

**Transport Committee
11 December 2003**

Lynne Featherstone (Chair): Good morning, everybody. We now move on to the scrutiny on the Impact of Speed Humps on Londoners. I would like to welcome all of you here today. I would like to go to Transport for London (TfL) for a definition, so that none of us are confused about the difference between road humps, speed cushions, and speed tables. Is there anyone who would like to do this? Thank you.

Chris Lines, Head of Road Safety, Transport for London: The general understanding is that road humps will be vertical devices across the entire carriageway and from kerb to kerb. Speed cushions are generally described as being narrower, and not going from kerb to kerb. They will be in the middle of the road, or the middle of the lane. Again, it is a vertical deflection, but not across the entire carriageway. Speed tables are generally used at junctions, crossroads, T-junctions, etc. They are larger in size. They usually go from kerb to kerb and they cover the entrance to the junction so that the whole junction is raised.

Lynne Featherstone (Chair): Thank you.

Sigurd Reinton, Chair of London Ambulance Service: What I would like to say by way of opening statement is that in light of all the heat and commotion that has been created around this issue, it is important to remind ourselves that we have one very important common ground here: we are all about trying to reduce avoidable death and injury. That is the premise upon which I think we ought to be having this discussion.

It is clear, I think, and not very controversial, that decisions about traffic calming need to reflect the competition between two very important public goods. On the one hand road safety, and on the other hand the survival and well-being of seriously ill patients. Those two, it is just as well to admit it, are occasionally in conflict. Neither can be pursued to the exclusion of the other. What we have to do is strike the right balance between them.

The problem, I suspect is that the processes that we have for deciding about these matters, and the incentives that bear on many of those who are involved in those processes, do not promote such a balanced view. Decisions about traffic calming are, in the main, taken by local authorities. Forgive me if I get this wrong but I believe it is right – they have targets for road traffic accident reduction. They have pressure obviously from local residents groups. I also believe they have capital funding for road schemes.

They have a duty to consult, but not to involve or be guided by the emergency services. What they do not have is any responsibility for or even knowledge of patient care outcomes in their area. Therefore it would be surprising if decisions about traffic calming were taken after careful weighing up of the balance between the two public goods.

We believe, in the London Ambulance Service, that it is likely – I put it no more strongly than that – that the balance struck in much of London errs on the side of seeking to improve road safety at the expense of the survival and well-being of seriously ill patients.

It is important to remind ourselves that all other avoidable deaths, other than road traffic deaths, outnumber those from road traffic accidents by 25 to one in London. Thus, a 35% reduction would be needed in road deaths to save 100 lives a year. If the actions taken to achieve that inhibit the

ambulance services' response, or any emergency services' response, to the point where there is a 1.3% increase in these other avoidable deaths, then the benefit would have been lost again.

We would therefore like three things which are contained in the policy adopted by our Board last week. We would like a requirement, based on the local authorities, that any new schemes should deliver significant net benefits to society after weighing up the balance between all the benefits and disbenefits. We would like to be consulted early and meaningfully where further schemes are felt to be needed, and we would also like existing schemes to be reviewed from time to time. Finally, it has become very clear that some serious and proper research into this whole area is needed. We would very much welcome that and support it.

Paige Mitchell, The Slower Speeds Initiative: I have to admit, I am an outsider, in the sense that I am based in Hereford. However, I do come to London a lot. I agree that we are all concerned in reducing avoidable death and injury, but the initiative is also concerned with quality of life. We are talking about traffic humps which are part of traffic calming, and traffic calming is about slower speeds. We are particular concerned in the role of slower speeds in improving quality of life in settlements, as well as a wider range of benefits that they have. I have circulated a summary with regards to traffic management which was published a couple of years ago.

Chris Lines, TfL Just to say that the Road Safety Unit was formed a year or so ago, and I joined early in this year. Really it stems from the Mayor's transport strategy, and spinning off it from that, the London Road Safety Plan. The unit has now brought together the budgets and the safety elements of Transport for London, which we think allows us to tackle the issues in a more effective manner. The budgets are now held and we are looking to do TfL's actions, in terms of meeting the Mayor's targets.

Superintendent Neil Haynes, Traffic Operational Command Unit, Metropolitan Police Service: In brief, our point would be that we recognise the value and the benefits offered by traffic calming schemes, in terms of slowing traffic, and the benefit that that affords in terms of the reduction in accidents and those killed or seriously injured. However, we recognise that a balance needs to be struck. All the issues need to be considered. That should be done in strategic way with proper consultation. Finally, in terms of the actual schemes themselves, there should be some method of proper quality assuring the fitting of those schemes, and also auditing.

PC Clive Treacher, Traffic Operational Command Unit, Metropolitan Police Service: I have been a traffic officer since 1978. For the last seven years I have been dealing with traffic management issues. Those traffic management issues are within the nine East London boroughs. Those are the boroughs who usually consult with us before these schemes go in. Our concerns, from my particular area, is that strategic routes – which all the emergency services tend to use, and the bus services – are gradually being eroded away, obviously against a Department of Transport advisory notice that said that we should all agree on these strategic routes. That does not seem to be being done now. Hopefully perhaps with GLA and TfL, these strategic routes could be re-looked at and agreed again.

Lynne Featherstone (Chair): Thank you. I think it is fair to say that obviously the aims of this scrutiny are to retain all of the benefits of road calming and traffic calming, and remove all the dis-benefits, in terms of the emergency services. If we can get recommendations out of this scrutiny that go towards doing that, that will be a step forward. It seems, when we looked at this, that this has been a fairly neglected area, in terms of 'can London work?' Very little research work had actually been done of any real intensity that would give us a sort of audit.

We will now go into the questions. The first area for discussion is about the policies and the uses of speed humps. I use the word speed hump as a generic term for all the subjects today. The first question is to TfL. What progress has TfL made in working with the London boroughs to meet the

Road Safety targets in the Mayor's London Road Safety plan? I know you have touched on it, but if you could elaborate?

Chris Lines, TfL: As I mentioned before, we had some changes and recently formed the unit, which now holds the budget for the accident work. One of the main elements of the London Road Safety Unit is the London Accident Analysis Unit where all the statistics and the data are collected on the reported casualties in London, reported by the Police. This is kept up to date and checked. A team analyse the casualties in London and that forms the basis of the report that we do annually on progress towards targets.

Also, the casualties are analysed, and data shared with the boroughs. We produce information for the boroughs on the accident patterns, and the accident situation for them. We tend to look at who is involved, the vehicles involved, the road users, the time, the place, if it is wet or dark, etc. From these accident pattern analyses, we can get a picture of what the problems are, and this is shared with the boroughs.

The actual funding of the schemes works through the borough partnership. From a knowledge of the accident problem we hope that the boroughs produce draft schemes which they put forward in their submissions every year. These are checked and looked at, and depending on the budgets, etc, some of these schemes are selected for funding. One of the criteria is focused on casualty benefits. The funding process goes through and the money is allocated to these selected schemes.

As we said before, there is a stage process here where the money looks at the design and the consultation of the scheme. If the consultation is successful, the scheme goes ahead. Otherwise there may be modifications or reviews, etc, and it may be put back a year or modified in some way. The outline is for the process that works. We are very aware, in TfL, that we need accident benefits from the scheme, but we also have to have acceptability. It is no use putting schemes in which are rejected and taken out again. It is important to us that the consultation process is done as effectively as possible. However, it is actually the borough's responsibility to do that. We will come back to that later.

