ETHOS URBAN

Dubbo Hospital Stage 4 Redevelopment

Response to Submissions – SSD 16_7720

Issues Raised by Agencies	Proponent's Response
Department of Planning and Environment	
The Department requests that additional information be provided regarding the capacity of oxygen storage tanks on site and the preparation of a risk assessment as required by State Environmental Planning Policy No 33 – Hazardous and Offensive Development to address the potential hazard, if required.	With regard to the proposed relocation of the existing medical gas systems (Medical Liquid Oxygen, Nitrous Oxide, Medical Dry Air and Compressed Air) and Bulk Oxygen VIE Tank, the scope of works for medical gases as part of Stage 4, and which form part of this application, is limited to: • Reticulation of new pipework to service the new building; and • Installation of new medical service panels (MSPs) and associated infrastructure to service Stage 4. In summary, the medical gases scope for Stage 4 (to which this application relates) involves only the extension of the existing systems as required to service the new building requirements. The Compliance Certificates for the existing oxygen tanks have been provided to the Department under separate cover. It has been agreed between the applicant and the Department, via email dated 1 August 2017 that due to the distance of the Stage 4 development from the existing liquid oxygen tanks the development is not potentially hazardous under the provisions of SEPP 33, and a preliminary hazard analysis (PHA) is not required to be submitted. It is however recommended that Dubbo Hospital consult with BOC Gases (medical gas supplier) to ensure that all relevant requirements in AS 1894-1997 have been satisfied. No additional information in relation to hazards is therefore required.
The Department requests that further assessment of the potential construction noise impacts be provided, including further demonstration that the construction noise impacts outside of standard construction hours can be adequately managed.	A Noise Impact Assessment relating to construction noise and vibration has been prepared by Wood & Grieve and is included at **Attachment E**. The NSW EPAs Interim Construction Noise Guidelines (ICNG) recommends noise management levels (NMLs) to reduce the impact of noise arising from construction activities. The ICNG defines standard construction hours during which the construction Noise Management Level (NML, LAeq, (15min)) is 10dB above the applicable period background noise level. The ICNG further defines Highly Affected‖ Levels for daytime works, above which point there may be a strong community reaction against the noise. Outside of recommended standard hours (i.e. evening 6pm-10pm and night 10pm-7am) noise affected levels are equal to 10dB below the day time Highly Affected Level and 5dB below the Sleep Disturbance level, respectively. The Project Specific Construction Noise Levels are outlined in **Table 1** below.

Issues Raised by Agencies	Proponent's Response

Table 1 – Project Specific Construction Noise Levels

Time of Day	Management Level $L_{Aeq(15min)}$	Impact of noise on receiver
Standard Hours Monday – Friday 7am – 6pm Saturday 8am – 1pm	51 dB (A)	Noise Affected
	> 75 dB(A)	Highly Noise Affected
Outside of Standard Hours	**46 dB (A)**	**Noise Affected**

The noise emissions from construction associated with the development have been modelled in SoundPLAN 7.4. In order to assess the magnitude of potential noise and vibration impacts during construction, a number of typical scenarios using various types of equipment have been used. These scenarios are detailed within the Construction NIA. Specifically, it has been assumed that all equipment will be running simultaneously through each phase at varying frequencies, however this may not be the case and noise levels may vary by between 3-6 dB(A). Noise contours for each phase of construction and the impact it is predicted to have on each receiver are detailed within the Construction NIA.

During standard construction hours, the noise levels are not expected to reach the highly noise affected criteria at the nearby residential receivers during any construction activities. Noise levels during all phases of construction are typically between noise affected and very noise affected. These receivers will have some reaction to the construction noise as per the classifications in the ICNG. Therefore, feasible and reasonable measures should be assessed and implemented to control noise emission from the site to these residential receivers as documented within the NIA.

The commercial receivers are predicted to have a minimum 15 dB transmission loss from the façade. Given the predicted noise levels at the façade, it is anticipated that the internal noise levels will be met at these receivers. Mitigation may have to occur whereby receivers require closed windows to maintain the internal noise levels during periods of peak noise levels during construction.

As such, it is considered that with the appropriate mitigation measures the expected construction noise levels are acceptable.

The Construction NIA notes that without further information on the works undertaken during the requested extended hours (Saturday 1pm – 4pm) construction noise has been predicted for the full scope of works only. The contractor will need to demonstrate that RBL + 0 dB is met during these extended hours, or seek approval to depart from the standard hours and noise criteria. WGE would suggest works outside of the standard hours could include delivering materials to the site, or refurbishment works that are inside of a closed façade building.

Dubbo Regional Council	
Airspace Operations	
The Application does not appear to have addressed Dubbo Local Environmental Plan (LEP) 2011, Clause 7.7 Airspace operations, with the western portion of the site located within the 325m AHD contour.	Clause 7.7 of Dubbo LEP 2011 seeks to: *(a) provide for the effective and ongoing operation of Dubbo City Regional Airport by ensuring that such operation is not compromised by proposed development that penetrates the Obstacle Limitation Surface for that airport and* *(b) to protect the community from undue risk from that operation.* It is understood that the maximum height of development at Dubbo Hospital under the Dubbo Airport Obstacle Limitation Surface (OLS) is between 325 AHD and 340 AHD. Based on the approximate typical surface level at the hospital of 276.5 metres AHD, the height limit of buildings before penetration of the OLS would need to be in the order of 63 metres in height. The proposal measures 18.91 metres (RL 295.010m). Given the low-rise character of the hospital campus and proposed development, it is concluded that the OLS does not present as a restriction on the proposed development and approval from CASA or other is not required under Clause 7.7 of Dubbo LEP 2011.
Parking	
The SEARS and the subsequent Development Application do not appear to have addressed Dubbo Development Control Plan (DCP) 2013, Chapter 3.5 Parking. Parking is a critical issue for the subject development and within this precinct. There has already been significant public comment regarding the availability of carparking for people attending the hospital. Accordingly, Council would request that this issue be addressed.	A Transport Assessment prepared by GTA Consultants (GTA) was provided as part of the SSDA. The assessment was informed by detailed site visits, parking demand surveys and staff questionnaires which were completed to establish a thorough understanding of Dubbo Hospital's parking demand. This included an understanding of travel and parking patterns and staff shift times across the precinct on a typical day. In addition, reference was also made to a range of statutory documents and other relevant assessment methods, including: • Dubbo Development Control Plan 2013 (DCP); • Roads and Maritime Services Guide to Traffic Generating Development; • Increase in gross floor area; and • Staffing levels (full-time equivalent staff). For larger public hospital precincts which offer a range of health-related services and ancillary uses, it is broadly accepted that a parking assessment based on the unique demand profiles of the existing facilities, and the relationship between existing and future GFA, is the most appropriate method when compared with the application of DCP or RMS Guide parking rates. Additionally, it is noted that development control plans are not a matter for consideration in the assessment of SSD DAs per Clause 11 of SEPP SRF, which states that "*Development control plans... do not apply to... State significant development*." As such, the DCP parking rates were not applied to the development. The parking assessment determined that due to the nature and size of the hospital and the proposed Stage 4 works, a precinct-wide assessment based on the existing parking demand profile of two spaces for every 100m^2 GFA was to be adopted. A minimum of 104 parking spaces were subsequently required to accommodate the net increase in the Stages 3 and 4 GFA.

