

CRIME IMPACT STATEMENT

Erection of a two-storey building comprising a Community Diagnostics Centre (use class E(e)), with associated external landscaping, patient and delivery drop off area and 6 no. accessible parking spaces

AT Withington Community Hospital, Nell Lane, Withington, Manchester

FOR: Manchester University NHS Foundation Trust

Greater Manchester Police

VERSION B: 28.06.24

designforsecurity

2005/2091/CIS/01



DEVELOPMENT SUPPORTED

Originally produced in August 2023, the Statement has been reviewed following design changes. Recent crime data suggests that crime patterns in the neighbourhood have not changed significantly since the original analysis was undertaken. Design for Security consider the report valid and remain happy to support the proposals.

The proposed development presents few issues from a crime prevention perspective, and we are happy to support the application. I have made some recommendations to enhance the design of the development from both a crime prevention. Th recommendations are set out in section 3.3 and are summarised as follows:

- Install security-rated external doors and glazing
- Controls should be installed at appropriate doors to restrict access to the building outside of standard opening times and to clinical/private areas of the building
- All elevations of the resulting building to be illuminated with low intensity, dusk-to-dawn lighting
- A monitored CCTV system and an intruder alarm should be installed
- The planting between Burton Road boundary and the existing hospital building should be managed so that sight lines along the length of the pathway are maintained
- The proposed building should achieve Secured by Design accreditation.

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1 The Site and Surroundings

The application site and its surroundings are shown on the plan and photographs below. The site, Withington Community Hospital, is located at the south-western edge of West Didsbury's neighbourhood centre. Houses on the north side of Nell Lane, a well-trafficked route that connects the centre of West Didsbury with Princess Road, A5013, about 500 metres to the west, overlook the northern boundary of the hospital site. The hospital's extensive, pay and display, car park is located on the western side of the hospital building; access into the car park is gained from Nell Lane, where vehicle barriers restrict entry and exit to *bona fide* visitors. Burton Road adjoins the eastern edge of the hospital. It is another well-trafficked route that connects the centre of West Didsbury with Barlow Moor Road, A5145, to the south. Houses look across Burton Road towards the hospital. A little further north on Burton Road, a mixture of shops, offices and food and drink premises dominate the neighbourhood centre. In the vicinity of the hospital, there are some parking restrictions on the western side of Burton Road and on both sides of Nell Lane. Fielden Road, a short cul-de-sac, is congested with cars parked on the pavements, with a footpath only link at its western end through to Moorfield Road, a residential street, defines the site's southern boundary. The road provides access to two modestly-sized, private, car parks, both associated with adjoining residential properties including Westfield House, a pair of three-storey houses converted to apartments, which stands at the corner with Burton Road. Windows on the side elevation of Westfield House, overlook the site.

