

## SWANSEA BAY UNIVERSITY HEALTH BOARD

TRANSPORT POLICY

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#### 1.0 INTRODUCTION

1.1 Swansea Bay University Health Board Fleet Transport Policy is committed to ensuring all vehicles and items of mobile plant under its control are operated in a safe, efficient and economical manner in accordance with current legislation.

#### 2.0 STATEMENT OF INTENT

- 2.1 The Health Board is fully committed to ensuring the Health, Safety & Welfare of employees, patients and visitors who may be affected by the activities of the Health Board. The Health Board will do its utmost to ensure that its activities do not adversely affect the environment.
- 2.2 The Fleet Transport Policy is issued under the authority of the Chief Executive and will apply throughout the Health Board unless specific exemptions are approved by the Chief Executive.
- 2.3 This document applies to all persons who may be affected by any vehicle activity carried out on behalf of the Health Board.
- 2.4 It is the Policy of the Health Board to ensure that all vehicles and items of mobile plant are correctly serviced and maintained at least in accordance with manufacturer's recommendations and are used and driven in a safe manner.
- 2.5 The Policy excludes cars that have been leased by the Health Board and supplied to staff through the Leased Car scheme or any salary sacrifice schemes.
- 2.6 Drivers must observe the requirements of this document and of all local procedures where appropriate.

#### 3.0 DUTY OF CARE

3.1 The Health Board will ensure it discharges its duty of care as required by legislation and all relevant associated legislation.

#### 4.0 **RESPONSIBILITY**

#### 4.1 Managers

- 4.1.1 The Chief Executive through nominated Director(s) will ensure that this Policy is implemented throughout the Health Board.
- 4.1.2 Line Managers hold responsibility for all vehicles and items of mobile plant used exclusively for official purposes, including the need to ensure the driver or operators are trained and are authorised in accordance with these procedures.
- 4.1.3 It is the responsibility of the Health Board Transport Manager to maintain a central fleet management database for Health Board owned/leased/hired or loaned vehicles and to carry out the data update function required under EU directive on Motor Vehicles (Compulsory Insurance) (Information Centre and Compensation Body) Regulations 2003. It is therefore important to ensure any vehicle changes are notified to the Transport Manager within 10 days to maintain the records and insurance cover.

#### 4.2 STAFF RESPONSIBILITY

- 4.2.1 Staff driving Health Board vehicles have a responsibility to ensure that the allocated vehicle and equipment is operated in accordance with Health Board Policy and all legal requirements.
- 4.2.2 Staff have a duty to verify the roadworthiness of their vehicles and must ensure that vehicle and equipment inspections are carried out, defects arising from accidents are reported and that any un-roadworthy vehicles are not used.
- 4.2.3 Staff must also drive, at all times, in accordance with their training and comply with legislation. They must complete and use all reporting systems and procedures fully with regards to mileage sheets, daily inspections, defect reporting and accident reporting. They are responsible for the security of the vehicle whilst in their possession.
- 4.2.4 It is the responsibility of individual staff to report any changes in their medical condition that may have an effect on their fitness to drive and which may be reportable to the D.V.L.A. under the Road Traffic Act 1988 and the Motor Vehicles (Driving Licences) Regulations 1999.
- 4.2.2 Staff must report any motoring offences incurred while driving their own vehicle to the Transport Manager immediately, as these offences may affect their eligibility to drive Heath Board vehicles.

#### 4.3 AUTHORISED DRIVERS

- 4.3.1 In order to meet the Health Boards insurance requirements all authorised drivers should be over 21 years of age and have held a full driving licence for a minimum of 12 months. If any driver is unable to meet these minimum requirements and is required to drive as part of their employment, the directorate responsible for the member of staff will incur a higher insurance excess for any claims that are made under the said staff name. In addition a non-Health Board employee, e.g. a member of staff supplied by an agency, may drive a Health Board vehicle as long as they meet the above requirements and are working exclusively for the Health Board on official business.
- 4.3.2 As a matter of good practise all new drivers should go through a familiarisation session with an experienced member of staff before using a vehicle. This should be recorded and records maintained by the line manager.
- 4.3.3 Any authorised driver should normally have a clean valid driving licence, which must be approved by the Transport Manager and recorded before using any vehicle. The Health Board however recognises that endorsement for minor offences are common and in such circumstances a driver should not automatically be barred from driving a Health Board vehicle. Such endorsements are to be noted by the Transport Manager and the situation reviewed if further endorsements are incurred.
- 4.3.4 Staff must hold a valid licence which includes the appropriate entitlement for the vehicle that they will be driving,

