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Security & Crime Impact Assessment

Project Italian Hospital, GOSH Document 1615-ST-XX-XX-RP-A-7120

Author

LM / PA

Revision

P05 - revisions shown in red

Revision date 07.06.18

Date

Project number

13.07.17

1615

Item	Strategy Notes & Supporting Information	Action By	Comments/ Status	
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Security Needs Assessment (SNA)

A visual audit of the site and	 Refer to existing site plan 1615-ST-Q1- 	ST	
surroundings, identifying environmental	ZZ-DR-A-1152		
cues and features pertinent to the	• Refer to proposed site plan 1615-ST-Q1-		
security of the proposed development.	ZZ-DR-A-1201		
	• Visual audit carried out by Paul Anstee,		
	date 31/07/17		
	Additional observations:		
	- Vulnerability/accessibility to basement		
	level at front of building via a small fire		
	route gate at street level currently. The		
	new proposal will remove this fire route		
	due to reconfiguration & enable a lockable		
	gate to be installed at this point.		
	 Discarded cigarette ends at back of 		
	building's fire escape route.		
	 Consideration of hostile vehicle 		
	mitigation measures. Please see below.		
Formal consultation with relevant	 Feedback from consultation with the 		
stakeholders, including the local ALO,	local ALO/CPDA if applicable:		
CPDA & CTSA (as applicable), in order	 Ensure staff areas are separated from 		
to obtain a summary of crime and	general public building access by		
disorder issues in the immediate vicinity	appropriate security measures.		
of the proposed development.	- Hospital Assets should be appropriately		
	secured in rooms etc		
	- Security of personal belongings of staff		
	should be catered for. Overview of general		
	location regarding crime given for last 12		
	months: 28 cases of theft; 11 of assault; 5		
	motor vehicle crimes; 4public order		
	offences; 1 criminal damage case & 13		
	cases of harassment. In the ward		
	generally over the last 12 months, the		
	Met's website states there have been: 151		
	theft from person offences; 111 cases of		
	theft & 33 cases of violence.		
	 Feedback from consultation with the 		
	CTSA if applicable:		
	- Building classified as low risk as a result		
	of CTSA attendance on 7/8/17; hostile		
	vehicle mitigation bollards not considered		
	necessary.		
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Identify risks specific to the proposed, likely or potential use of the building(s).	 Risks to the building Risk of individuals walking into the building from the street seeking shelter or to commit criminality; mitigated by reception staff, CCTV & access control. 		
Identify risks specific to the proposed, likely or potential user groups of the building(s).	 Risks to the user groups Minimal, as open public realm; a safe space. The entrance has an easy positive approach. Increased number of people to the area, but mitigated by the open space in front of Queen Square entrance. This provides a positive contribution to the community - natural surveillance to the area etc. GOSH staff & service users are kept up to date regarding local crime risks such as the risk of phone snatches by individuals on mopeds as the current trend (Aug 17) 		
Identify any detrimental effects the development may have on the existing community.	 Any detrimental effects to the community The dropping off & collecting patients at the front of the building could add to vehicle congestion. 		

Suitably Qualified Security Specialists (SQSS)

An individual achieving any of the	Refer to letter from Paul Anstee dated	Letter dated 03.07.17
following can be considered to be	03.07.17 stating:	
'suitably qualified' for the purposes of	 Paul has 31 years police experience and 	
compliance with BREEAM:	holds the Home Office Crime Prevention	
	Officer Certificate & Home Office Crime	
	Prevention Design Advisor Certificate	
	(CPO / CPDA).	
	 Paul was the Metropolitan Police lead 	
	for crime prevention for three years at	
	New Scotland Yard.	
	 Paul has 7 and a half years' experience 	
	in security management since leaving the	
	police (6 years at UCLH & 1 and half years	
	to date at GOSH	
	 Paul has a BSc (Hons) in Risk and 	
	Security Management, an NHS Local	
	Security Management Specialist and a	
	member of the Security Institute	

Crime Impact Assessment

Boundary Treatment	• The existing building creates the		
	majority of the boundary to the siteThe existing gate with lock and railings		
	to the lower ground from Boswell Street is		
	to be retained. The perimeter wall facing		
	Queen Square is to be retained. There is		
	good natural surveillance to the main entrance and front of the building from the		
	pedestrianised area south of Queen		
	Square Gardens.		
	Doors to the lower ground/basement to		
	the north are to be permanently locked		
	shut with secondary glazing installed on the inner face		
	• The proposed screen to the fire escape		
	staircase is to be retained with a new gate		
	in the same alignment		
	 Vault doors to lower ground facing Queen Square will be retained 		
Public Entrances			
Public Entrances	 One public entrance only facing Queen Square 		
	 Existing decorative metal gates to be 		
	adapted to provide out of hours security		
	measures		
	 Signage to be reinstated to the north elevation facing Queen Square by the 		
	main entrance		
Staff Entrance	Existing door to Boswell Street to be		
	replaced and designated as staff / fire		
	brigade entrance and fire escape exit		
	 Access control to be included to restrict unauthorised access. 		
	 Notices setting rules to be put into place 		
	to signify staff only use/access.		
	GOSH assets will be property marked to		
	help 'Reduce the Payoff', for potential thieves.		
	A key consideration is the visibility of		
	assets from the street after daily business	-	
	staff will be encouraged to lock away as		
	applicable		
FM Entrance	New double door within the area by the		
	fire escape staircase between the Italian Hospital and October Gallery and behind		
	the screen/gate to Gage Street is to be		
	designated for Facilities Management		
	deliveries and waste collection (internal		
	waste disposal areas)Access control to be included to restrict		
	unauthorised access		
Landscaping	Internal courtyard and lower ground		
Landscaping	lightwell facing Queen Square only		
CCTV Systems	 CCTV cameras shall be provided to monitor entrance points at ground floor 		
	level (level 2) and circulation areas linked		
	to GOSHs Security Control Room on the		
	main site.		
	Head-end equipment shall be provided for the new CCTV installation. Compare		
	for the new CCTV installation. Camera feeds will be transited off the date network		
	to the level 3 comms room where all data		
	shall be recorded to the 31 days required		
	by police.		
	Additional CCTV monitoring equipment		
	shall be provided at the main reception. Cameras shall comprise building mounted		
	externally and ceiling/wall mounted		
	internally. Static colour units within		
	discrete domes.		

