

26th November 2013

I make the following submission in regard to the Environmental Impact Statement for the State Significant Infrastructure – Northern Beaches Hospital Application (SSI 5982).

My submission is an objection to the development of the Hospital on the proposed site.

I direct my submission in particular to Appendix 'C' of the "Traffic and Transport Impact Assessment" prepared by Hyder Consulting as part of the Environmental Impact Statement for the Concept Proposal.

I make the following comments in regard to the numbered sections of the above Assessment.

SECTION 1.2 – SCOPE OF DEVELOPMENT

The Hospital will have a private sector operator, yet to be determined.

"This is a major factor in this proposed development and any current concept proposals could be significantly affected by the ultimate requirements of the eventual operator. No proposal should be determined, or taken as being able to be determined, until the operator has been selected and their full requirements and the final built form are known. Stage 2 is not covered by the Concept Approval Planning Application."

SECTION 1.3 – SCOPE OF THE TRAFFIC AND TRANSPORT IMPACT ASSESSMENT

This assessment covers only the impacts of the planning concept and Stage 1 Site Clearance Works of the total development and construction process, and significantly notes that 'Stage 2 component will be strongly influenced by (i) the eventual hospital operator from the private sector, and (ii) the scale of the hospital development that they are willing to provide.'

"This is a significant factor, as noted previously. Stage 2 Works will not only require large scope of site excavation and material disposal, with the attendant traffic problems, but the final traffic impact cannot be known. The full assessment of impacts on traffic and transport must be made when this issue is determined – before further planning is progressed"

"At issue here is the current time frame for the project, which has the hospital operator appointed by end 2017 and construction commencing early 2018. This would appear to be a totally inadequate provision and highly optimistic, given the extent of yet undetermined impacts of the ultimate project."

”

SECTION 2 – EXISTING CONDITIONS

With only ‘*three strategic arterial routes providing access to the Northern Beaches Peninsula*’, it is abundantly clear to anyone who uses these roads on a regular basis, that not only are all these routes operating at near capacity currently, but that there are no alternative access routes between the Forest and the City.

...“approx. 80,000 vehicles/day on Warringah Road,....approx. 21,000 vehicles/day on Wakehurst Parkway,....approx. 6,500 vehicles/day on Frenchs Forest Road (West)”.

On the suggested rate of natural volume growth, those numbers will rise by 10% by 2018 (Stage 2 construction start) , without the impact to come of the 1000 hospital staff , a surge in residential development in the long term as the area becomes more and more popular, and future growth in commercial development.

The 2036 Metropolitan Plan For Sydney has yet to address these challenges for the Northern Beaches area, and already, I suggest, their predictions for growth will prove to be well short of the mark.

The Hyder assessment states that currently “*there are many existing shortcomings in the performance of the road network*”, and it clear these are especially evident at the major intersections – a major reason for extended travel times. Extensive and costly works have been carried out at these intersection point over recent years. They have proven to be inadequate within a short period of time, demonstrating a lack of , or poor data for, sensible planning for long term growth. This lack of foresight seems destined to be repeated.

“What will eventually prove to be the necessary infrastructure for this major development, (if not already necessary), and the future boosted growth of the forest and peninsula area, will require substantial, lengthy and intelligent planning of road corridors, traffic movement, public transport upgrade needs, use of underpasses or overpasses and the like, parking provisions, etc. I would assert that there is insufficient time in the current programme for this to occur. “

“Transport for NSW is currently considering options for addressing bus priority needs for the Peninsula, but anyone who seriously believes there may be a Bus Rapid Transit system outcome obviously has not lived in the area for very long.”

SECTION 3 – ASSESSMENT OF EXISTING NETWORK CAPACITY

The study area for the EIS is contained only within the road network immediately surrounding the proposed hospital. Whilst the assessment acknowledges that “*traffic generated by the development could potentially impact more distant sections of the road network*”, it implies that the more distant

sections “*would be heavily influenced by other land use developments and transport needs*”.

“This statement also fails to recognise the reality of the current situation where car traffic along Warringah Road from the East (and from Allambie Road to the South) is already using Frenchs Forest Road (East) as a diversion corridor through to Forest Way (ie. Avoiding the heavy volumes of Warringah Road, and not using the Warringah Road/Forest Way intersection). This diversion will obviously become a defacto road to the Hospital’s main entrance , thus the traffic on Frenchs Forest Road (East) will become intolerable. Currently there are six local streets which join F.R. Road (East) from the North, between Warringah Road and Wakehurst Parkway. In peak hours it is already extremely difficult and dangerous for traffic from these streets to join into F.R. Road. It will become totally impossible in the future, with increased hospital traffic and volumes equalling Warringah Road volumes – or perhaps maybe six sets of traffic lights could help?.”

