Curtins | Building a better future

Withington Community Hospital CDC

Transport Statement Addendum

Curtins Ref: 83266-CUR-XX-XX-T-TP-00004

Revision: P03

Issue Date: 25 June 2024

Client Name: Manchester University NHS Foundation Trust (MFT)

Client Address: Oxford Road, Manchester, M13 9WL.

Site Address: Withington Community Hospital, Nell Lane, Manchester, M20 2LR

.

25 June 2024

Control Sheet

Rev	Description	Checked	Issued	Date
P01	First Issue	MT	MT	30 May 2024
P02	Second Issue	MT	MT	20 June 2024
P03	For Planning	MT	MT	25 June 2024

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1.0 Introduction

1.1 Background and Planning History

1.1.1 Curtins has been appointed by Manchester University NHS Foundation Trust (MFT) to provide traffic and transport advice in relation to a new development within the Withington Community Hospital site in West Didsbury, South Manchester.

1.1.2 A new two-storey building is proposed at the Withington Community Hospital site to provide a Community Diagnostic Centre (CDC). The CDC will house cardiorespiratory and endoscopy facilities. The CDC is proposed to the south of the existing hospital buildings, with a new parking area located to the west of the CDC.

1.1.3 A planning application for the above was submitted in July 2023 (Manchester City Council (MCC) planning reference: 137537/FO/2023) and approved in December 2023.

1.1.4 At the time of writing, it is understood that MFT are amending the scheme to ensure delivery. It is noted the key changes are a reduction in the size of the building and removal of endoscopy facilities, and a Section 73 application is anticipated to be submitted to vary the conditions on the original planning application.

1.1.5 The reduction in size of the proposed facility is summarised as follows:

Element	Consented	Revised	Difference
Gross Internal Floor Area (GIFA)	2,049 sqm	1,580 sqm	**-469 sqm**
Building footprint	1,103 sqm	858 sqm	**-245 sqm**

Table 1.1 – Changes to Consented Proposal

1.1.6 There would also be minor changes to the CDC services that can be accommodated within the site (and subsequently the expected level of staff and patients attending these facilities per day), however it is proposed to maintain the consented access arrangement and the number of car and cycle parking spaces.

1.1.7 The proposed amended site layout is included in **Appendix A**.

1.2 Purpose of This Report

1.2.1 In 2023, Curtins prepared a Transport Statement (TS) (Document reference: 83266-CUR-XX-XX-T-TP-00001) to accompany the initial planning application.

1.2.2 This TS Addendum has been prepared as an update to the 2023 TS, and to inform Highway Officers at MCC with regard to the changes to the development proposals and their potential impact on the surrounding area from a traffic and transportation perspective.

1.2.3 The development would also be assessed under Building Research Establishment Environmental Assessment Method (BREEAM) 2018 standards and would seek to demonstrate compliance by obtaining a number of credits. As such, this TS also seeks to demonstrate compliance with BREEAM.

1.3 Structure of the Report

1.3.1 This TS Addendum contains the following:

- **Section 2** – Details of the changes to the proposals;
- **Section 3** – Details of future vehicular trips and commentary on any highway impacts/parking accumulation;
- **Section 4** – An update to the transport requirements within BREEAM's New Construction guidance (2018).
- **Section 5** – An update to the relevant national and regional transport planning policy; and
- **Section 6** – A report summary and conclusion.

2.0 Development Proposals

2.1 Summary of Consented Proposals

2.1.1 The CDC obtained consent for operation from 09:00 – 17:00 on weekdays, with no appointments on the weekend. The consented gross internal floor area (GIFA) of the building was 2,049m².

2.1.2 It is understood that elements of the operational requirements of the CDC are already taking place within the existing Withington Community Hospital building, however, the consented maximum increase of patients and staff generated by the new building was outlined in the consented TS as follows:

Functions	Patients					Staff per Day
	Per Day	Per Week	Average Per Day	Average per Hour (8-hr Day)	Average Time Spent on Site (mins)	
Cardiology	30	N/A	30	4	60	7
Respiratory (Lung)	N/A	60	12	2	60	6
Respiratory (Sleep)	N/A	70	14	2	15	No additional staff
Endoscopy	30	N/A	30	5	180	20*
Total			**86**	**13**	**N/A**	**33**

Table 2.1 – Consented Uses at CDC as per Transport Statement

*Includes Nursing, Admin, Decon, and Endoscopist

2.1.3 **Table 2.1** above demonstrated that there would be approximately 33 additional staff at the site per day, with an average of 86 additional patients per day.

