



## Driving Standards Policy, Procedure & Emergency Driving and the Law

### Contents

1.	Scope.....	3
2.	Aims.....	3
3.	Objectives .....	3
4.	Principles .....	4
5.	Driver Competencies.....	5
6.	Use of all communications equipment whilst driving .....	5
7.	Driving behaviours .....	5
8.	Reversing and Manoeuvring.....	6
9.	Vehicle Daily Inspections (Tyres, Fuel, Oil & Water) .....	6
10.	Categories of Drivers and Training Requirements .....	7
11.	Reporting Incidents and Collisions .....	9
12.	Maintaining Standards .....	10
13.	Fines and Charges .....	12
14.	Environmental Considerations.....	13
15.	Contracted Drivers .....	13
16.	Vehicle Insurance .....	13
17.	Vehicle Excise Licence .....	14
18.	MOT Inspection and Certification .....	14
19.	Vehicle Servicing and Maintenance.....	14
20.	Vehicle Interior and passenger safety .....	15
21.	Driving Licenses .....	15
22.	Fitness to Drive – Health Issues.....	16
23.	Vision (Spectacles, Contact Lenses/Sunglasses) .....	17
24.	Driving under Emergency conditions .....	17
25.	Exemptions and discretion.....	19
26.	Emergency Response Driver Training and Assessments .....	20
27.	Multiple Response .....	20



<b>28.</b>	<b>Grading the Type of Response to an Emergency Call .....</b>	<b>20</b>
<b>29.</b>	<b>Intent &amp; discretion .....</b>	<b>22</b>
<b>30.</b>	<b>The Law &amp; the Driver .....</b>	<b>23</b>
<b>31.</b>	<b>Definitions .....</b>	<b>27</b>
<b>32.</b>	<b>Responsibilities .....</b>	<b>28</b>
<b>33.</b>	<b>Monitoring and Review .....</b>	<b>31</b>
<b>35.</b>	<b>References .....</b>	<b>32</b>
<b>Appendix A:</b>	<b>Vehicle Make Ready Record (MRS 005) .....</b>	<b>34</b>
<b>Appendix B:</b>	<b>Categories of Drivers .....</b>	<b>35</b>
<b>Appendix C:</b>	<b>Motorway Incidents .....</b>	<b>38</b>
<b>Appendix D:</b>	<b>Smart Motorways – All Lane Running .....</b>	<b>40</b>
<b>Appendix E:</b>	<b>Emergency Access Lanes (Road Works Areas) .....</b>	<b>44</b>
<b>Appendix F:</b>	<b>Hazardous Area Response Team Driving Categories .....</b>	<b>45</b>
<b>Appendix H:</b>	<b>New Vehicles .....</b>	<b>45</b>
<b>Appendix J:</b>	<b>Difficult Conversations .....</b>	<b>49</b>
<b>Appendix K:</b>	<b>Driving Concerns Disclosure Form .....</b>	<b>50</b>



## **1. Scope**

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to promoting and establishing high standards of health, safety and welfare for its employees, including contractors and volunteers, as well as patients, including those with special or complex needs, their families and carers, and members of the public
- 1.2. The objectives of this procedure are to promote the highest standards of driving conduct within the Trust. The way Trust vehicles are driven affects the public's perception of the Trust as a professional organisation. All staff must therefore safeguard the Trust's reputation by displaying high standards of driving and road behaviour at all times.
- 1.3. This procedure applies to all authorised drivers of SECAMB vehicles, claiming exemptions whilst driving under emergency conditions. Vehicles include those that are owned, hired, leased or borrowed.

## **2. Aims**

- 2.1. The aim of this procedure is to ensure that all staff for whom driving is an aspect of their job role (including emergency response driving) understand the risks associated with driving, and to describe the processes, actions and assurances which should be followed to promote safety for staff, patients and the public.

## **3. Objectives**

- 3.1. To ensure the safety and wellbeing of staff, patients, passengers and other road users.
- 3.2. To provide all drivers with a thorough working knowledge of driving policies, procedures and emergency driving and the law through this document.
- 3.3. To eliminate or minimise the incidents and harm caused by driving and provide instruction and guidance to managers and employees on all aspects of driving for and on behalf of the Trust. Working together with staff, the Trust is committed to the use of an effective risk management system to reduce the number and consequences of vehicle related incidents and road traffic collisions, through the accident and reporting procedures, MyCRA App and Datix or a written RTC report if unable to access these systems, or via the approved reporting procedure adopted by Private Ambulance Providing organisations or Enterprise vehicles.



- 3.4. To provide guidance to all drivers in support of their legal and professional responsibilities whilst driving on SECAMB business including when claiming legal exemptions.
- 3.5. To acknowledge the risks associated with driving, particularly when driving under emergency conditions.
- 3.6. To ensure that drivers of Trust vehicles adhere to the level of training and standards commensurate with their role. Drivers of Enterprise vehicles are required to provide a contact telephone number, line manager's email address and confirm they have registered their driving licence with HR/DriverCheck. This must be provided prior to registering the person with Enterprise.

## **4. Principles**

- 4.1 The Trust will use its best endeavours to ensure that everyone who drives on behalf of the Trust will be licensed and authorised to undertake driving associated with their role. Where specific or specialist roles are needed training/assessments will be provided.
- 4.2 Emergency driving and/or the claiming of exemptions can pose the greatest risk to both patients, public and staff. It is a skill underpinned by advanced training and assessment and comes with significant personal responsibility. Failure to act in accordance with the legislative exemptions, provided training or compliance with policy or procedure can result in internal investigation by the Trust and legal proceedings against both the individual and the Trust. All drivers are reminded that they are obliged under the Corporate Manslaughter and Homicide Act 2007, the Road Traffic Act 1988 and the Road Safety Act 2006 to afford, at all times, the maximum protection to other road users and to drive with care and consideration for other road users. At no time must the vehicle be driven recklessly, or in a manner, or at a speed likely to cause danger to another road user (including those near to but not on the road).
- 4.3 All members of staff who are required to drive as part of their duties must hold a valid and current driving licence for their role, appropriate for the type and category of vehicle.
- 4.4 The Trust is responsible for ensuring that all Trust vehicles are in a roadworthy condition. The driver of a lease vehicle is also responsible for the daily maintenance and roadworthy condition of their vehicle and must ensure that servicing is carried out at the required intervals.
- 4.5 The driver retains ultimate legal responsibility for the roadworthiness of the vehicle whilst the vehicle is in their charge and ensure Vehicle Daily Inspections (VDI's) are completed. See point 9.1 for more detail.



Roadworthiness of vehicles belonging to contractors of any kind is the responsibility of the owner/operator of that vehicle..

## **5. Driver Competencies**

- 5.1 All members of staff who are required to drive as an essential part of their duties must hold an in date, current and valid driving licence. For staff who own a photocard, this must also be up to date and valid. Each licence (where relevant) must be appropriate for the type and category of vehicle being driven and must comply with the legal obligations stipulated by the DVLA . The Level 3 Certificate in Emergency Response Ambulance Driving (CERAD) has been developed to meet the core requirements of NHS Ambulance Trusts for learners working or intending to work as emergency ambulance clinical practitioners and emergency care support staff. This qualification meets the requirement for ambulance service drivers to claim exemptions under the road traffic act and to operate to the specification of the High Speed Driver Training regulations of the Department for Transport. Driving competency is underpinned by knowledge of legislation and also the requirement for competency in safe response to emergency calls and the conveyance of patients to the definitive place of care. The staff member must also have successfully completed an IHCD D1 and D2 Driving Course or L3CERAD Driving Qualification.
- 5.2 It is the responsibility of the driver to familiarise themselves with the controls of the vehicle before any journey. This is also detailed in the Emergency Ambulance Response Drivers Handbook and is taught on all Trust driving courses.
- 5.3 If specialist vehicles are to be driven, training and familiarisation will be provided, for example, 4 x 4 on road, hybrid or HART specialist vehicles (on or off road). This familiarisation will be recorded.
- 5.4 Employers of those who work on behalf of the Trust but are employed by another agency must ensure that their staff are qualified to the same standard as above (Private Ambulance Providers should possess L3CERAD Driving Qualifications or IHCD D1 and D2 certificate in Emergency Driving. Drivers must be competent to drive under emergency conditions and that competency is documented.

## **6. Use of all communications equipment whilst driving**

- 6.1 All drivers will comply with current driving legislation with regards to the use of all communications equipment.

## **7. Driving behaviours**



All drivers must drive in a manner which is professional and appropriate and takes into consideration the characteristics of the vehicle and environmental conditions that they are driving in and the training they have undertaken. The Trust has an obligation to report any incident where the law is broken, to the Police.

7.2 Driving on behalf of the Trust and the behaviours displayed is an extension of the Trust values. Staff must uphold the highest standards of conduct when driving on behalf of the Trust, regardless of the type of driving being undertaken.

7.3 The overriding responsibility in any situation is to drive safely and professionally.

## **8. Reversing and Manoeuvring**

8.1 Any person who is required to drive a Trust vehicle when reversing or manoeuvring especially when in confined spaces must, wherever possible, be guided by a second person outside the vehicle with due regard to their own safety. There may be operational exceptions when a second person is unavailable. If there is doubt in the driver's mind about the situation they are manoeuvring into the driver must stop and alight from the vehicle and assess the situation before proceeding.

8.2 A banksperson must be used, wherever possible when reversing and both driver and crew member should work as a team with the driver's responsibilities and the banksperson's responsibility documented in the Emergency Ambulance Response Drivers Handbook and this is taught on all Trust driving courses.

8.3 SRVs or other single crewed vehicles must also be manoeuvred with due care and again where the driver is unsure or there is any doubt that the route is clear; the driver must alight the vehicle and assess the situation before proceeding.

## **9. Vehicle Daily Inspections (Tyres, Fuel, Oil & Water)**

9.1. The roadworthiness of the vehicle is the legal responsibility of the person driving the vehicle. Drivers are responsible for checking basic levels of roadworthiness (fuel, oil, water, tyres, wipers, lights etc. as part of their Vehicle Daily Inspection). Full details on these checks is located in the Emergency Ambulance Response Driver's Handbook (DTAG) and is taught to all members of staff on their L3CERAD course. Prior to the use of the vehicle for ambulance purposes, especially those utilised for response driving, comprehensive checks must be completed to ensure that those vehicles:



- Are safe for their intended use
- Are roadworthy
- Comply with all road traffic law
- Satisfy all health and safety legislation
- Set a good example to other road users

9.2. The vehicle daily inspection (VDI) is to be conducted at the start of every shift or when there is a switch to a different vehicle during a shift. Any defect found must be reported in compliance with the service's policy in order that such defects can be rectified. A vehicle must not be used if it does not comply with road traffic law.

9.3. Items to be checked during daily inspection:

- Examination of exterior
- Wheels and tyres
- Under bonnet checks
- Lights and reflectors
- All glass, wipers and washers
- All audible warning equipment and exhaust

9.4. The appropriate sections of the Vehicle Make Ready Record (MRS005) or the digital equivalent may be completed by the Make Ready Operatives, however, all drivers of operational vehicles must satisfy themselves of the vehicle's roadworthiness. Drivers of Enterprise vehicles must check their vehicle prior to use. They should contact Fleet/Enterprise if they are aware of any damage. Enterprise should provide the necessary paperwork.

