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Newmarket

Better Catheter Care: Tackling Avoidable Infection in the NHS

Investigating the impact of catheter-associated urinary tract infections in NHS Trusts

Whitepaper prepared by
Newmarket Strategy

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Executive summary

This report, *Better Catheter Care*: Tackling Avoidable Infection in the NHS, presents the findings of an independent analysis commissioned by BD (formerly Becton, Dickinson and Company). The research was undertaken to better understand the scale of catheter-associated urinary tract infections (CAUTIs) across the NHS, their impact on patients and services, and the opportunities to reduce avoidable harm.

The study draws on a Freedom of Information (FOI) survey of NHS Trusts, supplemented by two in-depth case studies that demonstrate both the challenges and the positive outcomes achievable through best practice. The evidence shows that CAUTIs remain a significant cause of avoidable infection, prolonging hospital stays, increasing the need for antibiotics, and driving unnecessary costs to the health system.

Our findings highlight variations in catheter care practices, gaps in monitoring and reporting, and opportunities for improvement through consistent adoption of evidence-based approaches. The case studies illustrate that with leadership, staff engagement, and the right interventions, Trusts can meaningfully reduce infection rates and improve patient outcomes.

The report makes a series of recommendations aimed at strengthening NHS capability to prevent avoidable infection. These include:

- Address and challenge cultural norms that see infections in elderly patients as inevitable
- Invest in external catheter solutions
- Infection Prevention and Control teams should co-develop new educational and training programmes
- NHS England should commission a review of continence care standards

Taken together, these recommendations set out a practical route towards safer, more consistent catheter care across the NHS. By reducing the burden of avoidable infection, the NHS can improve patient experience, free up valuable capacity, and contribute to wider antimicrobial stewardship goals.

Recommendations at a glance

The escalating burden of catheter-associated urinary tract infections (CAUTIs) in elderly patients demands urgent, collective action. This whitepaper sets out four recommendations to improve care.

1. Address and challenge cultural norms that see infections in elderly patients as inevitable.

Leaders in every NHS Trust must address the cultural normalisation of urinary tract infections (UTIs) in elderly patients. Clinical leads should set explicit targets to reduce hospital aquired UTIs, with clear accountability embedded within clinical governance processes. It is essential to challenge entrenched cultural attitudes towards infections in older adults and replace them with a culture that prioritises prevention.

2. Invest in external catheter solutions.

Global evidence from leading hospitals shows that external female catheters can significantly reduce infection rates while preserving patient dignity. NHS Trusts should invest in these solutions, particularly for elderly and intensive care patients, as part of a broader effort to reduce reliance on invasive catheters and absorbent pads.

3. Infection Prevention and Control (IPC) teams should co-develop new education and training programmes.

In partnership with clinical leaders, frontline staff, and patient safety leads, IPC teams should design and deliver education and training programmes that are practical, evidence-based, and tailored to local needs. Collaborating with neighbouring Trusts and Integrated Care Systems can support the sharing of effective approaches and help build a more consistent, joined-up strategy for infection prevention and control.

4. NHS England should commission a review of continence care standards.

The Chief Nursing Officer for England should commission a comprehensive review of continence care standards across acute and community settings in, with a specific focus on gender disparities and the role of technologies such as external catheter solutions in prevention strategies.

Introduction

Urinary tract infections are placing amounting burden on the NHS

New data from the UK Health Security Agency (UKHSA) reveals that treating UTIs cost NHS hospitals in England an estimated £604 million in 2023-24[1].

UKHSA estimates that during this period, there were nearly 200,000 UTI-related hospital admissions, including infections acquired in both community and hospital settings. These admissions accounted for 1.2 million bed days, averaging six bed days per infection, a figure that has a significant impact on care capacity.

UTIs arise from a range of causes, including bacterial entry, poor catheter care, anatomical abnormalities, and immune suppression. While many UTIs originate in the community, a substantial proportion are acquired in hospital settings, often linked to the use of urinary catheters.[2]

A landmark US study found that catheter use is associated with 75% of hospital-acquired UTIs, with risk increasing the longer a catheter remains in place[3]. CAUTI is associated with prolonged hospitalisation, re-admission and increased mortality. The treatment of both CAUTI and other infections contribute to the emerging problem of antibiotic resistance in hospitals, and uropathogens are a major source of infections caused by antimicrobial-resistant organisms[4].

Investigating CAUTI rates in the NHS

Recognising the ongoing burden of CAUTIs, we undertook this research to help the NHS better understand underlying causes and the real-world barriers to improvement in care.

We undertook a mixed-methods research approach involving:

- Freedom of Information (FOI) requests to all acute NHS Trusts in England, examining CAUTI rates, catheter utilisation, costs, and management approaches.
- Analysis of international best practice, particularly hospitals that have successfully implemented external female catheter technologies.
- Insights gathered from clinical key opinion leaders.

Our findings reveal not only rising rates of CAUTIs, but also entrenched cultural attitudes that hinder progress. Despite compelling evidence, there is limited prioritisation of investment in proven technologies. The NHS currently lacks the capacity in terms of time, resources, and strategic headspace to drive meaningful and sustained change.

