



12/08/2025.

Crime Impact Statement

Whitefield Medical centre, Manchester

Document Control:

Report Title:	Whitefield Medical Centre, Manchester
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Date:	12/08/2025
Distribution:	Sally Teague
Confidentiality Level:	For Planning Use
Revision	A

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2 Executive Summary

This Crime Impact Statement (CIS) provides a detailed assessment of the anticipated security risks associated with the proposed redevelopment of the former Whitefield Library, Pinfold Lane, Whitefield, M45 7NY, into a new Primary Care GP Surgery and Health Centre. The assessment, completed in August 2025, draws on architectural drawings, contextual site analysis, local crime trends, and relevant national guidance.

The scheme involves the transformation of the existing site into a modern medical facility providing enhanced primary healthcare services. The internal layout includes patient waiting areas, consultation and treatment rooms, administrative offices, staff facilities, and secure clinical support spaces. External works include revised site access arrangements, parking with EV charging provision, secure boundary treatments, and landscaping designed to balance patient accessibility with operational security.

This report identifies site-specific vulnerabilities, assesses crime risks relevant to a healthcare facility in a suburban context, and sets out proportionate security design recommendations in accordance with Secured by Design (SBD) and Crime Prevention Through Environmental Design (CPTED) principles. Considerations include access control zoning between public and staff-only areas, secure entrances, reception visibility, staff safety measures, natural surveillance, external lighting, and robust boundary treatments to mitigate risks such as burglary, antisocial behaviour, unauthorised access, and workplace violence.

The project is currently at RIBA Stage 2, with plans being finalised for planning submission. This assessment is provided proactively to support positive engagement with the planning authority, NHS Property Services, and Greater Manchester Police's Designing Out Crime Officer (DOCO), demonstrating the developer's commitment to delivering a safe and secure environment for patients, staff, and visitors.

3 Introduction

Welcome to the Crime Impact Statement report for the proposed **Whitefield Medical Centre**, to be developed on the site of the former Whitefield Library, Pinfold Lane, Whitefield, M45 7NY. This report provides a comprehensive review of the security measures required to protect patients, staff, visitors, and the wider community.

The scheme involves the redevelopment of a well-located community site into a modern, purpose-built healthcare facility that will deliver enhanced primary care services. The design incorporates accessible patient areas, clinical and treatment rooms, administrative offices, and secure back-of-house functions. Security is a key consideration in supporting the delivery of high-quality care, ensuring the premises are welcoming to legitimate users while remaining robust against crime, antisocial behaviour, and unauthorised access.

3.1 Background

Whitefield Medical Centre will be located on **Pinfold Lane** in Whitefield, within the jurisdiction of Greater Manchester Police. The site occupies a prominent position in a mixed-use suburban neighbourhood, surrounded by residential housing, community facilities, and local retail outlets. The area benefits from steady pedestrian and vehicular movement throughout the day, particularly during school runs, shopping hours, and commuter periods, owing to nearby amenities and established transport links.

The site is situated within convenient walking distance of key bus routes along Bury New Road and other local connectors, providing direct access to central Manchester, neighbouring towns, and hospital facilities. The surrounding environment experiences a balanced mix of daytime activity associated with healthcare, retail, and community use, with quieter periods in the evenings. Footfall patterns vary according to the operating hours of local services and community events.

4 Positive Impacts of the Proposed Scheme

Redevelopment of the former Whitefield Library, Pinfold Lane, Whitefield, M45 7NY

The proposed redevelopment of the former Whitefield Library into the new Whitefield Medical Centre is expected to deliver a range of positive outcomes for the local community and wider Whitefield area. These include enhanced safety and security for patients, staff, and visitors; the creation of a modern, purpose-built healthcare facility; improved accessibility to localised healthcare provision; and alignment with regional health and wellbeing strategies.

Enhanced Safety through Design-led Healthcare Principles

The development adopts a security-focused approach to spatial planning, in line with Secured by Design (SBD) and Crime Prevention Through Environmental Design (CPTED) principles. Key features include a secure and well-managed main entrance, separate staff and public access points, clearly defined zoning to control movement between areas, and controlled access to consultation and treatment spaces. A reception area with strong natural surveillance over the patient waiting area will help reduce opportunities for theft, antisocial behaviour, unauthorised access, and workplace violence, while maintaining a welcoming, community-oriented environment.

Establishing an Essential Community Facility

By investing in the transformation of this prominent local site, the scheme secures the long-term provision of primary healthcare services in Whitefield, meeting current and future demand through facilities designed to modern clinical standards. The active daytime use of the building will promote regular footfall and a consistent legitimate presence, contributing to increased passive surveillance in the surrounding area.

Improved Accessibility and Inclusive Design

Located in a well-connected suburban area with direct access to frequent bus services along Bury New Road and nearby transport links, the medical centre promotes sustainable travel for patients and staff. The scheme incorporates step-free access, inclusive internal circulation, and provision for cycle parking, ensuring it meets the needs of all users, including those with limited mobility.

