

**TO: OVERVIEW & SCRUTINY COMMISSION
22 SEPTEMBER 2016**

**BROADMOOR HOSPITAL SIRENS
Assistant Chief Executive**

1. The Overview and Scrutiny (O&S) Commission is invited to receive updates on: discussions with the West London Mental Health Trust concerning the redevelopment of Broadmoor Hospital and the Trust's plans to decommission a number of the Hospital alert sirens; and the arrangements to notify Broadmoor alerts to schools (the 'School cascade system').
2. At its meeting on 10 July 2014, the O&S Commission received a presentation from the Director of Security at Broadmoor Hospital, relating to the West London Mental Health Trust's planned re-development of the hospital and their plans to decommission the existing, aged warning sirens and replace around half of them closest to the hospital. Subsequently, the Chairman of the O&S Commission entered into correspondence with the Trust, expressing the Commission's concerns. This led to a further meeting with the Trust's Chairman, Chief Executive and Director of Security on 22 October 2014, to which Councillors from Wokingham Borough Council were also invited as the Broadmoor sirens extend to that borough. The minutes of the July and October meetings are at Appendix 1.
3. Following the October 2014 meeting:
 - Members were asked about their availability for a visit to Broadmoor in 2014/15, as invited by the Trust, but there was insufficient interest to progress that.
 - The Director of Children, Young People and Learning reviewed and improved arrangements for notifying schools of siren alerts (the 'school cascade' system).
 - On 15 January 2015 the Trust's Chief Executive wrote to the O&SC Chairman, *'I have now come to the decision that the most appropriate way forward, is to retain and maintain all community based sirens until the new hospital is completed and the secure perimeter fence is realigned in 2019. From that time all sirens will be decommissioned. However to ensure consistency with the other two high secure hospitals and to provide assurance to the Crowthorne community, I propose to install a new siren on the entrance building to the new hospital.'*
 - On 5 May 2016, the Trust contacted the Commission Chairman to: say that the redevelopment was proceeding; to invite comment from Oversight and Scrutiny on the Trust's proposal to locate a single siren within the grounds of the new hospital; and to repeat the offer to host a visit to the hospital development site. The Chairman replied, *'In principle, the Commission has no objection to the re-developed and more secure hospital having just one siren, as proposed in your letter. However, our abiding concern is that the security arrangements, including the sirens, must take full account of local residents' feelings of well-being and safety. Furthermore, the Trust should publicise, well in advance and widely, its reasons and the date for any decommissioning of the sirens.'*
4. Councillors Leake, Mrs Angell and Angell, also Mrs Wellsted and Mr Beaumont, visited the hospital redevelopment site on 22 August 2016. A briefing note had been produced in advance by the Community Safety Manager. The redevelopment plans were viewed, and discussions were held with the Trust's Director of Security, the Redevelopment Programme Director and the Construction Manager from Kier Construction. The new

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hospital is being built outside the existing secure perimeter, to Category B prison standards. The new buildings should be completed by February 2017, and the transfer of patients to the new buildings – which required very careful planning – would follow later. The enhanced physical and other security features of the new hospital, along with the planned response should a patient not be accounted for, were described. Other key points arising were:

- It is not possible to 'chip' patients, however biometric reading would be used;
- The increasing use of drones nationally, and the associated risks, was of concern;
- The Trust, like other mental health organisations, was experiencing some clinical staff shortages;
- It costs the Trust around £330,000 to look after each Broadmoor patient annually, on average;
- Provision has been made for possible expansion of the hospital site in the future, should that prove necessary.

Following the meeting, members were taken on a very informative tour of the new hospital, under construction.

RECOMMENDATION/SUPPORTING INFORMATION/ALTERNATIVE OPTIONS CONSIDERED/ ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS/ EQUALITIES IMPACT ASSESSMENT/ STRATEGIC RISK MANAGEMENT ISSUES / OTHER OFFICERS/ CONSULTATION – Not applicable

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

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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

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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.

Extract From the Minutes of the Overview and Scrutiny Commission, 22 October 2014

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, Sandhurst 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 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.

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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 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:

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- 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.