# In-Trust Inventory Management Systems (IMS) Programme

**2026 - 2031**

NHS Supply Chain

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# Historic context

The IMS Programme was established to address some of the NHS's most persistent challenges, including stock visibility, product traceability and patient safety.

Lessons from major device recalls and the COVID-19 pandemic reinforced the need for accurate, real-time inventory and Point of Care data. Backed by national programmes such as Darzi, Cumberlege, Scan4Safety and the Federated Data Platform, IMS is a key enabler of safer care, greater efficiency and a more resilient supply chain.



## Phase 1

- Demonstrate how supply chain and digitisation improves patients' safety and takes out waste.
- Department of Health and Social Care (DHSC) eProcurement Strategy.
- NHS Supply Chain development and rollout of eDC Gold.

## Phase 2

- Demonstrate the critical need for supply chain and local inventory visibility to enable risk mitigation.
- COVID-19.

## Phase 3

- Identification that IMS is a critical enabler to NHS Supply Chain strategy and vision for resilience and being easier to work with.
- NHS Supply Chain strategy.
- NHS Supply Chain 10 Year vision.

## Phase 4

- 20 implementations, three partners and 59 roles.
- OD approved for permanent FTE.
- Julian Kelly funding approval.

## Phase 5

- Align understanding value and importance of Scan4Safety across NHS England.
- Scan4Safety formally established in patient safety NHS England.
- Scan4Safety and integrated IMS in commercial framework.

## Phase 6

- NHS England actively embedding the standards and facilitating joined up discussions.
- Medical Device Outcome Registry.
- New Hospitals programme – Scan4Safety embedded as standard with cross functioning advisory group.

# History - why we need IMS

In 2024 Lord Darzi's independent investigation of the National Health Service of England, followed by the Health and Social Care Secretary's priorities set a clear direction for the NHS. IMS adoption will deliver the productivity gains prioritised, reduce the need for agency staff and positively impact local costs.

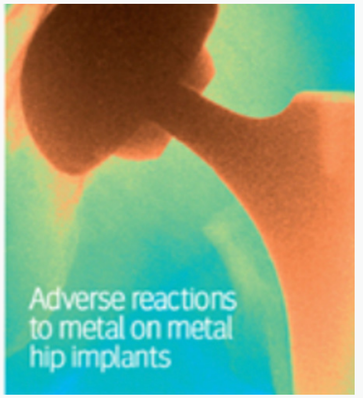
Along with a reduction in waiting lists because of theatre productivity improvements through automation, and reduced risk of cancellations due to product availability. While directly delivering the move from analogue to digital at the Point of Care (PoC).

IMS at Point of Care will enable and deliver recommendations and requirements from several current NHS initiatives.

The NHS has not been able to execute effective product recalls; this was publicly evidenced through the PIP faulty breast implants (where still today there are patients that don't know if they have the faulty implant) and the defective metal on metal hip implants. This is due to manual processes that add unnecessary cost, reducing productivity and has a negative impact on patient safety and experience.




The Cumberlege First Do No Harm reports identifies the benefits of digital records, and the concept of scan once use often to maximise the value of data.






# History - 'collect once, use often'

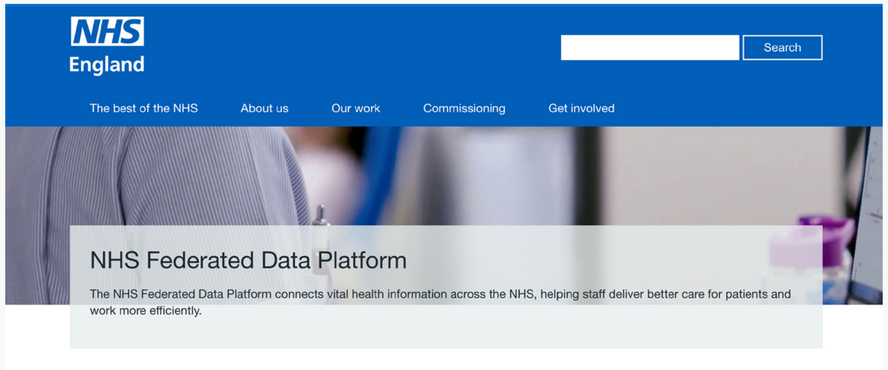
- Baroness Cumberlege's, 'collect once, use often', and the requirement for a national outcome registry to improve patient safety. An IMS collects and automates data to the Federated Data Platform (FDP) and to the Medial Devices Outcomes Registry (MDOR).
- Darzi identifies wasted time on administrative processes and initiatives that drive productivity. IMS automates process and collects strategic data such as product ID, quantity used and implant laterality to help address these challenges.
- NHS England's strategic framework for NHS Commercial identifies the requirements for the NHS to adopt an integrated inventory management system, enabling supplier and product rationalisation.
- FDP will not be able to deliver its supply chain use case without the implementation of IMS. IMS is an essential data for FDP
- IMS will enable trusts to mature to maximise the future modernisation market capabilities NHS Supply Chain will share.