Sustainability and Long-term Value

The proposal delivers a modern, energy-efficient facility designed to meet both contemporary healthcare and environmental standards. The building fabric, layout, and systems are designed to reduce long-term maintenance needs, optimise energy performance, and minimise environmental impact.

Broader Community Impact

The new Whitefield Medical Centre will enhance community resilience by delivering a vital public service, improving perceptions of safety, and fostering a sense of pride and ownership among staff, patients, and local residents. By combining high-quality architectural design with robust security measures, the scheme contributes positively to the overall health, safety, and wellbeing of the area.

5 Crime Impact Statement - Requirements

Nasr Haque of Graphite Security Ltd acted as SQSS for this Crime Impact Statement.

Nasr is listed as an SQSS by BRE, as shown at [Graphite-Security: SQSS](#).

Nasr is listed as a fully licensed Secured by Design consultant, as shown at [Graphite-Security: SBD Consultant](#).

‘Be provided by a third party that is able to offer an impartial and objective view’

Graphite Security is a third party which offers an impartial to objective view.

‘Highlight crime and disorder issues in the immediate vicinity of the development. Include crime statistics and analysis.’

A crime analysis was therefore completed using open-source crime data, including crime statistics from police.uk.

‘Offer bespoke crime prevention advice to minimise the risk to future users of the development and also consider the impact of the new development on the surrounding community’

Please refer to sections 10 and onwards.

‘Ensure that the personal safety of users is considered, both the approach to and throughout the development’

Please refer to sections 6 and 10.

‘Identify risks to the proposed site and demonstrate how they can be mitigated’

Please refer to sections 9 and onwards.

‘Consider the impact on the local police force (eg access routes, both vehicular and pedestrian)’

Please refer to sections 4 to 6.

‘Identify design solutions based on analysis of the crime issues in the area that will reduce the proposal’s vulnerability to crime’

Please refer to sections 9 and onwards.

‘Help an applicant to adapt a development to avoid/ or reduce the adverse affects of crime and disorder and reduce the long-term resource costs for the local authority and the wider community’

Please refer to sections 10 and onwards.

5.1 Purpose

The purpose of this Crime Impact Statement is twofold:

- **To evaluate the proposed healthcare design:**

This report assesses the architectural and spatial layout of the new Whitefield Medical Centre, including patient entry sequences, reception and waiting areas, consultation and treatment rooms, staff facilities, and secure back-of-house functions. The objective is to identify features that enhance the safety and security of patients, staff, and visitors, while highlighting any areas where further security improvements could be considered.

- **To identify and mitigate potential threats:**

By analysing the site's suburban context, access routes, operating hours, and anticipated user profiles, this statement identifies crime and antisocial behaviour risks relevant to a primary healthcare setting—such as unauthorised access, theft of equipment or medicines, aggression toward staff, and vulnerability during out-of-hours periods. It addresses both environmental and behavioural threats, and proposes proportionate, practical design measures in accordance with Secured by Design (SBD) and Crime Prevention Through Environmental Design (CPTED) principles—reducing opportunities for crime while maintaining a welcoming, accessible, and inclusive healthcare environment.

5.2 Scope

This assessment addresses a range of security factors relevant to the redevelopment of the former Whitefield Library into the Whitefield Medical Centre and its surrounding context.

- **Physical Security:**

Review of patient, visitor, and staff entrances; circulation routes; consultation and treatment rooms; reception and admin spaces. Assessment covers access control measures, secure storage for equipment and medicines, glazing and door specifications, lighting, and CCTV. Particular attention is given to zoning between public and staff-only areas, secure boundaries incorporating timber and metal fencing with security gates, protection of car parks, EV charging bays, and service yards, as well as management of out-of-hours access.

- **Emergency Preparedness:**

Evaluation of evacuation and response arrangements, including escape route design, panic alarm locations, and clear wayfinding for patients, staff, and emergency services.

- **Territoriality:**

Consideration of how the building and site communicate ownership and control, with clearly defined public, semi-public, and staff zones supported by physical and visual cues to discourage unauthorised access.

- **Maintenance and Management:**

Review of how the upkeep of entrances, waiting areas, car parks, landscaping, and boundary treatments supports crime prevention, deters antisocial behaviour, and promotes a safe, professional environment.

5.3 Methodology

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

- **Contextual review** of the Whitefield Medical Centre site and its surrounding environment;
- **Examination of proposed floorplans** and design documentation, including the zoning of public, clinical, and staff-only areas;
Reference to the site's historical use as a public library and its planned role within the local healthcare network;
- **Evaluation of local crime patterns** within the Whitefield area, focusing on offences relevant to healthcare facilities and publicly accessible buildings;
- **Comparative analysis** against recognised national security standards for healthcare and public sector premises.

