

Agenda

Health Overview and Scrutiny Committee

Monday, 26 November 2018, 10.00 am
County Hall, Worcester

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DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
 - You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests** **OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Health Overview and Scrutiny Committee

Monday, 26 November 2018, 10.00 am, County Hall, Worcester

Membership: Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford, Mr R P Tomlinson, Mr T Baker, Mr C Bloore, Mr M Chalk, Mr M Johnson, Mrs F Oborski and Mrs F Smith

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
3	Public Participation Members of the public wishing to take part should notify the Head of Legal and Democratic Services in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 23 November 2018). Enquiries can be made through the telephone number/email address below.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
5	Evaluation of Winter Pressures on Urgent Care - Update on the System Plan	1 - 20
6	Quality of Acute Hospital Services - Update	21 - 24
7	Health Overview and Scrutiny Round-up	25 - 26

Agenda produced and published by Simon Mallinson, Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP

To obtain further information or a copy of this agenda contact Emma James / Jo Weston, Overview and Scrutiny Officers on 01905 844964/ 01905 844965, scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's website

Date of Issue: Friday, 16 November 2018

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 26 NOVEMBER 2018

EVALUATION OF WINTER PRESSURES ON URGENT CARE – UPDATE ON THE SYSTEM PLAN

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on local health economy partners' evaluation of winter pressures and how this evaluation has informed planning for 2018/19 to improve performance.
2. This follows HOSC's discussion of winter evaluation work earlier this year on 5 July.
3. An update on the Acute Trust's overall performance is provided elsewhere in this agenda.
4. Representatives from Worcestershire's Clinical Commissioning Groups and Worcestershire Acute Hospitals Trust have been invited to the meeting.

Background

5. Weather conditions over winter bring additional pressures and challenges for the health service and social care providers, many of which have been referred to during HOSC's discussions with local partners. Worcestershire has a higher than average proportion of older people with increasing frailty.
6. Pressures on acute hospital services and the need for improvement in the Acute Hospital Trust's performance and capacity has been well publicised. The HOSC requested a discussion with health partners across Worcestershire to understand the work in hand to address pressures on services. HOSC was briefed on health partners' preparation for winter 2017/18, specific winter schemes, outcomes and overall evaluation.
7. A record of the discussion on 5 July can be found [here](#)
8. Evaluation work had been completed by Midlands and Lancashire Commissioning Unit on various aspects of the winter plan. The CCGs have also commissioned a system-wide analysis of the urgent care and patient flow system by a consultancy group (Carnall Farrar).

Lessons Learned from 2017/18

9. The presentation at appendix 1 outlines progress with mitigating winter pressures, since the July discussion.
10. In summary the bed occupancy rates at the Worcestershire Royal Hospital site

continue to drive the majority of the issues with urgent care and patient flow pressures and the focus of the winter planning and the Accident and Emergency Delivery Board (AEDB) is to deliver actions to reduce bed occupancy. In addition the outcomes of the Carnall Farrar demand and capacity analysis is providing further opportunities to consider realigning urgent care services across the two acute sites.

Legal, Financial and HR Implications

11. There are no specific legal, financial or HR implications associated with this paper, but there will be significant implications associated with the development of plans for each programme transformation area within the STP and their subsequent implementation. As these plans are developed, if required to do so, they will be reported to HOSC in a timely manner.

Purpose of the Meeting

13. The HOSC is invited to consider and comment on the system plan and progress with applying learning from the review of last year's winter plans.

14. In doing so, HOSC members may look to consider:

- Lessons learned from the evaluation of winter pressures – how has learning been taken forward?
- What has worked better so far for 2018/19
- How will we know if the new system-wide approach is working?
- Are all partners involved?
- What are the main obstacles?

Supporting Information

Appendix 1 - presentation

Contact Points

Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel: 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 5 July, 14 March and 29 January 2018, 19 July and 17 October 2017, 27 April, 19 July, 26 September, 16 November 2016, 16 September and 9 December 2015, 26 February and 30 April 2014 - available on the County Council's website [here](#)
- Agendas and Minutes of the Health and Well-being Board are available [here](#)
- Healthwatch Worcestershire report 'Care in the Corridor at the Worcestershire Royal Hospital – Follow Up Report (June 2018)
<http://www.healthwatchworcestershire.co.uk/care-in-the-corridor-at-the-worcestershire-royal-hospital-march-2017/>

Worcestershire System Wide Winter Plan

2018/19

Purpose of winter planning

The theme of plan for the Worcestershire Health and Care System from 1st December 2018 to 31st March 2019 is to ensure:

