

Infection Prevention & Control

Annual Report 2025-26



SULIS
HOSPITAL
BATH

Organisation Overview

Sulis Hospital Bath is an independent healthcare provider treating both NHS and self-funding patients. The hospital contains 29 bedrooms, each with en-suite facilities, 22 day-case beds, 5 ambulatory chairs, 14 consultation and 4 treatment rooms, a physiotherapy suite, an endoscopy suite with JAG accreditation and a full diagnostic department including two MRIs, CT scanner, 2 X-ray rooms and Ultrasound in addition to 4 operating theatres.

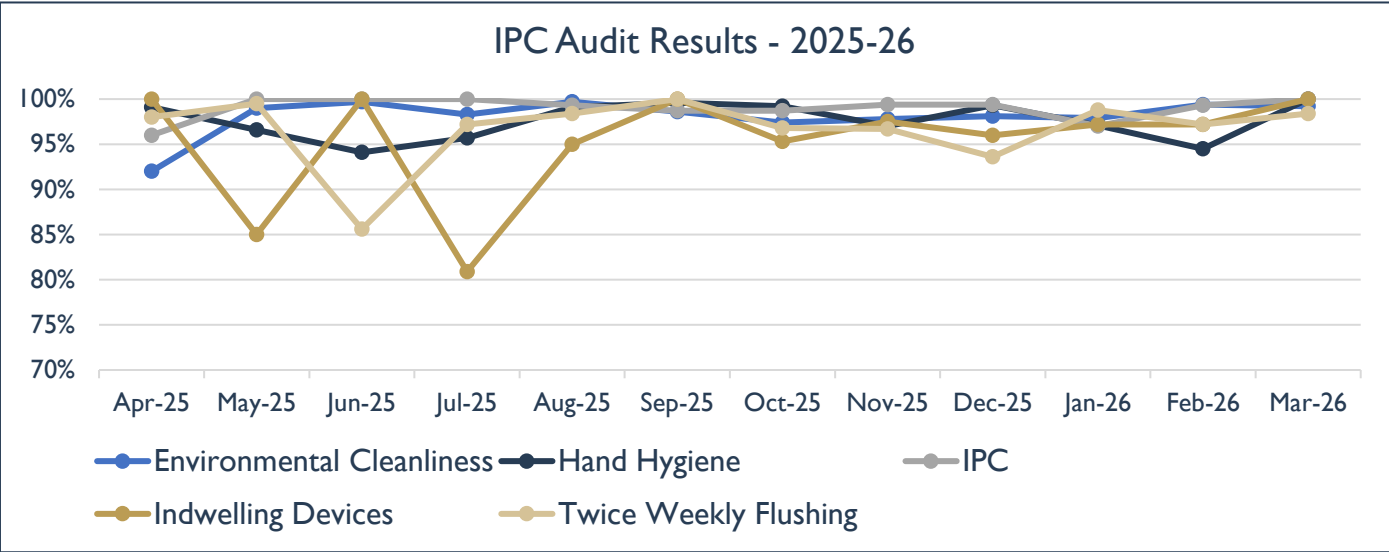
The hospital lead for Infection Prevention and Control (IPC) is the Associate Director of Nursing & Allied Health Professionals (ADoN & AHPs), who is a member of the Hospital Executive Board and supported by the Director of Infection Prevention & Control (DIPC) and Surgical Site Infection (SSI) Lead from the Royal United Hospital (RUH) Bath. The deputy DIPC attends Sulis monthly IPC committee meetings and in addition provides IPC support to the hospital as required. The Sulis IPC lead also attends RUH IPC committee meetings.

The Infection Prevention & Control (IPC) Committee at Sulis is a sub-committee of the Clinical Governance and Risk Management Committee (CGRMC) and meets monthly, chaired by Associate Director of Nursing & Allied Health Professionals. The terms of reference for the committee meeting are reviewed and agreed annually. A link worker who has received additional training in IPC represents each department and acts as a conduit to report issues and feedback any learning or information to their departments.

Sulis benefits from close links with the local healthcare network and the ADoN & AHPs attends the BaNES, Swindon & Wiltshire (BSW) peer network IPC group meetings quarterly. RUH IPC nurse attends Sulis site weekly to perform departmental audits and any new building work and new services are signed off by RUH IPC team who provide specialist support to the organisation.

