

Wythenshawe Hospital – Medical Evaluation Unit (MEU) Phase 3

Transport Statement

Curtins Ref: 84856-CUR-XX-XX-T-TP-00001

Revision: P02

Issue Date: 24 April 2024

Client Name: Medicines Evaluation Unit Limited

Client Address: The Langley Building, Southmoor Road, Wythenshawe, Manchester M23 9QZ

Site Address: The Langley Building, Southmoor Road, Wythenshawe, Manchester, M23 9QZ

Control Sheet

Rev	Description	Issued by	Checked	Date
P01	First Issue	LL	CP	21 March 2024
P02	Second Issue, for Planning	LL	CP	24 April 2024

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1.0 Introduction

1.1 Background

- 1.1.1 Curtins has been appointed by the Medicines Evaluation Unit (MEU) at Wythenshawe Hospital, Manchester, to provide highways and transport advice in relation to the redevelopment of the Langley Building.
- 1.1.2 The MEU is a state-of-the-art hospital-based research facility at the Wythenshawe Hospital campus in Manchester. A three-storey extension is proposed to the Langley Building, together with the reconfiguration of the existing car parks and access arrangements.
- 1.1.3 The new building will include new inpatient ward accommodation (28 beds) and welfare facilities, office and lab spaces, a CT scanning suite, a cleanroom aseptic pharmacy suite, and seminar and meeting rooms, increasing the capacity of the building by approximately 90 people (60 new staff, and up to 30 new patients/visitors at any one time).
- 1.1.4 The new building would be constructed on part of the existing MEU car park and extend onto land currently used as a gravel car park to the east of the Langley Building.
- 1.1.5 The masterplan for the site is shown in **Appendix A** to the rear of the report.

1.2 Purpose of this Report

- 1.2.1 This Transport Statement (TS) has been prepared to inform Highway Officers at Manchester City Council (MCC) with regard to all traffic and transportation matters associated with the proposals.
- 1.2.2 The main purposes of this TS are to review the proposed access and parking provision, to consider the impacts of traffic generated by the site on the local road network, and review the accessibility of the development for pedestrians, cyclists, and users of public transport, ensuring there are sustainable choices of transport.
- 1.2.3 The TS is supported by a range of appendices, with swept path assessments showing the proposed access and servicing arrangements.
- 1.2.4 A Travel Plan Note (TPN) (Document Reference: **84856-CUR-XX-XX-T-TP-00002**) has been prepared to support the planning application. The TPN indicates that the principles of the existing Travel Plan at Wythenshawe Hospital (prepared by Manchester University NHS Foundation Trust (MFT), hereafter referred to as 'the Trust') will be applied to the MEU building (existing and proposed) following completion and occupation of the proposed development. The Travel Plan will manage demand for car parking at the site, and encourage staff and patients/visitors to use sustainable modes of transport where possible.

1.3 Scope of the Report

- 1.3.1 The scope of this report is consistent with transport planning guidance and policy at a national and local level.
- 1.3.2 Curtins held a scoping meeting with MCC Highways on 22nd November 2023 to discuss the development proposals. It was agreed during this meeting that a TS and TPN would be sufficient to support the planning application.
- 1.3.3 The following information would also be required:
- A review of the walking route from local bus stops and tram stop to the site;
 - A first principles multi-modal trip generation with a modal split from the MEU or the Trust;
 - The proposed site layout plan should clearly identify which parking areas are for staff and patients/visitors, whilst the Transport Statement should explain how these parking areas will be managed;
 - Robust justification would be required over the reduction in car parking spaces at the hospital site when the new MEU building is constructed on land currently used as a gravel car park to the east of the Langley Building;
 - Current parking data for the MEU car park and the gravel car park; and
 - Details of existing traffic regulation orders along Southmoor Road.
- 1.3.4 A second scoping meeting was held between Curtins, MCC Highways, and MHA Architects on 4th March 2024 to discuss the latest development proposals.
- 1.3.5 The status of the land to the east of the existing MEU, that is currently used as a gravel car park, was discussed further. The consented Nightingale Centre extension (MCC planning reference: 137892/FO/2023) would occupy part of this land, whereas the MEU extension would occupy the remainder of the land.
- 1.3.6 It was noted that the gravel car park does not currently form part of the Trust's overall car parking numbers for the Wythenshawe Hospital campus. Additionally, the principle of a reduction of parking on this land, without re-provision elsewhere, has been previously accepted in planning terms following the consents related to the Nightingale Centre. The land has also been previously occupied as a construction compound, and is very likely to be re-used as such to enable the delivery of consented and proposed development, therefore the gravel car park would be out of use during periods of construction.
- 1.3.7 An updated version of the site layout was shared, which demonstrated that as many spaces within the site as possible that would be displaced by the MEU extension would be re-provided, and it was agreed that the TS would demonstrate that this parking supply would be sufficient to meet the forecast demand, with any additional demand for staff spaces managed by the MEU.

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- 1.3.8 The Trust is supportive of the MEU development proposals, and will also seek to re-provide as many spaces as possible within the wider hospital campus. A letter of support from the Trust, which will affirm this commitment, will be submitted with the planning application. It was agreed with MCC Highways that the re-provision of an many spaces as possible would be acceptable, and there would be no requirement for a planning condition relating to the re-provision of parking outside of the land within the control of the Applicant.
- 1.3.9 Following the meeting with MCC Highways, a revised site layout has been prepared by the MEU in liaison with the Trust, which retains most of the concepts shown in the layout shared on 4th March 2024, with some reconfigurations made. This is included in **Appendix A**. It is anticipated that a final layout will follow in the post-submission stage.
- 1.3.10 The scope of the TS was agreed as part of these pre-application discussions. On this basis, this TS contains the following:
- A description of the transport and highway networks in the vicinity of the site;
 - A review of the collision record in the immediate vicinity of the site for a five-year period;
 - A summary of the development proposals;
 - Information on the proposed access and servicing arrangements, with robust justification for the proposed level of car parking at the site to support the MEU development;
 - Analysis of the existing and proposed car parking demand and arrangements for the MEU;
 - A review of accessibility by all sustainable modes of travel, including details of walking routes from the site to public transport nodes;
 - Assessment of net traffic generation and net parking demand as a result of the proposed development, with the arrival and departure profiles of staff and patients/visitors; and
 - A summary of relevant transport planning policy.

1.4 Structure of the Report

- 1.4.1 Following this introduction, **Section 2** of the report provides a description of the existing site and its location. This includes the local highway network and facilities for pedestrians, cyclists and public transport users.
- 1.4.2 **Section 2** also reviews the local area in terms of highways safety by way of obtaining records of collisions adjacent to the site over the most recent five-year period available.
- 1.4.3 The development proposals are summarised in **Section 3**, including the proposed parking provision and access arrangements, alongside findings from the parking survey on the existing car parks.
- 1.4.4 The accessibility of the site by sustainable modes of travel is assessed in **Section 4**.

- 1.4.5 **Section 5** outlines the traffic forecasting methodology used to establish the likely traffic generation associated with the development proposals and the highway impact.
- 1.4.6 **Section 6** summarises key national and local transport planning policy.
- 1.4.7 **Section 7** provides a report summary and conclusions.

2.0 Site Location and Highway Layout

2.1 Site Location

2.1.1 The site is located to the north of the Wythenshawe Hospital site, which in turn is c. 13km to the south-west of Manchester City Centre and 5km to the north-west of Manchester Airport. The hospital has excellent transport links with on-site bus stops, tram stops in close proximity to the hospital site, and nearby motorway access to the M56 North Cheshire Motorway via Junction 3A along the A560 in the north-east. **Figure 2.1** below illustrates the site in a regional context relating to the highway network:

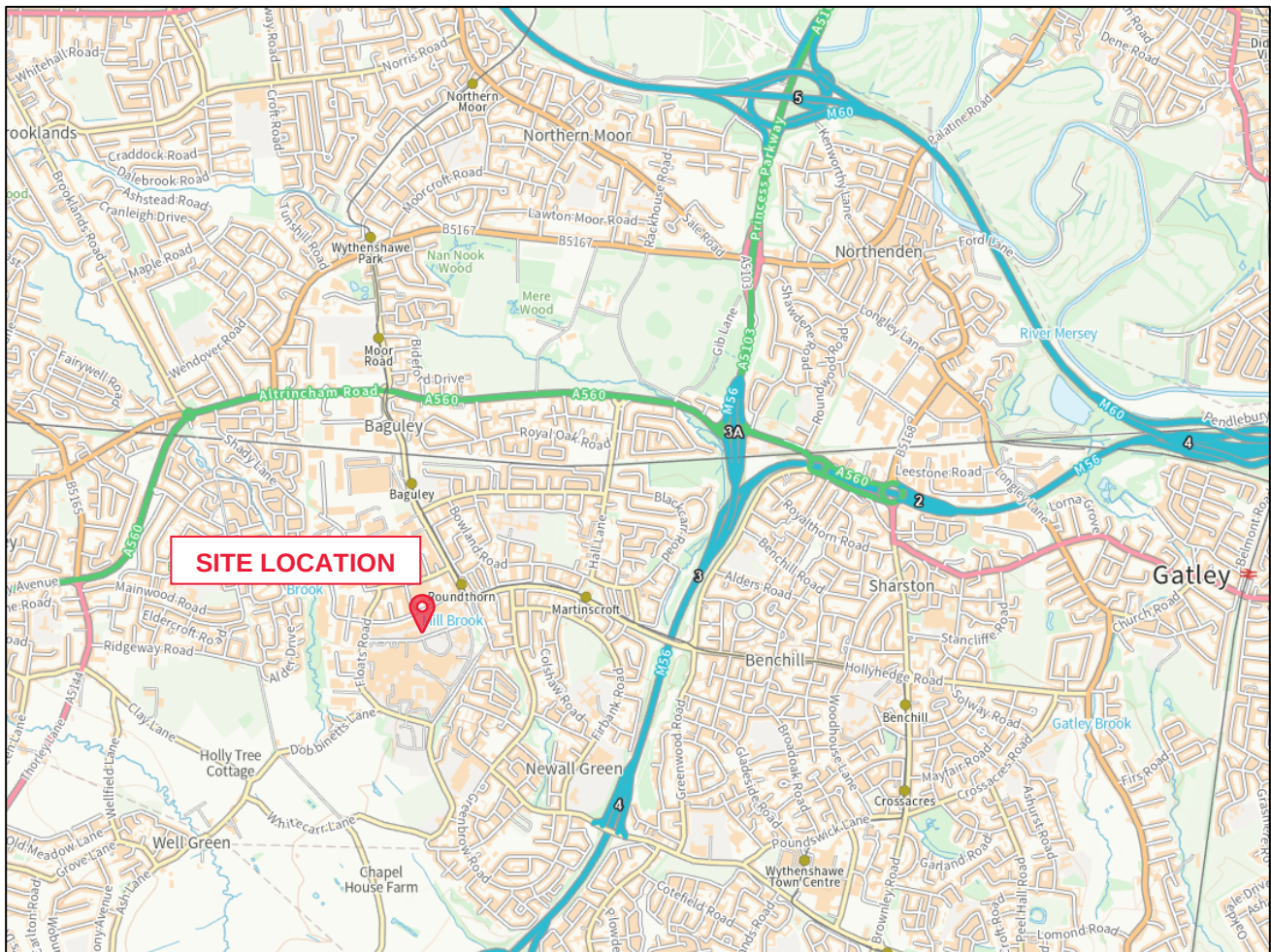


Figure 2.1 – Site Location in Relation to the Regional Highway Network
(Source: OS Maps, 2024)

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- 2.1.2 Whereas **Figure 2.2** below illustrates the location of the site in relation to the Langley Building and wider Wythenshawe Hospital site:

