

Hospital Inspection Report (Unannounced)

Minor Injuries Unit, Barry Hospital,
Cardiff and Vale University Health
Board

Inspection date: 11 March 2026

Publication date: 12 June 2026



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found.....	9
• Quality of Patient Experience	9
• Delivery of Safe and Effective Care	12
• Quality of Management and Leadership.....	17
4. Next steps	21
Appendix A - Summary of concerns resolved during the inspection	22
Appendix B - Immediate improvement plan.....	24
Appendix C - Improvement plan.....	25

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at the Minor Injury Unit, Barry Hospital, Cardiff and Vale University Health Board on 11 March 2026.

Our team, for the inspection comprised of three HIW healthcare inspectors, two clinical peer reviewers and a patient experience reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 19 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Overall, people reported a positive experience when accessing the Minor Injuries Unit (MIU) at Barry Hospital. Feedback from the HIW patient questionnaire showed high levels of satisfaction, with patients consistently describing staff as respectful, courteous and clear in their communication. All respondents confirmed they were seen for assessment and treatment or referral within two hours of arrival, demonstrating timely access to care.

The service adopted a person-centred approach, supported by effective triage arrangements through Cardiff and Vale 24/7. These processes helped identify individual needs, including language preferences and safeguarding considerations, enabling care and communication to be appropriately tailored.

We observed that staff consistently delivered care in a way that protected patient dignity and privacy. Health promotion was well supported through accessible information within the environment, including a dedicated information hub and discreetly placed posters addressing key health and safeguarding themes. Information was available in multiple languages, with QR codes supporting access to translated materials.

Overall, the MIU provided timely, respectful and individualised care, supported by clear communication, effective triage processes and a structured appointment-based model.

This is what we recommend the service can improve:

- Continue to strengthen consistency in communication practices to reduce isolated communication issues
- Maintain oversight of equitable communication arrangements as service demand evolves.

This is what the service did well:

- Delivered care that was respectful, dignified and patient centred
- Achieved timely access to assessment and treatment for all respondents
- Supported health promotion through accessible, discreet and multilingual information.

Delivery of Safe and Effective Care

Overall summary:

The MIU had arrangements in place to support the delivery of safe and effective care. Staff demonstrated a clear understanding of clinical risk and escalation processes, and systems were in place to support appropriate triage and patient flow through Cardiff and Vale 24/7. Safeguarding responsibilities were embedded within daily practice, with staff able to describe how concerns were identified and escalated when required.

Infection prevention and control arrangements were generally effective. The clinical environment was clean and organised, staff followed appropriate personal protective equipment practices, and medical equipment was well maintained with service checks in date. Medicines were stored securely, supported by pharmacy oversight, and staff demonstrated awareness of safe medicines management practices.

However, we identified areas where further action is required to strengthen safety and reduce risk. These included weaknesses in operational escalation and access to senior decision-makers, gaps in security and CCTV arrangements, and environmental issues that present infection prevention risks. In addition, inconsistencies in medicines documentation and patient record-keeping increased the risk of error and require improvement to support safe continuity of care.

This is what we recommend the service can improve:

- Strengthen operational escalation, security and site safety arrangements, including clarity around senior support and CCTV oversight
- Improve environmental maintenance and the consistency of medicines and patient record documentation to reduce safety risks.

This is what the service did well:

- Staff demonstrated good awareness of clinical risk, escalation and safeguarding arrangements
- Infection prevention, equipment management and medicines storage arrangements were generally effective
- Triage and patient flow were supported through structured systems and clear processes.

Quality of Management and Leadership

Overall summary:

Overall, we found that the MIU had established leadership and governance arrangements in place, supported by a committed and experienced staff team. Day-to-day leadership arrangements were understood by staff, and there was evidence of professional support from senior clinical leaders. Regular Quality, Safety and Experience meetings were used to provide oversight, review service information and share learning from incidents.

Staff we spoke with described a positive and supportive team culture, with good peer support and informal communication mechanisms in place. Senior leaders were visible within the service, and staff reported that they generally felt able to raise concerns. Engagement with wider organisational processes was supported through a combination of in-person and virtual meetings, although staff at this small, remote site described some limitations in their ability to fully participate.

