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Security Needs Assessment

Hawthorn Medical Centre, Manchester

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2 Executive Summary

This Security Needs Assessment report provides a comprehensive analysis of the current security posture and potential threats facing the Hawthorn Medical Centre development, located at Moseley Road, Fallowfield, Manchester, M14 6PD, United Kingdom. The assessment was conducted in August 2025, utilising a blend of online site inspections and analysis of historical security data. Our goal is to identify vulnerabilities, assess potential threats, and recommend actionable strategies to enhance the security and safety of the development's staff, property, and assets.

The security of the Hawthorn Medical Centre development is paramount for ensuring the safety and well-being of its staff and the protection of its assets. This report highlights critical liabilities and offers actionable recommendations to mitigate risks. Implementing these recommendations will require a collaborative effort from all stakeholders, including property management, staff, and local law enforcement agencies. We believe that through targeted investments in security infrastructure and personnel, along with a commitment to continuous improvement, the development can achieve a robust security posture that meets the needs of its community.

3 Introduction

Welcome to the Security Needs Assessment report for Hawthorn Medical Centre. A comprehensive examination to identify, assess, and enhance the security measures that protect our community, staff, and assets. Located at Moseley Road, Fallowfield, Manchester, M14 6PD, United Kingdom, the development represents a vital healthcare environment where safety and security are paramount to fostering a quality experience for patients, staff, and visitors alike.

3.1 Background

Moseley Road, situated in the M14 6PD area of Fallowfield, Manchester, lies within a well-established urban neighbourhood that blends residential, educational, and healthcare facilities. The area benefits from strong public transport links and access to local amenities, making it a practical location for community healthcare services such as the proposed Hawthorn Medical Centre. The surrounding context includes a mix of housing, schools, places of worship, and small commercial premises, contributing to a vibrant, diverse local community.

The site is located just off Wilbraham Road, with nearby bus routes including the 111 and 44 providing frequent services to central Manchester, Withington, and surrounding areas. Mauldeth Road and Levenshulme railway stations are within reach, offering rail access across Greater Manchester and beyond. Key amenities nearby include a range of independent shops, pharmacies, cafés, and parks such as Platt Fields Park. The development will serve both immediate residents and the wider population of south Manchester, offering accessible healthcare within a socially active and densely populated area. Moseley Road presents a highly suitable setting for a medical facility, combining urban connectivity with local community infrastructure.

3.2 Purpose

The purpose of this Security Needs Assessment is twofold:

- **To Evaluate the Proposed Design:** We will assess the planned architectural design through detailed plans for the Hawthorn Medical Centre. This analysis will enable us to identify the strengths of the design and pinpoint areas that may require enhancements.
- **To Identify and Mitigate Potential Threats:** Through a detailed analysis of the development's environment and potential vulnerabilities, we aim to identify possible threats that could impact the community. This process involves understanding the nature of potential threats, assessing their likelihood, and devising strategies to mitigate these risks effectively.

3.3 Scope

This assessment covers a wide range of security aspects, including, but not limited to:

- **Physical Security:** Examining the effectiveness of barriers, locks, access control systems, lighting, and surveillance technologies.
- **Emergency Preparedness:** Evaluating the readiness to respond to emergencies and crises, from natural disasters to human-caused incidents.
- **Territoriality:** This can be the actual definition or subconscious assertion that the development belongs, although not formally, to a legitimate user group.
- **Maintenance:** Ensuring an area remains well-maintained in the future will reduce the likelihood of further ASB, loitering and criminality.

3.4 Methodology

Our approach to this assessment is comprehensive and multifaceted, incorporating:

- On-site inspections and physical walkthroughs.
- Consultation attempts with local police, and specifically, Design Out Crime Officers.
- Review of historical security incidents and response effectiveness.
- Comparative analysis with security best practices and standards.

This assessment is cognisant of ISO 22341 concepts with relevant interventions included, whilst also using the principles of Crime Prevention Through Environmental Design (CPTED).

Physical protection elements are designed to achieve, as a minimum, the requirements of Secured by Design. The principles of the SABRE scheme are also considered, so where physical protection elements may be restricted, then adequate and appropriate mitigation is required to provide sufficient levels of protection.

BREEAM requirements necessitate liaison with the local Design Out Crime Officer (DOCO) and/or Counter Terrorism Security Advisor (CTSA) to quantify risk. Please see Appendix D.

3.5 Visual Audit - Site Survey



Figure 01 - Site Survey (Source: Graphite Security Ltd)

3.6 Enhancing Security Through Multilayered Strategies

Perimeter Defence: The initial layer of defence encapsulates the establishment's physical borders. It utilises various mechanisms such as barriers, fences, walls, and controlled access points, including gates, to thwart unauthorised access.

Entry Regulation: A pivotal element in security, entry regulation oversees the admission and departure within the premises. It encompasses technologies like biometric recognition systems, card readers, security checkpoints manned by personnel, and keypads to ensure controlled access to buildings or designated areas.

Surveillance Systems: Continuous monitoring through security cameras and surveillance technology plays a crucial role in overseeing activities, acting as a deterrent, and facilitating investigations post-incident.

Intrusion Detection: These systems are engineered to identify any instances of unauthorised access or breaches in security. They integrate sensors and alarm systems to promptly notify security teams of any intrusion.

Illumination for Security: Proper lighting is vital in deterring potential intruders and enhancing visibility, making well-illuminated areas less susceptible to criminal activities.

Internal Safeguards: This layer includes robust security measures such as reinforced windows, secure doors, safes, and locking mechanisms aimed at protecting specific valuables or zones within the premises.

Security Personnel: The presence of trained professionals, including guards and reception staff, is essential for monitoring access, managing incidents, and upholding security regulations.

Policies and Procedures for Security: The backbone of effective security, these well-crafted guidelines and protocols dictate the execution and management of security practices, including incident response, access regulation, and emergency protocols.

