John Hunter Health and Innovation Precinct

Lookout Road, New Lambton Heights
Green Travel Plan

Prepared by: GTA Consultants (Group) Pty Ltd for Health Infrastructure
on 16/04/2021
Reference: N169772
Issue #: B

GTAconsultants now Stantec

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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

As part of the NSW Budget 2019/ 20, $780 million funding has been committed for the John Hunter Health and Innovation Precinct (JHHIP). The project will deliver updated and enhanced health facilities providing extra capacity to meet the demand of the community.

The JHHIP project will provide a new acute service building to the north of the existing hospital, housing expanded and enhanced facilities for a range of health services including an expanded Emergency Department, expanded and enhanced critical care services, inpatient services, support services and women's services. It will also enable more integrated services with key health, education and research partners. The project will also include refurbishment works to support the relocation of existing departments and facilitate connectivity through the hospital campus.

The following Green Travel Plan (GTP) has been prepared for the JHHIP. The GTP is being prepared to satisfy Condition 7 of the Secretary's Environmental Assessment Requirements (SEARs) for SSD 9351535:

"travel demand management strategies to encourage sustainable and active transport (such as a Green Travel Plan and / or specific Workplace Travel Plan)"

A GTP is a way in which the JHHIP will be able to manage the transport needs of staff and visitors. The aim of the plan is to reduce the environmental impact of travel to/ from and in association with the operation of the JHHIP. 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, now Stantec (GTA) was commissioned by Health Infrastructure to prepare a GTP for the JHHIP as part of the SSDA submission.

1.2. Obligations and Ownership

Hunter New England Local Health District (HNELHD) as the operator of the JHHIP, as well as the existing hospital campus, will implement this Green Travel Plan and is responsible for the ownership and implementation of the document for the existing users of the campus and future users of the JHHIP.

HNELHD will assign a travel plan coordinator prior to occupation of the development to champion and oversee the implementation, review, and monitoring of the Plan.

1.3. Plan Status

The Green Travel Plan is a dynamic document which has been designed to be updated to respond to changing site conditions, and site users travel patterns. It is expected that this document will be reviewed, updated and/ or further progressed at key stages, such as:

- In response to any further input from Stakeholders as part of the State Significant Development Application process.
- Prior to occupation of the development.

The Plan should be updated annually to ensure it remains relevant and useful for staff and visitors. Details should also be:

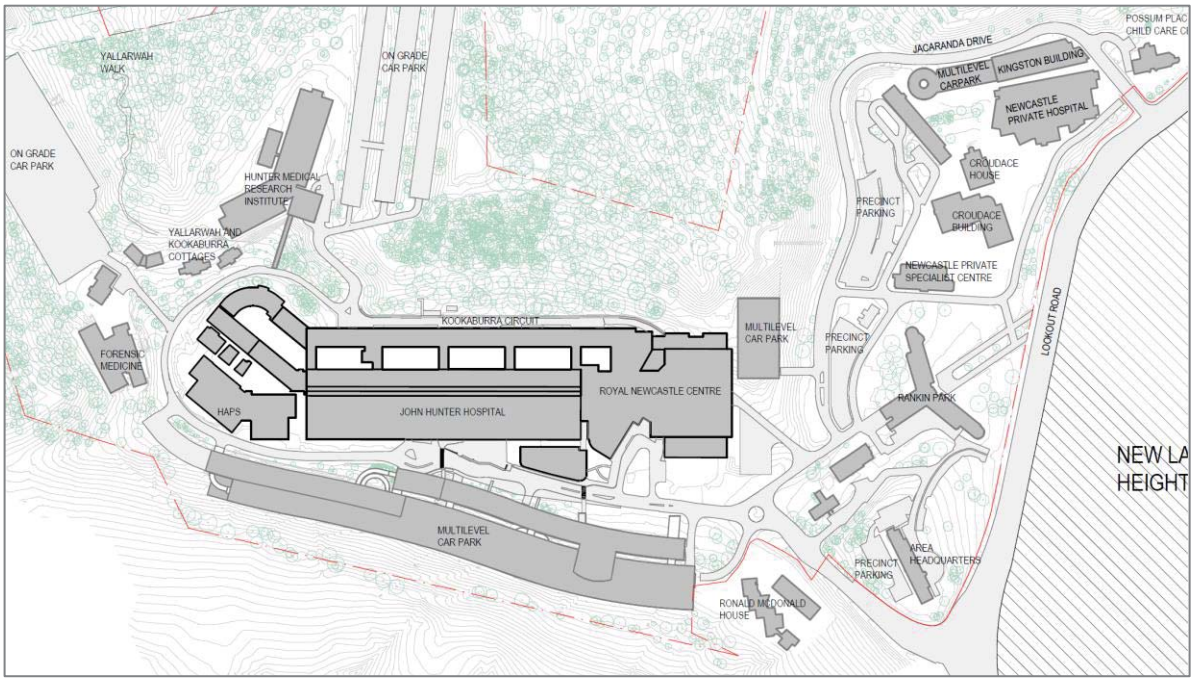
- provided to all staff upon their induction to employment at the site and through regular staff newsletters
- communicated on the hospital website
- made available to visitors, such as during booking of appointments via email.