However, we identified weaknesses in operational governance and leadership capacity. Long-standing vacancies in operational management roles had reduced capacity for service development and sustained oversight. In addition, staff reported a lack of clarity regarding site-level accountability and on-call arrangements, which limited confidence in leadership responsiveness. Governance arrangements for workforce planning and assurance require strengthening to support service resilience and ongoing improvement.

This is what we recommend the service can improve:

- Strengthen operational leadership capacity and clarify site-level accountability and on-call arrangements
- Improve governance arrangements to support sustainable workforce planning, assurance and service development.

This is what the service did well:

- Staff described a positive team culture with strong peer support and leadership visibility
- Governance structures supported oversight, incident review and shared learning
- Senior clinical leadership provided professional support to staff working within the unit.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, patients reported a positive experience when accessing the Minor Injury Unit. Responses to the HIW patient questionnaire highlighted high levels of satisfaction with the care received. Most patients described staff as respectful, courteous and clear in their communication. Patients told us they were assessed promptly, with all respondents confirming they were seen within two hours of arrival.

Patient comments included:

“very helpful and polite”

“always really efficient”

Person-centred

Health promotion

We found that the Minor Injury Unit actively supports health promotion through accessible information and clear signposting within the environment. A dedicated information hub located in the reception area provides a wide range of health improvement leaflets, which staff described as a valuable resource for patients. Information is available in multiple languages. While many patient leaflets are produced in English, QR codes are included to enable access to translated versions, helping to ensure patients can obtain health information in their preferred language.

The unit also displays health promotion posters in waiting areas and toilets, covering key topics such as domestic violence, suicide prevention, and mental health support. These materials were appropriately placed to allow discreet access for individuals who may need them.

Dignified and respectful care

We observed that staff consistently provided care in a manner that protected patient dignity and privacy. Staff spoke to patients in a discreet, sensitive and courteous way, and there were no environmental factors observed that compromised privacy. Staff were also observed to be discreet when administering personal care, ensuring patients were treated respectfully throughout their visit.

The majority of questionnaire respondents strongly agreed that staff treated them with dignity and respect and protected their privacy when delivering care.

Individualised care

Staff demonstrated a clear understanding of the individual needs of patients using the Minor Injury Unit. Screening tools were used effectively at telephone triage with Cardiff and Vale 24/7 (CAV24/7), including prompts to identify language preferences and safeguarding considerations, helping ensure that communication and care were tailored to each person's circumstances.

The environment was described by staff as suitable for some individuals with lower-level mental health needs, offering a quieter setting compared to larger emergency departments. Where patients required specialist input, such as crisis mental health assessment or infectious disease management, staff ensured that they were referred directly to UHW, demonstrating appropriate use of clinical judgement based on individual risk and need.

Timely

Timely care

Patients told us they were assessed promptly on arrival at the Minor Injuries Unit. Survey responses showed that one-third of patients were assessed immediately, and the remaining two-thirds were assessed within 30 minutes.

All respondents reported that they were seen for treatment or referral within two hours of arriving at the unit.

Evidence gathered during the inspection also demonstrated that the appointment-based system supports timely access to care. Observations showed that most patients were taken into their appointment on time, and staff reported that patients are seen in a timely manner with minimal waiting due to the structured appointment approach.

Equitable

Communication and language

People told us they received clear and respectful communication from staff throughout their visit. Feedback from the patient experience survey indicated that staff explained assessments and treatment in a way that was easy to understand, and patients felt they were treated politely and with dignity. No respondents reported experiencing discrimination when accessing care.

Most patients attending the service identified English as their main language, and there was no indication from the feedback that language needs created a barrier to receiving timely information or advice. Whilst most patients were English speaking there were bilingual posters on display throughout the unit and many of the information leaflets were available to download in Welsh.

We reviewed incident information and noted that a small number of Datix reports referenced communication difficulties between staff and patients. These related to individual interactions rather than systemic barriers and did not indicate concerns about access to information or equitable communication more broadly.

Staff also discussed within team meetings the importance of consistent communication practices, including the need for clear use of communication tools. This demonstrates an awareness of the role of effective communication in supporting good patient experience.

Rights and Equality

The demographic data collected through the questionnaire highlighted a broad range of ages and backgrounds among respondents. Patients consistently reported feeling respected and able to ask questions about their care. There were no reports of discriminatory practice from those who responded.