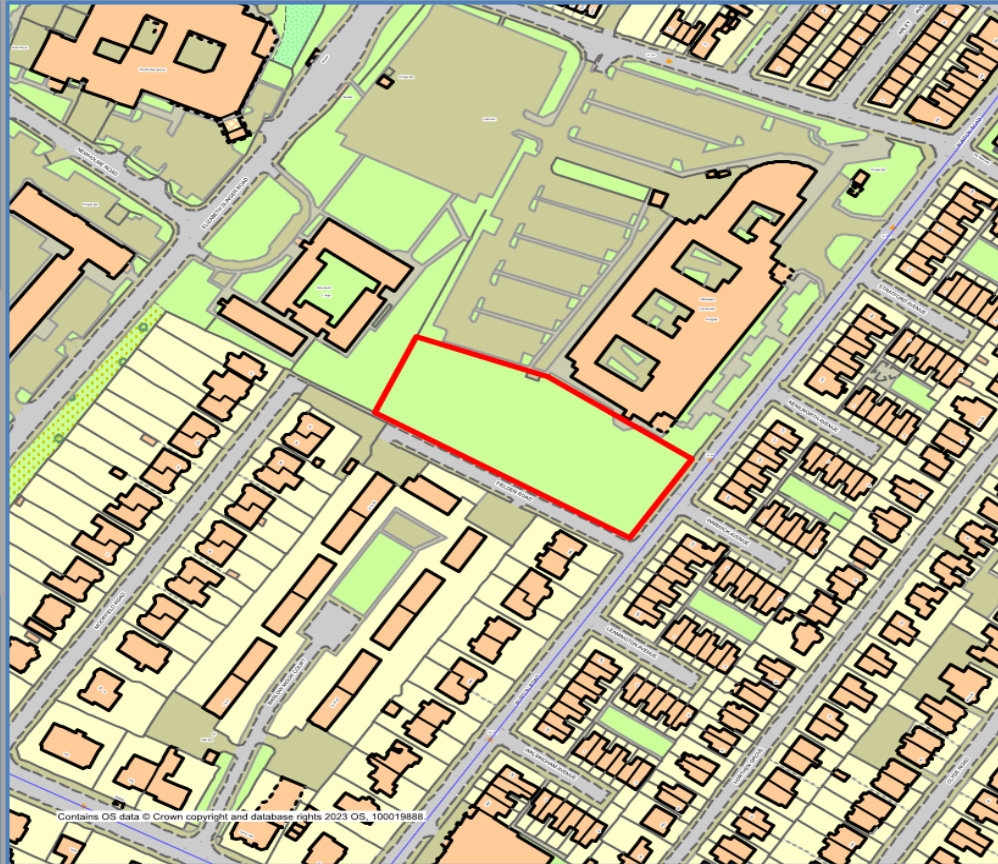
A view of the western elevation of Withington Community Hospital and adjacent car park from Nell Lane



The pedestrian link from Nell Lane/Burton Road to the hospital's main entrance



The application site is located next to the southern edge of the hospital car park



The overgrown, application site at the southern end of the hospital building



A pathway separates the southern elevation of the hospital from the application site



A landscaped pathway separates the eastern elevation of the hospital from Burton Road



Built in 2007, Withington Community Hospital is a broadly, rectangular building, with single, two and three-storey elements. The main entrance to the hospital is located on the northern elevation where an entrance plaza has footpath access from both Nell Lane and Burton Road. There are several other footpaths linking the landscaped pathway alongside the eastern elevation of the building to Burton Road. There is a comprehensive lighting scheme around the building and car park and CCTV cameras monitor the building and the car park. The application site comprises undeveloped land at the southern fringe of the hospital site. The land has been colonised with native vegetation, including numerous, semi-mature trees and shrubs; mature trees line the Burton Road and Fielden Road boundaries, which help to screen the site from nearby properties. The southern and south-eastern boundaries of the hospital are secured with powder-coated, paladin fencing, which along with dense hedgerows, effectively guides visitors to one of the footpaths that allow access into the grounds of the hospital.

2 Crime Statistics & Analysis

2.1 Crime in the neighbourhood

All data below is based on crimes recorded between 1st June 2022 to 31st May 2023 within 500metres of the site

All crime

Domestic Burglary	Non-Domestic Burglary	Criminal Damage	Crimes involving the use or threat of violence	Theft (including shoplifting)	Robbery	Drug related offences	Theft from Motor Vehicle	Theft of Motor Vehicle	Bicycle Theft
19	4	22	173	75	6	10	39	15	12

2.1.1 There were 373 recorded crimes in the neighbourhood around the development site during the period analysed. This volume of crime is well below the average for a neighbourhood within Manchester, especially so given the number of bars and licensed premises within the neighbourhood and the presence of two hospitals and a divisional Police Station, all of which elsewhere tend to generate significant volumes of crime.