1.4. Site Location

The John Hunter Health Campus (JHHC) is located on Lookout Road, Lambton Heights, within the City of Newcastle Local Government Area (LGA), around eight kilometres west of the Newcastle CBD. The hospital campus is located approximately 3.5 kilometres north of Kotara railway station.

The JHHC comprises the John Hunter Hospital (JHH), John Hunter Children's Hospital (JHCH), Royal Newcastle Centre (RNC), the Rankin Park Rehabilitation Unit and the Nexus Unit (Children & Adolescent Mental Health Unit). JHHC is a Level 6 Principal Referral Hospital, providing the clinical hub for medical, surgical, child and maternity services within the Hunter New England Local Health District (HNELHD) and across northern NSW through established referral networks. Other services at the campus are the Hunter Medical Research Institute (HMRI), Newcastle Private Hospital and the HNELHD Headquarters. The John Hunter Health Campus is depicted in Figure 1.1 and Figure 1.2.

Figure 1.1: John Hunter Health Campus



Source: Existing Site Plan, drawing number AR_C0-A22 NL-X0 Issue 2, prepared by BVN dated 22 February 2021

Figure 1.2: Subject site and its environs

Base image source: Google Maps

1.4.1. Development Proposal

The project will deliver updated and enhanced facilities providing additional capacity to meet the demand of the Greater Newcastle, Hunter New England, and northern NSW Regions. The John Hunter Hospital Innovation Precinct (JHHIP) will enable a more integrated service encouraging partnership with key health, education and research partners from within and beyond the immediate region.