# What does an IMS do?




**Clinical**

An IMS system will collect information such as Product, Place, Person and Procedure – aligned to the Scan4Safety methodology.

The capture of this information will enable:

- Improved clinical care and quality through transparency, automation and product safety alerts.
- Improved supply chain resilience and unwarranted variation through transparency.
- Improved accuracy and forward-facing data driven decisions.
- Delivery of financial and productivity savings through automation, waste reduction and effective inventory risk management.

# Improving clinical care and quality

- Through capturing the identifiers - product, place, person and process.
- Remove manual processes such as the theatre book as orders are placed and receipted through scanning.
- Expiry alerts when product is scanned to be used.
- Laterality and compatibility alerts when product is scanned to be used.
- Reduce clinical time in looking for a product as can be tracked to exact location on the system.
- This data can also be used to prevent duplication - registry submission, financial and revenue controls.



# Improving clinical care and quality examples

University Hospitals of Derby and Burton NHS Foundation Trust can identify all products held along with what patient has been given which product, enabling efficient quality product recalls. As a result, the trust has efficiency savings in the first two years of £3.1 million.

University Hospitals Plymouth NHS Trusts was one of the first Scan4Safety trusts and found:

"Scanning products before surgery improves patient safety, by reducing the risk of human error and, due to automatic electronic stock replacement processes, reduces the likelihood of operations being cancelled. Staff morale has also been increased because people who are designed to care for patients can spend more time caring for patients, rather than on the reordering and re-equipping of stores."

**Mark Brinsden, Trauma and Orthopaedic Consultant, University Hospitals Plymouth NHS Trust**

An HSSIB investigation into the 'insertion of an incorrect intraocular lens' identified the use of scanning technologies to provide digital alerts when the incorrect lens is selected. The same issues and solutions exist across many specialties and can be resolved through the IMS scan at Point of Care.

An A&E nurse required a 22g urinary catheter (this is an unusual size and not one available in all areas) as part of an emergency procedure. Previously this would need a team member calling several wards and walking around different store locations to locate - very time consuming. With the IMS listing all locations in the hospital, where it is stocked one was obtained in minutes instead of hours, enabling timely treatment, releasing time to care and building a better patient experience.



# Clinical leadership for quality, safety and efficiency

We bring national clinical insight to support the change you develop locally.

- IMS and Point of Care scanning directly benefit patient care, clinical workflow, quality and patient safety.
- Early clinical involvement ensures the solution is designed around your clinical needs, not just stock processes, ensuring workflows remain practical and workable.
- Trusts where clinicians help define and shape their programme have higher adoption, better sustainability and fewer deployment risks.
- Embedding simple quality goals at the outset (traceability, efficiency, complete patient record) keeps clinical teams engaged and motivated.
- Our clinical team provides a national point of contact to support clinical change and help embed new practice locally.



