

# FLEET AND TRANSPORT MANAGEMENT

## STANDARD

**The organisation demonstrates improvement in fleet and transport management and reducing environmental and other risks associated with transport.**

## OVERVIEW

The term 'fleet and transport' covers the broad range of vehicles and their equipment the organisation uses to carry out its authorised services whether they are directly purchased, leased, on loan, on trial, donated, have been in use in another organisation or the responsibility of an authorised employee or contractor acting on behalf of the organisation.

This standard covers all such vehicles and their drivers, service users and other authorised passengers.

Incidents involving fleet vehicles and their equipment can produce, or have the potential to produce, unexpected or unwanted outcomes that affect the safety of service users, staff, professionals or other person e.g.:

- Service users, staff, professional or any other person is injured as a result of a vehicle's use;
- A patient's treatment/care is interrupted, compromised or their health deteriorates as a result of a vehicle's use;
- Goods and/or equipment carried are damaged or injury caused as a result of a vehicle's use.

All Health Service organisations are subject to legal and statutory requirements as a result of a vehicle's use. This requires employers to provide competent and safe fellow employees, safe equipment and place of work, and a safe system of work.

The aim is to ensure that whenever a vehicle and its equipment is purchased or used it should be:

- Suitable for its intended purpose
- Properly understood and controlled by the user
- Maintained in a safe and reliable condition

The government is committed to creating a better, more integrated transport system to reduce congestion and minimise pollution. The White Paper, *A New Deal for Transport: Better for Everyone*, fulfils the manifesto by encouraging alliances between diverse groups of stakeholders, in order to identify and implement local transport initiatives in a way that supports sustainable development. *Transport 2010*

'Moving Forward' Northern Ireland Transport Policy Statement (1998) outlines a strategy for implementing the objectives of The White Paper in a way which reflects the particular circumstances of Northern Ireland. Since 1998 the NI devolved administrations first Programme for Government (2000) recognised the need for a better transport system for NI and identified the key role of two NI wide strategies for taking this forward.

**The Regional Development Strategy (RDS) - (2001) Department of Regional Development (DRD)** at the highest level has set guidelines for the future development of NI to 2025, according to the principles of sustainable development. The RDS is also critical in defining the objectives of the Regional Transportation Strategy (RTS) and the Belfast Metropolitan Area Plan (BMAP) The Belfast Metropolitan Transport Plan (BMTP). The Regional Transportation Strategy for Northern Ireland 2002-2012 is a 'daughter document' of the RDS and are extrinsically linked in that all future transportation proposals which have a regional, or sub-regional significance, will be considered, in the 10-year period.

The delivery of the RTS will be progressed principally through the

- The Belfast Metropolitan Transport Plan (BMTP)
- The Regional Strategic Transport Network Transport Plan and
- The Sub-Regional Transport Plan (due for completion in March 2006)

Until these plans are finalised the DRD has produced an Annual Regional Transport Programme (RTP) currently 2004-2005.

Clearly transport planning features highly as a requirement during the capital development stage for Local Planning Service approval in line with the Planning Policy Statement 13 Transportation and Land use (DRD Dec 2002). Key issues to address at this stage will be accessibility and social inclusion.

Useful advice and information is also available from the [www.ActionEnergy.org.uk](http://www.ActionEnergy.org.uk) The DHSSPS has a clear commitment towards health promotion by encouraging alternative healthier modes of transport such as walking and cycling. Equipment services and facilities should be available to enable and motivate staff and others to adopt these 'healthier' lifestyle changes.

It is expected that all government and public sector organisations, including the Health & Personal Social Services, will lead by example, and demonstrate their commitment to the national strategy, by producing a Healthy Transport Plan for their individual organisations. A Healthy Transport Plan consists of a set of measures, which can be adapted to the needs of individual organisations in order to reduce the impact of travel both to and from the workplace and on a Health Service site: The Health Service has adopted the Healthy Transport Toolkit, produced by Transport 2000 in order to assist Health & Social Care Service organisations in reviewing their current arrangements and support the production of and implementation of Healthy Transport Plans.

This standard incorporates all transport issues to reflect the need for total transport management and: includes aspects such as

- In procurement, give preference to vehicles with reduced air emissions and increased fuel economy where they offer value for money over the whole-life cost of the vehicle/contract

- The importance of acceptance checks
- Good maintenance and repair of any fleet or lease hire vehicles
- Consideration of decontamination issues
- The monitoring and replacement policy of vehicles and their equipment
- Appropriate driver training to include environmental and safety issues
- Consideration of mileage allowance rates to encourage smaller engine vehicles/cycling rates etc.
- Produce Transport Plans and encourage staff to adopt healthy transport choices such as walking and cycling (where this is a realistic option)
- To rationalise car parking needs in discussion with Planning Service officials where necessary or appropriate, which may include consideration of “park and ride” schemes
- The importance of good access, on-site traffic management systems, provision of signs and egress to the healthcare site
- The importance of liaising with public transport coordinators, both bus and rail, to provide a viable service to the site
- Negotiate with suppliers for deliveries to be made outside times of peak congestion
- Pursue opportunities for sharing vehicles or transport – not only for staff but explore innovative solutions to minimise journeys, i.e. partnership approach
- Consider journey management and distances covered
- The application of risk management and incident reporting procedures to reduce accidents and untoward incidents and improve the safety of all users:

### **Regional Transport Services Strategy**

DHSSPS Regional Transport Services Strategy, addresses the transport needs of non-emergency health service patients and social care clients.

The Strategy includes an eligibility framework against which all users of transport will be assessed. For health services patients eligibility will be assessed against medical need as determined by a Medical Practitioner, and for social care clients against a need for transport as determined by a Social Worker.

The Strategy does not address operational or fleet management issues but will focus on users of transport services, and the most appropriate form of transport which best meets the needs of the individual.

### **TERMINOLOGY**

The term “Newly Delivered” used throughout this standard refers to any device new to the organisation or loaned by the organisation regardless of whether it is purchased, leased, rented, on loan, on trial, donated, or contracted has been in use in another organisation or brought in new to the organisation by an employee or contractor.

The term ‘Board’ refers to the Board of the organisation.

### **Assessment Guidance**

HSC organisations vary significantly in size and in the nature of the services they deliver. It follows that, that not all controls assurance standards will apply to each organisation. This is implicit in the current Departmental guidance, eg. *The*

*Reference Table on Applicability and Expected Levels of Compliance* which should be referred to before commencing the self-assessment exercise.