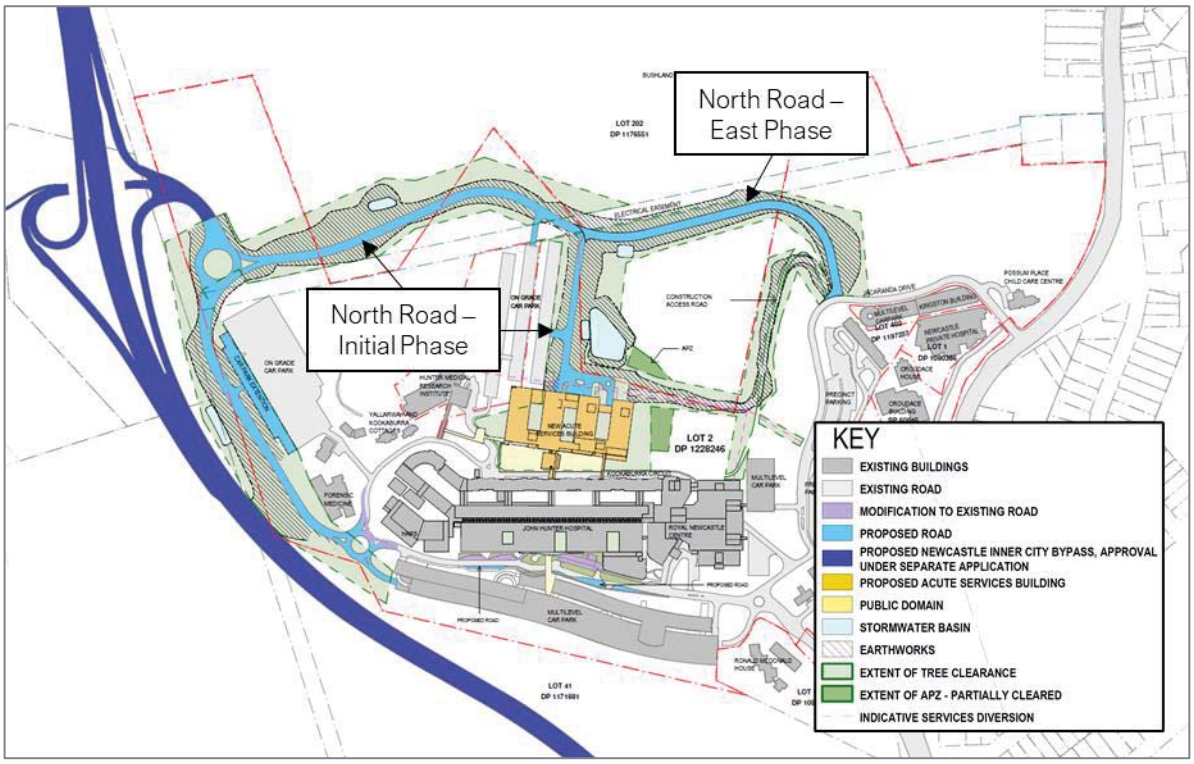
A new access road would connect with the proposed Newcastle Inner City Bypass which will run between Rankin Park and Jesmond for a length of 3.4 kilometres to the west of the hospital. The bypass will assist in alleviating demand on Lookout Road whilst also redirecting the majority of traffic to the north.

A new multi-level car park is proposed below the proposed acute services building. Two car park accesses are proposed along the northern access road intended to be primarily used by staff, visitors familiar with the site and service vehicles, if required. One car park access is proposed along Kookaburra Circuit, intended to be primarily used by public who have dropped off at the Emergency Department.

The project includes for the full site development including northern road network that will be delivered as part of a phased development. The “initial phase” will enable the project to meet timelines for the ASB to be operational and provide critical health services for the region. The later “North Road – East Phase” completes the campus wide infrastructure setting up the delivery of the future precinct vision.

A summary of the proposed site layout is provided in Figure 1.3.

Figure 1.3: Proposed site layout



Source: SSDA Proposed Site Plan, drawing number AR_B0-A22 NL-X0 Issue 2, prepared by BVN dated 22 February 2021

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 JHHIP will aim to mitigate (as far as possible) private car use, understanding that the regional location of the JHHIP 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 people'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 JHHIP 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. Transport Provision

3.1.1. Existing Road Network

Lookout Road

Lookout Road is classified as a State Road in the Transport for NSW Schedule of Classified Roads and State and Regional Roads versions 2011/ 1. It is aligned in a north south direction and is a two-way road, near the site Lookout Road is configured with two travel lanes in each direction and auxiliary right-hand turning lanes on approach to signalised intersections.

Lookout Road has a sign posted speed limit of 60 kilometres per hour and carries around 48,000 vehicles per day[1].

Kookaburra Circuit

Kookaburra Circuit functions as a local road that provides the primary staff and visitor access to the John Hunter Health Campus and associated parking facilities. It circulates around the John Hunter Hospital and is predominately aligned in an east-west direction. Between Jacaranda Drive and the northern most access from the southwestern carpark on the southern side of the building, it is a two-way road configured with one travel lane in each direction. North of the northern most access from the southwestern carpark, it is a one-way road configured with one travel lane circulating northbound then eastbound with one parking lane in the direction of travel. Kerbside parking is permitted for fleet and service permit holders only.

Kookaburra Circuit has a sign posted speed limit of 40 kilometres per hour and carries around 14,000 vehicles per day[2] immediately west of Lookout Road.