However, due to miscalculations arising from preliminary GFA information which has since been updated through design finalisation, coupled with the need to exclude the renal dialysis GFA (which was previously accounted for in the approved Stages 1 and 2 SSD DA), a revised parking requirement has been calculated based on a net increase of approximately 6,013m^2 GFA. This results in a revised estimated parking demand of 120 spaces to accommodate the development. **Table 2** summarises the proposed parking provision.

Table 2 – Parking Assessment Overview

Assessment Criteria	Figures provided for State Significant Development Application	Current figures for Response to Submissions
Existing parking demand profile (2 spaces per 100m^2 GFA)	104 spaces	120 spaces
DCP 2013	131 spaces	
RMS Guide	56 spaces	
Proposed	107 spaces	117 spaces [1]

[1] Now includes proposed signposted parking for three on-call/ resident Doctor spaces on the east side of the proposed forecourt area, as well as additional spaces in the new car park, near Cobbora Road roundabout.
Source: GTA Consultants

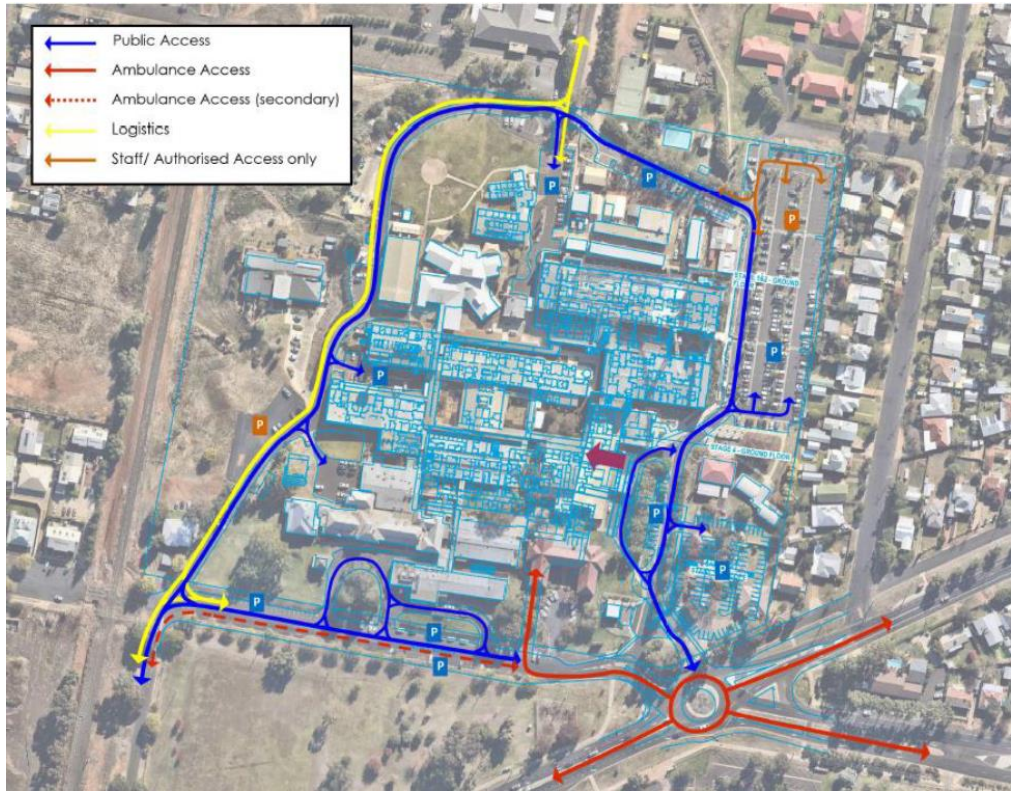
Based on the parking assessment, the provision of 117 spaces is still considered to be sufficient to meet anticipated demand. It is also noted that the overall ratio of on-site car spaces to total hospital GFA will improve from a current ratio of 1 car space for every 59.5m^2 of GFA to 1 car space for every 58m^2. Further, such a provision is expected to meet typical daily parking demands for the hospital, noting that existing on-site parking currently shows spare capacity (15 to 20 vehicles during the peak period) and has the ability to absorb any minor shortfall. It is also recognised that the 11 fleet vehicle spaces fronting the George Hatch building are being formally retained and relocated elsewhere on the campus (northern end of the precinct), with provision of an equivalent quantum of dedicated spaces. These fleet vehicles were previously stated to be re-located off campus.

Whilst it is acknowledged that the DCP parking rates have not been applied to the proposal and that the DCP is not enforceable for a State Significant Development, the proposed parking provisions (117 spaces) meets nearly 90% of the parking demand associated with the DCP. As such, it is concluded that the site-specific assessment and parking assessment method applied adequately addresses the expected parking demand arising from the proposal.

In summary, the refinement of both parking demand and supply numbers has resulted in an increased parking provision as part of Stages 3 and 4. In conjunction with improved allocation of parking between staff and visitors during detailed design, in addition to management of peak parking demand by the hospital, the proposed additional parking will benefit overall hospital operations and will adequately service the hospital campus.

Contributions	
The submitted Environmental Impact Statement (EIS) at 5.1. 2 Development Contributions, states: *"In view of the above it is considered that no contribution levy should be applied to this SSD DA and that the Minister imposes no conditions in relation to contributions."* It should be noted that contributions for both Water and Sewerage were levied in accordance with Council's adopted Section 64 Policy for the preceding development stage. With regard to the current proposal, while it is agreed that the proposed development will provide a public benefit, it will still impact upon the local authority's (Dubbo Regional Council) infrastructure, resulting in costs to be borne by the local authority and ultimately, the community. As such, Council contends that Section 64 Contributions for both Water and Sewerage are applicable. Council's Section 64 Contributions Plan does not make specific provision for hospitals and as such, a more reliable document is the Water Directorate - Section 64 Determinations of Equivalent Tenement Guidelines 2017. The rate is 0.9 ETs per bed for Water and 1.43 ETs per bed for Sewer. 3.3.2 of the EIS states that the *"... clinical building will provide an additional 50 beds, increasing the hospital's total number of beds to 221."* Section 64 Water Contribution = 0.9 x 50 = 45 ETs x $5,487.00 per ET = **$246,915.00** Section 64 Sewer Contribution = 1.43 x 50 = 71.5 ETs x $5,487.00 per ET = **$392,320.50**	Despite the public benefits of the proposed development, it is acknowledged that Section 64 Contributions were levied in accordance with Council's adopted Section 64 Developer Contributions Plan for the Stages 1 and 2 Redevelopment. As there are no specific provisions for hospitals within Council's Section 64 Developer Contributions Plan, Council has proposed contribution rates in accordance with the 'Water Directorate - Section 64 Determinations of Equivalent Tenement Guidelines 2017'. Upon review, it is understood that this document is not a Ministerial Guideline, and as such there is no formal mechanism for Council to adopt or impose this Guideline when determining water contributions and providing a Certificate of Compliance in accordance with Section 306 of the *Water Management Act 2000*. This position was acknowledged by Council staff. It is therefore considered appropriate that the same rates that were agreed as part the Stages 1 and 2 Redevelopment be applied to the Stage 4 redevelopment. The rates used in the calculation of the contribution for Stages 1 and 2 were as follows: • Sewerage – ET of 0.25/toilet • Water – ET of 0.2/bed Stage 4 will provide an additional 26 beds (refer to below for further discussion) and 83 new toilets. Of the 83 toilets, 45 are in addition to the 38 provided within the existing building. On this basis, the proposed Section 64 contribution for Stage 4 is: Section 64 Water Contribution = 26 beds x 0.2 ETs = 5.2 ETs = 5.2 ETs x $5,449 per ET = $28,334.80 Section 64 Sewer Contribution = 45 toilets x 0.25 ETs = 11.25 ETs = 11.25 ETs x $5,449 per ET = $61,301.25
Traffic	
In relation to traffic arrangements for Stage 4 (SSD 7720), the proposed access arrangements identified in the GTA consultants 'Dubbo Health Service Redevelopment Stages 3 and 4, State Significant Development, Transport Assessment' dated 22/02/17 and in particular Drawing No.16S1359000-02-01-P6, Sheet 01 of 07, identifying proposed access re-arrangements off Myall Street and off the Cobbora Road roundabout are unacceptable to Council.	Whilst the existing hospital access and associated geometry from the Cobbora Road roundabout have serviced the hospital adequately to-date, the access arrangements are not appropriate for future traffic and parking demands and do not provide suitable visual connectivity and amenity, particularly given the significant investment being made in Stages 3 and 4 for the new main entrance, Emergency Department, pick-up and drop-off facilities and associated landscaping/ public domain. As a result, a new hospital entry arrangement was put forward as part of the SSD application.

