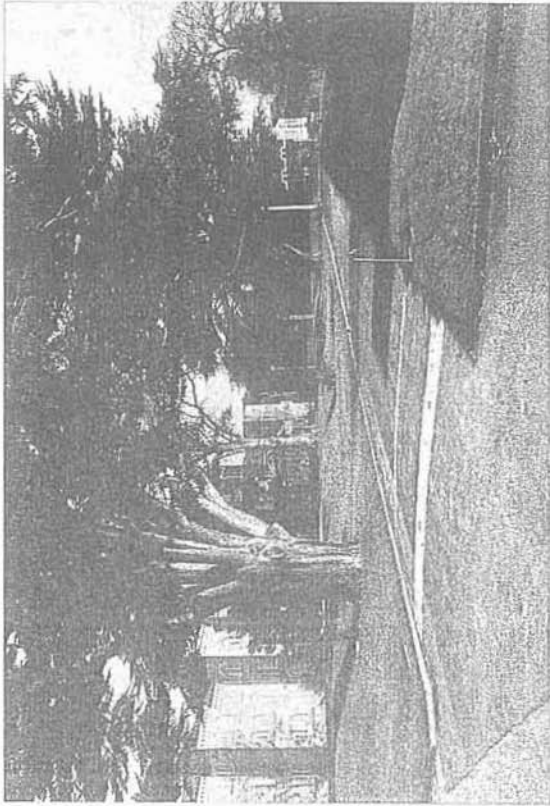


<b>TITLE</b>	<b>Broadmoor Hospital Alert Sirens</b>
<b>FOR CONSIDERATION BY</b>	Overview and Scrutiny Management Committee on 28 July 2014
<b>WARD</b>	None Specific




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

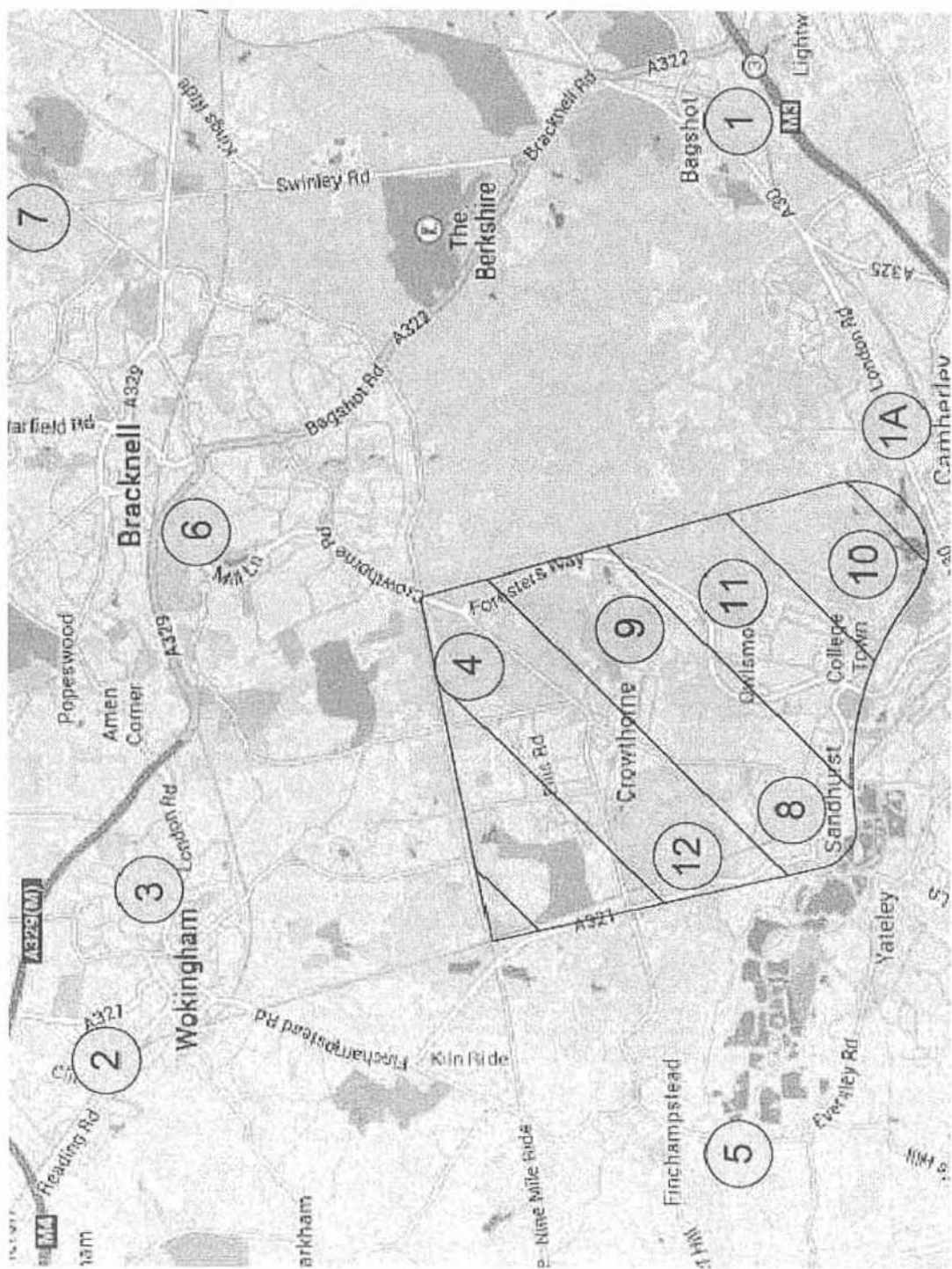
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difference*

