



NOTICE OF MEETING

Overview and Scrutiny Commission

Wednesday 22 October 2014, 7.30 pm

Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: OVERVIEW AND SCRUTINY COMMISSION

Councillor Leake (Chairman), Councillor Angell (Vice-Chairman), Councillors Baily, Mrs Birch, Ms Brown, Finnie, Gbadebo, Harrison, Heydon, Mrs McCracken, McLean, Sargeant and Virgo

Church Representative Members (Voting in respect of education matters only)

Rev N Parish and One Vacancy

Parent Governor Representative Members (Voting in respect of education matters only)

Mr R Briscoe and Ms L Wellsted

cc: Substitute Members of the Commission

Councillors Allen, Mrs Angell, Kensall, Ms Miller, Mrs Pile, Mrs Temperton and Worrall

ALISON SANDERS
Director of Corporate Services

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If you require further information, please contact: Derek Morgan
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Published: 13 October 2014



Overview and Scrutiny Commission
Wednesday 22 October 2014, 7.30 pm
Council Chamber, Fourth Floor, Easthampstead House,
Bracknell

Sound recording, photographing, filming and use of social media at meetings which are held in public are permitted. Those wishing to record proceedings at a meeting are however advised to contact the Democratic Services Officer named as the contact for further information on the front of this agenda as early as possible before the start of the meeting so that any special arrangements can be made.

Note: There will be a private pre-meeting for members of the Commission at 6.45pm in the Function Room, Easthampstead House

AGENDA

Page No

1. Apologies for Absence/Substitute Members

To receive apologies for absence and to note the attendance of any substitute members.

2. Declarations of Interest and Party Whip

Members are requested to declare any disclosable pecuniary or affected interest, including the existence and nature of the Party Whip, in respect of any matter to be considered at this meeting.

Any Member with a Disclosable Pecuniary Interest or an affected interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Disclosable Pecuniary Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

3. Urgent Items of Business

Any other items which, pursuant to Section 100B(4)(b) of the Local Government Act 1972, the Chairman decides are urgent.

4. Public Participation

To receive submissions from members of the public which have been submitted in advance in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.

Crime and Disorder Committee

5. Broadmoor Hospital Sirens

Meeting as the Crime and Disorder Committee, to discuss with representatives of West London Mental Health Trust the Trust's plans to decommission a number of the Broadmoor Hospital alert sirens.

1 - 30

**TO: OVERVIEW & SCRUTINY COMMISSION
22 OCTOBER 2014**

**BROADMOOR HOSPITAL SIRENS
Assistant Chief Executive**

Meeting as the Crime and Disorder Committee, the Overview and Scrutiny (O&S) Commission is invited to discuss with representatives of West London Mental Health Trust the Trust's plans to decommission a number of the Broadmoor Hospital alert sirens, and to express the views of the Commission to the Trust.

The Trust's representatives present at the meeting are anticipated to be:

- Nigel McCorkell, Chairman
- Steve Shrubbs, Chief Executive
- John Hourihan, Director of Security at Broadmoor Hospital

Representatives of Wokingham Borough Council are expected to be present.

To inform the meeting, attached to this report are:

- The minutes of the O&S Commission meeting on 10 July 2014, relating to Broadmoor
- Mr Hourihan's presentation to the O&S Commission on 10 July
- Correspondence between the Chairman of the O&S Commission and the Trust concerning the sirens
- Correspondence between Wokingham Borough Council and the Trust concerning the sirens

Contact for further information

Richard Beaumont – 01344 352283
e-mail: richard.beaumont@bracknell-forest.gov.uk

Extract From the Minutes of the Overview and Scrutiny Commission, 10 July 2014

Broadmoor Hospital

Meeting as the Crime and Disorder Committee, John Hourihan, Director of Security at Broadmoor Hospital, and Chief Inspector Dave Gilbert of Thames Valley Police, were welcomed to the meeting.

John Hourihan gave a presentation in respect of the effect of the re-development on the security arrangements at the hospital and a consultation on proposals to decommission a number of the Broadmoor alert sirens. Mr Hourihan said he had delivered the same presentation to seven other councils previously.

The alert sirens at Broadmoor Hospital had been installed in 1952, following an escape by a patient, with further sirens added during the 1960s. They were intended to provide a warning in the event of another escape, but there had not been an escape for more than 20 years. The sirens were tested weekly but this had highlighted a number of failures, and an independent review had concluded that they were no longer fit for purpose and the resources needed to undertake repairs were not always available. In addition, the environment surrounding the hospital had changed considerably since the sirens had been installed, and now contained areas of commercial as well as residential use. The number of patients had reduced from some 900 in 1952 to around 200 now. Some areas were not covered by the existing sirens. It was felt that there was a misconception amongst local residents that the sirens contributed to security at the site, but their role was purely for notification. However, it had been recognised that they played a role in making local residents feel secure and as a result it was proposed to keep those closest to the hospital, and it was proposed that six closest to the hospital, in Crowthorne, Sandhurst and Little Sandhurst, be replaced whilst those further away from the hospital would be decommissioned. A map was displayed at the meeting showing the area where the remaining sirens would be audible and the location of those that would be removed. An additional consideration for the hospital had been whether maintaining all the existing sirens would be an appropriate use of public money, and it had been concluded by the hospital that this would not be the case.

