#### Lothian NHS Board

Lothian NHS Board Mainpoint 102 Westport Edinburgh EH3 9DN



Main Switchboard: 0131 242 100

#### www.nhslothian.scot

Date 05/07/2025

Your Ref

Our Ref 10302

Enquiries to Richard Mutch
Extension 35687
Direct Line 0131 465 5687
loth.freedomofinformation@nhs.scot
richard.mutch@nhs.scot

Dear

#### FREEDOM OF INFORMATION - HOSPITAL ACQUIRED INFECTIONS

I write in response to your request for information in relation to Hospital Acquired Infections

We are only able to provide data on mandatory surveillance programmes, not for 'all infections'. We have therefore provided data for *Staphylococcus aureus* bacteraemia (SAB), *Clostridioides difficile* infection (CDI) and *Escherichia coli* bacteraemia (ECB) in line with the requirements of DL 2025 (05).

#### Question:

 The number of recorded Hospital Acquired Infections in the calendar years 2023, 2024 and 2025 to date. Please indicate what the infection was in each case, for example staphylococcus aureus bacteraemia, clostridioides difficile, etc.

#### Answer:

We have enclosed hospital acquisition (HAI) data for CDI, SAB and ECB.

#### Question:

 The number of recorded deaths from Hospital Acquired Infections in the calendar years 2023, 2024 and 2025 to date. Please indicate what the infection was in each case, for example staphylococcus aureus bacteraemia, clostridioides difficile, etc.

#### Answer:

We have enclosed healthcare associated infection data (HCAI) data for the same organisms.

#### Question:

 The number of recorded Healthcare Associated Infections in the calendar years 2023, 2024 and 2025 to date. Please indicate what the infection was in each case, for example staphylococcus aureus bacteraemia, clostridioides difficile, etc.

#### Answer:

Data on Staphylococcus aureus bacteraemia (SAB), Clostridioides difficile infection (CDI) and Escherichia coli bacteraemia (ECB) are published and available to the public









Headquarters Mainpoint 102 West Port Edinburgh EH3 9DN

Chair Professor John Connaghan CBE
Chief Executive Professor Caroline Hiscox

Lothian NHS Board is the common name of Lothian Health Board



here: Quarterly epidemiological data on Clostridioides difficile infection, Escherichia coli bacteraemia, Staphylococcus aureus bacteraemia and Surgical Site Infection in Scotland.

January to March (Q1) 2025 | National Services Scotland

The supplementary data <a href="https://www.nss.nhs.scot/media/6031/hai-quarterly-report-q1-2025-supplementary-data.xlsm">https://www.nss.nhs.scot/media/6031/hai-quarterly-report-q1-2025-supplementary-data.xlsm</a> provide a breakdown by Board for each indicator from 2017 to end Q 1 2025.

To see Lothian data please select 'Lothian' from the drop-down list highlighted in the top left hand corner of each worksheet. This provides both incidence and rate of infection for each indicator.

This information is exempt under Section 25 of the Freedom of Information (Scotland) Act 2002 - Information otherwise accessible

(1) Information which the applicant can reasonably obtain other than by requesting it under section 1(1) is exempt information.

#### Question:

 The number of recorded deaths from Healthcare Associated Infections in the calendar years 2023, 2024 and 2025 to date. Please indicate what the infection was in each case, for example staphylococcus aureus bacteraemia, clostridioides difficile, etc.

#### Answer:

We are unable to provide meaningful mortality data for hospital acquired and healthcare associated infections in response to the questions asked. Therefore we have provided 18 months of data for any patient who died where CDI or SAB was **included** on part 1 or part 2 of the medical certificate of death in Lothian. 21 patient deaths are reported over this period.

These are reported through our internal hospital risk reporting system (DATIX) as significant adverse event (SAE) for further review.

We do not compile data on patients who have died with ECB infection.