This assessment is guided by Crime Prevention Through Environmental Design (CPTED) principles and aligns with ISO 22341 concepts, incorporating targeted interventions for healthcare settings. Physical protection measures have been reviewed against Secured by Design (SBD) requirements, with adaptations to meet the operational needs of a clinical environment.

The SABRE framework has also been referenced to ensure that, where certain physical security measures may be limited by operational or clinical constraints, proportionate and risk-based mitigation strategies are still applied to safeguard staff, patients, and property.

5.4 Visual Audit - Site Survey



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

5.5 Enhancing Security Through Multilayered Strategies

Perimeter Defence:

The first layer of protection involves securing the site boundary and controlling access to car parks, EV charging bays, service yards, and secondary entrances. Proposed timber and metal security fencing, combined with security gates, will define the perimeter and deter unauthorised entry. Clear signage should reinforce public and staff-only zones.

Entry Regulation:

Public entry will be directed through a single, well-managed reception with visibility over the main waiting area. Staff entrances should be controlled via electronic access systems such as key cards or fobs. Clinical, storage, and plant rooms should be fitted with keypad or key-controlled locks, with visitor check-in procedures in place for contractors and delivery personnel.

Surveillance Systems:

CCTV coverage should include building entrances, reception and waiting areas, internal corridors, parking areas, EV bays, and vulnerable external zones. Cameras provide deterrence, assist in managing incidents, and support investigations by capturing evidential footage.

Intrusion Detection:

An intruder alarm system, linked to a monitoring service, should protect the building outside operational hours. Motion detectors, door contacts, and glass-break sensors will provide early warning of unauthorised access attempts.

Security Lighting:

Well-planned external lighting will ensure entrances, footpaths, parking areas, and boundary lines are well illuminated during low-light hours, reducing concealment opportunities and deterring antisocial behaviour.

Internal Safeguards:

Clinical and treatment rooms should have reinforced, lockable doors; controlled drugs must be stored in compliant secure cabinets; patient records should be held in lockable storage; and valuables kept in safes.

Security Personnel:

Reception staff will provide the first point of control, greeting visitors, verifying purpose, and monitoring behaviour. Where operational demands are high or risk dictates, trained security personnel may supplement this function.

Policies and Procedures:

Documented security protocols should cover access control, managing aggressive behaviour, incident reporting, and safeguarding vulnerable patients. These should be reviewed regularly and reinforced through staff training.

Emergency Response Planning:

Fire safety systems, evacuation plans, lockdown procedures, and emergency communication channels must be in place, tested, and understood by all staff.

Visitor Oversight:

All visitors—including contractors and delivery drivers—should follow a sign-in process, wear visitor identification, and be escorted in restricted areas as required.

Staff Security Awareness:

Staff training should ensure familiarity with security measures, encourage vigilance, and promote confidence in responding to incidents or suspicious activity.

By integrating these layers, the Whitefield Medical Centre can maintain an open, community-focused environment for legitimate users while ensuring robust protection for people, property, and critical services.

5.6 Importance

The safety, security, and well-being of patients, staff, and visitors are of paramount importance. This Crime Impact Statement plays a crucial role in ensuring that the redevelopment of the former Whitefield Library into the Whitefield Medical Centre delivers a safe, secure, and well-managed healthcare environment.

By identifying potential vulnerabilities early in the design process and applying the recommended security measures, this report aims to:

- Safeguard patients, staff, and visitors, along with sensitive medical assets and confidential information;
- Reduce opportunities for crime, antisocial behaviour, and unauthorised access;
- Support effective operational management and long-term stewardship of the facility;
- Reinforce public confidence in the safety, accessibility, and professionalism of local healthcare provision.

This proactive approach ensures the scheme not only meets planning and best practice expectations but also strengthens the resilience, reputation, and long-term success of the medical centre as a trusted community asset.

6 Crime Impact Statement: Crime Data Analysis for Whitefield Medical Centre

6.1 Executive Summary

This assessment reviews available crime and community safety information for the Whitefield area of Bury (postcode M45 7NY). While Greater Manchester Police (GMP) does not currently release detailed, postcode-specific crime data via Police.uk, the analysis draws on alternative open-source intelligence, including Office for National Statistics (ONS) datasets, GMP strategic assessments, and local authority community safety reports.

Bury generally records lower crime levels than Manchester city centre, but Whitefield's suburban setting—characterised by a mix of residential neighbourhoods, community facilities, local retail, and active transport links—presents its own security considerations. Factors such as daytime public footfall, evening quiet periods, and proximity to main transport corridors can influence crime opportunities.

The assessment considers how these local conditions may affect security requirements for the Whitefield Medical Centre, with comparisons to similar suburban healthcare facilities. It highlights the importance of proportionate physical security, effective site management, and environmental design measures to maintain safety for patients, staff, and visitors.