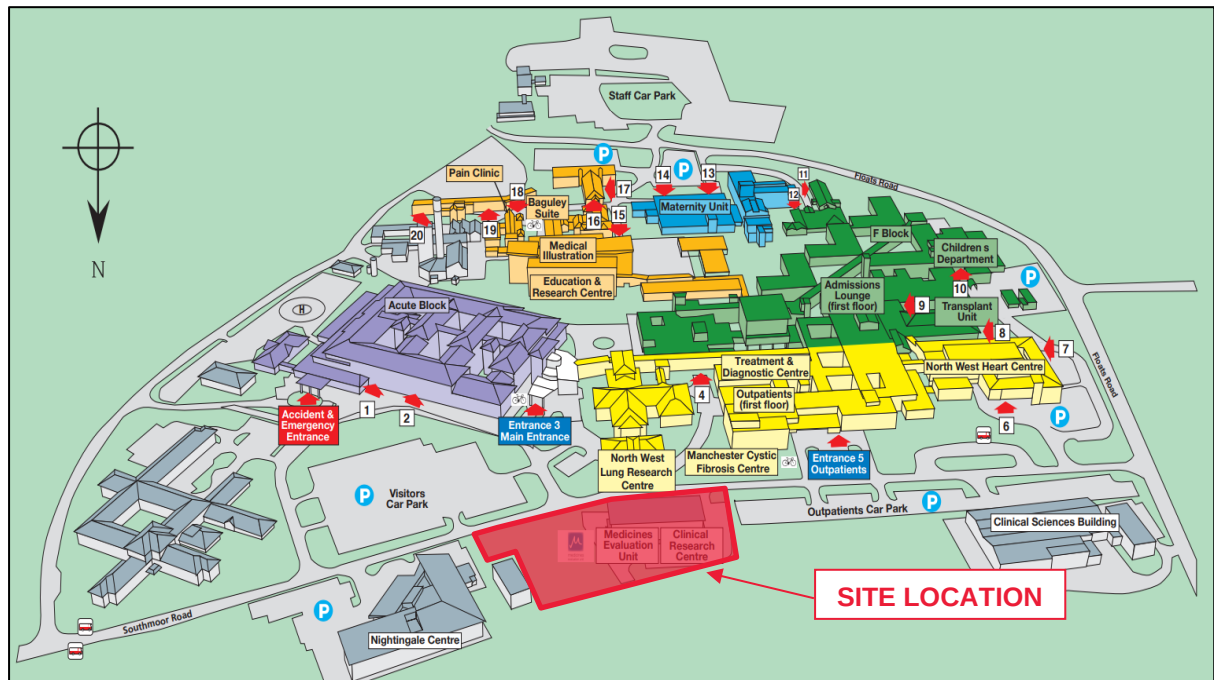


Figure 2.2 – Site Location in Relation to Langley Building and Wythenshawe Hospital
(Source: Manchester University NHS Foundation Trust, 2018)

- 2.1.3 The site is locally bound to the north by an industrial building and the Roundthorn Industrial Estate beyond, to the west by the Outpatients Car Park, to the east by the Nightingale Centre, and to the south by Southmoor Road and the North West Lung Centre beyond.
- 2.1.4 Land to the east of the site has also recently been consented for the proposed National Breast Imaging Academy (NBIA) (MCC planning reference: 137892/FO/2023), with the following development description. The planning application was approved in October 2023.

“Erection of a single storey extension and level link corridor to the existing Nightingale Centre together with external plant and equipment enclosure; landscaping works; fencing; and access gates | Breast Care And Cancer Prevention Centre Wythenshawe Hospital Southmoor Road Manchester M23 9QZ”

- 2.1.5 This consented development would occupy part of the land currently used as a gravel car park to the east of the Langley Building.

2.2 Existing Use and Access Arrangements

- 2.2.1 The site comprises the Langley Building (which houses the Manchester Clinical Research Facility (CRF) and the MEU) and its associated car park. The site also includes land to the east of the Langley Building that is currently used as a gravel car park, however the parking bays are not marked.
- 2.2.2 The Langley Building itself has been extended as part of various planning applications in recent years, including:
- Northern extension (MCC planning reference: 094103/FO/2010/S2) – Erection of a two storey extension to the rear of the MEU, elevational alterations to the existing building and associated external works to provide extended car parking facilities for the unit. This increased the capacity of the MEU from 18 beds to 36 beds; and
 - Western extension (MCC planning reference: 093601/FO/2010/S2) – Erection of two storey side extension to form additional hospital accommodation together with re-modelling of existing car park. This provided the new CRF facility including 3 consulting rooms, a clinical suite, a challenge laboratory and ancillary accommodation, and external car parking for staff and visitors.
- 2.2.3 The MEU is a contract research organisation within a state-of-the-art hospital-based research facility, which houses pharmaceutical, scientific and clinical expertise, and recruits volunteers in order to conduct clinical trials to assist with research.
- 2.2.4 The CRF has similar functions to the MEU. Whereas MEU specialises in research and clinical trials generally on an 'inpatient' basis, the CRF offers a broader range of research primarily on an 'out-patient' or 'day-patient' basis. The nature of the two concerns being complementary, there is sharing of facilities and resources between CRF and MEU on this site.
- 2.2.5 The MEU comprises 36 inpatient beds with cardiac and telemetry monitoring, a pharmacy, clinical assessment suite, bronchoscopy unit and numerous outpatient / consultant rooms. Whereas the CRF comprises 5 single research treatment rooms, 3 treatment chairs, and a challenge laboratory and ancillary accommodation. The Langley Building as a whole is open to the public between 07:00 – 18:00 on weekdays.
- 2.2.6 The MEU has stated that c. 170 members of staff work at the site, with clinical staff working c. 07:00 – 15:00 shifts, and administrative staff working 09:00 – 17:00. There is an even split between clinical and administrative staff. There are also c. 6-8 staff who work night shifts. there are an average of 20 patients/visitors per day, and the site also receives deliveries on a daily basis.

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MEU

- 2.2.7 Staff and patients/visitors to the MEU have dedicated car parking areas around the southern, eastern, and northern perimeter of the existing building.
- 2.2.8 Vehicles access the site via a priority junction with Southmoor Road, and turn right, where there is a barrier stating the car park is private and for MEU use only, as shown in **Figure 2.3** below. There is a gate at the end of the patient/visitor car park signifying the entrance to the staff car park to the east and rear of the building, as shown in **Figure 2.4** below (the sliding gate was open at the time the photograph was taken).



Figure 2.3 (left) – MEU Car Park Entry Barrier

Figure 2.4 (right) – Sliding Gate Separating MEU Patient/Visitor and Staff Car Park

- 2.2.9 Patients/visitors are able to exit the site via the entry barrier shown in **Figure 2.3** above, whereas staff are required to travel anti-clockwise around the site, exiting at a second set of gates and barriers to the west and south-west corner of the site, within the confines of the CRF car park. These are shown in **Figures 2.5 and 2.6** below. There are 'No Entry' signs from Southmoor Road into the exit junction shown in **Figure 2.6** to prevent conflict.

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Figure 2.5 (left) – Double Leaf Gate at Staff Car Park Exit



Figure 2.6 (right) – Exit Barrier at South-West Corner of CRF Car Park

CRF

2.2.10 The CRF has a separate car park in the south-west corner of the site, which is used by CRF staff and patients/visitors. This is accessed by vehicles turning left (instead of right, which would lead towards the MEU car park) at the entry junction off Southmoor Road. This is shown in **Figure 2.7** below. There is a one-way westbound arrangement for vehicles parked in this portion of the site, which would exit via the same exit barrier as MEU staff, shown in **Figure 2.6** earlier.



Figure 2.7 – Entrance to CRF Car Park

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- 2.2.11 There is also an open connection between the CRF car park and the neighbouring Outpatients Car Park to the west of the site. On-site observations have shown that vehicles exiting the Outpatients Car Park do so by making a sharp right turn towards the exit barriers shown in **Figure 2.6** above. Notwithstanding, MEU has reported instances where vehicles were not able to make the turn and have had to reverse back towards the gates shown in **Figure 2.5** above, where there is a risk of collisions as the gate opens outwards when MEU staff exit the staff car park.
- 2.2.12 It is understood that there were formerly bollards separating the Outpatients Car Park from the site, however this was removed by the Trust sometime between 2017 and 2018.

Gravel Car Park

- 2.2.13 The land to the east of the Langley Building is currently used as a gravel car park. This car park is for hospital patient/visitor use only and is open 24/7 to any patients/visitors to the Wythenshawe Hospital campus. Patients/visitors to the car park can park for 30 minutes for free, and over 7 hours for £15, where payment is made at an automatic pay station.
- 2.2.14 Staff at Wythenshawe Hospital are not permitted to park in the hospital car parks (other than in the designated staff car parks). This includes the MEU and CRF car parks, and the gravel car park to the east of the Langley Building. Should staff choose to drive to the hospital, they would be required to join the Trust's car parking scheme and park in designated staff car parks, including the Floats Road staff car park to the south of the hospital campus where the majority of staff park.
- 2.2.15 The gravel car park is accessed off a junction with Southmoor Road, where there is a central reservation with two access barriers for entry and exit respectively. There is an illuminated sign on the central reservation which lights up to say "SPACES" in green, indicating available spaces, and "FULL" in red, when the car park is fully occupied.
- 2.2.16 As discussed with MCC Highways, the status of the gravel car park is agreed to be as follows:
- It does not form part of the Trust's overall car parking numbers for the campus;
 - The principle of a reduction in parking on this land, without re-provision elsewhere, has been previously accepted in planning terms following the consents related to the Nightingale Centre;
 - The number of spaces that would have been displaced as a result of the Nightingale Centre was not quantified in the consented Transport Statements; and
 - The land has been previously occupied as a construction compound and is very likely to be re-used as such to enable the delivery of consented and proposed development.

Pedestrian and Cycle Access

- 2.2.17 Pedestrians can access the site directly from the segregated step-free pedestrian route provided from Southmoor Road (to the east of the vehicular access junction) to the MEU and CRF entrances.
- 2.2.18 This level access would be applicable for pedestrians arriving from the east of the site, where there is a continuous footway along both sides of the carriageway and a Zebra crossing (with dropped kerbs and tactile paving) across Southmoor Road, located opposite the Nightingale Centre.
- 2.2.19 Whereas pedestrians arriving from the west of the site would currently do so by utilising the Zebra crossing (with dropped kerbs and tactile paving) across Southmoor Road, located opposite the Outpatients department. Once across the road, pedestrians can walk through the neighbouring Outpatients car park and into the CRF car park.
- 2.2.20 Within the site boundary, there are Zebra crossings with dropped kerbs and tactile paving along both the MEU and CRF entrances. There are also dropped kerbs and tactile paving across the access / egress junction of the gravel car park.
- 2.2.21 Within the wider Wythenshawe Hospital campus, a network of footways facilitates pedestrian movements including the provision of Zebra crossings, tactile paving and / or dropped kerbs.
- 2.2.22 Whereas cyclists would access the site in a similar manner to vehicles. There are cycle stands located to the rear of the Langley Building.

Delivery / Service Access

- 2.2.23 The vast majority of existing deliveries to the MEU are carried out by light goods vehicles (LGVs), including 3.5t 'sprinter' vans, 4.6t light vans, and occasionally larger 7.5t box vans. These vehicles would be used by general postal / courier services, as well as scheduled deliveries of food / beverage and general supplies.
- 2.2.24 The general use of LGVs rather than scheduling regular deliveries by Heavy Goods Vehicles (HGVs) benefits the site, as the majority of deliveries would comprise small goods of an ad-hoc nature, such as postal and courier visits, which would be typically completed within 5 minutes. Some larger deliveries may require a duration of up to 10 minutes to carry out.
- 2.2.25 The frequency of the existing servicing and delivery arrangements is as follows:
- Generator maintenance – average four times a year;
 - Laundry / refuse collection (via the Trust) – average three times a week, but at the time of writing, it takes place every weekday;
 - Sub-station maintenance – ad hoc;

- Window cleaner – average three times a year;
- Fuel tank top up (for the generator when the diesel level falls to 40% or below) – when required; and
- National Institute for Health and Care Research (NIHR) Mobile Pharmacy Unit (7.5 tonne) – weekly.