Jacaranda Drive

Jacaranda Drive functions as a local road that provides a secondary access for staff and visitors to John Hunter Hospital, Newcastle Private Hospital and the surrounding health precinct. It is aligned in a north-south direction and connects Kookaburra Circuit with Lookout Road north of Newcastle Private Hospital. It is a two-way road, configured with one travel lane in each direction.

Jacaranda Drive has a sign posted speed limit of 40 kilometres per hour and carries around 2,000 vehicles per day[2], immediately west of Lookout Road.

Figure 3.1 provides an overview of the road network and access arrangements surrounding the site.

[1] Based on the peak hour traffic counts undertaken by GTA in March 2019 and assuming a peak-to-daily ratio of eight per cent for arterial roads and 10 per cent for local roads.

[2] Newcastle Inner City Bypass – Rankin Park to Jesmond, Technical Paper 2 Supplementary Traffic and Transport Assessment, Aurecon and Roads and Maritime, April 2018.

Figure 3.1: Existing road netork

Source: BVN – November 2020

3.1.2. Future Road Network Improvements

Transport for NSW is planning to extend the Newcastle Inner City Bypass between Rankin Park and Jesmond, for a length of 3.4 kilometres. The project comprises the following:

- new four-lane divided road between the intersection of Lookout Road/ McCaffrey Drive and Newcastle Road/ Main Road to the west of the JHHC
- full interchange at the JHHC near the existing car park 4
- northern interchange at Newcastle Road, southern interchange at Lookout Road
- upgrades to the Lookout Road/ McCaffrey Drive intersection to improve capacity
- off-road provision for pedestrians and cyclists, including a shared path over the John Hunter Interchange, connecting to existing tracks west of the proposed road.

The proposed bypass aims to improve performance of the existing travel route between Rankin Park and Jesmond with the objective to meet future traffic demand, reduce travel times and improve road safety.

3.1.3. Public Transport Infrastructure and Bicycle Network

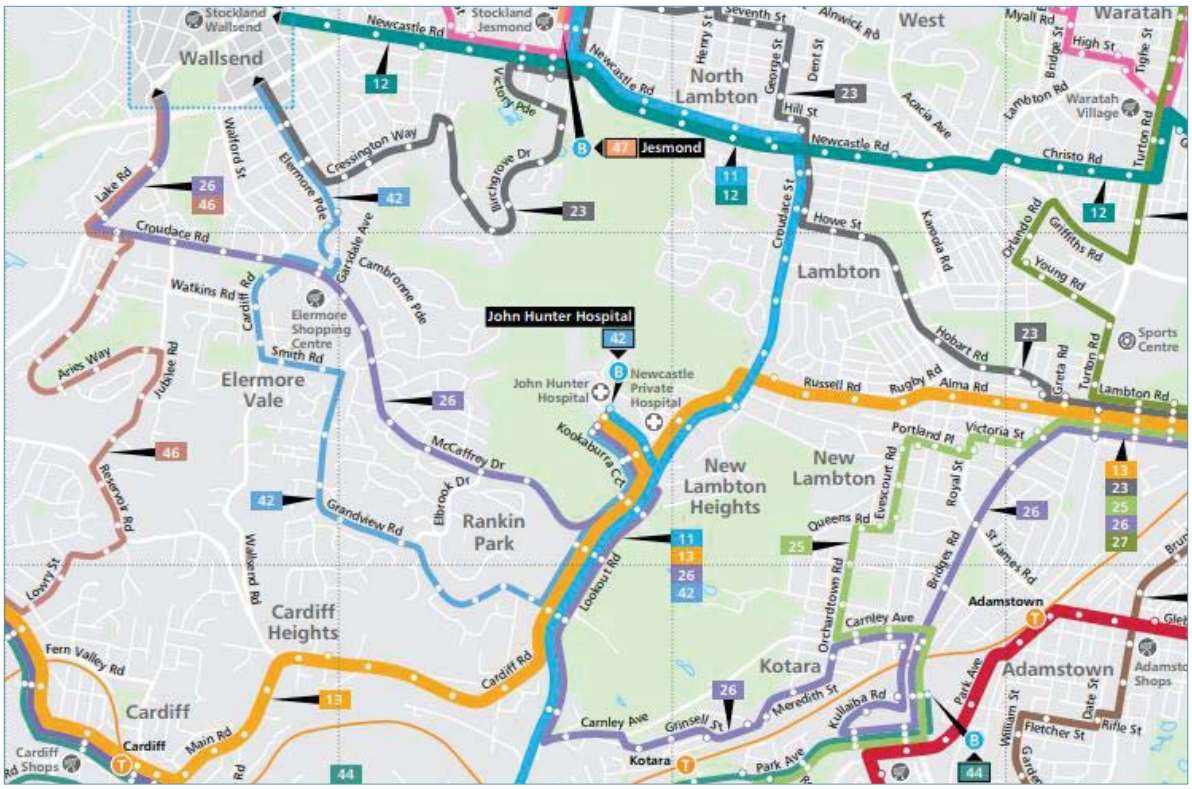
A bus stop is provided at the main hospital entrance at the southern side of the building along Kookaburra Circuit. Buses servicing this stop provide convenient connections with key local and regional destinations, including Newcastle Central Business District, Broadmeadow, Charlestown and Glendale. Several services connect with railway stations, including Cardiff and Broadmeadow Railway Station, providing connection to the Central Coast and Sydney.

