

GO ACTIVE² WORK



Northern Beaches Health Service Workplace Travel Plan 2009 – 2012

A NSCCH Health Promotion initiative



NSW HEALTH
NORTHERN SYDNEY
CENTRAL COAST
AREA HEALTH SERVICE

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Introduction

Active transport is recognised as an essential element of sustainable transport systems in the world’s most liveable cities. The available evidence indicates that active transport – such as walking, cycling and public transport – has a number of interrelated benefits including:

- improved health of individuals;
- reduced traffic congestion, noise and air pollution caused by cars; and
- improved sociability within communities.

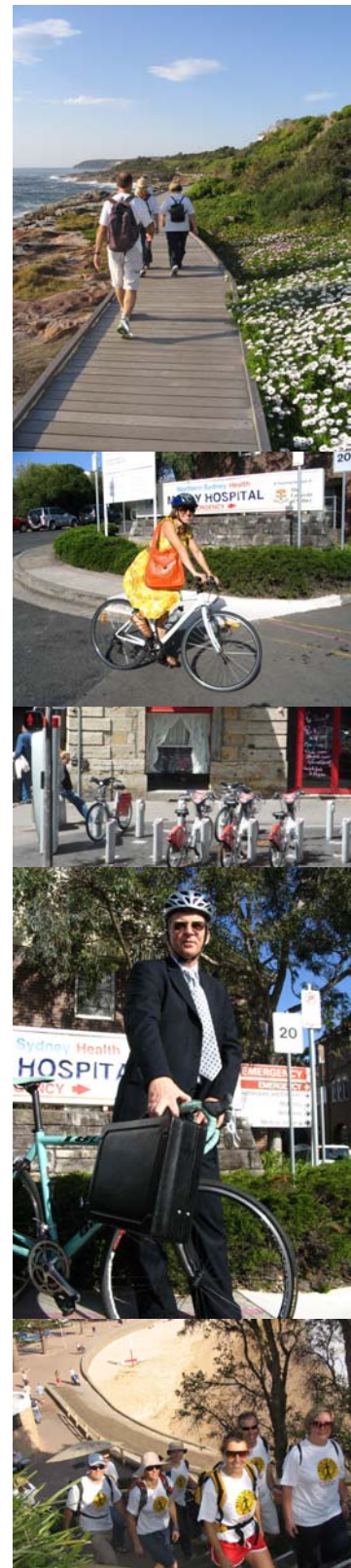
The *Go Active 2 Work* project focuses on active transport as a means of improving the health and wellbeing of staff within the Northern Sydney Central Coast Area Health Service. Intended outcomes of *Go Active 2 Work*, which is being piloted within the Northern Beaches Health Service (NBHS), include:

- Decreased car dependency and its impact on the environment; and
- Increased incidental physical activity of staff.

These outcomes are consistent with the larger goals set by the *NSW State Plan (2006)* in the areas of Healthy Communities (S3); High Quality Transport System (S6); Practical Environmental Solutions (E3); and Improved Urban Environments (E8). *Go Active 2 Work* demonstrates leadership in these areas, and it is also directly aligned with the *NSW Health Healthy Workforce Policy (2008)*.

The planned hospital development at Frenchs Forest provides further opportunity for NBHS to demonstrate leadership, especially in relation to the NSW Government’s 2008 Sustainability Policy commitment of making its institutions carbon neutral by 2020

This document, the *NBHS Workplace Travel Plan* is a component of *Go Active 2 Work*. It is based on the results of site audits (at Manly and Mona Vale hospitals) and a survey of the travel habits and attitudes of 578 NBHS staff.



Workplace travel audit and staff survey

Workplace audits were undertaken at both Manly Hospital and Mona Vale Hospital on 8 November 2007. They included interviews with managers from Fleet Services and Human Resources, inspections of infrastructure such as end of trip facilities (eg showers, lockers, change-rooms, bicycle racks), and a review of parking availability.

Parking pressures were evident at both sites, particularly at Manly Hospital, where 22% of cars were illegally parked in the period 11am to 12 noon. End-of-trip facilities were generally inadequate. There was use of videoconferencing facilities, reducing the need for some trips between the sites. Information about public transport was not routinely provided to staff and no carpooling programs were available.