6.2 Source of Crime Data

Due to Greater Manchester Police's (GMP) non-participation in detailed Police.uk postcode-level reporting, the primary sources for this assessment are:

- **Office for National Statistics (ONS):** Recorded crime data by police force area and local authority boundaries, focusing on the Bury district.
- **GMP and Bury Council community safety reports:** Providing insight into crime trends, priority offence types, and local policing strategies.
- **Local authority planning and demographic documents:** Supplying environmental context, socio-economic indicators, and population profiles relevant to crime risk.

Where possible, this data has been cross-referenced with national averages and with security considerations for comparable suburban healthcare facilities. This ensures that the recommendations in this CIS are proportionate, evidence-based, and tailored to the operational realities of the Whitefield Medical Centre.

6.3 Local Area Context and Its Impact on Crime

The Whitefield Medical Centre site sits in a mixed residential and commercial area with nearby community facilities, retail outlets, and transport links.

- **Antisocial Behaviour & Opportunistic Crime** – Daytime activity from residents and shoppers provides natural surveillance, but quieter evenings reduce visibility, increasing the risk of nuisance behaviour, theft, and vandalism.
- **Crime Opportunity Factors** – Out-of-hours quiet periods and public access to parts of the perimeter may heighten vulnerability if lighting, surveillance, or access control is lacking.

Although detailed postcode-level data is unavailable, Whitefield's suburban profile and proximity to main transport routes suggest similar risks to comparable areas, where opportunistic theft, vehicle crime, and antisocial behaviour remain concerns.

6.4 Data Analysis Methodology

- **Trend & Profile Analysis** – ONS and GMP reports are used to identify dominant crime categories within the Bury area, focusing on offences relevant to healthcare and publicly accessible buildings.
- **Environmental Risk Profiling** – The site context, boundary conditions, access points, and nearby activity generators (e.g., retail, community facilities, transport links) are mapped to highlight potential vulnerability zones.
- **Comparative Benchmarking** – Crime trends from similar suburban healthcare facilities are reviewed to understand risk patterns in areas with comparable demographics and urban form.

6.5 Appendices

- **Appendix A** – Extracts from GMP and Bury Council community safety reports relevant to the Whitefield area.
- **Appendix B** – Comparative case studies of suburban healthcare security risks in mixed-use, high-footfall environments.

6.6 Conclusion

Even without postcode-level Police.uk data, available intelligence indicates the need for proportionate, layered security at the Whitefield Medical Centre. The suburban, mixed-use setting—characterised by varying footfall patterns and proximity to key transport routes—requires measures that control access, deter antisocial behaviour, and safeguard staff, patients, and property. Continued engagement with local policing teams and community partners will be important to ensure risks are monitored and mitigations adapted over time.

7 Threat Identification in ‘Whitefield Medical Centre’

7.1 Overview

The identification of threats is based on environmental assessment, local authority community safety reports, and regional crime trend data from ONS and GMP summaries. While Greater Manchester Police (GMP) does not publish postcode-specific statistics via Police.uk, broader intelligence for the Bury district and the Whitefield area highlights risks relevant to suburban, mixed-use settings. These include opportunistic theft, antisocial behaviour (ASB), and vehicle-related offences, as well as the potential for out-of-hours trespass where access points or perimeter controls are insufficient.

7.2 Key Threats Identified

- **Violence & Public Order** – Occasional disputes or disorder in waiting areas or at the main entrance during busy periods.
- **Antisocial Behaviour** – Loitering, graffiti, or nuisance activity in car parks, EV bays, and pedestrian approaches, especially in the evenings.
- **Street-Based Crime** – Opportunistic theft, vehicle crime, or vandalism in parking areas, cycle storage, or unmonitored perimeter points.

7.3 Contributing Factors

- **Steady Footfall & Visitor Turnover** – Proximity to public transport, local shops, and community facilities generates regular movement, which supports natural surveillance but can also create opportunities for opportunistic crime.
- **Environmental Design Considerations** – Multiple access points, areas of limited lighting, or perimeter sections without robust physical definition may reduce security effectiveness.
- **Local Crime Influences** – While generally lower than in central Manchester, certain acquisitive crimes and antisocial behaviour remain relevant in parts of the Bury district.

7.4 Threat Assessment Methodology

This assessment combines:

- ONS crime category prevalence for Bury district.
- GMP and Bury Council community safety priorities.
- Environmental mapping to identify potential offender approach routes and vulnerable site areas.

7.5 Conclusion

Although detailed street-level crime data is unavailable for M45 7NY, the suburban mixed-use context, steady pedestrian activity, and varied perimeter conditions place Whitefield Medical Centre in a setting where antisocial behaviour, opportunistic theft, and occasional public order incidents are credible risks. Security design should prioritise defined boundaries, access control, surveillance coverage, and adequate lighting.