2.1.2 The most common crimes recorded were:

- the use, or threat, of violence - 46%
- theft - 20%
- vehicle crime, i.e., theft of, theft from and criminal damage to a vehicle - 16%
- criminal damage and burglary – both 6%
- burglary - 6%

2.1.3 Typically, crimes involving the use or threat of violence are the most common in any given residential neighbourhood as is the case here, but here the percentage is around 10-15% lower than other neighbourhoods. The crime hotspots are the commercial outlets, particularly food and drink and retail premises, on Burton Road and Lapwing Lane, and Elizabeth Slinger Road Police Station.

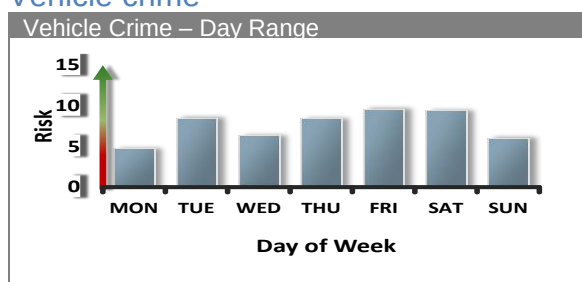
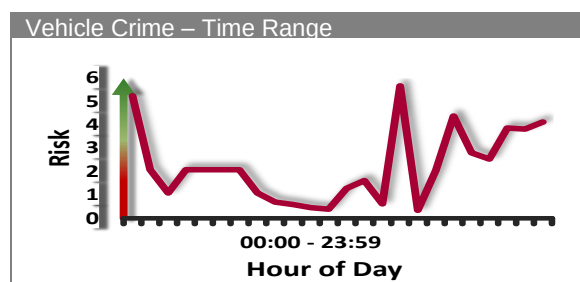
2.1.4 There were ten crimes recorded on Nell Lane. The top five streets/places for recorded crime were:

1. Burton Road - 92 crimes
2. Elizabeth Slinger Road – 43 crimes
3. Clyde Road – 27 crimes
4. Lapwing Lane – 25 crimes
5. Old Lansdowne Road – 21 crimes.

Crime at hospitals

2.1.5 There were 12 crimes committed at hospitals in the neighbourhood i.e., at Withington (including the Brian Hore Unit) and Spire. The recorded crimes included: 5 violent crimes, 4 acts of theft (in two of which, a bicycle was stolen), 2 thefts of items from a vehicle, and 1 of criminal damage.

2.1.6 Vehicle crime



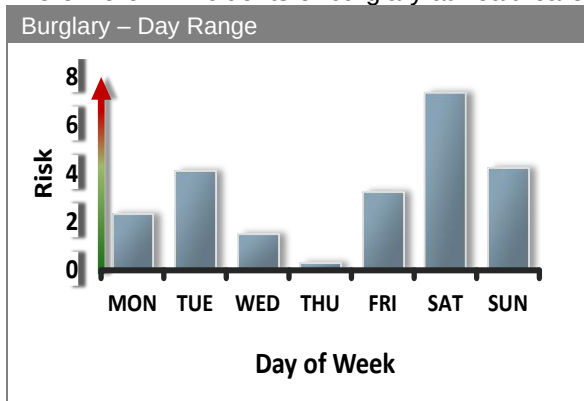
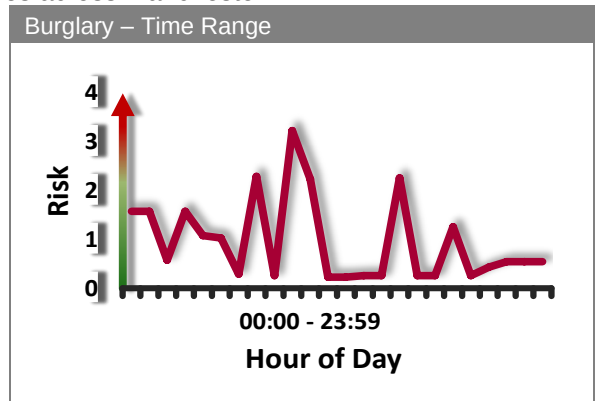
2.1.7 The risk of vehicle crime is greatest on a Friday and Saturday during the afternoon and late evening.

