

London Ambulance Service NHS Trust

Checking of Driving Licences Guidance for Managers

7th Draft - 31st October 05

Introduction

Driving licences must be checked by Duty Station Officers (DSO) or Team Leaders or PTS Crew Team Leader every six months in compliance with service procedure: 'Driving and Care of Service Vehicles' (TP/023). To assist in identifying when checks are due, the result of each check will be recorded on 'ProMis', any licence that has not been checked in the previous 6 months can be shown at log-on. Driving Licence checks will be conducted for each individual member of staff twice a year. All staff including drivers acting on behalf of the LAS, must be given clear notice that it is intended to carry out driving licence checks within a given time frame e.g. during the month of January. Any member of staff who fails to present their licence for inspection during this time, must be personally advised and issued a memo stating that unless their licence is produced for inspection within seven days, they will be banned from LAS driving duties. An LAS driving ban remains effective until the individual's driving licence is produced for inspection or some other acceptable action has been taken in order to revoke the ban, e.g. consider contact with DVLA to verify licence is being updated, that it was not there for a medical reason, had not been legally suspended and a valid licence is still in force. It is important to emphasis to all staff and drivers acting on behalf of the LAS, the reasons for such checks and how it will protect the individual, the Service and, not least our duty of care to the public.

Bank Staff, PTS Agency Staff and Ambulance Car Service Drivers

It is the responsibility of Resource Centre Managers or local PTS Managers to ensure that Bank, Agency Staff and Ambulance Car Service Drivers Licences are checked according to the guidance and for them to arrange this through the Duty Station Officer or local PTS Manager at the station where such Staff are deployed.

Other Ambulance and Voluntary Services

It is explicit that drivers of other service vehicles operating on behalf of the LAS including the voluntary services, will have satisfied their own organisational driving licence checks and therefore will be in compliance with these guidance notes.

Checking Details:

When presented with the licence, check the details recorded on form LA358 - 'Driving Licences Details' and if correct, record that you have inspected the licence onto form LA359 - 'Driver Declaration' (see Appendix 1 for both forms).

A photo card licence has two parts the plastic card and a paper counterpart (D740); you will need to inspect both original parts.

If this is the first time the licence has been checked or there is a change in the details or where no form LA358 exists, ask the member of staff to complete a LA358 and check the details are correct. If you are presented with a duplicate licence it will need to be checked through DVLA (see below). You will need to phone the *DVLA with the driver present. The DVLA will ask to speak to the driver and confirm they give their authorisation for you to check the details.

*The DVLA's telephone number (0870 240 0009), the number is also on the driving licence.

Areas to check:

- Name and address.
- issue number,
- group of vehicles entitled to drive,
- any endorsements or convictions see Appendix 2,
- the term for which the licence is valid and that the licence is signed.

If any discrepancies or serious motoring offences are found, please inform an Investigations Officer in Professional Standards Unit.

It is recommended that you also check a random 10% of your staff's driving licence details with DVLA, ensuring that different staff are selected each time and keeping a dated record of the checks.

Please check with the licence holder, if there are any changes in their health status which legally, must be reported to DVLA by the licence holder, as this may influence the type of vehicles they are entitled to drive and our obligation to inform the Service insurers.

Police, Ambulance and Health Service Vehicle Driver Licensing

The Secretary of State's Honorary Medical Advisory Panel on Diabetes and Driving has recommended that drivers with insulin treated diabetes should not drive emergency vehicles. This takes account of the difficulties for an individual, regardless of whether they may appear to have exemplary glycaemic control, in adhering to the monitoring processes required when responding to an emergency situation.

If you encounter any health related issues, in the first instance discuss these with the HR Manager.

Information:

The Driver licence number contains driver details in a coded format for example Mr A B Motorist, Date of Birth: 8 November 1969

MOTOR	6	11	08	9	A B	9 X L
First 5 letters	Year	Month	Day	Year	Initials of Two	Other Figures and
of surname					Forenames	Letters generated by
						computer
		Date of	Birth			

A female licence holder would have **5** added to the second digit in the month of birth e.g. MOTOR 61<u>6</u>089 AB9XL

A series of information codes are placed on a New UK driving licence, these are:-

- eyesight correction
- hearing / communication aid
- 10 modified transmission
- modified clutch
- 20 modified braking systems
- 25 modified accelerator systems
- 30 combined braking and accelerator systems
- 35 modified control layouts
- 40 modified steering
- 42 modified rear view mirror(s)
- 43 modified driving seats
- 44 modifications to motorcycles
- 45 motorcycle only with sidecar
- 70 exchange of licence
- 71 duplicate of licence
- 78 restricted to vehicles with automatic transmission

