

Hospital Inspection Report (Unannounced)

Minor Injuries Unit (MIU), Royal
Gwent Hospital, Aneurin Bevan
Health Board

Inspection date: 09, 10 and 11 July 2025

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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.



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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 the Minor Injuries Unit (MIU), Royal Gwent Hospital, Aneurin Bevan University Health Board on 09, 10 and 11 July 2025.

Our team, for the inspection comprised of three HIW healthcare inspectors, two clinical peer reviewers and one 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of seven questionnaires were completed by patients or their carers and five 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

Overall summary:

The inspection found that patients at the MIU received kind, respectful, and dignified care, evidenced by both direct observations and positive feedback from patients. Patients and carers provided positive feedback via questionnaires, with high ratings for the overall service and standard of care. Privacy measures were in place and successfully maintained. There was also a separate children's waiting area behind secure doors to ensure their safety whilst waiting.

Patients received personalised care and were involved in treatment decisions. The presence of a multidisciplinary team, including physiotherapists, was noted as a positive aspect. The MIU operated a 24-hour service. Timeliness of care was mostly good, with many patients seen within four hours.

Bilingual (Welsh and English) information was well-promoted, and translation services were accessible.

Challenges were noted, particularly around public understanding of the MIU's scope and due to the city centre location inappropriate admissions remained an issue. We recommended that the health board continue to educate the public on issues that can be treated at the MIU.

A central call centre known as the 'Flow Centre' was available for healthcare professionals to get advice on the correct department. Ambulance staff utilised this service ensuring patients attend the right place first time.

A step-up service was available to transport patients to the larger Emergency Department (ED) at The Grange depending on treatment requirements.

Overall, while the MIU provided compassionate and effective care, good communication, infrastructure, and equitable access which enhanced patient experience and safety.

This is what we recommend the service can improve:

- Continue efforts to educate the public on appropriate issues that can be treated at MIU

This is what the service did well:

- Most patients were seen within the four-hour target

- Effective communication was maintained with patients
- Transfer of patients to higher level of care
- We observed staff deliver care with kindness and compassion

Delivery of Safe and Effective Care

Overall summary:

Overall, the unit demonstrated good clinical standards. We found appropriate processes to support safe and effective care. The unit had appropriate systems for recording and managing incidents, and staff felt comfortable raising concerns.

Compliance with infection prevention and control procedures was commendable, and generally the environment was maintained to an appropriate standard of cleanliness and organisation. However, cleaning staff were not present on the unit overnight, resulting in the toilet within the waiting area becoming unclean and in need of more frequent attention.

The environment was well maintained and generally free from clutter. However, storage of disposable stock needed to be reviewed.

Safeguarding procedures for children and adults are clearly defined, and staff were well-trained in these areas.

The unit faced challenges due to city centre location and complexity of cases that would arrive unexpectedly. A stabilisation room was available to treat highly acute patients before transfer to The Grange.

Medical devices and equipment were generally in good working order. Medication management systems were effective, and provisions for nutrition and hydration for patients were adequate. Emergency equipment was available in an accessible area of the unit and regular checks had been completed.

Improvements were required in storage, as blue roll and cardboard boxes were stacked on the floor.

Patient records were generally well-maintained and easy to navigate.

This is what we recommend the service can improve:

- Storage of disposable stock needed to be reviewed
- Additional public education was required to raise awareness of the range of treatments available at the MIU
- More frequent cleaning was required overnight.

This is what the service did well:

- Clean, tidy and well organised unit with good Infection prevention and control
- Effective systems and processes in place for medicines management
- Effective communication between staff and patients
- Emergency equipment was regularly checked and maintained.

Quality of Management and Leadership

Overall summary:

The inspection found strong and committed leadership at the MIU. Staff expressed high satisfaction with the care they provide and praised the supportive team environment. Unit managers were described as visible and approachable. However, we received some negative staff feedback that managers should address.

The MIU had a skilled and dedicated workforce with high compliance in mandatory training. Regular team meetings were held as well as daily site huddles.

This is what we recommend the service can improve:

- Consider and act on staff feedback
- Review decision to board patients in the MIU

This is what the service did well:

- Multidisciplinary team working
- Strong unit leadership
- High compliance with mandatory training

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

During the inspection, we saw staff were kind and welcoming to patients and treating them with courtesy and respect. All patients we spoke with during the inspection provided positive comments about their care.