The presentation outlined the history of the hospital, and explained that it had undergone a number of significant changes during its history, most notably following the 2001 Tilt review. This had set the security standards for Broadmoor, Ashworth and Rampton Hospitals and recommended that security at the sites should comply with Category B prison standards. The security at Broadmoor included a secure perimeter with two alarmed fences, anti-climb measures, and the support of over 300 cameras. Annual audits of security at the hospital had resulted in outstanding scores for the last three years, of 99%, 99% and 97%. Security had been designed to prevent an escape ever happening again, and now covered three key areas – physical, procedural and relational. Staff at the hospital knew the patients, and the risks they posed, well. In addition, the hospital undertook regular contingency planning with Thames Valley Police and the Local Authority emergency planning groups. A schools' information cascade system involving over 100 schools was in place, and this was tested at the beginning of each term and on at least two other occasions throughout the year. Media, including the use of social media, was handled by the hospital's communications team.

Work on the new Broadmoor Hospital had started, and was due to be completed by December 2016 at a cost of £252 million, with patients moving to the new facilities in early 2017. At the current site security measures had been added to the building over time, but security had been designed into every element of the new hospital and it would be the most modern high-security hospital in the UK. The new hospital site would have a perimeter of 1.1 km, smaller than the 1.8km previously.

Arising from members' questions and comments the following points were noted:

- The hospital currently had just over 200 beds, and was an NHS facility treating patients with mental illnesses who needed secure care. Not all patients had committed crimes – some were just so unwell they needed to be treated in a secure environment. All patients would be a threat to the public if they were to escape. The number of patients at the hospital had decreased, but it was likely that twenty to thirty years ago a number of patients at Broadmoor would today be kept in medium security facilities. Female patients at the hospital had been transferred to Rampton Hospital or medium-secure hospitals eight years ago. The new hospital was being built as the existing Victorian buildings were no longer fit for purpose and patients could not be treated effectively. The new hospital would be funded for 234 beds, of 750 across the UK. It was likely that some patients currently in medium-security hospitals would move to the new hospital.
- The consultation was aiming to reach as many people as possible, including presentations to all the town and parish councils affected by the proposals, interviews on local radio stations and a public information video that was available online. The support of Councillors, for example by talking to their Ward members about the proposals, would be welcomed.
- Concern was expressed that the schools' cascade system would not be effective in the event of industrial action. This system had been devised in consultation with the emergency planning department, but would be reviewed as part of the proposals. In addition, in the unlikely event of an escape large numbers of police would immediately be sent to the area to help spread the warning.
- It was acknowledged that the sirens played a role in helping local residents feel safe, but the hospital was confident that the security measures in place meant that an escape would not happen. Mr Hourihan acknowledged that no facility could be 100% secure. The 1952 escapee had climbed an 11 foot high brick wall. When the last escape had occurred in 1993 the perimeter had been a single fence and the patient had been able to escape by climbing a lamppost and leaping over. The measures in place now, including the addition of a second perimeter fence and standards in relation to the siting of infrastructure such as buildings and lampposts within the site, meant that this type of escape could not happen now. Any attempt to break through the fence to facilitate the escape of a patient would be detected quickly by alarms and cameras, and internal procedures prevented staff facilitating an escape.
- The company undertaking the review of the sirens had quoted £384,000 to replace the sirens, and £126,000 to decommission them. The cost of maintaining or replacing the six closest to the hospital would be £183,000. It was acknowledged that the proposals could be seen as a cost-saving exercise, but public money had to be used in the most appropriate way.
- Concern was expressed that the proposals did not take account into local residents' feelings of well-being and safety, which a monetary value could not be attached to, and that the sirens were a part of the history and culture of the area that would be missed. There was also concern that the siren would be removed from the area with the largest population, Bracknell. Members also said they were not convinced by the adequacy of the schools cascade system or the reliance on social media. It was reported that previous escapes had had a serious impact on local communities, and the sirens were the quickest way to get information to large numbers of people quickly. It was explained that Broadmoor was the only custodial facility with sirens. Prisons in the UK did not have them, while Rampton and Ashworth prisons had one siren each on the roof of the

hospital. Investment into security measures at the hospital now would prevent an escape and decisions about spending public money had to be based on need, and it was not felt that the sirens were still needed.