Microbiology services for Sulis Hospital Bath are provided by the Royal United Hospitals (RUH) Bath NHS Foundation Trust under a Service Level Agreement (SLA). A monthly on-call microbiology rota is available to all Sulis staff, ensuring specialist advice can be accessed when required. Occupational Health services are also delivered by RUH under a separate SLA. All laboratory specimens are processed through the RUH laboratory, and sterile services for the theatre department are provided by the RUH Sterile Services Unit. Endoscopy scope decontamination is undertaken on-site at Sulis Hospital Bath.

Infection Prevention Control – Audit Results



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Environmental Cleanliness	92.0%	99.0%	99.7%	98.3%	99.7%	98.6%	97.4%	97.8%	98.1%	97.9%	99.4%	99.2%
Hand Hygiene	99.1%	96.6%	94.1%	95.7%	99.1%	99.6%	99.2%	97.0%	99.3%	97.1%	94.5%	100%
IPC	96.0%	100%	100%	100%	99.3%	98.7%	98.7%	99.4%	99.4%	97.0%	99.3%	100%
Indwelling Devices	100%	85.0%	100%	80.9%	95.0%	100%	95.3%	97.5%	96.0%	97.2%	97%	100%
Twice Weekly Flushing	98.0%	99.5%	85.6%	97.2%	98.4%	100%	96.8%	96.7%	93.6%	98.8%	97.2%	98.4%

Audit compliance across 2025/26 was generally very good, whilst two audits has instances where they dropped below 90% the majority of other audits consistently achieved above 95%.

Lower compliance was reported in two months (May and July) on the Indwelling Devices audit and in one month, (June) on the Twice Weekly Flushing audit. The results were reviewed and discussed at the next monthly IPC Committee meetings.

Documentation issues were identified in the May and July Indwelling devices audits, particularly around the catheter sticker being missing from the records, after discussion it was agreed that the audit question would be amended to ask whether the catheter insertion was documented, as stickers were not consistently available on packaging in theatre.

It was identified that flushing did not place on Inpatients on the 16 and 30 June 2025; however, flushing was carried out on all other specified days throughout the month, the Deputy Associate Director of Nursing and AHP's reminded the teams of the requirement to flush on the specified dates and the importance of recording the completion on the audit.

Antimicrobial Stewardship - Audit

The Sulis Hospital Pharmacy team complete regular audits against the antimicrobial stewardship standards and present the reports at the IPC committee meetings for discussion and sharing of learning.

The most recent audit result, undertaken in September 2025, was 85% as was the previous audit carried out in June 2025. This has been a marked improvement on 69% achieved in the last audit that was carried out in November 2023. The gap in auditing was a result of a pharmacy vacancy for a prolonged period.

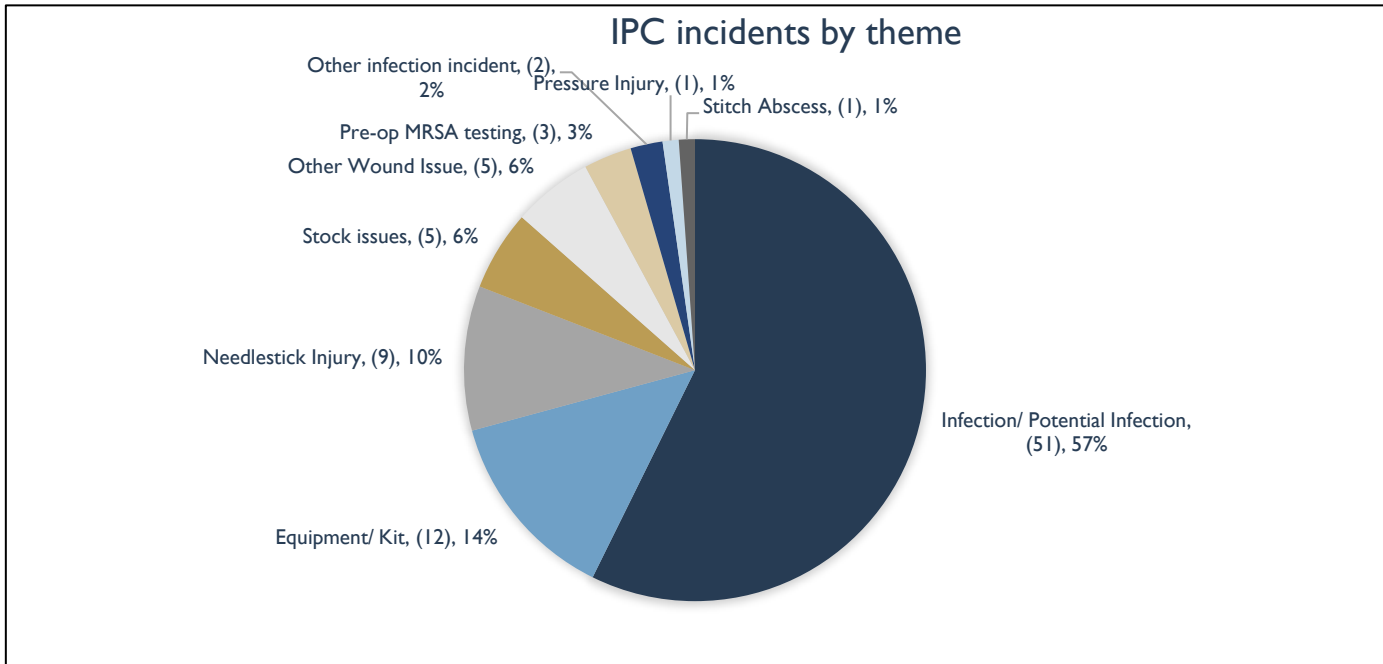
The latest audit identified several actions including the addition of a 'route of administration' section to anaesthetic charts as well as sending communication to consultants around 1st line treatment options for cellulitis. The full report is shared through the Infection Prevention Control Committee and actions monitored through this meeting.