Even where a standard is generally applicable to the work of an organisation it is quite possible that not all of the criteria will be materially applicable. Before self-assessing against a standard, therefore, an organisation should consider the relevance of each criterion to its own business and conduct its assessment accordingly. Thus, where a criterion is clearly relevant to an organisation, the score should be based on the **totality of the action taken to address the requirement**. Where there is little or no relevance, the criterion should be considered “not applicable” and ignored for scoring purposes as explained in the guidance on *Reporting Compliance* issued by the Department.

This approach will ensure that the assessment has no unfairly detrimental effect on the organisation’s overall score but reflects a proper evaluation of the key areas of risks identified and the actual levels of controls put in place to manage those risks.

Likewise, the *Examples of Verification* set out in the standard are just that – examples, for guidance only. Once again, it is the nature of each organisation’s business that determines the type of evidence needed to prove that appropriate controls are in place. In effect, this may mean that only some of the examples listed are relevant to a particular HSC organisation or, indeed, that there are other more relevant examples which can be adduced as evidence of compliance. It is also the case that some evidence can be deployed to demonstrate compliance with more than one criterion or standard.

## KEY REFERENCES

The majority of documents appearing on this page are downloadable in PDF (Portable Document Format). Viewing these requires **Adobe Acrobat Reader** on your computer. If you do not have this free software, you are advised to contact your system administrator to arrange for a copy to be installed on your computer. Alternatively Adobe Acrobat can be downloaded directly from Adobe's website.

<http://www.adobe.com/acrobat>

The links below were all accurate at the time of publication.

BS EN ISO 14971 *Application of risk management to medical devices*.

<http://www.bsiglobal.com/Portfolio+of+Products+and+Services/Health+Environment/Popularproducts/bseniso14971.xalter>

British Standard Institution (2001) BS 8300:2001 *Design of buildings and their approaches to meet the needs of disabled people* London, BSI

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<http://www.dhsspsni.gov.uk/hss/governance/guidance.asp>

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<http://www.dhsspsni.gov.uk/hss/governance/guidance.asp>

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The Disability Discrimination Act 1995 (Amendment) Regulations (Northern Ireland) 2004, The Stationery Office, Belfast

The Electricity at Work Regulations (Northern Ireland) 1991, The Stationery Office, Belfast

Control of Asbestos at Work Regulations (Northern Ireland) 2003. The Stationery Office, Belfast

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Workplace (Health, Safety and Welfare) Regulations 1992. The Stationery Office, Belfast.  
[http://www.northernireland-legislation.hmsso.gov.uk/sr/sr1993/Nisr\\_19930037](http://www.northernireland-legislation.hmsso.gov.uk/sr/sr1993/Nisr_19930037)

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<http://www.hse.gov.uk/pubns/indg148.pdf>

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<http://www.hse.gov.uk/pubns/indg143.pdf>

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<http://www.hse.gov.uk/pubns/indg199.pdf>

Health and Safety in Tyre and Exhaust Fitting Premises HS (G) 62

International Standard ISO 10542 *Parts 1 to 5 Wheelchair Tie-down and Occupational Restraint Systems*  
<http://www.iso.ch/iso/en/CatalogueDetailPage.CatalogueDetail?CSNUMBER=30077&ICS1=11&1CS2=180&ICS3=10>

International Standard ISO 16840 Part 4: *Seating devices for use in motor vehicles*  
<http://www.iso.ch/iso/en/stdsdevelopment/techprog/workprog/TechnicalProgrammeProjectDetailPage.TechnicalProgrammeProjectDetail?csnumber=31095>

#### **NOTE**

From January 2003, NIAIC does not publish Northern Ireland equivalents of MHRA Device Bulletins although this will be kept under review depending on the subject of the Device Bulletin. To obtain the MHRA Device Bulletin listed, please click on the following link to the MDA website.

<http://www.dhsspsni.gov.uk/niaic/device.asp>

Medical Devices Agency (2001) *Guidance on the safe transportation of wheelchairs* DB 2001(03) (NI) Medical Devices Agency, Belfast  
[www.dhsspsni.gov.uk/niaic/devicebulletins-2001](http://www.dhsspsni.gov.uk/niaic/devicebulletins-2001)

Medical Devices Agency (2003) *Guidance on the safe use of wheelchairs and Vehicle-mounted Passenger Lifts* MDA DB 2003(03) MHRA (Devices) London  
<http://www.dhsspsni.gov.uk/niaic/devicebulletins-2003>

Medical Devices Agency (1998) *Medical Device and Equipment Management for Hospitals and Community-based Organisations* DB 9801 MHRA (Devices) London

NHS Estates Health Facilities Note 21: *Car Parking* - PEL (96)55  
<http://www.tso-nhse.co.uk/details.cfm?isbn=0113220499>

NHS Estates (1998) *The Healthy Transport Toolkit – A guide to reducing car trips to NHS facilities* HSC 1998/181 1998 PEL(99)06  
[http://www.info.doh.gov.uk/coin4.nsf/12d101b4f7b73d020025693c005488a9/66db35abbef3eaa40025669f0039388d/\\$FILE/181HSC.PDF](http://www.info.doh.gov.uk/coin4.nsf/12d101b4f7b73d020025693c005488a9/66db35abbef3eaa40025669f0039388d/$FILE/181HSC.PDF) - PEL (99)06

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[http://www.nhsestates.gov.uk/download/publications\\_guidance/envstrat.pdf](http://www.nhsestates.gov.uk/download/publications_guidance/envstrat.pdf)

BREEAM for Healthcare. [www.breeam.org](http://www.breeam.org)

Social Exclusion Unit (2003) *Making the Connections: Final Report on Transport and Social Exclusion*. Social Exclusion Unit  
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**Note: Since several of the above publications were written, the DTLR has now become The Department for Transport (DfT)**

### **Additional Reading**

Making Travel Plans Work- Lessons from Case Studies, DfT, July 2002. Product Code 02TA 00337/a

The Travel Plan Resource Pack for Employers (updated 2002), Transport Energy Best Practice. [www.transportenergy.org.uk/bestpractice/](http://www.transportenergy.org.uk/bestpractice/)

Using the Planning Process to Secure Travel Plans- Best Practice Guidance for Local Authorities, Developers and Occupiers. DfT, July 2002. Product Code 02TA00338/d

Active Travel Publications, Sustrans supported by British Heart Foundation, Sustrans  
Active Travel, 25 King Street, Bristol, BS1 4DZ [activetravel@sustrans.org.uk](mailto:activetravel@sustrans.org.uk)