Lynne Featherstone (Chair): When you look at the schemes, and enquire about the consultation, do you follow through and ask whether there have been objections from the emergency services?

Chris Lines, TfL: No. We would note that in the reports that we get, but we do not specifically demand that that happens. The boroughs deal with the consultation process.

Valerie Shawcross (AM): Can I pick up on a technical question? Clive Treacher said he thought that there was some evidence that strategic routes used by emergency services in London are being eroded. I thought that the classification of roads in London was something that the Department of Transport did, through Government Office for London GOL. For example, if there was a local distributor road, it would not be legally possible for the borough to put road humps in a distributor road unless GOL had gone through the procedure of declassifying that road. Are you saying that there are illegal road humps going in?

PC Clive Treacher, TOCU Service: They are not illegal. I can only give you an example in Roger Evans's old borough.

Valerie Shawcross (AM): Are roads being reclassified?

PC Clive Treacher, TOCU: We have had A-roads which have actually now got traffic calming on in Chingford. This is a road which goes to Whipps Cross Hospital and links the Town Hall at Walthamstow and the Technical College, which is obviously has quite a large number of people. It is the route used by all emergency services. It is a route which all the emergency services were

concerned about – they did not want it traffic-calmed. But the borough had already bid for funding for this scheme, for a Safer Routes to Schools Scheme. The funding was made available, then the borough consulted afterwards. This is obviously a bit of a *fait accompli*.

Valerie Shawcross (AM): Technically, was that a local distributor road?

PC Clive Treacher, TOCU: No. It was a cross-country route, but a strategic route for our purposes.

Valerie Shawcross (AM): But not legally. There is a difference between a road which may in effect be operating strategically... Do you think that that is a problem: that maybe there needs to be a better definition of which roads are to be not treated like a local road?

PC Clive Treacher, TOCU: In 1994 there was a traffic advisory leaflet for basically the Fire Service and Ambulance Service. It did not include the Police. It said that the strategic routes should be agreed with those two services. I know for a fact that in Redbridge they are trying to re-implement their strategic route network. It is 10 years old. In the other boroughs, there is not a lot of evidence that these strategic routes...

Valerie Shawcross (AM): What is TfL doing about that?

PC Clive Treacher, TOCU: They are not TfL roads.

Valerie Shawcross (AM): But if you are saying that there is a TfL strategic concern about the operation of these roads, what are you doing about it?

PC Clive Treacher, TOCU: TfL are providing the funding for the traffic calming, but that funding is being made available before it goes out to consultation.

Brian Coleman (AM): After TfL said that the schemes had to be acceptable to TfL before they are funded, have they actually refused to fund borough schemes because they have been unacceptable?

Chris Lines, TfL: We have, as I am aware, reduced schemes with boroughs, and had discussions with them and made modifications. I think we have come to agreement on the cases that I am aware of.

Brian Coleman (AM): So you have never refused a borough?

Chris Lines, TfL: I would not state that categorically from the past. I would be amazed if we had not at some stage.

Jenny Jones (AM): Going back to this road that has been traffic calmed that you feel is a strategic necessity, what form of traffic calming?

PC Clive Treacher, TOCU: There are both cushions and raised table crossings. The raised table crossings cause particular problems to the Ambulance Service in that the rear of the vehicle flips up. From a Police point of view, we can negotiate that quite quickly, but obviously it is a problem for the Ambulance Service. There are cushions there. I have a photograph which I can pass round.

The speeds were below 30mph. Then Waltham Forest wanted a 20mph zone. They have now implemented that. We now have some cushions. You can go over nearly all the cushions without a problem, but there is one here where the top is being ripped to pieces. It is obviously out of standard. We stood there, carrying out a safety audit, which the boroughs are not obliged to do at the moment, and we identified this problem. But the challenge is to get rid of this feature. To change it or get rid of it.

Jenny Jones (AM): So it is not the issue of traffic calming itself, it is about standards.

PC Clive Treacher, TOCU: Traffic calming, especially for the other emergency services, not so much us because we have higher-powered vehicles.

Jenny Jones (AM): If you talk about your responsibilities. So, is it traffic calming as a whole that is the problem?

PC Clive Treacher, TOCU: On the strategic routes, yes. To say in residential roads, for us, no.

Jenny Jones (AM): What if there were a 20mph limit with speed cameras – that would not be problem, would it?

PC Clive Treacher, TOCU: No because we could continue through it, and obviously be aware of the surroundings. We have a responsibility to obviously drive correctly in a situation, but obviously we have to have a bit more speed.

Jenny Jones (AM): So you are not actually saying that traffic calming is the problem, you are saying it is the way...

PC Clive Treacher, TOCU: It is the individual features.

Jenny Jones (AM): It is this particular type. Right.

Valerie Shawcross (AM): I was just concerned that you were being anecdotal about one road, but your opening comment was quite a sweeping one. 'The strategic road network in London' is being undermined. Well how many roads do you think ought to be kept as lump-free roads that you feel are being undermined in this way? Have you done a survey?

PC Clive Treacher, TOCU: At the back of Whipps Cross Hospital we have now got traffic calming...

Valerie Shawcross (AM): I am asking a London-wide question.

PC Clive Treacher, TOCU: I only cover three of the nine East London boroughs.

Valerie Shawcross (AM): So what percentage are we talking about?

PC Clive Treacher, TOCU: I know from my other boroughs – Redbridge are now looking at putting features on strategic routes.

Valerie Shawcross (AM): But in terms of what is there at the moment, give us an idea of the scale of what you said was a problem – that 'the strategic routes are being eroded,' you said.

PC Clive Treacher, TOCU: It is only a low percentage, but is it the thin edge of the wedge?

Jenny Jones (AM): Could I carry on? Perhaps it's a question for Val. I understand that the Fire Brigade has agreed strategic routes and have been consulted, and there are no problems?

Lynne Featherstone (Chair): The Fire Brigade are not here, unfortunately.

Jenny Jones (AM): I am just saying that another emergency organisation has got well-consulted well-defined strategic routes. There appears not to be a problem.

PC Clive Treacher, TOCU: I am not aware of their routes.

Valerie Shawcross (AM): One point of information to make: there is not a different designation of strategic routes between different organisations. This is a matter for the Department for Transport, that they have a legally enforced status.

Lynne Featherstone (Chair): I think the point that has been made is that it is not necessary to legally define strategic routes, it is the routes that are somewhat less than that that have become strategic routes, in terms of what the emergency services need. That is clearly an area that we will have to delve into.

Tony Arbour (AM): I think this is really for both TfL and the Metropolitan Police Service (MPS). In your submission – this is the submission from the MPS – there is a statement which many of us in outer London sympathise with. It suggests that we are underspending on TfL funding. Local groups simply – you do not use the word promiscuous, but I think that is the word you mean – are promiscuously putting in humps. Would you say that is sort of widespread? I think you are saying that there is no consultation when these groups put in humps.

Superintendent Neil Haynes, TOCU: In terms of our overall approach, we would expect a level of consultation, which we do not believe is happening. In terms of how widespread that is, certainly of the East London boroughs...

PC Clive Treacher, TOCU: The councillors have their sort of local committees and they are allocated local funds. Obviously residents are now saying, we want particular traffic calming projects in our roads. But when you look at it from an accident point of view, there may be other roads that are more deserving. However, there tends to be a small number of vocal residents in one particular road, and they then are using that budget for their purposes, whereas another road has got a problem which is not being calmed.