7.6 Crime Risk Summary Table

Threat Type	Likelihood	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	Provide CCTV coverage of waiting/reception areas; install staff panic alarms; train reception staff in de-escalation; implement zoning to separate public areas from clinical/staff-only areas
Antisocial Behaviour	Medium–High	Damage to property; negative perception of safety	Evening activity; student population; proximity to public transport stops and retail	Install enhanced lighting to BS 5489:2020 standards; provide CCTV coverage of car parks, cycle stores, and key external areas; arrange regular security patrols or mobile security response
Theft from Persons/Property	Medium	Loss of personal or clinic assets; reputational damage	Unmonitored public areas; opportunistic offenders	Control access to staff and clinical areas via access control; provide secure lockers for staff; display clear signage indicating CCTV presence and security measures
Vehicle Crime	Medium	Damage/theft to vehicles; increased insurance costs	Open parking areas; evening/night use	Install CCTV coverage of car parks; provide lighting to ILP/CIBSE LG6 standards; install visible deterrent signage at entrances

Vandalism/Graffiti	Medium	Increased maintenance costs; negative perception of the facility	Unsheltered walls; lack of passive surveillance	Apply anti-graffiti coatings to vulnerable surfaces; enhance lighting around building perimeter; increase natural surveillance through landscaping design; monitor with CCTV covering blank façades
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8 Security Recommendations for Whitefield Medical Centre

8.1 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 on **Pinfold Lane**, the staff entrance, the **delivery/service 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.

8.2 Windows

Mandatory Requirement:

All openable windows forming part of the building and located less than 3.5 m 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.

8.3 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.

8.4 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, **delivery/service 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

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

8.5 Bin Storage

Mandatory Requirement:

The external bin store and plant compound must be fully lockable, with solid or paladin fencing at least 1.8 m 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.

8.6 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.

8.7 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.

8.8 Vehicle Parking Provision

Advisory Requirement:

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

8.9 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.

Where timber fencing is proposed for privacy (eastern boundary), it should be upgraded to SBD-compliant specification.

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.

8.10 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.

8.11 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, store images for a minimum of 31 days, 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
- Delivery/service bay

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

8.12 Conclusion

Adhering to the above measures will enhance Whitefield Medical Centre's resilience against crime and antisocial behaviour, support staff safety, and protect assets. These requirements and advisories are aligned with BREEAM Hea06 (or Hea08 where applicable) 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.

8.13 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.

8.14 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 and any bin storage within the secure boundary, each fitted with lockable gates and appropriate fencing (minimum 1.8 m weldmesh or equivalent SBD-compliant fencing)
- 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.

8.15 Additional Operational & Staff Safety Measures

Advisory Requirement:

1. Clear signage and wayfinding to direct visitors quickly to their destination, reducing loitering.
2. Personal attack alarms for lone-working staff, particularly in consultation and treatment rooms.
3. Out-of-hours security provisions including an audio/visual intercom at the main entrance with remote release capability.
4. 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.

9 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.

Ref	Requirement Type	Recommendation	Reason
7.1 Doors	Mandatory	All new final entry/exit doors must meet one of: LPS 1175 SR2 (B3), STS 202 BR2, LPS 2081 SR B, BS EN 1627 RC3, or PAS 24:2022. Applies to main entrance (Pinfold Lane), staff entrance, delivery/service bay doors, and external plant/refuse compound doors.	Independently tested to resist forced entry, reducing burglary and unauthorised access risk.
7.2 Windows	Mandatory	All openable windows <3.5 m from ground level or otherwise accessible must meet PAS 24.	PAS 24 compliance ensures proven resistance against opportunistic attack.
7.3 Glazing Units	Mandatory	All glazing in external doors and ground-floor windows to include at least one pane meeting BS EN 356 P1A.	Laminated glass delays entry and reduces vandalism/smash-and-grab risk.
7.4 Access Control & Core Protection	Mandatory	Access control system by NSI/SSAIB-accredited installer, compliant with BS EN 60839-11 and SBD guidance. Control access to: all staff-only entrances, doors from public/semi-public to clinical/back-of-house areas, Comms, plant, and storage rooms, and internal fire exit re-entry points.	Controls movement between public/staff zones, reducing unauthorised access, theft, and safeguarding risks.
7.5 Bin Storage	Mandatory	External bin store/plant compound fully lockable, with solid/paladin fencing ≥ 1.8 m, keypad/fob entry, CCTV coverage, and lighting (5 lux constant / 30 lux motion). Containers locked/tethered.	Prevents concealment, reduces arson risk, and protects plant infrastructure.

7.6 Emergency Egress Doors	Mandatory	All emergency egress doors to comply with BS EN 179 or BS EN 1125, with hold-open devices achieving ≥ 600 kg (6 kN) pull resistance.	Ensures safe escape while resisting forced entry from outside.
7.7 Lighting	Mandatory	Review internal/external lighting to meet ILP or CIBSE guidance and be compatible with CCTV. Focus on car park, cycle storage, staff entrance, and bin/plant compounds. Avoid glare/shadowing.	Deters offenders, improves CCTV image quality, and enhances safety perception.
7.8 Vehicle Parking Provision	Advisory	Lighting to ILP/CIBSE standards for all parking. Cycle storage in secure, covered, well-lit enclosures with fob/key access and CCTV monitoring.	Reduces theft risk and supports sustainable travel.
7.9 Boundary	Mandatory	Continuous secure perimeter using ≥ 1.8 m weldmesh (or SBD-compliant equivalent). Gates to match height/standard, be lockable, and linked to access control. Tim	

10 Conclusion

It is concluded that the proposed security provisions for the Whitefield Medical Centre are proportionate to the identified risks, with an appropriate level of protection achieved through the integration of physical design measures, access control, and operational management strategies. The layered security approach outlined in this statement—including secure entry systems, effective lighting, zoning, and internal compartmentation—will support the creation of a safe and resilient healthcare environment within this busy urban location.