## 10. Categories of Drivers and Training Requirements

10.1. Specific driver training requirements for staff working within all tiers of the service are as follows:

Role	Explanation
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Operational Emergency Drivers	All employees or those working on behalf of the trust that are required to drive under emergency conditions are required to hold a valid driving licence for the category of vehicle being driven and to have successfully completed an IHCD D1 and D2, or L3CERAD Driving Course. Section 19 of the Road Safety Act 2006 will be introduced for regular assessments for Trust staff will be completed every five years or sooner in line with the requirements and will be completed by an accredited driving instructor or driving assessor to ensure competency is maintained or following a recommendation made from an untoward incident or accident investigation. Those who work on behalf of the Trust, but employed by another agency must ensure that their staff are competent to drive under emergency conditions and that competency is documented.
Operational Non - Emergency Drivers	All operational employees, or those working on our behalf but employed by another agency, that are required to drive patient carrying vehicles under non-emergency conditions are required to hold a valid driving licence with a C1 entitlement and to undertake the IHCD D1 course or L2 Patient Transport Services or equivalent. Regular assessments for Trust staff will be completed every five years by an accredited driving assessor to ensure competency is maintained, or following a recommendation made from an untoward incident or accident investigation. The employers of those who work on behalf of the Trust, but are employed by another agency must ensure that their staff are competent to drive for these conditions and that their competence to drive is documented.
Non - Operational Drivers (Make Ready Operatives/Production and Logistics Drivers)	All employees including sub-contractors who will regularly be required to drive Trust vehicles must undertake a driving assessment, undertaken by a Trust approved driving instructor or driving assessor prior to driving any Trust vehicle as well as hold the relevant, valid and current driving licence for the category of vehicle being driven All private and voluntary ambulance services staff acting on behalf of the Trust will have their driving qualifications scrutinised in order to ensure they meet the same requirements as those to which Trust staff must comply. This will be a feature of any Service Level Agreement.
Community First Responders (CFR)	All volunteers who drive any Trust vehicles must undertake an initial driving assessment and one thereafter every five years, undertaken by a Trust approved driving instructor or driving assessor prior to carrying any passengers on behalf of the Trust.





	Any livery or signage displayed on CFR vehicles must be approved by the Voluntary Services Manager/Driving Standards Manager. CFR vehicles must not be fitted and/or display additional visual warning devices (i.e. blue or amber beacons) or sirens.
Emergency Responder	The Emergency Responder Scheme is a separate volunteer role to the Community First Responder (CFR). The Emergency Responder is a Blue Light Responder unlike a CFR. They will have completed an accredited L3CERAD blue light driver training programme. Emergency Responders will be trained to drive category B vehicles only and will only be able to respond in an Single Response Vehicle (SRV) (not ambulances). They will be dispatched by the Emergency Operations Centre to all calls. The vehicle used for responding must be a fully marked up Trust SRV only. All Emergency Responders must undertake any refresher programmes as determined by the Trust (or DfT) to maintain their skills, knowledge and understanding.

- 10.2. Any member of staff requiring the ad hoc use of a pool car or hire vehicle will need to complete a Marvel request to the Travel Desk and understand and sign the Terms and Conditions related to the use of this vehicle.

## 11. Reporting Incidents and Collisions

- 11.1. The Driver, or, in their absence the Duty operational Commander or line manager should:
- 11.2. Contact the Operational Support Desk and inform them of the incident. The person reporting the collision will need vehicle and driver details, third party vehicle and driver details including a contact number, location of the incident and relevant information for the follow up collision report on MyCRA App and Datix report or via a written RTC report if the driver does not have access to these systems.
- 11.3. Where it is not possible, safe and/or practicable to report the collision from the scene of the collision, RTC documentation should be completed as soon as possible thereafter, and ideally before the end of the driver's shift.
- 11.4. Any driver involved in a collision (whether on or off Trust premises) but who does not have access to an iPad or iPhone, should inform their Team Leader/Manager immediately and request that the form is done on their behalf. If this is not possible a paper RTC report can be submitted as a final option.



- 11.5. Drivers should not admit liability or inform the third party that a Trust representative will contact them. The third party should contact their own insurer who will progress the matter.
- 11.6. Once the driver sections have been completed the RTC form, via MyCRA App which will be sent to [fleetinsuranceclaims@secamb.nhs.uk](mailto:fleetinsuranceclaims@secamb.nhs.uk) and concurrently forwarded to the individuals line manager for investigation. To facilitate a timely response from the Trust insurers, forms should not be held waiting for the manager input. A Datix must also be completed.
- 11.7. Informing the Operational Support Desk and completion of the RTC report is to be done as soon as it is practicable and in any case before the termination of the driver's shift.

## **12. Maintaining Standards**

- 12.1. All Drivers must be aware of the Trust's requirements with regard to Emergency Driving and the Law contained within the Driving Standards Document
- 12.2. Any member of staff that has three or more Trust vehicle collisions in any twelve-month rolling period will be subject to a review of their driving competency by the Driver Training department. It is the responsibility of their line manager to refer them for this review and potentially remove them from driving duties until an assessment or Police/internal investigation has taken place. The Line Manager can also refer a member of staff to Driver Training if they have particular concerns following an incident. Any request to Driver Training should be submitted via a Marvel request. The Fleet Risk Reduction and Driving Standards Manager and/or the Driver Training Manager can provide advice where needed.
- 12.3. A driver will immediately be restricted from driving if involved in a Collision that involves:
- Fatality
  - Significant harm/injury
  - Significant damage to a vehicle
  - Significant damage to property
  - A collision which results in an allegation of Dangerous, Reckless or Careless Driving occasioning in possible Police prosecution. Refer to Appendix J.



- 12.4. The above list is not exhaustive and if there is any doubt, assurance should be sought from the Fleet Risk Reduction and Driving Standards Manager or the Duty Operational Commanders, as appropriate, who can escalate as necessary. Any restriction in driving should not stop any remedial action if appropriate to take place. This will be monitored by the local Operational team with support from the Fleet Risk Reduction & Driving Standards Manager, who will ensure that all investigations are conducted as soon as is practicable. Where necessary, staff will be re-deployed into a non-driving role until the investigation is concluded.
- 12.5. Any driver involved in a collision that causes a fatality or hospitalising injury, or causes significant damage (deemed by Fleet Department and/or Driving Standards Manager), to property or a vehicle rendering it either unfit for task or un-roadworthy will immediately be withdrawn from driving duties until an incident investigation has been completed. This will be monitored by the Risk Reduction and Driving Standards Manager who will ensure that all investigations are conducted as soon as is practicable. The Driving Standards Manager will liaise with Professional Standards Department (PSD) to consider if the matter needs to be referred to Health Care Professions Council (HCPC), which must be done if the staff member is charged with a criminal offence or the loss of the driving licence or there is a significant conduct or safety concern.
- 12.6. Should any of the above point occur 'out of hours' then liaison with the Duty Tactical Commander who will escalate to the Strategic Commander should take place as to whether the staff member should be withdrawn from driving duties, based on the incident, until an investigation can take place.
- 12.7. A Driving Standards Review Panel (DSRP) will meet once per week to provide assurance to the Trust that all appropriate RTCs are reviewed fairly, consistently and in a timely manner. The Panel will support the leadership teams on which course of action needs to be taken in relation to the next steps in the investigation process and will be responsible for determining whether further investigation or referral to driver training is required. This panel will also consider any restrictions to driving, unrelated to RTCs (for instance driving licence concerns) as well as medical restrictions imposed on a driving licence. The membership of this Panel will comprise of the Fleet Risk Reduction & Driving Standards Manager (Chair), Operating Unit Managers from East and West (Vice Chair), Security Manager and Risk Manager. Minutes of meetings will be maintained by the Chair/Panel Admin.
- 12.8. If a member of staff has not driven for the Trust for 6 months or more and, in discussion with their Line Manager it is agreed that an assessment would be beneficial, then this can be arranged with a qualified Driving Instructor via a Marvel request. A member of staff can request an assessment drive if they have not used their emergency driving



exemptions for a period of 6 months or more. Any member of staff who has not used their emergency driving exemptions for a period of 12 months, should be referred to Driver Training for an assessment. Staff will be supported by their Supervision to ensure their skills are refreshed.

- 12.9. Under Section 19 of the *Road Safety Act 2006*, the Trust will abstract all staff who drive under emergency conditions, to undertake refresher driving training every 5 years.
- 12.10. When following another emergency service vehicle the following factors must be considered by the driver:
- (Separation distance between vehicles must be compatible to prevailing traffic conditions (ie. Not so close that a collision with the other emergency vehicle could occur under harsh braking, nor too far back as to allow other traffic to move into the space between).
  - During the journey, drivers should attempt to use a different audible warning tone to that being emitted by the other emergency vehicles.
  - Be cautious and aware of vehicles pulling out behind the other emergency vehicle
  - Be conscious that the ambulance in many circumstances is larger than other emergency vehicles and more room will be needed to proceed through closing gaps, as well as larger vehicles generally having longer stopping distances. Convoy driving should be avoided and is not taught by SECamb Driver Training.

## 13. Fines and Charges

- 13.1. **Speeding Fines:** All costs associated with speeding fines incurred whilst on duty, including travelling to and from work, in either an employee's own vehicle or a Trust vehicle, are the responsibility of that employee. Statutory exemptions may apply where relevant.
- 13.2. **Parking Fines:** All costs associated with parking fines incurred whilst on duty, in either an employee's own vehicle or a Trust vehicle, are the responsibility of that employee. Statutory exemptions may apply in relevant circumstances.
- 13.3. **London Low Emission Zone and Congestion Charging:** Marked Trust vehicles such as ambulances and single responder vehicles and major incident vehicles are currently exempt from London Congestion Charges. Drivers of all other vehicles are responsible for paying the congestion charge (or other charges which come into force now or in the future, such as those relating to highly polluting vehicles). Drivers of Enterprise



vehicles will need to arrange payment and claim back if driving on business.

## **14. Environmental Considerations**

- 14.1. The Trust is conscious of the impact and responsibility it has as an organisation on the environment and that under emergency conditions or where response time is critical, it is unable to reduce the carbon footprint. Outside of these parameters anyone driving a Trust vehicle should, aim to reduce the impact on climate change by avoiding hard acceleration or hard and excessive braking and unnecessary appropriate vehicle idling. This will be monitored on vehicles fitted with data recording technology. The Trust will look at low emissions/electric vehicle options to reduce its carbon footprint, across the Fleet.

## **15. Contracted Drivers**

- 15.1. Contractors, such as private ambulance providers, will provide assurances to the Trust, as specified in the service level agreement.
- 15.2. Contracted drivers working within the Trust regularly carrying out driving activity, such as those deployed in MRCs and the OSD, will be expected to pass an initial driving assessment as regulated by SECamb and conducted by our own Driver Training Department with a qualified Driving Instructor.
- 15.3. Drivers will follow all aspects of this Policy as they relate to legislative and regulatory driving requirements, Trust approved driving standards, safety and incident reporting.
- 15.4. Managers of Private Ambulance Providers, responsible for arranging sub-contractors are responsible for collating the necessary compliance and assurance evidence relating to driving.