Travel Plan News, Transport Energy Best Practice, AEA Technology plc, Building  
156 Harwell, Oxon, OX111 0QJ, <http://www.aeat.co.uk>

Publications on health and transport available from the Health Development Agency:

- Making T.H.E. Links: Integrating sustainable Transport, Health and Environmental Policies. A guide for local authorities and health authorities [ISBN 0 7521 1805 6]
- Physical Activity and Inequalities: A Briefing Paper [ISBN 0 7521 1662 2]
- Active Transport: A guide to the development of local initiatives to promote walking and cycling [ISBN 0 7521 16630]
- Transport and Health; A briefing for health professional and local authorities [ISBN 0 7521 1407 7]
- Health Update Series – Environment and Health: Road Transport [ISBN 0 7521 1869 2]
- Health Update Series – Environment and Health: Air Pollution [ISBN 0 7521 1868 4]
- Coronary Heart Disease: Guidance for implementing the preventive aspects of the National Service Framework [[ISBN 1 84279 014 5]
- Health Improvement Programmes and Local Transport Plans: A National Review [forthcoming]
- The Audit Commission – Going Places – Taking people to and from Education, Social Services and Healthcare Nov 2001 ISBN 1-86240-329-5

**INDEX OF FLEET AND TRANSPORT MANAGEMENT CRITERIA****Criterion 1**

Board level responsibility for fleet and transport management including the environmental aspects, safety of occupants, vehicles and equipment, is clearly defined and there are clear lines of accountability throughout the organisation, leading to the board.

**Criterion 2**

There is a fleet and transport management policy/strategy, developed with the involvement of all stakeholders, which is reviewed on an annual basis and endorsed by the board.

**Criterion 3**

The organisation has identified targets for reducing environmental pollution from transport in partnership with relevant stakeholders and has associated timescales for achievement. These targets are communicated throughout the organisation.

**Criterion 4**

The organisation has taken into consideration travel by contractors and suppliers in its review, and introduced measures for reducing environmental pollution from transport.

**Criterion 5**

The organisation develops and maintains on-site traffic routes, traffic management systems and the provision of signs to provide, so far as reasonably practical, pedestrians and vehicles to circulate in a safe manner.

**Criterion 6**

The organisation develops a fleet and transport profile which has taken into consideration its operational needs, topography, changing demography, available resources, environmental pollution standardisation and relevant legislative standards.

**Criterion 7**

Acceptance checks are carried out on all newly delivered vehicles and their equipment (see reference to Terminology, [page 3](#)).

**Criterion 8**

All vehicles are properly maintained and repaired and in-house maintenance/repair departments are regularly inspected to ensure compliance with legislation; and external contracts are monitored and reviewed.

**Criterion 9**

The organisation ensures that staff and authorised contractors are aware of the vehicle insurance details, insurance reporting requirements and personal requirements of the appropriate driving licence.

**Criterion 10**

The risk management process contained within the core risk management standard is applied to fleet and transport management.

**Criterion 11**

Appropriate levels of information, instruction and training are provided for all persons who are required to drive or maintain vehicles in the course of providing an authorised service on behalf of the organisation.

**Criterion 12**

The organisation has access to up-to-date legislation and guidance relating to requirements and risks associated with fleet and transport management.

**Criterion 13**

Key indicators capable of showing improvements in reducing the risks associated with fleet and transport management are used at all levels of the organisation, including the board, and the efficacy and usefulness of the indicators is reviewed regularly.

**Criterion 14**

The system in place for managing fleet and transport is monitored and reviewed by management and the board in order to make improvements to the system.

**Criterion 15**

The board seeks independent assurance that an appropriate and effective system of managing fleet and transport is in place and that the necessary level of controls and monitoring are being implemented.

**CRITERION 1**

**Board level responsibility for fleet and transport management including the environmental aspects, safety of occupants, vehicles and equipment, is clearly defined and there are clear lines of accountability throughout the organisation, leading to the board.**

**INFORMATION****Source**

- NHS Estates (1998) *The Healthy Transport Toolkit – A guide to reducing car trips to NHS facilities* HSC 1998/181 1998 issued under PEL(99)06
- Circular HSS (PPM) 3/2002 – Corporate Governance: Statement of Internal Control
- Circular HSS (PPM) 8/2002 – Risk Management in the Health and Personal Social Services
- Circular HSSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance
- Standards Australia (2004) *Risk Management AS / NZS 4360:2004*. Standards Association of Australia. Strathfield NSW
- breem for healthcare, breem.org.

**Guidance**

The Chief Executive of the organisation has overall responsibility for managing fleet and transport issues including safety of occupants, vehicles and equipment.

Clear lines of accountability throughout the organisation should be established for managing all transport issues.

**Examples of Verification**

- Accountability arrangements chart
- Board minutes
- Quality procedures: eg Breeam for healthcare

**Links with other standards**

All other standards (generic criterion)

**CRITERION 2**

**There is a fleet and transport management policy/strategy, developed with the involvement of all stakeholders, which is reviewed on an annual basis and endorsed by the board.**

**INFORMATION****Source**

- British Standard Institution (2000) BS EN 1789:2000 *Medical vehicles and their equipment – Road ambulances* London, BSI
- British Standard Institution (2000) BS EN 1865:2000 *Specifications for stretchers and other patient handling equipment used in road ambulances* London, BSI
- The *Disability Discrimination Act 1995* (Amendment) Regulations (Northern Ireland) 2004 The Stationery Office,
- International Standard ISO 10542 *Parts 1 to 5 Wheelchair Tie-down and Occupational Restraint Systems*
- International Standard ISO 16840 Part 4: Seating devices for use in motor vehicles
- Medical Devices Agency 2001 (03) *Guidance on the safe transportation of wheelchairs* MDA DB2001 MHRA (Devices) (NIAC) [www.dhsspsni.gov.uk/niaic/device.asp](http://www.dhsspsni.gov.uk/niaic/device.asp) (also available from [www.medical-devices.gov.uk](http://www.medical-devices.gov.uk))
- Medical Devices Agency (2003) *Guidance on the safe use of wheelchairs and Vehicle-mounted Passenger Lifts* MDA DB 2003(03) MHRA (Devices) London
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- breem for healthcare [breem.org](http://breem.org)

**Guidance**

It is recommended that all organisations draw up a written fleet and transport management strategy. This should follow a multi-disciplinary approach, involving all relevant stakeholders, for Board approval. All expenditure on goods, capital equipment and services (excluding permanent staff) should be covered by such a strategy.