With the incorporation of these measures and recommendations, I am satisfied that the planning requirement for a Crime Impact Statement (CIS) has been met.

This report has been prepared based on all relevant and available information at the time of writing, including architectural drawings, proposed layouts, contextual analysis, and site observations. Should there be any material change to the design, specification, or access arrangements, the assessment should be reviewed and updated accordingly to ensure continued compliance and risk mitigation.



Nasr Haque MSyl

11 Appendix A

11.1 Evidencing Security Needs: Crime Statistics and Trends

This section provides a focused analysis of crime statistics relevant to **Whitefield Medical Centre**, drawing on the latest available data from Police.uk and other credible sources. Comparative charts, tables, and mapping outputs illustrate local crime trends, highlighting the most prevalent offence types and their geographic context.

These visual outputs form a key evidence base for the security recommendations in Section 7. They ensure that each recommendation is 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.

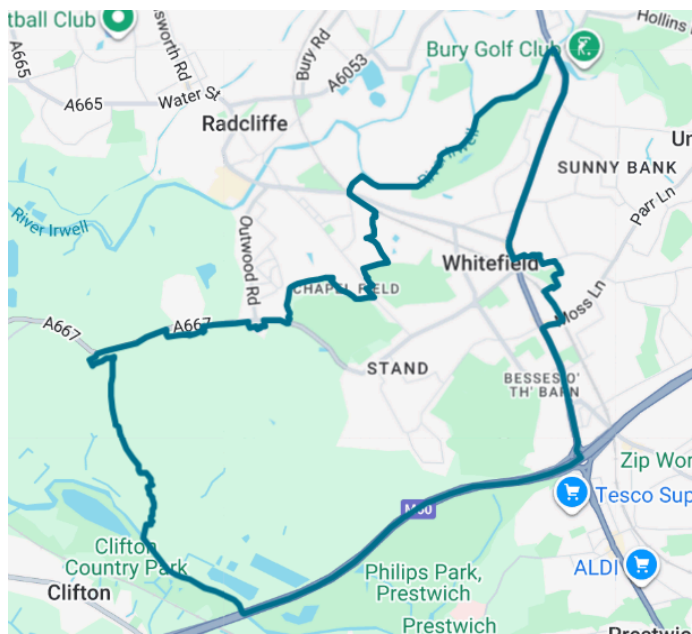


Figure 02 - Pilkington Park 'Policing Neighbourhood' (Source: Police.uk)

11.2 Appendix 1 – Crime & Contextual Evidence Summary

11.3 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 Bury Local Authority area.
- **Greater Manchester Police Strategic Assessment 2024–2025** – Priority crime types and local policing strategies.
- **Bury 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.

11.4 A1.2 Crime Context – Bury Local Authority Level

(ONS: Year ending March 2024)

- **All crime:** 107.4 crimes per 1,000 population (national average: 89.3).
- **Violence against the person:** 38.7 per 1,000.
- **Public order offences:** 10.4 per 1,000.
- **Criminal damage & arson:** 7.2 per 1,000.
- **Theft offences:** 24.1 per 1,000.

11.5 A1.3 Local Risk Indicators (Whitefield Context)

- Mixed-use setting including residential streets, commercial premises, and community facilities.
- Proximity to **Pinfold Lane** and surrounding local roads with moderate pedestrian and vehicle activity throughout the day, but reduced natural surveillance in the evenings.

-
- Nearby bus stops increase permeability and transient footfall.
 - Presence of public open space in the wider area providing both community amenity and potential gathering points for antisocial behaviour.

11.6 A1.4 Site Layout Risk Factors

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

11.7 A1.6 Summary Statement

While precise street-level crime counts are unavailable, all available intelligence supports the need for:

- Robust perimeter security (continuous secure fencing, compliant gates)
- Layered access control separating public, semi-public, and staff-only areas
- Active surveillance via CCTV coverage and effective lighting to national standards

These measures are proportionate to the risk profile of a busy urban medical facility and are consistent with **Secured by Design** and **BREEAM** **Hea06/Hea08** guidance.