## **16. Vehicle Insurance**

- 16.1. The Trust is responsible for ensuring that all Trust vehicles, including leased / hired vehicles, are correctly insured for use when operating on Trust business. In addition, the Trust will be responsible for ensuring that employees who pay a financial contribution for personal use of such vehicles will have additional cover for Social, Domestic, Commuting and Pleasure purposes as well as business use if the role requires.
- 16.2. Where employees use their own car for Trust purposes, they are responsible for making provision with their insurance company that they have the relevant cover for the journeys they undertake, especially appropriate business use cover.





- 16.3. All staff are responsible for updating their own insurance provider should they be involved in an RTC (including a Trust RTC).

## **17. Vehicle Excise Licence**

- 17.1. The Trust will renew the electronic vehicle excise licences on all Trust owned vehicles, and will be responsible for ensuring that all vehicles have a valid electronic vehicle excise licence. The road fund licences are checked monthly against the renewals and updated to Key 2. Lease vehicles are checked via DVLA and updated on Key 2. Enterprise drivers are responsible for their own vehicles.
- 17.2. The leasing / hiring company owns leased vehicles and they are responsible for renewing the excise licence.

## **18. MOT Inspection and Certification**

- 18.1. All Trust vehicles are to be tested according to the legal requirements of the vehicle type as a minimum.
- 18.2. The Trust (via the Fleet Department) is responsible for ensuring that all vehicles owned by the Trust comply.
- 18.3. For non-Trust vehicles, privately owned and driven for business purposes, it is the driver / owner's responsibility to ensure the vehicle has a valid MOT.
- 18.4. For leased cars, dedicated to individual members of staff, it is the designated driver's responsibility to arrange for the MOT inspection when due. Other lease vehicles will be managed by the Fleet Department.
- 18.5. Although MOT certificates are valid for one year, this does not guarantee that the vehicle is roadworthy, all drivers have a responsibility to ensure the vehicles is roadworthy, safe and fit for purpose.

## **19. Vehicle Servicing and Maintenance**

- 19.1. As a minimum the manufacturer's recommended servicing intervals should be adhered to and be arranged by the Fleet Department in the case of Trust owned vehicles.
- 19.2. For dedicated leased/ hired cars, the driver is responsible for ensuring that the vehicle is serviced at the recommended intervals.
- 19.3. For non-Trust vehicles, privately owned and driven for business purposes, it is the driver / owner's responsibility to ensure the vehicle is appropriately maintained and roadworthy.





- 19.4. Hired front line operational or training vehicles will all require a safety check on arrival in the Trust and each vehicle is added to the routine safety checks every 12 weeks with workshops.

## **20. Vehicle Interior and passenger safety**

- 20.1. All equipment that could act as a projectile in the event of a collision and cause injury must be adequately secured or stored within the vehicle.
- 20.2. The driver of the vehicle has ultimate responsibility for the safety of all passengers.
- 20.3. Appropriate means of securing staff, patients and escorts will be provided, so far as is reasonably practicable, on all Trust vehicles. Seatbelts, safety harnesses, child restraints and booster seats must be used where necessary and appropriate, unless impractical to do so, e.g. such as due to clinical interventions. The safe restraint of patients during conveyance is paramount, including patients with special or complex needs, such as bariatric patients.
- 20.4. The driver of the vehicle should not commence any journey unless the passengers are secured except where a passenger has a medical exemption or there is another justifiable reason for not being restrained i.e. lifesaving medical treatment/ custody/restraint.
- 20.5. Journeys undertaken where passengers were not restrained with a seatbelt, should be documented via Datix and added to the ePCR.

## **21. Driving Licenses**

- 21.1. All staff including Community First Responders, must hold a valid and current licence appropriate to the vehicle being driven as well as for the requirement for the job role within SECamb and the U.K. The Trust will complete regular checks on licence validity and any penalty points/convictions/endorsements held. If there are any changes throughout the year it is the staff members' responsibility to inform their line manager as soon as practicably possible. The Trust now uses DriverCheck who will conduct automatic, quarterly driving licence checks for all employees. It is also the staff member's responsibility to ensure their licence is renewed on time and any medical requirements are actioned.
- 21.2. Any staff member who gained a driving licence after the 1st January 1997 will have to renew their C1 licence category from the age of 45. It is the responsibility of the licence holder to ensure they complete any documentation required by DVLA and pay any associated charges.



- 21.3. Employees of Churchills will have their licences checked by Churchill as part of their contract and also checked by Driver Training when they carry out their driving assessment when joining the contract.
- 21.4. Drivers convicted of endorsable offences may incur penalty points and where this leads to disqualification re-deployment may be considered but disqualification from driving could lead to termination of employment with the Trust if there are no suitable alternative roles available, or if the conviction might bring the Trust into disrepute or a driving licence is a pre-requisite for the role. Disqualification from driving can occur if you are either (a) convicted of a driving offence or (b) accrue 12 or more penalty points (endorsements) in a 3 year period, in line with the Highway Code.

## **22. Fitness to Drive – Health Issues**

- 22.1. On appointment and/or in accordance with current legislation drivers who are required by the Trust to drive operational vehicles or transport patients will have undertaken the higher Group 2 medical fitness assessment (by our Occupational Health provider) in addition to the legal minimum standard. Any person who drives on behalf of the Trust in non-emergency roles, on recruitment must satisfy the Trust there are no medical restrictions on their driving licence that would impede them from carrying out their role.
- 22.2. Any employee or volunteer undertaking driving activities on behalf of the Trust must inform the Trust immediately of any health change, symptoms, eyesight problem or other condition, which could impair their ability to drive safely. In addition, all employees, bank workers, contractors or other emergency service personnel who drive under emergency conditions or who are responsible for transporting patients must inform the Trust via their line manager if they develop any of the medical conditions outlined in the Driver and Vehicle Licensing Agency (DVLA) Group 2 Standards, which precludes them from driving. They must also follow any instructions given by a doctor or medial specialist around driving, related to the taking of prescribed medications and adhere to any advice given to them. The driver must ensure that they are fit to drive, whilst taking any prescribed medication.
- 22.3. Where staff develop a medical condition or develop symptoms which could affect their driving capability either temporarily or permanently and driving duties are essential to their role, every reasonable effort will be made to re-deploy staff into a suitable alternative role. Suitable alternative roles particularly on a permanent basis however may not always be available and therefore development of such medical conditions could ultimately lead to a process through the capability policy and potentially termination of the employee's contract. Review by the independent Driving Standards Review Panel, will be required, who will offer guidance to Line Managers.



22.4.

The Trust have agreed that an invalid driving licence will mean that the person cannot drive Trust vehicles. However, in agreement with the Trust's Insurers, drivers who are captured under Section 88 of the *Road Traffic Act 1988*, can be considered separately, on an individual basis. The driver must satisfy the criteria under Section 88 as well as stipulated by QBE Insurers and have the support of their Doctor. The driver plus their supervisors and the Driving Standards Manager will work together to ensure any documentation is submitted promptly to the DVLA to aid their investigation process. The following criteria will apply:

- Have previously held a valid licence
- Is not disqualified from holding or obtaining a licence
- Is confident that the licence application will not be refused as a result of any medical condition and a doctor has confirmed they are fit to drive
- Has received acknowledgement from the DVLA that the driving application has been received and
- The Trust has given permission for them to drive the vehicle

22.5.

It is the duty of the driver to ensure they are alert and not fatigued, to drive safely at all times.

## 23. Vision (Spectacles, Contact Lenses/Sunglasses)

23.1.

All Trust drivers must ensure that their vision meets with the legal requirement at all times. This is specified in the Highway Code (Rule 92) and drivers are strongly encouraged to have regular eyesight tests (every two years at least) to help maintain this requirement. Drivers who need to wear spectacles or contact lenses for driving must do so at all times when driving and should carry a spare pair of spectacles when on duty

23.2.

In accordance with Rule 94 of the Highway Code, sunglasses/tinted spectacles may only be worn during bright sunlight. The wearing of such spectacles could be dangerous in other conditions, due to the reduction of vision and subsequent risk of not observing another road user, for example, a pedestrian or bicycle.

## 24. Driving under Emergency conditions

24.1.

### Definition of an emergency

24.2.

The Trust defines an emergency, for the purposes relating to driving standards as; 'An event or situation which threatens serious damage to human welfare'.



24.3. **Authority Statement**

24.4. All staff who have undertaken suitable, appropriate driver training and familiarisation (including for the differing types of Trust vehicle) are authorised to undertake emergency driving in the following circumstances, and where the definition of an emergency can be clearly demonstrated.

Response Mode	Description
Primary response	The first vehicle responding to a 999-incident logged on the CAD, includes 999 HCP and inter-facility transfers
Secondary response	A subsequent vehicle responding to a 999 or another incident logged on the CAD.
Tertiary response	A response to an incident where contact has previously been made (i.e. PP attending a referral).
Self-dispatch/allocation	Response to a Group Call from EOC where the location of the incident is extremely close by (otherwise, radio request to speak should be made before responding)
Unrecorded incidents	Coming across an incident whilst deployed on Trust business (i.e. DCA returning for meal break, or manager driving to a meeting) and requiring a response to get to the patient (i.e. incident on opposite carriageway of motorway). Response may occur before incident is received by EOC and entered onto CAD
Command responses	Attending any location, scene, or EOC to take control or command of an emergency, or escalating situation, which would otherwise not be achieved if their presence was not there.

Table 1 - Authority to respond descriptions

24.5. All Trust drivers are required to adhere to the Road Traffic Act at all times. All staff must drive within their capabilities and that of the vehicle, road and environmental conditions and visibility. Although the law accounts for Trust drivers exercising their right to claim exemptions when driving under emergency conditions, it does not permit their driving to exhibit behaviours which would otherwise satisfy Driving with Due Care and Attention or Dangerous Driving.



- 24.6. It will always be the driver's responsibility to ensure they can justify the need to claim any exemption when driving under emergency conditions. In doing so, the vehicle must be being used for ambulance Trust purposes, and provided;
- 24.7. Only staff that are required to drive under emergency conditions to provide care to patients or provide support at incidents will be trained and authorised to claim the exemptions to the Road Traffic Act. Staff who drive Trust vehicles must undergo training for the type of vehicle they are expected to operate and the conditions in which the vehicle is operated under (see Table 1).

## **25. Exemptions and discretion**

- 25.1. Drivers of emergency vehicles are afforded legal exemptions (please refer to the Emergency Ambulance Response Driver's Handbook). These exemptions are intended to be used to expedite responses to calls and to facilitate convenient, safe and timely care on scene.
- 25.2. Exemptions include the obeying of posted speed limits, parking, and motorway regulations. It is an expectation of staff to use exemptions professionally and appropriately. When responding to emergency calls, or driving to hospital under emergency conditions, the correct exemptions should be used to expedite the journey appropriately.
- 25.3. Staff must demonstrate an intent to respond to emergency calls as quickly and as safely as possible and use exemptions appropriately to achieve this. Emergency calls must be responded to immediately and while the use of exemptions can be applied with discretion, there is an expectation to use these exemptions to facilitate timely care for all patients in need of clinical attention.
- 25.4. The introduction of promoting the use of discretion recognises and mitigates the potential risk to staff, patients and other road users whilst using blue lights and sirens. By empowering our staff to make appropriate professional decisions within a governed framework this will allow for a more proportionate response based on the information available to staff driving our vehicles.
- 25.5. Lease cars and other vehicles belonging to the Trust, rented or loaned to the Trust that are fitted with blue lights and sirens must only be used on emergency calls by staff who have had the appropriate training and have licences that cover the category of vehicle that they are driving. This also applies to Driver Training loaned vehicles for the purpose of emergency driver training and used by Trust staff.
- 25.6. Individual Managers' lease vehicles should only be fitted with blue lights and sirens if the manager has a requirement for this equipment to be





fitted as part of their role within Trust. These Managers also need to be qualified to drive to this standard.

