

GO ACTIVE 2 WORK @ RNSH

Royal North Shore Hospital WORKPLACE TRAVEL PLAN 2016 – 2018



Health
Northern Sydney
Local Health District

FOREWORD

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 – 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
- Greater social connections within communities.
- Cost savings to the economy and individual

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 Local Health District (NSLHD). Intended outcomes of *Go Active 2 Work* include:

- Decreased car dependency; and
- Increased incidental physical activity of staff.

One of the key strategic directions of the *NSW Healthy Eating and Active Living Strategy 2013-2018* is to:

“ *Create environments to support active living* ”

The *Strategy* is committed to the following:

- More than double the mode share of bicycle trips made in the Greater Sydney region, at a local and district level by 2016
- Increase the mode share of walking trips made in the Greater Sydney region at a local and district level to 25% by 2016
- Increase the proportion of total journeys to work by public transport in the Sydney Metropolitan Region to 28% by 2016.

Go Active 2 Work demonstrates leadership in these areas, and it is also directly aligned with the *NSW Health Healthy Workforce Policy* which encourages healthy lifestyles and a healthy workforce (2008).

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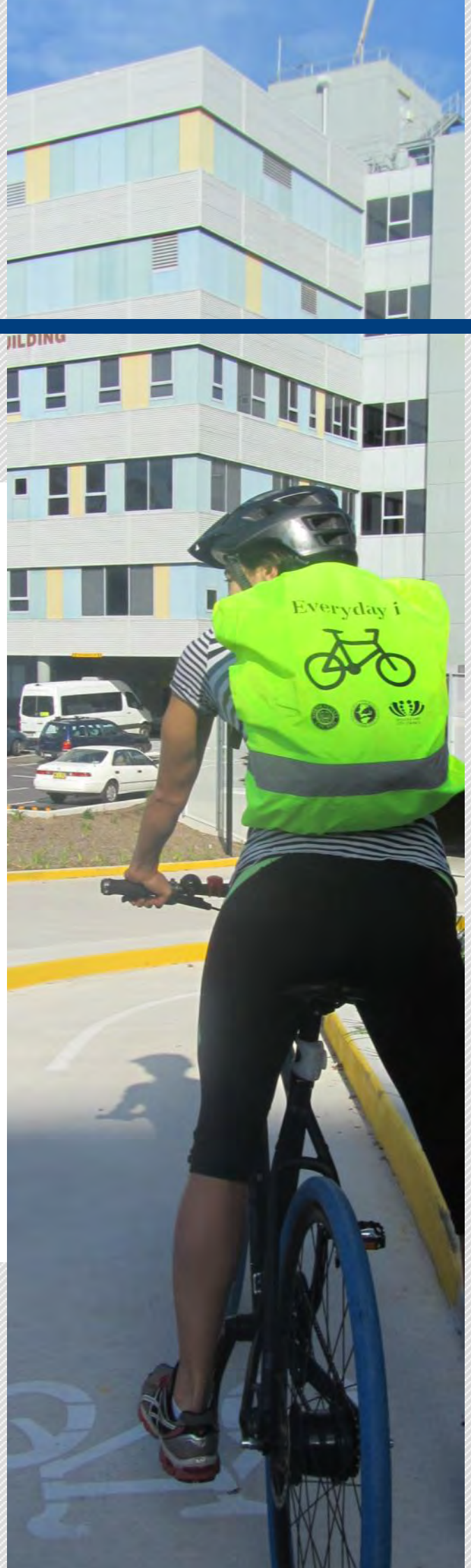
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ROYAL NORTH SHORE HOSPITAL WORKPLACE TRAVEL PLAN

OBJECTIVES

The objectives of RNSH workplace travel plan relate to the following four main areas of action;

PUBLIC TRANSPORT

Increase public transport use by developing targeted information and incentives for potential public transport users



CYCLING & WALKING

Increase cycling and walking by staff who live within 5km from work through improved end-of-trip facilities and other targeted strategies



HOSPITAL ACCESS & CONNECTIVITY

Improve active transport access & connectivity from outside and within the hospital campus



LEADERSHIP & ADVOCACY

Influence greater uptake of active transport by external organisations and the general community



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

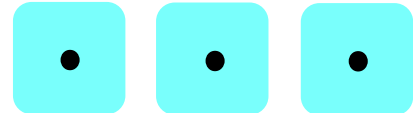
STRATEGIES

PUBLIC TRANSPORT

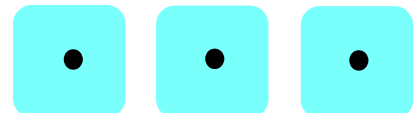


2016 2017 2018

Promote the NSW Government 131 500 Transport Infoline.



