Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Review of the Care and Safety of Patients Cared for at Cefn Coed Hospital

April 2012

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Foreword

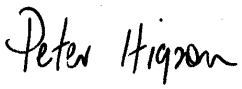
In December 2010, Healthcare Inspectorate Wales (HIW) was notified of concerns regarding patient safety at Cefn Coed Hospital which is part of the Abertawe Bro Morgannwg University Local Health Board (ABMU). The concerns related to incidents that were subject to investigation by the South Wales Police Force.

Confidence and morale within the service were badly shaken by the incidents and although police investigations were underway with regard to the specific incidents, the Health Board urgently established its own internal review into the safety and quality of adult mental health services in Cefn Coed Hospital. Upon completion of the internal review HIW was contacted by ABMU and asked to undertake a further independent review.

While the Health Board acted quickly to initiate its own investigation into the concerns there remain significant and substantial challenges ahead. Cefn Coed Hospital is no longer fit for purpose and it is evident that its design compromises standards of care. As it is clear that, for the next few years, Cefn Coed will continue to provide an acute adult admission service, the Health Board needs to maintain a level of investment in the hospital which is sufficient to improve the current institutionalised ward environment and level of services particularly staffing.

An action plan based on the internal review was quickly put in place, from which a number of work stream change programmes have flowed. At the heart of the change programme is the move towards patient empowerment, care planning, increasing gender and diversity awareness, improving the environment and improving education and training and workforce planning. The Health Board has also produced an action plan in response to the recommendations we have made and progress against these actions has been noted in the body of the report where appropriate. We will continue to require the Health Board to provide us with regular updates so that we can ensure that the standards of patient care are improved and upheld at Cefn Coed Hospital.

While the publication of this report was delayed to allow for the completion of the legal processes that were initiated following the incidents reported in 2010, its findings remain relevant and also need to be considered by all other providers of mental health services in Wales.



PETER HIGSON
Chief Executive

Chapter 1: Introduction and Background

1.1 In December 2010, Healthcare Inspectorate Wales was notified of concerns regarding patient safety at Cefn Coed Hospital which is part of the Abertawe Bro Morgannwg University Local Health Board. The concerns related to incidents that were subject to investigation by the South Wales Police Force.

1.2 The incidents occurred in the summer of 2010 and related to allegations of sexual abuse by male staff members of female patients being cared for at Cefn Coed Hospital. A number of the allegations became the subject of criminal investigations; one case resulted in a criminal conviction.

1.3 Although police investigations were underway with regard to the specific incidents, ABMU urgently established its own internal review into the safety and quality of adult mental health services in Cefn Coed Hospital. Upon completion of the internal review in December 2010 HIW was contacted by ABMU and asked to undertake a further independent review.

Focus of HIW's Review

1.4 We were concerned to ensure that the care and treatment of those patients who continued to be inpatients at Cefn Coed was appropriate and safe, that safeguarding procedures were in place and working well and that all matters of immediate concern had been identified and addressed by the Health Board. We therefore decided to take forward our own review.

1.5 The focus of our review was on the:

- Examination of management arrangements, environment of care, policies, procedures, systems, behaviours and practices in place at Cefn Coed hospital to ensure that they support the delivery of safe services and appropriately safeguard patients.

- Identification and consideration of any systematic failings and cultural issues.
- Evaluation of the approach taken by the Health Board upon it becoming aware of the incidents.
- Consideration of any other matters that may be relevant to the purposes of the investigation.

1.6 The review team included external reviewers with an extensive background within adult psychiatry, mental health commissioning and management and mental health nursing and social work.

1.7 As part of the review we interviewed key members of the Health Board's senior management team and staff at Cefn Coed Hospital. We also held Group discussions with nursing, medical and house keeping staff, representatives of the advocacy service and the patients' council.

1.8 The team undertook their fieldwork visit in June 2011, observations were undertaken on each of the wards and we spoke in depth with patients. We spoke to approximately 90 people during the course of our fieldwork.

1.9 Our review highlighted a number of key issues in relation to the provision of adult mental health services at Cefn Coed Hospital and the operation and structure of ABMU's Mental Health Directorate. In this report, we have made a number of recommendations that are aimed at addressing the issues we identified and improving the services provided at Cefn Coed Hospital.

1.10 Throughout our review we fed back our findings to the Health Board on an on-going basis. Therefore, where appropriate we have highlighted in this report areas where the Health Board has already made progress.

Chapter 2: The Health Board's Response and Approach to Managing and Investigating the Incidents

2.1 In the summer 2010 a series of very serious incidents were reported to have occurred at Cefn Coed Hospital. The hospital had not previously given rise to significant governance and patient safety concerns but it had been recognised for some time that the hospital was in need of modernisation.

2.2 Protection of Vulnerable Adults procedures were immediately instigated, the South Wales Police Force were advised of the incidents and it started formal criminal investigations. The Health Board also initiated an urgent internal review of adult mental health services. This review was initiated in October 2010 and completed in December 2010.

The Health Board's Internal Review

2.3 The Health Board's internal review was carried out by ABMU staff from the Forensic Mental Health Services based at the Caswell Clinic, Bridgend. The review team comprised ward managers, charge nurses and nurse specialists in education, physical health and cognitive behavioural therapy. This review team gathered and considered a wide range of evidence before producing specific reports on each of the seven adult mental health wards located at Cefn Coed. The review team also identified themes that emerged in relation to gender, physical health, education and training.

2.4 The Health Board is to be commended for the speed in which it initiated and put the internal review in place. It was a very detailed piece of work that focused on ensuring the quality and safety of patients at Cefn Coed and identified areas for improvement. The review resulted in a number of key initiatives and changes that we believe have been key to improving patient safety and the quality of care at Cefn Coed. These include:

- The appointment of a hospital manager. The purpose of the role being to provide leadership at a local level, to oversee and drive the

improvements identified as being necessary and review the management arrangements for Cefn Coed to ensure that they are fit for purpose.

- The establishment of a Cefn Coed Hospital Service Improvement Steering Group to drive forward and monitor the changes and improvements recommended by the internal review. The Group is chaired by the Vice Chair of the Health Board.
- The development of an action plan which is regularly monitored by the Hospital Service Improvement Steering Group.

These changes are explored further in later chapters of this report.

