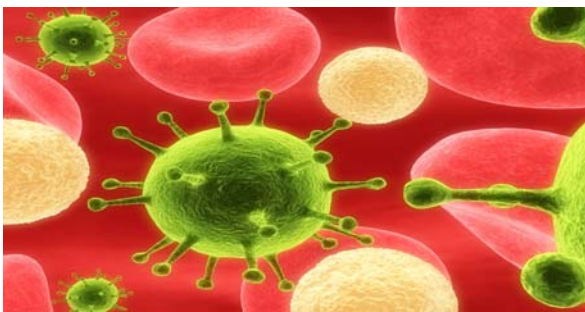




NHS Forth Valley Healthcare Associated Infection Reporting Template (HAIRT) March 2010



HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

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HEALTHCARE ASSOCIATED INFECTION REPORTING TEMPLATE (HAIRT)

1.0 PURPOSE OF REPORT

The purpose of this report is to provide regular and clear reporting to the public on Healthcare Associated Infection (HAI) within NHS Forth Valley. The Cabinet Secretary for Health and Community Care wants to make sure all NHS Boards report in public on a bi-monthly basis on key aspects of HAI. NHS Forth Valley has taken time to develop a report that is user friendly for the public which will help to answer questions as well as providing key information.

The report includes information on:

- *Clostridium difficile* Infection (CDI)
- *Staphylococcus aureus* bacteraemias (SABs)
- Hand Hygiene Programme
- Cleaning Services Specification Compliance
- Any significant HAI incidents/outbreaks and emerging threats
- Progress on compliance with the national HAI Programme – that is the ‘RAG’ report (Red Amber, Green score according to the level of compliance achieved by a health board)
- Additional activities that reduce HAI - and what can the public do to help?

2.0 WHAT IS HEALTHCARE ASSOCIATED INFECTION?

This is an infection that may affect people when they are receiving healthcare. Most healthcare associated infections are caused by germs that live normally on or in our bodies and usually do us no harm. Being ill or receiving treatment can make your natural defence system (immune system) weaker than usual.

You can acquire an infection when at home or in the community, in hospitals, care homes or in a doctor’s surgery.

The most well known healthcare associated infections are caused by *C. difficile*, MRSA and Norovirus which are each described in this report.

2.1 What happens if you acquire an HAI?

This depends on the type of infection that you get and your general health. The health and social care staff looking after you will talk to you about the care and treatment you need. In hospital you may: be put into a single room to prevent the infection from spreading to other people; need extra medicine, for example, antibiotics; receive advice about what you can do to stop the infection spreading.

3.0 SURVEILLANCE WITHIN NHS FORTH VALLEY

The Infection Control Team has surveillance systems in place to continually monitor and record all healthcare associated infections. These systems allow us to show whether we are meeting the nationally set targets to reduce certain types of healthcare associated infections; they also allow us to monitor how effective our procedures and processes are in helping reduce infections.

Enhanced surveillance is where more information is collected to improve understanding of the cause of infections. True healthcare associated infections are sometimes quite difficult to define and require us to investigate each patient to see if he or she has actually acquired an infection. *Clostridium difficile* (see below) is particularly difficult, because this bug can live in normal healthy individuals, so the presence of it does not necessarily mean the patient is actually infected with it. Only after reviewing the individual patient can we conclude if the patient was actually infected.

We also have other surveillance systems in place including surgical wound infections, antibiotic resistance and hand hygiene of healthcare workers.

All these surveillance systems mean NHS Forth Valley can keep a close eye on any problems that may arise during your stay in hospital and act quickly if necessary.

4.0 C. DIFFICILE

4.1 *C. difficile*– what is it?

Clostridium difficile (*C. diff*) is a germ (bacterium) that many people have naturally in their bowel. *C. diff* doesn't normally cause any problems in healthy people. Studies in hospitals show that 2 out of 10 people will normally have this in their bowel and be fine.

