



CRIME IMPACT STATEMENT

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SUBJECT	Project 70076585 Park House Development Adult Mental Health Unit, Crumpsall, Greater Manchester – Crime Impact Statement		

INTRODUCTION

WSP Security has been engaged to provide a Crime Impact Statement relative to the proposed replacement of the existing Park House Adult Mental Health Unit with a newly built facility. Greater Manchester Mental Health – NHS Foundation Trust has ten adult inpatient wards across the city of Manchester at the North Manchester General Hospital and Wythenshawe House. The facility at the General Hospital is Park House, which has eight inpatient care wards. The inpatients include those who have been detained under the provisions of the Mental Health Act often having passed through the Criminal Justice System and ‘informal’ patients.

It has been decided to build a new facility to replace the current Park House facility. The new facility, consisting of 150 beds, will be built on the existing Crumpsall site adjacent to the existing Park House facility. Key design intentions are to:

- Enhance the privacy and dignity of patients.
- Provide single rooms with en-suite bathrooms.
- Provide more open space.
- Improve access to outside gardens and places to meet friends and family.

Current mental health assessments grade the risks a patient may present as either low, medium or high. In the case of the new facility Park House will treat low and medium risk patients only. Patients detained under the Mental Health Act are often those:

- Whose risk of harm to other people and risk of escape from hospital cannot be managed safely in other mental health settings.
- Who will usually have mental disorders, which are linked to offending or seriously harmful behaviour.

From a security perspective it is the intention to provide a safe and secure environment at Park House that will enable the unit to provide the correct level of care to patients it is essential that different measures are provided to ensure people get the correct treatment as well as providing safety to the individual, other patients, hospital staff and members of the public.

PURPOSE OF THIS DOCUMENT

The purpose of this Crime Impact Statement is to consider any pertinent security threats and risks that the new development may encounter and to recommend high level security measures to mitigate against the identified risks. The following pages discuss the current patterns of crime experienced within the Upper

prevalent offences are highlighted. However, as discussed below, there are only three offences reported between 1 July 2019 and 30 June 2020. This appears to be an error that will need to be explored at later stages in the project. It is possible that the findings of that exploration may raise other security issues that must be mitigated.

Wards will all have courtyard gardens for the benefit of patients. These will be bounded by the building form with facades of at least 3m in height. Similarly, the roof gardens will also be bounded by substantial enclosures to prevent escape or suicide events. The rear garden of the development will also be protected by a substantial fence.

There will be few emergency escape doors, designed to limit the potential for criminal intrusion at the same time as allowing free service user access to external space. These are to be used only in final exit situations.

A Video Surveillance System (VSS) and security lighting is proposed. Coverage is to extend to the grounds surrounding the facility also. At the time of writing the lighting strategy is being developed.

The design development recognises the need for installing air locks at all building entrances and the use of a key tracking system to be operated from the main entrance to ensure secure key control. Doors and windows are to be designed “to be strong and secure as part of the building’s function.” There is also recognition that within the building there will be a need to establish private areas, such as staff offices and secure ward areas, and communal spaces, such as education and therapy rooms. Other design information refers to the inclusion of a drug dispensary, a sharps and secure store and ward managers’ offices.

CRIME ANALYSIS

We have analysed the crime figures produced by GMP and placed on the Police.uk website (www.police.uk accessed on 15.09.2020) that holds records for all police forces within England, Scotland, Wales and Northern Ireland. Save for three cases of Violence and Sexual Offences recorded between 1 July 2019 and 30 June 2020 no other offences have been recorded in that period. This suggests an error as it is most unlikely that there would have not been any other offences committed in the Upper Crumpsall area. Figures are provided from 1 October 2017 to 30 June 2020. We have based our analysis on the available data only.

The data shows that 2,628 offences were reported. This includes the three single incidents discussed above and further confirms some error in reporting. Nevertheless, the most prevalent crimes reported are as follows:

Table 1 – CRIME FIGURES

Offence Type	Number of Offences	Percentage of Total
Violence and Sexual Offences	1,020	35.4%
Anti-Social Behaviour	441	15.4%
Public Order	405	14%

Other crimes reported include Criminal Damage and Arson 236 offence (8.2%) and Burglary 195 offences (6.8%). Given that hospitals operate around the clock these figures are not insignificant and should be considered when designing security mitigations.