79	restricted to vehicles in conformity with the specifications stated in brackets
101	not for hire or reward
102	drawbar trailers only
103	subject to certificate of competence
105	not more than 5.5m long
106	restricted to vehicles with automatic transmission
107	not more than 8250kg
108	subject to minimum age requirements
110	limited to invalid carriages
111	limited to 16 passenger seats
113	limited to 16 passenger seats except for automatics
114	with any special controls required for safe driving
115	organ donor
118	start date is for earliest entitlement
119	weight limit does not apply
120	complies with health standard for category D1
121	restricted to conditions specified in the Secretary of State's notice.
122	valid on successful completion: Basic Moped Training Course

Reportable Motoring Offences

It is essential that our insurers be advised of any driver who has in the last five years been convicted of any of the following:

- manslaughter causing death by dangerous driving
- driving under the influence of drink or drugs
- driving without due care and attention
- driving without reasonable consideration for other road users
- failing to stop after an road traffic collision

- any offence which has resulted in suspension from driving
- or has incurred more than two convictions of a less serious nature such as speeding

LAS insurers should also be advised of any driver who suffers from any disease or physical infirmity which impairs their ability to drive.

A full list of Licence Endorsements, codes and penalty points is at Appendix2



London Ambulance Service NHS Trust

Private and Confidential

Driver Licence Details

LA358 (revised Oct'05)

						Dı	river Lic	ence D	etails								
Full Na	ame																
Licence Nui	mber																
Valid From			Valid To			•				Issue Number							
Duplicate Y / N			Licence S			Style	Card			Paper				Both			
Licence Category Valid F		rom	Valid To			Licence Category			Valid 5				Valid T	0			
A1									~ ^(<u>P</u> 1							
A							The second second					9)/	7				
B1					D					1							
В							^ (G)		D	炒							
B+E							110			FW C	7						
C1					.0	0/	// //		(6)	>							
C1+E									Н								
С				Ø	20		7			K							
C+E				4		\	(P)			Р							
Date of Offence	Co	Date o	of on	Date	e of Expir Court Code			Offence Code			Di	squal p	perioc	1	Points	1	
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				A (8)													
			(0	0/												
				12													
Manager Receivir	Manager Receiving			•		•			,	[Date	,			•		
DVLA Check					Yes	١	No		Р	assec	for Data	a entr	y (Date)			
Entered onto Prof	Mis (Da	ate)					•	Ву									
For filling in perso	nal file	•		•													

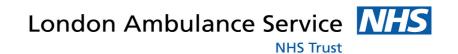
Please complete and hand to a member of your DSO team, please ensure that you have your licence with you at the time for verification.

A random sample will be checked against the records held by D.V.L.A.

It is a Service requirement that all authorised drivers have their licence checked every six months



Manager



LA359 Oct 05 Rev1

Driving Licence Holder Declaration

Holders Na	ame								
I declare that the details of my licence I have presented are correct, and that I have I do not have* any undeclared prosecution or pending prosecutions for driving offences. (*delete as applicable)									
I declare that I am NOT an insulin controlled diabetic.									
Signature			Date						
Manager			Signature						
I declare th	I declare that the details of my licence I have been ted are priect, and that I								
driving offe	have / do not have* any undeclared producion or per og prosecutions for driving offences. (*delete as applicable)								
I declare th	nat I am N	NOT an insulin	Slled diabet						
Signature			Date						
Manager			Le Dure						
I declare that the details of my like I have presented are correct, and that I have / do not have* any like ared prosecution or pending prosecutions for driving offences. (*delete poplicable)									
I declare th	nat I am	insulin cont	rolled diabeti	C.					
Signature		<i>5</i>	Date						
Manager			Signature						

I declare that the details of my licence I have presented are correct, and that I have / do not have* any undeclared prosecution or pending prosecutions for driving offences. (*delete as applicable)									
I declare that I am NOT an insulin controlled diabetic.									
Signature			Date						

Signature

Licence Endorsements

Endorsements must remain on a licence for 11 years from date of conviction if the offence is:

drinking/drugs and driving (shown on the licence as DR10, DR20, DR30 and DR80).

causing death by careless driving whilst under the influence of drink/drugs (shown on the licence as CD40,CD50 and CD60).

causing death by careless driving, then failing to provide a specimen for analysis (shown on the licence as CD70).

or 4 years from date of conviction if the offence is as listed below:

reckless/dangerous driving (shown on the licence as DD40,DD60 and DD80), offences resulting in disqualification.

disqualified from holding a full licence until a driving test has been passed.

or 4 years from the date of offence in all other cases.

