CRIME IMPACT STATEMENT

NATIONAL BREAST IMAGING ACADEMY, NIGHTINGALE CENTRE, WYTHENSHAWE HOSPITAL, SOUTHMOOR ROAD, MANCHESTER

EXTENSION TO NIGHTINGALE CENTRE (368sqm.)

Greater Manchester Police

designforsecurity

For: MFT Trust Estates
Version A: 19/06/2023
Reference: 2019/0988/CIS/02

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CPT
CRIME PREVENTION TEAM

National Breast Imaging Academy, Nightingale Centre, Wythenshawe Hospital, Southmoor Road, Manchester

2019/0988/CIS/02

EXECUTIVE SUMMARY

Design changes not required

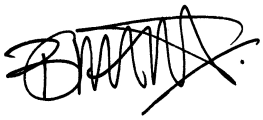
This development has been assessed against the principles of 'Crime Prevention Through Environmental Design' (CPTED), in order to reduce the opportunities for crime and the fear of crime.

The proposed scheme is considered acceptable, as long as the issues discussed in more detail within Section 3.3 of this report and shown on the proposed plans are incorporated, particularly:

- Secure enclose of rear/east side of extension and all plant/quiet garden/bin store areas.
- Control of access into and around the extension, particularly preventing unauthorised access to staff-only areas/rooms.

Given the proposed development is an extension to an existing, non-Secured by Design (SBD) building, it will not be eligible for the full SBD Award. Nevertheless, we are happy to endorse this development if the above issues can be addressed as described within the report and the other SBD-compliant physical security measures are incorporated into the proposed scope of works.

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

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1 Visual Audit

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

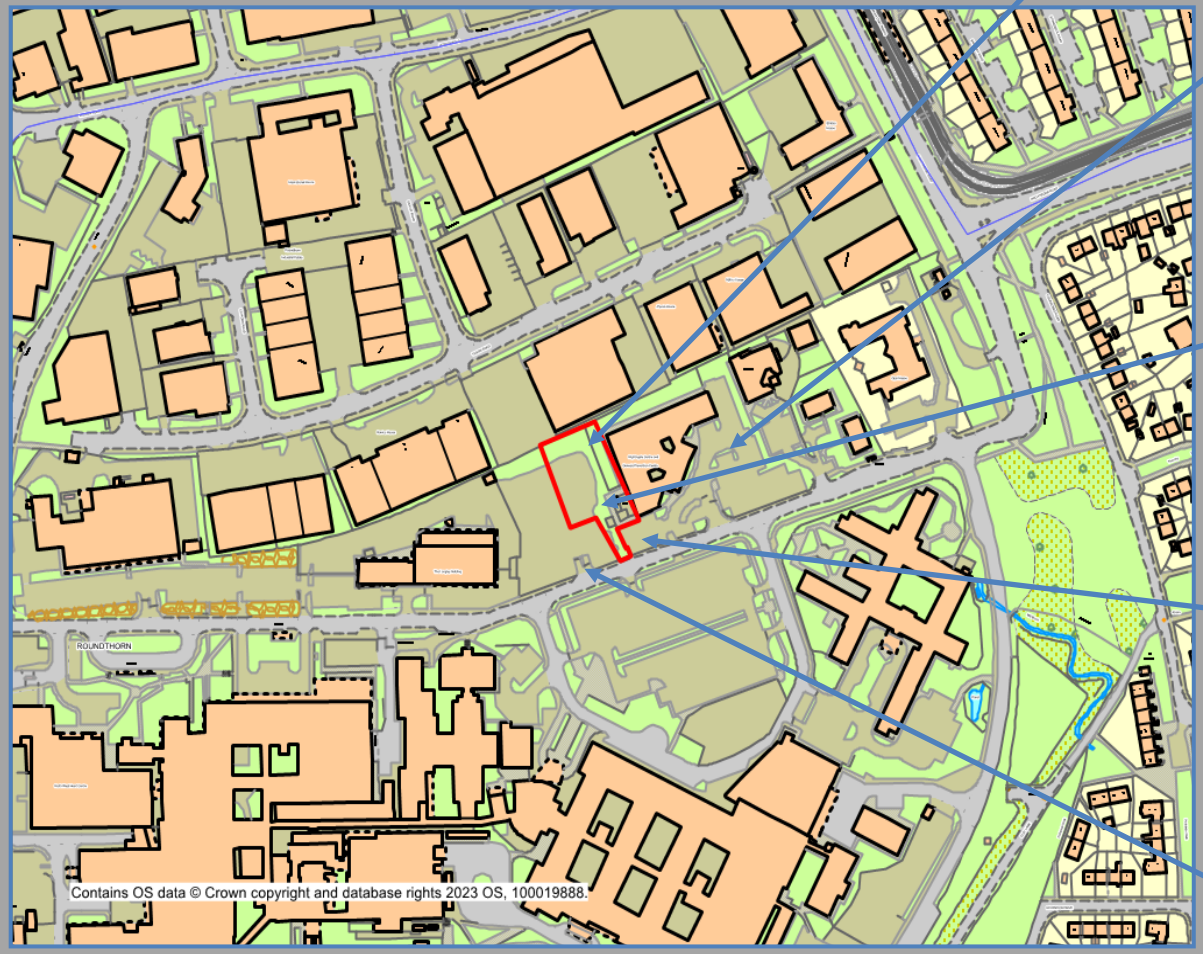
The site of the proposed development is an unsurfaced parking area and an area of scrub vegetation between the Nightingale Breast Screening Centre to the east and the Medicines Evaluation Unit within the Langley Building to the west.