- 25.7. Unless the manager is on-call or is attending an incident on behalf of the Trust, removable roof-mounted blue light units must be removed. They must also be removed if a family member or other named driver is using the vehicle.

## **26. Emergency Response Driver Training and Assessments**

- 26.1. Driver training will be authorised by the Driver Training Manager (DTM) and will then be co-ordinated by the Clinical Education Admin Team. driver training coordinator.

## **27. Multiple Response**

- 27.1. Where more than one vehicle is engaged in an emergency response to the same location, each vehicle should use a different sound where variable audible warning equipment is fitted, to warn motorists of the presence of more than one vehicle.
- 27.2. Drivers should keep a safe distance apart and treat the journeys between the vehicles as separate entities. Staff within the Trust are not trained to travel as a convoy, and driver A will not be responsible for the actions or driving standards of Driver B (or vice versa) when responding to the same incident. All drivers should treat the journey as if they were attending the scene as a lone vehicle and anticipate the public's response to their presence as such.

## **28. Grading the Type of Response to an Emergency Call**

- 28.1. The decision on grading the type of response to an emergency may be made by The Emergency Operations Centre (EOC).
- 28.2. Where a situation arises where the use of emergency driving conditions is warranted due to other factors that was not passed by the EOC (ie weather conditions), then the driver is to inform the EOC so that it is recorded.
- 28.3. When driving under Emergency conditions, the safety of any staff member, member of public, and / or patient will always take precedence above the speed and any identified response criteria based on the grade of call.
- 28.4. The following ambulance categories are in the Ambulance Response Programme (ARP):





Category	Definition	Mean/ 90 <sup>th</sup> Percentile Response time	Type of response
<b>Category 1</b>	A time critical life-threatening event requiring immediate intervention or resuscitation.	7 minutes / 15 Minutes	<b>Emergency calls.</b> The Trust have an expectation that blue lights and sirens will be used in all circumstances with this grading.
<b>Category 2</b>	Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport.	18 minutes / 40 minutes	<b>Emergency calls.</b> The Trust have an expectation that blue lights and sirens will be used in all circumstances with this grading.
<b>Category 3</b>	An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe	60 minutes / up to 120 minutes	<b>Urgent calls.</b> All staff will have the discretion to consider whether the incident is considered an emergency, and whether the use of emergency reference 5.1.1., driving procedures is appropriate to enhance patient care, thereby ensuring the most clinically appropriate timeframe. Where it can be considered that a quicker attendance will be clinically advantageous to the patient, staff should use the emergency conditions.
<b>Category 4</b>	Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.	No mean / up to 180 minutes	<b>Less urgent.</b> An attendance but without delay. No blue lights, sirens, or exemptions are assumed to be necessary, <b>unless in exceptional circumstances.</b> Eg, a NeoNat transfer.

Table 2 – Ambulance Response Programme categories of call

28.5. As a Trust, the expectation is that all staff will respond to category 1 and 2 calls under emergency driving conditions, unless there is a very good reason not to.



- 28.6. All staff will have the discretion to use emergency driving procedures when responding to Category 3 calls and are encouraged to make an assessment of their response based on the information and knowledge presented to them at the time, E.g. the patient's condition, how long they have been waiting for an ambulance, weather or traffic conditions.
- 28.7. Whilst exercising professional responsibilities in relation to patient care, where it can be considered that a quicker attendance will be clinically appropriate to the needs of the patient, staff should be expected to use the emergency conditions.
- 28.8. The Trust recognises that the claiming of exemptions ultimately lies at the driver's discretion, and the responsibility of choosing when they should and shouldn't be used, falls to the driver for them to be accountable. It must be remembered that using emergency procedures, as well as not using them, can be challenged in a court of law, and the drivers may be required to evidence their decision making in these circumstances.

## **29. Intent & discretion**

- 29.1. Staff must respond immediately and with the intent to avoid unnecessary delay
- 29.2. C1 and C2 calls expect an emergency response; (reference 7.12.1). C3 calls require an urgent response. The expectation is for crews to respond without unnecessary delay, as there is a patient waiting. This is a nationally agreed position.
- 29.3. The response standards introduced under the ARP project are intended to ensure that patients with immediate life threats receive the fastest possible response, but also recognises that 999 callers in all categories deserve a timely response but within more achievable parameters. It is important to note that patients subject to a Category 3 call are not required to wait a full two hours for a response, and are still potentially very ill, injured, in pain, deteriorating, or anxious. The guidance issued reflects the nature of all patients who require an emergency response to a 999 call and emphasises that many more patients will be managed as a category 4 (Hear and Treat) meaning more responses will be appropriate.
- 29.4. On receipt of a C1, C2 or C3 999 call, staff must demonstrate an intent to respond immediately and without delay. For C1 C2 and C3 calls, staff will usually be expected to use blue lights and sirens and claim exemptions where necessary.
- Blue light and sirens can normally be justified on the basis that they were necessary or desirable to warn other road users of the presence of the vehicle



- If driving a DCA, reliance on exemptions can normally be justified if the restriction (e.g. speed limit, red light) would hinder the use of the vehicle as an emergency vehicle
- If driving any vehicle other than a DCA, reliance on exemptions can only be justified when staff are responding to an emergency. The exemptions can only be relied on where the circumstances of the call indicate that it is an emergency i.e. there is a threat of serious damage to a person's welfare.

- 29.5. For C4 calls, blue lights and sirens and exemptions should only be used in the exceptional case when the call turns into an emergency.
- 29.6. Where discretion can be used, it is not acceptable to remain stationary in a queue of traffic upon assignment to a C3 call, just because the standard allows up to 120 minutes to arrive. Staff must make every effort to minimise delay to that patient. By way of example, a frail elderly faller increases their risk of pressure damage or an acute kidney injury every minute they are on a hard surface or laying in wet clothes. If the patient is 10 minutes away, it is not acceptable to take 20 minutes to arrive. Refer to 5.8.1.2.
- 29.7. The Trust will undertake regular audits to ensure that patient safety is not affected by the implementation of this Policy.

## **30. The Law & the Driver**

- 30.1. The law in relation to the legal exemptions and non-exemptions are taught on Trust driving courses. Drivers of Trust vehicles have a responsibility to ensure that they are familiar with the legal exemptions concerning the driving of Trust vehicles.
- 30.2. Whilst undertaking an emergency response, or whilst engaged on a course for the purpose of training for such a role, the law will exempt Trust drivers from various aspects of road traffic legislation, but with certain specified conditions attached.
- 30.3. Trust drivers who fail to comply with the policy and procedures, may face action under the Trust's disciplinary procedures or criminal proceedings.
- 30.4. Although the law gives certain exemptions to drivers of Trust vehicles who exceed speed limits or contravene traffic light regulations, drivers should be aware that such legal exemptions do not include driving at a speed or in a manner which would amount to driving without due care and attention or dangerously. Therefore, they may still be liable to prosecution, i.e. for dangerous driving or driving without due care and attention, if their driving falls below what would be expected of a competent and careful driver.



30.5.

Extracts of the law (the legal definition) and how they are applied to Speed, Traffic Lights and Keep Left / Right Sign are detailed below:

- **Speed limits** (Road Traffic Regulation Act 1984, Section 87).
  - **Legal Extract:** *No statutory provision imposing a speed limit on motor vehicles shall apply to any vehicle on an occasion when it is being used for Ambulance purposes if the observance of that provision will be likely to hinder the use of that vehicle for the purpose for which it is being used on that occasion.*
  - It is emphasised that **speed will never take precedence over safety**. During training, drivers learn how to drive to an emergency safely using their legal exemptions including that relating to speed restrictions.
  - Trust drivers must maintain the standard of driving and emergency driving legislation during operational roles. They must always make reasoned and justifiable decisions to exceed a speed limit and ensure that the speed used is safe and proportionate to all the existing circumstances.
  - In order to ensure a safe and practical response to emergency calls any Trust vehicle responding to an emergency should not exceed the posted speed limit by more than 50% (see table below and guidance on 20mph zones). This also applies to category of vehicle. If in exceptional circumstances the driver of a Trust vehicle decides to exceed the Advised Maximum Speed Limits, they may be asked to justify their actions when required. (See table 3). The following table is not a cap or limit and is not intended to replace the skills & attitude given through the standards of driver training in selecting the appropriate speed in the given circumstances. However, it is considered helpful and can be used as a general reference point.

Posted Speed Limit	Emergency only claiming the exemption against speed
20mph	30mph
30 mph	45mph
40 mph	60mph
50 mph	75mph
60 mph	90mph
70 mph	105mph
Hard Shoulder/ Stationary Traffic	30mph

Table 3 - Speed Limit Exemptions



- Consideration should be given when travelling in a **20MPH** zone; these zones have been designated as such by the Local Authority in areas where there is a high concentration of children and/or pedestrians. Staff should at ALL times drive with caution when travelling through these areas.
- All driver's must be aware that it is their sole responsibility to be able to justify their actions at all times
- All drivers are reminded that they are obliged under the *Corporate Manslaughter and Homicide Act 2007*, the *Road Traffic Act 1988* and the *Road Safety Act 2006* to afford, at all times, the maximum protection to other road users, passengers and Trust employees and to drive with care and consideration for other road users. At no time must the vehicle be driven recklessly, or in a manner, or at a speed likely to cause danger to another road user (including those near to but not on the road).
- When claiming legal exemptions any Trust driver could be required to justify their actions in legal, civil or disciplinary proceedings.
- **Traffic Lights** (Traffic Sign Regulations and General Directions 2002, Regulation 36(1) (b)).
  - **Legal Extract:** On any occasion when a vehicle is being used for Ambulance purposes and the observance of a prohibition conveyed by the red signal, including portable traffic signals would be likely to hinder the use of that vehicle, then the prohibition shall not apply. Instead, the vehicle shall not proceed in such a manner or at such a time:
    - When negotiating temporary traffic signals at road works the driver must be able to see that the other side of the obstruction is clear before claiming this exemption. If the driver is unable to do this, they must turn off all lights and sirens, and wait until the light's turn green and they have right of way.
    - The vehicle speed when passing through areas controlled by red traffic signals **MUST** be treated as a Stop or Give Way and be no faster than walking pace as is likely to cause danger to the driver of any other vehicle on the road or as to necessitate the driver of any other such vehicle to change its speed or course in order to avoid an accident. Drive at a speed that will allow you to stop well within the distance you can see to be clear (Highway



Code Rule 126), refer to Emergency Ambulance Response Driver's Handbook, page 22. Or

- In the case of traffic that is not vehicular, e.g. cyclist, pedestrian, horse as is likely to cause danger to that traffic, extreme caution must be used.
- **Keep left (right) signs** (Traffic Sign Regulations and General Directions 1994 Regulation 15(2) – refer to Emergency Ambulance Response Driver's Handbook, page 21.
  - **Legal Extract:** On an occasion when a vehicle is being used for Ambulance purposes, if the observance of the sign would be likely to hinder the use of that vehicle, then the driver may pass on the wrong side, provided that:
    - No danger is likely to be caused to the driver of any other vehicle proceeding on or from another road, or on or from another part of the same road; or
    - No danger is likely to be caused to non-vehicular traffic, e.g. cyclist, pedestrian, horse proceeding on or from another road or on or from another part of the same road.
  - **General**
    - On occasions, often due to circumstances outside their control, Trust drivers will find themselves considering contravention of other signs. The driver should be aware that no circumstances can justify the contravention of any legal requirement.
    - Any exemption that would endanger other road users or Trust employees, (e.g. failing to accord precedence at a pedestrian crossing) **MUST NOT** be taken.
- **Auxiliary Warning Equipment**
  - All Trust vehicles that engage in an emergency response or transfer must be equipped with both sirens and emergency lights.
  - When Trust drivers use their exemption in relation to contravening red traffic lights, then both emergency lights and siren should be used. It is for the driver to determine their appropriateness and balance their response based on prevailing traffic, road and weather conditions. Any misuse of emergency warning equipment could be reviewed as misconduct.