12 Appendix B

12.1 Further crime statistics

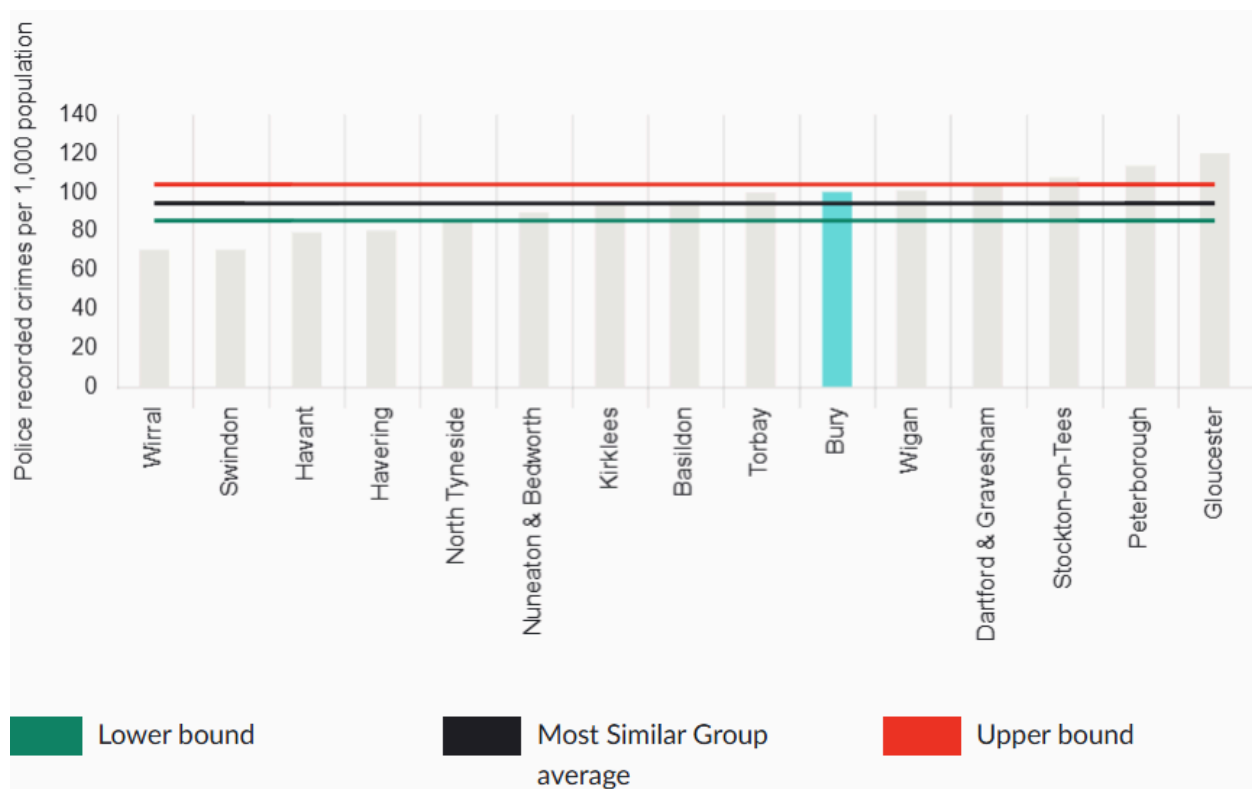


Figure 02 - Crime in Bury compared with crime in similar areas (ending in Sep 2024).

In the year ending September 2024, the crime rate in Bury was about the same as the average crime rate across similar areas.