2.5 While overall we consider the Health Board to have been right to take forward its own internal review as a matter of urgency and that the internal review focused on the right things, the way in which the internal review was undertaken caused ill feeling amongst some staff at Cefn Coed. A number of consultants told us that they were aggrieved and distressed by the way in which the internal review was managed and the findings communicated. In particular, there was concern that the review team felt able to comment on issues such as clinical leadership and the ways in which consultant staff worked despite the review team not including a doctor or a psychiatrist. Acceptance of the recommendations by the consultant body within Cefn Coed was further hampered by the way in which the findings were presented to them.

2.6 The internal review rightly identified a number of shortfalls in the management and care provided at Cefn Coed Hospital. However, the full report was only made available to the most senior Health Board staff as a decision was made by the Board to issue an executive summary of the more substantive issues identified in the full report to staff at Cefn Coed. This short report did not contain any evidence to substantiate the findings of the review team and led to some staff questioning the evidence base for its findings.

2.7 The decision taken by the Health Board to create two reports had a key impact on the way in which the review was received by staff at Cefn Coed. The full report is a comprehensive document that provides the necessary evidence to

substantiate its findings, while the summary version does not provide the necessary detail that is needed to ensure understanding and buy-in from staff. Ownership of the findings by staff was further hampered by an action plan being issued alongside the summary report.

2.8 We were also concerned to note that the full report names individuals as well as commenting on systems and processes. It would have been helpful if, at the outset, the terms of reference for the internal review had highlighted the need for the full report to focus on systems and processes with issues of individual practice being reported and escalated separately. It was also unclear who was the author of the summarised report and related action plan.

2.9 The action plan we were provided with at the time of our fieldwork was not SMART[1] and we questioned how the Health Board was prioritising the changes it was making. We are pleased to note that since our visit the Health Board has taken forward a significant amount of work to update and strengthen the action plan. Notably, it has demonstrated its responsiveness to the findings of our review by already including actions to address our recommendations in its action plan.

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2.10 While we consider the Health Board was correct in instigating its own internal review to ensure that patients at Cefn Coed were properly cared for and safeguarded, we consider that there are important lessons to be learnt in respect of the way in which it managed and took forward the review. It was clear that the Health Board wanted to ensure that patients were safe and provide support to patients and staff through this difficult time. However, the internal review and the dissemination of its findings caused some potentially avoidable difficulties in the relationships between staff at Cefn Coed and management which at the time of our fieldwork was still having a continuing impact on the service.

[1] SMART is a mnemonic commonly used to set objectives. Typically accepted values are: Specific, Measurable, Attainable, Relevant and Timely.

2.11 In particular, we consider that in future the Health Board should:

- When undertaking internal reviews, give careful consideration to the impact that bringing a team together from only one area of the Health Board might have on future working relationships. The Health Board should consider whether it would be more appropriate to bring a review team of professionals from across the Health Board or from across Wales.
- Ensure that review teams include a member of each of the disciplines subject to review.
- Ensure that the staff subject to review are given the necessary information to help them properly understand why certain recommendations are made and actions taken forward.
- Take opportunities to engage staff in developing action plans and taking improvements forward so that they fully understand the need for the changes and feel empowered to make changes.

2.12 At the time of our visit, a number of changes had been made at Cefn Coed as a direct result of the internal review. However, we considered that due to insufficient planning and consultation with staff these changes had not had the level of impact that might have been expected and had given rise to further challenges for the Health Board. We expand upon these issues later in this report.

Chapter 3: Management Arrangements and Relationships

3.1 Cefn Coed Hospital forms part of ABMU's Mental Health Directorate which is responsible for providing a wide range of adult and older people's services across Bridgend, Neath Port Talbot, Swansea, the western Vale of Glamorgan and the Ystradgynlais area.

Structure of the Mental Health Directorate

3.2 The Mental Health Directorate is headed by a Clinical Director, a General Manager and a Head of Nursing. The General Manager and Head of Nursing report directly to the Clinical Director. The clinical leads for specific services also report directly to the Clinical Director.

3.3 A Service Manager heads up each of the four services of Adult, Older People's and Forensic Mental Health Services and Substance Misuse Services. Clinical Service Managers report to the Service Managers and they have oversight of the Ward Managers and locality-based Community Mental Health Services.

Relationships between Management and Consultants

3.4 At the time of our visit, it was clear that there had been a breakdown in trust and confidence between the consultant psychiatrists working in Swansea and management. The consultants we spoke to felt that this had been caused by a management style and approach which did not encourage participation and did not listen. We were also told that they had felt unsupported for some time by a 'top down' management approach that seemed to blame them for much of the criticism that the service had attracted. Similarly, managers told us that a number of consultants had been reluctant to engage in discussions about service improvement and modernisation.

3.5 Some consultants also told us that they had been unwilling to participate in the delivery of the action plan prepared following the internal review unless there were changes to the present leadership style. It was clear to the review team that the work being carried out to develop a new model of adult mental health care for ABMU would be compromised without the contribution of, and support from these clinicians who are key players in supporting the vision of the service. In recognition of this, the Directorate management team had appointed a hospital manager with experience of change management to start to facilitate and support team working at Cefn Coed.

Update on progress:

Since our visit significant progress has been made in developing more effective engagement with consultant medical staff. A number of collaborative schemes have been developed, for example, the introduction of a new Unscheduled Care service model which has involved changes to the way in which senior medical staff operate within the Hospital.

3.6 It was clear that a number of key Health Board personnel were making efforts to address the concerns of the clinicians and to engage with them in a way that will ensure their contribution to modernising services. We were told that consultants now feel that there is a more conciliatory and positive approach from senior management. We sensed a slow “unfreezing” of the tense relationship between clinicians and management.

Update on progress:

Since the review, the Health Board’s Directorate Management Team has participated fully in the Health Board’s Directorate Management Team Development Programme.

3.7 We were concerned to note that many consultants had not had annual appraisals in recent years, as this is a significant governance failure. In this respect we welcome the recent appointment of a Head of Medicine as we understand that

this role will act as a ‘bridge’ between the Directorate management team and the consultant body. Together with the clinical lead for Adult Mental Health, it is anticipated that the Head of Medicine will provide professional leadership to the clinicians at Cefn Coed.

The Role of the Hospital Manager

3.8 A key recommendation made by the internal review team was the appointment of a Hospital Manager for Cefn Coed. The purpose of the role being to provide leadership at a local level, to oversee and drive the improvements identified as being necessary and review the management arrangements for Cefn Coed to ensure that they are fit for purpose.

3.9 A Hospital Manager was appointed in December 2010, initially for a period of 12 months. The post holder has overall responsibility for Cefn Coed, including adult and older people’s services and reports directly to the Clinical Director.

