



Freedom of Information Request: Our Reference CTMUHB_193_26

You asked:

I have seen your responses to 2 FOI requests relating to adult ADHD waiting lists answered in 2024, CTMUHB_627_24 and CTMUHB_411_25. Both indicate issues with central data management and the latter suggests a far better position than the former. (I note that the second request asked for monthly data but you chose to publish consolidated numbers.)

I write to request an update to both requests, using the table format of the first FOI request, with clear data which indicates:

The number of adults on the assessment and titration waiting lists by area; The number of adults seen from each list by month in the last 2 years, by area; A breakdown of the staff involved in these appointments and the amount of time available to them to see patients on the lists; Any documentation, including but not limited to minutes of meetings, formal papers and emails, where these waiting lists are discussed, and any documented plans to address the waiting lists more efficiently through the deployment or recruitment of additional staff.

There are various adult ADHD support groups and individuals are reporting being told that those currently being seen have been waiting since 2022, indicating there has been little progress in the last 12 months based on the information in the first FOI stated above. I would also appreciate the detailed calculation used to calculate the average waiting time to be seen given in the second FOI stated above, as many people seem to have been waiting considerably more than 3 years by your own data, not the 21.6 months indicated.

Our response:

1. The number of adults on the assessment waiting lists by area:

Area	Number of patients waiting for an Assessment at 31/03/2026
Rhondda	922
Taff	1609
Merthyr	611
Cynon	625
Bridgend	1389
Total	5156

We do not hold a separate waiting list for titration.

2. The number of adults seen from each list by month in the last 2 years, by area:

The number of adults seen from each list by team is available from December 2024 onwards. We do not have access to data by team prior to December 2024 due to the way the data was recorded.

Year/Month	Team	Assessments Completed
Dec-24	Rhondda	10
Dec-24	Cynon	**
Dec-24	Taff	6
Dec-24	Merthyr	9
Dec-24	Bridgend	18
Jan-25	Rhondda	10
Jan-25	Cynon	**
Jan-25	Taff	6
Jan-25	Merthyr	16
Jan-25	Bridgend	18
Feb-25	Rhondda	8
Feb-25	Cynon	**
Feb-25	Taff	12
Feb-25	Merthyr	9
Feb-25	Bridgend	18
Mar-25	Rhondda	8
Mar-25	Cynon	**
Mar-25	Taff	9
Mar-25	Merthyr	**
Mar-25	Bridgend	18
Apr-25	Rhondda	8
Apr-25	Cynon	**
Apr-25	Taff	9
Apr-25	Merthyr	7
Apr-25	Bridgend	18
May-25	Rhondda	8
May-25	Taff	9
May-25	Merthyr	8
May-25	Cynon	**
May-25	Bridgend	16
Jun-25	Rhondda	8
Jun-25	Taff	9
Jun-25	Merthyr	8
Jun-25	Cynon	**
Jun-25	Bridgend	18
Jul-25	Rhondda	8
Jul-25	Taff	9
Jul-25	Merthyr	6
Jul-25	Cynon	**
Jul-25	Bridgend	**

Aug-25	Rhondda	8
Aug-25	Taff	7
Aug-25	Merthyr	10
Aug-25	Cynon	**
Aug-25	Bridgend	9
Sep-25	Rhondda	6
Sep-25	Taff	6
Sep-25	Merthyr	8
Sep-25	Cynon	**
Sep-25	Bridgend	8
Oct-25	Rhondda	6
Oct-25	Taff	7
Oct-25	Merthyr	5
Oct-25	Cynon	**
Oct-25	Bridgend	10
Nov-25	Rhondda	8
Nov-25	Taff	9
Nov-25	Merthyr	**
Nov-25	Cynon	**
Nov-25	Bridgend	10
Dec-25	Rhondda	6
Dec-25	Taff	9
Dec-25	Merthyr	**
Dec-25	Cynon	**
Dec-25	Bridgend	20
Jan-26	Rhondda	5
Jan-26	Taff	8
Jan-26	Merthyr	**
Jan-26	Cynon	**
Jan-26	Bridgend	18
Feb-26	Rhondda	10
Feb-26	Taff	6
Feb-26	Merthyr	6
Feb-26	Cynon	6
Feb-26	Bridgend	34
Mar-26	Rhondda	11
Mar-26	Taff	9
Mar-26	Merthyr	5
Mar-26	Cynon	5
Mar-26	Bridgend	37

Please note - Where the figures are less than 5, this has been denoted by **. The exact figures have been withheld due to the low numbers involved.

Where numbers are low we have considered that there is the potential for the individuals to be identified from the information provided, when considered with other information that may also be in the public domain. Also, responses under the Freedom of Information Act are made available to the public at large. The data is classed as personal data as defined under

the General Data Protection Regulation (GDPR) and Data Protection Act 2018 and its disclosure would be contrary to the data protection principles and constitute as unfair and unlawful processing in regard to Articles 5, 6, and 9 of GDPR. We are therefore withholding this detail under Section 40(2) of the Freedom of Information Act 2000. This exemption is absolute and therefore there is no requirement to apply the public interest test.