2.2 Changes to Consented Proposals

2.2.1 The Trust has provided further detail on the changes to the consented proposals as follows. Most notably, the proposed GIFA of the building would be reduced to 1,580m², which is a decrease of 469m² when compared against the consented GIFA.

2.2.2 The ground floor accommodation would now comprise the following:

- Cardio – (2 no. Echocardiogram (Echo) rooms, 1 no. Ambulatory Cardiology Services room, 1 no. Venepuncture / Phlebotomy (used by all departments));
- Respiratory – (2 no. Lung Function rooms, Phlebotomy and other tests);
- Sleep – (1 no. Sleep testing room and 1 no. sleep / consultation room);
- NOUS – (2 no. Non-Obstetric Ultrasound rooms); and
- General – 1 no. observation room (used by all departments for measuring blood pressure, weight, and height of patients) and 3 no. consultation rooms.

2.2.3 The ground floor layout and associated departments would result in the following patients and staff to be generated on average per day/hour:

Functions	Total Patients					Staff per Day
	Per Day (Per Room)	No. of Rooms	Average Per Day	Average per Hour (8-hr Day)	Average Time Spent on Site (mins)	
Cardiology (Echo)	10	2	20	3	45	-
Cardiology (Ambulatory Services)	15	1	15	2	15*	
Respiratory (Lung Function Room #1)	6	1	6	1	90	
Respiratory (Lung Function Room #2)	16	1	16	2	30	
Sleep	15	1	15	2	15*	
NOUS	22	2	44	6	30	
Total			**116**	**15**	**N/A**	**19**

Table 2.2 – Proposed Uses at CDC (Ground Floor Only)

*Quick appointments, for example staff member in the room reporting results from tests conducted from an earlier appointment.

2.2.4 The use of the 1 no. Venepuncture / Phlebotomy room, 1 no. sleep / consultation room, 1 no. observation room, and 3 no. consultation rooms are not included in **Table 2.2** above, as these are ancillary to the functions included within the table (i.e., a patient may be referred to the observation room if necessary, and subsequently move onto their main appointment at one of the specialist rooms in **Table 2.2**).

2.2.5 **Table 2.2** above demonstrates that there would be approximately 19 staff within the new CDC building per day associated with the ground floor uses, with an average of 116 patients per day.

2.2.6 However, discussions with the Trust have taken place to understand how many of these staff and patients would be new to the CDC – or move over from the existing Withington Community Hospital building.

2.2.7 It has been established that all staff would be existing and move over from the WCH building – and that 61 patients at the CDC would already utilise services at the existing hospital. As such, only 55 patients (per day) would be new to the wider Site.

2.2.8 It is noted that the departments that move over to the new CDC building and vacate the existing Withington Community Hospital would be used for additional space for storage/an improved operational environment; it is not proposed to create any other uses within the the existing Withington Community Hospital building.

2.2.9 As such, **Table 2.3** establishes the new person trips per day associated with the CDC building (ground floor only).

Functions	New Patients					New Staff per Day
	Per Day (Per Room)	No. of Rooms	Average Per Day	Average per Hour (8-hr Day)	Average Time Spent on Site (mins)	
Cardiology (Echo)	0	2	0	0	45	-
Cardiology (Ambulatory Services)	7	1	7	1	15*	
Respiratory (Lung Function Room #1)	2	1	2	1	90	
Respiratory (Lung Function Room #2)	2	1	2	1	30	
Sleep	0	1	0	0	15*	
NOUS	22	2	44	6	30	
Total			**55**	**9**	**N/A**	**0**

Table 2.3 – Proposed New Patients/Staff at CDC (Ground Floor Only)

2.2.10 It should be noted that the above considers the ground floor usage only; this provides a total of 652m² GFA of usable consultation space and 137m² of other ancillary space (such as stairwell, lift cores etc).