- The Health and Care system increases its resilience throughout the winter period and provides safe and effective care and experience for the local population
- Sufficient capacity is available to meet likely demands over winter
- Direction of patients/clients to most appropriate setting for care and treatment
- Safe and effective transfer of patients/clients within the system
- Learning from previous winter pressures

Detailed winter plan requirements

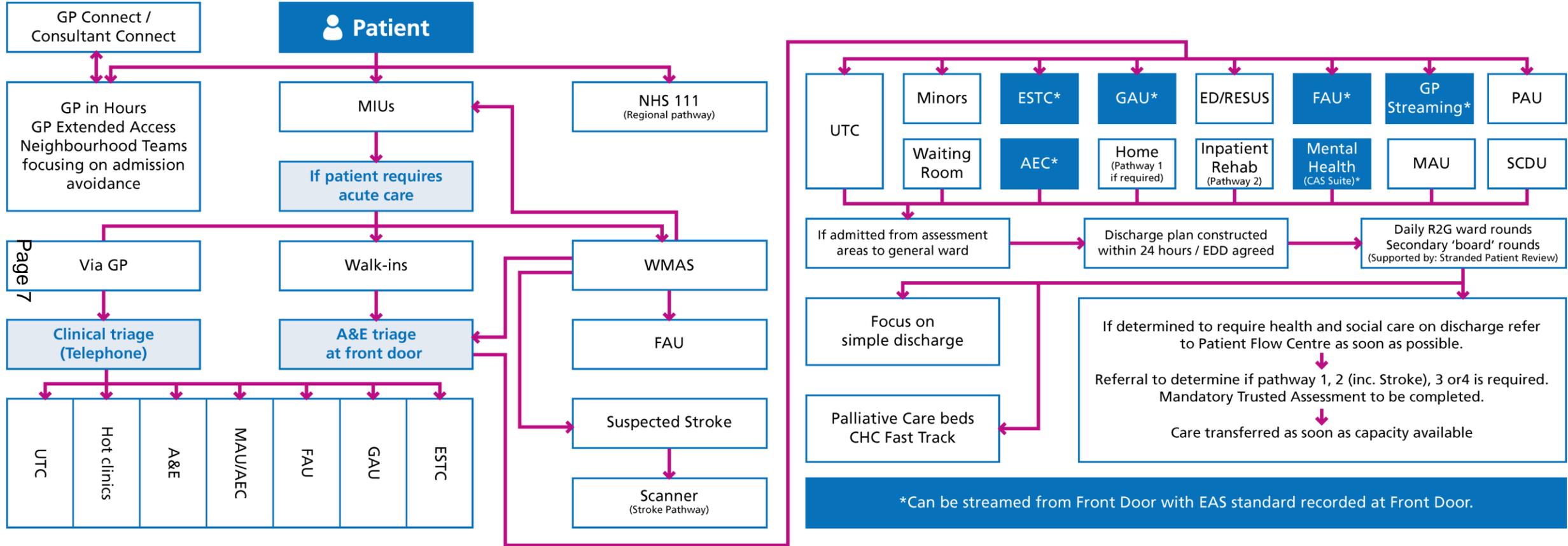
- All local level A&E Delivery Boards are required to submit comprehensive winter plans (covering from 01 December up to Easter) – planning commenced in May 2018
- In addition to any local initiatives already planned or underway, this should cover key themes ensuring that good practice in patient flow is embedded across all parts of the emergency patient pathway, not just in isolated departments or wards as described in the [Keogh Review's Safer, Faster, Better \(2015\)](#) and [The Good Practice Guide: Focus on patient Flow \(2017\)](#).
- As part of the Worcestershire winter planning cycle an assessment of all of these priority areas has already been undertaken and included in the AEDB/Winter plan .

Focus for winter planning in Worcestershire 18/19

AEDB agreed the focus should be to:

- Embed learning from previous winters
- Prevention of ill health and unnecessary increased demand
- Develop a full demand and capacity analysis for the system to identify where to prioritise capacity within the Worcestershire System over the winter period
- Fast track and further embed the priority aspects of the AEDB plan ensure delivery of our urgent care and patient flow system as it has been designed – **see slide 5** – with a focus on reducing the key concern of high bed occupancy within the acute trust
- Identify any further specific winter initiatives, based on best practice designed to reduce demand or enhance capacity
- Undertake a detailed analysis of workforce across the system and agree an approach to workforce utilisation for the Winter 2018/19 period
- Ensure robust daily system management and monitoring of success of winter plan

What should it look like?