2.2.26 On-site observations have demonstrated that delivery vans (i.e., couriers) would typically park adjacent to the MEU pedestrian (regardless of if deliveries were directed to the MEU or the CRF, as both buildings are connected) and turn around within the patient/visitor parking area prior to exiting via the direction of entry.

2.2.27 It was noted that there are existing bin stores and gas cylinders located to the east and north of the MEU and to the north of the CRF. It is understood that service vehicles follow the one-way anti-clockwise loop around the Langley Building and exit at the shared car park barrier with the Outpatients Car Park, shown in **Figure 2.6** earlier.

2.3 Existing Parking Provision

Car Parking

2.3.1 The MEU patient/visitor car park comprises a total of 24 parking spaces, 2 of which are for disabled users. Whereas the MEU staff car park comprises a total of 79 car parking spaces, 2 of which are for disabled users.

2.3.2 The CRF car park comprises a total of 24 parking spaces, 2 of which are for disabled users. There is no distinction between staff and patient/visitor parking at the CRF car park.

2.3.3 The gravel car park on the eastern portion of the site is unmarked. Based on on-site counts, it is estimated that the gravel car park has capacity for c. 90 cars.

2.3.4 It is noted that the neighbouring consented NBIA development would be built over a portion of this car park, however the number of spaces that would be lost as a result of the NBIA has not been specified. It is estimated that c.13 spaces would be lost due to the Nightingale Centre extension.

Cycle Parking

2.3.5 There are currently cycle stands with space for 10 cycles located to the rear of the Langley Building, accessed via the staff car park gates, as shown in **Figure 2.8** below.



Figure 2.8 – Langley Building Cycle Parking

2.4 Existing Travel Patterns

- 2.4.1 Based on data provided by the MEU (provided in **Appendix B** to the rear of this report), it has been established that there are c. 170 staff as existing, with a parking demand of up to 81 spaces. On this basis, c. 48% of staff travel to the site by car, with the remainder of staff travelling by sustainable modes of travel (i.e. walking, cycling, and public transport).
- 2.4.2 For patients/visitors, there are 36 beds as existing, with the peak car park occupancy recorded at 17 spaces. On this basis, it is c. 47% of patients/visitors travel to the site by car, with the remainder travelling by taxi or public transport.

2.5 Local Highway Network

Southmoor Road

- 2.5.1 Forming the southern boundary of the site, Southmoor Road has two distinct characteristics as the primary access route to Wythenshawe Hospital (bisecting the northern section of the hospital) and the key link to the A560 approximately 1,400m north of the hospital zone.
- 2.5.2 Adjacent to the hospital, the road follows an east-to-west alignment for a length of c. 560m and provides access to a number of hospital buildings and car parks, including the Acute Block and main outpatients building.
- 2.5.3 Southmoor Road comprises a two-way single carriageway road c. 6m in width, subject to a 20mph speed restriction. There is a good level of pedestrian infrastructure along its extents, including Zebra

crossing provision, dropped kerbs, tactile paving and footways on either side of the carriageway measuring c. 1.5–2m wide. Some lengths of the footway are also separated from the carriageway by a wide grass verge.

- 2.5.4 Parking restrictions in the form of a combination of double yellow lines (no waiting at any time) and double red lines (no stopping for any purpose at any time, except in an emergency or to set down / pick up a disabled person) lines are present intermittently along both sides of the carriageway restricting parking as appropriate. These parking restrictions are in place to keep Southmoor Road clear of parked vehicles due to blue light vehicle access to the hospital.
- 2.5.5 To the west of the site, Southmoor Road forms a priority junction with Floats Road. In the east, Southmoor Road forms a sharp bend northward for c. 100m where it then forms a signalised junction with Hollyhedge Road. Beyond the junction, the road continues towards the north for c. 1.2km, terminating at a signalised junction with the A560 Altrincham Road and Moor Road. Along this section, the carriageway widens approaching the Roundthorn Metrolink stop and to accommodate various turning lanes associated with junctions at Ledson Road, Floatshall Road, Kinsey Avenue and Timpson Road.
- 2.5.6 Approaching its eastern terminus, there is also a pair of bus stops located along Southmoor Road. The westbound bus stop comprises a pole with journey information along with dropped kerbs and tactile paving, whereas the eastbound bus stop comprises an additional shelter with seating and a bus layby. These bus stops host regular services to Wythenshawe, Piccadilly Gardens, and Altrincham. There is an additional bus terminus near the western terminus of the road, complete with a dedicated bus turning circle.

Wythenshawe Hospital Internal Road Network

- 2.5.7 Wythenshawe Hospital is served by a number of internal access roads. The primary access road to the hospital is Southmoor Road which bisects the northern section of the hospital and provides access to patient/visitor car parks.
- 2.5.8 Southmoor Road connects to Floats Road at its western extents, which sweeps around the western perimeter of the hospital. Clay Lane forms the eastern boundary of the hospital and is largely closed to vehicular traffic.
- 2.5.9 Within this perimeter, the internal road network comprises several two-lane, one-way systems which are clearly indicated by “No Entry” road marking and road signs. Notwithstanding, there are several areas which accommodate two-way traffic, such as the Accident & Emergency (A&E) / servicing access

route immediately to the west of the bend in Southmoor Road, and towards the western terminus of Southmoor Road approaching the North West Heart Centre.

- 2.5.10 The internal roads have a typical carriageway with of 6m, with parking restrictions in the form of double red lines marked throughout most of its length. In other areas, double yellow lines are in place. There is existing pedestrian infrastructure in the form of wide footways and footways separated by grass verges, complete with dropped kerbs and tactile paving, Zebra crossings, and street light columns at regular intervals. The footways are generally well-maintained and in good condition.
- 2.5.11 Additionally, there are traffic calming measures located all along the internal road network in the form of yellow box junctions to prevent congestion, painted “SLOW” road markings and speed humps upon entering and exiting the car parks to keep vehicle speeds low in the area.

M56 Junction 3A / A560 Altrincham Road

- 2.5.12 The M56 spur provides access to Wythenshawe Hospital via Junction 3A and the A560 Altrincham Road to the north-east of the site. The M56 motorway forms a strategic east-to-west route from the M60 in the east to the M53 in the west, providing access to Greater Manchester and Cheshire. The M56 also provides direct links to the M6, which is c. 15km to the west.
- 2.5.13 This junction takes the form of a roundabout gyratory and comprises a shared footway / cycleway along the southern side of the carriageway, along with an underground link for pedestrians and cyclists between Netherwood Road and the A560.
- 2.5.14 In the vicinity of the motorway junction, the A560 Altrincham Road comprises a single carriageway with a lane in each direction and a typical carriageway with of 10m including central hatching / islands, turning pockets, and pedestrian refuge islands with dropped kerbs and tactile paving. The A560 is well-lit with street lighting at regular intervals, and there is also a large grass verge separating the shared footway / cycleway from both sides of the carriageway.
- 2.5.15 The A560 Altrincham Road is subject to a speed limit of 30mph. The road widens as it approaches the signalised junction with Southmoor Road and comprises additional infrastructure such as advanced cycle stop lanes, signalised crossing points and bus stops with shelter, seating, a pole, and timetable information.

2.6 Highway Safety

- 2.6.1 Personal Injury Collision (PIC) data for the highway network adjacent to the site has been obtained from the Transport for Greater Manchester (TfGM) reported road collisions website for the most recent 60 months. The details of the search are contained in **Figure 2.9**, and a breakdown of the information is contained in **Table 2.1**:

84856 Wythenshawe Hospital – Medical Evaluation Unit (MEU) Phase 3

Transport Statement

Junction / Link	Slight	Serious	Fatal	Totals
Southmoor Road	3	1	0	4
Southmoor Road / Floats Road	1	0	0	1
Floats Road	1	1	0	2
Southmoor Road / Ledson Road	1	0	0	1
Southmoor Road / Hollyhedge Road	3	0	0	3
Hollyhedge Road	1	0	0	1
Hollyhedge Road / Greenbrow Road	5	1	0	6
Totals	15	3	0	18

Table 2.1 – Personal Injury Collision Data Summary

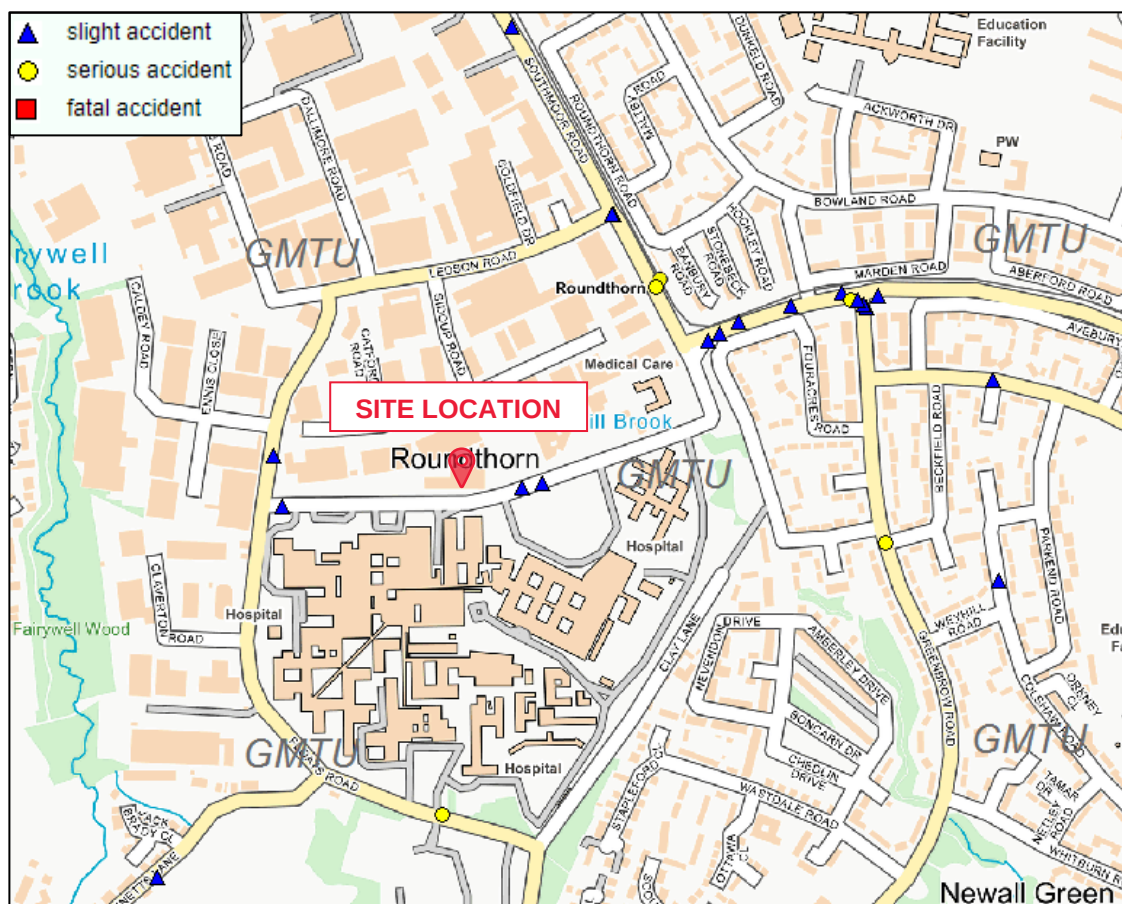


Figure 2.9 – Extents of Search Area

(Source: TfGM, 2023)

- 2.6.2 There has been a total of 18 collisions in the latest five-year period available, comprising 15 'slight' and 3 'serious' severity incidents. No fatal accidents have been recorded in the study area and period.

