Dear

Freedom of Information Act Request Ref 5420
Caithness

With reference to your request for information dated December 8th 2017 regarding the above, please find below your questions and our responses:-

Could you please provide me with the NHS Highland policy on how the NHS intends to deal with emergency, or routine, medically related transfers to Inverness from Wick when the A9 is blocked.

Transfers in emergency are the responsibility of Scottish Ambulance Service. Therefore the information you have requested is not held by NHS Highland but the Scottish Ambulance Service. I have included the link to the Scottish Ambulance Service Freedom of Information guidance page for ease, please see below.


From NHS Highland perspective it is worth highlighting that we have plans in place as to how we manage a clinical / emergency situation until such times as the Scottish Ambulance Retrieval team arrive to transfer out. Staffs are trained in managing such situations and scenario planning exercises also take place.

Obstetric or neonatal emergencies would most likely be transferred by air (not road) and in extreme weather conditions we would mobilise the coastguard assist.

Could you also please provide me with the policy on when NHS judges it unsafe for its staff to travel up to Caithness general.

Please see the attached policy.

I hope this information is helpful. If you are unhappy with my response, I am very happy to discuss this with you further. Alternatively you have the right to ask for an internal review by making a formal request in writing to the Freedom of Information Officer, NHS Highland, Assynt House, Beechwood Park, Inverness, IV2 3BW or via email at High-UHB.FOIRequestsHighland@nhs.net. Your request should explain why you wish a review to be carried out and should be made within forty working days of receiving this letter.

If you remain dissatisfied following the investigation of your review, then you have the right to appeal to the Scottish Information Commissioner within 6 months of the date of receiving the review response. Contact details are as follows:

Chair: David Alston
Chief Executive: Elaine Mead

NHS Highland, Assynt House, Beechwood Park, INVERNESS IV2 3BW
Scottish Information Commissioner
Kinburn Castle
Doubledykes Road
St Andrews
KY16 9DS

Telephone: 01334 464610
Fax: 01334 464611
e-mail: www.itspublicknowledge.info/Appeal

Yours sincerely
MANAGING HEALTH AT WORK
7 - REDUCING WORK-RELATED DRIVING RISK POLICY

December 2005
MANAGING HEALTH AT WORK

7. REDUCING WORK-RELATED DRIVING RISKS POLICY

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1. **POLICY STATEMENT**

NHS Highland takes extremely seriously the health, safety and welfare of all its staff. It recognises the risks to staff who need to drive in connection with work and is committed to the prevention of injury, loss of life and damage to property from work-related driving incidents. The purpose of this policy is to enable NHS Highland to meet its obligation to protect staff so far as is reasonably practicable, from all occupational road risks associated with work-related driving.

2. **POLICY AIMS**

This policy aims to:

- increase staff awareness of safety issues associated with work-related driving risks;
- ensure that risk in relation to work-related driving is assessed in a systematic and ongoing way, and that safe systems and methods of work are put in place to reduce the risk, as far as is reasonably practicable;
- ensure that appropriate training is available to staff in all areas, which equips them to recognise risk and that practical advice on preventing and managing occupational road risks is provided;
- ensure that appropriate support is available to staff involved in work-related driving incidents;
- encourage full reporting and recording of all incidents arising in the course of work-related driving;
- reduce the number of incidents and injuries to staff resulting from work-related driving.

3. **DEFINITION OF WORK-RELATED DRIVING**

NHS Highland defines work-related driving as:

'any driving activities carried out by employees in the course of their work'.

4. **SCOPE**

This policy applies to all staff involved in work-related driving activities, including drivers of NHS Highland vehicles; leased-car, hire car and employee owned vehicles. It forms an integral part of NHS Highland’s Health and Safety policy and applies along with specific local guidance on work-related driving and the management of occupational risks. The policy applies to all work-related driving arising in connection with the duties and activities of staff.

5. **LEGISLATION**

The following are pertinent:
6. THE RISKS OF WORK-RELATED DRIVING

The number of people who need to drive as part of their work is increasing; the risks to these staff will depend on the nature of situation. Such risks will include:

- driving in poor weather conditions;
- driving for long periods;
- undertaking long journeys;
- the vulnerability of travelling alone;
- driving in unfamiliar or isolated rural areas;
- driving in high-risk locations;
- isolated parking facilities;
- vehicle breakdowns; and
- driving unfamiliar vehicles.

7. ASSESSING RISK

7.1. Risk assessments must be carried out for all staff who are required to drive, at any time, in connection with their work for NHS Highland. The risk assessment will involve identifying all potential dangers and the risks associated with specific work-related driving activities. It will identify who will be affected and how, and the control measures which are needed to eliminate or reduce the risk to the lowest level reasonably practicable. Managers must ensure that risk assessments are carried out and that they are recorded and shared with relevant others. The following details will be recorded:

- the extent and nature of the risks;
- the factors that contribute to the risk - including job content and specific tasks and activities;
- the safe systems of work to be followed to eliminate or reduce the risk.

