

# Independent Healthcare Inspection Report (Unannounced)

Nuffield Hospital, Cardiff Bay

Inspection date: 23 and 24 March 2026

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

## Our Purpose

We check the safety and quality of healthcare across Wales.

## 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 Vision

A future where healthcare in Wales is safe, effective, and high-quality for everyone.

## Our Priorities

**Putting People First** - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

**Learning and Working Together** - We will collaborate with partners to share learning and drive lasting improvements.

**Investing in Our People** - We will ensure our people feel supported, valued, and empowered.

**Taking Action That Matters** - We will take action to improve the quality and safety of healthcare for the future of Wales.



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# 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 Nuffield Hospital, Cardiff Bay on 23 and 24 March 2026. The hospital provides a range of day case procedures, consultations, and diagnostic services.

Our team for the inspection comprised of two HIW healthcare inspectors and two clinical peer reviewers.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 12 questionnaires were completed by patients or their carers and 15 were completed by staff. 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

Patient feedback in response to our survey was overwhelmingly positive in all areas. All patients confirmed that they were treated with dignity and respect, that they felt involved in making decisions about their care, and rated the service overall as 'very good'.

All staff were observed engaging with patients in a professional and kind manner. Following treatment, staff were seen discussing care and treatment, including outcomes and aftercare advice, with patients. This was conveyed in an understandable and unhurried manner, with family in attendance where appropriate.

Patients had access to a breadth of information to support them with their care and treatment options, including costs. There was also a range of information leaflets available in the waiting areas for patients to read and take away

Staff had completed a range of training to support them to provide care and treatment to patients in way that promoted patient rights.

Patients and families can provide feedback through a range of well-advertised methods. This was supported by a formal complaints process, with appropriate signposting to external organisations, if required. We reviewed a feedback sample and found that these had been acknowledged and responded to in an appropriate timeframe.

This is what the service did well:

- Patient experience feedback was notable in all areas
- Staff engagement and communication with patients was observed to be professional, kind and in an understandable manner.

## Delivery of Safe and Effective Care

Overall summary:

The environment was modern, well maintained and free of obvious hazards, which was supported by a range of environmental risk assessments and audits.

In the event of a medical emergency, staff had access to well stocked and immediately accessible emergency trollies. Regular checks of this equipment by were routinely completed.

All areas were visibly clean, well maintained and organised. This was supported by a comprehensive IPC policy and a breadth of routine audits, which were well scored. Daily cleaning schedules were maintained for all clinical and non-clinical areas, and a recent deep clean had been undertaken by an external company.

We found overall good medicines management arrangements. Stock management, including ordering, segregation and storage to minimise waste and to reduce risk of errors was completed to a notable standard.

It was positive to observe patients being asked about their pain levels and that pain relief was provided in a timely manner. We noted that a pain recording tool was used for patients undergoing an endoscopy procedure and the setting confirming that this was routine for all other procedures. However, we did not consistently establish this in the records that we reviewed.

We reviewed a sample of patient records and found records to be well completed, with written entries made to a good professional standard. For patients undergoing day case procedures, comprehensive pre-operative assessments were being undertaken prior to admission, and these were reviewed and updated as necessary. Post-operative information was available for patients to take away and provided a good standard of detail to inform and support patients following discharge.

There was a multidisciplinary team approach towards care and treatment, and good team dynamics were observed during the inspection. A resident medical officer provided cover during each shift, who could consult with the operating team, as required, in the event of any concerns about a patient. Recognised NEWS (National Early Warning Score) and sepsis pathways were in use to support an appropriate response for deteriorating patients.

This is what we recommend the service can improve:

- Staff feedback in relation to lighting in theatre must be rectified promptly

- A standardised pain recording tool for a broader range of procedures should be explored.

This is what the service did well:

- Care planning, assessment and patient information was delivered to a good clinical standard
- All areas of the hospital were visibly clean and good IPC practices were observed
- Good medication management arrangements were maintained, in particular stock management and storage.

## Quality of Management and Leadership

Overall summary:

Staff feedback was overall positive, with all staff confirming that they are satisfied with the care patients receive, that they would be happy for family and friends to receive care, and that that care of patients is the organisations top priority.

Whilst most staff agreed, three staff felt that organisational support, taking swift action to improve, and involvement in decisions that affect their work area could be strengthened. All but two staff recommended their organisation as a good place to work.