- Some of the new security measures that would be available in the new hospital would include analytical cameras, that could monitor specific patients and identify behaviours, for example running or aggressive behaviours, as well as tracking movements of patients and staff so that their locations within the hospital could be identified at all times.
- Once the consultation was complete a phase of works would be devised, depending on the final decision taken. The priority would be to upgrade the six sirens closest to the hospital. If outlying sirens were then decommissioned this work would take place before the move to the new hospital was completed. It was not possible to delay this work until after the move as the siren at Finchampstead could not be repaired and new failures were being reported each week. Reactions to the consultation so far had been generally in favour of the proposals. In response to a member's question, Mr Hourihan said that Parish Councils for areas lacking a siren had not been consulted, and members suggested that this be reviewed.
- Members expressed the view that the cost of replacing all the sirens was negligible in view of the Trust's wider responsibility to the public who needed reassurance and understanding, and in the context of the cost of redeveloping Broadmoor.

The Commission thanked John Hourihan for his presentation, and noted that the Council would be kept informed of the final decision on the proposals. The Commission also expressed their positivity for the way patients were cared for at the hospital.



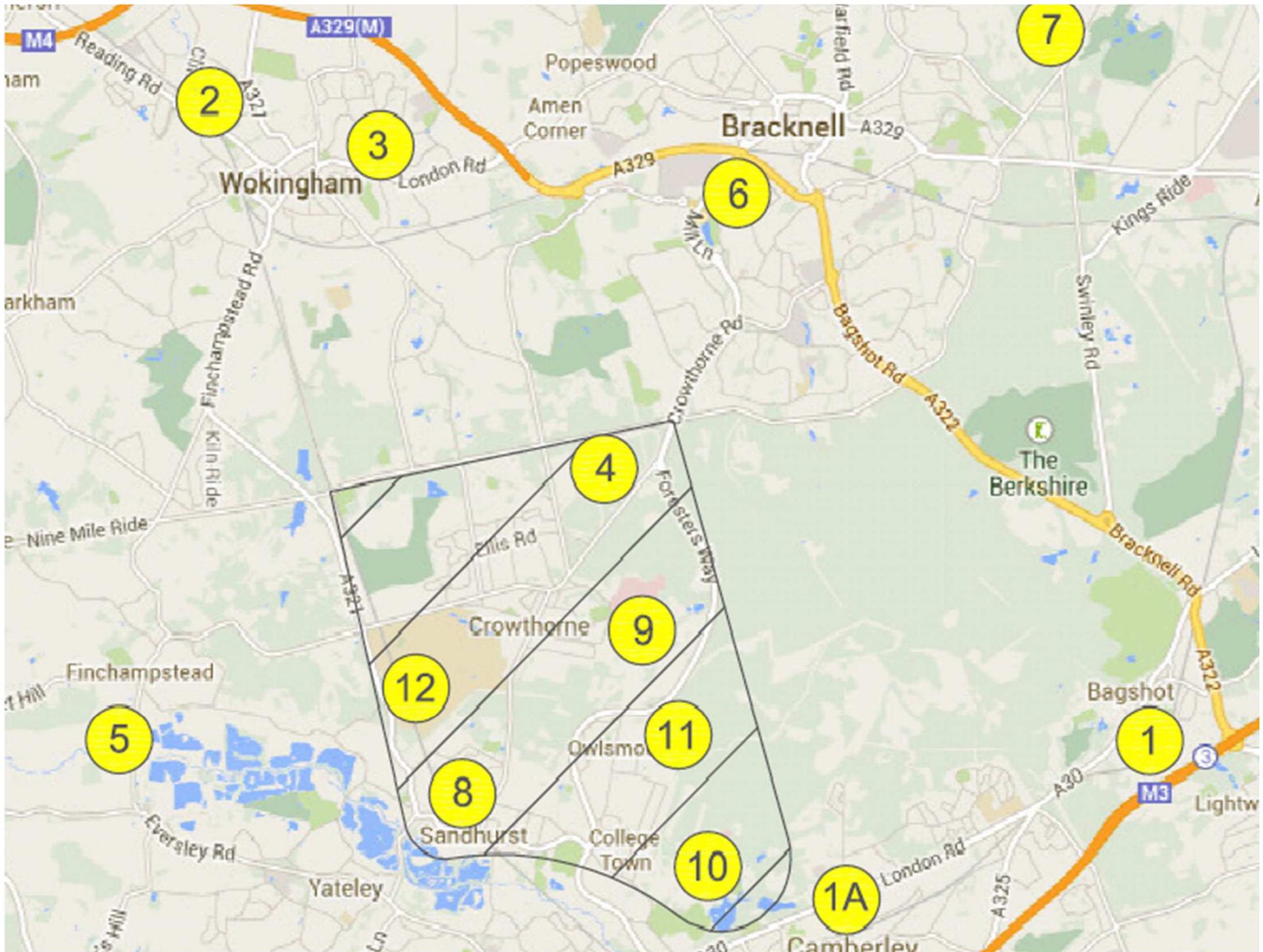
The future of Broadmoor Hospital's sirens
John Hourihan, Director of Security