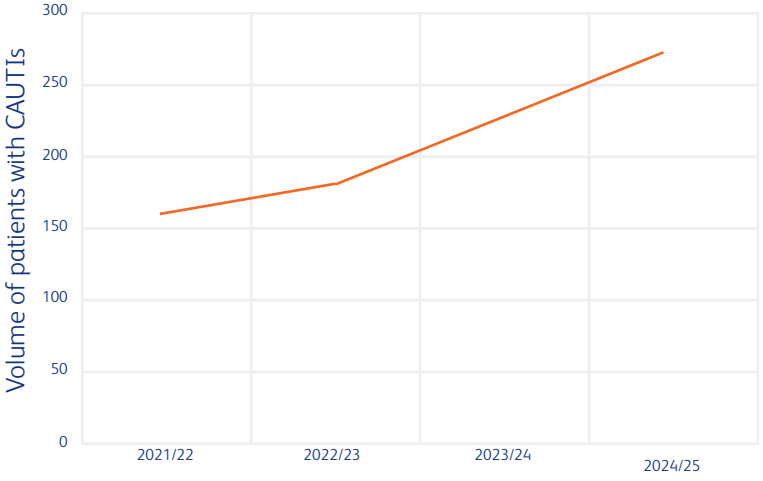
1. UKHSA, Understanding the burden of UTI hospitalisations in England, 2025.
2. UK Health Security Agency. Diagnosis of urinary tract infections: quick reference tools for primary care. GOV.UK. Updated July 7, 2025. Accessed October 6, 2025. https://www.gov.uk/government/publications/urinary-tract-infection-diagnosis/diagnosis-of-urinary-tract-infections-quick-reference-tools-for-primary-care
3. Gray, J., Rachakonda, A. & Karnon, J., 2023. Pragmatic review of interventions to prevent catheter-associated urinary tract infections (CAUTIs) in adult inpatients. Journal of Hospital Infection, 136, pp. 55-74. DOI: 10.1016/j-jhin.2023.03.020
4. Loveday, H. at al.,. (2014) epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection, 86 (Suppl 1), S1-S70. doi:10.1016/S0195-6701(13)60012-2

CAUTI rates are on the rise

Despite national guidance and longstanding awareness of the risks, CAUTIs remain stubbornly persistent across many care settings.

FOI data gathered annually shows a significant upward trajectory, with the average number of CAUTI patients per Trust rising year-on-year, having grown by almost 70% since 2021-22. (Please refer to table below, Appendix 1) This means that the average NHS Trust is now managing nearly 110 additional CAUTI cases every year compared to just four years ago. What makes this trend particularly alarming is its consistency: the graph shows no period of improvement or plateau that might suggest successful prevention efforts are taking hold. The demographic profile driving these infections, predominantly affecting women and patients over 70, has remained relatively stable, yet CAUTI rates continue to climb at a concerning pace, increase 70% between 2021 and 2024-25. (Appendix 1). This trend is particularly concerning given that UTI admissions disproportionately affect women and patients over 70, according to UKHSA.[1]

Average volume of CAUTI patients per Trust (2021-25)



Appendix 1

The UK's population is ageing, so without action, the problem is likely to worsen[2]. This data suggests that current prevention strategies are not only failing to reduce infections but are becoming less effective over time. A 2020 Public Health England behavioural analysis found that existing CAUTI interventions use a "narrow range of strategies – primarily educational in nature, delivered in the form of guidelines" and concluded that "passive guideline dissemination will only go so far" in addressing the barriers to effective catheter care.[3]

For a healthcare system already experiencing a significant UTI burden, this specific CAUTI trend represents both an escalating clinical challenge and a growing financial liability. Urgent, systematic intervention is needed to reverse this concerning trajectory.

2024-25 NHS data paints a damning picture

£4.6 million
Median annual cost per Trust for treating UTIs

94,062
Patients with urinary catheters

15,248
CAUTIs reported

16.2%
Of patients with urinary catheters developed a CAUTI

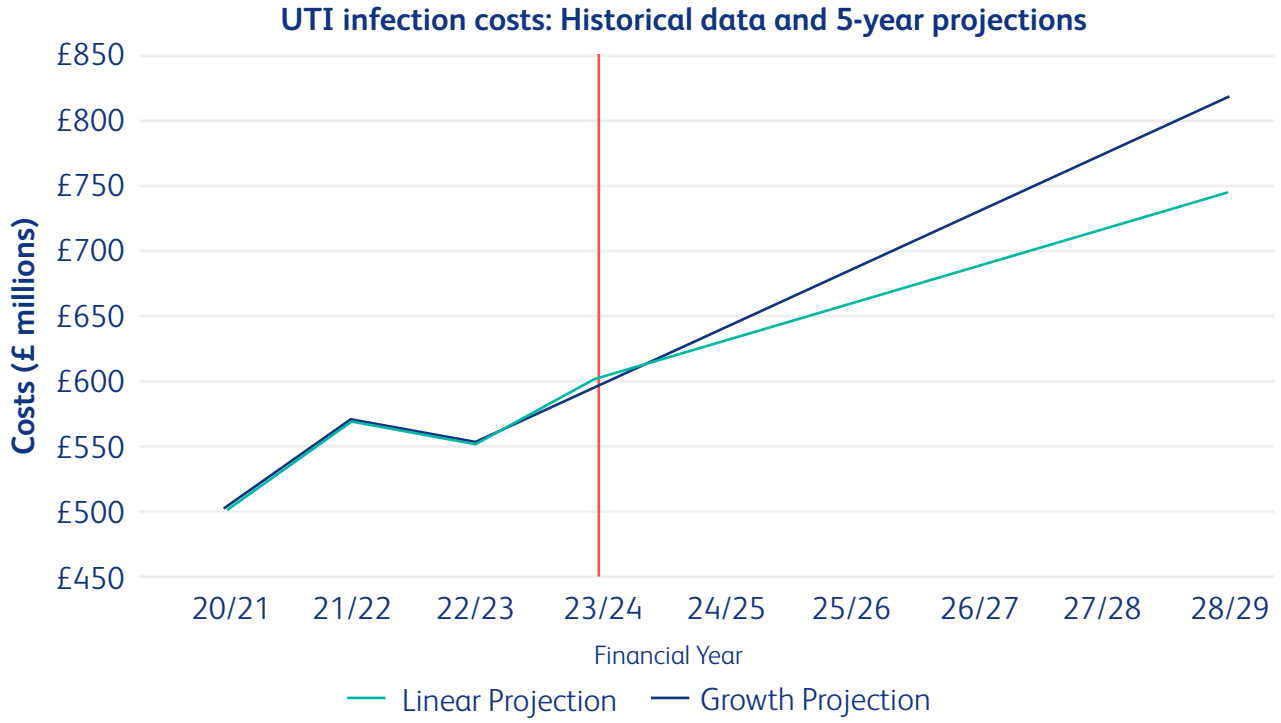
51 Trusts
Responded to the FOI request with data on CAUTIs

Source: FOI requests to NHS Trusts
Full FOI analysis available in supplementary materials.