Category	Description	Min Age
В	Motor vehicles with a MAM not exceeding 3500kg having not more than 8 passenger seats with a trailer up to 750kg. Combinations of towing vehicles in category B and a trailer, where the MAM of the combination does not exceed 3500kg and the MAM of the trailer does not exceed the unladen mass of the towing vehicle.	17
B Auto	As cars, but with automatic transmission	17
B1	Motor tricycles / quad cycles, 3 or 4 wheeled vehicles with an unladen weight not exceeding 550kg.	17
B+E	Combinations of vehicles consisting of a vehicle in category B and a trailer, where the combination does not come within category B.	17
С	Vehicles over 3500kg with a trailer up to 750kg.	21

C1	Lorries between 3500kg and 7500kg with a trailer up to 750kg.	18
C1+E	Lorries between 3500kg and 7500kg with a trailer over 750kg - total weight not more than 12000kg (if you passed your category B test prior to 1.1.1997 you will be restricted to a total weight not more than 8250kg).	21
C+E	Vehicles over 3500kg with a trailer over 750kg.	21
D1	Vehicles with between 9 and 16 passenger seats with a trailer up to 750g	21
D!+E	Combinations of vehicles where the towing vehicle is in subcategory D1 and its trailer has a MAM of over 750kg, provided that the MAM of the combination thus formed does not exceed 12000kg, and the MAM of the trailer does not exceed the unladen mass of the towing vehicle	21
D	Any bus with more than 8 passenger seats with a trailer up to 750kg.	21
D+E	Any bus with more than 8 passenger seats with a trailer over 750kg.	21

- 4.3.5 A Category D1 licence, this category does <u>not</u> allow the vehicle to be used for Hire or Reward purposes.
  - If you are in any doubt you should contact the Transport Manager for clarification.
- 4.3.6 A Category C1 licence, requires a valid Driver Certificate of Professional Competence (Driver CPC). Unless the vehicle comes under an exemption not requiring the driver to hold a CPC qualification.
  - If you are in any doubt you should contact the Transport Manager for clarification.
- 4.3.7 The driver of any Health Board owned, hired, leased or loaned vehicle is responsible for its condition and safe operation so far as is reasonably practicable.
- 4.3.8 Drivers must not under any circumstances leave the ignition key in the vehicle while unattended. When leaving the vehicle unattended the ignition key must be removed and the vehicle locked, all equipment, personnel belongings & valuables are to be kept out of sight.
- 4.3.9 On return to base at the end of the day all valuables must be removed from the vehicle and placed in a secure store. On no account are medical records or any other information storage devices containing patient or personal data are to be left in any vehicle overnight. The vehicle should then be locked and wherever possible vehicles should be parked in a secure area.
- 4.3.10 Failure to follow the above procedures may void any insurance claim for loss or damage and may lead to disciplinary action being taken by the Health Board against the responsible driver.

#### 5.0 VEHICLE USAGE

- 5.1 Any Private or any other unauthorised use of any Health Board Vehicle including owned/leased/hired or loaned vehicles is strictly prohibited.
- 5.2 All Health Board owned/leased/hired or loaned vehicles must be issued with a vehicle mileage log book/sheet. (Appendix 1) Each driver is responsible for fully completing these vehicle mileage log books/sheets for each journey, the relevant line manager will audit these for efficiencies and accuracy of recorded mileage against known mileage between sites.
- 5.3 Drivers of any Health Board vehicles owned/leased/hired or loaned are not to offer casual lifts to strangers, staff or any other personnel not undertaking business on behalf of the Health Board.

#### 6.0 FITNESS TO DRIVE

6.1 The driver is fit / qualified to drive the vehicle and is not impaired by alcohol and/or medication. Any driver who is aware of or becomes aware of a medical or other condition or is taking medication that may affect their driving must declare this immediately to their line manager before driving any Health Board vehicle.

Note: driving ability is also affected by lack of rest or sleep and if applicable this situation is reportable under the "other condition" above.

#### 7.0 OPERATORS LICENCE

- 7.1 All Health Board vehicles with a "Permissible Axel Weight" exceeding 3.5 tonne must display the appropriate operator's license, unless a vehicle comes under an exemption to the operator's license. It is a legal requirement that this licence be displayed in the bottom left hand corner of the windscreen.
- 7.2 Any manager wishing to hire a vehicle with a Permissible Axel Weight (PAW) exceeding 3.5 tonne must notify the Transport Manager prior to ordering the vehicle as this will affect the Health Boards current operating licence status. It is a legal requirement that this is communicated to the Transport Commissionaire within 21 days.

