

**HOW DO WE ENSURE
NEW HEALTHCARE FACILITIES
ARE SAFE FROM A
WATER / WASTEWATER**



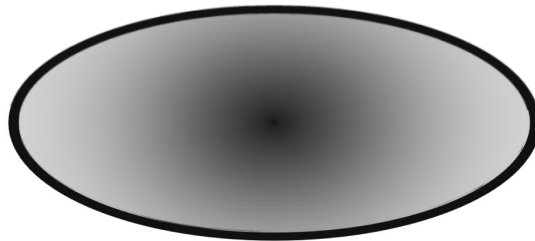
**HOW DO WE ENSURE
NEW HEALTHCARE FACILITIES
ARE SAFE FROM A
WATER / WASTEWATER
PERSPECTIVE?**

IF YOU CANNOT SEE THE RISK



YOU CANNOT MITIGATE THE RISK

A RISK BASED APPROACH IS ESSENTIAL



**ANYTHING ELSE IS NOTHING BUT
AN ELABORATE SMOKE SCREEN**

GOVERNANCE

NO MORE PAPER EXERCISES

REGULATORY BODIES ERGONOMICS RESEARCH
ACCOUNTABILITY COMPLIANCE
RESPONSIBILITY TIME
ARCHITECTS CLINICIANS CLERK OF WORKS
CONTRACTING ERGONOMICS
MANUFACTURERS PATIENT GROUPS
DESIGN TEAMS CONTRACTORS FINANCE AUDIT
ENGINEERS WATER SAFETY GROUP
HIERARCHY OF CONTROLS ERGONOMICS
GUIDANCE COMMUNICATION
CRITICAL CONTROL POINTS TRAINING

CREATING THE IDEAL PATIENT ENVIRONMENT



CREATING THE IDEAL PATIENT ENVIRONMENT



**ERGONOMICS PATIENT GROUPS RESEARCH
ACCOUNTABILITY CLERK OF WORKS
RESPONSIBILITY CLINICIANS ERGONOMICS
CONTRACTING TIME REGULATORY BODIES
MANUFACTURERS CONTRACTORS AUDIT
COMPLIANCE INFECTION CONTROL FINANCE
GUIDANCE ENGINEERS WATER SAFETY GROUP
HIERARCHY OF CONTROLS ERGONOMICS
CRITICAL CONTROL POINTS DESIGN TEAMS
COMMUNICATION ARCHITECTS TRAINING**



RESEARCH GROUPS
ERGONOMICS
ACCOUNTABILITY
RESPONSIBILITY
CLINICIAN
REGULATORY BODIES
CONTRACTING
FINANCE
COMMUNICATIONS
TRAINING
MS
ARCHITECTS

INFORMED GOVERNANCE

CREATING THE IDEAL PATIENT ENVIRONMENT

CLINICIAN CHECK OF WORKS
RESPONSE REGULATORY BODIES
RESEARCH GROUPS CONTRACTING TIME FINANCE
ERGONOMICS COMMUNICATION TRAINING
ACCOUNTABILITY CRITICAL CONTACT ARCHITECTS

The primary motivation is to do things as quickly and cheaply as possible rather than to deliver buildings which are safe for people.

Learning about illness from defects in the pipes occurring at the new state of the art Hospital it was suggested that the architect, builder, plumber ought to be 'shut up in a sink'.

A cultural issue exists across the construction sector, which can be described as a 'race to the bottom' caused either through ignorance, indifference, or because the system does not facilitate good practice.

I know no class of murderers who have killed so many people as hospital architects.

**DAME JUDITH HACKITT
2018**



Building a Safer Future

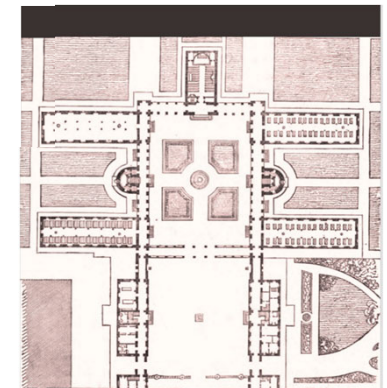
Independent Review of Building
Regulations and Fire Safety:
Final Report

May 2018

Dame Judith Hackitt DBE FREng

Cm 9607

**FLORENCE NIGHTINGALE
1858**



Notes on hospitals

Florence Nightingale

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Learning about illness from defects in the pipes occurring at the new state of the art Hospital it was suggested that the architect, builder, plumber ought to be 'shut up in a sink'.

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Safety Information Systems



An organisation with a memory

Report of an expert group on learning from adverse events in the NHS chaired by the Chief Medical Officer



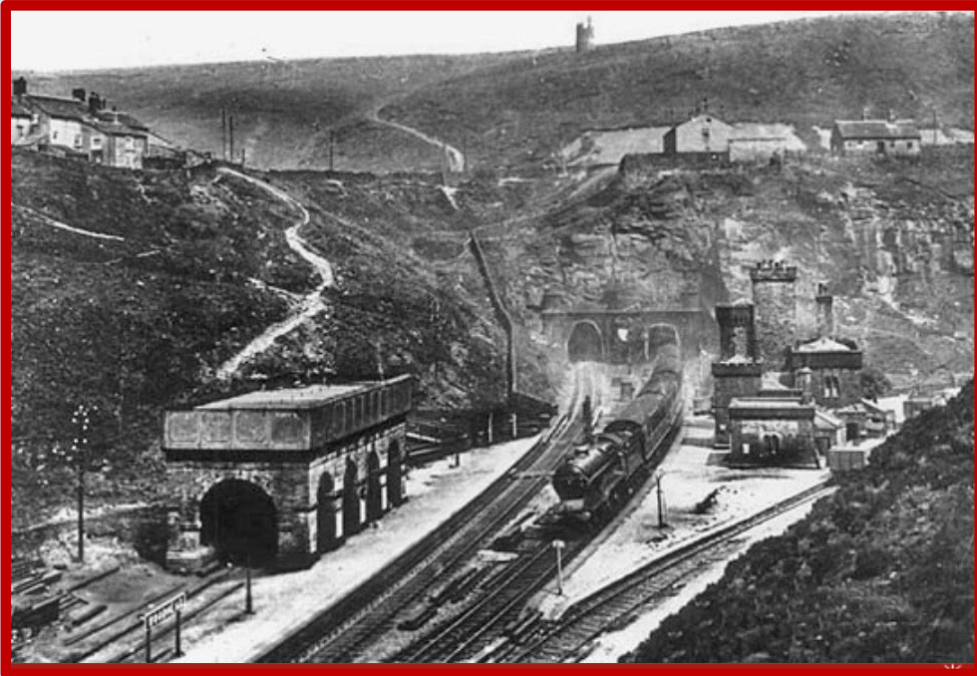
An organisation with a memory

Report of an expert group on learning from adverse events in the NHS chaired by the Chief Medical Officer

Detecting and accurately recording errors is a fundamental step in learning from experience

It is common-sense that we need to know what is wrong before we can take steps to put it right

The Woodhead Tunnel



- Built between Manchester and Sheffield.
- Completed in 1845, the tunnel took six years to build.
- In that time, 60 workers died and 140 were seriously injured.

**SAFETY NOT DRIVEN FROM WITHIN
THE CONSTRUCTION INDUSTRY**

**DRIVEN BY NATIONAL DATA
COLLECTION REVEALING RISK**

**★ NO FATALITIES ★
DURING CONSTRUCTION
OF THIS BUILDING**



Four babies die in Northern Ireland Hospital



NEWS

Timeline: Pseudomonas outbreak in Londonderry and Belfast

© 5 April 2012

f t e Share

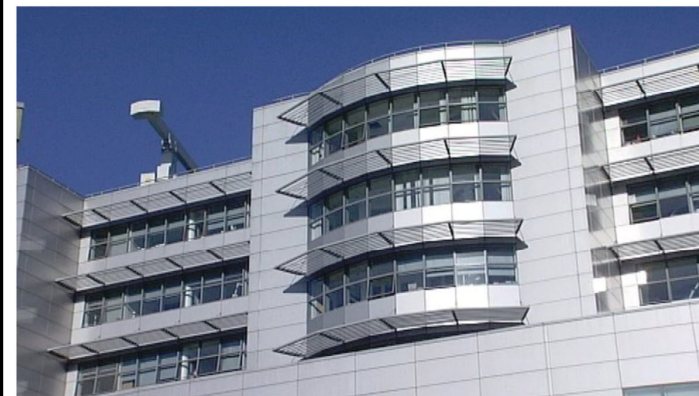
Four babies have died from an outbreak of pseudomonas aeruginosa in Northern Ireland.

One died at a Londonderry hospital, three others in Belfast.