Emergency Response Planning: Preparedness for any emergency, be it a natural disaster, fire, or security violation, is imperative. This encompasses evacuation strategies, fire control systems, and mechanisms for emergency communication.

Visitor Oversight: The meticulous screening and monitoring of guests are crucial, involving sign-in protocols, issuance of visitor badges, and possibly escorted access within protected zones.

Staff Security Awareness: Educating employees on security measures and protocol compliance is a fundamental aspect of a comprehensive security strategy.

Each layer plays an integral role in fortifying the security of an establishment. Organisations must evaluate their unique requirements and risks to tailor these layers effectively. This multilayered approach significantly enhances protection over relying on singular security measures.

3.7 Importance

The security and well-being of our community are of the utmost importance. This Security Needs Assessment is a critical step towards ensuring that the Hawthorn Medical Centre remains a safe and secure environment for everyone. By identifying vulnerabilities and implementing recommended measures, we can safeguard our staff, visitors and protect our assets, and maintain the high standard of care and professionalism that defines the development.

4 BREEAM Requirements - NC V6

“A Suitably Qualified Security Specialist (SQSS) conducts an evidence-based Security Needs Assessment (SNA) during or prior to Concept Design (RIBA Stage 2 or equivalent)”

Graphite Consultancy served as the SQSS for the Security Needs Assessment.

Nasr Haque is recognised as a fully licensed consultant under the Secured by Design programme, as indicated in the [SBD Consultant](#) listing.

The assessment was finalised during RIBA Stage 2.

“The SQSS develops a set of recommendations or solutions during or prior to Concept Design (RIBA Stage 2 or equivalent). These recommendations or solutions aim to ensure that the design of buildings, public and private car parks and public or amenity space are planned, designed and specified to address the issues identified in the preceding SNA”

Please see Section 6 for a detailed list of site-specific security recommendations as outlined by the SQSS.

“A visual audit of the site and surroundings, identifying environmental cues and features pertinent to the security of the proposed development”

BREEAM allows for the visual audit to be conducted through a "review of relevant project information and drawings, as long as the SQSS is content that these are adequate to inform their SNA and related security recommendations".

Consequently, the visual audit was carried out using Google Maps and open-source crime data, including crime statistics available from police.uk.

“Formal consultation with relevant stakeholders, including the local ALO, CPDA & CTSA (as applicable), in order to obtain a summary of crime and disorder issues in the immediate vicinity of the proposed development”

BREEAM requirements necessitate liaison with the local Design Out Crime Officer (DOCO) and/or Counter Terrorism Security Advisor (CTSA) to quantify risk. Please see Appendix D.

“Identify risks specific to the proposed, likely or potential use of the building(s)”

“Identify risks specific to the proposed, likely or potential user groups of the building(s)”

Detailed in the appropriate section of this report.

“Identify any detrimental effects the development may have on the existing community”

The proposed development is not to the detriment of any nearby property, nor are any adjacent premises detrimental to the proposed development site.

“The recommendations or solutions proposed by the SQSS are implemented”

Confirmation is to be provided by the BREEAM Assessor once the project is complete.

5 Security Needs Assessment: Crime Data Analysis for Hawthorn Medical Centre

5.1 Executive Summary

This assessment reviews available crime and community safety information for the Manchester neighbourhood of **Fallowfield** (postcode M14 6PD). Although Greater Manchester Police (GMP) does not currently share detailed, postcode-specific crime data with Police.uk, the analysis draws on alternative open-source intelligence, including Office for National Statistics (ONS) datasets, GMP strategic reports, and local authority publications.

Manchester consistently ranks among the higher-crime metropolitan areas in England and Wales, with Fallowfield exhibiting characteristics—such as high student population, mixed-use developments, and active transport links—that can influence crime opportunity. The assessment considers how these contextual factors may impact security requirements for the Hawthorn Medical Centre, supported by comparative references to similar urban healthcare settings.

5.2 Source of Crime Data

Due to GMP's non-participation in detailed Police.uk data sharing, the primary sources for this assessment are:

- **Office for National Statistics (ONS)** – recorded crime by police force area and local authority boundaries.
- **GMP and Manchester City Council community safety reports** – for trend patterns and local policing priorities.
- **Local authority and planning documents** – for environmental context and demographic profiling.

Where possible, these have been cross-referenced with national averages and similar urban healthcare environments to inform proportionate security recommendations.

5.3 Local Area Context and Its Impact on Crime

The site is within a mixed residential, educational, and commercial environment. This setting influences security considerations in two ways:

- **Antisocial Behaviour & Opportunistic Crime** – High pedestrian activity from residents, students, and visitors, combined with evening periods of reduced natural surveillance, can elevate risks of public nuisance, petty theft, and vandalism.
- **Crime Opportunity Factors** – Quiet periods, particularly during evenings or weekends, and public access to certain perimeter areas may increase vulnerability where lighting, surveillance, or access control is insufficient.

While direct statistical comparison to national rates is limited by the lack of postcode-level data, Fallowfield's socio-economic profile, population churn, and proximity to transport corridors align with urban areas that typically experience above-average rates of antisocial behaviour and property crime.

5.4 Data Analysis Methodology

- **Trend & Profile Analysis** – Using ONS and GMP reports to establish dominant crime categories for the area.
- **Environmental Risk Profiling** – Mapping site context, access points, and local activity generators (schools, retail, student housing) to identify potential vulnerability zones.
- **Comparative Benchmarking** – Reviewing crime trends for similar healthcare sites in metropolitan areas with comparable urban form and demographics.

5.5 Appendices

- **Appendix A** – Extracts from GMP and Manchester City Council community safety reports relevant to the site.
- **Appendix B** – Comparative case studies of urban healthcare security risks in high-footfall areas.