1. UKHSA, Understanding the burden of UTI hospitalisations in England, 2025.
2. Barton C, Sturge G, Harker R. The UK's changing population. House of Commons Library. Published July 16, 2024. Accessed October 8, 2025. https://commonslibrary.parliament.uk/the-uks-changing-population/ [commonslib...liament.uk]
3. Atkins L, Sallis A, Chadborn T, et al. Understanding and changing behaviours related to preventing catheter associated urinary tract infections: a strategic behavioural analysis. Full technical report. London: Public Health England; 2020. Available from: https://assets.publishing.service.gov.uk/media/5f04519b3a6f-4023cac183db/PHE_CAUTI_FULL.pdf. [assets.pub...ice.gov.uk]

Increased infections will lead to significant NHS costs

Based on the historical data from 2020/21 to 2023/24, UTI infection costs show a clear upward trajectory with an average annual growth rate of 6.3%*. Despite some year-to-year volatility, including a temporary decrease in 2022/23, the overall trend indicates that costs will continue to rise significantly over the next five years. Conservative projections suggest costs could reach £743 million by 2028/29, while growth-adjusted forecasts indicate potential costs as high as £819 million, representing a substantial increase from current levels of £604 million.



Methodology

The future cost estimates were calculated using two different approaches to provide a realistic range for planning purposes. The first method assumes costs will continue to increase by a steady amount each year (approximately £28.6 million annually), based on the average increase seen over the past four years. The second method applies a percentage increase each year (6.3% annually), which reflects how healthcare costs typically grow over time, where each year's increase builds on the previous year's total. Both calculations are based on the cost data from 2020/21 to 2023/24, during which UTI infection costs increased by 20% overall.

* Based on analysis of FOI responses on cost data collected annually, combined with UKHSA national cost estimates based on payment by results data.

FOI results show a fragmented approach to infection management

Of the 116 NHS Trusts that responded to our FOI data request in 2024-25 (Appendix 1), we found that:

- There is variation in CAUTI rates (table below)
- No Trust had a specific strategy addressing CAUTIs in elderly patients
- Infection prevention policies rarely report age disparities
- Board reporting is inconsistent, with one third of Trusts never reporting CAUTI rates to executives*

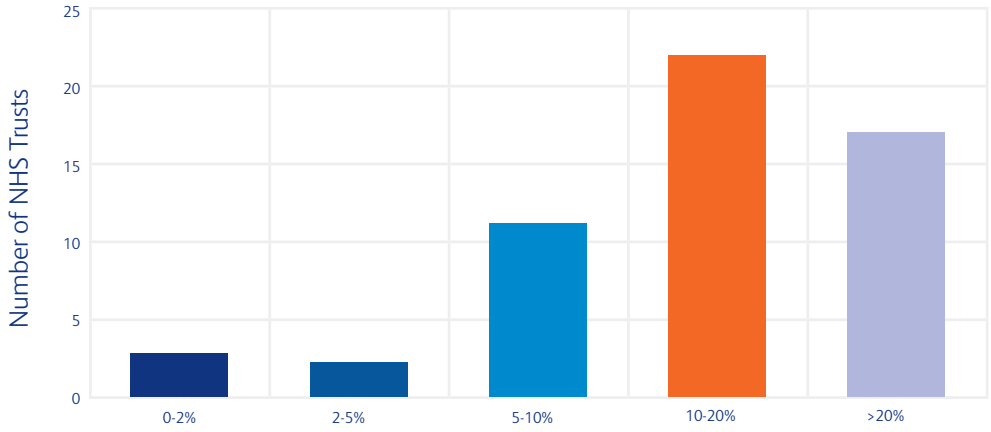
This data raises questions about standards,and there is a risk that clinical decisions are being made without considering innovations that could improve care. It seems that reliance on traditional indwelling catheters persists despite well-evidenced risks of infection.

The FOI data, which can be found in the appendix reveals concerning data gaps:

- Only 12 Trusts could provide data on antibiotic prescriptions for CAUTIs, suggesting limited oversight on treatment and costs
- 11 Trusts reported that over 1,700 patients required multiple antibiotics for a single CAUTI, indicating infection severity and the scale of costs
- 72 Trusts stated that they hold no data on CAUTI-related prescriptions, demonstrating a lack of data maturity.
- Limited data is available on the adoption of alternative continence management solutions, including external catheters for female patients

Digital and data maturity remains therefore an issue. Our FOI requests revealed that many NHS Trusts required manual data extraction, suggesting that these infections are not systematically monitored or prioritised.

CAUTI rates across NHS Trusts (2024-25)**



CAUTI rate calculated as percentage of catheterised patients who developed UTI

* Specific data on board-reported practices collected via FOI requests, 2024-25.
** Source: Analysis of data from responses to FOI requests, 2024-25. N=55 (Appendix 1)

The role of innovation in preventing infection

Increased CAUTI rates represent a financial as well as a clinical issue. NHS leaders should recognise that investment in technologies has the potential to support a financial return as well as improve clinical care.