Promote the NSLHD procedure whereby departments can access Opal cards for work related travel.



Provide information about public transport in staff orientation kits.



CYCLING & WALKING



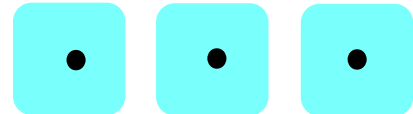
End of Trip Facilities

2016 2017 2018

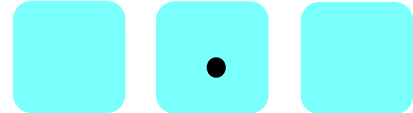
Audit current shower and changing facilities at RNSH to ensure facilities are accessible and in working order.



Promote RNSH bicycle parking and end-of-trip facilities (including the availability of lockers) within the hospital.



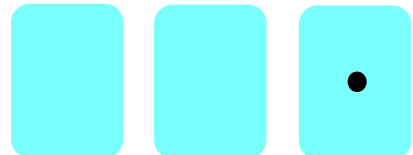
Provide a bicycle repair station within RNSH bicycle parking area.



Co-locate a Go Active information 'hub' with end-of-trip facilities, including signage and noticeboard.



Assess the need for additional bicycle parking and make recommendations as appropriate e.g. emergency department, back entrance of CHC.





Other Targeted Strategies

2016 2017 2018

Provide a RNSH bike fleet available to all staff, if feasible.		●	
Disseminate resources to encourage higher rates of walking and cycling i.e. council maps and resources.	●	●	●
Promote initiatives to encourage staff who live within 5 kilometres from work to cycle, walk or take public transport e.g. take the stairs, National Walk to Work Day, National Ride to Work Day, Bike buddy programs and NSW Bike Week.		●	●
Initiate practical activities such as 'Get Back on Your Bike' workshops, training in cycle skills and cycle maintenance in partnership with local bicycle retailers and councils.	●	●	●
Increase the knowledge and awareness of the NSLHD Cycling Policy by promoting it in hospital newsletters, staff e-mail correspondence, during state and national events such as Bike Week, Health Promotion website and so on.	●	●	●
Rework and further develop the Go Active 2 Work Intranet page to promote active travel and the options available to staff at each hospital and across the NSLHD	●		



HOSPITAL ACCESS & CONNECTIVITY



- Include active transport information (such as bike parking locations) in updated RNSH visitor map.
- Develop a transport access guide (TAG) for RNS hospital surrounds, detailing local walking, cycling and public transport routes.
- Widely disseminate TAG via staff orientation kits, online newsletters, intranet, end-of-trip facilities, information desks, noticeboards and social media.
- Advocate for improved pedestrian infrastructure to connect surrounding public transport interchanges (e.g. train station) with the main hospital buildings.
- Investigate options to improve intra-hospital transport (e.g. accessible walking routes, mobility shuttle).
- Investigate options to improve inter-hospital transport (e.g. shuttle-bus or fleet car-pooling).

	2016	2017	2018
Include active transport information (such as bike parking locations) in updated RNSH visitor map.	●	●	●
Develop a transport access guide (TAG) for RNS hospital surrounds, detailing local walking, cycling and public transport routes.		●	
Widely disseminate TAG via staff orientation kits, online newsletters, intranet, end-of-trip facilities, information desks, noticeboards and social media.		●	●
Advocate for improved pedestrian infrastructure to connect surrounding public transport interchanges (e.g. train station) with the main hospital buildings.	●	●	●
Investigate options to improve intra-hospital transport (e.g. accessible walking routes, mobility shuttle).		●	
Investigate options to improve inter-hospital transport (e.g. shuttle-bus or fleet car-pooling).			●

LEADERSHIP & ADVOCACY



- Advocate for active transport through participation in planning and development processes at a local and state level.
- Develop relevant partnerships with internal stakeholders and local councils (Willoughby, North Sydney and Lane Cove Councils).
- Influence external organisations to adopt Workplace Travel plans that promote active transport.
- Repeat staff survey & site audits.
- Explore opportunities to publish staff survey results.