5.6 Conclusion

Even without postcode-level Police.uk data, the available intelligence highlights a need for proportionate, layered security at Hawthorn Medical Centre. The urban, high-footfall setting, combined with mixed-use surroundings, requires a focus on controlling access, deterring antisocial behaviour, and protecting staff, patients, and property. Engagement with local policing teams and community organisations will be essential to ensure ongoing risk monitoring and adaptation.

6 Threat Identification in ‘Hawthorn Medical Centre’

6.1 Overview

The identification of threats is based on environmental assessment, local authority safety reports, and regional crime trend data from ONS and GMP summaries. While GMP does not publish postcode-specific Police.uk statistics, broader intelligence for Manchester and Fallowfield indicates the presence of risks commonly associated with high-density urban areas containing healthcare, residential, and educational uses.

6.2 Key Threats Identified

Violence & Public Order Offences – Crowded public areas and mixed-demographic visitor profiles can create conditions for disputes, assaults, or public disorder, particularly in waiting areas or at the main entrance.

Antisocial Behaviour – Loitering, graffiti, and public nuisance issues may occur in external areas such as car parks, pedestrian approaches, or around cycle stores, especially during evenings.

Street-Based Crimes – Opportunistic theft from persons, vehicle crime, and vandalism can occur in parking areas or at unmonitored access points.

6.3 Contributing Factors

- **High Footfall & Transient Populations** – Student accommodation, transport links, and retail premises generate continuous movement, which can both support natural surveillance and increase crime opportunities.
- **Environmental Design Issues** – Multiple access points, perimeter gaps, or poorly lit external areas may inadvertently reduce security effectiveness.
- **Socio-Economic Factors** – Areas of deprivation within south Manchester contribute to certain crime categories, particularly acquisitive crime and antisocial behaviour.

6.4 Threat Assessment Methodology

A combination of desk-based intelligence review and environmental risk assessment was applied:

- **ONS crime category prevalence** for Manchester.
- **Local authority community safety strategies** for Fallowfield.
- **On-site context mapping** to identify potential offender approach routes and vulnerable spaces.

6.5 Conclusion

While detailed, street-level crime counts are unavailable from Police.uk for M14 6PD, the combination of urban location, high pedestrian flow, and mixed-use surroundings places Hawthorn Medical Centre within a setting where antisocial behaviour, property crime, and occasional public order incidents are credible risks. Security design must prioritise physical access control, perimeter definition, external surveillance, and effective lighting to manage these threats.

6.6 Crime Risk Summary Table

Threat Type	Likelihood (Low / Medium / High)	Potential Impact	Key Contributing Factors	Recommended Mitigation
Violence & Public Order Offences	Medium	Staff/patient safety risk; disruption to operations	High footfall; mixed demographics; public access to waiting/reception areas	CCTV coverage of waiting/reception; staff panic alarms; trained reception staff; zoning public from clinical areas
Antisocial Behaviour	Medium-High	Damage to property; negative perception of safety	Evening activity; student population; nearby public transport stops	Enhanced lighting (BS 5489); CCTV on car parks, cycle stores, and external areas; regular security patrols
Theft from Persons/Property	Medium	Loss of personal or clinic assets; reputational damage	Unmonitored public areas; opportunistic offenders	Access control to staff/clinical areas; secure lockers; signage indicating CCTV presence
Vehicle Crime	Medium	Damage/theft to vehicles; insurance costs	Open parking areas; evening/night use	CCTV coverage of car park; lighting to ILP/CIBSE standards; visible deterrent signage
Vandalism/Graffiti	Medium	Increased maintenance costs; negative perception	Unsheltered walls; lack of surveillance	

7 Security Recommendations for Hawthorn Medical Centre

7.1 Doors

Mandatory Requirement:

All new final entry/exit doors providing access to the building must adhere to one of the following standards to ensure enhanced protection against unauthorised entry:

- LPS 1175 SR2 (B3)
- STS 202 BR2
- LPS 2081 SR B
- BS EN 1627 RC3
- PAS 24:2022

This applies to the main entrance doors on Moseley Road, the staff entrance, ambulance/loading bay access doors, and any external plant/refuse compound access doors.

Reason: These standards are independently tested to resist forced entry attempts, reducing the risk of burglary or unauthorised access.

7.2 Windows

Mandatory Requirement:

All openable windows forming part of the building and located less than 3.5m from ground level, or deemed 'easily accessible' via features such as bin stores, low roofs, or external structures, must meet PAS 24 specification.

Reason: PAS 24 compliance ensures windows have proven resistance against opportunistic attack, protecting vulnerable entry points.

7.3 Glazing Units

Mandatory Requirement:

All glazing units in external doors and ground-floor windows must incorporate at least one pane meeting BS EN 356 P1A to mitigate the risk of deliberate attack.

Reason: Laminated glass to P1A standard delays entry and reduces risk from vandalism or smash-and-grab attacks.

7.4 Access Control and Core Protection

Mandatory Requirement:

The design and installation of the access control system must be undertaken by an NSI or SSAIB-accredited company, compliant with BS EN 60839-11 and aligned with Secured by Design guidance.

Provide electronic access control to:

- All staff-only entrances (staff entrance, ambulance/loading bay doors)
- Doors from public/semi-public areas into clinical and back-of-house corridors
- Doors into Comms Room, plant room, and storage areas
- Internal fire exit re-entry points where re-entry is required

Existing access strategy notes indicate multiple SA (swipe access) points — these should be maintained or enhanced.

Reason: Controlled movement between public and staff-only zones reduces the risk of unauthorised access, theft, and safeguarding incidents.

7.5 Bin Storage

Mandatory Requirement:

External bin store and plant compound must be fully lockable, with solid or paladin fencing at least 1.8m high, keypad or fob entry, and monitored by CCTV.

Lighting should provide 5 lux constant and 30 lux on motion detection, with containers locked/tethered to prevent misuse.