The report does not differentiate between hospital, healthcare, or community acquisition of infection.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information



Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at <a href="https://www.itspublicknowledge.info/Appeal">www.itspublicknowledge.info/Appeal</a>. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <a href="https://org.nhslothian.scot/FOI/Pages/default.aspx">https://org.nhslothian.scot/FOI/Pages/default.aspx</a>

Yours sincerely

ALISON MACDONALD Executive Director, Nursing Cc: Chief Executive

Enc.

Scottish Government



#### **Dear Colleagues**

## Further Update on Standards on Healthcare Associated Infections

In February 2023, <u>DL (2023)06</u> was issued informing Health Boards that the previous healthcare associated infection (HCAI) standards and antibiotic use indicators originally due to expire in 2022, were extended to 2024. Since this letter, an objective to review the HCAI standards and indicators was included in the current two-year HCAI <u>Strategy</u> 2023-2025.

Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland were commissioned and in their response, outlined a range of options based on the analysis of the current targets and trends, as well as stakeholder engagement.

The Cabinet Secretary for Health and Social Care considered the recommendations and has approved that the standard should be no increase in the incidence (number of cases) of Clostridioides difficile infection (CDI), Escherichia coli bacteraemia (ECB), and Staphylococcus aureus bacteraemia (SAB) by March 2026 from the 2023/2024 baseline.

# ARHAI Scotland will provide Boards with the 2023/2024 baseline number of CDI, ECB and SAB cases to enable local monitoring.

The national HCAI surveillance programme in Scotland is under review with the recommendations due to Scottish Government by November 2025 (a deliverable within the HCAI Strategy). The surveillance review will consider new standards once the direction of the national mandatory HCAI surveillance programme has been set. Further communications on the surveillance programme will be shared at a later date.

#### From: Interim Chief Nursing Officer, Anne Armstrong

27 March 2025

DL (2025) 05

#### Addresses

#### For action

NHS Scotland Chairs. NHS Scotland Chief Executives. Chief Officers Health and Social Care Partnerships **Local Authorities** HR Directors. Medical Directors. Nurse Directors, Primary Care Leads, Directors of Pharmacy, Directors of Public Health, Directors of Dentistry, Optometric Advisors, All Independent Contractors (Dental, Pharmacy, General Practice and Optometry), Infection Control Managers Infection Control Doctors Infection Control Nurses

#### **Enquiries**

Scottish Government
Directorate for Chief
Nursing Officer
Email: cno@gov.scot







We recognise the hard work that Health Boards have undertaken to work towards these targets in challenging circumstances and we expect Health Boards to maintain standards and continue to prioritise reductions in CDI, ECB and SAB.

Finally, the <u>UK AMR National Action Plan (NAP)</u> sets out renewed UK-wide antibiotic use targets – namely the ambition to, by 2029, reduce total antibiotic use in human populations by 5% and to achieve 70% of total use of antibiotics from the Access category across the human healthcare system. Both targets are set against a 2019/20 baseline. The Scottish Government is currently working with the Scottish Antimicrobial Prescribing Group on a set of supplementary antimicrobial prescribing targets to support the high level NAP goals across both primary and secondary healthcare settings. Further details on these supplementary targets in a further communication in due course.

If you have any questions about the content of this publication, please contact the HCAI/Antimicrobial Resistance Team at <a href="mailto:HAI-AMR\_Policy\_Unit@gov.scot">HAI-AMR\_Policy\_Unit@gov.scot</a>.

Yours sincerely,

**ANNE ARMSTRONG** 

INTERIM CHIEF NURSING OFFICER







#### **CDI Surveillance - Hospital Acquired Infections (HAI)**

HAIs Attributed to Board/Hospital

Click the map and the hospital bars to filter the timeline chart.