## History of security at Broadmoor Hospital

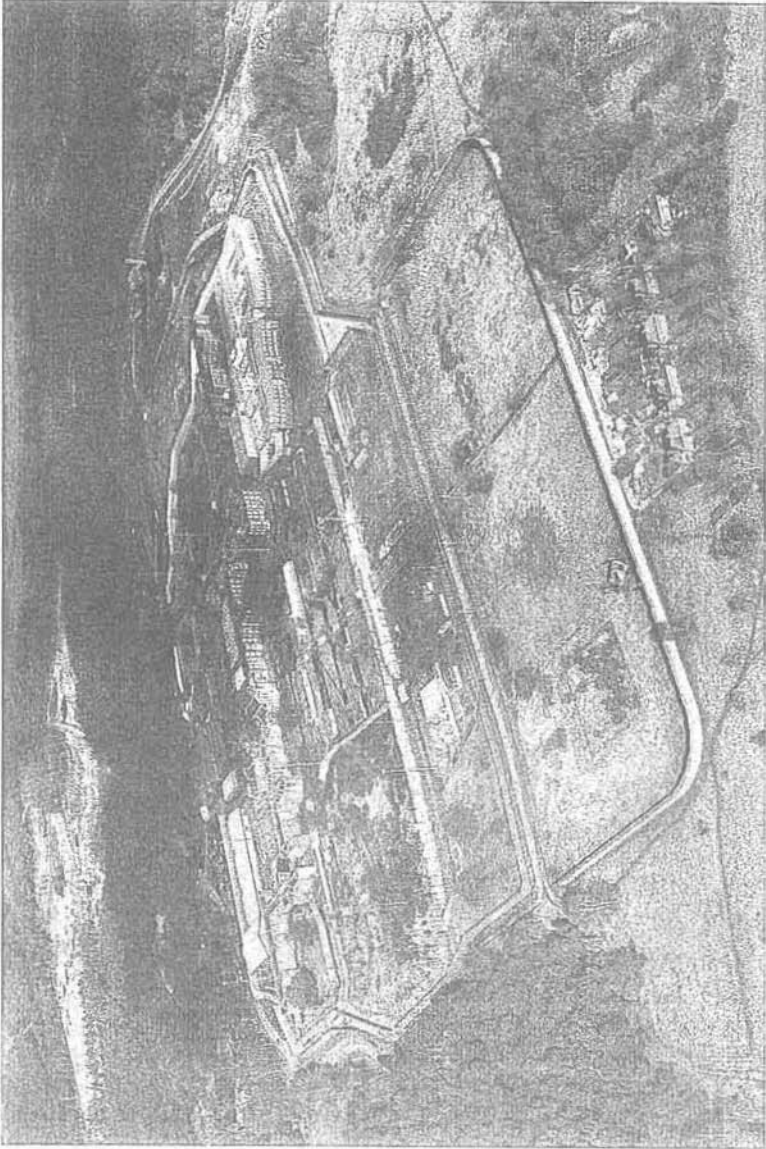
- Broadmoor Hospital built in 1863
- New buildings added in the 1980s and 2006
- In 1952 John Straffen escaped, by climbing a shed and jumping over wall
- Introduction of sirens – further sirens in 1960s
- 900 patients in 1950/1960s
- Most recent escape – over 20 years ago



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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.

