

4 July 2017

BROOKE OVERVIEW AND SCRUTINY COMMITTEE – 13 JULY 2017

A meeting of the Brooke Overview and Scrutiny Committee will be held at 5.30pm on Thursday 13 July in Committee Room 1, Town Hall, Rugby.

Councillor Claire Edwards
Chair of Brooke Overview and Scrutiny Committee

A G E N D A

PART 1 – PUBLIC BUSINESS

1. Minutes

To confirm the minutes of the meetings held on 6 April 2017 and 18 May 2017.

2. Apologies

To receive apologies for absence from the meeting.

3. Declarations of Interest

To receive declarations of:

(a) non-pecuniary interests as defined by the Council's Code of Conduct for Councillors;

(b) pecuniary interests as defined by the Council's Code of Conduct for Councillors;

(c) notice under Section 106 Local Government Finance Act 1992 – non-payment of Community Charge or Council Tax.

Note: Members are reminded that they should declare the existence and nature of their non-pecuniary interests at the commencement of the meeting (or as soon as the interest becomes apparent). If that interest is a pecuniary interest, the Member must withdraw from the room unless one of the exceptions applies.

Membership of Warwickshire County Council or any Parish Council is classed as a non-pecuniary interest under the Code of Conduct. A Member does not need to declare this interest unless the Member chooses to speak on a matter relating to their membership. If the Member does not wish to speak on the matter, the Member may still vote on the matter without making a declaration.

4. Improving Stroke Services in Coventry and Warwickshire
5. Finance and Performance Monitoring 2016/17 – Year-End – please refer to report from Cabinet 26 June and RPMS
6. Fire Safety in Our Properties – Cabinet report from 26 June attached
7. Review of Homelessness (report to follow)
8. Review of World Rugby Hall of Fame
9. Overview and Scrutiny Work Programme 2017/18

Any additional papers for this meeting can be accessed via the website.

Membership of the Committee:

Councillors Claire Edwards (Chair), Mrs A'Barrow, Mrs Bragg, Cranham, Keeling, Mrs New, Pacey-Day, Srivastava and Dr Williams

If you have any general queries with regard to this agenda please contact Veronika Beckova, Democratic Services Officer (01788 533591 or e-mail veronika.beckova@rugby.gov.uk). Any specific queries concerning reports should be directed to the listed contact officer.

If you wish to attend the meeting and have any special requirements for access please contact the Democratic Services Officer named above.

AGENDA MANAGEMENT SHEET

<i>Name of Meeting</i>	Brooke Overview and Scrutiny Committee
<i>Date of Meeting</i>	13 July 2017
<i>Report Title</i>	Improving Stroke Services in Coventry and Warwickshire
<i>Ward Relevance</i>	None
<i>Contact Officer</i>	Andrea Green, Chief Officer for NHS Warwickshire North and NHS Coventry and Rugby Clinical Commissioning Groups
<i>Summary</i>	The committee is asked to consider the appended engagement document on Improving Stroke Services in Coventry and Warwickshire.
<i>Financial Implications</i>	There are no financial implications relating to this report.
<i>Risk Management Implications</i>	There are no risk management implications arising from this report.
<i>Environmental Implications</i>	There are no environmental implications arising from this report.
<i>Legal Implications</i>	There are no legal implications arising from this report.
<i>Equality and Diversity</i>	No new or existing policy or procedure has been recommended.

Public Report to Brooke Overview and Scrutiny Committee

13 July 2017

Improving Stroke Services in Coventry and Warwickshire

Summary

The committee is asked to consider the appended engagement document on Improving Stroke Services in Coventry and Warwickshire.

INTRODUCTION

The proposals outlined in the engagement document have been co-developed by local health and social care professionals, stroke survivors, their carers, members of the public who participated in earlier engagement and national experts who have tested the proposals.

Andrea Green, Chief Officer for NHS Warwickshire North and NHS Coventry and Rugby Clinical Commissioning Groups, will attend the meeting to present the engagement document as appended to the committee.

Name of Meeting: Brooke Overview and Scrutiny Committee

Date of Meeting: 13 July 2017

Subject Matter: Improving Stroke Services in Coventry and Warwickshire

LIST OF BACKGROUND PAPERS

Document No.	Date	Description of Document	Officer's Reference	File Reference
1.	15 June – 16 July 2017	Improving Stroke Services in Coventry and Warwickshire – Engaging with You		



Improving stroke services in Coventry and Warwickshire

Engaging with you

15 June - 16 July 2017



Improving stroke services in Coventry and Warwickshire

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Foreword

Welcome to our engagement on stroke services in Coventry and Warwickshire. We are keen to outline the pre-consultation and planning work we have undertaken so far, with the help of our local clinicians, patients, carers, community groups and our dedicated patient advisory group, which has led to the proposed options for the future of this important service. The proposals outlined in this document have been co-developed by local health and social care professionals, stroke survivors and their carers and members of the public who participated in our earlier engagement, and national experts who have tested our proposals.

There is national and regional guidance for the delivery of stroke services. This guidance covers the care to be provided to prevent a stroke, and during and after having a stroke. Through our review of this guidance and feedback from our pre-consultation work, we have identified local variations in stroke care, in primary care and in both the hospital and rehabilitation services, which has led to an inequitable service across our city and county.

When we looked into this more, it was clear that the services differed in what they offered from place to place, delivering different outcomes for patients, and they did not meet some of the principles of good care set out in national guidance. Unless we change the stroke service, we cannot guarantee that every patient is receiving the best possible care.

It was also clear from public feedback, from our partners at the Stroke Association and our dedicated group of patient and public representatives, that high quality, specialist stroke services were valued by people but there was also a desire for local rehabilitation services where possible.

You will discover, as you read on, that we have looked in great detail at these concerns and have reviewed all the data and information available to us. This means we have a clear picture of how to make sure the right stroke services are available at the right locations, when people need them most.

In this document you will find details of the current service and options for the future of stroke services. We want to assure you that what we're trying to do is not about saving money and that the future options may cost slightly more than the services available now. It is our aim to provide better patient care and a better quality of life for local people after they have had a stroke or TIA (Transient Ischaemic Attack), sometimes called a mini-stroke.

Following our earlier engagement, and testing our proposals out with national stroke experts last year, we are now looking for your views on the next stage of our planning. Your feedback will help us develop options for consultation. This engagement opportunity runs from 15 June to 16 July 2017.



Dr David Spraggett
Chair, South Warwickshire
Clinical Commissioning Group



Dr Deryth Stevens
Chair, Warwickshire North
Clinical Commissioning Group



Dr Adrian Canale-Parola
Chair, Coventry and Rugby
Clinical Commissioning Group

About this document

Over the last few years, the NHS has been making improvements in stroke care as increasing evidence has been building about how the most effective diagnosis and treatment can be achieved. Nationally, there is a shortage of specialist stroke doctors and nurses. This means that it is very important to make best use of the specialists' skills by concentrating them at central points.

The NHS local Clinical Commissioning Groups (CCGs) are working to develop proposals to reconfigure stroke services. To do this, we have taken into account national best practice, the regional stroke specification and feedback from clinicians, patients and the public. Current services in the region do not meet the national best practice guidance. Other areas have already made changes to improve services and we must now do the same in Coventry and Warwickshire.

In the early stages of this work, we spoke with patients, the public, carers, doctors, nurses and other clinicians and stakeholders, to understand people's views and concerns. We have also met regularly with a Patient and Public Advisory Group, comprising stroke survivors, carers, Healthwatch and a representative of the Stroke Association. In these conversations, we looked at a number of options, and focused particularly on optimising 'acute' stroke care – the help people receive when they first have a stroke, and need urgent treatment.

We listened to what people told us, and it has influenced our ideas both about acute care, and about the other key aspect of stroke services – recovery and rehabilitation after a stroke. We are therefore carrying out a second stage of formal engagement to understand the views of as many people as possible about all aspects of our proposals for stroke services, particularly our ideas about the rehabilitation phase.

As you will see later in the document, we have taken notice of what people have said in the earlier engagement. This told us that people would like to have local services wherever that was possible, but understood that some very specialist care might have to be in a specialist centre, and therefore we are looking at a service where rehabilitation and recovery wherever possible takes place in people's own homes. We also noted concerns about transport and access if we change where services are provided, and we have thought about this when developing our ideas. So, for example, we will look at transport solutions for those who may find it more difficult to access services or visit loved ones under the new arrangements. We also want to make sure that the proposals do not cause difficulties for people in our society who already have disadvantages because of disability, low income, or other factors.

This document shows how stroke services are currently managed in Coventry and Warwickshire and lays out ideas for changes and the reasons for making them. All proposals have been co-developed with local stroke clinicians with an in-depth knowledge of the needs of patients in our region; taken account of the opinions and views collated from our pre-engagement work with stroke survivors, those who care for them, and local people; and tested with a panel of around 25 national experts at a Clinical Senate review held during 2016. At the end of the document we ask what you think of these ideas and what we should consider when making changes. We hope that this will lead to our final proposals being a true 'co-production' with patients, those who care for them, the public and staff.

Who we are

We are three NHS clinical commissioning groups (CCGs): Coventry and Rugby, South Warwickshire and Warwickshire North. Clinical commissioning groups are the organisations which plan and pay for many of the major NHS healthcare services across the area. They are overseen by NHS England.

The CCGs, along with Healthwatch Warwickshire and Coventry, the Stroke Association and other social care colleagues, have worked with a number of key partners in this engagement. They are:

- **University Hospital Coventry and Warwickshire NHS Trust (UHCW or the Walsgrave)**
- **South Warwickshire NHS Foundation Trust**
- **George Eliot Hospital NHS Trust**
- **Coventry and Warwickshire Partnership NHS Trust**
- **West Midlands Ambulance NHS Foundation Trust**
- **Warwickshire County Council**
- **Coventry City Council**

These organisations cover services which are provided from a main hospital, and rehabilitation services, which could be provided from a hospital rehabilitation bed or at home to support stroke survivors regain their health following a stroke. This may include care such as physiotherapy and speech therapy.

What is a stroke?

A stroke is a rapid loss of brain function that occurs when the blood supply to part of the brain is cut off, leading to brain cells either being damaged or destroyed. Whilst largely preventable, stroke is one of the main causes of deaths in the UK and is also the leading cause of adult disability. Strokes are medical emergencies and urgent treatment in the first 72 hours is essential, because the sooner a person receives an effective diagnosis and treatment for a stroke, the less brain damage is likely to occur.

There are two types of stroke:

- An **ischaemic stroke** resulting from a blockage in one of the blood vessels leading to the brain.
- A **haemorrhagic stroke** resulting from a bleed in the brain.

In addition, a **transient ischaemic attack (TIA)** or 'mini-stroke' is a sign that a person is at risk of going on to have a full stroke.

Although people often assume that only older people have strokes, in fact young and middle-aged people also experience strokes and these can have a huge impact on their life.

National best practice

Evidence shows that patients are more likely to survive and have the best chance of recovering the greatest level of independence after a stroke if treated in a specialist centre. Patients need fast access to specialist stroke clinicians and high-quality scanning facilities in order to diagnose the type of stroke, and assess those who are suitable for thrombolysis and those who would benefit from other treatments. The evidence also shows that specialist stroke rehabilitation care immediately after the acute episode is key to reducing disability for most stroke survivors.

According to the National Stroke Strategy (created by the Department of Health in 2007), key changes in stroke care have contributed to a reduction in the chances of a patient dying within 10 years of having a stroke, from a 71% chance in 2006 to a 67% chance in 2010.

The reduction is largely due to improved co-ordination in stroke care, more patients receiving clot-removing thrombolysis when needed, and more patients receiving scans within 24 hours of admission to hospital, so that the optimum treatment and care can start as soon as possible.