Fleet operations made little use of information technology for the booking and tracking of vehicles, with most bookings made in person or by telephone. Log book details of journeys were recorded and filed in hard copy format only.

The *Go Active 2 Work Staff Transport Survey* was conducted over two weeks from 22 October 2007. Five hundred and seventy eight (578) staff completed paper or online versions of the survey.

This was considered to be a high response rate given that the NBHS has about 980 full time equivalent staff.

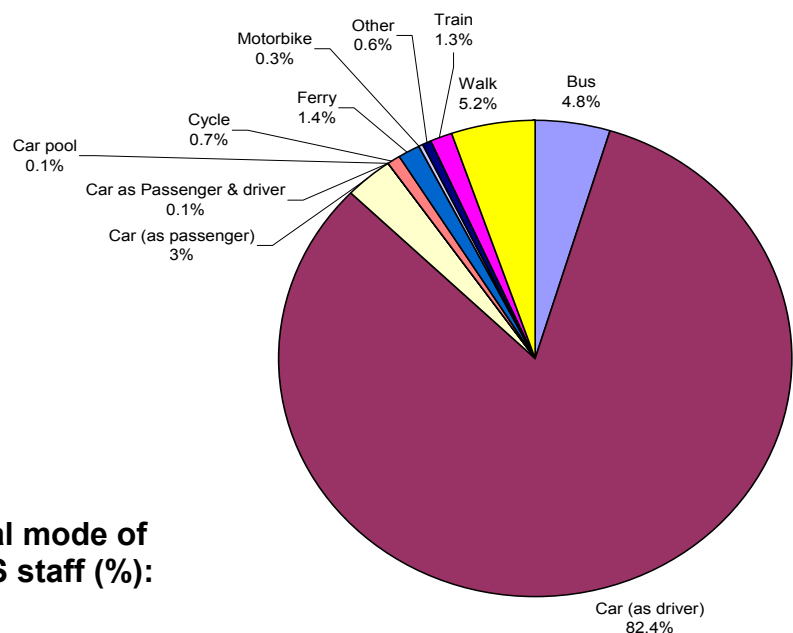


Figure 1. Usual mode of travel of NBHS staff (%):

**CASE STUDY:
END-OF-TRIP FACILITIES**

Engineering consultancy firm Arup (Melbourne office) has recorded a remarkable drop in the numbers of staff driving to work alone since providing bicycle parking facilities.

The number of staff cycling to work increased from a base of 5.8 percent in 2005 to 14.1 percent in 2007.



The survey asked respondents to nominate their usual mode of travel as well as the mode of travel on the 'target day', being 22 October 2007. A relatively high percentage of staff (82.4%) indicated that they usually drive to work alone, as shown in Figure 1. The main reasons for mode of travel on the target day were *length of journey* (30%), *convenience* (28%) and *dropping off other people* (8%).

Reasons for travel to work are either 'soft' or 'hard' factors. Soft factors are based more on the perception of the respondents and are therefore more easily influenced. Conversely, 'hard' factors are less amenable to change. Encouragingly, a high percentage of respondents reported soft factors as the reason for their particular mode of travel.

Respondents were asked to nominate two incentives to change their travel behaviour, as shown in Figure 2. The responses in dark green are those over which NSCCAHS has direct control. Public transport information was nominated by 30% and improved showering and changing facilities was nominated by 20%.

**CASE STUDY:
CAR POOLING**

Nestle developed a travel plan for 1600 employees as part of a relocation to a less accessible site in Noisel, France.

The travel plan had a strong emphasis on carpooling and included a matching service, financial incentives, designated parking and vehicle checks.

As a result, Nestle registered 550 staff for car pool matching with 125 becoming regular carpoolers.

