Bowral and District Hospital Redevelopment

Green Travel Plan

Prepared by: GTA Consultants (NSW) Pty Ltd for **ADCO Constructions Pty Ltd**

on 03/12/2020

Reference: N124032

Issue #: B

GTAconsultants

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Quality Record

Issue	Date	Description	Prepared By	Checked By	Approved By	Signed
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1. INTRODUCTION

1.1. Background

The following Green Travel Plan (GTP) has been prepared for the Bowral and District Hospital Redevelopment (BDHR). The GTP is being prepared to satisfy Condition D10 of State Significant Development 8980:

"D10. Prior to occupation of the Building, a Green Travel Plan (GTP) must be prepared and be submitted to the Planning Secretary to promote the use of active and sustainable transport modes. The plan must:

- *be prepared by a suitably qualified traffic consultant in consultation with Council and Transport for NSW*
- *include objectives and modes share targets (i.e. site and land use specific, measurable and achievable and timeframes for implementation) to define the direction and purpose of the GTP*
- *include specific tools and actions to help achieve the objectives and mode share targets*
- *include measures to promote and support the implementation of the plan, including financial and human resource requirements, roles and responsibilities for relevant employees involved in the implementation of the GTP*
- *include details regarding the methodology and monitoring/review program to measure the effectiveness of the objectives and mode share targets of the GTP, including the frequency of monitoring and the requirement for travel surveys to identify travel behaviours of staff to and from the hospital campus."*

A GTP is a way in which BDHR will be able to manage the transport needs of staff. The aim of the plan is to reduce the environmental impact of travel to/from and in association with the operation of the new building of the hospital. In essence, the plan encourages more efficient use of motor vehicles as well as alternatives to the single occupant motor car.

The plan comprises a list of strategies aimed at encouraging walking, cycling, public transport and car-pooling for travel to and from work and a shift away from the reliance on single occupant vehicle travel.

GTA Consultants (GTA) was commissioned by ADCO Constructions to prepare a GTP for BDHR on behalf of Health Infrastructure.

1.2. Site Location

The existing BDH is located at 97-103 Bowral Street, Bowral, NSW. The site occupies the block bounded by Bowral Street, Sheffield Road, Ascot Road and Mona Road, with around 200 metres frontages to each. The Southern Highlands Private Hospital (private hospital) is also located within the block adjacent to BDH.

Bowral is located around 120 kilometres south west of Sydney on the B73 Highway which connects to the Hume Highway in the north near Aylmerton and extends through to Nowra in the south.

BDH is located around one kilometre from the Bowral Town Centre along Bong Road and Bowral Street.

The location of the subject site and its surrounding environs is shown in Figure 1.1.

Figure 1.1: Surrounding Context

Source: Bowral and District Hospital Redevelopment, Environmental Assessment Report, Urbis

BDH is currently a 91-bed facility and provides a wide range of services, including general medical, obstetrics and gynaecology, paediatric, surgical, orthopaedics, ophthalmology, geriatric and emergency services.

BDH currently has a total of 243 staff working across three shifts on a typical day.

1.3. Development Proposal

The Strategic and Healthcare Services Plan states that the BDHR is a priority due to the imminent need to address the poor quality of ageing buildings and the need to provide additional medical and surgical beds in the hospital and expand the ambulatory care and ED capacity.

The ageing of the Wingecarribee population indicates that additional aged care, rehabilitation and palliative care beds will be required within the next decade. Community Health also needs redevelopment.

The development proposal as part of this scope intends to potentially address:

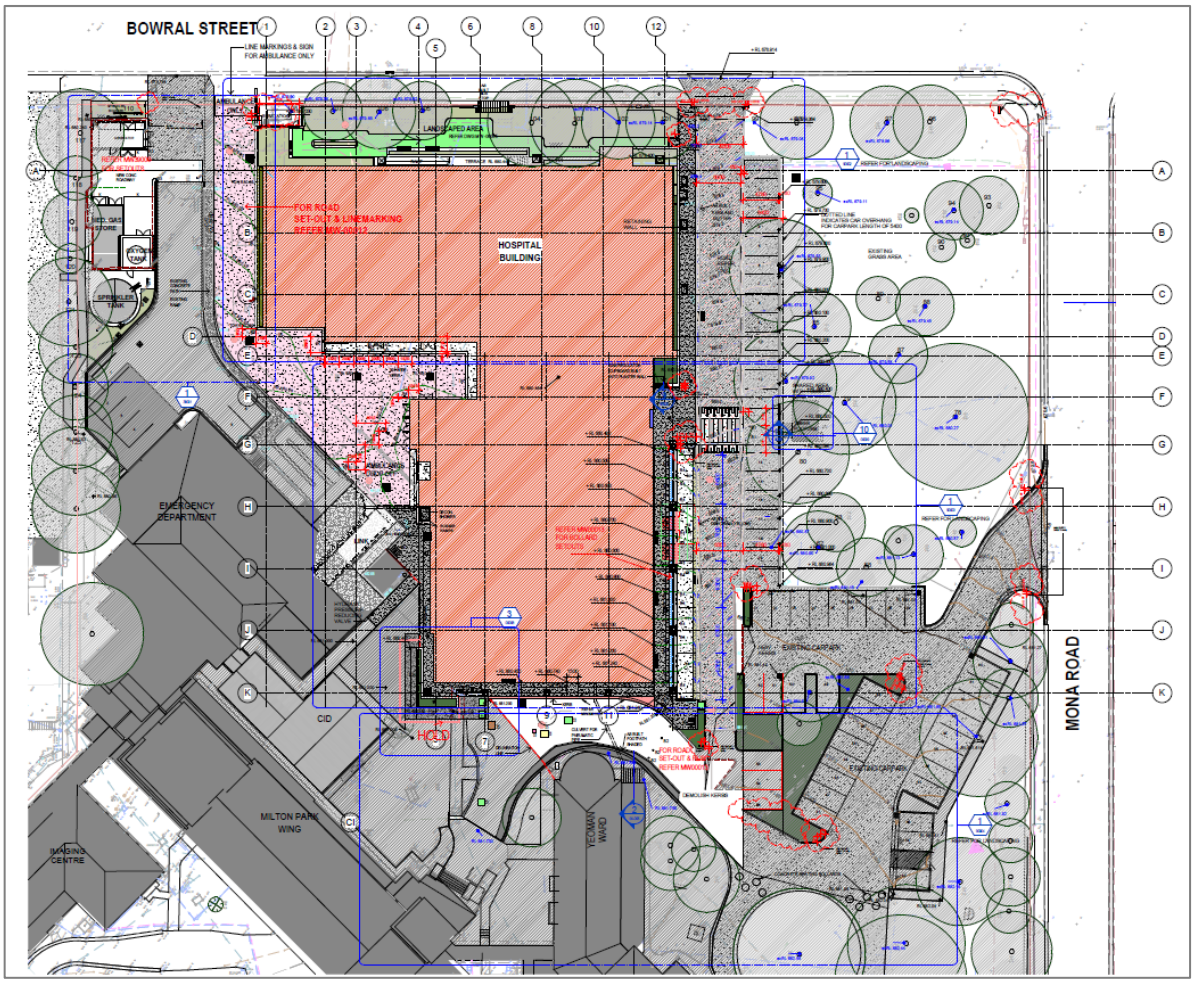
- Adult medical impatient beds (acute, sub-acute and mental health)
- Surgical beds and perioperative suite
- Emergency department
- High dependency unit/ intensive care.