3.10 We considered this appointment to have been a positive step and the staff we spoke to valued the post holder’s management style and inclusive approach. Universally, staff saw the role as being key to the delivery of change and improvement at Cefn Coed and ensuring the continued commitment of staff. Further, we were told that the inclusive and systematic approach of the Hospital Manager is welcomed.

3.11 However, roles such as this can be stressful and require support and supervision and the Health Board needs to ensure that such support mechanisms are in place, particularly from those in managerial roles at Cefn Coed. We also had concerns that 12 months was not sufficient time for the changes needed to be properly embedded and considered that the Health Board should give thought to making the appointment a permanent one.

Update on progress:

We are pleased to note that the Health Board has agreed to extend the appointment of the Hospital Manager.

The Role of the Hospital Improvement Steering Group

3.12 A Cefn Coed Hospital Service Improvement Steering Group had been established to drive forward and monitor the changes and improvements recommended by the internal review. The Group is chaired by the Vice Chair of the Health Board and the following work streams have been identified:

- Gender and diversity
- User empowerment
- CPA and care planning
- Environment and estates
- Physical healthcare
- Partnership working
- Bed management
- Education and training
- Workforce planning.

3.13 The work streams are being managed by the Cefn Coed Hospital Local Management Team, which is led by the Hospital Manager.

3.14 The Improvement Group is aligned to the Mental Health Directorate's Clinical Governance Committee and it has a scrutiny role which is aimed at ensuring that any potential issues are identified and responded to in a way that is timely and appropriate.

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3.15 The management structure in place at Cefn Coed at the time of our visit did not fully address the needs of a large hospital site such as Cefn Coed Hospital. There had clearly been historical issues in relation to the style of management in operation, which staff told us was hierarchical and “top-down” and sometimes adversarial and unsupportive. The appointment of the Hospital Manager and the Head of Medicine roles has helped to address this issue and we considered that such roles need to be embedded in future arrangements.

3.16 There was a sense amongst staff that previous management had instilled a blame culture and that Cefn Coed Hospital had been forgotten and ignored by the Health Board and its predecessor organisations. Many of the staff we spoke to told us that until recent times they had felt marginalised, isolated and undervalued. This perception was reinforced by the physical evidence that the fabric of the hospital had been allowed to decay.

3.17 The appointment of a Hospital Manager and a Head of Medicine were seen as being key to changing the management style and culture at Cefn Coed. At the time of our visit, positive changes were already apparent but these post holders need to be supported by the Health Board and those in management roles at Cefn Coed to continue to deliver change and improvement.

3.18 At the time of our review, we were told that not all of the nine work-streams identified had commenced and that despite the Hospital Manager working tirelessly to encourage and support staff there were still difficulties in achieving participation in the work-streams. The Health Board needed to support the Hospital Manager to understand what barriers to engagement and involvement remain. If sustainable improvements are to be achieved at Cefn Coed all staff groups must be fully engaged in the process.

Chapter 4: Patient Experience

Environment of Care

4.1 Cefn Coed hospital was built in 1932 and is Victorian in design. While the hospital interior has been subject to renovation and remodelling over its 80 years of existence, much of the external brick built building remains the same.

4.2 There are seven adult mental health wards at Cefn Coed Hospital offering 48 acute admission beds, 18 rehabilitation beds, six challenging behaviour beds; as well as 36 continuing care beds for long term care. The hospital was originally built to provide psychiatric services to the area of Swansea, although due to current operational requirements the hospital also provides beds for the wider Health Board area. There are also a number of older people's wards at the hospital; but the focus of this review was on the adult wards.

4.3 We consider Cefn Coed Hospital to be no longer fit for purpose as it does not meet the standards required of a modern day service. This is recognised by the Health Board's capital investment plans which include £80m for replacing all clinical accommodation provided at Cefn Coed Hospital over the next five years. In the meantime the Health Board has invested £200k in making some improvements to the Cefn Coed Hospital site in terms of improved ventilation systems, redecoration, upgrade of en-suites and bathrooms, purchase of new furniture and lockable patient wardrobes. However, in the main the environment remains poor and is not conducive to good therapeutic care and at the time of our visit the wards were bare and institutional in appearance, with few patients' personal possessions in evidence, or appropriate furnishings, to reduce the impact of the bleak environment.

4.4 We were also concerned that the layout of the hospital and wards made observation difficult and hence increased the risk that incidents may go unobserved.

Locked Wards

4.5 We were particularly concerned to note the length of time that acute wards were locked. We could see no reason for many of the doors being locked other than it being easier for staff to manage the ward when there were insufficient numbers of staff on duty.

4.6 The locking of wards when there is no need to do so from a patient risk perspective is an indicator of institutional practice. Such practice is not good for patient or staff morale as it leads to access being severely restricted for both patients and staff and *de facto* 'detention'. Patients told us that they believed that, because the doors were locked, there was no distinction between informal and detained patients.

4.7 Patient representatives told us at the time of our visit that some informal patients had been told that they would be placed on a section under the Mental Health Act if they demanded to be let out of the ward.

4.8 Little or no information was available on the wards we visited advising informal patients of their right to leave the ward at any time. Also, some of the nursing staff we spoke to were of the view that an informal patient could only leave the ward if their doctor agreed to it.

4.9 In addition, patients were sometimes being denied Section 17[2] leave as staff were too busy to accompany them:

"I am aware of my entitlement, to go out escorted leave but this is a busy ward and I am sometimes unable to go out because of a lack of staff. But they do try their best."

[2] Section 17 makes provision for certain patients who are detained under the Mental Health Act 1983 to be granted leave of absence from the hospital grounds for any reason. Escorted leave will be taken to mean escorted by one clinical member of staff, who may be of either sex and who need not necessarily be qualified.

4.10 There was no clear process in place on the wards for recording when the doors were locked or unlocked, or for how long. We noted major inconsistencies across the wards in relation to how the Directorate's locked door policy was being implemented.

4.11 We considered that the current practice of locking doors together with the lack of information made available to patients about their legal rights infringed on their human rights. We advised the Health Board that it needed to review its policy and practices in respect of locked doors as a matter of priority and ensure that they were consistent with the legal rights of patients and modern standards of patient safety.

Update on Progress:

Since our visit, the Health Board has reported that significant improvements have been made in this area, with a focus on reducing the amount of time that acute admission wards are locked, through practice changes, communication and multi-disciplinary working. For example, in June 2011 one of the acute wards was locked for 80% of the month, but in December 2011 this balance had changed with the ward being open 74% of the time.