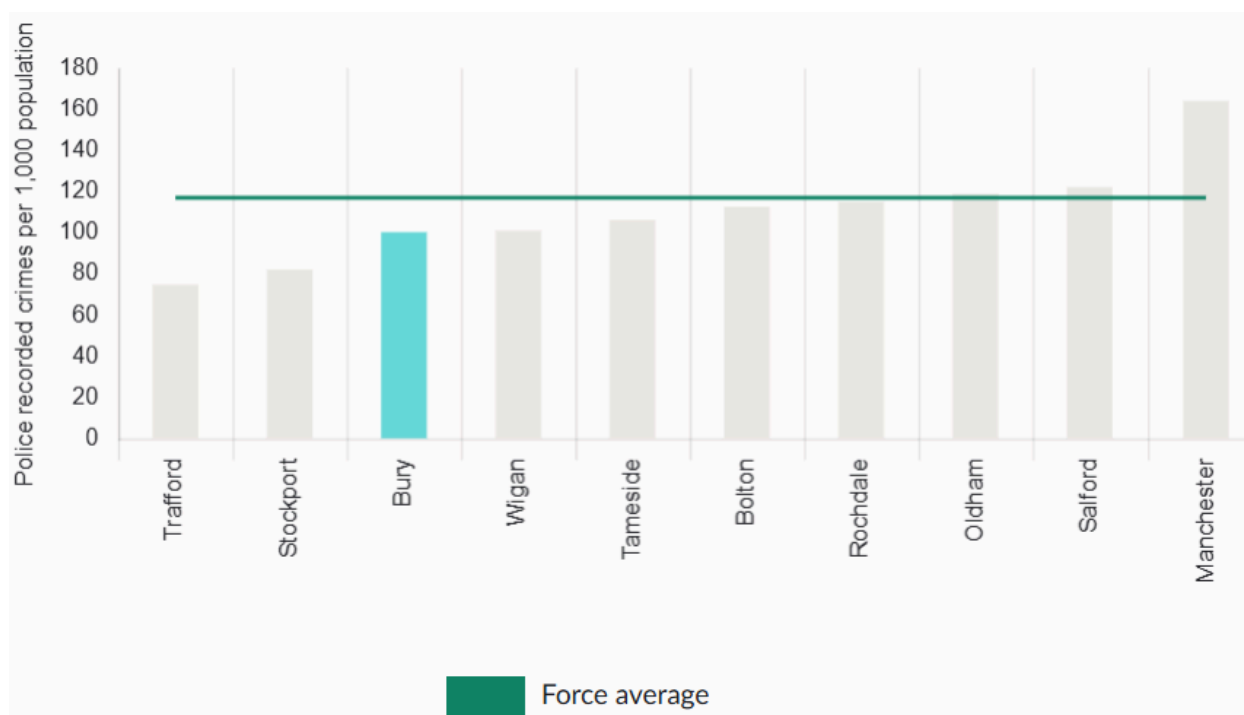


Figure 03 - Crime Stats of Bury compared to Greater Manchester Police force Area (ending in Sep 2024).

In the year ending September 2024, the crime rate in Manchester was lower 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 Bury
- down in the Greater Manchester force area

compared with the corresponding quarter in 2023.

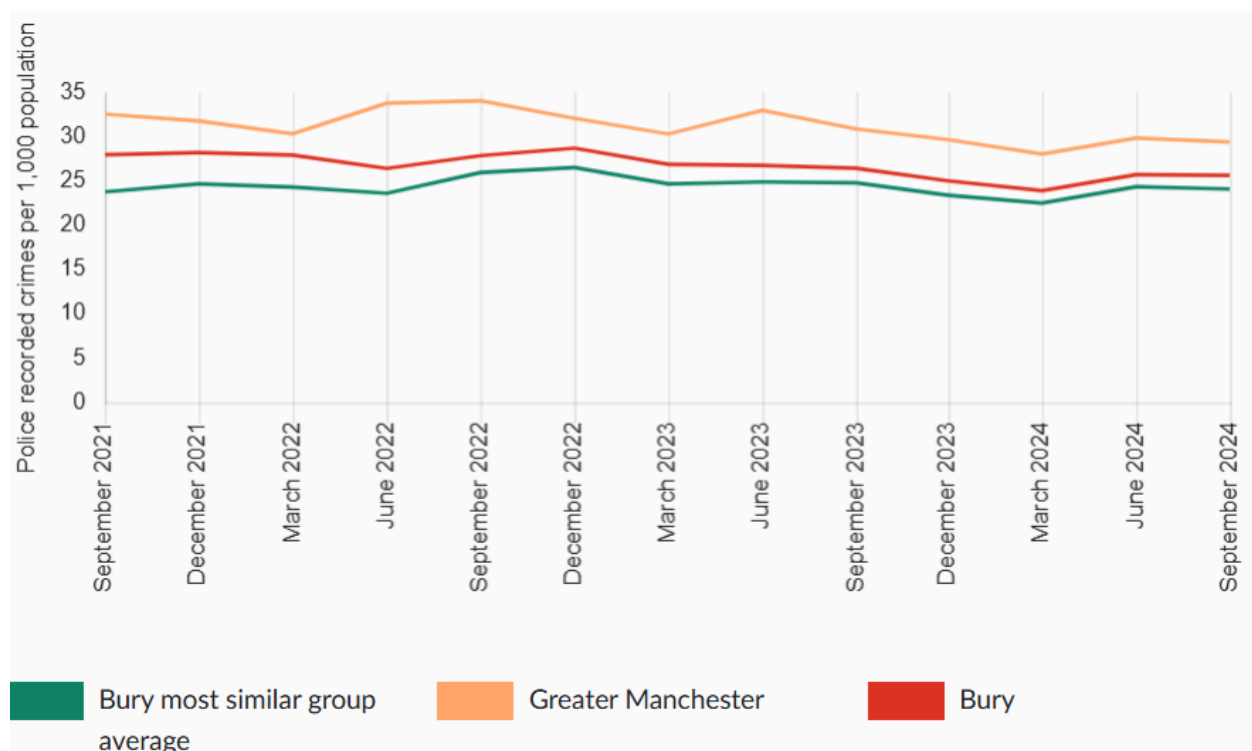


Figure 04 - Crime changes over time in Bury and in the Greater Manchester force area.

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.

13 Appendix D

13.1 Architectural Plan Review: A Security Perspective

Proposed Ground Floor Plan



Figure 06 - Proposed Ground Floor Plan (Source: Gilling Dod)

