

CRIME IMPACT STATEMENT

MEU LANGLEY BUILDING, WYTHENSHAW HOSPITAL,
SOUTHMOOR ROAD, MANCHESTER

3 STOREY EXTENSION TO MEDICINES EVALUATION UNIT (MEU)

Greater Manchester Police

designforsecurity

FOR: Medicines Evaluation Unit Limited

VERSION A: 08/12/2023

REFERENCE: 2019/0988/CIS/03

MEU Langley Building, Wythenshawe Hospital, Southmoor Road, Manchester

URN: 2019/0988/CIS/03

EXECUTIVE SUMMARY

Design changes not required

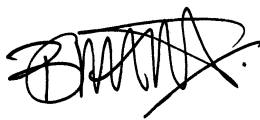
This development has been assessed against the principles of 'Crime Prevention Through Environmental Design' (CPTED), in order to reduce the opportunities for crime and the fear of crime.

The layout of the proposed scheme is considered acceptable, as long as the issues discussed in more detail within Section 3.3 of this report are addressed, namely:

- The access control strategy used throughout the extension will be fundamental to the security of the scheme, including secure access controls to the main entrance of the building out-of-hours, to all floors of the building, all patient wards/suites and all staff-only/back-of-house areas.
- Secure enclosure and access controls to rear staff car park to prevent unauthorised access.

If these issues can be addressed as described within the report and the other physical security measures are incorporated, we would be happy to support the development.

Please note: Greater Manchester Police Design for Security will recommend to the local planning authority that a planning condition is added that reflects the physical security specification listed within Section 4 of this report.



Bradley Hart MTCP

Design for Security Consultant

Contents

1	Visual Audit.....	4
2	Crime Statistics & Analysis.....	5
	2.1 Crime Summary	
	2.2 Non-Domestic Burglary (GM Healthcare Facilities): Risk Analysis	
	2.3 Theft (GM Healthcare Facilities): Risk Analysis	
	2.4 Local Vehicle Crime: Risk Analysis	
	2.5 General Risk Factors	
	2.6 Crime Summary	
3	Layout Appraisal.....	9
	3.1 Proposed Development	
	3.2 Positive Aspects of the Proposal	
	3.3 Points for Further Consideration	
4	Physical Security	11
	4.1 Doors & Access Controls	
	4.2 Windows	
	4.3 Glazing & Building Fabric	
	4.4 Alarms	
	4.5 Boundaries	
	4.6 Parking Areas	
	4.7 Lighting	
	4.8 CCTV	
	4.9 Landscaping	
	4.10 Other	
5	Management & Maintenance	16
6	Construction	16
7	Useful References	16
	7.1 Secured by Design (SBD)	

Appendix

A	Contact Register.....	17
B	Associated Documents.....	17
C	CIS Version History	17
D	Glossary	18

1 Visual Audit

The site is located within the grounds of Wythenshawe Hospital campus, accessed off Southmoor Road.

The western portion of the site is occupied by the two-storey Medicines Evaluation Unit (MEU) within the Langley Building, adjoining the Manchester Clinical Research Facility. There is an existing vehicular access route and visitor parking spaces along the frontage of the building, accessed via vehicular arm barriers off Southmoor Road. Staff parking areas (and detached garages and bin enclosures) are located to the rear of the building, enclosed with high welded-wire mesh fencing and automatic vehicular gates to the west and east of the building (the latter of which were held open at the time that the site visit was carried out).

The eastern portion of the site is currently occupied by a visitor car park defined by low level knee-rails along the street frontage, with arm barriers at the access/egress point operated by pay-on-foot parking tickets. The surface of the car park is formed by loose hard standing, with minimal lighting and unmarked/informal parking bays – which can lead to confusion and conflict, as well as damage by collisions between vehicles and or by pedestrian movement around/between parked cars (both accidental and malicious).

There is a tarmacked visitor car park to the west of the site and The Nightingale Breast Screening Centre lies to the east – which itself is due to be extended.

The majority of the hospital site is well-lit, with clear sightlines and unimpeded views across parking areas, as well as CCTV cameras in strategic positions. Like most hospitals, Wythenshawe has an on-site security team.

Hospitals, and Accidents & Emergency Departments in particular, can often be a focal point for crime and disorder issues. Violent and aggressive behaviour towards staff, patients and other service users can be a common occurrence, particularly during peak hours. Thefts and vehicle crime can also be commonplace at hospital sites.



2 Crime Statistics & Analysis

2.1 Crime Summary

The data below is based on crimes recorded between 1st November 2022 to 31st October 2023.

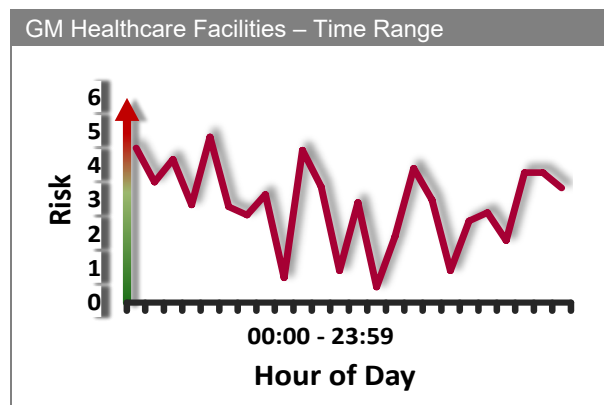
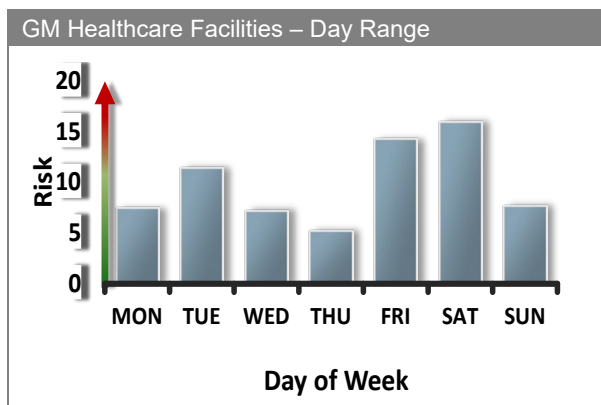
Figure 1: Recorded Crime within 500m of Site