*We care
to make the
difference*

History of security at Broadmoor Hospital

- Broadmoor Hospital built in 1863
- New buildings added in the 1980s and 2006
- In 1952 John Straffen escaped, by climbing a shed and jumping over wall
- Introduction of sirens – further sirens in 1960s
- 900 patients in 1950/1960s
- Most recent escape – over 20 years ago

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Broadmoor Hospital



The Tilt Review

- Most significant changes to security at Broadmoor followed the 2001 Tilt Review – by Sir Richard Tilt, former head of English Prison Service
 - Followed investigation into security at Ashworth Hospital
 - Set standards for security at Ashworth, Broadmoor and Rampton
 - Security is not just **Physical**
Procedural
Relational



Security at Broadmoor today

- Complies with Category B prison standards
- Secure perimeter (two fences, anti climb measures, supported by over 300 cameras, fence alarmed around entire perimeter)
- Annual audits on standards of security
 - 99, 99 and 97 percent in last three years
- Major incident exercises and training
 - Contingency planning with police and local authorities
- 900 staff at Broadmoor and 200 patients
- We KNOW our patients – we know the risks they present and manage accordingly

Security at Broadmoor today (cont'd.)

- We work with Thames Valley Police and local authority emergency planning groups
- Schools information cascade – tested each term and on at least 2 other occasions throughout the year
- Media, social media through our communications team
- Our security has been designed to prevent an escape ever happening again.

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Which sirens do we decommission?

- The local area has changed considerably – now commercial as well as residential
- Some areas now occupied are not covered by the existing sirens
- We want to provide assurance to our local communities - keep the sirens local to the hospital
- Must use public money wisely and effectively.



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Broadmoor Hospital



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Future of Broadmoor

- The new hospital has security designed into its fabric
- It will be the most modern high secure hospital in UK
- It will see the replacement of outdated Victorian buildings with new purpose-built hospitals
- These will provide improved environments in which to deliver clinical care.
- They will help patients in their recovery, reduce treatment times and support more efficient delivery of care. Our patients remain with us between 5
- Further information on the WLMHT website

Broadmoor Hospital

A hospital, *not a prison*, caring for patients, *not prisoners*, in the most humane and scientifically informed way, at the same time as *reducing the risk to society* posed by the most severely mentally ill.



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to make the
difference*

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Mr Steve Shrubb
Chief Executive
West London Mental Health NHS Trust
1 Armstrong Way
Southall
UB2 4SA

Date: 22/07/2014

Dear Mr Shrubb

BROADMOOR HOSPITAL SIRENS

I am writing to convey the concerns of Bracknell Forest Council's Overview and Scrutiny Commission regarding the West London Mental Health Trust's proposal to decommission and not replace some of the sirens in the vicinity of Broadmoor Hospital, and to ask you to reconsider the proposal.

John Hourihan, Director of Security at Broadmoor kindly attended the Commission's meeting on 10 July to explain the basis of the proposals, and to answer our questions. I am writing to you rather than John because our concerns go beyond the direct security arrangements at Broadmoor.

Before stating our concerns, I would say that we welcome the redevelopment of Broadmoor Hospital and we are reassured with the greatly improved security arrangements there. We also recognise that the sirens are well past their design life, with increasing unreliability, so they cannot be left as they are, and we suggest replacement is the way forward.

Viewed solely from a security and cost saving standpoint, we can see that the proposal to decommission the outlying sirens has some merit. However, we have serious concerns from the wider and very important viewpoint of community confidence in Broadmoor, and of local residents feeling safe. The importance of this is reflected in the published vision of the Borough's Community Safety Partnership, which includes, '*Everyone has the right to feel safe*' (<http://www.bracknellforestpartnership.org.uk/360>). We would point out that other members of the Community Safety Partnership who have signed up to that vision include: Thames Valley Police; local NHS representatives; Royal Berkshire Fire and Rescue; and the Probation Service. This 'feel safe' commitment is also emphasised in one of this Council's top six priorities: '*Create a Borough where people are, and feel, safe.*'

One of our councillors at the meeting, who has been resident here for 50 years, said it was hard to describe the fear which spread across the borough when the earlier escapes happened. Members also commented that the sirens have been in place around Broadmoor for many years and in our view most residents derived comfort and reassurance from knowing that there is a network of sirens to alert everyone of an escape - definitely helping to make them feel safe. John Hourihan expressed confidence that an escape would not happen, but accepted that no-one could be 100% confident that an escape could not occur.