Reason: Securing these areas prevents them being used as concealment points, reduces arson risk, and protects essential plant infrastructure.

7.6 Emergency Egress Doors

Mandatory Requirement:

All manual or electrically operated emergency egress doors must comply with BS EN 179 or BS EN 1125, with electromechanical hold-open devices achieving a minimum 600 kg (6 kN) pull resistance.

Reason: Ensures doors allow safe emergency escape while resisting forced entry from the outside.

7.7 Lighting

Mandatory Requirement:

Review the external and internal lighting scheme to ensure compliance with ILP or CIBSE guidance and compatibility with CCTV.

Pay particular attention to car park, cycle storage, staff entrance, and bin/plant compounds. Lighting should avoid glare or shadowing at entrances.

Reason: Well-designed lighting deters offenders, improves CCTV image quality, and increases feelings of safety for staff and visitors.

7.8 Vehicle Parking Provision

Mandatory Requirement:

Provide lighting to all parking areas in accordance with ILP/CIBSE guidance.

Cycle storage (short-stay 10 spaces; long-stay 12 spaces) must be in secure, well-lit, covered enclosures, with access controlled by fob or key and monitored by CCTV.

Reason: Protecting vehicles and bicycles reduces theft risk and encourages sustainable travel by staff and patients.

7.9 Boundary

Mandatory Requirement

Install a continuous secure perimeter around the entire development site using a minimum 1.8 m high weldmesh fence (or equivalent SBD-compliant fencing). Vehicle and pedestrian access gates should match the fence in height and security standard, be lockable, and integrated with the site's access control system. Secure enclosures for plant, refuse, and cycle stores should be incorporated into the overall boundary line.

Reason: A continuous, secure boundary is the first layer of defence, controlling access to the site, deterring unauthorised entry, and supporting the overall access control strategy.

7.10 Manual Security

Mandatory Requirement:

The reception should provide good visibility over the lobby and waiting area, and be equipped with a staff panic alarm connected to security or emergency response.

Reason: Improves staff capability to monitor public areas and respond quickly to incidents.

7.11 Electronic Security

Mandatory Requirement:

Any CCTV and intruder detection systems must be installed by NSI or SSAIB-accredited contractors. CCTV should comply with BS 62676 Grade 2 and be registered with the ICO where applicable.

CCTV coverage should include:

- Main entrance canopy area
- Staff entrance
- Car parks
- Cycle stores
- Bin/plant compounds
- Ambulance/loading bay

Reason: Accredited installation ensures system reliability, legal compliance, and evidential quality footage to support investigations.

7.12 Conclusion

Adhering to the above measures will enhance Hawthorn Medical Centre's resilience against crime and antisocial behaviour, support staff safety, and protect assets. These requirements and advisories are aligned with BREEAM Hea06 and Secured by Design principles, and should be reviewed with the SQSS if any design changes occur.

Reason: Maintaining compliance with recognised security standards improves operational security and can contribute towards achieving BREEAM credits.

7.13 Medicines & Controlled Substances Storage

Mandatory Requirement:

Areas used for storing medicines, prescription pads, or controlled substances must comply with relevant Home Office security requirements and NHS Estates guidance. Measures should include:

- Doors to drug storage rooms rated to LPS 1175 SR2 or higher, with approved locks.
- No external windows to drug storage rooms where possible; if unavoidable, install PAS 24 windows with BS EN 356 P1A glazing and lockable restrictors.
- Electronic access control to these rooms with full entry logging.
- CCTV coverage of all access points to controlled drug storage areas.

Reason: Medicines and prescription pads are high-value, high-risk items and a known target for theft; robust physical and electronic security mitigates this risk.

7.14 External Areas & Vulnerable Points

Mandatory Requirement:

All external areas containing valuable equipment or providing building services must be incorporated within the secure site perimeter or independently enclosed to equivalent standards. This includes:

- Plant compound, refuse store, and cycle storage within the secure boundary, each fitted with lockable gates and appropriate fencing (minimum 1.8 m weldmesh).
- Secure cycle storage meeting Sold Secure standards, well-lit and monitored by CCTV.
- CCTV coverage of all external doors, vulnerable windows, and compound access points.

Reason: Securing external service and storage areas reduces theft, vandalism, and arson risk, while protecting operational continuity.

7.15 Additional Operational & Staff Safety Measures

Advisory Requirement:

- Clear signage and wayfinding to direct visitors quickly to their destination, reducing loitering.
- Personal attack alarms for lone-working staff, particularly in consultation and treatment rooms.
- Out-of-hours security provisions including an audio/visual intercom at the main entrance with remote release capability.
- Intruder detection system covering all perimeter doors, accessible windows, and internal circulation routes, monitored 24/7 by an accredited alarm receiving centre.

Reason: These measures support the safety and confidence of staff, improve operational efficiency, and maintain a secure environment both during and outside normal operating hours.

8 Security Recommendation - Quick Check List:

Notes for Use:

- **Requirement Type:** Distinguishes between 'Mandatory' and 'Advisory' for prioritisation.
- **Standard/Specification:** Lists the specific standards each security feature should comply with.
- **Key Points:** A brief description or crucial information regarding each security feature's requirements.

This table format allows for quick scanning of the security recommendations, standards to be met, and actionable items, making it a practical tool for clients and stakeholders to refer to throughout the project's planning and implementation phases.