Domestic Burglary	Non-Domestic Burglary	Criminal Damage	Less Serious Wounding	Theft	Robbery	Serious Wounding	Theft from Motor Vehicle	Theft of Motor Vehicle	Bicycle Theft
<5	5	57	259	45	6	<5	15	9	7

- 2.1.1 The most prevalent types of crime in the local area are less serious wounding, criminal damage, theft and vehicle crime. The majority of crime in the local area has occurred in/around Wythenshawe Hospital, as well as to the north (around Roundthorn Metrolink stop). Less serious woundings have taken place throughout the hospital site, as well as on the residential estates to the north of the site. Assaults, harassment and public order offences have been the highest reported crimes, with offences taking place between patients and staff, as well as domestic incidents and neighbour disputes. Thefts have primarily taken place in and around the hospital site, with offenders targeting insecure bags, cash and mobile phones. Offenders have also targeted staff property by entering restricted areas. Vehicle crime has mostly involved theft from motor vehicles and criminal damage to vehicles – particularly smashing vehicle windows. Offenders have targeted vehicles parked in car parks and on nearby residential streets, which may also be linked to the presence of the hospital. Patients and visitors often park their vehicles on streets within the vicinity of hospital sites, where offenders know that vehicles will be left unattended for long periods, leaving them potentially vulnerable.
- 2.1.2 As this CIS report relates to a proposed extension to a healthcare building, the more detailed analysis below will focus on use-specific burglary and theft.

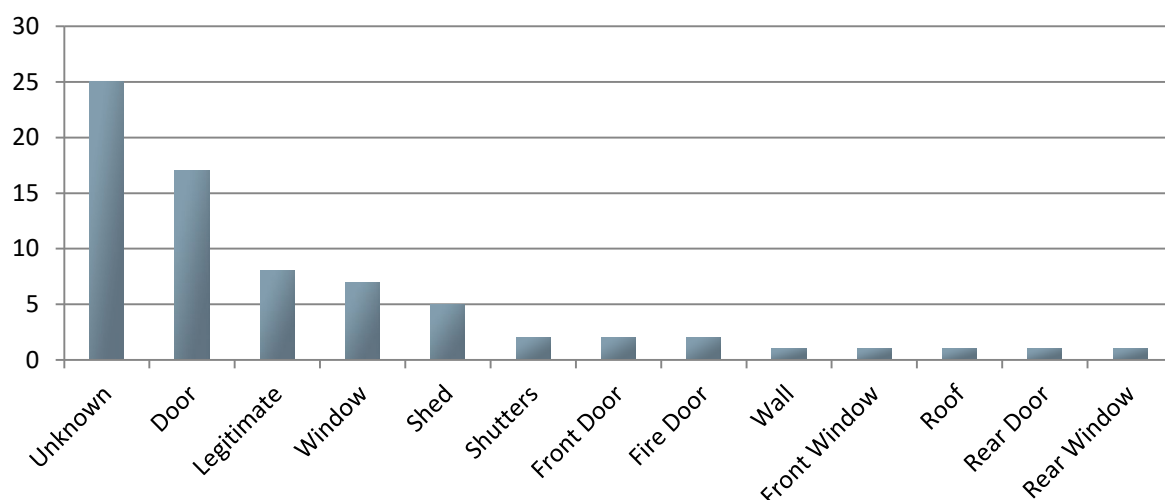
2.2 Non-Domestic Burglary (GM Healthcare Facilities): Risk Analysis

The data below relates to non-domestic burglary offences within/against health centres/facilities, recorded in the Greater Manchester area 2018-2019.



- 2.2.1 **Day Range:** During the week, the risk of burglary at Greater Manchester healthcare facilities is greatest on Friday/Saturday.
- 2.2.2 **Time Range:** During the day, the risk of burglary fluctuates but peaks mid-morning, in the afternoon and late at night/during the early hours of the morning. Offenders perceive a lower risk of being observed/detected at these times and often pose as legitimate visitors to enter healthcare facilities, in an attempt to gain unauthorised access to restricted areas/rooms to steal property unnoticed.

GM Healthcare Facilities – Point of Entry



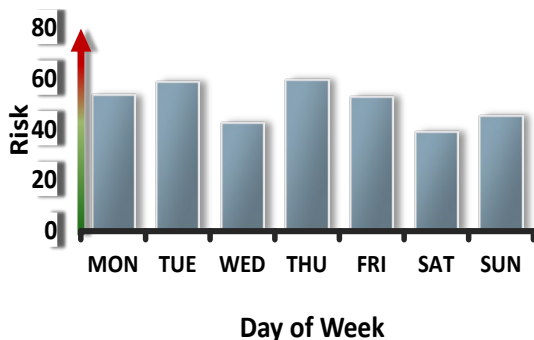
2.2.3 **Point of Entry:** At Greater Manchester healthcare facilities, the following entry points and MOs have been utilised most frequently:

- In the majority of cases, the means of entry is unknown/legitimate. This is likely to be where offenders have gained access posing as legitimate patients/visitors, before targeting insecure doors or using force to open internal doors to restricted areas without being noticed.
- Offenders have targeted doors and windows to gain unauthorised access – either by smashing glazing, prising them open with bodily pressure/implements or targeting them when left insecure.

