

Report 08.506  
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Committee Transport & Access Committee  
Author Doug Weir, Public Transport Planner

## Hutt to Wellington Hospital trial service

### 1. Purpose

To consider the future of the trial Hutt Valley to Wellington Hospital bus service.

### 2. Significance of the decision

The matters for decision in this report **do not** trigger the significance policy of the Council or otherwise trigger section 76(3)(b) of the Local Government Act 2002.

### 3. Background

At its meeting on 13 February 2008, this Committee heard that Valley Flyer had agreed to trial an extension (to Wellington Hospital) of the route 83 service between Eastbourne and Courtenay Place in Wellington. The extended service began on 11 February.

Valley Flyer agreed to fund the cost of the trial, which was to run until the end of June 2008, at which stage its future would be reconsidered. Valley Flyer subsequently agreed to extend the trial to the end of August 2008.

Substantial advertising of the trial has been undertaken, both by Greater Wellington, and the two district health boards.

### 4. Trial results

Route 83 services have been monitored at Wellington hospital, over five days (16th April, 5th & 6th May, and 11th & 12th June) since the trial began in February. Passengers arriving from or departing to the north were counted and queried on whether they were travelling from/to the Hutt Valley.

Initial monitoring in April and May found that the numbers using the service were very low. An average of only 1 to 1.5 passengers was found to be using

each bus, and of those, only one in three were using the extended Route 83 to travel between the Hutt Valley and Wellington Hospital.

Monitoring in June found an improvement, although the numbers remained low. Total numbers had climbed to an average of 2.3 per bus, with around half of those using the extended Route 83 to travel between the Hutt Valley and Wellington Hospital.

At the current patronage level, it is estimated that (based on the net cost quoted by Valley Flyer) a subsidy of around \$3.10 per Hutt-related boarding would be required to continue with the trial. If boardings were to continue increasing, this subsidy would obviously reduce on a per passenger basis, but would still be significant given the relatively low patronage level.

Greater Wellington has a policy that social services recover at least 40% of costs through user contributions (Section 2.1.4.2 of the Operational Plan). Based on current Hutt patronage levels (i.e. excluding those that could use another service), the service extension currently has a cost recovery of around 24%.

Valley Flyer has indicated that, given the results of the trial, it is not prepared to operate the service commercially beyond the end of August 2008.

## **5. Options for the future**

If the service is to continue beyond the end of August, Greater Wellington will need to fund it. Valley Flyer has indicated that the net cost of running the 616 (approximate) services will be \$2,347 per month.

There is no funding in the budget for this service, and given current passenger numbers, funding cannot be justified.

If the service does not continue, access for Hutt residents to Wellington Hospital is still available via other services, although a transfer between services is required. For example, someone from Lower Hutt could travel to Wellington on the Airport Flyer or Eastbourne bus, and then transfer at say Kirkcaldie & Stains Department Store to either a route 1, 3, 10, 11, 22, 23, 43, or 44 bus, all of which travel past the Hospital. The cost of this trip would be the same as the trial service i.e. \$10 using a Star Pass (\$5 for those over 60). Some publicity of these alternatives could be undertaken.

## **6. Communication**

The decisions of this Committee will need to be communicated to the public, district health boards, and operators following the Committee meeting.

## **7. Recommendations**

*That the Committee:*

- 1. Receives the report.*

2. *Notes the content of the report.*
3. *Notes that Valley Flyer will not provide the service commercially after the end of August 2008.*
4. *Agrees not to provide funding for the service.*

Report prepared by:

Report approved by:

Report approved by:

**Doug Weir**  
Public Transport Planner

**Brian Baxter**  
Manager, Design and  
Development

**Wayne Hastie**  
Divisional Manager, Public  
Transport