Regional Stroke Specification

Work has already been done regionally on designing a model of stroke care such as that described here. This Midlands and East Stroke Specification has already been put in place in Nottingham, Birmingham and Worcestershire. This regional specification builds on the national guidance.

Our proposal is based on this model which can be summarised as follows:

Reducing the risks of stroke

Atrial Fibrillation

Some people are more at risk of a Stroke than others these are those who suffer a condition known as Atrial Fibrillation. All patients with atrial fibrillation should be identified and their anticoagulation therapy optimised.

Transient Ischaemic Attack Treatment (TIA) (sometimes known as a mini-stroke)

Rapid diagnosis and access to specialist care for high-risk patients, so lowering the risk of a full stroke.

Surgery to open up narrowed arteries in the neck.

Access to services seven days a week, with the facilities to diagnose and treat people with confirmed TIAs, and to manage people with conditions which appear similar to a TIA.

Service led by a Specialist Stroke Consultant and provided by a suitable specialist with access to the Consultant Lead or Specialist Stroke Nurse.

Hyper-Acute Care (the first 3 days following a stroke)

All patients with a suspected stroke should be admitted to a hospital with a Hyper-Acute service to be seen immediately by a Stroke Team.

They will be assessed by appropriately trained staff in a consultant-led Team, to determine likely diagnosis and suitability for thrombolysis and assessment of on-going care needs.

The unit should have on site access to brain and artery scanning, and access to a Consultant Stroke Specialist 24 hours a day.

Acute Stroke Care (the remaining days whilst stroke is the main health issue)

Access to a stroke-trained multi-disciplinary team should be available seven days a week.


Access to (but not necessarily on site) brain and artery scanning.

Surgery to open up narrowed arteries in the neck.

Rehabilitation Services

Services can be delivered from a variety of settings, including an inpatient rehabilitation bed in a hospital, an inpatient rehabilitation bed in a specialist unit, or in a patient's home with healthcare support provided at home.

Stroke services in Coventry and Warwickshire

In 2015-16 around  **1200** people in Coventry and Warwickshire were suspected of having a stroke and were taken to one of our three local hospitals. Just under 800 of these were diagnosed as having suffered a stroke

 There were over **15k** stroke survivors on local GPs' stroke registers

 Over **700** people were diagnosed with a 'transient ischaemic attack' (TIA) sometimes called a 'mini-stroke'

Current stroke services in Coventry and Warwickshire have developed over time as a result of local planning by individual healthcare organisations. While improvements in stroke and TIA or 'mini stroke' care have been made, further work is needed so more patients survive their stroke, and achieve the best level of recovery possible for them.

The three CCGs are working on this in partnership with local authorities and social care commissioners, hospital and community service providers and the Stroke Association.

The scope of our project is firstly, trying to prevent people having a stroke and then to look at how we best configure hyper-acute, acute and rehabilitation services. It will be useful for you to know about these three key parts of the stroke service and what they do for patients.

Hyper-Acute Stroke Unit (HASU)

- The most specialist type of stroke unit.
- Patients are normally treated here when they have first had a stroke.
- Available in a small number of hospitals.
- Services include: thrombolysis (clot dissolving); immediate access to brain scans; experienced stroke physician 24 hours a day.
- 'Mini strokes' also treated here.

Acute Stroke Unit (ASU)

- A specialist stroke unit.
- Patients are treated here after the initial few days of having a stroke and after having been in a Hyper-Acute Stroke Unit.

Rehabilitation Services

Services can be delivered from a variety of settings, including:

- In a patient's home with stroke specialist clinical healthcare support provided.
- Rehabilitation and assessment in a specialist unit which can be in a hospital or other appropriate setting.

Current local stroke services

Current stroke services in Coventry and Warwickshire are as follows:

UNIVERSITY HOSPITAL, COVENTRY (WALSGRAVE)

- The service covers Coventry and Rugby and some patients from across Warwickshire
- Hyper-Acute Stroke Unit with 6 beds (Coventry)
- Acute Stroke Unit with 30 beds (Coventry)
- Treatment for Transient Ischaemic attacks 7 days a week. High risk cases from all of Coventry and Warwickshire
- Inpatient rehabilitation with 6 beds (Hospital of St Cross, Rugby)

WARWICK HOSPITAL, WARWICK

- The Acute Stroke Unit and the Stroke 'step-down' Unit are at Warwick Hospital
- The Stroke Rehabilitation Unit is at Royal Leamington Spa Rehabilitation Hospital and covers South Warwickshire
- 12 Acute Stroke Unit beds (Warwick)
- Treatment for low risk Transient Ischaemic Attacks (Warwick), Monday to Friday, 5 days a week.
- Inpatient rehabilitation in 20 beds (Leamington)
- Outreach rehabilitation in patients' homes
- Patients needing thrombolysis are sent to University Hospital (UHCW) in Walsgrave, Coventry

GEORGE ELIOT HOSPITAL, NUNEATON

- The service covers Nuneaton and Bedworth, North Warwickshire, South West Leicestershire and parts of North Coventry
- 18 Acute Stroke Unit beds plus 1 assessment bed
- Treatment for Transient Ischaemic Attacks 7 days a week for low risk patients
- Outreach rehabilitation in patients' homes
- Patients needing thrombolysis are sent to University Hospital (UHCW) in Walsgrave, Coventry

The current services in Coventry and Warwickshire are providing a good standard of care but they are not meeting national guidance and offer different levels of care depending on where you live in the area. Firstly, the evidence suggests that although we are identifying most, we are not identifying everyone who has atrial fibrillation and who can reduce their risk of stroke by optimising their drug therapy.

Patients may be moved through the stroke services system for diagnosis and treatment in a variety of ways, depending on where they were first taken ill. For example, patients sometimes have to be transferred between hospitals in the early stages of their stroke care for specialist treatment. Patients can also often stay longer in a main hospital than they need to, and when they would be happier and recover more quickly in a community bed or in their own homes, receiving the care they need. A small number of patients who have strokes have specialist needs so may go to relevant specialist units, for example specialist neurorehabilitation.

In this area we have struggled to recruit stroke specialist doctors and our stroke doctors, nurses and therapists are not supported to deliver an integrated, seamless service, because we have not had the best model of service. Introducing a better service will help us to recruit and develop the right number of stroke specialists.

National clinical guidance is that all patients with a suspected stroke should be treated in a **Hyper Acute Stroke Unit** as already established at University Hospital, Coventry and Warwickshire (Walsgrave). However, at the moment this is not happening for everyone that could benefit from this.

The current configuration of services is not giving everyone the best opportunity for optimum recovery from a stroke. If someone has a stroke, the first 72 hours are crucial. The quality of care people receive makes all the difference in how well they recover from the stroke, or whether they do recover. Particularly important are the first four to six hours. If people need to have thrombolysis to dissolve a clot, it is best for this to happen within a few hours as then the patient has a greater chance of a better recovery.

Clinical and stakeholder feedback

Taking into account national best practice and the Midlands and East Stroke Specification, our initial work to develop stroke services looked at four options for configuring stroke care, including options which kept small stroke units at both George Eliot Hospital and Warwick Hospital.

However, clinicians have told us that the best clinical outcomes for patients will only be achieved if there is centralised specialist care, with more extensive community support in the rehabilitation phase, in line with the new guidelines for stroke services.

Key areas the clinicians and stakeholders considered:

Thrombolysis (dissolving of blood clot)

- University Hospital, Coventry and Warwickshire (Walsgrave) has the essential expertise in relation to thrombolysis. The clot busting drug ideally needs to be administered within four to six hours following a stroke. Locally, this is only done at University Hospital, Coventry and Warwickshire (Walsgrave).

Hyper-Acute and Acute hospital beds

- As a specialist unit would provide the best possible outcome for patients, there would be less need for beds in the other hospitals.
- Patients would not need to remain in beds in hospitals when they actually need rehabilitation in the community.

Clinical skills

- The current model does not always have enough patients coming to some units to provide enough practice for clinicians to hone and maintain their skills in hyper-acute stroke care, meaning that sometimes patients may need to be transferred between hospitals, using up valuable time.

Equity of service across the area

- Clinicians were keen that there was clinical safety, quality, viability and equal provision across Coventry and Warwickshire, so it doesn't matter where people live, they have access to the same range of stroke services, based in hospital and the community.
- More centralised acute services with rehabilitation would also help improve clinical practice, as we can bring together the limited number of stroke specialist doctors we already have and the specialists would be working alongside each other, learning from each other and sharing expertise.

Rehabilitation

- Clinicians and the public have all told us of the importance of providing rehabilitation services as close as possible to people's homes. This would involve, for the majority, a stroke specialist multi-disciplinary team going into people's homes, and for those with more complicated recovery, rehabilitation in a nurse led stroke specialist rehabilitation bed. The multi-disciplinary team would include medical care, physiotherapy and occupational therapy and social care, as required.

Public and patient feedback

Our aim is to put patients and those who care for them at the centre of our plans, at every stage. We carried out extensive engagement with patients, carers, the public and stroke services providers, as well as doctors, nurses and other clinicians, to understand their views, needs and concerns. A public and patient advisory group, comprising several stroke survivors, carers of stroke survivors, Healthwatch and the Stroke Association has provided regular comment as our proposals have developed.

Clinicians, including GPs and stroke specialists, the review by the national experts for the Clinical Senate, and Professor Tony Rudd, National Clinical Director for Stroke, advised us about best practice for stroke services. A copy of the outcome of the Clinical Senate Review can be found at www.wmscnsenate.nhs.uk/files/7114/6366/4877/Final_WMCS_v1.0_CW_SS_6.5.16.pdf

Generally, the feedback supports the fact that services cannot stay as they are, with most respondents acknowledging that something needed to change.

Although we had many points of support for improvement, below we summarise key points of concern that were made in the feedback.

Travel time

The responses were mixed, mainly depending on location. The key issues are outlined below:

- People living near University Hospital, Coventry and Warwickshire (Walsgrave) were happy with the scenario of immediate admission to the hyper-acute unit and longer term care on the acute ward. However many people living further afield throughout the county were very concerned about transport difficulties and expense that could be incurred if a longer term stay was necessary.
- Another concern raised is the potential for increased travelling for relatives and carers if a patient remains at a central location, rather than being transferred back to a local hospital.
- Public transport links are currently available between George Eliot Hospital, Nuneaton, and University Hospital, Coventry and Warwickshire (Walsgrave). There are links between University Hospital, Coventry and Warwickshire (Walsgrave) and Warwick Hospital but these involve a change of bus at Coventry rail station.

The proposed service will firstly reduce the number of people who need a stroke service; and secondly reduce the time carers have to travel for the majority as after a shorter period in the acute beds, we will be transferring the majority of people home for their specialist rehabilitation. However, some people will need to be transferred to a specialist bedded rehabilitation unit which may not be closer to some people's homes. We will look at the transport needs of the relatively small number of people who are likely to be affected. For example, we may provide a leaflet about transport options you can choose.

Ambulance travel times

- Consideration needs to be given to people's concerns that, during a stroke episode, if they are some distance from University Hospital, Coventry and Warwickshire (Walsgrave), the increased travel time in an ambulance would negate the specialist care at the Hyper-Acute Stroke Unit.

However, evidence shows that the benefits of this specialist care outweigh the additional travel time in an ambulance and all ambulance times are still well within emergency travel standards.

Impact on other services

- Respondents raised the question that, if the stroke facilities were closed down at one hospital, would this mean subsequent closure of other facilities? CCGs have been conscious of ensuring that proposed changes to the stroke service do not impact negatively on other services.
- Whilst in the proposals George Eliot hospital and South Warwickshire NHS Foundation Trust will no longer be providing acute stroke services, they will be providing specialist rehabilitation beds for stroke patients.