Tony Arbour (AM): You do say that this is a *fait accompli*. The first you come across it, presumably, is when it is there in the road?

PC Clive Treacher, TOCU: It is, yes.

Tony Arbour (AM): Can I ask TfL why you allow this to happen?

Chris Lines, TfL: It would be a matter for the boroughs to undertake the consultation, as I have said before. We would look at the schemes, in terms of the design and the accident reductions, and those have been and will remain to be our criteria for assessing the schemes. The boroughs will normally only do consultations if they are obliged to do so. But I do not believe there are powers to support the boroughs in any way. On the consultation issue, we trust their good practice.

Tony Arbour (AM): So in effect, you give the boroughs the money and say, there you go, here is a load of money, spend it on traffic calming.

Chris Lines, TfL: We work in partnership with them. It is not something that they do on their own.

Tony Arbour (AM): But it is your money.

Chris Lines, TfL: It is our money.

Kevin Gardner, Assistant Director For Bus Priority, Transport for London: Could I just add to the liaison which certainly some boroughs – and speaking from the bus perspective – quite a number of boroughs do hold traffic liaison group meetings where initial schemes are discussed with various partners, including, potentially, the Ambulance Service, the Metropolitan Police, and the bus

operators. There is an option there in which the scheme at the early stage of its development can be amended. Certainly, as far as London buses and TfL have guidelines for traffic calming on bus routes, and it has been very effective in terms of insuring that bus services, bus passengers and bus drivers are not adversely affected by any schemes. Changes are constantly being made to those schemes, in response.

Tony Arbour (AM): I am relieved to hear you say that there is some consultation, but clearly TfL are not keeping a tight rein on how the money is spent. I wonder if you could tell us, TfL, to the best of your knowledge, if any of your money has actually been spent on removing humps?

Chris Lines, TfL: I am not aware of any.

Tony Arbour (AM): Do you think that under your lax control, if I can put it that way, is it likely that if boroughs – and my friend Mr (Brian) Coleman from Barnet is a keen advocate of that, as we are in Richmond Upon Thames – chose to spend some of your money on removing humps, that would be all right with you?

Chris Lines, TfL: Not at all. We have to look at every submission that comes to us for funding. As I explained, we have the criteria for deciding whether to fund or not. They will be looked at in the light of those.

Sally Hamwee (AM): First of all, I would like to ask a TfL question, and then ask a question more broadly. The first one, to TfL, follows Tony's (Arbour) questions, and is something that I would like to pursue with the boroughs, and I do not mean through representation on this side of the table! Do you have any sense, given the financial constraints that we all know the boroughs are under, that because these ring-fenced funds are available, they are using the money because it is there, when actually it is not necessarily the priority as to how to go about spending locally?

Chris Lines, TfL: I do not believe that is the situation. Every year we get more submissions than we have money for. It suggests that there are schemes there that people want to put in, and the boroughs want to put in. We are obviously selective in which ones we fund.

Sally Hamwee (AM): It is something which perhaps I will pursue. More generally though, and this comes back to Val's (Shawcross) line of questioning, I am still struggling with definitions. It seems to me we are using the term 'strategic' for roads in different ways. I would like to ask anyone who feels they have something to say on this: is there a need for audit and a review of the road hierarchy so that everyone is working to similar definitions with the input of the emergency services, among others?

Sigurd Reinton, Chair, London Ambulance Service (LAS): Just to share a piece of information with you regarding this point about strategic routes: strategic routes are undoubtedly helpful and it clearly sounds like it would be useful to clarify that. Most of the calls that our ambulances go to are from residential properties in residential areas. Many of our stations are also in residential areas. The average run length of an ambulance response is two and a half miles. Therefore strategic routes are not actually much help to us.

Lynne Featherstone (Chair): I think we can take it as read, Sally, that what you are suggesting would be extremely useful as a starting point. On that very point though, to a layman such as myself it would seem, given the balance, the Ambulance Service is saying that lives are lost because of the delay. It was quoted in the papers that 500 lives are lost a year because of traffic calming.

Sigurd Reinton, Chair, LAS: Can I just be absolutely clear on that? I am being accused of saying that lives are lost, when in fact I said lives might be lost. I would like to see some proper research...

Lynne Featherstone (Chair): I stand corrected. But I read the newspapers, what can I say? There is a contradiction here with TfL who do not necessarily accept that. They put something like three seconds per hump, I believe, as their delay factor. What I am saying is, as a layman, I look at London and I see routes that clearly you want to zoom along. Roads that are in dispute as to how fast you go because they are partly residential, but have become strategically routed. Are you saying that you actually are objecting to the traffic calming in what we generally would understand as residential areas? I think there is quite a conflict there. Are you saying this is your main problem? Personally, I would want the Ambulance Service to go very fast on main roads, and they would feed in to near a residential vein, then slow down.

Sigurd Reinton, Chair, LAS: I am not quite saying that. I am saying that when schemes are being considered it is very important to weigh up all the pros and cons. Where, for example, you have either an ambulance station located in a residential area, or where we know from our records that there are high instances of calls, it may be that if you look at the likely effects on our response times, and the likely benefits of traffic calming, the local authority, after weighing the two up, may well come to the view in many cases that the number of lives saved by the traffic calming scheme is not large enough. I do want to emphasise this because we are being somewhat misquoted on this. We are not saying that all traffic calming is bad. We are saying, as I said in my introductory statement, that we have to recognise that there are two public goods here that compete with one another. We need to strike a good balance.

Lynne Featherstone (Chair): We have moved into the next section - the effect of speed humps on safety, quality of life, transport and the emergency services. Just going back to the dispute with TfL: who is right? Perhaps TfL would care to comment.

Chris Lines, TfL: I am not sure that 'who is right?' is perhaps the correct way to think about it.

Lynne Featherstone (Chair): I am sure it is not.

Chris Lines, TfL: We agree that it is a balance. Speed-reducing measures are there to reduce speed, no-one can deny that. It is a matter of the effect they have which is very beneficial on the injured and the casualties in the areas that are treated, and against the effect it may have on other emergency vehicles. It is an area that has had some research, but there is obviously room for more, particularly in terms of how the vehicles use the network – how much time they spend in residential areas as opposed to the amount of time they spend on the strategic routes. That is an interesting thing to pick on, perhaps.

Just to mention about the hierarchy: we do have the Transport for London Road Network, which is the old Highways Agency Road Network, the main road network which has no humps on whatsoever. In a broader concept, if you look at the latest Urban Safety Management Guidance which the Department for Transport has produced, or even if you go back years in road safety, you will find the road hierarchy is one of the simple elements to any road safety plan. It is quite difficult for a borough to do that. Perhaps it is something that has been difficult to achieve London-wide.

John Biggs (Deputy Chair): It seems to me that we are in danger of getting rather confused on this. It seems there are two chunks of issues. One is the public safety / emergency services relationship, which I think is a very important area where there are legitimate concerns about response times and the effect on the network. The other one is something which I am tempted to say is a bit akin to the rather tamer version of the National Rifle Association lobbying the USA. There was this big populist backlash suddenly against road humps as if they are a sort of imposition on people's civil liberties. I sit in a very clear position on that. I think that they are a pretty good thing and slower road speeds are for the better public good because they stop kids and other people from being killed on our roads. Perhaps we will venture into that area later.