The car park is 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 eastern, northern and western boundaries of the car park are defined by banks with scrub vegetation, railings, welded-wire mesh fencing and timber fencing. 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).

The Nightingale Centre is one of the largest and most prestigious breast centres in the UK and is the lead provider for breast services across Greater Manchester. There are tarmacked parking areas to the south and east of the building, as well as 2 no. plant/refuge stores enclosed with walls and timber fencing to the west of the building.

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.



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2 Crime Statistics & Analysis

2.1 Crime Summary

The data below is based on crimes recorded between 1st June 2022 to 31st May 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
6	6	65	298	30	6	<5	14	8	5

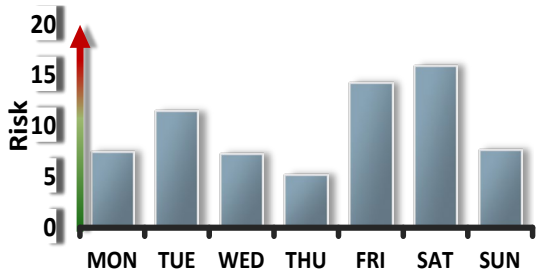
2.1.1 The most prevalent types of crime in the local area are less serious wounding, criminal damage, theft and vehicle crime. The majority of crime in the local area has occurred in/around Wythenshawe Hospital, as well as to the north (around Roundthorn Metrolink stop). Less serious woundings have taken 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.

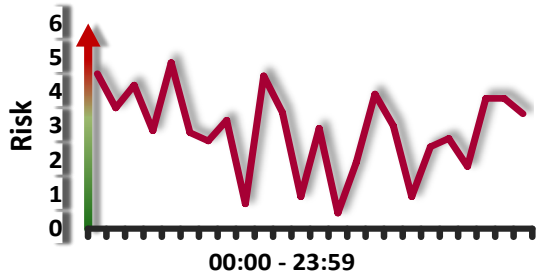
2.2 Non-Domestic Burglary (GM Healthcare Facilities): Risk Analysis

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

GM Healthcare Facilities – Day Range



GM Healthcare Facilities – Time Range



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.