Based on evidence from leading hospitals that have implemented external female catheter programmes, such solutions can deliver:

- Infection prevention: 55% reduction in CAUTI rates demonstrated at Thomas Jefferson University Hospital (page 10)
- Direct cost savings: $994 (£750) per patient per day compared to traditional methods (Uhr et al., 2021)
- Operational efficiency: 65% reduction in night-time nursing interventions and substantial decrease in continence care episodes (UK observational study, page 11)
- Improved patient outcomes: Enhanced comfort, dignity, and sleep quality (88% effectiveness in maintaining dryness vs 40% with traditional pads)

While NHS implementation would need to account for local contexts and care pathways, these international outcomes demonstrate the potential for meaningful clinical and financial returns on investment

Patient and staff benefits
External catheter solutions offer advantages for patients and staff beyond infection prevention, in both hospital and community settings.

Cooper et al. published a study document measurable improvements in patient experience with external catheters:

- 65% reduction in night-time nursing interventions
- 89% reduction in patient sleep disruption
- 67% of patients report increased comfort with external devices
- 88% effectiveness of external catheters in maintaining dryness and reducing irritation compared to 40% with traditional pads

The following case studies demonstrate the real-world impact of external female catheters in healthcare settings. The Thomas Jefferson University Hospital study shows how external catheters can significantly reduce CAUTIs in intensive care units, achieving a 55% reduction in CAUTI rates (Zavodnik et al., 2020). The UK observational study illustrates the patient experience benefits, with participants reporting improved comfort, dignity, and sleep quality compared to traditional continence management methods.

Case Study 1:

Thomas Jefferson University Hospital - demonstrating CAUTI reduction

Key findings

55%
Reduction in CAUTI rates

3.14 → 1.42
CAUTIs per 1,000 catheter days

18.2%
Decrease in catheter days

Statistically significant decrease attributable to external catheter intervention

Study overview

Female external urinary catheters implemented in intensive oare units to reduce catheter-associated urinary tract infections by avoiding indwelling catheters in appropriate female populations.

Setting: ICU patients, the most vulnerable population for healthcare-associated infections

Hospital profile: Thomas Jefferson University Hospital (TJUH) is a large urban academic medical centre closely associated with Jefferson Hospital for Neuroscience (JHN). These hospitals contain nine ICUs and hove long had a nurse-driven IUC protocol.

Study design

Type: Retrospective observational study
Participants: All adult ICU patients from Jan 2017 to Dec 2019

89,856
Patient days

3 Years
Study period

Main outcome: Compared CAUTI rates in female ICU patients after external catheter became available.

Intervention

BD PureWick™
Made availble to all ICU patients in Jan 2018

Primary indication: Patients requiring strict monitoring of intake and output without other means of obtaining these measurements; anticipated to avoid need for indwelling catheter.

Results timeline

Continued downward trend, showing sustained improvement

Implementation success and feedback

The availability of FEUC wos associated with a statistically signifioant decrease in CAUTIs. Informal feedback from patients and nursing was positive, and prior to availability of outcomes data, the product hod been introduced to all units of the hospital.

Implementation was requested by non-ICU nurses who were aware of the product, and after feedback from patients who had used the FEUC while in the ICU and were frustrated at the need to discontinue it when transferred to the floors.

Even before a statistically significant decrease in CAUTI rotes was demonstrated, staff and patient feedback led the hospital to continue making the FEUC available hospital-wide.

Case Study 2:

UK Observational Study in Care Homes - Demonstrating Patient Experience Benefits

Study overview

25
Female participants, average age 76

10-14 days
Baseline vs intervention periods

Methodology: Observational study comparing[1] BD PureWick™ with incontinency pads and Foley catheters using Patient-Reported Outcomes Measurements (PROMS).

Patient experience outcomes

88%
Stayed dry all/most of the time

7.2/10
Comfort Rating for PureWick™

52%
Never experienced skin irritation

56%
Never worried about odour
(vs 16% with pads/traditional catheters)

89%
Reduction in sleep disturbance

Operational benefits

Care efficiency: Pad changes reduced from 522 to 103 during trial period. Night-time interventions reduced by 65%, significantly improving both patient rest and staff workflow.

Continuation rates: 64% of care/nursing home users and 100% of home users chose to continue using external catheters beyond the trial period

Staff feedback & key learning

Nursing staff reported high satisfaction with urine collection, minimal leakage, and ease of use. No skin injuries were reported to be related to the external catheter, and staff consensus was that they would use the product again for eligible patients.

Conclusion: External catheters demonstrate use-reported benefits including improved independence, dignity, and quality of life over other continence products, with meaningful improvements in patient experience and care efficiency

Diginity and patient choice should be at the heart of care

Behind every CAUTI statistic is a person whose dignity and autonomy have too often been overlooked. Unnecessary use of indwelling catheters not only increases the risk of infection, but can also strip patients of control, comfort, and choice in their care. The physical and psychological impacts extend far beyond clinical harm - they reflect a deeper failure to prioritise what matters most to patients.

Dignity denied
Traditional indwelling catheters can represent a profound invasion of privacy and bodily autonomy for patients, and the loss of control over basic bodily functions can be devastating. External catheters offer a way to provide continence care without this invasive intervention.

A recent quality improvement project (Leibnitz, 2025) found that while 22% of external catheter users developed pressure injuries, 39% of staff reported inadequate training, highlighting the importance of comprehensive education as a clear mitigation of the risk of pressure injuries. **Infection Prevention and Control staff should take a leading role.**

The cascade of decline
What begins as routine catheterisation can potentially trigger a cascade of complications, particularly in vulnerable elderly patients:

1. Initial discomfort and loss of dignity
2. Restricted mobility due to catheter management
3. Increased infection risk with each day of use (3-7% daily according to Gray et. al, 2023)
4. Physical and cognitive symptoms: UTIs in older adults are associated with delirium and reduced capacity for daily activities (UKHSA, 2025)
5. Extended hospitalisation (UTI admissions average 6.4 days) and potential functional decline (UKHSA, 2025)
6. In severe cases, loss of independence

Investment in external catheters can help prevent this progression by avoiding indwelling catheterisation when appropriate.By adopting proven technologies, we can reduce infections, protect patient dignity, and restore choice to those who deserve better. NHS leaders now need to invest intechnologies that lead to improvement in patient care and experience, as well as reducing CAUTI rates.