	2016	2017	2018
Advocate for active transport through participation in planning and development processes at a local and state level.	●	●	●
Develop relevant partnerships with internal stakeholders and local councils (Willoughby, North Sydney and Lane Cove Councils).	●	●	●
Influence external organisations to adopt Workplace Travel plans that promote active transport.			●
Repeat staff survey & site audits.			2019
Explore opportunities to publish staff survey results.			2019

GO ²WORK ACTIVE @ RNSH

STAFF SURVEY RESULTS SUMMARY

NSLHD Health Promotion is committed to improving the health of RNSH staff, with a focus on making it easier to commute to work in a physically active way. In September 2014, RNSH staff were surveyed about their 'travel to work' habits and views.

- 857 RNSH staff completed the survey
- Just under half of respondents (47%) drive to work, 41% catch public transport whilst 9% either walk or cycle.
- The stand-out reasons for why people chose their particular mode of travel to work were the length of travel time (32%) and convenience (18%).
- Over half (51%) of respondents had considered using an alternative form of transport to their current form.

Of those:

51% would consider switching to public transport

The main barriers were 'length of travel time', infrequency of public transport, having to drop off/pick up other people and needing to attend before/after work activities.

12% would like to cycle to work

A lack of continuous cycle paths, showering/change facilities and lack of cycling skills experience were considered barriers for those who did not regularly cycle to work.

8% would like to walk to work

For those that drove to work, when asked what would make them consider an alternative form of transport the majority stated more frequent public transport followed by financial incentives for public transport tickets and improved showering/changing facilities.

35% of respondents live within 10 km of RNSH of which 15% live within 5 km

These distances represent a potential for staff to possibly switch to walking or cycling to work.



STAFF TRAVEL SURVEY REPORT

ROYAL NORTH SHORE HOSPITAL

CAMPUS

METHODOLOGY

Staff at the Royal North Shore Hospital (RNSH) site were surveyed about their travel habits and influences between the 1st- 26th September, 2014.

A total of 857 survey responses were collected in the 26 day survey period.

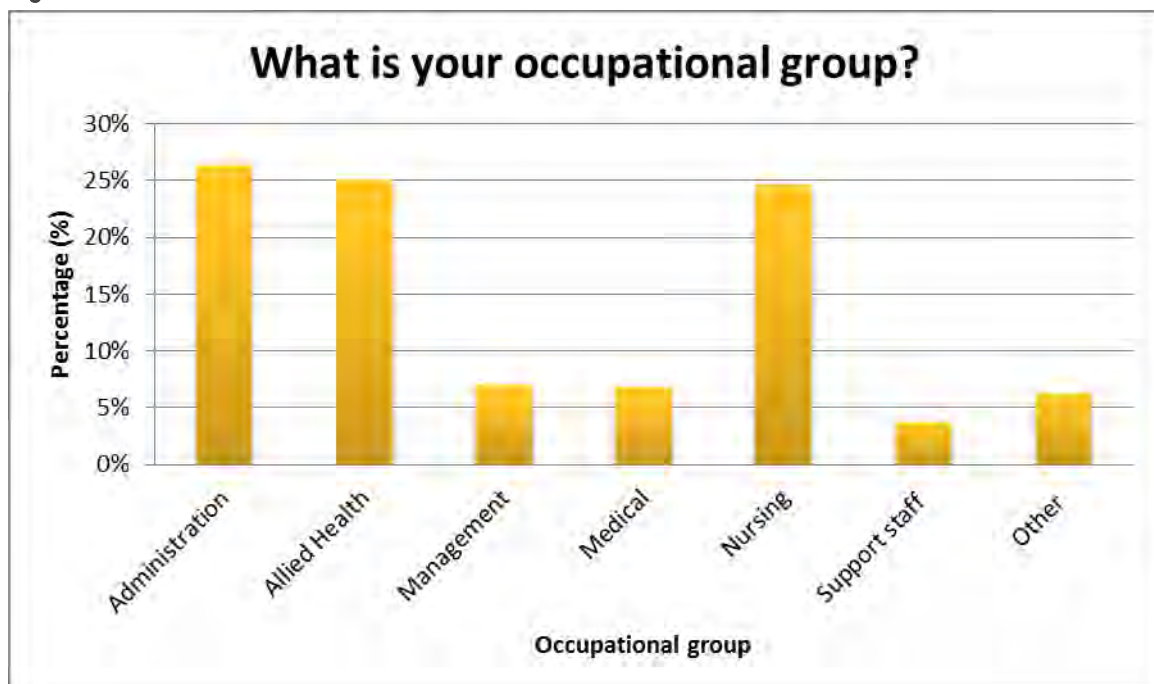
Respondents had the option to complete the survey online on survey monkey (n=611) or in hard copy format (n=246). The survey was officially 'opened' on the 1st September through a series of online and staff newsletter promotions. To supplement the online sphere the Health Promotion team at RNSH held two promotional stalls in the main foyer of the main hospital building and the community health building where staff could fill out surveys on the spot and receive a muffin/piece of fruit for their