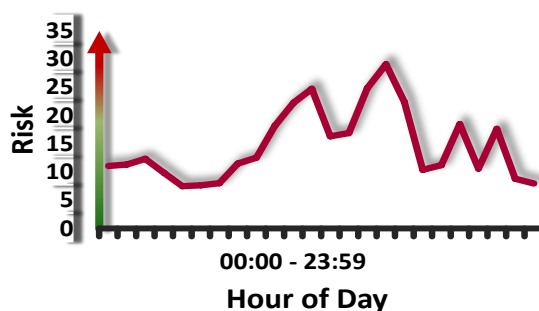
2.3 Theft (GM Healthcare Facilities): Risk Analysis

The data below relates to thefts within/against health centres/facilities, recorded in the Greater Manchester area 2018-2019.

GM Healthcare Facilities Theft – Day Range



GM Healthcare Facilities Theft – Time Range

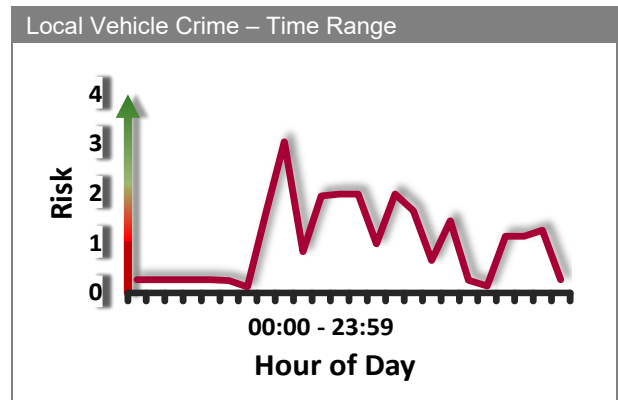
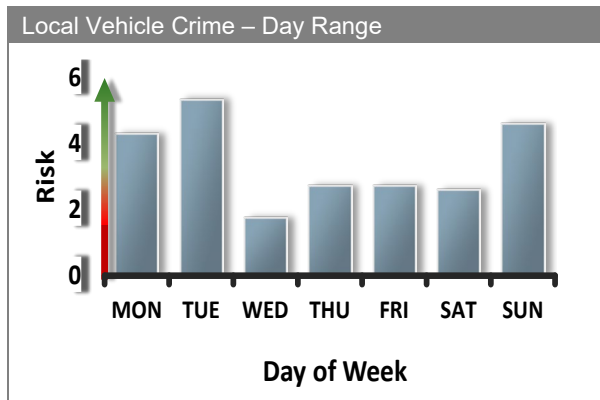


2.3.1 **Day Range:** The risk of theft at Greater Manchester healthcare facilities remains relatively consistent across the week, peaking slightly on Tuesday and Thursday.

2.3.2 **Time Range:** During the day, the risk of theft peaks during the afternoon and into the early evening. It is during these hours that healthcare premises tend to be at their busiest and so the opportunities to offend are greater. Hospital visiting also tends to be around these times, when would-be offenders can access wards and other areas without raising suspicion or drawing attention. The most commonly stolen items are cash, wallets/purses and mobile phones belong to both patients and staff.

2.4 Local Vehicle Crime: Risk Analysis

The data below relates to vehicle crime committed within 500m of the site recorded between 1st November 2022 to 31st October 2023.



- 2.4.1 **Day Range:** The risk of vehicle crime in the local area fluctuates throughout the week, peaking on Sunday to Tuesday and at its lowest on Wednesday.
- 2.4.2 **Time Range:** The risk of vehicle crime in the local area peaks early to mid-morning and mid-late afternoon – when the hospital is at its busiest (with staff working at the hospital site, patients attending appointments and members of the public visiting patients). Vehicles have been targeted when parked within publicly accessible car parks or on surrounding streets.
- 2.4.3 Patients, visitors and staff often park their vehicles on streets within the vicinity of hospital sites, where they cannot be directly overlooked by their owners and where offenders know that they will be left unattended for long periods, leaving them potentially vulnerable.

2.5 General Risk Factors

- 2.5.1 The typical security risks for a development of this nature are:
- Burglary
 - Safety of medical records and drugs
 - Theft of personal belongings (patients and staff)
 - Criminal damage to property
 - Unauthorised access to private space/restricted areas
 - Robbery and attacks on staff, patients and members of the public
 - Arson
 - Bicycle theft
 - Loitering groups
 - Theft of/from parked cars
 - Acts of criminal damage during the construction period.

2.6 Crime Summary

2.6.1 Having looked at the crime data for the site and the surrounding area, the most frequent M.O's (modus operandi) used by offenders when targeting Greater Manchester healthcare facilities are listed below, along with suggested measures to reduce the risk of them being utilised at the proposed development:

- **Greater Manchester Healthcare Facilities:** In the majority of cases, the means of entry is unknown/legitimate. This is likely to be where offenders have gained access posing as legitimate patients/visitors, before targeting insecure doors or using force to open internal doors to restricted areas without being noticed.

Possible solution – An access control system (see Section 4.1) should be employed to dissuade members of the public from entering sensitive areas or areas where any patient or staff belongings are vulnerable. All doors separating public, communal and staff-only areas should benefit from good levels of surveillance and CCTV coverage (see Section 4.8).