2018/19 Worcester Winter Plan Progress and Preparations

Learning from last winter

Improvements noted

- Strong “winter room” information and command and control noted by regulators
- Improved system and working relationships noted by regulators
- Extra wards focussed on “discharge to assess” led to improvements in complex discharge process
- AEC performance, although not contributing to improving the ‘4 hour clock’ did help relieve some pressure at the front door of the ED Departments

Areas for improvement identified were

- Too many reactive actions with little benefit in response to a crisis
- The full benefits of the initiatives developed were not delivered or maximised.
- System wide capacity and high bed occupancy was flagged as problematic and required analysis.
- Insufficient system leadership capacity to manage business as usual resulting in almost daily senior escalation to drive ‘business as usual’

Prevention of ill health and unnecessary increased demand

- The Worcestershire system as agreed a 90% target for workforce flu immunisation and a 90% target for residents in Care Homes
- Health and Social Care staff will be eligible for a free flu immunisation this season.
- There is a flu vaccine for aged over 65 and a different vaccine for aged under 65 aimed at greater resistance in the older age group.
- The national campaign is 'Help Us Help you', a new single unifying campaign brand that builds upon the success of last year's 'Stay Well' campaign. The local plan will be in line with the integrated national marketing campaign.
- The overall aim of the winter communication plan is to:

Ensure that people who are most at-risk of preventable emergency admission to hospital are aware of and, wherever possible, are motivated to take those actions that may avoid admission this winter.

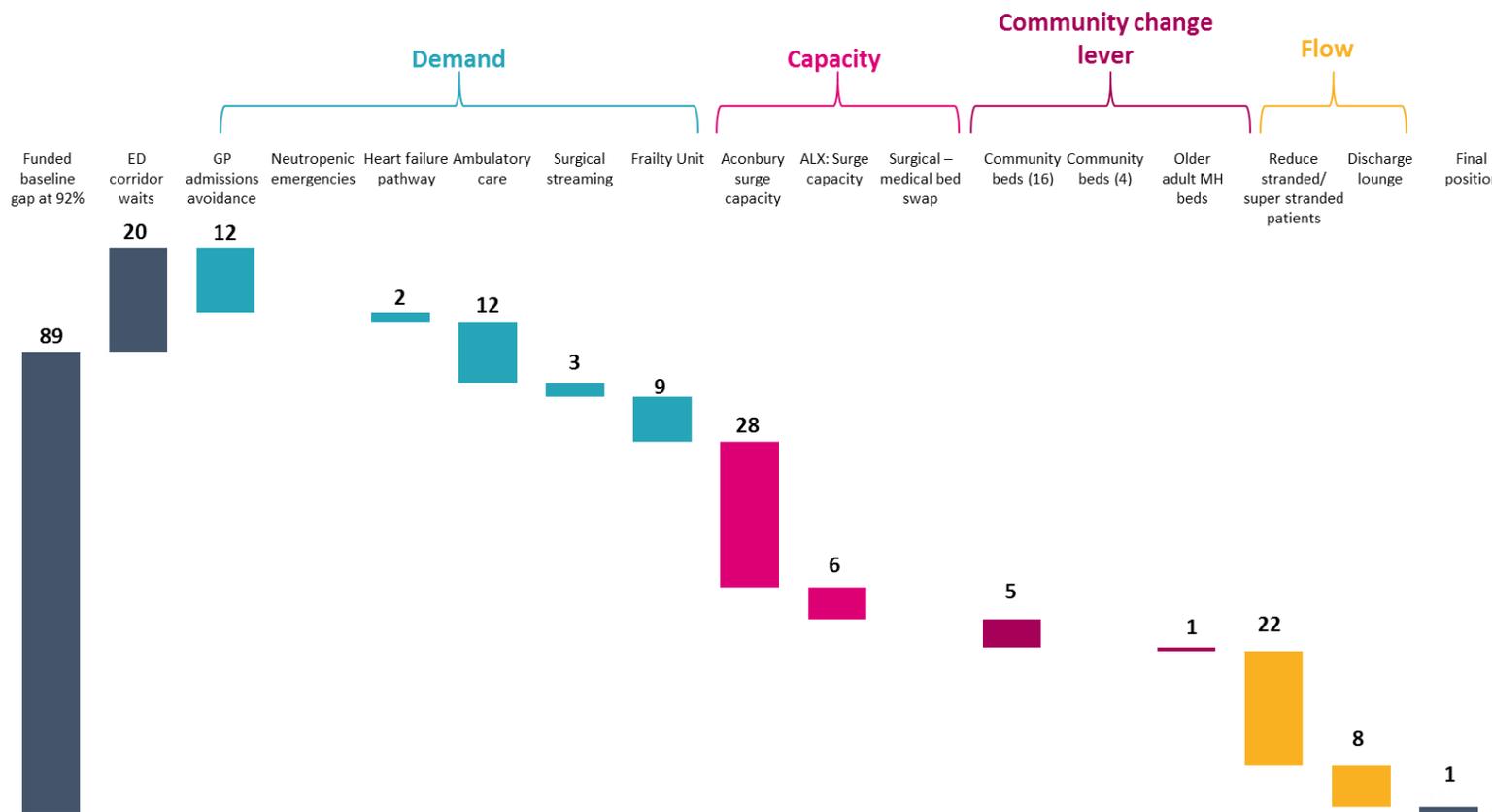
Develop a full demand and capacity analysis for the system to identify where to prioritise capacity within the Worcestershire System over the winter period