Training records confirmed that equality diversity and inclusion training was mandatory for all staff within the unit and compliance levels were consistently monitored.

Delivery of Safe and Effective Care

Safe

Risk management

We found that the Minor Injuries Unit (MIU) had several established processes in place to support the safe escalation of care and management of clinical risk. Staff demonstrated a clear awareness of their responsibilities in identifying deteriorating patients and medical escalation pathways were in place, understood and embedded within routine practice.

The use of the CAV 24/7 system supported safe and effective triage, ensuring patients were directed appropriately and that protected appointment slots promoted steady patient flow. Staff also described clear business continuity arrangements to manage system outages or staffing challenges. In addition, the Minor Injury Redirection and Deflection Standard Operating Procedure (SOP) provided a structured, risk-based approach to managing low-acuity demand during peak periods, with clearly defined inclusion and exclusion criteria supporting effective risk mitigation.

Despite these clinical strengths, risk management issues were identified during the inspection, particularly in relation to the escalation of operational concerns. Staff reported difficulties in making timely contact with senior decision-makers, including the nurse in charge, senior nurse or manager on call. This lack of reliable access to senior oversight presents a potential risk during incidents requiring prompt managerial input. **Required actions are set out under Quality of Management and Leadership - Governance arrangements.**

The inspection team, alongside the health board, also identified security and environmental risks. The MIU does not have on-site porter or security support, and staff described previous incidents where assistance was difficult to obtain during episodes of aggressive behaviour. These risks were reflected on the health board's departmental risk register, which highlighted poor CCTV coverage and known blind spots across the site. Staff were unclear about CCTV monitoring arrangements, including whether monitoring was live or retrospective, indicating gaps in situational awareness and incident response readiness. **The health board must strengthen MIU security arrangements, including CCTV and access to timely support during incidents of aggression.**

The unit's remote location and small staffing model further increased operational vulnerability. On the day of inspection, only one Emergency Nurse Practitioner was present due to staff absence, and staff described some reliance on goodwill to

maintain service continuity. Limited staffing heightens risk during unexpected surges in activity or when immediate escalation support is required. It was noted that senior managers had commenced a trial to extend opening hours, alongside longer-term plans to increase appointment availability. **More information of workforce is noted in the Quality of Leadership and Management section.**

While escalation and triage SOPs were in place, evidence indicated inconsistency in their practical application. In particular, the inability to reliably escalate operational issues demonstrated that escalation routes were not consistently effective in practice. Staff also reported uncertainty regarding security-related SOPs, including those associated with CCTV monitoring responsibilities, highlighting weaknesses in governance, oversight and clarity of responsibility.

Infection, prevention and control and decontamination

Our inspection found that the MIU maintained high standards of cleanliness and infection prevention. Staff demonstrated a strong sense of ownership for the hygiene and organisation of the clinical environment and were observed to follow correct personal protective equipment (PPE) practices during clinical procedures, including dressings, in line with bare below the elbows requirements. Domestic staff were actively cleaning the department during the inspection, which contributed to a safe and well-maintained environment.

The clinical areas were clean, organised and generally well maintained, with evidence of regular checking and cleaning of equipment. However, we identified physical environment issues that present infection prevention and control (IPC) risks. These included a damaged seat with torn upholstery in the children's waiting areas and flooring that requires maintenance to support effective decontamination. These issues compromise the ability to maintain appropriate standards of cleanliness.

The health board must address environmental issues that present infection prevention and control risks, including repairing or replacing damaged seating and ensuring all flooring surfaces are fully cleanable and compliant with IPC standards.

Safeguarding of children and adults

During our inspection, we found that safeguarding responsibilities were clearly embedded within daily practice at the Minor Injuries Unit (MIU). Staff told us that safeguarding considerations were routinely incorporated into triage screening, supporting the early identification of potential concerns. The health board requires all staff to be trained to Level 2 safeguarding, and the unit had access to Level 3

safeguarding advice from the safeguarding and paediatric teams at UHW when required.

Staff demonstrated an appropriate awareness of safeguarding risks across a range of patient groups, including individuals with mental health needs, learning disabilities, dementia and autism. Relevant signposting materials and posters were displayed within the unit to support patients and families seeking help, and the presence of a dedicated waiting area for children contributed to a safeguarding-focused environment.