- **Greater Manchester Healthcare Facilities:** Offenders have targeted doors and windows to gain unauthorised access – either by smashing glazing, prising them open with bodily pressure/implements or targeting them when left insecure.

Possible Solution – All ground floor/easily accessible windows should be certified to recognised security standards (see Section 4.2), with key operated locks and opening restrictors. Although the location of doors should be considered (ideally placed where they can be readily observed, so that potential criminals would be more easily detected), it is inevitable that some will be located where they will benefit from lower levels of natural surveillance. All external doors should be certified to recognised security standards (see Section 4.1), which are independently proven to reduce the risk of forced entry and thus increase the chances of detection. Security-certified windows and doors are the best long-term measure to address this risk and can be obtained to suit virtually all operational requirements. All accessible glazing should also include a laminated pane, which forms a much more robust barrier against shattering and penetration (see Section 4.3). Where possible, the size of any glazed elements within/directly adjacent to doors should be reduced and set well away from locking points. Good use of perimeter boundaries (see Section 4.5), lighting (see Section 4.7) and CCTV (see Section 4.8) can also deter criminals by preventing access to vulnerable areas and increasing the chances of them being seen by security personnel, staff or patients/visitors.

- **Local Vehicle Crime:** Vehicles have been targeted for theft from, theft of & criminal damage when parked within publicly accessible car parks or on-street

Possible Solution – Formal entrances to car parks should be limited in number so that the number of potential access/escape routes for offenders to utilise are restricted. Boundary definitions should deter casual movement across the site and between vehicles, but should not impede views. It is recommended that there are distinct pedestrian routes (e.g. defined by coloured tarmac, difference in surface texture etc.) through car parks to minimise the potential for accidental or malicious contact with vehicles. Ideally, surveillance of car parks should be provided through the installation of monitored CCTV, by patrols from car park management staff or by passing pedestrians on busier streets. There should be sufficient lighting to allow good levels of natural surveillance across the whole site, with no dark areas or obstacles that would impede views.

3 Layout Appraisal

3.1 Proposed Development

- 3.1.1 The proposal is to erect a 3 storey extension to the existing MEU Langley Building to provide new inpatient ward accommodation and welfare facilities, offices spaces, lab spaces, CT scanning suite, cleanroom aseptic pharmacy suite, seminar and meeting rooms. The Medicines Evaluation Unit (MEU) is one of the UK's leading contract research organisations. Possessing extensive pharmaceutical, scientific and clinical expertise, allied with fast volunteer recruitment, both healthy and patient, within a state-of-the-art hospital based research facility, enables the MEU to offer clients positive clinical trial solutions.
- 3.1.2 The proposed extension will be located to the east of the exiting building, on the site of the existing gravel car park. The existing visitor parking area along the frontage of the existing building will be extended along the frontage and the eastern side of the proposed extension, with the existing barriered access/egress point onto Southmoor Road widened. The existing staff parking area to the rear of the building will also be extended to the rear of the extension, with the security fencing extended and the automatic gates to the west side of the existing building altered to form separate vehicular access and egress gates.
- 3.1.3 The extension itself will form a new entrance to the building, with a new entrance lobby and staffed reception desk. The ground floor of the extension will also house a volunteer lounge, a large patient ward and facilities, a CT scanning suite and an open plan office. The first floor will house a waiting lounge, research laboratories, clinical rooms and open plan offices and the second floor will include another waiting lounge (with small roof terrace), overnight monitoring rooms, meeting rooms, a lecture/seminar room, open plan offices and a plant room.

3.2 Positive Aspects of the Proposal

The following proposed features would make a positive contribution to the prevention of crime and fear of crime.

- 3.2.1 The site lies within the existing Wythenshawe Hospital complex, which benefits from existing security protocols.
- 3.2.2 The proposed development will bring additional activity, overlooking and surveillance to the hospital site at all times of the day and into the evening.
- 3.2.3 The main entrance to the building will be in a prominent position, where it can be clearly seen from the street and across the wider hospital estate. There will be a staffed reception area within the entrance lobby to manage/control access and to provide formal surveillance over all access to/egress from the building via the external entrance.
- 3.2.4 The design of the external facades of the extension have been kept simple, with no deep recesses or hidden doors/windows – where they would be vulnerable to attack unseen.
- 3.2.5 Visitor parking areas will be across the frontage/eastern side of the building, where they will be mostly overlooked from within the building itself and benefit from good levels of passive surveillance from Southmoor Road and the wider hospital estate.
- 3.2.6 The building will be staffed on a 24 hour basis, with all access to potentially vulnerable areas/floors controlled to prevent unauthorised access.
- 3.2.7 The proposed development provides the opportunity to include security features built into the design and construction of the building, avoiding the need for obtrusive retro-fitted security measures that can increase the fear of crime. Security measures and design features carefully incorporated into the design can ensure the developments are reasonably secure, without visibly announcing that the design was concerned about crime.

3.3 Points for Further Consideration

The following points have been identified for further consideration and would need to be addressed for Design for Security to support the proposed scheme.