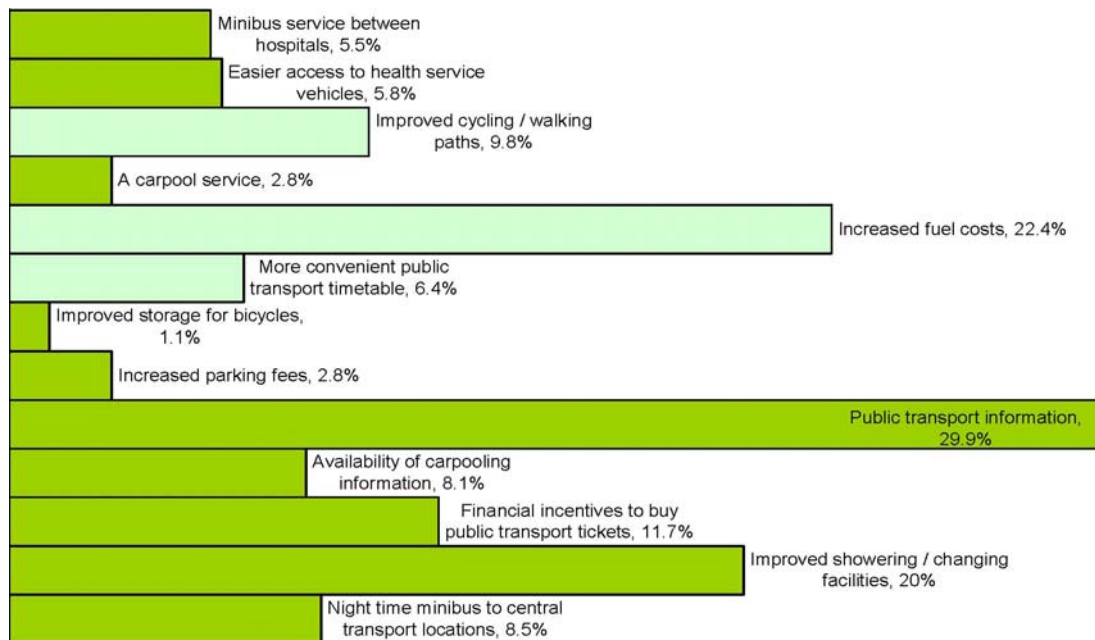


Figure 2. Incentives to encourage change in travel behaviour

Conversely, the availability of free parking is an incentive to continue travelling to and from work by car. The survey showed that 89% of staff does not pay for parking and that 9.6% pay less than \$5 per day.

Cycling potential

Cycling is considered a viable active transport option for staff who live up to 5 km from their place of work. The map below shows that a number of staff live within 5 km from Mona Vale Hospital and Manly Hospital, particularly the latter.



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NBHS Workplace Travel Plan

The NBHS Workplace Travel Plan has been informed by the workplace audit and staff travel survey. It focuses on influencing staff travel behaviour towards a greater uptake of active transport modes, both for commuting and business travel. The actions in the plan are both realistic and challenging in their scope for the service.

The objectives of the *NBHS Workplace Travel Plan* (pages 7-9) are to:

1. Increase public transport use by developing targeted information and incentives for potential public transport users;
2. Increase cycling and walking by staff who live within 5km from work through improved end-of-trip facilities and other targeted strategies.
3. Improve parking management at both Manly and Mona Vale hospitals and at the new Frenchs Forest hospital site; and
4. Investigate feasibility of implementing carpool and shuttle-bus programs.

The actions in the *NBHS Workplace Travel Plan* will be implemented over three years. The lead agency for each action is NSCCH Health Promotion unless indicated otherwise. Progress will be evaluated by repeat survey and audit at the end of the three years.



CASE STUDY: WORKPLACE TRAVEL PLAN

Since Vancouver General Hospital developed a workplace travel plan in 1995, single occupancy vehicle driver rates have dropped by 1.6%, public transport use has increased by about 25%, and cycling has increased from 4.5% to 5.5%.

The plan provides a shuttle bus service to transport hospital staff between sites (approximately 2,100 trips per month carrying 9,000 passengers).

The shuttle bus is also used to transport equipment, supplies, and documents between sites, saving member hospitals approximately \$200,000 each year in courier costs.

Another 500+ staff members' car pool.

A payroll deduction program that allows employees to purchase bus passes at a 15% discount.

Additional shower and change facilities, and secure cycle cages have also been installed.