Security Feature	Requirement Type	Standard Specification /	Key Points
Doors	Mandatory	LPS 1175 SR2 (B3); STS 202 BR2; LPS 2081 SR B; BS EN 1627 RC3; PAS 24:2022	All new entry/exit doors must meet one of the specified standards to resist forced entry and unauthorised access. Applies to main entrance, staff entrance, ambulance/loading bay doors, and external plant/refuse compound access.
Windows	Mandatory	PAS 24	All openable windows below 3.5 m from ground level, or easily accessible, must meet PAS 24 specification for enhanced attack resistance.
Glazing Units	Mandatory	BS EN 356 P1A	External doors and ground-floor windows to incorporate at least one pane of P1A laminated glass to delay entry and reduce vulnerability to vandalism.
Access Control & Core Protection	Mandatory	Installed by NSI/SSAIB-accredited company; BS EN 60839-11; aligned with Secured by Design	Electronic access control to all staff-only entrances, doors from public/semi-public to clinical/back-of-house, and secure rooms such as Comms and Plant. Swipe/fob with monitored access.
Bin & Plant Compounds	Mandatory	Fully lockable enclosures; 1.8 m solid or weldmesh fencing; keypad or fob entry; CCTV; lighting at 5 lux constant / 30 lux on motion detection	Secure enclosures to prevent misuse, reduce arson risk, and protect essential plant infrastructure.
Emergency Egress Doors	Mandatory	BS EN 179 or BS EN 1125; electromechanical hold-open devices with 600 kg (6 kN) pull resistance	Safe escape during emergencies while resisting external forced entry.

Lighting	Mandatory	ILP or CIBSE guidance; compatible with CCTV	Even coverage with no glare or deep shadows; focus on car park, cycle stores, staff entrance, and service areas.
Vehicle & Cycle Parking	Mandatory	ILP/CIBSE guidance for lighting; Sold Secure standard for cycle stands; secure covered enclosure with CCTV	Protects vehicles and bicycles; encourages sustainable travel; prevents theft.
Boundary Security	Mandatory	Continuous 1.8 m weldmesh (or equivalent SBD-compliant) fence; lockable vehicle/pedestrian gates matching height and spec	Fully secure site perimeter controlling access, deterring unauthorised entry, and integrating all secure external zones.
Reception & Manual Security	Mandatory	Good visibility over lobby/waiting; staff panic alarm linked to emergency response	Allows active monitoring of public spaces and rapid incident response.
Electronic Security	Mandatory	CCTV and intruder detection by NSI/SSAIB-accredited contractor; BS 62676 Grade 2; ICO registration where applicable	Comprehensive coverage of entrances, car parks, cycle stores, and service yards; system reliability and evidential image quality.
Controlled Public Access & Zoning	Mandatory (Healthcare-specific)	Physical and electronic separation of public/staff-only areas; BS EN 356 P1A glazing for reception; panic alarms for reception staff	Prevents unauthorised movement, protects clinical areas, and safeguards staff and sensitive assets.

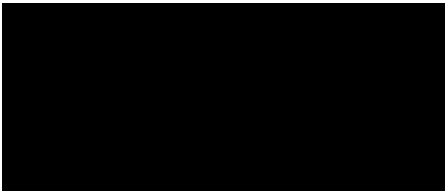
Medicines & Controlled Substances Storage	Mandatory (Healthcare-specific)	LPS 1175 SR2 or higher doors; PAS 24 with BS EN 356 P1A glazing where windows unavoidable; electronic access logging; CCTV coverage	Protects high-value/high-risk items and prescription pads from theft or misuse.
External Areas & Vulnerable Points	Mandatory (Healthcare-specific)	Secure within site perimeter; 1.8 m weldmesh enclosures for plant/refuse/cycle; Solid Secure cycle storage; CCTV	Prevents theft/vandalism of external equipment and supports operational continuity.
Additional Operational & Staff Safety Measures	Advisory (Healthcare-specific)	Clear signage; lone-worker personal alarms; out-of-hours audio/visual intercom; 24/7 monitored intruder detection	Enhances staff safety, operational efficiency, and security during and outside normal working hours.

9 Conclusion

It is concluded that security provision across all areas is proportionate to the risk, with the levels of protection afforded through the physical protection elements. The additional layers of protection already within the security strategy can only serve to reinforce the physical security approach at this particular location.

With the above included, I am able to confirm that credits available under Hea06 should be claimed.

This report has been produced based on all information collated, including but not restricted to site drawing plans and associated documents, site survey, environmental visual audit, and subsequent correspondence. Should any amendment to the design or build specification be necessary, I should be notified in order that this security assessment can be modified as required.



Nasr Haque

10 Appendix A

10.1 Evidencing Security Needs: Crime Statistics and Trends

This section provides a focused visual analysis of crime statistics for the development, using the latest available data from Police.uk. Comparative graphs, charts, and maps illustrate local crime trends, highlighting the most prevalent offence types and their spatial distribution.

These visual outputs form a key evidence base for our security recommendations, ensuring they are supported by robust, locally relevant data. By presenting the crime landscape in an accessible format, stakeholders can clearly understand the contextual risks and apply this insight to the development of proportionate, effective security strategies.

