

TABLE OF ACTIONS FROM HEALTH BOARD MEETING IN PUBLIC HELD ON 25TH MARCH 2021

MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
PM(21)33	 REPORT OF THE CHAIR: To provide operational details of the Chat Health text service to Ms Delyth Raynsford outside the meeting. 	RJ	May 2021	A meeting has been scheduled for 25 th May 2020 between Ros Jervis, Delyth Raynsford and Bethan Lewis.
PM(21)37	 IMPROVING PATIENT EXPERIENCE REPORT: To provide a further update on work relating to bereavement services to the CHC later in the year. 	MR	September 2021	Forward planned for September 2021.
PM(21)38	 SINGLE POINT OF CONTACT: To check whether a link has been made with WAST. 	MR	May 2021	Completed. Date awaited from WAST for initial meeting.
PM(21)40	 HDdUHB DRAFT ANNUAL RECOVERY PLAN 2021/22: To take forward suggestions regarding the section around services for Children and Young People; 	SM	May 2021	Completed.
	To consider the issue of digital connectivity as part of the Single Point of Contact work;	MR	May 2021	Completed. There is a Digital Working Group as part of the project structure.
	To review the wording in relation to the impact of COVID-19 on specialist Mental Health services.	AC	May 2021	Wording reviewed and now reads: Our plans for 2021/22 will build on the changes we made in response to the pandemic, which accelerated some of our

health services. A detailed implementation plan for the next stage of the Transforming Mental Health programme will be developed in quarter 1. There is likely to be an impact on the population's mental health and well-being as a consequence of the pandemic. Therefore, we are working with Third Sector colleagues both locally and on a national level to ensure that these services are strengthened so that people can access help and support in a timely manner. It is important that this level of service is readily available in order to safeguard the availability of secondary or more specialist mental health services at the poir of contact too. With regards to the ASD section,	MINUTE REFERENCE	ACTION	LEAD	TIMESCALE	PROGRESS
work force through					implementation plan for the next stage of the Transforming Mental Health programme will be developed in quarter 1. There is likely to be an impact on the population's mental health and well-being as a consequence of the pandemic. Therefore, we are working with Third Sector colleagues both locally and on a national level to ensure that these services are strengthened so that people can access help and support in a timely manner. It is important that this level of service is readily available in order to safeguard the availability of secondary or more specialist mental health services at the point of contact too. With regards to the ASD section, further bullet points can be added as follows: • We are undertaking a demand and capacity exercise with Welsh Government to reduce waiting times. • We are strengthening the work force through substantive appointments as opposed to fixed term

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PM(21)41	PERFORMANCE UPDATE – MONTH 11 2020/21: • For PPPAC to lead conversations regarding the 'road to recovery';	HT/LG	May 2021	Discussed at PPPAC meeting held on 27 th April 2021 and will be incorporated in the next Integrated Performance Assurance Report (IPAR).
	 For the topic of performance in neurodevelopment assessments and psychological therapies to form a 'deep dive' discussion at PPPAC; 	HT/LG/ AC	May 2021	This topic was a focus of the IPAR presented to the PPPAC meeting held on 27 th April 2021.
	To provide to Board information and assurance regarding actions around areas where whole system change is required.	SM/AC	May 2021	Verbal update to be provided.
PM(21)42	To liaise with the operational and risk teams to review and revise the score relating to Risk Reference No 684.	AC	May 2021	Risk score reviewed; however, score remains at 20, due to: • Welsh Government funding had been agreed for 2 CT scanners, however, they will not be operational until December 2021 and March 2022 respectively. • Whilst there is a list of prioritised equipment, any structured replacement programme would be reliant on external funding support, due to value of the equipment being replaced. • The demountable has helped, however, it is unable to be utilised for complex care patients.