Access to Outside Areas

4.12 We were concerned that patients, particularly those located on first floor wards, were unable to access outside areas and hence fresh air and sunlight when they wished to do so. This was due, at least in part, to the issues highlighted above in relation to locked wards.

"..it is a very busy ward with insufficient staff to enable us to always go out when we wish to do so."

Update on Progress:

Since our visit the Health Board has developed plans to start to relocate wards to the ground floor so that they can access outside areas.

Dignity and Respect

4.13 Staff across the service were motivated to improve the standards of care provided at Cefn Coed Hospital and those we spoke to showed a genuine willingness to participate in the improvement programme that was underway. Indeed, many of the patients that we spoke to had only praise and positive comments to make about staff and they told us that they felt safe and respected.

"Staff are lovely…do anything for you"
"Staff are kind and responsive…friendly and helpful"
"There's a lot of people to make you feel safe in this environment"

4.14 However, overall we considered the patient experience at Cefn Coed to be sub-optimal, despite there being pockets of noteworthy practice on some wards. There was a general lack of activities for patients and patients could not easily access those activities that were in place. Consequently, we witnessed a lot of boredom among patients, which is known to be a contributing factor to incidents on wards.

4.15 The overall impression of the review team was that the delivery of care at Cefn Coed reflected more of a custodial than therapeutic care approach. These custodial practices resulted in some patients often lying in bed all day or watching daytime television as opposed to being offered any meaningful therapeutic activities. We did not get the impression from the majority of staff that this was something they wanted to perpetuate or saw as good care.

Update on Progress:

Since our visit a ward, hospital and community based activity programme for patients has been developed and is in the process of being implemented. This includes development of dedicated spaces for activities, allocation of staff dedicated to patient activities, better communication and advertising of the day services available for in patients and increased input from the third sector.

Single-Gender Wards

4.16 In direct response to the nature of the incidents, single-gender wards were introduced in December 2010. This change was made as it was felt that 'the organisation of mixed gender wards at Cefn Coed Hospital was inconsistent with ensuring the safety, dignity or privacy of vulnerable patients with mental healthcare needs[3].' As a result, at the time of our visit there were two male and one female admission wards.

4.17 While we fully support the implementation of single-gender wards it is clear that the move to this configuration was not planned adequately by the Health Board. Hence, at the time of our visit it was evident that this change was impacting on patients and staff in terms of the way services were then organised. In particular, the working practices of consultants had not changed in line with these developments, causing operational difficulties for ward rounds and review of patients.

4.18 Because patients were located across a number of wards, it had become very difficult for consultants to plan their ward rounds. Consequently, we were told of patients who had not seen their doctors when they were due to. This uncertainty was affecting the patients and their relatives (who often make arrangements to come to ward rounds) causing anxiety and inconvenience. This inability to properly plan ward rounds was also putting a severe strain on ward staff. We were told that often up to six consultants could be present on a ward in a day.

[3] Taken from the internal review.

4.19 We were also told of some patients who had been admitted to a ward without the knowledge of the Community Mental Health Team (CMHT) or his/her consultant and as a consequence they had not received a timely assessment from a senior doctor.

4.20 We considered that for the change to single gender wards to work as intended, the working practice of consultants needed to be reviewed urgently as the practice of CMHT consultants covering both the inpatient and outpatient/community services did not appear to be workable. This was a major area of concern that needed the consultant body and the directorate management team to work together to resolve. Consideration needed to be given to the working practices of consultant Medical Staff, inpatient staff and the CMHTs.

Update on Progress:

Since our visit, the consultants have agreed upon a new way of working to ensure that the split between in patient and community work is more manageable. This involves a consultant lead for all acute admission wards and clear points of communication with CMHT care co-ordinators.

4.21 A further unintended consequence of the move to single-sex wards had been less consistent involvement of CMHT care co-ordinators in care planning during the inpatient admission of their clients.

4.22 We considered that the female admission ward faced many challenges which included: a large number of beds; conflicting needs of patients (patients with emotionally unstable personality disorders and those with florid mental illness); insufficient staff with specific skills to manage a challenging patient mix; limited communal spaces or quiet areas; no de-escalation areas; and insufficient diversional therapies. These issues were of concern and at the time of our visit they were impacting on patient and staff safety and needed to be addressed by the Health Board as a priority.

Update on Progress:

Since our visit the directorate lead for gender and diversity has been based at Cefn Coed Hospital and training has been developed for clinicians working with women in conjunction with women's services at Caswell Clinic. As a result of this, and the other improvements at Cefn Coed Hospital, the Health Board has reported a reduction in incidents on the women's ward since its inception from 52 in March 2011 to five in December 2011.

Quality of Food

4.23 Patients told us that they felt that the quality of the food provided at Cefn Coed was sub-standard and lacking in nutritional value.

"Food is awful, my mother brings me food in"
"Food is repetitive and boring"

Update on Progress:

The Health Board has undertaken a comprehensive review of food and nutrition and is using in depth patient satisfaction surveys to analyse the impact of changes made. These changes have been supported by additional dietetic input at the hospital and have included changes to menu choices, quality of food, presentation of food, health options and snacks.

Laundry and Bathroom Facilities

4.25 Most of the wards we visited did not have their own laundry facilities. This resulted in patients having the potentially demeaning experience of taking a specially designed orange sack to the hospital's centralised laundry service.

4.26 There was an odour of urine in the area near the toilet on the female ward and the toilets and shower rooms needed cleaning.

Chapter Summary

4.27 While we found that staff working at Cefn Coed were committed to providing good patient care, we concluded that overall the patient experience at Cefn Coed was suboptimal. We were particularly concerned to note that:

- Ward doors were routinely locked across the adult mental health wards within the hospital without a clear rationale.
- There was a general lack of meaningful therapies and activities.
- While the move to single sex wards was commendable, its implementation had resulted in operational problems that at the time of our visit were yet to be resolved.
- Patients did not have sufficient opportunity to access fresh air.
- Patients were being denied section 17 leave.

4.28 The Health Board has for a long time accepted that Cefn Coed Hospital is not fit for the purposes of providing modern mental health inpatient services. Despite changes and improvements made to its fabric, Cefn Coed Hospital cannot be brought up to modern day standards and hence it needs to be decommissioned. In the interim, the Health Board needs to ensure that it improves the environment and practices for those patients currently under the hospitals care.

4.29 As highlighted throughout this section, improvements have been made in key areas and the Health Board's action plan developed in response to this report set out the further improvements that are to be made.