3. A breakdown of the staff involved in these appointments and the amount of time available to them to see patients on the lists:

CTM UHB does not have a group of staff who are dedicated to delivering Adult ADHD services. ADHD services are included as part of the Community Mental Health Outpatient Team remit. Working within this team are Consultant Psychiatrists, Specialist Registrars, Trainee Doctors and Advanced Nurse Practitioners. All these roles undertake ADHD assessment and titration work. Job plans have dedicated clinic time for ADHD assessment and titration; however, this can vary across locality and clinician based on outpatient demand and need. We recognise that equity across CTM is required and therefore forms part of our ADHD improvement work.

4. Any documentation, including but not limited to minutes of meetings, formal papers and emails, where these waiting lists are discussed, and any documented plans to address the waiting lists more efficiently through the deployment or recruitment of additional staff:

CTM UHB Mental Health Services fully recognises the need to improve our ADHD offer and for this reason, we have made enhancing this service one of our strategic priorities. We are committed to delivering improvements as part of our ongoing service development plans.

Documentation, extract of meeting minutes and formal papers where waiting lists are discussed, and any documented plans to address the waiting lists more efficiently through the deployment or recruitment of additional staff are included in Appendix 1 and 2 below (please note, names have been redacted – Section 40 (2) applied).

Under section 21 of the Freedom of Information Act, Cwm Taf Morgannwg University Health Board is not required to provide information in response to a request if it is already reasonably accessible to you. Documentation is also available via the CTM UHB Board meeting papers and Committee meeting papers which are available on the Health Boards website. For ease of access, please see relevant links provided:

- [Board Meetings & Papers - Cwm Taf Morgannwg University Health Board](#)
- [Committees - Cwm Taf Morgannwg University Health Board](#)

In relation to emails “where these waiting lists are discussed, and any documented plans to address the waiting lists more efficiently through the deployment or recruitment of additional staff” - we would have to carry out a specific exercise to manually search emails to identify and collate this specific information. From our preliminary assessment, we estimate that this would significantly exceed the 18 hours time and £450 cost limit set

out within Section 12 of the Freedom of Information Act and are therefore withholding this information.

5. I would also appreciate the detailed calculation used to calculate the average waiting time to be seen given in the second FOI stated above, as many people seem to have been waiting considerably more than 3 years by your own data, not the 21.6 months indicated.

Current and standard practice within the service would mean waiting time calculations would be based on the time elapsed between the date a referral is received and the date of a patient's first booked ADHD assessment appointment. Patients who have not yet received a first appointment would not be included in the calculation. The waiting time of all patients across CTM would have been added together and divided by the total number of people waiting to give the average waiting time. The aggregate wait figure (and those without a first appointment booked at the time) may have meant that some patients would have waited in excess of the 21.6 months average and similarly some will have waited a shorter time.

It is challenging to calculate average waiting times accurately as at present there are separate waiting lists per locality and the demand and staff capacity to undertake assessments in each locality varies. Average waiting times can also be skewed by a small number of very quick or very slow cases. The Adult Directorate are reviewing the option to move to a single waiting list for adult ADHD assessments across CTM which will make it easier to give a clear picture of waiting times.

Appendix 1

- 1. Meeting:** Adult Mental Health Directorate Senior Management Team (SMT) meeting
Date: 29th April 2026
Agenda Item: 5.4, ADHD Concerns

The ADHD waiting list currently stands at 6,600 patients, with the backlog projected to take up to 10 years to clear at the current rate of assessments (approx. 20 per month).

Recent efforts have brought Bridgend referrals up to 2022, but other areas remain behind, and capacity is now maxed out.

After diagnosis, patients face significant delays in medication titration and follow-up appointments, with complaints increasing due to non-compliance with NICE guidance (should be every two weeks, currently about three months).

Complaints are now focused on post-diagnosis care, with patients waiting four to five months for medication reviews instead of the recommended two weeks.

Advanced Nurse Practitioners (ANPs) are increasingly focused on ADHD titration clinics, reducing their general follow-up clinics and raising concerns about workload and capacity.

ANPs are fitting patients in ad hoc due to lack of appointments, which is not always captured in the system and is unsustainable.

The risk of unsafe waiting lists and inadequate follow-up is being escalated, with potential for HIW scrutiny and inclusion on the risk register.

- 2. Meeting Title:** Adult Mental Health Directorate Senior Management Team (SMT) meeting
Date: 1st October 2025
Agenda Item: 6.2 ADHD Update

New ADHD assessments have been temporarily paused in Rhondda and GPs have been informed of this change. The situation will be reviewed on the 1st of November.

The pause applies to routine diagnoses, but urgent cases will still be considered. There are ongoing capacity issues, with a backlog of around 200 cancelled patient appointments to be addressed, and [REDACTED] is expected to help with these in November.

- 3. Meeting Title:** Adult Mental Health Directorate Senior Management Team (SMT) meeting
Date: 24th September 2025
Agenda Item: 2.2 Temporary pause of ADHD assessment appointments in Rhondda

There is a temporary pause on new ADHD assessment appointments in Rhondda to allow the team to catch up on existing assessments and manage the backlog. The pause is due to limited psychiatry training doctor capacity and the absence of a psychiatrist in the area; a temporary person is being brought in, but the main focus is on reducing the backlog.

The pause only affects new appointments; ongoing referrals are on hold until the backlog is addressed.

No clear timeline has been provided for how long the pause will last, and the team is seeking further information on when appointments will resume.

The action agreed was for [REDACTED] to request a timeline for the pause and communicate any updates to the group.