A review of the bus routes available at the John Hunter Health Campus is summarised in Table 3.1 and shown indicatively in Figure 3.2.

Table 3.1: Bus services

Route number	Route description	Location of stop	Frequency on/ off-peak
11	Charlestown to Newcastle	Main Hospital Entrance along Kookaburra Circuit	Every 15 mins
13	Newcastle to Glendale		Every 15 mins
26	Newcastle West to Wallsend		30 mins/ 1 hour
42	John Hunter Hospital to Wallsend		Hourly between 6am and 6pm

Figure 3.2: Surrounding public transport network



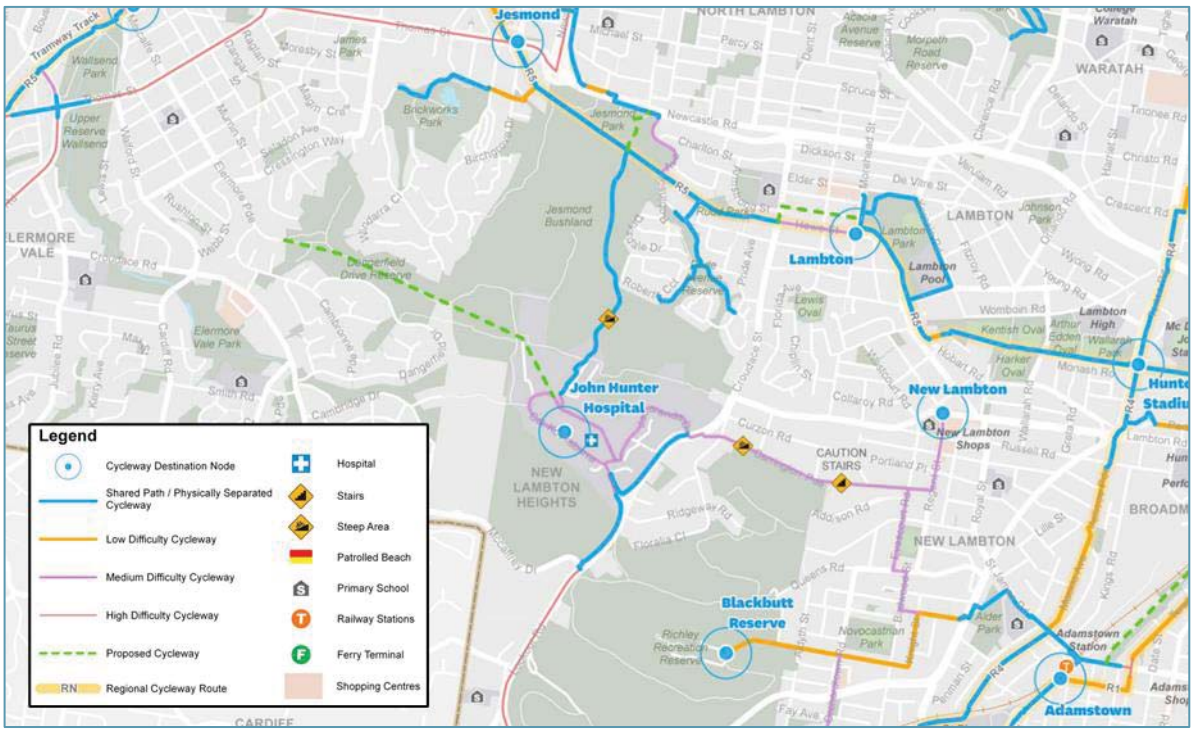
Base image source: Newcastle and Lake Macquarie Region Network, Newcastle Transport, accessed 24 September 2020