The audit also identified a potential underdosing of Gentamicin, a sample audit carried out in September 2025 of patients with confirmed or suspected SSI's noted a potential correlation between underdosing and infection and as such prompted an in-depth audit of 100 patient records spanning from September 2025 to May 2026. The subsequent audit removed the selection bias and "no confirmed or suspected SSI cases were found to be linked to dosing discrepancies within the random audit cohort" and "while the audit identifies clear variation in gentamicin dosing practice, it does not demonstrate an association between dosing discrepancies and SSI within the random audit cohort".

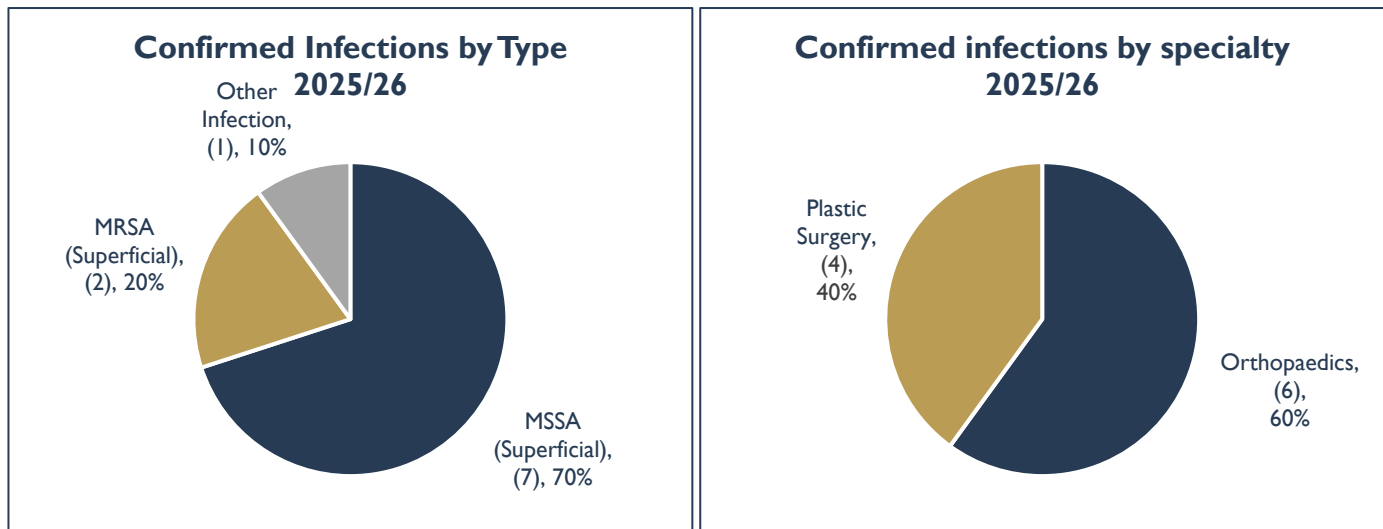
Once completed the audit findings were shared with the Infection Prevention Control Committee in August 2026 and any actions monitored through this meeting and also shared with the Medical Advisory Committee representative anaesthetist for Sulis.