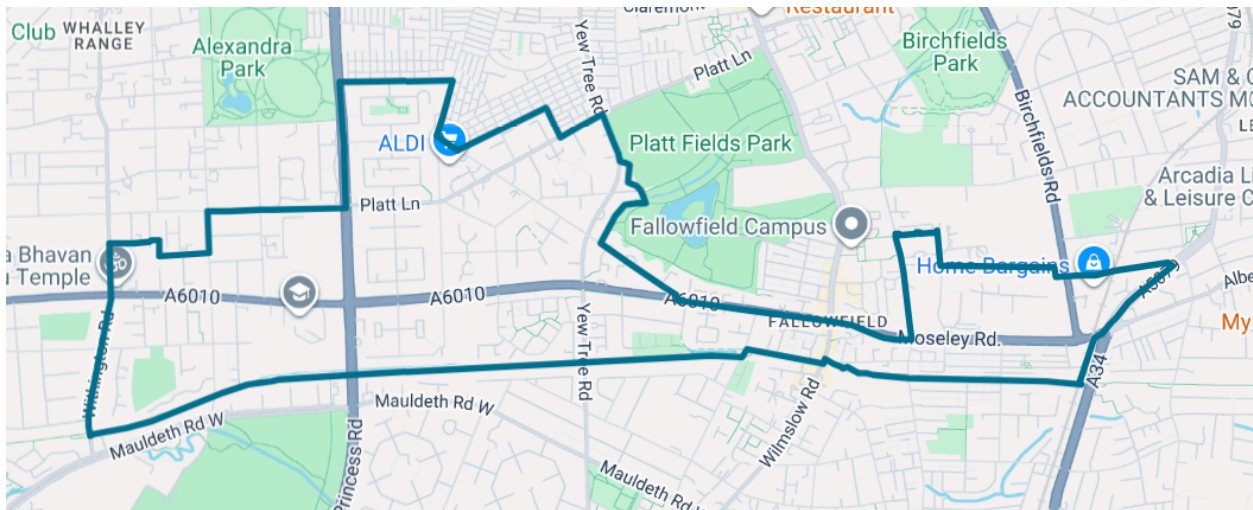


Figure 02 - Fallowfield 'Policing Neighbourhood' (Source: Police.uk)

Appendix 1 – Crime & Contextual Evidence Summary

A1.1 Data Sources

Because Greater Manchester Police does not release detailed postcode-level statistics to Police.uk, this assessment draws on:

- **Office for National Statistics (ONS)** – Recorded crime data for Manchester Local Authority area.
- **Greater Manchester Police Strategic Assessment 2024–2025** – Priority crime types and local policing strategies.
- **Manchester City Council Community Safety Partnership Reports** – Area-specific antisocial behaviour and crime prevention initiatives.
- **ONS Neighbourhood Demographic Profiles** – Population density, transient population characteristics, and socio-economic indicators.
- **Site observation** – Physical security features, environmental factors, and activity patterns.

A1.2 Crime Context – Manchester (Local Authority Level)

(ONS: Year ending March 2024)

- **All crime:** 163.5 crimes per 1,000 population (national average: 89.3).
- **Violence against the person:** 56.8 per 1,000.
- **Public order offences:** 14.2 per 1,000.
- **Criminal damage & arson:** 8.9 per 1,000.
- **Theft offences:** 32.5 per 1,000.

A1.3 Local Risk Indicators (Fallowfield Context)

- **High transient population** due to large student housing stock (University of Manchester vicinity).
- **Mixed-use setting** including residential streets, commercial premises, and public transport hubs.
- **Footfall variation** with busy daytime activity but reduced evening natural surveillance.

- **Nearby bus stops** and pedestrian cut-throughs increasing permeability.

A1.4 Site Layout Risk Factors

- **Multiple access points** (main, staff, ambulance/loading bay) requiring differentiated access control.
- **External compounds** (plant, refuse, cycle stores) located near perimeter and requiring independent security.
- **Open car park areas** potentially vulnerable to vehicle crime and antisocial behaviour without adequate lighting/CCTV.

A1.5 Supporting Plans & Visual Evidence



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- **Proposed Site Plan** – showing boundary lines, access points, and external zones.
 - **Ground Floor Plan** – indicating zoning between public and private spaces.
 - **Access Strategy Plan** – showing door security specifications and access control points.

A1.6 Summary Statement

While precise street-level crime counts are unavailable, all available intelligence points to the need for robust perimeter security, layered access control, and active surveillance. These measures are proportionate to the risk profile of a busy urban medical facility and align with Secured by Design guidance.