4.2 CDI what is it?

This stands for *Clostridium difficile* Infection and replaces the term *Clostridium difficile* Associated Disease (CDAD); it is a term used when this germ causes problems. *C. diff* is passed out in the faeces of people who are infected and spreads to the environment. *C. diff* can survive a long time in the surroundings. People in the community, health care workers, visitors and patients can spread the infection to themselves and others by not washing their hands. You can have the infection more than once. The symptoms include mild to severe diarrhoea and stomach pains. In many cases the infection is mild and will only last a few days and not require treatment. In a few cases the effects are more serious, lasting for several weeks and it will be necessary to treat the infection.

4.3 What are the main causes of CDI?

Alterations of natural bugs in the bowel make it possible for the *C. diff* bug to cause problems. 90% of cases are thought to be related to the use of antibiotics as these alter the natural bugs in the bowel. Certain antibiotics kill many of the 'good' bugs in the bowel and therefore allow *C. diff* to cause an infection. It is, of course, important that patients are treated with antibiotics when they need them, and an unwanted effect of this is that the patient may then get CDI. However, NHS Forth Valley has an Antibiotic Policy to make sure that the best antibiotics are used to treat the patient and lessen the risk of CDI. Being elderly (85% of all cases are in the elderly) or very unwell can also alter the natural bugs in the bowel, and unfortunately these are the individuals who often require antibiotics.

4.4 How do you test for it?

A sample of faeces (bowel movement) is sent to a laboratory to be tested for the presence of a poison (toxin) the germ can produce. From the results of these investigations together, with individual patient assessment involving various healthcare workers, we can then diagnose CDI. This is part of our ongoing enhanced surveillance for CDI.

4.5 How are we doing in NHS Forth Valley?

In previous reports we have reported on all *C diff* toxin positive results even if the patients were not ill from *C diff*. To give a more accurate picture of what is happening in Forth Valley, we are now reporting when *C. diff* is actually causing disease, that is when patients have *Clostridium Difficile* Infection (CDI).

The average number of CDI positive patients in NHS Forth Valley in 2008 was 21 per month. Since March 2009, we have managed to reduce the number of CDI to an average of 9 per month. In February 2010 the number of patients with CDI in Forth Valley was 7.

Figure 1: Chart showing the total number of CDI positive samples in NHS FV from Aug 08 – Feb 10