Figure 3.3 provides an understanding of the existing bus and cycle access routes within the John Hunter Health Campus and Figure 3.4 details the existing and proposed cycle network near the Campus.

Figure 3.3: Existing bus and cycle access and circulation plan

Base image Source: JACOBS 190503_JHHIP Interim MP Study

Figure 3.4: Newcastle cycleways



Source: https://newcastle.nsw.gov.au/Newcastle/media/Documents/Cycling%20and%20Walking/Newcastle-Cycleways-LGA-Map-WEB.pdf, accessed 25 September 2020

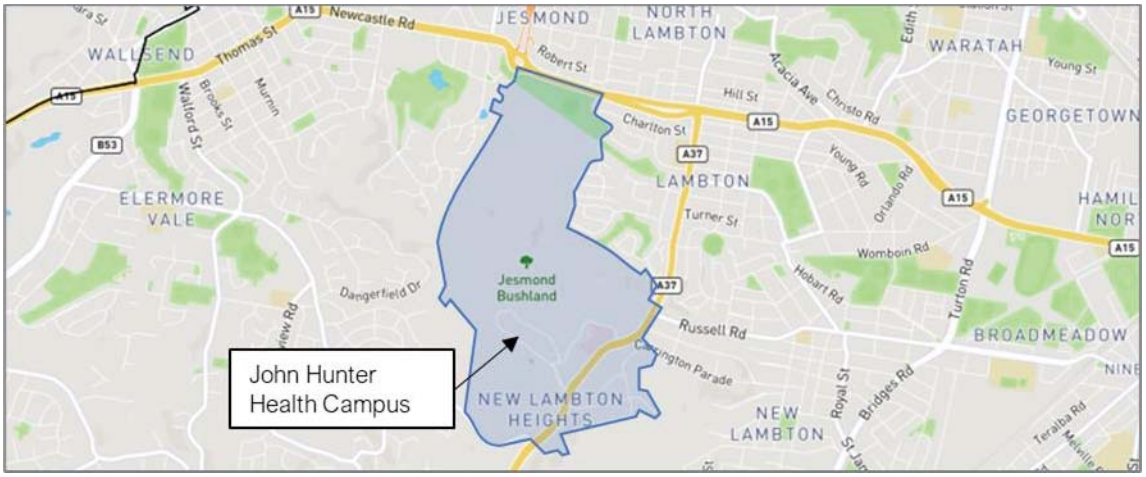
Consultation with Transport for NSW in October 2020 and February 2021 indicates TfNSW is currently planning for future high frequency bus routes across Newcastle. The work is not yet complete, however it is expected future bus services could enter the JHHIP via the Newcastle Inner City bypass. To accommodate potential new bus services, an additional bus bay on the southern side of Kookaburra Circuit will be provided with the development.

3.2. Existing Travel Behaviour

The Journey to Work (JTW) data published by Transport for NSW's Transport Performance and Analytics from 2016 Census data provides an understanding of the travel patterns to/ from the site and surrounding area.

The smallest geographical area for which JTW data is available is a Travel Zone. The relevant Travel Zone used for this assessment is 6323, shown in Figure 3.5.