Infection Prevention & Control – Incidents

Between April 2025 and March 2026, Infection Prevention & Control Incidents were the third most commonly-reported incidents, accounting for 89 out of the 1222 incidents reported (7.3%) a slight increase from the 5.4% reported in 2024/25.



In line with 24/25, of those 89 incidents reported in 25/26, the largest proportion related to post-discharge wound issues and potential infections. These incidents were identified either through routine 30-day SSI follow up calls, patients returning to outpatients with concerns about how their wound was healing or readmission to RUH or other hospitals. Of these incidents 11 (0.9% of all incidents reported) related to confirmed infections, a reduction on 1.2% of all incidents reported in 24/25.



Upon review of confirmed infections in 2025/26 the predominant organism identified was staphylococcus aureus.

Quality Improvement Initiatives

Since the start of 2021, Sulis transitioned from individual Root Cause Analysis investigations for Surgical Site Infections (SSIs) to a thematic spreadsheet to identify trends in type of procedure, consultant, dressing, antibiotic prophylaxis et al, or where significant learning is identified, the spreadsheet has been developed in line with NICE guidance 'Surgical site infections: prevention and treatment' [NG125]. Following the discrepancies identified in gentamicin dosing in the Antimicrobial Stewardship Audit, gentamicin dosing has been added to the SSI spreadsheet to track any potential connection. Whilst a larger gentamicin audit completed in July 2026 found no correlation between gentamicin dosing and infection in the random audit sample, this will continue to be monitored through the SSI spreadsheet and a re-audit arranged should a trend be observed.

Following provision of IPC resource from the Royal United Hospital (RUH) in 2024/25, weekly external IPC audits have commenced during 2025/26, conducted by an RUH IPC nurse, with feedback being provided to the department leads in real time and a summary report and actions shared at Sulis's monthly Infection Prevention Control Committee meetings.

2024/25 saw the opening of the Sulis Orthopaedic Centre and additional CDC rooms followed in 2025/26. The RUH IPC team carried out a visit of the new facilities, and these were signed off by the team.

Sulis Hospital appointed an ANTT Champion Nurse in 2026 and work has been underway to develop and deliver ANTT training to all staff in clinical areas. The training session covers several topics including non-touch technique, aseptic field, and hand hygiene. In addition to training, work is being carried out to update the hospitals ANTT policy and to achieve ANTT accreditation aiming for completion in 2026/27.

The Associate Director of Nursing and AHPs attended the IPC national conference in October 2025 and shared a summary of the meeting with the IPC committee at Sulis.

Surgical Site Infections Surveillance

Each quarter, Sulis Hospital Bath submits data to the UKHSA SSI surveillance programme on the number of patients who have experienced problems with their wound in the 30 days following their procedure. The submitted data allows Sulis to benchmark their infection rates for hip and knee procedures against national averages. The results April 2025- March 2026 are displayed below:

Hip Procedures	Sulis	National
Procedures (% with post-questionnaire completed)	745 (90.9%)	426742 (80.0%)
SSIs - Inpatient/ readmission	3 (0.4%)	1342 (0.3%)
SSIs - Post-discharge confirmed	0 (0.0%)	852 (0.2%)
SSIs - Patient reported	5 (0.7%)	934 (0.2%)
SSIs - All SSIs	8 (1.1%)	3128 (0.7%)

Sulis observed a higher percentage patient reported SSIs compared with national levels, however Sulis also completed more post-procedure questionnaires for patients undergoing hip procedures (90.9% vs 80.0% nationally). Sulis also observed a slightly increased percentage of readmissions compared with national average.

Period	Procedures	SSIs
2025 Q1	189	1 (0.5%)
2025 Q2	172	3 (1.7%)
2025 Q3	218	3 (1.4%)
2026 Q4	166	1 (0.6%)

Knee Procedures	Sulis	National
Procedures (% with post-questionnaire completed)	925 (89.2%)	465439 (79.1%)
SSIs - Inpatient/ readmission	0 (0.0%)	1169 (0.3%)
SSIs - Post-discharge confirmed	0 (0.0%)	1243 (0.3%)
SSIs - Patient reported	10 (1.1%)	1843 (0.4%)
SSIs - All SSIs	10 (1.1%)	4255 (0.9%)

Sulis did reported a higher proportion of patient reported SSIs compared to the national averages for knee procedures in 2025/26.