Code	Accident Offences	Penalty Points
AC10	Failing to stop after an accident	5-10
AC20	Failing to give particulars or to report an accident within 24	5-10
	hours	
AC30	Undefined accident offences	4-9
1 I	Disqualified Driver	
BA10	Driving whilst disqualified by order of court	6
BA30	Attempting to drive while disqualified by order of court	6
2	Careless Driving	
CD10	Driving without due care and attention	3-9
CD20	Driving without reasonable consideration for other road	3-9
	users	
CD30	Driving without due care and attention or without	3-9
	reasonable consideration for other road users	
CD40	Causing death through careless driving when unfit through	3-11
	drink	
CD50	Causing death by careless driving when unfit through drugs	3-11
CD60	Causing death by careless driving with alcohol level above	3-11

	the limit	
CD70	Causing death by careless driving then failing to supply	3-11
02,0	a specimen for analysis	
	, a special continue, san	
3	Construction & Use Offences	
CU10	Using a vehicle with defective brakes	3
CU20	Causing or likely to cause danger by reason of use of	3
	unsuitable vehicle or using a vehicle with parts or	
	accessories (excluding brakes, steering or tyres) in a	
	dangerous condition	
CU30	Using a vehicle with defective tyre(s)	3
CU40	Using a vehicle with defective steering	3
CU50	Causing or likely to cause danger by reason of load or	3
	passengers	
4	Reckless/Dangerous Driving	
DD40	Dangerous Driving	3-11
DD60	Manslaughter or culpable homicide while driving a vehicle	3-11
DD80	Causing death by dangerous driving	3-11
5	Drink or Drugs	
DR10	Driving or attempting to drive with alcohol level above limit	3-11
DR20	Driving or attempting to drive while unfit through drink	3-11
DR30	Driving or attempting to drive then failing to supply a	3-11
	specimen for analysis	
DR40	In charge of a vehicle while alcohol level above limit	10
DR50	In charge of a vehicle while unfit through drink	10
DR60	Failure to provide a specimen for analysis in circumstances	10
	other than driving or attempting to drive	
DR70	Failing to provide specimen for breath test	4
DR80	Driving or attempting to drive when unfit through drugs	3-11
DR90	In charge of a vehicle when unfit through drugs	10
6	Insurance Offences	
IN10	Using a vehicle uninsured against third party risks	6-8
	Licence Offences	1
LC20	Driving otherwise than in accordance with a licence	3-6
LC30	Driving after making a false declaration about fitness when	3-6
	applying for a licence	
LC40	Driving a vehicle having failed to notify a disability	3-6
LC50	Driving after a licence has been revoked or refused on	3-6
	medical grounds	
0		
	Miscellaneous Offences	1 2
MS10	Leaving a vehicle in a dangerous position	3
MS20	Unlawful pillion riding	3
MS30	Play street offences	2

MS40	Driving with uncorrected defective eyesight or refusing to	3
MS50	Submit to a test Motor racing on the highway	3-11
MS60	Offences not covered by other codes	As
MISOU	Offences not covered by other codes	Appropriate
MS70	Driving with uncorrected defective eyesight	3
MS80	Refusing to submit to an eyesight test	3
MS90	Failure to give information as to identity of driver etc	3
9 N	Motorway Offences	
MW10	Contravention of Special Roads Regulations (excluding	3
	speed limits)	
10 1	Ordentaire Countings	
	Pedestrian Crossings	12
PC10	Undefined Contravention of Pedestrian Crossing Regulations	3
PC20	Contravention of Pedestrian Crossing Regulations with moving vehicle	3
PC30	Contravention of Pedestrian Crossing Regulations with	3
	stationary vehicle	
11 5	Speed Limits	
SP10	Exceeding goods vehicle speed limits	3-6
SP20	Exceeding speed limit for type of vehicle(excluding goods	3-6
51 20	or passenger vehicles)	
SP30	Exceeding statutory speed limit on a public road	3-6
SP40	Exceeding passenger vehicle speed limit	3-6
SP50	Exceeding speed limit on a motorway	3-6
SP60	Undefined speed limit offence	3-6
	1	
12	Traffic Direction and Signs	
TS10	Failing to comply with traffic light signals	3
TS20	Failing to comply with double white lines	3
TS30	Failing to comply with "Stop" sign	3
TS40	Failing to comply with direction of a constable/warden	3
TS50	Failing to comply with traffic sign (excluding - stop -signs,	3
	traffic lights or double white lines)	
TS60	Failing to comply with a school crossing patrol sign	3
TS70	Undefined failure to comply with a traffic direction sign	3
13 5	Special Code	
	.	
TT99	To signify a disqualification under totting-up procedure. If	
	the total of penalty points reaches 12 or more within 3	
	years, the driver is liable to be disqualified	
14 7	Chaft an Unauthonicad Talving	
	Theft or Unauthorised Taking	2 11
UT50	Aggravated taking of a vehicle	3-11

