Capital Mobilisation Toolkit

Structured guidance for NHS Estates & Capital teams mobilising projects efficiently and reducing delivery risk.

Overview

Capital mobilisation is one of the most critical phases of any NHS Estates project. Delays at this stage create cost escalation, operational disruption, and governance pressure — especially during Q3–Q4 when procurement bottlenecks peak.

This toolkit provides a structured, practical mobilisation framework that supports Trusts, NHSPS, CHP, and regional health bodies in delivering capital projects safely, efficiently, and with clear governance.

1. Mobilisation Foundations

1.1 Clear Scope Definition

A mobilisation plan must begin with a validated scope that includes:

- Clinical requirements
- Estates constraints
- Compliance obligations
- Budget confirmation
- Programme expectations
- Risk identification
- Stakeholder approval

A scope that is unclear or unvalidated is the single biggest cause of mobilisation delays.

1.2 Stakeholder Alignment

Mobilisation requires early alignment with:

- Clinical leads
- Estates & Facilities
- Capital Projects
- Infection Control
- Fire Safety
- IT & Digital
- Medical Equipment
- Finance

- Procurement
- Senior management

Stakeholders should understand:

- What is happening
- When it is happening
- How it affects them
- What decisions they must make

2. Procurement Readiness

2.1 Early Procurement Triggers

Trigger procurement early for:

- Contractors
- Specialist suppliers
- Equipment
- Enabling works
- Surveys
- Commissioning services

Late procurement is the most common Q4 bottleneck.

2.2 Tender Documentation Checklist

Ensure tender packs include:

- Validated scope
- Drawings / specifications
- Access requirements
- Phasing plans
- Safety requirements
- Commissioning expectations
- Evaluation criteria
- Programme constraints

2.3 Contractor Competence Validation

Before mobilisation, validate:

- Insurance
- RAMS

- Competence records
- Training certificates
- Previous performance
- Financial stability
- Named supervisor

3. Mobilisation Workflow

3.1 Standard Mobilisation Sequence

A typical mobilisation workflow includes:

1. Scope validation
2. Stakeholder alignment
3. Procurement triggers
4. Contractor appointment
5. Pre-start documentation
6. Access planning
7. Safety planning
8. Daily coordination setup
9. Programme confirmation
10. Mobilisation sign-off

3.2 Pre-Start Requirements

Before works begin, ensure:

- RAMS approved
- Permits prepared
- Isolation plans agreed
- Infection control routes validated
- Fire safety adjustments planned
- Access routes confirmed
- Temporary works planned
- Communication plan issued

3.3 Access & Decant Planning

Capital works often require temporary decanting. Plan for:

- Alternative clinical spaces
- Temporary patient flows
- IT relocation
- Equipment moves

- Fire evacuation adjustments
- Infection control routes

4. Risk Management

4.1 Mobilisation Risk Register

Include risks relating to:

- Procurement delays
- Contractor availability
- Access restrictions
- Clinical pressures
- Compliance issues
- Weather constraints
- Material lead times
- Safety controls

4.2 Risk Mitigation Strategies

Mitigate mobilisation risks by:

- Early approvals
- Clear decision pathways
- Pre-agreed contractor availability
- Daily coordination
- Escalation routes
- Contingency planning

5. Communication & Coordination

5.1 Daily Coordination Structure

Implement:

- Morning briefings
- Daily progress logs
- Issue escalation pathways
- Joint inspections
- End-of-day reporting

5.2 Internal Communication

Communicate clearly with:

- Clinical teams
- Facilities
- Portering
- Security
- IT
- Senior management

5.3 External Communication

Where relevant:

- Patient signage
- Temporary access routes
- Car park adjustments

6. Compliance Integration

Capital mobilisation must align with:

- HTM requirements
- Statutory compliance
- Fire safety
- Water safety
- Ventilation standards
- Electrical safety
- Medical gas requirements
- Infection control

Compliance failures at mobilisation stage cause major delays.

7. Commissioning & Handover

7.1 Commissioning Requirements

Ensure commissioning covers:

- Electrical testing
- Ventilation verification
- Water safety checks
- Fire safety checks
- Medical gas testing
- Equipment validation

- Clinical sign-off

7.2 Handover Documentation

Provide:

- As-built drawings
- O&M manuals
- Test certificates
- Updated risk register entries
- Photographic evidence
- Completion report

8. Avoiding Q4 Bottlenecks

Q4 is the most challenging period for capital mobilisation due to:

- Procurement pressure
- Budget deadlines
- Contractor over-commitment
- Winter pressures
- Governance cycles

Mitigation includes:

- Triggering procurement early
- Securing contractor availability in Q2–Q3
- Pre-approving documentation
- Reducing decision bottlenecks
- Using standardised workflows

9. Mobilisation Templates (Copy-Ready)

Mobilisation Checklist

- Scope validated
- Stakeholders aligned
- Procurement triggered
- Contractor appointed
- RAMS approved
- Access planned
- Safety controls agreed
- Programme confirmed
- Communication plan issued

- Mobilisation sign-off completed

Daily Coordination Log

| Date | Contractor | Area | Progress | Issues | Actions | Sign-off |

Commissioning Log

| System | Test | Result | Evidence | Sign-off |

10. Final Mobilisation Review

Before works begin, confirm:

- All documentation approved
- All risks mitigated
- All stakeholders informed
- All access routes validated
- All safety controls in place
- All commissioning requirements understood
- All dependencies resolved