- The CCGs have commissioned a system wide Demand and Capacity analysis from Carnall Farrar that provides an immediate view across the system of capacity requirements and the ability for the local system to on- goingly use the tool to understand the impact of any change
- AEDB have used the predicted impact of the AEDB and winter specific initiatives against predicted demand and current capacity and the tool has provided the following analysis of the benefit based on a target of 92% bed occupancy – an ideal % for effective patient flow

Table of Demand and Capacity analysis and Predicted Benefits of winter initiatives 18/19 (Carnall Farrar)

In February, at 92% occupancy, there is estimated to be a 1 bed shortfall between capacity and demand trust wide

Forecast the do something position



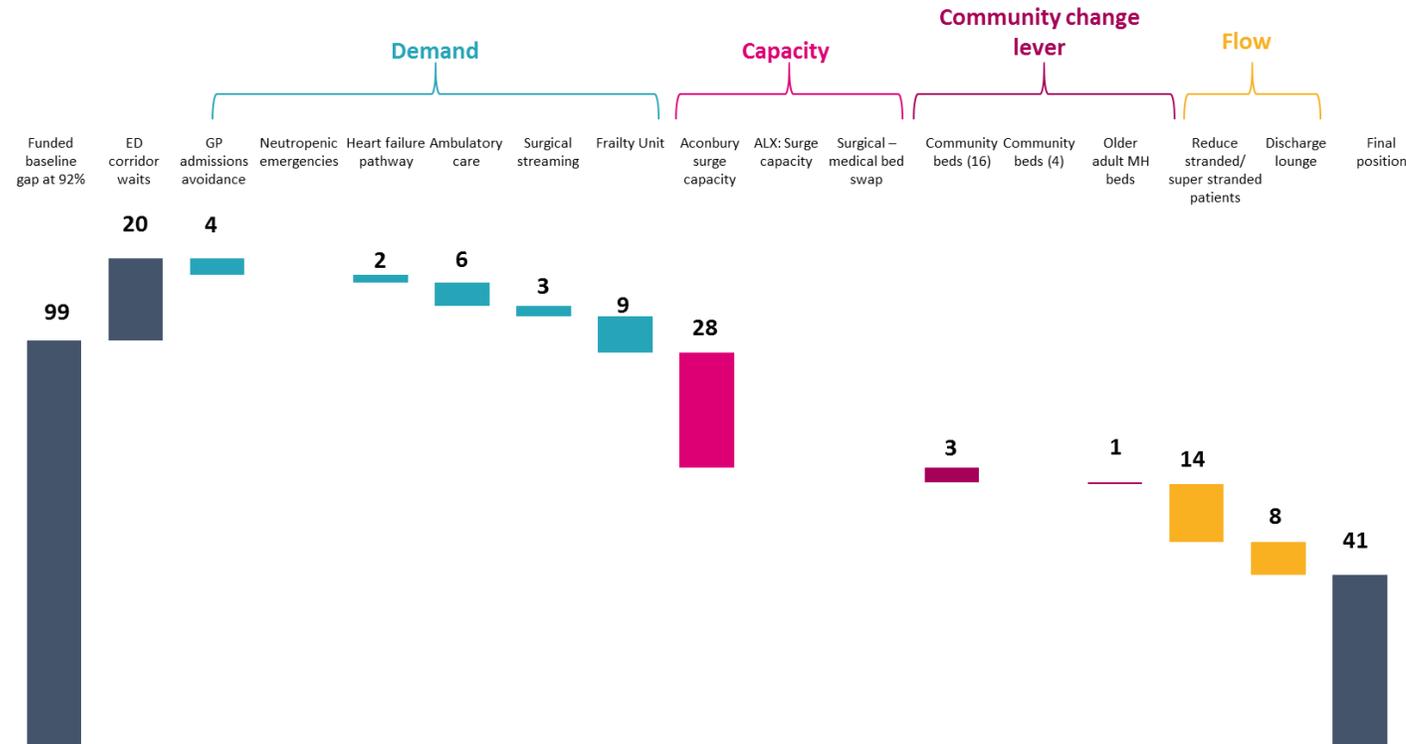
This is a snapshot of one month and does not take into account any increases in elective capacity required to meet contract levels.