We are talking about emergency services predominantly at the moment, I think. Two questions -the first is to Sigurd Reinton. It is about response times. My understanding, just to encapsulate this as a single issue in my feeble mind, is that the comparator is about response times to people predominantly who have cardiac arrests in London, and the ability to save a greater number of those people if ambulances could get to them quicker. There may be other medical emergencies, but predominantly it is about when people's hearts stop beating and ambulances getting to them in time in order to intervene and save them. The statistical analysis suggests that if you could get there a minute quicker, or two minutes quicker, or whatever, more Londoners could be saved as a result of that.

Sigurd Reinton, Chair of LAS: The London Ambulance Service receives in excess of a million calls a year. 90% of those turn out not to have anything life-threatening wrong with them at all. In fact, there is a large increase in that number of calls. That leaves about 10% which turn out on audit to actually have suffered something immediately life-threatening.

We obviously have to treat rather more than that from the beginning as though they could be. Therefore, about one-third of our calls are treated initially as though they could be life-threatening, even though only 10% turn out to be. That 10% then works out at about 100,000 people a year who have an immediately life-threatening condition of some kind or another. There is clearly a direct relationship between response time and these people's chances of surviving. Unfortunately it is very difficult to put your hands on hard academically verified data that proves exactly what that link is. It may never be possible to pin it down very, very well for the vast majority of cases. There are all sorts of variables to do with how long before someone calls an ambulance, etc.

Out of those 100,000, there are about 8,000 who have suffered a cardiac arrest. That is the final stage in a heart attack. We have about 38,000 chest pains which are potentially of that kind, but there are 8,000 which are diagnosed by our crews after the fact as having suffered a cardiac arrest. The reason you have heard so much talk of that, it is because that is the one area where there is an academically accepted, generally internally accepted, mathematical link between the two. That is the figure that you have seen bandied about.

I would like to emphasise that whatever that number is, whether it is 500, 300, 700, or whatever the number is, it is actually only the tip of a much larger iceberg. The number that could be saved through faster responses is probably even much larger than that.

John Briggs, Deputy Chair, Transport Committee: My other question is perhaps a more general one. I recall from when I was leader of a borough council, that when we wanted to close the roads, for example, we would consult with the emergency services, particularly with the Fire Service, to make sure that they could achieve a response time to all the residential and other addresses in the borough, and that it would not be reduced by the road closure. We would do clever things like having closures with ramps in them so that a fire engine could get through them, but probably not an ambulance. There is a framework then for consulting emergency services on closures. Is there an adequate one on traffic calming, and do we think there should be one? We have an empty chair here which I am assuming should be filled by the ALG. Perhaps they should come to our next session. Perhaps we should ask for evidence from them. But from TfL's point of view, is there a framework that you guide people with this one?

Chris Lines, TfL: Sorry, I missed the last...

John Briggs, Deputy Chair: I think we are fumbling towards this idea that you have a sort of hierarchy or network of roads in a borough which enable people who need to get from one place in a borough to any other place, to do so within a maximum time. Obviously this is relevant if you are a Fire Service, Police Service, or an Ambulance Service. That suggests that there should be some sort of policy framework which guides the way in which the roads are engineered and managed, which roads

should be calmed, which roads should not be calmed, to enable you to maintain those response times. Does that policy framework exist?

Chris Lines, TfL: Does that policy framework exist? Sorry, I am not quite sure how to answer that.

John Briggs, Deputy Chair, Transport Committee: You could say no.

Chris Lines, TfL: I think as a statement it is something we could all try to ascribe to. I think at the moment the uncertainties over the hierarchy and the uses of roads, which is also complicated by the fact that it often changes over time, make it quite a complex problem. I am not sure that it is very much of an answer to your question, I am sorry.

John Briggs, Deputy Chair: If I was the Fire Officer in a borough and that borough wanted to put a series of humps down the streets, and I calculated that that reduced my response time by 30 seconds, getting from one end of the street to the other, that meant that there were properties at the other end of the borough which I could not get to within my designated response time. I would then presumably want to respond to that and say that this is not acceptable from our point of view. More generally, all the emergency services should, I assume, be able to respond in a way that enables them to block, or make a very public vigorous objection to traffic calming where it would affect their response times.

Chris Lines, TfL: That is the core of the consultation process which the borough do undertake when they are looking to implement the schemes. Guidance has been given in DfT (Department for Transport) leaflets and so forth. There is certainly a framework there for consultation, as we mentioned before, with the emergency services. There is a best practice, and I think perhaps the question is over how it is used in the London boroughs.

John Briggs, Deputy Chair: So perhaps there are boroughs who have ignored the responses or who are putting in traffic calming, which is contrary to the wishes of their local emergency services. Have you come across cases of that?

Chris Lines, TfL: I am aware that boroughs sometimes have difficulties getting responses from some of the emergency services, and that puts them in a difficult position. I am certainly aware that that sort of situation arises.

Lynne Featherstone (Chair): The ALG has not submitted evidence to this committee as yet. We certainly will be having local authorities in the next session.

Kevin Gardener, TfL: I think the issue is in terms of formal consultation and informal consultation. In terms of the question in relation to road closures, then there is both an informal process and the formal process. On this particular issue of a speed hump, then I think it is important that the informal process, and the consultation, takes place at an early stage. That will be in the guidelines that are required. Some boroughs adhere to them very well, others less so. It does vary throughout London. But the important thing is that, when the scheme is being developed, and from the buses' perspective, there has always been that close liaison with the boroughs at an early stage of design. The guidelines are there for buses and traffic calming. There have been very few problems, certainly over the last five years, in relation to traffic calming and buses.

David Jervis, LAS: Very simply is, as a reminder really, that one of the main thrusts of our case is to have this consistent and meaningful consultation – meaningful, as opposed to being an afterthought. We have many examples where things have just appeared on the street.

Lynne Featherstone (Chair): It would be helpful to the Committee if you could submit us some actual examples.

David Jervis, LAS: We have some photographs that one of our paramedics took of some width restrictions. They are not speed humps I will admit, but width restrictions which had just appeared without any consultation.

Lynne Featherstone (Chair): You have one single example. You said there were many examples.

David Jervis, LAS: There are examples of good consultation as well, but on the whole there is not good consultation in London with us about traffic calming measures. That is one of the things that we would love to see.

Valerie Shawcross (AM): As somebody responsible for one of the 'blue light' services in London, I think it is pretty clear that there is a slightly different requirement and response from each of the services. Some of them are more sensitive than others. It seems that the Ambulance Service is the service that is finding this the most difficult. I am not saying the Fire Brigade does not have a view of what is good and bad traffic calming, and all the rest of it.

It occasionally gets out of its trolley when it gets out of control, but it is a tool and when it is well used it can be extremely helpful. When it is badly used it is a problem. How much difference does it make to you, the quality of the work that is done? Between good design and good design: how much does this quality assurance make a difference? Are you saying that all forms of speed humps are a problem, or are good quality ones significantly less problematic for you?