Investigation into Belfast baby deaths

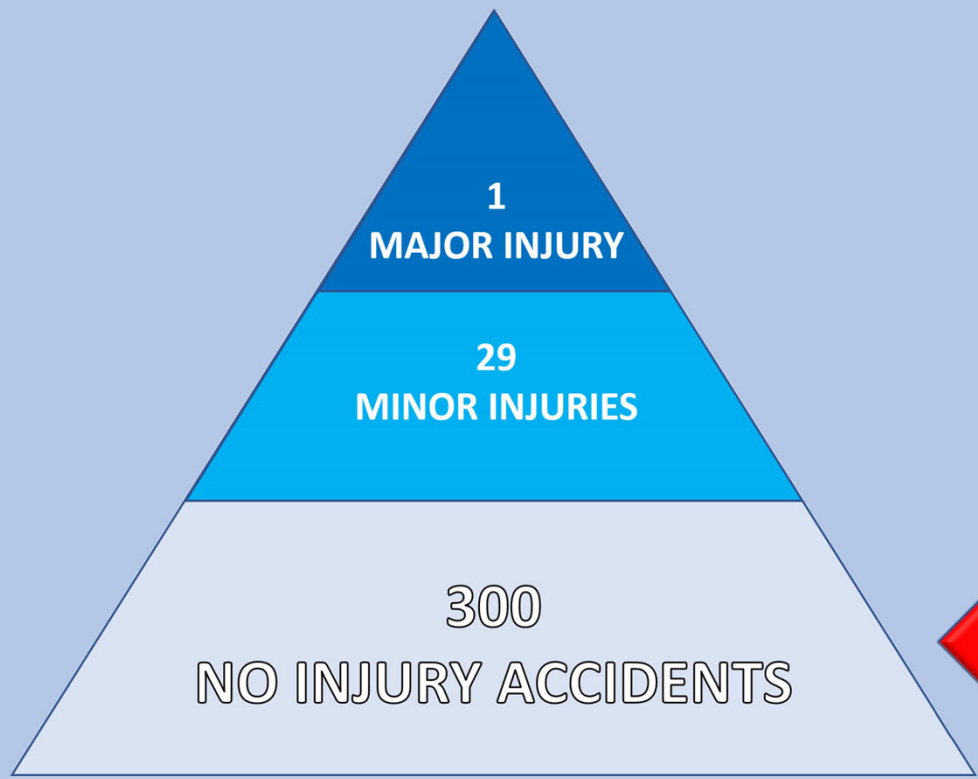
Updated / Wednesday, 1 Feb 2012 11:55

f t in e



Three babies died from the infection at Belfast's Royal Jubilee Maternity Hospital

An independent investigation is to be held into the pseudomonas outbreaks that claimed the lives of four children at two hospitals in Northern Ireland in the past two months.

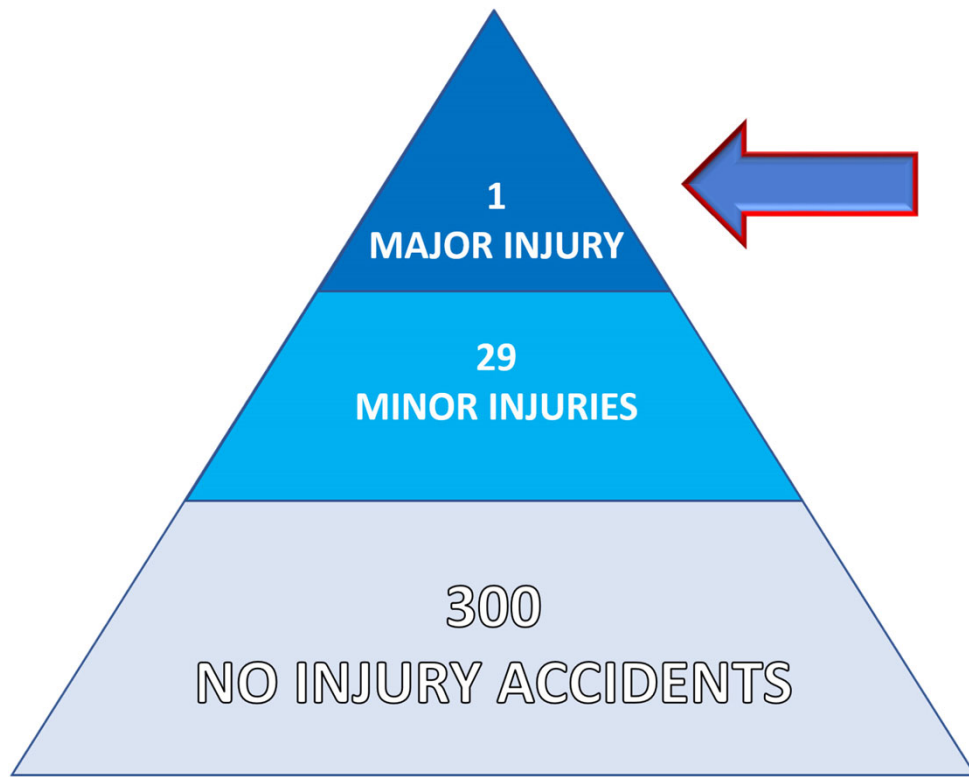


HEINRICH RATIO

What went wrong?

- Failure to listen to warnings or understand the risk.
 - Previous fires but no major deaths.
 - Material had been downgraded but was still being used
 - The manufacturer was economical with truth at point of sales
 - The parent company took no efforts to ensure used correctly
 - Everyone else using it
-
- **No one stopped to think what the consequences might be (72 DEATHS)**

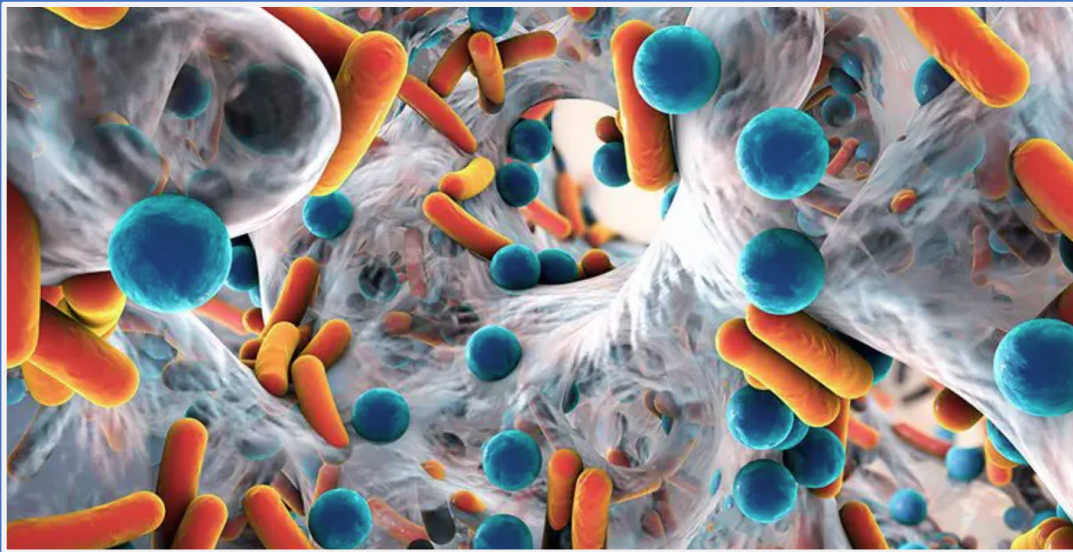




HEINRICH RATIO



BIOFILM



Standardised design
Honed by nature
Continuous feedback
Adaptation

RISK BASED APPROACH

NEW HOSPITAL



Bespoke design
No built-in assessment
of what works and
does not work
No feedback in system



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www.elsevierhealth.com/journals/jhin

Building new hospitals: a UK infection control perspective

J.M. Stockley^{a,*}, C.E. Constantine^a, K.E. Orr^b, The Association of Medical Microbiologists' New Hospital Developments Project Group

^aDepartment of Medical Microbiology, Worcestershire Royal Hospital, Charles Hastings Way, Worcester WR5 1DD, UK

^bDepartment of Microbiology, Freeman Hospital, High Heaton, Newcastle-upon-Tyne NE7 7DN, UK

Received 18 May 2004; accepted 23 March 2005

Available online 6 December 2005

KEYWORDS

Infection control;
Hospital design and
construction

Summary Infection control input is vital throughout the planning, design and building stages of a new hospital project, and must continue through the commissioning (and decommissioning) process, evaluation and putting the facility into full clinical service. Many hospitals continue to experience problems months or years after occupying the new premises; some of these could have been avoided by infection control involvement earlier in the project. The importance of infection control must be recognized by the chief executive of the hospital trust and project teams overseeing the development. Clinical user groups and contractors must also be made aware of infection control issues. It is vital that good working relationships are built up between the infection control team (ICT) and all these parties. ICTs need the authority to influence the process. This may require their specific recognition by the Private Finance Initiative National Unit, the Department of Health or other relevant authorities. ICTs need training in how to read design plans, how to write effective specifications, and in other areas with which they may be unfamiliar. The importance of documentation and record keeping is paramount. External or independent validation of processes should be available, particularly in commissioning processes. Building design in relation to infection control needs stricter national regulations, allowing ICTs to focus on more local usage issues. Further research is needed to provide evidence regarding the relationship between building design and the prevalence of infection.

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Some problems encountered were unique to a particular building project, but most were common to all.

If these problems are recognized at an early stage, costly alterations and delays (not to mention clinical risk) could be minimized.