Discharge Lounge benefit is derived by: 6 beds & 10 chairs x2 turnover p/day = 32 patients per day x0.25 LoS saving = 8 bed days p/day benefit

Table of Demand and Capacity analysis and Predicted Benefits of winter initiatives 18/19 (Carnall Farrar)

However, there is a capacity shortfall which is concentrated at WRH, where the estimated residual gap is 41 beds after change levers

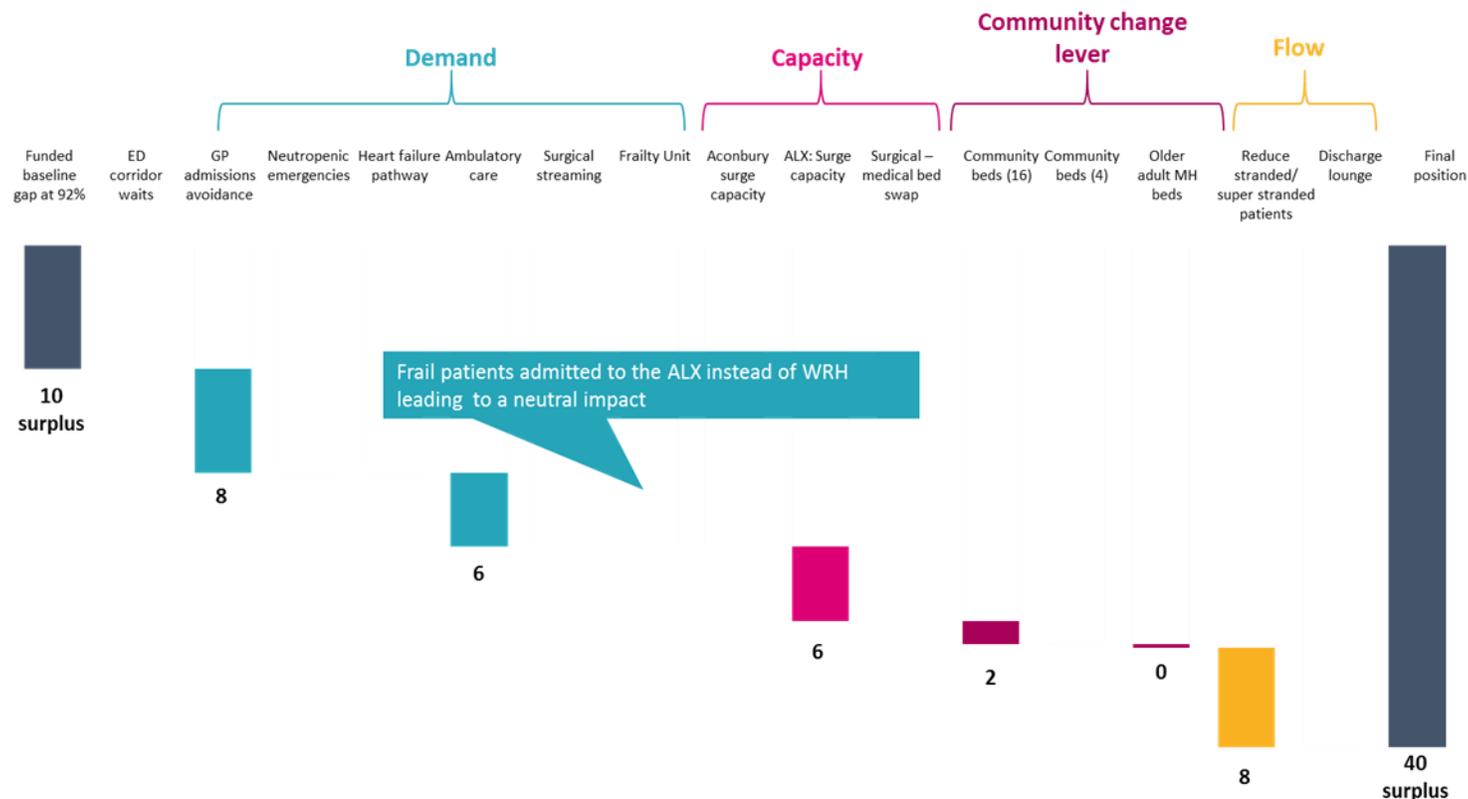
Forecast the do something position



This is a snapshot of one month and does not take into account any increases in elective capacity required to meet contract levels.