#### 8.0 TACHOGRAPHS

- 8.1 Tachographs are fitted in all the Health Board vehicles where the permissible axel weight exceeds 3.5 tonnes, unless the vehicle comes under an exemption to the use of tachographs. Drivers are responsible for ensuring the correct use of these Tachographs.
- 8.2 Line Managers will ensure that all staff are fully trained on the usage of the tachograph equipment and are fully aware of their responsibilities.
- 8.3 Where digital tachographs have been fitted to vehicles which are not exempt from being used, the line manager must have in place a method to download the 'Drivers Card' to enable the data to be analyzed so as not to exceed the EU drivers hours requirement.
- 8.4 If at any time your driver card is lost, stolen or develops a fault, you must apply for a replacement card as soon as possible.
- 8.5 If your tachograph develops a fault this must be repaired as soon it's practical to do so.
- 8.6 In the meantime, provided that you have had a driver card issued to you, you may continue to operate a Digital Tachograph equipped vehicle if you adhere to the following rules.
  - a) You must make a printout at the start of every day's duty and another at the end of the duty period.
  - b) You must write your name and driving license number on the rear of each printout and sign them to confirm the details.
  - c) You must keep these printouts available for inspection on request by the appropriate authorities for the next 28 calendar days.
  - d) After 28 days, you must pass the printouts to the vehicle's manager who must store them with your records for at least the next 12 months.

You may not, under normal circumstances, continue to drive for more than 15 calendar days without using a valid Driver Card.

#### 9.0 <u>VEHICLE & MOBILE TRACKING SYSTEMS</u>

9.1 The Health Board has a Vehicle and Mobile Tracking Policy and this forms part of the Transport Policy. See appendix 2

#### 10.1 Driver Responsibility

10.1.1 The driver is responsible for all endorsements and fines incurred whilst driving a Health Board vehicle; this includes Health Board owned/leased/hired or loaned vehicles. In the event that a single or number of endorsements are incurred which affects the Employee's ability to fulfil their role these will be addressed in accordance with Health Boards Policy.

#### 10.2 Parking Offences

10.2.1 The driver is responsible for all parking offences and any other associated penalty fines incurred during the use of a Health Board vehicle; this includes Health Board owned/leased/hired or loaned vehicles.

#### 10.3 Speeding Fines

10.3.1 Drivers are responsible for all speeding offence fines and any other associated penalty fines incurred during the use of any Health Board vehicle; this includes Health Board owned/leased/hired or loaned vehicles.

#### 10.4 <u>Use of Organisational Disabled Parking Badges</u>

10.4.1 These are only to be used when transporting patients who are disabled or are eligible under the Mental Health Act, otherwise penalty fines can be imposed on the driver. The driver is responsible for all offences and any other associated penalty fines through the incorrect use of such permits. Misuse of an organisational disabled badge is a fraudulent act and will be dealt with in accordance with Health Board Policy.

#### 11.0 MOBILE PHONES

11.1 The Health Board expects all drivers to exercise their mandatory "**Duty of Care**" in the course of their work. All drivers must adhere to the Health Board Policy for the Use of Mobile Phones in Motor Vehicles.

When using a hands free kit, the driver is to inform the caller that they are driving, hang up and call back once the vehicle has been parked, made safe and the engine is switched off.

#### 12.0 SMOKING

12.1 The Health Board has a No Smoking policy and this document must be read in conjunction with this policy.

#### 13.0 ROAD TRAFFIC ACCIDENTS

- 13.1 If you are involved in an accident you must stop if:
  - a) Any person has been injured.
  - b) If any vehicle (other than your own) or property has been damaged.
  - c) Any large animal (dog, sheep, horse etc.) has been injured.

#### 13.2 Do not talk about the Cause of the Accident

This may invalidate the Health Board's insurance cover if you admit blame or even apologise.

#### 13.3 Warn Oncoming Traffic

If the accident cannot easily be seen, try to get someone to warn approaching traffic.

#### 13.4 Call the Police

a) If anyone is hurt.

- b) If you think the other driver has committed an offence.
- c) If the accident is causing an obstruction.
- d) If you think the accident was caused because the other vehicle was un-roadworthy.
- e) If you damage someone else's property and cannot find the owner to exchange details.
- f) Any large animal (dog, sheep, horse etc.) has been injured.

#### 13.5 Find Witnesses

Witnesses vanish quickly after accidents. Make every effort to obtain their names and addresses as soon as possible. Take note of the registration number of any vehicles that have stopped at the scene.

#### 13.6 Gather Information

- 13.6.1 Obtain the drivers name, address, telephone number, vehicle registration number, make, model and colour. Also ask who owns the vehicle and if it is not the driver, request the owner's details.
- 13.6.2 Ask for the name of the other driver's insurance company and policy number if possible.
- 13.6.3 If the police are called request the name, number and station of the police officer attending, plus a crime number if relevant.
- 13.6.4 Write your own notes about the accident and make a sketch as soon as possible. If available take photographs of the incident with a camera or mobile phone to support any claim.
- 13.7 Notify the Transport Manager immediately and complete a Health Board Traffic Accident form (Appendix 4) as soon as possible.