**NEW HOSPITAL ISSUES
MAKING HEADLINE NEWS**



**RELIANCE ON
MAJOR INCIDENTS
TO DRIVE
CHANGE**

**1
MAJOR INJURY**

**NO DATABASE OF
WHAT GOES WRONG**

**NEW HOSPITAL ISSUES
NOT
MAKING HEADLINE NEWS**

**29
MINOR INJURIES**

**NO AUDIT /FEEDBACK
BUILT INTO SYSTEM**

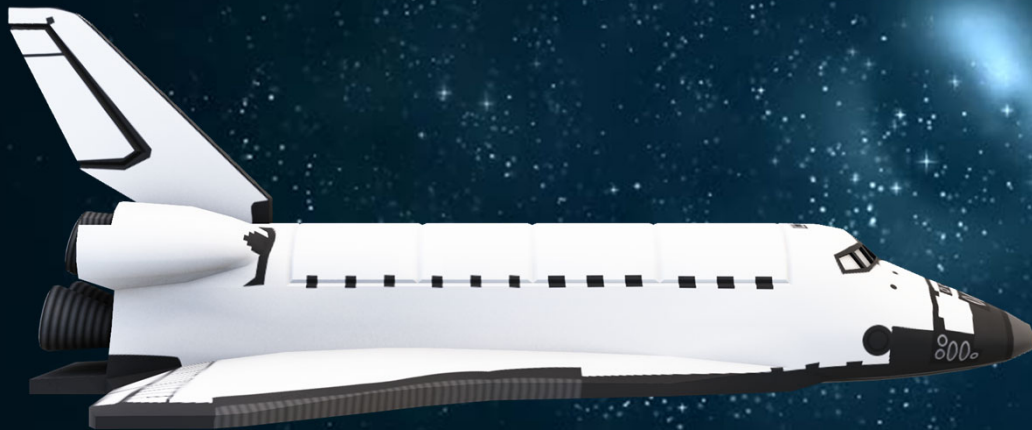
**300
NO INJURY ACCIDENTS**



Table 1. Article/study characteristics and quality assessment of articles.

Ref.	Authors	Year Pub.	Geographic Locations Country, Region	BOE Rating	Year Event Began	Event Duration (Months)	Pathogen of Interest	Total Disease Cases	Total Deaths	Construction Risk Factor(s)
Healthcare-associated										
[14]	Abbas, et al.	2003	CAN, ON	3	2002	2	<i>Legionella</i>	5	0	Demolition, repressurization
[15]	Baker, et al.	2017	US, NC	3	2013	29	<i>Mycobacterium</i>	116	26	Commissioning at building opening, and water efficiency challenges
[16]	Blatt, et al.	1993	US, TX	2	1989	12	<i>Legionella</i>	14	6	Excavation, underground utility connections
[17]	Boivin, et al.	2012	CAN, QC	1	2008	3	<i>Legionella</i>	2	0	Excavation, vibration
[18]	Chafin, et al.	2011	US, TX	2	2006	3	<i>Legionella</i>	10	0	Water main, repressurization
[19]	Demirjian, et al.	2015	US, PA	3	2011	24	<i>Legionella</i>	22	6	Repressurization
[20]	Garbe, et al.	1985	US, RI	3	1983	3	<i>Legionella</i>	15	10	Repressurization
[21]	Grove, et al.	2002	AU, Adelaide	3	2000	5	<i>Legionella</i>	7	2	Demolition
[22]	Guspiel, et al.	2017	US, MN	3	2011	10	<i>Mycobacterium</i>	15	0	Commissioning at building opening, water efficiency challenges
[23]	Haley, et al.	1979	US, CA	3	1977	15	<i>Legionella</i>	49	15	Excavation, underground utility connections, commissioning at building opening
[24]	Helms, et al.	1983	US, IW	3	1981	10	<i>Legionella</i>	24	11	Commissioning at building opening
[25]	Johnson, et al.	2018	US, DC	3	2005	144	<i>Shingomonas</i>	31	3	Commissioning at building opening, water efficiency challenges
[26]	Kandiah, et al.	2012	US, PA	2	2011	9	<i>Legionella</i>	0	0	Repressurization
[27]	Marks, et al.	1979	US, OH	1	1977	4	<i>Legionella</i>	9	0	Excavation
[28]	Martin, et al.	1988	CAN, NS	2	1984	2	<i>Legionella</i>	8	2	Demolition, excavation
[29]	Mermel, et al.	1995	US, RI	2	1992	3	<i>Legionella</i>	2	2	Repressurization, vibration
[30]	Parry, et al.	1985	US, CT	3	1983	5	<i>Legionella</i>	5	0	Excavation, underground utility connections, demolition, repressurization
[31]	Prabaker, et al.	2015	US, IL	3	2012	12	<i>Mycobacterium</i>	35	0	Commissioning at building opening
[32]	Sautour, et al.	2012	FR, Dijon	2	2009	9	<i>Fusarium</i>	0	0	Repressurization, vibration
[33]	Shands, et al.	1985	US, CA	3	1978	47	<i>Legionella</i>	171	0	Commissioning at building opening, repressurization
[34]	Srivastava, et al.	2011	UK	3	2007	22	<i>Legionella</i>	0	0	Commissioning at building opening, water efficiency challenges
[35]	Stout, et al.	2000	US, PA	3	1992	36	<i>Legionella</i>	6	3	Commissioning at building opening, water efficiency challenges
[36]	Thacker, et al.	1978	US, DC	3	1965	3	<i>Legionella</i>	81	16	Excavation
[37]	Watkins, et al.	2017	US, AL	3	2014	4	<i>Legionella</i>	10	0	Commissioning at building opening

Those who practice without measurement are like the crew of an orbiting ship travelling through space without instruments, unable to identify their current bearings, the probability of hazards, their direction or their rate of travel



SURVEILLANCE

AIRLINE INDUSTRY



SEEN AROUND THE WORLD

> J Hosp Infect. 2023 Sep;139:99-105. doi: 10.1016/j.jhin.2023.05.018. Epub 2023 Jun 10.

Sinks in patient rooms in ICUs are associated with higher rates of hospital-acquired infection: a retrospective analysis of 552 ICUs

G-B Fucini ¹, C Geffers ², F Schwab ², M Behnke ², W Sunder ³, J Moellmann ³, P Gastmeier ²

Affiliations + expand

PMID: 37308060 DOI: 10.1016/j.jhin.2023.05.018

'MISSING THE BIGGER PICTURE'

higher in ICUs with sinks in patient rooms. After adjusting for confounders, sinks were found to be an independent risk factor for HAI (adjusted IRR 1.21, 95% CI 1.01-1.45).

Conclusions: Sinks in patient rooms are associated with a higher number of HAIs per patient-day in the ICU. This should be considered when planning new ICUs or renovating existing ones.

SERIAL KILLER





Spontex Washups Non Scratch Sponge Scourers, Pack of 4

[Visit the Spontex Store](#)

4.6 323 ratings

£1.60 (€0.40 / count)

Brand	Spontex
Material	Polyester
Colour	Green Spongewhite Scourer
Item package quantity	1
Item dimensions	40 x 270 x 85 millimetres
L x W x H	
Model name	Spontex Washups Non Scratch Sponge Scourer
See more	

About this item

- Ideal for washing up and wiping surfaces
- Made with anti-grease technology so stays cleaner and efficient for