Table of Demand and Capacity analysis and Predicted Benefits of winter initiatives 18/19 (Carnall Farrar)

At ALX, the change levers will likely create further capacity, leading to an estimated surplus of 40 beds



This is a snapshot of one month and does not take into account any increases in elective capacity required to meet contract levels.

Fast track and further embed the priority aspects of the AEDB plan ensure delivery of our urgent care and patient flow system as it has been designed

Reduced Demand

- 14 Neighbourhood teams focused on appropriate admission avoidance
- Enhanced falls response service
- COPD In-Reach and avoided admission
- WMAS *5 – direct access for WMAS crew to medical advice

Improving Patient Flow

- Patient Flow Program within acute services
- Front Door Streaming to assessment areas to reduce ambulance delays
- Discharge Lounge WRH
- Heart Failure Pathway to avoid long length of stay
- Frailty assessment area expansion at the Alexandra Hospital
- Ambulatory assessment units embedded
- Fast Track End of Life Improvements – reducing time taken for care home discharge

Identify any further specific winter initiatives, based on best practice designed to reduce demand or enhance capacity

- UTC centre – Alexandra Hospital – Dec 18
- WRH Surge Capacity – extra 28 beds
- ALEX Surge Capacity – extra 12 beds
- Community hospitals - extra 16 beds at Evesham Community Hospitals
- Complex mental health discharge to assess beds – ring fencing 4 beds
- Elective Activity to be maintained and to maximise Kidderminster site
- Hospital from Home – fire service supporting settling patients at home
- Pharmacy provision – 6 additional staff across the two sites
- Multi-Disciplinary Accelerated Discharge Event (MADE) aiming to reduce bed occupancy Nov , December and February

Undertake a detailed analysis of workforce across the system and agree an approach to workforce utilisation for the Winter 2018/19 period

- Workforce is identified as the key risk as a result of
 - recruitment and retention challenges
 - potential for escalation of sickness rates
 - impact of consistent pressure

The winter planning this year has included joint agreement to prioritise and utilise 20% of clinicians in non clinical posts at patient delivery level, to support front line clinical staff

Priority meetings only will occur and senior leaders are sharing the overall system leader role in times of escalation

Ensure robust daily system management and monitoring of success of winter plan

- **Worcestershire system wide winter room will be in place again this year**, with dedicated resource to support reporting functions and an agreed standard operating procedure in place, it will be responsible for coordinating system wide functions on a daily basis. This year it will support STP report jointly with Herefordshire
- The A&E Delivery Board have introduced a **weekly Urgent Care planning forum** for Directors of Operations of all A&E Delivery Board partners to ensure a collaborative approach to system management and to agree the system wide operational plan for the week ahead and to monitor the performance of each aspect of the AEDB/Winter plan and take corrective actions

Monitoring and Evaluation of Winter

- In addition to weekly monitoring of KPIs the AEDB will continue to use the Carnall Farrar demand and capacity tool to understand demand and capacity over the winter period and the impact of any further change levels that may be identified
- To support the system in evaluating the winter plan the Commissioning Support Unit will be undertaking a 'live' evaluation process monitoring all aspects of the winter plan, learning from patient stories, quality issues and achievement of performance aspects of each winter initiative.

Next Steps

- In recognition of the demand and capacity analysis and the bed demand the acute trust are planning to realign acute services across the two sites
- The proposals are being developed and will be subject to agreed processes for quality assurance, engagement and service change decision making processes

HEALTH OVERVIEW AND SCRUTINY COMMITTEE 26 NOVEMBER 2018

QUALITY OF ACUTE HOSPITAL SERVICES - UPDATE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to receive an update from representatives of Worcestershire Acute Hospitals NHS Trust (the Trust) on the quality of hospital services, and in particular, further progress to address improvements required by the Care Quality Commission (CQC), England's independent regulator of health and social care.
2. HOSC Members will be aware, from previous discussions, especially 17 October 2017 and 29 January 2018 that the Trust has been in special measures since November 2015 is rated inadequate.

