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There is great interest from PACTS and PACTS members in your June 13<sup>th</sup> Written Ministerial Statement on road safety. PACTS members are particularly interested to hear more about the refreshed road safety statement and two-year action plan. I am grateful to your official, Pauline Morgan, who stepped in late to explain it and to answer questions at our July meeting.

I know that you want to cut the number of GB deaths and injuries, which has plateaued since around 2010. As you would expect, PACTS is keen to see a plan that is ambitious and broad-ranging, focused firmly on this urgent task. I understand that the intention is to publish the refreshed Statement quite soon, possibly in October. I am therefore sending you some views now, which I hope you will find constructive. I should add that these are PACTS' views. Most will be shared by our 100+ members but they do not necessarily reflect all members on all issues.

The 2015 British Road Safety Statement was important in that the Government, for the first time, endorsed the safe system approach to road safety management. It did not go as far as we would have liked: for example, there were no targets or criteria to assess progress, but it was a good start. It acknowledged the principles of safe system – the inherent fallibility and vulnerability of road users and the importance of creating a road system which minimises the potential for fatal or serious injury. It contained an action plan addressing the five pillars (safe roads, safe speeds, safe vehicles, safe road users and post-crash response). We hope that the refreshed Statement will build on this.

Please don't think that PACTS is obsessed about safe system. We recognise that it can sound very dry. It lacks the media-friendly appeal of the Swedish *Vision Zero* or the Dutch *Sustainable Safety*. (Perhaps we need a UK name for it?) But it is an important development that we believe will be more effective than some previous and on-going efforts. It gets away from interventions based on scaring young people, forlorn marketing campaigns attempting to change deep-seated attitudes, ad hoc engineering schemes and placing the main responsibility on the road user. It is aligned to the road danger reduction approach strongly endorsed by organisations promoting active travel and justice for vulnerable road users; and it is aligned to the wider policies to improve health, air quality, sustainability and quality of life, now increasingly adopted by city regions, cities and smaller places.

We are encouraged that there will be both a refreshed Statement and a new action plan. The Statement will help to coordinate efforts across the many organisations involved. The action plan will, presumably, focus on actions for the government and show how others can assist.

With regard to the Statement, we would urge you to start it with **a clear, unambiguous and ambitious commitment** to bring down the total annual number of road deaths and serious injuries as quickly as possible. This could build on the Conservative 2015 Manifesto commitment. A commitment costs nothing but it sends a vital signal to all involved about the Government's intentions and priorities. We cannot think why the Government would not want to do that.

As you know, PACTS and many others would like to see the Government **adopt casualty-reduction targets**. We are encouraged that the Department now appears to be reconsidering the advantages. Targets would give teeth to the commitment and bring a raft of other benefits in terms of focus, coordination, resources, etc. We know that targets are not a magic bullet – it is quite possible to point to road safety targets badly set (e.g. the Global 2020 target) or those likely to be missed (e.g. the EU 2020 target), both of which were endorsed by the UK Government. However, the absence of a UK/GB target badly undermines the UK's claim to be an international leader in road safety. It also undermines ambition and monitoring of efforts within the UK where there are a plethora of targets set by various bodies (including one set by DfT for Highways England) with different dates, base-lines and definitions.

Targets can be aspirational or carefully calculated, or a combination. The Government has adopted targets for other important areas of public policy, such as NHS waiting-times and reducing suicides, vehicle emissions and greenhouse gases. The largest cause of death and injury for young people, and for many of us in our daily lives, surely deserves equal priority.

We recommend that the targets and analysis **focus principally on deaths and the more severe serious injuries**. This is because these are the most important casualty types (costly, traumatic, permanent/chronic etc.) and also because the data for deaths is reliable whereas as the police data for serious injuries is dependent on reporting levels and has been affected recently by the introduction of new reporting systems (CRASH and COPA). In addition, casualty reporting by the police in the UK uses a broad definition of serious injury. The more stringent, clinically seriously injured (MAIS3+) definition, now adopted as a European reporting standard, excludes less severe "serious" injuries. It is worrying that the estimated number of clinically seriously injured casualties in the UK has remained relatively unchanged since 1999.<sup>1</sup>

International good practice is now to **adopt road safety performance indicators**, as the road safety management capacity review recommended. These would sit beneath the casualty reduction targets. These provide a better measure of the safety of the system and the success of the agencies in delivering it than headline casualty figures. The Department has endorsed this approach in the Safer Roads Fund, which uses the risk assessment ratings (IRAP stars) to assess need and improvement. I understand that the Government is also moving to adopt Buying Standards for new cars, using the Euro NCAP star rating system. PACTS is undertaking research, in association with Ageas and with assistance from your Department, to provide an evidence base for an indicator set appropriate to the UK.