7.2. These details will be communicated to staff, and risk assessments reviewed and updated annually or sooner if circumstances change.
7.3. All drivers will also carry out risk assessments before beginning any journey. This will include assessing the condition of the vehicle, weather conditions and route and their own fitness to drive. The journey risk-assessment checklist included in Appendix 4 can help with this process.

8. RESPONSIBILITIES

8.1. The **Chief Executive** is responsible for:

- making sure there are arrangements for identifying, evaluating and managing risk associated with work-related driving;
- providing resources for putting the policy into practice;
- ensuring that there are arrangements for monitoring incidents linked to work-related driving and that NHS Highland regularly reviews the effectiveness of the policy.

8.2. **Head of Facilities** is responsible for:

- ensuring that this policy is implemented throughout NHS Highland;
- ensuring that systems are in place which identify, evaluate and facilitate the management of Work Related Driving Risks;
- monitoring incidents related to Work Related Driving, reviewing the effectiveness of this policy and reporting issues arising to NHS Highland via its Direct Health Services Sub Committee, Area Partnership Forum and Health & Safety Committee.

8.3. **Managers** are responsible for:

- ensuring that all relevant staff are aware of the policy;
- ensuring that risk assessments are carried out and regularly reviewed;
- putting into place procedures and safe systems of work (see Appendix 2) to eliminate or reduce the likelihood of work-related driving incidents;
- ensuring that staff groups and individuals identified as being at risk are given appropriate information, instruction and training; including training at induction, updates and refresher training as necessary;
- ensuring that appropriate support is provided to staff involved in any incident associated with work-related driving;
- ensuring completion of recording and monitoring systems, including incident reporting and recording procedures (IR1).

8.4. **Head of Health & Safety** is responsible for;
• recommending revisions and amendments to the Head of Facilities, Area Partnership Forum, Health and Safety Committee as appropriate;

• providing appropriate advice, guidance and support to managers and staff;

• monitoring vehicle related incidents through the Safety Management System;

• providing related statistics and information to the DHS Sub Committee, Area Partnership Forum and Health & Safety Committee.

8.5. **Clinical Director of Occupational Health** is responsible for:

- ensuring that pre-employment health screening processes identify ‘work-related driving’ as a risk factor;

- providing appropriate health surveillance for staff who drive in connection with their work;

- advising managers and staff of the outcomes of health surveillance and assisting in the achievement of solutions.

8.6. **Staff** are responsible for:

- ensuring they are familiar with the Work-Related Driving Risk Procedures for their area of work;

- taking reasonable care of themselves and other people who may be affected by their actions and/or omissions;

- complying with procedures designed for safe working;

- reporting all incidents in relation to work-related driving (via IR1);

- participating in training designed to meet the requirements of this policy;

- reporting to their manager any dangers they identify or any concerns they might have about work-related driving (see also NHS Highland's Dealing with Employee Concerns Policy).

9. **MANAGING RISK**

All work areas must have procedures in place that provide specific guidance for staff on managing Work Related Driving Risks. This will include guidance on journey risk assessment and details of procedures to follow in the event of a work-related driving incident. All staff must be familiar with these local procedures. Specific measures to be included in local procedures to help reduce risks include the following:

9.1. **Fitness to Drive**
• Staff must advise their manager of any permanent or temporary change in health and any other circumstances that could affect their ability to drive;

• Managers must take account of any circumstances which may affect the ability of a member staff to drive safely.

9.2. Driver Checks and Qualifications

Drivers may only drive vehicles for which they hold appropriate licences.

• Car and Van drivers must possess a full and current driving licence.

• Minibus drivers (up to eight seats) must be over 25 years of age and possess a full and current driving licence. [Drivers who passed their ordinary driving test after 1 January 1997 (in other words, category B) may not drive any vehicle with more than eight seats, not including the driver].

• Minibuses with more than eight seats, drivers must also have passed a further test allowing them to drive vehicles in category D1 (passenger vehicles with between nine and sixteen seats).

Managers will undertake an annual audit of licence and insurance certificates, for all staff involved in work-related driving activities. The manager must see the licence and insurance certificate, and the driver and the manager should sign a driver declaration form (Appendix 3). In cases where the licence or insurance details are not in line with requirements, the staff member will not be allowed to continue to drive on behalf of the organisation. Staff must inform their manager about any changes in the status of their licence or their health that could affect their continued driving.

Staff who have been temporarily excluded may be re-instated to driving duties on NHS Highland business following confirmation by the DVLA of the re-instatement of the individual’s licence.

The following people are specifically excluded from driving NHS Highland vehicles:

• Anyone who does not hold a full, valid UK driving licence for the category of vehicle being driven (or who does not have a relevant foreign or international licence that allows them to drive in the UK)

• Anyone who suffers from a condition that would disqualify them from holding or getting a relevant current driving licence

• Anyone who has a current conviction for a motoring offence in the following categories:
  • dangerous driving, causing death by dangerous driving, or manslaughter
  • driving under the influence of drink or drugs
  • failing to stop after an accident
  • any other offence (or combination of offences) which has or might result in disqualification.
If NHS Highland becomes aware of any pending prosecution it can exercise the right to suspend staff from driving duties whilst awaiting the outcome of the prosecution.