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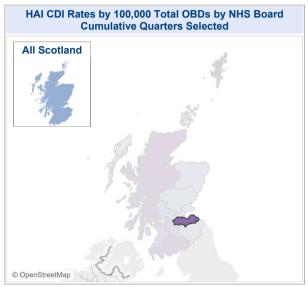
1. Select Start Quarter 2023 Q1

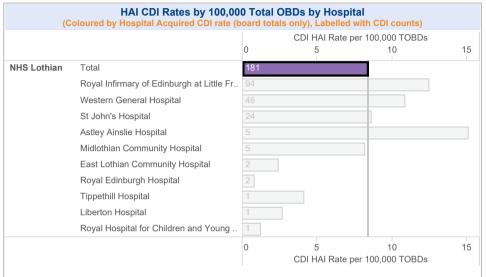
2. Select End Quarter 2025 Q1

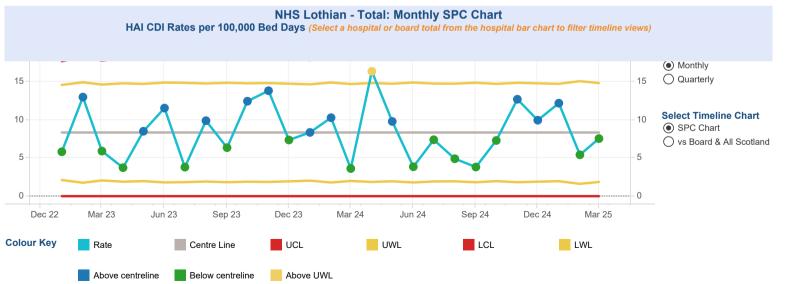
HAI CDI Rate per 100,000 Total Occupied Bed Days
0 >15













#### **Enhanced ECB Surveillance - Hospital Acquired Infections (HAI)**

HAIs Attributed to Board/Hospital
Click the map and the hospital bars to filter the timeline chart.









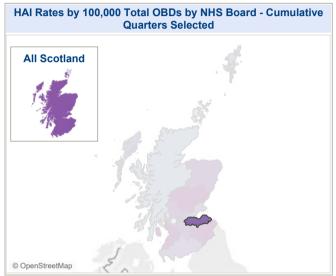
1. Select Start Quarter 2023 Q1

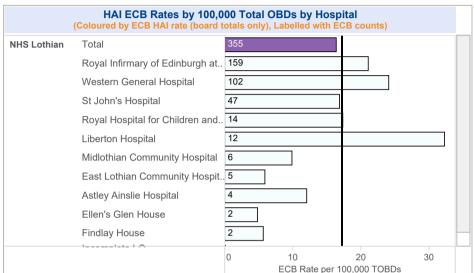
2. Select End Quarter 2025 Q1 HAI ECB Rate per 100,000 Total Occupied Bed Days

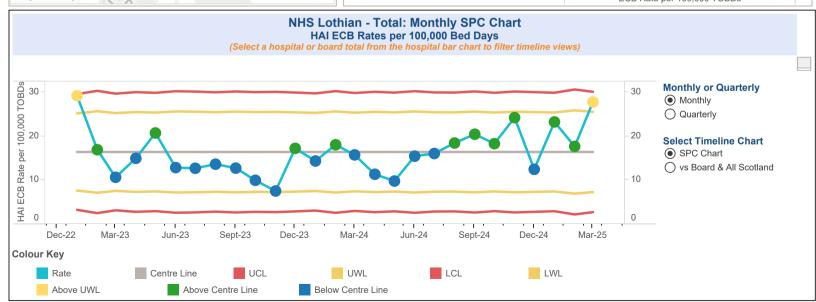
25<













#### **ESAB Surveillance - Hospital Acquired Infections (HAI)**

HAIs Attributed to Board/Hospital
Click the map and the hospital bars to filter the timeline chart.