- When Trust drivers claim an exemption then blue lights and some form of auxiliary warning equipment **MUST** be used in all but the most exceptional circumstances and these decisions must be justified

## 31. Definitions

- **Trust** vehicles are vehicles owned, leased or lent to the Trust.
- **Ambulance** a vehicle constructed or adapted for and used for no other purpose than the carriage of sick, injured or disabled people to or from welfare centres or places where medical or dental treatment is given and readily identifiable as being marked ambulance on both sides.
- **Driving** – Is the controlled operation and movement of a vehicle, having control over the functions of the vehicle, e.g. steering, brakes etc. to cause and guide the movement of a vehicle.
- **Driver** - Refers to any person who may be required to drive a Trust vehicle or their own vehicle as an agent for the Trust. Community First Responder, Make Ready Operative and Contractors.
- **Authorised Persons** - all authorised persons who drive on Trust business are responsible for complying with current Road Traffic Law.
- **Stakeholders** - are responsible for overseeing compliance with this policy.
- All members of staff are expected to challenge unacceptable driving behaviour and/or unprofessional conduct that may bring the Trust into disrepute.
- All staff must be aware that it is an offence to use, cause or permit a person to use a vehicle that is not legally roadworthy.

31.1. **Emergency** - The Driving Standards Working Group (now the Driver Safety Forum), considered which definition of an “emergency” should rightly be adopted. Guidance from external lawyers to the Association of Ambulance Chief Executives indicates that a number of definitions could be adopted, as there is no definition of an emergency in the relevant legislation (Road Traffic Acts and Regulations, Deregulation Act).

31.2. It was felt that the NHS Standard Contract definition was not applicable to an ambulance trust as it alludes to an identified service user with an identified clinical need. In the ambulance setting, it is regularly the case that no specific service user has been identified and any patient’s clinical need has not been assessed until the ambulance vehicle arrives.

31.3. It was felt that the most appropriate formal definition to be adopted was that contained in the Civil Contingencies Act 2004:

***“An event or situation which threatens serious damage to human welfare”***



- **Private vehicles** are vehicles owned by employees or volunteers to carry out Trust business, e.g. Employees using their own cars to drive to meetings during work time (not commuting to and from work) and Community First Responders
- **Datix form** – The incident reporting online form used by the Trust as part of its incident reporting and investigation system (DATIX)
- **RTC Report form via MyCRA App** – The incident reporting form used by the Trust to record and report vehicle related incidents to its insurers.

## 32. Responsibilities

- 32.1. The **Chief Executive Officer** is accountable for all driving undertaken within the Trust.
- 32.2. Each **Executive Director** has responsibility for the implementation of this policy and its related procedures in regard to the driving of Trust vehicles under their control.
- 32.3. The **Executive Planning and Business Development**, through a delegated manager is responsible for receiving and collating RTC data to monitor trends and report these to the relevant committee.
- 32.4. The **Company Secretary** is responsible for the dissemination and review of this policy through the process outlined in the Policy on Policies.
- 32.5. **Managers** are responsible for ensuring investigations into incidents are carried out following the submission of a Datix report and MyCRA report. At any time the Manager may refer to the Fleet Risk Reduction and Driving Standards Manager for guidance and in all cases of severe injury (broken bones/hospitalisation, potential fatal or fatal), severe damage (expected to be more than £5,000 or resulting in an undriveable vehicle, [Fleet, Operational Support Desk and/or the Driving Standards Manager can assist with these decisions and will be proactive in advising] the DSM must be involved in the investigation. In all cases where a Police investigation is undertaken, the Fleet Risk Reduction and Driving Standards Manager will be the liaison between the Police investigation and the Trust.
- 32.6. Ensuring that any vehicle collisions are investigated and acted upon to prevent recurrence. The **Fleet Risk Reduction and Driving Standards Manager** will consider any trends for the future, to identify any learning or education needed. The Trust will support any changes in education programmes.



- 32.7. Ensuring that if a staff member informs them of any health condition, which may affect their ability to drive safely that they are referred to **Occupational Health** for advice and they consult their own GP.
- 32.8. The **Head of Fleet Operations and Logistics** will be responsible for the provision of vehicles that are compliant with Trust needs and current legislation.
- 32.9. **Professional Standards** will be responsible for providing investigative support where a vehicle on Trust business has been involved in an incident which results in the declaration of a Serious Incident (SI) The Police retain responsibility for the primary investigation into collisions leading to death or serious injury.
- 32.10. The **Driver Training Manager** is responsible for:
- Training operational staff to ensure that they are aware of their legal responsibilities and are safe and competent to drive. To plan emergency courses and on-road initial/refresher or specialist driving courses, and reassessments in line with Section 19.
  - Carrying out driving assessments as and when required.
- 32.11. The **Fleet Risk Reduction & Driving Standards Manager** will be responsible for ongoing driving standards and risks within the Trust.
- 32.12. **Human Resources** will be responsible for undertaking appropriate driving license checks at the point of recruitment. SECAMB are working with a third party company who will automatically check all employees driving licences every quarter, to ensure they are valid and current. The **Fleet Risk Reduction and Driving Standards Manager** will also be able to check employees licences via Drivercheck.
- 32.13. **Human resources** will also be responsible for checking driving licences against the DVLA database, either manually or through DriverCheck a third party company, who will automatically check all licences every quarter in accordance with the current Trust guidelines. Staff will be asked to provide authorisation for this procedure through an HR process.
- 32.14. Employees are responsible for
- Adhering to this policy.
  - Notifying their line manager if they receive any points or restrictions or changes on their license
  - Informing their manager of any health condition which may affect their ability to drive duties. (this is in addition to statutory obligations relating to medical conditions and driving)



- Ensuring that all vehicle incidents relating to this policy are reported using the Road Traffic Collision Report form, MyCRA and submitting a Datatrix report.
- Statement about driving responsibly and not bringing the Trust in to disrepute etc.

32.15. **Employees and Volunteers** are responsible for ensuring that they follow this policy at all times by:

- Ensuring adherence to current Road Traffic Regulations. It should be clearly understood that private vehicles must observe speed restrictions and all other road traffic regulations, even when responding to an emergency call. There are no exemptions from the law. It is in everyone's interest that proper care should be taken when responding to emergency calls and there should be appreciation that the difference between a reasonable response and an unreasonable response may only amount to a few seconds. Community First Responders and others driving on behalf of the Trust must not take unnecessary risks
- Compliance with the statutory duty under Section 7 of the Health and Safety at Work Act 1974, i.e. to co-operate with their manager so they can comply with their duties, e.g. use vehicles in accordance with training and following procedures.
- Driver's responsibility to take reasonable care of their own health and safety and that of others that may be affected by their actions, this includes driving vehicles safely.
- Ensuring that, if driving a privately owned car is part of their role, e.g. non- operational (attending meetings or training courses) they make provision with their insurance company that they have the relevant cover for the journeys they undertake which must include business cover.
- Ensuring that all privately owned cars used for work are roadworthy and those which are over three years old, have a current MOT.
- Ensuring that their driving licences are valid and current and they must inform their manager of any endorsements as soon as they occur.
- Ensuring that lease/ hire cars are serviced and maintained according to manufacturer's recommendations.
- Ensuring that they do basic safety checks of oil, fluids, tyres, lights etc. as per legal requirements and manufacturer's recommendations.



- Operational staff should ensure that if they breakdown in a Trust vehicle EOC are informed and their advice followed (e.g. concerning the patient) and follow the relevant breakdown procedure.
- Operational staff should ensure that if they are involved in a RTC in a Trust vehicle they contact EOC and follow their advice (e.g. concerning the patient), inform the Operational Support Desk and follow the relevant RTC procedure, as stated in section 4.15.
- Operational staff should ensure they inform their manager of any health issues which may impact on their ability to drive Trust vehicles or vehicles used on behalf of the Trust.
- Ensuring compliance with the requirements of the Trust Lease Car Agreement, where appropriate.
- It is a driver's responsibility to ensure they are fit to drive. If you are in any doubt as to your fitness to drive following being prescribed medication or taking 'over the counter' medication, or following a medical event, you MUST seek advice from your Doctor or pharmacist and inform your line manager of any changes. Guidelines surrounding medical fitness to drive can be found within the current Highway Code and most recent DVLA Medical Guidance document ([www.dft.gov.uk/dvla](http://www.dft.gov.uk/dvla)) and from the Trust's occupational health provider. Failure to declare any medical reason that precludes the driver from operating a vehicle is likely to invalidate the Trust's motor insurance and render the vehicle uninsured whilst being driven by that person. Any employee or volunteer undertaking driving activities on behalf of the Trust must inform the Trust immediately of any health change, eyesight problem or other condition which could impair their ability to drive.
- Anyone driving for the Trust or commuting should be aware of the implications which alcohol, illicit substances and medication have on driving. The law provides upper limits on alcohol in breath/blood or urine which must not be exceeded as well as upper limits on both 'illegal' and 'medicinal' drugs in the blood. Staff found to be under the influence of alcohol or certain drugs will most likely be arrested and prosecuted by the Police, if stopped in charge of a vehicle. Impairment to drive is a serious offence and those found to be unable or unfit to perform their duties, even if under the legally prescribed limits, may face disciplinary action including dismissal.

### **33. Monitoring and Review**

- 33.1. This policy will be reviewed at six months or sooner if new legislation, codes of practice or national standards are introduced.



- 33.2. A review will be undertaken in line with the Policy on Policies.
- 33.3. All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 33.4. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 33.5. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 33.6. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

## **34 Financial Checkpoint**

To ensure that any financial implications of changes in policy or procedure are considered in advance of document approval, document authors are required to seek approval from the Finance Team before submitting their document for final approval. This documentation has been confirmed by Finance to have no unbudgeted financial implications

## **35. References**

- Serious Incident Procedure
- Treatment Mobilisation and Conveyance of Bariatric Patients Procedure
- Capability Policy and Procedure
- Disciplinary Policy
- Policy on Policies
- Road Traffic Act 1988 amended 1991
- Corporate Manslaughter and Homicide Act 2007
- Road Safety Act 2006
- Highway Code
- The Road Vehicles Lighting Regulations 1989





- Emergency Response Drivers Handbook (Class Publication)
- Roadcraft (HMSO Publication)
- De-regulation Act 2015
- Health and Safety at Work Act 1974 (HASAWA)
- Management of Health and Safety at Work Regulations 1999 (MOHASR)
- Driving at Work, Managing work-related road safety (INDG382 Rev 1)
- Managing Health and Attendance Policy
- a.** Flexible Working Policy

**Appendix A: Vehicle Make Ready Record (MRS 005)**

The shaded areas on the MRS 005 must be completed by staff during their shift (if applicable)

For ease the areas outlined in Red below are the shaded areas on the MRS005.