Chapter 5: Care Planning and Standards of Care

Care Planning

5.1 We saw little evidence at the time of our visit of patients being actively engaged with and involved in their own care planning. Indeed, care planning appeared sparse and there was little evidence of individualised care planning and no clear care pathways were evident.

5.2 We believe that there was a lack of a patient centred culture at Cefn Coed and we were concerned at the lack of engagement with patients. We saw no attempt to capture user experience and to use this to inform the improvement of services. We were provided with an example of a patient questionnaire, but we felt this to be too long and not user friendly.

Update on Progress:

Since our visit, the Health Board has focused on embedding the Recovery Model into clinical practice on all adult wards, through identifying champions on each ward area and ensuring that all care plans meet needs in line with recovery model requirements. A programme of Care Programme Approach (CPA) audits has commenced using an external team, and progress has been made in developing patient information leaflets and satisfaction surveys. A focus on physical health needs has also been introduced supported by staff training, health screening and a specific focus on chronic conditions such as diabetes.

Multidisciplinary Working

5.3 There was a lack of multidisciplinary (MDT) input to most wards at Cefn Coed. The striking exception was Intensive Support and Intervention Service (ISIS) Ward where the MDT approach was evident and successful. This ward provided evidence of what can be achieved when the necessary ingredients that determine quality care come together.

5.4 ISIS had reasonable nurse staffing levels, a multidisciplinary team, good clinical leadership, high morale, and a sense of purpose with clear aims and objectives set for the care team. The staff were engaged in developing their clinical skills, there was a culture of learning and a form of clinical supervision in place, patients were involved in their care planning and there was a good array of activities and therapies available to patients.

5.5 We consider that the ISIS ward should be the benchmark for service delivery across the Adult Mental Health wards. Each ward should have a core group of senior professionals (nurses, occupational therapists and psychiatrists) who should provide leadership to the ward team. Each ward should be able to access other specialist skills (for example, social work and psychology).

5.6 To properly and effectively implement the multidisciplinary model of care psychiatrists and allied professionals must fully engage in the process.

Update on Progress:

In order to improve MDT working the Health Board has increased clinical psychology input, has mapped occupational therapy support to each of the wards and has established dedicated in patient consultant psychiatrists.

Chapter Summary

5.7 We considered there to be an absence of a patient centred culture generally at Cefn Coed, and we were concerned for the most part at the lack of engagement with patients in their care planning. To move forward and ensure that patients are provided with holistic care the Health Board must ensure multi-disciplinary input to all of its wards.

Chapter 6: Bed Capacity, Staffing and Training

Bed Capacity

6.1 We were consistently told of problems with acute bed availability across the wider Mental Health Directorate. This had resulted in patients from as far away as Neath, Port Talbot and Bridgend having to be admitted to Cefn Coed because of a lack of beds in these areas and patients from Swansea sometimes being admitted to other facilities within the Health Board. An impact of this was that once a patient is admitted from these areas, contact with their community team was restricted and the ability to plan for their discharge impaired.

6.2 In addition, we were told of several instances where newly admitted patients had to sleep on chairs overnight because there were no beds available. These issues did not appear to be exclusive to Cefn Coed. We were also told of instances where patients residing at Cefn Coed had been required to “sleep out” on another ward at Cefn Coed to free up a bed for a new admission.

6.3 While there had been vigorous attempts by the Directorate to reduce the pressure of admissions at the time of our visit over-occupancy remained a problem at Cefn Coed.

6.4 Pressures on inpatient beds are a problem across mental health services in the UK, however inpatient units can be made to work more effectively when they form part of a wider system, or pathway of care, that includes community mental health teams, outpatient clinics, day centres, crises and home treatment teams, and specialist services such as community drug and alcohol teams.

6.5 While the Health Board had most of the above services in place, they did not seem to be having the impact that they should by offering alternatives to inpatient care and treatment, and so reducing admissions. This together with factors such as staffing levels, the lack of proper multidisciplinary input, and a lack of therapies and

activities were causing pressures on the admission wards at Cefn Coed resulting in a high risk environment for staff and patients.

Update on Progress:

The Health Board has reported that this has been a significant area of attention since our visit. This involved a capacity review across the Health Board, a targeted reduction of Delayed Transfers of Care from 17 to seven and improved discharge planning and capacity management processes. Consultants have agreed on a new model of unscheduled care and beds have been reconfigured to improve nurse staffing levels. Additional community based alternatives have been put in place. Occupancy levels are monitored closely to ensure that any pressures are escalated immediately to minimise any impact on access to care. However, it is recognised that there is a need for flexible use of capacity across the Health Board and that it will not always be possible to admit patients to their local hospital.

The Role of Ward Managers

6.6 The status of Ward Managers at Cefn Coed has been diminished over the years to such an extent that those we spoke to at the time of our visit told us that prior to the appointment of the Hospital Manager they had felt unable or unwilling to act in certain areas or make decisions. Some ward managers considered that in the past their line managers had not created the kind of environment where they felt empowered.

6.7 A cause of much frustration amongst the ward managers was the requirement for them to act as shift co-ordinators for the hospital. This took them away from their wards and was seen as an extra burden on their already pressurised role.

6.8 The ward managers we spoke to told us of their sense of empowerment since the arrival of the Hospital Manager. They felt that since his appointment they had

been ‘given permission’ to expand their role and to make decisions about the management of their wards.

6.9 The Health Board’s internal review concluded that leadership in clinical areas was not properly exercised because of an underdevelopment of the ward managers’ role. The delivery of change at ward level is dependent upon effective leadership from ward managers and hence we were pleased to note that the future role of ward managers was being reviewed and new job descriptions developed.

Update on Progress:

Since our visit the Health Board has reported that all ward managers have had an appraisal, supported by clear objectives, and that all ward managers are participating in the Empowering Ward Sisters development programme in 2012. Further, the role of the Ward Manager has been reviewed and a number of changes have been made to ensure that they are clearly responsible for the delivery of services within the ward. This work will help re-focus the role and function of the Clinical Service Managers.

Appointment of Staff

6.10 There were problems, although not exclusive to ABMU, in relation to the recruitment of junior doctors. At the time of our visit there had also been problems recruiting to certain disciplines which had halted plans to appoint to a psychology post for the admission wards, and had also affected the Health Board’s ability to embed occupational therapy posts within each ward.