#### 14.0 BREAKDOWNS

- 14.1 Health Board owned vehicles are covered for breakdowns under an agreed contract through a national breakdown service. To establish the current contract, contact the Transport Manager.
- 14.2 Vehicles Leased/Contract Hired. These vehicles are covered by the agreement with the Lease/Contract hire company. This is usually with the RAC or AA recovery services. For details contact the Transport Manager.

#### 15.0 SERVICING / REPAIRS

- 15.1 Health Board Vehicles and equipment will be serviced and repaired in accordance with the vehicles manufacturer's recommendations or any other legislation e.g. LOLER:- Lifting Operations and Lifting Equipment Regulations 1998.
- 15.2 Any vehicle defect must be reported immediately to the Transport Manager who will then arrange for the repairs to be carried out. Any defect that affects the vehicles safety will be deemed as not being roadworthy and must be removed from service.

#### 16.0 TYRES & EXHAUSTS

- 16.1 Tyres & Exhausts for Health Board owned vehicles are provided through a contracted supplier. To establish the current supplier, contact the Transport Manager.
- 16.2 Vehicles supplied by a Lease/Contract Hire company have their own agreements for Tyres and Exhausts. For details contact the Transport Manager.

#### 17.0 WINDSCREENS

17.1 Windscreens will be repaired or replaced as necessary through the Health Boards vehicle insurance policy and their agreed supplier. For details contact the Transport Manager.

#### 18.0 FUEL CARDS

- 18.1 A fuel card is issued for each Health Board owned / leased vehicle and has the vehicles registration number imprinted on the card. If a card is lost or damaged this must be reported to the Transport Manager immediately, who will organise the cancellation of the existing card and order a replacement card.
- 18.2 When purchasing fuel staff must give accurate information to the cashier i.e. correct registration number and current mileage. All receipts for fuel are to be retained and sent on to the Transport Manager for audit purposes. Misuse of a fuel card is a fraudulent act and will be dealt with in accordance with Health Board Policy.
- 18.3 Drivers must report any fuel spillages on the garage forecourt to the Cashier.

#### 19.0 VEHICLE EQUIPTMENT

19.1 Each vehicle will contain the following equipment as standard:-

Fire extinguisher.

Glass hammer (In certain directorate's this may be removed for safety reasons).

First aid kit.

Warning triangle.

#### 20.0 DAILY VEHICLE CHECKS

The driver of a Health Board vehicle owned/leased/hired or a loaned vehicle, is required prior to undertaking a journey to carry out a series of vehicle checks as follows:-

#### 20.1 Daily Checks

a) Walk round the vehicle and visually check tyres for obvious faults. Tyres have tread wear indicator blocks; these blocks are located within the grooves of the surface across the central part of the tread, when the tyre treads reaches these blocks a new tyre should be fitted.

Note – 1.6 mm is the depth of a tyre tread legally accepted. Tyres should be replaced before this depth is reached.

- b) Check and note any body work damage.
- c) Check operation of all lights, including hazards.
- d) Check engine oil level and look for signs of any oil leaks.
- e) Check engine water & screen washer reservoirs.
- f) Check vehicles interior and exterior for cleanliness.
- g) Check wipers, washers and horn.
- h) Check windscreen/windows and mirrors for damage.
- i) Check seat belts for operation or damage.
- j) Check hand brake and foot brake at low speed.
- k) Any extra equipment fitted to a vehicle e.g. tail lifts, tipper bodies etc.
- 20.2 Completion of these daily vehicle checks must be noted on the vehicle mileage log sheet as being completed. If various drivers drive an individual vehicle in a single day, then these checks must be completed by each driver prior to commencement of their journey.
- 20.3 All vehicle defects must be reported to the Transport Manager who will organise repairs. On no account must a vehicle be used with a defect that may affect its safety.
- 20.4 The driver of any Health Board vehicle owned/leased/hired a loaned vehicle is responsible for its condition and its safe operation. The Line Manager also has joint responsibility for vehicles in their department and it is recommended that Line Managers undertake safety audits on a quarterly basis. (Appendix 2)

#### 21.0 PATIENT TRANSPORT RISK ASSESSMENTS

#### 21.1 Risk Assessments

Documented risk assessments will be undertaken where there may be significant risk to staff (e.g. patient movement / equipment handling / violent and aggressive episodes / challenging behaviour).