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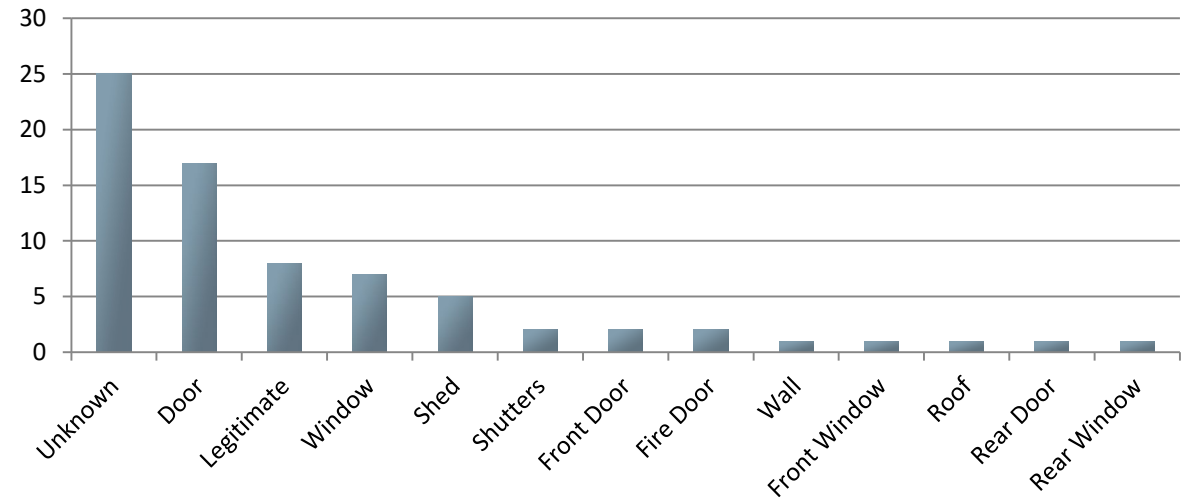
GM Healthcare Facilities – Point of Entry



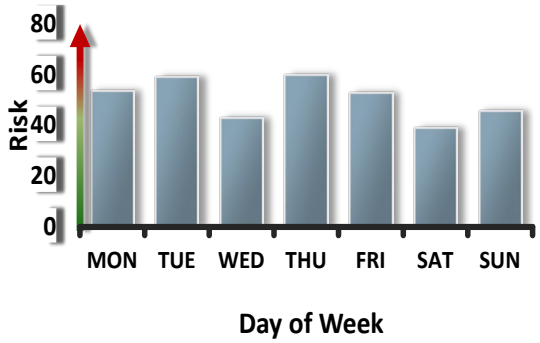
2.2.3 Point of Entry: At Greater Manchester healthcare facilities, the following entry points and MOs have been utilised most frequently:

- 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.

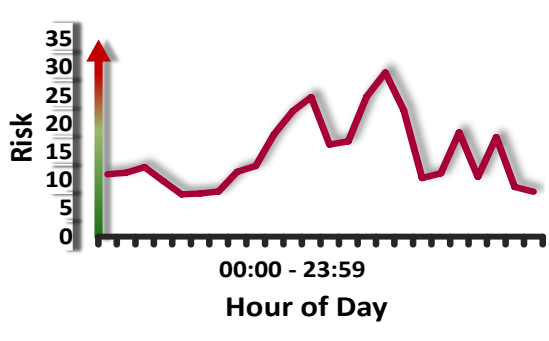
2.3 Theft (GM Healthcare Facilities): Risk Analysis

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

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.

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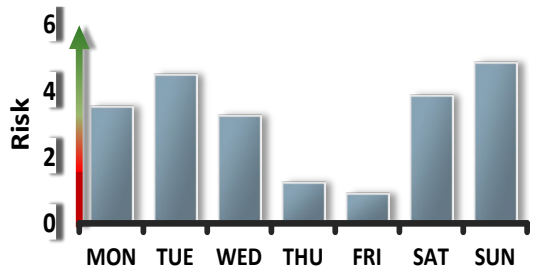
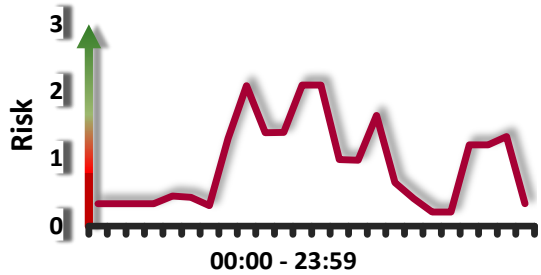
2.4 Local Vehicle Crime: Risk Analysis

The data below relates to vehicle crime committed within 500m of the site.