Recommendations

CAUTIs continue to place a significant burden on the NHS. These recommendations aim to support NHS Trusts and system leaders in shifting entrenched cultures, investing in prevention-focused technologies, and strengthening infection prevention and control practices. They also support the key aims of the *NHS 10 Year Health Plan for England*, which focuses on transforming the NHS through three key shifts: moving care from hospitals to the community, embracing digital technologies, and prioritising preventative care.

1. Address cultural norms that normalise infections in elderly patients
Leaders in every NHS Trust must confront and challenge the cultural normalisation of UTIs in elderly patients. Too often, infections in older adults are seen as an inevitable part of ageing or care, which undermines efforts to reduce avoidable harm. Clinical leads should be tasked with setting explicit targets to reduce CAUTI rates, with clear lines of accountability embedded in clinical governance and performance monitoring frameworks. Shifting the culture requires visible leadership and a strong signal that prevention, not acceptance, is the standard of care.

2. Invest in proven external catheter solutions
There is a growing body of global evidence demonstrating that external female catheter solutions can significantly reduce infection rates while maintaining patient dignity. NHS Trusts should prioritise investment in these technologies, particularly in elderly care and intensive care settings, as part of a wider shift away from reliance on traditional indwelling catheters and absorbent pads. These solutions can help reduce infection risk, improve patient experience, and support efforts to modernise continence care.[1]

3. Strengthen education and training through co-developed programmes
Infection Prevention and Control teams should co-develop practical, evidence-based education and training programmes in partnership with clinical leaders, frontline staff, and patient safety leads. These programmes should focus on improving clinical decision-making, reducing reliance on outdated practices, and raising awareness of alternative catheter solutions. Working collaboratively with neighbouring Trusts and Integrated Care Systems(ICSs) can support the spread of best practice and contribute to a more consistent, joined-upapproach to infection prevention.

4. Commission a national review of continence care and infection prevention
NHS England, through the Chief Nursing Officer, should commission a comprehensive review of continence care standards across acute and community settings. This review should include an evaluation of UTI and CAUTI rates, gender disparities in infection prevention, and the role of innovative technologies, such as external catheters, in improving outcomes. The findings should inform updated national guidance and support targeted investment in areas of greatest need.

1. Pryor N, Wang J, Young J, Townsend W, Ameling J, Henderson J, Meddings J. Clinical outcomes of female external urine wicking devices as alternatives to indwelling catheters: a systematic review and meta-analysis. Infect Control Hosp Epidemiol. 2024;45(9):1121–1129. doi:10.1017/ice.2024.73.

Conclusions

The evidence presented in this whitepaper reveals an NHS that is failing its mostvulnerable patients. Whilst we have made remarkable advances in many areas of healthcare, we have allowed a culture of complacency to normalise preventable suffering in elderly patients.

The burden is substantial: CAUTI rates have risen by 70% since 2021 (according to our analysis of FOI data), UTI-related hospitalisations cost the NHS over £600 million annually (according to the UKHSA), and thousands of patients are developing preventable catheter-related infections each year, despite evidence that alternative approaches to continence management can significantly reduce infection risk while preserving dignity (according to our analysis of FOI data).

External female catheter technologies offer a proven path forward. The evidence from leading hospitals is unequivocal:

- Thomas Jefferson University: 55% reduction in CAUTIs, saving £750 per patient per day
- Patient satisfaction: 88% stay dry, 67% report increased comfort, and 89% sleep better
- Nursing efficiency: 65% reduction in night-time interventions

These are not experimental interventions but established solutions that should be standard practice. NHS Trusts that fail to provide these devices are denying their patients access to safe, proven, and dignity-preserving care.

For NHS leaders, this issue presents a clear and urgent opportunity to drive meaningful change. Trusts should be empowered to offer external female catheters to appropriate patients, improving clinical outcomes, enhancing patient dignity, and addressing a long-overlooked gap in care.

Please don't hesitate to reach out with any questions or to discuss this report further with Greg Quinn, Director of Public Policy and Advocacy at BD, at greg.quinn@bd.com

Appendix

Urinary Tract Infections in NHS Trusts
Freedom of Information Act Responses

Freedom of Information (FOI) requests:

On 9th May 2025, FOI requests were sent to 116 NHS Trusts in England requesting the following information:

1. How many patients received a urinary catheter in the 2024-25 financial year?
2. How many Catheter-Associated Urinary Tract Infections (CAUTIs) were recorded in the 2024-25 financial year?
3. How many urinary tract infections (UTIs) were recorded in the 2024-25 financial year?
4. What was the total cost of urinary tract infections in the 2024-25 financial year?
5. How many prescriptions were dispensed in relation to Catheter-Associated Urinary Tract Infections in the 2024-25 financial year?
6. How many patients received antibiotics in relation to Catheter-Associated Urinary Tract Infections in the 2024-25 financial year?
7. How many patients received two or more antibiotics in relation to a single Catheter-Associated Urinary Tract Infection in the 2024-25 financial year?

This followed on from a previous exercise last year, where FOI requests were sent to 160 NHS Trusts in England on April 10th 2024 requesting the same information for the 2021, 2022, and 2023 calendar years.

In order to comply with the FOI Act, NHS Trusts had 20 working days to reply to the request which gave them a deadline of 6th June 2025 to respond.

Results

For results from FY 2024-25, 72 responses were received by 19th June 2025, which is a current response rate of 62%. Several Trusts have responded citing delays, committing to sending their results in the coming days. For results for 2021-23, 117 responses were received by the 3rd June 2024, which represented a response rate of 73%.

Newmarket Strategy has supported the data analysis of this project.