Sigurd Reinton, Chair, LAS: Before answering the question, let me just say something that I maybe should have said at the beginning. We have brought along some actual frontline crews. If you wanted to, they could enlarge a little bit on what it is like for frontline crews to actually deal with them. But before I open that possibility up, let me just say that, in general, and assuming that the various schemes are carried out as per design, leaving aside failure to comply with design limits, the ones that cause us the greatest problem are obviously those with vertical displacements. On top of causing damage to vehicles, they cause pain and injury to patients, as one survey that was carried out internally within the service. It actually delays treatment to sometimes quite seriously ill patients. Where the balance favours some form of traffic calming arrangement in the locality, we obviously prefer that to be done without the use of things that deflect the vehicles vertically.

Lynne Featherstone (Chair): Which ones are they? Can you explain?

Sigurd Reinton, Chair, LAS: Sorry. Humps, cushions, speed tables, etc. In other words, physical...

Lynne Featherstone (Chair): All of them!

Sigurd Reinton, Chair, LAS: Well, those that attempt to reduce the speed of traffic by forcing them to slow down in order to avoid a vertical excursion in their journey. There are others schemes that do it by trying to force people to slow down to avoid horizontal...

Valerie Shawcross (AM): Chicanes.

Sigurd Reinton, Chair, LAS: Yes, exactly: chicanes. In order of the level of problems they create for us, the ones with the vertical design are the worst. The ones that cause violent horizontal designs are also a problem if you are trying to move along with a patient in the back. Speed cameras, of course, do not really cause us a problem at all, other than in the general sense, that if traffic becomes a problem...

Valerie Shawcross (AM): So you have a strong preference hierarchy on traffic-calming systems. But you are saying that a rather sloppily put in hump that is too high, or whatever, makes no difference, it is all bad for you.

Sigurd Reinton, Chair LAS: No. The worse design, the worse the problem, clearly.

Lynne Featherstone (Chair): It would be instructive to hear from a member of the Ambulance Service, as to their own real hands-on experience. If one or both of you would like to come forward, with the committee's indulgence. That would be helpful.

Sigurd Reinton, Chair LAS: This is John Mullin a team leader and Mark Belchamber, the paramedic who carried out the survey I referred to earlier.

Lynne Featherstone (Chair): Are these not gentlemen who actually go out in ambulances?

Sigurd Reinton, Chair LAS: Oh yes. Absolutely.

Lynne Featherstone (Chair): One is a paramedic. One is a driver.

John Mullin, London Ambulance Service: I am a team leader at Islington Ambulance Station. I do operational work: accident and emergency work out on the road. I can give you a perspective from Islington, which is an area that does have a lot of traffic calming.

We were talking about the main routes, the strategic routes. We have been talking about places like Holloway Road, Caledonian Road, Seven Sisters Road, Liverpool Road. These roads do not have traffic calming on them. However, these are the very roads that get grid-locked. To avoid this gridlock, really, the crews have been using local knowledge to use side roads to avoid the main traffic. These are the very roads that have the traffic calming on them, the less major routes.

The types of traffic calming – we have talked about chicanes, which, to us, are quite easy to negotiate because people do give way for us. Width restrictions are very poor. The example we have recently is of a crew that just came across a width restriction that they could not physically fit the ambulance through and had to go a different route, and found a separate width-restrictor, and eventually found a way in.

Bumps are very disruptive. We really have to slow right down for the bumps. Speed tables are not really that much of a problem. They are usually at junctions where you slow down anyway to negotiate the junction. Speed cushions initially were very good for us. They are usually placed in the middle of the lane. That is fine for us because the ambulance straddles them and you can go over. But there has been an apparent strategy regarding cushions, where they will now place three across the road. Therefore the middle cushion will actually be in the middle lane, across the white line of the road. The cars will park on either side of the road, over the cushions, so you cannot straddle them, and you really have to treat them as a normal speed bump. You would have to slow down completely.

Without doubt, they restrict the response time to get to the patient in the first place. Then, as briefly eluded to, once you have the patient in the back, depending on their injuries and the severity of the situation, they can seriously compromise the treatment you can give to the patient, and obviously the speed with which you can get to the hospital.

Lynne Featherstone (Chair): Thank you for that.

Mark Belchamber, LAS: I am Mark Belchamber, a Training Officer and an Operational Paramedic. I am currently based in what we call the central sector, around Deptford and Waterloo. It was

interesting that someone mentioned that a speed hump is worth three seconds. I have read that in documents.

I have done a brief working out. If each speed hump is worth three seconds, and we go over 20 speed humps, that is a minute. There was a significant heart cardiac care trial done recently. It said that for every minute of delay in acute myocardial infarction, that is basically when a wedge of heart tissue has died, you are very likely to suffer further damage. You will lose 11 days of your life for every minute that you delay definitive service.

I had this case – this is happening all over London – but I had this case two weeks ago. Obviously I cannot say too much, but we had a gentleman who had significant chest pain. I had to go over speed humps. I had to go over more than 20 of them. I have an interest in this area, and I counted them. Therefore, I cost that gentleman nearly two weeks of his life. I have to live with that. That sounds very melodramatic, but we are here to treat these people. If I am doing it, then everyone else in London is doing it as well.

The research project that my colleague Mr Renton alluded to is available for you, if you require it, Madam Chairman.

Lynne Featherstone (Chair): Yes please.

Mark Belchamber, LAS: It is an undergraduate research study. It showed that paramedics in the south of England would add up to five minutes responding to an emergency call. Before they even get to the patient they would add up to five minutes, specifically to avoid speed humps. With a clinically unstable patient, someone who may deteriorate yet further, they would add up to 10 minutes to get to the hospital to avoid speed humps. When you look at the reasons why, it is because they say that patient conditions significantly deteriorate when they go over the physical hump of the speed hump. Imagine someone in a pregnancy emergency, imagine someone has a fractured spine as part of a road traffic accident....

Lynne Featherstone (Chair): I think we can imagine all of those.

Mark Belchamber, LAS: Apologies. I do not feel that we should be making people to decide... It is not right to make paramedics decide which route they go – to take more time or to treat a patient. That is not the way that we should be treating patients. I accept that there is a dichotomy between having effective road speed reduction, that is wholly laudable, but also in allowing us and the Police and the Fire Brigade to do the jobs that London want us to do. I am concerned that this has been presented as a utopian solution, 'There are very few negative impacts to speed humps.' But there are negative impacts and we need to explore those.

Lynne Featherstone (Chair): That is, as I have said, the point of this debate. The judgement of Solomon it may be, but hopefully there will be some evidential-based way forward.

Jenny Jones (AM): Mr Mullin opened by saying that it was difficult to use the major roads without traffic calming because of gridlock. Therefore you are forced to use roads with traffic humps. Surely the best option would be not to have gridlock on the main roads. We should be reducing traffic, and then you would not have to use as many roads with road humps.

John Mullin, LAS: But we are talking about the actual traffic calming.

Jenny Jones (AM): We are. But we are talking about why road humps are put into residential areas. It is because people have asked for them, because they want to slow down the traffic. In fact, it benefits the neighbourhood. You are saying that it is a dis-benefit to you. I am saying that if you did not have to use those roads – if you only had to use them at the last part of your journey – then it

would not be such a crucial fact. If you were using the main strategic roads without traffic calming, you would actually get there faster than using the side roads, if those roads were empty.

Tony Arbour (AM): Ban the motor car!

John Mullin, LAS: At three o'clock in the morning, when there is very little traffic, we can get to jobs a lot quicker than we can at rush hour. There is still going to be some negotiation of traffic calming. The example of the speed cushions that initially were placed very well for us, the Fire Brigade, and large vehicles such as buses – I imagine it works quite well for delivery trucks as well, which might be a disadvantage – the replacement of these things were put in the middle of the road. It was an example of where it worked quite well for us, but it was a restriction for smaller vehicles, but that has been changed. We are now in a position where they are nearly as bad as a standard road hump.