2.2.11 At present, the first-floor usage is unknown – but allows for 422m² GFA of usable consultation space and the remaining 370m² GFA is associated with ancillary plant room and associated functions.

2.2.12 On this basis, there is a total of 1,074m² GFA consultation space, the first-floor consultation space reflects and increase of 64.8% when compared to the known ground floor usage.

2.2.13 To undertake a robust assessment of the unknown first-floor use – and for the proposed building as a whole – the figures in **Table 2.3 (**for new patients and staff per day) have been uplifted by 64.8% to ensure full consideration.

2.2.14 It has been noted by the Trust that usage will be of similar levels to that known at the ground floor level.

Functions	New Patients			New Staff per Day
	Average Per Day	Average per Hour (8-hr Day)	Average Time Spent on Site (mins)	
Cardiology (Echo)	0	0	45	-
Cardiology (Ambulatory Services)	12	2	15*	
Respiratory (Lung Function Room #1)	3	2	90	
Respiratory (Lung Function Room #2)	3	2	30	
Sleep	0	0	15*	
NOUS	73	9	30	
Total	**91**	**15**	**N/A**	**0**

Table 2.4 – Proposed Uses at CDC (Overall Building)

2.2.15 **Table 2.3** above demonstrates that there would be no additional staff at the site per day, with an average of 91 additional patients per day.

2.2.16 It should be stressed that this is a worst-case robust assessment – and the first-floor usage (when operational) may generate less patients and staff than the ground floor departments.

2.2.17 This equates to 5 additional patients per day and a reduction of 33 staff per day when comparing to the consented development.

2.3 Access, Parking, and Servicing Arrangements

2.3.1 There are minimal changes to the access, parking, and servicing arrangements; as part of the current consent, 6 parking bays (all accessible bays) would be equipped with electric vehicle (EV) charging facilities. To ensure that the EV charging facilities can be used for all users, 3no. accessible bays would EV charging equipped and 3no. standard bays would be EV equipped – which retains the 6no. EV spaces overall.

2.3.2 It is noted that there would be a net increase in 5 people to the site per day as part of the changes to the proposals – which equates to less than 1 person per hour. As such, there would be minimal impact on the existing parking situation.

2.3.3 In addition, it is noted that the Trust are due to install Automatic Number Plate Recognition (ANPR) for the car park later in 2024. As part of this amendments to the parking, there will also be an increase in the length of free parking to 60 minutes - which will cater for the large majority of patients at the new Building. This will therefore promote on-site parking as the main location for those who drive and deter on-street parking locally.

2.3.4 Notwithstanding this, the conclusions of the consented TS remain valid such that as evidenced in the parking accumulation exercise, at the observed peak hour of car park operation, there are over 180 available spaces as spare capacity.

2.3.5 As such, it is considered that no extra parking provision would be required by staff, patients or visitors, as the demand for car parking can be met within the existing car park. This is discussed further in Section 3.

3.0 Updates to Highway Impact and Parking Accumulation

3.1 Introduction

3.1.1 The following section contains trip generation analysis based on the changes to the proposals during the weekday AM and PM peak hours. In order to undertake the assessment, finding from the Trust's travel plan surveys and Census data have been used for the forecast trip generation, which is a similar approach taken in the consented TS.

3.2 Proposed Trip Generation

Core Assessment – Staff and Patient Numbers Provided by Trust

3.2.1 **Table 2.4** above demonstrates that the Trust anticipate that the proposed development would comprise no additional staff per day, but an additional 91 patients who arrive and depart throughout the day. Similar to the approach taken in the consented TS, Curtins has applied further assumptions to the data provided to establish arrival and departure patterns as a sensitivity test, namely:

- Assume that all patients drive / arrive by car as a 'worst-case' scenario;
- Assume that all hospital appointments take place between 09:00 – 16:00, as the hospital closes at 17:00;
- The 2023 MFT staff travel survey states that 43% of MFT staff travel by car (37% alone as drivers, and 6% by car sharing). A scenario of 43% lone car drivers has been applied for robustness; and
- Assume that all staff arrive between 08:00 – 09:00 and depart between 17:00 – 19:00.