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<sup>1</sup> DfT, RRCGB: 2015 Report, p65.

Ideally the Department would adopt a set of indicators in the refreshed Statement. However, if it is too early to specify the precise indicators, it would be extremely helpful to make **a commitment to adopting and robustly monitoring a set of performance indicators in the near future**. A problem in the past has been that, even when indicators were adopted, there was no meaningful monitoring by the Department. This happened with the 2011 Road Safety Framework indicators. Although still reported annually in RRCGB (RAS41), there has been no commentary or statement by officials or ministers and they are largely ignored.

You indicated four priority road users groups for the refreshed Statement. The 2017 PACTS report *UK Road Safety – Seizing the Opportunities* (Safer Road Users paper) analysed Stats19 data to see if clear priorities could be identified. This showed that it is more complicated than might be expected and that there are a number of ways that priorities could be selected. I have included an extract in the Annex to this letter.

For example:

- Young drivers have had a high casualty rate (per million miles) but the rate is falling, as is the number of deaths involving young drivers. An action plan largely focused on young drivers may not deliver substantial overall casualty reductions. The same is true of motorcyclists – a high but falling fatality rate and a falling number of fatalities.
- Car users may have a relatively low casualty rate (per million miles) but they are the largest casualty group (almost 50% of deaths) and cars are the vehicles involved in most collisions with vulnerable road users. Any action plan that did not address the majority of drivers would almost certainly fail to deliver substantial overall casualty reductions.
- Cyclists and pedestrians have high fatality rates (per million miles) compared with car occupants. However, given that most people walk and cycle only a few hundred miles each year, whereas car users will travel perhaps 5-6,000 miles by car each year, it is questionable if this comparison is meaningful. For most people, the car is the vehicle in which they are most likely to die – or to be killed by.
- HGVs rarely show up in this casualty-based analysis, which can give the impression that there is no HGV road safety “problem”. Yet some 15-20% of pedal cyclist and pedestrian fatalities involve an HGV.

We prefer to base analysis on fatalities as these data are complete and much more reliable than data for injuries which are subject to underreporting and, since 2015, the effects of the introduction of CRASH. Interventions which reduce fatalities will also reduce the most serious casualties.

**We recommend an approach which addresses the safety of the system** – safe roads, speeds, vehicles, users and post-crash response – rather than focusing on specific road user groups. This will reduce danger and the potential for serious harm, and deliver maximum casualty reductions to the benefit of all user groups, particularly high-risk groups such as young people, rural road users, motorcyclists and older vulnerable users.

We would like to see the refreshed Statement and action plan clearly identify the largest groups of casualties and vehicles/factors involved and include and actions proven to address them. This would require **a quantitative analysis** covering:

- Major casualty numbers (road user types and vehicles involved) and causation factors;
- An estimate of the casualty reduction that will be delivered by the actions proposed, as far as possible.

To provide a simple example:

Road Users	Deaths (RRCGB)	Vehicles involved in fatal collisions	Number (RRCGB)
Car occupants	800	Cars/vans	2,000
Pedestrians	450	Motorcycles	350
Motorcyclists (PTW)	300	HGVs	300

Contributory factors (in depth research)	Deaths (ONS, RAIDS, DfT, TRL et al)	Contributory factors of drivers in fatal collisions (Stats19)	% of drivers receiving CFs (PACTS 2017)
Impaired by alcohol	250-300	Failed to look properly	30%
Impaired by drugs	200	Careless, reckless, hurry	20%
Not using seat belt/child seat	150-250	Exceeding speed limit	20%
Work-related driving	600	Impaired by alcohol	10%

All figures are for GB per annum, indicative and rounded.

**We would like to see the action plan address** these issues and structured on the five safe system pillars. **By way of example only**, it could include some or all of the following:

#### *Safe roads and roadsides*

- Upgrading major road to 3 stars or higher. This is in line with the Highways England’s plans and the Safer Road Fund. We would like to see a commitment that all of the £175 million will be invested in safer roads, not returned to the Treasury. Crash costs can be halved with each increase in star rating and estimates of the casualty savings can be made.

