

**OVERVIEW AND SCRUTINY COMMISSION
22 OCTOBER 2014
7.30 - 9.30 PM**



Present:

Councillors Leake (Chairman), Angell (Vice-Chairman), Mrs Angell, Baily, Mrs Birch, Gbadebo, Harrison, Mrs McCracken and Virgo

Mr R Briscoe
Mrs L Wellsted

Apologies for absence were received from:

Councillors Ms Brown, Finnie, Heydon, McLean and Sargeant

Also Present:

Councillor Prue Bray, Wokingham Borough Council
Councillor Michael Firmager, Wokingham Borough Council
John Hourihan, Director of Security, Broadmoor Hospital
Nigel McCorkell, Chairman, West London Mental Health Trust
Councillor Malcolm Richards, Wokingham Borough Council
Steve Shrubbs, Chief Executive, West London Mental Health Trust
Councillor David Sleight, Wokingham Borough Council

In Attendance:

Richard Beaumont, Head of Overview & Scrutiny
Timothy Wheadon, Chief Executive

22. Substitute Members

The Panel noted the attendance of the following substitute member:

Councillor Mrs Angell for Councillor Finnie

23. Declarations of Interest and Party Whip

Councillor Mrs McCracken declared an interest as the spouse of the Executive Member for Culture, Corporate Services and Public Protection.

24. Urgent Items of Business

There were no urgent items of business.

25. Public Participation

There were no submissions from members of the public in accordance with the Council's Public Participation Scheme for Overview and Scrutiny.

26. **Broadmoor Hospital Sirens**

Meeting as the Crime and Disorder Committee, the Commission and Members of Wokingham Borough Council, discussed with representative's of West London Mental Health Trust the Trust's proposals to decommission a number of the Broadmoor Hospital alert sirens furthest away from the hospital whilst replacing those in Crowthorne, Sandurst and Little Sandhurst.

In response to Members' questions the Trust representatives outlined the security arrangements at Broadmoor. There were two perimeter fences, both alarmed. If an alarm were to be activated a control room camera would be activated in 0.75 seconds. Within a further 3 seconds a camera would turn to face the point of alarm at which time the operator would decide whether this was a genuine alarm. If it was, then the sirens would be sounded and the police and other authorities alerted.

The Trust representatives invited Commission members and Wokingham Councillors to visit the hospital to see the security measures in operation.

Whilst acknowledging that it could be not be guaranteed that there would never be a breach of security Members were advised that the last escape from Broadmoor had been in 1993 and that annual audits of security at the hospital had resulted in scores of 99, 99 and 97% for the last three years.

In response to concerns expressed about the effectiveness of the schools' cascade system, Trust representatives reported that this was tested regularly. A Member suggested that, rather than relying on a series of telephone calls between schools it would be much quicker and effective to use text messaging and email. Trust representatives reported that the cascade system was a partnership arrangement between the Trust, Local Authority Emergency Planning Teams and the police forces of Thames Valley, Hampshire and Surrey; however, they agreed to investigate if the process could be improved by the use of new technology.

Trust representatives expressed the view that Broadmoor was very secure and delivered very good care to its patients. The sirens did not contribute to the security at the site but their role was simply to provide reassurance. They pointed out that Broadmoor was the only custodial facility with sirens while Rampton and Ashworth prisons had one siren each on the roof of the hospital. Neither was there a siren on the category A Belmarsh prison, for example. It was their belief that most residents did not know what to do when the sirens sounded, though there was advice for the public on the Trust's website. They also advised that Broadmoor was a hospital, not a prison, with security requirements set by central government.

Members stated that the Trust's position was illogical and divisive. If the sirens had no value then it would be logical to decommission all of them. If, they were valuable, the same siren coverage should be maintained. To replace only those nearest to the hospital suggested that those residents were being valued more highly than those in the rest of Bracknell and Wokingham.

Trust representatives reported that the proposed decommissioning of any of the sirens was likely to be contentious. This had been debated at great length by the Trust Board and the proposed approach was acknowledged to be a compromise. However, the sirens had been installed in the 1950s and 1960s and were no longer fit for purpose. There was also a limit to the amount of funding available to replace sirens. In the event that additional funding became available for sirens, the Trust would see a better for use of it being in providing additional clinical staff. It was also

reported that the replacement sirens would have a much greater sound range. The Trust Chairman acknowledged that the Trust's consultation over the sirens could have been carried out better.

Members were informed that patients only left Broadmoor hospital to attend court or for medical treatment. Escorted rehabilitation visits had ceased many years earlier. Patients left Broadmoor after an average stay of seven years, transferring to a medium security hospital.

The Trust Chairman said that efforts continued to make Broadmoor more transparent, referring to increased visitor numbers and a forthcoming television documentary.

In response to Members' comments about the incidence of violent crimes in Broadmoor, the Director of Security said there was a zero tolerance policy and the dedicated Police liaison officer ensured there was full reporting.

A Member suggested that, rather than a map setting out the location of the existing sirens, it would have been more informative to have been shown the coverage of the new sirens. It was then suggested by Members that, rather than have several sirens located near the hospital, it would be better to have them spread out so that a far greater number of residents could be alerted.

Following further discussion the Trust representatives agreed to reconsider the current proposals and also consider the following alternative options:

- decommission all sirens (however, given that the consultation was based on replacing some of them, it was acknowledged that this would be highly controversial)
- replace some of the sirens but spread out the replacements over a wider area and/or
- retain some of the current sirens rather than decommission them but not replace them when they fail.

The Trust representatives also agreed to:

- look at ways of improving the schools' cascade system
- meet with the Community Safety Partnership to discuss prior to finalising them at their Board meeting
- attend a further meeting of the O & S Commission, meeting as the Crime and Disorder Committee to outline discuss their proposals.

The Chairman thanked the Wokingham Councillors for their attendance and contribution and the Trust representatives for their openness and honesty.

CHAIRMAN

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