3.2.2 Based on the above assumptions, the proposed trip generation of the site is summarised as follows, with further details in **Appendix B**:

Time	Patients		Staff		Total		Accumulation
	Arrivals	Departures	Arrivals	Departures	Arrivals	Departures	
	Assume 43% car driver split						
08:00 – 09:00	11	0	0	0	11	0	**11**
09:00 – 10:00	11	11	0	0	11	11	**12**
10:00 – 11:00	11	11	0	0	11	11	**12**
11:00 – 12:00	11	11	0	0	11	11	**12**
12:00 – 13:00	11	11	0	0	11	11	**12**
13:00 – 14:00	11	11	0	0	11	11	**12**
14:00 – 15:00	11	11	0	0	11	11	**11**
15:00 – 16:00	11	11	0	0	11	11	**11**
16:00 – 17:00	0	11	0	0	0	11	**0**

Time	Patients		Staff		Total		Accumulation
	Arrivals	Departures	Arrivals	Departures	Arrivals	Departures	
17:00 – 18:00	0	0	0	0	0	0	**0**
18:00 – 19:00	0	0	0	0	0	0	**0**

Table 3.1 – Proposed Trip Generation and Parking Accumulation

3.2.3 **Table 3.1** above demonstrates that there would be 11 two-way movements during the AM peak period of 08:00 – 09:00 and 0 two-way movements during the PM peak period of 17:00 – 18:00.

3.2.4 The assessment also demonstrates that the predicted parking accumulation could peak between 08:00 – 15:00, with up to 12 spaces occupied.

3.2.5 As such, the conclusions within the consented TS remain valid, such that car parking demand for the proposed development can be accommodated within the hospital site and the proposed new parking area, with additional capacity to spare.

3.2.6 In addition, as part of amendments to the existing parking provision later in 2024, there will also be an increase in the length of free parking to 60 minutes - which will cater for the large majority of patients at the new Building. This will therefore promote on-site parking as the main location for those who drive and deter on-street parking locally.

3.3 Net Impact

3.3.1 The difference between the consented and proposed scenarios is as follows:

Scenario	Trip Generation AM (08:00 – 09:00)			Trip Generation PM (17:00 – 18:00)		
	Arrive	Depart	Total	Arrive	Depart	Total
Trip generation – assume 43% car driver split for staff						
Consented Trip Generation	24	1	25	0	16	16
Proposed Trip Generation	11	0	11	0	0	0
Net Impact	**-13**	**-1**	**-14**	**0**	**-16**	**-16**

Table 3.2 – Net Impact

3.3.2 On this basis, Curtins do not believe that capacity assessments would be required, and that the highway network is sufficient to accommodate the proposed development traffic. As such, no additional mitigation is proposed – apart from the commitment to the recently established site-wide Travel Plan.

4.0 Updates to Building Research Establishment Environmental Assessment Method (BREEAM) Compliance

4.1 Introduction

4.1.1 As there are changes to the number of occupants at the site, a review of the updated BREEAM requirements for cycle parking (whereby the recommended provisions are calculated based on the number of occupants) at the site has been undertaken.

4.1.2 The changes to the proposals result in an anticipated number of 31 staff (existing) at the site, which is a decrease of 2 staff when compared to the consented occupancy. There is also an worst-case number of 91 patients (new) to the site, which is an increase of 5 new patients when compared to the consented occupancy.

4.1.3 For healthcare buildings, BREEAM standards for cycle parking is 1 space per 10 staff, which equates to 2 spaces. It is also stated that for special healthcare building types (given the nature of the building function), cycle storage spaces intended for patients and visitors may be excluded as it is unlikely that patients and accompanying visitors would be cycling to and from the centre.

4.1.4 The cycle parking proposals would remain unchanged from the consented quanta, which is a total of 10 long-stay cycle spaces for staff and visitor usage (whilst noting that to the nature of the development and the type of care provided, it is not envisaged that there would be significant demand for short-stay cycle parking for patients / visitors, however the demand for cycle parking would be monitored as part of the ongoing Travel Plan).