Background

3. The CQC served a section 29A notice on the Trust in January 2017, requiring significant improvement by 10 March 2017. The CQC conducted a focussed assessment in early April to assess progress against the s29A notice and the results of that assessment were released in July 2017.
4. The CQC served a further section 29A notice on the Trust as a result of this assessment, which required significant improvement by 30 September 2017.
5. The CQC conducted core service reviews of four services and a focussed assessment on governance in November 2017. The report from that inspection was released on 17 January 2018.
6. The latest CQC inspection was from 23 January to 22 March 2018 with the report published on 5 June 2018. The Trust remains inadequate.
7. The CQC inspects services by asking five key questions:
 - Is it safe?
 - Is it effective?
 - Is it caring?
 - Is it responsive?
 - Is it well-led?

Scrutiny to Date

8. The HOSC has received regular updates on the quality of acute hospital services, as part of its role to monitor the impact of ongoing pressures experienced by many hospital trusts, such as increased activity, greater complexity of patient needs and financial constraints.

9. Links to the minutes of these discussions are available in the background information section of this report.

10. The Trust's updates to the HOSC have focused on the inspection findings and progress to date, priority work streams and plans, as well as the negative impact of the on-going delay to the reconfiguration of acute hospital services in Worcestershire, which were finally approved in July 2017.

Progress on Quality Improvement

11. The Care Quality Commission (CQC) published its latest report on Worcestershire Acute Hospitals NHS Trust on 5 June 2018 following their inspection between 23 January and 22 March 2018. The inspection reported on six of the core services provided by the Trust (urgent and emergency care, surgery, maternity, services for children and young people, outpatients, diagnostic imaging).

12. The report shows that overall Maternity Services had improved from 'requires improvement' to 'good'. Diagnostics had improved from 'inadequate to 'requires improvement', Services for Children and Young People had improved from 'inadequate' to 'requires improvement' at the Worcester site. Outpatients remained as 'inadequate' and Surgery was rated as 'inadequate'.

13. Although the overall rating for the Trust remained as 'inadequate' the CQC recognise improvement and the impact of stable leadership and the overall 'Well-Led' domain improvement from 'inadequate' to 'requires improvement'.

14. The CQC identified outstanding practices in this review including:

- a) the Meadow Birth Centre which had won the MaMa 2017 national birth centre of the year award, in recognition of its outstanding health care environment. Feedback from women who had had their baby in the birth centre was overwhelmingly positive, and staff were often described as having gone "the extra mile".
- b) The service was especially caring and responsive to parents who had suffered a pregnancy loss, such as miscarriage, stillbirth or neonatal death. They were committed to continually improving the care and services they provided for bereaved parents, and had recently raised over £50,000 in charitable donations for a second bereavement suite.
- c) All healthcare support workers in the MIU were enrolled on a Care Certificate course. This is a course that covers 15 standards of care in health and social care.

15. The CQC also identified areas that the Trust needs to continue to improve. This includes further improvement in mandatory training, the monitoring of safe staffing levels, specialty review and privacy and dignity in Urgent Care, referral to treatment and cancer wait times and the further embedding of risk management, incident reporting, clinical audits and shared learning. Unannounced CQC inspections are anticipated throughout 2019.

16. Further improvements have been recognised since receiving the inspection report in June 2018 and the following conditions were lifted by the CQC:

- Section 31 Condition placed on registration (requirement to report 15 minute triage breaches and Harm Reviews) emergency department, Worcestershire Royal Hospital (imposed 30 March 2015, removed 25 July 2018).
- Section 31 Condition, Radiology, Trust wide (imposed 16 August 2016, removed 11 May 2018).

17. The Trust launched its 'Quality Improvement Strategy 2018-2021' on 8 June 2018. The Quality Improvement Strategy, and the plans which underpin it, mark an important step forward for the Trust. The plans were developed with input from staff, patients, carers and other key stakeholders and reflect much of what matters most to those important groups. The Quality Improvement Strategy sets out the ambitious plans over the next three years which will support the Trust in delivering sustained, significant and continuous improvements to the quality and safety of the care provided for the Trust's patients.

Purpose of Meeting

27. HOSC Members are invited to consider and comment on progress being made to address the quality of services at the Trust.

28. In doing so, potential areas of enquiry may include:

- priorities for improvement
- how progress is being driven and managed since the last update to HOSC in January 2018
- winter pressures and how the Trust is coping with this particularly busy period
- other main issues or obstacles to improvement
- progress with bringing stability to the leadership team
- role of partnership working
- managing the impact on patients, families and staff.