efforts. These events were held in the second week of the survey being released.

DEMOGRAPHIC

The majority of respondents were female (73%), worked at least 33 hours per week (74%) and were not shift workers (73%). Most respondents were between 30-59 years of age with a similar spread throughout the three decades. Administration (26%), allied health (25%) and nursing (25%) were the most represented occupational groups (Figure 1).

Figure 1



STAFF TRAVEL HABITS & THEIR INFLUENCES

Just under half of respondents drive to work (47%) of which the majority are the driver of the vehicle (44%). A similar proportion travel to work via public transport (41%) whilst 9% walk or cycle (Figure 2).

When asked about why they chose their particular mode of commute, respondents chose the length of travel time (32%) and convenience (18%) as the stand-out reasons (Figure 3).

Encouragingly the majority (75%) of respondents reported 'soft factors' for their choice of travel mode. Soft factors are shaded in blue in Figure 3

whilst hard factors are shaded green. Soft factors are more amendable to change and are based on perception of the respondents such as convenience, improving health & fitness, saving money and length of travel time. In comparison, hard factors cannot be easily influenced, such as the need to pick up/drop off children, needing to use the car for work or having to carry equipment/materials. The 'other' category which made up 10% of responses did not provide further insight into why people choose their usual mode of travel to work. The responses mainly

Figure 2

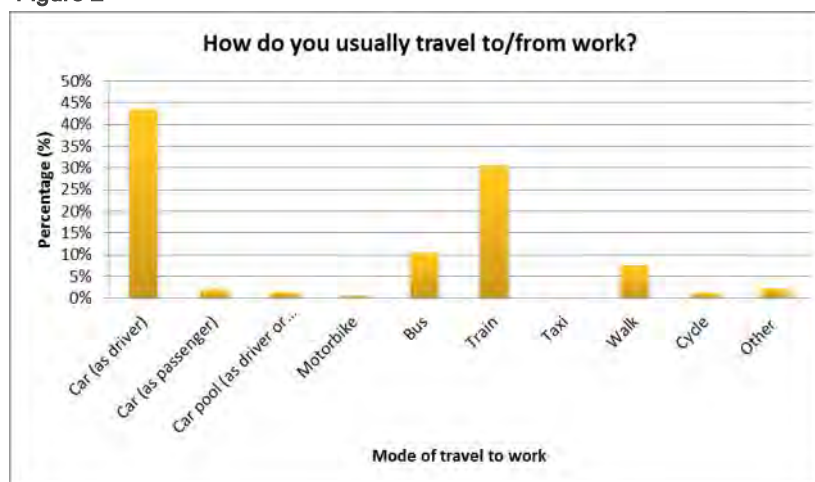
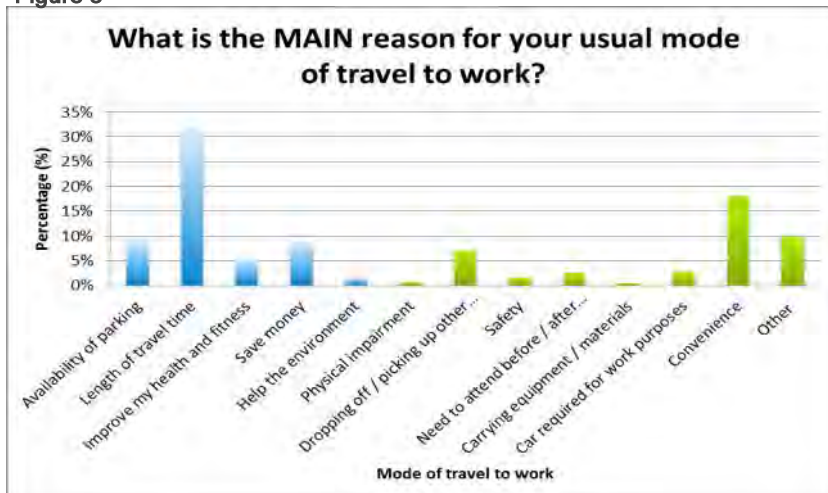