Appendix 3

Appendix to the Complaints Procedure -Guidance on reporting outcomes

1. Aims

- To ensure timely and appropriate follow-up to issues raised
- To identify factors contributing to these events and to enable root cause analysis to be undertaken, where appropriate
- To identify any emerging trends, locally and trust wide
- To provide a means for identifying preventative measures or procedural changes that need to be made in order to eliminate or reduce risk of recurrence
- To provide a means for evaluating the effectiveness of control measures designed to improve safety for patients, staff and visitors
- To help ensure the safety of patients, visitors and staff and to reduce the costs of litigation
- To meet national, regional and legal reporting requirements
- To ensure that patients and relatives receive appropriate information about incidents in which they were involved
- To provide feedback to directorates / departments and appropriate trust wide audiences so that the information may be used for learning

2. Statement Writing

The investigation of an incident is a fact-finding exercise, which will be conducted in a timely, impartial and sensitive manner. Staff who are asked to provide statements following an incident should follow the advice below. Statements should be written as soon as possible after the event whilst memories are still fresh and to ensure accurate information is recorded. Statements may be requested by staff who are undertaking an investigation and should be provided promptly in order to achieve the aims set out above.

- 2.1 Your statement should be written as soon after the event as possible to ensure a full and accurate record of the events.
- 2.2 You should try to write your report when and where you will be able to do so without interruption
- 2.3 You should take your time and not rush
- 2.4 You should try to write things down in the order that they happened

- 2.5 Remember to think about
 - What happened first
 - Who was involved
 - Who else was present? (give a description to identify them)
- 2.6 Give a full record of the event- an accurate reconstruction of what happened
- 2.7 Give details of any action that you took
- 2.8 Read through what you have written to make sure you have included everything that you can remember
 - Use the right form
 - ➤ Write neatly in black ink
 - ➤ Please ensure <u>all</u> appropriate statement details are completed, especially when the statement is in connection with a reported incident event
 - > Be as concise as possible but do not leave anything out
 - Describe events in detail in the order in which they happened, including everything that you did/saw/said
 - Give precise dates and times
 - ➤ Do not use jargon or abbreviations. Use simple language and explain any medical terminology or procedures to which you refer
 - Do not include anything that you did not see but have only been told about
 - Do not speculate stick to the facts as you actually know them
 - > Do not express opinions or make comments that are judgmental or subjective
 - Score through with a single line anything you wish to change or correct and initial in the margin next to your correction
 - Read your statement through carefully to make sure it is a true account, print your name and then sign, add time and date to each page
 - Keep a copy of your statement

Advice

You may wish to seek advice and support writing a statement. The following are suggestions for personnel who may be appropriate to assist

- Medical Director
- Ambulance Operations Manager
- ◆ Director of Human Resources
- ◆ PALS Manager
- ◆ Head of Professional Standards Unit
- ◆ Team Leader
- Union and / or professional body

3 Incident reporting by staff

Reporting of incidents should be regarded as an opportunity to improve standards and services. No action will be taken against any individual for reporting such an event, save in exceptional circumstances, for example malicious motives or knowing disregard of required practice or procedure, or lack of compliance with required standards.

The Trust is committed to having effective systems in place where incidents can be reported, acknowledged and acted upon. Learning from incident events, both major and minor is a vital part of safety and risk management. By actively seeking to identify incident events when they occur, reviewing what went wrong or went well and to change practice or systems, the risk of injury or harm occurring again can be reduced.

- 3.1 All incidents, concerns, near misses, of whatever nature which could result in actual injury, loss or damage to persons or property, or unexpected clinical outcomes, must be formally reported
- 3.2 The report must be initiated either by the member of staff who was involved in or witnessed the event, or the person to whom the event was reported, and sent to the line manager/departmental head by the end of the working shift.1
- 3.3 The report must be accurate, complete and factual. Do not give opinions, draw conclusions or make subjective statements
- 3.4 Staff must ensure that patients and / or their relatives receive appropriate information about incidents in which they were involved in accordance with the procedure for Serious Untoward Incidents
- 3.5 Incidents must be reported verbally to the line manager/departmental head (site co-ordinator out of hours) in addition to completing the report form.
- 3.6 Contemporaneous records should be made of the event / incident and of the subsequent actions taken
- 3.7 The line manager/ departmental head should check that item 3.4 has been complied with

4. References and Bibliography

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Health & Safety Executive (1995) Everyone's <u>guide to RIDDOR '95 - Reporting of injuries, diseases and</u> dangerous occurrences regulations HSE31

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NHS Executive (1999) South Thames Regional Framework for Reporting and Managing Serious Untoward Incidents

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Safer Practice Notice 10, National Patients Safety Agency September 2005