- 2.6.3 It can also be observed that the 'serious' severity incidents occurred along Floats Road, near the Roundthorn Metrolink stop, and Hollyhedge Road / Greenbrow Road, and were not in the immediate vicinity of the site.
- 2.6.4 Only two collisions have been recorded along Southmoor Road in the immediate vicinity of the site in the past five years, and both were slight in terms of severity.
- 2.6.5 Whilst all collisions are regrettable, considering these findings and the temporal nature of the study, it can be concluded that the incidents are isolated occurrences and are not related to the features of the highway. Following a review of the records in the vicinity of the site, it is not considered that there is an existing safety issue that is likely to be exacerbated by the proposed development.

3.0 Development Proposals

3.1 Introduction

- 3.1.1 A three-storey extension is proposed to the Langley Building, together with the reconfiguration of the existing car parks and access arrangements.
- 3.1.2 The new building will include new inpatient ward accommodation (28 beds) and welfare facilities, office and lab spaces, a CT scanning suite, a cleanroom aseptic pharmacy suite, and seminar and meeting rooms, increasing the capacity of the building by approximately 90 people (60 new staff, and up to 30 new patients/visitors at any one time).
- 3.1.3 There are no changes proposed to the opening hours of the MEU, which are 07:00 – 18:00 on weekdays. New staff would work similar shifts as the existing staff, which are 07:00 – 15:00 for clinical staff, and 09:00 – 17:00 for administrative staff.
- 3.1.4 The new building would be constructed on part of the existing MEU car park and extend onto land currently used as a gravel car park to the east of the Langley Building.
- 3.1.5 The masterplan for the site is shown in **Appendix A** to the rear of the report.

3.2 Proposed Access Arrangements

Vehicular Access

- 3.2.1 It is proposed that the existing access junction to the MEU and the CRF would be reconfigured into an exit-only junction, whereas the existing egress junction to the south-west of the CRF car park would be closed. Highway boundary searches have confirmed that the section of Southmoor Road bisecting the Wythenshawe Hospital campus is unadopted road.
- 3.2.2 On this basis, the existing access and egress junction to the gravel car park would be reconfigured into an entry-only junction, with a single barrier to control access.
- 3.2.3 All traffic that is routed through the proposed site access junction would solely be attributed to MEU staff and patients/visitors, who would follow separate one-way anti-clockwise routes around the back and the front of the building respectively, prior to exiting from the existing junction that would be reconfigured into an exit-only junction.
- 3.2.4 Whereas parking for CRF and Nightingale Centre staff and patients/visitors are accommodated in separate parking areas, accessed independently of the MEU. Namely, vehicles accessing the CRF would enter via the Outpatients Car Park west of the site, and can exit via the Outpatients Car Park or via the reconfigured exit-only junction shared with the MEU.

Transport Statement

3.2.5 As such, there would be a small section (to the west and south of the CRF building) within the site boundary that would be subject to two-way traffic. This would be managed accordingly, with MEU traffic required to give way to oncoming traffic.

3.2.6 The site layout is arranged as follows:

- The parking area to the front of the existing MEU building and MEU extension would be a mixture of MEU staff and patients/visitor spaces (to be managed by the MEU). This area would be subject to one-way access;
 - There would also be a drop-off area for patients/visitors at the front of the MEU extension;
- The parking area to the rear and side of the MEU building, CRF building, and MEU extension would be gated at both entry and exit, and would be reserved for MEU staff only. This area would be subject to a one-way circulatory arrangement in an anti-clockwise direction;
 - The mobile pharmacy unit and the refuse collection point would be located at the rear of the MEU extension, whereas the proposed location for the mobile imaging unit would be to the east of the MEU extension;
- The area of parking to the south of the CRF building would be reconfigured to comprise car parking for CRF staff and patients/visitors. This would be accessed off the existing Outpatients Car Park, whereas egress can be obtained from the Outpatients gate to the west (as two-way traffic is permitted in this section) or from the shared new exit junction with the MEU; and
- An area of parking to the south-east corner of the site would comprise car parking for the proposed Nightingale Centre extension. This would be accessed off the existing Nightingale Centre car park.

3.2.7 Rationalisation of the vehicular accesses from three existing points of entry / exit was supported in principle by MCC Highways, and was noted as a positive improvement. The latest version of the proposals includes one access and one egress.

3.2.8 Once within the MEU site, there would be “No entry” signage to the right, in addition to a sliding gate, to prevent patients / visitors from turning right into the MEU staff car park. MEU staff and patients/visitors would follow the one-way arrangement prior to exiting from the same junction, depending on where they choose to park.

Pedestrian and Cycle Access

3.2.9 Pedestrian access to the existing MEU building would remain unchanged, whereas there would be a new Zebra within the site to the west of the proposed access junction, off Southmoor Road directly towards the MEU extension’s main entrance, for pedestrians to access the MEU extension. The rearranged site access junction would also comprise dropped kerbs and tactile paving.

Transport Statement

- 3.2.10 The MEU aims to provide clear wayfinding, sufficient amounts of disabled parking, level paths, and tactile paving to guide patients/visitors on a legible route into the main entrance of the extension.
- 3.2.11 Cyclists would access and egress from the site in a similar manner to vehicles, with the existing cycle racks to the rear of the MEU building to be relocated to the east of the MEU extension, and new bicycle racks to be located within the staff car park.

3.3 Proposed Parking Provision

- 3.3.1 Manchester City Council's parking standards, as set out within the Manchester Core Strategy 2012 to 2027, are summarised in **Table 3.1** below:

Land Use	Maximum Number of Car Parking Spaces		Minimum Number of Spaces Required for:		
	District Centres	Areas not within City Centre or District Centres	Disabled Parking (as a percentage of total spaces)		Cycles
			Up to 200 Spaces	Over 200 Spaces	
D1: Non-residential institutions – Medical and health facilities	1 space per 2 staff plus 3 per consulting room	1 space per 2 staff plus 4 per consulting room	3 bays or 6% of total capacity (whichever is greater)	4 bays + 4% of total capacity	2 spaces per consulting room

Table 3.1 – Parking Standards
(Source: Manchester Core Strategy 2012 – 2027)

- 3.3.2 Given the location of the site, the parking standard for areas not within the city centre or district centres would apply.
- 3.3.3 As the development comprises a large ward with up to 28 beds rather than individual consulting rooms, and it is anticipated that there would be 60 additional staff at the site, the maximum number of car parking spaces permitted is 30, 3 of which would need to be disabled bays. Whereas the minimum number of cycle parking spaces required is unknown, as there are no consulting rooms.
- 3.3.4 Noting that the existing staff and patients/visitor parking demand is 81 and 17 spaces (c. 48% and 47%) respectively (as outlined in **Section 2.4** above), the demand associated with the extension (60 new staff and 30 new patients/visitors) would be at least 29 new staff spaces and 15 new patients/visitor spaces.
- 3.3.5 As such, the forecast demand would be 110 staff spaces and 32 patient/visitor spaces (totalling 142 spaces).

Car Parking

3.3.6 As part of the build-out of the extension and the reconfiguration of the existing surface parking area, the proposed changes to the parking layout are as follows:

- MEU:
 - Staff parking:
 - The existing arrangement comprises an anti-clockwise circulatory loop with 79 staff parking spaces.
 - The loop would be maintained in the proposed arrangement (as outlined in **Section 3.2** above), and the rear of the MEU would comprise 88 staff parking spaces (including 2 disabled spaces and 4 spaces with comprise electric vehicle charging provision (EVCP)). This is a net increase of 9 car parking spaces.
 - Patient/Visitor and staff parking (mixed area):
 - The existing patient/visitor parking area (totalling 24 spaces), would be reconfigured to extend across the entire southern boundary of the site and be designated for MEU use only.
 - This area would comprise a total of 47 spaces (including 6 disabled spaces). This is a net increase of 23 car parking spaces.
 - The MEU would manage this area accordingly by designating areas for staff and patients/visitors depending on the number of patients/visitors anticipated each day.
 - There will also be one drop-off bay adjacent to the main entrance of the extension.
 - In total, there are 103 existing spaces (79 staff spaces + 24 patient/visitor/staff spaces), and 135 proposed spaces (88 staff spaces + 47 patient/visitor/staff spaces), therefore a net increase of 32 spaces for the MEU.
 - Noting that the existing and proposed staff and patient/visitor parking demand totals 110 and 32 respectively (142 total), the proposed total of 135 spaces is considered adequate to meet the demand, subject to some management of the mixed parking area which would be the responsibility of the MEU. For example, when peaks in visitor demand are anticipated by the MEU, management would liaise with staff in advance to ensure sufficient visitor spaces are kept clear. Any additional demand for staff spaces would also be managed by the MEU following the principles of the Travel Plan.
- MFT:
 - CRF: The existing CRF parking area opposite the CRF building, which comprises 24 parking spaces, would be reconfigured to increase in size, encompassing the area to the west of the

site. This combined area would comprise 28 spaces (including 2 disabled bays) which form an extension to the neighbouring Outpatients Car Park, and as such would be accessed from the Outpatients Car Park access junction further to the west of the site. This is a net increase of 4 car parking spaces.

- Nightingale Centre: Whilst there are no existing spaces within the site's red line boundary that is allocated to the Nightingale Centre, the proposals include 10 spaces to the south-eastern corner of the site that will be used for the Nightingale Centre's consented extension. This would be accessed from the Nightingale Centre access junction further to the east of the site. This is a net increase of 10 car parking spaces.
- This represents a net increase of 14 car parking spaces for MFT.

3.3.7 In summary, the change in parking numbers within the site boundary are summarised in **Table 3.2** below:

Existing Situation	No. of Spaces	Proposed Development	No. of Spaces	Difference
MEU				
MEU Staff	79	MEU Staff	88	+9
MEU Patients/Visitors	24	MEU Staff and Patients/Visitors	47	+23
Total MEU	103	Total MEU	135	+32
Other / MFT				
CRF Staff and Visitors	24	CRF Staff and Visitors	28	+4
Nightingale Centre Staff and Visitors	0	Nightingale Centre Staff and Visitors	10	+10
Total Other	24	Total Other	38	+14
Subtotal	127	Subtotal	173	+46
Gravel Car Park	90	N/A	N/A	-77
• Spaces on consented Nightingale Centre extension footprint	13			
Gravel Car Park minus Nightingale Centre extension	77			
Grand Total	204	Grand Total	173	-31

Table 3.2 – Change in Car Parking Numbers

3.3.8 The net increase in 32 spaces solely attributed to the MEU (103 as existing, 135 in proposed situation) is above the maximum increase defined by MCC's parking standards, however it is noted that the

guidance states that the standards indicated are intended to be a starting point, actual provision can be greater or less depending on location and other considerations. This TS demonstrates that the proposed number of car parking spaces is based on the forecast demand.

3.3.9 The proposed design which results in an increase in 14 spaces solely attributed to the Trust (primarily associated with the new spaces provided for the Nightingale Centre) has been acknowledged. Notwithstanding, the overall impact of the proposed development has been considered in tandem with the land east of the Langley Building, currently used as a gravel car park:

- The existing capacity is c.90 unmarked spaces;
- The consented Nightingale Centre extension would lead to a net reduction of c.13 spaces, leaving c.77 spaces in the gravel car park, all of which would be displaced as part of the proposed development; and
- This would be partially offset by the increase of 14 spaces for the Nightingale Centre and for the CRF, meaning a net loss of 63 spaces for the Trust.

3.3.10 The overall change in parking numbers across the site is a net loss of 31 spaces (increase in 32 spaces for the MEU, decrease in 63 spaces for the Trust).

3.3.11 Notwithstanding, as outlined above, it must be noted that the gravel car park does not form part of the Trust's overall car parking numbers for the campus. The land has also been previously occupied as a construction compound and is very likely to be re-used as such to enable the delivery of consented and proposed development, as such there would be a period of time where all of the spaces within the gravel of car park would be out of use.

3.3.12 The net loss of 31 spaces once the gravel car park is replaced by consented and proposed development has been acknowledged by the Trust. It is also acknowledged that the proposed layout has sought to re-provide as many spaces within the site as possible that would be displaced by the MEU building extension.