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We have some other concerns about the Trust's proposals and the handling of its consultation:

- If you take a universal and high profile means of reassurance away from the community they want to see that it is replaced by something equally good. If not, they will be fearful for their safety and wellbeing, however good the security is at Broadmoor.
- We are not convinced that the social media and other devices would remotely fill the gap left if the sirens were turned off. They might help, but they are not anywhere near as instant and universal as a siren.
- It would be very divisive to retain sirens in part of our borough but not all parts, neither does this recognise the speed of most forms of travel for an escapee. We fear that such an approach would lead to the residents of Winkfield, for example, feeling that they were not worth protecting as much as the residents of Sandhurst. Such callous inequality in treatment would be indefensible, in our opinion.
- We are particularly concerned for the safety of school children. We are not convinced of reliance on the cascading system. For example, the complication caused when some schools are closed has evidently not been thought through. Our Parent Governor representative has commented: *'I have been in touch with my school to ask about the cascade system in place if there was a break-out from Broadmoor. I have been told that yes there is a test call that comes through (but new staff don't always know what is going on) then the school phone the next school on the list. If the next school does not answer within a time frame then they would phone the next school on the list. My school is not aware how the mopping up process works for schools that do not answer. It was then explained to me that the school has its own lock down procedure which involves available teachers monitoring walkways etc, gates being locked and added security to monitor CCTV. We discussed that should the siren be decommissioned, they would then have to inform parents by text and or e-mail.'*
- Mr Hourihan appeared reassured that the parish councils consulted by the Trust had not objected to the proposals. We would observe that the Trust was bound to get a neutral or positive response from those parish councils of areas where sirens are to be replaced. The councils which would be most concerned are those which will no longer be able to hear a siren, like Binfield, whose Parish Council was not consulted. We understand that consultation has only taken place with Parish councils which have sirens located in their area, but not other Parishes where the sirens can be heard. This makes the consultation unbalanced and flawed, in our view.

We therefore think that this comes down to a matter of cost, versus the need to maintain a feeling of safety by the public and to avert the (admittedly very small) risk of a tragedy. We were told that it would cost some £384,000 to replace all 13 sirens, which is £201,000 more than the £183,000 the Trust already plans to spend in replacing the 6 sirens in the immediate vicinity of Broadmoor. Considering what is at stake here, we as the democratically elected representatives of over 110,000 local residents have no hesitation in saying that the £201,000 would be well spent. We also note that £201,000 is fairly insignificant in the wider context of the Trust spending £252 Million on redeveloping the Broadmoor hospital site.

In conclusion, I hope you accept that our role as democratically elected members is to know and represent the interests of residents of our Borough. We think we have been here long enough to have a pretty thorough understanding of their concerns and wishes. Whilst some residents are probably unconcerned about half the sirens being decommissioned, we believe that the majority would be very unhappy about that and would not feel safe. The cost of maintaining that feeling of safety and wellbeing by replacing all (instead of half) the sirens is negligible in the overall scheme of things.

We think our community generally sees Broadmoor as a safe and well run establishment, though this would have had a setback from the recent revelations about Saville. We would not want to see public confidence put further at risk for what would be seen to be the sole motivation to save a small amount

OVERVIEW & SCRUTINY COMMISSION

of money. Consequently, we would urge the Trust to withdraw the proposal, and instead replace all the sirens with modern sirens.

Yours sincerely



Councillor Ian Leake
Chairman, Overview & Scrutiny Commission

PS On a related point, we were concerned at the Trust's handling of what turned out to be a false alarm during a thunderstorm, when the Bracknell siren was heard at around 4.30am on 18 July . That caused understandable concern over whether there had been an escape, yet it seems that the Trust did not issue a message until 8.54am, to the effect that it was a false alarm. To quote one of the Tweets from a local resident '*You need to be quicker and better at telling public it's false alarm, we need to know it's safe for kids to walk to school*'.

Copies to: Mr Hourihan; Chief Inspector Gilbert; Councillor McCracken, Executive Member for Public Protection; Chief Executive

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Councillor Ian Leake
Chairman
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Chief Executive's Office
Trust Headquarters
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28 July 2014

Dear Mr Leake

Thank you for your letter regarding the decommissioning of some of the sirens at Broadmoor Hospital. I appreciate your taking the time to write to me and express your views about the proposals.

As you know, John Hourihan, Director of Security at Broadmoor Hospital, presented the proposals to the Bracknell Forest Council's Overview and Scrutiny Commission on 10 July as part of a wider public engagement exercise. John has given evidence to the council meetings of all the affected parish councils, not just those that are to retain their sirens. I understand that John was advised by Councillor Ian McCracken on 9 December 2013 that the most appropriate forum for public consultation was through the elected officials of the parish and town councils.

The public engagement that has taken place so far has provided rich feedback on how the general public feel about these proposals via their elected local representatives. The overwhelming message has been one of support. Only Surrey Heath Council had just one councillor that has shown concern – no other parish councils have written to express objection.