### 9.3. Driving Standards

Under the Road Traffic Act drivers are legally responsible for their own actions on the road and for keeping to all traffic regulations. NHS Highland expects staff, while driving in connection with their work, to comply with the Road Traffic Act Regulations, to follow the Highway Code and other driving laws and regulations, and to show common courtesy to other road users. Drivers involved in careless or repeated incidents may require to take part in an assessment and re-training programme where appropriate. Following serious violations or persistent unsafe driving behaviour the Management of Employee Conduct Policy may be implemented.

### 9.4. Caring for Vehicles

Under the Road Traffic Act it is the driver’s responsibility to ensure any vehicle they drive on public roads is roadworthy. If there is any doubt about a vehicle’s roadworthiness it will not be driven until the problem has been resolved. The manager authorising vehicle use or designated person in each work area is responsible for ensuring that there is a process in place for checking and maintaining the roadworthiness of all vehicles used for NHS Highland business purposes.

The Minimum requirement is an annual check of;

- Vehicle Insurance (including business use), MOT where required and Driving Licence.

### 9.5. Wearing Seatbelts

All drivers and anyone in a vehicle must, by law, wear a seatbelt. It is the responsibility of the driver, but also the duty of any staff member, to make sure that anyone in a vehicle used for NHS business purposes is wearing a seatbelt.

### 9.6. Alcohol, Drug Misuse, Smoking

Driving while under the influence of alcohol or drugs is illegal. In the event that a member of staff is found to be driving under the influence of alcohol or drugs, Management of Employee Conduct policy may be applied. Staff should inform their manager if, at any time, they have to take prescribed drugs that may affect their ability to drive. Smoking is not permitted in NHS Highland vehicles.

### 9.7. Using Mobile Phones

Use of hand-held mobile phone whilst driving is illegal. Staff will not make or receive calls from hand-held mobile phones while driving. Calls will only be made when the vehicle is stopped, parked and the engine switched off. NHS Highland encourages staff use of automated voice-mail facilities. Even with Hands-free phones, studies show that calls can be a distraction and, consequently, calls should only be made when the vehicle is stopped.
NHS Highland will only provide hands free installations if a risk assessment determines that there is a justifiable clinical need.

9.8. Drivers' Hours and Rest

Tiredness, fatigue and stress can significantly affect safe driving. Specific legislation applies, namely, ‘The Working Time Regulations’ and ‘The Tachograph Regulations’.

All drivers must take account of the factors which influence safe driving (see section 6 above).

All staff driving on NHS Highland business shall not drive/continue to drive if they believe they are unfit to do so. Royal Society for the Prevention of Accidents (RoSPA) recommend taking a break from driving, of at least 15 minutes after 2.5 hours of continuous driving. NHS Highland supports this recommendation.

9.9. Lone Working

Staff driving alone are ‘Lone Workers’ and must therefore comply with the NHS Highland Protecting the Health, Safety and Welfare of People Working Alone Policy.

9.10. Emergencies

Managers will ensure that staff for whom they are responsible, are instructed in what to do in the event of an emergency (breakdown, illness en-route, etc).

9.11. Vehicle Safety and Security

Any vehicles used in the course of NHS Highland work must be fit-for-purpose (e.g. carrying loads safely or travelling off-road or in adverse conditions) and properly maintained.

Drivers using their own vehicles for NHS Highland work are responsible for ensuring that their vehicles are appropriately serviced and they may be required to produce records to demonstrate this.

Vehicles must not be driven without appropriate familiarisation.

NHS Highland recommend that staff remain vigilant and aware of vehicle related crime e.g. theft and vandalism.

9.12. Authorised Drivers for Lease, Hire, Pool or Fleet Vehicles

The above vehicles may only be driven by:
- The employee to whom the vehicle is allocated (see NB below);
- His or her spouse/partner provided authority has first been obtained in writing from the director/manager concerned. Non-employees must be made aware of the conditions of use associated with lease cars;
• Any other authorised NHS Highland employees whilst on NHS Highland business;

• In an emergency (i.e. a situation where the authorised driver is unable to drive through accident or ill health) any other licensed driver, subject to verbal permission wherever possible.

**NB.** Vehicles must **NEVER** be driven by learner drivers (this does not apply to cars allocated to individuals under the NHS Highland Lease Car Policy).

• Authorisation to drive will only be given subject to the sight of a completed Declaration in Respect of Motor Insurance and valid and current driving licence. This will be required on an annual basis;

• Your manager must be informed immediately of any convictions, any pending prosecutions, or changes to a driver's health which would impact on the member of staff’s ability to drive and/or render the driver ineligible to drive.


Employees may only use their private vehicles on NHS Highland business if the:

• use is authorised by NHS Highland through official procedures;

• driver has a valid and current licence for the class of vehicle they will drive;

• vehicle is insured, by the owner, for business use;

• vehicle has a current MOT Certificate where required;

• vehicle is regularly maintained and serviced.

Managers will ensure that the above requirements are met and maintain appropriate records.

### 10. STAFF TRAINING

10.1. NHS Highland will provide basic driver safety training, where identified through risk assessment or job requirements, to give staff the knowledge and skills needed to help prevent and manage work-related driving risks. Different levels of training will be available and we will provide specialist training if necessary (for example, this could include training for staff involved in transporting patients or food, training in transporting dangerous loads, and training in loading and securing goods).

