

18th January 2022

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Ms Jennifer Walsh
Deputy Team Leader
Planning Solutions Team
Planning and Regeneration
London Borough of Camden
5 Pancras Square
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Dear Ms Walsh

Inpatient Services St Pancras Hospital Site

Changes to Original Plans

There are two buildings that accommodate mental health in-patients on the St Pancras site, Ash House and the Huntley Centre (see attached plan). These services are operated by Camden and Islington NHS Foundation Trust (C&I). The previous plan was that partial vacant possession would be offered to Oriel and that preparatory work (such as soft demolition) could be undertaken prior to the in-patient wards moving to our new facility in Highgate, allowing major work to occur post move. However, due to construction delays the new Highgate facility will not be open until October 2023 and this was not reported on the planning application previously.

The revised plan is to vacate Ash House in January 2023 and the Huntley Centre in October 2023, (Oriel will still gain partial vacant possession in September 2022.)

In addition to the mental health in-patient wards, there are neurological intermediate care beds in South Wing. This is physical not mental health care. The beds are operated by Central and North West London NHS Foundation Trust (CNWL). The timing of the move of these wards has always been independent of Oriel construction and this remains extant.

Chair: Jackie Smith
Chief Executive: Jinjer Kandola MBE

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Risks

Patient safety is the Trust's chief concern. The key risk associated with major construction near a mental health inpatient unit, is a service user gaining access to the building site to facilitate self-harm in some way. Thus of greatest importance is site security and access. Other key risks are associated with the effect of excessive noise (and vibration) levels, both at peak and over a prolonged period of time. The detrimental effect on those with acute mental health needs is far greater than the wider population. Thus it is important to be able to control levels and continuity of noise.

Rationale behind current plan.

Due to safety and security requirements mental health in-patient wards are highly specialist in design and construction standards. They are not interchangeable with physical health wards, for example the mental health inpatients could not be safely accommodated in the physical rehabilitation wards in South Wing. Nationally and locally vacant mental health wards are in short supply.

At the end of their inpatient stay, service users are discharged into their community, usually under community mental health services, and for many that is a gradual and detailed process, indeed, for some having short periods at home on leave prior to formal discharge. Inpatient mental health stays can last days to years, and if someone is admitted far away (such as Birmingham), they are dislocated from their family and other social networks which may aggravate their distress, inhibit their recovery and reintegration into their usual life, and also, make it difficult for their community mental health service to maintain contact. Therefore the effective temporary decant of inpatients is limited by suitable, available facilities in the local area.

In terms of managing building works safely on the St Pancras site, the Trust, through its clinical and operational policies, routinely manages invasive work with in-patient wards remaining on site, such as the major refurbishment of buildings. In addition, there has been recent experience of operationally managing the effects of major construction work near the site during the Granary Street development. There is learning from the recent (2018-2020) build of the new ward block at St Ann's hospital in Haringey, that was safely accomplished on a live mental health hospital in-patient site.

The Patient Safety Group took the view in May 2021 that inpatient safety and experience could be maintained whilst major work is going on as long as the correct controls and processes are in place. It should be noted that local suitable temporary accommodation is planned to be available in January 2023, which will allow the wards in Ash House to be decanted to a temporary location, but even if this was not the case and they remained on site until October 2023, the view that safety and experience can be maintained remains valid. To give context a decant programme summary is attached.



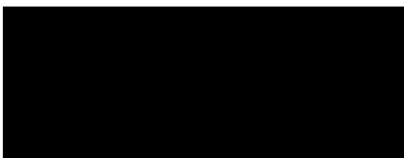
Patient Safety Group

Inpatient safety and experience is a critical concern behind the whole St Pancras programme. The Patient Safety Group (Terms of Reference attached), is established to ensure that C&I and partner organisations can continue to provide safe and effective healthcare (including in-patient) services during the redevelopment of the St Pancras Hospital site. It is co-chaired by the Trust's Medical Director and Chief Nursing Officer. The group has senior nurse representation from CNWL to ensure the specific needs of the neurological intermediate care patients are taken into account and addressed. Key to the group's objectives is making sure that there are suitable processes in place to assess the risks and mitigations posed by the proposed construction work, and then there are suitable process in place for monitoring and coordinating the works once started.

In practice this means that the Construction Management Plan for Oriel is reviewed from a safety and experience perspective by the Patient Safety Group prior to submission to the London Borough of Camden. The formal scope of works is presented to the Patient Safety Group using a standard Quality Impact Assessment (QIA) methodology to determine the likely impact to each organisation affected (C&I, CNWL or the Royal Free Hospitals with regard the Dialysis unit in North Wing). Amendments to the planned works will be requested to mitigate risk to patients, carers and staff. Additionally the Patient Safety Group will require suitable processes for monitoring and coordinating the works once started from a safety and experience perspective, the detail being dependent on the type and duration of work. For major work this is expected to be a monthly planning review meeting between the contractor and the trust operational and clinical teams reviewing the construction activity for the next month, a formal weekly operational planning meeting to coordinate and monitor activity on a weekly basis, a daily touchpoint meeting between the contractor and the Trust operational team, and a formal point of contact where immediate concerns can always be raised and responded to be the contractor.

Please do not hesitate if you wish us to provide further information.

Yours sincerely



Malcolm McFrederick
St Pancras Transformation Programme Director