#### *Safe speeds*

- Rural roads. Even marginally lower speeds can lead to substantial casualty reductions, particularly on single carriageway roads. Average speed cameras are gaining public acceptance and “psychological” traffic calming can achieve worthwhile speed reductions.
- Urban roads. 20 mph limits are seen by many as an important part of promoting active travel and delivering fewer casualties. However, area-wide sign-only limits have achieved poor speed limit compliance and the benefits, however measured, appear disappointing. The DfT-commissioned Atkins study should provide badly-needed robust information. The Department should use this to update its speed limit setting guidance to local authorities to ensure that 20 mph limits deliver the benefits that local authorities are seeking.

### *Safe Vehicles*

- The proposed revisions to the safety standards for new vehicles (the EU General Safety Regulation and Pedestrian Safety Regulation) offer perhaps the biggest and best opportunity to deliver substantial casualty reductions in the medium term in the UK and across Europe, benefitting vehicle occupants and vulnerable road users. The changes are also helpful to the development of autonomous vehicles and are supported by the UK automotive industry. We assume that UK Government support for these changes will be central to any refreshed Statement and action plan.

### *Safe Road Users*

- Drink, drugs and non-use of seat belts are major contributory/causative factors, particularly in fatal collisions. Clear strategies to address these are currently lacking. Greater multi-agency collaboration and targeted policing, supported by behaviour change campaigns, would seem part of the way forward.
- Approximately 30% of all road deaths involve driving for work. A strengthening of DfT/HSE guidance to employers and more active enforcement, as well as promotion of good practice such as CLOCS and Driving for Better Business, could deliver substantial casualty savings.

### *Post-crash response*

- This is the least developed of the five pillars and collaboration between the emergency services, health and road safety sectors is weak. Improved trauma care has, almost certainly, reduced the number of deaths from road collisions but clear data are hard to obtain.
- One specific action, strongly recommended by Professor Ian Roberts of LSHTM, is the earlier use of tranexamic acid. This substantially reduces blood loss and death among trauma victims, particularly if administered within the first hour. This implies administration by paramedics rather than hospital doctors. A randomised placebo-controlled trial found that the risk of death due to bleeding was significantly reduced.
- We are encouraged by the Department's moves towards independent and learning-orientated collision investigation. We hope that the Statement and action plan will endorse an approach based on research and in-depth collision investigation, in which Stats19 data are a part, but only a part. Actions might include improved data-sharing, an expansion of the RAIDS2 research project and collaboration between key road safety research staff and the Department's rail, air and marine accident investigation branches. (We take the project run by RAC Foundation for the Department as a given.)

I hope you find this letter useful. I would be happy to discuss it if you would like to do so. I look forward to expanding on these points at the Department's workshops in September/October. I trust you will not mind if I share the letter with PACTS members.

David G Davies, Executive Director

## Annex: Identifying road safety priorities

Extract from PACTS report [UK Road Safety – Seizing the Opportunities](#), *Safer Road Users* (Tanya Fosdick, Dan Campsall and Richard Owen, Road Safety Analysis), May 2017 pp12-13.

“The analysis [of reported KSIs for Great Britain 2011-2015] shows that there are various ways of interpreting the casualty data and therefore the priority groups can differ accordingly:

- Targeting absolute numbers of KSI casualties:
  - Car occupants
  - Pedestrians
  - Motorcyclists
- Targeting groups experiencing increases or no change in KSI casualties:
  - Cyclists
  - Motorcyclists
  - Pedestrians
  - Motorcyclists
- Targeting vehicle types involved in high numbers of KSI collisions with vulnerable road users:
  - Cars
  - Light goods vehicles
  - HGVs
- Targeting high numbers of KSI casualties compared to casualty rates per million miles travelled:
  - Motorcyclists
  - Cyclists
- Targeting high numbers of KSI casualties as a result of total miles travelled:
  - Car occupants
- Targeting by age compared to population figures:
  - Young (16 to 24 years old)
- Targeting by high numbers of KSI casualties compared to driver/rider age and proportion of vehicle type:
  - Young riders of small motorcycles
  - Young car drivers
  - Adult riders of large motorcycles.

If the objective is to minimise total casualties – towards zero – then car occupants are the key road user group since they form the largest casualty group and cars are the vehicle type involved with most KSI collisions. Young drivers and their passengers are a key sub-group.

If the objective is to support active travel modes and reduce inequalities, then more emphasis is needed on the safety of vulnerable modes. This still implies a strong focus on drivers of car and, to a lesser extent, of goods vehicles. HGVs feature more highly if fatalities are the priority.”