- 3.3.1 The access control strategy used throughout the proposed extension will be fundamental to the security of the scheme. All public access should be via the main external entrance (or the internal link to the existing building) – where reception staff can overlook, greet and direct all patients/visitor access and egress to/from the building. The design of the reception desk itself is important in ensuring the safety and confidence of staff. High, wide reception desks increase the distance between staff and potentially aggressive patients/visitors, thereby providing some defence. There should also be a secure room behind reception for staff to retreat into in the event of an incident. Out-of-hours, when the reception desk is unlikely to be staffed, the external entrance doors should be secured and operated by staff key-fob or via access controls linked to staff bases or a security office, ensuring only visitors that have been vetted are allowed access to the building. In terms of the internal spaces within the extension, it should not be possible for members of the public to roam freely into the wards, labs or offices on each floor. The internal doors off the main stair/lift core at ground, first and second floor (as well as doors into patient wards and scanning suites) should be secured and operated by staff key-fob or via access controls linked to individual reception desks or staff bases, ensuring patients and visitors can be vetted by staff before being allowed access. Staff-only spaces and vulnerable areas (such as drug stores, record rooms etc.) should be fitted with auditable, staff-only, access controls and all other individual rooms, offices/meeting rooms, stores etc. should be capable of being secured when unoccupied (see Section 4.1 for more information).
- 3.3.2 The staff car park to the rear of the building should be securely enclosed with 2400mm high rigid-panel, welded-wire mesh fencing returned to the north-east corner of the proposed extension. The vehicular gates to the west of the existing building should be automatic and operated on access and egress by staff key-fob, in order to prevent unauthorised access (see Section 4.1/4.5 for more information). Any external plant (such as generators or sub-stations) or refuse areas should also be securely enclosed.
- 3.3.3 It is high recommended that the physical security measures listed below are incorporated into the scheme. Integrated, risk-commensurate security measures aim to place secure physical barriers or surveillance in the path of the criminal – making crime harder to commit and raising the risk of detection and possible capture, as well as promoting a feeling of safety in patients, visitors and staff.

4 Physical Security

The following checklist forms the physical security requirements for this scheme to be Secured by Design (SBD) compliant.

4.1 Doors & Access Controls

- ☐ All new external doors should be compliant with and certified to BS PAS 24, STS 202 or LPS 1175 SR2. It is crucial that the door ironmongery to any external escape-only doors is permitted under the security certification of the product. Any escape-only doors should be alarmed (audible upon opening) and designed without visible external ironmongery, with signage to deter casual use.
- ☐ The main entrance to the building should be security-certified to one of the above standards, with an electronic multi-point lock permitted under the certification of the product, capable of being operated remotely from the reception desk or from staff bases or a security office within the building, so that it can be secured out-of-hours/when required.
- ☐ The internal doors off the main stair/lift core at each level should be secured with self-closing/locking, solid-core doorsets (minimum 44mm thick) with electronic locks operated by staff key-fob/card or via audio/video access controls linked to the staff bases or individual receptions, ensuring patients and visitors can be vetted by staff before being allowed access remotely or are met/escorted by staff. Doors to patient wards and scanning suites should be secured and operate in the same way. Doors into staff-only offices and laboratories should be secured in the same way, but operate only via staff key-fob/card.
- ☐ Internal doors to individual consultation/treatment rooms, meeting/lecture rooms, stores, plant rooms etc. should be solid-core with 3 hinges and a 5 lever mortice deadlock or similar, so that they can be secured when unoccupied. Patient consultation/treatment rooms should be fitted with a courtesy lock for patient privacy where required, with external override in case of emergency. It should not be possible for patients to lock/barricade themselves inside any rooms within the building. Any drug stores, record rooms or other vulnerable areas should be fitted with security-certified doorsets (e.g. to BS PAS 24) and auditable access controls.
- ☐ The doors into the emergency-only escape core at each level should also be solid-core (minimum 44mm thick) and fitted with electromagnetic locks connected to the fire alarm, so that if members of the public access the core, the only means of egress is externally at ground level. If staff access to/from any such cores is required, it should be controlled via staff key-fob/card.
- ☐ Access control systems should be operable by staff swipe card or proximity reader/fob and not numeric key pads, which can be easily observed or shared and are rarely changed. The following gates/doors should operate on access control:
 - The main entrance to the extension out-of-hours/if the reception desk is not staffed at any time (operated by staff key-fob/card or via video access control system linked to staff bases or a security office).
 - The internal doors off the main stair/lift core at each level and doors into patient wards and scanning suites (operated by staff key-fob/card or via audio/video access controls linked to the staff bases or individual receptions).
 - Doors into staff-only offices and laboratories (operated by staff key-fob/card only).
 - Doors into vulnerable areas, such as drug stores, record rooms etc. (operated by staff key-fob/card only).
 - Doors into escape-only staircore (operated by staff key-fob/card only).
 - The vehicular access and egress gates and the self-closing/locking pedestrian gates to the staff car park (operated by staff key-fob/card only).

The electric locking system to be used throughout the building should ideally be fully auditable (i.e. allows the retention of data, such as who accessed where and when), to allow for a better investigation into any incidents. Staff key-fobs/cards should be capable of being quickly activated or disabled when required, to ensure they are not mis-used. Staff should only be allowed access to areas required for their work. Keys/passes should only be carried if required for duties and should be accounted for at all times.

4.2 Windows

- ☐ All new windows, where possible, should be certificated to BS PAS 24. All other window designs/dimensions should take account of the requirements of the above standards, as certified products can carry dimensional restrictions.
- ☐ Any new curtain walling panels should include laminated glazing and should be securely fixed.
- ☐ All new ground floor/potentially accessible opening lights (escape requirements permitting) should be lockable and have fixed/lockable opening restrictors (not releasable from the outside) limited to 100mm.