- 4. Meeting Title:** Adult Mental Health Directorate Senior Management Team (SMT) meeting
Date: 23rd July 2025
Agenda Item: 6.5 Admin Feedback

- Admin shortages are severely impacting multiple areas, including data collection, ADHD prescription processing, and general service delivery.
- The risk is formally recognized, with a risk score of 16, and is being tracked on the risk register.
- In Bridgend, the departure and sickness of key admin staff (notably [REDACTED], who managed ADHD scripts) has left no capacity to process new ADHD assessments or prescriptions, forcing the team to consider closing the waiting list except for urgent cases.
- The admin burden is also affecting other localities, with staff unable to absorb additional work, leading to increased stress and risk of errors in prescription management.
- The team is escalating the issue to higher management, preparing blunt communications to highlight that without admin support, critical functions (like prescriptions) cannot be maintained, and is updating the risk register accordingly.

- There is concern that the lack of admin support will result in patient complaints, increased risk, and potential regulatory scrutiny.
- The team is also considering removing admin from non-essential duties to focus on critical tasks if the situation does not improve.

5. Meeting Title: Community Adult Mental Health Quality, Safety & Experience Meeting
Date: 8th April 2026
Agenda Item: 3.2 LPMHSS

New ADHD administrator role for Rhondda, modelled after Bridgend’s successful post, to support prescription coordination and waiting list management.

6. Meeting Title: Community Adult Mental Health Quality, Safety & Experience Meeting
Date: 19th November 2025
Agenda Item: 3.2 LPMHSS

Complaints and Concerns: Themes include long waits for therapy, ADHD assessments, cancelled appointments, and confusion about appointment times (especially in Taf), often linked to admin issues.

7. Meeting Title: Adult Directorate, Community Services, Integrated Performance Meeting
Date: 27th April 2026
Agenda Item: 3.0 Performance Metrics

Performance Metrics – ADHD ADHD | XXXXXXXXXX

Reporting Month: February 26

Locality	Waiting list size	Longest waits
Cynon	32?	27/03/205?
Merthyr	765	07/09/2023
Bridgend	1505	14/06/2022
Taf	1960	06/01/2022
Rhondda	1775	28/09/2022

Narrative:

- ADHD assessment figures are currently impacted on by lack of capacity. In most areas the ADHD assessments are undertaken only by the ANPs and due to other role commitments the most that can be carried out per ANP is two per week.
- A larger number of ADHD assessments have been carried out in the Bridgend locality due to additional support from x 2 seconded band 7 CPNs.
- Additional capacity in Bridgend has supported Taf and Rhondda longest wait referrals.

Concerns have been raised by ANPs & Psychiatrists around ability to provide follow-up appointments following diagnosis for titration. This is further supported by high number of complaints received around long waits and cancellations of appointments.

ADHD project work is progressing, however some delays due to operational pressures from other areas and lack of project support.

ADHD Shared Care Update

Locality	GP sign up	Admin validation	Clinical validation	Letter to Practice	Update to finance	Transfer
Bridgend	Yes	Yes	Yes	Yes	Yes	Yes 19
Rhondda	Yes	Yes	No	Yes	No	No
Taf	No	No	No	Yes	No	No
Merthyr	Yes	In progress	No	Yes	No	No
Cynon	Yes	Yes	Yes	Yes	No	No

Data source:

8. Meeting Title: Adult Directorate, Community Services, Integrated Performance Meeting

Date: 30th March 2026

Agenda Item: 3.0 Performance Metrics

Performance Metrics – ADHD

Reporting Month: December 25

Locality	Waiting List Size	Date of oldest referral	Referrals Completed	Assessments Completed
Bridgend	1450		14	20
Cynon	610		18	3
Rhondda	915		25	6
Merthyr	569		19	1
Taff Ely	1585		29	9
Total	5129		105	39

Narrative:

The assessment figures in Rhondda and Merthyr are low because there was a hiatus in assessing while staffing levels were low due to staffing issues and sickness and the only assessments carried out were urgent assessments. Assessment figures should improve in the coming months as assessments have recommenced but this is predominantly carried out by the ANPs. Taff Ely assessment figures will also improve in coming months as extra clinics are being carried out in Bridgend to target Taf pts. Cynon figures are low as they have no allocated ANP



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9. Meeting Title: Adult Directorate, Community Services, Integrated Performance Meeting

Date: 20th January 2026

Agenda Item: 3.0 Performance Metrics

Performance Metrics – ADHD

Reporting Month: November 2025

Locality	Waiting List Size	Date of oldest referral	Referrals Completed	Assessments Completed
Bridgend	1234	14/06/2022	36	12
Cynon	321	05/01/2023	14	8
Rhondda	761	15/02/2022	12	14
Merthyr	551	29/12/2023	32	2
Taff Ely	1487	06/01/2022	53	2
Total				

Narrative:

November:

Explanation of Underperformance

- Demand continues to exceed available capacity across all localities, placing sustained pressure on service delivery.
- A key contributing factor is the ongoing medical workforce gaps, which remain a challenge across the region, particularly in areas with high referral volumes.
- Rhondda has continued to pause ADHD assessments, unless urgent to ensure that patients who require follow-up are able to be seen.

Actions to improve:

Band 7 CPN temporarily redeployed to Bridgend to help manage demand due to gap in ANP

Shared Care Agreement – Shared care workstream has been focus for Q1-3.