**SOUTH EAST COAST AMBULANCE SERVICE NHS TRUST**  
**VEHICLE MAKE READY RECORD**

Call Sign	Fleet No	Reg No	Date Prepared	Start Time (MRT)	Finish Time (MRT)	Mileage at Check	Fuel Level	Oil (OK or am)

Vehicle Check including VDI			Driver's and Attendant's Compartment			Medical		
Item	Standard	Check	Item	Standard	Check	Item	Standard	Check
Body & Windscreen Damage	Check, record and report all damage		Condition	Check and report all damage		CD Oxygen		
Tyres & Wheels	Check for damage, wear, pressure		Cleanliness	Check for any refuse left		HX Oxygen		
Lights & Horns	Check for functionality and damage		Seat Belts & Seats	Check and report all damage		CD Entono		
Mirrors	Check for damage and adjustment		Fire Extinguisher	Check present and condition		HX Entono		
Warning Beacons	Check for damage and operation		Mobile Phone/Charger	Check present and charged				
Windscreen Wash/Wipers	Check operation		Torches	Check functioning				
Doors	Check for action and locking		Set/Nav	Check present and condition				
Side Step	Check action		Warning Lights and Gauges	Check operation and readability				
Rear Door and Tail Lift	Check action		Patient Clinical Records	Check present				
Aerials	Check for number and angle		Information Folder	Check present and completeness				
Vehicle Excise Licence Disc	Check present, in date and displayed		Maps	Check present and condition				
'Service Next Due' Sticker	Check present on windscreen		Fuel Cards x 2	Check present and in date				

Defibrillator			Suction Unit		
Item	Standard	Check	Item	Standard	Check
Life Ark Bracket	Check condition		Cleanliness	Check overall cleanliness	
Date/Time Stamp	Check correct time and date set		Disposal liner	Check present and expiry	
Bridge Test	Perform 50 Joule Test		Canister	Check present and cleanliness	
Cleanliness	Check overall cleanliness		Suction Tubing	Check present and cleanliness	
Battery x 2	Check charge and condition		Pump Test	Perform pump pressure test	
SPO2 Cable/Probe	Check present and condition		Charge Cable	Check present and condition	
ECG Cable	Check present and condition		Bracket	Check present and condition	
Defib Cable	Check present and condition				
12 x 3 lead attachments	Check present and condition				
Defib Pads	Check present, check date				
Charger Unit & Cable	Check present and condition				
Power roll (plus spare 1)	Check present				
Pack edge/bar for FR2	Check present				
Operation	Print rhythm strip, attach to pink copy				

AED		
Item	Standard	Check
Cleanliness	Check clean	
AED	Check functioning	
Asset number	Note serial number	
ECG cables	Condition	
Defib Pads	Check present and date	
Metronome	Check functioning	
Spare battery	Check present	
Case and Prompt Card	Check present and condition	

Audit of Process		
For SEC Amb (print name)		
For LBS (print name)		

Elk Compressor		
Item	Standard	Check
Cleanliness	Check clean	
Bracket	Check condition	
Battery	Test functioning	
Cushion	Cleanliness	
Control Unit - Hand held	Functioning	
Charge Cable	Check present and condition	

Crew Comments / Occurrences during Shift		
Fuel Drawn	Source	Mileage
Vehicle Condition	Poor Fair Good Very Good Excellent	
Comments if necessary		

Vehicle Downtime		
Location	Time From	To
Reason		

Crew Details		
Crew Name 1 / PP No		
Crew Name 2 / PP No		
If handing directly to another crew - receiving crew to complete below		
Crew Name 3 / PP No		
Crew Name 4 / PP No		

Make Ready		
Fuel Drawn		
Comments		

Ventilator		
Item	Standard	Check
Cleanliness		
Trainer		
O2 Conned		
Schneider V		

Make Ready		
Fuel Drawn		
Comments		

Crew Details		
Crew Name 1 / PP No		
Crew Name 2 / PP No		
If handing directly to another crew - receiving crew to complete below		
Crew Name 3 / PP No		
Crew Name 4 / PP No		

Completed		
Signature		

[To include detail on vehicle condition / Collision or other damage (insurance report completed?) / Items missing and their location for replacement, etc.]  
All sharps securely disposed of  
All items returned to storage location



## Appendix B: Categories of Drivers

Role	Explanation
Community First Responders (CFR)	<p>As a matter of policy “CFRs shall at all times comply with normal road traffic law and may not rely on or seek to rely on any exemptions, whether driving their own vehicle or one owned and operated by the Trust or a community scheme. The purpose of a community based scheme is to allow appropriately trained members of the public to respond to certain clinical calls within their local area. This negates the need to act outside of the normal rules and regulations in force for all road users whilst responding. The Trust prohibits any dispensation of excessive use of speed, crossing red traffic signals or dangerous parking for example. Any breach of normal road traffic law or associated regulations would be investigated at the appropriate level and reported to Professional Standards. The Trust is extremely unlikely to support any CFR acting outside of normal driving rules and regulations should a prosecution be sought by the authorities following such an event.</p> <p>Any livery or signage displayed to CFR vehicles must be approved by the Voluntary Services Manager</p>
Other qualified persons driving SECamb frontline vehicles	The following advice has been disseminated to clarify who is permitted, authorised and insured to drive SECamb front line vehicles from scene to hospital following attendance at certain medical emergencies.
Staff from other NHS Ambulance Services	<p>The vast majority of NHS Ambulance Service Trust vehicles are covered by motor insurance provided by the same insurer, QBE. These policies are also subject to predominantly the same terms and conditions and in addition to this assurance, all NHS frontline staff hold the IHCD D1 D2 or the L3CERAD driving qualification and have therefore attained the required standard.</p> <p>SECAMB permits other qualified front line NHS ambulance staff to drive our vehicles should the situation leave no other reasonable option and the patient’s condition could be adversely effected were they not to do so. The following criteria must have been met to the satisfaction of the senior most SECamb person on scene at the time, or as instructed by EOC;</p> <p>i) the member of staff being asked to drive the vehicle holds the appropriate licence (verbal confirmation required)</p> <p>ii) the member of staff being asked to drive holds the appropriate qualification within their Trust to drive under the conditions required, normal or emergency (verbal confirmation required)</p> <p>iii) the member of staff being asked to drive the vehicle is familiar with the vehicle controls and happy to assist as requested (verbal confirmation required)</p>



	<p>iv) the patient outcome is likely to be adversely affected if they are not transported to a place of definitive care without delay</p> <p>v) emergency driving conditions may be employed providing the patient's condition requires this action</p> <p>vi) normal driving conditions must be employed for all other journeys</p> <p>The patient carrying vehicle may be able to claim emergency driving exemptions from scene to the required destination. Any vehicles that are not engaged in emergency patient movement or treatment must be driven to chosen destination under normal driving conditions and the original crews repatriated with their vehicles.</p>
Private Ambulance Providers	<p>Should the situation arise where it would be operationally beneficial for a Private Ambulance Provider staff member to drive a SECamb vehicle from scene to hospital in order to allow essential patient care from more senior clinicians in attendance, this can only be permitted providing the following criteria has been satisfied;</p> <p>the member of staff being asked to drive the vehicle holds the appropriate C1 licence (verbal confirmation required)</p> <p>ii) the member of staff being asked to drive attained their IHCD D1 D2 or L3CERAD qualification in a C1 vehicle (verbal confirmation required)</p> <p>iii) the member of staff being asked to drive the vehicle is familiar with the vehicle controls and happy to assist as requested (verbal confirmation required)</p> <p>iv) the patient outcome is likely to be adversely affected if they are not transported to a place of definitive care without delay</p> <p>v) emergency driving conditions may be employed providing the patient's condition requires this action</p> <p>vi) normal driving conditions must be employed for all other journeys</p>
Police Officers	<p>Should it be operationally advantageous for a Police Officer to drive a Trust DCA from scene to hospital in order to allow essential patient care, and they are willing to assist in this activity, the following checks must be made;</p> <p>i) the Officer holds the appropriate licence (verbal confirmation required)</p> <p>ii) the Officer has cleared the action with their control centre</p> <p>iii) the Officer being asked to drive the vehicle is familiar with the vehicle controls and are happy to assist as requested (verbal confirmation required)</p> <p>iv) the patient outcome is likely to be adversely affected if they are not transported to a place of definitive care without delay</p> <p><b>Where the above has been confirmed, normal driving conditions will apply, no emergency driving conditions are permitted for these journeys.</b></p>
St John (SJA) and British Red Cross (BRC)	<p>Should it be operationally advantageous for a member of SJA or BRC to drive a Trust DCA from scene to hospital in order to allow essential patient care, or vehicle repatriation, and they are willing to assist in this activity, the following checks must be made prior to the journey;</p> <p>i) the person holds the appropriate licence (verbal confirmation required). Note, SJA staff should be carrying their organisations internal driving permit which can be accepted as confirmation as to whether they hold the C1 entitlement required to drive a SECamb DCA</p>



	ii) SECAMB staff MUST inform EOC of the decisions made at scene regarding SJA or BRC staff driving a SECAMB vehicle
	iii) the person has cleared the action with their control center, if appropriate
	iv) the member of staff being asked to drive the vehicle is familiar with the vehicle controls and are happy to assist as requested (verbal confirmation required)
	v) the member of staff being asked to drive holds the appropriate entitlement within their organisation to drive a vehicle of this type
	vi) the patient outcome is likely to be adversely affected if they are not transported to a place of definitive care without delay
	<b>Where the above has been confirmed, normal driving conditions will apply, no emergency driving conditions are permitted for these journeys.</b>
Military Responder Scheme	Members may be asked to drive an SRV from scene to hospital in order to repatriate the vehicle with the clinician who has travelled with the patient if operationally beneficial.
	<b>Normal driving conditions apply, no emergency driving conditions are necessary or permitted for these journeys.</b>





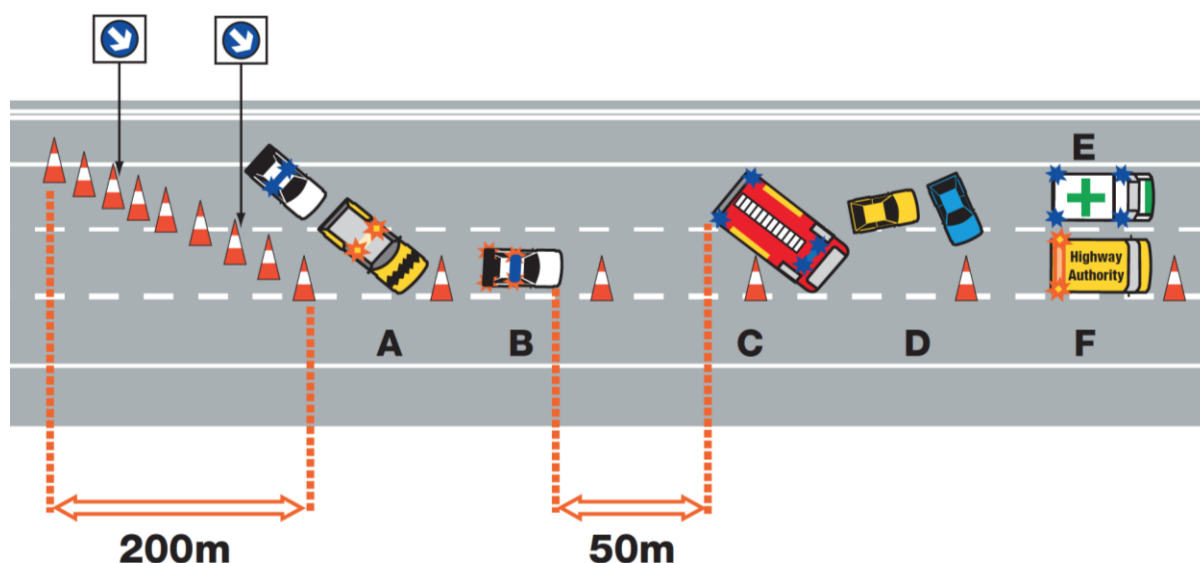
## Appendix C: Motorway Incidents

Motorways carry high volumes of traffic at speed and present emergency service responders with their own unique dangers and hazards when attending incidents. Due to the fast-moving nature of traffic on a motorway or dual carriageway small incidents with one or two vehicles involved can quickly escalate to involve multiply vehicles.