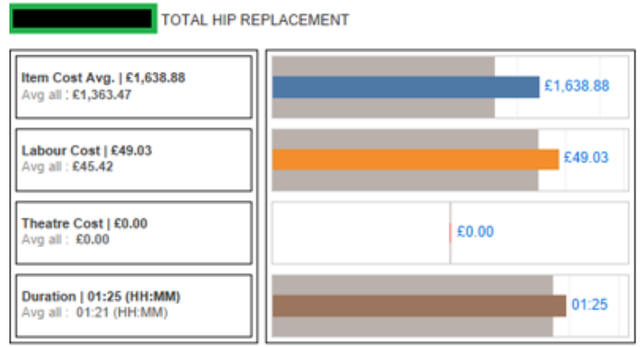
# Resilience and unwarranted variation

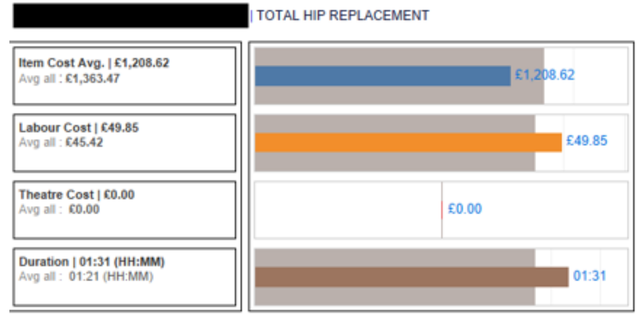
The Royal Cornwall Hospitals NHS Trust (RCHT) reported a 76% reduction in prevented-error rates because of capturing Scan4Safety data. While at Hull University Teaching Hospitals NHS Trust, the cost of procedure fell in Cardiac Theatres by £180 (for a Coronary Artery Bypass Graft) due to the transparency of scanning packs the opportunity to not open packs and products unless they were needed became clear.

The graph to right is produced from an IMS. It shows total hip replacement costs. Each dot is an individual surgery. All blue dots are within an expected price range and all red dots are outliers. Outliers are either an overspend, or the procedure has not been accurately captured.

Through the IMS, this procedure can be interrogated to look at the break-down of cost against a direct peer. The two screen shots demonstrate this comparison, and in this case the surgeons have taken the same amount of time and used the same amount of staff on average but the products / items that are used is where the cost variance occurs. Through FDP this data can be combined with patient outcome and other key factors to drive out unwarranted variation, improve patient outcome and optimise NHS costs.



# Benefits realisation

## Quantitative

### Inventory reduction and release

Improved visibility and stock-level management.

**Measured by**
Value of inventory holding over max levels and PDC charges vs. at baseline.

### Waste reduction

Improved expiry and spend management.

**Measured by**
Value of stock written-off vs. at baseline.

### Product standardisation

Reduced spend via theatre product standardisation.

**Measured by**
% saving of in-scope stock spend.

### Staff time release

Consolidated admin and end-to-end processes.

**Measured by**
Observed practice change.

## Qualitative

### Standardisation

Standardisation of systems, processes, product catalogues and training for trusts, NHS Supply Chain and other parties will ensure consistency throughout the supply chain.

### Automation

Minimising manual input reduces incidence of human error causing downstream issues, for example inaccurate stock levels, stock-outs or overstocking.

### Visibility

Improved tracking and traceability based on scanning technology, with improved analytical and reporting functionality to support decision-making.

### Environmental

Reduced fleet emissions and wastage through improved management and supply chain efficiencies.

# Roadmap to a successful implementation

## Trust delivery team

Resource in place and working alongside NHS Supply Chain colleagues, directly supporting the implementation.

## Clinical engagement

- Contributing to safe effective clinical workflows.
- Supporting future KPIs on traceability, product - patient documentation, quality and safety.

## IT engagement

Mobile device management solutions, unblocking interface queries and actively working with the trusts' third parties (vendor, P2P and catalogue).

## Materials management leadership

Leading the team, supporting the implementation of the programme and change management.

## IMS System and catalogue owner

Responsible for system set-up and configuration, locations, users, stock file and maintenance.

## Results

Improved supply reliability and patient-level traceability.

# Pilot programme - lessons learned

## Data management and validation

- Maintain a single and accurate catalogue system.
- Ensure Global Trade Item Number (GTINs) are validated for accuracy and compliance with GS1 standards.
- Prevent incorrect / duplicate product records through approval workflows.

## Sponsorship

- Provides clear authority to drive decision making and resolves blockers.
- Builds commitment at all levels.
- Champions the change, reinforces its importance and long-term benefits.

## Interfaces

- Enable seamless data flows between systems, reducing manual work / errors.
- Ensure all parties share a clear vision and expectation for how systems work.
- Require active stakeholders to prioritise integration and remove blockers.