Update on Progress:

Since the visit the recruitment plans have been progressed. The consultant psychologist has been appointed and Occupational Therapy input has been mapped to each ward. Consultant and staff grade medical staff vacancies are being progressed in line with the new working arrangements.

Training and Professional Development

6.11 At the time of our visit, staff told us that they were not being afforded the opportunity to attend development and training sessions. In particular, we noted that there were gaps in relation to Protection of Vulnerable Adults (PoVA) training. Ward managers decided who attended training programmes and as there was no central guidance inconsistencies had arisen. There was no central list or database of qualifications obtained by staff in place, although such a list existed in the east of the health board.

6.12 The systems necessary to support the ongoing professional development of nurses had been neglected. Work had already begun under the direction of a newly appointed Head of Mental Health Nursing to put in place a range of measures to ensure that nurses had the right knowledge and skills to deliver good quality, patient centred care. Such measures included ensuring that all nurses have access to clinical supervision, training and development, performance appraisal and personal development plans. Such measures need to be standardised across the Mental Health Directorate.

Update on Progress:

The Mental Health Directorate has established a Continuing Professional Development Education Strategy for acute and rehabilitation services, which is supported by a full training needs analysis. Clear timescales have been established for achieving mandatory training targets. Eighteen nurses have now undertaken clinical supervision training, and over 50 nurses have undertaken suicide prevention training.

Sickness Levels

6.13 Sickness levels were high amongst staff at Cefn Coed which only served to increase the strain on the adult mental health wards. In addition, staffing levels across the wards were inconsistent.

Update on Progress:

A review of rostering arrangements, staffing levels and sickness levels has been undertaken as part of the Health Board's action plan developed in response to this review. This has led to a range of improvements including a change to ward manager hours of working, attendance recognition certificates, sickness management surgeries, and a reconfiguration of in patient beds.

Criminal Records Bureau (CRB) Checks

6.14 CRB checks first came into operation nationally in 2002, although there was no statutory requirement for staff employed prior to 2002 to undergo such a check.

6.15 Staff appointed after 2002 to the former Swansea and Bro Morgannwg NHS Trusts, and latterly, ABMU Trust and Health Board, have therefore received an Enhanced CRB check. While there is no statutory requirement for these CRB checks to be updated, this is something the Health Board should consider given that is the practice in many other public sector organisations.

6.16 While the arrangements that the Health Board has in place are the same as those in operation across most NHS organisations and comply with statutory requirements, we consider that given the nature of the allegations, which prompted this review, and the vulnerability of the client group the Health Board should consider strengthening its management and supervision arrangements generally to ensure it does all it can to protect vulnerable patients in its care.

Chapter Summary

6.17 We were impressed with the calibre of many of the managers and consultants we spoke to, and with their desire to improve services. However we believe that changes to the way both these roles were being delivered were essential if sustainable improvement to services was to be achieved.

6.18 Many staff were very committed to the changes that were planned and most staff were embracing the change with the general acceptance that change is necessary.

6.19 However, significant issues remained in relation to bed management, sickness rates, inconsistent staffing levels and professional development which are clearly impacting on patient care at Cefn Coed Hospital. In particular, difficulties in recruiting medical staff are impacting on improvements to multi-disciplinary team input to wards.

Chapter 7: Conclusion, Next Steps and Recommendations

7.1 While the Health Board acted quickly to initiate its own investigation of the concerns that arose regarding adult mental health services provided at Cefn Coed Hospital following the PoVA incidents, there remained significant and substantial challenges ahead.

7.2 Confidence and morale within the service was badly shaken by the incidents and by the findings of the internal review. However, there is evidence that the actions now being taken forward by the Health Board are instilling a sense of optimism that things will improve, coupled with a realism that it will take time to achieve all the changes needed.

7.3 The Health Board's internal review and our review concluded that Cefn Coed Hospital is no longer fit for purpose and that its design compromises standards of care. Although the internal report was not initially welcome by all staff at Cefn Coed Hospital, there was at the time of our visit a general acceptance of the need for change.

7.4 An action plan based on the internal review was quickly put in place, from which a number of work stream change programmes have flowed. At the heart of the change programme is the move towards patient empowerment, care planning, increasing gender and diversity awareness, improving the environment and improving education and training and workforce planning.

7.5 The Health Board's five year plan for mental health services has recently undergone a public engagement process and further consultation is planned on the future model of acute admission services. This is pleasing to note because at the time of our visit widespread acceptance or understanding of the new model of care was not evident.

7.6 It is clear that for the next few years, Cefn Coed will continue to provide an acute adult admission service. As such, the Health Board needs to maintain a level

of investment in the hospital which is sufficient to improve the current institutionalised ward environment and level of services, particularly staffing. We believe there is considerable scope to enhance the appearance, facilities and décor of the wards and, with some imaginative planning and extra resources, to make them more welcoming, comfortable and less forbidding places. Patients, their representatives and the staff should play a leading role in this development.

7.7 The Health Board has already produced an action plan in response to the recommendations we have made and progress against these actions has been noted in the body of the report where appropriate. We will continue to require the Health Board to provide us with regular updates so that we can ensure that the standards of patient care are improved and upheld at Cefn Coed Hospital. In addition, we will continue to undertake unannounced visits to the hospital as part of our Mental Health Act monitoring role.

7.8 The following recommendations, while made specifically in relation to Cefn Coed Hospital, should be considered across the Mental Health Directorate generally.

Patient Experience

1. The Health Board needs to improve the quality of patient experience. This includes:

    a. Ensuring that the rights of patients are respected, for example, in relation to privacy and dignity.
    b. Developing a culture which empowers patients to have a voice in influencing their care and its delivery.
    c. Fully engage with patients to ensure the capturing of the patient experience in order to inform future service developments.
    d. Ensuring that patients have access to ward based activities during the day which are tailored to their individual needs.
    e. Ensuring that patients have access to open space and fresh air during the day.

f. Improving the appearance, décor, fabric and furnishings in the wards in order to create a less institutional environment.

2. Patients should routinely have the ability to participate in and influence their care. Therefore, the Health Board should ensure that patients are fully engaged and involved in their care planning at all stages of the process.

3. The Health Board needs to ensure that the policy for locked doors on adult mental health wards is consistent with the legal right of patients and also with modern standards of patient safety. They should also ensure that patients are routinely provided with information relating to their legal rights.

Quality of Care Issues

4. The Health Board needs to consistently improve MDT working in each ward, including consultant input. There should be a core team for each ward comprising nursing, occupational therapy and psychiatry input.