Local Vehicle Crime – Day Range



Local Vehicle Crime – Time Range



2.4.1 Day Range: The risk of vehicle crime in the local area fluctuates throughout the week, peaking on Tuesday and Sunday and at its lowest on Thursday and Friday.

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.

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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 4.7).

- 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 4.6) and CCTV (see Section 4.7) 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.

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3 Layout Appraisal

3.1 Proposed Development

3.1.1 The proposal is to erect a single-storey extension to the west side of the existing Nightingale Centre.

3.1.2 The extension will house 4 no. consult/exam rooms, 2 no. mammography x-ray rooms and 2 no. ultrasound scan rooms, as well as a sub-waiting area, clean utility room (including some drug storage), dirty utility room, staff reporting hubs, stores and a plant room. The extension will be accessed via a glazed link corridor to the main building, meaning that patients will arrive through the existing Nightingale Centre reception.

3.1.3 There will be an external plant enclosure to the rear of the building and 2100mm high metal fencing and a gate will prevent unauthorised access to the hidden side/rear elevations of the building. Some cycle storage is proposed in front of the glazed link corridor, as well as an enclosure adjacent to the existing building housing a quiet garden space, plant area and bin store.

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 design of the external facades of the building have been kept simple, with no deep recesses or hidden doors/windows – where they would be vulnerable to attack unseen.

3.2.4 Unauthorised access to the hidden areas to the rear (north) and east side of the building will be prevented by 2100mm high fencing and a metal gate.

3.2.5 The building will be staffed at all times when operational, with access to potentially vulnerable areas controlled to prevent unauthorised access.

3.2.6 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. Staff within the existing Nightingale Centre reception should greet, vet and direct patients visiting the clinical accommodation within the extension. All staff-only areas should be fitted with auditable, access controls and all other individual rooms, plant areas/stores etc. should be capable of being secured when unoccupied (see Section 4.1 for more information).

3.3.2 Unauthorised access to the rear plant enclosure and the more hidden sides/rear elevations of the proposed extension (as well as the existing Nightingale Centre) will be prevented by 2100mm high fencing and a lockable gate (see Section 4.6 for more information). Care should be taken to ensure that any changes in ground levels or any nearby trees do not inadvertently form climbing aids over secure boundary treatments. The proposed quiet garden/bin store/plant enclosure in front of the glazed corridor should also be securely enclosed (again, see Section 4.5), without impeding surveillance opportunities of and from the building as much as possible.

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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.

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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.
- ☐ All patient access to the proposed extension should be via the existing main entrance reception of the Nightingale Centre, ensuring visitors can be vetted by staff before being allowed access. The internal doors to the glazed link corridor should be self-closing/locking, solid-core (minimum 44mm thick) and capable of being operated by staff key-fob/card so that they can be secured out-of-hours when required. The external doors to the glazed link corridor should be security-certified to one of the above standards and should also be operated by staff key-fob/card, ensuring that the main entrance reception cannot be circumnavigated.
- ☐ Access control systems should be operable by swipe card or proximity reader/fob, and not numeric key pads which can be easily observed or shared and are rarely changed. The following doors should operate on access control operated by staff key-card/fob:
  - The external and internal doors to the glazed link corridor.
  - Any drug stores, utility rooms or other vulnerable areas.
  - Any staff-only rooms/facilities and back-of-house areas.

  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 or student 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.
- ☐ Internal doors to individual consultation/treatment rooms, IT rooms, stores, plant rooms etc. should be solid-core with 3 hinges and a 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 or other vulnerable areas should be fitted with access-controlled, security-certified doorsets (e.g. to BS PAS 24).