4.3 Glazing & Building Fabric

- ☐ All new ground floor/potentially accessible glazing must incorporate an internal pane of glass with a 1.5mm PVB interlayer (e.g. 7.5mm laminated glass), or a glass rated as P4A under EN 356. The remaining external pane in a double glazed unit may be toughened glass.
- ☐ There should be a block work wall (or material of similar strength e.g. welded-steel mesh) behind any cladding to the extension, to a minimum height of 2000mm from ground level, to ensure that the fabric of the building itself is not vulnerable to attack.
- ☐ There should be no features of the proposed extension (such as louvered features that could be used as a ladder, projecting window frames/cills or brickwork features, low canopies, exposed rainwater down pipes etc.) or nearby hard/soft landscaping features (such as nearby boundaries, trees, lighting columns, handrails etc.) that may provide climbing aids up to upper floor windows.
- ☐ The frontages of the building immediately adjacent to vehicular routes/parking areas should be protected by anti-ram bollards (at 1200mm centres) or similar hard/soft landscaping features to protect them from vehicle damage.

4.4 Alarms

- ☐ Although it is recognised that the building will be operational 24/7, making a building wide intruder alarm system somewhat redundant, it is highly recommended that the following areas are alarmed (linked to door contacts and PIR sensors) and monitored by hospital estate security team:
 - Any individual areas that need to be secured out-of-hours/at night, while the rest of the building remains operational.
 - Any emergency egress only doors.
 - Personal attack/panic alarms based at staff bases and within consultation/treatment rooms – indicating that staff assistance is required.

4.5 Boundaries

- ☐ The staff parking area to the rear of the building should be enclosed with rigid-panel, welded-wire mesh fencing and pedestrian/vehicular gates to a minimum height of 2400mm (please see <https://www.securedbydesign.com/member-companies/accredited-product-search> for a list of Police approved perimeter security suppliers).
- ☐ The vehicular access and egress gates to the staff car park should be operated using a staff key fob/proximity reader system with no automatic egress (i.e. access control both 'in' and 'out') so that criminals cannot gain access, attack the vehicles and escape. The pedestrian gate should be self-closing/locking and should be operated in the same way.
- ☐ Care should be taken to ensure that panels are fixed securely to the posts (preventing tampering/removal) and that any level changes do not inadvertently facilitate climbing or leave large gaps underneath the panels/gates. There should be no centrally located horizontal bars to aid climbing and the gates should be located away from other climbing aids, such as low walls, street lights, trees etc. Exposed hinges and large sliding bolt apertures/locking points should be avoided, or fitted with shrouding/protective plates (see opposite) to avoid the creation of footholds. The gap at the bottom of any gates should be small enough to stop anyone crawling through.



-
- ☐ Any external plant/bin stores should be secure, fire-resistant, 2100mm high enclosures with lockable gates. A strategy should be defined to ensure waste disposal and collection or servicing activities can take place without leaving any such enclosures insecure for long periods of time.
 - ☐ Visitor parking areas should be defined by low-level, steel knee-rails along Southmoor Road, with entrances fitted with automatic vehicle arm barriers as they are at present.
 - ☐ The site boundary treatments should ideally be positioned on hard standing ground. Where this is not possible, ground conditions should be reviewed as extra measures may be required to create a secure boundary. Care should also be taken to ensure there are no trees or any other hard/soft landscaping features immediately adjacent and on the publicly accessible side of any secure boundaries that could be used as a climbing aid to scale the fencing. Any such features should be pruned or removed where possible. Any low boundaries that adjoin high boundaries should have transition panels/sections to prevent the low boundary being used as a climbing aid over the higher.

4.6 Parking Areas

- ☐ Lighting to all visitor and staff parking areas should be in accordance with BS 5489, with an average lux level 20 and a uniformity level of no less than 25%.
- ☐ Bays and directional markings should be clearly demarcated to avoid confusion or conflict, with pedestrian routes/directions clearly signed. Where feasible, a one-way system should be implemented to reduce the likelihood of collisions and conflict. Any vegetation in/around the car parks must not impede sight lines or create hidden areas that criminals could exploit (see Section 4.9).
- ☐ Cycle parking areas should be located where they can be overlooked from routinely occupied rooms and should include 'Sheffield' stands, which both wheels and the crossbar can be locked to rather than just the crossbar (wheel slots and butterfly racks are not suitable). For further information, please refer to our cycle storage guidance document: [Downloads – Design For Security](#).
- ☐ If any new parking machines are to be provided, they should be located so as to maximize surveillance over them and not in recesses or secluded areas where they cannot easily be monitored or where a potential offender could conceal themselves nearby. They should be emptied frequently (at least daily), alarmed, protected by anti-ram bollards or similar hard landscaping features if provided externally and covered by CCTV. Non-cash payment and pre-payment methods should be encouraged. Consideration should be given to the provision of help points, to allow users to contact staff when in need of assistance.

4.7 Lighting

- ☐ External lighting must be provided to any vehicular/pedestrian routes surrounding the building, in accordance with BS 5489.
- ☐ External lighting must also be provided to any external doors, operated by photoelectric cell/daylight sensor.
- ☐ Fittings should produce 'white' light, as opposed to yellow/orange light. LED or bulbs with a comparable output should be used, as these offer superior colour rendition over alternatives such as high and low pressure sodium bulbs.
- ☐ Lighting fixtures must not be positioned to provide climbing aids over boundary treatments or up to upper floor windows. Electrical and architectural layouts should be developed together to avoid this.