Figure 3



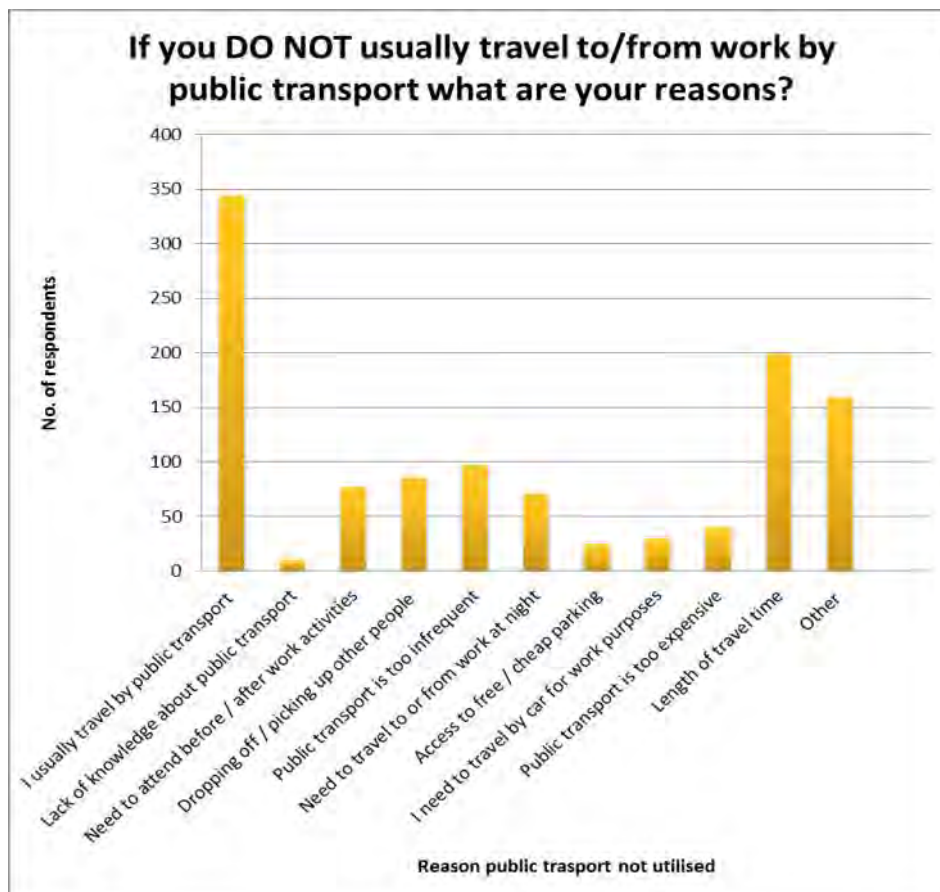
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consisted of reiterations of the existing response categories (Figure 3) or comments regarding public transport options being lacking, infrequent or not efficient.

For those respondents who did not regularly travel by public transport the most cited reason was 'length of travel time' followed by public transport being considered too infrequent, having to drop off/pick up other people and needing to attend before/after work activities (Figure 4).

The 'other' category, whilst being in the top four responses did not provide further insights into why people did not use public transport. The majority of the responses in 'other' were respondents who lived close-by to work and so chose to walk or ride over catching public transport. The remaining bulk of 'other' responses were indicating that if public transport were more efficient they would choose it as a mode of commuting.

Figure 4



*Percentages (%) are not shown in the graph because respondents were able to select more than one answer. Therefore the total number of responses are reflected in this instance.