£500-1000 MILLION

NEW HOSPITAL

NO RATINGS ON
ARCHITECTS,
DESIGN TEAMS,
CONTRACTOR

RISK BASED APPROACH

GOVERNANCE + RISK BASED APPROACH =

INFORMED GOVERNANCE

**EVERYONE UNDERSTANDS
THE CONSEQUENCE OF THEIR
ACTIONS ON PATIENT SAFETY**

P
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R
M

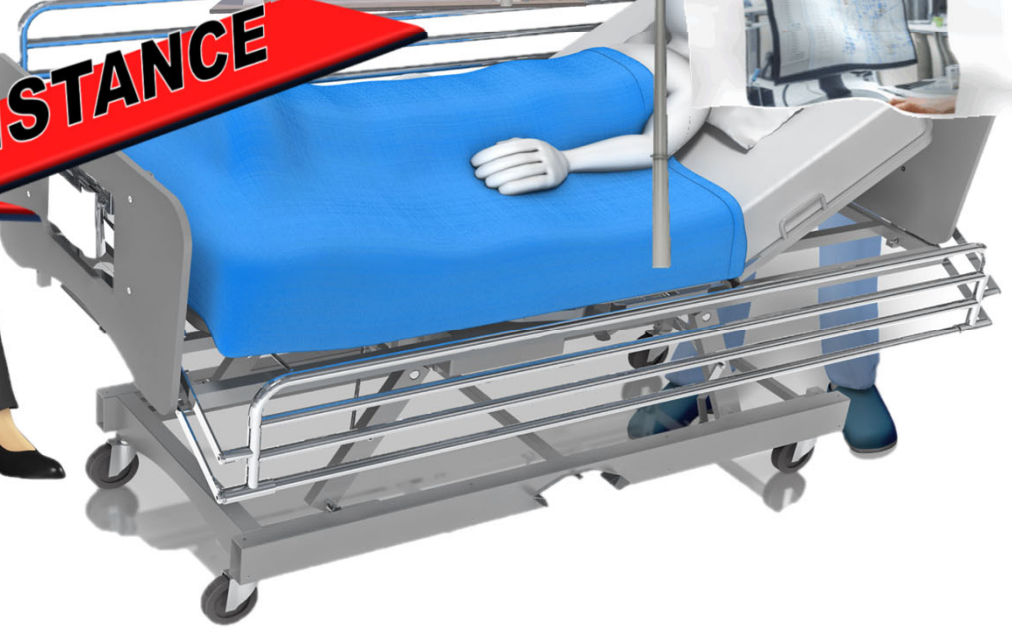
Manufacturers



NHS
England



DISTANCE



HOSPITAL BOARD

GUIDANCE

CONSTRUCTION



DESIGN TEAMS

ARCHITECTS









5 | Conclusions

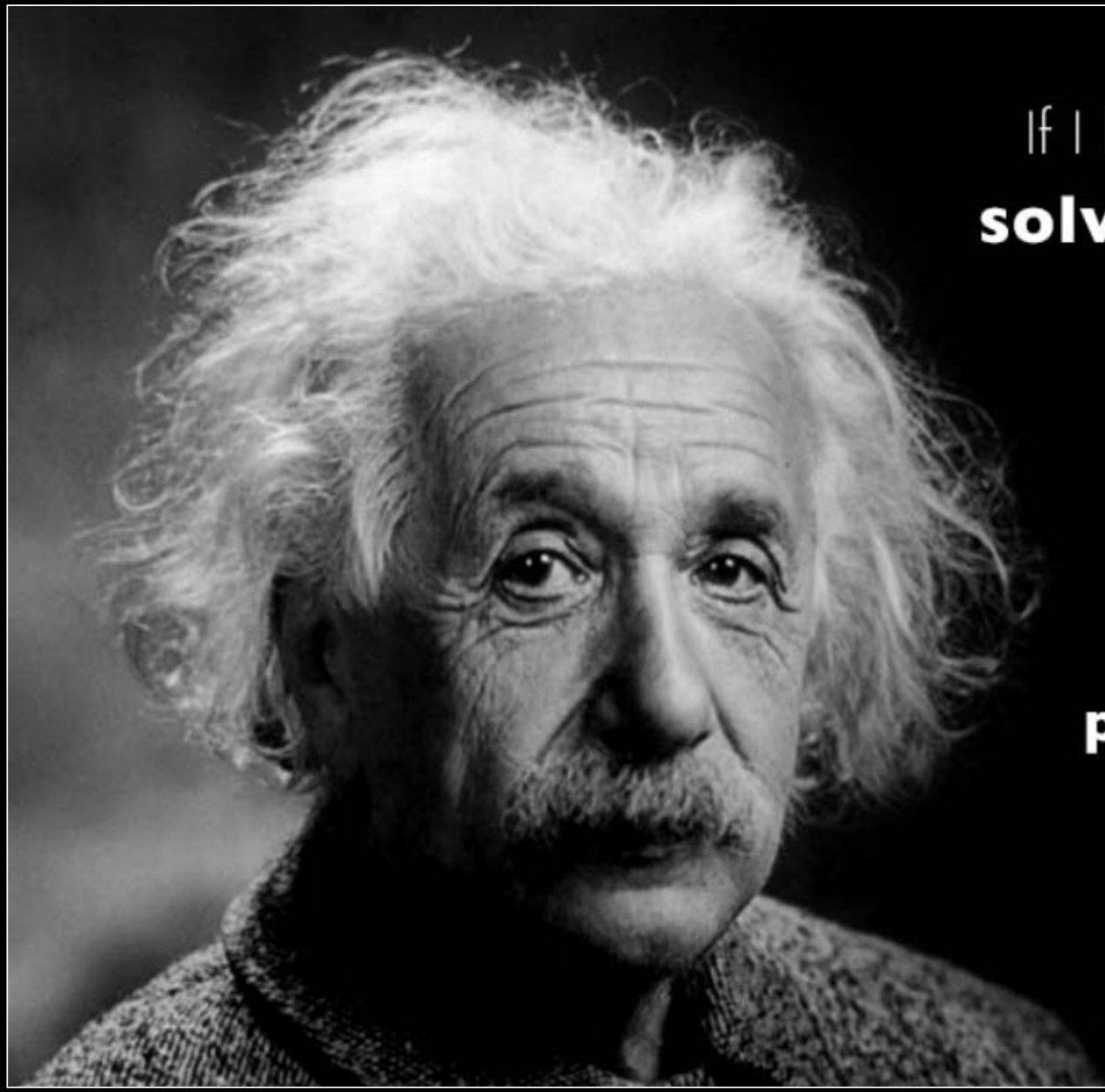
164 Boards need a clear understanding of the risks and meaningful assurance that internal control systems are working effectively. Our review has found some worrying weaknesses in governance processes. While we did find some good practice, overall there was much room for improvement. In the worst cases the assurance process had become a paper chase rather than a critical examination of the effectiveness of the trust's internal controls and risk management arrangements. The NHS has, in many cases, been run on trust.



TRAINING

COMPETENCE

**HOW DO WE
ASSESS
COMPETENCY
CORECTLY?**



If I had an hour to
solve a problem and my
life depended on it,
I would use the
first 55 minutes
determining the
proper questions to ask.

Albert Einstein



**WE APPOINT BY TITLES-
WHAT IT SAYS ON TIN
NOT BY EXPERIENCE TRAINING**

**COMPETENT?
IN DAY TO DAY JOB** ✓

**DO YOU HAVE
EXPERTISE IN BUILT
ENVIRONMENT
AND NEW BUILDS?**



INFECTION CONTROL
IN BUILT ENVIRONMENT
TO PROJECT TEAM

NO TRAINING IN
BUILT ENVIRONMENT

TICK THE BOX INFECTION
CONTROL INVOLVED ✓

NO ADDED VALUE

2012/13

Investigation into Belfast baby deaths

Updated / Wednesday, 1 Feb 2012 11:55



Three babies died from the infection at Belfast's Royal Jubilee Maternity Hospital

An independent investigation is to be held into the pseudomonas outbreaks that claimed the lives of four children at two hospitals in Northern Ireland in the past two months



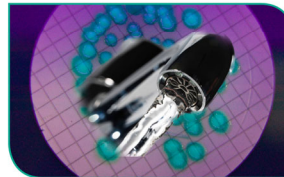
Health Technical Memorandum
04-01: Safe water in healthcare
premises

Part B: Operational
management



Health Technical Memorandum
04-01: Safe water in healthcare
premises

Part C: *Pseudomonas
aeruginosa* – advice for
augmented care units



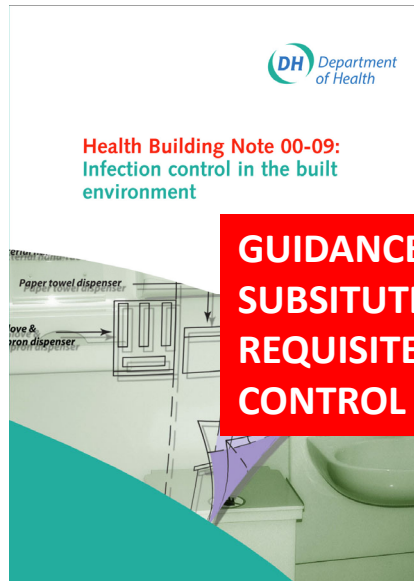
**NO ACCOMPANYING
TRAINING**

EXTERNAL TEAMS

ARCHITECTS

DESIGN TEAMS

COMPETENT?
IN DAY TO DAY JOB



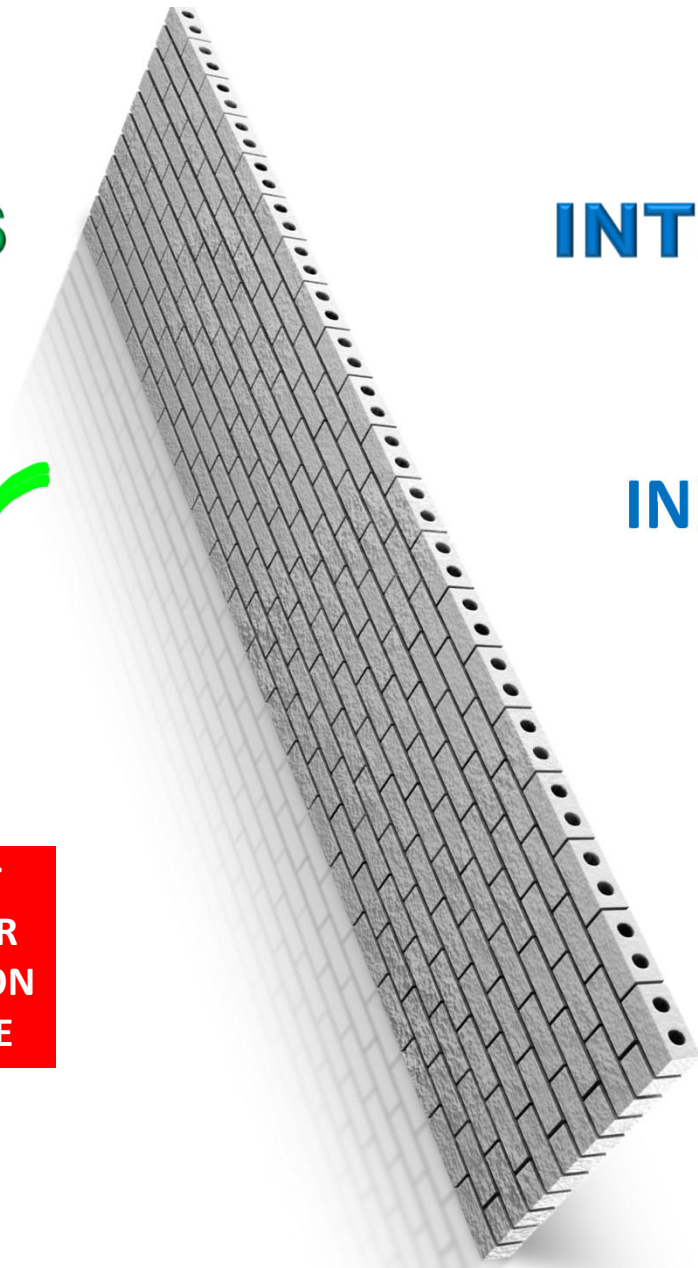
**GUIDANCE CANNOT
SUBSTITUTE /DELIVER
REQUISITE INFECTION
CONTROL EXPERTISE**

INTERNAL TEAMS

HOSPITAL BOARDS

WATER SAFETY GROUP

INFECTION CONTROL



A photograph of a construction site under a bright blue sky with scattered white clouds. A large yellow tower crane stands prominently on the left side of the frame. In the foreground, two construction workers wearing white hard hats and high-visibility yellow safety vests are seen from behind. One worker is holding a rolled-up white blueprint and pointing towards the crane. The background shows the skeletal steel framework of a building under construction.