There was a clear structure in place to support the hospitals overall governance, management and leadership. A new hospital manager from within the setting had recently been appointed. Staff worked in clearly defined departments, with day-to-day support from departmental managers.

Staff that we spoke with were complementary about their roles and demonstrated a positive approach towards patient care.

As referenced throughout this report, staff had completed a range of training relevant to their roles and responsibilities. There was good oversight of compliance with training subjects, of which there was good compliance. When asked in our survey, all staff indicated that they had received sufficient training to complete their role.

This is what we recommend the service can improve:

- Reflecting on aspects of staff feedback that indicated dissatisfaction.

This is what the service did well:

- Good oversight arrangements of staff recruitment, training and incident reporting.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

We received 12 responses from patients, all but one of whom had undergone a theatre-based procedure. Feedback provided was overwhelming in all areas. All patients confirmed that they were treated with dignity and respect, with measures taken to protect their privacy. All confirmed that staff explained what they were doing throughout, that they felt listened to, and were involved in making decisions about their care. Overall, all patients rated their service at very good.

Patient comments included:

"Top marks. As I anticipated and good discharge procedure"

"Very relaxing and not chaotic. Service is great."

"Just to say I was treated very well by all the staff."

#### Health promotion, protection and improvement

There was a range of information leaflets available in the waiting areas for patients to read and take away. Procedure-specific postoperative information was readily available and comprehensive. Staff were observed discussing aspects of care and treatment with patients, including outcomes and aftercare advice. This information was conveyed in an understandable and unhurried manner, with family members in attendance where appropriate.

#### Dignity and respect

Staff were observed engaging with patients in a professional and kind manner.

Consulting and treatment room doors observed to be closed when in use, conversations with patients were held in an appropriate volume, and clinical areas had restricted access to promote privacy and to minimise disturbance from staff and visitors.

The pre- and post-operative areas provided comfortable, visibly clean and well-maintained equipment to support patient needs. Access to privacy curtains were available, if required.

#### Patient information and consent

Patients had access to a breadth of information to support them with their care and treatment options, including costs. We also confirmed in the records that we reviewed

that patients had provided consent prior to treatment and updated medical histories, as required. All survey respondents confirmed that this had been requested from them prior to treatment, and that information on any costs was clear.

All patients who completed a questionnaire also told us that felt involved as much as they wanted to be in decisions about their treatment, and that they were given enough information to help them understand their treatment options, risks and benefits.

### **Communicating effectively**

All survey respondents indicated that they were able to communicate in their preferred language. Some bi-lingual signage and patient information was displayed for Welsh speaking patients. We also noted translation services were available for patients who wishes to communicate in languages other than Welsh or English.

### **Equality, diversity and human rights**

Staff had completed a range of training to support them to provide care and treatment to patients in way that promoted patient rights. This included training topics such equality, communication, and mental capacity. Training compliance was high.

The setting was accessible, with lift access and accessible toilet facilities. Staff were observed supporting patients who were in need of additional assistance.

### **Citizen engagement and feedback**

Patients and families are able to provide feedback through a range of well-advertised methods. This was supported by a formal complaints process, with appropriate signposting to external organisations, if required.

We reviewed a sample of complaints and found that these had been acknowledged and responded to in an appropriate timeframe. Where learning had been identified, local and corporate-wide processes for sharing this feedback were actively used.

## **Delivery of Safe and Effective Care**

### **Managing risk and health and safety**

The environment was modern, well maintained and free of obvious hazards. Areas with restricted access were clearly marked and patients were seen to be escorted by staff, as required.

There were a range of environmental risk assessments and audits. Risk assessments appeared to be comprehensive and had been recently reviewed to ensure their on-going effectiveness. Comprehensive policies were in place to support appropriate practice.

Patient waiting and recovery areas were staffed and were within line of sight of clinical staff. In the event of a medical emergency, staff had access to well stocked and immediately accessible emergency trollies. Regular checks of this equipment were routinely completed and logged. We confirmed that staff had received life support training relevant to their roles and responsibilities.

Fire extinguishers had been checked within the last 12 months, and staff had received training in fire safety. All COSHH substances were securely stored.

We noted that feedback had been raised by staff regarding the replacement of ceiling lights in theatre. We received assurance that interim and final action had been taken to remedy this issue.

### **Infection prevention and control (IPC) and decontamination**

All areas were visibly clean, well maintained and organised. This was supported by a comprehensive IPC policy and a breadth of routine audits, which were well scored.

Daily cleaning schedules were maintained for all clinical and non-clinical areas. A recent deep clean undertaken by an external company had also been undertaken to support a safe clinical environment.