- Sign-off received from LMC, Access to Meds & PC Supplementary Services Review Group - Complete
- Validation in progress to identify stable patients, admin & clinical. Bridgend complete, other localities on-going – Target end Q4
- Sign up from GP surgeries starting to come through. Bridgend complete.

Outpatient Redesign

- Pathway work and workforce redesign will provide improvement to ADHD work

Data source: [CTM MH Scorecard - November 2025 \(Final\) \(1\).xlsx](#)



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10. Meeting Title: Adult Directorate, Community Services, Integrated Performance Meeting
Date: 15th December 2025
Agenda Item: 3.0 Performance Metrics

Performance Metrics – ADHD

Reporting Month:

Locality	Waiting List Size	Referrals Completed	Assessments Completed
Bridgend	1234	36	12
Cynon	321	14	8
Rhondda	761	12	14
Merthyr	551	32	2
Taff Ely	1487	53	2
Total			

Explanation of Underperformance:

Data submission was not completed this month due to ongoing administrative challenges. The ADHD service currently lacks a dedicated admin resource, and existing staff have been asked to prioritise patient-facing duties. These include managing the waiting list, booking appointments, and coordinating prescriptions.

Demand for ADHD diagnostic assessments continues to exceed the service's current capacity. Additionally, medical workforce vacancies across all localities—particularly in Bridgend, Rhondda, and Merthyr—remain a significant challenge.

Due to these capacity issues, new diagnosis appointments have been temporarily paused in Bridgend and Rhondda, except for urgent cases. This measure was introduced to address the inability to provide timely follow-up appointments and will be reviewed January 2026. GPs have been informed of the increased waiting times.

Actions for Improvement

Shared Care Agreement:

- Sign-off of shared care protocol approved by LMC, Access to Meds & Supplementary Services Review Group.
- Expressions of interest are being gathered from GPs to support implementation. Agreement received from Bridgend and some Rhondda GPs.
- Band 7 ANP (fixed term March 2025) commenced post in Bridgend to support ADHD
- CTM Secondary care protocol in development to support PC document. Include offer to patients who are unable to be transferred due to not meeting criteria or funding cap. 31/01/2025

ADHD Project: Progress has been limited due to administrative resource constraints. The Shared Care Agreement has been prioritised as the key focus.

- ADHD project Brief in development – 31/12/2025

Indication of When Improvement is Expected The implementation of the Shared Care Agreement is expected to create additional capacity for both clinicians and administrative staff. The target for completion and transfer of some patients is January 2026.



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11. Meeting Title: Adult Directorate, Community Services, Integrated Performance Meeting
Date: October 2025
Agenda Item: 1.3 Performance Metrics

Performance Metrics – ADHD

Locality	Waiting List Size	Referrals Completed	Assessments Completed
Bridgend	1108	29	4
Cynon	559	12	2
Rhondda	638	16	8
Merthyr	458	32	6
Taff Ely	1264	15	9
Total	4027	104	29

Narrative / Actions:

Explanation of Underperformance Data submission was not completed this month due to ongoing administrative challenges. The ADHD service currently lacks a dedicated admin resource, and existing staff have been asked to prioritise patient-facing duties. These include managing the waiting list, booking appointments, and coordinating prescriptions. Demand for ADHD diagnostic assessments continues to exceed the service's current capacity. Additionally, medical workforce vacancies across all localities—particularly in Bridgend, Rhondda, and Merthyr—remain a significant challenge. Due to these capacity issues, new diagnosis appointments have been temporarily paused in Bridgend and Rhondda, except for urgent cases. This measure was introduced to address the inability to provide timely follow-up appointments and will be reviewed week ending 1st November. GPs have been informed of the increased waiting times.

Actions for Improvement Shared Care Agreement: Sign-off has been received from the LMC on the Shared Care Protocol. Final ratification is scheduled at the Access to Meds meeting on 30th October 2025. Approval will then be sought via the Supplementary Services Review Group, with all votes requested by end of November 2025. Expressions of interest are being gathered from GPs to support implementation. Medical Workforce Model: Initial consultation will begin end of October 2025 to explore options for creating a more sustainable and clinically safe workforce across community services. ADHD Project: Progress has been limited due to administrative resource constraints. The Shared Care Agreement has been prioritised as the key focus.

Indication of When Improvement is Expected The implementation of the Shared Care Agreement is expected to create additional capacity for both clinicians and administrative staff. The target for completion and transfer of some patients is January 2026.

Data Source: Locality Team Spreadsheets



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12. Meeting Title: Adult Directorate, Community Services, Integrated Performance Meeting
Date: 11th August 2025
Agenda Item: 1.3 Performance Metrics

ADHD [REDACTED]