1. How many patients received a urinary catheter in the time period specified?

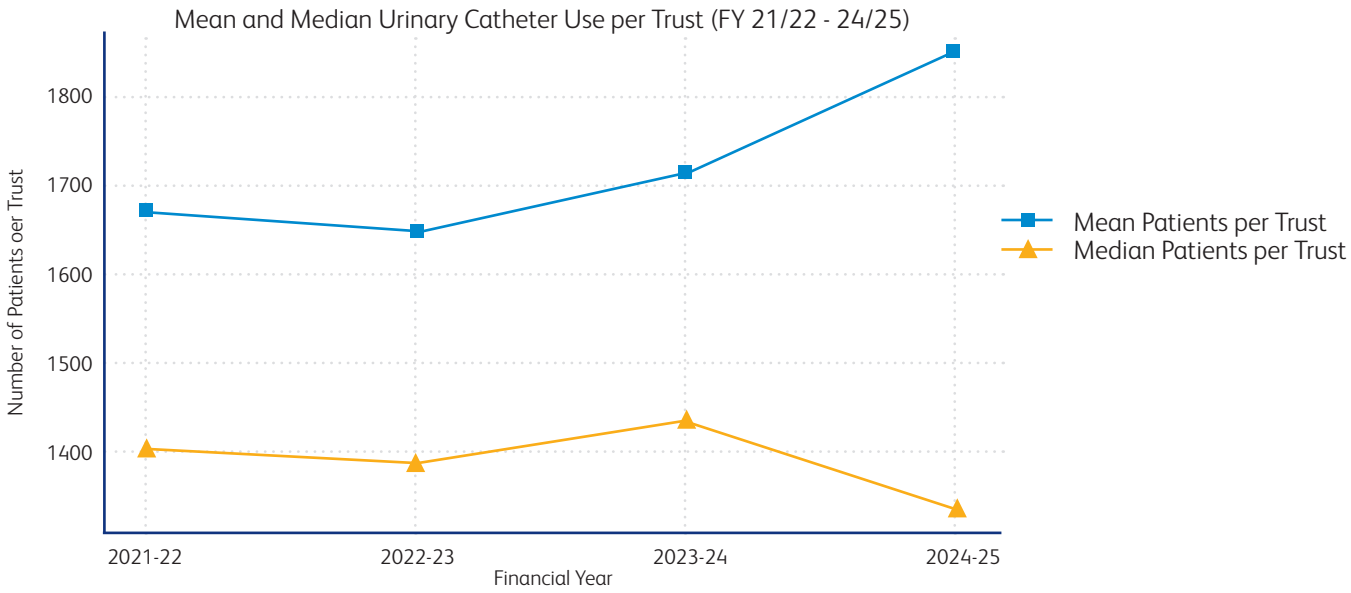
For 2021-23, 82 Trusts were able to provide data in response to this question, with the remaining 35 stated that the data was either not held (22) or that it would take them more than 18 hours to obtain the data and therefore under the terms of the FOI Act they did not have to provide an answer. In 2025, 51 Trusts were able to provide data in response to this question.

2021 data
In the 82 Trusts who were able to provide data 136,952 patients received a urinary catheter. The median figure for the Trusts was 1,406 with a range of 0 to 6,262 patients. The mean figure was 1,670 patients per Trust.

2022 data
In the 82 Trusts who were able to provide data 135,080 patients received a urinary catheter. The median figure for the Trusts was 1,387 with a range of 0 to 6,068 patients. The mean figure was 1,647 patients per Trust.

2023 data
In the 82 Trusts who were able to provide data 140,332 patients received a urinary catheter. The median figure for the Trusts was 1,432 with a range of 0 to 6,483 patients. The mean figure was 1,711 patients per Trust.

FY 2024-25 data
In the 51 Trusts who were able to provide data, 94,062 patients received a urinary catheter. The median figure for the Trusts was 1,335 with a range of 11 to 8,597 patients. The mean figure was 1,844 patients per Trust.



2. How many Catheter Associated Urinary Tract Infections were recorded in the time period specified?

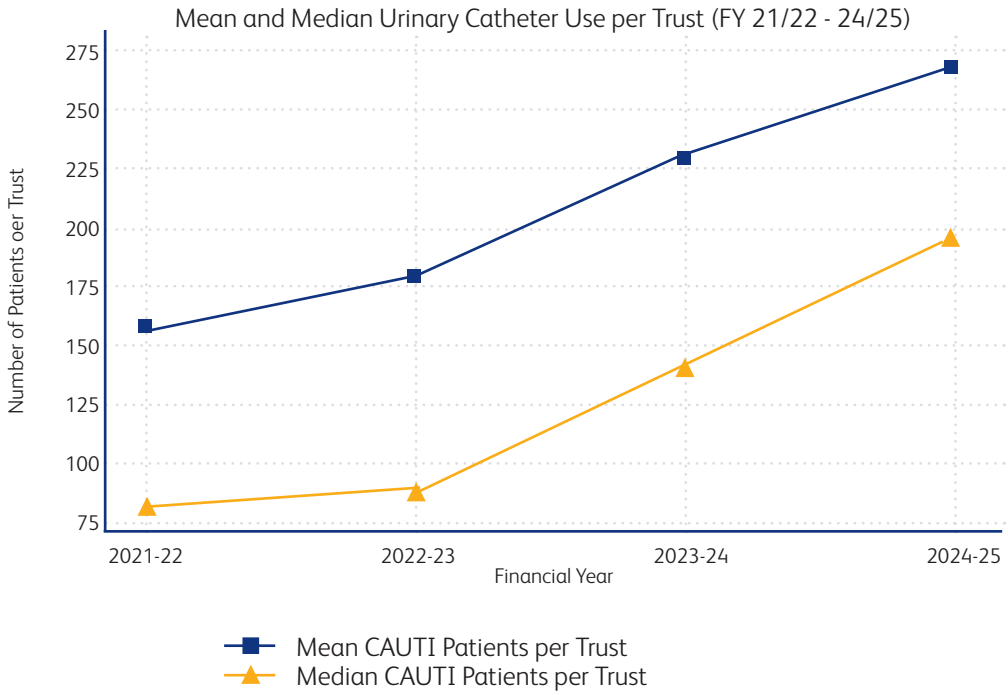
For 2021-23, 81 Trusts were able to provide data in response to this question, with the remaining 36 stated that the data was either not held (20) or that it would take them more than 18 hours to obtain the data and therefore under the terms of the FOI Act they did not have to provide an answer. In 2025, 57 Trusts were able to provide data in response to this question.