- 21.2 Safety of Patients
- 21.2.1 Individual risk assessments will be undertaken on patients thought to be a risk. A copy of this risk assessment must be entered into the patient notes / care plan.
- 21.2.2 Risk assessments must be monitored and reviewed on a regular basis and be made available to drivers and other staff on request.
- 21.2.3 Staff members responsible for the transport of patients must ensure patients wear the correct safety equipment (e.g. seat belts, wheelchair harness, provided for the journey). Staff should be suitably trained on the correct use of these devices and ensure that these are regularly tested / checked.
- 21.2.4 Staff responsible for organising any journey must give consideration to the patient mix on the transport.
- 21.2.5 If any patients exhibits challenging behaviour and is at risk either to themselves or to others, the driver must be informed and asked to stop the vehicle when it is safe to do so.

#### 21.3 Safety of Staff

- 21.3.1 All staff involved in transporting shall receive training determined by the risk assessment:
  - a) Personnel Safety.
  - b) Lifting and handling techniques.
  - c) The safe use of all types of safety equipment used on Health Board vehicles e.g. seat, belts, harnesses, clamps, tail lift operation for wheelchairs etc.
  - d) Daily vehicle checks and completion of the Vehicle Mileage Log Book.
- 21.3.2 This training must be documented in the personal files of each staff member.
- 21.3.3 On no occasion should a member of staff remove their seat belt and stand whilst the vehicle is moving unless in an emergency situation.

#### 21.4 General Safety

- 21.4.1 Under no circumstances whatsoever will patients or staff be transported in a vehicle that is not fit for purpose.
- 21.4.2 All safety equipment i.e. seat belts and wheelchair securing equipment must be inspected daily by the driver for signs of wear and tear / damage. Any irregularities will be documented and reported immediately to the Transport Manager, who will make the necessary arrangements for repair / replacement. A faulty vehicle or piece of equipment must not be knowingly used.
- 21.4.3 Where electric steps are available on a vehicle, they must be used at all times to assist patients.

#### 22.0 TRANSPORTATION OF DANGEROUS GOODS

Special arrangements are made for the transportation of Clinical Waste and other waste materials. (Reference: Waste Management Policy In accordance with the Carriage of

Dangerous Goods Regulations 2005, any department who has a need to transport material classified as dangerous goods should in the first instance contact the Health Boards Environmental Manager or Health and Safety Group to ensure they comply with all legislative requirements and that the correct signage is fixed to any vehicle and packaging used for this purpose.

#### 23.0 LOADING OF VEHICLE

- 23.1 It is the drivers responsibility to ensure lorries and vans are not overloaded and do not exceed the vehicles 'maximum gross weight; details of which can be found on the vehicles' chassis plate.
- 23.2 It is the line manager's responsibility to ensure training has been given with regards to the safe loading and weight distribution on vehicles.
- 23.3 It is the line manager's responsibility to ensure that risk assessments have been completed with regards to loading/unloading areas and that 'safe systems of work' are available for staff to follow.
- 23.4 For further advice on vehicle loading please ask the Transport Manager as it is a criminal offence to overload vehicles.

#### 24.0 ENVIRONMENT

24.1 The Health Board is committed to the reduction of its carbon footprint and to this aim reviews all vehicles and journeys made on its behalf in order to minimise its environmental impact. As vehicles are replaced they are assessed as to their environmental impact and whenever possible a lower emissions vehicle is selected.

#### 25.0 <u>LEGISLATION COMPLIANCE</u>

Corporate Manslaughter & Corporate Homicide Act 2007.

Health & Safety at Work etc Act 1974.

The Waste (England and Wales) Regulations 2011

Environment Protection Regulations 1991.

The Carriage of Dangerous Goods and Use of Transportable pressure Equipment regulations 2009.

Carriage of Dangerous Goods (Classification, Packaging and Labelling) and use of Transportable Pressure Receptacles 1996.

Construction & Use Regulations 1986.

Highway Code.

Provision and Use of Work Equipment Regulations.1998.

HSE, Driving at Work – Managing work related road safety.

EU Drivers Hours Regulations.

- 25.1 It is the duty of every employee to co-operate with their employer to enable duties placed upon them by the above legislation to be implemented and discharged.
- 25.2 Employees will comply with the provisions of the aforementioned legislation on matters which are within their control; and conduct their work in a manner that will not present danger to themselves or others.

#### 26.0 TRAINING

26.1 The Health Board will provide information, instruction and training on the management of vehicles to all staff whose position includes such duties.

#### 27.0 TARGET AUDIENCE

27.1 The target audience for this policy is all employees or contracted persons on whose duties include the management and uses of vehicles engaged on Health Board Business.

#### 28.0 REVIEW

- 28.1 This policy will be monitored and a review will be undertaken in 3 years or in light of legislative changes.
- 28.2 This policy supplements the Health Board's safety arrangements, which are an obligation under the Health & Safety at Work Act etc. 1974.



### Vehicle and Mobile Tracking Systems Usage Protocol

#### Contents

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#### 1. Purpose

The purpose of this document is to provide a standard protocol for use by the managers to inform relevant staff when vehicle tracking devices are fitted to Health Board vehicles.

