly, failing to judge another person's path or speed, careless driving, speeding) are major contributory factors in road crashes. We need to create a stronger, more positive, image of driver training and identify ways of encouraging drivers to re-assess and refresh their driving skills regularly, along with clearer messages about the need for, and benefits of, refresher driver training.

## **Novice Drivers**

Novice drivers, most of whom are young, have a higher crash risk, more serious crashes and make more insurance claims, than other drivers. Many countries have adopted Graduated Driver Licensing (GDL) schemes to tackle this elevated risk. RoSPA believes that a GDL scheme should be developed for Great Britain.

GDL schemes provide phased driving experience for new drivers during the period when they are most at risk, reducing their exposure to situations that are most dangerous for them. International research has found that fatal collisions among young drivers in countries that have introduced GDL reduced by 9 to 60%, and overall casualties by 5 to 32%. It has been estimated that a GDL system in Great Britain would save 81 to 114 lives and prevent 538 to 872 fewer serious injuries annually (depending on the extent of night-time and passenger restrictions).<sup>10</sup>

The Department for Transport was due to publish a green paper on options for improving the safety of newly-qualified drivers, but announced *“we are wrestling with how to make things safer, while not unduly restricting the freedom of our young people. We want young people to be able to get to work and training, to education and to leisure activities, and we want them to do so safely. We are finding this a difficult balance, with passionate voices on both sides. We will issue a paper when we have considered this further.”*

There are legitimate concerns about the impact of GDL on young people, including the potential for social exclusion, restricting access to education and employment, especially in rural areas. Practical enforcement issues also need to be considered. However, these issues are not insurmountable. For example, exemptions could be included to allow young drivers to access education and employment.

## **Telematics**

A complementary approach is the use of telematics, a technology that enables a person's driving behaviour to be monitored and analysed so that they can be given personalised feedback and incentivised (usually by lower insurance premiums) to improve their driving. Telematics has strong potential to improve driving standards and reduce crash and casualty rates. However, the likely effects in Britain have not yet been quantified, and more development work is needed to establish the best ways to deliver feedback about a person's driving. Parents need guidance on how to give feedback and what to do when the feedback indicates unsafe driving by their son or daughter.

## **Learning to Drive**

The learning period should include (where possible) both professional lessons and private practice. RoSPA supports a minimum learning period of one year to encourage learners to gain more driving experience as they learn. To ensure that good use is made of the learning period, some form of logbook for the learner to structure their learning, and record how much and what type of driving they have undertaken, is necessary. It is important that private practice is co-ordinated with professional lessons and that there is good communication between the learner, the learner's parents and the ADI. This also provides an opportunity for parents (or other adult driver) to receive refresher driver training or road safety education.

One of the barriers to private practice is the high cost of insurance to allow learner drivers to drive the family car. Learner drivers are not high risk while they are under supervision: the risk increases only after they have passed their test and can drive unsupervised. Insurance companies should provide cheaper insurance for learner drivers, who are under supervision, to make it more affordable for families to provide private practice. This would help learners gain more experience, and reduce the risk once the learner has their licence.

## **Managing Occupational Road Risk (MORR)**

Managing occupational road risk is the biggest occupational safety issue, and a major road safety issue, which has huge potential to save lives and reduce injuries. Driving or riding for work kills more workers and more members of the public than all other occupational accidents. Despite this, it is still not generally seen as part of health and safety, nor really addressed by the HSE and other enforcement agencies.

RoSPA commissioned [A Strategic Review of the Management of Occupational Road Risk](#),<sup>11</sup> which found that between 2006 and 2012, 4,726 people have been killed and more than 40,000 seriously injured in collisions involving an at-work driver or rider (not including commuting).

Since 2006, almost 30% of all road deaths and just over 22% of serious casualties occurred in accidents involving at least one at-work driver or rider. Often, it is not the at-work driver or rider who is killed or injured, but another road user. In 2012, 87 at-work drivers or riders were killed and 16,720 injured in these collisions, but 422 other road users were also killed, and 25,484 injured. The Review makes a number of key recommendations, including:

- Doing more to ensure work-related road safety is given the same widespread attention as general health and safety
- Improving data on work-related driving risk, including better recording by the police, and by the HSE (RIDDOR)
- Properly evaluating the effectiveness of different approaches to MORR

In the context of the economic and politics of recession, it had been difficult to maintain momentum for change on MORR, but further progress is both necessary and possible but only if all the key players (including road safety bodies, employers, unions, insurers, the police, vehicle suppliers and major companies) work more closely together. The Occupational Road Safety Alliance will be refreshed, with a core group of key players meeting periodically to coordinate new initiatives and lobbying.

Telematics also has strong potential to improve driving, and reduce crash risk, for people who drive for work. However, RoSPA research has identified a number of issues that need to be addressed to help employers make best use of this technology.<sup>12</sup>

## **Vehicle Technology**

Vehicle technology is changing rapidly, and increasingly influences the way we drive, the risks involved and the severity of crashes that occur. Improvements in vehicle technology are undoubtedly one of the reasons why far fewer people are killed and injured on our roads. As technology continues to advance (ultimately towards 'driverless' cars, which are already being tested in some countries, and are likely to be tested on British roads soon) we need to ensure that new and developing technologies are harnessed to provide safety benefits, and that unintended consequences (such as drivers over-relying on technology, mis-using it, or being distracted or over-loaded by it), are designed out.