4.1.5 This provision remains above BREEAM standards and can be seen as a robust position / initiatives to encourage more staff to travel by sustainable modes (in addition to other measures outlined in the consented Travel Plan (TP) Addendum).

5.0 Updates to Transport Planning Policy

5.1 National Planning Policy

National Planning Policy Framework (2023)

5.1.1 An update to the NPPF was published in 2023, whereby changes pertaining to transport are as follows, however there are no changes to the wording of the policies quoted in the consented TS, with the only change being the paragraph numbers.

5.2 Summary

5.2.1 It is considered that the changes to the proposals are in line with national and regional transport policies and guidance.

6.0 Summary and Conclusions

6.1 Summary

6.1.1 Curtins has been appointed by Manchester University NHS Foundation Trust (MFT) to provide traffic and transport advice in relation to a new development within the Withington Community Hospital site in West Didsbury, South Manchester.

6.1.2 A new two-storey building is proposed at the Withington Community Hospital site to provide a Community Diagnostic Centre (CDC). The CDC will house cardiorespiratory and endoscopy facilities. The CDC is proposed to the south of the existing hospital buildings, with a new parking area located to the west of the CDC.

6.1.3 A planning application for the above was submitted in July 2023 (Manchester City Council (MCC) planning reference: 137537/FO/2023) and approved in December 2023.

6.1.4 At the time of writing, it is understood that MFT are amending the scheme to ensure delivery. It is noted the key changes are a reduction in the size of the building and removal of endoscopy facilities. There would also be minor changes to the CDC services that can be accommodated within the site (and subsequently the expected level of staff and patients attending these facilities per day), however it is proposed to maintain the consented access arrangement and the number of car and cycle parking spaces.

6.1.5 This Transport Statement (TS) Addendum has been prepared as an update to the 2023 TS, in support of a Section 73 application to vary the conditions on the original planning application.

6.1.6 Relevant details of the changes to the proposals have been provided. When compared against the consented uses, this is an increase in 5 patients per day, but no increase in staff.

6.1.7 The net change in the number of vehicle trips generated by the proposed changes to the site when compared against the consented scenario has been assessed, and it is not considered that further analysis of the impact on the wider highway network is required.

6.1.8 An updated review of relevant national and regional transport planning guidance has been undertaken. It is considered that the proposed development conforms with such policy.

6.2 Conclusions

6.2.1 It is reasonable to conclude that the change of use proposals is in accordance with Paragraph 111 of the NPPF, as it would not have an unacceptable impact on highway safety, nor would there be a severe impact on the surrounding highway network.

6.2.2 From a traffic and transportation perspective, there are no reasons why the Section 73 application should not be granted planning approval.

Appendix A – Proposed Site Layout

KEY:

- EXISTING TREE RETAINED
- PROPOSED CONCRETE BLOCK PAVING
  TOBERMORE ARTRO OR SIMILAR TBC
- PROPOSED CONCRETE FLAG PAVING
  TOBERMORE TEXTURED FLAG OR SIMILAR TBC
- PROPOSED BOUND GRAVEL TO SEATING AREAS
  COLOUR TBC
- PROPOSED ASPHALT
  TO ENGINEERS SPECIFICATION
- EXISTING ASPHALT RETAINED
  TO BE MADE GOOD AS REQUIRED
- BT1 PROPOSED BENCH TYPE 1
  MARSHALLS GEO BENCH OR SIMILAR APPROVED
- BT2 PROPOSED BENCH TYPE 2
  BESPOKE PLANTERS WITH INCORPORATED BENCH
  BAILEY INSIRA PLANTER SYSTEM OR SIMILAR APPROVED
- PROPOSED AMENITY SHRUB PLANTING
  SEE PLANTING PLAN FOR DETAILED PROPOSALS
- EXISTING SCRUB HABITAT TO BE RETAINED
  1628 M2
- PROPOSED SCRUB TO BE REINSTATED AFTER CONSTRUCTION
  1365 M2
- BL PROPOSED FIXED BOLLARD
  1100MM HIGH STAINLESS STEEL
  SUPPLIED BY MARSHALLS OR SIMILAR APPROVED
- PROPOSED SPECIMEN TREE/MULTISTEM SHRUB
  SEE PLANTING PLANS FOR DETAILED PROPOSALS
- PROPOSED MIXED NATIVE HEDGE
  PLANTED IN A DOUBLE STAGGERED ROW
- PROPOSED ORNAMENTAL HEDGE