I am pleased to know that you support the redevelopment of Broadmoor Hospital and are reassured by the improvements to our security arrangements. It is equally true that the sirens, which are 60 years old, are no longer fit for purpose and are increasingly unreliable, witness the recent failure due to the thunderstorm which resulted in the alarm being raised and causing distress to local residents.

You will know from the discussions you had with John at the Commission that Broadmoor Hospital today is very different from 1952 when the first siren was installed. We have invested many £millions in our security to prevent an escape from happening.

The public information video on our trust website provides appropriate reassurance about why we intend to decommission a number of the sirens and just how secure Broadmoor is. See the link below

<http://www.wlmht.nhs.uk/bm/broadmoor-hospital/the-broadmoor-siren/>

Despite central government approval to redevelop Broadmoor Hospital, the financial constraints upon the trust are significant. I am sure you will appreciate that as a public sector healthcare provider we must spend taxpayers' money wisely and maximise the benefit to patients and those needing our care. The cost to replace all of the sirens is approximately £400k, the cost to retain sirens locally is approximately £183k. The trust which is responsible for Broadmoor Hospital also deals with much broader mental health issues. Were we to invest money unnecessarily in new sirens at Broadmoor Hospital, we would have less to spend on dementia care or local services for those experiencing mental illness in the community.

I am sure you will understand that the trust must make funding decisions objectively rather than allocate resources to retain outdated technology that no longer does the job for which it was intended.

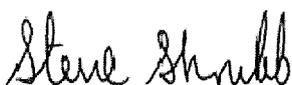
You raised concerns in your letter about the use of social media and other communications techniques. The emergency services all use these forms of communication to alert local residents to incidents and the media monitors twitter constantly for alerts of this kind.

We used twitter last week to tell the public the siren was a false alarm and apologise for any distress caused. Thames Valley Police retweeted our message which was very helpful. The media were instantly alerted to the situation and included our public messages in their news bulletins.

As far as school safety is concerned the cascading system is tested at least once each term and twice randomly through the year – in the event that a school could not inform another school on the cascade system, they would inform their local authority emergency planning team, who in turn would contact the police. Thames Valley Police, Hampshire Police and Surrey Police have agreed as a part of the cascade protocol to visit all schools that are not contacted.

I do hope you are reassured that the safety of the local communities is foremost in our minds and that we have considered the decommissioning of the sirens with the utmost caution and care.

Yours sincerely



Steve Shrubbs
Chief Executive

Mr Steve Shrubbs
Chief Executive
West London Mental Health NHS Trust
1 Armstrong Way
Southall
UB2 4SA

By email: 'steve.shrubbs@wlmht.nhs.uk'

Date: 12/08/2014

Dear Mr Shrubbs

BROADMOOR HOSPITAL SIRENS

I have just seen your letter of 28 July on return from abroad, and I have to say that I find it very unsatisfactory. Among my concerns are that your letter completely omits to respond to the principal point of our letter, concerning the negative impact of your proposals on the fear of crime felt by our residents. For that reason, I am struggling to feel reassured by your statement that the safety of local communities is foremost in your minds.

There are other aspects of letter which concern me too, for example:

- You mention cost. We would suggest that the cost of everything has to be judged alongside its benefits. The additional cost of replacing the remaining sirens, of £201,000, is less than 0.1% of the £252 million the Trust is spending on redeveloping Broadmoor. As well as being a tiny amount by comparison, it is a very modest investment to ensure that local people continue to feel safe.
- You say your consultation was directed at the town and parish councils, whereas the principal local authorities in the vicinity (Bracknell Forest, Wokingham and Surrey CC) have statutory responsibility for public protection, community safety and emergency planning.
- You say that the Trust has consulted all the 'affected' parish councils, yet as far as we are aware, you did not consult – among others - Binfield Parish Council.
- You say that no other parish councils have expressed objection. As they were not all consulted, this is not surprising. Conversely, we have seen a letter of objection from Wokingham Borough Council to you, and we understand that two parish/town councils may have also objected to the proposals. This does not support your contention that 'the overwhelming message has been one of support'.
- We find your reliance on social media, which is used by only a small part of the population, to be unconvincing and a wholly inadequate substitute for the instant mass communication which a siren brings.
- From our direct knowledge, it seems that the cascade system for schools is not a watertight as you claim.

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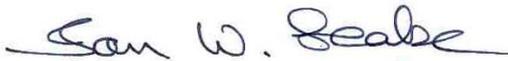
I will be replying more substantively once I have been able to consult people in this Council and others. Due to holiday absences, this will take a little time. Meanwhile, I would ask:

- For you to give me the dates and locations of all meetings held by the Trust with town and parish councils
- For your confirmation that the Trust's Board will not make a decision over the decommissioning of the sirens until you have considered my next letter, which I hope to send you within the next month.