2.2 Crime at healthcare premises in Manchester

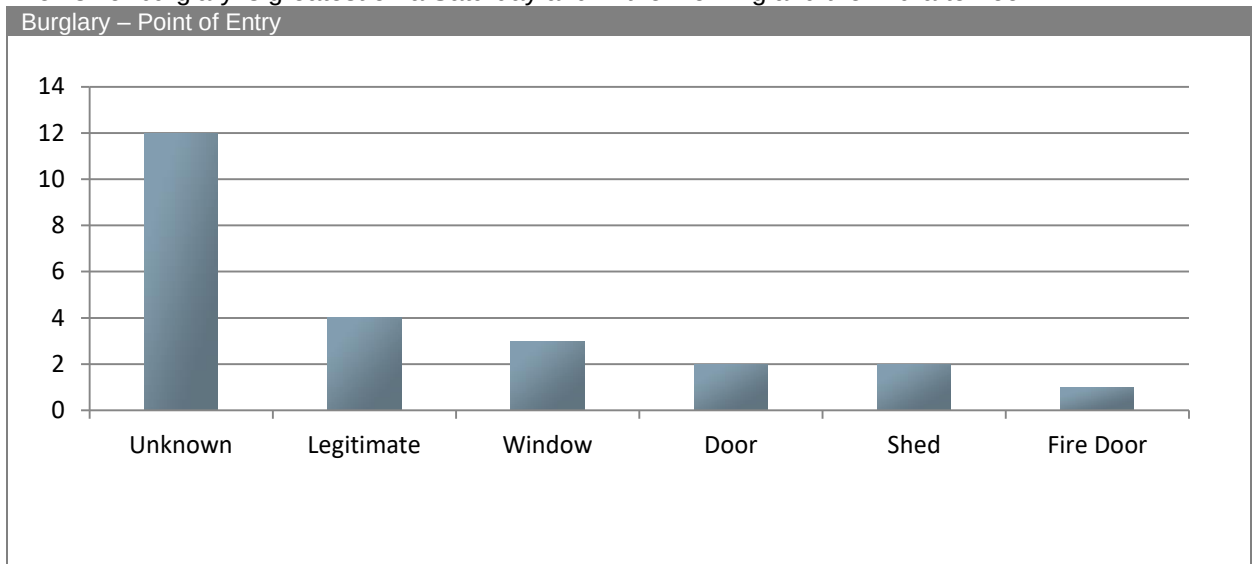
The data below relates to burglary offences at healthcare facilities recorded in Manchester during 2018 - 2019.

Burglary

2.2.1 There were 24 incidents of burglary at healthcare facilities across Manchester.



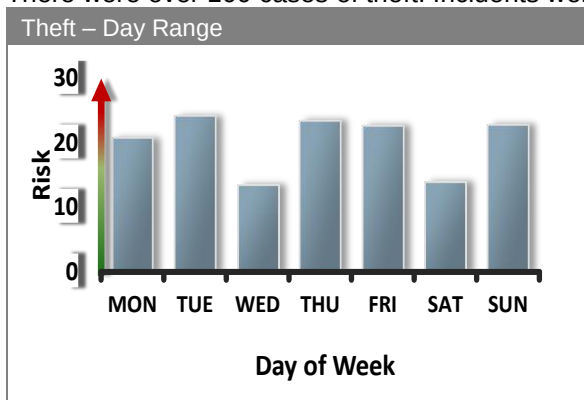
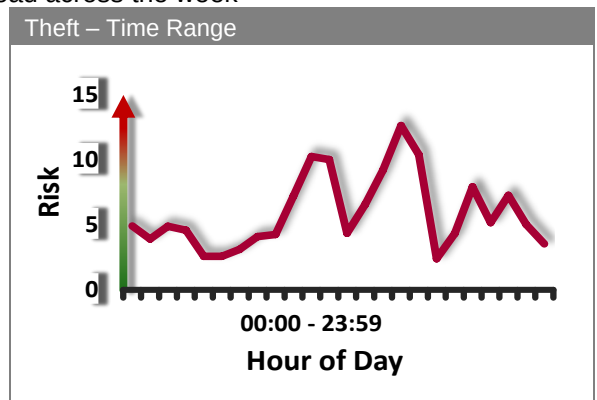
2.2.2 The risk of burglary is greatest on a Saturday and in the morning and the mid-afternoon.