10.2. NHS Highland will also provide training in relation to driver risk assessment. Guidance on musculo-skeletal conditions associated with driving for long periods will be provided. Managers are responsible for making sure that staff receive appropriate training and have access to refresher training on a regular basis. Advice and guidance on basic and specialist driver training is available from the Transport Department.
11. REPORTING AND RECORDING

Staff will report all incidents, including near misses (an incident which occurred and had the potential for serious harm, damage or loss, but no serious harm, damage or loss resulted) to their manager at the earliest opportunity. These should be reported on an Incident Report Form (IR1) and all incidents should be investigated by the manager.

Managers will ensure that any Road Traffic Accident that involves a member of staff driving in connection with work is reported immediately to the Health & Safety Team. The Health & Safety Team will notify the Health & Safety Executive (HSE) when any of the following occur:

- Death of an employee or other
- Major injury of an employee or other
- Unconsciousness for any period of time
- Admission to hospital for more than 24 hours
- An accident, not covered by the above, which results in employee absence of more than 3 days.

To monitor the implementation and effectiveness of this policy and associated local procedures, managers should regularly review local statistics and incident reports.

12. MONITORING AND REVIEWING

NHS Highland will monitor and review this policy, in partnership, with Trade Unions/Professional Organisations and safety representatives.

The review processes will include:

- reporting, every three months, to NHS Highland’s Health and Safety Committee and the Area Partnership Forum on incident statistics and safety improvement measures;
- reporting, on an annual basis, to the Health and Safety Committee and Staff Governance Committee on implementation of the policy, the outcomes of risk assessment and details of training provided;
- reporting, on an annual basis, to NHS Highland to highlight progress in reducing risk and incidents and making recommendations for the forthcoming year.
## OCCUPATIONAL ROAD RISK ASSESSMENT RECORD

(Revised January 2005)

### INITIAL INFORMATION

<table>
<thead>
<tr>
<th>Driver Name:</th>
<th>Date:</th>
</tr>
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<tbody>
<tr>
<td>Staff Group:*</td>
<td>Nursing / Medical / Dental / A &amp; C / Estates / Ancillary / PTA / PTB / AHP / Senior Manager</td>
</tr>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
<tr>
<td>Vehicle Driven:*</td>
<td>Lease Car / Pool Car / Hire Car / Other Trust Vehicle / Own Car</td>
</tr>
<tr>
<td>Work Base Address:</td>
<td></td>
</tr>
<tr>
<td>Line Manager:</td>
<td></td>
</tr>
</tbody>
</table>

*Please delete those not applicable*

Please see notes attached before completing the scoring and circle an answer to every question in each section

### SECTION 1

<table>
<thead>
<tr>
<th>Driver Risk</th>
<th>Very Low Score = 0.5</th>
<th>Low Score = 1</th>
<th>Medium Score = 1.5</th>
<th>High Score = 2</th>
<th>Very High Score = 2.5</th>
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<tbody>
<tr>
<td>Age</td>
<td>51-60</td>
<td>31-50 or &gt; 60</td>
<td>22-30</td>
<td>17-21</td>
<td></td>
</tr>
<tr>
<td>No of years driving licence held</td>
<td>&gt; 15</td>
<td>11-15 years</td>
<td>6 - 10 years</td>
<td>2-5 years</td>
<td>&lt; 2 years</td>
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<tr>
<td>Serious crashes in last 3 years</td>
<td>0</td>
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<td>1 - 2</td>
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<td>&gt; 2</td>
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<tr>
<td>Minor crashes in last 3 years</td>
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<td>1 - 2</td>
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<td>&gt; 2</td>
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<tr>
<td>Driving convictions in last 5 years</td>
<td>0</td>
<td>1 - 2</td>
<td></td>
<td>&gt; 2</td>
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</tr>
<tr>
<td>Medication used</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Training</td>
<td>Advanced driving</td>
<td>Defensive Driving</td>
<td>Basic Driving Licence</td>
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</table>

(A) Driver Risk Score

### SECTION 2

<table>
<thead>
<tr>
<th>Journey Risk</th>
<th>Very Low Score = 0.3</th>
<th>Low Score = 0.6</th>
<th>Medium Score = 0.9</th>
<th>High Score = 1.2</th>
<th>Very High Score = 1.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Miles driven per year</td>
<td>&lt; 5000</td>
<td>5,001 - 15,000</td>
<td>15,001 - 50,000</td>
<td>&gt; 50,000</td>
<td></td>
</tr>
<tr>
<td>Average time driving per day (Including Commuting)</td>
<td>&lt; 1 Hour</td>
<td>1 - 3 Hours</td>
<td>3 - 6 Hours</td>
<td>&gt; 6 Hours</td>
<td></td>
</tr>
<tr>
<td>Average length of working day</td>
<td>&lt; 8 Hours</td>
<td>8 - 10 Hours</td>
<td>11 - 12 Hours</td>
<td>&gt; 12 Hours</td>
<td></td>
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<tr>
<td>Time spent driving 12am – 6am</td>
<td>Nil</td>
<td>Up to 1 hour</td>
<td>1 - 2 Hours</td>
<td>&gt; 2 Hours</td>
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<tr>
<td>On Call Commitment</td>
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<td></td>
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</table>