If we are unable to achieve a satisfactory outcome to what we see as a very reasonable request, then I anticipate that we will see the need to summon you and the Trust's Chairman (to whom I am copying this letter, and my earlier) to a public meeting, possibly followed by our writing to the Secretary of State for Health.

I hope this letter leaves no doubt about the seriousness with which we view the Trust's plans. We are very disappointed that you seem to be dismissive of the real impact that turning off the sirens would have on the well-being of tens of thousands of local people. You also appear to be taking no heed of the priorities set by our Council and our Community Safety Partnership with the Police and other partner organisations.

Yours sincerely



Councillor Ian Leake
Chairman, Overview & Scrutiny Commission

Copies to: Mr Nigel McCorkell; Councillor McCracken, Executive Member for Public Protection; Chief Executive; jacky.vincent@wlmht.nhs.uk

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Councillor Ian Leake
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2nd October 2014

Dear Councillor Leake,

I have to admit to being somewhat surprised on receiving an email yesterday from Richard Beaumont expressing your concerns that I had not replied to your letter of 12th August. I had written a letter in reply, unfortunately it had not been mailed; please accept my most sincere apologies. In your letter dated 12 August 2014 you address a number of concerns, which I hope I can answer below.

Fear of crime - As mentioned in my previous correspondence to you, the sirens used at Broadmoor Hospital are 60 years old, no longer fit for purpose and are becoming increasingly unreliable. Following the false siren activation in July, it was clear from the media coverage on BBC south that a number of Bracknell residents expressed real concern that an escape had taken place, which of course exacerbates the anxieties that communities have with regards to the 'fear of crime'. We have spent many millions of pounds in our security provision at the hospital in recent years to prevent an escape from ever happening. With this in mind, I fail to see how keeping the sirens would reduce the fear of crime issue you raise.

Consulting parish councils - . In consulting the parishes which have sirens located in their areas, I agree we did not include Binfield Parish Council. However, we have since written to them and detailed our proposals and asked if they would like a presentation. Additionally John Hourihan has extended an invitation to the Parish Council for them to visit Broadmoor Hospital, to better understand how we have invested in security at the hospital to prevent the occurrence of an escape.

Since your letter of 22nd July we have received correspondence from Wokingham Borough Council Oversight and Scrutiny Commission. We too have offered them an opportunity to hear John Hourihan's presentation and also to come and visit the hospital. Neither Binfield Parish Council or Wokingham Borough Council have accepted the invitation.

Given that our physical security arrangements are an integral part of what keeps our communities safe, I think it would be of enormous value for the Bracknell Forest Council Oversight and Scrutiny Commission to come to Broadmoor to have a look at those arrangements to see for yourself just how tight these are.

Schools cascade system - The cascade system has been in place for many years. Its success is borne out of the excellent partnership arrangements in place between the Trust, the Local Authority Emergency Planning Teams and the police forces of Thames Valley, Hampshire and Surrey. If you have concerns about the effectiveness of the system, may I ask that these are addressed immediately through the Bracknell Forest Council Emergency Planning team in order that we can work together with Thames Valley Police to identify methods of improving the cascade system. As you know, the system is tested every term and twice annually at other times. I would add that the cascade system reaches 174 educational establishments, most of which are situated outside the area in which the sirens can be heard.

Following the public consultation, the senior management team at Broadmoor Hospital have agreed to decommission seven of the 13 sirens. We are yet to identify the decommissioning and replacement process. All councils and parish councils consulted will be informed of the process once we have drawn up the necessary plans.

I would be glad to attend either of the meetings that you have suggested and will ask John Hourihan to accompany me. However, I do think that the benefits of the Oversight and Scrutiny Commission visiting Broadmoor as I suggest above, would greatly enhance your understanding when discussing your concerns.

If you would like to visit the hospital, please let my PA Jacky Vincent know by email and she can make necessary arrangements.

Yours sincerely,



Steve Shrubbs
Chief Executive

Tel: 0118 966 8254
Email: Tim.Holton@wokingham.gov.uk
Date: Friday, 01 August 2014



**WOKINGHAM
BOROUGH COUNCIL**

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Wokingham Borough Council
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Dear Mr Shrubb,

BROADMOOR HOSPITAL SIRENS

At its meeting on 28 July 2014, the Wokingham Borough Council Overview and Scrutiny Management Committee discussed the proposals of the West London Mental Health Trust to decommission and not replace some of the sirens in areas surrounding Broadmoor Hospital, including sirens located within the Wokingham Borough.