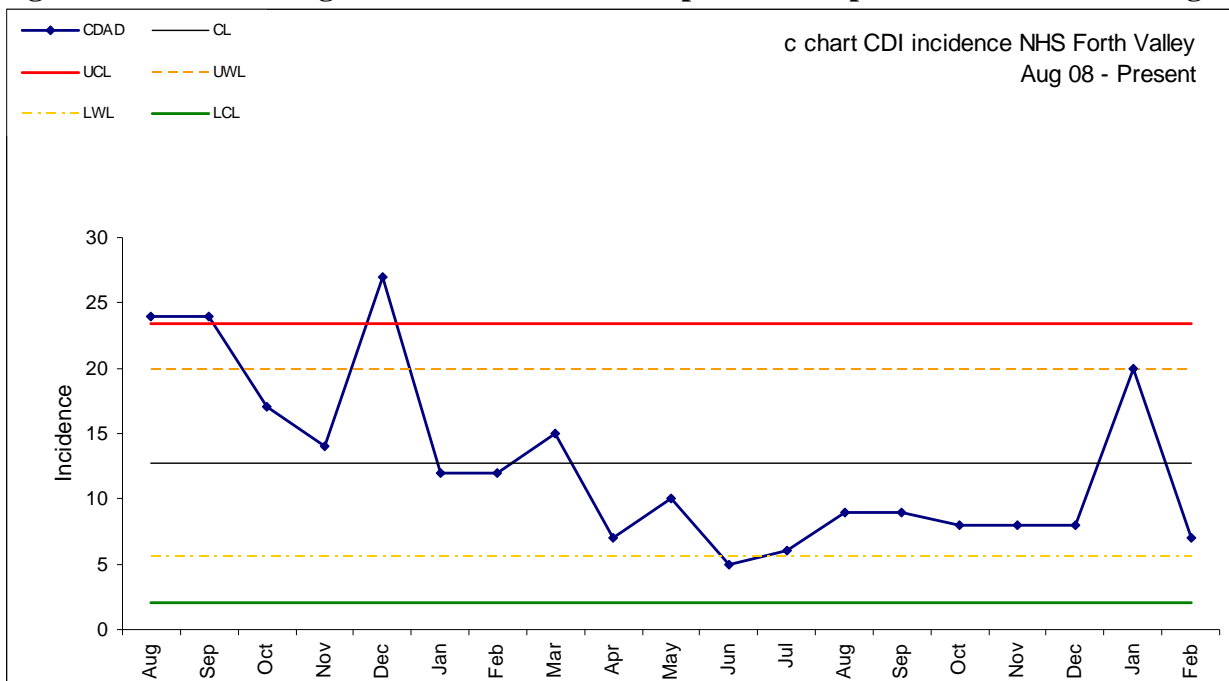


Chart code:

UCL = Upper control limit. LCL = Lower control limit. Crossing these lines indicates that something has happened within the system which is not due to chance and needs to be carefully looked at.

Infections come from the community as well as hospitals and other healthcare facilities. As part of the ongoing development of the report, we have detailed where the number of CDI cases per month were isolated. These include:

- Medical, Emergency Care and Rehabilitation Unit
- Surgical and Cancer Care Unit
- Women and Children's Unit
- Community

Table 1. CDI positive samples across NHS Forth Valley

	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10
Board	15	7	10	5	6	9	9	8	8	8	20	7
MEC&R	8	4	8	3	4	6	7	5	6	3	16	3
Sur & Can Care	7	3	2	2	2	1	2	2	1	4	1	2
Women & Children	0	0	0	0	0	0	0	0	0		0	0
Community	0	0	0	0	0	2	0	1	1	1	3	2

4.6 What are we aiming for?

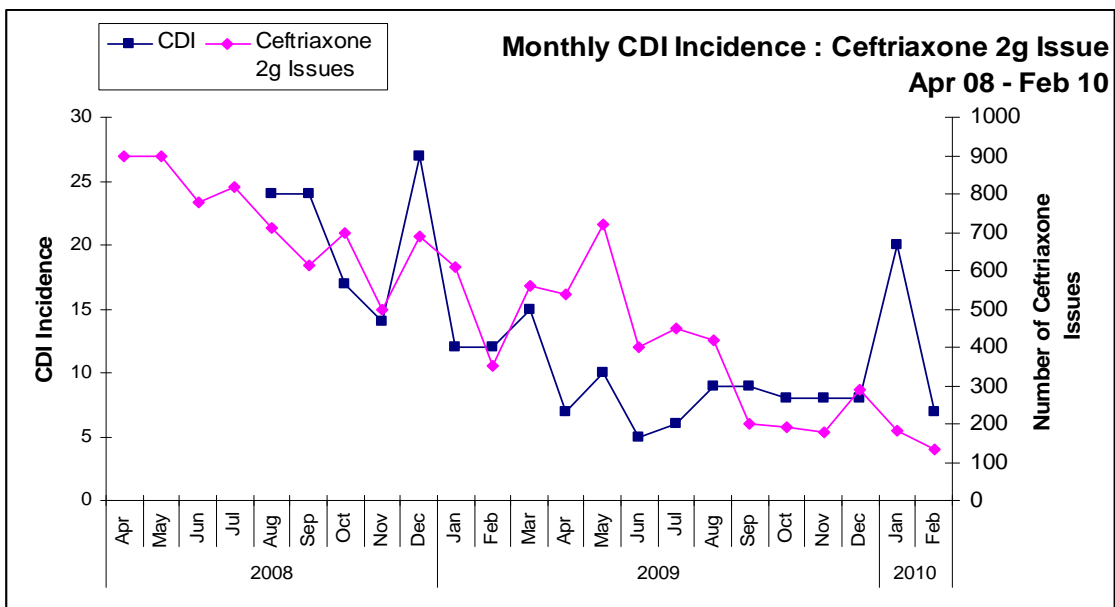
Our target in Forth Valley is to reduce problems from *C. diff* to as low a level as possible. It will be impossible to completely stop them as we cannot remove the bug from all the environments in which we live. However we do have a target to reduce our CDI by 39% from 2007-2010 which is part of the national target. In January we had a higher than average number of cases which was attributable to seasonal variation and in line with the rest of Scotland.