Staff reported no current concerns regarding frequent attenders and described processes in place to support individuals who may repeatedly present with health or social vulnerabilities. In addition, staff spoke positively about their working relationships with the Welsh Ambulance Service Trust (WAST), which supported the safe transfer of patients requiring escalation.

Overall, we found that staff at the MIU demonstrated a clear understanding of their safeguarding responsibilities and applied these consistently in practice. Safeguarding was routinely considered at triage, supported by access to senior safeguarding expertise, and staff were able to provide practical examples of how concerns were recognised and escalated in line with expected practice.

Management of medical devices and equipment

We found that the service had effective arrangements in place for the management, monitoring and maintenance of medical devices. Staff told us they had access to sufficient equipment to meet patient needs, and we observed that the department was well organised, with clinical devices stored tidily and clearly labelled. All items of medical equipment viewed during the inspection were in good working order, with service and safety checks in date. Staff described clear processes for reporting faults, and we were assured that repairs were completed promptly, with no outstanding maintenance issues.

Emergency equipment, including the crash (resuscitation) trolley, was available within the unit. We saw evidence that the trolley was routinely checked and that all contents were in date. Staff confirmed that the trolley was sealed using cling film. While this provided visible assurance that checks had been completed, **the health board should review the appropriateness of using cling film to seal the resuscitation trolley. This review should ensure that any sealing method complies with infection prevention and control standards, medicines management requirements (including temperature monitoring where applicable), and sustainability considerations, and provides clear tamper-evidence without introducing additional risk.**

Consumable stock was well organised, with items stored neatly and rotated appropriately to reduce the risk of expired products being used. Staff demonstrated ownership of equipment areas and spoke positively about maintaining a clean, well-ordered environment.

Overall, we found that the unit had safe and effective arrangements for managing medical devices. Equipment was appropriately maintained, the environment was well organised, and staff understood their responsibilities in ensuring devices remained safe, functional and fit for purpose.

Medicines management

We found that medicines within the MIU were managed safely, with systems in place to support secure storage, appropriate prescribing, timely administration and effective oversight. Staff demonstrated a good awareness of safe medicines practice, and arrangements aligned with the expectations set out in the Health Board's Medicines Code.

The MIU benefitted from pharmacy oversight through a designated pharmacist who monitored and stocked the pod cupboard. This provided assurance that medicines supply, stock rotation and review processes were appropriately supported. Medicines were stored securely, with drug cupboards and medicines refrigerators locked, and no out-of-date medicines were observed at the time of inspection. These arrangements were consistent with the Medicines Code requirements for secure storage, daily temperature monitoring and segregation of medicines to reduce risk.

Take-home medicines were available, and staff described clear processes to ensure patients left the MIU with appropriate medication when required. We reviewed casualty cards and All Wales Drug Charts and found these were completed correctly. Staff told us that medicines were prescribed either electronically or on casualty cards, with administration recorded consistently and contemporaneously, supporting a calm and safe approach to medicines administration.

However, we identified a potential safety risk arising from medicines being prescribed across multiple pieces of documentation. This increases the risk of duplication or overdose if all records are not thoroughly checked prior to administration. **The health board must ensure that prescribing and administration records are consolidated or clearly aligned to reduce the risk of error and support safe medicines practice.**

Patients received timely pain relief, supported by the use of Patient Group Directions (PGDs). Staff confirmed that analgesia could be administered promptly

under PGDs, in line with the Health Board's governance arrangements for nurse-initiated medicines. We reviewed the Emergency Nurse Practitioner (ENP) PGD list and found that appropriate governance arrangements were in place to support PGD-based practice within the unit.

Effective

Nutrition and hydration

Most respondents to the patient questionnaire reported adequate access to food, drink, and toilet facilities during their visit to the unit. This feedback demonstrates that the environment supported patients' basic nutritional and hydration needs while waiting for assessment or treatment. There was a café available within the hospital.

Patient records

Our review of the evidence identified inconsistent patient record-keeping practices within the unit. A notes audit demonstrated variation in how documentation was completed, with clinical information recorded across multiple electronic and paper systems, and in up to four different locations. This fragmented approach increased the risk of omissions, duplication, or contradictory entries, particularly in relation to prescribing and clinical decision-making and made it more difficult for clinicians to readily access essential information during assessment and treatment.