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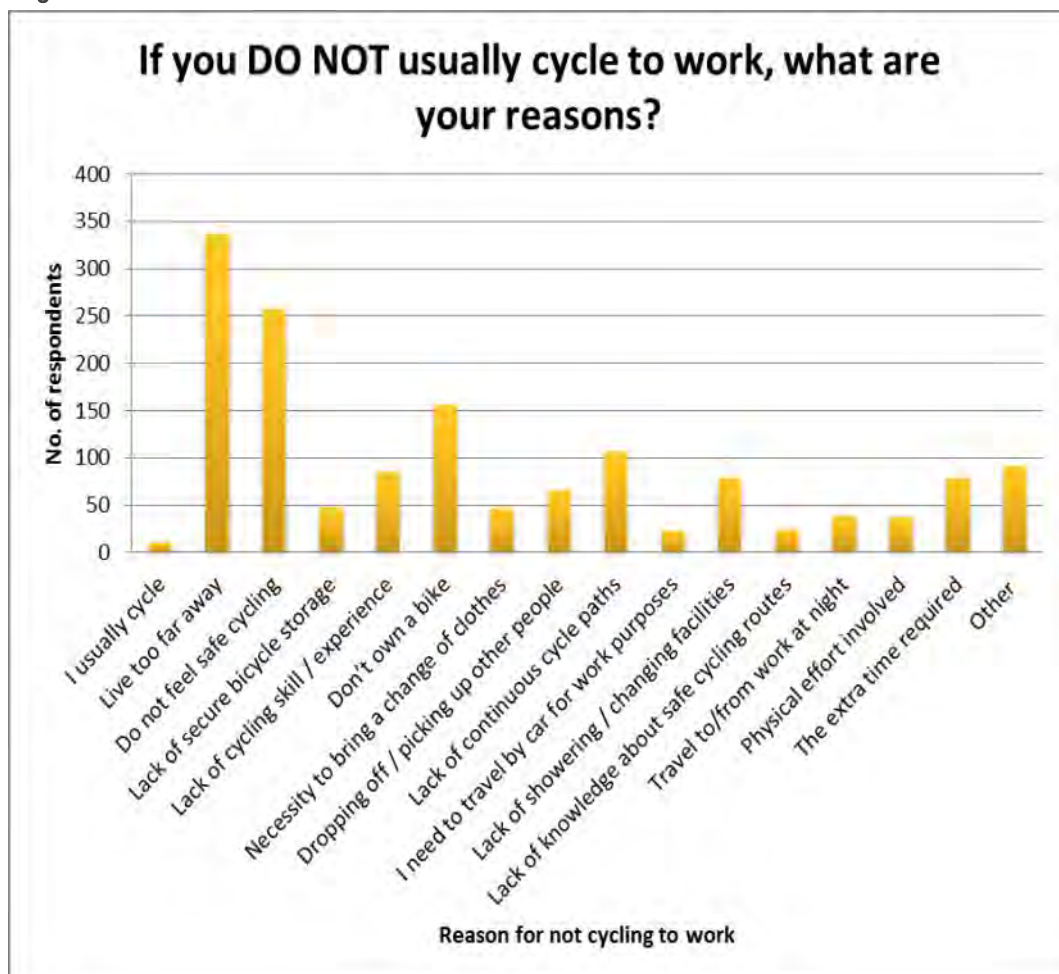
Just over 1% of respondents stated they usually cycled to work. Of those that did not regularly cycle the main reason was they lived too far from work, followed by not feeling safe to cycle and not owning a bike (Figure 5).

Approximately 10% of non-cycling respondents did however attribute not cycling to a lack of continuous cycle paths, end-of-trip facilities and cycling skills/experience.

Eleven percent (11%) of respondents stated they walked to work on a regular basis which is

greater than those reporting walking (8%) as their main mode of transport to work as per Figure 2. This would imply that 11% of respondents consider walking forms a substantial part of their trip to work but not necessarily covering the longest distance. Of those that did not regularly walk the main reason stated was that they lived too far away, followed by the extra time required and having to pick up/drop off other people along the way.

Figure 5



*Percentages (%) are not shown in the graph because respondents were able to select more than one answer. Therefore the total number of responses are reflected in this instance.