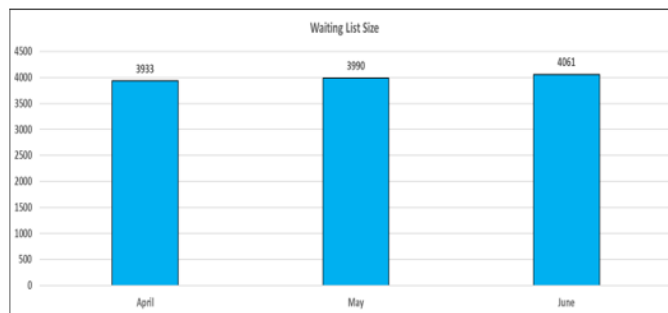
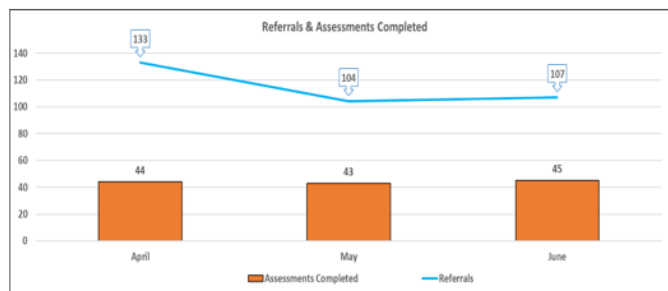
Narrative from Scorecard:
 Data collation and validation remains a challenge due to workload demand within this service and no additional administration support.

Vacancies and sickness across admin add to the challenge Demand continues to exceed capacity.

Bridgend has 1 WTE Band 7 ANP for ADHD, however this is not matched across other localities. Capacity to meet demand has not increased so patients continue to wait up to 3 years for an assessment.

ADHD Improvement project meeting scheduled reinstated 03/06/2025. Aim of meeting was to confirm project governance, agree workstreams and leads, review milestones and actions. Workstreams include: Standardised processes for clear pathways, Improved waiting times, Workforce review, Prescribing, Improved patient outcomes and partnership working.

Shared Care Agreement:
 Outstanding action to confirm budgets for transfer to GPs. Prescription register in Bridgend completed and validated. This task remains outstanding for other localities due to admin capacity. Bank has been offered in order to complete for transfer, some work has progressed.



13. Meeting Title: Adult Directorate, Community Services, Integrated Performance Meeting
Date: 14th July 2025
Agenda Item: 2.0 Performance Metrics

ADHD ([REDACTED])

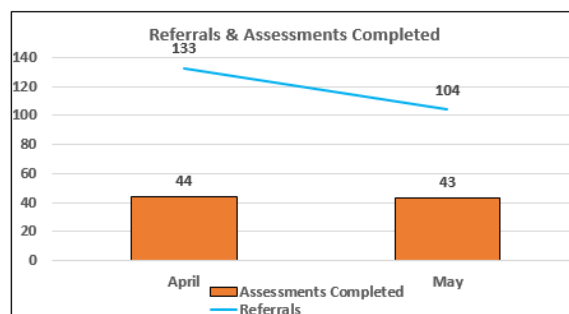
Locality	ADHD Waiting List
Bridgend	1049
Cynon	548
Rhondda	656
Merthyr	435
Taff Ely	1241
Total	3929

Data collation and validation remains a challenge due to workload demand within this service and no additional administration support. Vacancies and sickness across admin add to the challenge Demand continues to exceed capacity.

Bridgend has 1 wte band 7 anp for adhd, however this is not matched across other localities. Capacity to meet demand has not increased so patients continue to wait up to 3 years for an assessment.

ADHD Improvement project meeting scheduled reinstated 03/06/2025. Aim of meeting was to confirm project governance, agree workstreams and leads, review milestones and actions. Workstreams include: Standardised processes for clear pathways, Improved waiting times, Workforce review, Prescribing, Improved patient outcomes and partnership working.

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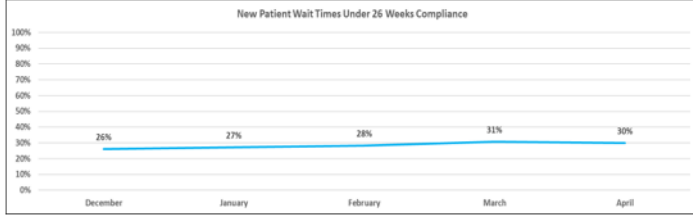
14. Meeting Title: Adult Mental Health Directorate Performance & People Meeting
Date: 9th June 2025
Agenda Item: Performance

Outpatient (New & Follow Ups Not Booked)

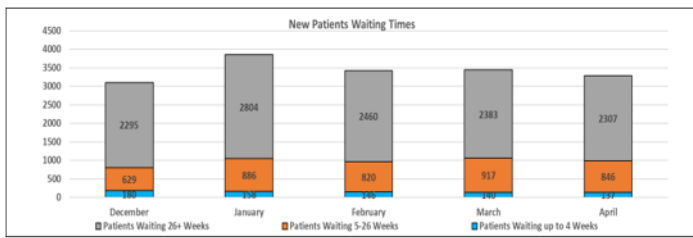
Owner:

Problem Statement:

Trending Data:



Stratified Data:



Supporting Narrative:

The waiting list continues to remain higher than clinical capacity across all areas

	New Patients waiting	Follow-up not booked
Bridgend	526	1821
RTE	811	17
Merthyr Cynon	249	6

New patient and waiting list figures also include ADHD.