The Transport Assessment does not adequately address the issues and matters raised in Council's correspondence dated 12 July 2016 (copy attached). The Assessment makes mention of the matters raised by Council based on discussions held during the latter half of 2016. However, there has been no further contact which Council expected would occur for more detailed consultation on the conceptual transport proposals prior to the release of the Transport Assessment.	In response to comments received, a revised intersection design has been prepared for the main hospital access from the Cobbora Road / Myall Street roundabout. The revised design was subject to discussions with both Council and RMS. Notes from these meetings are included with GTA's response at **Attachment C**. To assist with understanding the vehicle movements associated with the various user groups, an access and vehicle movement diagram is provided at **Figure 1**. The revised intersection layout is shown on the updated Architectural Drawings at **Attachment A**. The revised layout offers the following key benefits: • The existing public access and direct connection to Myall Street is maintained, with minor improvements proposed to the Cobbora Road approach. • Road user separation is improved, with ambulances able to directly access the Emergency Department via Myall Street without any internal delays, congestion and / or conflicts with other vehicle movements (separate to general hospital traffic activity via the new access point). This direct connection is required for efficient access from the urban area to the southeast and could not be effectively provided via Mary Mackillop Avenue or another new connection to Cobbora Road. • A clear line-of-sight is available to the new main hospital entrance upon entering the hospital campus, for simple and effective wayfinding. • The revised layout removes any impact (by the Myall Street alignment) on property boundaries. • The identified issue of short travel distances within the hospital for driver interpretation and decision making is removed, with appropriate advanced warning and directional signage, as well as hospital identification signage, able to be provided on the adjacent road network to guide any unfamiliar users into the hospital. This would reduce the risk of vehicle conflicts. • Appropriate supporting pedestrian facilities would be provided to guide pedestrians into and/or around the hospital, with appropriate separate from roundabout traffic activity. Any street lighting is subject to detailed design and any required approvals. • The revised layout provides the opportunity to increase parking supply in the new car park adjacent to the roundabout, resulting in an additional seven (7) parking spaces, taking the total on-site parking provision to 117 spaces. Whilst it is acknowledged that the revised intersection layout adds a fifth leg to the existing roundabout, a preliminary safety review indicates that the roundabout is expected to operate satisfactorily with appropriate signage and following an initial adjustment period, as was the case when the existing roundabout was initially installed. Further, the revised intersection layout maintains a single public entry point to the hospital that would be signposted accordingly. This access provides a direct visual connection to the visitor car parking. The hospital parking supply would be managed such that visitor parking was always available, without the need to look elsewhere on the hospital campus. Myall Street would only be regularly accessed by ambulances and staff who are familiar with the hospital. On this basis, there is not expected to be any demand for vehicles to move between the new main entrance (and surrounds) and Myall Street. However, should this be required, circulation through the hospital campus in an anti-clockwise direction is available, without the need to exit via the roundabout to access Myall Street. Staff parking demands would also be managed accordingly.
There are significant concerns which were initially flagged with the geometric realignment of Myall Street into the hospital property and intersection with Cobbora Road, and the potential traffic conflict in this locality, that have not been addressed to the satisfaction of Council. Council is disappointed that there has not been ongoing consultation on the transportation strategy and the potential opportunities available to enhance the long term accessibility needs for the Dubbo Base Hospital and the community.	
Further concerns are raised regarding the proposed Myall Street realignment and associated intersection arrangement with McGuinn Drive and to a lesser extent the new access onto the Cobbora Road roundabout in that it may not provide the optimum outcome. It is noted that it would be some time before the transportation improvements would be implemented. As such, a holistic approach should be undertaken of the Dubbo Base Hospital redevelopment, with consideration of all the mitigating factors including:	

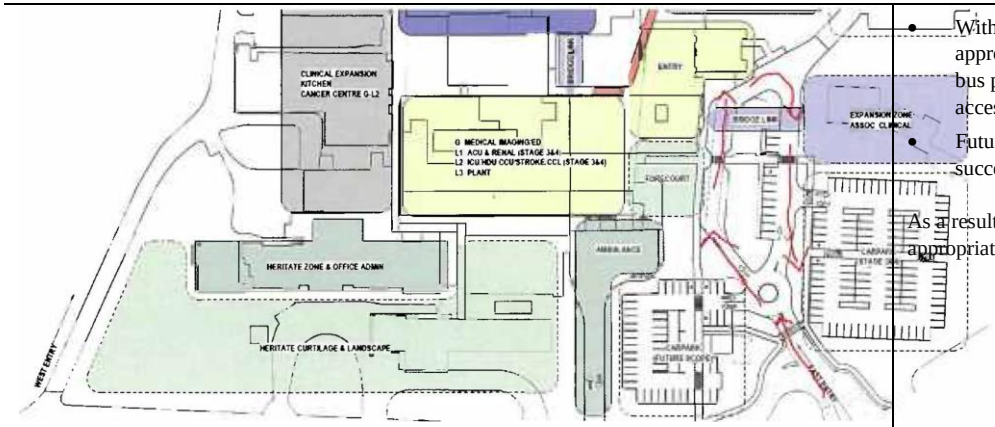
	 **Figure 1 –** Access and vehicle movement diagram *Source: GTA Consultants*
1. Strategic function and value of Myall Street and Mary McKillop Avenue as a Council public road or permanent road closure for Dubbo Base Hospital purposes as formal car parking areas.	It is considered that this issue is outside of the Stage 4 SSD scope of works. The proposed parking within the hospital campus will adequately accommodate the Stage 4 development to meet the needs of the hospital. As such, further discussions relating to strategic function and value of Myall Street and Mary Mckillop Avenue, should take place outside this forum. Council's comments regarding the strategic function and value of Myall Street and Mary McKillop Avenue as Council public roads are noted and while the hospital is happy to progress discussions with respect to road ownership, it is noted that this is outside the scope and timeframe of the current State Significant Development Application and accordingly would need to be addressed separately.
2. No resolution of the Myall Street access across the rail corridor.	During preparation of the SSD application consultation was undertaken with key stakeholders including the Australian Rail Track Corporation (ARTC). ARTC confirmed that the Myall Street crossing of the Coonamble Railway Line to the west of the hospital was not likely, quoting the NSW Department of Planning's Development near Rail Corridors and

