



**PWYLLGOR ANSER, DIOGELWCH & PROFEDD  
QUALITY, SAFETY & EXPERIENCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 October 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Ceredigion Community Mental Health Service Medical and Nursing Position
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Amanda Davies, Head of Service Adult Mental Health

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The report provides assurance to the Quality, Safety and Experience Committee that the temporary service changes to the GP referral pathway for routine mental health assessments at Ceredigion Mental Health Services (CMHT) are not having an adverse impact on patients and service users ahead of the request to Public Board in November 2025 to extend the arrangements for a further two months.

**Cefndir / Background**

Community Mental Health Services in Ceredigion consist of a Community Mental Health Team (CMHT) in the South and in the North, a Community Mental Health Centre (CMHC) which comprises of a CMHT and a Crisis Resolution and Home Treatment Team (CRHT).

Ceredigion does not have an adult in-patient ward locally as this is based in Carmarthen. This followed the ward closure of the mental health ward situated in Bronglais in 2004. Therefore, the provision of care in the community for individuals in Ceredigion is critical with a population alert to any changes in care delivery.

The current situation is continuing to impact patients under the care of community teams and there is an increase in admissions directly linked to a reduction of care and treatment options in the community. The absence of medical leadership also affects the remainder of the multi-disciplinary team in respect of morale, retention of staff and the potential to recruit to vacancies.

To ensure continued assurance around safety, the temporary service change introduced in March 2025, will remain focused on maintaining capacity for secondary care and urgent crisis response. This is assisted by redirecting routine GP referrals to the Single Point of Contact (SPOC) via the 111 Option 2 pathway.

In March GPs were advised to direct patients who require routine assessment to the 111 option 2 service to receive a telephone assessment from a Well Being Practitioner under the supervision of a Registered Nurse .If the GP is concerned that the patient may not contact the 111 option 2 service, they can contact the Professional Line (via 111 option 2) and provide the Call Handler the clinical details of the individual concerned .The Call Handler will electronically record this information to utilise when the patient contacts the team. For these identified patients, if the team does not receive any contact within 72 hours, staff will contact the patient directly to undertake an assessment.

This will also be further supported by enabling GPs to email the 111 Option 2 service directly, in addition to using the professionals' line.

GPs will now be able to email the 111 Option 2 generic inbox to notify the team of any individuals they are concerned about. If the identified person has not contacted the service within 72 hours of the GPs notification, the 111 Option 2 Team will proactively reach out to them directly.

This pathway aims to strengthen early intervention and ensure timely support for individuals who may be reluctant or unable to initiate contact themselves.

All contacts to 111 option 2, generate GP letters via Aداstra, which will enable a GP to view the outcome of any assessment undertaken.

The teams in Ceredigion continue to accept urgent referrals for assessment, through the usual route of referral for patients who have imminent risk and require to be seen in person within the next 24 hours by the Mental Health Team. However, GPs have continued to send routine referrals to the CMHT despite communicate of the temporary change.

To reiterate, the benefits of the 111 option 2 service include:

1. Immediate access to mental health support: Individuals in need of mental health assistance can quickly connect with trained professionals through the 111 option 2 service.
2. Streamlined referral process: By centralising mental health referrals through 111 option 2, we can simplify the process and reduce potential delays in access to care. Those requiring an in-person assessment with a CMHT will still receive this assessment in a timely and responsive manner.
3. Crisis intervention: Individuals in mental health crises can receive immediate support and guidance through the 111 option 2 service, helping to prevent escalation and ensure safety.
4. Providing the right level of care, by the right person at the right time.

In summary, a change to the GP referral pathway would create capacity within secondary care community teams and facilitate timelier access to an assessment.

### **Asesiad / Assessment**

Ceredigion mental health community services continue to have significant medical and nursing vacancies. The senior Psychiatry position remains fragile with no NHS Locum or Substantive post holders. The two CMHT Consultant posts are covered via Agency Locum cover and although both Doctors are Section 12(2) approved, they are not Approved Clinicians and hence this adds further workload to the already stretched senior substantive consultant workforce to ensure the AC and RC cover is provided for all the Ceredigion Adult Mental Health patients subject to the Mental Health Act. The Mental Health and Learning Disabilities Clinical Care

Group (MHLD CCG) continues to explore all possible recruitment options and workforce opportunities to exit from the agency locum position.