Housekeeping staff that we spoke with were knowledgeable of the tasks associated with their role, and clinical staff understood the importance of IPC relevant to their clinical areas. Staff training in relation to IPC was delivered at levels appropriate to roles and responsibilities, and overall compliance was good.

Staff were observed donning and doffing appropriately when entering theatres and maintained good hand hygiene techniques. All clinical staff were seen to be bare below the elbow.

When asked, all patients considered the hospital to be very clean.

## **Medicines management**

We found overall good medicines management arrangements. Stock management, including ordering, segregation and storage to minimise waste and to reduce risk of errors was completed to a notable standard.

The processes for the storage, administration and recording of controlled drugs was found to be appropriate.

Temperatures of medication fridges were routinely logged, and all cold and ambient medications were otherwise stored securely throughout the inspection.

It was positive to observe patients being asked to about their pain levels and that pain relief was provided in a timely manner. We noted that a nationally recognised pain recording tool was used for patients undergoing an endoscopy procedure, with the setting confirming that standardised pain assessment approaches are utilised for other specialities. However, we did not establish that pain assessments or tools were consistently recorded. We recommend that the setting explores this finding to maintain effective decisions around analgesia requirement and to ensure robust record keeping.

**The setting should explore implementing a standardised pain recording tool for all relevant procedures.**

We noted that the setting had developed its own outpatient department prescription / medication dispensing form in May 2025. This is a positive development for medication governance and in mitigating risk. However, the registered provider overall should consider whether there is a need for a standardised process at a corporate level, and at its other hospital in Wales, to broaden any risk mitigation, where applicable.

**The registered provider should explore whether there is a need to replicate the prescription / medication dispensing form more widely.**

## **Safeguarding children and safeguarding vulnerable adults**

The service had an appropriate procedure to the management and escalation of safeguarding concerns regarding potentially vulnerable adults or children. This included access to corporate support, as required.

There was a designated safeguarding lead and staff were aware of who to contact if they had any concerns. We confirmed that staff had undertaken training relevant to their roles.

## **Medical devices, equipment and diagnostic systems**

The setting had a range of medical devices, equipment and systems which appeared to meet the care and treatment needs of patients. There were suitable processes in place for regular servicing and calibration via external contractors. A system in place for staff to report issues, which were seen to be reported to the relevant contractor in a timely manner in order to minimise impact on the service.

## **Safe and clinically effective care**

For patients undergoing day case procedures, comprehensive pre-operative assessments were being undertaken prior to admission, and these were reviewed and updated as necessary.

There was a multidisciplinary team approach towards care and treatment, and good team dynamics were observed during the inspection. A resident medical officer provided cover during each shift, who could consult with the operating team, as required, in the event of any concerns about a patient.

Recognised NEWS (National Early Warning Score) and sepsis pathways were in use to support an appropriate response for deteriorating patients. Processes were in place to either perform procedures at the nearby Nuffield Vale hospital site or, in the event of an unexpected deterioration, for the transfer of patients to the nearest Emergency Department.

Post-operative information was available for patients to take away and provided a good standard of detail to inform and support patients following discharge.

We reviewed a sample of patient records and found records to be well completed, with written entries made to a good professional standard.

## **Participating in quality improvement activities**

The setting completed an audit programme using standardised audit templates. These were regularly completed and generally well scored. Audits typically included sepsis tool, pain, endoscopy, and MRI safety.

The hospital also convenes a regular Medical Advisory Committee (MAC) whose role it is to support the quality and safety of services. Senior leaders told us that the MAC works in a collaborative manner and provides good input into the delivery of services.

## **Information management and communications technology**

The setting utilised a number of digital systems to report incidents, complete audits, and to undertake and monitor training. These appeared to work well and enabled effective oversight of the service.

### **Records management**

Patient records were stored on an electronic system, with secure restricted access. Any paper documentation was out of sight to prevent unauthorised access. Record keeping and documentation audits were completed to support and monitor compliance with hospital policies and professional standards.

## Quality of Management and Leadership

### Staff Feedback

We received 15 survey responses from staff. Feedback was overall positive, with all staff confirming that they are satisfied with the care patients receive, that they would be happy for family and friends to receive care, and that that care of patients is the organisations top priority.

All staff also confirmed they have received appropriate training to undertake their role, have had an appraisal within the last 12 months, and able to meet conflicting demands on their time.