The Committee acknowledged the significant improvements in security made since the 1990's and the current redevelopment of the Broadmoor site which would further reduce the risk of an escape. However, the Committee had the following particular concerns:

- That it was disappointed on the information available to it, that principal local authorities did not appear to have been formally consulted about the proposals;
- That the school cascading system could not be effective in the event of schools being closed, (for instance in the case of the schools being closed through industrial action) and that relying on such a system would not be as quick in notifying residents of an escape as a simple audible signal;
- That despite the improvements in security on the Broadmoor site, it was the Committee's understanding that at least one past escape had occurred whilst a patient had been on a supervised visit away from the hospital site and therefore outside the scope of physical site security arrangements. In this scenario, it was the Committee's view that the sirens still represented the best way to quickly alert the maximum number of residents possible of an escape;
- The Committee was mindful of the Trust's obligation to spend public money wisely in considering whether to upgrade the sirens. However, it was the Committee's firm view that the £201,000 difference in cost between the replacement of all 13 sirens or £183,000 replacement of the 6 sirens closest to the hospital was a relatively small amount of money when balanced against

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the real need to maintain public confidence and risk of tragedy, (however small that risk might be). It also noted that the cost needed to be put in the wider context of the £252 million pound redevelopment of the hospital site.

The Committee would also like to fully endorse the similar and other concerns which it understands have already been expressed to the Trust regarding the proposal by the Bracknell Forest Council Overview and Scrutiny Commission, following its consideration of the proposals on 10 July 2014 and support its request that you reconsider the proposals.

Yours sincerely,

T A Holton

Councilor Tim Holton
Chairman, Overview and Scrutiny Management Committee

Copies to:

Andy Couldrick, Chairman of the Wokingham Community Safety Partnership
Councillor Keith Baker, Leader of Wokingham Borough Council
John Hourihan, Director of Security, Broadmoor Hospital.
Councillor Ian Leake, Chairman Bracknell Forest Council Overview and Scrutiny Commission.

Councillor Tim Holton
Chairman
Overview and Scrutiny
Management Committee
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Chief Executive's Office

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Email: jacky.vincent@wlmht.nhs.uk

8 September 2014

Dear Councillor Holton

Thank you for your letter regarding the decommissioning of some of the sirens at Broadmoor Hospital. I appreciate the Overview and Scrutiny Management Committee's discussion on the issue and am grateful for your acknowledgment of the improvements we've made to security over recent years. We are absolutely committed to ensuring our local communities remain and feel safe.

Since we started the consultation exercise earlier this year, our director of security at Broadmoor, John Hourihan, has attended various council meetings to those authorities where a siren currently exists. He has given reasons for our proposals and has explained why we intend to keep certain sirens in the vicinity to the hospital.

The public engagement that has taken place so far has provided rich feedback on how the general public feel about these proposals via their elected local representatives. The overwhelming message has been one of support. Only Surrey Heath Council had just one councillor that has shown concern – no other parish councils have written to express objection.

As the consultation has concluded and we have considered views from local people, parish and town councils, we now intend to proceed with decommissioning those sirens we have identified in our proposals. These sirens, which are 60 years old, are no longer fit for purpose and are increasingly unreliable. A recent example of their failure followed the thunderstorms last month which resulted in the alarms being activated overnight, causing unnecessary distress and disturbance to thousands of local residents.

You also appreciate that Broadmoor Hospital today is very different from 1952 when the first siren was installed. We have invested many millions of pounds in our security to prevent an escape from happening. Indeed the incident that you referred to in your letter did not happen at Broadmoor. The patient absconded while receiving treatment at an acute hospital.

Despite central government approval to redevelop Broadmoor Hospital, the financial constraints upon the trust are significant. I am sure you will appreciate that as a public sector healthcare provider we must spend taxpayers' money wisely and maximise the benefit to patients and those needing our care. The cost to replace all of the sirens is approximately £400k, the cost to retain sirens locally is approximately £183k. The trust which is responsible for Broadmoor Hospital also deals with much broader mental health issues. Were we to invest money unnecessarily in new sirens at Broadmoor Hospital, we would have less to spend on dementia care or local services for those experiencing mental illness in the community.

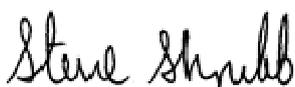
I am sure you will understand that the trust must make funding decisions objectively rather than allocate resources to retain outdated technology that no longer does the job for which it was intended.

You raised concerns in your letter that you were not formally consulted. While John delivered his presentation to the Wokingham Without Parish Council meeting on 7 April 2014, he would be pleased to attend your next Overview and Scrutiny Committee. Please let me know the date of your next meeting if you would like John to attend and he would be happy to answer any queries or concerns you may have. I would also like to extend an opportunity to the Overview and Scrutiny Management Committee to come and have a tour of the hospital to better understand how we have invested in our security to prevent an escape from occurring. I will ask John to contact you in order to facilitate this visit.

The public information video on our trust website provides appropriate reassurance about why we intend to decommission a number of the sirens and just how secure Broadmoor is. Please see the link below <http://www.wlmht.nhs.uk/bm/broadmoor-hospital/the-broadmoor-siren/>

If you need any further information, please do not hesitate to contact me.

Yours sincerely



Steve Shrubbs
Chief Executive