The consideration of design and provision of fleet and transport vehicles and associated equipment should, as a matter of best practice, continually include technical expertise, user representation – staff and patients, liaison with other HSC organisations and other stakeholders.

The remit of such a group could also encompass providing advice on:

- Equipment purchasing/acquisition issues and comparisons of alternative devices
- Technical specifications, regulatory compliance information and related issues
- Financial data, including consideration of full on-costs, i.e. running, maintenance and consumables costs, when preparing a purchase bid, including disposable and replacement costs at the appropriate time
- Standardisation to single models where possible
- Risk management considerations
- Fleet and transport evaluation reports, including user experience and preferences
- Drawing up guidelines for decontamination
- Monitoring of manufacturer's instructions and training
- Management and maintenance procedures
- Monitoring of any adverse incidents
- Vehicle sharing, or other solutions, in order to minimise journeys

The fleet and transport strategy should be linked to the business plan including setting out roles and responsibilities; plans to extend the range of fleet and transport goods and associated services; plans for procurement and improving performance, including the scope for product and supplier rationalisation; environmental needs, security; training and development.

In addition, a fleet and transport management strategy needs to be based upon a Board-level agreed policy framework. This should consider:

- The relationship between the effective management of fleet transport and patient care
- The scope of the fleet and transport management strategy

- How the strategy should link with other major policies in the organisation, where relevant, for example, purchasing & supply policy, medical devices policy, environmental policy, human resources policies, health and safety policy
- How the strategy will link into maintenance, scheduling and other corporate objectives
- The business contingency arrangements in place in the event of large scale fleet recalls, supply delays/collapse and fuel shortages.
- What issues and decisions relating to fleet and transport are reserved for the Board
- Commitment to collaboration
- Views about the fleet and transport management function
- Expectations about professionalism in fleet and transport management
- Expectations of staff and suppliers' behaviour
- Communications of a commercial or procurement nature
- A clearly defined management structure in relation to fleet and transport management that defines personnel responsibilities and authority
- An examination of all existing transport service practices and procedures
- An examination of all passenger vehicles to check that they have suitable access and are able to transport wheelchair users safely
- An evaluation of findings from investigation of, and survey of transport/traffic flows to, from and within the organisations facilities
- Consideration of abnormal, normal and emergency travel situations
- An identification of transport activities which it can and cannot supply
- The opportunity to encourage healthy transport choices.
- An ergonomic assessment/involvement into the interior design and layout of vehicles
- Communication of strategy followed by staff training and awareness for other stakeholders
- Compliance with legislation and regulation as set out in the Disability Discrimination Act 1995 (Amendment) Regulations (Northern Ireland) 2004 The Stationery Office Belfast
- Requirements for information and reporting progress should be reported quarterly to the Board.

### Examples of Verification

- Documented fleet and transport policy
- Terms of reference and minutes of groups
- Board Minutes

### Links with other standards

Management of Purchasing and Supply  
 Medical Devices and Equipment Management  
 Health and Safety Management  
 Environmental Management

**CRITERION 3**

**The organisation has identified targets for reducing environmental pollution from transport in partnership with relevant stakeholders and has associated timescales for achievement. These targets are communicated throughout the organisation.**

**INFORMATION****Source**

- Department of the Environment for Northern Ireland 'Moving Forward' NI Transport Policy Statement.
- Department of the Environment Transport and the Regions *Climate Change Programme* 'Action by Devolved Administrations' Department of the Environment Transport and the Regions, London
- NHS Estates (1998) *The Healthy Transport Toolkit – A guide to reducing car trips to NHS facilities* HSC 1998/181 1998 PEL(99)06
- breem for healthcare. breem.org

**Guidance**

With the introduction of the Climate Change Programme, the HSC must work towards reducing the level of primary energy consumption. Reducing exhaust emissions can contribute to this goal. The *Healthy Transport toolkit*, is the importance of agencies working together to reach solutions to traffic problems to achieve the regional transport strategy. This will enable professional knowledge to be shared, across a wide range of disciplines, and a pooling of resources to meet the wider objective.

It is important that transport targets and plans are developed with the full knowledge of local community initiatives and planning requirements. HSC organisations should form alliances and / or communicate with the following groups:

- Local transport companies
- Staff groups
- Union representatives
- Private ambulance companies
- Voluntary transport co-ordinators
- NIAS Car Service Co-ordinators
- Health and social care partnerships to provide care for patients and clients in their own homes
- Other large employers within the public and private sectors to identify partnership solutions
- Local community representatives

A Transport Action Plan may be utilised to document required changes and set organisational goals for achievement. Clearly documenting environmental pollution issues and associated targets will not only lead to improved communication, but will also demonstrate the organisation's commitment to both national and local environmental priorities.

The plan should address:

- Car sharing, cycling, public transport, walking and car park management for patient, staff and the general public
- The use of telecommunications in reducing the need for travel
- Cultural issues
- The potential for a reduction in the number of ambulance and patient transport journeys.

Targets should be set which are relevant, measurable and achievable and should be monitored on an ongoing basis.

Organisations should consider the following when setting goals:

- Targets should be estimated utilising current staff and patient travel patterns
- Targets should reflect the need to reduce all vehicle journeys
- Targets should encourage an increase in the percentage of staff cycling, using public transport and car sharing, and of patients and visitors using alternate modes of transport, instead of a private car

- Targets should encourage innovative solutions to reduce pollution caused by traffic such as dual fuel/electric powered vehicles.

The policy should include details of how the targets will be monitored. Traffic counts and surveys could be used for this purpose, to gauge overall progress.

In order for the Transport Plan to be successful, it is imperative that all staff groups, patient groups and the general public, visiting the organisation, recognise the associated benefits of reducing all vehicle journeys for:

- The individual through improved health, reduced stress, potential cost savings
- The organisation through a healthier, more motivated workforce, reduced congestion and improved access to sites for patients and their visitors, employees and contractors
- The community by demonstrating commitment to environmental priorities and setting an example to others
- The environment through improved local air quality with less noise, dirt and fumes, as well as reducing the impact of other national and global environmental problems such as photochemical smog, and global warming (HSC 1998/181)

There are a number of ways in which The Transport Plan can be publicised. These include:

- A letter which briefs staff and patient groups on the Transport Plan
- Papers, which publicise progress at every stage i.e. disseminating survey results, action plans and progress.
- Leaflets
- Notice boards
- Newsletters
- Fliers with payslips and/or patient appointment letters
- Posters
- Articles in staff and patient group newsletters
- Information in staff induction packages
- Information on benefits available