4.8 CCTV

Any CCTV system that may be used within this proposal will require certain specifications and intelligent placement of cameras to compliment the design of the development. Designers should consider the following points when planning a CCTV strategy:

- ☐ CCTV systems (and lighting that support them) require regular cleaning and maintenance to remain effective.
- ☐ Where necessary cameras that are vulnerable to damage should be protected from attack either by relocation to a higher level and using a bigger lens to achieve the view required or through the fitting of a vandal resistant housing.

- ☐ With regards to the retention of footage, the police prefer quality over quantity. The overall retention period should be dictated by the system is designed to achieve, though it would be better to have good quality images over a 14-day period than poor ones over a 30-day period.

- ☐ Procedures for recovery of recordings are recommended to be established (e.g. trained staff / the CCTV system instruction manual to be readily available). This is to ensure that the images produced will be of an *acceptable standard* that will allow for *identification* of an individual which will stand up to scrutiny in court.

Acceptable Standard - this generally requires a resolution of 720x576 pixels at a real time frame rate of 25 frames per second. (N.B. Both the camera and DVR must be capable of this – if the camera will only send low resolution images then it does not matter how high the resolution of the recording unit is).

Identification – One of three levels of field of view. To identify an individual, the image must capture no less than 120% of the field of view (at least from the top of the individuals head to their knees). The remaining two levels of field of view are *overview* and *recognition*, which whilst effective for observational purposes, are less likely to result in the identification of a person/offender.

- ☐ The intelligent placement of cameras helps to provide clear facial identification of individuals. Suitable locations would be: *all new parking areas/ticket machines, the main entrance and lobby to the building and all external/internal circulation spaces and waiting areas.*

4.9 Landscaping

- ☐ Any new vegetation surrounding the extension/parking areas should not exceed 1000mm in height and any tree canopies should fall no lower than 2000mm from the ground. This is in order to allow people to see their surroundings better and eliminate hiding places. A maintenance agreement should stipulate that these planting dimensions would be adhered to.
- ☐ Loose surface materials in the publicly accessible areas of the scheme should be avoided. Small fragments of ground covering can be used as missiles against people, premises and parked vehicles (both to gain entry and to commit criminal damage).
- ☐ Planting must be avoided that will aid climbing over boundary treatments. The security of fences can be compromised if trees or street furniture are placed close by.

4.10 Other

- ☐ Any waiting areas should be designed to prevent and deter feelings of frustration and aggression from escalating into serious crime and disorder incidents. Waiting areas should be open to surveillance and should be well-lit, to achieve a balance between safety, security and patient comfort. Consideration should be given to the interior design and colour scheme, as people's behaviour can be directly affected by their surroundings (e.g. colours such as pale blue or green are considered to have a calming effect). Other features such as effective communication systems (e.g. for waiting times, procedures for patients etc.), ample positive distractions (such as free Wi-Fi, TVs, newspapers/magazines etc.) and refreshments can all have a positive impact on reducing the number and intensity of incidents.
- ☐ The layout of any consultation/treatment rooms should omit obstacles between the doctor/nurse and the door and panic alarms (connected to the reception or a security office) should be located so that they are easily reachable.
- ☐ Adequate signage should be deployed in all areas not only to direct people throughout the building, but also to deter unauthorised access to staff-only/back-of-house areas or to patient-only areas.
- ☐ Public toilets can give rise to crime and anti-social behaviour issues and the following issues should be considered:
 - Avoid areas where items such as drug paraphernalia can be hidden (e.g. suspended ceilings). Fittings should be flush to avoid tampering and concealed cisterns, pipe work, etc. should be used. Services where possible should be accessed from outside the facility.
 - Graffiti and vandal resistant materials, such as stainless steel, laminates and plastics should be considered.
 - Consider hanging cubicle doors as outward opening. This will aid gaining access to collapsed persons. Opaque panels can be used to great effect to ensure no persons are collapsed inside,

whilst preserving privacy. This measure discourages drug taking and facilitates staff checks. An alternative measure is to reduce toilet doors in size by a minimum of 20 centimetres from the floor and to reduce the top height.

- Consider the safety of vending machines. Cash boxes can be tampered with, consider fitting them with alarms.
- Provide 'Chelsea Clip'/karibina style hooks on the back of cubicle doors or partitions for bags and coats.
- Consider setting out a rota and putting notices in toilet facilities that make users aware that regular checks will be carried out. A built in visited/checked chart should be provided.

5 Management & Maintenance

- 5.1.1 A comprehensive security regime for the management of the building must be prepared and remain in place for the day-to-day running of the building. There should be regular reviews/exercises to ensure that it remains accurate, workable and up-to-date. All staff should understand and accept the need for security measures and it should be made easy for people to raise concerns or report observations.
- 5.1.2 An operating/maintenance plan should also be prepared, focussing on issues such as:
- Repairing damaged external and internal fittings, particularly security features e.g. any boundary treatments, lighting, access controls, CCTV cameras, alarm system etc;
 - Cleaning and prompt removal of graffiti, litter etc; and
 - Trimming and pruning to shrubs and trees.
- 5.1.3 Any high value equipment (e.g. computers/TVs, music equipment, tools etc.) should be property marked and securely fixed or stored to deter damage/theft. An accurate record should be maintained which logs all such items.
- 5.1.4 Refuse collection arrangements should not require bins to be left accessible for extended periods. Servicing activities should also not require any service doors to remain open and unattended for prolonged periods.

6 Construction

- 6.1.1 Untidy sites and their surroundings can be littered with debris accessible to vandals who often use loose materials as missiles to commit crime. The client should take measures appropriate to secure their site during construction, and control pedestrian and vehicular access in to and out of the site curtilage. It is also recommended that the contractor on this scheme is a member of the 'Considerate Constructors Scheme', who has committed to be a considerate and good neighbour, as well as clean, respectful, safe, environmentally conscious, responsible and accountable.
- 6.1.2 Site security contractors should be SIA (Security Industry Authority) approved to ensure professional standards are adhered to (please see <http://www.sia.homeoffice.gov.uk/pages/acs-intro.aspx> for more details).