The aim is to adopt good practice and strike a balance between the legitimate expectations of workers that information gathered about them will be handled properly and the legitimate interests of the Health Board in deciding how best, within the law, how to run its operations.

#### 2. Overview

2.1 The purpose of utilising vehicle tracking device is to improve the efficiency and service delivery through technological developments, demonstrate a responsible attitude to the management of assets and resources, reduce carbon emissions by reducing vehicle journeys.

Tracking devices can also be used for the protection of the lone worker, driving and vehicle usage as appropriate and reduction of operating costs.

The vehicle trackers are provided by Quartix. Quartix do not hold personal identifiable data. Quartix only hold vehicle data, therefore compliance with the Data Protection Act is not applicable.

#### 3 System Access to Quartix Tracking System

- 3.1 Users will only be granted access to the system by use of a unique encrypted user name and password on completion of appropriate training in the system functionality.
- 3.2 Users access levels will be controlled by the Health Board's system administration group.
- 3.3 System access will ensure that a full hierarchal structure is in place and maintained for user administration.
- 3.4 System access by authorised users will be monitored with a full audit trail available to authorised personnel.

#### 4. Benefits of Vehicle Tracking

There are multiple benefits that the data extraction from GPS trackers can provide such as:

- Real time tracking gives opportunities for faster assistance if employees are in need.
- Location data safeguards against theft, as the vehicle location is known. This often leads to discounts in theft insurance of up to 30%.
- Employees are more aware of their driving, which can reduce accounts of speeding by up to 60%.
- Overall vehicle efficiency can improve by 10 to 20%.

#### 5. Road Traffic Act

- 5.1 Section 172 of the Road Traffic Act 1988 establishes a duty on the authority to provide information that leads to the identification of a driver who has allegedly committed a road traffic offence.
- 5.2 The activities recorded by the tracker system and / or Logs Books may be used if the Health Board is required to discharge it's duty under Section 172.

#### 6 <u>Insurance Claims</u>

- 6.1 Information will be used to protect the organisation and its employees against false or confused insurance claims.
- 6.2 The system is to be used to monitor unauthorised out of hour's use and as anti-theft measure to produce savings in insurance costs.
- 6.3 Information will be used to provide the police with whereabouts of stolen vehicles and to provide supporting evidence in the event of road traffic incidents.
- 6.4 The system collects position data on a 24 hour, seven day week basis, it is never switched off.

#### 7 Retention of Data

- 7.1 There are two-way advantages to the use of historical data as the facts will be clear to all parties.
- 7.2 The historic data will be securely stored for a maximum of 5 years and no access to the system will be granted to unauthorised staff.
- 7.3 Data retained in the system will only be made available for audit and investigation purposes on receipt of an authorised Request for Information form; authorised by 3<sup>rd</sup> Tier Manager and Senior Human Resource Officer.

#### 8 <u>Environmental</u>

8.1 We will contribute to the Health Board's environmental policy by using tracking to reduce travelling by identifying unnecessary journeys and wasteful practices such as vehicle idling, thereby reducing fuel usage and exhaust emissions.

#### 9. Private Use of Health Board Vehicles

- 9.1 The use of Health Board vehicles for private purposes is forbidden with the exception of lunchbreak where visits to café, shop or similar, during the course of a journey in the location of your workplace is acceptable.
- 9.2 This means we do not expect people to travel several miles in the Health Board's vehicle on personal business.
- 9.3 Inappropriate use of Health Board vehicles will be highlighted and brought to the attention of the relevant Manager and will be investigated in line with Health Board Policies.

#### 10. Home to Work Use of Health Board Vehicles

10.1 <u>The Use Of Health Board Vehicles Covered Under the Vehicle Excise and Registration Act 1994</u> (VERA)

Health Board vehicles which display an NHSV tax exemption in the windscreen, come under the above act which is defined in Schedule 2 of the Act and therefore restricted to business use only by the Health Board.

Below is an extract from Schedule 2 of the above Act:

It is a condition of the exemption that a vehicle can only benefit from the exemption if it is being used or kept by a Health Service Body or Trust for official purposes.

The Agency (DVLA) cannot provide specific advice on what constitutes official purposes as it is for the keeper to ensure that the vehicle meets the use exemption.

However, it is the Agency's view that, for example, the use of the vehicle to travel to and from work would mean the loss of the exemption while the vehicle kept at an employee's home at night for standby duties would not.

Swansea Bay Health Board has interpreted this that vehicles should be used for business use only.

Vehicles can be used for on call purposes and be taken home but only incidental private use would be expected.