The health board must strengthen patient records management by ensuring clinical information is recorded in a clear, standardised and consolidated manner to reduce risk and support safe continuity of care.

Efficient

Efficient

The appointment-based model supports efficient patient flow, creating a controlled environment with reduced overcrowding. Staff reported that this model also improves their ability to provide timely and focused patient care.

Quality of Management and Leadership

Leadership

Governance and leadership

We found that the MIU had clear and generally well-understood leadership arrangements. Emergency Nurse Practitioners (ENPs) were supported by team leaders and senior nursing staff, and staff described a positive culture with effective communication and access to senior managers. However, ongoing workforce challenges, gaps in operational management capacity indicated that governance systems were not consistently robust and required strengthening.

Leadership Structures and Oversight

Staff told us that day-to-day leadership arrangements were clear, with oversight provided by senior nurses and support through regular Quality, Safety and Experience (QSE) meetings. These meetings were used to review incidents, share learning and identify additional support where required. Senior managers, including the Director of Nursing, visited the unit, and staff reported that they felt able to raise concerns when needed.

There was evidence of strong professional support from senior clinical leaders, including a nurse consultant, alongside positive peer-support arrangements such as informal communication channels. However, managers described long-standing vacancies in operational management roles over the previous 18 months, which had limited capacity for service development and improvement work. **The health board should ensure that sufficient and sustained operational management capacity is in place to support service development, oversight and effective governance.**

Governance Arrangements

Formal governance processes were embedded through regular meetings, Datix incident reporting and routine review of service-level information. Staff described that anonymised incident information was shared to support learning, and Standard Operating Procedures (SOPs) were reviewed regularly and included escalation routes supported by communication via CAV 24/7.

Despite these arrangements, weaknesses in operational governance were identified. Staff reported uncertainty regarding CCTV monitoring responsibilities and difficulties accessing senior decision-makers through existing escalation routes. In addition, staff were unclear about overall site accountability, including Gold, Silver and Bronze on-call arrangements. **The health board must strengthen operational governance by clearly defining and communicating site-level**

accountability, escalation routes and on-call responsibilities, and by ensuring staff are consistently aware of how to access senior decision-makers when required.

Workforce

Skilled and enabled workforce

Senior staff acknowledged ongoing workforce challenges, including vacancies, the absence of a dedicated emergency management operational team, and the need to expand Advanced Nurse Practitioner provision. External organisational support was being used to review staffing structures, with further planning expected to progress in the coming months. Some staff reported that workload pressures meant individuals occasionally undertook tasks outside their usual roles.

Workforce observations indicated that staff felt there were generally sufficient numbers to meet clinical demand; however, one staff member was absent on the day of inspection.

Staff described a positive team culture, supported by peer mechanisms, informal communication channels such as a WhatsApp group, and rotation opportunities across sites. Sickness levels were reported to be low at the time of inspection, and staff spoke positively about internal support arrangements. Senior staff also recognised the isolated nature of the MIU site and acknowledged that improved accessibility to, and responsiveness from, senior managerial support would help maintain staff confidence and operational resilience.

The health board should strengthen arrangements to ensure timely and reliable access to senior operational and managerial support for staff working at this remote site.

We reviewed training records, including the arrangements for training oversight and governance. While systems were in place to monitor training compliance, gaps were identified in Intermediate Life Support (ILS) training. This was raised as a significant risk with unit managers. By the end of the inspection, we reviewed confirmation of an in-house ILS education programme commencing on 18 March 2026. The service set a trajectory for all Emergency Nurse Practitioners to complete Level 2 ILS by 1 April 2026, with full accredited compliance expected by August 2026. **Immediate risks associated with ILS training were mitigated during the inspection through clear, time-bound remedial actions agreed by health board managers, and this immediate action was therefore addressed during the inspection (see Appendix A).**

In addition, we identified that the resuscitation trolley included a BOC integrated-valve oxygen cylinder. Following discussion, service leads were unaware

of the relevant safety alert and the requirement for staff to complete mandatory training. Leads confirmed that arrangements had been put in place to ensure all staff working within the unit were booked onto the required training within the forthcoming weeks. **This immediate action was also addressed during the inspection and will be subject to further HIW monitoring through the improvement planning process (see Appendix A).**

The UHB Resuscitation Team was supporting a wider review of training needs. **The health board must formalise mandatory training risk assessments, training plans and follow-up arrangements and embed these within governance processes to ensure sustainable compliance.**

Culture

People engagement, feedback and learning

Staff we spoke with described a positive and supportive team culture and told us they enjoyed working at the unit. They reported strong peer support, including the use of informal communication mechanisms such as a WhatsApp group. Staff said they generally felt able to escalate concerns to senior leaders; however, they noted that responses or resolutions were sometimes slower than they would have expected.