Whilst most staff agreed, three staff felt that organisational support, taking swift action to improve, and involvement in decisions that affect their work area could be strengthened. All but two staff recommended their organisation as a good place to work.

Most staff agreed that senior managers are visible. However, two staff felt that communication could be strengthened.

Staff comments included:

"Our department is a lovely place to work and the [departmental] manager does an amazing job. Senior managers do not have the same rapport and largely have had to buck their ideas significantly in the last few months ...  
I hope it will change the ethos and blame culture that has existed for too long"

"We all work together as part of a team , and the management are very helpful and understanding."

"Nuffield is a wonderful place to work. The environments, staff, SMT and organisation are truly a pleasure to work for. I couldn't ask for better."

### Governance and accountability framework

There was a clear structure in place to support the hospitals overall governance, management and leadership. A new hospital manager from within the setting had recently been appointed. Staff worked in clearly defined departments, with day-to-day support from departmental managers.

Meetings at a local and corporate level supported the operation and oversight of the hospital. Daily safety huddles enabled an effectively flow of critical patient safety information each morning.

## **Dealing with concerns and managing incidents**

Well utilised processes existed for reporting and responding to incidents and adverse events. We reviewed a sample and found that these had been reviewed and responded to by senior managers within a reasonable timeframe. A range of incidents and events were reported by staff, indicative of a good reporting culture.

Senior leaders described a number of workplace culture initiatives that had been undertaken in the months prior to the inspection. This had been supported by corporate input and speaking up champions. Aspects of this work was said to be on-going.

All staff when responding to our survey confirmed that the organisation encourages them to report errors, near misses and incidents, that the organisation takes action to ensure it does not happen again, and that feedback is provided. One respondent did not feel staff are treated fairly.

## **Workforce recruitment and employment practices**

We reviewed a sample of staff files to confirm that staff had received appropriate checks to support their suitability and fitness to be employed by the hospital. This included ID, DBS, professional registration, and references.

## **Workforce planning, training and organisational development**

Staff that we spoke with were complementary about their roles and demonstrated a positive approach towards patient care.

As referenced throughout this report, staff had completed a range of training relevant to their roles and responsibilities. There was good oversight of compliance with training subjects, of which there was good compliance. When asked in our survey, all staff indicated that they had received sufficient training to complete their role.

All but one staff member agreed that their job is not detrimental to their health, that the organisation takes positive action on wellbeing, and that their working pattern allows for a good work-life balance.

## 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
No immediate concerns identified			

# Appendix B – Immediate improvement plan

**Service:**

**Date of inspection:**

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.

Improvement needed		Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate concerns identified				
<b>Findings:</b>					

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:** Nuffield Hospital, Cardiff Bay

**Date of inspection:** 23-24 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.	Effective and individualised care risk	The setting should explore implementing a standardised pain recording tool for all relevant procedures.	Regulation 15	<p>The pain / comfort assessment tool referenced is a validated tool used specifically within endoscopy and aligns with JAG (Joint Advisory Group) standards, which requires the assessment and recording of patient comfort during endoscopic procedures.</p> <p>This tool is designed for intra-procedural use to support real-time assessment of patient comfort and overall quality monitoring, and is therefore not directly comparable to standard pain scoring tools used in other clinical areas.</p> <p>Outside of endoscopy, the organisation uses established standardised pain assessment approaches appropriate to each specialty.</p>	Director of Clinical Services	Completed

2.	-	The registered provider should explore whether there is a need to replicate the prescription / medication dispensing form more widely.	Regulation 15	<p>A standardised Nuffield Health outpatient prescription / dispensary framework is already in place at an organisational level and applies across all Nuffield Health hospitals. Within this framework, services are able to implement processes that reflect their specific operational requirements. In our outpatient department, a locally adapted form has therefore been developed to support the safe supply of items such as bowel preparation. This ensures the process is proportionate, user-friendly, and aligned to the type and volume of activity undertaken within this service, whilst still adhering to the key principles of the organisational policy.</p> <p>We have considered the recommendation to standardise this form more widely. However, outpatient dispensing processes vary across Nuffield Health sites depending on the nature of services delivered, and as such, a single standardised format may not be appropriate or add value in all settings. The current approach allows for consistency in governance principles at a corporate level, while enabling each site to tailor documentation to its specific service needs to ensure safe and effective practice.</p>	Director of Clinical Services	Completed
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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): Rob Thomas**

**Job role: Hospital Director / Registered Manager**

**Date: 20 May 2026**