Capacity in Coventry

- Respondents have asked that consideration is given to the potential for over-crowding at University Hospital, Coventry and Warwickshire (Walsgrave) if all patients are transferred there initially. Concern was raised about the possibility of lack of beds for those most in need.

CCGs are aware of the increased demand on this hospital - that is why they are also considering the best options for follow-on care, to ensure that people are transferred out of this hospital and returned to their local area as soon as their medical condition allows. By optimising rehabilitation services so shortening their stay in acute beds, and also stopping around 97 people a year from suffering a stroke, this will not add more demand at University Hospital, Coventry and Warwickshire (Walsgrave). Detailed work has been done to understand bed and staff numbers needed to meet future demand and University Hospital, Coventry and Warwickshire (Walsgrave) staff are confident that they can deliver the proposed new model.

Communication

- Consideration should also be given to the need for better communication between hospital units and consultants. There is a perception that one stroke team doesn't (or can't) communicate with their opposite numbers when a patient is transferred.

By developing the proposed integrated stroke service across acute and community settings in Coventry and Warwickshire we can create a new stroke service which would operate as a seamless, integrated team to ensure communication and seamless care is delivered.

Cost of the proposal

The proposals will require investment in the improved and new services, including investment in identifying more people with atrial fibrillation and drug therapy for those who can benefit by reducing their risk of stroke, early supported discharge and community stroke rehabilitation services. There is national evidence that making these improvements not only significantly reduces the burden of disability for those who suffer a stroke, but also reduces the cost of social care as fewer people will need ongoing support due to disability. The clinical commissioning groups are committed to putting in additional investment to give patients the best possible stroke services in line with national guidance.

The proposal for future stroke services

Taking into account this guidance, information and feedback, we would like future stroke services to focus on preventing a stroke where we can but where we cannot, on providing the safest possible initial care, combined with recovery and rehabilitation for the majority of people either in patients' own homes or where this is not appropriate in community settings.

Our future approach to stroke services can therefore be summarised as follows:

- Prevention where possible – our help for atrial fibrillation could save 97 people a year from having strokes and there would be an essential service for anyone who suffers a TIA and is at high risk from a stroke
- A centralised hyper-acute and acute stroke service in line with evidence based national guidance, where all those who are having or suspected of having a stroke would go for specialist care
- Rehabilitation and recovery in patients' own homes where possible, or in a recovery bed with specialist teams

The proposal is therefore summarised below:

PREVENTION

Identifying everyone with atrial fibrillation and optimising drug therapy for those where it reduces the risk of stroke; and a central TIA service for everyone who is high risk.

UNIVERSITY HOSPITAL, COVENTRY WALSGRAVE

- Hyper-acute Stroke Unit and Acute Stroke Unit only in University Hospital, Coventry and Warwickshire (Walsgrave) for patients from the whole of Coventry and Warwickshire
- There will be 12 beds for the Hyper Acute Stroke Unit and 31 beds for the Acute Stroke Unit
- If you need a rehabilitation bed that will be provided in either Leamington Hospital or George Eliot Hospital
- Treatment for Transient Ischaemic Attacks would be available 7 days a week
- Specialist stroke rehabilitation in patients' homes as required

WARWICK HOSPITAL, WARWICK

- The acute stroke service at Warwick Hospital would close
- Rehabilitation beds would be provided in Leamington for South Warwickshire and Coventry and Rugby patients
- Specialist stroke rehabilitation in patients' homes, as required

LEAMINGTON HOSPITAL

- A rehabilitation service with 19 beds would be provided in Leamington for South Warwickshire and Coventry and Rugby patients

GEORGE ELIOT HOSPITAL, NUNEATON

- The acute stroke service at George Eliot Hospital in Nuneaton would become a rehabilitation service with 20 beds for patients from North Warwickshire, Nuneaton and Bedworth and Coventry and Rugby
- Specialist stroke rehabilitation in patients' homes as required

The ideas we are thinking about for the future of stroke services aim to ensure that those recovering from a stroke can move from 'acute' care into the community as quickly as possible. The aim is that people should be able to recover at home, where feedback has shown they would like to be, and we will be providing more home-based care. However, there will be 39 beds available in dedicated stroke rehabilitation units for those who need further specialist hospital support before they can return home. All patients across the city and county would go to the Hyper-acute and Acute Stroke Unit at University Hospital, Coventry and Warwickshire (Walsgrave). They would be diagnosed and treated there until they are ready for rehabilitation. We would provide a 'networked' service where all stroke specialists would work together at the acute and rehabilitation stages to provide the best possible patient pathway.

What does the proposal mean for patients?

To help you understand how the proposed changes might affect you, we have given you examples of two typical cases below. These are based on real stories from stroke survivors:

Lucy's story...



What happens now: Lucy was 41 and working as a deputy head teacher in Nuneaton when she was taken ill. She was not sure what was happening to her but a colleague thought that she had had a stroke, so she went to Accident and Emergency at George Eliot Hospital. She says: "I sat in the A&E for about an hour with no one around, and then had another TIA (sometimes known as a mini-stroke), so I was then rushed to the Walsgrave Hospital (UHCW)."

Lucy was then in A&E at University Hospital, Coventry and Warwickshire (Walsgrave) for a further 2-3 hours, where she was monitored every 15 minutes by a dedicated stroke sister. She was then admitted to the stroke ward where she then had a major stroke in the evening.

Following her stroke, Lucy was in University Hospital, Coventry and Warwickshire (Walsgrave) for five months receiving rehabilitation.

What could happen in the future: If Lucy was taken ill with a suspected stroke she would be taken straight to University Hospital, Coventry and Warwickshire (Walsgrave), as this would be where the centralised acute stroke services would be located. She would then be assessed by the stroke team to determine whether she had had a stroke.

Having been diagnosed as having had a stroke, she would be treated according to her clinical needs, and would receive this treatment on the stroke unit at University Hospital, Coventry and Warwickshire (Walsgrave). Over the next few days her condition would be closely monitored and she would be encouraged to start her rehabilitation as soon as possible, and be involved in the development of her rehabilitation goals.

Depending upon her medical and rehabilitation progress, she would be considered for discharge home, supported by the Early Supported Discharge (ESD) service, to continue her intensive rehabilitation, or, if this is not possible, she would be considered for transfer to a local stroke rehabilitation unit who would support her until she was ready to be safely discharged home. If required, she would also be offered community stroke rehabilitation after ESD on the bedded rehabilitation service; this would enable her to work towards achieving her jointly agreed rehabilitation goals.

David's story...

What happens now: It was a Sunday night. David, aged 63, was tired and went to bed early at home in Leamington Spa.

During the middle of the night he felt that he needed to go to the bathroom. However he couldn't sit up and so went back to sleep.

In the morning he sat up but when he stood up he collapsed. His wife called an ambulance at 9am. As he had been asleep the paramedics were unsure of exactly when his stroke had happened, as it could have been anytime during the night or early hours of the morning.

The paramedics decided he had passed the time limit for early thrombolysis treatment and so took him to Warwick Hospital. The paramedics made this decision, as they did not know the time of the onset for the stroke.

David believes that if he had gone to the hyper acute stroke unit at University Hospital, Coventry and Warwickshire (Walsgrave), he would not have had as many problems following his stroke. The hyper acute unit would have provided more specialist treatment that he believes would have been a better choice for him.

What could happen in the future: The paramedics would take David, like all suspected stroke patients, to University Hospital, Coventry and Warwickshire (Walsgrave) for assessment, as the clinical evidence is that receiving stroke specialist care within the first 72 hours of when the stroke is thought to have happened has a direct impact on the outcome for the stroke patient.

On arrival at University Hospital, Coventry and Warwickshire (Walsgrave), David would be assessed by the stroke team to determine whether he had had a stroke, and once this was confirmed, he would enter onto the stroke care pathway. This would involve being admitted directly to the stroke unit for further assessment and treatment, and then the onward care would be determined by David's particular clinical needs.



The questions

Your views are very important to us. Please tell us what you think about the proposed changes by answering the questions below. Thank you for your time.

Q1: Have you ever, or do you care for someone who has ever experienced a stroke or Transient Ischaemic Attack (TIA)?

- Yes, I have experienced a stroke / TIA
- Yes, I care for someone who has experienced a stroke / TIA
- No
- Prefer not to say

Q2: What do you think about these proposals for preventing strokes?

- Identifying more people with Atrial Fibrillation and optimising treatment for those appropriate, to reduce the risk of people at greater risk of stroke.
- Centralising the service for everyone who suffers a TIA and is at high risk of a stroke.

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Prefer not to say

Q2b: Why do you say this?

.....

.....

.....

.....

Q3: What do you think about these proposals for rehabilitation following a stroke?

Under our proposals, where possible people would receive rehabilitation at home. Community-based rehabilitation beds and services would be available for those who still need care in hospital during rehabilitation. These would be in Leamington Hospital, and in George Eliot Hospital.

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Prefer not to say



Q3b: Why do you say this?

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.....

Q4: What impact would the proposed changes to stroke rehabilitation have on you/ family/friends:

- No impact
- Positive impact
- Negative impact
- Prefer not to say

Q4b: Why do you say this?

.....

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.....

.....

Q5: What do you think about these proposals to centralise the treatment when first experiencing a stroke?

Under the proposals acute stroke services would be centralised at University Hospital, Coventry and Warwickshire (Walsgrave) in a Hyper-Acute Stroke Unit and an Acute Stroke Unit, allowing for maximum specialisation. The services in the stroke units in George Eliot Hospital and Warwick Hospital would move to University Hospital, Coventry and Warwickshire (Walsgrave).

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Prefer not to say

Q5b: Why do you say this?

.....

.....

.....

.....

Q6: What impact would the proposed changes to centralise the treatment when first experiencing a stroke have on you/family/friends:

- No impact
- Positive impact
- Negative impact
- Prefer not to say



Q6b: Why do you say this?

.....

.....

.....

.....

Q7: What impact do you think the proposed changes would have on your ability to get to a hospital for stroke services, or for visitors to hospitals or rehabilitation units?

- No impact
- Positive impact
- Negative impact
- Prefer not to say

Q7b: Why do you say this?

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Q8: What might help with any travel difficulties?

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Q9: What impact do you think the proposed changes would have on safety and on making a good recovery?

- No impact
- Positive impact
- Negative impact
- Prefer not to say

Q9b: Why do you say this?

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Q10: Please tell us what we could do to reduce any negative impact from the changes we propose.

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Q11: When thinking about the proposed new model for stroke services, what else do you think we need to consider or plan for?

.....
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.....
.....

Q12: What else do you think we need to do to make people feel they have been adequately involved and engaged in our planning?

.....
.....
.....
.....

Please tell us a few things about you?

Q13: Are you responding on behalf of an organisation?

- Yes
- No

If yes, please state the name of the organisation

.....
.....

If no, and you are responding as an individual, please complete the rest of the questionnaire to help our equalities monitoring.

Equalities monitoring

We recognise and actively promote the benefits of diversity and we are committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

Q14: Please state which area of Coventry or Warwickshire you live in.

.....

Q15: Please state your postcode below

.....

Q16: What is your gender?

- Male
- Female
- Transgender
- Prefer not to say



Q17: If female, are you currently pregnant or have you given birth within the last 12 months?

- Yes No Prefer not to say

Q18: What is your age?

- Under 16 16-24 25-34 35-59 60-74 75+ Prefer not to say

Q19: What is your ethnic group?

White

- English/Welsh/Scottish/Northern Irish/British
 Irish
 Gypsy or Irish Traveller
 Any other White background, please specify:

.....
.....

Mixed/Multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed/Multiple ethnic background, please specify:

.....
.....

Asian/Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background, please specify:

.....
.....

Black/ African/Caribbean/Black British

- African
 Caribbean
 Any other Black/African/Caribbean background, please specify:

.....
.....



Other ethnic group

- Arab
- Any other ethnic group, please specify:

.....