Jenny Jones (AM): The point I am making is that at night, when there is less traffic, you can get faster to emergencies. That is because you are able to use a road that has less traffic, presumably?

John Mullin, LAS: Yes.

Jenny Jones (AM): Also you use fewer roads with road humps.

John Mullin, LAS: Yes. As part of the journey to wherever the call is, if the call is on a main road then you may be able to get there without any traffic calming at all. If it is on the middle of an estate somewhere, then you may have to negotiate several different types of traffic calming to get there.

Lynne Featherstone (Chair): I would like to ask Paige (Mitchell) if she has some views on what she has heard.

Brian Coleman (AM): You could elucidate on page three of our evidence about bicycling paramedics instead of ambulances.

Paige Mitchell, The Slower Speeds Initiative: Yes I could. I would like to reel back a little bit though. I think the discussions as to what constitutes a strategic route is clearly important, in terms of the administrative responsibilities. I think, as I did point out in our evidence, that a lot of this is not about traffic calming. This could be a discussion about anything. It is really about inter-agency communication, and how people decide to take decisions when they are working in different services with different targets and different objectives. Also, what needs to be remembered is what is trying to be achieved overall. The Ambulance Service has a different service than the people who control the transport system.

In terms of bicycling paramedics, what I have not actually put in my evidence is something that just occurred to me while we were sitting here talking about it. In the States they are doing a very large scale test of having home defibrillators. I know this because my father has one. I have seen the training for it. It is extraordinarily impressive. It seems to me that the way to approach the problem is to look at how you deliver the service. The whole thing's premise now is that we are carting effectively small hospitals around our road systems. The reason that you have to go down the side roads is because of the traffic on the main roads. And the reason the side roads have humps is because other people are also rat-running down those roads, posing a serious impact on those communities.

The issue really is about having the right procedures to come up with the right schemes. There seems to be a general agreement that while you have some procedures in place, they may not be working effectively. Also there may be some absence of steps that need to be taken. I actually think there are many ways to approach this. In fact, traffic calming and the Ambulance Service, so far as they are addressed to injury reduction, or health promotion, if you like, should actually be on the same side. Therefore the real key is to find points of cooperation.

Just to go into the detailed scheme delivery, all of this stuff is being, as it were, road-tested in Hull. Hull is not the be-all-and-end-all of urban traffic design; I would not pretend that it is. However, it has some extremely interesting features about it. The first is that they started putting in humps before almost anyone else. They have more 20mph zones for their per mile of road network than anywhere else. They found out very early on that the regulation humps were of 100mm vertical deflection which was then the newly legal humps to install was a problem for the emergency services. They very early set up consultation procedures to deal with that. They changed their hump design to a 75mm deflection which the services could live with.

They have done a range of other things to make sure that they accommodate the needs of the services. One of the more recent examples is a housing estate which they had a very large 20mph scheme introduced for. Clearly the implications were of getting around a large residential area for emergency services. They closed a road and made it openable to the emergency services so it has no humps and allows penetration of the estate. The rest of the estate is traffic calmed and open to traffic.

Finally, on the main road issue, with an urban safety management system, which is being tested in Gloucester, you have a hierarchy which looks specifically at safety issues. Hull has actually got moving humps, and they are called buses. They were going to put humps on one of the retail areas in Hull. There were objections by the bus companies. They said, okay, we will do a deal. You do 20mph through our system and we will not put humps in. Therefore the buses are effectively cooperating in terms of quality assurance, and eliminating, on that part of the system, the need for engineering measures.

My answer to most of what I have heard so far is, where there is a will there is a way. We definitely need to reduce speed and to reduce traffic impact on communities. It really should be a very small problem in doing it so that the emergency services can be made happy. I think that this should have a happy solution.

Lynne Featherstone (Chair): Hull has submitted evidence to us. We may or not be going to Hull.

Brian Coleman (AM): I've just faced the vision of going to Hull! Has anyone ever been to Hull? Bicycling paramedics in York? Let us get real here.

Paige Mitchell, The Slower Speeds Initiative: I can give you the contact number of the cycling paramedic if you wish to talk to him.

Brian Coleman (AM): Are you talking about pedal cycles or motorcycles?

Paige Mitchell, The Slower Speeds Initiative: Pedal cycles. The first time I heard about it was in 2002 where I learned – I admit anecdotally – that the cycling paramedic had improved the target performance of the local emergency services by being able to reach the patients in shorter time. It has been so successful that they have now got a second cycling paramedic. You can easily contact York and find out about that.

Brian Coleman (AM): I look forward to the cycling firefighters!

Sigurd Reinton, Chair, LAS: We were actually the first ambulance service in England, in the UK probably, to introduce cycling paramedics. We have had them in Trafalgar Square and that sort of area, except for the two or three months in the middle of the winter, for several years now. The one you are referring to has probably taken up a good idea.

I did want to make the point that this is not a question of either/or. Of course it is a good idea to have defibrillators, obviously in public places where large numbers of people are together. Eventually, if they become cheap enough, more and more people should be encouraged to have them in their homes. Equally, we are pushing very aggressively to enlarge the public education programme in cardio pulmonary resuscitation - CPR for short. Of all these things have to be there in addition to, but not instead of, fast responses.

Valerie Shawcross (AM): From a Fire Brigade point of view, we would certainly agree that 'blue light' running is, of itself, dangerous. We have to do everything we can to reduce it. It is part of our prevention agenda, and part of the false alarm reduction management.

Coming back, if I may, to TfL, and you effectively deal with the reasonable demands of the emergency services. Given now that the Police and Fire Brigade are within the family of GLA, why does not TfL have a system whereby the funding approvals to borough schemes for traffic calming have, at your end, a technical input from fire and MPA (Metropolitan Police Association) and possibly even our colleagues in the LAS, so that the money is not granted until it has passed that quality assurance and emergency services requirement at the TfL end. Obviously we are in danger of getting a very disparate system. Islington's name has been muttered, and I have heard that before as an example of where you have too much of a good thing. Is there a centralisation that might exist with standardisation, quality control, and making sure that there is a technical input on every piece of traffic calming that TfL funds?

Chris Lines, TfL: That is a good question. Historically, it has not been done in the past because of the organisation inside TfL. It is now, possibly for the first time, in a position where it could be done. We could certainly have more of a view about the consultation processes in the boroughs. As I said before, up until now, the consultation processes have been the responsibility of the boroughs. They carried it out. We looked at it in our position of funding. We have frameworks and best practices, but we have not been involved directly, only indirectly. However, the point you make is a good one.

Valerie Shawcross (AM): So you have frameworks and best practices, but no functional mechanism for really enforcing them. If you tied the allocation of funding to those frameworks more firmly, and having the emergency services hoop at your end, do you think it could make a difference?

Chris Lines, TfL: At the end of the day, we could withdraw the funding for the scheme, or not accept the scheme. In its premise, you could argue that we could. It is just that historically not been the case that we have done that.

Valerie Shawcross (AM): Historically, you have only existed since 2000, so you are talking about an earlier organisation?

Chris Lines, TfL: Well pre-TfL, certainly.