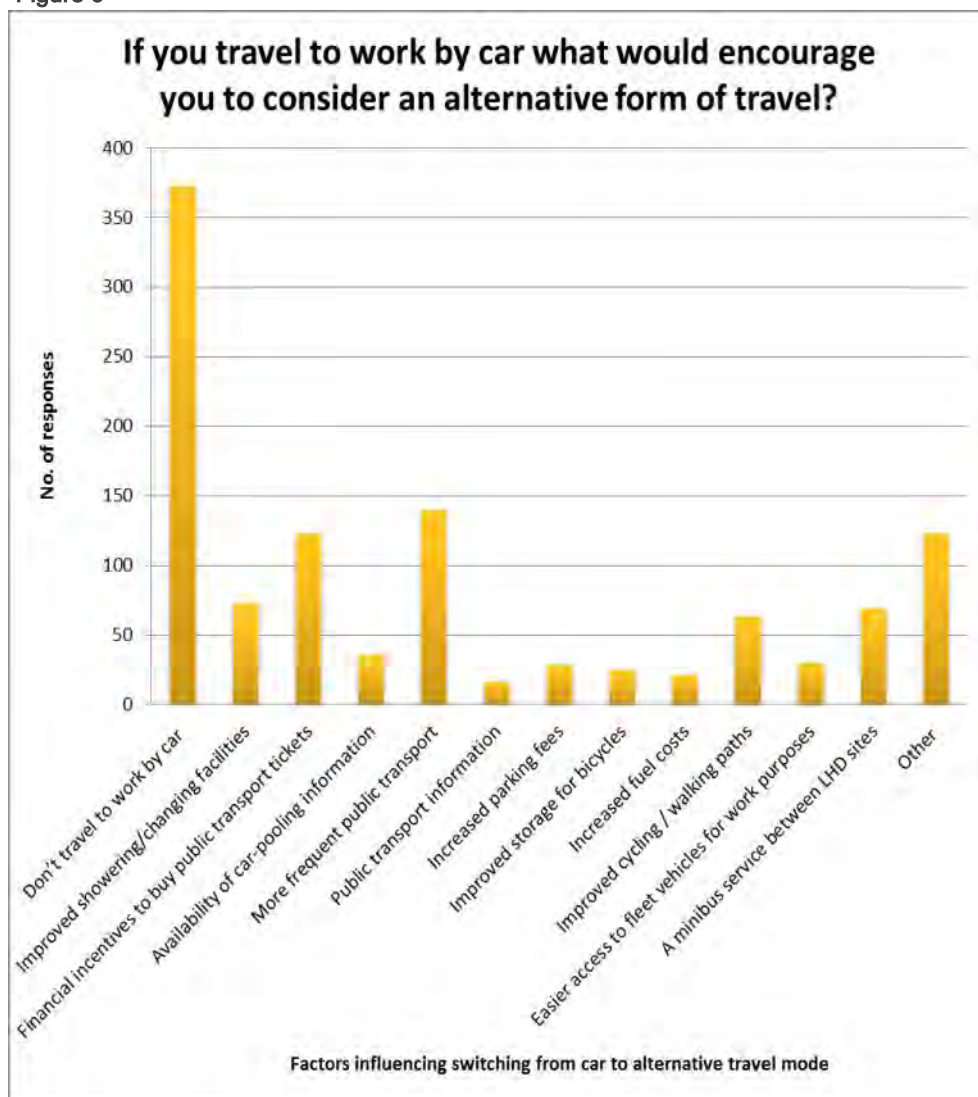
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Just over half (51%) of respondents reported considering using an alternative mode of transport to their current commuting mode. Of those, the majority reported considering public transport (51%), followed by driving (25%), cycling (12%) and walking (8%). For those that drove to work, when asked what incentives or information would encourage them to change from their current commuting habits, the majority stated more frequent public transport

followed by financial incentives for public transport tickets and improved showering/ changing facilities (Figure 6).

The 'other' category formed a significant proportion of responses however the majority of these were a combination of comments about inadequate public transport and hard factors such as dropping off/picking up children being barriers to staff choosing alternatives to car travel to work.

Figure 6



*Percentages (%) are not shown in the graph because respondents were able to select more than one answer. Therefore the total number of responses are reflected in this instance.

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When at work 37% of respondents stated they travelled for business during the working day. When they do travel for work-related business, 38% use their own vehicle while 27% use a fleet or department car.

DISTANCE TRAVELLED TO WORK

Over 1/3 of respondents live within 10km of RNSH (Figure 7) of which 15% are within 5 kilometers whilst 20% live between 6-10 kilometers of work. So currently 35% of respondents live within an active commute of work however only 9% choose to commute by walking or cycling.

Figure 7





Health
Northern Sydney
Local Health District