	Busy Roads – Interim Guideline (2008), which states that: "*New level crossings are to be avoided wherever possible because of their inherent safety risks. Alternative arrangements should always be explored first prior to the option of a new crossing being considered*". Further, ARTC states that "*consequently, developers and other organisations seeking to open a new level crossing should exhaust all other options including grade separation and use of existing level crossings prior to proposing to build a new level crossing*". Two alternative rail crossing are located within 900m of Dubbo Hospital and as such, it is not considered likely that a new Myall Street crossing would be seriously considered nor required at any time. Therefore the role and function of Myall Street, north of Cobbora Road, in the surrounding road network is unlikely to change in the foreseeable future.
3. The proposed re-alignment of Myall Street being a public road into Dubbo Base Hospital property. Property adjustment required.	As noted above, the revised layout removes any impact (by the Myall Street alignment) on property boundaries.
4. The proposed traffic management comprising of the Myall Street realignment, McGuinn Drive intersection and new Cobbora Road access and transition appears to promote an environment for traffic and pedestrian conflict with constrained turning paths, short travel distances for driver interpretation and decision making, no vehicle separation into Myall Street.	Refer to comments above. In response to the submissions received, and following further consultation with Council and RMS, the access arrangements off Myall Street and the Cobbora Road roundabout have been amended. As noted above, the revised layout offers a number of benefits compared to the existing access arrangements. In response to this particular concern, the identified issue of short travel distances within the hospital for driver interpretation and decision making is removed, with appropriate advanced warning and directional signage, as well as hospital identification signage, able to be provided on the adjacent road network to guide any unfamiliar users into the hospital. This would reduce the risk of vehicle conflicts.
5. There are other service plans showing a proposed car parking area off Myall Street on the eastern side of the new Emergency Department but there is no reference to this car park in the Transportation Assessment. If this progresses then the traffic generation needs to be included in the assessment.	The service plans provided as part of the SSDA incorrectly show an area of car parking on the eastern side of the new Emergency Department. It was previously envisaged that additional parking would be delivered in this location, subject to future funding arrangements. This car parking would be in addition to the parking required for the Stage 4 redevelopment works and is therefore not required to proposed scope of works. It can be confirmed that the additional parking located to the east of the Emergency Department does not form part of the Stage 4 scope of works. Notwithstanding, the additional parking was considered in the planning and assessment of the road network as part of this SSD submission. As such, if the additional car park was to be funded and constructed in the future, the road network proposed in the current Stage 4 submission would provide appropriate access to this car park for vehicles up to and including 99th percentile cars.
6. Pedestrian connectivity on the south western corner from Cobbora Road.	The proposal seeks to provide a new 2.5m wide shared path to link the hospital with Cobbora Road, thus improving pedestrian connectivity for the hospital and immediate surrounds. The pathway is of sufficient width and remains consistent with existing shared paths in the immediate vicinity.
There are concerns regarding the indicative construction Truck Approach and Departure Routes (Figures 6.2 and 6. 2 of the GTA Consultants, Transport Assessment). During past re-development(s) at the Hospital this area for construction traffic impacted severely on the operation of the Moran Drive Private Hospital precinct.	The construction vehicle arrival and departure routes to / from the south (via Cobbora Road) and the north (via Bourke Street, River Street and Moran Drive) as documented within the Transport Assessment and Preliminary Construction Management Plan (CMP) have been proposed to try and limit the extent of construction traffic impacts in any one location and on the day-to-day operations of the hospital. The southern routes will provide access to the contractor's site compound and main works area while the northern route will provide access to the Oncology works area and compound. The use of Moran Drive through the private hospital precinct immediately to the north has typically been used as a truck arrival and departure route (throughout Stages 1, 2 and 3 construction) for a variety of reasons, including: • To minimise impacts on the surrounding local streets;

	• To minimise impact on the roundabout and main entrance to Dubbo Hospital; • Utilise River Street west of Downtown Drive which is a designated B-Double route; and • To manage truck volumes to minimise disruptions to the private hospital. Construction traffic volumes associated with the delivery of Stage 4 are not anticipated to exceed 20 trucks per day, and assuming a maximum 20% arrive during any peak hour, this equates to approximately 4 trucks in any peak hour. Truck movements will be distributed over the proposed vehicle arrival and departure routes. It is considered that such truck volumes will not have a discernible impact on the private hospital precinct. It is understood that worker parking will remain within the designated off-street temporary car park in the north-west section of the hospital precinct, as per existing arrangements agreed as part of Stage 3 construction. Construction workers and truck drivers will be subject to specific protocols to ensure compliance with the approved arrival and departure routes with no trucks permitted to wait or park on-street on approach to the site. Such details, including mitigation measures to ensure the day-to-day operations of the private hospital and Moran Drive are maintained at all times, will be provided in a detailed Construction Traffic Management Plan prepared by the appointed contractor.
Water Infrastructure	
In respect to water supply, there appears to be multiple metered connections servicing the Hospital precinct. It would also appear that these metered connections are 'fed' from different town reservoir zones. Council does not have access to the internal potable water hydraulics for the Hospital. The aspect of multiple meter connections, plus potentially different zone feeds should be reviewed and potentially rationalised by the consultants (in consultation with Council's Water and Sewer Branch). Please contact Council's Manager Water Supply and Sewerage, Mr Stephen Carter, on 6801 4000.	For a long period of time, Dubbo Hospital has been serviced by two existing separate metered mains water supply connections, one from Fitzhill Parade and one from Myall Street. Whilst Council's feedback is warranted, a review of the water supply connections by ACOR Consultants (refer to **Attachment D**), indicates that two connections are considered essential to ensure uninterrupted water supply for domestic and fire services operational requirements during planned authority maintenance shut down or an emergency situation. It is noted that hospitals provide a critical infrastructure servicing the local and broader community.
Roads and Maritime Services	
The development application and Environmental Impact Statement has been reviewed. The information provided is insufficient, and at this stage, Roads and Maritime withholds making comment. For Roads and Maritime to complete an assessment of the proposed development, the Environmental Impact Statement requires further information in the following areas:	Noted.
Parking	
The submitted plans and documentation do not appear to provide the full level of parking required to meet peak demands and to avoid road safety issues with drivers parking in uncontrolled areas such as road shoulders. In particular: • Section 4.1.3 states that 131 car spaces are required to meet patient related demand, however, section 4.1.1 states that only 104 spaces will be provided. • Section 4.1.2 states that 118 parking spaces are needed to accommodate for an increase in staff. This appears to show that, at a minimum, 249 total spaces are required. • No consideration appears to be given to providing adequate parking during peak times, such as staff changeover periods.	As discussed above, the Transport Assessment prepared to support the SSDA considered a range of factors to determine the appropriate quantum of on-site parking required to meet the parking demands associated with the Stage 4 redevelopment. This included reference to the RMS Guide. However, it was determined that a parking assessment based on the unique demand profiles of the existing facilities, and the relationship between existing and future GFA, is the most appropriate method. A total of 117 parking spaces are proposed to be provided. This is considered adequate to meet the peak parking demands for the hospital. In addition, as illustrated in **Table 1** above, this provision greatly exceeds the parking required if the RMS Guide parking rates were applied to the development. It can be confirmed that Section 4.1.3 includes both staff and visitor parking, while Section 4.1.2 includes staff only. They are separate assessments and are not to be combined. Given the complexity of the various hospital uses and detailed understanding of existing demand profiles associated with staff, visitor and specialist services, adapting these known rates to the future uplift in GFA is considered the most accurate assessment for Dubbo Hospital.