(B) Journey Risk Score
### SECTION 3

<table>
<thead>
<tr>
<th>Vehicle Risk</th>
<th>Very Low Score = 0.2</th>
<th>Low Score = 0.4</th>
<th>Medium Score = 0.6</th>
<th>High Score = 0.8</th>
<th>Very High Score = 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engine capacity – cars &amp; vans</td>
<td>&lt; 1,400cc</td>
<td>1,401 - 2,000cc</td>
<td>&gt; 2,000cc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS fitted</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front air bags fitted</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Side air bags fitted</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>High level brake light fitted</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Vehicle EuroNCAP Score</td>
<td>5</td>
<td>3 - 4</td>
<td>0 - 2</td>
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</table>

(C) Vehicle Risk Score

### SECTION 4

<table>
<thead>
<tr>
<th>Total Risk Score (A + B + C)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**RISK BANDING** where TOTAL RISK SCORE =

- 1.5 - 2.5 Low
- 2.6 - 3.5 Medium
- 3.6 - 4.0 High
- 4.1 - 5.0 Very High

### SECTION 5

**RISK PRIORITISATION**

<table>
<thead>
<tr>
<th>Risk Band</th>
<th>Wherever possible action should be taken to reduce risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes / No</td>
<td>Consistently high scoring indicates action should be taken to reduce this risk</td>
</tr>
</tbody>
</table>

### SECTION 6

**Proposed Risk Reduction Measures**

**Signatures:**

Employee:

-------------------------------------------------------------------------------------------------------------------------------------

Line Manager:

-------------------------------------------------------------------------------------------------------------------------------------

Date:

-------------------------------------------------------------------------------------------------------------------------------------

When completed place original in Employee’s Personal File and send copy to:

The Health and Safety Team, NHS Highland, John Dewar Building, Inverness Retail & Business Park, Highlander Way, Inverness, IV2 8GE
GUIDANCE NOTES FOR COMPLETION OF OCCUPATIONAL ROAD RISK ASSESSMENT FORM.

INITIAL INFORMATION

Along with the driver's name and assessment date, the driver's staff group, location, vehicle driven* and workbase should be recorded. This may be helpful, when the overall analysis is carried out, in highlighting specific locations and/or departments exposed to higher road risk.

* In the event a driver uses more than one of the vehicle categories the assessment should be based on the category driven most frequently.

SCORING

Score each criterion within each of the 3 sections by marking the appropriate column against the risk. The importance of scoring and criteria will be evident when you come to Risk Prioritisation at the end of the exercise. The score for each of the three sections is the highest score recorded for any one criterion as opposed to an aggregate of all criteria in the section.

1. DRIVER RISK

The driver has the biggest influence over the likelihood of being involved in a crash so is covered first. The number of years an employee has held a full licence, the number of crashes they have had and the number of driving convictions they have, are indicators of the risk that they face on the road. The insurance companies use this information in their calculations for determining insurance premiums. The more recent the crashes or convictions, the higher the risk of being involved in a crash.

Age

The driver's age has a great effect on the risk of crashing. Statistics from the Transport Research Institute (Road User Behaviour Division) show that drivers under the age of 20, especially men, are most at risk of having a crash, and that the safest drivers tend to be aged over 30 but under 60. At 60 the risk increases again.

Number of years licence held

Less experienced drivers are more likely to be involved in crashes regardless of their age. Employees who do not have a driving licence for the country where they drive most should score very high risk, as it may be an indication that they are not fully aware of the country-specific laws, rules and regulations.

Crash record

Drivers who have recently had crashes, regardless of "blame", are more likely to be involved in subsequent crashes than those who have not crashed. The assessor
should refer to the IR1 records for this information.

**Driving convictions**

Drivers who break the law are more likely to be involved in crashes than law-abiding drivers.

**Medication**

Certain medications can cause drowsiness although many drivers ignore the warnings on the medicine label and continue to drive after taking it. This can be a particular problem with, for example, some cold and hay fever remedies. The assessor should determine whether the driver uses any such medication during the year (including regular medication) and, if the driver does not know the warnings associated with the medication that he/she uses, score it as a Yes.

**Training**

The training a driver receives can have a big influence on the risks they face on the road. Drivers with an advanced driving qualification, for example, face lower risks than other drivers.

2. **JOURNEY RISK**

After the driver, the types of journeys undertaken have the next biggest influence on the risk of a crash. This covers the number of miles driven per year and also where the journeys take place and on what type of roads. The more miles an employee drives, the bigger the risk they face of being involved in a crash.

**Total Miles driven per year**

The number of miles driven is a reliable indicator of risk as the more time the employee is behind the wheel, including commuting to and from work, the more chance they have of being involved in a crash.

**Average time driving per day**

This is sometimes difficult for an employee to estimate, especially if they are irregular or occasional business drivers. It may be necessary for an employee to give a best estimate of the time they spend driving over a typical week or month.