3.3.13 As such, the Trust is supportive of the MEU development proposals, and will also seek to re-provide as many spaces as possible within the wider hospital campus. A letter of support from the Trust, which will affirm this commitment, will be submitted with the planning application.

3.3.14 It was agreed with MCC Highways that this would be acceptable, and there would be no requirement for a planning condition relating to the re-provision of parking outside of the land within the control of the Applicant.

Cycle Parking

- 3.3.15 The existing cycle racks located to the rear of the existing MEU would be relocated to the east of the proposed extension. This would provide 10 cycle parking spaces for staff. There will also be new bicycle racks upon entry to the staff car park, with space for 10 cycles. In total, this would allow c.10% of staff to cycle to work.
- 3.3.16 The existing cycle parking provision at the site is considered to be sufficient to accommodate the realistic needs of staff based at the site. The MEU has advised that patients/visitors do not arrive by bike, as they are required to have a resting heart rate when attending the facility. Consequently, patients/visitors tend to arrive by car, taxi, or public transport.
- 3.3.17 Notwithstanding, as part of the Travel Plan measures, the use of cycle spaces would be monitored, and the MEU would consider any changes to the number of cycle parking spaces in the future if there were demand for additional spaces.
- 3.3.18 This is one of the many initiatives to encourage more staff to travel by sustainable modes. A package of practical measures to influence sustainable modes of travel is set out within the Travel Plan.

3.4 Proposed Servicing and Delivery Arrangements

- 3.4.1 As part of the proposed development, the MEU has outlined that changes to the servicing and delivery arrangements would be minimal when compared against the existing frequencies outlined in **Section 2.2** earlier.

Deliveries

- 3.4.2 It is expected that all deliveries will remain the same, however the size of the deliveries may increase.
- 3.4.3 It is proposed that this would be managed by the MEU who will coordinate with companies with regular deliveries to and from the site to arrange servicing / delivery trips outside of the peak hours to minimise impacts on the surrounding highway network.
- 3.4.4 The MEU has advised that deliveries to the site are anticipated to be undertaken by a 7.5t panel van.
- 3.4.5 It is also anticipated that the substation adjacent to the site access would be serviced by a similar sized vehicle. The service vehicle would enter and exit via the Nightingale Centre access; however, it would require the full extent of the Nightingale Centre extension car park to manoeuvre.
- 3.4.6 It is noted that the servicing of a substation is an infrequent occurrence (once every 20 – 25 years as advised by the MEU). On this basis, the MEU would liaise with the Trust to temporarily cordon / suspend parking in this area when access to the substation is required.

Servicing

- 3.4.7 The proposed arrangement is for waste to be stored in a designated bin store to the rear of the new MEU extension. This bin yard will contain 6 x 1,280l Eurobins. Separate containers will be provided for general, clinical, and recyclable waste. As per the existing situation, all streams of waste would be collected daily.
- 3.4.8 Prior to collection times, the relevant set of bins will be brought to the collection point by the management staff at the site. Once emptied, the bins will be transported back to the bin store by the management staff.
- 3.4.9 It is expected that the largest refuse vehicle accessing the site would be a 11.2m large refuse vehicle.

Mobile Imaging Unit

- 3.4.10 Furthermore, it is proposed that a mobile imaging unit would be located at the site infrequently. The mobile imaging unit would be delivered by a vehicle as large as a 16.5m articulated heavy goods vehicle (HGV).
- 3.4.11 The MEU has advised that a 16.5m articulated HGV would drive into the site as per usual, but reverse into the drop-off point for the unit. It would require the full extents of the car parking area to the east of the MEU extension to manoeuvre.
- 3.4.12 As above, it is noted that this is an infrequent occurrence. On this basis, the MEU would manage the site accordingly and temporarily cordon / suspend parking in this area when a mobile imaging unit is due to be delivered.

4.0 Accessibility by Sustainable Modes of Travel

4.1 Introduction

- 4.1.1 A key element of national and local policy is to ensure that new developments are located in areas where alternative modes of travel are available. This supports the aims of integrating planning and transport, providing more sustainable transport choices, and reducing overall travel and car use.
- 4.1.2 The accessibility of the proposed development is considered in this context for the following modes of travel:
- Pedestrian Accessibility;
 - Accessibility by Cycle; and
 - Accessibility by Public Transport.

4.2 Pedestrian Accessibility

- 4.2.1 The National Model Design Code – Part 2 (DLUHC, 2021) expresses *“the aim that walking and cycling should be the first choice for short local journeys, particularly those of 5 miles or less.”*
- 4.2.2 The Department for Transport’s National Travel Survey (from Tables NTS0308a and NTS0601) shows that walking is the most frequent mode used for short trips: 80% of all trips and 74% of walking trips were under 1 mile (1.6km) in 2019 – with the 1.6km distance broadly comparable with the Chartered Institution of Highways and Transportation (CIHT) ‘Preferred Maximum’ walking distance of 2.0km in ‘Providing for Journeys on Foot’ (2000). Almost all walking trips (96%) were under 2 miles (3.2km) in 2019. This indicates that walking is the natural first choice for most local trips.
- 4.2.3 In addition, 20-minute neighbourhoods have risen in prominence in recent years and are places where residents can walk or cycle from their home to many key facilities and destinations within 20 minutes (i.e. 10 minutes, or 800m if walking, each way). The National Design Guide (DLUHC, 2021) states that well-designed places are walkable, which is defined as *“local facilities [are] within walking distance, generally considered to be no more than a 10-minute walk (800m radius)”*.
- 4.2.4 The 800m and 2km walking catchments are considered further below.
- 4.2.5 Within 800m of the site lies the residential areas of Newall Green to the east of the site, such as residential dwellings off Capenhurst Close, Hollyhedge Road, Fouracres Road, Greenbrow Road, and Bowland Road. For staff and patients/visitors to the MEU who do not live locally, the bus stops which serve the hospital are all located along Southmoor Road and are within the 800m walking catchment, along with the Roundthorn Metrolink stop to the north-east of the site.

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- 4.2.6 The Nightingale Centre and wider Wythenshawe Hospital site also comprise a wide range of food and drink facilities for patients/visitors and staff to use during lunch times.
- 4.2.7 Within a 2km walking distance of the site lies most of the residential areas within Baguley, Newall Green, and the eastern outskirts of Timperley adjacent to Fairywell Brook (comprising additional schools, community centres, parks, local shops, and public houses).
- 4.2.8 The 2km walking catchment also encompasses Roundthorn Business Park and Industrial Estate, and supermarkets and hot food takeaways along and adjacent to Southmoor Road and the A560.
- 4.2.9 There is already a high pedestrian footfall in the area, and so high-quality pedestrian facilities exist along the hospital zone. Pedestrian footways are present along both sides of Southmoor Road, connecting to the primary pedestrian entrance points to the hospital facilities. The provision is wide, lit with street lighting and tactile paving and dropped kerbs are provided at crossing points. Two formal crossing points are located on Southmoor Road, the first adjacent to the main outpatient entrance and the second located outside the main hospital car park.
- 4.2.10 It is considered that the site is situated within a highly accessible area, with a number of residential areas and local amenities within walking distance.

4.3 Accessibility by Cycle

- 4.3.1 Cycling is a cheap, efficient and healthy way to travel. Cycling also provides a predictable arrival time which depending on location, can be quicker than driving or using public transport, and is subject to fewer delays.
- 4.3.2 In order to assist in assessing the accessibility of the site by cycle, this report considers 5.5km and 8km cycle catchments for the site, along with the National Cycle Network (NCN) routes available within these ranges.
- 4.3.3 The average person in England cycled 16 times for a total distance of 54 miles in 2019, according to the Department for Transport's walking and cycling statistics. This equates to an average of 3.38 miles / 5.43km per trip, which is rounded to a 5.5km catchment
- 4.3.4 The National Model Design Code – Part 2 (DLUHC, 2021) expresses *“the aim that walking and cycling should be the first choice for short local journeys, particularly those of 5 miles or less.”* The distance of 5 miles, equates to 8km, which is also referenced in LTN1/20.
- 4.3.5 The 5.5km catchment extends as far as Sale to the north, Gatley to the east, Hale Barns to the south, and Altrincham to the west. The 8km catchment extends further to Stretford to the north, Cheadle to the

east, and Manchester Airport and Styal to the south. The catchment encompasses a number of adjacent residential areas including Wythenshawe itself, Northenden, Gatley, Timperley and Brooklands.

4.3.6 As the site is located within a hospital zone, the surrounding roads are considered conducive to cycling. The reduced speed limits and the presence of footways, street lighting, and active frontages also encourages low vehicle speeds. Cycle infrastructure is also reasonable with a network of traffic-free cycleways and segregated footpath / cycle paths, which provides safer options to less experienced cyclists. It is considered that these surrounding routes could be easily utilised by staff and patients/visitors to the site.

4.3.7 The local cycle map in the vicinity of the site is shown in **Figure 4.1** overleaf:

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Curtins

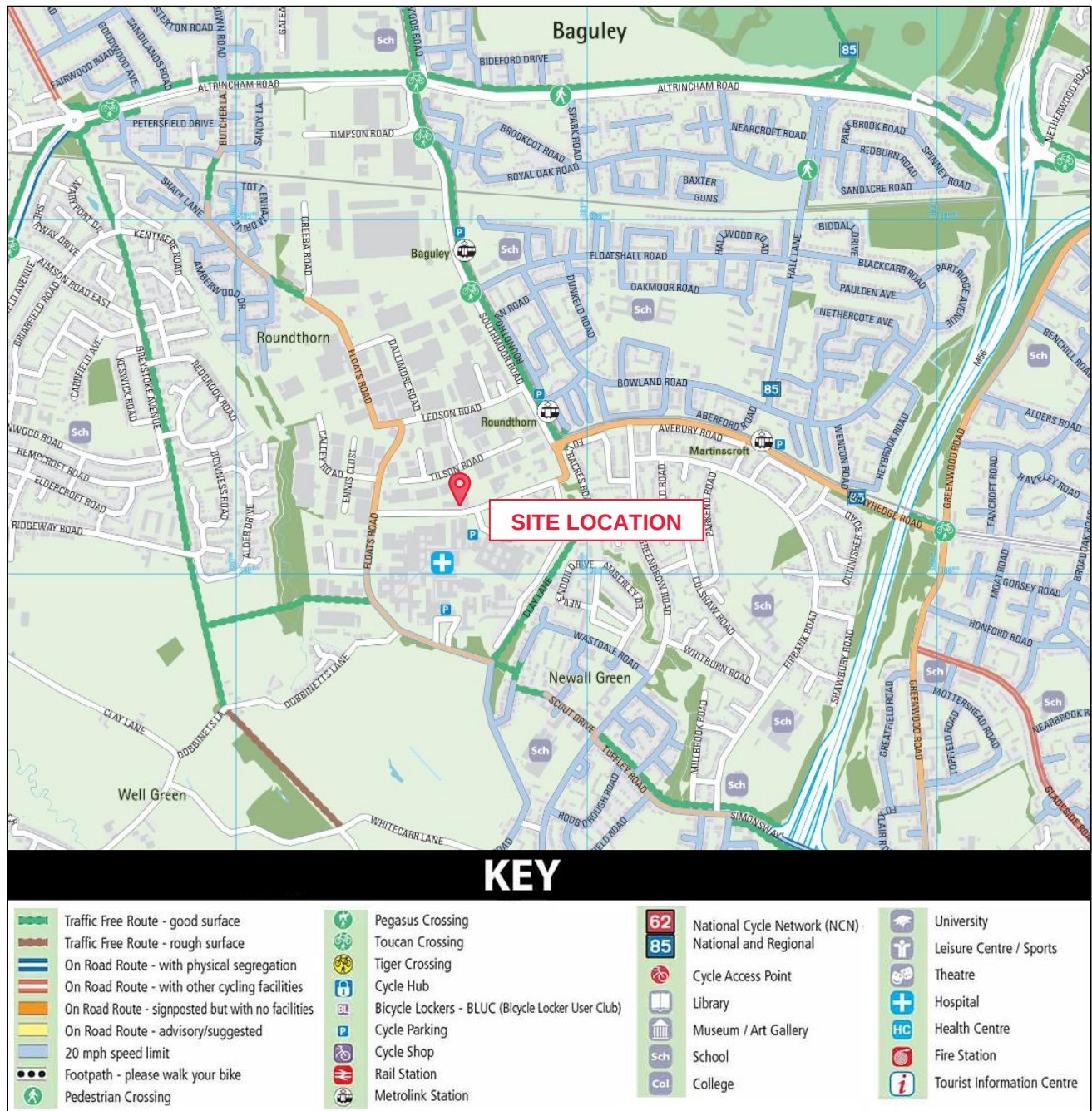


Figure 4.1 – Local Cycle Infrastructure
(Source: TfGM, 2022)

4.3.8 The closest designated cycle route on the National Cycle Network (NCN) to the site is Route 85, located to the east of the site, accessed via Hollyhedge Road, which provides a connection between Manchester Airport and Route 6 which runs through Manchester City Centre.