P1	DRAFT ISSUE FOR COMMENT/COORDINATION	AV	AV	27/04/2023
P2	DRAFT ISSUE FOR COMMENT/COORDINATION	MG	AV	10/05/2023
P3	DRAFT ISSUE FOR COMMENT/COORDINATION	MG	AV	07/06/2023
P4	DRAFT ISSUE FOR COMMENT/COORDINATION	MG	AV	03/07/2023
P5	DRAFT ISSUE - PARKING AND ACCESS UPDATED	MG	AV	18/07/2023
P6	DRAFT ISSUE - BOLLARDS ADDED	MG	AV	07/08/2023
P7	DRAFT ISSUE - AREAS FOR CONSTRUCTION WORKS ADDED	MG	AV	19/10/2023
P8	DRAFT ISSUE - WASTE COMPOUND AREA UPDATED	MG	AV	24/10/2023
P9	DRAFT ISSUE - GROUND FLOOR UPDATED	MG	MG	03/11/2023
P10	DRAFT ISSUE - GROUND FLOOR UPDATED	MG	AV	22/03/2024
P11	DRAFT ISSUE - GROUND FLOOR UPDATED	MG	AV	26/03/2024
P12	DRAFT ISSUE - EXISTING BUILDING OUTLINE AMENDED	MG	AV	28/05/2024

0m 5m 10m 15m 20m 25m
SCALE 1:250

Squareyard
Landscape Architecture - Urban Design - Masterplanning

Email - studio@yd2.co.uk
Web - www.yd2.co.uk
Tel - 07514 281 452

Address:
Suite 10 - Hardman Business Centre,
New Hall Hey Road,
Rossendale

GENERAL NOTES:

1. DIMENSIONS GOVERN
2. ALL DIMENSIONS ARE IN MILLIMETERS UNLESS NOTED OTHERWISE ON THE DRAWINGS
3. ALL DIMENSIONS SHALL BE VERIFIED ON SITE PRIOR TO ANY CONSTRUCTION
4. YD2 SHALL BE NOTIFIED OF ANY DISCREPANCIES

DRAWING NOTES:

REV	DESCRIPTION	DRAWN	CHECKED	DATE
P13	EV BAYS LOCATION ADDED	MG	AV	20/06/2024

PROJECT TITLE
WITHINGTON HOSPITAL
BURTON ROAD
WITHINGTON

DRAWING TITLE
EXTERNAL WORKS
SITE WIDE GENERAL ARRANGEMENT

SCALE @ A1
1:250

DATE
JUN 2024

PROJECT NUMBER
YD2_23_01

DRAWING No.
22182-Y2D-WCH006-00-XX-L-00900

REVISION
P13

Appendix B – Trip Generation Details Based on Information from Trust

Staff Based on 43% Car Modal Share

	Arr	Dep	**Accum**
06:00-07:00			**0**
07:00-08:00	0	0	**0**
08:00-09:00	0	0	**0**
09:00-10:00	0	0	**0**
10:00-11:00	0	0	**0**
11:00-12:00	0	0	**0**
12:00-13:00	0	0	**0**
13:00-14:00	0	0	**0**
14:00-15:00	0	0	**0**
15:00-16:00	0	0	**0**
16:00-17:00	0	0	**0**
17:00-18:00	0	0	**0**
18:00-19:00	0	0	**0**
19:00-20:00			**0**

ECO

	Arr	Dep	**Accum**
06:00-07:00			**0**
07:00-08:00			**0**
08:00-09:00	0	0	**0**
09:00-10:00	0	0	**0**
10:00-11:00	0	0	**0**
11:00-12:00	0	0	**0**
12:00-13:00	0	0	**0**
13:00-14:00	0	0	**0**
14:00-15:00	0	0	**0**
15:00-16:00	0	0	**0**
16:00-17:00	0	0	**0**
17:00-18:00	0	0	**0**
18:00-19:00			**0**
19:00-20:00			**0**