Figure 3.5: Travel zone containing John Hunter Health Campus



Base map source: https://www.transport.nsw.gov.au/data-and-research/forecasts-and-projections/travel-zone-explorer, accessed 8 April 2019.

The JTW data indicates that a total of 4,056 persons work within the selected Travel Zone. This Travel Zone's main source of employment is the John Hunter Health Campus and hence the JTW can be used as an indicative representation of the existing mode-share.

Table 3.2 shows the distribution of travel modes by the workers employed in the Travel Zone, adjusted for those who did not work or worked at home, which indicates that of the people that travel to work around 92 per cent of workers travel to the area by private vehicle as a driver or passenger, including one per cent by motorbike.

Table 3.2: JTW travel modes by workers to the selected Travel Zone

Travel Mode	Mode Share Split (%)
Vehicle Driver	86
Vehicle Passenger	5
Motorcycle	1
Bus	3
Train	0.5
Walk	1.5
Cycle	2
Other mode or mode not stated	1

The JTW data also indicates that around 51 per cent of workers travelling to the Travel Zone originate from the Newcastle Area, while Lake Macquarie (east and west) accounts for 34 per cent, Hunter Valley (excluding Newcastle) for 12 per cent, Central Coast for one per cent and remaining areas (Sydney and Mid North Coast) for two per cent.

4. POLICY AND STRATEGY FRAMEWORK

4.1. Introduction

Based on the transport network described above, this section identifies the potential travel patterns to and from the JHHIP. It builds on the walking, cycling 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 forecasts for the JHHIP, 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 JHHIP can achieve more walking and cycling use by targeting the potential pool of employees that reside within the nearby local residential areas. Providing wayfinding, public transport information and inductions of end of trip facilities to new 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

Hospital	Mode Share Split (%)	
	Car, as driver	Car, as passenger
Tweed	92	
St George	90	
Sutherland	95	2
Gosford	86	9
Wyong	97	
Lismore	99	
Nepean	95	
Campbelltown	98	

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

- Staff mode shares from the existing campus.
- Mode shares from comparable hospitals in NSW (Table 4.1).
- Proposed facilities within and surrounding the JHHIP.
- The environment surrounding the JHHIP.

Based on the above factors, the proposed mode shift for the JHHIP 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 JHHIP, 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) and through lobbying government to improve public transport services to the site. Therefore, the proposed mode share for the JHHIP which is considered to be achievable through this GTP is summarised in Table 4.2.

Table 4.2: JTW travel modes by workers to the selected Travel Zone

Travel Mode	Mode Share Split (%)	
	Existing	Target
Vehicle Driver	86	80
Vehicle Passenger	5	8
Motorcycle	1	1
Bus	3	5
Train	0.5	1
Walk	1.5	2
Cycle	2	3
Other mode or mode not stated	1	0

The proposed mode share includes encouraging higher occupancy in private vehicles as well as encouraging a take up in public and active travel modes such as buses, walking and cycling. Noting potential for future high frequency bus corridors planned around the campus, discussed in Section 3.1.3, increased use of public transport should be encouraged.

4.4. Overview Initiatives

As part of the identified mode share considerations, a number of overview potential initiatives and principles have been developed with more detailed actions listed in Section 5, noting these are subject to further engagement with HNELHD. The transport aspects likely to influence and initiate mode change within the JHHIP include:

1. Implementation of the GTP.
    - Appoint a Travel Plan Coordinator (TPC) to ensure the successful implementation and monitoring of the GTP. This should be coordinated in an integrated format for the entire JHHC. The TPC would manage and review the GTP on an ongoing basis.
    - 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 JHHC by providing staff tours on day of opening as well as staff inductions for new staff.
    - Promote local bicycle facilities within the surrounds of the JHHC, 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 and visitors.
    - 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. Overview

This section provides example actions and a checklist for their implementation. The programs and actions are suggestions based on other successful GTPs in similar environments. The timeframes for actions have been indicatively provided, but to be confirmed in discussion with relevant shareholders and consent authorities. Notwithstanding, all actions would be delivered within 12 months of occupation.