2021 data
In the 81 Trusts who were able to provide data 12,795 patients had a catheter associated urinary tract infection. The median figure for the Trusts was 81 with a range of 0 to 1,712 patients. The mean figure was 158 patients per Trust.

2022 data
In the 81 Trusts who were able to provide data 14,577 patients had a catheter associated urinary tract infection. The median figure for the Trusts was 89 with a range of 0 to 1,632 patients. The mean figure was 180 patients per Trust.

2023 data
In the 81 Trusts who were able to provide data 18,536 patients had a catheter associated urinary tract infection. The median figure for the Trusts was 140 with a range of 0 to 1,795 patients. The mean figure was 229 patients per Trust.

FY 2024-25
In the 57 Trusts who were able to provide data, 15,248 patients had a catheter associated urinary tract infection. The median figure for the Trusts was 196 with a range of 2 to 1,420 patients. The mean figure was 268 patients per Trust.



3. How many urinary tract infections were recorded in the time period specified?

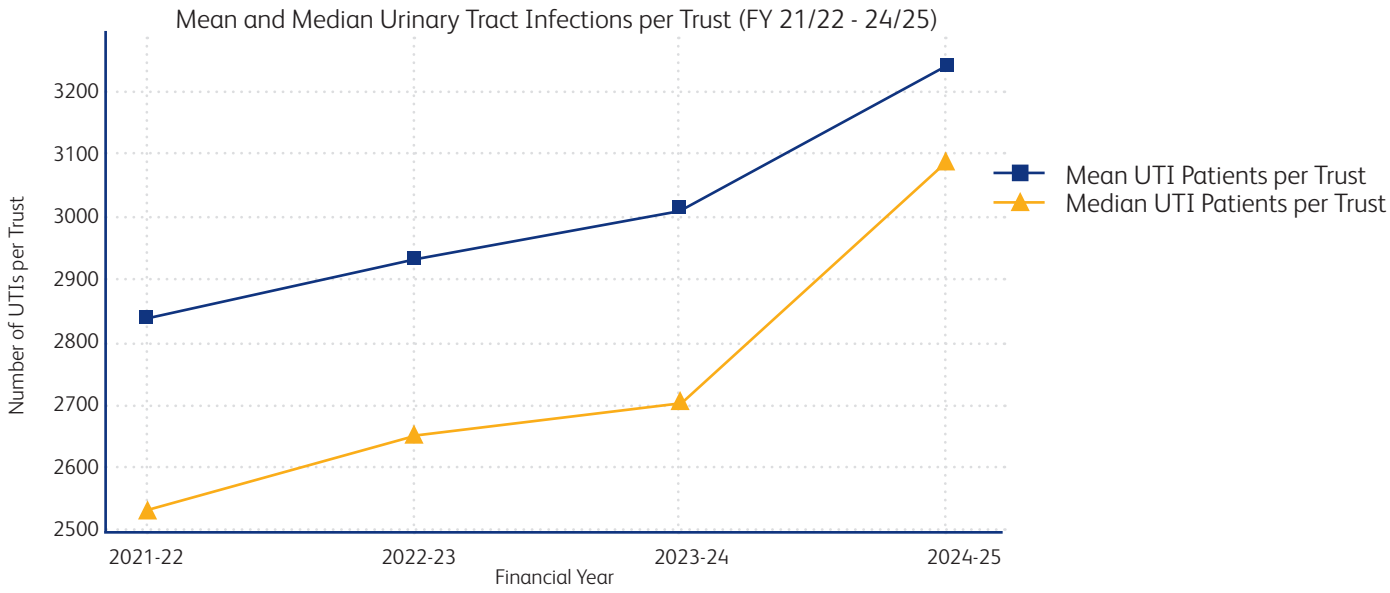
For 2021-23, 88 Trusts were able to provide data in response to this question, with the remaining 29 stated that the data was either not held (16) or that it would take them more than 18 hours to obtain the data and therefore under the terms of the FOI Act they did not have to provide an answer. In 2025, 58 Trusts were able to provide data in response to this question.

2021 data
In the 88 Trusts who were able to provide data 249,829 urinary tract infections were recorded. The median figure for the Trusts was 2,532 with a range of 2 to 10,799 urinary tract infections. The mean figure was 2,839 urinary tract infections per Trust.

2022 data
In the 88 Trusts who were able to provide data 257,731 urinary tract infections were recorded. The median figure for the Trusts was 2,647 with a range of 1 to 13,958 urinary tract infections. The mean figure was 2,929 urinary tract infections per Trust.

2023 data
In the 88 Trusts who were able to provide data 264,638 urinary tract infections were recorded. The median figure for the Trusts was 2,699 with a range of 3 to 15,168 urinary tract infections. The mean figure was 3,007 urinary tract infections per Trust.

FY 2024-25
In the 58 Trusts who were able to provide data, 188,000 urinary tract infections were recorded. The median figure for the Trusts was 3,083 with a range of 27 to 10,239 urinary tract infections. The mean figure was 3,241 urinary tract infections per Trust.