Bridgend
 Pathway changes commenced June 2- No patients unknown to outpatients will be directly referred. Instead, they will be assessed by LPMHS under part 1a of MHM. This will reduce number of referrals into outpatients. There is some work to do with GPs.
 Clinical validation of waiting list on-going. Due for completion mid July.
 Bridgend manage a FUNB waiting list which books 6 weeks in advance of target appointment date. Other localities confirm bookings in advance.
 WPAS merge from SBU to CTM system has caused many issues including some patients not transferring and duplications. On-going work to manage this but due to admin capacity it may take some time. Risk that it could effect waiting list.
 Transfer to CTM has removed ability for booking officers to cancel and add on clinics. This has left some slots being unutilised
 Action: Standardisation of follow-up appointments
 Discuss with WPAS reintroduction of clinic cancellation function

Clinical coding ongoing, due for completion July 2025.

Text reminder validation on-going, due for completion end of June 2025.

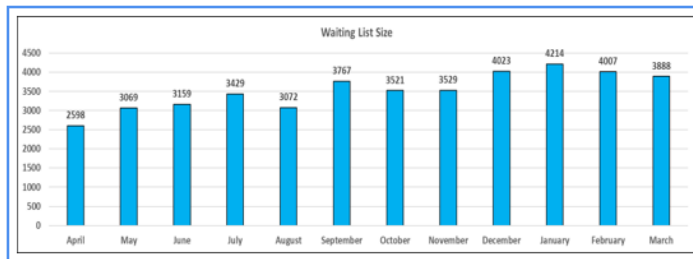
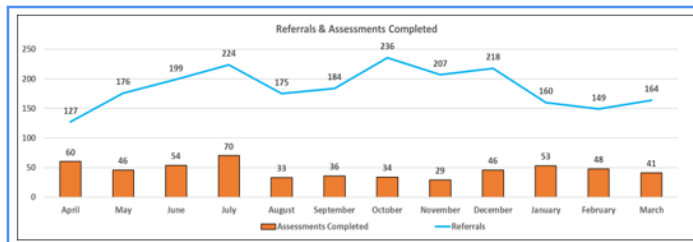
Outpatient project meeting scheduled for 12/06/2025. Aim of meeting to confirm project governance, agree workstreams and leads, review milestones and actions.

15. Meeting Title: Adult Mental Health Directorate Performance & People Meeting
Date: 12th May 2025
Agenda Item: Performance

ADHD

Owner:

Problem Statement:



Supporting Narrative:

Actions:

- ADHD Improvement project initiated in May 2025. Update next month to include workstreams and timeline for improvement. Project lead assigned.
- Meeting with Cardiff & Vale ADHD Lead Practitioner 15/05/2025 to share knowledge and learn from their approaches.

Action -

Trajectory plan for next month

16. Meeting Title: Adult Mental Health Directorate Performance & People Meeting
Date: 13th March 2025
Agenda Item: Performance

ADHD

Owner: [REDACTED]

Problem Statement:

Trending Data (CTM data) :

Month	Referrals	Assessments Completed
April	127	60
May	176	46
June	199	54
July	224	70
August	175	33
September	184	36
October	236	34
November	207	29
December	218	46
January	160	54

Stratified Data (CTM Data) :

Month	Waiting List Size
April	2598
May	3069
June	3159
July	3429
August	3072
September	3767
October	3521
November	3529
December	3023
January	4214

Supporting Narrative:

17. Meeting Title: Adult Directorate, Improving Care Meeting
Date: 13th January 2026
Agenda Item: Community Mental Health Service Review

Change Programme Update: ADHD

Lead: [REDACTED]

Date: November 25

SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES: There are currently 4000 patients on outpatient caseload waiting for an ADHD appointment. Majority of patients are waiting over 26 weeks for an initial appointment and then waiting 100% over their target follow-up appointment.

Meeting took place on 03/06/2025 with project leads to confirm project governance and develop initial action plan. However, no further meetings have taken place due to capacity of project members.

OVERALL RAG
[REDACTED]

STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Project	Status Update	RAG
Equity of Care and standardised integrated of pathways and processes	Standardisation of waiting lists across all localities in progress. Each locality manages new appointments, follow-ups and private transfers differently. Delays due to admin capacity	[REDACTED]
Improved Waiting times Pan CTM	No progress made due to capacity within project team	[REDACTED]
Workforce Diversification	This workstream is linked to outpatient workforce workstream where some progress has been made.	[REDACTED]
Improve Patient Outcomes	Shared care Agreement in final stages of development. Delays around budget. Meeting with Primary Care 02/10/25. Prescription register in Bridgend completed and validated. In progress in other localities – Q3	[REDACTED]
Partnership Working	Meeting took place to discuss 3 rd sector SLAs which could provide support/ education to adhd patients to manage symptoms. No further discussions due to capacity within project team.	[REDACTED]
Clear Timescales against Patient Pathways	No progress made due to capacity within project team	[REDACTED]
Data Quality & Reporting	No progress made due to capacity within project team	[REDACTED]

KEY METRICS:

- Consistent shared policies and process validated through Care Group Policy group
- Outpatient waiting lists
- Concomitant incidents

Equitable caseload and resource and determined by Demand and capacity review and monitored through performance meetings

RISKS/ ISSUES:

Risks/Issues	Description & Mitigation	RAG
Consultant vacancies	Consultant vacancies across community are having an impact on capacity to see patients and waiting lists are increasing. Mitigation is to review medical workforce and increase	[REDACTED]
Loss of funding for ANP in Bridgend. Completed majority of ADHD assessments and follow-up	<ul style="list-style-type: none"> • Review 1/11/2025 • GPs have been written to inform of service change • QIA to be completed. 	[REDACTED]
Administration & business support capacity across community teams	Vacancies and sickness escalated to SMT and to care group meetings. Bank offered to existing staff.	[REDACTED]
£30 per patient LMC rejected. LMC have indicated they would be looking closer to £100.	Meeting in place on 2/10/25 with Primary Care to continue discussions/ negotiations	[REDACTED]
Bridgend & Rhondda Localities have paused new diagnosis appointments for 6 weeks to safely manage follow-up patients	<ul style="list-style-type: none"> • Review 1/11/2025 • GPs have been written to inform of service change • QIA to be completed. 	[REDACTED]

ESCALATIONS/ DECISIONS TO BOARD:

Use corporate RAG rating

18. Meeting Title: Adult Directorate, Improving Care Meeting
Date: 29th September 2025
Agenda Item: ADHD

Change Programme Update: ADHD
Lead:
Date: July 2025

SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES: There are currently 4000 patients on outpatient caseload waiting for an ADHD appointment. Majority of patients are waiting over 26 weeks for an initial appointment and then waiting 100% over their target follow-up appointment.

Meeting took place on 03/06/2025 with project leads to confirm project governance and develop initial action plan. However, no further meetings have taken place due to capacity of project members.

OVERALL RAG

STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Project	Status Update	RAG
Equity of Care and standardised integrated of pathways and processes	Standardisation of waiting lists across all localities completed. Each locality now manages new appointments, follow-ups and private transfers the same way.	
Improved Waiting times Pan CTM	No progress made due to capacity within project team	
Workforce Diversification	This workstream is linked to outpatient workforce workstream where some progress has been made.	
Improve Patient Outcomes	Shared care Agreement in final stages of development. Prescription register in Bridgend completed and validated. This task remains outstanding in other localities due to no admin capacity.	
Partnership Working	Meeting took place to discuss 3 rd sector SLAs which could provide support/ education to adhd patients to manage symptoms. No further discussions due to capacity within project team.	
Clear Timescales against Patient Pathways	No progress made due to capacity within project team	
Data Quality & Reporting	No progress made due to capacity within project team	

KEY METRICS:

- Consistent shared policies and process validated through Care Group Policy group
- Outpatient waiting lists
- Concerns/incidents
- Equitable caseload and resource and (determined by Demand and capacity review and monitored through performance meetings

RISKS/ ISSUES:

Risks/Issues	Description & Mitigation	RAG
Consultant vacancies	Consultant vacancies across community are having an impact on capacity to see patients and waiting lists are increasing. Mitigation is to review medical workforce and increase	
Administration & business support capacity across community teams	Vacancies and sickness escalated to SMT and to care group meetings. Bank offered to existing staff.	

ESCALATIONS/ DECISIONS TO BOARD:

- Bridgend locality has had to pause new adhd assessments due to funding not continued for anp. Administrator who coordinates prescription due to start maternity leave September 2025, but currently off sick. Job on Tracs.

19. Meeting Title: Adult Directorate, Improving Care Meeting
Date: 29th July 2025
Agenda Item: ADHD

Change Programme Update: ADHD
Lead:
Date: July 2025

SUMMARY STATEMENT - CURRENT POSITION - FUTURE PRIORITIES: There are currently 4000 patients on outpatient caseload waiting for an ADHD appointment. Majority of patients are waiting over 26 weeks for an initial appointment and then waiting 100% over their target follow-up appointment.

Meeting took place on 03/06/2025 with project leads to confirm project governance and develop initial action plan. However, no further meetings have taken place due to capacity of project members.

OVERALL RAG

STATUS UPDATE/ ACTIONS TAKEN by Workstream:

Project	Status Update	RAG
Equity of Care and standardised integrated of pathways and processes	Standardisation of waiting lists across all localities completed. Each locality now manages new appointments, follow-ups and private transfers the same way.	
Improved Waiting times Pan CTM	No progress made due to capacity within project team	
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Improve Patient Outcomes	Shared care Agreement in final stages of development. Prescription register in Bridgend completed and validated. This task remains outstanding in other localities due to no admin capacity.	
Partnership Working	Meeting took place to discuss 3 rd sector SLAs which could provide support/ education to adhd patients to manage symptoms. No further discussions due to capacity within project team.	
Clear Timescales against Patient Pathways	No progress made due to capacity within project team	
Data Quality & Reporting	No progress made due to capacity within project team	

KEY METRICS:

- Consistent shared policies and process validated through Care Group Policy group
- Outpatient waiting lists
- Concerns/incidents
- Equitable caseload and resource and (determined by Demand and capacity review and monitored through performance meetings

RISKS/ ISSUES:

Risks/Issues	Description & Mitigation	RAG
Consultant vacancies	Consultant vacancies across community are having an impact on capacity to see patients and waiting lists are increasing. Mitigation is to review medical workforce and increase	
Administration & business support capacity across community teams	Vacancies and sickness escalated to SMT and to care group meetings. Bank offered to existing staff.	

