



green travel plan;

Griffith Base Hospital Redevelopment Green Travel Plan

For Griffith Base Hospital
16 April 2021

parking;
traffic;
civil design;
wayfinding;
ptc.

Document Control

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Executive Summary

- **ptc.** has been engaged by Health Infrastructure (HI) to prepare a Green Travel Plan (GTP) for the redevelopment of Griffith Base Hospital ("the project");
- The Steering Committee for Griffith Base Hospital as at 2021 comprises:
 - Redevelopment Operational Project Manager
 - Redevelopment Communications Manager
 - Maintenance Engineer
 - Wardsperson
 - WHS Co-ordinator
 - Redevelopment Asset Project Officer
- An online staff travel survey has been undertaken to determine the travel mode share among the current staff. The findings of the survey are:
 - The survey was completed by 144 employees;
 - The use of cars is the dominant transport mode, comprising 93% of respondents, followed by walk/run and bicycle (5% and 2% of respondents respectively) with no recorded use of public transport (bus) or motorcycles;
 - Of those who drive, 86% park on campus car parks and 14% park off-campus using on-street parking (such as Warrambool Street and Noorebar Avenue);
 - A proportion of those who drive cited shopping after work, dropping off / picking up children, dropping off / picking up spouses/partners and lack of convenient bus stops as the main reasons why using alternative modes of transport is not used;
 - 62% of respondents live within 5km, of whom 39% are interested in walking or cycling if end of trip facilities are provided, which indicates opportunities to increase the percentage of staff walking and cycling if appropriate infrastructure is provided;
 - 23% of car drivers and passengers would consider changing from driving to public transport if the Hospital provides an arrangement whereby staff are able to easily travel home in an emergency; and
 - 13% of respondents would like to join walk/cycle groups and/or car pooling group.
- The most common method of travel to work within the Griffith LGA per the 2016 census data was car (81.1%) either as driver or passenger vs. 76% in 2011. This compares to 73.4% in 2016 (71.1% 2011) for regional NSW Walking decreased from 4.2% in 2011 to 2.8% in 2016 (compared to regional NSW 4.1% 2011 to 3.5%). To assess whether these statistics and trends are indicative of the travel mode for staff at the Hospital (particularly those working normal business hours) an online staff questionnaire should be undertaken.
- There are two major bus services serving the hospital by six bus stops within 400m of the Hospital. These bus services are 941 covering Griffith CBD to North Griffith and 946 covering Griffith CBD to Mayfair via Three Ways.

- Footpaths are currently provided around the hospital frontage, which are generally wide and can adequately accommodate two-way pedestrian flow. Footpaths are generally not provided along the surrounding road network, which is not uncommon for low-density residential areas. However, it is noted that the roads generally provide wide grassy verges which could possibly allow local residents/ employees to walk to the site. The existing pedestrian facilities is considered adequate for the purposes of the Hospital.
- There is an existing shared path along the hospital frontage, as well as a shared path connection along Koorringal Avenue towards the Griffith Town Centre. Although the existing infrastructure is limited, Council has plans for improving the pedestrian and bicycle network which will provide better connection within the wider Griffith region. Walking and cycling will be considered viable alternative modes of transportation in the future for many local visitors and employees of the hospital, particularly if this infrastructure is supported by adequate end of trip facilities.
- To encourage staff and visitors to adopt alternative sustainable transport options, a TAG should be developed to summarise the available transport options.
- The TP coordinator and steering committee should monitor and review the sustainability targets. As a minimum, the GTP should be reviewed on an annual basis incorporating consultation with staff and visitors at the completion of a regular travel questionnaire. The annual review should result in an update to the GTP.
- The Hospital will provide 30 bicycle spaces to encourage staff and visitors to cycle to the hospital. 24 bicycle spaces will be dedicated to staff and 6 bicycle spaces will be available for use by the public. Nine showers are provided for staff throughout the main hospital building and the NCS building.
- The following strategies can be employed to encourage non-car modes of transport to and from the hospital:

| Target | Strategy |
|--|---|
| Walking | |
| Encourage staff to walk to work as entire or part of their journey | Work in partnership with Council, Department of Planning and TfNSW to determine whether there are opportunities to improve the pedestrian connectivity to the Hospital. For example, ensure that pedestrians are considered within any planned road upgrades. |
| Cycling | |
| Increase journeys to site by cycling | <p>Work in partnership with Council, Department of Planning and TfNSW to determine whether the opportunities to improve the cycle connectivity to the Hospital identified in the Griffith Pedestrian & Bicycle Strategy May 2018 are implemented – refer Figure 8.</p> <p>Create maps and bike routes, which link to surrounding key amenities and available facilities.</p> <p>Provide secure, internal End of Trip facility with bike storage racks and shower and change amenities.</p> <p>Provide a pool of Hospital owned bikes for use by staff to undertake the commute or trips during their shift.</p> |

| Target | Strategy |
|--|---|
| | Provide facilities on-site for staff and visitors to repair bikes. Ensure visitor bicycle racks are positioned in an accessible and sheltered location that provides good passive surveillance and is easily recognisable to visitors. |
| Carpooling/Car Share | |
| Improve accessibility to carpooling (noting that car share providers do not yet operate in Griffith) | <p>Create, or work with carpooling networks to increase the ability for staff to carpool (e.g. ready-made apps such as Liftango).</p> <p>Provide access to taxi services for unplanned trips home during a shift (one reason people often state as the reason for driving, is the ability to get home if required, whereas carpooling removes this flexibility without the backup of a taxi service).</p> |
| Public Transport (Bus) | |
| Increase journeys to work by Public Transport | <p>Review the frequency of the service with operators and TfNSW.</p> <p>Create a map identifying the location of bus stops and routes and make this available to all staff and visitors.</p> <p>Improve the promotion of Public Transport on the Hospital website.</p> |

1. Introduction

Ptc. has been engaged by HI to prepare a GTP to accompany the State Significant Development Application (SSDA) for the project.

1.1 Purpose of the Plan

The purpose of the GTP is to provide a package of measures with the aim of reducing the reliance on private car usage and encourage and support more sustainable ways to travel to work at Griffith Base Hospital ("the Hospital") (refer Figure 1). This may be achieved through the review of existing policies and identifying programmes to encourage hospital visitors and employees to adopt more active and sustainable forms of transport.

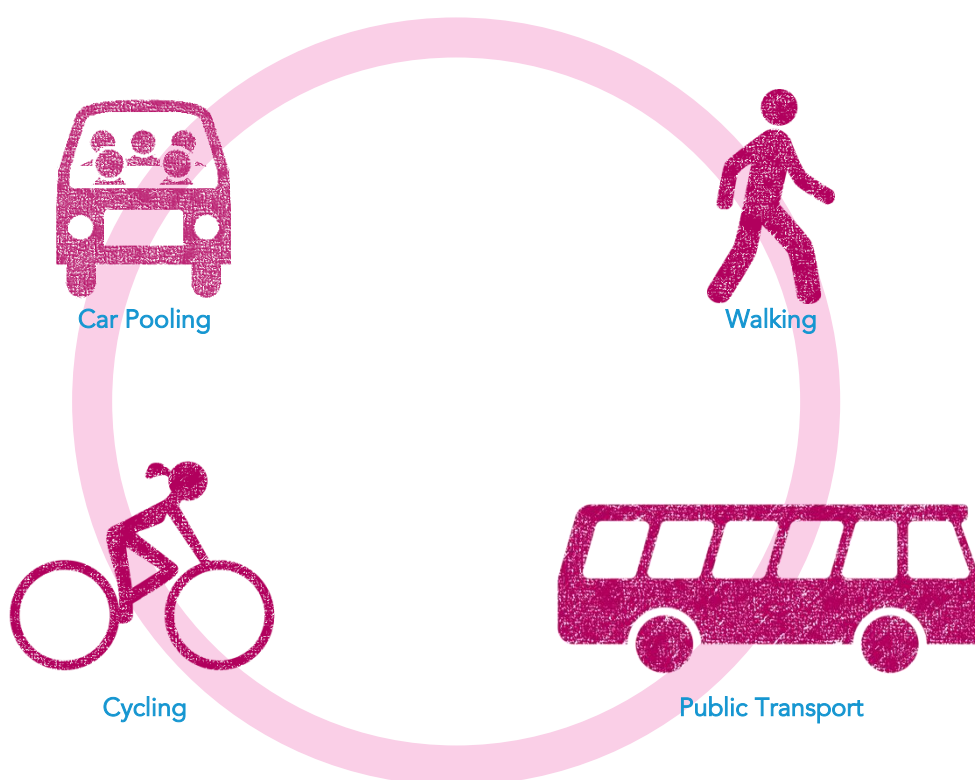


Figure 1 – Transport options

The GTP is intended to contain information for the management of the ongoing transport needs of the Hospital. It contains strategies to achieve the sustainable transport targets established in this document however does not directly communicate to users of the Hospital. This information is envisioned to be passed onto staff and visitors by the Hospital via measures recommended in the supporting information. The flow of information is illustrated in Figure 2 below.