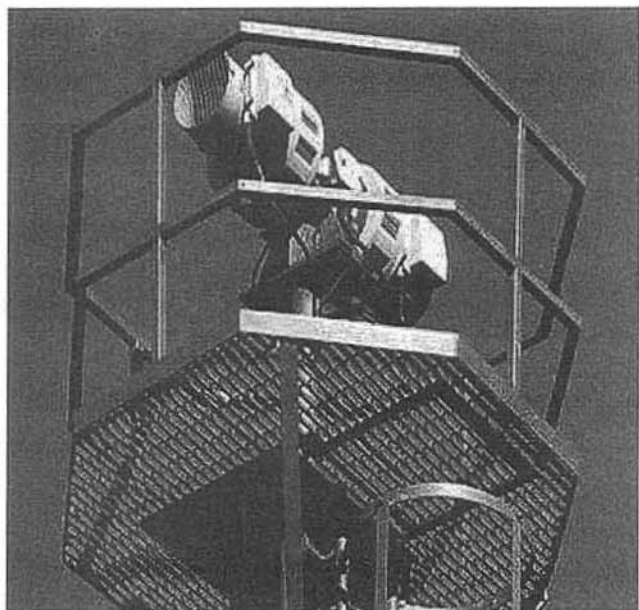


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## Which sirens do we decommission?

- 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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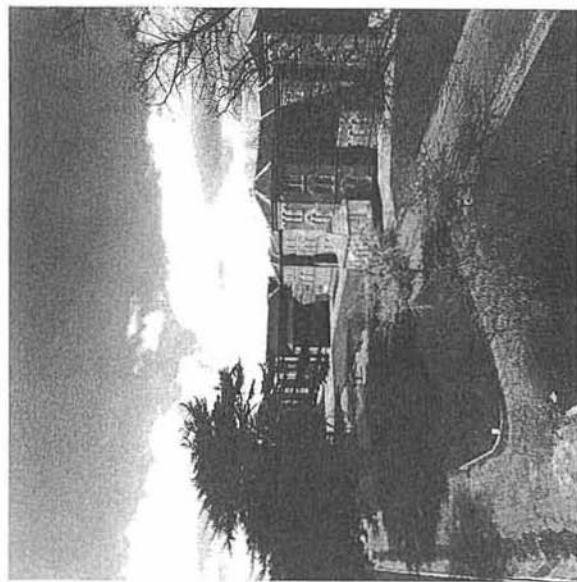
## Future of Broadmoor

- 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

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# 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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**Extract from the minutes of Bracknell Forest Borough Council  
Overview and Scrutiny Commission 10 July 2014**

Meeting as the Crime and Disorder Committee, to discuss with John Hourihan, Director of Security at Broadmoor Hospital and Chief Inspector Dave Gilbert, Bracknell Local Police Area Commander:

- The effect of the re-development on security arrangements at the hospital;
- The considerations regarding the Broadmoor alert sirens.

**Minutes:**

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.



**FINCHAMPSTEAD PARISH COUNCIL  
MINUTES OF A MEETING OF FINCHAMPSTEAD PARISH COUNCIL  
HELD AT 7.30PM ON WEDNESDAY 19 MARCH 2014  
AT THE FBC CENTRE, GORSE RIDE NORTH, FINCHAMPSTEAD**

**PRESENT:** Cllr Cundy, Chairman

Cllrs Ms Blackwood, Bromley, Bowers, Chapman, Mrs Driver, Mrs Jennings-Frisby, May, Mrs Newcombe, Rampton, Veitch, Weeks, Woof.

Mrs Dagnall, Clerk.

**119/2014 WEST LONDON MENTAL HEALTH TRUST**

Mr John Hourihan spoke about future options for the Broadmoor Warning Sirens. The sirens are sited at 13 locations within a seven mile radius of the Hospital and are controlled using copper transmission links provided by BT. BT no longer supports this technology, and if the infrastructure fails BT will take the links out of service. Fibre optic technology is now required to operate the system.

Refurbishment and decommissioning options for all or part of the siren system have been considered, particularly in the light of the significant improvement in security, systems and procedures at the Hospital over the last 20 years, and the reduced number of patients now at the Hospital. The new Hospital, to be occupied by patients from 2017, will have an even higher level of security.

The Trust is now proposing to refurbish 6 sirens around Crowthorne and to decommission the remaining sirens.

The Finchampstead siren off Longwater Road has not operated for 18 months, and the Crowthorne sirens can be heard in the Parish. On this basis the Council was broadly supportive of the proposal to decommission the local siren, particularly if the new technology improves coverage.