5. The Health Board must keep the impact of moving to single gender wards under review and ensure that working practices and operational processes are aligned to support this approach.

6. The Health Board should ensure that community based Care Coordinators are actively involved with patient care during inpatient episodes.

7. The Health Board needs to continue with the empowerment of ward managers. The ward managers need to be provided with leadership training and are given opportunities for mentoring, coaching and regular appraisal.

8. The Health Board should consider developing a rotation system of ward based staff to encourage the sharing of learning and best practice across wards.

9. The Health Board should ensure that patients are able to receive more individualised care, by ensuring adequate staffing levels and improving the skills mix on the adult admission ward.

10. The Health Board needs to ensure that there is a robust system of staff appraisal in place that is monitored across the service.

Service Issues

11. The Health Board needs to continue to share its vision for the future of its mental health services with patients, staff and stakeholders and involve them in shaping and delivering its modernisation programme.

12. The consultants need to engage more closely with the management process for the service and adopt a leadership role in terms of the strategic direction, and improving and developing services. The Health Board needs to harness this commitment in order to improve and develop the service.

13. The Health Board needs to consider what further steps to could take to ensure that patients with mental health problems are protected from potential harm at all times.

14. There appeared to be problems in relation to bed management, not only within Cefn Coed, but across the wider Mental Health Directorate. This is a problem that the Health Board urgently needs to solve. We recommend that the Health Board review the arrangements currently in place to manage bed capacity and admissions to acute adult beds in order to address the pressures caused by over occupancy of the wards.

15. The Health Board needs to ensure that there continues to be a strong leadership presence at Cefn Coed for some years to drive forward the change programme. Furthermore, roles such as the Hospital Manager are very

exposed and need a high level of support and supervision therefore the Health Board needs to ensure such support mechanisms are in place.

16. Staffing levels across the wards within Cefn Coed were noted as being inconsistent. The Health Board therefore needs to review the staffing levels both across these wards and across the wider Mental Health Directorate.

Annex A

Independent External Review of the Arrangements in Place to Ensure the Safety of Patients Cared for at a Hospital in Abertawe Bro Morgannwg University Health Board

Terms of Reference

Healthcare Inspectorate Wales (HIW) is to undertake an independent review of mental health services provided at a hospital within Abertawe Bro Morgannwg University Health Board (ABMU).

The review's purpose is to ensure that the arrangements that the ABMU have in place at the hospital are appropriate for the delivery of safe services and to ensure that patients are appropriately safeguarded.

The focus of the work to be undertaken by HIW will be split into three areas:

- Examination of current policy, procedures, systems, behaviour and practice in place across the hospital concerned to ensure that they are adequate to deliver safe services and to ensure that patients are appropriately safeguarded.
- The root causes of the circumstances that led to the allegations with a view to identifying systematic failings and cultural issues.
- Consideration of any other matters that may be relevant to the purposes of the investigation.

HIW will report upon its findings and make any recommendations it sees fit to ensure any necessary improvement to the safety of services and the safeguarding of patients.

During the course of the review HIW will work with all interested stakeholders.

Annex B

Arrangements for the Review

The Review Team

The Review was commenced in December 2010. A Review Team was constructed to include relevant expertise. The members of the Team were:

Dr Frank Holloway	Former Clinical Director of the Croydon Integrated Adult Mental Health Services, South London and Maudsley NHS Foundation Trust. Consultant Psychiatrist.
Jim Connechen	Former Chair of the Mental Welfare Commission for Scotland. Former Director of Mental Health Nursing.
Rhian Williams-Flew	HIW Mental Health Act Reviewer; Qualified Mental Health Nurse and Registered Social Worker
Frank Longbottom	HIW Peer Reviewer; Psychotherapist and Chaplain. Former Regional Manager for Wales and the West Midlands Mental Health Act Commission.
Ann Jenkins	HIW Lay Reviewer
Rhys Jones	Investigations Manager
Leigh Dyas	Assistant Investigations Manager
Sarah Creak	Regulation and Investigations Co-ordinator

The Review consisted of three stages:

a. Collection and analysis of documents.
b. Fieldwork during which Cefn Coed Hospital was visited and patients and staff interviewed.
c. Identification of findings, formulation of recommendations and completion of this Report.

Document Collection and Analysis

The Review Team considered documents obtained from ABMU Health Board. These included policies and procedures, the review carried out by the Health Board, and associated Action Plans, and minutes from relevant meetings and committees.

Documents were analysed by HIW staff and considered by the whole Review Team.

Fieldwork

The fieldwork for the Review consisted of interviews and observations conducted at Cefn Coed Hospital, specifically within the Adult Mental Health Wards. Approximately 90 individuals were interviewed, including patients, relatives and Health Board staff.

The fieldwork was undertaken in two phases; the first phase took place on 6 May 2011 and involved interviews with key executive and senior management Health Board staff. Phase Two of the fieldwork took place during the week commencing 13 June 2011. This included a week spent interviewing staff, observations at the Adult Mental Health Wards at Cefn Coed, and talking to patients at Cefn Coed.

At the end of the fieldwork, a feedback session was held including attendance from the Health Board's Acting Chief Executive, Vice Chair, Medical Director, Director of Nursing and Clinical Director for Mental Health, in order to highlight some of the key initial findings that emerged during the fieldwork.

Following the fieldwork, HIW wrote to the Health Board outlining the initial findings from the review in order that work could commence with addressing the highlighted issues, ahead of the eventual substantive report being published.

Detail of what was included within this letter can be found in Annex C.

Annex C

Independent External Review of the Arrangements in place to Ensure the Safety of Patients Cared for at a Hospital in Abertawe Bro Morgannwg University Health Board

I write to provide you with a summary of the key points that were fed back to the Health Board at the end of the Cefn Coed fieldwork on Friday 17 June 2011.

I wish to emphasise that the following summary only sets out the '*preliminary reflections of the review team;'* the report will significantly expand on them, and will in addition aim to address other matters and issues that are felt relevant.

Firstly, the review team felt there to be many positive findings to emerge from their review of Cefn Coed. They included:

- **Change Programme In Place** - the team felt this is comprehensive and is picking up on key areas and that the Hospital Manger role is aiding its implementation.

  However, it was felt that the associated Action Plan provided to HIW needs to be replaced or updated as a live document – the action plan didn't appear to be SMART. Further, while there have been some early successes the Change Programme is yet to be embedded below Ward Manager level. The team did question how the Health Board are prioritising some areas of the Action Plan.