As noted, the GTP is a dynamic document that will be updated to respond to changing site conditions, and site users' travel patterns. It is expected that a full list of committed programs and actions will be finalised prior to occupation of the development. Furthermore, it is noted that some programs and actions can be promoted to existing staff to encourage more sustainable travel behaviours prior to occupation of the JHHIP. As such, the example actions have been categorised as being able to commence 'Pre-Occupation' or 'Post-Occupation' of JHHIP.

5.2. Commence pre-Occupation of JHHIP

As noted in Section 1.2 and 1.3, HNELHD will implement this GTP once the actions/ programs have been confirmed and is responsible for the ownership and implementation of the document for the existing users of the campus and future users of the JHHIP.

HNELHD will assign a travel plan coordinator during design development of JHHIP to champion and oversee the implementation, review, and monitoring of the Plan. As noted, the plan is a dynamic document and will be updated annually, including ahead of commission of the new facilities. This includes updating any initiatives implemented during design development, such as the development of a Travel Access Guide.

Example actions/ programs that could be implemented prior to occupation of the JHHIP are detailed below.

5.2.1. General

Action	Implementation
Identify a staff member to complete travel coordinator duties in this plan for up to one year at a time	Progress
Provide a welcome pack for each new staff member which includes a Travel Access Guide (TAG) and information on how to become involved in the staff carpool system	Progress now, promote to all existing staff and provide with each new staff
Work with Newcastle Private Hospital to encourage their involvement with the travel plan	Progress initial discussions, ongoing

5.2.2. Walking

Action	Implementation
Produce a map showing safe walking routes to and from the campus showing times rather than distances, to local facilities, such as shops and public transport stops	Progress, as part of Travel Access Guide (TAG)
Take part in 'National Walk to Work Day'	Progress, annually

Action	Implementation
Identify employees living near work that may be interested in walking to work	Progress and as part of regular updates to the GTP
Review condition of existing footpaths onsite regularly and upgrade as required	Progress and as part of updates to the GTP

5.2.3. 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	Progress
Develop a 'bike buddy' scheme for inexperienced cyclists	Progress
Organise a breakfast for cyclists to incentivise staff to cycle as well as promoting cycling	Progress, once a month
Partner with local providers to provide an on-site bicycle maintenance service (either as a special one-day event or on a regular basis)	Annually or biannually
Produce a map showing more leisurely bicycle routes to work	Progress, as part of TAG
Participate in annual events such as 'Ride to Work Day'	Annually

5.2.4. Public Transport

Action	Implementation
Develop a map showing public transport routes to work	Progress, as part of TAG
Put up a notice board with leaflets and maps showing the main public transport routes to and from work	Progress, as part of TAG
Place information on the work intranet with links to appropriate external websites e.g. transportnsw.info	Progress
Encourage discussions with public transport operators to provide bus services where staff identify services are lacking	Progress and following expansion
Work with TfNSW to request improvements to bus network to facilitate travel for nearby residential catchments and surrounding activity centres.	Ongoing

5.2.5. Carpooling

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

5.2.6. 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.	During design development and following expansion

5.3. Commence post Occupation of JHHIP

Example actions/ programs that could be implemented post occupation of the JHHIP are detailed below.

5.3.1. Walking

Action	Implementation
Introduce staff to end of trip facilities as part of their induction	Following expansion, provide induction to facilities for existing staff, as well as every time a new staff member begins

5.3.2. Cycling

Action	Implementation
Review bicycle parking regularly to meet peak needs, upgrade as required	Regularly, annually or biannually
Ensure bicycle parking is clearly visible or provide signage to direct people to cycle bays	Following expansion
Review condition of existing on-site bicycle routes regularly and upgrade as required	Regularly, annually or biannually
Supply a workplace toolkit consisting of puncture repair equipment, a bike pump, a spare lock and lights. This could be provided within the End of Trip facilities to ensure convenient access.	Following expansion with regular review

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 JHHC. The Plan should be reviewed on a yearly basis with staff travel surveys and in consultation with City of Newcastle and Transport for NSW. 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 Newcastle? (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 JHHC.

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 and visitors as demand grows.

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

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