We issued paper and online questionnaires to obtain views and feedback from patients and carers. We received seven responses which were generally positive across most areas, most respondents rated the service as 'very good' or 'good', with the standard of care also scoring 'good'. The cleanliness of the waiting room was noted as being poor by one respondent which was reflected in our findings during the inspection.

Patient comments included:

"Really rate the online tool which tells you how many people are in departments and help judge times. Would like this to stay in place"

"Everyone very pleasant and respectful even under pressures"

"Waiting room was filthy"

Person-centred

Health promotion

Evidence of health promotion and support information was available to patients in the unit. This included a wide range of information about the department, injuries, pain relief, and more. Additional information leaflets and posters were also available, including alcohol reduction and advice on domestic abuse.

Dignified and respectful care

We found that staff treated patients with kindness, dignity and respect throughout the inspection, and there were suitable arrangements in place to promote privacy. All respondents who answered the relevant question in our patient questionnaire said:

- Staff treated them with dignity and respect
- Measures were taken to protect their privacy
- They were able to speak to staff about their procedure without being overheard by other patients
- Staff listened to them.

We witnessed many examples of kind and courteous care being delivered by staff to patients in a very busy environment that mostly protected patient dignity.

A dedicated room was available for the assessment of patients experiencing mental health issues. This space was equipped with specialist safety features, including panic alarms and anti-throw furniture, to protect both patients and staff.

Individualised care

We found that staff provided individualised care to patients, and this helped promote patient independence through the provision of appropriate clinical advice to return home with.

All respondents to our questionnaire felt they were involved as much as they wanted to be in decisions about their treatment and that staff explained what they were doing. Everyone we spoke with were also complimentary about their care.

We noted that care was provided by a multidisciplinary team, which included physiotherapists who delivered treatment and advice to patients with muscular injuries when appropriate. We viewed the addition of physiotherapists in the MIU as notable practice. We saw that walking aids and crutches were available for patients and stored appropriately when not in use.

Timely

Timely care

The MIU was open 24 hours seven days a week, and the opening hours were listed on the health board website. The website also showed approximate waiting times at the unit. We found that patients attending the unit were usually seen and treated in a timely manner.

We reviewed evidence that confirmed most patients attending the unit were seen within the four-hour target. We saw that the department had the best compliance with targets in the health board.

Staff told us they were concerned with the increasing volume of complex or high acuity patients, and that it was difficult at times to provide the levels of care some patients need in a timely manner, given it is a MIU and not an ED. The MIU was situated in a city centre and so patients would attend with injuries that required a higher level of care. These patients were stabilised at the department and transferred to the Grange University Hospital.

Equitable

Communication and language

We observed staff discretion when conversing with patients, and patients felt staff provided explanations about their care and treatment and were well informed about their next steps of care.

There was clear signage evident, directing patients to the department. The unit layout was well designed and easy for patients and visitors to navigate.

The Welsh language was well promoted within the unit. We saw bilingual posters in Welsh and English with information clearly displayed. We saw clear bilingual signage in place to direct visitors to the department.

Staff we spoke with described some of the arrangements in place to help people with hearing impairments and those whose first language was not English. We saw that there was a picture board available for patients to communicate to staff, if needed. All staff that we spoke with were aware of how to access translation services, if needed to support clients using the service.

The NHS Wales 'Putting Things Right' process was displayed in both Welsh and English within patient areas, and there was a bilingual poster displayed, requesting patient feedback about the department. Staff we spoke with were able to confirm how they would deal with feedback, both positive and negative.

Royal Gwent Hospital has undergone significant changes over the years, particularly in its Accident & Emergency (A and E) services. Historically, the hospital provided full emergency care, but in recent years, its role has shifted to focus on minor injuries and planned treatments only, with full emergency care being centralised at The Grange University hospital. We were told that the main platform for messaging the community to increase awareness around what issues can and cannot be treated at the MIU were via leaflet drops. However, the department was continuing to receive inappropriate admissions. We recommended that the health board continued to push messages via their website and social media.

The health board should continue efforts to educate service users about the correct department to attend.

Rights and Equality

We found patient rights were protected and promoted in the unit. Staff explained the arrangements in place to make the service accessible to all. The unit was accessible with wide doors, clear corridors and spacious rooms.

