

Table 4

ROAD-WORTHINESS AND TRAFFIC
ENFORCEMENT OFFENCES

	<i>Number</i>	<i>%</i>
<i>Roadworthiness offences</i>		
<i>Heavy Goods Vehicles</i>		
Inspected	4,342	
Prohibitions	2,073	47.7
<i>Trailers</i>		
Inspected	4,200	
Prohibitions	2,040	48.6
<i>Traffic enforcement offences</i>		
<i>Drivers' hours</i>		
Inspected	6,513	
Prohibitions	1,418	21.8
<i>Overloading</i>		
Inspected	1,921	
Prohibitions	424	22.1

Source: Hansard 17 Oct 2006: Column 1137W

4.7 Given even with the limited data we have available we have serious reservations about the Government's proposals to privatise VOSA services. We do not have any confidence whatsoever that the private sector will deliver safer lorries and buses on our roads, let alone the rigorous enforcement of drivers hours and working time regulations, the consequences of moving away from independent inspection agency is horrifying!

BIBLIOGRAPHY

- Croner (2008) *Road Transport Briefing Number 287*. Kingston on Thames: Wolters Kluwer (UK) Ltd.
- Department of the Environment Transport and the Regions. (1999) *From workhorse to thoroughbred: a better role for bus travel*. London : DETR.
- Department of the Environment Transport and the Regions. (2000) *Tomorrow's roads: safer for everyone*. London: HMSO.
- Department for Transport (2002) *Code of Practice Safety of Loads on Vehicles Third edition*. London: HMSO.

Supplementary memorandum from Professor Danny Dorling, The University of Sheffield (RS 70)

In my testimony I offered to provide further information on the most common cause of death of people in Britain in case of inaccuracy in my recall. With several colleagues in work in preparation for a new atlas of mortality by cause in Britain we have been studying the major causes of death across this island over the period 1981 to 2004 (inclusive). About one hundred causes of death are being mapped including groupings of causes that are hard to classify as one group. The source data for our analysis has been provided by the General Register Office for Scotland and from the Office for National Statistics (for those deaths occurring in England and Wales). The data we are analysing does not include Northern Ireland. We analyse by 20 age groups and find:

MOST COMMON CAUSE OF DEATH OF PEOPLE DYING IN BRITAIN BY AGE OVER THE
PERIOD 1981 to 2004

<i>Age</i>	<i>Most death due to:</i>
0	Other conditions in the perinatal period
1-4	Congenital malformations of heart
5-9	Pedestrian and motor vehicle accidents
10-14	Pedestrian and motor vehicle accidents
15-19	Other motor vehicle accidents
20-24	Other motor vehicle accidents
25-29	Other motor vehicle accidents
30-34	Other motor vehicle accidents

<i>Age</i>	<i>Most death due to:</i>
35–39	Heart attack and chronic heart disease
40–44	Heart attack and chronic heart disease
45–49	Heart attack and chronic heart disease
50–54	Heart attack and chronic heart disease
55–59	Heart attack and chronic heart disease
60–64	Heart attack and chronic heart disease
65–69	Heart attack and chronic heart disease
70–74	Heart attack and chronic heart disease
75–79	Heart attack and chronic heart disease
80–84	Heart attack and chronic heart disease
85–89	Heart attack and chronic heart disease
90+	Heart attack and chronic heart disease

Note: Motor vehicles (mostly cars) are the major killer between ages 5 and 34 in this country. This is of child pedestrians being killed in a collision with a motor vehicle between ages 5 and 14, and then through involvement in other motor vehicle accidents, most often as drivers and passenger between the ages of 15 and 34. It is possible that motor vehicles are a major factor before age 5 given that most deaths due to congenital malformations occur in the earlier years for those aged 1–4.

Source: Analysis by the author and colleagues of mortality records as work in preparation for a national atlas of mortality according to roughly one hundred key causes to be published by the Policy Press in Autumn 2008.

Definitions: “Other conditions in the perinatal period”—over half of deaths in this category are due to trauma around the time of birth or shortly after, such as asphyxia and other respiratory distress. The deaths come under cause-codings: ICD-9 codes: 760-779; ICD-10 codes: G70.2, P00-P05, P07, P10-P11, P15, P20-P28, P29.0-P29.1, P29.8, P35-P37, P39, P50, P52, P54, P59-P61, P70, P74, P76-P78, P83, P90-P92, P94, P96, Q86.0. “Congenital Malformations of the heart” include deaths due medical condition present at birth ICD-9 codes: 745-747; ICD-10 codes: P29.3, Q20-Q28 “Pedestrian and motor vehicle accidents” includes deaths to pedestrians due to collision with a vehicle of some kind ICD-9 codes: E812.7, E813.7, E814.7, E815.7, E816.7, E817.7, E818.7, E819.7, E821.7, E822.7, E823.7, E824.7, E825.7, E826.0; ICD-10 codes: V01-V04, V06, V09.0-V09.3; “Other motor vehicle accident death are those deaths where the passenger or driver of the vehicle dies. Pedestrian deaths and the deaths of cyclists are not included here: ICD9: 810-812, 815-825 (excluding -.7’s). Heart attack and chronic heart disease: ICD9: 410-414 and 429.

Memorandum from County Surveyors’ Society (CSS) (RS 71)

TRANSPORT COMMITTEE TRAFFIC & SAFETY WORKING GROUP

1. *To what extent have targets for casualty reduction been a useful tool for focusing professional activity?*

1.A. The setting of the 10 year targets for 2010 has provided a strong focus for directing primary action on road safety, particularly with regard to those killed or seriously injured. The target for slight injuries has tended to become sidelined partly because of lack of data for proper measurement of vehicle flows across the network. Having different (lower) target levels for Highway Agency (HA) compared with Local Highway Authority (LHA) roads has caused some disquiet given that LHA targets include HA road casualties.

The system for monitoring targets annually has caused some distraction from the overall trend on casualty reduction progress. For example, an exceptionally good result in one year has been known to weaken arguments for forward investment levels to maintain progress in future years. This has led to calls for a three-year trend based approach for target monitoring.

2. *What further measures need to be adopted to reduce deaths and injuries arising from drinking and driving?*

2.A. Positive investment in regular enforcement campaigns, coupled with national road safety promotion, should remain the core basis for action on drink driving. Publicity should be aimed at increasing awareness of both risk and the likelihood of detection with the associated consequences of prosecution. Two vulnerable groups are the young (who may not consider themselves vulnerable) and increasingly the elderly (the latter being those who knowingly take “careful” risks usually on short local journeys).

Further action is also needed on identification and detection of drug abuse whilst driving so that the Police can target both drink and drug driving in an effective manner.