However, as with hip procedures, Sulis completed more post-procedure questionnaires for patients undergoing knee procedures (89.2% vs 79.1% nationally).

Period	Procedures	SSIs
2025 Q1	201	4 (2.0%)
2025 Q2	243	2 (0.8%)
2025 Q3	247	3 (1.2%)
2026 Q4	234	1 (0.4%)

The percentage of all SSIs reported to UKHSA for Knee Procedures in 2025/26 has seen a marked reduction compared to those reported in 2024/25 (Knees 1.1% vs 1.3%). However, the percentage reported for Hip Procedures has slightly increased (1.1% vs 0.8%) this is due to the increased readmissions noted in 2025/26. Sulis has improved their lines of communications with local acute hospitals in relation to readmissions, patients are also advised on their discharge summary to let Sulis Hospital know if they have been readmitted to another hospital following their discharge from Sulis.

Patient reported infections continue to benchmark higher than national averages across both hips and knees.

IPC Training & Sepsis

As of March 2026, Sulis staff (substantive & bank) are 96% compliant with IPC training.

Bank staff compliance increased from 84% in March 2025 to 90% in March 2026.

In the last year compliance by Pre-Assessment has also increased, and Practicing Privileges compliance has increased from 66% to 73%. This is a very small number of staff. The Associate Director of Nursing and AHPs continues to remind the relevant individuals regarding outstanding training and it is monitored through appraisals.

On induction, all staff within the hospital complete Basic Life Support (BLS) training which includes a section on Sepsis. All clinical staff also complete annual Sepsis, News2 and AKI training. Upon discharge, patients are supplied with a 'Sepsis Recognition' leaflet explaining the risks, warning signs and contact details for the hospital should they have concerns. Supplying patients with the leaflet is monitored through an observational audit of discharge process completed monthly on IPU and DSU.

In addition, IPC link workers provide IPC training within their departments relevant to the roles performed, for example ANTT training.

Several staff on site have now completed UKHSA SSI surveillance training, including the Associate Director of Nursing and AHPs, Q&A team and Outpatient staff.

Vaccination

To help mitigate the spread of the Flu virus, 38.5% (213/554) of staff received the flu vaccine in 2025/26, some opting for the vaccine either in the community or were vaccinated on site.

4.7% (26/554) staff members declined having the flu vaccine.

The low numbers reflect the national picture of vaccine weariness amongst healthcare staff. There was no service disruption due to sickness from cold/flu during the period.

IPC Risks: March 2026

Risk ID	Department	Risk Name	Risk Description	Existing Assurances and Controls	RM01 Risk Consequence	RM02 Risk Likelihood	RM03 Risk Rating
SH031	Facilities Management	Risk of Air Handling Units (AHUs) failing due to age	Due to the age of the equipment, there is an increased risk of failure of the air handling units. This could impact the delivery of service in theatres and the hospital more generally with associated service disruption and financial implications.	PPMs ongoing, AHU 2 refurbished in May 2025. AHU serving Th 3 & 4 next to be refurbished. March 2026 - ADoE obtaining quotes for new AHU to support US room as required for clinical purposes.	5	3	15
SH108	DSU	Risk of spread of infection due to transfer bodily fluids SOC DSU - Recovery	Risk of spread of infection as no sluice hopper in SOC Day Surgery unit dirty utility, so transfer of bodily fluids to SOC recovery for disposal.	No instances since opening in June 2025 but work around in place if required. 2025/26 Awaiting new sluice hopper to be installed.	1	3	3

The following Infection Prevention Control risks were closed during this period:

SH065 – SSI infections at Sulis higher than national reported average – Risk Rating 12

Sustained improvement in rate of SSI infections noted across several quarters through late 2024/25 and early 2025/26 therefore risk closed in Q1 2025/26.

SH077 – Risk of lack of compliance with IPC at Sulis by Practicing Privileges Staff due to non-compliance – Risk Rating 6

In Q1 2025/26 there was only one consultant outstanding with their training, reminders have been sent regarding completion and as such the risk was closed.

SH046 – Infection risk due to broken and poor quality flooring in DSU and other areas of the hospital.– Risk rating 3

DSU flooring project was completed in Q4 2025/26 therefore risk closed.