We were told that equality and diversity training for all staff was mandatory, and we saw training records that indicated a high level of compliance. Staff had a good awareness of their responsibilities in protecting and promoting patient rights when attending the department. They were able to confirm the arrangements in place to promote equality and diversity in the organisation.

Delivery of Safe and Effective Care

Safe

Risk management

Appropriate systems were in place for the logging and managing of incidents. These were logged and managed on Datix, and summaries of incidents were reviewed during the inspection. Evidence reviewed confirmed that themes were monitored and reported to senior management through governance reporting, and learning from incidents was swiftly implemented through learning, newsletters and team meetings.

We observed that daily checks were consistently carried out across the department to maintain the safety of both patients and staff. These checks included the inspection of safety equipment and environmental assessments to identify and mitigate potential hazards or risks. Panic alarms were fitted in all clinical areas and there were security guards on site 24 hours a day.

Staff told us that they are comfortable to highlight any issues of concern to leaders within the unit and they were escalated appropriately.

We reviewed the departmental Risk Register and noted that many areas for improvement mentioned throughout this report are recorded on the Risk Register.

During our inspection, we identified a maintenance issue requiring attention: the plastic covers on the emergency gas shut-off valves were found to be broken. This was promptly escalated to the senior nurse, who arranged for replacement covers to be fitted. The issue was resolved during the course of our visit.

The environment was well maintained and mostly free from clutter. However, we found blue roll was stored in boxes on the floor in the plaster room.

The health board should consider alternative storage solutions for disposable stock items.

We found several bottles of cleaning fluids which come under the Control of Substances Hazardous to Health (COSHH) guidelines, in an unlocked sluice. We escalated this to the cleaning staff who moved all COSHH items to a locked cleaning cupboard immediately.

Infection, prevention and control and decontamination

We found good compliance with infection prevention and control (IPC) procedures. The environment was clean, clear, well organised and uncluttered. There was a dedicated room opposite the triage room for patients presenting with possible infections.

The MIU has an IPC policy in place and we were told that a cleaner was allocated to the unit between 10am and 6pm. Due to the unit operating 24 hours, we felt that cleaning was required overnight as the toilet within the waiting area had become unclean and in need of more frequent attention. We were told that, prior to our visit, the senior nurse had been in discussions with domestic staff regarding additional cleaning overnight.

The health board should continue negotiations to increase cleaning within the department.

Staff were seen to be adhering to uniform policy and bare below the elbow. Personal Protective Equipment (PPE) was available throughout the unit , including hand washing facilities throughout the unit and staff were seen to be washing their hands appropriately.

We observed that the unit was equipped with an appropriate number of clinical waste and sharps disposal bins, and staff were seen using them correctly in line with IPC practices.

Safeguarding of children and adults

There were clear health board policies and procedures in place for staff to follow in the event of a safeguarding concern. Staff we spoke to were aware of the process for reporting safeguarding concerns and feel comfortable doing so.

We confirmed that relevant checklists are completed by nursing staff for all patients at risk of abuse. Staff explained that the triage system would flag any patients who had previous safeguarding concerns.

There was a separate paediatric waiting area to segregate children away from adults.

We found good compliance with safeguarding and associated mandatory training amongst clinical staff.

Staff explained the process overnight to ensure staff were safe. Doors were locked and staff attended patients on groups to ensure no member worked alone.

Management of medical devices and equipment

We found general medical devices and equipment to be in date and in working order. Staff were clear on how to report faulty or absent equipment.

There was an emergency resuscitation trolley available, which was sealed with red tag in line with health board policy. Staff were responsible for checking the trolleys, which they did monthly and recorded this on a paper chart daily, to confirm that the trolley is sealed with a red tag.

Fridge temperatures were monitored daily, and evidence indicated that an appropriate system was in place for this.

Medicines management

We found effective systems and processes in place for medicines management. We reviewed appropriate storage, stock control, assessment, prescribing, and administration.

The policy for supply and administration of medicines using patient group directions was reviewed and in date. Analgesia was clearly documented when required at triage.

We reviewed aspects of controlled drugs security and found that controlled drugs were securely stored, administered and recorded appropriately. This was supported by a recent controlled drug audit that was completed with 100% compliance.