Ambulatory/Cardio

	Arr	Dep	**Accum**
06:00-07:00			**0**
07:00-08:00			**0**
08:00-09:00	1	0	**1**
09:00-10:00	1	1	**1**
10:00-11:00	1	1	**1**
11:00-12:00	1	1	**1**
12:00-13:00	1	1	**1**
13:00-14:00	1	1	**1**
14:00-15:00	1	1	**1**
15:00-16:00	1	1	**1**
16:00-17:00		1	**0**
17:00-18:00		0	**0**
18:00-19:00			**0**
19:00-20:00			**0**

Lung (1)

	Arr	Dep	**Accum**
06:00-07:00			**0**
07:00-08:00			**0**
08:00-09:00	0		**0**
09:00-10:00	0		**1**
10:00-11:00	0	0	**1**
11:00-12:00	0	0	**1**
12:00-13:00	0	0	**1**
13:00-14:00	0	0	**1**
14:00-15:00		0	**0**
15:00-16:00		0	**0**
16:00-17:00			**0**
17:00-18:00			**0**
18:00-19:00			**0**
19:00-20:00			**0**

Lung (2)

	Arr	Dep	**Accum**
06:00-07:00			**0**
07:00-08:00			**0**
08:00-09:00	0		**0**
09:00-10:00	0	0	**0**
10:00-11:00	0	0	**0**
11:00-12:00	0	0	**0**
12:00-13:00	0	0	**0**
13:00-14:00	0	0	**0**
14:00-15:00	0	0	**0**
15:00-16:00	0	0	**0**
16:00-17:00		0	**0**
17:00-18:00			**0**
18:00-19:00			**0**
19:00-20:00			**0**

Sleep

	Arr	Dep	**Accum**
06:00-07:00			**0**
07:00-08:00			**0**
08:00-09:00	0		**0**
09:00-10:00	0	0	**0**
10:00-11:00	0	0	**0**
11:00-12:00	0	0	**0**
12:00-13:00	0	0	**0**
13:00-14:00	0	0	**0**
14:00-15:00	0	0	**0**
15:00-16:00	0	0	**0**
16:00-17:00		0	**0**
17:00-18:00			**0**
18:00-19:00			**0**
19:00-20:00			**0**

NOUS

	Arr	Dep	**Accum**
06:00-07:00			**0**
07:00-08:00			**0**
08:00-09:00	9		**9**
09:00-10:00	9	9	**9**
10:00-11:00	9	9	**9**
11:00-12:00	9	9	**9**
12:00-13:00	9	9	**9**
13:00-14:00	9	9	**9**
14:00-15:00	9	9	**9**
15:00-16:00	9	9	**9**
16:00-17:00		9	**0**
17:00-18:00			**0**
18:00-19:00			**0**
19:00-20:00			**0**

Patient Requirements

	Arr	Dep	**Accum**
06:00-07:00			**0**
07:00-08:00	0	0	**0**
08:00-09:00	11	0	**11**
09:00-10:00	11	11	**12**
10:00-11:00	11	11	**12**
11:00-12:00	11	11	**12**
12:00-13:00	11	11	**12**
13:00-14:00	11	11	**12**
14:00-15:00	11	11	**11**
15:00-16:00	11	11	**11**
16:00-17:00	0	11	**0**
17:00-18:00	0	0	**0**
18:00-19:00	0	0	**0**
19:00-20:00	0	0	**0**

Total Requirements (MFT Mode Share)

	Arr	Dep	**Accum**
06:00-07:00			**0**
07:00-08:00	0	0	**0**
08:00-09:00	11	0	**11**
09:00-10:00	11	11	**12**
10:00-11:00	11	11	**12**
11:00-12:00	11	11	**12**
12:00-13:00	11	11	**12**
13:00-14:00	11	11	**12**
14:00-15:00	11	11	**11**
15:00-16:00	11	11	**11**
16:00-17:00	0	11	**0**
17:00-18:00	0	0	**0**
18:00-19:00	0	0	**0**
19:00-20:00			**0**

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