	The hospital also monitors parking within the hospital precinct to ensure user compliance, enable efficient responses to issues that may arise and to generally manage demand throughout the day. These measures, which include security parking patrols, courtesy notices and audits of parking demand and duration of stay, assist the hospital in managing the parking. Additionally, it ensures that staff are aware of the broader parking policy. As noted above, current monitoring indicates spare capacity (15 to 20 vehicles during the peak period) which is considered sufficient to accommodate surges in parking demands, for example at staff changeover periods.
Bed Numbers	
Clarification of the number of beds in the existing hospital in addition to the number of beds in the proposed development is required. Section 2.2.2 of the Environmental Impact Statement states that the hospital currently accommodates 314 beds, while section 3.3.2 states that with the proposed extension the total number of beds will be 221.	The proposal will result in the reconfiguration of and addition to, existing hospital bed numbers. In summary: • The hospital ICU/HDI and CCU units currently accommodate 157 overnight beds (including Stages 1 and 2). • The total number of beds accommodated within the hospital at the completion of Stages 3 and 4 will be 200. • Of this 43 bed increase, the Stage 4 SSD will provide an additional 26 beds. The remaining 10 will be delivered under the Stage 3 REF authorisation and 7 will be allocated to Medical IPU once the current ICU space is vacated (ICU facility is moving into the Stage 3 REF building). It is understood that the inconsistencies in the Environmental Impact Statement resulted from outdated figures and the inclusion of patient 'chairs' in the calculation of bed numbers.
Traffic (Swept Paths)	
A swept path analysis that demonstrates that the largest vehicle to access the site during both construction period and day to day operations can do so safely through the Myall Street and Cobbora Road intersection. If this manoeuver cannot be safely completed, details of an alternative route must be provided.	The Preliminary Construction Management Plan (CMP) submitted with the SSD application provided details of the proposed construction vehicle arrival and departure routes to/ from the south (via Cobbora Road) and the north (via Bourke Street, River Street and Moran Drive). Given the configuration of the main hospital access and visitor / patient requirements, alternative routes are required to minimise truck impacts in and around the main roundabout and hospital entrance. Alternatively, the northern arrival / departure route via Moran Drive presents as a viable access route, due to the straight road alignment and direct access to the northern extent of the hospital precinct that is removed from the majority of the publically accessible areas. Previous construction stages, including the current Stage 3 construction works, have made use of this route. This route remains viable provided the impacts to Moran Drive Private Hospital precinct are mitigated. Swept path diagrams of construction vehicles have been completed to confirm that these access routes are achievable (refer to **Attachment C**). It is considered that this intersection can safely accommodate the largest proposed construction vehicle. Additional truck swept paths to confirm access (if required) will be included as part of a detailed Stage 4 CTMP.
Transport for New South Wales	
Comments on Dubbo Health Service Redevelopment Stage 4 State Significant Development Transport Assessment (Appendix H).	Noted.
Public Transport	
This section ['Public Transport' of the Transport Impact Assessment (TIA)] summarises the Dubbo Buslines services provided in proximity to the site. In addition to the Buslines services, there are other public and school route services provided by Ogden's Coaches.	The Transport Assessment documented the existing Buslines services provided in proximity to the site. These include: • Route 501 – Dubbo CBD to Orana Mall. • Route N2850 – Dubbo to Narromine.

Recommendation TfNSW recommends that this section should be revised and updated accordingly, information can be found at http://www.ogdenscoaches.com.au/timetables Figure 2.17 'Existing Bus Routes' (page 19) is based on information from Dubbo Buslines and should be updated to include other bus services as noted above.	Bus stops for these services are located approximately 200-250m from Dubbo Hospital, on Cobbora Road near Leonard Street and Myall Street. In addition to the above, it can be confirmed that Ogden's Coaches operates services past the hospital precinct. These routes include: • Route DA01 – Dunedoo. • Route DA05 – Eschol. • Route DA08 – Geurie 2. • Route DA10 – Minore. • Route DA20 – Benelong. • Route DP01 – Dunedoo. • Townlink Services – Dubbo to Wellington. • Townlink Services – Dubbo to Narromine. • Townlink Services – Dubbo to Wellington. A consolidated map of the above services is not provided by Ogden's Coaches. It is considered that the above acknowledgement of the additional services provides sufficient background information without the reliance on an updated figure.
The TIA indicates that the site is within close proximity to transit stops positioned on Cobbora Road/Golden Highway. It is noted that there is no formal transit stop or supporting infrastructure at this location such as shelters or formal pedestrian connections. TfNSW would consider diverting existing bus operations via the site, if the appropriate infrastructure is made available – namely transit stops and bus capable roads. TfNSW believes that this would provide increased pedestrian safety, moreover, encouraging and attracting users of the development to utilise public transport. **Figure 1**, illustrates a possible diversion route through the site.	A number of bus stops are currently located along Cobbora Road in close proximity to Dubbo Hospital. This includes a bus stop (without shelter) located on the northern side of Cobbora Road immediately west of the Cobbora Road/ Myall Street roundabout and two bus stops (with shelters) on both sides of Cobbora Road east of the roundabout. All three bus stops are located within 300m of the main hospital front entrance. The bus stops are considered to be accessible being connected to the hospital by established footpaths allowing an appropriate level of pedestrian connectivity and safety. The bus stop (with shelter) located on the northern side of Cobbora Road east of the hospital also includes a pedestrian footpath connecting the east-west slip road which runs parallel with Cobbora Road. It is understood that these works were delivered as part of Dubbo Hospital Stage 1 and 2 works. As a result, it is considered that the existing bus stops and footpaths provides sufficient amenity and connectivity to the hospital and additional infrastructure is not warranted at this stage. Whilst the proposed forecourt layout has been designed to theoretically accommodate infrequent access for long haul coaches in the event that passenger ill health demands as such, frequent use by regular bus services is not recommended. GTA provide the following reasons to support this: • The function of the forecourt is to cater for a variety of users, including set-down/ pick-up of patients/ visitors, some under emergency situations. Frequent movements of large vehicles may impede this function. • Internal road alignments and widths have not been specifically designed for independent access by such large vehicles. • Swept paths included as part of the SSD Stage 4 Transport Assessment confirm that such bus access would place further constraints on the forecourt and internal roads, with several conflicts likely (refer to **Attachment C**). • Entering the hospital will add additional journey time to existing bus services, where existing bus stops and/ or bus shelters exist along Cobbora Road in close proximity to the hospital.