Organisations may find the DfT Travel Evaluation Tool useful, this may be accessed at [www.local-transport/dft.gov.uk/travelplans/index.htm](http://www.local-transport/dft.gov.uk/travelplans/index.htm)

### **Examples of Verification**

- Minutes of meetings
- Correspondence
- Framework Agreements with Stakeholders
- Records/databases for car sharing
- Policy/procedures communicated
- Documented targets and associated timescales for achievement.
- Breeam scores (Breeam for Healthcare)

### **Links with other standards**

Environmental Management

**CRITERION 4**

**The organisation has taken into consideration travel by contractors and suppliers in its review, and introduced measures for reducing environmental pollution from transport.**

**INFORMATION****Source**

- NHS Estates (1998) *The Healthy Transport Toolkit – A guide to reducing car trips to NHS facilities*  
HSC 1998/181 1998 PEL(99)06

**Guidance**

The Transport Plan should address travel to and from the organisation by contractors and suppliers. In addition, consideration should be given to its method of influencing external organisations' mode of transport, either directly or through appropriate purchase specifications, and/or dialogue with suppliers and contractors. The organisation should monitor, as well as staff, patient and visitor groups, travel movements by contractors and suppliers. Also, there should be an expectation that those organisations which do business with the HSC, on a regular or frequent basis, should also have measures in place to reduce environmental pollution.

**Examples of Verification**

- A section within the Transport Plan, which addresses transportation issues relating to contractors and suppliers
- Contract documentation
- Records of meetings and/or correspondence with suppliers.

**Links with other standards**

Management of Purchasing and Supply

**CRITERION 5**

**The organisation develops and maintains on-site traffic routes, traffic management systems and the provision of signs to provide, so far as reasonably practical, pedestrians and vehicles to circulate in a safe manner.**

**INFORMATION****Source**

- British Standard Institution (2001) BS 8300:2001 *Design of buildings and their approaches to meet the needs of disabled people* London, BSI
- Workplace (Health, Safety and Welfare) Regulations (Northern Ireland) 1993.
- Health and Safety Executive: *Workplace Transport Safety: Guidance for Employers*, HSG 136, ISBN 07176 – 0935 - 9 Health and Safety Executive, NI
- The Disability Discrimination Act 1995 (Amendment) Regulations (Northern Ireland) 2004 The Stationery Office, Belfast
- Wayfinding: Guidance for Health Care Facilities (PEL (99)37)

**Guidance**

“Traffic route” is defined as ‘a route for pedestrian traffic, vehicles or both and includes any stairs, staircases, fixed ladder, doorway, gateway loading bay or ramp’.

Management should consider appropriate systems for the safe management of traffic throughout its premises, internally and externally, and for keeping pedestrians and vehicle manoeuvring areas separated. Such systems should include ensuring that: pedestrians, or as the case may be, vehicles may use a traffic route without causing danger to persons nearby; that there is sufficient separation of any traffic route for vehicles from doors or gates or from traffic routes for pedestrians which lead onto it; that where vehicles and pedestrians use the same traffic route, there is sufficient separation between them; and that all traffic routes are suitably marked where necessary.

There should be sufficient traffic routes, of sufficient width and headroom, to allow people on foot, in wheelchairs, or in vehicles to circulate safely and without difficulty. Features which obstruct routes should be avoided. On traffic routes in existence before 1 January 1993, obstructions such as limited headroom are acceptable provided they are well signed.

In some situations people in wheelchairs may be at greater risk than people on foot, and special consideration should be given to their safety. Traffic routes should be wide enough to allow unimpeded access, and ramps should be provided where necessary. Traffic management systems should allocate disabled parking spaces near to entry points to the building, with ramp/rail assistance as required.

Routes should not be used by vehicles for which they are inadequate or unsuitable. Any necessary restrictions should be clearly indicated. Sharp or blind bends on routes should be avoided as far as possible and where unavoidable, adequate control measures adopted such as one-way systems or the use of mirrors. Prominent warnings in advance and at any potentially dangerous obstruction such as limited headroom, overhead cables or pipes containing, for example, flammable or hazardous liquids, should be provided. Where necessary screens and other appropriate measures should be provided to protect people at risk from exhaust and other fumes. Vehicle use in enclosed spaces should be avoided in order to minimise exposure to exhaust fumes.

Sensible speed limits should be set and clearly displayed on vehicle routes except those used only by slow vehicles. Where necessary speed retarders should be provided. These should always be preceded by a warning sign or mark on the road.

Traffic routes used by vehicles should be wide enough to allow vehicles to pass on coming or parked vehicles without leaving the route. One-way systems or restrictions on parking should be introduced as necessary. Where it is not practical to make routes wide enough, passing places or traffic management systems should be provided.

The safety of site visitors, especially children, will need to be assessed in relation to vehicle movements on site. Pedestrian walkways with kerbing or barriers to exclude vehicles should where possible be provided to link areas used by visitors.

Sites should be designed and laid out to minimise the need for vehicles to reverse, though it may not be reasonably practicable to eliminate all reversing (for instance reversing of cars in staff and visitor car parks). Special attention should be given to large vehicles where reversing risks are higher. Designated, drive-through loading and unloading areas for deliveries and collection of waste etc reduce the need for such vehicles to reverse. Where vehicles have no alternative but to reverse, measures for reducing risk to others, including people with hearing or visual impairments, or restricted mobility, must be considered.

Any traffic route that is used by both pedestrians and vehicles should be wide enough to provide causeways/walkways and enable any vehicle likely to use that route to pass pedestrians safely. In doorways, gateways, tunnels, bridges or other enclosed routes, vehicles should be separated from pedestrians by a kerb or barrier. Pedestrians and vehicles should be guided to use the correct routes by clear marking.

Where pedestrian and vehicle routes cross, appropriate crossing points should be provided and used. Where necessary barriers or rails should be provided to prevent pedestrians crossing at particularly dangerous points and to guide them to designated crossing places.

Loading bays should be provided with at least one exit point from the lower level.

All potential hazards, restrictions and directions on traffic routes should be identified and clearly indicated by suitable signage and should comply with current regulations and the Highway Code.

The design and construction of traffic routes should be in a manner that is suitable for the purpose for which it is used. All routes should be of sound construction and have adequate strength and stability, taking into account the loads which may be placed upon them and traffic passing over them. Regular traffic flow and load assessments should be undertaken to ensure floors are not overloaded.

Regular maintenance should provide for the making good of routes as a result of damage or wear and tear.

Locations for filling points should meet regulatory requirements and effective signage and arrangements made for the handling of spillage.