#### 11. Tampering

- 11.1 Vehicles units will be fitted with specialist tamper tape and configured to alert senior user of any suspected interference with the equipment.
- 11.2 In the event that a tampering issue arises the circumstances will be fully investigated.
- 11.3 Where suspected tamped is not conclusive any faults will be rectified and the unit examined in more detail to identify the cause.
- 11.4 If the investigation finds conclusive evidence that tampering has taken place this will be considered as gross misconduct and the Senior Manager or Fleet Manager will initiate a disciplinary investigation in line with the Health Board policies.

#### 12. Procedure

#### 12.1 Operational Managers

- Inform staff either through the local induction process or by way of a briefing.
- Complete Section 1 of the user acknowledgement statement at Appendix A
- Issue two copies of the statement of staff, ensuring a completed, signed copy is returned and placed on the employee's personal file.

#### 12.2 Staff

• When requested to do so, complete Section 2 of the user acknowledgement statement at Appendix A and return a completed, signed copy to management. Retain the other copy for your own records.

In the event of a member of staff failing to sign the acknowledgement statement please seek guidance from the Workforce and OD Team.

## USER ACKNOWLEDGEMENT VEHICLE TRACKING DEVICES

Section 1	
Date:	
Line Manager	(Name):
I was informed of my work.	d on the date above that tracking devises are fitted to business vehicle I use in the course
Where relevan	nt this data may also be use in conjunction with data derived from systems required by graphs.
Section 2	
Name (print):	
Job Title:	
Signature:	
Date:	
Once complete	ed in full return to your Line Manager for placing on your personal file.

Retain a copy for your own records.

Appendix 2



#### **VEHICLE MILEAGE SHEET**

**REG. No** .....

#### DRIVERS DAILY VEHICLE CHECK: -- OIL, WATER, LIGHTS, TYRES, AND REPORT ANY VEHICLE DEFECTS/DAMAGE

Staff are required to complete this form on every occasion of vehicle use and all use is strictly restricted to Health Board activities. The driver is fit/qualified to drive this vehicle and is not impaired by alcohol and/or medication. The driver has completed all vehicle road worthiness checks and any faults have been reported.

I declare that the information I have given on this form is correct and complete. I understand that if I provide false information I may be liable for disciplinary, prosecution and civil recovery proceedings. I consent to the information on this form being used for the purpose of the prevention, detection and investigation of fraud.

			1IT	ME	MILE	EAGE	TOTAL			PURPOSE C	F JOURNEY			VEHICLE DAILY	
DATE	FROM	то	START	FINISH	START	FINISH	MILEAGE	FOOD	SPECI- MENS	DRUGS	MAIL	EQUIP.	OTHER	CHECKS COMPLETE	DRIVERS SIGNATURE
															<u> </u>
															<u> </u>
															<u> </u>
															<u> </u>

CERTIFIED CORRECT	DESIGNATION	DATE/	/	
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#### TRAFFIC ACCIDENT REPORT

#### **IMPORTANT**

The Driver must <u>NOT</u> admit liability for the accident by word or deed.
 Attention should be given on site of the accident to parts 5, 6,7,13 and to the sketch.
 Parts 1, 4 & Statement of Trust driver should be completed either at the time of the accident or as s

3. Pa	arts 1, 4 & Stateme	ent of Trust a	mver snoui	ia de compie	eted either a	at the time (	or the acci	dent of as so	on as pos	sidie afterwar
1.	ACCIDENT	DATE		TIME			EXACT	LOCATION		
2.	NAME OF DRIVER		FULL NAME			ADDRESS		YES/N	ED BY TH	JTY ON WHICH IE DRIVER WAS ENGAGED
3.	NAME OF PASSENGERS	2					AI	DDRESS		
4.	TRUST VEHICLE	REGISTRATIC	ON NO. DE	EPARTMENT			EXTENT	OF DAMAGE		
5.	OTHER DRIVER		FULL NAME			ADDRESS			URANCE C	OMPANY
6.	NAME OF PASSENGERS	2						DDRESS		
7.	OTHER VEHICLE	MAKE	MODEL	REGISTE	RATION NO.	C.C.		EXTENT (	OF DAMAGE	3
8.	INJURED PERSONS	2				NATURE (	OF INJURY		TREATEI BY DOCTOR YES / NO	BY AMBULAN
9.	DAMAGE TO PROPERTY OR ANIMALS	FULL 1	NAME OF OW	VNER		ADDRESS			ATURE OF D	OAMAGE
10.	LIGHTS AND WARNINGS	DAYLIGHT NIGHT	N.H.S. VEHICLE LIT NOT LIT	OTHER VEHICLE  LIT  NOT LIT	UI	NNECESSARY		ARNING HY)	GIVEN BY ME NOT GIVEN BY ME	DRIVER NOT GIVEN
11.	SPEED OF VEHICLES AND ROAD CONDITIONS	N.H.S. VEHICLE M.P.H.	OTHER VEHICLE M.P.H.	AREA BUILT-UP NOT BUILT-UP	TRAFFIC LIGHT DENSE	ROAD SU  DRY  WET  ICY  SNOW -  COVERED	GOOD FAIR BAD	ROAD STRAIGHT BEND CROSS ROADS	TRAFFIC LIGHTS TRAFFIC SIGNS	CLEAR
12.	POLICE	NAME AND	NUMBER	PC	DLICE STATIO	ON		E SEE THE CIDENT		STATEMENT GIVEN