2.2.3 In two-thirds of the cases of burglary, the method of entering premises by the offender was not known or entry was gained legitimately, suggesting force was not used and the offender simply entered via unsecured door, service shutter or window. Doors and windows were targeted on three occasions each, and in two cases the offender target an outbuilding in the grounds of a medical facility

Theft

2.2.4 There were over 100 cases of theft. Incidents were spread across the week



2.2.5 Incidents were spread across the week, with a concentration of offences between 12.30 and 17.00.

2.3 Modus operandi used in committing crime at hospitals and medical centres & measures to reduce risk

2.3.1 Doors have been forced open

To minimise the risk of offenders forcing doors:

- all external doors should be security-rated - such doors are very difficult to force open;
- recessed doors should be avoided. Entrance doors should be readily visible - offenders will be less inclined to target doors where their actions may be witnessed;
- all external doors should be illuminated with dusk-to-dawn lighting. Lighting will also support CCTV systems and highlight the actions of an offender, increasing the chance of a crime being witnessed; and,
- CCTV should be considered, to record activity within and around exterior of buildings.

2.3.2 Ground floor windows were prised open, or the glazing smashed to gain access

To minimise the risk of offenders prising open windows or breaking glass to gain entry:

- install window locks and opening restrictors to any windows that are accessible from ground level; and,
- use laminate glass on ground level windows and doors.

2.3.3 Offenders have entered car parks and cycle stores & committed theft or damage

To minimise the risk of offenders entering the car park and cycle stores:

- staff-only car parks should be secured with entry gates that are fob activated and accessible to staff only;
- cycle stores should be secure rooms or secure cages within a secure part of the development;
- appropriate CCTV and lighting should be installed; and,
- doors or gates to cycle stores should be fitted with good quality locks (ideally a maglock or similar with a resistance force of around 4500N) be self-closing and lock automatically upon closure.

2.3.4 Shutters and grilles on have been forced open

To minimise the risk of offenders forcing shutters and grilles:

- only install LPS 1175 security rated shutters, grilles or doors; and,
- avoid placing windows or doors in secluded, vulnerable, locations.

2.3.5 Offenders posing as legitimate visitors, gaining access to secure or staff-only areas

To minimise the risk of offenders gaining access to secure and staff-only areas:

- card, fob or key-code operated access control systems should be installed to secure relevant areas of the building – e.g., wards, drug stores, staff rest rooms, offices, medical records rooms and other storerooms;
- staff should be required to wear an appropriate form of clearly visible ID and/or a uniform;
- all doors separating public areas from staff/patient-only areas should be monitored by CCTV;
- signage should be used to discourage entry to private parts of the hospital, referring visitors to an appropriately located, reception area; and,
- lockers should be provided for staff and patients to secure their personal belongings.

2.4 Environmental features that can influence crime patterns

2.4.1 Features of the physical environment can influence patterns criminal and anti-social behaviour. They affect potential offenders' perceptions about a possible crime site, their evaluations of the circumstances surrounding a potential crime site, and the availability and visibility of one or more witnesses, who might intervene, at or near a site. Offenders may decide whether to commit a crime in a location after they determine the following:

- How easy will it be to enter the area?
- How visible, attractive, or vulnerable do targets appear?
- What are the chances of being seen?
- If seen, will the people in the area do something about it?
- Is there a quick, direct route for leaving the location after the crime is committed?