11 Appendix B

11.1 Further crime statistics

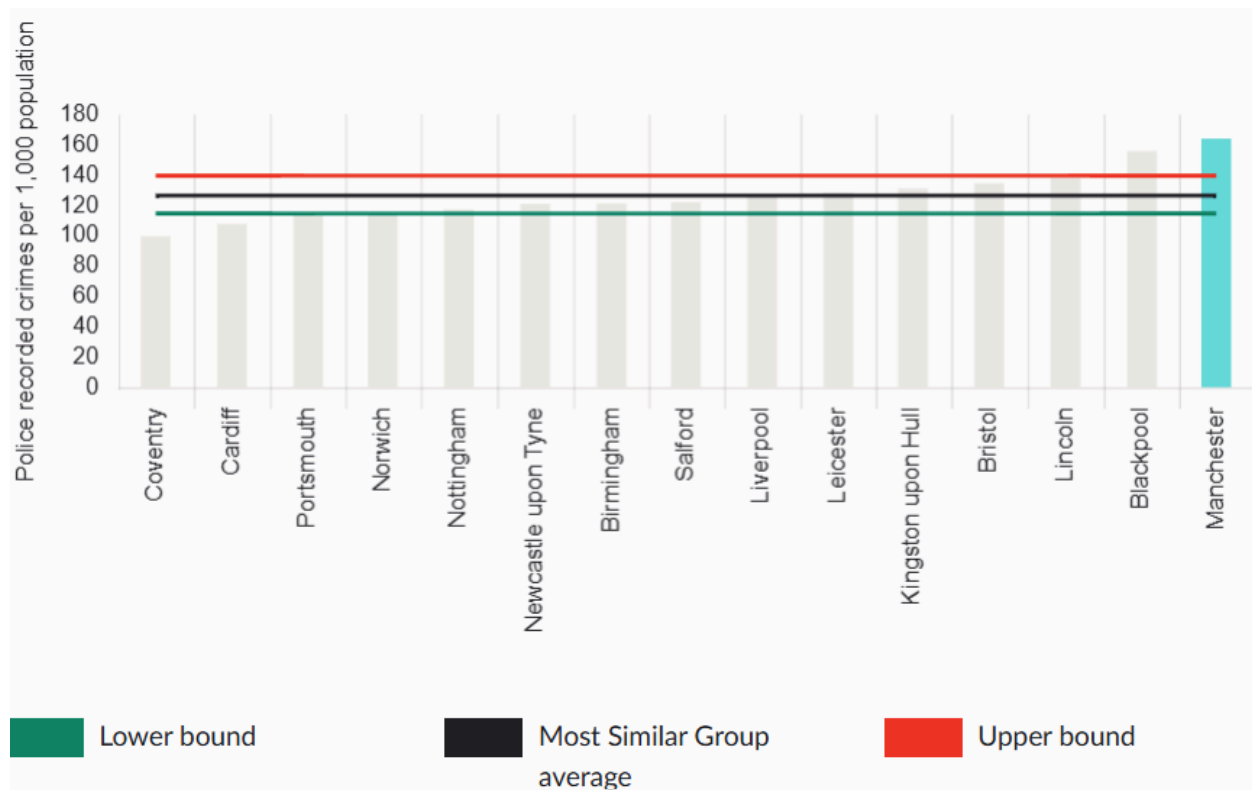


Figure 05 - Crime in Manchester compared with crime in similar areas (ending in Sep 2024).

In the year ending September 2024, the crime rate in Manchester was higher than the average crime rate across similar areas.

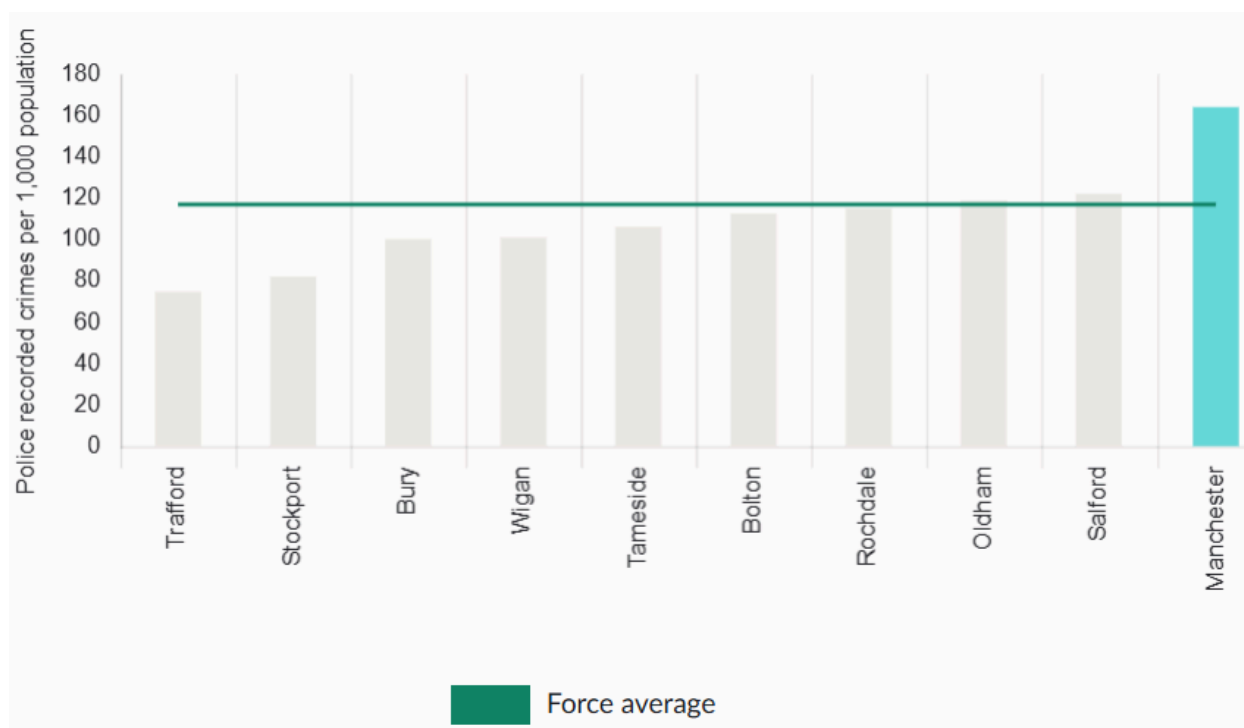


Figure 06 - Crime Stats of Manchester area compared to Greater Manchester Force Area (ending in Sep 2024).

In the year ending September 2024, the crime rate in Manchester was higher than average for the Greater Manchester area

This chart compares the crime rate in your local area to the average crime rate across the force area. It shows the total number of crimes over twelve months per thousand residents, for the crime type selected.

In the quarter ending September 2024, the crime rates were:

- down in Manchester
- down in the Greater Manchester force area

compared with the corresponding quarter in 2023.