Communication with staff was supported through quarterly team meetings, organisational updates from UHW, and access to recorded sessions, which helped ensure information was shared with those unable to attend in person. Staff described the team as experienced and committed, with low sickness levels reported at the time of inspection. Monthly Quality, Safety and Experience (QSE) meetings were used to review incidents, share anonymised learning and identify targeted support where required.

As a small, remote site, staff told us that wider engagement with the organisation could be more challenging. Some reliance on virtual platforms and recorded meetings was reported to limit opportunities for fuller participation and discussion. **The health board should strengthen staff engagement arrangements to ensure staff at this remote site can fully participate in organisational communication, learning and improvement activities.**

Information

Information governance and digital technology

We found that information governance and digital technology arrangements were in place and supported the safe and effective delivery of care. No concerns were identified during the inspection.

Learning, improvement and research

Quality improvement activities

Quality improvement activity within the Minor Injuries Unit was supported through regular Quality, Safety and Experience (QSE) meetings, where learning from incidents, including anonymised Datix reports, was shared. The service had established effective arrangements to support patient flow, including protected appointment slots and clear escalation routes for business continuity, such as during CAV 24/7 system downtime. These arrangements were reported to be functioning well, with staff and patients describing positive experiences and valuing the unit's ability to deliver timely care.

Service leads also described planned quality initiatives aimed at strengthening service resilience and supporting future development. These included proposals to expand opening hours, improve access to X-ray provision, explore weekend activity deflection to Barry, and review operational structures to support safe service expansion. These proposals aligned with wider organisational priorities; however, at the time of inspection, they were not yet operational and remained dependent on additional workforce and structural capacity.

Whole-systems approach

Partnership working and development

We found that staff at the Minor Injuries Unit worked effectively with wider system partners to support safe patient care. Senior staff described positive and well-established working relationships with the Welsh Ambulance Service Trust (WAST), with no concerns raised about inter-service communication for 999 transfers. This collaborative approach supported clear communication between assessment staff and WAST clinical team leaders and contributed to maintaining patient safety during periods of increased demand.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
<p>Intermediate Life Support (ILS) training compliance</p>	<p>Gaps in ILS training compliance for Emergency Nurse Practitioners increased the risk that staff may not be sufficiently prepared to recognise and respond to a deteriorating patient, potentially impacting patient safety during medical emergencies.</p>	<p>HIW raised this as a significant patient safety concern with unit managers during the inspection and sought immediate assurance regarding mitigation and remedial action.</p>	<p>By the end of the inspection, the health board provided confirmation of an in-house ILS education programme commencing on 18 March 2026, with a clear trajectory for all ENPs to complete Level 2 ILS by 1 April 2026 and full accredited compliance by August 2026. Immediate risks were mitigated through time-bound remedial actions agreed during the inspection.</p>

<p>BOC integrated-valve oxygen cylinder training</p>	<p>Lack of staff awareness of the relevant safety alert and mandatory training requirements associated with the BOC integrated-valve oxygen cylinder increased the risk of unsafe use of emergency oxygen equipment during resuscitation.</p>	<p>Lack of staff awareness of the relevant safety alert and mandatory training requirements associated with the BOC integrated-valve oxygen cylinder increased the risk of unsafe use of emergency oxygen equipment during resuscitation.</p>	<p>Service leads confirmed that arrangements had been put in place to ensure all staff working within the unit were booked onto the required mandatory training within the forthcoming weeks. The immediate risk was addressed during the inspection and will be monitored through the improvement planning process.</p>
---	---	---	--

Appendix B - Immediate improvement plan

Service: Barry Minor Injury Unit

Date of inspection: 11 March 2026

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate improvement plan issued					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Barry Minor Injury Unit