Medications, including take-home prescriptions, were securely stored in an Omnicell system located within a locked room. The system was stocked by pharmacy staff, and access was restricted to authorised personnel via individual passwords. However, during our inspection, we identified that one of the Omnicell doors was broken. This was promptly escalated to the senior nurse, who reported the issue, and it was resolved during the course of our visit.

Preventing pressure and tissue damage

Patients attending the MIU were generally mobile, independent, and remained in the department for less than four hours, meaning pressure damage assessments were typically not required. However, on occasion, patients were nursed overnight due to capacity pressures in other areas. A health board agreement was in place outlining the criteria for patients suitable to be boarded in the MIU, although staff reported that this was not always followed. For patients boarded overnight, appropriate tissue viability assessment tools were available. Staff completed patient care records that

included pressure ulcer and falls risk assessments, with referrals to the falls team made when necessary.

Effective

Effective care

We found that patients in the unit were appropriately assessed and monitored. This included the use of an automated system that flagged the sepsis pathway when appropriate. Staff demonstrated a good awareness of the management and escalation of sepsis, which included completion of a sepsis screening tool and appropriate escalation of clinical concerns.

Nutrition and hydration

We found that there were provisions for patients to purchase food and drink from vending machines and shops located within the hospital, and water was readily available for patients to access in the MIU waiting areas.

Patient records

We reviewed a sample of eight patient records and, overall, we found that they were completed to a good standard. Triage notes were thorough and prioritised appropriately according to the Manchester Triage process. Pain scores had been completed and analgesia administered promptly where required.

Efficient

Efficient

Staff reported that effective working relationships had been established to support patient care referrals. Physiotherapists were based within the department and could assess patients who met specific criteria, helping to alleviate pressure on MIU staff. Direct referrals to the Safe at Home team could be made when appropriate. Triage staff actively redirected patients to GP services, and staff described having positive working relationships with the out-of-hours GP service.

Posters were seen in the triage area highlighting direct referral pathways to the Grange. Emergency Nurse Practitioners (ENPS) utilised proformas for most common musculoskeletal injuries ensuring standardised treatment.

Quality of Management and Leadership

Staff feedback

We spoke with staff during inspection and obtained their feedback through online questionnaires, which generated five responses. Responses were generally positive, with most saying they were satisfied with the quality of care and support they give to patients, and that they would be happy with the standard of care provided by the hospital for themselves or for friends and family. Many reported they would recommend their organisation as a place to work.

Whilst staff feedback was generally positive, most negative comments related to visibility of senior managers and boarding patients in the MIU overnight when wards are at capacity.

Staff comments included:

"Unable to see patients in timely manner due to boarded patients from MAU, this can create lack of assessment areas. Some patients attending with serious limb injuries and medical emergencies require trolleys, this increases limited space for other service users particularly when waiting for ambulances. Senior Management have recently stated boarding patients is no longer allowed, however when in extremis boarding occurs, often for days Regular Datix submitted."

"Inappropriate transfer and redirection of patients to minor injury unit (MIU). Some ED consultants treat MIU differently."

The health board should review and consider the comments from the staff survey and ensure a secure platform is provided to listen to staff and take action to address concerns where appropriate.

Leadership

Governance and leadership

We found strong leadership within the MIU, and it was evident that staff were committed to providing a good experience for patients.

Clear lines of reporting and accountability were described and demonstrated, and suitable governance systems were in place.

Unit managers where available however not all were based within the unit. Staff told us that they were visible, approachable and could be relied upon to support them with their work.

Flow meetings were held daily to discuss whole site capacity status which included the MIU. This allowed for effective capacity planning and improved patient experience.

Workforce

Skilled and enabled workforce

We found a committed and skilled workforce amongst all disciplines in the MIU. Staff we spoke with were knowledgeable of their roles and responsibilities and how this relates to providing quality patient care for minor injury patients. We saw a range of positive and effective communications in place, both formal and informal, which ensured that patients were prioritised in line with their presenting condition, to ensure appropriate and timely care.

We reviewed training data, which indicated a high compliance rate with mandatory training (over 85%), with an appropriate system in place to monitor this. It was positive to note that appraisals were up to date.

We reviewed staff rotas, which were flexible, to take account of the fluctuating patterns in patient attendance. Meaning, shifts began at various times throughout the day to meet the predicted demands on the unit.