ESCALATIONS/ DECISIONS TO BOARD:

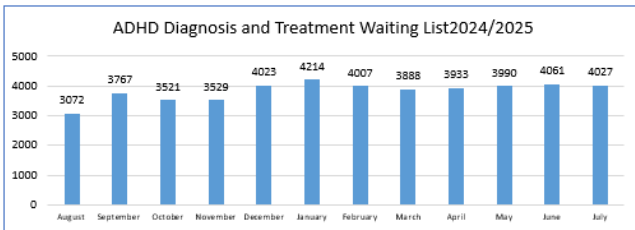
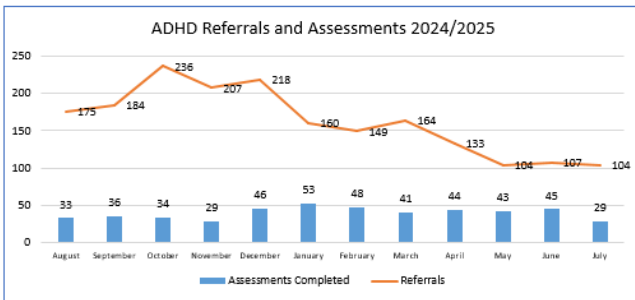
- Bridgend locality has had to pause new adhd assessments due to funding not continued for anp. Administrator who coordinates prescription due to start maternity leave September 2025, but currently off sick. Job on Tracs.

20. Meeting Title: Regional Neurodiversity Steering and Improvement Programme
Date: 24th September 2025
Agenda Item: Overview of Adults ADHD Service Provision in CTMUHB

Overview of Adults ADHD Service Provision in CTMUHB

- [redacted] and [redacted] presented an overview of the Adult ADHD service in CTMUHB.
- Noted that the demand for ADHD diagnosis had increased significantly in recent years. In July 2025 there were 4,027 patients on the ADHD diagnosis and treatment waiting list (combined for all localities in CTM). Funding was made available in 2023-2025 through the NDIP for an ANP to support Bridgend locality but this funding ended in March.
- Significant capacity challenges noted regarding ability to safely manage follow-up appointments within target times. Capacity has been impacted further by vacancies within the teams.
- ADHD improvement project commenced to consider standardised processes and pathways, improved waiting times, workforce review for prescribing and improve patient outcomes.

Alert / Escalate



- Demand for ADHD diagnosis has increased significantly within CTM UHB over recent years. Apart from some temporary funds for an ANP, no additional resource has been provided to ADHD and the service is managed within current outpatient provision.
- Vacancies in Psychiatry capacity across all localities remains a challenge particularly in Rhondda and Merthyr.
- The ANP in Bridgend Locality who completed the majority of ADHD assessments and on-going monitoring has left post. Funding has not been extended which leaves a significant gap in ADHD service provision. GPs within the locality have been informed that there will be longer waiting times due to this.
- Capacity challenges in Rhondda has resulted in concerns around availability to see follow-up adhd patients within target follow-up times. A decision has been made to pause new adhd assessments for 6 weeks to allow the team to safely manage patients who have a diagnosis. This will be reviewed regularly. GPs have been written to.

Locality	Longest Wait
Bridgend	14/06/2022
Cynon	01/12/2022
Rhondda	09/05/2022
Merthyr	09/08/2023
Taff Ely	06/01/2022

- ADHD Improvement Project reinstated 03/06/2025. The Project forms part of the IMTP Community Redesign Programme.
- Workstreams include: Standardised processes for clear pathways, Improved waiting times, Workforce review, Prescribing, Improved patient outcomes and partnership working.
- Limited progress has been made within the workstreams due to operational pressures and lack of business support.
- Project highlight report is submitted to Directorate Performance Meeting and Care Group Improving care Board.



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

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Appendix 2

Document Name: ADHD Action Plan 2025 -2026

	Action	Description	Update	Action Owner	Target	Status
Administration	Improve administration support for ADHD	Due to demand an admin workforce review has identified the need for dedicated ADHD admin to support with ADD related admin and prescription coordination.	Bridgend post support Rhondda team due to vacancies and challenges with prescriptions. Scope for this to become a permanent solution following recruitment of second post - OCP required?		May-26	In progress
			Second ADHD admin post for Rhondda: Funding identified from reduction in various other community posts - S.P notified  uploaded to tracs Awaiting workforce sign-off  to write sbar to escalate to avoid further delay Appointed		May-26	Complete

Clinicians	Additional clinical capacity to support demand for adhd assessments	Increasing ANP provision across community services could support capacity to	<p>Outcome of medical workforce redesign to understand if any Psychiatry capacity can be released for additional ANPs</p> <ul style="list-style-type: none"> - 10/3/26 Initial update is that no funds able to be released. - Business case to be written with requirements. However, new community model could influence this further 	Apr-26	In progress
			<p>Secondment for Bridgend, band 7 until March 2026</p> <p>Update - now extended for 6 months with possibility of 12</p>		Complete
	Re-banding of ANPs	<p>Re- banding of ANPs to align of advanced training and level of autonomy around working in outpatients & ADHD</p>	<p>SBAR submitted Care Group OMB - August 25 - agreement to submit re-banding request</p> <p>Re-banding request submitted. Awaiting outcome.</p> <p>No update March 26. - Chase email sent</p>		December 25
Waiting times	Reduce inequity across localities for ADHD assessment waiting times	Job plan review across Psychiatrists and ANPs to ensure there is equal capacity across all areas	To review following outcome of medical staffing review		TBC

		Review options for single waiting list operating on a pan CTM treat in term basis.	To review following outcome of medical staffing review and business case development for ANP need		TBC
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