		I			
		(IF POSSIBL	NAMES AND ADDRESS OF INDEPEND E SIGNED STATEMENTS SHOULD BE OBTAINI		THE ACCIDENT)
		FULL NAME	ADDRESS	TEL. NO.	OCCUPATION
		1			
	INDEPEND -				
13.	ENT				
	WITNESSES	2			
		3			
		3			
			SPACE FOR SKETCH		
V ČKE	TCH SHOULD BE PR	OVIDED SHOWING :-			
	OSITION OF VEHICL AND AFTER THE ACC				
	DIRECTION OF TRAVI VIDTH OF ROAD.	EL.			
4. T	RAFFIC SIGNS AND				
	KID MARKS. (IF ANY ANY OTHER RELEVE				
(CIVIE	A FILL DESCRIPTION	NA OF WHAT OCCUPATED	STATEMENT OF TRUST DRIVER		
(GIVE	A FULL DESCRIPTIO	ON OF WHAT OCCURRED)			
			DRIVER	C CICNITUDE	
			DRIVER		
				DATE	
			CERTIFICATE		
		HE OCCASION OF THIS ACC	IDENT	WAS ACTIN	G WITHIN THE SCOPE OF
		OF THE TRUST VEHICLE:			
			0	DUDDOGE	
				FURPUSE	
SIGNE	ED				
HEAD	OF DEPARTMENT				
DATE					



# TRANSPORT POLICY QUARTERLY HEALTH & SAFETY VEHICLE

**AUDIT** 

VEHICLE REGISTRATION NO
VEHICLE MILEAGE
VEHICLE WILLEAGE
AUDIT DATE
NEXT AUDIT DATE

#### All audits are to be carried out by a line manager All vehicles are individually built; questions may not apply to all vehicles within this audit. YES NO N/A Vehicle is clean inside and out 1. 2. Has the vehicle anybody damage 3. Tyres, including spare are legal and undamaged 4. Locking wheel nut in the vehicle 5. Brake and steering fluid level ok 6. Oil level ok 7. Engine water level ok 8. Windscreen washer water level ok 9. Windscreen is undamaged 10. Wipers in good condition 11. Wing mirrors undamaged 12. No warning lights/messages are displayed on the dashboard 13. Head lights working correctly 14. Indicator's working correctly 15. Interior lights working correctly 16 All hazard warning lights and Bacon lights are working correctly 17. Rear & side marker lights working correctly 18. Brake lights working correctly 19. Reversing lights working correctly 20. Fog lights working correctly 21. No. plate lights working correctly 22. Horn working correctly 23. Reversing alarm working correctly 24. Seat belts working correctly 25. All doors operate correctly

		YES	NO	N/A
26.	First Aid Box full and in date			
27.	Fire Extinguisher full and in date			
28.	Warning Triangle			
29.	Glass Hammer			
30.	No Smoking sign in vehicle			
31.	Phone is operating on hands free settings			
32.	Oxygen cylinder holders working correctly			
33.	Load securing bars working correctly			
36.	Tailift working correctly			
37.	Wheelchair lift working correctly			
38.	Wheelchair anchor equipment has no damage and is working correctly			
39.	Tipper working correctly			
40.	Side step working correctly			
40.	,			
41.	Any defects outstanding			
41.		Date	e Jobs Con	npleted
41.	Any defects outstanding	Date	e Jobs Con	npleted
41.	Any defects outstanding	Date	 e Jobs Con	npleted
41.	Any defects outstanding	Date	e Jobs Con	npleted
41.	Any defects outstanding	Date	e Jobs Con	npleted
41.	Any defects outstanding	Date	e Jobs Con	npleted
41.	Any defects outstanding	Date	e Jobs Con	npleted
41.	Any defects outstanding	Date	e Jobs Con	npleted
41.	Any defects outstanding	Date	e Jobs Con	npleted
41.	Any defects outstanding	Date	e Jobs Con	npleted
41.	M No.  Repair Outstanding or Required	Date	e Jobs Con	npleted
41.  Ite  Signat  Job Tit	Any defects outstanding  M No.  Repair Outstanding or Required  ure	Date	e Jobs Con	npleted