This proposal includes following:

- A new main entry
- New inpatient units comprising 34 acute medical/ surgical beds, two mental health beds
- 10 new sub-acute beds
- Two medical day only beds
- Eight bed close observation unit
- Seven bed maternity unit
- Five bed paediatric unit
- CSSD & Pharmacy located on level 2 & level 3 from GL C-B
- New Med Gas area located towards the north western corner in front of the sprinkler tank
- Perioperative suite including two new theatres and one procedure room and surgical day only beds
- Linkways and connections back to existing buildings and supporting services in the retained buildings
- A reconfigured public and ambulance entry into ed which allows for delivery of the proposal and subsequent relocation of the ed in a future stage
- On-grade car parking and drop off facilities, and overall improved access and wayfinding throughout the campus
- Upgrades to it and engineering services infrastructure supporting the BDHR.

Figure 1.2 provides an understanding of the new building footprint, which includes three levels.

Figure 1.2: Proposed site plan



Source: Site Plan, MSJ Architects, 06/10/2020

1.3.1. Staffing Levels

Information relating to full-time equivalent (FTE) staffing levels indicates that BDH currently has a total of 243 existing FTE staff. The proposed development does not result in any increase to FTE staff numbers and therefore results in no additional parking requirements for staff.

1.3.2. Hospital Inpatient Beds

The BDHR remains relatively static in terms of the number of inpatient beds, with the focus being on building renewal and provision, enhancement and/ or modernisation of other services. The proposal provides an overall provision of 94 beds and therefore a net increase of three beds from the existing situation.

1.3.3. Vehicle Access

The BDHR proposes a new public access which is separate from the ED access. The separation of uses, with respect to emergency vehicle arrangements and manoeuvring, removes the potential for vehicle conflicts and delays.

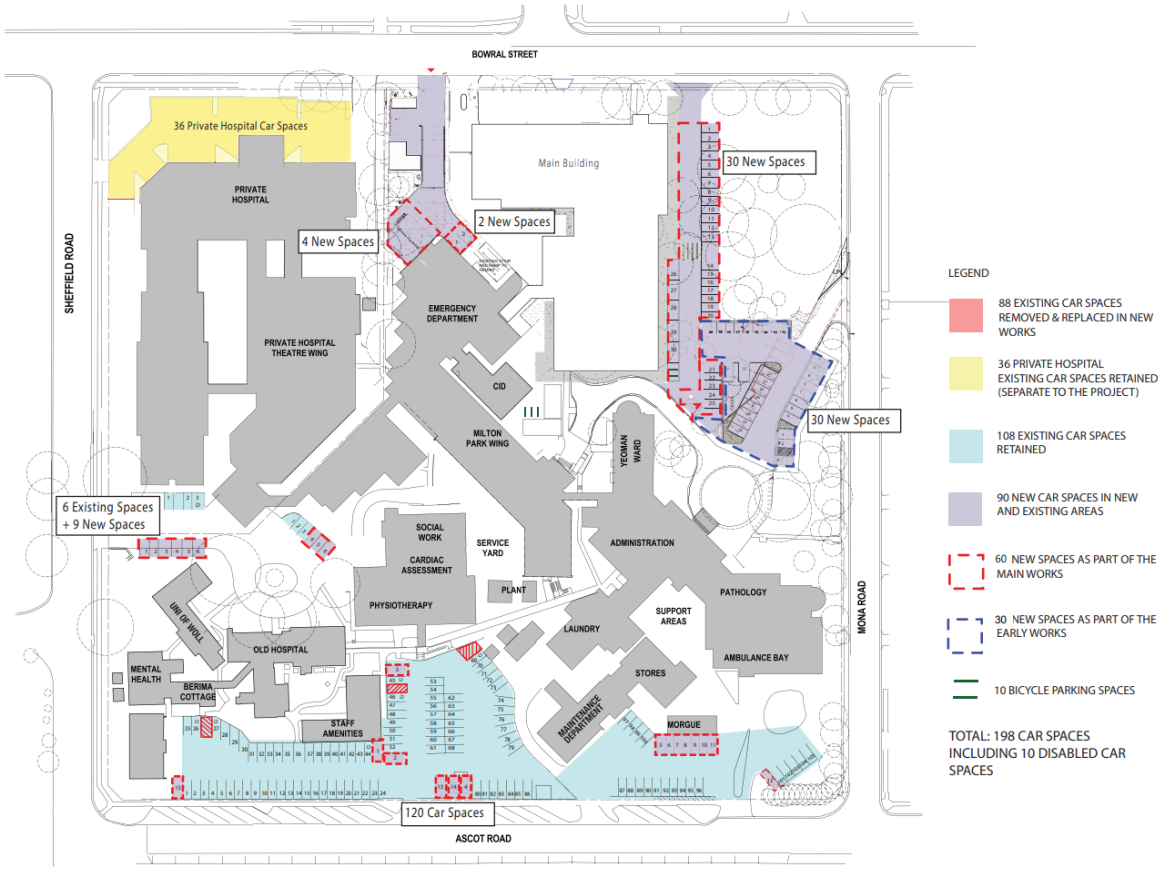
1.3.4. Car Parking

The BDHR requires the removal of the existing at grade car park currently accessed from Bowral Street resulting in a loss of 66 parking spaces. To accommodate this loss of parking spaces, the proposal provided new parking areas.

Modifications to the car park accessed from Ascot Road were approved in order to obtain an additional nine parking spaces. An additional seven parking spaces were created in the driveway accessed from Sheffield Road towards the Milton Park Wing. A further additional 60 parking spaces were created with access from Mona Road completed.

This results in a total of 198 parking spaces including 10 disabled spots at completion of the redevelopment project. Figure 1.3 shows the location of new car parking areas. In general, number of on-site car parking spaces have changed from 196 (existing) to 198 (future) car parking spaces. The number of provided car parking spaces are sufficient for future demand[1].