When attending incidents on motorways and dual carriageways your safety is paramount and ensure you always park accordingly with emergency visual warning lights switched on and wear appropriate PPE. This must include a fastened high visibility jacket and hard helmet. There have been cases whereby emergency service personal have sustained serious head injuries from debris thrown up by fast moving traffic on motorways and dual carriageways.

You must use a consistence approach in line with all emergency services when attending motorway incidents.

### Liveried Vehicle and First Emergency Vehicle On-Scene



1. First vehicle on scene: Position the vehicle in the “fend-off” position, so the incident is beyond the vehicle and prevents traffic from conflicting with the incident.
2. Ensure a distance of approximately 25 metres between your vehicle and the incident. This will offer protection to the scene but be close enough to retrieve equipment. This will also allow the Police and Highways Agency to position their vehicles correctly when they arrive.
3. The front of the vehicle should be angled and pointing towards the carriageway in the direction the traffic should pass. If possible, try and close





an additional lane as a buffer between the incident and any live traffic lanes.

4. Never become an island by allowing traffic to pass both side of the incident.
5. If possible, you should work from the Hard Shoulder. If the incident is in lane 3 or 4, work from the central reservation out to the incident or wait for the road to be closed. In this situation, never cross the barrier. The vehicle positions are shown below.
6. Once further traffic management resources arrive (Police, Highways Agency), they will park approximately 50 metres prior to the incident and deploy signs, cones and crash cushions to provide additional protection.
7. If the call is on the opposite carriageway, do not stop or drop off your crewmate on the Hard shoulder or in the live carriageway. Both members of the crew shall continue to the next junction or ECP and return to the incident on the correct carriageway.
8. Send an early report to EOC using **METHANE** or **STEPS** if applicable and as appropriate.

**M** My call-sign, or name and appointment, Major incident STANDBY or DECLARED

**E** Exact location

**T** Type of incident

**H** Hazards, present and potential

**A** Access to scene, and egress route • helicopter landing site location

**N** Number and severity of casualties

**E** Emergency services present and required.

**S** Staff welfare on scene

**T** Transporting

**E** Expected time on scene

**P** Patient current condition

**S** Support needed

**NEVER CROSS A CENTRAL RESERVATION OR LIVE LANE.**



## **Appendix D: Smart Motorways – All Lane Running**

Foundation Trust

A smart motorway is a section of a motorway that uses traffic management methods to increase capacity and reduce congestion in particularly busy areas.

These methods include using the hard shoulder as a running lane and using variable speed limits to control the flow of traffic.

Highways England developed smart motorways to manage traffic in a way that minimises environmental impact, cost and time to construct by avoiding the need to build additional lanes.

There are three types of scheme which are classed as smart motorways.

All lane running schemes – ‘all lane running’ schemes permanently remove the hard shoulder and convert it into a running lane.

Dynamic hard shoulder schemes - ‘Dynamic hard shoulder’ running involves opening the hard shoulder as a running lane to traffic at busy periods to ease congestion.

Controlled motorway schemes - Controlled motorways have three or more lanes with variable speed limits, but retain a traditional hard shoulder. The hard shoulder should only be used in a genuine emergency.

### **1. The following sections of motorway are now All Lane Running:**

**M23 – junction 8 to 10**

**M25 – junction 5 to 7**

**M25 – junction 23 to 27**

**M25 – junction 2 to 3**

**M25 - junction 7 to 10**

**M25 – junction 10 to 16**

**M25 – junction 16 to 23**

**M25 - junction 27 to 30**

**M27 – junction 4 to 11**

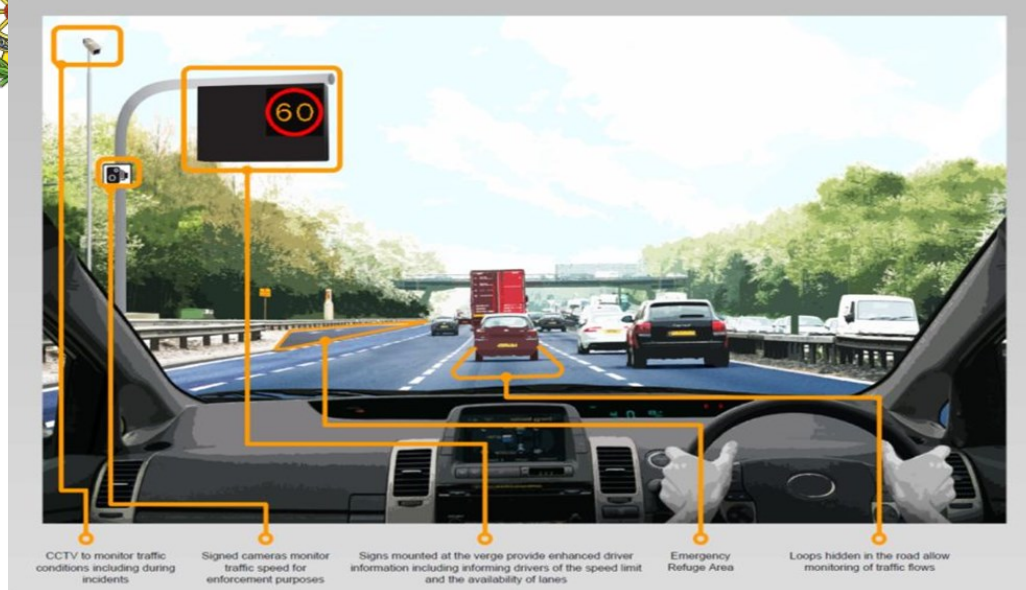
**M3 – junction 2 to 4a**

**M3 – under construction junction 9 to 14**

**M20 – junction 3 to 5**

**M20 – junction 5 to 7**

- 1.1. Emergency refuge and phones (similar in layout and design to a lay-by) can be found every two miles to the nearside (left) of the carriageway.



1.2. Variable speed limits will be used to adjust speed limits during busy periods to control the flow of vehicles and prevent traffic grinding to a halt. The current speed limit will be displayed on signs over or at the side of the carriageway. Red X symbol will show that a lane is closed because of an incident or some other obstruction, or people working in the road and where this is for an incident the Red X will be accompanied by the words “for emergency service vehicles only”.

1.3. The Highways Agency (HA) is the agreed co-ordinating organisation for facilitating the emergency response reaching the scene and must be informed for all call types to ensure the safety of attending crews.

1.4. Any incident attended in this area, whether it is a medical emergency or road traffic collision should be actioned in line with this guidance.

## 2. EOC Staff

2.1. On receipt of a call via 999 log all details as per the normal process of call taking.

2.1.1. Inform Highways Agency (HA) via direct line of the incident.

2.1.2. The HA has sophisticated monitoring devices and CCTV network and will be able to quickly establish exact incident location.

2.1.3. Fire and Police should be informed of all relevant incidents.

2.1.4. The Dispatch Team should maintain a regular overview of the incident as HA will provide regular updates on accessing the incident.



Resource allocation should be carried out in line with normal tasking processes with crews initially attending in line with the normal flow direction of the carriageway being attended.

### **3. Compromised Incident Attendance (Carriageway blocked) Access via Reverse Flow**

- 3.1. There will be occasions where an incident will create a complete blockage of the motorway, and without a hard shoulder this will impede attendance to the scene for responders.
  - 3.1.1. Where a total blockage occurs the HA will co-ordinate a response to scene via reverse flow, this will mean access via agreed locations using off slips.
  - 3.1.2. EOC staff must ensure there is robust communication with responding resources and close co-ordination with the HA. EOC staff must not authorise reverse flow without express permission from the HA or Police.
  - 3.1.3. EOC must consider the potential for reverse flow and may dynamically position resources to respond in preparation for implementation of reverse flow.

### **4. Agreed Rendezvous Points (Reverse Flow)**

- 4.1. There will be occasions where HA stipulate an RVP, these have been pre-defined as follows:
  - 4.1.1. Godstone Fire Station forecourt.
  - 4.1.2. Clackett Lane Services.
  - 4.1.3. Brasted Gate
  - 4.1.4. M23 Hooley, in the turnaround area before joining the A23
  - 4.1.5. Otford turnaround on the M26

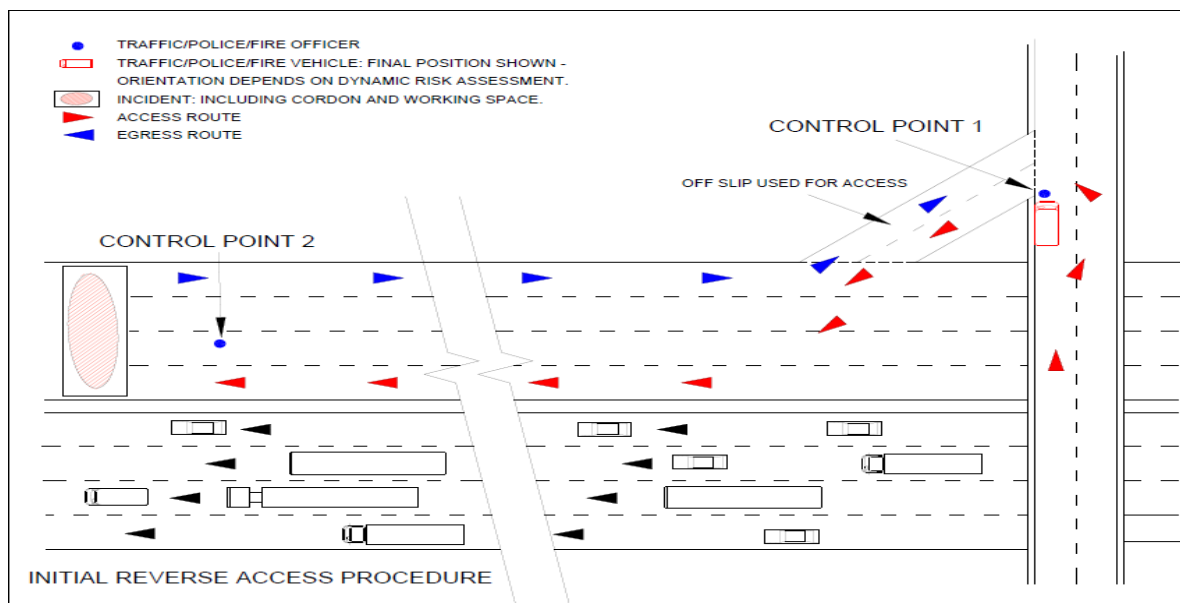
### **5. Incident Accountability**

- 5.1. West EOC will be accountable for all incidents on the B Carriageway Jct. 7 to Jct. 5.
- 5.2. East EOC will be accountable for all incidents on the A Carriageway Jct. 5 to Jct. 7.
- 5.3. Both EOC's will need to co-ordinate closely when responding to potentially serious incidents or where there may be compromised scene access.