In many urban areas the highest number of offences fall into the categories of anti-social behaviour, acquisitive crimes and violence and sexual offences. It is not usual that the latter category is the most commonly reported offence. We suspect that in the case of North Crumpsall the high level of violent offences may be the result of alcohol fuelled disputes, particularly where these have occurred at the North Manchester General Hospital, following late evening drinking. That said, this aspect requires further investigation to break down offences committed within the hospital's demise and to investigate the reason for the absence of crime reporting for the last twelve months.

SUGGESTED SECURITY MITIGATION MEASURES

The following section of this memorandum outlines the security measures that should be considered for the Park House Development. It is fully recognised that the purpose of the new facility is to provide appropriate care and treatment for patients. Notwithstanding that the facility may be at risk of intruders, intent on committing criminal acts, a key difference with a facility of this nature is the need to prevent escape from within. While many of the patients may be receiving treatment as the result of involvement in the Criminal Justice system the facility will not be a prison. In prisons security is obvious, this should not be the case in an Adult Mental Health Unit. Therefore, it is important to include security features integral to the design and construction of the building to avoid the need for any retrofitted security measures that can increase the fear of crime and be unnerving for patients and staff. Security measures carefully integrated into the design can ensure the building is both secure and welcoming, without announcing that the design was concerned about crime and potential escapees. For ease of understanding the suggested mitigations are given in tabular form.

Table 2 – SUGGESTED MITIGATION MEASURES

Mitigation Measures	Key Elements
Physical	
Locking systems	<ul style="list-style-type: none"> • Consideration should be given over electronic locking systems in preference to key controlled locks. • If key controlled systems are implemented adequate key tracking system to be installed. • Consideration of key mustering cabinets. • All external locks and locks to internal private spaces to be compatible with the level of security afforded to the doorset and consistent with chosen standards. • Locking systems should be compliant with BS EN 12209 for locks and latches; BS EN 1303 for lock cylinders and BS EN 1125.179 for panic hardware.
Windows	<ul style="list-style-type: none"> • Glazing panels to conform to manual resistance standards such as BS EN 1627 or PAS 24 depending on the level of risk. • All frames to be equal to the resistance level of the glazing fitted and compliant with BS 5357. • All windows to be fitted with security locking devices.
Doors	

Mitigation Measures	Key Elements
	<ul style="list-style-type: none"> • Doors and doorsets to be assessed for the degree of resistance to manual attack required and LPS 1175 Issue 8 or BS EN 1627 resistance classes to be complied with. • Private offices and spaces to be accorded proportionately higher levels of security than communal areas. • Secure airlocks to be provided at all building entrances. • Emergency escape doors to be kept to a minimum while still remaining compliant with Fire Regulations and local Building Regulations.
Drainpipes	<ul style="list-style-type: none"> • Consideration of drainpipes and other similar building features to be used as implements to assist escape of patients. • Measures such as anti-climb paint to be considered or shielded pipework.
Security lighting	<ul style="list-style-type: none"> • Adequate lighting to support the Video Surveillance System (VSS) to be considered for the facility. • In addition to the buildings the urban realm and car parking areas should be sufficiently illuminated to provide a uniform level of lighting to support the VSS. All primary routes around the site should be lit to provide reassurance and contribute to a feeling of security for staff, visitors and patients. • Dark areas such as dead ends should remain dark to avoid giving a false sense of security.
Privacy Zoning	
General	<ul style="list-style-type: none"> • A privacy zoning exercise should be undertaken to identify those areas that should remain private and protected from those areas that are communal and require less protection. • Privacy zoning will designate areas as follows: <ol style="list-style-type: none"> 1. Public – areas which any member of the public can access. 2. Semi-Public – areas that public can access after obtaining a form of access control accreditation e.g. an authorised visitor. 3. Semi-private -areas not accessible by the public or patients but can be accessed by staff. 4. Private – Areas not accessible by the public or patients but accessible by specific members of staff. 5. Restricted – Areas of high value or critical importance to the functioning of the AMHU that are only accessible by designated staff such as maintenance personnel. • Privacy zoning will inform the required levels of resistance required for physical and electronic security measures.
Electronic	
Video Surveillance System	