**Average length of working day**

This question determines whether fatigue could be induced by the overall time that an employee is at work, including driving. This should include commuting as this will influence the level of fatigue. Managers and staff should be particularly mindful that travel time is a legitimate part of the working day for many staff working in and from the Highlands.

**Time spent driving between midnight and 6am**

The human body’s natural body-clock expects to be asleep between the hours of midnight and 6:00 am, and so drivers driving during these hours are more likely to feel tired at the wheel, and in the worst cases, fall asleep.
On-Call Commitment

Drivers who are "called out" may be inclined to drive faster than normal to their destinations. Research clearly shows that fast driving is directly linked to road traffic accidents.

3. VEHICLE RISK

The vehicle, whilst important, has the least influence of the three major areas of risk. Some vehicle features can help prevent crashes but many are passive features that help protect a driver in the event of a crash and thus minimise the severity of the collision.

Employees who drive more than one category of vehicle should assess the vehicle they use most.

Engine capacity

In general, the higher the performance of a vehicle the more likely it is to contribute to a crash. This is especially true with young and inexperienced drivers, or drivers who are used to vehicles of lesser power. The scoring for cars and vans is different to that for motorcycles.

ABS (Anti-lock braking systems) fitted

The Anti-lock Braking System (ABS) on a vehicle is an active safety feature that can help the driver avoid a crash in an emergency situation by giving them the ability to steer under heavy braking. This is a safety benefit provided that the driver knows how to use the system correctly.

Front airbags

These are passive safety features that work to protect the driver and passenger in the event of a frontal impact, when used in conjunction with the safety belts. They do not reduce the likelihood of a crash but can lessen the severity of any subsequent injuries. If there is a driver airbag but no passenger airbag, it can be scored as if there were both if it is the case that only the driver is in the car on work journeys (which is usually the case).

Side airbags

These are also passive safety features that work to protect the driver and passenger in the event of a side impact. They do not reduce the likelihood of a crash but can lessen the severity of any subsequent injuries.

High level brake light

This is another active safety feature. It can give drivers following behind an early indication that the vehicle is braking and thus lessen the risk of a rear-end collision.

Euro NCAP

Euro NCAP was established in 1997 and "provides motoring consumers with a realistic and independent assessment of the safety performance of some of the most
popular cars sold in Europe." Euro NCAP also encourages "significant safety improvements to new car design". (Source: http://www.euroncap.com/index.htm)

Details on the safety performance of models tested to date can be found on the above web-site. Alternatively enquiries regarding scoring could be made to the vehicle manufacturer, or its local agent.

4. TOTAL RISK SCORE

The lowest possible Total Risk Score (A + B + C) is 1.5 and the highest possible score is 5.

5. RISK PRIORITISATION

Actions to address risk should be prioritised according to the score, i.e. the higher the score, the sooner that risk should be reduced. To prioritise, go back to the original assessments to see how each individual aspect of each section was rated. So for example, an assessment which shows very high and high ratings for all the aspects of "Driver Risk" requires action before one which shows only one aspect as very high.

6. PROPOSED RISK REDUCTION MEASURES

The manager should, with the driver completing the form, identify appropriate and reasonably practicable measures to reduce the driver's risk profile.

Such measures could include:

- Reducing the work related driving requirement
- Practical driver refresher training
- Advanced driver training
- Defensive driving training
- Special skills training e.g. skid pan, vehicle loading
- Providing a more appropriate vehicle
- Improving the vehicle specification.

Advice on any of the above may be sought from the Transport Manager and/or the Health & Safety Team.

NB. Any training agreed should be included in the driver's Personal Development Plan (PDP).
A WORKED EXAMPLE

1. Drew Howie is a Twenty Nine-year-old Community Psychiatric Nurse based in Glenbogle. He has held a driving licence for 9 years and has been involved in two minor road traffic accidents in the past two years. One of these accidents resulted in a conviction for careless driving.

INITIAL INFORMATION

<table>
<thead>
<tr>
<th>Driver Name:</th>
<th>Drew Howie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Group:*</td>
<td>Nursing / Medical/ Dental/ A &amp; C/ Estates/ Ancillary/ PTA /PTB/AHP/ Senior Manager</td>
</tr>
<tr>
<td>Job Title:</td>
<td>Community Psychiatric Nurse</td>
</tr>
<tr>
<td>Vehicle Driven:*</td>
<td>Lease Car/ Pool Car/ Hire Car/ Own Car/ Other Trust Vehicle</td>
</tr>
<tr>
<td>Work Base Address:</td>
<td>Glenbogle</td>
</tr>
<tr>
<td>Line Manager:</td>
<td>A. N. Other</td>
</tr>
</tbody>
</table>