- 4.3.9 The site is therefore well placed to take advantage of the cycle connections around Wythenshawe. In summary, it is considered that cycling is a realistic mode of travel to and from the site, particularly for staff.

4.4 Accessibility by Public Transport

- 4.4.1 Developed by TfGM, Greater Manchester Accessibility Levels (GMAL) are a measure of the accessibility of a point to both the conventional public transport network (i.e., bus, Metrolink and rail) and Greater Manchester's Local Link (flexible transport service), considering walk access time, service availability, and average waiting time. The method is essentially a way of measuring the density of the public transport provision at any location within the Greater Manchester region.
- 4.4.2 The accessibility index score is categorised into eight levels (1 to 8), where level 8 represents a high level of accessibility and level 1 a low level of accessibility. The site is located in an area with an GMAL rating of 5 and is considered appropriately situated to take advantage of existing public transport infrastructure within the local area and other areas of Greater Manchester.
- 4.4.3 Accessibility by bus, rail, and Metrolink are considered further below, with a local public transport network map included in **Figure 4.2** below:

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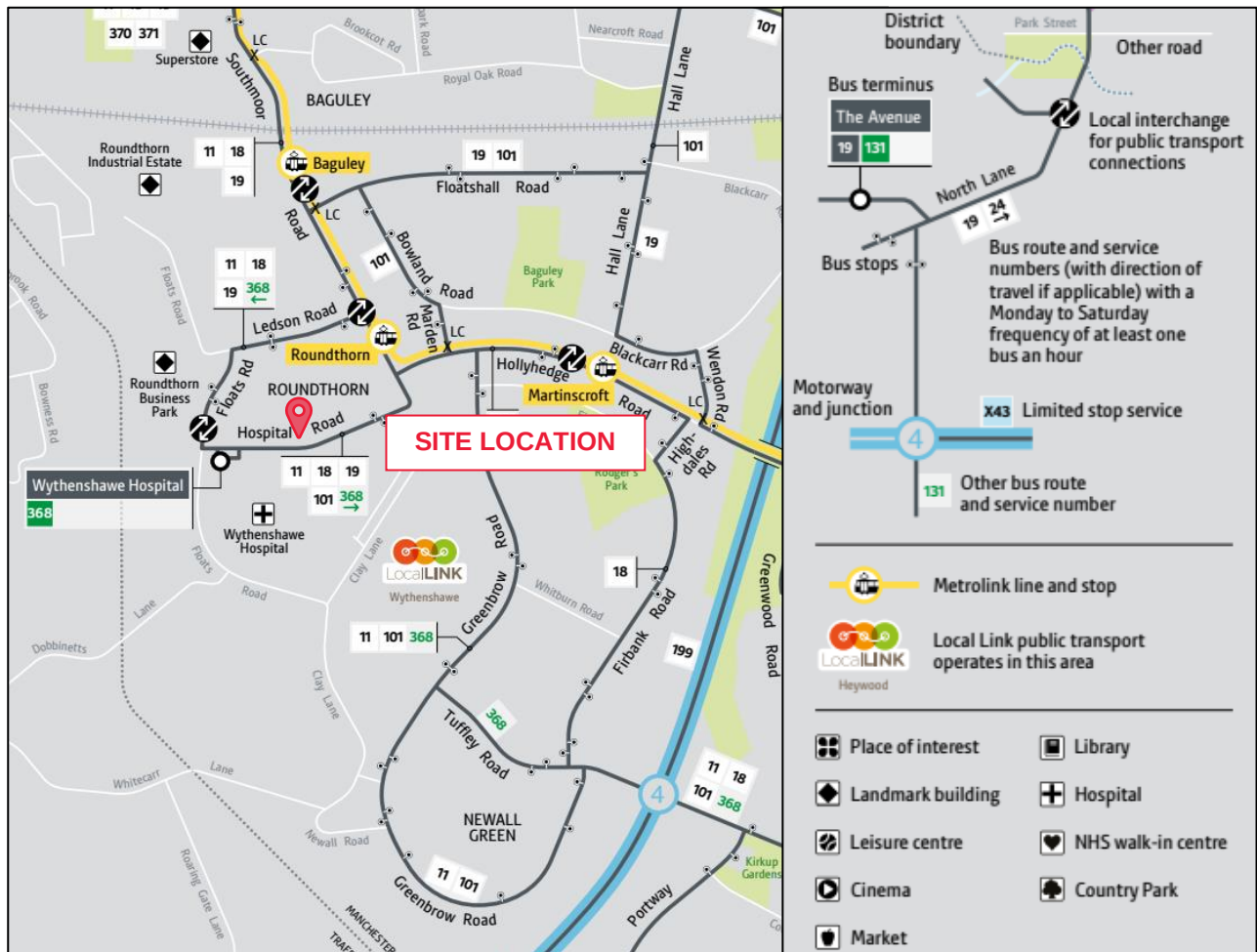


Figure 4.2 – Public Transport Network Map

(Source: TfGM, 2023)

Bus Accessibility

- 4.4.4 Guidance from the Chartered Institution of Highways and Transportation (CIHT) document '*Guidelines for Planning for Public Transport in Development*' indicates that ideally, a bus stop should be located within 400m from a new development.
- 4.4.5 The nearest bus stop is located c. 250m (a 3-minute walk) to the west of the site (for inbound services into the Wythenshawe Hospital campus), with a further pair of bus stops are located c. 300m (a 4-minute walk) to the east of the site along Southmoor Road.
- 4.4.6 Pedestrians walking towards the bus turning circle to the west of the site would currently do so by walking through the CRF car park and into the neighbouring Outpatients Car Park, where there is a Zebra crossing across Southmoor Road comprising dropped kerbs and tactile paving. Once across Southmoor Road, there are off-road footpaths that allow for step-free access to the bus stops.

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4.4.7 Whereas pedestrians walking towards the bus stops to the east of the site would benefit from the continuous footway along the northern side of Southmoor Road, which comprises dropped kerbs and tactile paving. For pedestrians wishing to board westbound services, there is a Zebra crossing with dropped kerbs and tactile paving across Southmoor Road to the east of the site (opposite the Nightingale Centre), which leads onto the footway on the southern side of Southmoor Road that is separated from the carriageway by a grass verge.

4.4.8 **Table 4.2** details the services that call at the nearest stops, and their associated frequencies:

Bus No.	Route	Mon – Fri first bus	Mon – Fri last bus	Peak Hourly Frequency		
				Mon – Fri	Sat	Sun / Hols
11	Stockport – Edgeley – Cheadle – Gatley – Altrincham	05:40	00:09	20 mins	20 mins	30 mins
	Altrincham – Gatley – Cheadle – Edgeley – Stockport	05:42	00:05	20 mins	20 mins	30 mins
18	Manchester Airport – Sale – Trafford Park – Eccles	06:10	22:34	Hourly	Hourly	Every 2 hours
	Eccles – Trafford Park – Sale – Manchester Airport	05:16	23:17	Hourly	Hourly	Every 2 hours
19	Altrincham – Sale – Sale Moor – Northern Moor – Wythenshawe	06:44	00:05	30 mins	30 mins	Hourly
	Wythenshawe – Northern Moor – Sale Moor – Sale – Altrincham	05:18	23:31	30 mins	30 mins	Hourly
101	Piccadilly Gardens – Moss Side – Baguley – Wythenshawe	05:44	00:56	15 mins	15 mins	20 mins
	Wythenshawe – Baguley – Moss Side – Piccadilly Gardens	04:38	23:33	15 mins	15 mins	20 mins
368	Manchester Airport – Cheadle Hulme – Edgeley – Stockport	06:40	20:10	1 in the AM, 3 in the PM (hourly)	3 in the PM (hourly)	No Service
	Stockport – Edgeley – Cheadle Hulme – Manchester Airport	06:31	19:57		3 in the PM (hourly)	No Service

Table 4.1 – Summary of Bus Service Frequencies

4.4.9 The above table demonstrates that there are a number of bus services that provide regular access to a variety of destinations across Greater Manchester throughout the week and during weekends.

4.4.10 It is noted that the provision of bus services will change over time in response to current circumstances. The bus times are accurate at the time of writing, whereas up-to-date bus times can be found on TfGM's website: <https://tfgm.com/public-transport/bus>.

- 4.4.11 An inter-site shuttle bus operating between Wythenshawe Hospital and St Mary's Hospital also calls at the bus layby every hour. The hours of departure from Wythenshawe Hospital are during the working weekday 06:50 – 18:15. It is a well-used service for staff who need to travel between sites.
- 4.4.12 **Figure 4.2** above also demonstrates that the site is within the Local Link service area of Wythenshawe. The Wythenshawe Local Link operates 24 hours a day, seven days a week except Christmas Day, Boxing Day and New Year's Day. The service also runs between Timperley and the following Manchester Enterprise Zone areas: Manchester Airport, World Freight Centre, Wythenshawe Hospital and Atlas Business Park.
- 4.4.13 Local Link offers a flexible transport service for local journeys in areas where public transport services are limited. Local Link is available to everyone, where residents can book their journey between 1 hour and 7 days before they want to travel, and they will be picked up within ten minutes either side of the agreed pick up time.
- 4.4.14 On the above basis, it can be considered that the site is highly accessible by bus.