4. What was the total cost of urinary tract infections in the time period specified?

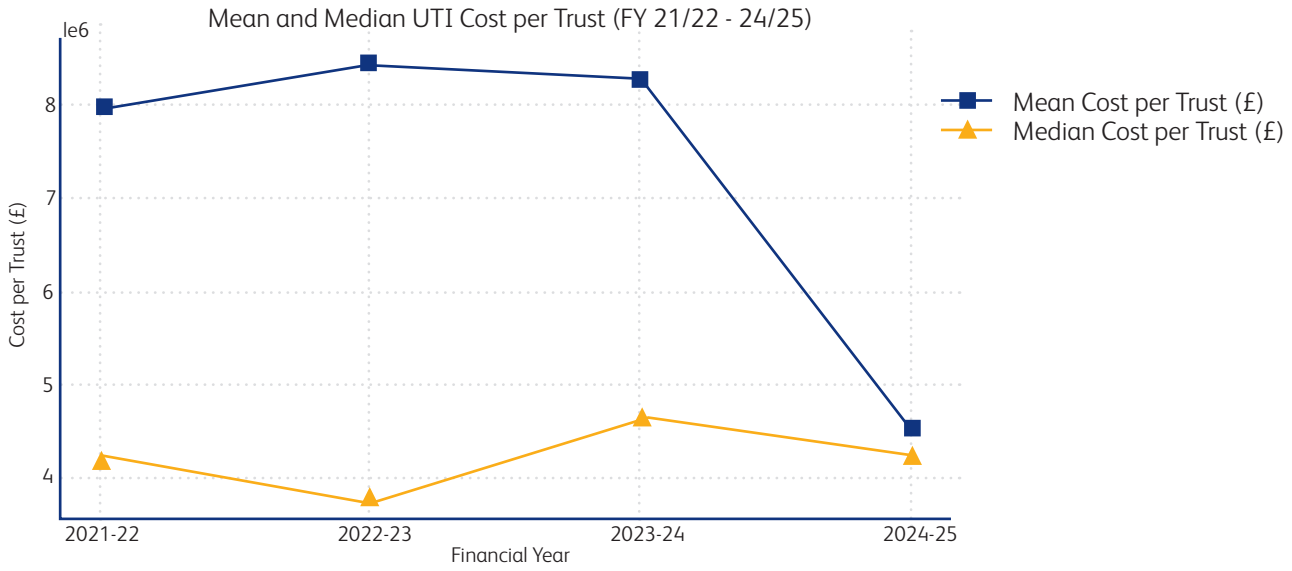
For the 27 Trusts were able to provide cost data for 2021 and 2022, 71 Trusts stated that the data was not held, and 19 Trusts stated that it would take them more than 18 hours to obtain the data and therefore under the terms of the FOI Act they did not have to provide an answer. 26 Trusts were able to provide cost data for 2023, and 12 Trusts were able to provide cost data for FY 2024-25.

2021 data
The total costs of urinary tract infections for the 27 Trusts who were able to provide data was £215,588,545. The median figure was £4,189,015 and the range was £758,670 to £54,258,575. The mean figure was £7,984,761. Care should be taken in interpreting this data as Trusts have indicated differing methods of calculating this cost in their responses.

2022 data
The total costs of urinary tract infections for the 27 Trusts who were able to provide data was £228,324,069. The median figure was £3,777,221 and the range was £733,633 to £58,891,910. The mean figure was £8,456,447. Care should be taken in interpreting this data as Trusts have indicated differing methods of calculating this cost in their responses.

2023 data
The total costs of urinary tract infections for the 26 Trusts who were able to provide data was £215,433,186. The median figure was £4,639,870 and the range was £794,900 to £38,725,275. The mean figure was £8,285,892. Care should be taken in interpreting this data as Trusts have indicated differing methods of calculating this cost in their responses.

FY 2024-25
The total costs of urinary tract infections for the 12 Trusts who were able to provide data was £54,511,677. The median figure was £4,268,953 and the range was £424,854 to £10,142,299. The mean figure was £4,542,640. Care should be taken in interpreting this data as Trusts have indicated differing methods of calculating this cost in their responses.



5. How many prescriptions were dispensed in relation to Catheter Associated Urinary Tract Infections in the time period specified?

For 2021-23, 72 Trusts stated that this data is not held, and 38 Trusts stated that it would take them more than 18 hours to obtain the data and therefore under the terms of the FOI Act they did not have to provide an answer. Therefore, no suitable data is available to answer this question for 2021-23. However, in 2025, 11 Trusts were able to provide data in response to this question.

In the 11 Trusts who were able to provide data, 8,720 prescriptions were recorded. The median figure for the Trusts was 349 with a range of 73 to 2,279 prescriptions. The mean figure was 794 prescriptions per Trust.

6. How many patients received antibiotics in relation to Catheter Associated Urinary Tract Infections in the time period specified?

For 2021-23, 72 Trusts stated that this data is not held, and 38 Trusts stated that it would take them more than 18 hours to obtain the data and therefore under the terms of the FOI Act they did not have to provide an answer. Therefore, no suitable data is available to answer this question. In 2025, 12 Trusts were able to provide data in response to this question.

In the 12 Trusts who were able to provide data, 5,246 patients were recorded. The median figure for the Trusts was 187 with a range of 2 to 1,929 patients. The mean figure was 437 patients per Trust.

7. How many patients received two or more antibiotics in relation to a single Catheter Associated Urinary Tract Infections in the time period specified?

For 2021-23, 72 Trusts stated that this data is not held, and 38 Trusts stated that it would take them more than 18 hours to obtain the data and therefore under the terms of the FOI Act they did not have to provide an answer. Therefore, no suitable data is available to answer this question. In 2025, 11 Trusts were able to provide data in response to this question.

In the 11 Trusts who were able to provide data, 1,739 patients were recorded. The median figure for the Trusts was 64 with a range of 2 to 439 patients. The mean figure was 158 patients per Trust.

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