SECTION 1

<table>
<thead>
<tr>
<th>Driver Risk</th>
<th>Section Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low Score = 0.5</td>
<td></td>
</tr>
<tr>
<td>Low Score = 1</td>
<td></td>
</tr>
<tr>
<td>Medium Score = 1.5</td>
<td></td>
</tr>
<tr>
<td>High Score = 2</td>
<td></td>
</tr>
<tr>
<td>Very High Score = 2.5</td>
<td></td>
</tr>
<tr>
<td>Age 51-60</td>
<td>2</td>
</tr>
<tr>
<td>31-50 or &gt; 60</td>
<td></td>
</tr>
<tr>
<td>22-30</td>
<td></td>
</tr>
<tr>
<td>17-21</td>
<td></td>
</tr>
<tr>
<td>No of years driving licence held &gt; 15</td>
<td></td>
</tr>
<tr>
<td>11-15 years</td>
<td></td>
</tr>
<tr>
<td>6 -10 years</td>
<td></td>
</tr>
<tr>
<td>2-5 years</td>
<td></td>
</tr>
<tr>
<td>&lt; 2 years</td>
<td></td>
</tr>
<tr>
<td>Serious crashes in last 3 years 0</td>
<td></td>
</tr>
<tr>
<td>1 -2</td>
<td></td>
</tr>
<tr>
<td>&gt; 2</td>
<td></td>
</tr>
<tr>
<td>Minor crashes in last 3 years 0</td>
<td></td>
</tr>
<tr>
<td>1 -2</td>
<td></td>
</tr>
<tr>
<td>&gt; 2</td>
<td></td>
</tr>
<tr>
<td>Driving convictions in last 5 years 0</td>
<td></td>
</tr>
<tr>
<td>1 -2</td>
<td></td>
</tr>
<tr>
<td>&gt; 2</td>
<td></td>
</tr>
<tr>
<td>Medication used No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Training Advanced driving</td>
<td></td>
</tr>
<tr>
<td>Defensive Driving</td>
<td></td>
</tr>
<tr>
<td>Basic Driving Licence</td>
<td></td>
</tr>
<tr>
<td>(A) Driver Risk Score</td>
<td></td>
</tr>
<tr>
<td>Section Score</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

2. Drew drives 12,000 miles per year privately, whilst his work related mileage is 20,000 miles. On average he drives 4 hours per day, from 8am until 5.30p.m. though he is on call twice every 7 days which can extend his working day from time to time.

SECTION 2

<table>
<thead>
<tr>
<th>Journey Risk</th>
<th>Section Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low Score = 0.3</td>
<td></td>
</tr>
<tr>
<td>Low Score = 0.6</td>
<td></td>
</tr>
<tr>
<td>Medium Score = 0.9</td>
<td></td>
</tr>
<tr>
<td>High Score = 1.2</td>
<td></td>
</tr>
<tr>
<td>Very High Score = 1.5</td>
<td></td>
</tr>
<tr>
<td>Total Miles driven per year &lt; 5000</td>
<td></td>
</tr>
<tr>
<td>5,001 - 15,000</td>
<td></td>
</tr>
<tr>
<td>15,001 - 50,000</td>
<td></td>
</tr>
<tr>
<td>&gt; 50,000</td>
<td></td>
</tr>
<tr>
<td>Average time driving per day (Including Commuting) &lt; 1Hour</td>
<td></td>
</tr>
<tr>
<td>1 - 3 Hours</td>
<td></td>
</tr>
<tr>
<td>3 - 6 Hours</td>
<td></td>
</tr>
<tr>
<td>&gt;6Hours</td>
<td></td>
</tr>
<tr>
<td>Average length of working day &lt; 8 Hours</td>
<td></td>
</tr>
<tr>
<td>8 - 10 Hours</td>
<td></td>
</tr>
<tr>
<td>11-12 Hours</td>
<td></td>
</tr>
<tr>
<td>&gt; 12 Hours</td>
<td></td>
</tr>
<tr>
<td>Time spent driving 12am – 6am Nil</td>
<td></td>
</tr>
<tr>
<td>Up to 1 hour</td>
<td></td>
</tr>
<tr>
<td>1 - 2 Hours</td>
<td></td>
</tr>
<tr>
<td>&gt; 2 Hours</td>
<td></td>
</tr>
<tr>
<td>On Call Commitment No</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>(B) Journey Risk Score</td>
<td></td>
</tr>
<tr>
<td>Section Score</td>
<td></td>
</tr>
<tr>
<td>0.9</td>
<td></td>
</tr>
</tbody>
</table>

3. Drew's lease car is a 1.8L Ford Focus which is fitted with ABS, front and side air bags and a high level light at the rear. The car's EuroNCAP score is 4.

SECTION 3

<table>
<thead>
<tr>
<th>Vehicle Risk</th>
<th>Very Low Score = 0.2</th>
<th>Low Score = 0.4</th>
<th>Medium Score = 0.6</th>
<th>High Score = 0.8</th>
<th>Very High Score = 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engine capacity – cars &amp; vans</td>
<td>&lt; 1,400cc</td>
<td>1,401 - 2,000 cc</td>
<td>&gt; 2,000cc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABS fitted</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front air bags fitted</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side air bags fitted</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High level brake light fitted</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicle EuroNCAP Score</td>
<td>5</td>
<td>3 - 4</td>
<td>0 - 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(C) Vehicle Risk Score