4.7 Antibiotic prescribing policy

We are working within NHS FV to make sure that patients only get antibiotics when they are needed and that they get the best one for the bug they have. A new antibiotic prescribing policy was implemented in August 2009 to use the most appropriate antibiotic for the treatment of infection. This will help minimise the risk of the patient developing CDI.

Certain antibiotics can increase the likelihood of developing CDI so our antimicrobial pharmacists also monitor and control the use of these antibiotics to help further reduce the risk of CDI. An antibiotic called Ceftriaxone is known to be associated with causing CDI. The graph below demonstrates that monitoring and reducing this antibiotic can dramatically affect our CDI rates.

Figure 2: Chart comparing the monthly cases of CDI to Ceftriaxone usage



STAPHYLOCOCCUS AUREUS BACTERAEMIA (SABS)

5.1 SAB - What is it?

Staphylococcus aureus bacteraemias (SABs) are infections of the blood stream caused by the *Staphylococcus aureus* (SA) bug. SA lives on the skin, nose, or mouth of 3 out of 10 healthy people. SA only becomes a problem to people who are vulnerable to infection (for example, the elderly, the very young and those with conditions such as diabetes or kidney disease). The germ is more likely to cause infection if it is able to enter the body, such as through wounds, or tubes (for example, catheters) placed in the body for treatment.

5.2 What is MRSA?

Meticillin Resistant *Staphylococcus Aureus* or MRSA is a particular strain of *Staphylococcus aureus* that can only be destroyed by specific antibiotics and is often referred to in the media as a “super bug”.

5.3 What is MSSA?

MSSA also describes the *Staphylococcus aureus* germ, but the difference is it can be killed by many antibiotics. MSSA stands for Meticillin Sensitive *Staphylococcus aureus*.

5.4 How are we doing in NHS Forth Valley?

The average number of SABs in NHS Forth Valley from September 2006 to July 2008 was 10 per month. Looking at the graph (Figure 3) below, since March last year we have an average SAB rate of 8. In February 2010, the number of patients with a SAB infection was 7.

Figure 3: Chart showing total number of SABs in Forth Valley from Sept 2006 – Feb 2010

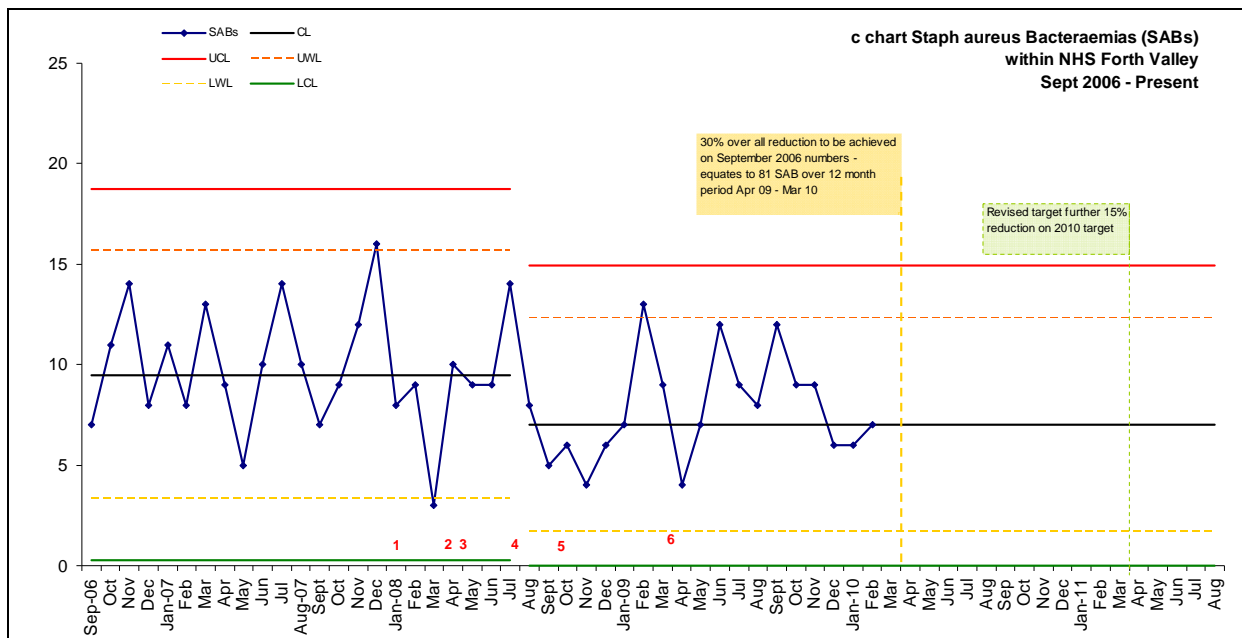


Chart code:

UCL = Upper control limit. LCL = Lower control limit. Crossing these lines indicates that something has happened within the system which is not due to chance and needs to be carefully looked at.

5.5 What are the main causes of SABs?

In hospitals the main cause is the necessary use of intravenous devices (tubes that enter into veins from outside the body) although infection through wounds and broken skin are also major causes. In the

community the more common causes are intravenous drug use, septic arthritis and healthcare procedures which break the skin or enter a body cavity.

The infection control team involving the nurse specialists and the infection control doctor meet to review individual patient cases to identify the root cause of the infection or source of the SAB and identify whether the infection is making the patient unwell. SABs are then divided into 2 categories, significant and non-significant, depending on how affected the patient is by the infection. The category non significant is used when the patient is not unwell from the bug. These SABs are probably a result of contamination of the blood sample when it was taken rather than a true infection in the blood stream of the patient.

Infections start in different places, in the community or in healthcare premises or in hospitals and we count them depending on where they started. We have broken this information down from March 2009 – February 2010, it is in Table 2 below.

Table 2. Type of SABs- Significant or Non Significant

Source	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10
Community*	2	1	2	4	1	1	3	5	1	2	3	3
Healthcare**	4	1	1	3	6	2	1	0	5	1	1	0
Hospital***	3	3	4	5	2	5	8	4	3	3	2	4
Type												
MRSA	4	1	3	3	3	0	5	3	2	0	1	3
MSSA	5	4	4	9	6	8	7	6	7	6	5	4
Significance												
Significant	9	4	5	12	9	7	11	9	7	6	6	7
Non-significant	0	1	2	0	0	1	1	0	2	0	0	0

*community – blood culture was taken within 48 hours of admission to the hospital and the patient has had no contact with any part of the healthcare system within the last month
 **healthcare – blood culture is taken less than 48 hours after admission or has been transferred from another hospital and receives regular community care services/hospital services/regular care at an outpatient department
 ***hospital – blood culture was taken greater than 48 hours after admission to hospital

As part of the on-going development of the report, we have detailed the number of SABs per month per Units of the Acute hospitals in Table 3 below.

These include:-

- Medical, Emergency Care and Rehabilitation Unit (MEC&R)
- Surgical and Cancer Care Unit
- Women and Children’s Unit

Table 3. SABs across NHS Forth Valley

	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10
Board	9	5	7	12	9	8	12	9	10	6	6	7
MEC&R	6	3	5	9	8	6	9	6	8	3	1	3
Sur & Can care	3	2	1	3	0	1	3	3	1	1	3	4
Women & Children	0	0	1	0	1	1	0	0	1	2	2	0

5.6 What are we aiming for?

Our target in NHS Forth Valley is to reduce infections as far as possible. We have a government set target to reduce all SABs by 30% by March 2010 (that is reducing by 30% from 2007 to 2010). Unfortunately, we did not achieve this target, we had 91 SABs when the target was 81. A recent letter was sent to all Health Boards across Scotland announcing that NHS Scotland will reduce their SAB rates by a further 15% from April 2010 – March 2011.

5.7 Surveillance

As noted previously, surveillance is an important part of the control and management of infection, SAB surveillance involves the monitoring of the number of SABs each month alongside the collection of information on each patient. Analysing this information and discussing it with health care workers allows them to see if the actions they are taking to reduce infections are being effective.

Enhanced surveillance is where more information is collected to improve understanding of the cause of infections. Enhanced surveillance was started for SABs in August 2007.