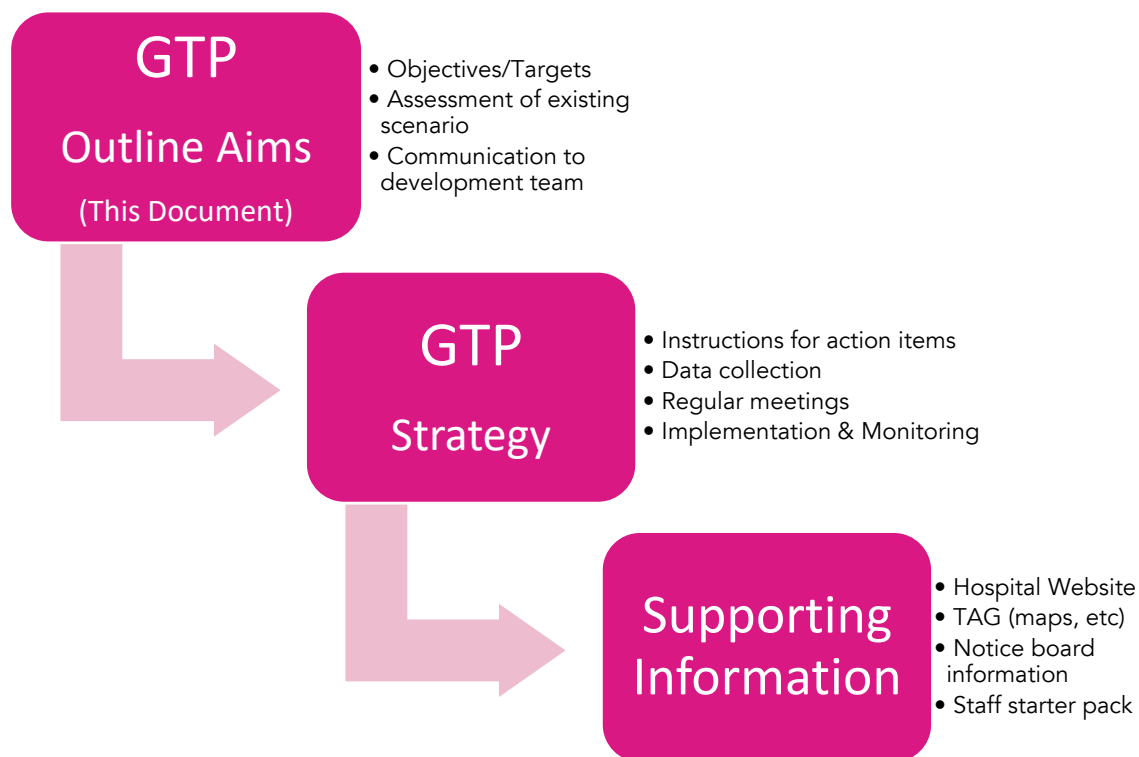


Figure 2 - Flow of information of the GTP

This document presents the following:

- Existing public transport infrastructure and future transport options;
- Current travel patterns within the Griffith area;
- A travel mode share target for the Hospital;
- A framework to identify and respond to travel demand associated with the Hospital;
- Strategies to implement prior and during the development; and
- The monitoring strategy to track the performance of the GTP.

1.2 Benefits of a GTP

The development of a GTP is widely accepted¹ as one of the most effective ways to increase sustainable transport to and from employment and public facilities. A successful GTP offers many benefits for the community, including:

- Building confidence and improving social interaction by walking and/or cycling;
- Assists in the implementation of health, fitness and wellbeing programs;
- Improving safety by reducing traffic and local road congestion;
- Improving the environment by reducing air pollution from private vehicles;

¹ Workplace Travel Plan Guidance, Premier's Council for Active Living; Draft Travel Planning Guidelines, City of Sydney

- Creating opportunities for healthier lifestyles and more vibrant, cohesive and accessible communities; and
- Providing individuals with leadership opportunities.

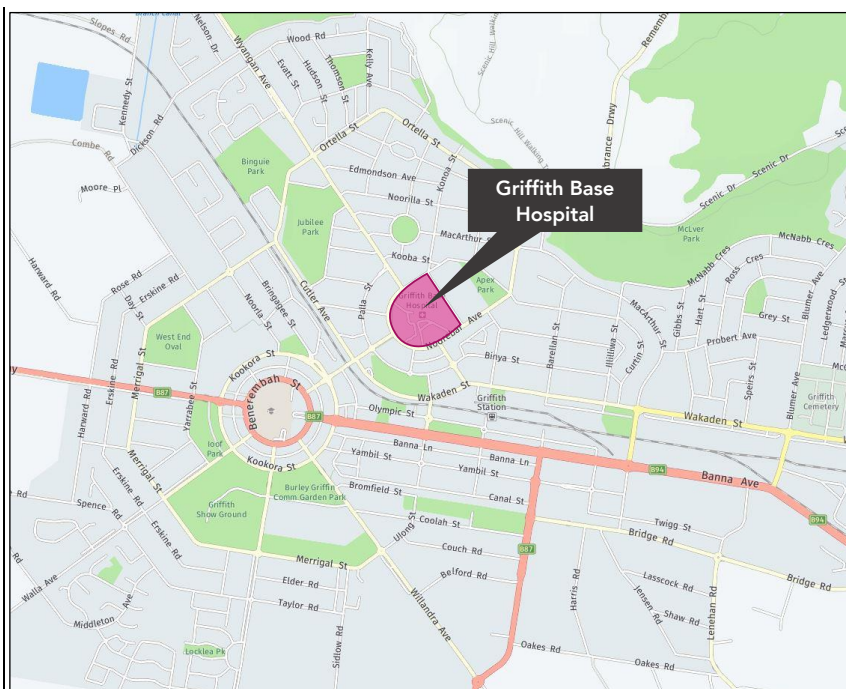
It is likely that staff and visitors with a good understanding of an active and sustainable mode of transport will follow a healthy and active lifestyle, care about the environment and prioritise location and lifestyle over car ownership.

2. Griffith Base Hospital

The Hospital is located north of the city centre and is subject to redevelopment by 2025.

It is a public hospital, located within the Murrumbidgee Irrigation Area of New South Wales and provides a wide range of emergency, general medicine and diagnostic services.

Transport modes available to Hospital attendees (staff, outpatients and visitors) are primarily road, with limited bus services.



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3. Green Travel Plan

3.1 What is a green travel plan?

A GTP is a document that outlines how a development intends to make travel to and from the site safer and more sustainable for employees and visitors. The GTP addresses local traffic issues around the Hospital and encourages active, safe and sustainable travel methods, such as walking, cycling, public transport or car sharing. A GTP correlates with the overall aspirations of the Murrumbidgee Local Health District (MLHD) Strategic Plan 2016-2021 (refer Figure 4) and is a document that is monitored and reviewed regularly.



Figure 4 - MLHD Strategic Plan 2016-2021

A GTP is not just the installation of bike racks or provision of end-of-trip facilities. A good GTP aims to promote and maximise the use of more sustainable modes of travel via a range of actions, promotional campaigns and incentives. The plan includes site management tools that encourage staff and visitors to make more sustainable transport choices. A GTP requires ongoing implementation, monitoring and review. As such, nominating an individual or a team to oversee the implementation of a travel plan is a crucial component of success.

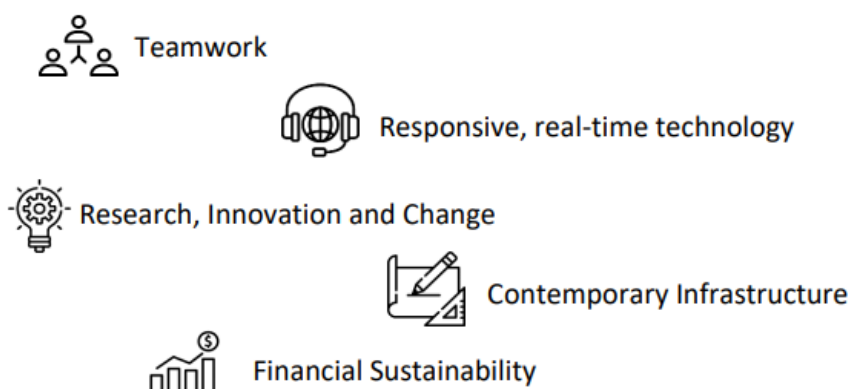
An effective GTP can offer many benefits² such as reduced parking construction costs, less congestion on the public road networks and health and environmental benefits which align with the objectives of the MLHD to create a healthier and happier campus³.

Our Communities, Our Future

– *Healthier Together*



Towards 2021: Enablers to help us achieve success



² NSW Healthy Eating and Active Living Strategy 2013-2018

³ Our Communities Our Future Healthier Together MLHD Towards 2021 page 13

3.2 Relevant priorities from the NSW State Plan (NSW Health, 2011)

- Increase walking and cycling,
- Increase the number of people participating in physical activity,
- Improve health in the community,
- Increase share of journey to work trips on a safe and reliable public transport system,
- Improve the efficiency of the road network,
- Increase the number of jobs closer to home,
- Tackle climate change,
- Improve air quality.

3.3 Potential Outcomes

- Successful negotiations with private transport providers (if necessary) to provide increased public transport services to the Hospital precinct.
- Improvements to cycle and walking infrastructure, if required.
- Recommendations for any relevant policy changes will be made to management (e.g. flexible work and work from home/hub policies).
- Campaign promoting the health and other benefits of non-car modes of travel will be implemented for staff.
- End-of-trip infrastructure, including lockers to leave items overnight (avoids carrying heavy items home, which can be a deterrent for active transport).
- Team up with a local bike shop to provide bike servicing at the Hospital (this can be extended to the broader community too).
- Evaluation and Monitoring:
 - Staff questionnaires (mode of travel to work)
 - Private car-park usage
 - Patronage on any new or extended public transport services
 - Carpooling use (number of new users)
 - Feedback from public transport providers
 - Number of Transport Access Guides downloaded/hard copies used.

4. Steps to develop the GTP

To develop a GTP, there are five (5) key steps to follow to commence its operation:



Figure 5 - Steps to develop a GTP

4.1 Step 1 – Set up a travel plan (TP) coordinator and a steering committee

- Appoint an individual to coordinate specific actions and to track the progress of this work;
- The TP coordinator could be assigned for up to 4 hours per week;
- Develop a working group that involves representatives including staff and the steering committee;
- Identify ways how the whole community will be involved and informed of the work (e.g. regular articles in the Hospital website/ social media).