Metrolink (Light Rail)

- 4.4.15 Staff and patients/visitors can also board the Metrolink at Roundthorn, which is within a 600m (or 8-minute) walking distance to the north-east of the site.
- 4.4.16 To access the Metrolink stop, pedestrians would utilise the continuous footway along the northern side of Southmoor Road and the subsequent Zebra crossing with dropped kerbs and tactile paving across the road (located opposite the Nightingale Centre), which leads onto the footway on the southern side of Southmoor Road that is separated from the carriageway by a grass verge.
- 4.4.17 Pedestrians would then continue along the southern side of Southmoor Road, where there is an off-road footpath leading away from the hospital campus and onto Hollyhedge Road. At the Southmoor Road / Hollyhedge Road junction, there is level access in the form of dropped kerbs and a small pedestrian refuge island for pedestrians to continue northbound towards the Metrolink stop.
- 4.4.18 The Navy Line between Manchester Airport to Manchester Victoria calls at this stop, however passengers can also change at other stops such as St Werburgh's Road to access other services. A map of the Metrolink network is shown in **Figure 4.3** below:

84856 Wythenshawe Hospital – Medical Evaluation Unit (MEU) Phase 3

Transport Statement

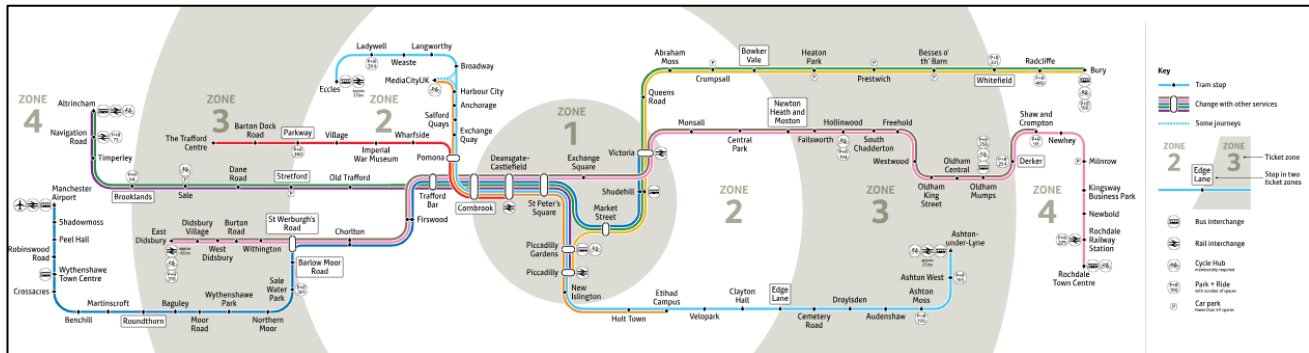


Figure 4.3 – TfGM Metrolink Network Map
(Source: TfGM, 2023)

- 4.4.19 All lines run at a frequency of every 12 minutes between 06:00 – 00:00 on Mondays to Saturdays, every 24 minutes between 00:00 – 01:00 on Fridays and Saturdays, and every 15 minutes between 07:00 – 00:00 on Sundays.
- 4.4.20 The start and end times for the specific stops that staff and patients/visitors wish to call at will change over time in response to current circumstances. The Metrolink frequencies are accurate at the time of writing, whereas up-to-date times can be found on the Metrolink website at: <https://tfgm.com/public-transport/tram/tram-times>.
- 4.4.21 In summary, it is considered the site is highly accessible by Metrolink (light rail).

Rail Accessibility

- 4.4.22 The nearest rail station is Manchester Airport, located at c. 5km to the south of the site. Staff and patients/visitors can also board bus services or the Metrolink that would call at the station, or cycle between Wythenshawe Hospital and the rail station, as part of a multi-modal journey.
- 4.4.23 Alternatively, Altrincham station c. 5km to the west of the site is a station on the Mid-Cheshire Line, with regular services to Manchester Piccadilly via Stockport, and Chester. Trains call at Altrincham approximately hourly in each direction.
- 4.4.24 Overall, the site is considered accessible via rail, as part of a multi-modal journey.

4.5 Summary

- 4.5.1 It is considered the site is accessible by sustainable modes of transport. The surrounding area exhibits good levels of pedestrian and cycling infrastructure, and there are a number of public transport opportunities within acceptable walking distance of the site. The wide range of bus services that operate in the vicinity of the site and the site's proximity to the Metrolink are particular strengths of Wythenshawe Hospital.

5.0 Traffic Forecasting

5.1 Introduction

5.1.1 The following section contains trip generation analysis based on the proposed development during the weekday AM and PM peak hours. In order to undertake the assessment, data from the MEU has been used for the existing and forecast trip generation.

5.2 Existing Trip Generation

5.2.1 Based on data provided by the MEU, it can be established that:

- Staff typically arrive between 07:00 – 10:00 and depart between 15:00 – 19:00;
 - The wide arrival windows account for the different working hours of clinical and administrative staff, whereby clinical staff typically arrive between 07:00 – 08:30 and depart between 15:00 – 17:00, whereas administrative staff typically arrive between 08:30 – 10:00 and depart between 17:00 – 19:00.
- Arrivals and departures in the late morning to afternoon (10:00 – 15:00) are attributed to patients/visitors.
 - Patient/visitor travel is noticed to be at a low level throughout the day, focused more in the morning than in the afternoon (with a spike after lunchtime).

5.2.2 The existing trip generation based on the above travel patterns and parking demand are tabulated as follows:

Time	170 Staff			36 Patients/Visitors			Existing Total		
	Arrive	Depart	Total	Arrive	Depart	Total	Arrive	Depart	Total
07:00 – 08:00	20	0	20	0	0	0	20	0	20
08:00 – 09:00	41	0	41	0	0	0	41	0	41
09:00 – 10:00	20	0	20	0	0	0	20	0	20
10:00 – 11:00	0	0	0	5	4	9	5	4	9
11:00 – 12:00	0	0	0	3	2	5	3	2	5
12:00 – 13:00	0	0	0	2	3	5	2	3	5
13:00 – 14:00	0	0	0	5	1	7	5	1	7
14:00 – 15:00	0	0	0	1	7	8	1	7	8
15:00 – 16:00	0	20	20	0	0	0	0	20	20
16:00 – 17:00	0	20	20	0	0	0	0	20	20
17:00 – 18:00	0	20	20	0	0	0	0	20	20

84856 Wythenshawe Hospital – Medical Evaluation Unit
(MEU) Phase 3
Transport Statement

Time	170 Staff			36 Patients/Visitors			Existing Total		
	Arrive	Depart	Total	Arrive	Depart	Total	Arrive	Depart	Total
18:00 – 19:00	0	20	20	0	0	0	0	20	20
Daily	81	81	162	17	17	34	98	98	196

Table 5.1 – Existing Trip Generation

- 5.2.3 It can be observed that during the typical AM and PM peak hours (08:00 – 09:00 and 17:00 – 18:00), there are c. 41 and c. 20 two-way trips in the existing situation.

5.3 Proposed Trip Generation

- 5.3.1 The proposed development would increase the number of staff and patients/visitors at the site by 60 and 30 respectively. Additionally, **Section 3.3** above estimates that the proposed parking demand would be 110 for staff and 32 for patients/visitors.
- 5.3.2 On this basis, the total number of trips that could be generated by the proposed development can be found. This is provided in **Table 5.2** below:

Time	230 Staff			66 Patients/Visitors			Proposed Total		
	Arrive	Depart	Total	Arrive	Depart	Total	Arrive	Depart	Total
07:00 – 08:00	28	0	28	0	0	0	28	0	28
08:00 – 09:00	55	0	55	0	0	0	55	0	55
09:00 – 10:00	28	0	28	0	0	0	28	0	28
10:00 – 11:00	0	0	0	10	7	17	10	7	17
11:00 – 12:00	0	0	0	6	4	10	6	4	10
12:00 – 13:00	0	0	0	4	5	9	4	5	9
13:00 – 14:00	0	0	0	10	3	13	10	3	13
14:00 – 15:00	0	0	0	2	13	15	2	13	15
15:00 – 16:00	0	28	28	0	0	0	0	28	28
16:00 – 17:00	0	28	28	0	0	0	0	28	28
17:00 – 18:00	0	28	28	0	0	0	0	28	28
18:00 – 19:00	0	28	28	0	0	0	0	28	28
Daily	110	110	120	32	32	64	142	142	284

Table 5.2 – Proposed Trip Generation

- 5.3.3 It is estimated that during the typical AM and PM peak hours (08:00 – 09:00 and 17:00 – 18:00), there would be c. 55 and c. 28 two-way trips once the proposed extension is fully operational.

5.4 Net Trip Generation

5.4.1 On this basis, the net increase in trip generation during the AM and PM peak hours as a result of the proposed development is shown as follows:

Scenario	Trip Generation AM (08:00 – 09:00)			Trip Generation PM (17:00 – 18:00)		
	Arrive	Depart	Total	Arrive	Depart	Total
Existing	41	0	<u>41</u>	0	20	<u>20</u>
Proposed	55	0	<u>55</u>	0	28	<u>28</u>
Net	+14	0	<u>+14</u>	0	+8	<u>+8</u>

Table 5.3 – Net Trip Generation

- 5.4.2 The proposed development could result in a net increase of 14 and 8 two-way vehicular movements in the AM and PM peak hours respectively. This equates to one additional vehicle every 4–7 minutes.
- 5.4.3 This change in trip generation is negligible and would have no perceptible or material impacts on the local highway network.

5.5 Summary

5.5.1 On this basis, it is Curtins' view that this would not result in any notable or significant impacts on the surrounding highway network.

6.0 Transport Planning Policy

6.1 Introduction

- 6.1.1 When developing the scheme proposals, it is important to understand the national and local transport related planning policies. This section aims to outline the key policies throughout relevant policy and guidance documents.

6.2 National Planning Policy Framework (NPPF) (2023)

- 6.2.1 The National Planning Policy Framework (NPPF) sets out the current national transport planning policy and outlines the important role that transport policies have to play in facilitating sustainable development. The latest update was in 2023.

- 6.2.2 Paragraph 11 states that:

“Plans and decisions should apply a presumption in favour of sustainable development.”

- 6.2.3 For decision taking this means granting permission unless:

“...any adverse impacts of doing so would significantly and demonstrably outweigh the benefits, when assessed against the policies.”

- 6.2.4 Section 9 of the NPPF is entitled *Promoting Sustainable Transport* and outlines the important role that transport policies have to play in facilitating sustainable development. The section states that:

“The planning system should actively manage patterns of growth ...Significant development should be focused on locations which are or can be made sustainable, through limiting the need to travel and offering a genuine choice of transport modes.”

- 6.2.5 The document emphasises the need for developments to offer a choice of sustainable modes of transport to *“reduce congestion and emissions, and improve air quality and public health”* and provide *“safe and suitable access”* for all users.

- 6.2.6 Paragraph 114 of the NPPF states that in assessing Sites that may be allocated for development in plans, or specific applications in development, it should be ensured that:

- a) *“appropriate opportunities to promote sustainable transport modes can be – or have been – taken up, given the type of development and its location;*
- b) *safe and suitable access to the Site can be achieved for all users;*
- c) *the design of streets, parking areas, other transport elements and the content of associated standards reflects current national guidance, including the National Design Guide and the National Model Design Code; and*

d) *any significant impacts from the development on the transport network (in terms of capacity and congestion), or on highway safety, can be cost effectively mitigated to an acceptable degree.”*

6.2.7 The development proposals have shown that safe and suitable access to the site will be achieved. Additionally, the site is located within an accessible area, and it is not anticipated that the proposals would result in any significant impacts on the highway network.

6.2.8 Paragraph 115 of the NPPF states that:

“Development should only be prevented or refused on highways grounds if there would be an unacceptable impact on highway safety, or the residual cumulative impacts on the road network would be severe.”

6.2.9 The likely number of vehicular trips associated with the proposed development have been determined using data provided by the MEU. It is considered that the additional traffic from the proposed development would not have any notable or significant impacts on the surrounding highway network.

6.2.10 Paragraph 116 of the NPPF states that applications for development should:

- *“give priority first to pedestrian and cycle movements, both within the scheme and with neighbouring areas; and second – so far as possible – to facilitating access to high quality public transport, with layouts that maximise the catchment area for bus or other public transport services, and appropriate facilities that encourage public transport use;*
- *address the needs of people with disabilities and reduced mobility in relation to all modes of transport;*
- *create places that are safe, secure and attractive – which minimise the scope for conflicts between pedestrians, cyclists and vehicles, avoid unnecessary street clutter, and respond to local character and design standards;*
- *allow for the efficient delivery of goods, and access by service and emergency vehicles; and*
- *be designed to enable charging of plug-in and other ultra-low emission vehicles in safe, accessible and convenient locations.”*

6.2.11 The proposed development is situated in an accessible location. There is good walking and cycling infrastructure adjacent to the hospital, and public transport is accessible within an acceptable walking distance.

6.2.12 The proposed development accords with the general principles of the NPPF.

6.3 Planning Practice Guidance (NPPG)

6.3.1 In addition to the NPPF, Planning Practice Guidance (PPG) has been developed by the Department for Communities and Local Government (DCLG; now the DLUHC) in 2014. It brings together planning

practice guidance for England and sits alongside the NPPF. Within this document there is a specific section that clarifies the over-arching principles on Travel Plans, Transport Assessments and Transport Statements. The guidance states that:

“Travel Plans, Transport Assessments and Statements can positively contribute to:

- *Encouraging sustainable travel;*
- *Lessening traffic generation and its detrimental impacts;*
- *Reducing carbon emissions and climate impacts;*
- *Creating accessible, connected, inclusive communities;*
- *Improving health outcomes and quality of life;*
- *Improving road safety; and*
- *Reducing the need for new development to increase existing road capacity or provide new roads.”*

6.3.2 The guidance on Transport Assessments and Statements re-iterates the circumstances in which either document would usually be required. It is clear that a development of the size and nature of this development requires a TS.