6.0 NOROVIRUS / OUTBREAKS

During the months of January and February 2010 there were 22 outbreaks of Norovirus. The outbreak management plan was implemented and control measures, such as ward closure were successfully applied. There were some staffing pressures as staff were also affected by Norovirus. A weekly update from Health Protection Scotland can be found at: <http://www.hps.scot.nhs.uk/>.

6.1 What are noroviruses?

Noroviruses are a group of viruses that cause gastroenteritis (a tummy bug). They are commonly called winter vomiting virus.

6.2 What are the symptoms of illness caused by noroviruses?

The symptoms of norovirus illness usually include nausea, vomiting, diarrhoea, and some stomach cramping. In most people the illness is self-limiting with symptoms lasting for about 1 or 2 days. Problems with dehydration are usually only seen among the very young, the elderly, and persons with weakened immune systems.

6.3 How do you get noroviruses?

Noroviruses are found in the stool or vomit of infected people. People can become infected with the virus in several ways, including:

- eating food or drinking liquids that are contaminated with norovirus;
- touching surfaces or objects contaminated with norovirus, and then placing their hand in their mouth;
- having direct contact with another person who is infected and showing symptoms.

This virus is very contagious and can spread rapidly throughout environments. People infected with norovirus are contagious from the moment they begin feeling ill to at least 2 days after recovery. Some people may be contagious for as long as 2 weeks after recovery. Therefore, it is particularly important for people to use good hand washing and other hygienic practices to prevent spread.

6.4 What treatment is available for people with norovirus infection?

There is no specific treatment at present, except supportive care.

7.0 HAND HYGIENE (HH) PROGRAMME

HAND HYGIENE IS ESSENTIAL FOR BOTH STAFF AND PATIENTS TO PREVENT SPREAD OF INFECTION.

The last verified HPS national audit report gave NHS Forth Valley top marks with 98% compliance with hand hygiene opportunities in the November 2009 audits.

More recently fifteen defined clinical settings were visited and audited in November and the final HPS report is awaited.

At a "CREATE" General Practice training for Alloa CHP in November 2009 administrative staff were trained as trainers in hand hygiene technique and can now undertake local staff induction training in hand hygiene technique and the annual refresher on behalf of their practice.

A further session for Stirling CHP is planned for autumn 2010 in readiness for the winter 'flu season.



8.0 CLEANING SERVICES SPECIFICATION COMPLIANCE

There are national cleaning specifications on how to clean different areas in healthcare establishments effectively. There is a compliance target of 95%. Local results for the cleaning monitoring tool in October to January 2010 are for 3 separate areas across NHS FV: (1) Falkirk Royal Infirmary, (2) Stirling Royal Infirmary (3) Primary Care: health centres and community hospitals. These are in table 4 below

Table 4 Cleaning services specification compliance in NHS FV

	Percentage pass in November 2009	Percentage pass in December 2009	Percentage pass in January 2010	Percentage pass in February 2010
Falkirk Royal Infirmary	94.2	95.2	95.5	95.0
Stirling Royal Infirmary	91.5	92.6	90.9	92.3
Health centres and community hospitals	91.5	91.0	90.5	93.4

National table for acute hospitals in Health Boards

A national table for cleaning compliance in acute hospitals can be seen in table 5.

Table 5 Compliance with cleaning specification by board

<i>Health Board</i>	<i>Annual April 2008 – April 2009</i>	<i>1st quarter April-June 2009/2010</i>	<i>2nd quarter July-Sept 2009/2010</i>	<i>3rd quarter Oct-Dec 2009/2010</i>
	<i>Total % Pass</i>	<i>Total % Pass</i>	<i>Total % Pass</i>	<i>Total % Pass</i>
SCOTLAND	95.9	95.9	96.0	95.9
Ayrshire and Arran	95.9	95.6	95.3	95.6
Borders	97.2	97.7	97.5	97.7
Dumfries and Galloway	97.2	96.8	97.4	97.6
Fife	97.0	97.3	97.4	97.5
Forth Valley	94.1	93.3	93.7	93.2
Grampian	96.5	96.5	96.4	96.6
Greater Glasgow and Clyde	96.3	96.3	96.4	96.4
Highland	95.4	95.0	95.3	95.0
Lanarkshire	95.1	94.8	96.5	96.6
Lothian	94.7	95.2	95.5	95.1
Orkney	92.1	94.7	94.8	94.6
Shetland	97.5	95.3	96.3	94.3
Tayside	95.7	95.4	94.4	95.4
Western Isles	95.9	96.1	95.8	95.8
The State Hospitals Board for Scotland	93.4	94.2	94.1	92.9
Golden Jubilee National Hospital	92.8	91.3	91.3	90.2
NSS - SNBTS	98.0	90.9	95.7	97.8
Scottish Ambulance Service *	94.6	94.8	94.9	95.5