STANDARDS GUIDANCE COMPLIANCE

FALSE GODS?



ARE GUIDANCE AND COMPLIANCE LEADING US ASTRAY?

BS 8580-1:2019



BSI Standards Publication

**Water quality – Risk assessments for
Legionella control – Code of practice**

Committee member copy: Do not reproduce

bsi.

Health Building Note 00-09: Infection control in the built environment

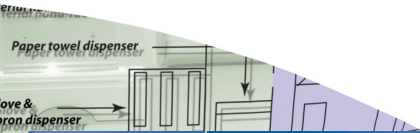
Health Technical Memorandum 04-01: Safe water in healthcare premises

Legionnaires' disease

Part 2: The control of legionella bacteria in hot and cold water systems

AMBIGUOUS- GIVE 100 PEOPLE THE SAME GUIDANCE AND THEY WILL PRODUCE 100 INTERPRETATIONS

BS 8680:2020



Department of Health



BSI Standards Publication

OUT OF DATE, FAIL TO DEFINE ROLES AND RESPONSIBILITIES, EVADE GIVING ANSWERS

S —

Part B: Operational management

Health Technical Memorandum 04-01: Safe water in healthcare premises

Part C: Pseudomonas aeruginosa – advice for augmented care units

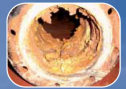
Committee member copy

BS 8580-1:2019



BSI Standards Publication

Water quality – Risk assessments for Legionella control – Code of practice



Water safety in buildings

Edited by: David Cunliffe, Jamie Bartram, Emmanuel Brand, Yves Chartier, Jeni Colbourne, David Drury, John Lee, Benedikt Schaefer and Susanne Surman-Lee



3.8.9

Does the scheme comply with Health Building Note (HBN) requirements?

HBNs give 'best practice' guidance on the design and planning of new healthcare buildings and on the

adaptation/extension of existing facilities. They provide information to support the briefing and design processes for individual projects in

the NHS building programme. They should be complied with; however, where they are not, the deviation from guidance should be included in the derogations.

**DO NOT
IDENTIFY
EVERY RISK**

BLIND COMPLIANCE WITH GUIDANCE KILLS PATIENTS

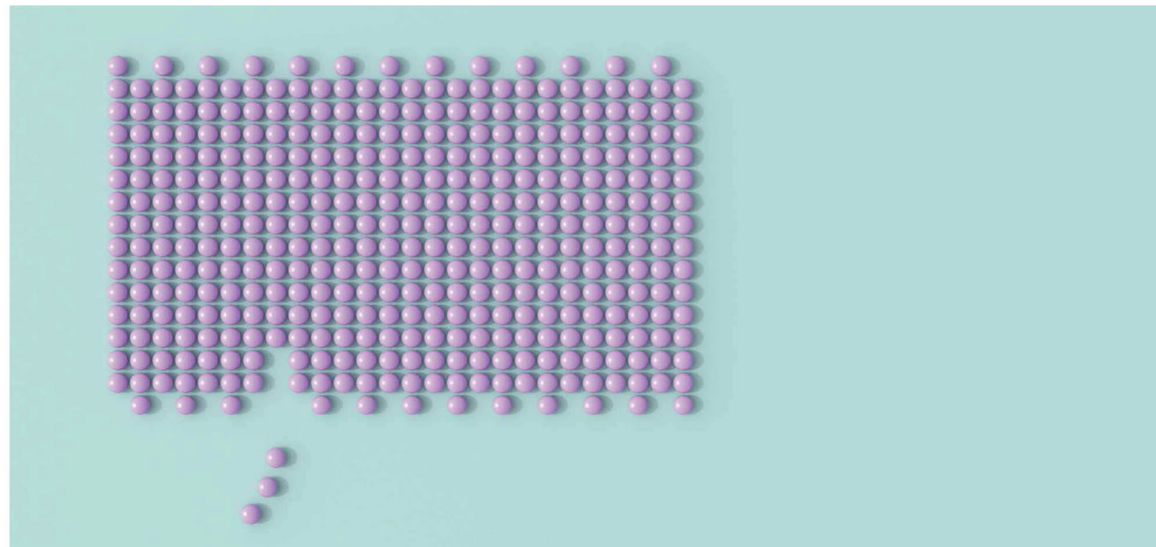


Regulation

Why Compliance Programs Fail

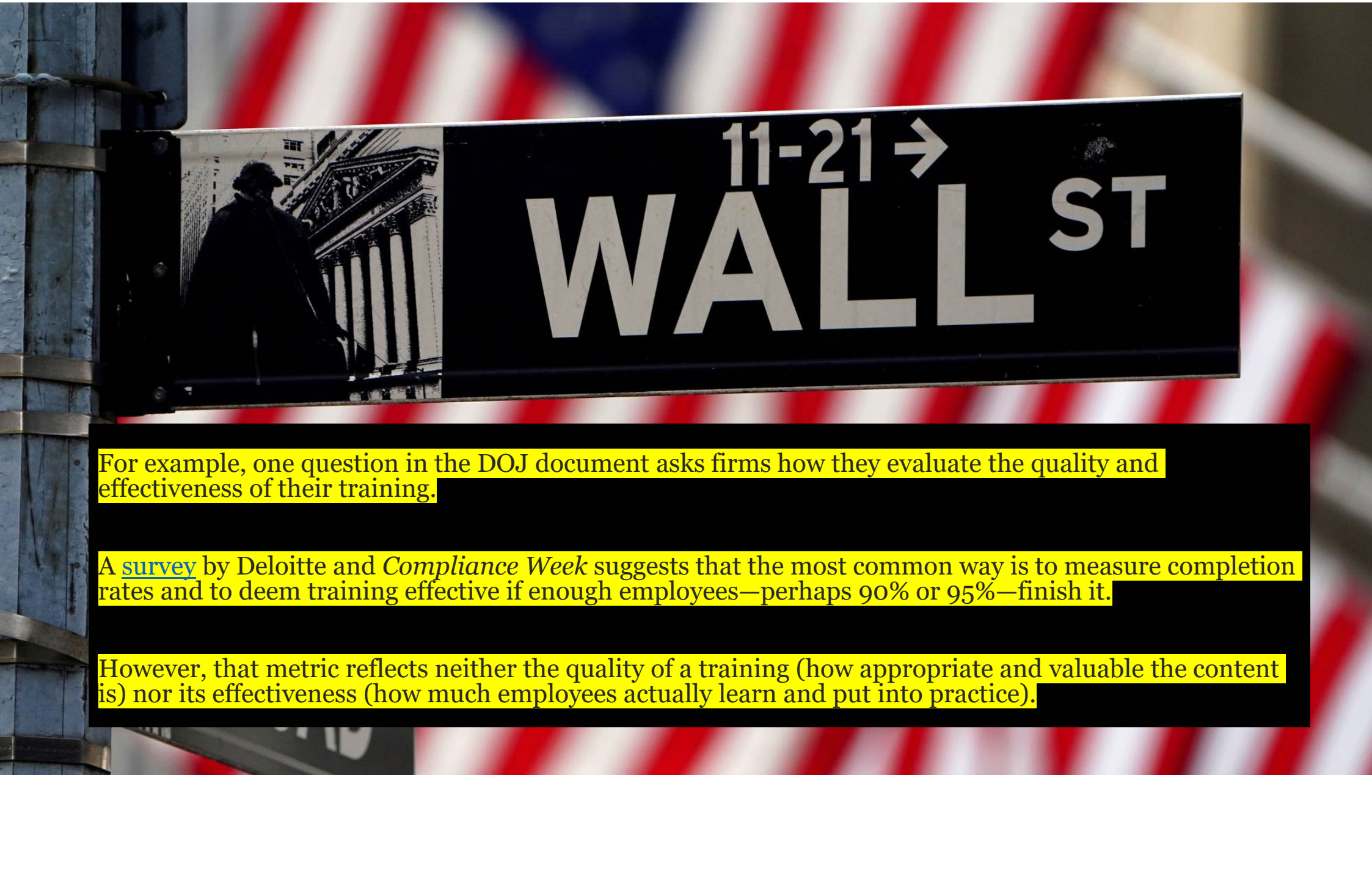
The key to success is better measurement. by Hui Chen and Eugene Soltes

From the Magazine (March–April 2018)



Huber & Starke/C

Summary. Firms spend millions of dollars annually on whistle-blower hotlines, training, and other efforts to ensure adherence to laws, regulations, and company policies. Yet malfeasance remains entrenched in the corporate world. Why? Too many firms treat compliance as a box-checking exercise, making employees sit through training and attest that they understand the rules, but failing to assess the effectiveness of their compliance programs, or doing so with faulty metrics.