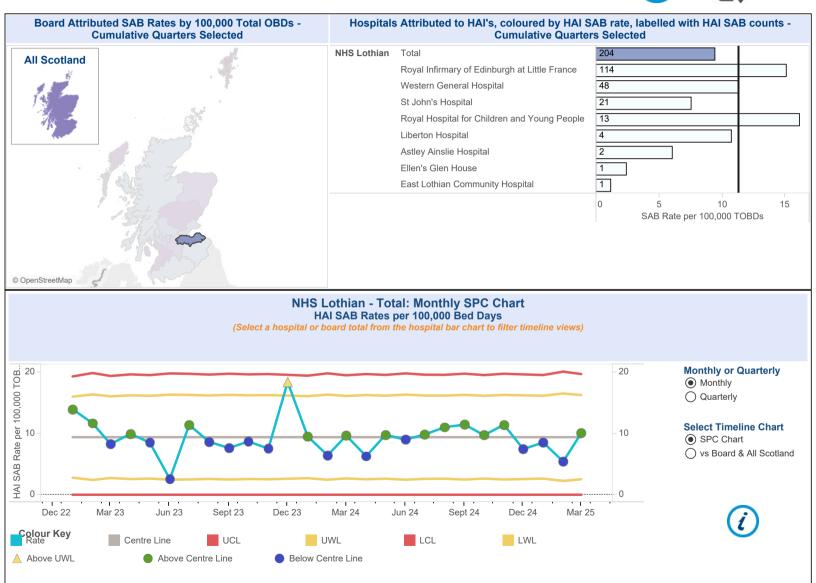


1. Select Start Quarter 2023 Q1 2. Select End Quarter 2025 Q1

HAI SAB Rate per 100,000 Total Occupied Bed Days (Board Totals Only)









#### **NSS Discovery Level 1 Healthcare Associated Infections** Comparisons by Quarter



**Previous Time** 

14.1

**Period Rate** 

15.5

% difference

9.7%



**Health Board** Lothian

Organism

CDI

Measure Clostridioides difficile infection (CDI) Period Ending March 2025

**Period Type** Quarter Ending Year Ending

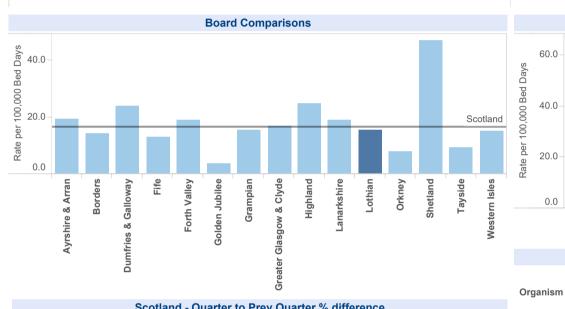
Type

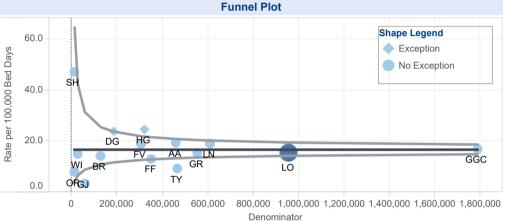
 Healthcare associated infection O Community associated infection

Due to COVID-19, surveillance of Surgical Site Infection (SSI) was paused in 2020 Q1.

#### NHS Lothian - Year Ending March 2025

#### Clostridioides difficile infection (CDI) - Healthcare associated infection





ocoliana - Quarter to 1 104 Quarter 70 unforcince						
Туре	Comparison	Current Time Period Rate	Previous Time Period Rate	% difference		
Healthcare associated infection		13.4	18.1	-25.9%		

CDI

Type

Healthcare

associated infection

Scotland - Year end % difference

Lothian - Year end % difference

Comparison

Non Significant

**Current Time** 

**Period Rate** 

**Current Time Previous Time** Organism Comparison % difference Type Period Rate **Period Rate** Healthcare CDI associated Significant 16.7 14.6 14.9% infection

Please see the link below for information on data sources (including denominators, calculation of rates and statistical analyses), the definitions used to generate this report, and all previous published data.

Data and Intelligence | National Services Scotland (nhs.scot)