4.2 Step 2 – Data collection & review existing situation

Travel mode data assists with developing and reviewing travel planning schemes and how the existing facilities can be improved around the site area and beyond. It also helps contribute to the goal of encouraging more sustainable modes of transport.

- What is your Postcode?
- Distance travelled to work?

- How do you normally travel to work?
 - Walk/run
 - Bicycle
 - Bus
 - Motorcycle
 - Car (Driver)
 - Car (Passenger)
 - Other_____
- If you drive:
 - Did you park on campus today? If so where?
 - Did you park on-street? If so which street?
 - Did you park in an off-campus car park? If so, where?
- Were you dropped off by private vehicle? If so where?
- What is your normal work pattern (start time, finish time)?
- Do you need to drive to work for another reason? (e.g. dropping off or collecting children from school/childcare, dropping off spouse/partner at their place of work, shopping on the way home, etc.)
- Would you consider walking/cycling if end of trip facilities are provided?
- Have you heard of car share? If yes, would you use it?
- If not, what are the barriers to you using car share to travel to and from the Hospital?
- What would make you consider using car share as a form of transportation?
- Would you consider switching from car to public transport if the Hospital provided an arrangement whereby you were able to easily travel home in an emergency (e.g. Corporate Uber, GoGet Car etc)
- If you would like to take part in walk/cycle groups and/or carpooling please specify which group and your contact details (email).
- Do you have any suggestion/recommendations to encourage sustainable modes of transport?

4.2.1 Patient/Visitors Only Questions

- If you are a patient/visitor, where did you travel from today?
- What mode of transport did you use?
- Why did you use this particular method of travel mode?

Questionnaire findings enable the Hospital to establish methods to achieve identified targets within proposed time frames. This could include adopting strategies outlined in Section 7 which are undertaken by the Steering Committee. These methods and targets are then available for monitoring by the steering committee (refer to Section 9).

4.3 Step 3 – Prepare the implementation GTP

The implementation GTP is a document intended to include travel information for the TP coordinator and the Hospital to communicate to the respective staff and visitors. The document should include instructions on how to achieve objectives via recommended strategies and a respective action plan.

Based on the data, an overall vision on the modal travel should be considered with clear objectives. The GTP should be prepared based on those objectives, notably:

- Build a Hospital culture that supports active travel by motivating and encouraging the users to get involved;
- Set SMART (Specific, Measurable, Achievable, Relevant, Timed) targets;
- Develop an action plan that lists activities and strategies that eliminates the community's barriers to active travel to meet the objectives;
- Estimate the budget required to meet the objectives, identify funding source and develop implementation strategies; and
- Review and consult with the Hospital.

It is noted that a GTP is not a one-off document – it is a process of ongoing implementation, review and improvement. As such, setting out the objectives and targets are the first step in the preparation of a GTP. When developing objectives, site context is important.

4.4 Step 4 – Deliver & implement

Once the GTP is developed and launched, regular monitoring (every 12 months) is required by the Hospital and the steering committee as part of the implementation strategy. This is to be organised by the appointed TP coordinator who is employed by the Hospital.

4.5 Step 5 – Recognise process

The successes of the GTP should be celebrated regularly, for example at key events. The plan should regularly be reviewed and include new ideas, targets and benchmarks. This should be undertaken by the Hospital and the TP coordinator.

5. Griffith Hospital Progress

Table 1 - Hospital progress

| Actions required | Progress |
|--|---|
| Step 1 – Set up a Steering Committee | Steering Committee members are nominated |
| Step 2 – Data Collection & Review Existing Situation | Partially complete – staff questionnaire to be undertaken |
| Step 3 – Prepare the travel plan | In Progress |
| Step 4 - Deliver & Implement | To be undertaken by the Steering Committee |
| Step 5 – Record Results / Recognise Process | Ongoing once the GTP is in place |

5.1 Step 1 - Steering Committee

The success of a GTP depends on the initiatives developed, but also the ongoing management and implementation of the plan. This is achieved through the establishment of a steering committee, which might develop the plan for ongoing management by the Hospital or remain as a key group of ongoing stakeholders once the plan is implemented.

Examples of who might be represented on the steering committee include:

- Manager, Health Promotion
- Representative, Griffith City Council
- Community Representative, (e.g. resident group, bike club, disability advocate)
- Manager, Capital Works
- Traffic Committee Representative
- Project Officer (LHD)

The Steering Committee for Griffith Base Hospital as at 2021 comprises:

- Redevelopment Operational Project Manager
- Redevelopment Communications Manager
- Maintenance Engineer
- Wardsperson
- WHS Co-ordinator
- Redevelopment Asset Project Officer

General enquiries or suggestions can be made to members of the Steering Committee.

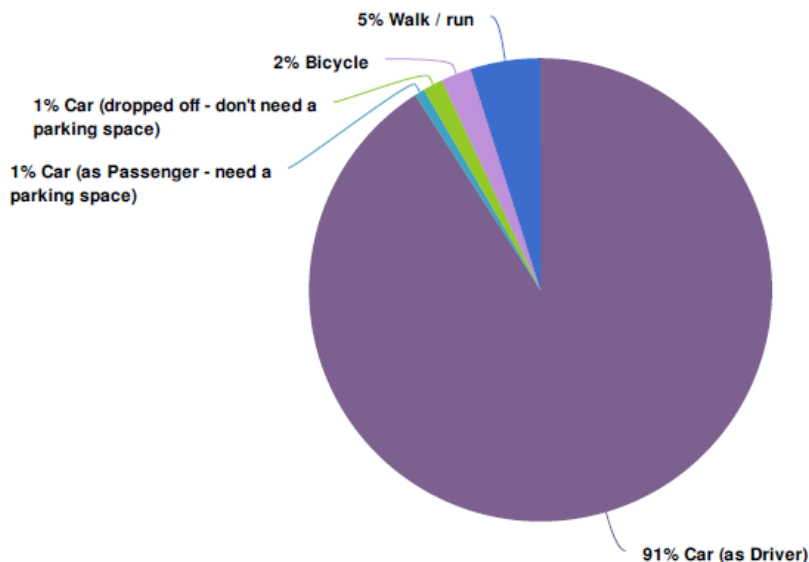
5.2 Step 2 – Data Collection & Review Existing Situation

An online staff travel survey has been undertaken to determine the travel mode share among the current staff.

Key findings from the survey are summarised below. The complete results of the survey are presented in Attachment 1.

- The survey was completed by 144 employees;
- The use of cars is the dominant transport mode, comprising 93%⁴ of respondents, followed by walk/run and bicycle (5% and 2% of respondents respectively) with no recorded use of public transport (bus) and motorcycle;
- Of those who drive, 86% park on campus car parks and 14% park on off-campus streets (such as Warrambool Street and Noorebar Avenue);
- Those who drive cited shopping after work, dropping off / picking up children, dropping off / picking up spouses/partners and lack of convenient bus stops as the main reasons why using alternative modes of transport is difficult;
- 62% of respondents live within 5km, of whom 39%⁵ are interested in walking or cycling if end of trip facilities are provided, which indicates opportunities to increase the % of staff walking and cycling if appropriate infrastructure is provided;
- 23% of car drivers and passengers would consider switching from car to public transport if the Hospital provides an arrangement whereby staff are able to easily travel home in an emergency; and
- Only 13% of respondents would like to join walk/cycle groups and/or car pooling group.

How do you normally travel to work?



It is important to note that while a certain proportion of the employees stated that they would be interested in other forms of transport (walking, cycling etc) if suitable facilities were provided, these figures set an important goal. Even if employees change their travel mode on only a few days of the week, this can still represent a significant reduction in the car usage and parking demand. For example, if 5% of staff walk or

⁴ Car (as driver) + Car (as passenger) + Car (dropped off) = 91% + 0.7% + 1.4% = 93%

⁵ Car (as driver) and Car (as passenger) only

cycle to the Hospital on any given day, this represents a reduction of approximately 22 vehicles, and this doesn't need to be the same members of staff on each given day.

5.3 Step 3 – Prepare the travel plan

This GTP represents the preparation of the travel plan, although when adopted, it should be updated and monitored to ensure that the targets are being met or adjusted.

5.4 Step 4 - Deliver & Implement

The implementation of the plan will occur on completion and delivery of the Hospital. This is the responsibility of the Steering Committee.

5.5 Step 5 – Record Results / Recognise Process

It is recommended that the staff travel questionnaire referred to in Section 4.1 be completed by the Hospital once a year to monitor and track the mode share and to adjust the targets and incentives where necessary.

6. Existing Transport Infrastructure

6.1 Public Transport

The locality has been assessed in the context of available forms of public transport that may be utilised by prospective staff and visitors. When defining accessibility, the NSW Guidelines to Walking & Cycling (2004) suggests that 400m-800m is a comfortable walking distance. The 400m and 800m catchments are shown in Figure 6.