 **Figure 2 –** Potential Route Diversion Recommendation TfNSW recommends greater supporting infrastructure for safer pedestrian amenity and bus operations.	• With Buslines route 571 operating 10 services per day past the hospital, existing patronage is understood to be approximately 20-30 passengers per day. Even when considering a positive future shift in staff travel mode choice, bus patronage would remain at a level that would not warrant such spatial replanning of the hospital forecourt and access arrangements. • Future bus patronage is likely to remain low even with implementation of a workplace travel plan and resultant successful trend towards greater public transport use by staff. As a result of the above, use of the internal road network and forecourt by existing bus services is not considered appropriate at this stage.
Walking and Cycling Network	
This suggests that a 2.5m shared path linking connections around the Hospital site with Cobbara Road. It is noted that the Workplace Travel Plan seeks to encourage a significant modal shift towards walking and cycling, which is supported. Recommendation TfNSW recommends that the shared path should be increased to 3.0m, which ensures sufficient space is available for pedestrians and cyclists. It is also suggested that an active transport plan be developed to ascertain improved pedestrian and cycle routes and linkages to interchange points with public transport and parking facilities.	A 2.5m wide shared path to link the hospital with Cobbora Road remains an appropriate width based on several factors, including: • The shared path is regarded as a local access path and for the purposes of linking the hospital with its immediate surrounds. • A local access path has a desirable minimum width of 2.5m and an absolute minimum width of 2.0m, as detailed in the Austroads Guide to Road Design Part 6A: Paths for Walking and Cycling (2016) (refer Table 5.3). • The general intent of a Workplace Travel Plan includes facilitating improved communication/ information and provision of facilities to incentivise staff to proactively shift their travel mode choice. Given the hospitals rural location on the outskirts of Dubbo, and recognising staff shift times common to all hospital precincts, a realistic shift of approximately 5-8% would be of significant benefit. With existing cycling and pedestrian activity generally low in the local area, such a shift would not result in a discernible change in use. • A 2.5m wide shared path remains consistent with existing shared paths in the immediate vicinity.
Bicycle End-of-Trip Facilities	
The report states that an additional eight spaces will be added to the site, which complements the existing 32 spaces. Recommendation TfNSW recommends that these additional spaces be provided in accordance with Australian	The proposed additional bicycle parking spaces will be provided in accordance with the Australian Standards Bicycle Parking Facilities AS2890.3 having been designed as a security level C facility. Specifically, the bicycle parking spaces are: • Located in a well-lit area close to the main hospital entrance with a high level of passive surveillance; • Intended for use by hospital visitors only; and

Standards Bicycle Parking Facilities AS2890.3.	• Designed to allow for a 1.2m separation between each rack, in excess of the 1.0m requirement.
Environment Protection Authority	
Noise Amenity	
The Secretary's Environmental Assessment Requirements require the Environmental Impact Statement to: • identify and provide a quantitative assessment of the main noise and vibration generating sources during construction and operation of the hospital; • outline measures to minimise and mitigate the potential noise impacts on surrounding occupiers of land; and • take into account the industrial noise policy, interim construction noise guideline and assessing vibration: a technical guideline.	A Construction Noise Impact Assessment (NIA) (refer to **Attachment E**) and Operational Noise Impact Assessment (NIA) have been prepared by Wood & Grieve (refer to **Attachment F**) to provide a quantitative assessment of the main noise and vibration sources during the construction and operation of the proposal and outline measures to minimise and mitigate potential impacts on surrounding sensitive receivers. The assessment has been undertaken in accordance with the NSW Industrial Noise Policy (INP), Interim Construction Noise Guideline (INCG) and Assessing Vibration – A Technical Guideline (NSW AV-TG).
The EPA requests that the proponent be required to prepare and provide a Noise Impact Assessment (NIA) that meets the secretary's environmental assessment requirements. The NIA must include a quantitative assessment of operational noise generated by the project, in accordance with the Industrial Noise Policy: 1. The proponent should monitor noise levels at the nearest affected residential receivers to determine project specific noise levels in the absence of noise from the hospital site. The criteria in the acoustic report were based on measurements on the hospital site, and include noise from the hospital. Alternatively, the minimum rating background level of 30 dB(A) could be adopted, leading to a project specific noise level of $L_{eq(15\ min)}$ 35 dB(A) at all times of day. 2. The proponent needs to demonstrate, through appropriate modelling and in accordance with the Industrial Noise Policy, that the project will meet the project specific noise levels at sensitive receiver locations. The acoustic assessment listed operational noise and vibration criteria for the project, but did not adequately assess the project against those criteria. 3. If the project specific noise levels are not met the proponent needs to demonstrate that the predicted levels include all feasible and reasonable mitigation measures, and that there are no other feasible and reasonable mitigation measures available.	An Operational Noise Impact Assessment has been prepared to assess the operational noise generated by the project in accordance with the INP. 1. Attended noise measurements were undertaken on the site to capture typical noise environments in and around the hospital, characterise the traffic noise local to the site (P3, P4, P5 and P6) and attain a background noise spectrum adjacent to the nearest sensitive residential receivers (P1 (Dubbo Opal Aged Care) and P2). Unattended noise measurements of existing ambient noise levels (L1 and L2) were also undertaken. The unattended measurements were the second instance of noise monitoring at the boundary of nearby receivers, undertaken as a direct response to the requirement to "*determine project specific noise levels in the absence of noise from the hospital site*". The location of the noise measurements is shown in **Figure 3** below. The noise measurement data is documented within the NIA (**Attachment E**). The INP Intrusiveness and Amenity Criteria have been applied to the background noise levels to determine the project specific noise levels (PSNL). The PSNL adopts the more stringent criteria for each period. The PSNL are shown in **Table 3** below.