Arrangements should be made to minimise the risk from adverse weather conditions including snow and ice, e.g. timely gritting by nominated staff depending on weather forecasts etc.

Effective emergency arrangements should be in place as a result of route closure for whatever reason.

Arrangements should be in place to liaise with other employers whose vehicles visit the site (for instance suppliers' delivery vehicles and waste collection vehicles), and all parties should co-operate to ensure vehicle risks on site are minimised.

All main routes should allow easy access to emergency vehicles e.g. police and fire when necessary.

Regular checks of site vehicle safety precautions should take place by nominated staff, to check whether the precautions are working in practice and to investigate whether further precautions are needed. The checklist in HSE booklet HSG 136 may be adapted for this purpose.

## Examples of Verification

- Fleet and Transport strategy and policy
- Incident register
- Copy of assessments of traffic management systems
- Committee minutes
- Action plans
- Notes of follow up of actions
- Complaints

## Links with other standards

Building, Land, Plant & Non-Medical Equipment  
Emergency Planning  
Environmental Management  
Fire Safety  
Risk Management

HSC

Controls Assurance  
Standards

Fleet and Transport  
Management

Security Management  
Waste Management

**CRITERION 6**

**The organisation develops a fleet and transport profile which has taken into consideration its operational needs, topography, changing demography, available resources, environmental pollution, standardisation and relevant legislative standards.**

**INFORMATION****Source**

- British Standard Institution (2000) BS EN 1789:2000 *Medical vehicles and their equipment – Road ambulances* London, BSI
- British Standard Institution (2000) BS EN 1865:2000 *Specifications for stretchers and other patient handling equipment used in road ambulances* London, BSI
- The Disability Discrimination Act 1995 (Amendment) Regulations (Northern Ireland) 2004 The Stationery Office, Belfast
- Manual Handling Operations Regulations (Northern Ireland) 1992
- International Standard ISO 10542 *Parts 1 to 5 Wheelchair Tie-down and Occupational Restraint Systems*
- International Standard ISO 10542 *Parts 1 to 5 Wheelchair Tie-down and Occupational Restraint Systems*
- Medical Devices Agency (2001) *Guidance on the safe transportation of wheelchairs* (MDA)
- Medical Devices Agency (2001) *Guidance on the safe transportation of wheelchairs DB2001/03(NI)*, Medical Devices Agency, London
- Medical Devices Agency (2003) *Guidance on the safe use of wheelchairs and Vehicle-mounted Passenger Lifts MDA DB 2003(3) MHRA (Devices) London*
- ORCON Standards

**Guidance**

The fleet and transport profile should address the design of vehicles and facilities which compliment the organisations current vehicles and arrangements whilst at the same time acknowledging changes to operational needs, demography, technical advances and legislative requirements.

Consideration should also include patient accessibility and safety, staff welfare, ergonomics, manual handling, infection control, working environment (temperature control, space etc), and related facilities (equipment and food storage, secure compartments etc.)

**Examples of Verification**

- A section within the fleet and transport strategy/policy, which addresses the profile issues.

**Links with other standards**

Infection Control  
Health and Safety Management  
Medical Devices and Equipment Management

**CRITERION 7**

**Acceptance checks are carried out on all newly delivered vehicles and their equipment (see reference to Terminology, page 2).**

**INFORMATION****Source**

- British Standard Institution (2000) BS EN 1789:2000 *Medical vehicles and their equipment – Road ambulances* London, BSI
- British Standard Institution (2000) BS EN 1865:2000 *Specifications for stretchers and other patient handling equipment used in road ambulances* London, BSI
- Medical Devices Agency (1999) *Medical Device and Equipment Management for Hospitals and Community-based Organisations* DB 9904 (NI) Medical Devices Agency, Belfast

**Guidance**

User organisations should check the safety and functionality of newly delivered vehicles and associated equipment.

Aims include:

- Checking that the correct product, complete with manuals and accessories, has been supplied
- Providing assurance that product items have been delivered in good condition and (where relevant) in working order
- Ensuring that the risks associated with using a particular model for the first time have been minimised

As well as pre-use checks and tests, a procedure for managing new vehicles and equipment should identify:

- Any training needs;
- Appropriate planned preventative maintenance;
- Technical support needs of users.

Quality, suitability and conformity to standards must be addressed before purchase.

**Examples of Verification**

- Procedures for delivery and commissioning.
- Delivery and commissioning records.
- Policy/procedure on acceptance checks.
- Records, including those of insurance.

**Links with other standards**

- Risk Management
- Medical Devices and Equipment Management
- Health and Safety Management
- Management of Purchasing and Supply

**CRITERION 8**

**All vehicles are properly maintained and repaired and are regularly inspected to ensure compliance with legislation and external contracts are monitored and reviewed.**

**INFORMATION****Source**

- The Audit Commission (1996) *Goods for Your Health – Improving Supplies Management in NHS Trusts* The Stationery Office, London.
- Medical Devices Agency (1998) *Medical Device and Equipment Management for Hospitals and Community-based Organisations* MDA DB 9801 Medical Devices Agency, London
- British Standard Institution (2000) BS EN 1789:2000 *Medical vehicles and their equipment – Road ambulances* London, BSI
- British Standard Institution (2000) BS EN 1865:2000 *Specifications for stretchers and other patient handling equipment used in road ambulances* London, BSI
- Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003. The Stationery Office, Belfast
- The Electricity at Work Regulations (Northern Ireland) 1991 The Stationery Office, Belfast
- Lifting Operations and Lifting Equipment Regulations (Northern Ireland) 1999 The Stationery Office, Belfast
- Road Vehicle Lighting (Amendment) (Northern Ireland) Regulations 2003 The Stationery Office, Belfast
- The Motor Vehicles (Construction and Use) (Amendment) Regulations 1992. The Stationery Office, Belfast
- Provision and Use of Work Equipment Regulations (Northern Ireland) 1999. The Stationery Office, Belfast
- Control of Asbestos at Work Regulations (Northern Ireland) 2003. The Stationery Office, Belfast
- The Factories Act (Northern Ireland) 1965 The Stationery Office, Belfast
- The Health and Safety at Work (Northern Ireland) Order 1978. The Stationery Office, Belfast
- The Work in Compressed Air Regulations (Northern Ireland) 2004. The Stationery Office, Belfast

**Guidance**

There should be a clear policy and strategy which underpins the process of maintenance and repair of vehicles/equipment in line with relevant guidance and legislation. This should cover :

- Repair and maintenance process
- Management and monitoring of repair and maintenance
- Training and experience of personnel
- Selection of a repairer
- Information on repair and maintenance
- Contract with the service provider
- Liability for device repair and maintenance
- Decontamination of equipment returned into store for subsequent reuse and reissue
- Routine maintenance procedures carried out by end-users, including pre-shift vehicle checks to establish the safety of the vehicle and equipment.