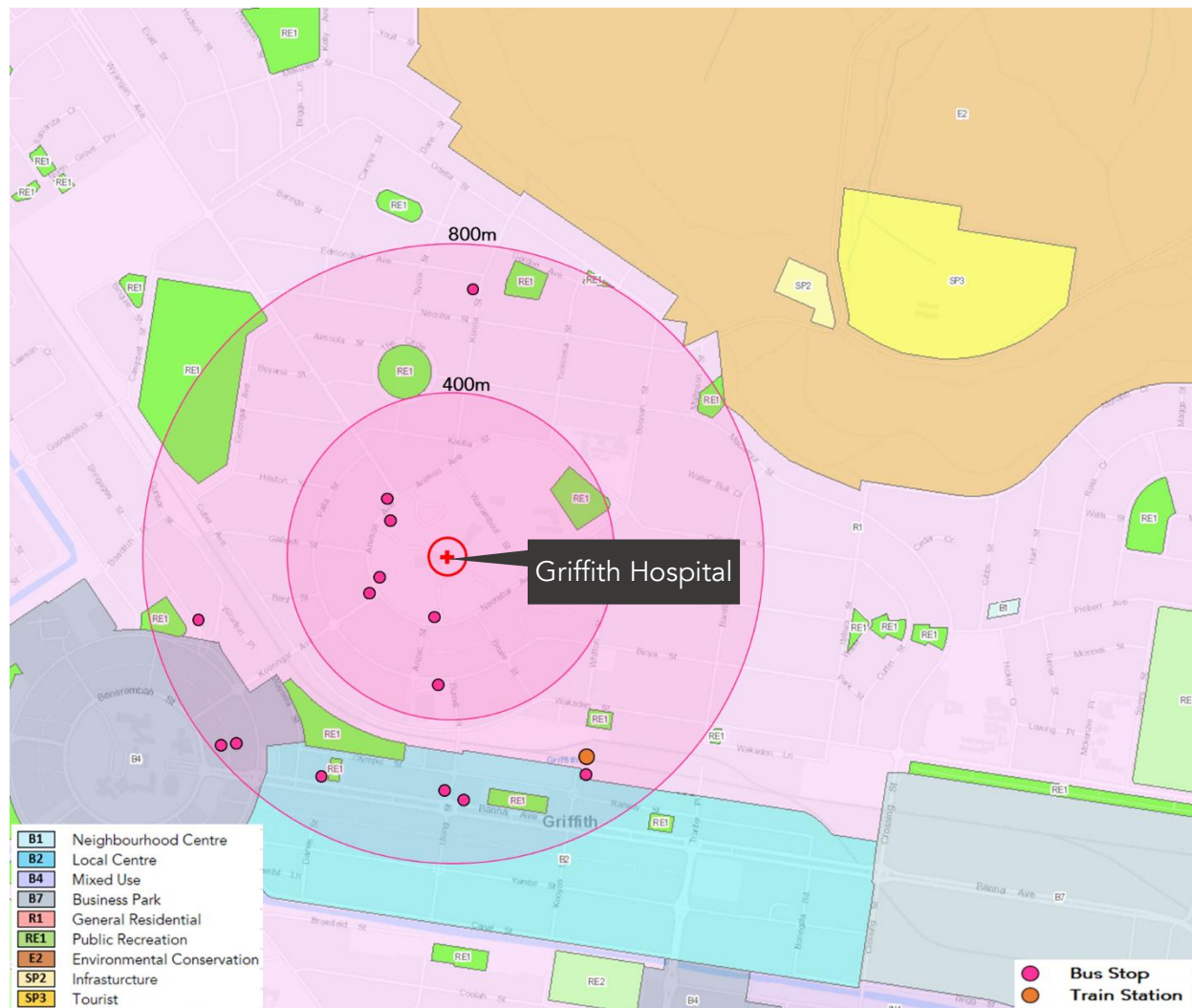


Figure 6 - Public Transport Map

We note within these catchments the landuse is predominantly general residential, with the retail neighbourhood centre to the south and business use to the south west.

6.1.1 Bus Services

There are two major bus services serving the hospital by six bus stops within 400m of the Hospital, as summarised in Table 2 and Figure 7.

Table 2 - Bus Service Summary

| Route No. | Frequency | Coverage | Stop Location |
|-----------|---|--|---|
| 941 | Every 90mins on weekdays Six services (every 60mins-150mins) on Saturday | Griffith CBD to North Griffith | <ul style="list-style-type: none"> Griffith Base Hospital, Animoo Avenue Griffith Base Hospital, Noorebar Avenue Griffith Medical Centre, Animoo Avenue Koorungal Avenue at Animoo Avenue |
| 946 | Every 90mins on weekdays Seven services (every 60mins-150mins) on Saturday | Griffith CBD to Mayfair via Three Ways | <ul style="list-style-type: none"> Animoo Avenue opposite Griffith Base Hospital Binya Street after Burell Place |

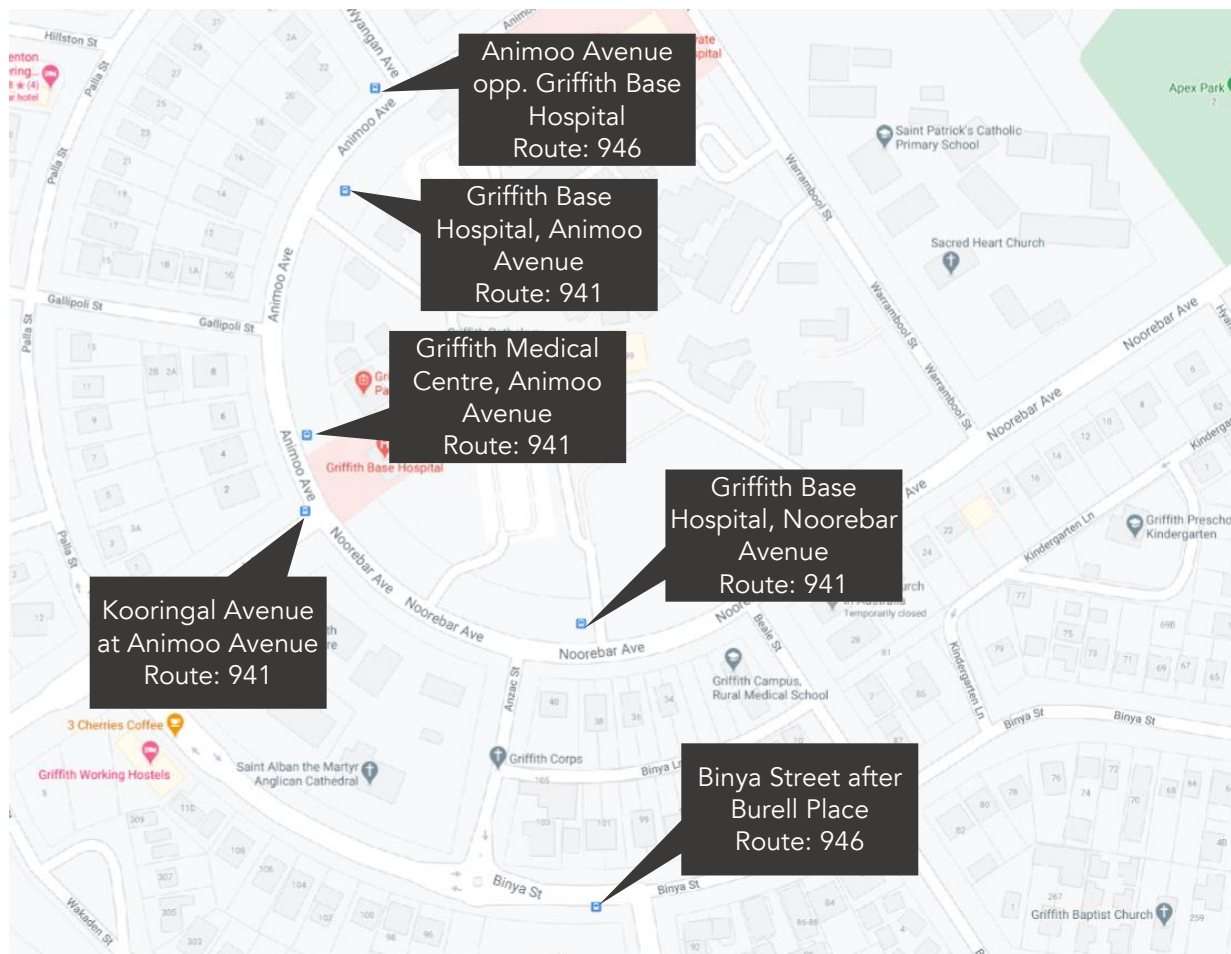


Figure 7 - Bus Stop Locations

6.2 Active Travel

6.2.1 Walking

Walking is a viable transport option for distances under 800 metres (approximately 15-20mins) and is often quicker for short trips door to door. Walking is also the most space efficient mode of transport for short trips and presents the highest benefits. Co-benefits where walking replaces a motorised trip includes improved health for the individual, reduced congestion on the road network and reduced noise and emission pollution.

Footpaths are currently provided around the hospital frontage, which are generally wide and can adequately accommodate two-way pedestrian flow. Footpaths are generally not provided along the surrounding road network, which is not uncommon for low-density residential areas. However, it is noted that the roads generally provide wide grassy verges which could possibly allow local residents/ employees to walk to the site.

The existing pedestrian facilities is considered adequate for the purposes of the Hospital.

6.2.2 Cycling

There is an existing shared path along the hospital frontage, as well as a shared path connection along Koorungal Avenue towards the Griffith Town Centre. Although the existing infrastructure is limited, Figure 8 represents the Council's future plans for improving the pedestrian and bicycle network which will provide better connection within the wider Griffith region.

In light of this, it is considered that walking and cycling will be a viable alternative mode of transportation in the future for many local visitors and employees of the hospital, particularly if this infrastructure is supported by adequate end of trip facilities.