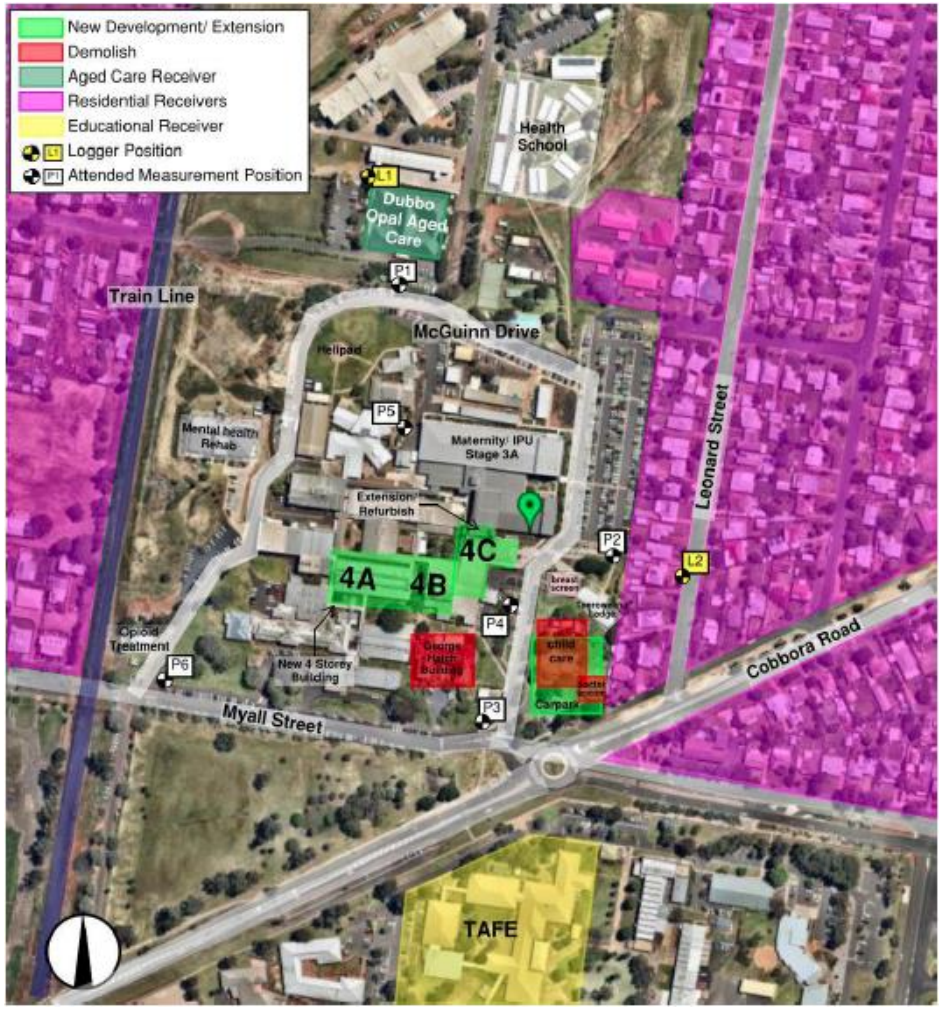


Figure 3 – Noise measurement locations
Source: Wood & Grieve

Table 3 – Project Specific Noise Levels – dB(A)

Period	Descriptor	PNSL
Residential Areas		
Day	RBL + 5 dB(A)$_{intrusiveness}$	45 dB(A)
Evening	$L_{Aeq\ period}$	45 dB(A)
Night	RBL + 5 dB(A)$_{intrusiveness}$	38 dB(A)
School Classrooms (internal)		
Noisiest 1hr when in use	$L_{Aeq,\ 15\ min}$ (Internal)	35 dB(A)
Commercial Premises		
When in use	$L_{Aeq\ period}$	65 dB(A)

2. The noise emissions from the operation of the hospital have been modelled in SoundPLAN 7.4. Two situations were assessed, one for day time assuming all equipment is operating, and a night time assessment using only the plant equipment selected as operational during the night time period. Sound pressure levels for daytime and night time operation at nearby receivers are provided in **Table 4** below.

Table 4 – Sound pressure level at nearby receivers dB (A) – Daytime and Night Time Operation

Receivers Location	dB (A)	Criteria	Compliance
Daytime Operation			
43 Cobbora Road	42	45	**Yes**
47 Leonard Street	38	45	**Yes**
62 Cobbora Road	42	45	**Yes**
Nursing Home	39	45	**Yes**
162 Myall Street	42	45	**Yes**
170 Myall Street (Opioid)	43	65	**Yes**
TAFE	45	$35_{internal}$	**Yes***
Night Time Operation			
43 Cobbora Road	38	38	**Yes**
47 Leonard Street	33	38	**Yes**
62 Cobbora Road	38	38	**Yes**
Nursing Home	36	38	**Yes**
162 Myall Street	36	38	**Yes**
170 Myall Street (Opioid)	40	65	**Yes**
TAFE	39	$35_{internal}$	**Yes***

** Assuming a minimum 10 dB noise reduction from façade and building into classroom areas*

All results are based on the proposed design and construction, mechanical schedule, louvres and plant treatment as per the 100% design documentation for the Dubbo Hospital Redevelopment Stage 4 completion.

	Following detailed analysis of the environmental noise modelling for the Stage 4 development, it is concluded that the design for the building, including increase in vehicle movements, will not exceed the PSNLs set out by the INP at the nearest worst affected receivers. The primary noise contributors to receivers are the cooling towers located outside of the level 3 plant room. The acoustic modelling assessment has been conservative in assessing noise transmitted over the cooling tower enclosure, rather than through the barrier. Based on information from the mechanical engineer detailing plant equipment operational during the night time period, it is shown that noise intrusion to the façade of the nearest residential receivers will not exceed the 38 dB(A) night time criteria provided that the surrounding enclosure is implemented. Day and evening time operational noise criteria (45 dB(A)) will not be exceeded at residential receivers. Education receivers at the southern TAFE site have assumed a 10 dB sound reduction between the façade and the internal classroom to meet the 35 dB(A) internal noise criteria. The opioid treatment facility at 170 Myall Street has been considered a commercial premise, and as such has a higher noise criteria of 65 dB(A) which is predicted to comply with the criteria at all times. 3. The recommended mitigation measures relate only to the cooling tower. It is uncertain at this time the material of the cooling tower enclosure, however based on the findings of the NIA it is recommended to achieve a minimum Rw 25 performance to ensure sound transmission through the barrier is no greater than the sound contribution from over the barrier.
The proponent must also provide a quantitative assessment of construction noise generated by the project: 1. The acoustic assessment listed construction noise and vibration criteria for the project, but did not adequately assess the project against those criteria. 2. The proponent needs to demonstrate, including appropriate modelling, that the project's construction noise impacts will be managed in line with the Interim Construction Noise Guideline.	A Construction Noise Impact Assessment (NIA) has been prepared by Wood & Grieve and is included at **Attachment E**. The quantitative assessment provided is based on the noise monitoring and PSNLs (outlined above), the relevant construction noise and vibration criteria and the proposed construction program and equipment lists provided. **Construction Noise** As discussed above, when assessed against the established project criteria the noise levels during standard construction hours are not expected to reach the highly noise affected criteria at the nearby residential receivers during any construction activities, being typically between noise affected and very noise affected levels for all phases of construction. As documented within the NIA, feasible and reasonable measures can be implemented to control noise emission from the site to these residential receivers. Furthermore, surrounding commercial receivers are predicted to have a minimum 15 dB transmission loss from the façade. Given the predicted noise levels at the façade, it is anticipated that the internal noise levels will be met at these receivers. Mitigation may have to occur whereby receivers are required to close windows to maintain the internal noise levels during periods of peak noise during construction. As such it is considered that with the appropriate mitigation measures the expected construction noise levels are acceptable. **Construction Vibration** Construction vibration criteria for the project have been established in accordance with the: • NSW DEC *Assessing Vibration: A Technical Guideline, 2006* which provides suitable criteria that can be applied to the assessment of vibration and human comfort; • German Standard DIN4150-Part 3 “Structural vibration in buildings – Effects on structures” and British Standard BS7385-Part 2: 1993 “Evaluation and Measurement for Vibration in Buildings”; and • Vibration criteria for vibration sensitive equipment compiled by the American Society of Heating and Refrigeration Engineers (ASHRAE) and published in the ASHRAE Handbook - HVAC Applications.