- **Hospital Manager** – as highlighted above this appointment has clearly been of benefit and is perceived as being effective by staff universally. The post holders style and approach has been valued by all, and the role is seen as key to the success of the developing work streams that people are committed to contributing to. However, roles such as this are very exposed and need a lot of support and supervision and the Health Board needs to ensure such

support mechanisms are in place. Further, there is a concern regarding the timescale of this role and how long it will be in place for.

- **Evidence of Having Invested into the Cefn Coed Site** – however there is need for more investment. In many areas the environment is very poor and not conducive to good care.

- **Head of Medicine Appointment** – this appointment is welcomed by the consultant body. However it is felt that the role needs more clarity especially with regards to the relationship/overlap with the Clinical Lead. One urgent priority for the Health Board is to put in place consultant appraisals.

- **Head of Mental Health Nursing** – this is another key appointment that has offered a focus to the mental health work stream and given confidence that professional nurse issues are starting to be addressed.

- **Staff Groups** – there are individual members of staff who are very committed to the changes planned. Most staff are embracing the change with a general acceptance that change is necessary and that there have been positive changes since the internal review. It was also noted that the consultants are also committed to developing the service for Swansea's population.

- **Pockets of Good Practice** - clear evidence exists that where there is a clear vision, clear funding stream and good MDT input, with a dedicated consultant and patient participation, these factors enable a service to flourish and there are examples of what can be achieved on the main Cefn Coed site.

However, there were a number of areas where further work is needed. They included:

- **Agreement with the internal review that the hospital is not fit for purpose** – the physical environment isn't suitable and ward designs are totally inappropriate for modern-day standards of care. There is a need to invest in the complete redevelopment of Cefn Coed.

- **Locked Doors** – this is a key indicator of institutional practice, both in terms of how staff portray the reasons for it and how patients perceive it. It also affects the practical arrangements of junior doctors, OT's etc accessing the wards. The Health Board needs to rethink its policy in respect of locked doors. The current arrangements can result in de facto detention – the patients' perception is that there is no clear distinction in relation to how informal and sectioned patients are treated with regards to locked doors.

- **Staffing Levels** – these are inconsistent across the wards, with staffing mix in addition an issue (the team note that this appears to be a service wide issue not merely at Cefn Coed).

- **Lack of Activity for Patients and MDT Input to Wards** – there are also issues regarding the ability of patients to access those activities that do exist.

- **Management Arrangements and Style** – staff have reported that the management style in the past has not been one that has been empowering or supportive. The team was pleased with the current efforts in widening responsibility and decision making amongst the ward managers.

- **Operational Difficulties on Wards** – this is not being addressed as quickly and urgently as can be and has two affects:
    - Multiple consultant foot-falls on wards, which makes it impossible to develop a coherent ward culture.
    - Lack of flexibility has contributed to bed management problems. This appears to be a major issue for the Health Board.

- **Lack of Consultant Time for Inpatient Unit** – This needs to be addressed.

- **Single Sex Wards** – the risks at Cefn Coed have been increased by the immediate move to single sex wards – a move that was not planned adequately. There is a lot of 'unrest' on the female wards currently and this has an effect on staff morale.

- **Unfilled Substantive Medical Posts** - which is impacting on patient care**.**

- **The Relationship between Consultants and the Directorate Management has Broken Down** - this relationship needs urgent attention given the pressures that the service is under presently. The active participation of consultants is needed.

- **Process for Introducing the Modernisation Strategy Appears Flawed** – the process of developing the model of care and strategy is flawed because of the lack of substantial involvement from key stakeholders within and outside the service. This is a Health Board wide issue.

- **Lack of a Patient's Culture at Cefn Coed** – the Board has a programme of patient empowerment, however, there are concerns regarding the lack of participation with patients. Also patients do not feel that they are encouraged or supported to actively participate in their care planning. Care planning is sparse and patient participation with care planning is patchy.

- **Patients' Dignity and Privacy** - is being infringed by having to move wards constantly; bedrooms without privacy screens; sleeping out, etc.

- **Food Choice** – the quality and nutritional value of food was raised consistently with the team.

- **Patients not Getting Section 17 Leave** - as staff are too busy to accompany them.

- **Manner of Internal Review and its Presentation Caused Great Hurt to Staff -** staff still retain a memory of this. Staff report that the previous leadership style has not helped Cefn Coed. There is still a perception of a blame culture and a heavy top down approach, but the current Hospital Manager role has improved this.

- **CRB Checking and Renewal Inconsistent** – the Health Board are only now making a list of the CRB status of staff across Cefn Coed.

- **HR List of Qualifications** - it appears that HR doesn't hold a central list of qualifications – this exists in the East of the Health Board but not in the West. Each ward manager has to arrange their own training programmes and therefore the process is inconsistent.

- **Implementation of CHRONOS** - is increasing frustration, anxiety and diminishing staff good will.

Once again I would wish to caveat the above by reiterating that the findings set out in this letter represent the initial and immediate reflections of the review team.

Annex D

The Roles and Responsibilities of Healthcare Inspectorate Wales

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all healthcare in Wales. HIW's primary focus is on:

- Making a significant contribution to improving the safety and quality of healthcare services in Wales.
- Improving citizens' experience of healthcare in Wales whether as a patient, patient, carer, relative and employee.
- Strengthening the voice of patients and the public in the way health services are reviewed.
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW's core role is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, the Welsh Government and healthcare providers that services are safe and good quality. Services are reviewed against a range of published standards, policies, guidance and regulations. As part of this work HIW will seek to identify and support improvements in services and the actions required to achieve this. If necessary, HIW will undertake special reviews and investigations where there appears to be systematic failures in delivering healthcare services to ensure that rapid improvement and learning takes place. In addition, HIW is the regulator of independent healthcare providers in Wales and is the Local Supervising Authority for the statutory supervision of midwives.

HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Government, protocols have been established to safeguard its operational autonomy. HIW's main functions and responsibilities are drawn from the following legislation:

- Health and Social Care (Community Health and Standards) Act 2003.
- Care Standards Act 2000 and associated regulations.
- Mental Health Act 1983 and the Mental Health Act 2007.
- Statutory Supervision of Midwives as set out in Articles 42 and 43 of the Nursing and Midwifery Order 2001.
- Ionising Radiation (Medical Exposure) Regulations 2000 and Amendment Regulations 2006.

HIW works closely with other inspectorates and regulators in carrying out cross sector reviews in social care, education and criminal justice and in developing more proportionate and co-ordinated approaches to the review and regulation of healthcare in Wales.