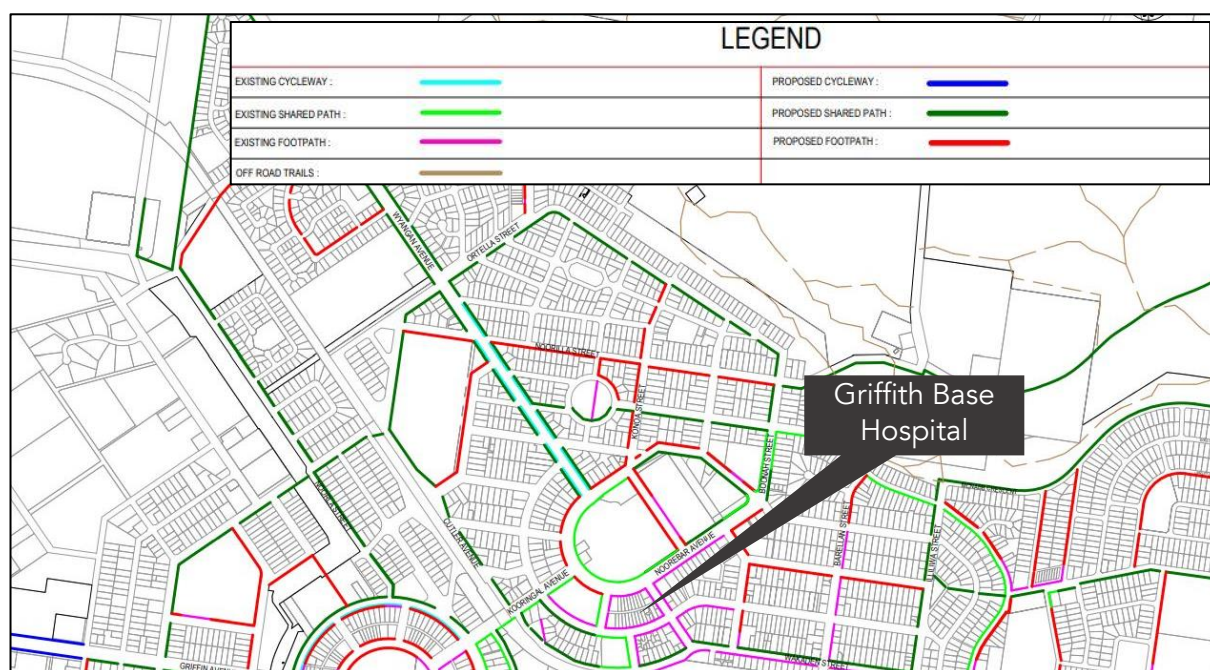


Figure 8 - Existing and Proposed pedestrian/bicycle infrastructure⁶

⁶ Griffith Pedestrian & Bicycle Strategy May 2018 Appendix A

7. Opportunity and targets

It may not be possible to implement all action items at the same time. Therefore, a hierarchy should be considered to assess actions based on the more sustainable option to enable priority on which should be implemented first.

A suggested travel mode hierarchy is presented below:

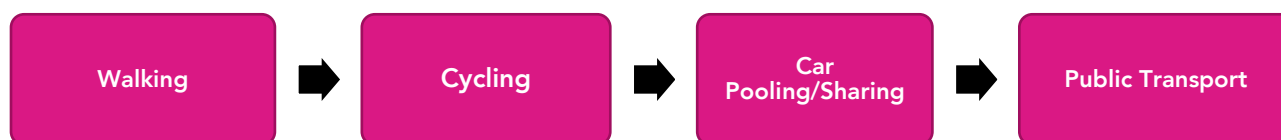


Figure 9 - Indicative Mode hierarchy

Each mode of transport is discussed below. There are a number of actions which will be employed to encourage non-car modes of transport to and from the Hospital.

7.1 Walking

Walking is likely to be an attractive option for people who live relatively close to the Hospital. It is a viable transport option for distances of 400-800 metres and is often quicker for short trips door to door.

Walking is also the most space efficient mode of transport for short trips and presents the highest benefits.



**5% Staff
Walk to
Work**

Walkers might include staff, outpatients and visitors; however, staff on early morning or late evening/night shifts would be unlikely to walk for safety reasons. For these reasons, it is expected that walking would only be an attractive mode share for people living locally and working normal business hours.

Site observations show that the existing footpath networks and crossing points between the adjoining residential precincts and the Hospital are generally adequate with improvements identified in the Council's Pedestrian & Bicycle Strategy May 2018.

Pedestrian access to the Hospital should be separated from the vehicular access.

'Walk to Work Day' should be celebrated to the Hospital on annual basis.

(<http://www.walk.com.au/wwt/homepage.asp>).

This could also be undertaken as part of the Griffith Relay For Life event.

7.2 Bicycle Infrastructure



Currently 2% of the questionnaire's respondents' cycle to the Hospital, however, 29.5% (39 responses) have advised that they would be interested in cycling if end of trip facilities are provided.

The opening of new facilities at a Hospital provides a good opportunity to change habits (or at least to avoid the continuation of old habits) and in this regard the ability to walk or cycle to the Hospital should be promoted.

The staff questionnaire results indicate that 62% of the respondents (90 staff) live within 5 kilometres of the campus. Walking and cycling should be promoted to these staff members.

The Griffith Pedestrian & Bicycle Strategy May 2018 identified the existing footpath, shared path and cycleway network servicing Griffith and the surrounding area does not provide adequate coverage and presents a barrier to active transport.

Opportunities were identified in Appendix A Pedestrian and Bicycle Masterplan to extend the network (refer Figure 8).

Discussions could be held with Council to ensure a safe and direct walking and cycling path to the Hospital from the nearby residential precincts is prioritised in their future plans.

7.3 Bicycle Parking and End-of-Trip Provisions

To improve the future bike usage by the Hospital day time staff and visitors, the Hospital campus will include:

- Staff bike racks in a secure and convenient location
- Staff showers and Change Rooms
- Staff lockers.

There is no bicycle parking code for number of bicycle spaces to be provided at a rural hospital in Griffith. However, Griffith Council's DCP No.20: Off-street Parking does have a bicycle parking rate for developments of a non-residential nature which states: *"1 bicycle rail with at least 3 wheel slots for every 50 car spaces"*. The Hospital will provide 357 car parking spaces, hence, 7 rails with at least 3 wheel slots each are required (i.e 21 bicycle spaces).

To meet the future targets of 6% of trips to the hospital be via cycling, it is proposed that 30 bicycle spaces be provided in the form of 15 bike hoops which exceeds the requirements stipulated in the DCP. The bicycle spaces will be available in three areas adjacent to the new hospital building. There are 24 bicycle spaces available for use by staff and 6 bicycle spaces available for the public. Nine showers are provided for staff throughout the main hospital building and the NCS building.

The location of the bicycle parking is illustrated in Figure 10.

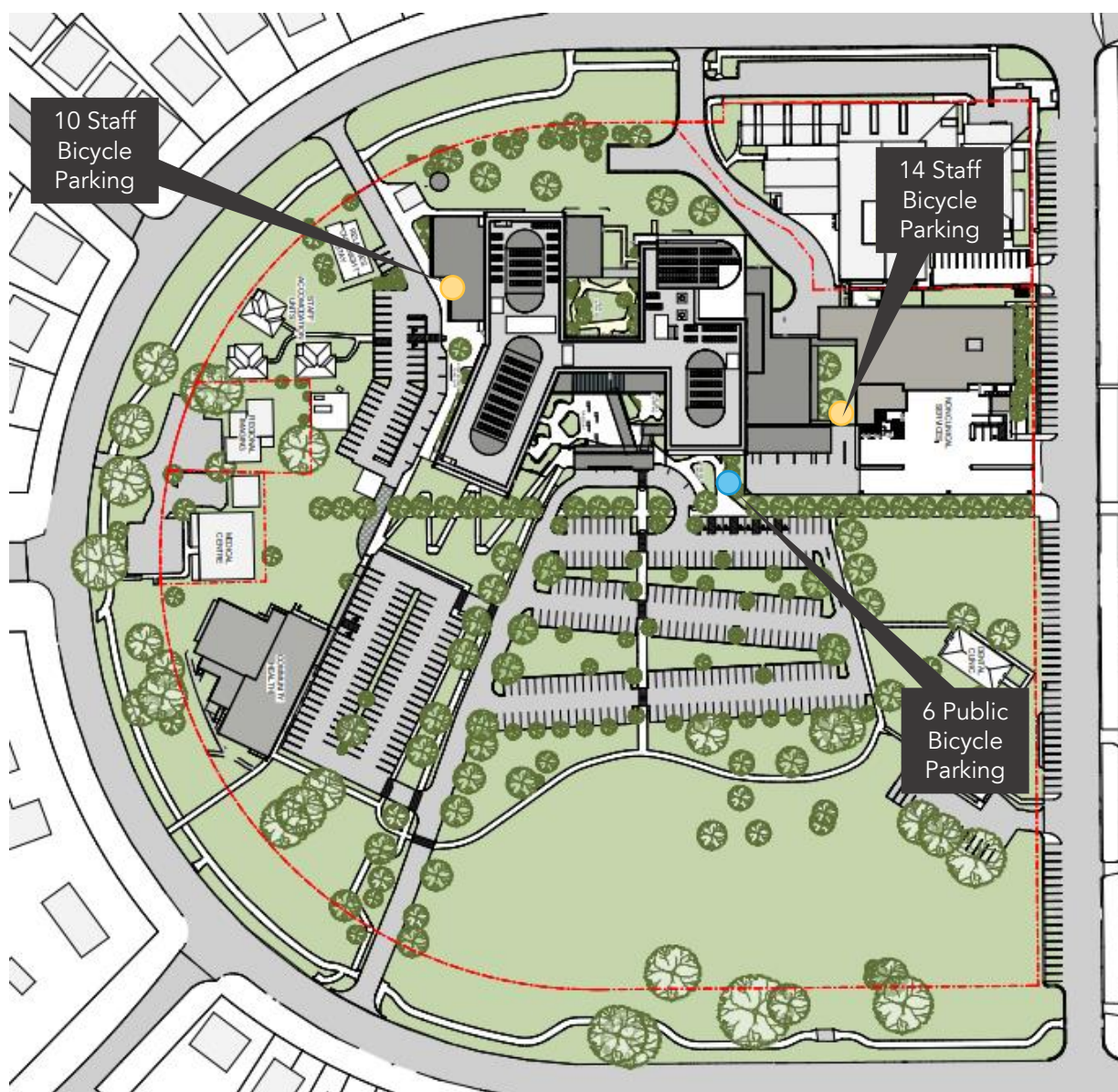


Figure 10 - Locations of Bicycle Parking

7.4 Future Transport Targets

To encourage and promote more active travel opportunities, the steering group should consider adopting realistic targets that relate to the surrounding transport environment and the distances that staff travel to/from the Hospital. The targets should be set and agreed by the steering committee and updated annually based on the level of success and feedback from staff. The following targets are suggested as a starting point based on these factors:

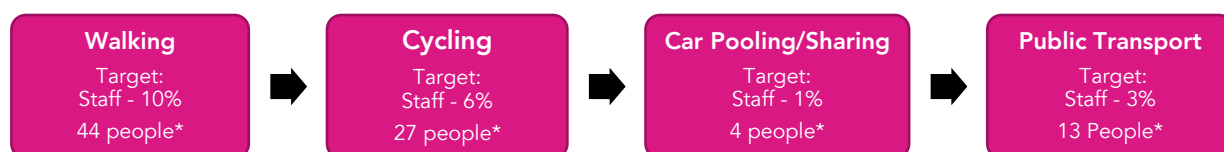


Figure 11 - Transport targets

* the conversion of % to people is based on the projected FTE of 441 and represents the number of vehicles that could be removed from the road network (trips) and the car park (parking demand).

In order to update these targets, it is recommended that the Hospital consider carrying out benchmarking by conducting annual intercept questionnaires to gain an accurate base from which this data can be improved year on year.

These targets would apply to all staff travelling to and from work on a daily basis.

8. Strategies

There are a number of strategies which can be employed to encourage non-car modes of transport to and from the Hospital. The following table outlines potential strategies that can be adopted in achieving future transport targets.

Table 3 - Potential strategies for adoption to achieve future transport targets

| Target | Strategy |
|--|---|
| Walking | |
| Encourage staff to walk to work as entire or part of their journey | Work in partnership with Council, Department of Planning and TfNSW to determine whether there are opportunities to improve the pedestrian connectivity to the Hospital. For example, ensure that pedestrians are considered within any planned road upgrades. |
| Cycling | |
| Increase journeys to site by cycling | <p>Work in partnership with Council, Department of Planning and TfNSW to determine whether the opportunities to improve the cycle connectivity to the Hospital identified in the Griffith Pedestrian & Bicycle Strategy May 2018 are implemented – refer Figure 8.</p> <p>Create maps and bike routes, which link to surrounding key amenities and available facilities.</p> <p>Provide secure, internal End of Trip facility with bike storage racks and shower and change amenities.</p> <p>Provide a pool of Hospital owned bikes for use by staff to undertake the commute or trips during their shift.</p> <p>Provide facilities on-site for staff and visitors to repair bikes. Ensure visitor bicycle racks are positioned in an accessible and sheltered location that provides good passive surveillance and is easily recognisable to visitors.</p> |
| Carpooling/Car Share | |
| Improve accessibility to carpooling (noting that car share providers do not yet operate in Griffith) | <p>Create, or work with carpooling networks to increase the ability for staff to carpool (e.g. ready-made apps such as Liftango).</p> <p>Provide access to taxi services for unplanned trips home during a shift (one reason people often state as the reason for driving, is the ability to get home if required, whereas carpooling removes this flexibility without the backup of a taxi service).</p> |
| Public Transport (Bus) | |
| Increase journeys to work by Public Transport | <p>Review the frequency of the service with operators and TfNSW.</p> <p>Create a map identifying the location of bus stops and routes and make this available to all staff and visitors.</p> |

| Target | Strategy |
|--------|--|
| | Improve the promotion of Public Transport on the Hospital website. |

8.1 Workplace Transport Plans

The core principle in reducing the use of motor vehicles (specifically for day shift or administration Hospital Staff) is to introduce and promote “Healthy Transport Plans”.

The availability of a bus, cyclist and pedestrian network near the Hospital Precinct combined with a proportion of staff living within relatively close proximity to the Precinct clearly highlights the possibility of introducing a robust and sustainable travel plan. Travel plans should aim to:

- Encourage staff, patients and visitors to use more sustainable travel options to get to the Hospital;
- Encourage staff to adopt healthy transport choices such as walking and cycling where this is a realistic option;
- Pursue opportunities for sharing vehicles or transport not only for staff but to explore innovative solutions to minimise journeys;
- Consider journey management and distance covered; and
- Ensure that the Hospital’s actions in respect to transport do not have an adverse impact upon the environment and consequently the health of the population which we serve. There is a requirement to balance the needs of patients, visitors and staff against ensuring protection of the environment for which we all have a responsibility.

Furthermore, there are other methods of shifting the number of staff accessing work by incentivising and increasing the use of carpooling and cycling. However, these forms of transport need to be supported by an incentivised system to make these forms of access more desirable than driving.

8.1.1 Dedicated Carpooling Space

The Hospital could allocate some dedicated carpooling spaces in convenient locations to promote carpooling by the staff members living in the same areas. There are many ways to manage carpooling spaces which can be explored in due course. As a start, 2 parking spaces are recommended for carpooling with an effective marketing strategy to promote these spaces to the staff members.

8.1.2 Public Transport (Bus)

To improve the relative attractiveness of public transport, other transport modes such as driving should be benchmarked against and generally exceed the cost of public transport. MLHD could engage with Council/ TfNSW to:

- seek increased bus services at times that staff need to travel;
- review routes; and
- consider the introduction of on demand services.

8.1.3 Transport Access Guide (TAG)

To encourage staff and visitors to adopt alternative sustainable transport options, a TAG should be developed to summarise the available transport options.

A TAG is a concise presentation of how to reach the site using low-energy, sustainable and active forms of transport. The aim of a TAG is to make sure people know how to get to the Hospital by walking, cycling or public transport (as well as by car).

A TAG can take many forms such as a map printed on the back of business cards or invitations to more comprehensive information provided to new residents or staff as part of their induction kit. Guides may be incorporated into stationery, brochures and sales literature and provided electronically on the web site and in emails. An electronic version can be kept on a computer and produced as needed. Reception and enquiry staff should be familiar with the content so they can advise callers about easy transport alternatives to car travel.

It is recommended data is collected on where staff live to determine if there are any high concentration areas where improvement in active transport amenity could be prioritised.

9. Monitoring and evaluation

The TP coordinator and steering committee should monitor and review the sustainability targets.

As a minimum, the GTP should be reviewed on an annual basis incorporating consultation with staff and visitors at the completion of a regular travel questionnaire.

The annual review should result in an update to the GTP which may include, where necessary:

- Modifications to the previously agreed targets as a result of data collected and analysed.
- Implementation of additional remedial actions if the Travel Plan is not meeting its objectives within the timescales specified which remedial actions may include but not be limited to, undertaking new or additional monitoring activities to those specified in the Travel Plan.



Encourage staff group rides

The GTP does not only outline actions and strategies but also ensures monitoring and evaluating of those initiatives. This is a crucial part of the travel planning process as it ensures maximum benefits are gained. Initially, there will be a review of the mode share targets after 3 months of the completion of the redevelopment, followed by annual tracking and reassessment. There may be cases that new initiatives may need to be implemented or new targets may need to be set if they are exceeded or too ambitious.

The overall success of the travel plan is dependent on good communication between various entities such as the Hospital, the TP coordinator, Griffith City Council and TfNSW or local bus providers. The TP coordinator must ensure all parties including staff are well informed about reasons for adopting the plan, promote the benefits and provide information about alternatives and initiatives. It is also important to

receive feedback through the annual travel questionnaires to ensure staff are understanding and realising the benefits.

Based on the data collected after each travel questionnaire the TP coordinator can make subsequent changes to initiatives or to the targets set out in the plan. The review of the data should consider the following questions.

- Are the targets still realistic? Are they still ambitious? Should they be updated?
- Are there difficulties in achieving particular targets? What are the likely reasons for this?
- Are there any gaps with regards to actions?
- What is preventing further improvement to mode share and how can this be addressed?

The ongoing cycle of the review process must ensure people's reasons for travelling are considered and understood. Any barriers to changes in their behaviour should be considered as it will help decide the most effective actions to be identified. This review process is also an opportunity to communicate progress to the Hospital community which can encourage more change from feedback of the results.

