

Independent Disability Advisory Group

Friday 28th October 2021

14.30 – 16.30

These minutes are an aide memoire for all parties attending the IDAG meeting.

Attendees	
	IDAG Member (Chair)
	IDAG Member
	IDAG Member
	IDAG Member
	IDAG Member
	IDAG Member
	IDAG Member
	IDAG Member
	D&I Team
	D&I Team
Joyce Mamode	Head of Assisted Travel (Assisted Travel Strategy)
Katherine Howatson	Principal City Planner (assisted Travel Strategy)
Elizabeth Gedden	Stakeholder and Contracts Manager – (Escooters Trial)
Verlon Farrell	Escooter Trial Operations Manager
James Cockerton	Data and Analytics Services Manager (E-scooter trial)
Apologies	
	IDAG Member

1. Minutes of the Last Meeting and Action Tracker

[REDACTED]

[REDACTED]

Paddington Station Elizabeth Line Visit

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Step-free signage issues

[REDACTED]

[REDACTED]

Lifts

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted]

2. Assisted Travel Strategy

[Redacted]


[Redacted]

[Redacted]

- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Based on a customer's segment, we can understand who is most likely to consider using mainstream transport						
	IMMEDIATE OPPORTUNITIES Convert more journeys to public transport and active travel		LONGER TERM OPPORTUNITIES Support with physical/ psychological barriers to travel		CHALLENGING OPPORTUNITIES Less likely to change behaviour – support with ATS	
SUMMARY	CONFIDENT EXPLORERS	ACTIVE ADVENTURERS	FRUSTRATED EXPLORERS	ANXIOUS TRAVELLERS	HABITUAL RIDERS	SUPPORT SEEKERS
Core opportunity for public transport?	✓	✓	✓	✓	✗	✗
Core opportunity for active travel?	✗	✓	✓	✗	✗	✗
Role for Travel Mentoring?	Core target: Promoting independence	Core target: Promoting independence and speed	Core target: Building confidence	Adapt service: Support remotely	Not core target: need to nudge habits first	Not core target: Need physical assistance
Supporting mode shift	Identify additional journeys to convert	Improve accessibility, esp. of LU (greatest room to grow usage)	Physical support: Build confidence and improve accessibility	Psychological support: Support to travel outside peak as a first step	Use strong DaR driver relationship to introduce to PT	Focus on improving ATS for this group
<small>*Core opportunity for public transport/active travel defined as at least 50% of segment open to using/ using more</small>						
 15 EVERY JOURNEY MATTERS						

Slide 19

- Long term (over five years)
- Medium term (2-5 years)
- Short term (under 2 years)

- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

3. E-Scooters Update

As requested, an update of the E-scooter trial was presented to IDAG. This is for four trial periods (7 June to 26 September) Over the same time period, we recorded 255,000 trips.

Injury Type	Total Number of Injuries	No. Related to Rider-Only	No. Related to Rider-Pedestrian Collision	No. Related to Rider and Other Road User(s)	No. Involving a Mixture of People	No. Related to a Disability
Serious	6	4	1	1	0	0
Slight	45	39	1	4	1	0

Notes:

- There have been no reported fatalities involving rental e-scooters.
- The table reports data on serious injury incidents that have been reported by the operator in each four-week 'Trial Period'.
- The figures relate to the trial period in which they were reported by operators to TfL not the date of the incident itself.
- Serious injuries are categorised as an injury for which a person is detained in hospital as an 'in-patient', or any of the following injuries whether or not they are detained in hospital: fractures, concussion, internal injuries, crushing's, burns (excluding friction burns), severe cuts, severe general shock requiring medical treatment and injuries causing death 30 or more days after the collision.
- Slight injuries also include rider reported injury where no detail is provided.

Feedback from IDAG

- Any discernible difference in the rate of accidents between the three different operators?
- When will the data be made public? Constantly reading horror stories which I assume are not part of the trial, but are related to private scooters. Would be good to compare the rates between the trial and controlled scooter users and the rest.
- Any data as to whether the incidents were on the pavement or roads? And the incident rate in different boroughs?
- Important to note the difference between accident and incident. Data seems to only include injuries, it does not measure near misses.

TfL we don't use 'accident' anymore. Now use 'collision' so not to attribute blame. We are only using injuries data at the moment. The benefit of this data is that many injuries will occur without the involvement of police (like bikes). We are also getting data from police and emergency services.

Different operators – there are some that seem to have more incidents than others but this is commercially sensitive and we don't make it public but combine the three sets of data into one. It seems to related to the amount of rides so if one operator has more riders they are likely to have more incidents. We rely on self-reporting by

users and - of course - some users may not be reporting them. It is a trial to feed back at the end to DfT and will influence future legislation.

- Any anti-social behaviour reported?

We do have a report of anti-social behaviour which we will share.

How we collect data incidents is reported to us by operators. We have a standardised template to try to ensure consistent collection of data e.g. did it occur in the road space, on the pavement, which borough, any details or co-ordinates. Trying to gather as much information as possible e.g. time of day, weather. However, often they don't have that level of detail as the person may not quite remember where it occurred.

- Operators will have their own biases. Majority of data seems to be reliant on the operators own self-reporting. It's critical to have good data so that the trial can be assessed as accurately as possible. For example, what about near misses? I feel the narrative has changed heavily since the launch of the trial when there seemed to be more awareness of the importance of capturing a wide range of data .

If we did not have the self-reporting from riders, then the numbers would be much smaller as we would only include emergency reporting. We have in place a facility to allow users, customers and non-users of the service to report. TFL are gathering feedback via 'have your say' so that we can get a flavour of what is going on. We also have the police involved. They are too busy to check on e-scooters but can provide some information relating to anti-social behaviour. We are also encouraging the local authorities to give us information.

- I did an FOI to find out how many people report broken pavements and what we discovered is that they don't check if the people are disabled. 96% of visually impaired people had, in the last three months, acquired an injury while walking. Only 3% complained. Generally, VIP don't complain as they believe it is their fault for being visually impaired and not seeing 'X'. They won't blame the e-scooter rider and think that it happened because they have a visual impairment. It's recommended that you check that there isn't underreporting by particular groups of disabled people such as those who are VIP.
- Pleased you do have self-reporting but would like you to source other data. There are more proactive things you can do to gather data.
- Worth noting that in a survey with RNIB about cycling, 500 people responded and the majority had experienced near misses rather than collisions which had affected their confidence in going out.
- A near miss can have a profound impact on people and stop them going to some areas, or going out at all as they are fearful of being hit. Some places can become 'no go' areas. Should look and see if this is happening with e-scooters.
- Look at diversifying the sources of information. Secondary sources are really helpful. For example, hospitals will have valuable data. I'm reminded of a time I went ice skating and ended up at A&E with a broken elbow and I was

the 15th person that came in that day. Similarly to ice skating, there will be many scooter riders who aren't experienced. Look at active reporting from people not using the scooters themselves.

- If you want to explore how you can gather different types of data, we have a number of people in IDAG who would be able to assist and would be willing to bounce ideas and suggestions offline or in a separate smaller meeting.

Thank you for the feedback and ideas about diversifying our data which we will explore.

We are confident that if people end up in hospital, we would be made aware although we will consider if we can gather more NHS data. We will also incorporate data from police control rooms, bus drivers and London boroughs. Operator data isn't our sole source of data.

The E-scooter demonstration day is on 26th November Southwark station for those interested in attending. [REDACTED] will circulate details once these are received.

4. AOB

[REDACTED]

[REDACTED]