6.3.3 It also clarifies the process for establishing a scope for what the documents should contain. The NPPG has been considered in the production of this TS and the accompanying Travel Plan Note (TPN) (Document Reference: **84856-CUR-XX-XX-T-TP-00002**).

6.3.4 As outlined above, this TS demonstrates that the site is accessible by active and sustainable modes of travel, and that safe and suitable access can be gained to the development. The development proposals therefore apply the principles set out in the NPPG and will seek to create a sustainable development and make a positive contribution to the local area.

6.4 Manchester Core Strategy (2012 – 2027)

6.4.1 The Manchester Core Strategy promotes similar principles to the NPPF. It contains three specific “Transport” policies, comprising:

- Policy T1 – Sustainable Transport;
- Policy T2 – Accessible areas of opportunity and need; and
- Policy T3 – Strategic Integration.

6.4.2 Policy T1 focuses on sustainable transport and access for all. The accessibility of the site would encourage users of the proposed development to travel by sustainable modes.

6.4.3 Policy T2 of the Manchester Core Strategy states:

“The Council will actively manage the pattern of development to ensure that new development... Elsewhere, all new development should provide appropriate car parking facilities, taking account of the guidance in appendix B, which reflects policy in the Regional Strategy (RS)... the Council will take the circumstances of each proposal into account to establish what level of parking is appropriate.”

- 6.4.4 The level of parking for the proposed development has been determined following a study of existing and forecast travel demand. This TS has demonstrated that the proposed level of supply would be sufficient to meet demand, subject to some management of the mixed parking area which would be the responsibility of the MEU. Any additional demand for staff spaces would also be managed by the MEU following the principles of the Travel Plan.
- 6.4.5 Policy T3 is in relation to strategic integration of developments with the sustainable transport network. The proposed development would not prejudice the implementation of any of the strategic integration projects.

6.5 Greater Manchester Transport Strategy 2040

- 6.5.1 In January 2021, TfGM published a 2040 Vision for Transport to develop flexible and customer-focused travel choices, supported by smart information, ticketing and payment systems, across a truly integrated Greater Manchester transport network. This Transport Strategy outlined that road transport is responsible for 80% of NO₂ pollution at the roadside, where it is most damaging to health, and that the cost of congestion in Greater Manchester has been estimated by TfGM to be £1.3 billion per year. The Transport Strategy states an ambition for a well-connected, zero carbon Regional Centre at the heart of the North.
- 6.5.2 Under Policy 3, the Transport Strategy states that TfGM will “maintain a programme of interventions encouraging people to make sustainable journeys, supported through journey planning tools, and information to encourage travel behaviour change and mode shift, in order to make the most efficient use of available capacity (particularly during peak periods)”. Such interventions comprise:
- *“Reducing the carbon and environmental cost of journeys;*
 - *New ways of working which make the best use of the transport network;*
 - *Delivering public health benefits through enabling more active travel;*
 - *Improving access to key services and jobs;*
 - *Maximising sustainable travel in new developments; and*
 - *Becoming more resilient to disruption.”*
- 6.5.3 Under Policy 4, TfGM will also “work with developers to ensure that new developments are accessible by sustainable modes, and to reduce transport emissions and impacts on the highway network”. This will be in accordance with the principles of:

- *“Reducing the need to travel;*
- *Reducing the need to travel by car, and the distance travelled;*
- *Maximising accessibility by sustainable modes;*
- *Making the best use of existing infrastructure, particularly through increasing the density of development close to public transport nodes;*
- *Maximising opportunities to provide additional public transport; and*
- *Designing to encourage active travel.”*

6.5.4 The above principles are reflected in the Travel Plan, together with a range of initiatives to minimise the number of car trips generated by the development and encourage staff and patients/visitors to use sustainable modes of transport.

6.5.5 This TS has demonstrated that the proposed development will not adversely impact the transport network, and instead would support the Transport Strategy by promoting opportunities for sustainable travel.

6.6 Conclusions

6.6.1 The above policy review demonstrates that the proposed development is in line with national and local transport policies and guidance. The development proposals have been designed to encourage active and sustainable travel, with existing residential areas and a range of existing and proposed local facilities and amenities accessible from the site.

7.0 Summary and Conclusions

7.1 Summary

- 7.1.1 Curtins has been appointed by MHA Architects on behalf of the Medicines Evaluation Unit (MEU) at Wythenshawe Hospital, Manchester, to provide highways and transport advice in relation to the redevelopment of the Langley Building.
- 7.1.2 The MEU is a state-of-the-art hospital-based research facility at the Wythenshawe Hospital campus in Manchester. A three-storey extension is proposed to the Langley Building, together with the reconfiguration of the existing car parks and access arrangements.
- 7.1.3 The new building will include new inpatient ward accommodation (28 beds) and welfare facilities, office and lab spaces, a CT scanning suite, a cleanroom aseptic pharmacy suite, and seminar and meeting rooms, increasing the capacity of the building by approximately 90 people (60 new staff, and up to 30 new patients/visitors at any one time).
- 7.1.4 The new building would be constructed on part of the existing MEU car park and extend onto land currently used as a gravel car park to the east of the Langley Building.
- 7.1.5 A review of baseline conditions and highway safety in the vicinity of the site has been undertaken, which has identified there are no existing safety issues that are likely to be exacerbated by the proposed development.
- 7.1.6 Relevant details of the proposed development, site layout, access arrangements, and parking have been provided.
- 7.1.7 The site is accessible by sustainable modes of transport. The surrounding area exhibits good levels of pedestrian and cycling infrastructure, and public transport options, and there is a significant residential catchment area within an acceptable walking distance.
- 7.1.8 The likely number of vehicular trips associated with the proposed development have been determined using data provided by the MEU. It is considered that the additional traffic from the proposed development would not have any notable or significant impacts on the surrounding highway network, and that car parking demand for the proposed development can be accommodated within the site.
- 7.1.9 Noting that the existing staff and patients/visitor parking demand is 81 and 17 spaces (c. 48% and 47%) respectively, the demand associated with the extension (60 new staff and 30 new patients/visitors) would be at least 29 new staff spaces and 15 new patients/visitor spaces. As such, the forecast demand would be 110 staff spaces and 32 patient/visitor spaces (totalling 142 spaces).

- 7.1.10 The change in parking numbers within the site boundary show an increase from 103 existing spaces associated with the MEU, to 135 (net increase of 32 spaces). Whereas the spaces associated with other uses (i.e. CRF and Nightingale Centre) but are located within the site boundary are increased from 24 to 38 (net increase of 14 spaces). This results in a total net increase of 46 spaces.
- 7.1.11 Notwithstanding, the land east of the Langley Building currently used as a gravel car park is noted to comprise c.90 unmarked spaces in the existing situation. As discussed with MCC Highways, the status of the gravel car park is agreed to be as follows:
- It does not form part of the Trust's overall car parking numbers for the campus;
 - The principle of a reduction in parking on this land, without re-provision elsewhere, has been previously accepted in planning terms following the consents related to the Nightingale Centre;
 - The number of spaces that would have been displaced as a result of the Nightingale Centre was not quantified in the consented Transport Statements; and
 - The land has been previously occupied as a construction compound and is very likely to be re-used as such to enable the delivery of consented and proposed development.
- 7.1.12 On this basis and taking into account the spaces within the gravel car park, there would be a net loss of 31 spaces once the gravel car park is replaced by consented and proposed development. This has been acknowledged by the Trust. It is also acknowledged that the proposed layout has sought to re-provide as many spaces within the site as possible that would be displaced by the MEU building extension.
- 7.1.13 As such, the Trust is supportive of the MEU development proposals, and will also seek to re-provide as many spaces as possible within the wider hospital campus. A letter of support from the Trust, which will affirm this commitment, will be submitted with the planning application.
- 7.1.14 It was agreed with MCC Highways that this would be acceptable, and there would be no requirement for a planning condition relating to the re-provision of parking outside of the land within the control of the Applicant.
- 7.1.15 Notwithstanding, a Travel Plan Note (TPN) (Document Reference: **84856-CUR-XX-XX-T-TP-00002**) has been prepared to support the planning application. The TPN indicates that the principles of the existing Travel Plan at Wythenshawe Hospital (prepared by the Trust) will be applied to the MEU building (existing and proposed) following completion and occupation of the proposed development. The Travel Plan will manage demand for car parking at the site, and encourage staff and patients/visitors to use sustainable modes of transport where possible.
- 7.1.16 A review of relevant local and national transport planning guidance has been undertaken. It is considered that the proposed development is in general accordance with such policies and guidance.

7.2 Conclusions

- 7.2.1 It is reasonable to conclude that the proposed development is in accordance with Paragraph 115 of the NPPF, as it would not have an unacceptable impact on highway safety, nor would there be a severe residual cumulative impact on the surrounding highway network.
- 7.2.2 From a traffic and transportation perspective, there are no reasons why the development proposals should not be granted planning approval.

Appendix A – Proposed Site Layout

SKETCH 18

LAYOUT UPDATED TO PROVIDE THROUGH ROUTE
ONE WAY TRAFFIC SYSTEM FOR SERVICE VEHICLES ADOPTED
NHS PARKING SEPARATED & LINKED TO OUTPATIENTS CAR PARK
EXISTING FRONT ACCESS OFF SOUTHMOOR RD RETAINED
PARKING FORMED FOR NBIA
NEW PEDESTRIAN ACCESS FORMED FOR NBIA
MEU PARKING 135 SPACES

68 TO THE REAR

67 TO THE FRONT & SIDE

NHS PARKING 28 SPACES

NBIA 10 SPACES

(Approx 15% of total front car parking)

(Approx 7.5% of total MEU car parking)



Do not scale from this drawing.
The contractor is to check all dimensions on site and report any discrepancies to MHA.
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- Key:
- Landscaped areas (refer to landscape architects drawing)
 - Tarmac vehicular way
 - Tarmac footways
 - NHS vehicle circulation
 - MEU Service & emergency vehicle circulation
 - MEU Visitors vehicle circulation
 - MEU Staff vehicle circulation
 - Planning application red line boundary
 - Lease red line boundary

REV	DATE	DESCRIPTION	DRN	CHK				
CLIENT								
The Medicines Evaluation Unit Ltd								
PROJECT TITLE								
MEU Extension Phase 3								
TITLE								
Proposed Site Plan - SKETCH 18								
SUITABILITY								
Work In Progress								
DRAWN / CHECKED		INITIAL ISSUE DATE		SCALE				
YQ / JL		FEB 2024		1:250 @ A1				
DRAWING ID								
Project	Originator	Volume	Level	Type	Role	Number	Status	Revision
1ME06	MHA	ZZ	ZZ	DR	A	03001	S0	

Appendix B – MEU Parking Survey Findings

Gravel Car Park

Time	Number of Vehicles Parked
07:00	46
08:00	79
09:00	90
10:00	93
11:00	90
12:00	90
13:00	85
14:00	91
15:00	77
16:00	63
17:00	62
18:00	11
19:00	4

Visitor Car Park (red area)

Time	Number of Vehicles Parked
07:00	14
08:00	15
09:00	15
10:00	12
11:00	14
12:00	12
13:00	17
14:00	11
15:00	11
16:00	6
17:00	2
18:00	0
19:00	0

Staff Car Park (blue area)

Time	Number of Vehicles Parked
07:00	2
08:00	11
09:00	12
10:00	81
11:00	81
12:00	81
13:00	77
14:00	79
15:00	54
16:00	50
17:00	50
18:00	0
19:00	0



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