2.4.2 Aspects of the local environment that might help to reduce the risk of crime and disorder on and around the site are as follows:

- the hospital is located in a relatively low crime neighbourhood;
- the building is modern and has a regular layout when compared to many other sprawling and often disorientating hospitals;
- the approaches to the hospital are overlooked by houses that face Burton Road and Nell Lane. Passive surveillance by residents may help to deter criminal activity;
- there is only one entrance to the hospital building, which is well supervised by staff;
- there is a security presence at the hospital including an extensive CCTV system to monitor activity;
- access to the site by vehicles is controlled by automated vehicle-barriers;
- there is ample parking at the site and the car park is well-supervised by staff, visitors and CCTV;
- fencing and dense hedges restrict access to the site from Fielden Road and the southern part of Burton Road;
- verdant surroundings tend to reduce stress;
- the hospital does not have an A&E facility.

2.4.3 There are also some features that might facilitate crime and disorder, these include:

- hospitals and licensed premises, both present in the neighbourhood, attract criminals and often generate crime;
- the nature of a hospital means that, by necessity, parts of it have to be open and accessible to staff, patients and visitors;
- hospitals can be disorientating and induce stress in visitors and patients, which can manifest itself in acts of aggression;
- there are multiple routes onto the hospital site, some of which allow easy access to secluded parts of the site;
- graffiti is present in the seating area on the eastern side of the building, suggesting that individuals or groups are attracted to the site who engage in criminal or anti-social behaviour;
- planting alongside the Burton Road elevation of the hospital is overgrown and interferes with sightlines, which may encourage offenders to commit anti-social acts and prevent CCTV cameras recording issues arising;
- the demand for parking at the hospital, or to avoid paying for parking, has resulted in the nearby street being congested with cars. Cars may be accidentally damaged by passing vehicles or pedestrians, or they may be targeted by thieves.

3 Development Appraisal

3.1 The proposed development

- 3.1.1 The proposed development comprises the construction of a community diagnostics centre, CDC, an almost rectangular, two-storey building, which will be located on the undeveloped land at the southern edge of the hospital. It will be detached from the main hospital building and set back from Burton Road to the east and Fielden Road to the south to allow for the retention of all mature trees along these boundaries; the semi-mature trees will be retained where feasible.
- 3.1.2 The main entrance to the CDC will be located on the western elevation, accessed from within the pathway that circulates around the fringe of the hospital building or directly from the car park. On entering at ground floor level there will be a reception and waiting area, a series of consultation/examination rooms, admin offices, staff rooms, utility rooms, changing rooms, and storage rooms. There will be two cores, one at the north-eastern corner of the building and one at the south-western corner, each having stairs and a lift to the first floor. Means of escape doors will be located at the bottom of each stairwell. A third means of escape door will be located on the eastern elevation.
- 3.1.3 The first floor will include a reception and waiting area as well as similar rooms to the ground floor, i.e., clinical rooms, offices and staff rooms, as well as and a large, internal, plant room, which will support the functions of the building. At roof level there will be an area of plant and PV panels
- 3.1.4 Externally, to the west of the building's entrance there will be a landscaped plaza, which incorporates six, accessible, parking bays, and seating. Three of the existing nearby parking spaces will be designated as 'drop-off' bays for visitors and patients. In addition to existing cycle parking facilities at the hospital, ten additional spaces will be provided close to the main entrance for use by staff, patients and visitors. The existing pathway at the southern end of the hospital will be enhanced and widened to create a boulevard, with additional pedestrian links to Burton Road, between the existing hospital and the CDC. A pathway around the CDC will facilitate means of escape from the doors on the eastern and southern elevations.