Valerie Shawcross (AM): Peter Hendy said some time ago that he had in mind, that as part of the Transport Strategy Review, there would be a review of the strategic functions in the entire London road network, not just the TfL roads. Is that something that you would see that there might be an issue about traffic calming that could be looked at within it?

Chris Lines, TfL: I think it certainly ought to be one of the items to be considered in that review, yes.

Valerie Shawcross (AM): Is that going ahead?

Chris Lines, TfL: I am sorry, I do not know.

Lynne Featherstone (Chair): I wanted to know about the discomfort and injuries caused when driving over the speed humps. You have been rather complimentary about the liaison groups and boroughs, and working with the boroughs. As a local councillor I get a lot of letters in my postbag from bus users who have suffered injuries. Is this a bus driver issue, or is it a speed hump issue?

Kevin Gardner, TfL: I think in the first place, in terms of speed humps, speed humps themselves are not favoured. Sigurd mentioned horizontal deflections, such as chicanes, throttles and bus gates. As far as traffic calming is concerned, and buses, they are very much in the guidelines where recommended schemes are implemented. In terms of speed humps, they are not favoured by bus passengers. That is included in the guidelines, as I mentioned earlier. They have been very successful in insuring that speed humps have not been introduced along bus routes.

In limited numbers, the speed cushions and speed tables can be implemented. It is that area where I suspect there may be isolated examples. For instance, if there is parking across a speed cushion, there may be problems. But generally, the traffic calming that does go in along the bus routes, and acceptable to the passengers and to the bus drivers.

Lynne Featherstone (Chair): Do you find that bus journey times are affected?

Kevin Gardner, TfL: I think the key is more the journey time reliability. The main area of passengers' interest is the reliability of the bus service.

Lynne Featherstone (Chair): So once they are on it they are OK?

Kevin Gardner, TfL: That is right. Once they are on it, and if they are a regular user, then their journey is regular. It is the bus journey time variability. Hence when the traffic calming has gone in, then their ability has generally been much the same as before.

Lynne Featherstone (Chair): I do a lot of work with bus drivers and bus users. There are a lot of lower back problems reported by drivers. They put it down to humps. I just wondered: is TfL carrying out any research with the bus franchise operators into the prevalence of such injuries to bus drivers? Even if they are over speed tables or cushions. Also, the other thing that comes in to me, is that the A&E units see a lot of people reporting there who have gone there because they have had some sort of injury on buses. I do not know if it is entirely due to the speed tables or not. I wonder if TfL is taking responsibility, given that they run buses in London, to have a look at that side of things?

Kevin Gardner, TfL: Certainly that has not been highlighted to myself. If we look at the practicalities of coming up to a speed table, because it is a junction, the bus has to slow down in any case. It certainly was a problem five or six years ago when traffic calming measures came in that were not bus friendly. But over the past four or five years, there have not been... I can think of one exception only where there was problem.

Lynne Featherstone (Chair): It is interesting that you have heard so little about it.

Kevin Gardner, TfL: Do not forget that the bus operator is also consulted in the informal consultation on the process. Some bus operators do attend the traffic liaison group meetings.

Lynne Featherstone (Chair): Do you work with the union to ask their experience? Do they have reportage of this? If I, as a councillor, am getting it, I just wondered if health and safety... Are these discussions that you have, is there any formal inquiry, or is this an area that has not actually been looked at?

Kevin Gardner, TfL: It certainly has not been reported to me. I am not aware of it anyway, certainly, as I say, within the last four or five years.

Jenny Jones (AM): Just very quickly, just to try and get the scale of the problem, how many bus routes are there in London?

Kevin Gardner, TfL: I think it is worth looking at the mileage. The bus network is about 1,600 miles. From that perspective, all the roads in London, there are eight or nine times that number of non-bussed roads. Buses tend to use the busier roads. The more residential roads that buses do not run on are more prevalent to traffic calming.

Jenny Jones (AM): I am just trying to understand the scale. How many bus routes do we have, and what percentage of bus routes actually go over road humps, cushions or tables?

Kevin Gardner, Assistant Director For Bus Priority, Transport for London: As I say, I am not aware of any bus routes that go over a road hump.

Brian Coleman (AM): I am!

Kevin Gardner, TfL: Obviously there are some that go over speed cushions and speed tables. There are 600 bus routes in London. I do not have the number that actually go over or through traffic calming. As I mentioned, there are the horizontal deflections, such as chicanes. What can be very effective are bus gates where emergency services can also use bus gates.

Brian Coleman (AM): At £20,000 a time.

Jenny Jones (AM): Mr Reinton, we have had some correspondence about the figure of 500 deaths caused by road humps a year. You have been quoted in the newspapers as saying that, but in the correspondence that we have had, you appear not to be saying that. Is that true – that you have not said that road humps cause 500 deaths per year?

Lynne Featherstone (Chair): Was this not clarified earlier?

Jenny Jones (AM): Not really. The evidence we have had here from the London Ambulance Service does not actually say that. It says something different. I would just like clarity on that.

Sigurd Reinton, Chair of LAS: I have here in front of me, Jenny, a copy of a letter I sent to you. In case you do not have it, I can give you another copy. It addresses your displeasure at the suggestion that maybe more lives are being lost. It says here that 'traffic calming seems to have worked in that, over the last 20 years, road speeds have fallen from anywhere between 7-28%, depending where in London and what time. But road deaths have risen which is not what you would expect.' 'And the LAS,' and this is the crucial part, 'could save many more lives if the roads were flowing better.'

By way of illustrating this latter point, I have said that 'a minute saved on average, in getting to the 8,000 or so cardiac arrests that we are called to, might save 500 lives a year.' That is the number that was quoted. I am not going to, frankly, go to the stakes about whether the number is 500, 300, 600 or anything else, not least because, in any event, this only refers to people who have suffered cardiac arrest. They are a fraction of the total number of people with immediately life-threatening conditions.

Jenny Jones (AM): So you have never said that road humps cause 500 deaths?

Sigurd Reinton, Chair LAS: I do not recall saying that, no.

Lynne Featherstone (Chair): But the principle of them taking longer has to be accepted that...

Jenny Jones (AM): No, Chair, I am actually making a very important point here. We have this urban myth that the London Ambulance Service has said that they could save 500 lives a year if there were no road humps. This has now become a completely unsubstantiated myth.

Lynne Featherstone (Chair): Which he has dispelled today quite clearly.

Jenny Jones (AM): That is wonderful. Thank you very much.

Mark Belchamber, London Ambulance Service: Thank you, Madam Chairman. I am just so concerned that we are hung up on this 500 lives. I go out to people day after day whose quality of life is diminished because we go over speed humps. I am not significantly anti- or pro-speed humps, but we have presented speed humps as the answer and they are not the answer. I have treated so many people whose quality of life has deteriorated because we have gone over speed humps. 500 lives? I do not care who said what. Patients are being affected and we are not addressing that issue.

Jenny Jones (AM): Can I go back to my original comments, or rather, comments from around this table. It is actually congestion that means that you are having to use roads with traffic calming, including speed humps. That means that the primary problem is not the speed humps themselves, or the traffic calming, the primary problem is that you are not able to use the large roads efficiently because of traffic.

Lynne Featherstone (Chair): This discussion, this balanced argument, can go on for a very long time. It is something that we have to make recommendations on as we see fit, but judging and weighing all of the evidence before us.