In addition the organisation is responsible for ensuring adherence to the Infection Control procedures as appropriate prior to the submission of the vehicle/equipment for maintenance/repair. The Infection Control policy/procedures should include appropriate arrangements for the checking of vehicles and associated equipment prior to submission to a workshop.

There are standard contract terms and conditions for the supply of vehicle and associated equipment maintenance, repair and parts which are always applied and regularly reviewed.

External and internal maintenance/repair departments should also be evaluated to ensure conformity with all relevant legislative and best practice requirements i.e. health & safety.

Equipment must be maintained and regularly checked in accordance with the manufacturers and legal requirements.

All staff must be technically competent and liability insurance arrangements must be commensurate with the work carried out. In-house fleet technicians must receive training in accordance with the organisations written training policy.

Completed repairs and maintenance are checked at regular intervals by a competent trained person to ensure compliance with the contract.

### **Examples of Verification**

- Documented policy and strategy.
- Check lists
- Implementation of Manufacturers' recommendations
- Evaluation reports
- Insurance documents
- Equipment maintenance schedules
- Training records

### **Links with other standards**

- Risk Management
- Medical Devices and Equipment Management
- Health and Safety Management
- Infection Control
- Management of Purchasing and Supply

**CRITERION 9**

**The organisation ensures that staff and authorised contractors are aware of the vehicle insurance details, insurance reporting requirements and personal requirements of the appropriate driving licence.**

**INFORMATION****Source**

- Road Vehicle Lighting (Amendment) (Northern Ireland) Regulations 2003 The Stationery Office, Belfast
- Road Traffic (Northern Ireland) Order 1981 The Stationery Office, London
- The Motor Vehicles (Construction and Use) (Amendment) Regulations 1992. The Stationery Office, Belfast

**Guidance**

Staff and authorised contractors are made aware of the insurance arrangements and limitations of the organisation, requirements and arrangements for individual insurance, and personal driving licence requirements.

For contractors or staff using their own vehicle for the purposes of authorised journey, the organisation must ensure that the insurance level is appropriate to the vehicle and service being provided. This should be checked on a regular basis at least annually.

All persons who drive any form of vehicle on behalf of the organisation must satisfy the provisions of a valid driving licence.

The organisation should provide a written policy clearly defining the process for verification upon recruitment and thereafter.

All staff should be regularly reminded of their responsibilities with regard to adverse incident reporting in addition to the requirements under any insurance policy. This information should also be conveyed to new staff as part of their induction training. Regular reviews should be undertaken to ensure that the procedures are effective and are being followed.

**Examples of Verification**

- Documented procedures
- Insurance report form(s)
- Incident report form(s).
- Incident reporting guidance document
- Verification documents

**Links with other standards**

Human Resources

**CRITERION 10**

**The risk management process contained within the core risk management standard is applied to fleet and transport management.**

**INFORMATION****Source**

- BSEN ISO 14971 *Application of risk management to medical devices*.
- Standards Australia (2004) *Risk Management AS / NZS 4360:2004*. Standards Association of Australia. Strathfield NSW
- Circular HSS(PPM)5/03 - Governance in the HPSS: Risk Management and Controls Assurance

**Guidance**

Risks should be systematically identified and recorded on a continuous basis. Risks associated with fleet and transport management can be systematically identified using a number of approaches.

The following risk management elements should be in place:

- All identified fleet and transport risks should be documented as part of a 'risk register' and should be systematically analysed and prioritised for action, areas will include such as vehicles and their equipment, medical devices, health and safety aspects.
- Risk treatment plans should be developed and implemented (in order of priority and alongside other risk treatments which are necessary to deal with wider risks faced by the organisation, where appropriate) in order to minimise risk.
- Arrangements should include expedient reporting of all vehicle accidents and untoward incidents, detailed responsibilities in respect of the incident management at the scene, reporting mechanisms, investigation and learning outcomes designed to enable a consistent approach in line with the promotion of accident prevention.
- Risks and the effectiveness of implemented risk treatments should be monitored and reviewed on a continuous basis.
- Senior management and the Board should be informed of any significant risks and associated risk treatment plans.
- All relevant staff, including those on fixed term contracts, and other relevant stakeholders should receive information on systems in place to minimise transport risks.
- Where appropriate, staff training should be undertaken to reduce knowledge gaps e.g. manual handling.

**Examples of Verification**

- Risk Register
- Risk Treatment Plans
- Correspondence with Stakeholders
- Induction Training/awareness documentation

**Links with other standards**

Risk Management  
Medical Devices and Equipment Management  
Human Resources

**CRITERION 11**

**Appropriate levels of information, instruction and training are provided for all persons who are required to drive or maintain vehicles in the course of providing an authorised service on behalf of the organisation.**

**INFORMATION****Source**

- Health & Safety Executive (1992) Manual Handling Operations Regulations – Guidance on Regulations Health & Safety Executive, London
- Circular HSS(PPM) 8/2002: Risk Management in the Health and Personal Social Services
- Circular HSS(PPM) 13/2002: Governance in the HPSS: Risk Management
- Circular HSS(PPM) 5/2003: Governance in the HPSS: Risk Management and Controls Assurance

**Guidance**

Appropriate levels of training must be provided for each type of vehicle and under the appropriate conditions used, including loading and unloading of patients, passengers and goods.

This is to include driving under emergency conditions (blue light driving), fast response vehicles, motorcycles, use of trailers, 4-wheeled drive/off road, service vehicles, heavy goods, vehicle recovery, maintenance, motorway driving and night driving.

Arrangements should also be made for an appropriate driving assessment of any person not directly employed by the organisation who may be expected to drive in the course of providing an authorised service on behalf of the organisation and in particular in the conveyance of a patient.

The organisation should have a written policy that clearly documents its approach to training and should include: -

- Arrangements for an accredited driving instructor
- Details of training requirements for each level
- Training programme details
- Arrangements of assessment
- Training records

**Examples of Verification**

- Training policy
- Training programme
- Training records

**Links with other standards**

Health and Safety Management  
Human Resources  
Emergency Planning

**CRITERION 12**

**The organisation has access to up-to-date legislation and guidance relating to requirements and risks associated with fleet and transport management.**

**INFORMATION****Source**

- Standards Australia (2004) *Risk Management* AS/NZS 4360:2004 Standards Association of Australia. Strathfield NSW.
- DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control

**Guidance**

Access to legislation and guidance is essential for the organisation to carry out the statutory duties imposed upon it by law and mandatory duties imposed by the DHSSPS.