Figure 1.3: Location of new car parking areas



Map source: MSJ Architects, 23/05/2018

[1] Bowral and District Hospital Redevelopment State Significant Development Application Transport Impact Assessment, GTA Consultants, July 2018

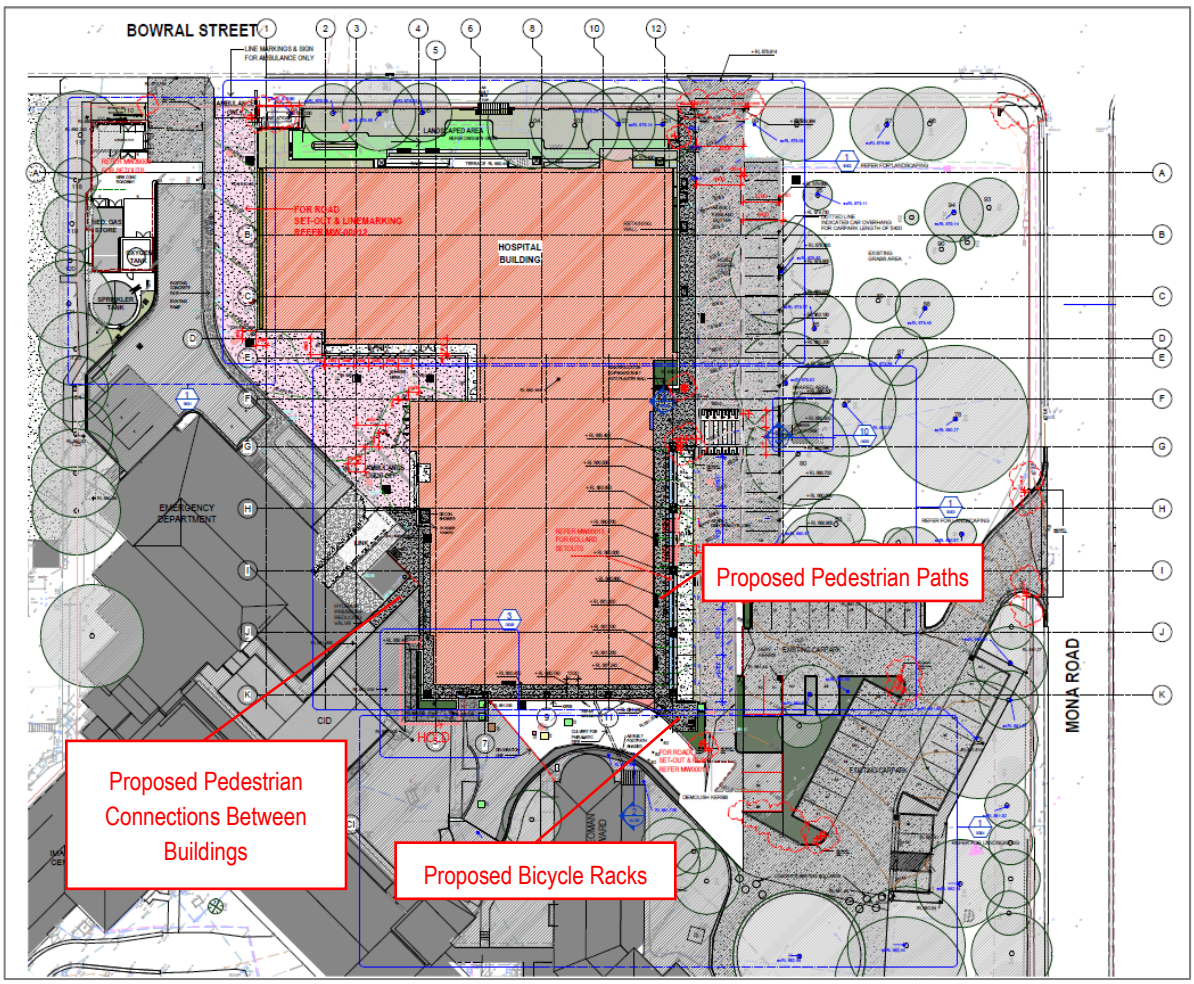
1.3.5. Pedestrian Facilities

The existing pedestrian infrastructure and connections on-site will generally be maintained. At the location of the proposed new buildings, existing infrastructure will be replaced with new pedestrian links, including a path from the new development to the existing buildings. Figure 1.4 provides an understanding of the proposed pedestrian facilities.

1.3.6. Bicycle Facilities

Council's DCP does not provide specific requirements for bicycle provision or end of trip facilities. To promote active transport, the proposal would provide the provision of bicycle loops to cater for around 10 bicycles for staff and visitors. Figure 1.4 provides an understanding of the proposed bicycle facilities, with Figure 1.6 showing the existing and proposed end of trip facilities.

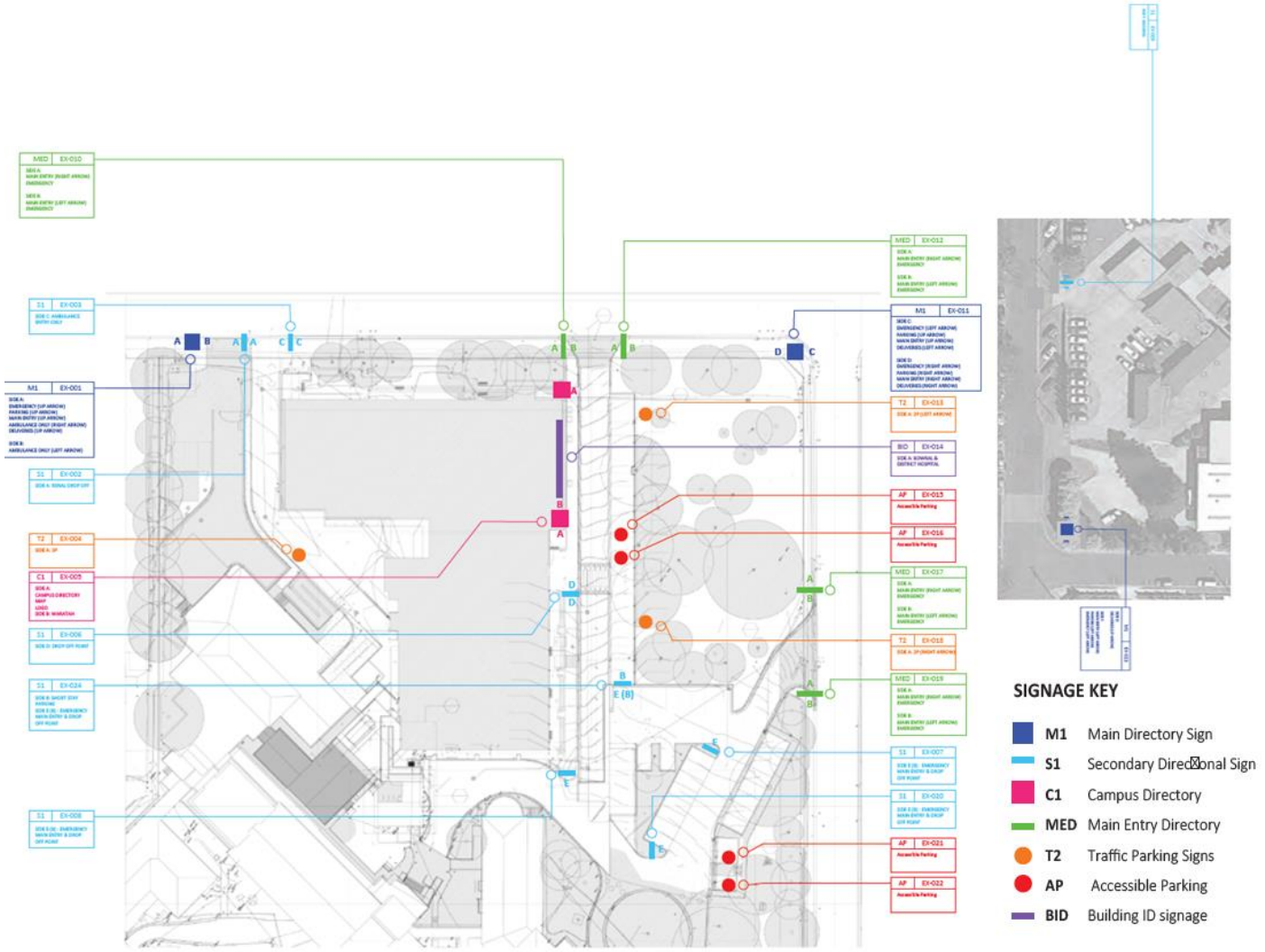
Figure 1.4: Proposed pedestrian and bicycle facilities