- For example, one question in the DOJ document asks firms how they evaluate the quality and effectiveness of their training.

A [survey](#) by Deloitte and *Compliance Week* suggests that the most common way is to measure completion rates and to deem training effective if enough employees—perhaps 90% or 95%—finish it.

However, that metric reflects neither the quality of a training (how appropriate and valuable the content is) nor its effectiveness (how much employees actually learn and put into practice).

Why Compliance Programs Fail

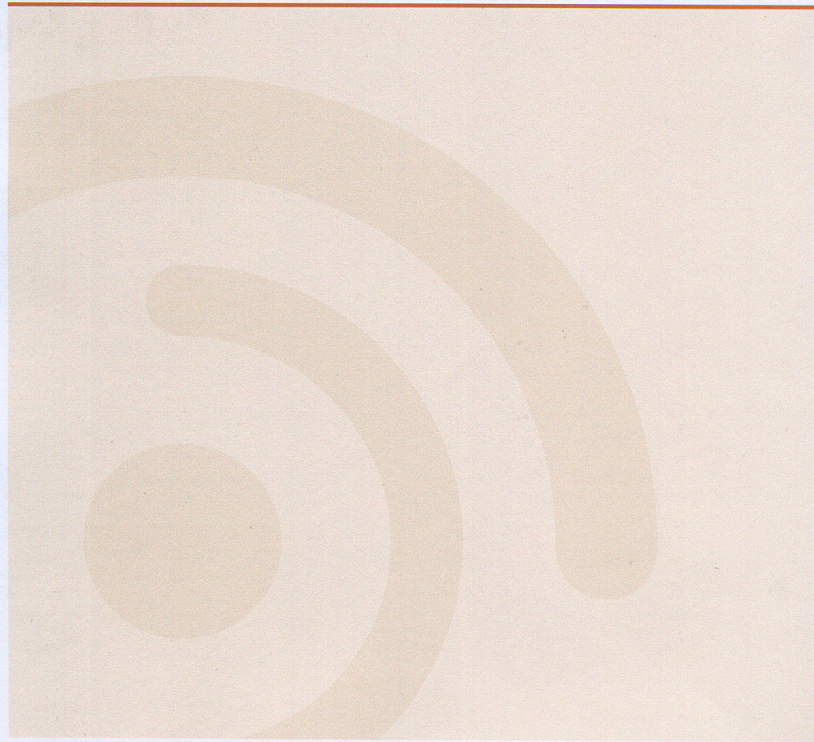
COMPLIANCE

- Firms rely on completion rates not because doing so has been shown to be the “right way” to measure success but because their objective is merely to demonstrate to regulators that they’ve accomplished the task—they can check that training box.
- The DOJ recognised that firms might be spending a lot and creating all the components of compliance programs but actually producing hollow facades.
- In its 2008 revision of the ‘Principles of Federal Prosecution of Business Organizations’, the department specifically calls for prosecutors ‘to determine whether a corporation’s compliance program is merely a paper program or whether it was designed, implemented, reviewed, and revised, as appropriate, in an effective manner.’
- The same year, in a case against Siemens in which a record-setting \$800 million penalty was paid to the U.S. authorities, the prosecution repeatedly called out the inadequacies of Siemens’ paper program.

Investigation

Investigation into outbreaks of *Clostridium difficile* at Stoke Mandeville Hospital, Buckinghamshire Hospitals NHS Trust

July 2006

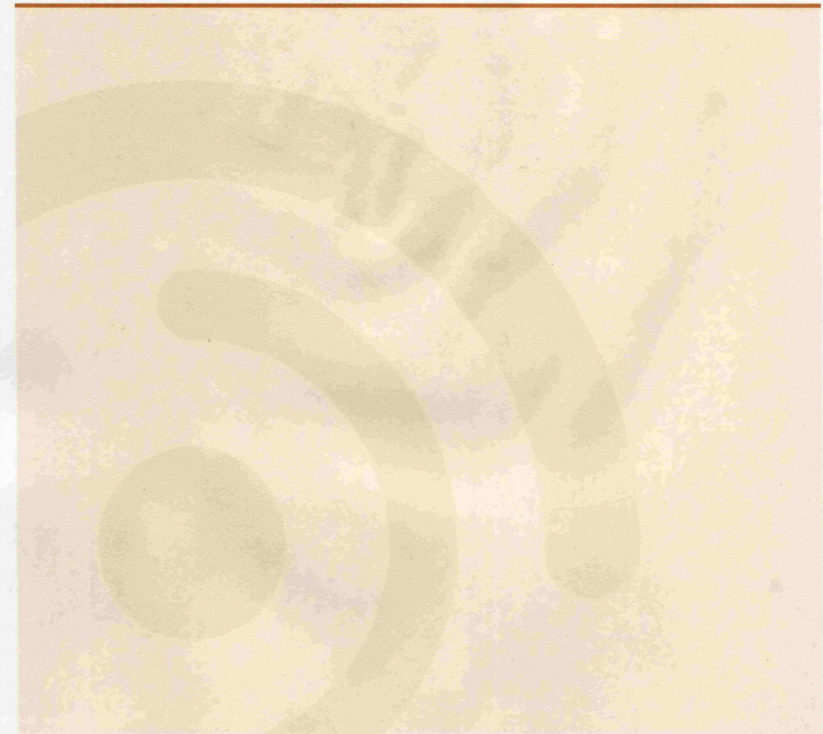


Inspecting Informing Improving

Investigation

Investigation into outbreaks of *Clostridium difficile* at Maidstone and Tunbridge Wells NHS Trust

October 2007



Inspecting Informing Improving

The Guardian

Mid Staffs hospital scandal: the essential guide

With a new inquiry into the causes of poor care at the hospital being released, the findings may have ramifications for the rest of the NHS. Study the issue in depth and learn all you need to know about what happens next with our essential guide



THE MID STAFFORDSHIRE
NHS FOUNDATION TRUST
PUBLIC INQUIRY

The report has identified numerous warning signs which cumulatively, or in some cases singly, could and should have alerted the system to the problems developing at the Trust. That they did not has a number of causes, among them:

th
NI

PUBLIC INQUIRY

Executive summary

Infection prevention and control standards

Practical examples of evidence of achievement (NOTE: this list is not exhaustive)

Practical examples: healthcare and social care organisations

- Compliance with legislation and national guidance, including the National Infection Prevention and Control Manual.²
- Evidence that learning has been shared within and across organisations.
- Assurance mechanisms and accreditation checks when working with external partners.
- Water safety policy.
- Water outlet monitoring records.
- Infection-related risk assessment, for example Legionella risk assessment.
- Inspection reports and improvement plans.
- IPC audits with improvement plans, for example audits in line with the Safe Management of the Care Environment.⁶¹
- Feedback from people receiving care and their [representatives](#), and evidence of learning from complaints or feedback.

Appendix: Suggested framework for Board report on 7 Day Services

Please use these prompts to frame your Board report on 7 Day Services and to discuss with regulators when asked.

- 1) The daily hospital sitrep shows significant variation in LOS associated with the day of the week patients are admitted. Yes/No
- 2) The daily hospital sitrep shows significant variation in the number of discharges by day of the week. Yes/No
- 3) Job plans for consultants in all acute specialties provide scheduled on-site consultant cover every day that reflects the likely demand for that specialty. Yes/No
- 4) The template below shows the level of compliance with Standard 5 regarding 24/7 access to these emergency diagnostic tests:

Emergency diagnostic test	Available on site at weekends	Available via network at weekends	Not available
USS			
CT			
MRI			
endoscopy			
echocardiography			
microbiology			

Nice try- just wrong target!

**“hitting the target and
missing the point”
Francis Report**



Nice try- just wrong target!



**“hitting the target and
missing the point”
Francis Report**



**Meeting compliance seen as target
NOT desired end result**



WE COULD DO THIS
TO MITIGATE RISK

THAT IS EASY TO
REMEDY

**NO ONE HAD TOLD DESIGN TEAM
ABOUT PROBLEMS EXPERIENCED**









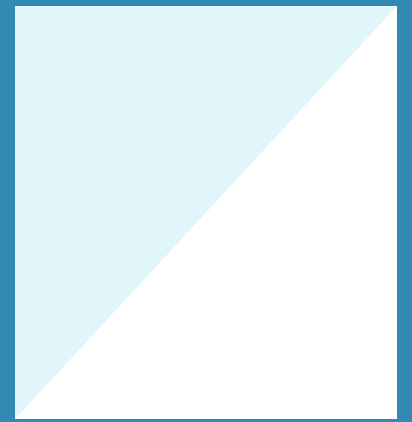
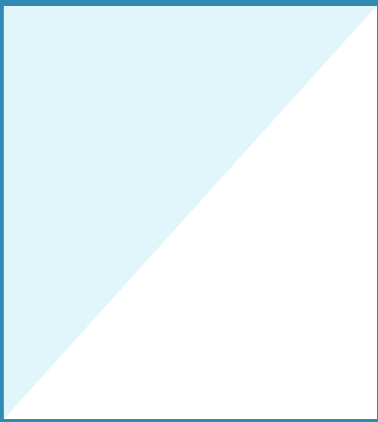
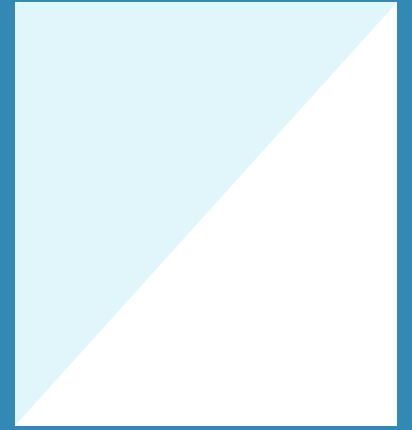
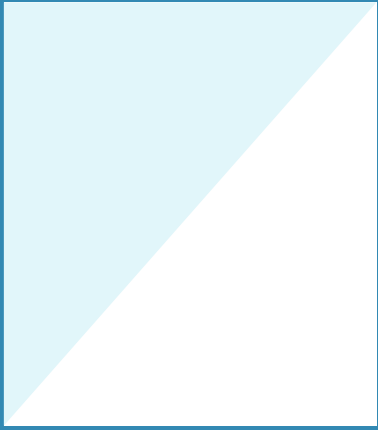