Mitigation Measures	Key Elements
	<ul style="list-style-type: none"> • A comprehensive VSS to be installed to cover the whole of the site including the grounds and car parking areas. The VSS should include all entrances and exits, Front of House, Back of House and secure areas. • Particularly important to cover the boundaries of the building to provide early detection of escape attempts or unauthorised ingress. • VSS to be monitored from a suitable place within the facility.
Automatic Access Control System	<ul style="list-style-type: none"> • In addition to physical measures designed to only allow permitted entry the building should benefit from an Automatic Access Control System (AACS). • An AACS strategy should be developed that will set out a hierarchy of access throughout the building that will determine where access controls should be positioned. • Access to be allowed to authorised persons only by proximity card or fob. • Alternately dual entry modes to be considered such as proximity card and biometric identification.
Intruder Detection System	<ul style="list-style-type: none"> • An Intruder Detection System (IDS) should be considered to indicate when unauthorised entry attempts are made to the building or private areas within the facility. • The IDS to work in conjunction with the VSS and AACS.
Operational	
Staff procedures and safety	<ul style="list-style-type: none"> • All facility staff to be in possession of personal attack alarms when on duty. • All facility staff to be trained in basic elements of security and working securely in an Adult Mental Health Facility. • Concerned staff to monitor the whereabouts of patients at all times. • Facility staff to be trained to handle emergency situations such as evacuation to ensure the safety and security of patients.
Security patrols	<ul style="list-style-type: none"> • There should be regular but unpredictable security patrols conducted of the grounds around the facility.
Urban realm	
Car parking	<ul style="list-style-type: none"> • Only authorised persons to use the car parks and suitable Vehicle Security Barriers to be installed to manage entry and egress. • Unauthorised vehicles to be removed.
Site cleanliness and maintenance	<ul style="list-style-type: none"> • The site should be kept clean at all times with litter removed appropriately. • The fabric of the building, doors, windows and facades should be kept well maintained. • Regular inspection of VSS cameras, lighting, signage, AACS, PMS fencing and gates should take place to ensure correct working order and function.
Waste management	<ul style="list-style-type: none"> • Care should be taken in respect of waste management to reduce the possibility of arson attacks. • Proper waste receptacles should be provided, and bins kept in locked areas to prevent unauthorised access.
Garden maintenance	

Mitigation Measures	Key Elements
	<ul style="list-style-type: none"> Trimming, pruning of shrubs and trees to ensure sight lines are maintained and coverage of the VSS is not impaired. Any planting should avoid creating concealed areas or hiding places and should not obscure lines of sight close to circulation areas around the site. The position of trees should be devised in conjunction with lighting and VSS proposals in order to avoid blocking effective coverage. Account should be taken of the likely growth and maintenance regime required.
Privacy zoning – miscellaneous areas	
Drug dispensary	<ul style="list-style-type: none"> The drug dispensary will require adequate security measures to prevent unauthorised entry and theft of drugs, hypodermic needles and other medical supplies. Ideally the drug dispensary should be located inside the building and if not possible, windows in any external wall should be avoided.
Sharps/secure store	<ul style="list-style-type: none"> The sharps and secure store should be provided with adequate physical and electronic security measures to prevent unauthorised access.
Medical records	<ul style="list-style-type: none"> All medical records held within the facility should be adequately protected in secure fire rated safes or cabinets. Access to medical records should be strictly limited only to those with appropriate authorisation.
Reception	<ul style="list-style-type: none"> The indications are that the reception area will also comprise an office facility and VSS monitors. Entry to this area should be limited to those with due authorisation.
Ward management offices	<ul style="list-style-type: none"> Ward management offices should be afforded a degree of privacy and security to prevent unauthorised access to information.

Please note it is recommended that an Operational Requirement document should be produced to determine the actual levels of protection required for the Park House Development.

NEXT STEPS

It is recommended that the following next steps in respect of security matters should take place:

- A comprehensive security strategy should be developed by a Specially Qualified Security Specialist.
- That early engagement with security stakeholders takes place to ensure a consistent approach to the development of a security strategy for the Park House Development.

Subject to acceptance of a fee proposal submitted by WSP the company will be implementing the next steps given above.

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