.....

- Prefer not to say

Q20: Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- Long-term physical or mental-ill-health/disability
- Problems related to old age
- No
- I'd prefer not to say
- Other, please specify:

.....

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.....

Q21: Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? (Please select all that apply)

- Vision (such as due to blindness or partial sight)
- Hearing (such as due to deafness or partial hearing)
- Mobility (such as difficulty walking short distances, climbing stairs)
- Dexterity (such as lifting and carrying objects, using a keyboard)
- Ability to concentrate, learn or understand (Learning Disability/Difficulty)
- Memory
- Mental ill-health
- Stamina or breathing difficulty or fatigue
- Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- No
- Prefer not to say
- Any other condition or illness, please specify:

.....

.....

.....

.....

Q22: What is your sexual orientation?

- Bisexual
- Heterosexual/straight
- Gay
- Lesbian
- Prefer not to say
- Other, please specify

.....

.....



Q23: Are you?

- Single - *never married or partnered*
 - Married/civil partnership
 - Co-habiting
 - Married (*but not living with husband/wife/civil partner*)
 - Separated (*still married or in a civil partnership*)
 - Divorced/dissolved civil partnership
 - Widowed/surviving partner/civil partner
 - Prefer not to say
 - Other, please specify
-
-

Q24: What is your religion and belief?

- No religion
 - Baha'i
 - Buddhist
 - Christian (*including Church of England, Catholic, Protestant and all other Christian denominations*)
 - Hindu
 - Jain
 - Jewish
 - Muslim
 - Sikh
 - Prefer not to say
 - Other, please specify
-
-

How to submit your answers and comments

When you have answered the questions and made your comments in this printed version, please post the questionnaire to:

Freepost NHS QUESTIONNAIRE RESPONSES

Please ensure you use the capital letters as shown above, so that the Post Office's machines can read the address automatically. You just need this one line address, which will be delivered to us.

If you would prefer to answer and comment online, anonymously, please use the following link:

<https://www.surveymonkey.co.uk/r/NHSstrokeservices>

This engagement exercise finishes on 16 July 2017.



What happens next?

Your feedback will be analysed and the results and comments will be combined into a report. The findings will be examined thoroughly and discussed by doctors, healthcare professionals and managers. We will then produce our final proposals, which will take into account the feedback. After this we will publicise any further consultation.

Making sure we consider equalities

We are seeking to contact and considering the views of people of all backgrounds, including those who are not usually heard. An integrated impact assessment was commissioned to determine the impact of the proposed scenarios on health, travel, access and equality. A number of recommendations were made.



Do you need further help?

We can provide versions of this document in other languages and formats such as Braille and large print on request. Please contact the Engagement and Communications Team, telephone 0121 611 0231

Somali

Waxaan ku siin karnaa bug-yarahaan oo ku qoran luqado iyo habab kale sida farta indhoolaha Braille iyo daabacad far waa-wayn markii aad soo codsato. Fadlan la soo xiriir qaybta Ka-qaybgalka iyo Dhex-gelidda, lambarka telefoonka waa **0121 611 0231**.

Polish

Jeżeli chcieliby Państwo otrzymać kopię niniejszej ulotki w tłumaczeniu na język obcy lub w innym formacie, np. w alfabecie Braille'a lub w powiększonym druku, prosimy skontaktować się telefonicznie z zespołem ds. zaangażowania pod numerem telefonu **0121 611 0231**.

Cantonese

如有要求，我們可以將本宣傳手冊用其他語言或格式顯示，如盲文或大號字體。請致電我們的“參與部門” **0121 611 0231**

Gujarati

અમે આ ચોપાનિયાનું ભાષાંતરો બીજી ભાષાઓમાં અને શૈલીઓમાં જેમ કે બ્રેઇમાં અને વિનંતી કરવાથી મોટા અક્ષરોમાં છાપેલા પૂરાં પાડી શકીએ છીએ. ઇંગેજન્ટ અને ઇન્વોલ્વમન્ટ વિભાગનો ટેલિફોન **0121 611 0231** દ્વારા સંપર્ક કરો.

Hindi

हम आपको यह परचा दूसरी भाषाएँ में और ब्रेल एवं बड़े अक्षरों जैसी रूपरेखा में निवेदन करने पर प्राप्य कर सकते हैं। कृपया कर के इनगेज्मन्ट और इन्वाल्वमन्ट विभाग में टॅलिफॉन द्वारा **0121 611 0231** पर संपर्क कीजिए।

Urdu

ہم درخواست کرنے پر لیفلٹ کے اس ترجمے کو دیگر زبانوں اور صورتوں مثال کے طور پر بریل اور بڑے حروف میں بھی فراہم کر سکتے ہیں۔ براہ کرم اس ٹیلی فون نمبر **0121 611 0231** پر اینگیجمنٹ اینڈ اینوالومنٹ ڈیپارٹمنٹ کے ساتھ رابطہ قائم کریں۔

Arabic

يمكننا تقديم نسخ من هذه النشرة بلغات أخرى وصيغ مثل برايل والطباعة الكبيرة في الطلب. يرجى الاتصال انخراط وإشراك وزارة، والهاتف **01216110231**



Coventry and Warwickshire Stroke Review
c/o NHS Warwickshire North CCG
Second Floor
Heron House
Newdegate Street
Nuneaton
CV11 4EL

<http://www.strokecovwarks.nhs.uk/>

www.nhs.uk



AGENDA MANAGEMENT SHEET

<i>Name of Meeting</i>	Brooke Overview and Scrutiny Committee
<i>Date of Meeting</i>	13 July 2017
<i>Report Title</i>	Fire Safety in High Rise Flats
<i>Ward Relevance</i>	All
<i>Contact Officer</i>	Raj Chand, Head of Communities and Homes, Tel: 01788 533 870
<i>Summary</i>	Following the tragic fire at Grenfell Tower, London, the appended report was submitted to Cabinet on Monday 26 June 2017 to consider the situation with regard to the high-rise flats at Rounds Gardens and Biart Place, Rugby.
<i>Financial Implications</i>	There are no financial implications arising from this report at this stage.
<i>Risk Management Implications</i>	Not carrying out fire safety work could have a significant impact on residents and affect fire safety and their health and safety.
<i>Environmental Implications</i>	There are no environmental implications arising from this report.
<i>Legal Implications</i>	There are no legal implications arising from this report.
<i>Equality and Diversity</i>	An equality impact assessment will be carried out and any impacts/risks and mitigation will be captured in the Operational Risk Register and reviewed regularly.

Public Report to the Brooke Overview and Scrutiny Committee

13 July 2017

Fire Safety in High Rise Flats

Summary

Following the tragic fire at Grenfell Tower, London, the appended report was submitted to Cabinet on Monday 26 June 2017 to consider the situation with regard to the high-rise flats at Rounds Gardens and Biart Place, Rugby.

CABINET DECISION

Cabinet considered the report of the Head of Communities and Homes concerning fire safety in high-rise flats.

The resolution was that the Council works with the Fire and Rescue Service to facilitate the audit of the high-rise flats/blocks and acts upon recommendations on receipt of their report.

Name of Meeting: Brooke Overview and Scrutiny Committee

Date of Meeting: 13 July 2017

Subject Matter: Fire Safety in High Rise Flats

LIST OF BACKGROUND PAPERS

Document No.	Date	Description of Document	Officer's Reference	File Reference
1.	26 June 2017	Cabinet – Additional Agenda Item – Fire Safety in High Rise Flats		

Additional Agenda Item***AGENDA MANAGEMENT SHEET***

Report Title:	Fire Safety in high-rise flats
Name of Committee:	Cabinet
Date:	26 th June 2017
Report Director:	Head of Communities and Homes Head of Corporate Resources
Portfolio:	Communities and Homes Corporate Resources
Ward Relevance:	All
Prior Consultation:	Portfolio Holder for Communities and Homes Portfolio Holder for Corporate Resources
Contact Officer:	Raj Chand, Head of Communities and Homes Liz Dunlop, Operational Housing Manager
Public or Private:	Public
Report subject to Call-In:	No
Report En-Bloc:	Yes
Forward Plan:	No
Corporate Priorities:	This report relates to the following priorities: Ensure residents have a home that works for them and is affordable
Statutory / Policy Background:	None
Summary:	Following the tragic fire at Grenfell Tower, London, it is important that the council

considers the situation with regard to the high-rise flats at Rounds Gardens and Biart Place, Rugby.

This report outlines the range of measures that have been put in place by the council over the years to prevent the spread of fire in high-rise flats, the robust management and maintenance procedures in place and work carried out in a property following it becoming empty prior to a new tenant moving in.

Working with other agencies is also important to ensure that the fire safety and health and safety of our residents continues to be at a high level.

Financial Implications:

None as this stage. Depending on the outcome of the audit being carried out by Warwickshire Fire & Rescue Service there could be costs in the future.

Risk Management Implications:

Not carrying out fire safety work could have a significant impact on residents and affect fire safety and their health and safety.

Environmental Implications:

There are no environmental implications for this report

Legal Implications:

There are no legal implications for this report

Equality and Diversity:

An equality impact assessment will be carried out and any impacts/risks and mitigation will be captured in the Operational Risk Register and reviewed regularly.

Options:

None

Recommendation:

The council works with the Fire & Rescue Service to facilitate the audit of the high-rise flats/blocks and acts upon recommendations on receipt of their report.

Reasons for Recommendation:

To ensure the highest standard of fire safety and health and safety for residents of high-rise flats.

Additional Agenda Item

Cabinet – 26th June 2017

Fire Safety in high-rise flats

Report of the Head of Communities and Homes

Recommendation:

The Council works with the Fire and Rescue Service to facilitate the audit of the high-rise flats/blocks and acts upon recommendations on receipt of their report.

INTRODUCTION

Following the tragic fire at Grenfell Tower, London, it is important that the council consider the situation with regard to the high-rise flats at Rounds Gardens and Biart Place, Rugby.

This report outlines the range of measures that have been put in place by the council over the years to prevent the spread of fire in high-rise flats, the robust management and maintenance procedures in place and work carried out in a property following it becoming empty prior to a new tenant moving in.

The council's procedures and health and safety checks are up-to-date and are compliant with current fire safety and health and safety standards.

Working with other agencies is also important to ensure that the fire safety and health and safety of our residents continues to be at a high standard.

BACKGROUND

Rugby Borough Council owns and directly manages five blocks of high-rise flats, ten storey in height, with a total number of 313 flats

These blocks were built in 1965 and are located on the sites at :

Rounds Gardens: Ashwood Court, Beechwood Court and Royal Court

Biart Place: Green Court and Fairway Court

The blocks at Biart Place are clad directly with large Prefabricated Reinforced Concrete panels and are of similar appearance to the Bison Large Panel System. No additional cladding has been added since they were built.

The blocks at Rounds Gardens were clad directly with large Prefabricated Reinforced Concrete panels and were of a similar appearance to the Bison Large Panel System. However, in 1985 an external brick skin was added to all three blocks. A test was carried out on the blocks at Rounds Gardens on 21.6.17. to

identify what is behind the brickwork. It was found there was no combustible material, only mineral fibreglass insulation. There was no air gap and officers could see the inner concrete panel.

There have been a number of fires within the council's high-rise flats over the years. The Fire Service has so far been successful in containing these fires within the individual flat concerned. Other than dealing with smoke in the corridor on which the flat was located they have never needed to evacuate other residents.

FIRE SAFETY IN HIGH-RISE FLATS

A range of measures have been put in place over the years to prevent the spread of fire in high-rise flats. These are shown at Appendix 1.

The council has robust management and maintenance procedures in place which are compliant with current fire safety and health and safety standards. These are shown at Appendix 2.