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NBHS Travel Plan 2009-2012

1. PUBLIC TRANSPORT <i>Increase public transport use by developing targeted information and incentives for potential public transport users.</i>	Completed by		
	2009	2010	2011
1.1 Promote public transport and provide information			
1.1A. Develop a transport access guide for both Manly and Mona Vale hospitals showing safe walking routes to local facilities, such as shops and bus stops.	•		
1.1B. Provide a noticeboard with leaflets and State Transit maps showing the main public transport routes to and from both Manly and Mona Vale hospitals.	•		
1.1C. Promote the NSW Government <i>131 500 Transport Infoline</i> through the NSCCAHS intranet and payslips.	•		
1.1D. Provide information about public transport to new staff in their orientation kits.		•	
1.2 Establish new services and improve existing services			
1.2A Investigate the feasibility of incentives for staff to buy long term public transport tickets (such as <i>Flexipass</i>)		•	
1.2B Liase with Manly Council regarding possible route alteration of the community <i>Hop, Skip and Jump</i> bus, to include a trip from Manly CBD to the hospital.		•	
1.2C Advocate for the installation of bicycle racks on NorthernBeaches buses.			•

2. WALKING and CYCLING	Completed by		
	2009	2010	2011
<i>Increase cycling and walking by staff who live within 5km from work through improved end-of-trip facilities and other targeted strategies. Incorporate walking and cycling infrastructure in the planning of the Frenchs Forest hospital development.</i>			
2.1 Promote and support cycling and walking			
2.1A. Disseminate resources to encourage higher rates of walking and cycling.	•	•	•
2.1B. Establish links with local Bicycle Users Groups (BUGs) to encourage cycling.		•	
2.1C. Promote <i>National Walk to Work Day, National Ride to Work Day</i> and <i>NSW Bike Week</i>	•	•	•
2.1D. Initiate practical activities such as ‘Get Back on Your Bike’ workshops, training in cycle skills and cycle maintenance and in partnership with local bicycle retailers provide an accessible cycle maintenance service.		•	•
2.2 Facilities and infrastructure support			
2.2A. Ensure there are enough lockers at both Manly and Mona Vale hospitals to cater for demands of current staff numbers (5 percent of full time equivalents).	•		
2.2B. Audit current shower and changing facilities at both hospitals to ensure facilities are clean, accessible and in working order. <i>* Lead agency: Engineering & Building Services</i>	•		
2.2C. Ensure there is enough bicycle parking at Manly and Mona Vale hospitals to meet demands of current staff numbers (5 percent of FTEs) and for visitors. <i>* Lead agency: Engineering & Building Services</i>		•	
2.2D. Provide a fleet bicycle for short work trips during the day and integrate into pool vehicle booking system.		•	
2.3E. Audit existing footpaths on both sites and upgrade to meet staff needs, if necessary. <i>* Lead agency: Engineering & Building Services</i>		•	
2.3F. Plan for adequate end of trip facilities for the new site at Frenchs Forest (7 percent of full time equivalents). <i>* Lead agency: Northern Beaches Health Service Redevelopment Project</i>		•	

3. PARKING <i>Plan and implement active parking management at both Manly and Mona Vale hospitals and at the new Frenchs Forest hospital development.</i>	Completed by		
	2009	2010	2011
3A. Participate in projected parking management studies and policy formation. * <i>Lead agency: Fleet Services</i>		•	
3B. Develop a parking management system at the Frenchs Forest hospital development to manage travel demands eg. car pool scheme. * <i>Lead agency: Northern Beaches Health Service Redevelopment Project</i>			•
4. CAR POOLING <i>Investigate and, if feasible, develop and implement a carpool program.</i>			
4A. Investigate the scope of setting up and maintaining an internal car pooling program and investigate liability issues.		•	
4B. If feasible, set up a car pooling database, management and promotion system or link with an existing carpooling system.		•	
4C. Provide preferential spaces for staff who participate in car pooling. * <i>Lead agency: Northern Beaches Health Service Redevelopment Project</i>		•	
4D. Investigate the feasibility of providing alternative transport home for staff who car pool (if required).		•	
5. FLEET MANAGEMENT <i>Develop a hospital fleet management plan to increase use of alternative transport modes for work-related travel</i>			
5A. Implement a feasibility study of a shuttle bus service between NSCCH sites and local transport hubs * <i>Lead agency: Fleet Services</i>		•	
6. REPEAT STAFF SURVEY & SITE AUDITS	2012		