Water Testing

The Water Safety Group (WSG) met quarterly throughout 2025/26, providing feedback to the monthly Infection Prevention and Control Committee with updates and assurance on the safety of the water supply on site.

The annual water safety audit was undertaken in August 2025, observations included the requirement for a Legionella Risk Assessment, Legionella awareness training for all clinical staff, updating of documentation i.e. policies and SOPS, asset management and sampling of cold-water dispensers for E.Coli, Coliform and TVCs. Sampling was undertaken with results confirming no presence of E.Coli or Coliform; however, there were slightly elevated aerobic colony counts resulting in sanitisation of the units being increased to quarterly and continued testing for approximately 12 months. The Authorising Engineer (Water) has confirmed the units are safe to continue using. All actions are monitored via WSG.

Legionella Risk Assessment was undertaken in September 2025, observations were around documentation and compliance monitoring, with some actions relating to PPMs and investigative actions regarding the water temperature in outlets on the ground floor; these investigations are continuing, there is no IPC risk regarding the use of the rooms. All actions are monitored via WSG.

Quarterly water sampling is undertaken by the Authorised Person (Water Safety) to test for Legionella bacteria in the water supply; with no positive results during 2025/26. It was confirmed in 2023/24 by the Authorising Engineer for water safety that Sulis are not required to routinely test for Pseudomonas as Sulis does not provide augmented care; however, should there be any indicators for the bacteria testing should be initiated.

The FM team follow a planned preventative maintenance programme for all water distribution services within Sulis Hospital in line with Health Technical Memoranda (HTM) 04. All maintenance and compliance is recorded on the Computer Aided Facilities Management system.

To minimise the risk of water-borne bacteria developing, twice-weekly flushing of little-used outlets is completed by all departments across the hospital and compliance with this monitored through the monthly IPC meeting.

Cold water dispensers' sanitisation and filter changes increased to quarterly following elevated aerobic colony counts. Internal cleaning regime increased by housekeeping team. Samples collected March 2026 resulted in elevated aerobic colony counts. The hospital is considering the removal of these outlets, which appears to be the way the new HTM (not yet published) is going. Further samples to be tested June 2026.

Decontamination

The Endoscopy department at Sulis Hospital holds two Automatic Endoscope Reprocessor's and Water samples from these are taken weekly by a designated Decontamination Technician and sent for processing externally by Index Microbiology Labs Ltd.

These machines have Annual IHEEM Audit completed by the Decontamination Authorising Engineer and both machines and the drying cabinet passed the Annual IHEEM Audit rated Green in 2025/26.

Decontamination of surgical equipment is provided by the Royal United Hospital's (RUH) Sterile Services Department (SSD). Sulis employ two Instrument Co-ordinators who work closely with the Sulis clinical team and the SSD team to ensure any areas of concern are addressed. A quarterly overview report is provided by SSD and fortnightly service meetings are held between the services, the report and any escalations are reported into the monthly IPC committee.

Decontamination is a standing item on the monthly IPC committee and assurance is provided through this forum from both the Endoscopy and Theatre Department.

Ventilation

The Ventilation Safety Group (VSG) met quarterly throughout 2025/26, providing feedback to the monthly Infection Prevention and Control Committee with updates and assurance on the ventilation systems within Sulis Hospital.

The FM team follow a planned preventative maintenance programme for all ventilation and air conditioning systems within Sulis Hospital in line with Health Technical Memoranda (HTM) 03; all maintenance and compliance is recorded on the Computer Aided Facilities Management system.

All critical and conventional ventilation systems serving operating theatres within Sulis were serviced and verified in line with recommendations set out in HTM 03. The outcome of each verification is reported to the VSG and IPC with details of any risks and remedial works identified as part of the verification process, and associated actions being monitored through the VSG and escalating to IPC by exception. The Authorising Engineer reviews all reports advising where appropriate. No major issues were reported in 2025/26; however, rebalancing of Theatres 3, 4 & Endoscopy ventilation systems was undertaken to ensure compliance.

The Authorising Engineer (Ventilation) undertook the annual Ventilation Audit in February 2026, concluding that Sulis ventilation and air conditioning systems show clear evidence of being well maintained, in some cases exceeding the minimum requirements of HTM 03. Actions were noted in relation to policies, SOPS, risk assessments and documentation with a 6 to 12 month timeline for completion; these actions were monitored through the VSG, with escalations to IPC by exception.