Appendix 3 outlines the work carried out in an empty property prior to it being let to a new tenant and also the sign-up procedure with a new tenant. During the sign-up procedure the council's fire safety leaflet and the additional conditions of tenancy for high-rise flats are discussed. The new tenant is provided with a copy of the fire safety leaflet.

COMMUNICATION WITH TENANTS OF HIGH-RISE FLATS:

The council's website provides tenants with information specifically on fire safety in high-rise flats – see link below

<https://www.rugby.gov.uk/info/20069/information-for-tenants/347/fire-safety-in-blocks-of-flats>

A fire safety leaflet was delivered to all tenants in the council's high-rise flats in February 2017 a copy is attached at Appendix 4. The contents of this leaflet were agreed with the Fire Service and the council's Fire Safety Advisor.

Tenants who have contacted the council recently to say that they had misplaced or thrown the leaflet away have been provided with a further copy.

The Summer version of the Tenants Times is almost finalised and every effort is being made to have this distributed before the end of June. Two pages have been dedicated to remind tenants of fire safety and advice

The article reminds tenants that they cannot store things in communal areas and the penalties of so doing: the council will enforce tenancy conditions or remove any items and recharge.

Estate walkabouts are completed in high-rise blocks twice a year. Anything picked up in terms of fire risk, i.e. items in communal areas, is dealt with promptly.

Officers will review existing notices relating to fire safety in communal areas of the high-rise flats and amend or add to as required.

FIRE SERVICE

Warwickshire Fire and Rescue Service has notified the council that they will be commencing an audit throughout Warwickshire for high-rise blocks of flats. Officers will work with the Fire Service to ensure the results and any actions arising are acted upon to ensure the safety of our buildings and residents.

FIRE POLICY

A copy of the Fire Policy for the council's housing stock is attached at Appendix 5. This is due to have a full review in January 2018. In the meantime arrangements are being made to update administrative issues relating to roles and responsibilities.

The review will be brought forward to be done in line with the findings of the Fire Service's audit and incorporate any additions/amendments and actions arising.

LOCAL GOVERNMENT ASSOCIATION

The Chief Executive of the Local Government Association has written to all councils asking that a response be provided to a number of questions relating to fire safety. These are shown at Appendix 6 along with the relevant answers in response.

Name of Meeting:
Cabinet

Date of Meeting:
26th June 2017

Subject Matter:

Fire Safety in high-rise flats

Originating Department:
Communities and Homes

List of Background Papers

Document No.	Date	Description of Document	Officer's Reference	File Reference
1.				

* The background papers relating to reports on planning applications and which are open to public inspection under Section 100D of the Local Government Act 1972, consist of the planning applications, referred to in the reports, and all written responses to consultations made by the Local Planning Authority, in connection with those applications.

* Exempt information is contained in the following documents:

Document No.	Relevant Paragraph of Schedule 12A
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* There are no background papers relating to this item.

(*Delete if not applicable)

Appendix - 1

Measures put in place at Rounds Gardens and Biart Place multi-storey blocks to prevent the spread of fire:

- Fitted new hoppers to all refuse chutes with improved seals.
- Sprinklers fitted in bin rooms at Biart Place and Rounds Gardens to prevent fires in refuse chutes.
- Installation of CCTV monitored by the council's control centre.
- Intumescent strips fitted to bedroom and lounge doors of every flat providing an additional half hour fire protection.
- New doors fitted to every flat providing thirty minutes fire protection.
- Compartmentation work to seal all holes going through floors (contractors carrying out any work affecting compartmentation are required to ensure everything is properly sealed where it goes through floors).
- New fire doors on all landings with self-closers (old ones were 30 years old, twisted and warped. As a result new seals could not provide the required fire protection).
- Meter cupboards at Rounds Gardens on all floors (external to flats located in lobbies) removed boards and sealed all holes going through floors with intumescent foam.
- Meter cupboards at Biart Place (external to flats but in corridors) smoke seals and strips fitted.
- Dulux pyroshield applied to all walls (if this goes on fire it does not burn but turns to steam).
- Rounds Gardens sprinkler system in the bin rooms replaced and brought up to standard with current regulations.
- Biart Place sprinkler system in the bin rooms being replaced to bring up to standard with current regulations.
- The meter cupboard work at Rounds Gardens is to install smoke seals and strips. To be done when the kitchens are refurbished which will start around July / August 2017 (three blocks).

Rounds Gardens and Biart Place multi-storey blocks – management and maintenance procedures:

High Rise

Action	Frequency
Laundry driers duct cleaning	Annually in March
Fire doors	Checked every six months by way of estate inspection by Property Repairs Service officers.
Electrics	Checked annually and in line with safety regulations
Dry Risers	Wet tested every December / dry tested every June x 5 (includes Edward Court and James Court).
Bin Rooms	Alarm panel tested twice yearly and sprinkler system tested twice yearly, February and August (recently upgraded at Rounds)
Emergency Lighting	Serviced yearly from April
Fire Risk Assessment - Fire safety checks – communal and high rise blocks	Annually (last done Ashwood/Beechwood and Royal January 2017. Green and Fairway December 2016).
Testing Fireman Switches (override to access main doors by Fire Brigade)	Tested June and December annually.

Any works arising from the above is raised with an appropriate target date and completed. In addition to this any reports of faults or repairs via officers and/or tenants are acted upon promptly.

Smoke alarmsRegime	
High rise	Completed by way of annual flat inspection and / or Concierge dialling into flat and asking.

Records of the checks are kept and audited regularly.

Appendix 3

VOID (EMPTY PROPERTIES) AND SIGN UP PROCEDURE

Following an inspection of a void property various work is carried out. This includes:

- A periodic test
- Testing of the smoke alarm
- Testing of all electrical sockets/consumer unit
- Checking intumescent strip around fire doors and any servicing that needs carrying out.

New tenants are provided with fire safety leaflets at sign up, this includes leaflets specifically for high-rise and for 'people with sight, hearing or mobility difficulties', where appropriate.

Tenants in high-rise properties sign a document called 'additional conditions for tenants of Rugby Borough Council's high rise flats', this includes references to:

- non hoarding as this is a fire hazard,
- appropriate disposal of refuse/litter,
- appropriate disposal of furniture and large goods, as these cause obstructions and create a fire risk, electric meter cupboards are not to be used for storage of any items in the interest of electrical safety
- the storage and use of paraffin heaters and gas appliances is prohibited
- petrol, gas and other flammable liquids are fire risks and therefore cannot be stored in flats or storage cupboards
- ground floor entrance and exit door, fire doors on all landings, the laundry and to all communal areas and facilities must not be propped open

Tenants are encouraged to test smoke alarms following the sign up and to take additional responsibility to ensure that they work on a regular basis (outside of the annual checks that are made).



MOBILITY SCOOTERS



Mobility Scooters and electric bikes are not permitted to be stored in communal areas under any circumstances unless you have received written permission to do so.

If mobility scooters are found in communal areas you will be asked to remove them.

REPORTING FAULTS

Report faulty or damaged smoke alarms or fire doors on 01788 533 888.

Report items stored or left in communal areas to 01788 533 533.



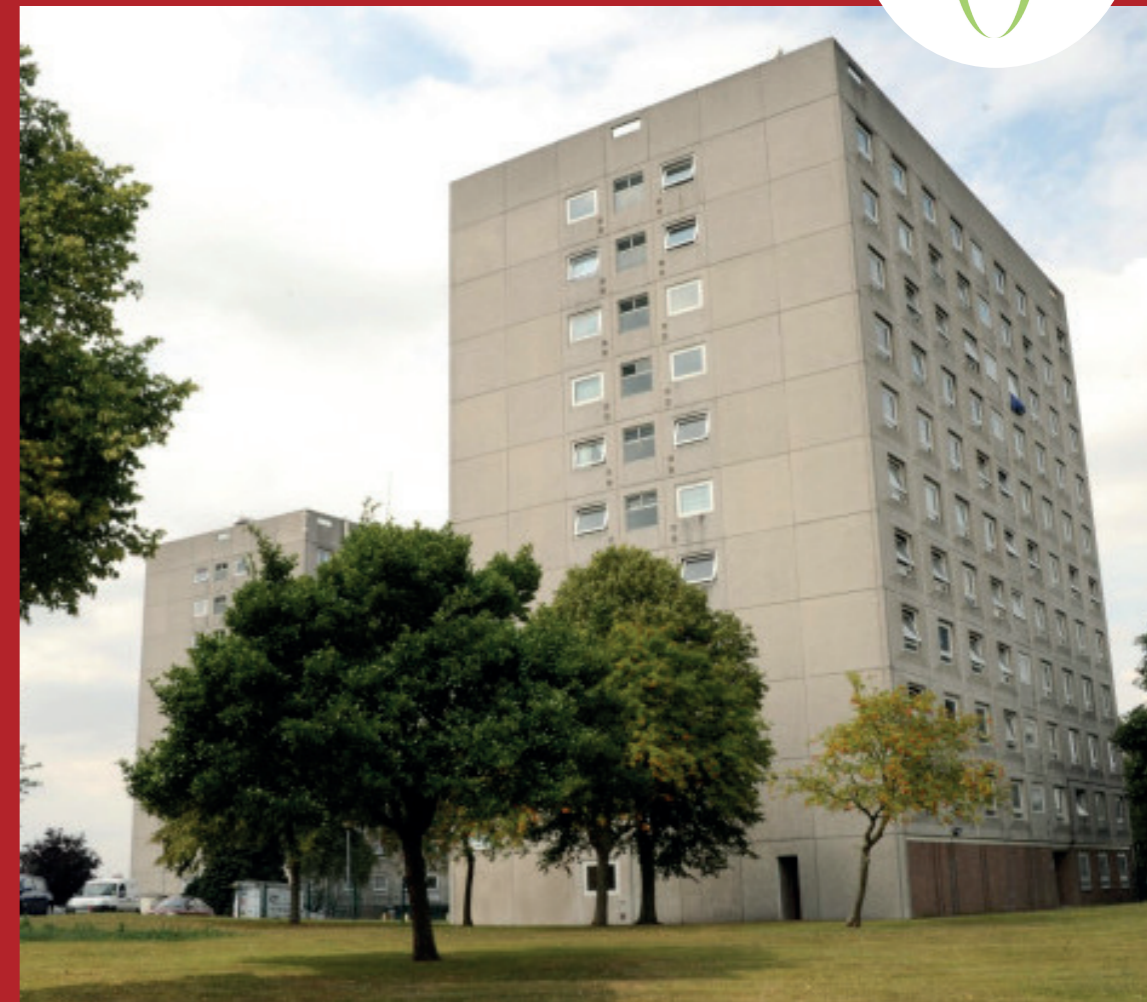
WARWICKSHIRE FIRE AND RESCUE SERVICE

Warwickshire Fire and Rescue Service offer free home safety checks and under some circumstances you may be eligible for a free smoke alarm.

Warwickshire Fire and Rescue can be contacted by Telephone on 01926 466282 or by email on firesafety@warwickshire.gov.uk

There is also lots more useful advice on their website:

www.warwickshire.gov.uk/fireandrescue



FIRE SAFETY IN HIGH RISE FLATS

FIRE SAFETY IN BLOCKS OF FLATS

By taking sensible precautions you are no more at risk from fire if you live in a high rise building than any other type of building.

Blocks of flats are built to reduce the possibility of fire spreading out of the flat it starts in.

If the fire is in another flat you are safer staying in your own flat unless you are affected by heat and smoke from another flat.

SMOKE ALARMS

We will make sure you have at least one working electronic smoke alarm.

Test your smoke alarm once a month to make sure it is working

If your smoke alarm is battery operated call 01788 533888 and we will fit a smoke alarm that is wired into the electricity circuit. If your smoke alarm is wired into the electricity circuit and it is not working call 01788 533888 to arrange a repair.