To ensure that all commuters to the Hospital understand the benefits of sustainable travel, key elements in development and implementation must be practiced. These include:

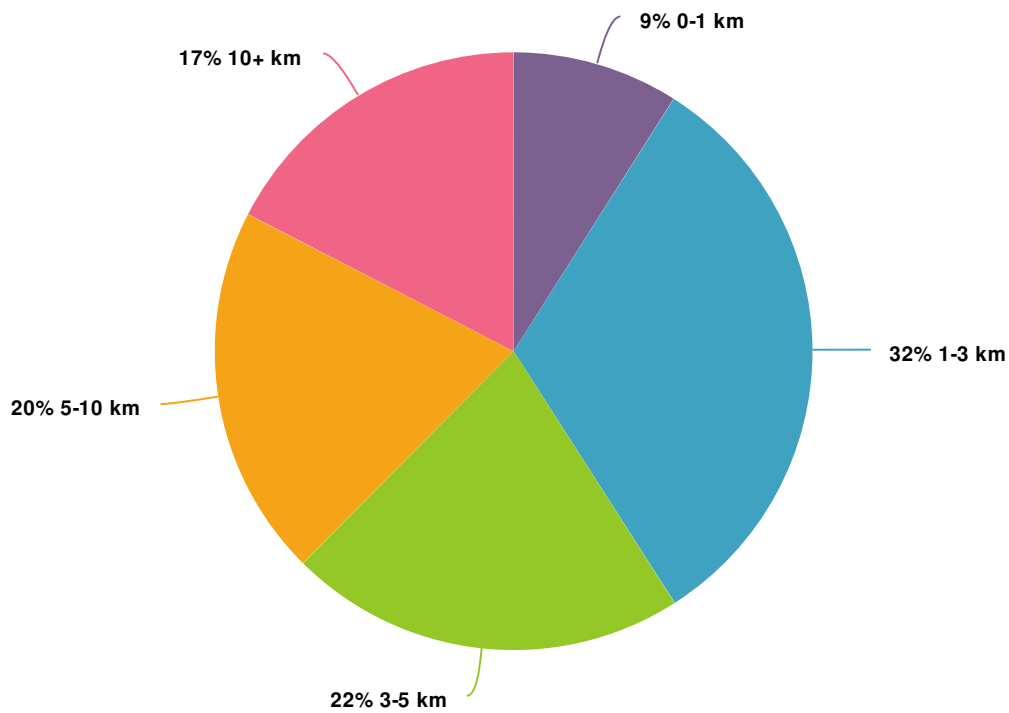
- Communication – It is necessary to explain the reason for adopting the plan and all the benefits. Information on alternatives must also be readily available so it is easier for people to make the change.
- Commitment – The TP coordinator must ensure consistent action to help change established habits. By using communication and the provision of necessary resources, impetus can be provided for the Hospital community to switch from using private vehicles.
- Consensus – Broad support is necessary for the introduction of the TP. If it is not received well by the Hospital community the targets will not be achieved.

The travel plan progress can also be presented to Council by the TP coordinator after each annual review. This may be a useful communication tools in terms of raising commitment from Council and/or TfNSW or local bus providers to improve the infrastructure serving the Hospital. The progress to be presented includes:

- Number of staff;
- Details of mode split (initial questionnaire results);
- Progress towards the mode split targets;
- Success of initiatives (as listed in Section 7 of this document); and
- Details of any rectification measures proposed.

Attachment 1- Staff Travel Survey Results

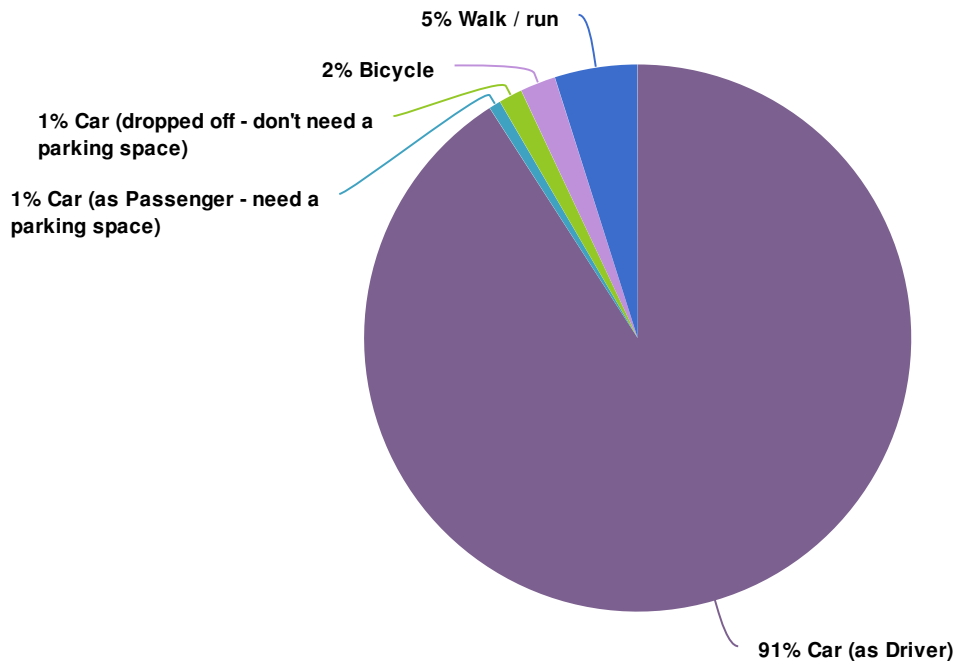
1. What distance do you travel to work from home (one way)?



| Value | | Percent | Responses |
|---------|------------------------|---------|-----------|
| 0-1 km | <div><div></div></div> | 9.0% | 13 |
| 1-3 km | <div><div></div></div> | 31.9% | 46 |
| 3-5 km | <div><div></div></div> | 21.5% | 31 |
| 5-10 km | <div><div></div></div> | 20.1% | 29 |
| 10+ km | <div><div></div></div> | 17.4% | 25 |

Totals: 144

2. How do you normally travel to work?



| Value | | Percent | Responses |
|--|-------------|---------|-----------|
| Car (as Driver) | <div></div> | 91.0% | 131 |
| Car (as Passenger - need a parking space) | <div></div> | 0.7% | 1 |
| Car (dropped off - don't need a parking space) | <div></div> | 1.4% | 2 |
| Bicycle | <div></div> | 2.1% | 3 |
| Walk / run | <div></div> | 4.9% | 7 |

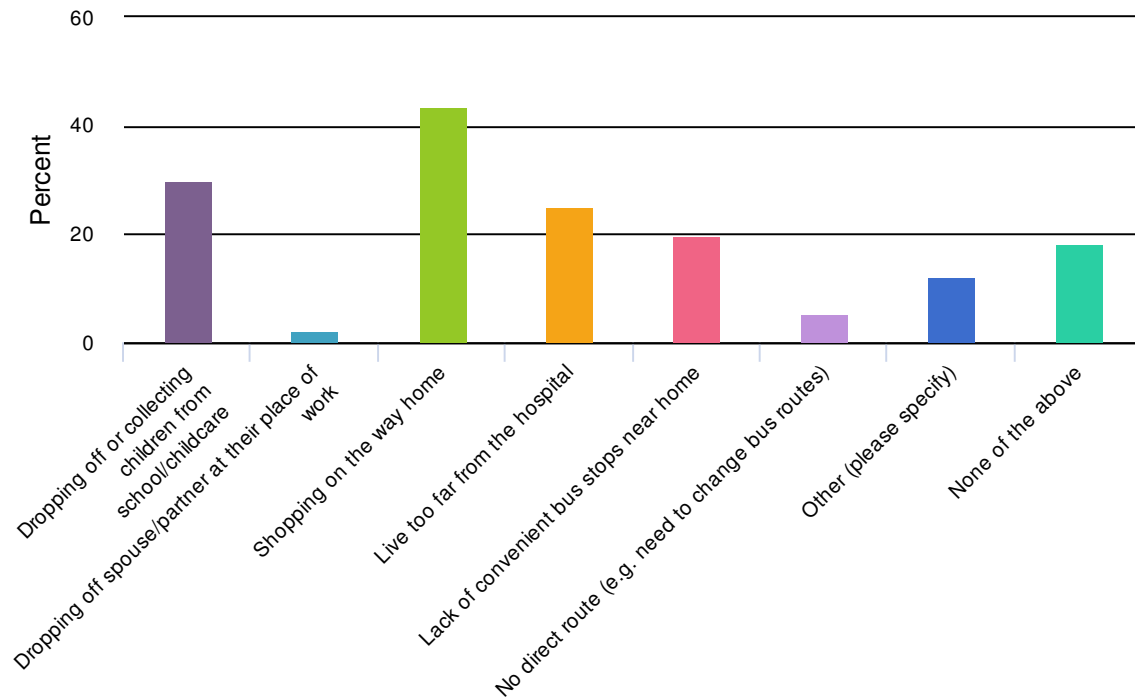
Totals: 144









| Other (Please specify) | Count |
|------------------------|-------|
| Totals | 0 |

4. What are your usual working hours? (please tick all that apply if your working hours change regularly)

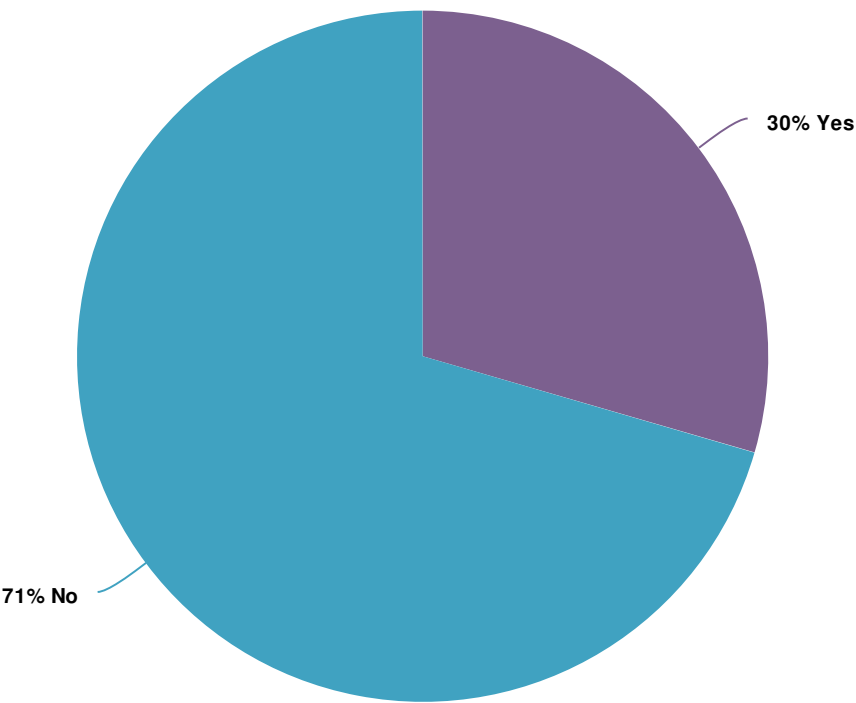
| | Day shift | Afternoon shift | Night shift | Office hour (e.g. administration staff) | VMO | Total Checks |
|--------------------------|-----------|-----------------|-------------|---|------|--------------|
| Weekday Checks | 102 | 51 | 36 | 41 | 1 | 231 |
| Row Check % | 44.2% | 22.1% | 15.6% | 17.7% | 0.4% | |
| Weekend Checks | 52 | 43 | 36 | 5 | 1 | 137 |
| Row Check % | 38.0% | 31.4% | 26.3% | 3.6% | 0.7% | |
| Total Checks | 154 | 94 | 72 | 46 | 2 | 368 |
| Checks % of Total Checks | 41.8% | 25.5% | 19.6% | 12.5% | 0.5% | 100.0% |