Sulis Orthopaedic Centre general area ventilation system failed validation, highlighting some remedial works to be undertaken. The Authorising Engineer (Ventilation) has confirmed there is no IPC risk, and the general areas are safe to use, remedial works are being planned through main contractors with retesting planned for June 2026.

Cleaning Standards

In 2025/2026, Sulis Hospital has continued to maintain high standards of cleanliness across all areas of the site. Cleaning services remain managed by the Housekeeping team, reporting to the Support Services Lead and the Associate Director of Estates and Facilities Management.

Cleaning schedules continue to align with the National Standards of Healthcare Cleanliness (February 2025), with enhanced cleaning frequencies maintained in key areas ensuring standards consistently exceed national guidance.

Environmental assurance processes remain well established. Monthly Environmental Audits and weekly Theatres audits continue to be undertaken, alongside weekly cleaning audits across all departments. These processes support ongoing monitoring and continuous improvement.

From September 2025, the IPC department from the Royal United Hospital has undertaken weekly additional external auditing at Sulis Hospital. These independent audits have provided further assurance, with results reported as very good.

Audit findings continue to be reported by exception to the IPC Committee by the Housekeeping Lead, ensuring any issues are promptly identified and addressed. The IPC Committee retains oversight through its standing agenda item, maintaining robust assurance of cleaning standards across the organisation.

External Inspections – BEMS

On 26 February 2026, **Bath Enhanced Medical Services**, who operate a Fracture and Soft Tissue clinic at the hospital site, completed an audit of Sulis Hospital's IPC measures and environmental cleanliness. Feedback from the visit was as follows:

“Executive Summary: The Sulis Hospital Bath continues to promote high standards of IPC within their provision of accessible and safe out-patient services. Cleaning standards are audited in accordance with functional risk assessments within the National Standards of Environmental Cleanliness (NHS England, 2021). Standard and transmission-based IPC precautions are maintained in line with national guidance (NHS England, 2023). The consulting rooms, communal areas are fit for purpose for hosting BEMS Fracture and Soft Tissue clinic.

Result: The Sulis Hospital, Bath demonstrates a high standard of cleanliness and infection prevention and control practices. The hospital adheres to standard and transmission-based IPC procedures including hand hygiene, utilising appropriate PPE and rigorous cleaning schedules. IPC standards are assessed through monthly and annual departmental audits. There are no findings requiring remediation in this audit.

Recommendations: No recommendations identified in this audit.

Conclusion: The Sulis Hospital, Bath continues to ensure a high level of infection control procedures are evident and maintained through implementation of national standards and regular departmental audits. The consulting rooms and communal areas are fit for purpose for hosting BEMS Fracture and Soft Tissue clinic.”

IPC Action Plan Progress 2025/26

Action	Owner	Deadline	Progress
Arrange for a PLACE audit to be undertaken.	Associate Director of Estates and FM	October 2026	Completed in September 2026.
Initiate and complete Flu and Covid-19 Vaccination Programme 2025/26	Associate Director of Nursing and AHPs	February 2026	Complete
Undertake peer audits for Environmental Cleanliness and Hand Hygiene	All Leads	March 2026	Complete. Peer audits completed in February 2026
Installation of sluice hopper in SOC DSU	Associate Director of Estates and FM	October 2026	Completed September 2026. Archived from hospital risk register.
Develop 'Cleaning after confirmed or suspected MRSA positive patient' SOP	Deputy Associate Director of Nursing and AHP's – IPU, DSU & Endo Outpatient Lead	September 2026	Ongoing for DSU and Endoscopy. OPU completed and ratified in May 2026. IPU completed and ratified in Sept 2026.
Establish regular RUH IPC nurse audits	Q&A RUH IPC Nurse	July 2025	Complete. Electronic tool established in June 2025 and results shared at monthly IPC committee meetings.
Carry out waste management audit	Associate Director of Estates and FM	December 2025	Complete in November 2025, results shared with IPC committee in December 2025.
Review handwashing provision in OPU scope room	Associate Director of Estates & FM	September 2026	Ongoing, Outpatient Lead to meet with plumber to confirm requirements.
Achieve ANTT accreditation	Associate Director of Nursing and AHP's	March 2027	Due for completion 2026/27
Carry out a Gentamicin Prophylaxis Audit	Pharmacist	July 2026	Completed, findings shared in August IPC committee meeting.