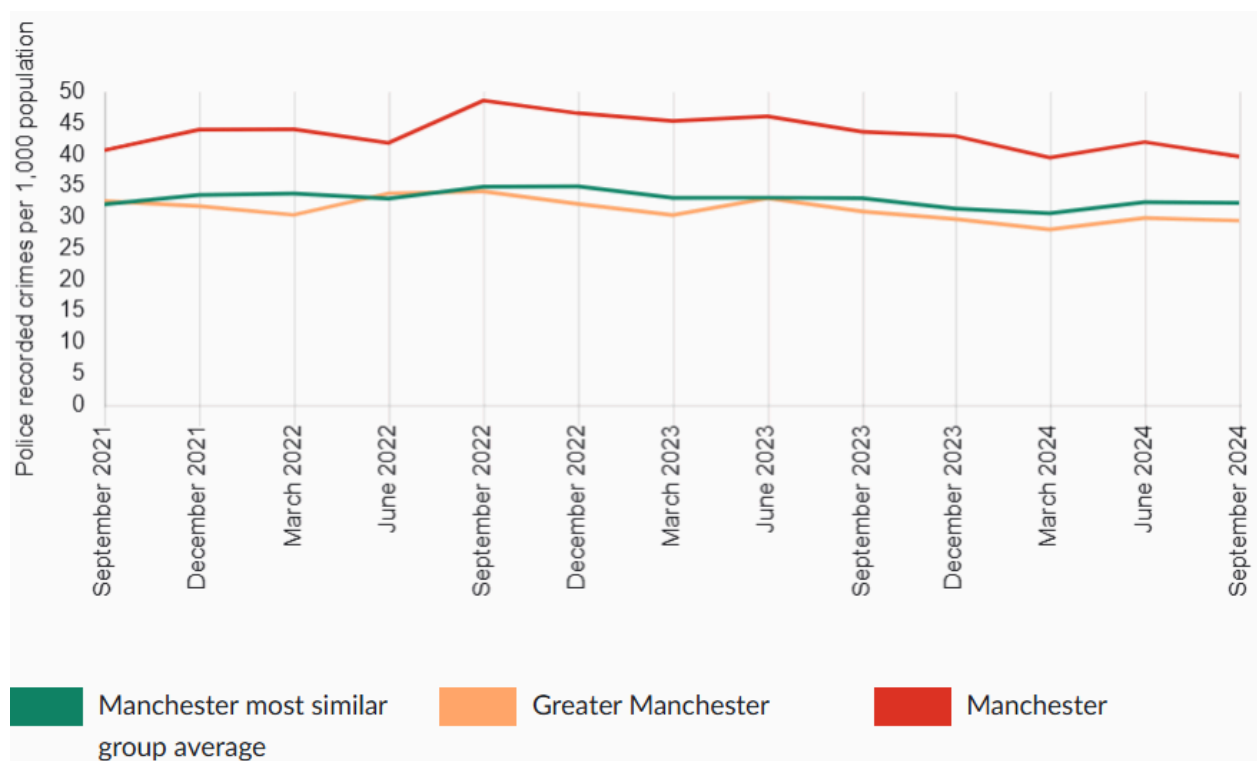


Figure 07 - Crime changes over time in Manchester and the Greater Manchester force area.

This chart shows how crime rates in your local area and police force area have changed over time. It also shows how the average crime rates in similar areas to your local area have changed over time.

12 Appendix C

12.1 Architectural Plan Review: A Security Perspective

Site Plan



Figure 08 - Site Plan (Source: Gilling Dod)

Ground Floor Plan

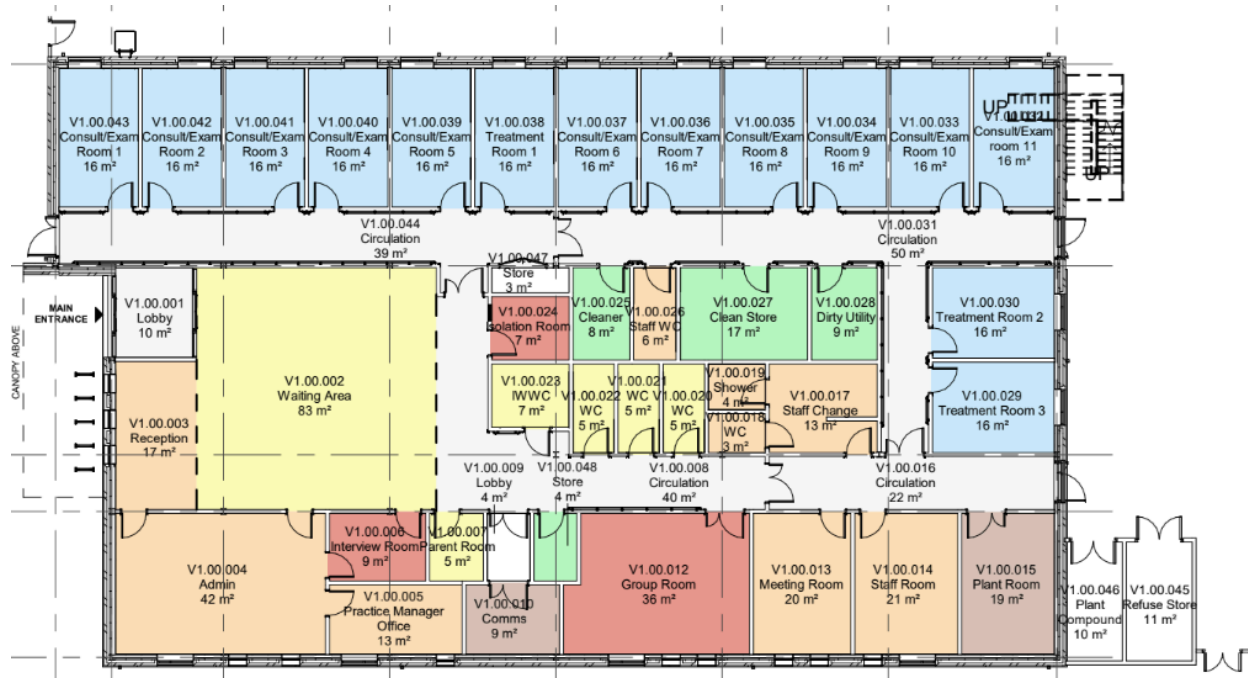


Figure 09 - Ground Floor Plan (Source: Gilling Dod)

13 Appendix D

13.1 Design Out Officer Consultation Request

At the time of writing this report, we reached out to the local Design Out Crime Officer. We are yet to hear back.

Note: that contact was attempted, and evidence of outreach has been provided.

Dear Sir/Madam,

Hope you are well.

We have been appointed to produce a Security Needs Assessment under BREEAM NC V6 for a Medical Centre.

I am emailing you today to ask for a consultation as it is one of the requirements of BREEAM to consult the local DOCO.

Development Address: Land west to 227 Moseley Rd., Fallowfield, Manchester M14 6PD.

RIBA Stage: Stage 2

If you could please let me know your availability for a phone call, we will be releasing the Security Needs Assessment in the next few days and are happy to share the report for your comments (if any).

Thank you, kind regards.

Nasr Haque MSyl

Office: 03300431819

Website: www.graphite-security.co.uk



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