Base map source: Site Plan, MSJ Architects, 06/10/2020

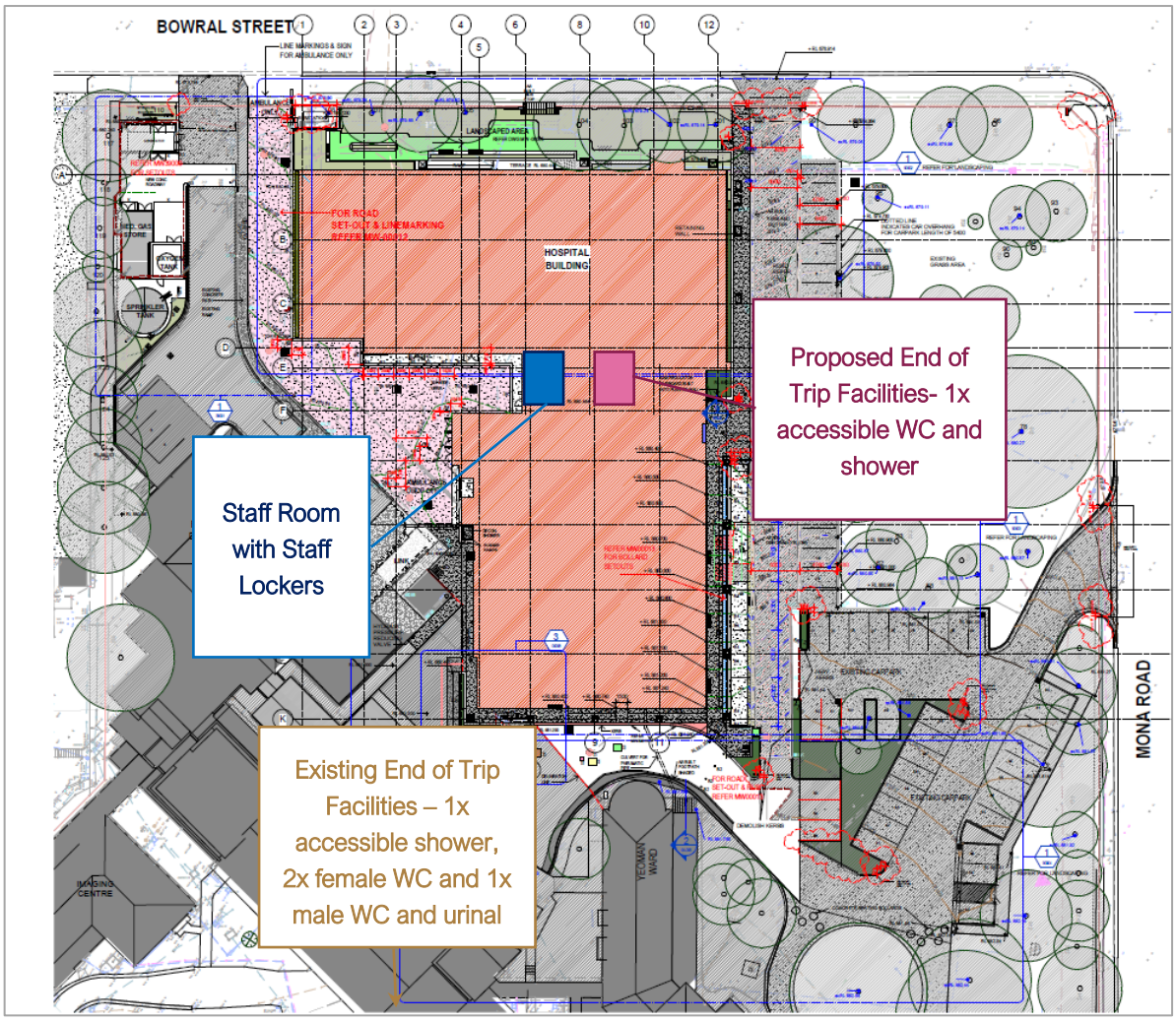
A wayfinding plan dated 30 August 2019 provides the main pedestrian paths and bicycle parking locations on the main campus directory board to be located at both ends of the new building as it shows in Figure 1.5.

Figure 1.5: External wayfinding plan



Source: Opalescent Group

Figure 1.6: End of trip facilities



Base map source: Site Plan, MSJ Architects, 06/10/2020

1.3.7. Substation Access

The proposed development requires a substation to the south of the new building near the Milton Park Wing. The entry/ exit route for service vehicles accessing the substation has been installed to the north of the new building on Bowral Street.

2. GREEN TRAVEL PLAN

2.1. Introduction

Transport is a necessary part of life which has effects that can be managed. The transport sector is one of the fastest growing emissions sectors in Australia and therefore a travel plan provides an opportunity for reducing greenhouse gases, and for managing traffic congestion (which has adverse economic, health and social outcomes). As well as delivering better environmental outcomes, providing a range of travel choices with a focus on walking, cycling and public transport will have major public health benefits and will ensure strong and prosperous communities.