#### **NSS Discovery Level 1 Healthcare Associated Infections Comparisons by Quarter**



**Previous Time** 

**Previous Time** 

% difference



**Health Board** Lothian

Measure E.coli bacteraemia (ECB) Period Ending March 2025

Organism

Type

**Period Type** Quarter Ending Year Ending

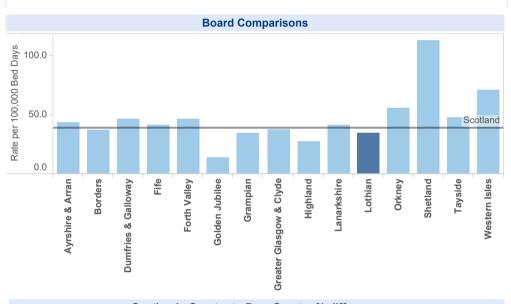
Type

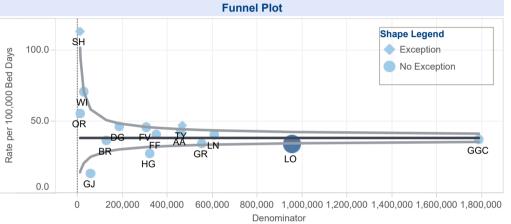
 Healthcare associated infection Community associated infection

Due to COVID-19, surveillance of Surgical Site Infection (SSI) was paused in 2020 Q1.

#### NHS Lothian - Year Ending March 2025

#### E.coli bacteraemia (ECB) - Healthcare associated infection





#### Scotland - Quarter to Prev Quarter % difference

Organism	Туре	Comparison	Current Time Period Rate	Previous Time Period Rate	% difference
ECB	Healthcare associated infection	Non Significant	38.9	36.9	5.4%

**Period Rate** Period Rate Healthcare **ECB** Non Significant 34.5 31.8 8.4% associated infection

**Current Time** 

Lothian - Year end % difference

Comparison

Please see the link below for information on data sources (including denominators, calculation of rates and statistical analyses), the definitions used to generate this report, and all previous published data.

#### Scotland - Year end % difference

Organism	Туре	Comparison	Period Rate	Previous Time Period Rate	е	% difference	
ECB	Healthcare associated infection	Significant	38.	.8	36.4		6.5%

**Current Time** 

Data and Intelligence | National Services Scotland (nhs.scot)



### NSS Discovery Level 1 Healthcare Associated Infections Comparisons by Quarter





% difference

Health Board Lothian Measure
Staphylococcus aureus bacteraemia (SAB)

Period Ending March 2025 Period Type
Quarter Ending
Year Ending

Type

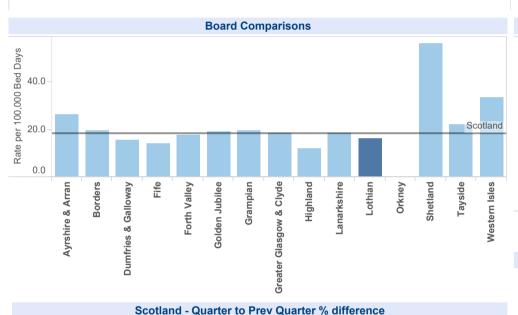
Healthcare associated infection

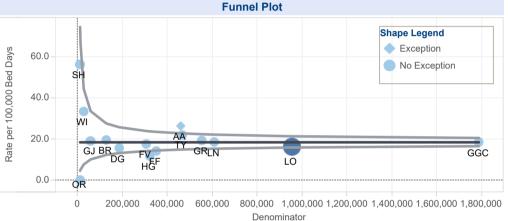
O Community associated infection

Due to COVID-19, surveillance of Surgical Site Infection (SSI) was paused in 2020 Q1.

#### NHS Lothian - Year Ending March 2025

#### Staphylococcus aureus bacteraemia (SAB) - Healthcare associated infection





Organism	Туре	Comparison	Current Time Period Rate	Previous Time Period Rate	% difference
SAB	Healthcare associated infection	Non Significant	18.2	18.4	-0.9%

Organism Type Comparison Current Time Previous Time Period Rate Period Rate

Healthcare

SAB associated Non Significant 16.3 15.9 2.8% infection

Please see the link below for information on data sources (including denominators, calculation of rates and statistical analyses), the definitions used to generate this report, and all previous published data.

Scotland	- Year er	nd % diff	ference

Lothian - Year end % difference

Organism	Туре	Comparison	Period Rate	Period Rate	% difference	
SAB	Healthcare associated infection	Non Significant	18.	5 18	8.2 2.0%	

Data and Intelligence | National Services Scotland (nhs.scot)