SECTION 4

Total Risk Score (A + B + C) = 3.3

RISK BANDING where TOTAL RISK SCORE =

| 1.5 - 2.5 | Low |
| 2.6 - 3.5 | Medium |
| 3.6 - 4.0 | High |
| 4.1 - 5.0 | Very High |

SECTION 5

<table>
<thead>
<tr>
<th>RISK PRIORITISATION</th>
<th>Recommended Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Band</td>
<td>2.6 - 3.5 Medium</td>
</tr>
<tr>
<td>Does any one Section score highly on most/all aspects?</td>
<td>DRIVER RISK is high and Drew has had two recent minor crashes. This risk would be reduced by providing Drew with Training.</td>
</tr>
<tr>
<td></td>
<td>JOURNEY RISK is a medium risk. This is due to the nature of the job in a rural situation. It is not really practical to reduce the risk.</td>
</tr>
<tr>
<td></td>
<td>VEHICLE RISK is low with most aspects very low. This risk could only be reduced further by changing to a car with a smaller engine capacity and a higher EuroNCAP rating.</td>
</tr>
<tr>
<td></td>
<td>Consistently high scoring indicates action should be taken to reduce this risk</td>
</tr>
</tbody>
</table>

SECTION 6

Proposed Risk Reduction Measures

Overall, the practical way forward to significantly reduce Occupational Road Risk would be to offer Drew Advanced Driver Training.

Signatures:

Drew Howie  
Employee

A N Other  
Line Manager

Date:  
Wednesday 5th January 2005
DECLARATION IN RESPECT OF MOTOR INSURANCE

1. Full Name ........................................................................................................................................

2. Occupation and Place of Work ........................................................................................................

3. Contact Telephone Number: Work ................................................................................................

4. Date of Birth .....................................................................................................................................

PLEASE SUPPLY A COPY OF DRIVING LICENCE ALONG WITH DECLARATION FORM PRIOR TO DRIVING NHS VEHICLES AND RETURN TO: TRANSPORT MANAGER, C/O OLD NURSES HOME, CRAIG DUNAIN, LEACHKIN ROAD, INVERNESS, IV3 8PG.

4. a. How long have you held a Driving Licence? ................................................................. Year(s)

   b. Type of licence held – European Community and European Economic Area (EC/EEA) *
       International * National * i.e. Australian, Canadian, New Zealand, South African etc.
       Important: Manual or Automatic Gearbox Test Passed *
       * Please Delete as Appropriate

5. a. Have you been convicted during the past 5 years or disqualified from driving during the past 10 years with any offence in connection with a motor vehicle or is any prosecution pending? YES/NO

   b. Have you been involved in an accident or loss in the last 3 years other than those resulting in a claim under this policy? YES/NO

   c. Have you ever been refused insurance or had special conditions or terms imposed? YES/NO

6. a. To the best of your knowledge and belief do you suffer from any defect of vision or hearing? YES/NO

   b. Have you ever suffered from any heart complaint, diabetes, fits or any other mental or physical infirmity? YES/NO

NB Certain disabilities and medical conditions require to be notified to the Drivers Medical Group at the Driver and Vehicle Licensing Agency (DVLA). See Ministry of Transport Leaflet D100, available from Post Offices. If you require to notify DVLA, please provide a copy of their response.

Note: If you have answered YES to any of the questions please give Full details below or on a separate sheet if necessary.

I hereby declare that to the best of my knowledge and belief the answers given are true and correct.

Signature: ................................................................. Date: .................................................................
JOURNEY RISK ASSESSMENT CHECKLIST

You should consider the following points before beginning any journey. It would be beneficial to make a record for long and unfamiliar routes. If the assessment indicates a significant degree of risk the driver’s manager must be consulted before the journey is undertaken.

1. JOURNEY PLANNING

1.1. Has a Safe Journey Plan been put together covering:

- Start time?
- Finish time?
- Stops?
- Adequate rest breaks?
- Safest route?

1.2. Does it take account of:

- Environmental conditions?
- Enough time for breaks?
- Restrictions on maximum distances and driving hours?
- Times of day associated with fatigue?
- Accident black spots?
- Traffic conditions?
- Number of pedestrians?
- Business overruns and hold-ups?
- Other factors which might have an effect?

2. THE VEHICLE

2.1. Is the vehicle fit for the purpose of the journey, including:

- Distance to be travelled?
- Load carrying?
- Passengers?
- The road conditions?

2.2. Have pre-journey safety checks been carried out on:

- Tyres?
- Lights?
- Windscreens and windows?
- Washers and wipers?
- Mirrors?
- Oil, coolant and battery levels?
- Signs of damage?
2.3. **Is the vehicle one with which the driver is familiar, particularly in relation to:**

- Seating position?
- Mirror settings?
- Position of major and minor controls?

2.4. **Does the vehicle have:**

- ABS (an anti-lock braking system) or other desirable safety features (for example, driver and load partitions)?
- On-board emergency equipment such as a first-aid kit or fire extinguisher?

3. **THE DRIVER**

- Does the driver have the appropriate, valid licence for the vehicle being driven?
- Is the driver fit to drive?
- Is the driver in the right frame of mind?
- Has the driver received any driver training needed?
- Does the driver know what to do in the case of an emergency?