If you don't have a smoke alarm at all call 01788 533888 and we will arrange to have one fitted.

IF THE FIRE IS IN ANOTHER FLAT

If there is a fire in another flat:

Stay in your flat and phone the fire service. Your flat is a safe place from fire.

Only leave your flat if it is affected by smoke or fire or if you are instructed to do so by the Fire Service.



THINK AHEAD

Make a plan so if the worst happens you have a better chance of escaping.

Make sure everyone in the flat knows the escape plan.

Make one room the safe room. If possible it should have an opening window and a phone.



ESCAPE ROUTES

Keep the escape routes in your flat clear. If they are not you could trip over things when you are trying to escape.

Remember most fires happen at night so it will be dark and if the fire is in your flat smoke could make it difficult to see.

The communal areas of blocks of flats must be kept clear at all times. This reduces the chance of a fire starting and stop you from tripping over things when you are leaving the building.

If there is a fire and you need to leave the building always use the stairs.

Never use the lift.

IF THE FIRE IS IN YOUR FLAT

If a fire starts in your flat:

Stay Calm.

Tell everyone in the flat to get out.

Don't stop to collect anything.

Call the fire brigade.

If the fire is blocking your escape route go back to your safe room, block the bottom of the door with blankets or clothes to stop the smoke.

IF THE FIRE IS IN A COMMUNAL AREA

A Communal Area is a shared area such as a landing or corridor that is not part of your actual dwelling. If you smell smoke or see fire in a communal area leave the building and phone the fire service. If your escape route is blocked return to your flat and call the fire service.

Your flat is a safe place from fire.

Only leave your flat if it is affected by smoke or fire or if you are instructed to do so by the Fire Service.





RUGBY BOROUGH COUNCIL HOUSING AND PROPERTY SERVICE FIRE POLICY

Links to Other Documents

Mobility Scooter Policy

**January 2016
(Review date January 2018)**

Housing Fire Policy Version 7

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1. POLICY STATEMENT

Rugby Borough Council (RBC) Housing and Property Service are committed to minimising the risks associated with fire within its properties in line with its duties as a landlord. It recognises the importance of fire safety and the need to operate a clear Fire Safety policy to ensure the safety and welfare of residents, visitors and staff. RBC Housing and Property Service will:

Ensure that sufficient resource is made available to enable fire safety systems and equipment systems to be operated and maintained in accordance with current relevant legislation, guidance and best practice.

Take all reasonably practicable steps to ensure the risk of fire is minimised. However, should a fire occur it will be investigated to take remedial steps to reduce the risk of future fires.

Carry out fire risk assessments and reviews of all communal areas, sheltered schemes and community buildings at a frequency determined by the initial risk assessment.

Maintain passive and active fire precautions effectively

Require external contractors, and internal maintenance staff to maintain fire integrity of buildings during and on completion of works

Liaise with staff and residents to ensure fire risk is minimised

Liaise with local fire services to ensure best practice and promote fire awareness

Signed:

Date:

Adam Norburn (Executive Director)

Duty Holder

Signed:

Date:

Steven Shanahan (Head of Housing and Property)

Duty Holder

Signed:

Date:

Rob Kindon (Property Manager)

Nominated Person for the Housing & Property Service

2. INTRODUCTION

Following the introduction of the Regulatory Reform (Fire Safety) Order 2005 the responsibility for fire safety passed to organisations which had previously received safety audits and advice from local Fire Services.

The change in legislation firmly places the responsibility to complete fire risk assessments and effectively manage fire safety for all premises under an organisation's control where there are communal areas. For RBC Housing and Property Service this means all residential schemes with communal areas, sheltered schemes with communal areas and community buildings will require an assessment to be completed by the council's Fire Safety Advisor. Access is also now expected, although not legally required, into a sample number of flats to determine the level of fire protection, what fire systems are in place and to increase resident fire safety awareness.

It is critical that staff, residents, visitors and contractors are given clear information on the actions to take in the event of discovering a fire or on being alerted to a fire. The information given will vary depending on individual circumstances.

In addition to the assessment, a procedure must be in place to ensure fire safety systems and equipment are tested and maintained in line with legislation, standards or best practice. Management of buildings must also be undertaken to ensure compliance, for example communal corridors are clear of obstructions and combustible materials and final exit doors are operable in the event of a fire.

Failure to comply with legislation and manage fire safety effectively may result in enforcement notices leading to fines, closure of premises or potentially imprisonment

This policy sets out the RBC Housing and Property Service responsibility to mitigate the risks associated with fire. We will comply with all relevant legislation, principally:

- The Regulatory Reform (Fire Safety) Order 2005
- The Health & Safety at Work etc. Act 1974
- The Management of Health and Safety Regulations 1999
- The Housing Act 2004
- The Housing Health and Safety Rating System (HHSRS) Regulations 2005
- Building Regulations 2010: Part B: Fire Safety
- Gas Safety (Installation and Use) Regulations 1998
- Electrical Equipment (Safety and Use) Regulations 1994
- Furniture and Furnishings (Fire Safety) Regulations 1998

3. LEGAL FRAMEWORK

The introduction of the Regulatory Reform (Fire Safety) Order (RRFSO) 2005 significantly changed the responsibilities of landlords in relation to fire safety. The RRFSO legally requires landlords or those in charge of buildings to ensure the following is in place:

- A suitable and sufficient fire risk assessment
- Provide and maintain the required fire fighting, safety and detection equipment for each property
- Emergency exits and escape routes must be kept clear and accessible at all times
- Ensure evacuation procedures are in place and evacuation information is available to all relevant persons
- Provide adequate and relevant fire safety training

4. DUTIES, ROLES AND RESPONSIBILITIES

Executive Director -

The Executive Director of RBC is ultimately responsible for complying with the duties under the Regulatory Reform (Fire Safety) Order 2005.

Failure to comply with legislation, primarily the Regulatory Reform (Fire Safety) Order 2005, could result in warning notices, prosecutions, fines and potentially imprisonment. They are required to ensure that adequate resources are allocated to managing fire risk

In practice these duties are carried out on behalf of the Executive Director by Senior Management and those reporting to Senior Managers.

Head of Housing and Property -

The Head of Housing and Property has responsibility for the implementation of this policy. They are required to ensure that adequate resources are allocated to managing fire risk to enable:

- An up-to-date property register to be in place
- Adequate processes and procedures to be in place to manage fire risk
- Sufficient resources are available to complete and review fire risk assessments within set timescales
- Sufficient resources to be made available to rectify faults or defects relating to fire safety
- Sufficient information, instruction and training to be in place for staff, residents and visitors
- Monitoring the performance of staff and contractors, and
- To ensure that residents, the general public, staff and contractors are not unnecessarily exposed to risk, and

Property Manager -

The Property Manager will assist and deputise for the Head of Housing and Property and is responsible for the day-to-day implementation of this policy to ensure delivery of a comprehensive fire safety programme. They are required to:

- Ensure adequate resources are allocated to manage fire risk including employing a Fire Safety Advisor to undertake fire risk assessments.
- Monitor the performance of their subordinates against the policy

- Advise the Head of Housing and Property of any issues arising in connection with the management of fire risk

Housing Regeneration Manager -

The Housing Regeneration Manager will ensure due diligence, with regards to fire safety, is given during strategic planning and procurement of private sector housing.

Housing Maintenance Specialist or the Council's Fire Safety Advisor -

The Housing Maintenance Specialist or the council's Fire Safety advisor shall be responsible for providing fire safety advice and completion of fire risk assessments for RBC Housing and Property Service and shall:

- Formulate and revise this Fire Safety policy,
- Arrange regularly timetabled audits to ensure that the provisions within the Fire Safety Policy are being enforced to the standard required,
- Ensure sufficient information, instruction and training is made available,
- Ensure that fire precautions are maintained effectively including maintenance and day-to-day management,
- Investigate fires and introduce controls to reduce the risk of such incidents recurring,
- Ensure a designated deputy is available in their absence.

Housing Maintenance Team -

The Housing Maintenance team, under the direction of the Housing Maintenance Team Leader, will ensure that fire safety is fully considered when specifying works. Specifications will include choice and use of suitable materials. Where necessary inspections will be carried out during and post works to ensure fire integrity is maintained at all times. The Fire Risk Assessments and Risk Register will be reviewed and refreshed at this point.

Should serious fire safety issues be identified during works, contractors will be instructed to cease work and discussions held with contract managers to agree rectification of faults. Where minor fire safety issues are identified contract managers will be contacted to ensure problems are rectified within reasonable time frames.

Where there are repeated problems, RBC Housing and Property Service will review the contract and take appropriate action which could include increased frequency of on-site checks, instructing contractors to train staff appropriately to increase knowledge and awareness or, in serious cases, termination of the contract.

Where contractors are undertaking works in any RBC properties or communal areas and there is likelihood that fire precautions may be affected, regular monitoring is to be included to ensure these precautions are maintained.

Housing Maintenance Officer (Gas) -

The Housing Maintenance Officer (Gas) will ensure that all council owned gas appliances and supply fittings are maintained in line with current gas regulations to

reduce the risk of fire or explosion from faulty gas appliances and supply. They will also ensure plant rooms containing gas installations are kept in good condition.

Where faults or non-compliance issues are identified they will instruct the relevant contractors to address the issues as a matter of priority.

As part of their day-to-day duties they will also advise on all matters relating to gas safety.

Sheltered Housing Team Leader -

The Sheltered Housing Team Leader must ensure that wardens have sufficient knowledge of fire safety and of their responsibilities in relation to day-to-day management of their allocated schemes to enable them to fulfil their duties effectively. Where required, training and instruction must be given to wardens.

Sheltered Housing Wardens -

Sheltered Housing Wardens must receive annual fire safety and fire management training to enable them to undertake their duties effectively.

- They will undertake tasks such as testing of fire alarm systems, visual checks of fire extinguishers, fire doors etc. as required and keep accurate records
- All residents or visitors receive adequate fire safety information

Sheltered Housing Wardens are responsible for the management of fire safety within their schemes. They are required to ensure communal areas are kept clear at all times and when necessary instruct tenants to remove items. They must also report any fire safety related issues to the relevant service.

Sheltered Housing Wardens play a vital role in the education of tenants in relation to fire safety and must therefore be given training to enable them to pass knowledge and information to tenants and be able to spot hazards when visiting housing schemes.

Estates Management Team Leader -

The Estates Management Team Leader must ensure that housing officers and estate officers have sufficient knowledge of fire safety and of their responsibilities in relation to day-to-day management of general needs housing, particularly communal areas within blocks of flats, to enable them to fulfil their duties effectively. Where required, training and instruction must be given to housing officers and estate officers..

Housing Officers and Estate Officers -

Housing Officers and Estate Officers are responsible for the management of fire safety within general needs housing. They are required to ensure communal areas are kept clear at all times and when necessary instruct tenants to remove items. They must also report any fire safety related issues to the relevant service.

Housing Officers and Estate Officers play a vital role in the education of tenants in relation to fire safety and must therefore be given training to enable them to pass

knowledge and information to tenants and be able to spot hazards when visiting housing schemes.

Employees -

All Employees of RBC, irrespective of their position, have a responsibility to:

- Take reasonable care for their own health and safety and that of other persons
- Co-operate with managers to enable compliance with this policy and the legal duties it holds,
- Diligently undertake fire safety works or repairs to ensure that the desired standard of fire precautions are maintained,
- Remove or reduce hazards that, in their opinion, may present a serious risk to health of themselves or others.
- Report hazards that have been removed or that may present a serious risk of fire.

Employees are required to report concerns about fire safety. This will usually be through the normal management chain.

Tenants and Leaseholders -

Tenants and leaseholders living in flats where there are communal areas must be given fire safety information regarding evacuation procedures specific to their property and general good practice guidance on fire safety.