The overall aim of the plan is to minimise the reliance on single occupancy car journeys to and from the site given its location and accessibility to alternative travel modes.

2.2. What is a Green Travel Plan?

A GTP is a package of measures aimed at promoting and encouraging sustainable travel and reducing reliance on the private car. The GTP for the BDHR will aim to mitigate (as far as possible) private car use, understanding that the regional location of the BDH precludes high use of public transport compared to more metropolitan locations. The purpose of the GTP is not to be “anti-car” but to make apparent, encourage and support staff’s aspirations for carrying out their daily business in a more sustainable way. GTPs then provide:

- Measures which encourage reduced car use (disincentives or ‘sticks’)
- Measures which encourage or support sustainable travel (such as active transport, public transport and multi-occupant vehicle use)
- Reduce the need to travel or make travelling more efficient (incentives or ‘carrots’).

Active transport relates to physical activity undertaken as a means of transport. It includes travel by foot, bicycle and other non-motorised vehicles. Use of public transport is also included in the definition as it often involves some walking or cycling to/ from pick-up and drop-off points.

The GTP would promote the use of transport, other than the private car, for choice of travel to and from the BDH site, which is more sustainable and environmentally friendly. Where private car is used, multi-occupancy trips (such as carpooling) should be encouraged. Ultimately however, end users will determine their most suitable means of transport. As such, a strong communications strategy is required to promote active and public transport thereby reducing incentive to the use private car.

3. BACKGROUND

3.1. Existing Transport Provision

3.1.1. Surrounding Road Network

Bowral Street

Bowral Street functions as a collector road in an east-west direction on the northern boundary of the site. Adjacent to BDH, Bowral Street is two-way with one lane in each direction, a marked centreline and unrestricted parking on both sides of the road. The carriageway width is around 11 metres wide, with footpaths are provided on both sides of the road. Bowral Street carries around 6,000 vehicles per day and is the main access link to Bowral Train Station.

Sheffield Road

Sheffield Road functions as a local road in a north south-direction on the western boundary of the site. Adjacent to BDH, Sheffield Road is two-way with one lane in each direction, no line marking and unrestricted parking on both sides of the road. The carriageway width is around 11 metres wide, with footpaths are provided on both sides of the road. Sheffield Road carries around 3,500 vehicles per day.

Mona Road

Mona Road functions as a local road in a north-south direction on the eastern boundary of the site. Adjacent to BDH, Mona Road is one-way with two lanes, no line marking and unrestricted parking only on the western side of the road. The carriageway width is around nine metres wide, with footpaths are provided on both sides of the road. Mona Road carries around 2,000 vehicles per day.

Ascot Road

Ascot Road functions as a local road in an east-west direction on the southern boundary of the site. Adjacent to BDH, between Sheffield Road and Mona Road, Ascot Road is one-way with two lanes, no road marking and unrestricted parallel parking on the southern side of the road and angle parking provided within the verge area adjacent to BDH. The carriageway width is around 10 metres wide, with a footpath provided on the northern side of the road. Ascot Road carries around 1200 vehicles per day.

The local roads surrounding the Hospital are illustrated in Figure 3.1 to Figure 3.4.

Figure 3.1: Bowral Street (looking east)

Figure 3.2: Sheffield Road (looking south)

Figure 3.3: Ascot Road (looking west)

Figure 3.4: Mona Road (looking north)