5. Do you need to drive to work for another reason that would make utilising alternative modes of transport difficult?



| Value | | Percent | Responses |
|---|---|---------|-----------|
| Dropping off or collecting children from school/childcare |  | 29.8% | 39 |
| Dropping off spouse/partner at their place of work |  | 2.3% | 3 |
| Shopping on the way home |  | 43.5% | 57 |
| Live too far from the hospital |  | 25.2% | 33 |
| Lack of convenient bus stops near home |  | 19.8% | 26 |
| No direct route (e.g. need to change bus routes) |  | 5.3% | 7 |
| Other (please specify) |  | 12.2% | 16 |
| None of the above |  | 18.3% | 24 |

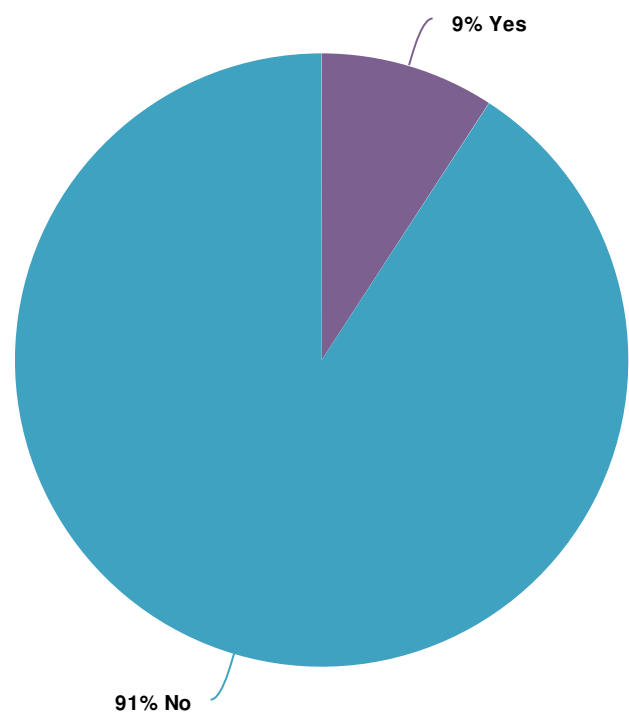
6. Would you consider walking/cycling if end of trip facilities (e.g. change room, showering, lockers) were provided?



| Value | | Percent | Responses |
|-------|-----------------------------------|---------|-----------|
| Yes | <div><div></div><div></div></div> | 29.5% | 39 |
| No | <div><div></div><div></div></div> | 70.5% | 93 |

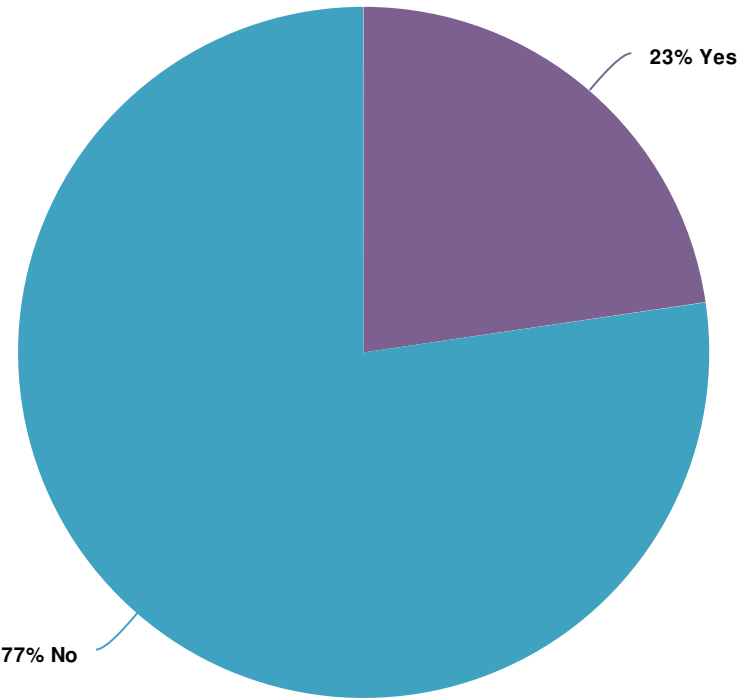
Totals: 132

7. Would you consider car-pooling?



| Value | | Percent | Responses |
|-------------|------------------------|---------|-----------|
| Yes | <div><div></div></div> | 9.2% | 13 |
| No | <div><div></div></div> | 90.8% | 128 |
| Totals: 141 | | | |

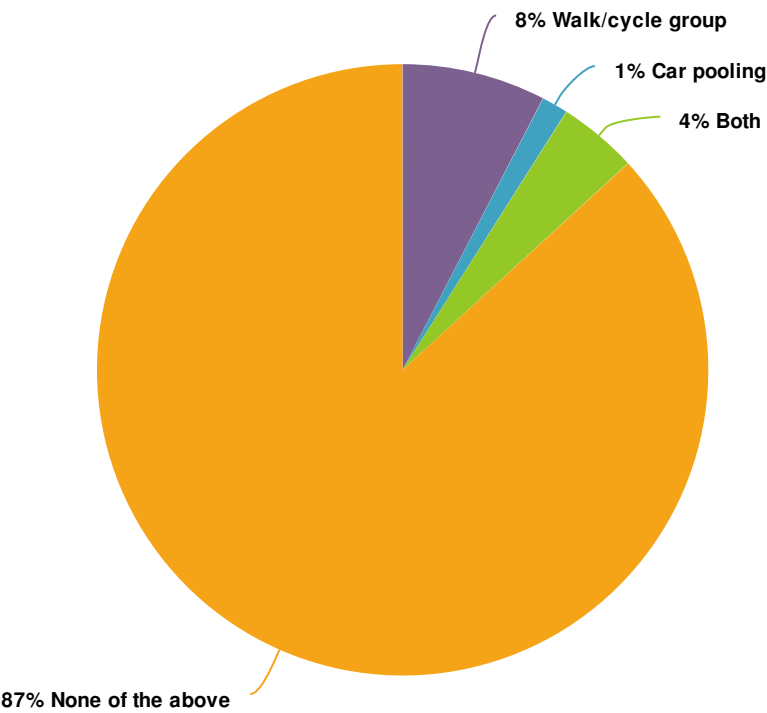
10. Would you consider switching from car to public transport if the Hospital provided an arrangement whereby you were able to easily travel home in an emergency (e.g. taxi)



| Value | | Percent | Responses |
|-------|------------------------|---------|-----------|
| Yes | <div><div></div></div> | 22.7% | 30 |
| No | <div><div></div></div> | 77.3% | 102 |

Totals: 132

11. If you would like to take part in walk/cycle groups and/or car pooling please specify which group and your contact details (email).



| Value | | Percent | Responses |
|-------------------|------------------------|---------|-----------|
| Walk/cycle group | <div><div></div></div> | 7.6% | 11 |
| Car pooling | <div><div></div></div> | 1.4% | 2 |
| Both | <div><div></div></div> | 4.2% | 6 |
| None of the above | <div><div></div></div> | 86.8% | 125 |

Totals: 144

Attachment 2 GTP Guide for the TP Coordinator & Hospital

Steering Committee

- The formation of a Steering Committee should be coordinated by the TP coordinator
- The Steering Committee will assist in the progress and monitoring of the GTP; and
- The Committee should ensure the notice board is updated regularly (monthly or when necessary) with up-to-date information on sustainable transport

TP Coordinator

- Distribute information on sustainable transport options to the Hospital community (i.e. Transport Access Guide);
- Contribute to the promotion of car share and carpooling services;
- Workshops to implement and modify initiatives; and
- Incentives may be issued to staff to encourage public transport use (e.g. competition prizes)

Information Pack

- Annual Questionnaire – through letter or via URL link;
- Transport Access Guide
- Information on platforms/apps including sustainable transport information; and
- Information on sustainable transport facilities available on-site (i.e. future car share spaces, bicycle parking, etc)

Annual Questionnaire (issue to new staff)

- An initial questionnaire should be done 3 months after completion of the redevelopment to track progress. This can be done through websites such as Survey Gizmo. (<https://www.surveygizmo.com/>); and
- An annual questionnaire should be conducted by the TP coordinator to collect information on new travel patterns.

Regular Meetings

- Regular meetings should be held every 6 months involving the TP coordinator and the Steering Committee members; and
- Sustainable transport should be discussed including feedback from the initial questionnaire data.