* Current Lothian and Greater Glasgow and Clyde areas only.

9.0 PROGRESS ON COMPLIANCE WITH A NATIONAL HAI PROGRAMME (THE RAG REPORT)

In November 2008 the government asked each health board for a monthly report back on how they are meeting several targets concerning reducing HAI. There are 24 targets in total. Progress is marked by a colour code against the target:-

- Purple - achieved
- Green - on track, to be completed as expected
- Amber - nearly complete but a few issues outstanding
- Red - not reached

We have now completed all but one of the necessary actions and are on track to complete the last remaining action by December 2010.

Table 6 Progress on compliance with a national HAI programme

Code	Progress
Purple	23
Green	1
Amber	0
Red	0

10.0 SCOTTISH PATIENT SAFETY PROGRAMME (SPSP)

10.1 What is the Scottish Patient Safety Programme?

The Scottish Patient Safety Programme (SPSP) has been developed in partnership with Scotland's NHS professionals. Its approach is very practical involving frontline staff. The methods to be used are tried and tested and change how patients are cared for. We are continually measuring the impact of the changes that are made. There are programme of goals between 2008 and 2011. The programme is being started within acute hospitals but as the programme develops it will start in other service areas and involve community settings and Primary care services too.

10.2 How is the SPSP working in NHS Forth Valley?

A Patient Safety Steering Group Chaired by the Chief Executive is in place to oversee the delivery of the programme. NHS Forth Valley has successfully achieved each milestone so far.

A number of areas in the programme focus specifically on reducing healthcare associated infection in theatres, general wards and in critical care units and work is currently underway in pilot areas within in both Stirling and Falkirk hospitals with a timetable to roll this out to all areas of the acute hospitals by January 2011. The work of the SPSP is integrated with all of the other actions described in this report that are being taken forward in NHS Forth Valley to reduce HAI.

Three examples of the work to reduce healthcare associated infection are: - preventing ventilator associated pneumonia and catheter related blood stream infections in critical care and increasing hand hygiene in wards.

10.3 Ventilator associated pneumonia (VAP)

Ventilator associated pneumonia (VAP) is a known risk for patients being cared for in critical care units who need the support of a ventilator to support their breathing. Staff in the critical care unit have been working to reduce the risk of VAP for a number of years and the Scottish Patient Safety Programme is building on the success of this previous work. The target for the SPSP is to reduce VAPs to 0% or 300 days between infections occurring. The numbers of VAPs have been significantly reduced to only 2 cases during 2009.

10.4 Catheter related blood stream infection

Catheter related blood stream infection is a known risk for patients being cared for in critical care units who need to have a central line (or drip) inserted into a large blood vessel as part of their care. Staff in the critical care unit have been working to reduce the risk of these infections. The target for the SPSP is to reduce CBSI to 0% or 300 days between infections occurring. There has been outstanding success in this part of the programme and staff have been able to achieve the target with 691 days between occurrences.

10.5 Hand hygiene

The hand hygiene part of the programme involves staff in the ward checking staff hand hygiene all of the time rather than only as part of an audit. Information on how well they are doing is fed back to them. These checks are in addition to the National hand hygiene audits.

10.6 Integration with other Quality Improvement Programmes – the Infection Improvement and Implementation Programme (iiiP)

The Infection Improvement and Implementation Programme or iiiP has been developed by the NHS Quality Improvement Scotland HAI Improvement and Support Team. The programme will use the improvement tools and methodologies developed by the SPSP and involves infection control team members in a 2 year HAI improvement programme that complements the work of the SPSP and further develops improvement skills. Five members of the infection control team for NHS Forth Valley have attended an initial 2 day learning and networking session.