Date of inspection: 11 March 2026

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions, they are taking to address these areas.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. Operational escalation arrangements were not consistently effective, limiting staff access to timely senior decision-making support.	Strengthen operational escalation arrangements to ensure staff can reliably access senior support when required.	Health and Care Quality Standards 2023 Leadership Safe	There is an existing standard operating procedure (SOP) to support escalation of operational challenges to senior leadership. A flow chart with contact numbers will be developed to provide a clear visual guide to contacting senior clinical leaders, in line with the SOP, which will be displayed by department phones.	Lead Nurse/Operational Manager	30 th April 2026

3.	<p>Damaged furnishings and flooring presented infection prevention and control risks and reduced the ability to effectively clean and decontaminate the environment.</p>	<p>Address environmental maintenance issues to ensure all areas and furnishings are compliant with infection prevention and control requirements.</p>	<p>Health and Care Quality Standards 2023 Safe</p>	<p>Remove damaged chairs and replace with new.</p> <p>Undertake a joint inspection of flooring with Estates and Facilities and agree a planned programme of repair.</p>	<p>Senior Nurse</p> <p>Operational Manager</p>	<p>Completed</p> <p>30th May 2026</p>

4.	Medicines were prescribed and recorded across multiple documents, increasing the risk of duplication, omission or error.	Ensure prescribing and administration records are consolidated or clearly aligned to reduce the risk of medicines errors.	Health and Care Quality Standards 2023 Safe Effective	<p>The HIW inspection was undertaken during the transition from paper to electronic prescribing and medication administration (ePMA). All prescribing undertaken within the department is now undertaken on ePMA. However, patients will continue to be discharged with a community prescription (FP10) as required.</p> <p>Reinforce to all staff that ePMA is the only approved platform for medication prescribing.</p>	Lead Nurse/Consultant Nurse	30 th April 2026
----	--	---	---	--	-----------------------------	-----------------------------

6.	<p>The resuscitation trolley was sealed using cling film, which may not fully meet infection prevention, medicines management or sustainability requirements.</p>	<p>Review the appropriateness of the method used to seal the resuscitation trolley to ensure compliance with infection prevention and control standards, medicines management requirements and sustainability considerations.</p>	<p>Health and Care Quality Standards 2023</p> <p>Safe</p> <p>Efficient</p>	<p>The UHB has historically used wrap to provide a seal to resuscitation trolleys to ensure that the equipment remains available for emergency situations only. This practice continues for all older trolleys and new models use cable ties for the same a</p> <p>The resuscitation trolley that was present at the time of the inspection has now been replaced with the new model.</p>	<p>Lead Nurse</p>	<p>Completed</p>
----	---	---	--	---	-------------------	------------------

7.	Longstanding vacancies in operational management roles reduced leadership capacity and oversight.	Strengthen operational leadership capacity to support effective governance, oversight and service development.	Health and Care Quality Standards 2023 Leadership	<p>A revised operational structure has been formally approved to strengthen leadership and oversight within the directorate.</p> <ul style="list-style-type: none"> • A substantive Directorate Manager has been appointed and will start in post once recruitment processes are complete. • Appointment of a Band 6 Operational Manager – start date to be agreed post-employment checks • Band 7 post for EU Management has recently been approved at scrutiny panel and will be recruited to over the next month (the post is out to advert) <p>In the interim, additional capacity has been enhanced through:</p> <ul style="list-style-type: none"> • One graduate management student to support delivery 	Deputy Director of Operations	<p>30 May 2026</p> <p>30 June 2026</p> <p>August 2026</p> <p>Complete</p>
----	---	--	--	--	-------------------------------	---

				against the operational structure.		
8.	Lack of clarity regarding site level accountability and on call arrangements reduced staff confidence in leadership responsiveness.	Clearly define and communicate site level accountability and on call arrangements.	Health and Care Quality Standards 2023 Leadership	Site accountability is clearly defined in the SOP Barry Minor Injuries Unit, with explicit instruction relating to escalation processes. This SOP will be shared with all staff and included on directorate team meeting agenda to discuss with all staff.	Lead/Consultant Nurse	30 th May 2026

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Jane Murphy

Job role: Director of Nursing

Date: 22nd April 2026