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Lighting	 External street lighting to be retained and not modified. Additional feature lighting to the main entrance ramp is to be included to assist wayfinding to the main entrance. Due to the fact the building will only be functional 'daytime', current lighting is considered sufficient from a security perspective 		
Building Shell Security	 The existing building is Grade II listed, therefore the scope to alter the existing shell is restricted. There are, however, no low flat roofs and no new features being introduced, which would aid scaling or climbing. 		
Windows	 Existing sash windows(above ground) to the perimeter are to be retained, repaired and fitted with new ironmongery, including sash stay, bolts and restrictors Ground floor windows to Queens Square and Boswell Street to be re-glazed with laminated glass. Iron bars to be removed Secondary glazing internally to be provided, hinged casements with lever handle New double glazed curtain walling to courtyard side. Secondary glazing to be aluminium framed glazing either double glazed 6.4mm laminated/ 18mm argon/ 4mm toughened low E glass or single glazed 6.4mm laminate low e to courtyard side circulation and high level casement vent. 		
Perimeter doors	 Main entrance doors - existing doors to be retained, restored and ironmongery replaced. To be altered to be automatic doors with manual override. Existing glazing to be retained. Boswell Street door to be replaced with glazed vision panel Solid core, external grade timber door with double glazed vision panel including min 6.5mm toughened laminated glass vision panes 		
	Gage Street doors - solid core, external grade timber doors including min 6.5mm toughened laminated glass vision panes		
	 The existing fire escape screen is to be retained with a new gate is to be provided. This is to have access control. 		
Access Control	 The Contractor will supply and install an electronic access control system. The system shall be an extension of GOSHs existing site access control system and will comprise electromagnetic door locks, reading devices for proximity cards and emergency release facilities. The system will be wired in LSF insulated multicore cabling concealed within the building fabric. The access control system shall be provided with a battery supply to support the system for 8-12 hours in the event of a power failure. All locks shall fail safe open in the event of total power failure. Internal access controlled doors will be interfaced to the Fire Detection and Alarm System, so that all door locking systems will automatically release in the event of a fire evacuation signal. 		

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Intruder Detection and Alarm System	 The Intruder Detection and Alarm System within the building shall comprise a zoned system and will be designed to generate confirmed alarm conditions. All internal areas of the building perceived to be susceptible to unauthorised entry will be provided with an Intruder Detection and Alarm system. All external fire doors will be provided with door alarms via the Intruder Alarm system. The system shall include a remote monitoring facility and will be wired in LSF insulated multicore cabling. Local sounders will indicate an alarm and the system will be connected to GOSHs Security Control Room. An intruder detection and alarm installation shall be provided to cover all perimeter doors and accessible floor areas on level 1 and 2. The following shall be provided: Magnetic Door Contacts to all external doors. Passive Infrared Detection and Microwave (dual technology) sensors to all accessible rooms with windows Passive Infrared Detection and Microwave to all external access doors Passive Infrared Detection and Microwave sensors to any high value/risk areas as identified. Keypad Zone Set/Unset Control Units Alarm sounder devices internally and 		
Panic Alarms	 externally Panic alarm facilities will be provided to the main reception desk which will report to GOSHs Security Control Room; no other high risk or sensitive areas have been identified as requiring a specific panic alarms. The panic alarm system in other areas will be a part of the Nurse Call system and comprise panic alarm buttons, resets and audible and visible alarms. Activation of a panic alarm shall activate an audible and visual alert locally and at the systems main control and indication panel(s). 		

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Internal Layout	 Access control - an access control 'secure line' has been created at ground level between public/clinical areas to control access beyond the waiting/reception/WC areas 		
	 Reception desk design - 1no. computer/monitor will be cable secured to the reception desk to protect GOSH assets. Internally the space will have full time receptionists during opening hours as well as many volunteers The building will be accessed out of hours by FM and cleaning teams 		
	 Staff areas, rooms, offices and changing rooms to be secured with access control. 'Handbag lockers' to be provided close to the staff members work area for personal possessions. 'Hot box' lockers (storing laptops etc), to be of a security standard suitable for easily transportable desirable portable IT however; 24/7 Security Patrols, access control, CCTV and intruder alarms will aide security during the highest 'out of hours' risk periods. 		
	 Opticians dispensary - room to have access control with cashier desk 		
	Servery - third party fit out. Store has been provided with access control for securing valuables Clinical rooms - client instruction to provide doors with thumb turns from the inside Storage / Cleaners / FM / disposals - to		
	have access control • Plantrooms / risers - to have key locks		