3.2 Features of the development that will promote safety and security

- 3.2.1 The site falls under the control of the Manchester University NHS Foundation Trust which has experience of managing the site and has established security protocols for dealing with disorder incidents and intruders, inside the buildings and within the external areas.
- 3.2.2 The building will be of a very good design quality, appropriately sited and orientated to make most effective use of the more prominent frontage. Well-designed developments tend to be well-maintained from the outset and ensure the longevity of the scheme.
- 3.2.3 The facility will generate activity and footfall throughout the day as well as contribute to passive surveillance of the surrounding car park, the external doors on the southern elevation of the hospital and existing and proposed pathways.
- 3.2.4 There is only one entrance, and it will be easily visible from the car park and footpath on the western side of the hospital.
- 3.2.5 Large, glazed elements within the design of the building facilitate natural surveillance.
- 3.2.6 Staff employed at the reception areas will have oversight of the patient waiting areas.
- 3.2.7 The internal layout of the unit allows clear views along corridors.
- 3.2.8 Given the position of doors on the clinical corridors, access from the public waiting areas to the clinical areas can be controlled with electronic locking systems fitted to the relevant doors.
- 3.2.9 Ample car parking is provided on the wider hospital site. Drop-off spaces have also been identified. Incidents of vehicle-related crime is rare at the hospital.
- 3.2.10 Cycle parking provision is included close to the building's entrance and in clear view of staff, patients and visitors coming and going.
- 3.2.11 The landscaped grounds will improve the external environment of this part of the hospital, providing a high quality, public realm for enjoyment by patients, visitors and staff; clearer wayfinding to building entrances; and additional seating.

3.1 Recommendations to improve the security of the development

External doors

- 3.1.1 All external, hinged and sliding doors should be security-rated.
- 3.1.2 An audio-visual unit should be installed at the main entrance doors of the building so that, outside of standard hours, visitors can communicate with staff prior to being allowed entry. Staff should be able to activate the lock to the doors from their desk office.

Internal doors

- 3.1.3 Internal doors should be FD30-rated and those that need to be secured should be fitted with at least a British Standard mechanical lock or a Secured by Design compliant electronic lock (generally, high traffic doors).
- 3.1.4 To restrict access to unaccompanied or unauthorised members of the patients or members of the public, the doors connecting the public waiting areas to the clinical areas should be fitted with electronic locks that are operated by a staff held fob/card or remotely by staff attendant at the ground and first floor reception desks.

Windows

- 3.1.5 Any ground floor, opening windows should be fitted with a key-operated lock and opening restrictors.

Glazing

- 3.1.6 Glazing in doors, curtain walling and windows should include laminate glass.

CCTV

- 3.1.7 The existing hospital CCTV system should be expanded to ensure all external doors, the pathway between the hospital and the CDC, and the cycle parking is monitored as well as all appropriate internal areas of the CDC, i.e., the waiting areas and reception and doors where access controls are fitted.

Lighting

- 3.1.8 All elevations and the external doors of the building should be illuminated from dusk to dawn. Cycle parking should be illuminated during the hours of darkness.

Lockers

- 3.1.9 Lockers should be provided for staff and patients to secure their personal belongings.

Cycle parking

- 3.1.10 Cycle parking should be located within a weatherproof shelter.

Refuse storage

- 3.1.11 Space for the safe storage of general and clinical waste bins should be available within the building.

Signage

- 3.1.12 Signage should be erected at the site entrances to guide patients and visitors to the building entrance and on an in the building informing visitors of the name of the building, the departments operating within it, the hours of opening, and out of hours contact details - for anyone wishing to raise issues relating to security, for example.

Landscaping

- 3.1.13 Landscaping along the Burton Road and the eastern side of the hospital building should be maintained to prevent interference with sightlines along the pathway and to and from the ground floor of the building.

4 Physical Security

4.1 Doors

- ☐ Sliding and hinged entrance doors should be tested and certified to BS PAS 24, STS202, or LPS 1175 SR2 or ENV 1627-30 (WK2+).