## Operational Staff

- 6.1. Incidents will be passed using the terminology of clockwise and anti-clockwise to denote the direction of the motorway, with junction numbers to denote access and egress points e.g. Anti-clockwise junction 7 to 6 in the usual manner.
- 6.2. When strategically positioned by the EOC in preparation for “reverse flow” access, and once authorisation has been given to proceed, road crews should access to the incident by driving along lane 4 (lane closest to the central reservation). And egress from the incident will be by driving away from the incident in lane 1(formally the hard shoulder).
- 6.3. Only vehicles that have been specifically activated to an incident by EOC are permitted to attend in a “reverse flow” situation. Vehicles that can otherwise self-deploy must NOT do so in these cases. Authorisation must be given by EOC prior to attending a scene via a “reverse flow” route



7. The H/A Regional Control Centre (RCC) Godstone has a dedicated Airwave channel which can be used to gain extra information on the incident direct from the H/A, remembering that all information received also needs to be communicated with the EOC. The channel details will be provided by EOC.
- 7.1. This will be an open channel and any communication can be heard by everyone using this channel.



- 1** The Road Works Contracts (RWCs) for the South East Region install an “emergency access lane” through all road works areas on the Motorway network for use by the Emergency Services.
- 1.1. These lanes however do not form part of the road as defined in law and so an exemption to speed cannot apply.
- 1.2. The lanes have a **restricted 15MPH speed limit** in force to protect the RWCs and is enforced by camera technology, periodic Police operations and robust incident reporting via their H&S processes.
- 1.3. Crews are therefore informed that should you use an “emergency access lane” to either negotiate traffic or expedite your response then the 15MPH speed limit must be adhered to.
- 1.4. Trust drivers should never drive in the wrong direction on dual carriageways and motorways unless directed to do so by a Police Officer or Highways Officer.





## South East Coast Ambulance Service Hazardous Area Response Team Driving Categories



Type of Vehicle	Training & Assessment Provided
4 x 4	Borda accredited off road and winch self-recovery courses
ATV	Borda accredited off road operators' course
4 x 4	Trust ADI led high speed competency training and assessment
SRV	Trust ADI led high speed competency training and assessment (combined with 4x4 )
Large Vehicle	Familiarisation driving and vehicle checking - Driving Training Manager
Specialist HART vehicles	Training and assessment - Delivered by OTL's in HART from an agreed training packaged provided by the HART Education Centre.

### Appendix H: New Vehicles

Any new models of vehicles entering into service from Fleet would be accompanied by a familiarisation package outlining the controls and function of the vehicle, such as the Vito vans and Hybrid Mitsubishi.

Additional assessment/training would be required for the HART DAF truck and POLARIS.



## **Appendix I: Raising driving skills or behavioural concerns**

### **1. Introduction**

South East Coast Ambulance Service NHS Foundation Trust (the Trust) are committed to the highest standards of driving conduct within the Trust. The way Trust vehicles are driven affects the public's perception of the Trust as a professional organisation. All staff must therefore safeguard the Trust's reputation by displaying high standards of driving and road behaviour at all times.

This Appendix applies to all authorised drivers of SECamb vehicles, claiming exemptions whilst driving under emergency conditions. Vehicles include those that are owned, hired, leased or borrowed.

A structured internal process has been developed to enable staff who wish to raise a concern to do so within a clear framework. This is attached at Appendix 1.

### **2. Principles**

What concerns can I raise?

You can raise a concern about a driving skill or a driving behaviour:

- unsafe driving (highway code driving or emergency response)
- unsafe driving resulting from a driving behaviour such as red mist.

### **3. Raising Concerns Versus Issue Resolution**

For all staff and managers, making an early distinction between raising a concern and raising an issue is important and will ensure that matters are dealt with via the most appropriate process. Other policies are in place to enable employees to deal with individual or collective issues between themselves and their employer.

If a member of staff or a manager is unsure about the most appropriate process to follow, advice can be sought from their Line Manager, HR, Fleet Risk Reduction and Driving Standards Manager or from trade union representatives.

It is important to be aware that personal complaints may uncover an underlying issue which, when investigated which may be in the public interest.

In such cases managers will need to carefully consider and assess the facts and decide on the best course of action, in consultation with the Fleet Risk Reduction and Driving Standards Manager, if they feel necessary.

### **4. Confidentiality**

We hope you will feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. This means that while you are



willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. Therefore, we will keep your identity confidential, if that is what you want, unless required to disclose it by law (for example, by the police). You can choose to raise your concern anonymously, without giving anyone your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

## **5. Who should I raise my concern with?**

You should initially raise your concern with your line manager, whether your concern is **formal or informal**. Where you don't think it is appropriate to do this or your line manager does not resolve the matter, you can contact the Fleet Risk Reduction and Driving Standards Manager.

## **6. How should I raise my concern?**

You should raise your concerns with your line manager initially, verbally, by phone or in writing (including email) and you can complete a Datix report. The template in Appendix B can either be completed or used as a guide to what information may be necessary. If it is difficult to raise the complaint with your line manager, then you should contact the Fleet Risk Reduction and Driving Standards Manager.

Please be ready to explain as fully as you can the information and circumstances that gave rise to your concern.

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

## **7. What will we do?**

We are committed to listening to our staff, learning lessons and improving patient safety, patient experience and our staff member's driving. On receipt the concern will be recorded locally via a filenote, and you will receive an acknowledgement. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback.

## **8. Investigation**

Having raised your concern with your line manager, they will conduct an initial investigation making use of telematics data and/or CCTV if appropriate. Your line manager will then speak to the person concerned to address the concern raised.

If more than one complaint is raised either by the same complainant or more than one complainant, the line manager will initially conduct an investigation with the use of telematics/CCTV if appropriate. The line manager will also consult with the Fleet Risk Reduction and Driving Standards Manager (DSM) to arrange a meeting with the person concerned if appropriate. A record of this meeting will be taken by the DSM Driver Standards Policy, Procedure and Emergency Driving and the Law V1  
August 2023



and shared with those at the meeting. An update of the investigation will be provided to the complainant.

At any stage the line manager and/or the DSM can refer the person concerned to the Driver Training Manager if reassessment of a particular driving skill is deemed suitable.

Where you have been unable to resolve the matter quickly (usually within a few days) with your line manager, we will carry out a proportionate investigation with the assistance of the Fleet Risk Reduction and Driving Standards Manager and we will reach a conclusion within a reasonable timescale (which we will notify you of).

We may decide that your concern would be better looked at under another process, for example coordinated via HR.

## **9. Managers**

Managers should ensure that all staff have a clear understanding about what raising concerns refers to, and the process. It is important to consider how to engage and communicate with staff to ensure that they are familiar with policies and procedures and feel supported in using them. Managers should ensure that they are aware of the options for reporting routes as outlined in Trust policy (Freedom to Speak Up)

The line manager will typically be the person that staff will come to when they have concerns and managers are therefore ideally placed to cascade information and champion a positive driving culture.

Many staff will be anxious when raising a driving concern and as the first point of contact the manager can do a great deal to help reduce some of the anxiety that staff face. (see Appendix A)

Driving concerns will vary both in nature and severity and it is important that staff know the available reporting channels and have confidence that their concerns will be addressed effectively.

Managers - are responsible for ensuring that any driving concerns raised through this policy are taken seriously and confidentially and that the action necessary to resolve a driving concern is taken within a reasonable timeframe. Where individuals have specifically asked for their identity not be disclosed, managers will not do so without an individual's agreement first.

Encouraging a healthy dialogue which enables staff to question and challenge in a very informal way, as part of team meetings, staff briefings and 1:1s are effective ways of making the raising of concerns more normalised as part of everyday practice.

Managers need to take all reasonable steps to ensure that an individual who has raised a driving concern is not bullied or victimised by staff

Managers should be very clear that victimisation of someone who has raised a concern and the raising of malicious false allegations are not acceptable and will be dealt with formally.



The nature of raising concerns can often lead to difficult conversations and the way in which they are handled by both parties can impact on more than the situation in question. Some situations can be complex so it's good to be prepared, understand the different approaches available and seek assistance when needed.

Having sensitive or difficult issues is an integral part of raising concerns for both staff and managers and there are some practical steps you can take to ensure the best possible outcome when raising, discussing and dealing with concerns.

Having a planned conversation at the first available opportunity is key. Take time to find out the facts and check SECAMB policies. If at this stage you feel you need support then seek this from a senior manager, Freedom to Speak up Guardian, HR or trade union representative.

ACAS guidance outlines some helpful steps managers can take for both informal and formal conversations:

- set the tone
- be calm and professional
- reassure your staff member
- focus on the issue not the person
- make notes
- keep an open mind
- ask questions and explore the issue together

Individuals raising concerns will be assured that the matter will be investigated, and they will receive feedback on the concern.

It is important that staff feel support them during and after the concern is raised and the support required can be discussed at the initial meeting.

Staff confidence can be damaged if appropriate feedback is not given after a concern has been raised.

### **Re-Building Relationships and Teams**

After a concern has been raised, it is important for managers to spend time with all those concerned, to help re-build relationships and teams with support from HR and trade unions if needed.

The emotional impact on all those directly involved cannot be underestimated. Having access to mediation and early reconciliation can be helpful in managing any breakdown of relationships within teams and in continuing to support individuals who have raised concerns



**STRICTLY CONFIDENTIAL**

**Section 1 – Your Details**

If you wish to remain anonymous, please go straight to section 2. However, please note that whilst such concerns will be given due consideration, it may be difficult to progress matters in accordance with this policy.

Name:		Base Location:	
Email:		Contact number:	
Home Address:		Preferred method of contact:	(please circle) Home address / work address / email
Are you willing to participate with any future enquiries/ investigations into this matter	YES / NO	Signature	Date

**Section 2 – Personal Involvement/ Personal Interest**

Please declare any personal interest you may have in this matter (i.e. does the outcome of this matter have the potential to affect you personally in any way?)

**Section 3– Details of the disclosure**

Please outline the details of your concern and your reasons for raising this concern e.g. risks to patients, staff or the Trust: (continue on separate sheet if required) including detail on time, date, place, fleet number, callsign, location of incident/s and the name of the person/s you are raising your concern about.





## South East Coast Ambulance NHS Foundation Trust – RTC REPORTING PROCEDURE