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 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 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.

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- ❑ 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. Any louvres to plant areas should be robustly constructed and fixed, to ensure they cannot be easily removed, and designed to ensure that they cannot be used as a climbing aid. Security-certified louvred doorsets are also available if required (see https://www.securedbydesign.com/member-companies/accredited-product-search for SBD approved suppliers).
- ❑ 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 onto the roof of the single storey structure. As much as possible, the design of the extension should discourage climbing and unauthorised access to the roof (e.g. high, rounded or overhanging eaves). It is obviously preferable for the design of the building to deter such access as much as possible, without the need for the installation of overt anti-climb security measures if problems are experienced.

4.4 Alarms

- ❑ It is highly recommended that the following areas are alarmed (linked to door contacts and PIR sensors) and monitored by the on-site security team:
  - Individual areas that need to be secured out-of-hours/at night.
  - Any emergency egress only doors.
  - Personal attack/panic alarms based at staff bases and within consultation/exam rooms – indicating that staff assistance is required.

4.5 Boundaries

- ❑ The plant enclosure to the rear of the extension and the quiet garden/plant/bin store enclosure to the front of the glazed link corridor should be secure, fire-resistant, 2100mm high enclosures with lockable gates. The rear of the extension should be secured with 2100mm high railings or rigid-panel, welded-wire mesh fencing and a lockable gate to prevent unauthorised access. 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 adjacent low walls, lighting columns, 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.

- ❑ 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.

4.6 Lighting

- ❑ External lighting must be provided to any vehicular/pedestrian routes and service areas 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, metal halide 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.

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4.7 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: the external doors to the glazed link corridor (as well as the adjacent cycle store), the internal entrance to the glazed link corridor and all external/internal circulation spaces and waiting areas.

4.8 Landscaping

- ❑ Any new vegetation in front of the proposed extension 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.

4.9 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.

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- ❑ 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.
- ❑ The proposed cycle store should be well-overlooked from within the building and should include 'Sheffield' style racks, or similar, that allow staff to lock both wheels and the crossbar to a stand, rather than just the crossbar (wheel slots and butterfly racks are not suitable). For further information, please refer to our cycle storage guidance document: www.designforsecurity.org/all-downloads/.

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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/

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A Contact Register

Date	Contact With	Summary of Contact
1st to 2nd June 2023	AFL Architects	Email correspondence re: updating previous CIS
6th June 2023	AFL Architects	Receipt of CIS instruction form & plan
13th June 2023	AFL Architects	Quote issued
13th June 2023	AFL Architects	Instruction to proceed
19th June 2023	AFL Architects	Email sent re: report completion & payment
20th June 2023	GMP Finance Dept	Confirmation of payment

B Associated Documents

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

Drawing No.	Drawing Title	Date	Rev
BIA-AFL-01-00-DR-A-00102	Location Plan	19.05.23	P1
BIA-AFL-01-00-DR-A-00103	Existing Site Plan	19.05.23	P3
BIA-AFL-01-00-DR-A-01100	Existing Layout, Ground Floor Level	19.05.23	P1
BIA-AFL-01-00-DR-A-10101	Demolition Layout, Ground Floor Level	19.05.23	P1
BIA-AFL-01-00-DR-A-20101	Proposed Layout, Ground Floor	19.05.23	P6
BIA-AFL-01-00-DR-A-20201	Proposed Elevations, Ground Floor	19.05.23	P3
BIA-AFL-01-00-DR-A-20202	Proposed Elevations, Ground Floor	19.05.23	P3
BIA-AFL-01-00-DR-A-68101	Proposed Security Strategy, Ground Floor	19.05.23	P3
BIA-AFL-01-00-DR-A-81003	Visual CDM	19.05.23	P1
BIA-AFL-01-00-DR-A-90100	Proposed Site Plan	19.05.23	P4

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	Status	Revisions Made
A		

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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

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