As a minimum the organisation should have access to the key references listed on the front page of this standard.

There are many sources of information on legislation and environmental transport guidance, including books and, through subscriptions to specialist information providers, CD-ROMs containing the full text. Up-to-date Department of Health guidance can be accessed on the Internet on the Department of Health COIN database (<http://www.doh.gov.uk>). The Health and Safety Executive's website (<http://www.hseni.gov.uk>) contains up-to-date information on legislation and guidance, as does the British Standards website ([www.bsi.org.uk](http://www.bsi.org.uk)) Full text copies of all legislation issued downloaded from <http://www.hmso.gov.uk> which contains information on UK and Northern Ireland official documents. Full text copies of all legislation issued from 1 January 1997 can be downloaded from [www.official-documents.co.uk](http://www.official-documents.co.uk) which contains information on UK official documents. Other useful websites are the Medical Devices Agency [www.medical-devices.gov.uk](http://www.medical-devices.gov.uk) NHS Purchasing and Supplies Agency [www.pasa.doh.gov.uk](http://www.pasa.doh.gov.uk) and [www.dhsspsni.gov.uk/niaic](http://www.dhsspsni.gov.uk/niaic)

**Examples of Verification**

- Library
- CD-ROMs
- Internet access

**Links with other standards**

All standards (generic criterion)

**CRITERION 13**

**Key indicators capable of showing improvements in reducing the risks associated with fleet and transport management are used at all levels of the organisation, including the board, and the efficacy and usefulness of the indicators is reviewed regularly.**

**INFORMATION****Source**

- Standards Australia (2004) *Risk Management* AS/NZS 4360:2004 Standards Association of Australia. Strathfield NSW.
- DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- Circular HSS(PPM)5/03 – Governance in the HPSS: Risk Management and Controls Assurance

**Guidance**

The organisation should develop clearly defined indicators, which demonstrate that all stages of the fleet and transport management process are being properly managed and risks are minimised.

Ideally the indicators should be designed to demonstrate improvement in managing the risks associated with fleet and transport management over time. The number of indicators devised should be sufficient to monitor the fleet and transport management process. It is not necessarily the case that the Board will use all the indicators. The board should select those which are useful for ensuring that the internal controls are working satisfactorily and objectives for managing fleet and transport issues are being met.

One indicator is degree of compliance with this standard. Some other examples of indicators currently in use are:

- Monitoring of vehicle mileage
- Monitoring of accident rates
- Monitoring of reduction of vehicle emissions
- Number of vehicle related incidents
- Number of transport related complaints
- Percentage of staff using:
  - a. Cycles
  - b. Public transport
  - c. Car sharing scheme
- Patient satisfaction audits on transport
- NEAT scores for transport

All organisations should be engaged in development and use of key indicators for their own internal performance, but they should also maximise the value of such measures by benchmarking themselves against like organisations, whether those are other Health Service Trusts or others who measure similar processes.

**Examples of Verification**

Indicators

- Evidence of usage at all levels

**Links with other standards**

All standards (generic criterion)

**CRITERION 14**

**The system in place for managing fleet and transport is monitored and reviewed by management and the board in order to make improvements to the system.**

**INFORMATION****Source**

- Standards Australia (2004) *Risk Management*) AS/NZS 4360:2004 Standards Association of Australia. Strathfield NSW.
- DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- Circular HSS(PPM)5/03 – Governance in the HPSS: Risk Management and Controls Assurance

**Guidance**

It is the responsibility of the Chief Executive and the Board to monitor and review all aspects of the transport management system, including:

- Accountability arrangements
- Processes, including risk management arrangements
- Capability
- Outcomes
- Internal audit findings

In some organisations, a specialist transport committee or group may review the detailed issues surrounding the management of transport risks. The sub-committee of the board overseeing risk management within the organisation may play a significant role in monitoring and reviewing all aspects of the system as a basis for establishing significant information that should be presented to, and dealt with by the board. The Health and Safety Committee may also play a role in reviewing aspects of transport. The Audit Committee should review internal audit findings.

**Examples of Verification**

- Internal audit report(s)
- Specialist transport committee/group minutes
- Audit Committee minutes
- Minutes of the sub-committee of the Board overseeing risk management.
- Health and Safety Committee minutes

**Links with other standards**

All standards (generic criterion)

**CRITERION 15**

**The board seeks independent assurance that an appropriate and effective system of managing fleet and transport is in place and that the necessary level of controls and monitoring are being implemented.**

**INFORMATION****Source**

- HSS(PPM)3/2002 – Corporate Governance: Statement of Internal Control Northern Ireland
- HSS(PPM) 8/2002 – Risk Management in the Health and Personal Social Services
- HSS(PPM)5/2003 – Governance in the HPSS: Risk Management and Controls Assurance Northern Ireland

**Guidance**

Management should consider the range of independent internal and external assurance available, and avoid duplication and omission.

The adequacy of the independent assurance will depend upon the scope and depth of the work performed, bearing in mind it's timeliness and the competency of the staff performing it. The level of reliance that can be placed upon such assurances should consider, among other things, the professional standing of the assurer, their level of independence, and whether they could reasonably expect to provide an objective opinion. It is important that any review that takes place results in a report, recommendations for action where necessary, and the retention of sufficient evidence to enable other potential reviewers to rely upon the work already undertaken. The reports should be made to the appropriate sub-committee of the board.

Management arrangements will include an internal audit function, as well as other quality control and assurance functions such as clinical audit. The internal audit function is required to give an opinion to the Board on the adequacy and effectiveness of the overall system of internal control. In doing so, they will seek to work with, and rely on the work of, other review bodies as far as is practical. The HSC is given external assurance by such bodies as:

- External auditors, as appointed by the Northern Ireland Audit Office
- The Regulation and Quality Improvement Authority

More specific assurance for this standard may be gained from visits by:

- Health and Safety Executive
- Motor Insurers
- Medical Devices Agency
- DVLA (NI)

**Examples of Verification**

- Schedule of planned reviews
- Copy of reports
- Committee minutes
- Action plans
- Notes of follow up of actions
- Evidence file
- Details of staff involved in the review.

**Links with other standards**

All standards (generic criterion)