Boardroom







9 JUNGLE POWER SHOWER
quinoa bowl, seasonal kale, green leaf lettuce, steamed seasonal vegetables, cucumber, mint, Thai basil, toasted coconut cream, peanuts, sesame & sunflower seeds
\$12

17 GOLDEN TEMPLE
light turmeric curry broth, assorted tofu, seasonal vegetables, yum tums, seasonal kale, herbs. *Choice of quinoa wild rice blend, noodles*
\$10.50

10 RICKETY RICKSHAW RIDE
noodle bowl, shredded beanroot, crispy spring rolls, roasted peanuts, mung bean, shallots, pickled vegetables, greens, cucumber, herbs, lemon sauce
\$8.75

6 HAND-CUT TARO CHIPS
lightly spiced tofu dip
\$6.5

5 NIGHT MARKET STROLL
papaya salad, shredded apple, carrots, herbs, peanuts, orange citrus dressing
\$7 **add pan-seared organic tofu \$2*

8 PLOUGHING THE RICE FIELDS
noodle bowl, seasonal vegetables, tofu, seasonal kale, pineapple, mushroom garlic sauce, bean sprouts, Thai basil, with side cup of vegetable broth
\$12

11 SOFT TROPICAL RAINSTORM
noodle bowl, shredded beanroot, herbs, peanuts, greens, toasted coconut cream, lemon sauce
\$8.75

14 CANDLELIT LANTERN DOWN THE RIVER
star anise, cinnamon broth, assorted tofu, mushrooms, lotus root, herbs, rice noodles, side bean sprouts
\$8.5

19 NON LA
crispy spring rolls, tofu, seaweed, mung bean, tams, seasonal kale, vegetable filling, lemon sauce
\$4.00

16 DIVING FOR PEARLS
savory lychee & date broth, assorted tofu, mushrooms, lotus root, seasonal vegetables, shredded lettuce, seasonal kale, ground pepper
\$10.25

15 SLIDING DOWN THE SAND DUNES
lemongrass, ginger, peanut saté broth, pineapple, assorted tofu, mushrooms, lotus root, greens, round rice noodles, side bean sprouts
\$9.25

13 MOONLIT MIDNIGHT SWIM
wild rice blend bowl, assorted tofu, seasonal vegetables, seasonal kale, mushrooms, lotus root, spiced peanut mushroom sauce, lettuce, roasted peanuts & seeds
\$10.25

21 NAMAHATA
fresh rolls, shredded beanroot, mint, quinoa, mung bean, green leaf lettuce, cucumber, crispy wheat crunch, lemon sauce
\$4

20 NAMASTE
fresh rolls, lemongrass tofu, Thai basil, quinoa, mung bean, green leaf lettuce, cucumber, crispy wheat crunch, peanut sauce
\$4

CHAU VEGGIEEXPRESS
•FREE RANGE EGG \$1
•ORGANIC TOFU \$1.5
Modifications re-Subject to Charges

GLUTEN FREE GARLIC & ONION

“The names of each dish are from the personal experiences of our great friends travelling throughout Vietnam. Each dish taking you on an adventure!”

A group of people are dining in a restaurant. In the foreground, a man in a light blue shirt is smiling and looking towards the right. In the background, another man in a striped shirt is also smiling. The table is set with plates of food, including a bowl of soup, and glasses of wine. A white speech bubble with a blue outline is overlaid on the image, containing the text "Bring me anything".

**Bring me
anything**

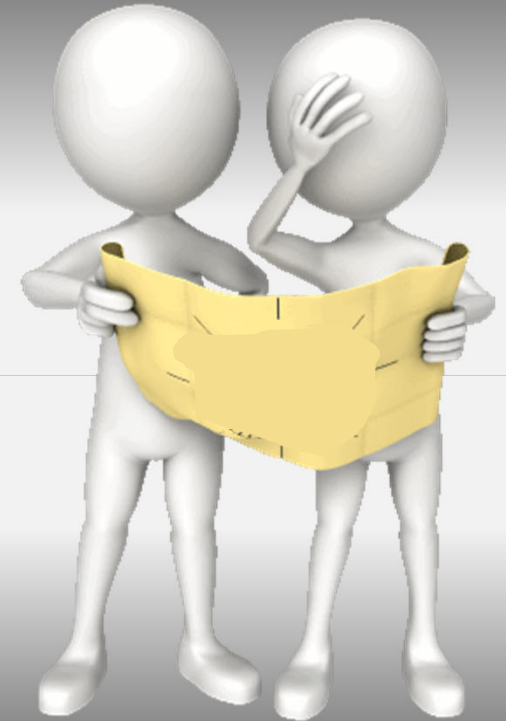


A group of people are dining at a restaurant. In the foreground, a large, rectangular, browned nut cutlet is served on a light-colored plate, garnished with a sprig of rosemary. The cutlet has a textured, slightly charred surface. In the background, a woman with blonde hair and glasses is smiling and looking towards the right. She is holding a fork. To her left, a man in a light blue shirt is partially visible. To her right, another person is partially visible. The table is set with several glasses of red wine and plates of food. The background is slightly blurred, showing other diners and the restaurant interior.

**Nut
cutlet!!**

**He has a severe
nut allergy what
are you trying to
do???**

DESIGN TEAM





TAKE CONTROL OF PROJECT





Chief Executive
Duty holder

GOVERNANCE

GOVERNANCE



What processes are required to change to produce safe buildings?

