

STRATEGIC BENEFITS REALISATION REGISTER

Mental Health Estate Stabilisation Programme | Five-year strategic benefits framework

Project	Mental Health Estate Stabilisation Programme
Version date	12.8.26
Source document	Technical PBC v6 — 4 August 2026
Register version	2

CHANGE MANAGEMENT RECORD

Date	Issue / change	Author
12.8.26	Register reframed from short-term benefits tracker to phased five-year strategic register	Programme Team
12.8.26	Added patient experience, equity and co-production as a separate headline benefit; added disbenefit controls	Programme Team

MENTAL HEALTH ESTATE STABILISATION TECHNICAL PROGRAMME BUSINESS CASE

Strategic Benefits Realisation Register

INTRODUCTION

The £27.885m mental health estate stabilisation Technical Programme Business Case (TPBC) supports delivery of a more sustainable mental health estate. It is not a collection of short-term works. Immediate priorities are to reduce ligature, infrastructure and business-continuity risks while protecting care during delivery. Benefits then shift to embedding consolidated services, repatriating PICU activity, strengthening workforce and financial sustainability, and improving patient experience. By years +5, the programme could support a controlled transition toward the preferred purpose-built, longer term nationally aligned estate solution.

STRATEGIC BENEFITS

ID	Strategic theme	Headline benefit and outcome	Accountable owner / forum	2026 baseline, measures and evidence
SS1	Strategic Sustainability	Maintain safe, compliant mental health capacity through the stabilisation period while creating a longer-term controlled transition to a purpose-built, nationally aligned estate solution.	SRO / Programme Board	Baseline: ageing estate at Cefn Coed (opened 1932), Tonna (1990) and NPTH; Strategic Risk 2.7 score 16 and Corporate Risk 115 score 20. Measures: approved long-term estate roadmap; percentage of stabilisation milestones achieved; residual estate risk score; proportion of occupied estate supported by current-standard infrastructure.
CQ1	Clinical Quality & Safety	Deliver consistently safe, therapeutic and more compliant inpatient environments, with sustained reduction in ligature, fire, duty-of-care and avoidable-harm risks across adult acute, older persons and Mother & Baby services.	SRO / Clinical Lead	Baseline: immediate ligature and environmental concerns across Ysbryd-y-Coed wards, Tonna Suites 1 and 2, and NPTH Ward F; HIW concerns include safety, dignity and WHBN 03-01 compliance. Measures: high-risk ligature actions open; relevant WHBN/WHTM/fire compliance; HIW actions; environment-related incidents and restrictive-practice indicators.
WS1	Workforce Sustainability	Create safer working environments and a consolidated operating model that supports recruitment, retention, effective rostering, staff wellbeing, clinical communication and multidisciplinary working.	SRO / Service Group	Baseline: recruitment and retention risks have reduced, but relocation may create retention impacts. Measures: vacancy, turnover, sickness, agency/bank use, roster-fill rate, staff survey environment score and relocation retention rate. Baseline and targets to be validated by 31 March 2027.
SR1	Service Resilience	Protect continuity at Tawe Clinic and across regional inpatient services through resilient utilities, security, tested business continuity and a reduction in fragmented adult acute sites.	Project Director / Estates	Baseline: unstable utilities and infrastructure; recurring unauthorised access, including 504 trespassers prevented in May 2026; adult inpatient acute provision spans three sites. Measures: unplanned outages/closures, critical utility failures, business-continuity test results, critical backlog items, security incidents and reduction from three adult acute sites to two.
FS1	Financial Sustainability & Value	Avoid increased backlog and infrastructure-failure costs, and reduce avoidable out-of-area PICU expenditure.	SRO / Finance Lead	Baseline: capital requirement £27.885m including non-recoverable VAT and optimism bias; recurring revenue stated as resource neutral; five PICU inpatients are provided by CTMUHB; operating and backlog cost baselines require validation in follow-on business cases. Measures: capital cost/schedule variance, lifecycle cost, avoided backlog, PICU spend avoided and recurring revenue variance.
TR1	Transformation & Integration	Enable a consolidated adult acute model at Cefn Coed, repatriate PICU activity and use the stabilisation window to implement an integrated model of care and the next-stage mental health estate transformation.	SRO / Transformation Board	Baseline: adult acute services operate across Cefn Coed, Tonna and NPTH; five PICU inpatients are out of county; services are fragmented across sites. Measures: adult inpatient acute sites reduced from three to two; PICU inpatients repatriated from five to zero; pathway and transition milestones; clinical handoff quality; approval of the long-term transformation roadmap.

PHASED REALISATION ROADMAP				
1. Mobilise & Baseline	2026/27	Secure TPBC and funding approval; confirm governance; validate baselines and target trajectories; complete design, procurement, decant and continuity plans.	All	Signed benefit profiles; complete baseline dataset; approved delivery and assurance plans.
2. Deliver & Commission	2027/28–2028/29	Deliver service diversions, asbestos and fire works, resilient utilities and anti-ligature refurbishments at Cefn Coed, Tonna and NPTH while maintaining safe services.	SS1, CQ1, WS1, SR1, FS1	Practical completion and commissioning evidence; WHBN/WHTM/fire assurance; cost and schedule position.
3. Stabilise	0–12 months after commissioning	Embed the new environments and operating model; repatriate PICU activity; consolidate adult acute sites; confirm no sustained adverse patient, workforce or continuity impacts. Close residual HIW and ligature actions, and demonstrate improving patient and staff outcomes.	CQ1, WS1, SR1, TR1, PE1	Formal 3-, 6- and 12-month reviews as appropriate, covering incidents, outages, staffing, patient experience, activity and cost. gap analysis; corrective action plan; independent clinical and estates assurance where required.
4. Strategic Transition	1-5 years	Development of a local business case to align with the national solution.	SS1, FS1, TR1, PE1	Approved long-term strategic roadmap