John Biggs (Deputy Chair): Obviously, in the longer run, we might want to look at other uses of technology and design to reduce people's bad behaviour on our roads, which is what the speed humps are there to address. An area such as 'home zones' will go some way to addressing it as well. I have reinforced what Lynne Featherstone said about bus complaints. A lot of elderly and less firm people have big trouble on our London bus routes, particularly with so many hopper buses being introduced, which go up side streets - they do not go down the main roads.

The question that interested me was about vehicle design. This is not purely tangential. Clearly, on a good straight flat road, a low-wheel based bus is fine. Equally, ambulances - although I am sure they have changed inside a lot - still look the same as they did in the 1950s. The question has to be asked, because obviously clever Londoners who buy four-wheel drive vehicles find they can speed over road humps without much injury because they have all these clever sprung hot-wheel design features. I am wondering whether there is an issue about vehicle design for the emergency services, and possibly for buses on side roads, which would help to address this problem and making a more comfortable ride.

Sigurd Reinton, Chair. LAS: Can I just make a point of information? We have just started a programme of replacing our ambulances. You may have seen some of the new ones down the road, the Sprinters, the bright yellow ones. Even though we are the largest ambulance service in the world, our ability to influence vehicle manufacturers is strictly limited. I will give you a practical example.

After extensive testing with the new vehicles, our crews came back to us and said, we do not like the semi-automatic gear shift system. We went back to Daimler-Benz and said, we would like a fully-automatic system because in London traffic, that is what you need. They said, sorry, we cannot do that. Your order is too small. It is only a fraction of the day's production of our factory. Luckily for us, UPS Worldwide, ordered thousands of these vehicles. They came in and gave an order for fully-automatic vehicles. We were then able to piggyback on the back of that.

But even we, as the largest ambulance service in the world, are not big enough to actually go to the vehicle manufacturers and say we want this, that or the other design.

John Biggs (Deputy Chair): I am surprised to hear that.

Sigurd Reinton, Chair LAS: So were we.

John Biggs (Deputy Chair): I would have thought the national procurement guidelines would have dealt with this.

Sigurd Reinton, Chair LAS: We can do it with the back, the box, and everything inside. But not the chassis because that comes out of Daimler-Benz's factories.

John Biggs (Deputy Chair): But in principle you are accepting that a differently designed vehicle might help to address some of these problems.

Sigurd Reinton, Chair, LAS: If we can get one, absolutely yes.

David Jervis, LAS: Just a small point on that aspect: I am not an expert on vehicle design, but it may still be very difficult to design a vehicle that still enables a paramedic to deliver care, maybe putting cannulas in veins, in the back of a vehicle when it is going over a speed bump.

Kevin Gardner, TfL: Obviously bus design is developing all the time, particularly in the smaller residential roads, and there is scope to consider.

Chris Lines, TfL: Just a point on technology, to pick up on John's (Biggs) question, and picking up on the routing of ambulances: we now have a director of traffic management, and much more information is becoming available about the network and how it is operating. There is a lot that could be done, in terms of working with the ambulance service to try and optimise the route of the vehicles so that they do use the major routes wherever possible and minimise the amount of time that they spend in residential areas.

Lynne Featherstone (Chair): I went to visit this magic speed hump in the City, in Puddle Dock, that inflates or deflates. Obviously for someone who is very keen on 'home zones' with a 20mph limit, it only becomes a hump at 20mph. If you drive considerately you will not experience the hump. Are you saying that that would actually be no good for ambulances because in residential areas you have to go over that speed? Are you saying that would not be a solution as far as you are concerned in those 'home zone' areas?

Sigurd Reinton, Chair LAS: We would then need to have some means, by remote control, of ordering the effect the hump to lie down. That is presumably quite expensive.

Lynne Featherstone (Chair): But let us just imagine a wonderful world momentarily, and the strategic networks could be delivered to you within a minute of the residential home you need to get to, 20mph for a very short period, would that possibly be okay? Without having to slow, and no humps, no damage to your person in the ambulance?

Sigurd Reinton, Chair, LAS: In those cases, one might think so. We are actually looking – actively, as you can imagine – at this. We are in touch with the company that manufactures. We are obviously looking at it with great interest.

Lynne Featherstone (Chair): This applies to buses too. At the moment it has just been a small vehicle trial, really, although it has been here for about two or three years, I understand. So for buses, ambulances, emergency services, would it be worth running this pilot, do you think?

Sigurd Reinton, Chair LAS: Everything is worth testing. We need more information here. To a degree, we are hamstrung by the lack of proper information. Can I just pick up and lead to something Chris Lines has just said? It is just to share a piece of information with you. You may have seen on the news that we are putting in more mobile data terminals in all our ambulances. By the end of February we will have mobile data terminals that include a satellite navigation system that will tell the crew the shortest or the quickest way from where they are to where the patient is to be seen.

Those systems do not, on their database, have any information about where the traffic humps are. It is not unknown, we have discovered since introducing these things, for a crew to come up against a barrier in the middle of a road that they thought they could go through that has popped up out of nowhere. Since the assistance we undoubtedly have introduced across all the emergency services, little by little, it is going to become vitally important to have up-to-date information of that sort that can be fed into these databases.

Lynne Featherstone (Chair): Is there a thought that there might be some strategic steering group that would look at compiling accurate information from the boroughs, by TfL, whatever?

Sigurd Reinton, Chair, LAS: I think that is essential.

Lynne Featherstone (Chair): To integrate with global positioning satellite which is my very favourite hobbyhorse at the moment, to provide that central database.

Chris Lines, TfL: As I said, we have a directorate of traffic management which is looking at the operations and network. This is very much in its scope.

Lynne Featherstone (Chair): It is a very sensible thing to do. We had evidence from the Police that there was a certain amount of damage sustained to vehicles. I wondered if you would like to quantify that, in terms of a proportion of your budget.

Superintendent Neil Haynes, TOCU: The paper actually points out that it is very difficult to get a clear figure of how much damage is caused by the road humps and traffic calming generally. It would be difficult to give it as a proportion of our overall budget. The Met's operational fleet is around 4,000 vehicles. It is very difficult to give you an answer to that question, in a sense. Yes there is damage. We do not necessarily collate figures for damage to vehicles caused purely by traffic-calming schemes, so it is difficult to give an accurate figure.

Lynne Featherstone (Chair): So we cannot really take that as evidence of much.

Superintendent Neil Haynes, TOCU: The other thing is that the type of damage that is caused is very variable. It can range perhaps as a minor amount of damage, a piece of valence that hangs down from the front of the car, to damage to the engine. It is difficult to give a figure, or to actually say how that impacts on the vehicles.

Lynne Featherstone (Chair): I just wanted to clear that up because it did come in the recommended.

David Jervis, LAS: On that very same point, we cannot quantify in pounds, shillings and pence, the amount of damage that is done to our vehicles by road humps, but damage is done. Not just to our ambulances, but also to our fast response vehicles. I have had a snapshot here from one of our workshops. I will be happy to give copies of that to the Scrutiny Manager.

Lynne Featherstone (Chair): Okay. I would like to thank all of you for coming today. We will almost certainly be holding a second session with the boroughs, probably in January or February. It is a subject that exercises everyone in London, one way or the other. The challenge for us is to find

recommendations that will bring benefits and retain the benefits of traffic calming and trying to remove some of the dis-benefits for the emergency services. Whether we achieve that or not, we will have to see. Thank you very much.