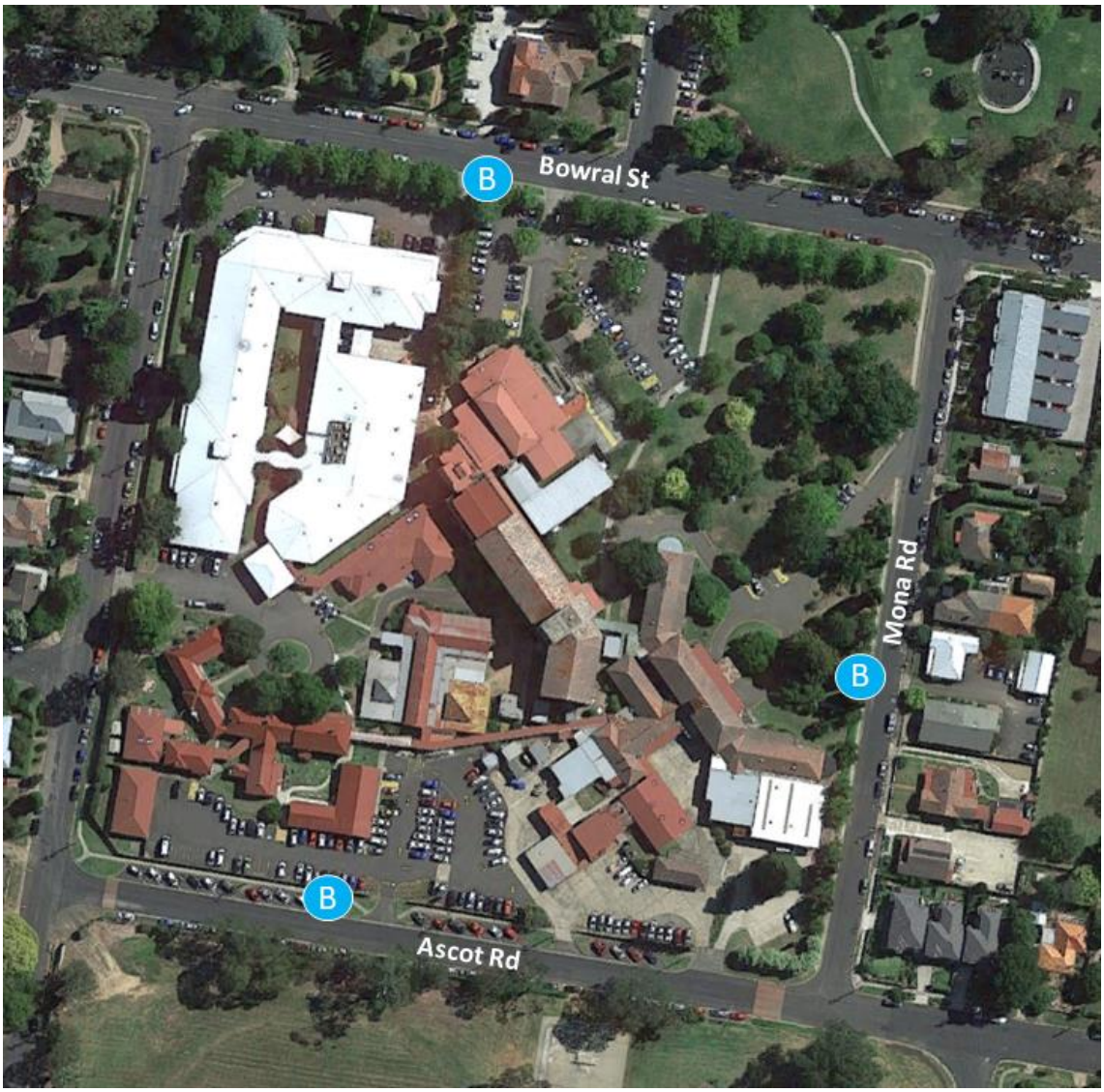
Source: Photos taken 9 June 2016

3.1.2. Public Transport Infrastructure

The BDH is currently serviced by at least four bus services operated by Berrima Bus lines. Bus services provide local connections to Bowral and outer areas including Mittagong and Moss Vale. Each service generally provides hourly services on weekdays and limited number of services on a weekend. The location of bus stops close to the hospital are shown in Figure 3.5. The bus operation start and finish times vary for different bus routes; however, they mostly start around 7:00am and finish in the early evening around 6:30pm. This means they are not well aligned with staff times.

Bowral Train Station is located around one kilometre from BDH. It is part of the Southern Highlands Line and the Southern NSW Line. Services are generally provided hourly, with half-hourly services provided in the peak periods.

Figure 3.5: Bus stop locations around the site



Source: Google Maps

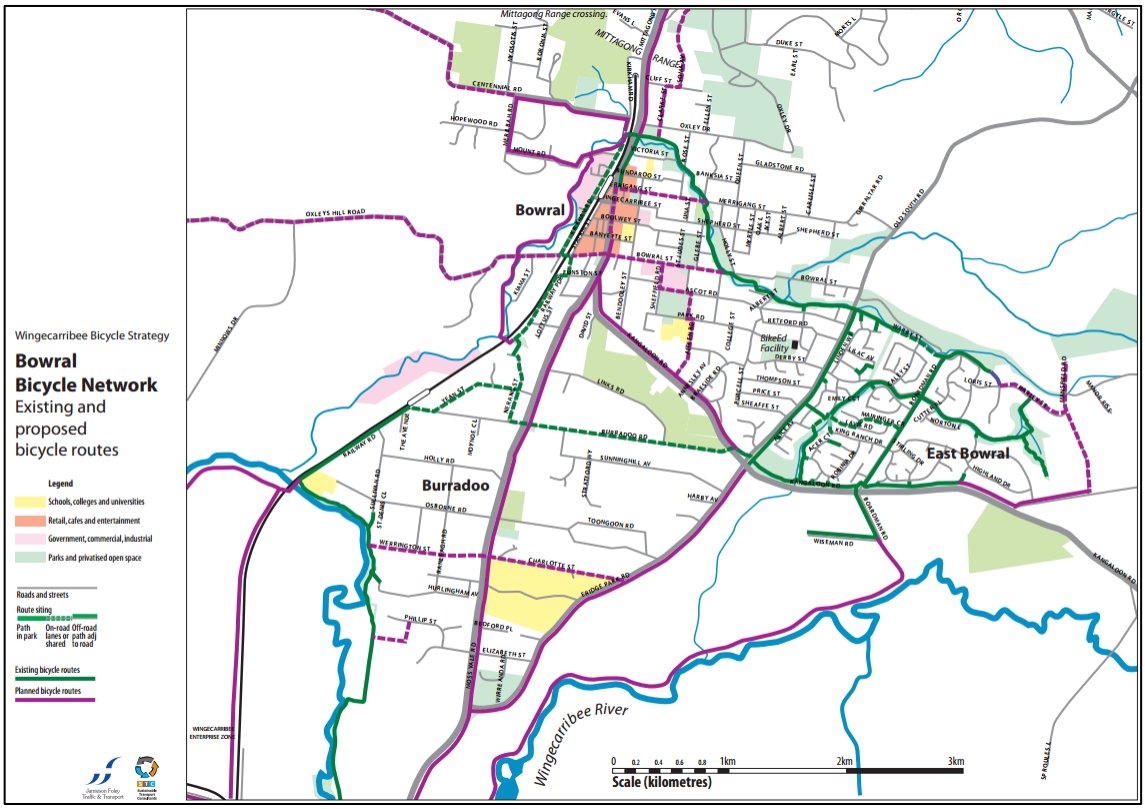
3.1.3. Pedestrian and Bicycle Infrastructure

BDH is a 20-minute walk from Bowral Railway Station and town centre. Footpaths are provided on most roads on route to the town centre.

A walking track/ cycling route is also available along Mittagong Creek, which runs between the town centre and east Bowral. The track crosses Bowral Street around 300 metres from the hospital.

The cycling network at Bowral is shown in Figure 3.6.

Figure 3.6: Bowral bicycle network



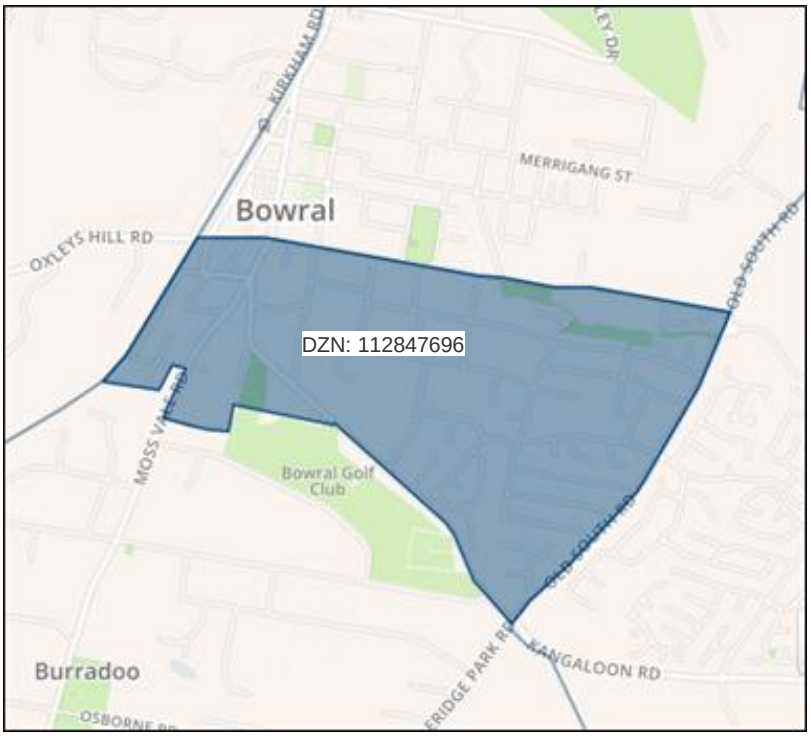
Source: http://www.wsc.nsw.gov.au/uploads/823/bowraldetailmap.pdf, accessed 05/12/2017

3.2. Existing Travel Behaviour

2016 census data from Australia Bureau Statistics, shows the seven existing Journey to Work (JTW) patterns for who works in the area. BHD is contained in Destination Zone (DZ)[2] 112847696 as shown in Figure 3.7.