- ☐ Means of escape doors and, ideally, doors to rooms where high value, medical equipment, drugs, IT servers or sensitive information are stored, should be compliant with, and certified to BS PAS 24, STS202, or LPS 1175 SR2. These doors should be capable of self-closing and locking upon closure.
- ☐ Doors connecting the public waiting areas to the clinical corridors should be fitted with an electronic, fob-operated, lock. These doors should be capable of self-closing and locking upon closure.
- ☐ Doors to the clinical rooms should be FD30 rated and fitted with a British Standard lock. Ideally, these doors should be capable of self-closing and locking upon closure.
- ☐ An intercom with both audio and video should be provided at main entrance doors to allow staff to vet visitors prior to allowing entry remotely, as necessary.

4.2 Security shutters and cabinets

- ☐ Where roller shutters or grilles are installed, they should be tested and certified to LPS 1175 SR2.
- ☐ Controlled drugs should be secured in a BS 2881 storage cabinet. Doors into drug or record stores should operate on auditable access controls.

4.3 Window frames

- ☐ Any ground floor window frames that can be opened should be tested and certified to BS PAS 24, STS202, or LPS 1175 SR2, and fitted with a key-operated lock and restrictors that limit opening to 100mm.

4.4 Glazing

- ☐ Laminate glass that complies with the requirements of P1A or P4A of the BS EN 356 standard should be installed in areas of curtain walling, glazed, external doors and all windows. The remaining pane in a double-glazed unit may be toughened glass.

4.5 Alarms

- ☐ An intruder alarm should be installed,
- ☐ Audible alarms should also be fitted to the means of escape doors and to all doors with access controls fitted. The alarm should sound if the doors remain open for extended periods.

4.6 Access controls

- ☐ Auditable access control systems should be operable by swipe card or fob systems. The following areas/doors should operate on access control:
 - The unit's entrance door (operated when circumstances dictate)
 - Clinical corridors
 - Admin offices and staff rooms
 - Storerooms where high value/sensitive materials may be stored.

4.7 Lighting

- ☐ Dusk-to-dawn lighting, operated by photoelectric cell/daylight sensor, should be installed to all building elevations with particular focus on the doors.

4.8 CCTV

- ☐ The CCTV system should be adapted to ensure the new facility is monitored internally and externally.
- ☐ Cameras should be placed to maximise the potential to capture clear facial identification of individuals. Suitable camera locations include all building elevations; the entrance doors; escape doors; reception/public waiting areas; corridors; and, the cycle parking.

4.9 Cycle parking

- ☐ Cycle stands, set within a weatherproof enclosure.
- ☐ Cycle stands/racks should allow the cyclist to secure the wheels and frame.

4.10 Directions and signage

- ☐ Adequate signage should be deployed in all areas not only to direct people to and through the building but, along with suitable access controls fitted to doors, to deter unauthorised access to restricted areas.

5 Construction

- ☐ The developer should instal appropriate measures to secure their site during construction, and control pedestrian and vehicular access into and out of the site.
- ☐ The contractor on this scheme should be a member of the 'Considerate Constructors Scheme.'
- ☐ Site security contractors should be Security Industry Authority approved.

6 Secured by Design (SBD)

- ☐ Secured by Design focuses on crime prevention at the design, layout and construction stages of healthcare premises and promotes the use of security standards for a wide range of applications and products. To apply for Secured by Design certification for your development, visit our online application form at: <http://www.designforsecurity.org/secured-by-design/sbd-accreditation/>

A Contact Register

Date	Contact	Summary of Contact
18.07.23	Maciej Augustynowicz, Day Architectural Ltd.	Request for crime impact statement
08.06.23		Site visited
11.08.23	Maciej Augustynowicz, Day Architectural Ltd.	Report issued
15.04.24	Olivia Carr, Turley	Revised floorspace details issued
28.06.24	Melissa Lee Wong, Turley	Report re-issued

B CIS Version History

Version	Revisions	Date
A		11.08.23
B	Minor changes to text to reflect reduction in size of the facility	28.06.24