Therefore, the Health Board's significant clinical operational risks continue, despite a temporary service change that was introduced on 03/03/2025 for six months for GP routine referrals to be directed to the Single Point of Contact (SPOC) 111 option 2 Service.

The absence of medical leadership continues to impact on the ability to retain and recruit nursing staff, and currently, there are currently 4.14 WTE vacancies in the North Ceredigion Community Mental Health Centre (CMHC) and 2.62 WTE vacancies in South Ceredigion Community Mental Health Team (CMHT). Through the recent streamlining process, North Ceredigion CMHC will have two new staff members commencing at the end of September, which will assist with the deficits and ongoing recruitment advertisements are continuing.

The sickness levels for long term sickness for August 2025 are above average at 7.94% in the North and lower in the south at 5.73%, which has further impacted the staff that are reporting for work.

Data analysis on the 24/09/2025 for Part Two of Mental Health (Wales) Measure legislation illustrates there are 258 individuals in Ceredigion who hold 'Relevant Patient' (RP) status which determines eligibility status for Care Coordination (CC), 132 in the north and 126 in the south. This has a legislative requirement to be allocated a CC in 2 weeks, completion of a Care and Treatment Plan in 6 weeks and an annual review.

Mental Health (Wales) Measure legislation requires teams to report and maintain monthly Welsh Government performance targets for Part Two and Three.

Compliance for Part Two in North Ceredigion has shown a marginal improvement over the past five months. Starting from 49% in February, current compliance now stands at 55.28%. While this upward trend is encouraging, continued focus and targeted support will be essential to sustain and accelerate progress. Compliance for Part 3 has been maintained throughout the period.

The improvement trajectory for improvement is 70% compliance by January 2026. Recovery is impacted by the staff deficits within the North CMHT.

The required Welsh Government performance target is 90% for Part 2. Relevant Patients are required to have a Care and Treatment Plan which has been reviewed annual, and this is reported monthly to WG. The South Team is 94.12% and because compliance is reported to WG as a mean average this is not highlighted in that reporting process, but WG is aware of the figure for the North and is monitoring this.

Following the implementation of the revised referral pathway in March 2025, a weekly touchpoint meeting was established to monitor its impact. This was transitioned to a monthly format in June. The group's membership included senior representatives from the Clinical Care Group (CCG), including the Medical Director and Director of Mental Health, alongside colleagues from the Local Authority, third sector organisations, the Engagement and Communications Team, West Wales Action for Mental Health, and Primary Care.

Key performance indicators were monitored through routine data collection, with a particular focus on referral patterns and the utilisation of the 111 Option 2 service.

Referral data indicated a significant reduction in routine referrals to the Community Mental Health Team (CMHT), with a 63.16% decrease in North Ceredigion and a 58.34% decrease in

South Ceredigion, compared to the same six-month period in 2024. As anticipated, urgent referrals remained stable, reflecting the pathway's focus on routine referrals.

During this period, call volumes to the 111 Option 2 service increased across the three counties, although no notable rise was observed in calls originating from the Ceredigion area. One GP used the professional line to escalate a case to the 111 Option 2 team, and it is anticipated that the enhanced pathway will encourage greater use of this route.

Importantly, there has been no reported increase in serious incidents, Datix submissions, or complaints within the area since the pathway change was introduced.

All vacancies within the team continue to be actively advertised. Two qualified practitioners have recently been appointed to the CRHT service in the North CMHT. However, this progress has been offset by the departure of two staff members. In a positive development, a "Grow Your Own" nurse has commenced in September within the CRHT. This addition is expected to provide valuable extra support to the service and contribute to workforce sustainability.

Long-term sickness and maternity leave continue to impact team capacity. To help mitigate this, a live recruitment advert is currently in place to cover the long-term sickness within the North CMHT.

Additionally, two staff members are expected to commence via the streamlining process in late September, which should provide further support to the team.