Culture

People engagement, feedback and learning

Patients were contacted by text to provide feedback on their experience at the MIU. The results were sent to team leads for analysis.

There were opportunities displayed for patients to provide feedback. Posters providing details of how to do this were displayed in the waiting area and included a QR code for digital feedback.

We noted many compliments had been received by the service. These included comments of gratitude for staff for the care and treatment provided.

Learning, improvement and research

Quality improvement activities

Quality and safety audits were conducted on the unit and yielded detailed findings. Audit results and any incident learnings were communicated at staff meetings and via the unit's governance channels.

Whole-systems approach

Partnership working and development

Staff highlighted many examples of positive partnership working. The flow centre was used to divert patients to the correct department. GP's and other health professionals were able to use the flow centre to refer patients into the department.

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 summaries 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
The plastic covers on the emergency gas shut-off valves were found to be broken.	This posed a health and safety risk to patients as the covers were sharp and could cause an injury. The shut of valves were also exposed and accessible to unauthorised people.	This was promptly escalated to the senior nurse.	The Senior Nurse arranged for replacement covers to be fitted and this was seen to be done on the day of the inspection.
We identified that one of the Omnicell doors was broken.	This posed a risk of unauthorised access to the Omnicell where medication was stored.	This was promptly escalated to the senior nurse.	The Senior Nurse reported the issue, and it was resolved during the course of our visit.
We found some items of COSHH equipment in an unlocked sluice.	This posed a risk of unauthorised access to hazardous items.	This was escalated immediately to the cleaning staff on duty.	All COSHH items were moved to a locked cleaning cupboard immediately.

Appendix B - Immediate improvement plan

Service: Minor Injuries Unit, Royal Gwent Hospital

Date of inspection: 9, 10 and 11 July 2025

The table below includes any immediate 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 assurance issues were identified on this inspection.					
2.						
3.						
4.						

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: Minor Injuries Unit, Royal Gwent Hospital

Date of inspection: 9, 10 and 11 July 2025

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. We found that patients were attending with health problems and injuries that were inappropriate for an MIU to treat.	The health board should continue efforts to educate service users about the correct department to attend.	Safe	1) Ongoing dissemination of education and information through social media.	Communication Team Consultant Nurse Senior Nurse Head of Nursing Lead Consultant for MIU	Completed & Ongoing
			2) The Communications team will provide education and information to the public during visits to community groups.		Completed & Ongoing
			3) Ongoing collaboration with 111 and Urgent Primary Care for learning and education.		Completed & Ongoing
2. We received some negative feedback from the staff survey regarding boarding	The health board should review and consider the	Leadership	4) Boarding has been removed from the Health Board's escalation plan so patients will no longer be boarded in this area.	Chief Operating Officer	Completed & Ongoing

	patients with the MIU which in turn is affecting their ability to see patients in a timely manner.	comments from the staff survey and ensure a secure platform is provided to listen to staff and take action to address concerns where appropriate.				
3.	We found areas where disposable stock was stored on the floor and stacked on shelves.	The health board should consider alternative storage solutions for disposable stock items.	Safe	5) Stock levels and orders have been reviewed to ensure appropriate levels of stock are held on site.	Consultant Nurse Senior Nurse Head of Nursing Lead Consultant for MIU	Completed & Ongoing
				6) The installation of shelving in the plaster room is currently being progressed.		
4.	Cleaning staff operated during daytime hours. We found that cleaning was required overnight as the toilet within the waiting area had become unclean and in need of more frequent attention.	The health board should continue negotiations to increase cleaning within the department.	Safe	7) The Rapid Response team provides overnight cleaning services for the waiting room.	Facilities Supervisor Senior Nurse	Completed & Ongoing
				8) Ongoing monitoring of overnight cleaning of waiting room. Concerns to be escalated to facilities management team		Completed & Ongoing
				9) Synbiotix audits undertaken monthly with results reviewed by MIU team and any concerns		Completed & Ongoing

escalated to the facilities
management team

OVERSIGHT AND MONITORING

Oversight and monitoring of the improvement plan will be undertaken by the following groups: -

- Senior Management Team
- Quality Management Group
- Quality Patient Safety Listening and Improvement Forum

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): Chris Morgan

Job role: Divisional Nurse

Date: 16 September 2025