Tenants and leaseholders must not make any alterations to their property without formal permission, particularly the front doors to flats and any works which may reduce the effectiveness of passive fire safety measures e.g. creating holes in external walls and active fire safety measures e.g. removal or disabling smoke detectors.

Contractors -

Contractors are required to report any fire risk concerns and carry out works in a way that does not negatively affect the fire protection in place.

Contractors must be competent to undertake the works for which they are employed to prevent reduction of fire protection. Common problems caused by contractors are:

- Leaving breaches in fire compartmentation
- Painting over intumescent strips and cold smoke seals
- Incorrect/poorly fitted fire doors
- Cabling incorrectly fitted
- Cabling installed in plastic conduit

Where contractors are undertaking works in any RBC properties or communal areas and there is likehood that fire precautions may be affected, regular monitoring is to be included to ensure these precautions are maintained.

Post contract works may be subject to inspection to ensure compliance.

Fire safety is also a key consideration in terms of our regeneration and development work. This will be achieved through early engagement of Construction Design and

Management (CDM) advice in planning our projects, as well as at delivery and implementation stages.

Main contractors are obliged to enact their own health and safety procedures whilst working on site, including fire safety and ensuring safe access and egress of emergency vehicles. The client will request information on health and safety issues at contract monitoring meetings, and challenge performance accordingly.

Operational Health and Safety Group -

The Operational Health and Safety Group is responsible for:

- Reviewing resources and ensuring sufficient resources are allocated to fire safety
- Reviewing progress of the completion of fire risk assessments and subsequent action plans
- Ensuring relevant training is planned and delivered
- Plans to ensure resources for future fire assessments and reviews are in place
- Ensure planned works to improve fire safety are in place and financial resources are allocated
- The Chair of the Operational Health and Safety Group will report in to the Strategic Health and Safety Group.

5. FIRE RISK ASSESSMENT

Due to the requirements of the Fire Safety Order, assessments must be carried out by or with the assistance of the council's Fire Safety Advisor (someone with specialist knowledge, experience and training).

Sheltered housing scheme assessments will be reviewed annually.

General needs scheme assessments will be reviewed on frequency determined by initial risk assessments but not more than three years between assessments.

Fire assessments for non-sleeping accommodation, such as community rooms, will be reviewed on a frequency determined by the initial risk assessment but no less than every two years. If a community room is integral to sleeping accommodation the assessment will be reviewed annually as part of the accommodation review.

Any fire assessment scoring a rating of "moderate" or above will be re-assessed within a maximum of six months to ensure improvements are made as required.

The assessment process will not determine frequency of site inspections or visits as all schemes and blocks will require regular monitoring to ensure fire safety standards are maintained.

6. ASSESSMENT PRIORITY

A schedule of assessments is in place for the financial years 2015/16, 2016/17 and 2017/18.

A degree of flexibility will be required to allow for urgent requests from internal services or the Fire Service to complete assessments.

7. FIRE EQUIPMENT MAINTENANCE

The majority of fire equipment is maintained on a contract basis. To ensure compliance with regulations, records must be available for inspection by enforcing bodies. Liaison with contractors will take place to ensure records are clear as to the work undertaken and copies are left on site where appropriate e.g. community rooms.

8. FIRE ALARM SYSTEMS AND SMOKE/HEAT DETECTORS

RBC Housing and Property Services has installed hardwired smoke detectors with battery back-up at all properties.

- Fire alarm systems, which cover communal areas, may be present in some properties. Where this is the case they will be maintained in line with current standards.

Where additional fire alarm systems are installed they will comply with BS5839.

9. COMMUNAL AREA MANAGEMENT

Sheltered Housing – Wardens will be responsible for ensuring compliance with a managed use approach.

Managed use allows strictly defined use of common parts and limits the items allowed, to control fire load and ease of ignition. It will involve strict conditions on where such items can be kept. Items permitted to be in communal areas are:

- Pot plants and door mats outside front doors
- Framed pictures and notice boards on walls
- RBC Housing and Property Service will provide seats in communal areas that are fire resistant where determined that they are required for the use of residents

Managed use will only be permitted where:

- There is a suitable standard of fire protection
- It will be limited to buildings in which the main elements of structure are made of concrete, brick and other non-combustible materials
- Generally, it will only apply to buildings which have effective security, e.g. access control

If there are regular breaches of defined rules then a zero tolerance approach as below will be enforced

General Needs – Estate Officers and Housing Officers will be responsible for the management of general needs communal areas, which must be clear of all items including combustible and non-combustible items with the following exceptions:

Door mats, and living plants (these must be kept on window cills and not be excessive in number or size)

No exceptions will apply to the above.

Combustible items can increase the intensity of fires and can be used to start deliberate fires. Non-combustible items can cause obstruction to residents, visitors, staff and the fire service

By taking this simple approach to items in communal areas makes ongoing management by housing and estates teams clear and unambiguous.

10. ONGOING FIRE SAFETY MANAGEMENT

Regular checks and general management of fire safety will be carried out by Housing Officers, Estate Officers or Wardens. In addition, random fire safety reviews may be undertaken by the Housing Maintenance Specialist or the council's Fire Safety Advisor.

It is critical that inspections are carried out and enforcement of this policy is maintained

General fire safety training and instruction will be given to enable staff to carry out the required tasks.

11. PRINCIPLES OF FIRE PROTECTION

Buildings are designed to reduce the risk of fire spread from one part of a property to another. This is particularly important for blocks of flats as a fire in one flat could affect others in the block.

Each flat should form a protected compartment which reduces the risk of fire spreading from the flat to another flat or communal area.

The front doors to flats must also be designed, fitted and maintained to stop the spread of fire and smoke for at least 30 minutes.

To make sure this protection is always in place properties must be kept in good order.

12. EVACUATION PROCEDURES FOR BLOCKS OF FLATS

If a fire starts in a flat everyone in the flat must be instructed to leave immediately. Occupants must not stop to collect any belongings. Front doors to the flat must be closed, if possible, as occupants leave to stop the fire and smoke spreading into the communal areas.

Once out of the building residents must telephone the fire service or ask someone to do this for them if they do not have a telephone.

If the fire starts in a flat but escape routes out of the flat are blocked, residents are advised to go to the furthest room from the fire closing all doors behind them. If they have access to a telephone, they should call the fire service. If they do not have a

telephone they should shout out of a window to attract attention. Whilst waiting for the fire service residents should block the bottom of the door with blankets, coats or other soft material to stop smoke entering the room.

If residents are in a communal area and discover a fire or smell smoke they must leave the building immediately and call the Fire Service. Residents are asked to wait for the Fire Service to arrive so that they can advise where the likely location of the fire is. If their escape route is blocked they should return to their flat and close the door.

If residents are alerted to a fire in another flat they must stay in their own flat and keep their front door closed. They should not try to leave the building as they could find themselves in the area where the fire is and may also get in the way of the Fire Service as they enter the building.

Residents should only leave their flat if the Fire Service tells them to or they start to be affected by smoke or fire.

If the Fire Service is called they will take control of the building, and residents must follow their instructions.

13. EVACUATION PROCEDURE FOR COMMUNITY ROOMS

If residents, visitors or staff are in a RBC Housing and Property Service community building and they discover a fire or are alerted to one they must leave the building immediately using the nearest safe exit. People should move away from the building as far as possible and someone should call the Fire Service if they are able. If an alarm system with call points is fitted the person discovering the fire should raise the alarm by pressing a call point as they exit the building.

14. VARIATIONS OF PROCEDURES

Whilst the above procedures will be relevant under most circumstances there may be some alterations or deviations dependent on the results of the fire risk assessment which is carried out for each property with communal areas.

If there are any particular differences in evacuation procedures they will be relayed to residents or property users via the Housing Management and Sheltered Housing teams.

15. RECORD KEEPING

A central file will be used to hold all copies of assessments and register. Access will be given to relevant members of staff. All risk assessments will be held electronically at the Town Hall and individual communal facilities.

Fire assessments must be made available to enforcing authorities on request.

16. ALLOCATION OF ACTION PLANS

Actions arising from fire assessments will be split into two areas, Housing Management and Housing Maintenance. Housing Management will deal with actions relating to tenancies such as instructing residents to remove items from communal areas etc. Housing Maintenance will deal with actions relating to maintenance and repair such as repair of fire doors, maintenance of emergency lighting etc.

In all cases non-compliance and non-completion of actions will be monitored and reported on by the Housing Maintenance Specialist or the council's Fire Safety Advisor.

17. FIRE SAFETY REPORTING

All fires at RBC Housing and Property Service properties must be reported. In the event of a serious fire the Housing Maintenance Specialist, and relevant line manager must be contacted as soon as possible.

Any employee who has concerns regarding fire safety must raise them initially with their line manager who in turn can consult with the Housing Maintenance Specialist or the council's Fire Safety Advisor if further advice is required.

18. FIRE SERVICE LIAISON

To establish good relationships and working partnerships, representatives from the Fire Service will be invited to regular meetings with RBC Housing and Property Services to ensure agreement with regards to working practices, discuss any concerns or issues, review of fires if any have occurred, false alarms and unwanted activations.

Fire Service practices and expectations will also be reviewed to ensure RBC Housing and Property Service is compliant with requirements.

19. POST FIRE ACTION

The following protocol must be followed to ensure the safety of employees, residents, and the general public.

If the fire is of sufficient magnitude that the Fire Service is called they will take control of the situation and the property until they are satisfied that danger from the fire is fully eliminated.

The first member of staff to be informed of the fire should contact their immediate line manager who should in turn escalate the call to a senior member of staff

The first member of staff to arrive at the scene should establish contact with the senior officer from the emergency services for an overview of the situation. That member of staff should continue to be the lead contact with the emergency services for continuity reasons.

Once control of the property has been released back to RBC Housing and Property Services the following must be established before allowing re-entry by staff or residents:

Is the property structurally stable – If not or you are unsure under no circumstances is entry permitted.

Is the area free from asbestos - If not or you are unsure under no circumstances is entry permitted

Is the condition of the building such that it has too many hazards to safely enter - If it is no entry permitted

The Housing Maintenance team will arrange for the required specialist to be contacted to establish if the building is safe to enter e.g. surveyors, structural engineers, and asbestos specialist

Although the aftermath of a fire can be emotionally devastating we must not allow re-entry to the property until safe to do so. This may mean being in conflict with affected residents but regardless of the emotions staff must be clear that the actions taken are in the interest of all parties.

Staff should be ready to give a full debrief, including a written overview, of the events, particularly the first member of staff to arrive on site.

Any additional resources and staff involvement post incident will be co-ordinated by the designated senior member of staff.

20. POLICY REVIEW DATE

The Housing Maintenance Specialist will initiate a review of this policy every two years unless legislative changes or any other reason require an earlier review.

LOCAL GOVERNMENT ASSOCIATION

Questions received from the Local Government Association and responses provided by the council:

1. Establishing which tower blocks councils own or manage (including through a Tenant Management Organisation, Estate Management Board, Arms Length Management Organisation or Registered Social Landlord) that have been refurbished.

Rugby Borough Council owns and directly manages five blocks of high-rise flats, ten storey in height, with a total number of 313 flats

2. Ensuring any building control sign-off has taken into account the guidance Fire Safety in purpose-built blocks of flats (for example, paragraphs 72.1-2 on cladding. Some councils are instructing independent specialists to check cladding and the way it was installed).

The council has not employed a cladding system to any of its blocks.

3. Establishing if there is an up to date fire risk assessment that has been produced since the refurbishment and who carried it out.

Not applicable.

4. Confirming that where a block is designed on the compartmentalisation principle, no work at any time since its construction has compromised that principle. Some councils are considering reviewing fire compartmentation reports.

We have not done any work since the blocks were constructed that has compromised the principle of compartmentalisation.