“The assessment clearly has determined that the four major intersections (Warringah Road/Wakehurst Parkway; Wakehurst Parkway/ Frenchs Forest Road; Forest Way/Naree Road; Warringah Road/Forest Way) are failing the necessary performance tests in peak hours. “

“Current major intersections, and the road networks as a whole, currently fail any test for acceptable traffic movement. The suggestion that there may be capacity to absorb increased traffic is an absolute nonsense. Solutions to overcome this issue to meet the demands of the future can only be achieved with significant and costly restructuring.”

“It should be noted here that the current situation at the intersection of Frenchs Forest Road (East) and Allambie Road (part of the diversion referred to previously), is a major accident waiting to happen – it is seriously unacceptable.”

SECTION 4 – TRAFFIC IMPLICATIONS OF CONCEPT PROPOSAL

“The scale and layout of the hospital development is still uncertain as this will be strongly governed by the private hospital operator, who has yet to be engaged”

This is the acknowledgement of the assessment. As such it is highly subjective as to the total area, number of beds, staff numbers, parking needs, etc. of the final scheme. The numbers of staff, patient and visitor movements can only be assumed to be provisional assumptions at best, at this time. However preliminary planning is to proceed, and this is as it should be.

“But as the infrastructure limitations of the Forest are already at its capacity or near capacity, the critical issues facing this development are significant, notwithstanding the stage of design or operation progress. Unless satisfactory, appropriate and acceptable solutions to Traffic and Transport infrastructure can be found, that satisfy the current needs and

the need by 2018 and into the future, the appropriateness of this Hospital concept must be considered dubious.”

Section 4.8 proposes that two main entrances occur in Frenchs Forest Road (West) at intersection with Gladys Avenue, and also at a point at least 65 metres to the East.

“This is directly at the junction with the Forest High School, and in a 40 k/h school zone. This is a highly questionable location for a major hospital entry/exit, being as it also requires ambulance access, and is likely to have 900 outbound trips per hour generated in peak hours (stated in the assessment) – this also being school arrival/departure times – (school buses, large 4W drive vehicles). This is compounded by the high traffic flow along Frenchs Forest Road (West) normally, which will increase by virtue of the ‘diversion’. “

“A further consideration in this potential disaster is that traffic flow from the North on Wakehurst Parkway surely must be allowed to turn right at the intersection with F.R. Road (not currently permitted), providing even more traffic volume. This right turn is essential of course as it offers the only access for traffic from the North to the hospital’s main entrance, although periods of closure of the Parkway is another problem. Suggestions that there is some capacity in midblocks is also absurd.”

Section 4.8 also proposes that a southern entrance/egress point would be provided on Warringah Road around Hilmer Street (left.in.left.out), and with right-turn access for emergency ambulances.

“This would provide entrance for general traffic only from the West – a fact which amplifies the point previously that traffic from the East will use Frenchs Forest Road (East). Signalised intersection at Hilmer Street already existing would need to be adjusted to allow ambulance right turn – another delay to traffic flow.”

SECTION 5 – TRAFFIC IMPACTS DURING STAGE 1

The expectation that there will be minimal removal of site spoil during Stage 1 is highly optimistic. Likewise the suggested scheduling of removals between the hours of 1100 – 1400 hours. Construction sites rarely work that way.

Once again, the traffic disruptions during Stage 1 need closer examination – not to mention Stage 2.

SUMMARY

It is abundantly obvious that the concept assessment for this major work is in need of substantial re-examination. The full implications of the effects on current and future traffic and transport infrastructure require rethinking on a grand scale.

The locating of a large and busy hospital on this Frenchs Forest site is highly questionable. It is already a very busy precinct with significant traffic and transport problems, adjoining a High School with likely, but yet unknown, future expansion prospects, and a 40 kph speed zone.

The suggested time frame for the total development could also be argued to be highly unlikely, as noted previously.

The proposal acknowledges the already shortcomings of the existing traffic capacity and movement, but suggests there is sufficient midblock capacity to absorb traffic generated from this hospital. This assertion must be challenged as being not only highly optimistic, but nothing short of ridiculous.

What the proposal fails to acknowledge is the extreme difficulty to be faced in solving these shortcomings – both from a cost and time perspective, which I suggest will be substantial for this site. The organisations charged with finding the solutions have yet to make public their proposals. It would seem obvious that until these proposed solutions are tabled, and deemed acceptable, that any further planning development should be held in abeyance.

I declare my objections to this hospital development, and assert that the EIS and the concept proposal should be re-examined in the light of the matters and issues outlined previously in the submission.

I also declare my additional reasons for objecting to the development proposal.

- a) a lack of declaration by the Minister that the evident infrastructure problems will be resolved and put into effect (that is constructed) either before, or at the same time, as the construction of the hospital.
- b) the destruction of local amenity by the magnitude of the development
- c) failure to address the inadequacy of the public transport system
- d) the loss of existing public hospital facilities at Manly and Mona Vale hospitals

Signed: Ralph Cashman, Frenchs Forest.