10.7 Next steps with reporting the SPSP

This report only highlights some of the areas of work being undertaken by staff. Further HAI elements of the Scottish patient Safety Programme will be included in future reports.

11.0 WHAT ELSE ARE WE DOING TO PREVENT INFECTION IN NHS FORTH VALLEY?

NHS FV has an Area Prevention of Infection Control team which oversees all that is going on. Our infection control policies include hospital and community healthcare. In NHS Forth Valley we comply with statutory government requirements including the:

- Government HAI Task Force Action Plan
- Quality Improvement Scotland's standards for HAI 2008
- Scottish Patient Safety Programme
www.patientsafetyalliance.scot.nhs.uk/programme
- National Hand Hygiene Campaign
www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx
<http://www.washyourhandsofthem.com/>
- National Cleaning Services Specification

Local Infection Control Team

NHS FV has an Infection Control Team which:

- Advises and trains staff in how to prevent infection and to ensure no transfer of infection occurs.
- Develop infection control programmes, e.g. hand hygiene.

Public and Patient Involvement

Forth Valley is fortunate to have a committed patient and public involvement through the Patient Public Forums in the 3 Community Health Partnerships and the Patient Public Panel who are actively engaged in improving healthcare services including preventing HAI and monitoring domestic services.

MRSA Screening

Since January 2010 NHS Forth Valley has been successfully screening all elective admissions and specific emergency admissions for MRSA. This is a government initiative to help reduce the incidence of MRSA cross infection throughout NHS Scotland.

Risk Management

The risks around managing HAI are considered at every clinical level and included in Risk Registers held in departments. HAI also features in two different sections of the Corporate Risk Register (CRR). The CRR is reviewed every month to make sure all actions to manage any risks are being taken.

Healthcare Environmental Inspectorate Visit

The HEI was set up April 2009 and intends to undertake announced and unannounced inspections to each acute hospital in NHSScotland at least once every 3 years. Their focus is to reduce healthcare associated infection risk to patients and to provide assurance to the public that they are as safe as possible from HAI's and their consequences.

On September 29th 2009 the Healthcare Environmental Inspectorate (HEI) inspected Stirling Royal Infirmary. The inspectors audited relevant HAI documentation that was submitted to them in June 2009 and 4 wards on the day of the inspection. On 9 November 2009, the final report was published on the Quality Improvement Scotland (QIS) website highlighting 8 requirements and 5 recommendations.

The report and the agreed action plan can be viewed using the following the link:

<http://www.nhshealthquality.org/nhsqis/7012.html>

All actions have now been closed.

12.0 WHAT CAN THE PUBLIC DO TO HELP REDUCE AND CONTROL INFECTION?

There is a lot that members of the public friends and relatives can do to prevent HAI, such as:-

- Think about keeping patients safe before you visit someone in hospital or a care home - If you or someone you live with has a cold or diarrhoea, or if you feel unwell, try not to visit friends or relatives in hospital until you're better
- Wash and dry your hands before visiting a hospital or care home. Always wash your hands after going to the toilet. If there is alcohol hand gel provided at the ward door or at the bedside, use it. Please also wash your hands when directed by ward staff
- Ask ward staff for advice before you bring in food or drink for someone you are visiting in hospital
- If you visit someone in hospital
 - don't sit on their bed
 - keep the number of visitors to a minimum at any one time

- Never touch dressings, drips, or other equipment around the bed
- If you think NHS premises are not as clean as they should be, let the sister or charge nurse know
- If you think a healthcare worker has forgotten to wash their hands, remind them about this.

Specifics about laundry. The risk of infection from laundry is low but staff will put clothes in a plastic bag that they will secure. At home remove items from bag and put them directly into the washing machine at the highest temperature suitable for the garment. More advice is available from

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/publications/washing-clothes-home.pdf>

Advice leaflets are available in ward areas and provided by staff along with advice given as to whether the item is soiled or not.

For further information please contact:

The Director of Public Health

NHS FV

Carseview House

Castle Business Park

Stirling FK9 4SW

01786 463031

www.show.scot.nhs.uk/nhsfv