29. Following the discussion, HOSC Members are asked to consider whether any further information is required and identify any specific elements for potential future scrutiny at this stage.

Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Donna Wark, Worcestershire Acute Hospitals NHS Trust

Email: d.wark@nhs.net (Donna Wark, Executive PA)

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 5 July and 29 January 2018, 19 July and 17 October 2017, 27 April, 19 July and 26 September 2016, 16 September and 9 December 2015, 27 April and 16 November 2016

<http://worcestershire.moderngov.co.uk/ieListMeetings.aspx?Committeeld=141>

- Care Quality Commission reports:

(June 2018)

http://www.cqc.org.uk/sites/default/files/new_reports/AAAH2451.pdf

(January 2018)

http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0798.pdf

(June 2017)

http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5822.pdf

(December 2015)

http://www.cqc.org.uk/sites/default/files/new_reports/AAAD7712.pdf

HEALTH OVERVIEW AND SCRUTINY COMMITTEE
26 NOVEMBER 2018**HEALTH OVERVIEW AND SCRUTINY COMMITTEE ROUND-UP**

Summary

1. To receive a round-up of information on:
 - County Council activities in relation to health
 - District Council activities in relation to health
 - NHS Board meetings
 - Consultations in Worcestershire
 - Urgent health issues in Worcestershire; and
 - Items for future meetings of the Health Overview and Scrutiny Committee

Background

2. In order to ensure that Members of the Health Overview and Scrutiny Committee (HOSC) are fully informed about issues relating to health scrutiny in Worcestershire, communication will be essential. To assist in this, an item will be placed on the agenda for each meeting of the HOSC to consider consultations, County Council activities, District Council activities, urgent health issues arising in Worcestershire and future agenda items. Regard for the Council's statutory requirements in relation to access to information will be critical.

County Council Activities in Relation to Health

3. A range of County Council services can impact upon and also be impacted upon by health services. Recognising that the health-related work of the County Council will be of interest to the District Councillors on the Health Overview and Scrutiny Committee, an oral update on such activities, and on other matters the Chairman has been involved in, will be provided at each meeting by the Committee Chairman at each HOSC.

District Council Activities in Relation to Health

4. The statutory power of health scrutiny, including the power to require an officer of a local NHS body to attend before the Council, rests with the County Council. However, it is recognised that a number of District Councils within Worcestershire are undertaking work in relation to local health issues, under their duty to promote the economic, social or environmental well-being of their area.
5. Recognising that the work of the District Councils will be of value and interest to the wider HOSC, an oral update will be provided on such activities by District Councillors at each meeting of the HOSC.

NHS Board Meetings

6. To help HOSC Members to keep up to date and maintain their knowledge of health issues around the County, it was agreed that a 'Lead Member/s' would be identified for

each of the local NHS bodies to attend their Board Meetings and then provide an oral update at each HOSC.

Consultations in Worcestershire

7. The HOSC has a duty to respond to local Health Trusts' consultations on any proposed substantial changes to local health services. An oral update will be provided at each meeting of the HOSC on both developments relating to consultations previously undertaken and forthcoming consultations.

Urgent Health Issues in Worcestershire

8. Worcestershire County Council's constitution makes provision for urgent items to be considered. Standing Order 12.2 specifies that the Chairman of the HOSC "may bring before the meeting and cause to be considered an item of business not specified in the summons or agenda where the Chairman is of the opinion, by reason of special circumstances (which shall be specified in the minutes) that the item should be considered at the meeting as a matter of urgency".

9. Additionally, Standing Order 9.4.2 allows for the Chairman of the HOSC at any time to call a special meeting of the Health Overview and Scrutiny Committee. Standing Order 9.4.3 allows for at least one quarter of the members of the HOSC to requisition a special meeting of the HOSC. Such a requisition must be in writing, be signed by each of the Councillors concerned, identify the business to be considered and be delivered to the Director of Commercial and Change. In accordance with Access to Information Rules, the Council must give five clear days' notice of any meeting.

Items for Future Meetings

10. It is necessary that the HOSC's ability to react to emerging health issues in a timely manner and the public's expectation of this is balanced against Worcestershire County Council's statutory duty to ensure that meetings and issues to be considered are open and transparent and meet legislative requirements. This agenda item must not be used to raise non-urgent issues. Any such issues should be raised with the Scrutiny Team at least two weeks in advance of a scheduled meeting of the HOSC.

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers, Tel; 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the Proper Officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to this report:

- Worcestershire County Council Procedural Standing Orders, May 2017 [which can be accessed here](#)