Recruitment scoping for medical staff is ongoing. However, response has been limited, largely due to the geographical location of the teams, which presents challenges in attracting suitable candidates.

<b>Ceredigion Teams</b>	<b>North</b>	<b>South</b>	<b>CRHT</b>
CTP Caseload	132	126	-
Compliant CTPS	55.28%	94.12%	-
Waiting Times for Initial Assessment	42 days	28 days	-
Waiting Time for Medical Assessment	34 Weeks	3-4 weeks	-
<b>Vacancies</b>			
Band 6	1.02	0.75	2.44
Band 5	2	-	2
Band 3	0.62	1.87	-
Long Term Sickness	7.94	5.73%	0%
Mandatory Training %	80.5%	92.80%	93.22%
Latest In Month Sickness %	10.24%	13.09%	0.27%
SUI – NRI (overdue)	4	4	-
SI		4	
Complaints	2		1
Datix	-	-	-

### **Organisation risks**

- Risk of Serious and Untoward Incident for an individual on a waiting list for routine assessment
- Risk of delayed treatment pathways for patients under assessment with the Crisis and Home treatment team and the Community Mental Health Team
- Staff retention and recruitment

- Staff wellbeing of the staff who are currently in work and increased pressures on their workload
- Local and National Reputational risk with a declining position of waiting periods and WG metrics
- Reduction in input to assessment and treatment plans for patients in the District General Hospital
- Negative patient experience for current patients receiving treatment under the team
- Increased demand on inpatient beds and increased number of Pathway of Care Delays position for Ceredigion patients where discharge from hospital is dependent on community care.

24/09/25 The current risk score for Ceredigion remains 20.

2090 – Risk to patient Care in the Ceredigion area due to workforce Capacity caused by inability to recruit to substantive posts. Currently there is insufficient mental health practitioner and mental health nurse capacity and limited consultant medical cover within the Ceredigion area. This is due to the rurality of the area and limited medical cover as support. Bank shifts are being offered for nursing staff with limited uptake.

Community mental health teams currently manage a caseload of patients receiving Clozapine medication and anti-psychotic medication via injection, alongside patients subject to Community Treatment Orders (under the Mental Health Act) and as referenced earlier, ‘Relevant Patients’ under Mental Health (Wales) Measure legislation. These patients require critical and essential clinical interventions and risk management.

These elements of secondary care delivery need to be prioritised above mental health assessments designated ‘routine’ at such a critical time of medical and nursing staffing deficits. Throughout the 6-month period these have been maintained, as a priority.

### **Argymhelliad / Recommendation**

The Committee is asked to take assurance that the temporary service changes to the GP referral pathway for routine mental health assessments at Ceredigion Mental Health Services (CMHT) are not having an adverse impact on patients and service users ahead of the request to Public Board in November 2025 to extend the arrangements for a further two months.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.6	Provide assurance to the Board that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	2090 - Risk score 20	
Parthau Ansawdd:	1. Safe	

Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	2. Timely 6. Person-Centred 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Leadership 2. Culture and valuing people 5. Whole systems perspective 3. Data to knowledge
Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	5 Mental health and CAHMS Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	WTE – Whole Time Equivalent
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted prior to the Committee:	Formal Executive Team

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
Ariannol / Gwerth am Arian: Financial / Service:	N/A – cost neutral at worse
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A – will provide more timely access to assessment

Gweithlu: Workforce:	N/A
Risg: Risk:	N/A – will reduce the documented risk
Cyfreithiol: Legal:	N/A – no legal challenges anticipated
Enw Da: Reputational:	N/A – no negative coverage anticipated
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	<p>e.g. potential negative/positive impacts identified in the Equality Impact Assessment (EqIA) documentation – follow link below</p> <ul style="list-style-type: none"> <li>• Has EqIA screening been undertaken? Yes/No (if yes, please supply copy, if no please state reason)</li> <li>• Has a full EqIA been undertaken? Yes/No (if yes please supply copy, if no please state reason)</li> </ul> <p><a href="#">Equality Impact Assessment</a></p>