[2] Destination zones (DZNs) are the spatial unit used to code Place of Work (POWP) and are an aggregation of 2016 Mesh Blocks. In 2016, DZN boundaries have been designed by the ABS following consultation with each State/Territory Transport Authority.

Figure 3.7: Location and extend of Destination Zone 112847696



Source: https://itt.abs.gov.au/itt/r.jsp?ABSMaps

JTW data as summarised in Table 3.1 indicates that the main mode of travel for workers in the area is by car, with 83 per cent driving to work and five per cent as passengers in a vehicle. Public and active transport mode share percentage is only four per cent for this destination zone.

Table 3.1: JTW, Place of Work at the DZ

Mode	Mode share (%)
Vehicle Driver	83%
Vehicle Passenger	5%
Walked Only	2%
Train	1%
Bus	1%
Worked at home	7%
Other	1%
Total	100%

Source: ABS data licensed under Creative Commons, see abs.gov.au/ccby

4. TARGETS

4.1. Introduction

Based on the transport network described above, this section identifies the potential travel patterns to and from the BDH. It builds on the walking and public transport networks already available around the site to identify transport modes which may be best suited to meet the travel demand for the site. This guides the actions specified in Section 5 of this GTP, to respond to available transport infrastructure and current travel patterns in the local area.

4.2. Typical Challenges for Regional Hospitals

Most staff travel associated with regional hospitals will occur via private vehicle as a result of the following:

- The shift nature of staffing requirements for hospitals, with many staff either starting late at night or early in the mornings as well as shifts lasting longer periods than typical work days.
- The general limited availability of convenient public transport within regional areas.

Walking and cycling often prove difficult due to the distance between place of residence and work, as well as a lack of quality facilities in between. In this regard, the following factors are typically attributed to a high mode share for private vehicles at regional hospitals:

- Residential locations and hospital locations can have limited access to public transport services.
- Driving presents attractive travel time advantages for many key staff origins.
- Only a limited number of staff origins in regional locations have access to direct public transport connections that do not require interchanging. This typically results in longer travel times, as well as influencing the perception of a lack of convenience and reliability.
- Time of arrival/ departure, which due to shift work, potentially limits the access to frequent public transport services. Staff that work in shifts with start and end times outside peak hours may also experience personal security issues.
- Time of arrival/ departure influences perceived comfort of traveling via alternate modes of transport, in particular outside peak hours.
- Unpredictable hospital activities may extend staff shift finish times. This can leave staff 'stranded' if public transport options are limited.
- Staff may need to drive to efficiently conduct other activities on their way to/ from the hospital such as school drop-off/ pick-up activities.

Nevertheless, strategies can be implemented to encourage staff to reduce their reliance on private vehicles.

4.3. Analysis

Scenario 1: Business as usual

If no further green travel actions are taken, it is likely that staff will continue to adopt the travel patterns they currently exercise travelling to and from the hospital. If the rates are applied outright to the employment at the BDH, the potential future travel demand for different modes of travel can be estimated with a heavy reliance on single occupancy private vehicle use.

Scenario 2: Wayfinding and staff travel information

By targeting staff travel behaviour with quality information about transport options, the BDH can achieve more walking and cycling use by targeting the potential pool of employees that reside within the local residential areas. Providing wayfinding, public transport information and inductions of end of trip facilities to staff is an opportunity to demonstrate good transport practices.

Scenario 3: Proactive initiatives to reach set targets

A review of mode shares currently exhibited by comparable hospital developments within regional NSW has been conducted. The results of this are shown in Table 4.1.

Table 4.1: Mode share of comparable hospitals in regional NSW

Mode of Travel	Wyong Private Hospital Mode Share (%)	Gosford Hospital Mode Share (%)	Lismore Hospital Mode Share (%)
Car – As a driver	96.7	86.0	98.6
Car – As a passenger		9.0	
Motorcycle / scooter	Unknown	Unknown	0.4
Bus	0.8	2.6	0
Train			
Bicycle	1.0	1.2	1.0
Walk	1.0	1.2	0.0
Split - Car/ Public Transport	Unknown	Unknown	Unknown

In preparing the proposed mode share targets for the BDH, the following factors have been considered:

- Travel mode share for workers within the DZ which the hospital is located in (see Table 3.1)
- Mode shares from comparable regional hospitals in NSW (see Table 4.1).
- Proposed facilities within and surrounding the BDH.
- The environment surrounding the BDH.

Based on the above factors, the proposed mode shift for the BDH has been developed with achievable goals in mind, especially in the pursuit of shift to public and active transport. Ultimately, the private car will remain the dominant mode of travel to/from the BDH, however, the key to reducing traffic and parking demand will lie in achieving higher and multi-occupancy vehicles (i.e. carpooling and more car passengers). Therefore, the proposed mode share for the BDH which is considered to be achievable through this GTP is summarised in Table 4.2.

Table 4.2: Proposed mode share targets

Mode	Proposed mode share (%)	Staff (person)
Vehicle Driver	85%	207
Vehicle Passenger	7%	18
Walked Only	2%	5
Train	1%	2
Bus	1%	2
Bicycle	1%	2
Other	3%	7
Total	100%	243

As the BDHR is about bringing the current facilities up to standard rather than increasing services and also as the travel patterns for the DZ has less car reliance than comparable NSW regional hospitals, the proposed mode share includes same private car reliance mode share for the DZ (see in Table 3.1)as well as encouraging a take up in active travel modes such as cycling. Understanding the low frequency and range of public transport options, it is not expected that public transport use will significantly increase from the existing one per cent, however, a moderate increase should be encouraged especially for those non-shift staff who work in normal daily working hours.