## **Drink Driving**

Despite massive reductions in drink drive casualties, tens of thousands of people still fail breath tests and over 200 people are still killed in drink drive crashes every year. We are about to move from one drink drive limit, with the same set of penalties, across the UK to different drink drive limits, with different penalties, in different parts of the UK. In England and Wales, the limit will remain at 80mg of alcohol per 100 ml of blood; in Scotland, the limit will be lowered to 50 mg/100ml with the penalties staying the same, but in Northern Ireland it will be lowered to 50 mg/100ml (20 mg/100ml for novice and professional drivers) with some penalties being reduced.

RoSPA strongly supports the drink drive limit being lowered in Scotland and Northern Ireland, and hopes that England and Wales will follow their lead. We also believe that the penalties for exceeding the lower limit should remain the same as the current limit. The Government's decision not to lower the drink drive limit nor to introduce wider powers for the police to breath test drivers as recommended in the 2010 North Report<sup>13</sup> should be re-considered.

### **Public Health**

Accidents (including those that occur on the road) are one of the leading causes of preventable years of life lost in the working age population aged 15-64. Each year there are around 14,000 accidental deaths in the UK and about 700,000 emergency hospital admissions in England alone.<sup>14</sup> Although accident prevention is one of 17 key public health issues<sup>15</sup>, it should be a top priority for the NHS and for public health. In addition to saving lives and preventing injuries, it can help relieve the huge pressure on the NHS, particularly on A&E departments, which have seen a doubling of attendances over the last decade.

On a local level, there are many opportunities for road safety and public health practitioners to work together. For example, Joint Strategic Needs Assessments should include action to improve road safety, but only 50% of them contain a road safety section, and the nature of the road safety content is very variable<sup>16</sup>. RoSPA is currently conducting a project to help road safety and public health practitioners to work together to ensure that more JSNAs include road safety.

People from lower socio-economic groups are more likely to become road casualties. Addressing this inequality should form part of our road safety system.

### **Lighter Evenings**

In the UK, clocks follow Greenwich Mean Time (GMT) from October to March and British Summer Time (BST) which is GMT + 1 hour from March to October. Most of Europe is one hour ahead of GMT in winter and 2 hours ahead of GMT in summer – always one hour ahead of the UK. One of the consequences of the UK's system is that more people are killed and injured on the road because of darker evenings in the autumn and winter than would be if we adopted Single/Double British Summertime (SDST).

Adopting SDST would create lighter evenings all year round and result in fewer people being killed and injured in road accidents. It would also bring significant environmental, economic and health benefits. The most recent attempt to change Britain's legislation about lighter evenings, Rebecca Harris MP's Private Members' Bill, "Daylight Savings Bill", had significant support in Parliament, but was talked out by a small number of MPs at its Third Reading on 20 January 2012.

RoSPA recommends that a change to lighter evenings should be introduced on a trial basis for 2 – 3 years (similar to experiment conducted during 1968/71). The decision about continuing permanently would then be based on the consequent effects on road casualties.

### **Cyclists and Pedestrians**

There is strong evidence<sup>17,18,19</sup> that walking and cycling provide a wide range of health benefits, mainly because they are convenient and affordable forms of physical activity, and increasing physical activity reduces the risk of many forms of ill-health and disease. However both groups are also at risk on the road.

All the UK Governments have aspirations to increase the amount and safety of walking and cycling, so that walking and cycling become the natural choices for shorter journeys (or as part of longer journeys). There are many ways of helping more people to walk or cycle more often and more safely, but perhaps the most important is to provide a safe and high quality walking and cycling environment that is suitable for their needs and is attractive and pleasant. It is important that cyclist and pedestrian policies and design are integrated and complement each other, rather than developed in isolation.

### **Motorcyclists**

Motorcyclists remain vulnerable road users. There are many ways to help people motorcycle safely. The two approaches RoSPA would highlight here are encouraging motorcyclists to take appropriate training and testing, including post-test and regular refresher training, and helping drivers to be more aware of motorcyclists and especially so when they are pulling out of, or turning into, a junction.

### **Research and Evaluation**

Road safety policies and measures should be informed by the best available research evidence. The Road Safety Observatory website, [www.roadsafetyobservatory.com](http://www.roadsafetyobservatory.com), run by an independent Programme Board, comprising road safety organisations (including RoSPA) and the Department for Transport, provides easy access to road safety research.

An increased focus on evaluating road safety measures in recent years has included [www.roadssafetyevaluation.com](http://www.roadssafetyevaluation.com) and the E-valu-it Toolkit,<sup>20</sup> which help practitioners to evaluate their road safety education, training and publicity (ETP) interventions. However, it is clear that practitioners need further help in designing and conducting evaluations, and in particular managers need to recognise the importance of evaluation. It is almost impossible to relate changes in the rate of deaths and serious injuries directly to particular educational interventions. However, they can, and should, be evaluated to assess whether they are producing changes in knowledge, attitudes and behaviour, that are likely to reduce the risk of being involved in road crashes.

### **Conclusion**

Great Britain has made considerable progress in reducing death and injury on our roads, with very substantial between 2007 and 2010. The delivery of road safety strategies, targets and measures made major contributions to this, but there were other reasons, such as the recession and periods of unusually poor weather affecting travel patterns and driving behaviour. Maintaining and improving upon the recent road casualty reductions is likely to become more difficult.

There are likely to be fundamental changes in the way we use the road, especially as technological advances affect how, and how much, drivers control their vehicles. Other important factors will be the growth in cycling and walking, and further devolution, possibly accompanied by different road safety policies and laws in different parts of the UK.

Strong, comprehensive, evidence-based and coordinated road safety strategies, that are regularly reviewed to take account of changing circumstances, remain as important as ever.

RoSPA thanks the Transport Safety Commission for the opportunity to submit evidence.

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## References

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