	The vibration associated with construction is dependent on a number of variables including the types of machinery used, the proximity to the nearby receivers as well as the ground type. Anticipated vibration levels are difficult to predict without detailed material and structural information and the vibration transmission through the receiving structure. Once detailed design progresses, construction methodology including vibration monitoring for high vibration activities such as excavating, will be determined. An assessment of whether vibration levels are expected to exceed the applicable criteria for structures will then be undertaken. It is noted that the ICNG imposes a 5dB penalty for sources associated with high vibration levels. The worst affected residence to vibration dosages is 62 Cobbora Rd, whose façade is less than 5m from the doctors accommodation proposed to be demolished. It is recommended, particularly for the sections of the demolition and car park construction closest to the neighbouring building, only small excavators are used (2m safe working distance), with potential to use a medium size (12t) at a distance >7m. However, despite all feasible and reasonable mitigation methods, it is anticipated that the residents at 62 Coborra Rd will be affected by the works, particularly for the demolition and car park construction, given the unavoidable proximity. Where necessary, additional mitigation measures may be offered to the residents of this property, including offers of temporary accommodation during the noisiest period. **Mitigation Measures** It is recommended that a Construction Noise and Vibration Management Plan be prepared prior to construction to manage construction noise and vibration and to ensure construction methods and other mitigation measures are implemented. In addition, the following recommendation are made: • Hospital staff or instrumentation manufacturer to provide criteria for each vibration sensitive instrumentation; • A trial test to measure vibration levels should be undertaken before works commence; • Manage the construction program so as to minimise heavy machinery operating concurrently; • Prepare dilapidation reports on adjacent structures and monitor the effects; • Locate heavy machinery away from nearby sensitive receivers, as far as practical; and • Ongoing vibration monitoring with a flashlight / alert system is to be installed for when vibration dosages are exceeded.
The proponent should provide strong justification for extended construction hours proposed on Saturdays up to 5pm. As stated in the Interim Construction Noise Guideline, extended hours should only be allowed for reasons other than convenience.	HI accept that construction hours be limited to those applicable to the Stage 1 & 2 works (from 8am to 4pm) during which time no complaints of noise were received. The Construction NIA notes that without further information on the works proposed to be undertaken during the requested extended hours (Saturday 1pm – 4pm) construction noise has been predicted for the full scope of works only. This approach replicates the Stage 1& 2 approach and can be justified on that basis.
The NIA should include noise logger result graphs to be provided as one day to a page, including relevant weather data (wind speed and rainfall) to assist with interpreting those graphs. The proponent should also check the times in Table 4-1 of the acoustic assessment as the report text indicates attended monitoring occurred at location P2 in the night time, however the table indicates that it occurred in the morning.	The NIAs include noise logger result graphics and data, including relevant weather data (wind speed and rainfall) to assist in the interpretation and assessment of the report. The attached Construction and Operational NIAs supersede the Acoustic Assessment provided as part of the original submission.

Contamination	
The EPA is aware that the premise has been contaminated by both friable and bonded asbestos due to previous dumping activities of building waste on-site. The EPA also notes that the site is registered on Dubbo City Council's Contaminated Land Register. In this case the EPA remains the Appropriate Regulatory Authority under the *Protection of the Environment Operations Act 1997* as the works are being undertaken by a Public Authority.	It is noted that Dubbo Hospital is not listed on the Public Register of Notices issued under the *Contaminated Land Management Act 1997*. However, Dubbo Hospital is registered on the Dubbo City Council's Contaminated Land Register. Following discussions with Council's Health Officer in June 2017, it is understood that: • The Register provides a general list of areas where there are known concerns of potential contamination. • The Register is intended to be used as a reference point for Council officers when assessing development applications where contamination may present on the site and would need to be satisfied by the applicant under SEPP 55. • Dubbo Hospital is listed on the register due to the previous uses of the site, specifically: 1. The Old Laundry; and 2. Fill and ash associated with the boiler house and other unknown fill materials (e.g. building materials and debris, waste etc.) on the site. Council's register does not have any statutory weight. The Old Laundry and boiler rooms were removed as part of Stages 1 and 2 redevelopment works which included ground and remediation works. Any remaining contaminated material exposed as a result of the works will be managed in accordance with clause 80 of the *Protection of the Environment Operations (Waste) Regulation 2014* (the Regulation) and SafeWork NSW 'Code of Practice How to Safely Remove Asbestos', (dated September 2016).
The EA states that it is proposed that deficit fill where possible will be retained on site with some excavated material being suitable for reuse in general fill areas. The EPA recommends that all material contaminated with asbestos that has been, or will be excavated, or disturbed during the works, be disposed at a landfill that lawfully can receive such material. Disposal needs to be in accordance with Clause 80 of the *Protection of the Environment Operations (Waste) Regulation 2014* (the Regulation) and SafeWork NSW 'Code of Practice How to Safely Remove Asbestos', (dated September 2016). Asbestos contaminated waste must be transported in accordance with the requirements of Clause 78 of the Regulation. I have attached a copy of this for your convenience.	Noted.
The EPA recommends that any remaining soil at the premises that will not be excavated or disturbed, but is known or suspected to contain asbestos, be managed according to the following principles: • Accurately survey and record the location of asbestos and suspected asbestos. • Include the information noted above in the asbestos register and asbestos management plan for the site. • Place a notation (s149 notation or equivalent) on the title of the property regarding the presence of asbestos contaminated material and details of its location. • Place a high visibility marker layer over the top of contaminated material, and then cover it with relevant civil engineering systems (such as geotextile) prior to capping.	Noted.

The EPA would like to take this opportunity to reinforce the importance of proper care, handling, transportation and disposal of asbestos and asbestos contaminated waste. Clearly, it is critical that the health and safety of workers and the public are protected at all times and to ensure there are negligible impacts to the environment. In regards to the safety of workers and the public, the proponent may wish to contact SafeWork NSW.	Noted.
For your convenience please find attached copies of Clauses 78 and 80 of the Protection of the Environment Operations (Waste) Regulation 2014, which set out the requirements relating to the handling, transport and disposal of asbestos waste. Soil that has been contaminated with asbestos must be treated the same way as asbestos waste. All asbestos contaminated material must be transported and disposed in accordance with these requirements.	Noted.
The EPA also requires that transportation of asbestos waste within NSW is to be reported in accordance with Clause 79 of the Protection of the Environment Operations (Waste) Regulation 2014 (the Regulation). Clause 79 of the the Regulation requires the transport of Asbestos be recorded from the place of generation to its final destination. Operators must use the EPA's online WasteLocate system to comply with these requirements. I have also enclosed a copy of this for your convenience.	Noted.
The EPA recommends that the proponent discuss logistics around timing and volume of hazardous waste disposal with appropriate landfills to ensure they have sufficient capacity to cater for proposed works. The Whylandra Waste Depot is the closest landfill that can lawfully accept asbestos contaminated material.	Noted.
The EPA recommends that the Department of Planning and Environment include a condition requiring that the requirements outlined above are incorporated into the project Construction Environment Management Plan (CEMP) to be prepared by the proponent.	Noted. A Construction Environmental Management Plan (CEMP) will be prepared by the appointed construction contractor.
Office of Environment & Heritage	
OEH has reviewed the EIS and has no further comment at this stage.	Noted.
Biodiversity	
On 31 March 2017 OEH provided agreement (copy attached) to Health Infrastructure that the Framework for Biodiversity Assessment (FBA) does not need to be implemented as no native vegetation or threatened species habitat is likely to occur within the Stage 4 works area.	Noted.