4.4. Overview Initiatives

As part of the identified mode share considerations, a number of overview initiatives and principles have been developed with more detailed actions listed in Section 5. The transport aspects likely to influence and initiate mode change within the BDH include:

1. Implementation of the GTP
    - Work, Health and Safety Manager (WH&S manager) is appointed as the Travel Plan Coordinator (TPC) to ensure the successful implementation and monitoring of the GTP. This should be coordinated in an integrated format for both BDH and Southern Highlands Private Hospital. The TPC would manage and review the GTP on an ongoing basis. Usually, the role of a TPC is filled by an employee working in the BDH and would most likely be an administrator.
    - Conduct annual or biennial travel surveys to establish travel patterns in the area and assess success of the GTP. This is to be managed by the appointed TPC. Allow surveys to incorporate suggestions from employees to improve green travel arrangements.
2. Increase walking, running and cycling to work for staff and to other destinations (e.g. recreation, social).
    - Promote bicycle facilities within the BDH by providing staff tours on day of opening of new building as well as staff inductions for new staff.
    - Promote local bicycle facilities within the surrounds of the BDH, as well as shops and bike maintenance courses run by a number of bike shops.
3. Increase car-pooling.
    - Provide a system to allow staff to identify those that reside near them which in turn can be used to organise car-pools between staff. Where possible, arrange shift plans accordingly.
4. Increase available information available to staff
    - An active system that encourages and facilitates walking, cycling and public transport travel would be beneficial. Sharing available information is a viable option to encourage.

5. ACTIONS

5.1. Implementation

Action	Implementation
The WH&S manager to complete travel coordinator duties in this plan for up to one year at a time	At year of operation
Provide a welcome pack for each staff member which includes Bowral & District Hospital Travel Access Guide (TAG) and information on how to become involved in the staff car pool system	At year of operation and with each new staff

5.2. Walking

Action	Implementation
Identify employees living near work that may be interested in walking to work	At year of opening and as part of regular updates to the GTP
Update existing TAG to illustrate safe walking routes to and from your site showing times rather than distances, to local facilities, such as shops and public transport stops	At year of opening as part of Travel Access Guide (TAG)
Have a few umbrellas handy at reception for rainy days – perhaps bearing the BDH logo	At year of opening
Review condition of existing footpaths onsite regularly and upgrade as required	At year of opening and regularly as part of updates to the GTP
Take part in 'National Walk to Work Day'	Every year
Introduce new staff to end of trip facilities as part of their induction	Every time a new staff member begins

5.3. Cycling

Action	Implementation
Establish an internal Bicycle Users Group (BUG). BUGs are formed by people who want to work together to improve facilities for cyclists and encourage cycling	At year of opening with regular check-ins
Develop a 'bike buddy' scheme for inexperienced cyclists	At year of opening
Organise a breakfast for cyclists to incentivise staff to cycle as well as promoting cycling	Once a month
Review bicycle parking regularly to meet peak needs, upgrade as required	Regularly, annually or biannually
Provide bicycle parking for visitors	At year of opening
Ensure bicycle parking is clearly visible or provide signage to direct people to cycle bays	At year of opening
Review condition of existing on-site bicycle routes regularly and upgrade as required	Regularly, annually or biannually

Action	Implementation
Supply a workplace toolkit consisting of puncture repair equipment, a bike pump, a spare lock and lights	At year of opening with regular review
Provide an on-site bicycle maintenance service (either as a special one-day event or on a regular basis)	Annually or biannually
Update existing TAG to show more leisurely bicycle routes to work	At year of opening, as part of TAG
Participate in annual events such as 'Ride to Work Day'	Annually

5.4. Public Transport

Action	Implementation
Put up a notice board with leaflets and maps showing the main public transport routes to and from work	At year of opening, as part of TAG
Place information on the work intranet with links to appropriate external websites e.g. transportnsw.info	At year of opening
Provide leaflets or timetables with payslips	At year of opening
Encourage discussions with public transport operators to provide a bus service between Bowral Station and the hospital	At year of opening

5.5. Carpooling

Action	Implementation
Introduce formal carpooling scheme to encourage staff to share rides	At year of opening
Set up a carpooling database that is updated regularly and used to inform staff	At year of opening
Organise postcode lunches to familiarise staff with each other	At year of opening
Consider carpooling opportunities when rostering staff with involvement by the TPC	At year of opening
Consider allocating priority parking spaces for car-poolers in preferred and visible locations (e.g. close to hospital entrance)	At year of opening

5.6. Car Parking

Action	Implementation
Identify priority users of car park (e.g. people with disabilities and car-poolers) which will be located closer to preferred and visible locations.	At year of opening

6. MONITORING AND REVIEW

In order for the GTP to be effective it must be reviewed on a regular basis. It is important to ensure that the GTP is meeting its objectives and having the intended impact on car use and transport choices for the staff at the BDH. The Plan should be reviewed on a yearly basis with staff travel surveys and in consultation with Council's Planners or Sustainable Transport Officer. The Plan should be updated and changed to reflect changing circumstances.

6.1. Travel Survey

It will clearly be important to understand people's reasons for travelling the way they do, any barriers to changing their behaviour and their propensity to change. This will enable the most effective initiatives to be identified, and conversely fewer effective initiatives can be modified or replaced to ensure the best outcomes are achieved.

To monitor the travel plan, a travel questionnaire should be conducted of all employees. Surveys results should be reported annually by the TPC or senior management and used to inform funding allocation for successful programs/ removal for unsuccessful programs. This would be in consultation with Council Planners or Sustainable Transport Officer, as required. Based on the review the travel plan should be updated to reflect changing circumstances.

An example format for the survey is provided below.

Q1: What is your post code? ____

Q2: How do you usually travel to work? (Select one)

- *Walk / run*
- *Bicycle*
- *Bus*
- *Train*
- *Combination bus and train*
- *Drive a car*
- *Passenger in a car*
- *Other (explain)_____*

Q3: What time do you usually leave for work in the morning?

Q4: Other than travelling to work, what is your main mode of transport around Bowral? (Select one)

- *Walk / run*
- *Bicycle*
- *Bus*
- *Train*
- *Combination bus and train*
- *Drive a car*

- *Passenger in a car*
- *Other (explain)_____*

Q5: To facilitate transport programs, may we share your contact details with green travel champions?

- Yes – I'll walk
    - If 'yes' please provide your email here:
- Yes – I'm a cyclist
    - If 'yes' please provide your email here:
- Yes – I'm a public transport passenger
    - If 'yes' please provide your email here:
- No

6.2. Review In-house Programs

The annual employee travel survey would assist the TPC in the review of the GTP. Other feedback provided to the travel coordinator should be used to update programs as well. Sample feedback could include email responses to programs, monitoring the bike/ car parking spaces used and transport complaints.

People in any organisation like to be part of a successful plan. Staff should be kept informed of green travel achievements, e.g. send out email bulletins, make announcements during meetings, or have a dedicated column within internal/ external publications. Advertise success to staff as part of a sustainability and green campaign for the BDH.

6.3. Gaps

It may occur that transport deficiencies are identified. Some examples may include:

- Provision of more car-pool priority spaces may be required as demand grows
- Bicycle spaces and lockers for employees as demand grows.

Transport deficiencies would be tracked by the travel coordinator, these issues may need to be revisited if identified as an issue during monitoring.

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