5. Reviewing the fire safety advice given to residents in light of the outcomes of the above actions and in line with the guidance.

The council's fire safety leaflet for high-rise flats was reviewed and agreed with the Fire Service and the council's Fire Safety Adviser prior to it being delivered in February 2017 to all tenants of the council's high rise flats.

6. Many councils have been contacting residents to reassure them based on their actions and are issuing advice in conjunction with their local Fire and Rescue Service.

Fire safety leaflets have been provided for tenants of high-rise flats who have contacted the council to say they have lost their copy or thrown it away.

The council's website provides a range of advice relating to fire, etc., in high-rise flats.

The Tenants Times, the tenants' magazine, has a two page article relating to fire safety and is being delivered to all tenants before the end of June.

AGENDA MANAGEMENT SHEET

<i>Name of Meeting</i>	Brooke Overview and Scrutiny Committee
<i>Date of Meeting</i>	13 July 2017
<i>Report Title</i>	Review of The World Rugby Hall of Fame
<i>Ward Relevance</i>	All
<i>Contact Officer</i>	Rob Back, Head of Growth and Investment, Tel: 01788 533 720
<i>Summary</i>	Members are asked to agree the revised one-page strategy for the review of The World Rugby Hall of Fame.
<i>Financial Implications</i>	There are no financial implications arising from this report.
<i>Risk Management Implications</i>	There are no risk management implications arising from this report.
<i>Environmental Implications</i>	There are no environmental implications arising from this report.
<i>Legal Implications</i>	There are no legal implications arising from this report.
<i>Equality and Diversity</i>	No new or existing policy or procedure has been recommended.

Public Report to the Brooke Overview and Scrutiny Committee

13 July 2017

Review of The World Rugby Hall of Fame

Summary

Members are asked to agree the revised one-page strategy for the review of The World Rugby Hall of Fame.

1. THE ONE-PAGE STRATEGY

On Thursday 6 April, the Brooke Overview and Scrutiny Committee agreed the one-page strategy for the review (attached at Appendix 2).

The first meeting of the scrutiny group took place on Tuesday 18 April where the group received a presentation and background information from the Head of Growth and Investment supported by the Arts Heritage and Visitor Services Manager and the Economic Investment Officer. The scrutiny group also agreed on six free community days.

On Monday 3 July, the scrutiny group discussed the Draft Marketing Strategy.

Members were made aware that the scrutiny group will inform the Economy Visitor Working Party formed by Cabinet which has an impact on the timeline for the scrutiny group to complete its work.

The Head of Growth and Investment revised the one-page strategy. A copy is attached at Appendix 1 and the changes are highlighted.

2. GROUP

The membership of the scrutiny group is as follow:

Cllr Cranham
Cllr Claire Edwards
Cllr Gillias
Cllr Miss Lawrence (Chair)
Cllr Lewis

Name of Meeting: Brooke Overview and Scrutiny Committee

Date of Meeting: 13 July 2017

Subject Matter: Review of The World Rugby Hall of Fame

LIST OF BACKGROUND PAPERS

Document No.	Date	Description of Document	Officer's Reference	File Reference
1.	6 April 2017	Review of The World Rugby Hall of Fame	2016/17 Minute 34	Brooke Overview and Scrutiny Committee
2.	18 April 2017	One-page strategy	2016/17 Minute 4	The World Rugby Hall of Fame Scrutiny Group

WORLD RUGBY HALL OF FAME SCRUTINY GROUP

REVISED DRAFT ONE-PAGE STRATEGY

What is the broad topic area?

World Rugby Hall of Fame

What is the specific topic area?

For many years it has been an aspiration of the Council to build on the town's status as the Birthplace of the Game by attracting more visitors to the town. In May 2016 Council agreed the procurement of a four-year license from World Rugby to host the World Rugby Hall of Fame visitor attraction on the 1st floor of the Art Gallery and Museum building in the town centre. The attraction formally opened on schedule on 18 November 2016.

“World Rugby” (formally the International Rugby Board) is the governing body of the game of Rugby Union. The attraction is the first physical embodiment of the Hall of Fame into which greats of the game are inducted.

The Council's experience in, and operation of, this new visitor attraction is developing and improving however it is necessary to ensure effective ongoing Member engagement with the attraction, specifically with reference to marketing activities and key target markets. The group will be tasked with making recommendations to Cabinet (or the Visitor Economy Working Party) with the overall objective of adopting a marketing strategy and plan for the attraction.

What should be considered?

It is suggested that the group dedicates one meeting to each of the below topics:

1. Community Days – what pattern of free entry days (in line with the decision of Council) should be adopted?
2. Draft Marketing Strategy and Action Plan
3. Partner/Stakeholder Engagement (see “who shall we consult” below)
4. Wrap-up and Recommendations

Who shall we consult?

A selection of the following:

- Head of Growth and Investment/Arts, Heritage and Tourism Team
- Visit England/Shakespeare's England
- Rugby School
- Wasps RFC
- RFU/Local Rugby Clubs
- Travel and Tour operator(s)
- A comparable visitor attraction to the World Rugby Hall of Fame

How long should it take?

It is suggested that the scrutiny group dedicates one meeting to each of the above topics, taking place in May, July and September.

What will be the outcome?

The scrutiny group will be tasked with making recommendations to Cabinet (or the Visitor Economy Working Party) with the overall objective of adopting a marketing strategy and plan for the attraction.

REVIEW OF THE WORLD RUGBY HALL OF FAME

ONE-PAGE STRATEGY

What is the broad topic area?

The World Rugby Hall of Fame

What is the specific topic area?

For many years it has been an aspiration of the Council to build on the town's status as the Birthplace of the Game by attracting more visitors to the town. In May 2016, the Council agreed the procurement of a four-year license from World Rugby to host the World Rugby Hall of Fame visitor attraction on the 1st floor of the Art Gallery and Museum building in the town centre. The attraction formally opened on schedule on 18 November 2016.

"World Rugby" (formally the International Rugby Board) is the governing body of the game of Rugby Union. The attraction is the first physical embodiment of the Hall of Fame into which greats of the game are inducted.

The Council's experience in, and operation of, this new visitor attraction is developing and improving however it is necessary to ensure effective ongoing Member engagement with the attraction, assess implementation of the attraction and performance to date. The group will be tasked with making recommendations to Cabinet on future development of the attraction.

What should be considered?

Whilst it is suggested that the sub-group has an ongoing role, the following specific topic areas will be addressed:

1. Community Days – what pattern of free entry days (in line with the decision of Council) should be adopted?
2. What is the overall marketing strategy for the Hall of Fame and how do we successfully target regional, national and international markets?
3. How do we ensure wider town centre benefit from the attraction?
4. How do we capitalise on the annual induction for the good of the town centre and local communities?
5. Sponsorship and Income – how do we realise/maximise income from the Hall of Fame?

Who shall we consult?

- Head of Growth and Investment/Arts, Heritage and Tourism Team/Economic Investment Officer
- Rugby First
- World Rugby
- Visit England
- Warwickshire County Council

How long should it take?

Report to committee on an ongoing basis.

What will be the outcome?

Ongoing recommendations for the development and operation of the World Rugby Hall of Fame.

AGENDA MANAGEMENT SHEET

<i>Name of Meeting</i>	Brooke Overview and Scrutiny Committee
<i>Date of Meeting</i>	13 July 2017
<i>Report Title</i>	Overview and Scrutiny Work Programme 2017/18
<i>Ward Relevance</i>	None
<i>Contact Officer</i>	Veronika Beckova, Democratic Services Officer, Tel: 01788 533591
<i>Summary</i>	The report updates the committee on the progress of reviews within its remit and details the overview and scrutiny forward work programme for 2017/18.
<i>Financial Implications</i>	There is a budget of £500 available in 2017/18 to spend on the delivery of the overview and scrutiny work programme.
<i>Risk Management Implications</i>	There are no risk management implications arising from this report.
<i>Environmental Implications</i>	There are no environmental implications arising from this report.
<i>Legal Implications</i>	There are no legal implications arising from this report.
<i>Equality and Diversity</i>	No new or existing policy or procedure has been recommended.

Public Report to the Brooke Overview and Scrutiny Committee

13 July 2017

Overview and Scrutiny Work Programme 2017/18

Summary

The report updates the committee on the progress of task group reviews within its remit and details the overview and scrutiny forward work programme for 2017/18.

1. PROGRESS ON SCRUTINY REVIEWS

1.1 World Rugby Hall of Fame

This topic is covered by item 8 on the agenda.

2. FUTURE WORK PROGRAMME

The content of each committee's work programme has been agreed by the Chairs and a copy of the future work programme is appended. Committee members are invited to suggest items for inclusion.

3. CONCLUSION

The committee is asked to:

- note the progress in the task group reviews; and
- agree the future work programme for the committee.

Name of Meeting: Brooke Overview and Scrutiny Committee

Date of Meeting: 13 July 2017

Subject Matter: Overview and Scrutiny Committee Work Programme 2017/18

LIST OF BACKGROUND PAPERS

There are no background papers relating to this item.

Overview and Scrutiny Work Programme 2017/18

Brooke 13 July 2017

Topic	Description
Improving Stroke Services in Coventry and Warwickshire	Engagement document
Finance and Performance Monitoring 2016/17 Year-End	End of year outturn report
Fire Safety in Our Properties	
Review of Homelessness	Draft review report
Review of The World Rugby Hall of Fame	Revised one page strategy
Overview and Scrutiny Work Programme 2017/18	

Whittle 11 September 2017

Topic	Description
Air Quality Monitoring	Annual review
Finance and Performance Monitoring 2017/18 Q1	

Brooke 12 October 2017

Topic	Description
Scoping of Reviews of Recycling and Waste, Fly Tipping and Street Cleaning	

Joint Overview and Scrutiny Meeting 17 October 2017

Topic	Description
Meeting with Portfolio Holders	Question and answer style discussion on performance with the portfolio holders

Whittle 6 November 2017 – agenda to be agreed by Chairs

Brooke 7 December 2017

Topic	Description
Review of The World Rugby Hall of Fame	Draft review report
Benn Hall	18 month review of the marketing and business plan

Whittle 15 January 2018 – agenda to be agreed by Chairs

Joint Overview and Scrutiny Meeting 29 January 2018

Topic	Description
Leader and Executive Director	Discussion of performance and future strategy with Leader and Executive Director

Brooke 15 February 2018 – agenda to be agreed by Chairs

Work Programme Workshop 7 March 2018

Topic	Description
Work Programme Workshop	Public workshop to discuss topics for scrutiny reviews during 2018/19

Whittle 12 March 2018

Topic	Description
Crime and Disorder	Annual review

Brooke 12 April 2018 – agenda to be agreed by Chairs

Items for the 2017/18 work programme to be allocated to future meetings

Topic	Description
Members' IT and Digitalisation	Reduce paper and make savings. Use of IT equipment and software. Members use of Office 365. Costs of paper vs electronic means. Improvements to the Council Chamber.
Communication, Engagement and Public Consultation	Internal and external communication. How to better engage with the public. Improvements to the website. Meetings calendar. Better engagement with rural wards.
Rugby's Heritage, Heritage Quarter and Promoting Rural Rugby	Recognise Rugby's engineering past and promote attractions outside the town centre. Boost town centre economy. Promote rural heritage assets. Encourage visitors to venture wider than the town centre. Rugby Festival of Culture – include events outside the town centre?
Links between the North and South of Rugby	Transport links. Section 106 funds.
Housing Maintenance/Repairs	Issues, delays and managing customer expectation. Review new working arrangements.
Town Hall Complex – Asset Management Plan	Should the Town Hall move out of town? Should the site be developed to offer a multi-functional building with office space above? Review of the Asset Management Strategy.
Finance and Performance Monitoring 2017/18 Q2	
Finance and Performance Monitoring 2017/18 Q3	