1. Patient safety becomes the priority
2. Identification of risk
3. Supportive learning environment

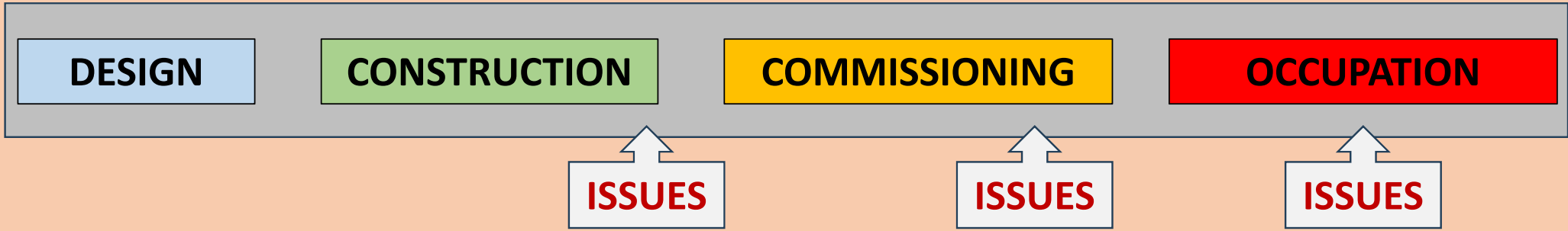
PROJECT WATER SAFETY GROUP

**HOW ARE YOU GOING TO
ENSURE THE WATER SYSTEM
IS SAFE?**

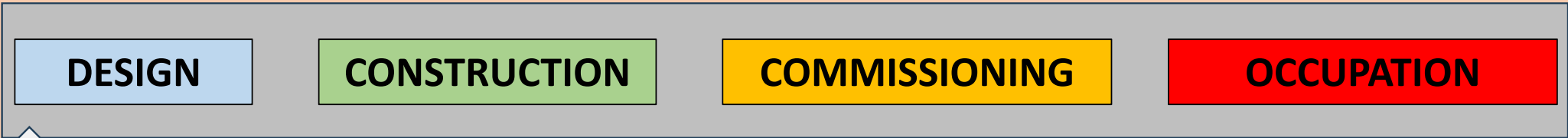


**WOULD NOT KNOW WHERE TO START
NO ONE HAS ASKED THIS QUESTION
BEFORE**

DESIGN TEAM



**FRONT
LOADING
PROJECT**



ISSUES

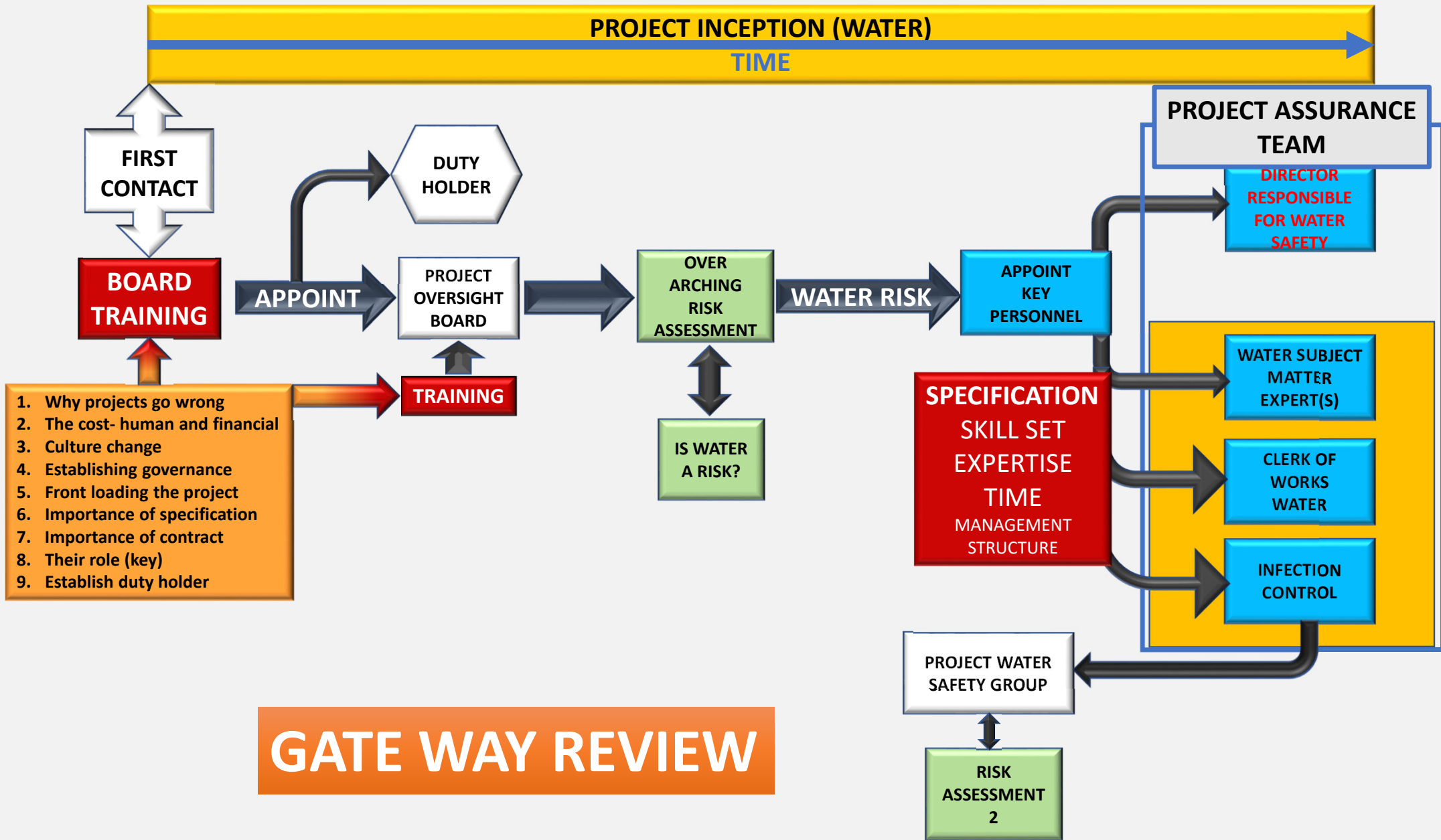
ISSUES

ISSUES

3 FUNDAMENTAL RISK ASSESSMENTS

- 1. Are there high-risk patient groups?**
- 2. Are there specialised water services?**
- 3. Do you have the right expertise to cover this in the project water safety group?**

**‘How are you?’ questions
to resolve this risk?**



CHANGING CONTRACT CULTURE

* DESIGN AND BUILD CONTRACTS
WHERE DESIGNERS/ ARCHITECTS
EMPLOYED BY CONTACTOR ARE
UNACCEPTABLE FROM GOVERNANCE
PERSPECTIVE

INTERESTED PARTIES*
ARCHITECTS / DESIGN TEAMS

TRAINING ON ETHOS OF PROJECT
BENEFITS TO EVERYONE

HOW ARE YOU GOING
TO ENSURE A SAFE
WATER SYSTEM?

CHOOSE PREFERRED
DESIGN TEAM

QUALITY ASSURANCE INDICATORS
TIGHT SPECIFICATION
HOW ARE YOU QUESTIONS?
WHICH GUIDANCE TO BE USED

FINALISE DESIGN
SPECIFICATIONS WITH
PREFERRED TEAM

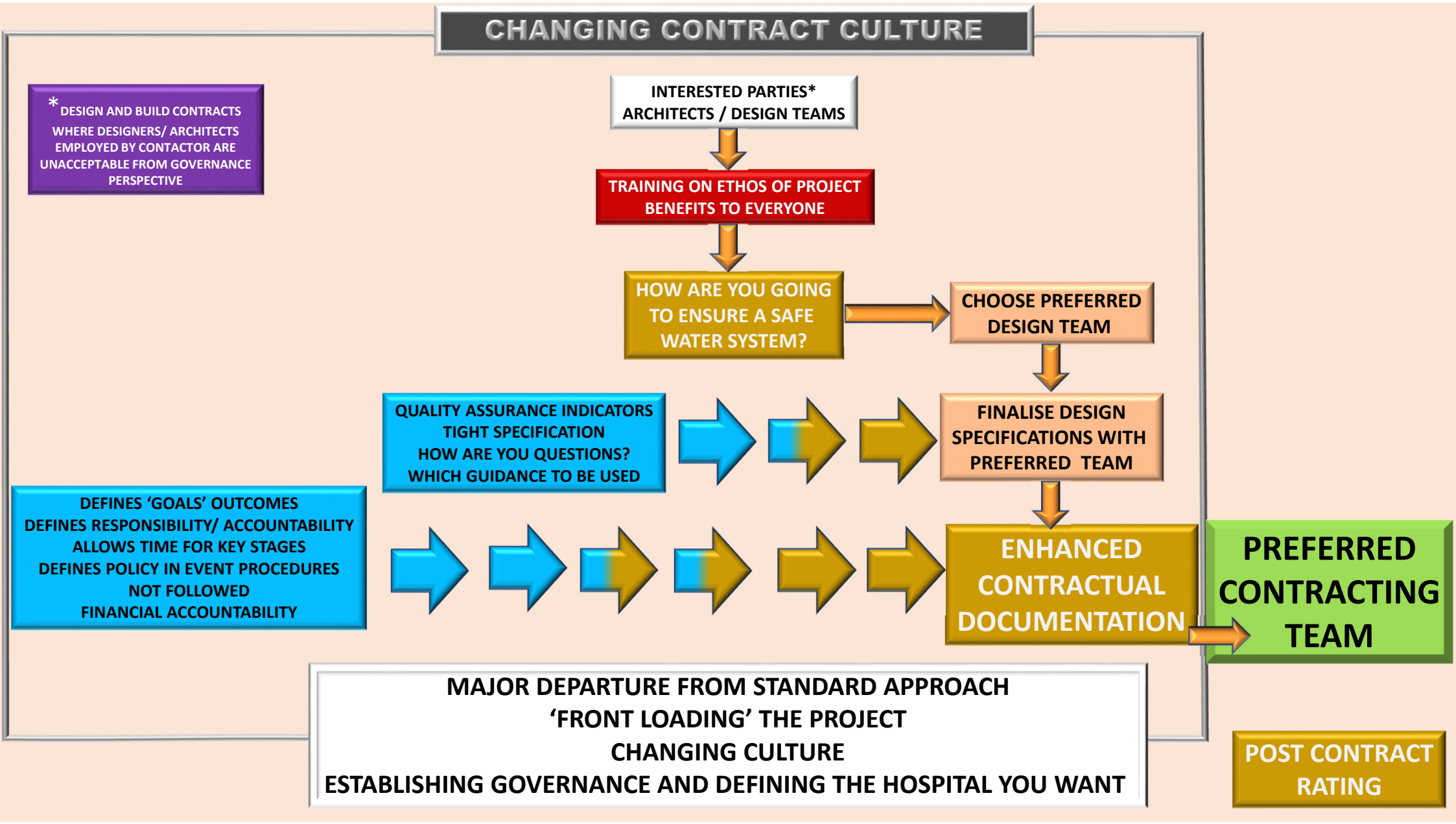
DEFINES 'GOALS' OUTCOMES
DEFINES RESPONSIBILITY/ ACCOUNTABILITY
ALLOWS TIME FOR KEY STAGES
DEFINES POLICY IN EVENT PROCEDURES
NOT FOLLOWED
FINANCIAL ACCOUNTABILITY

ENHANCED
CONTRACTUAL
DOCUMENTATION

PREFERRED
CONTRACTING
TEAM

MAJOR DEPARTURE FROM STANDARD APPROACH
'FRONT LOADING' THE PROJECT
CHANGING CULTURE
ESTABLISHING GOVERNANCE AND DEFINING THE HOSPITAL YOU WANT

POST CONTRACT
RATING





FINANCES

GUIDANCE

TARGETS

TIME

COMPLIANCE

FINANCES
GUIDANCE
TARGETS



TIME
COMPLIANCE

FINANCES
GUIDANCE
TARGETS



TIME
COMPLIANCE

FINANC
GUI
TAR

Place the quality and safety of patient care above all other aims for the NH (This, by the way, is your safest and best route to lower cost.) Don Berwick



**PLACE THE PATIENT
FRONT AND CENTRE
IN EVERYTHING WE DO**

COMPLIANCE