7 Useful References

7.1 Secured by Design (SBD)

- 7.1.1 Secured by Design focuses on crime prevention at the design, layout and construction stages of homes and commercial 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 With	Summary of Contact
10 th November 2023	MHA Architects	Receipt of CIS instruction form & plans
14 th November 2023	MHA Architects	Quote issued
14 th November 2023	MHA Architects	Confirmation of instruction/fee
16 th November 2023	GMP Finance Dept	Confirmation of payment
16 th November 2023	MHA Architects	Email correspondence re: report
29 th to 30 th November 2023	MHA Architects	Email correspondence re: update/timescales

B Associated Documents

This report is based on the following drawings and supplementary information submitted by the applicant.

Drawing No.	Drawing Title	Date	Rev
1ME06-MHA-SA-ZZ-DR-A-01-001- S0-P3	Location Plan	25/10/23	P3
1ME06-MHA-SA-ZZ-DR-A-01-003- S0-P5	Proposed Site Plan	07/11/23	P5
1ME06-MHA-B1-00-DR-A-SK-200-S0-P3	Ground Floor Plan	25/10/23	P3
1ME06-MHA-B1-01-DR-A-SK-201- S0-P3	First Floor Plan	25/10/23	P3
1ME06-MHA-B1-02-DR-A-SK-202- S0-P3	Second Floor Plan	25/10/23	P3
1ME06-MHA-B1-ZZ-DR-A-SK-301- S0-P2	Proposed Elevation 1 of 2_Coloured	25/10/23	P2
1ME06-MHA-B1-ZZ-DR-A-SK-302- S0-P3	Proposed Elevation 2 of 2_Coloured	25/10/23	P3
1ME06-MHA-B1-ZZ-DR-A-SK-301- S0-P2	Proposed Elevation 1 of 2_Coloured	25/10/23	P2
1ME06-MHA-B1-ZZ-DR-A-SK-302- S0-P3	Proposed Elevation 2 of 2_Coloured	25/10/23	P2
1ME06	Crime Impact Statement – Supporting document	-	-

PLEASE NOTE - In the event of any subsequent material changes to the scheme, it will be necessary for Design for Security to reassess the comments made within this report.

C CIS Version History

Version	Revisions Made	Date
A		

D Glossary

Burglary Resistance Standards

BS PAS 24

General security performance requirements for door/window assemblies.

An attack test standard for doorsets and windows. This is the minimum police requirement for Secured by Design dwellings, and is also applicable to French/double doors, and sliding doors.

BS EN 1627 (Security Ratings RC1 to RC6)

Windows, doors, shutters - Burglar resistance Requirements and classification

The classification system used in BS EN 1627 is aimed at the commercial market and is based on five elements:

- a) Resistance of glazing*
- b) Performance of hardware*
- c) Resistance to static loading*
- d) Resistance to dynamic loading*
- e) Burglary resistance by manual intervention*

LPS 1175 (Security Ratings 1 to 6)

Specification for testing and classifying the burglary resistance of building components

This includes doors, shutters, garage doors and grilles typically for commercial premises and higher risk domestic premises and is acceptable to the ABI and the Police. The standard has 6 levels, 6 being the highest, with levels 1 and 2 equivalent in many respects to BS PAS 24 and BS 7950.

STS 201

Enhanced security requirements for doorsets and door assemblies for dwellings to satisfy the requirements of PAS 24

STS 202

Requirements for burglary resistance of construction products including hinged, pivoted, folding or sliding doorsets, windows, curtain walling, security grilles, garage doors and shutters.

This specifies a broadly similar range of attack tools and times to those specified at the lower levels of LPS 1175.

BS EN 356 (Ratings P1A to P8A)

Glass in building. Security glazing. Testing and classification of resistance against manual attack.

A performance standard for manual attacks on glazing. P2A is comparable to the performance of a 6.8mm laminated glass, and P4A to that of a 9.5mm laminated glass.

Commonly Used Acronyms

CIT

Cash in transit (refers to vehicles, personnel and routines).

CPTED

Crime Prevention Through Environmental Design

CRS

Crime Reduction Specialist. Sometimes known as CPO (Crime Prevention Officer)

INPT

Integrated Neighbourhood Policing Team.

PVB/PolyVinyl Butyral (Glazing interlayer)

A commonly used interlayer used in the production of laminated glass.

LPCB (Loss Prevention Certification Board)

A brand of the BRE Global (Building Research Establishment) family. The LPCB work with insurers, Government, police, designers, manufacturers, contractors and end users to develop methods of assessing performance and reliability of security products to ensure their fitness for purpose.

UKAS (United Kingdom Accreditation Service)

The sole national accreditation body recognised by government to assess, against internationally agreed standards, organisations that provide certification, testing, inspections and calibration services.

Useful Websites

Design for Security

www.designforsecurity.org

Secured by Design

www.securedbydesign.com

RIBA Product Selector

www.ribaproductselector.com

LPCB – Red Book Live

www.redbooklive.com

Crime Reduction (Home Office)

www.crimereduction.homeoffice.gov.uk

DAC (Design Against Crime) Solution Centre

www.designagainstcrime.org

Building for Life

www.buildingforlife.org

CLG (Communities and Local Government)

www.communities.gov.uk