## Change readiness

- Ensures everyone understands the change, why it`s needed, and what it means.
- Reduces resistance by engaging teams early and supporting through the transition.
- Drives sustained adoption, ensures benefits are realised long after go-live.

## Infrastructure

- Ensures networks hardware and connectivity can support new processes.
- Reduces deployment risk by removing technical blockers.
- Enables consistent performance across supported department.

# Funding allocation and controls

Funding will be allocated based upon trust size based on a small, medium and large trust and will be managed through agreed programme funding controls. These procedures and policies have been established to monitor and control the direction, allocation and usage of funding provided.

**Small**



**Medium**



**Large**



**Implementation support**

**Solution licensing**

**Hardware**

**System integration**

## Funding Controls

**Budget and planning**

- NHS Supply Chain is responsible for allocating the available funding budget from NHS England (NHSE) to trusts.
- Revenue funding will be released in two equal instalments. One payment will be made following signing of the Operational Partnership Agreement (OPA) and a final payment made on the return of the signed Project Transition Document.
- A transfer of capital budget allocation from NHS Supply Chain to the trust will be initiated upon signing of the OPA and follow the transfer process established by NHSE. Public Dividend Capital will be issued by the Department of Health and Social Care (DHSC).
- Trusts are responsible for optimising the use of NHSE funding and ensure that sufficient local funds are in place in addition, to successfully deliver the IMS.

**Tracking and Reporting**

- The NHS Supply Chain Finance team is responsible for tracking overall programme spend and reporting to NHSE.
- Trusts will be responsible for tracking spend against their local business case but on request are required to provide a summary view to NHS Supply Chain to show how funding has been spent.
- Any changes to scope or costs at a local trust level need to be reported to NHS Supply Chain but any additional costs will be covered wholly by the trust.

# High-level plan on a page

## NHS Supply Chain Year 1 deployment support

| | Pre-Deployment | Deployment | Transition |
|---|---|---|---|
| **Milestone** | ▲ Engage<br>▲ Vendor and hardware selected<br>▲ Plan baselined<br>▲ Onboarding<br>▲ Trust business case and OPA signed<br>▲ Hardware and system set up<br>▲ Benefits baselined<br>▲ Core interfaces setup<br>▲ Data and insights<br>▲ Kick off meeting<br>▲ User Acceptance Testing (UAT) complete | Deployment complete. Proceed to transition phase ▲<br>Transition complete. Year 2 support begins ▲ | |
| **Scoped area** | ▲ Location profile and stock validation<br>▲ Data import | Pre go-live checks and training<br>Go-live and hyper care<br>Continuous rollout of remaining areas | |

**Wave 1**
- Trauma and Orthopaedics
- Cardiology
- Radiology

**Wave 2**
- Audiology
- Ophthalmology
- Endoscopy

**Wave 3**
Highest spend areas enabling Point of Care (POC) delivery

# What we do?
# Change and implementation support - example

## Benefits

An IMS provides many benefits in terms of savings and stock visibility. One pilot trust saved over £1.5 million since deploying an IMS, because of reduced wastage and running down overstock.

Also, 25,000 implants (£10 million value) have been transferred between the trusts' three acute sites, ensuring visibility of stock movement within the organisation.

## Implementation

During implementation hundreds of products were identified which were not present in the trusts' IMS or catalogue systems.

NHS Supply Chain supported the capture of these products, especially with resource across three hospital sites to capture GTINs and quantities associated to ensure that all products in IMS areas were represented in the system and able to be captured at Point of Care.

## Knowledge

**"NHS Supply Chain support, and their knowledge of the IMS system was invaluable when deploying. Their help with problem solving, and the provided information made a real difference."**

**"Changing systems is never without apprehension but I've appreciated the support offered by Chris whether this was directly or via our trust-based Inventory Management System team."**

## Support

**"Through the initial stages of Go-Live in theatres the on-site support from Chris and the team from Supply Chain was excellent. It was essential having this on-site so that any day-to-day issues or queries could be addressed there and then directly with the Inventory Management staff."**

**"Deployed to three acute sites on same day with support from NHS Supply Chain. Allowing visibility across the trust of all inventory managed products."**

### Challenge

Initial poor knowledge levels and low engagement scoring, showed low usage levels and poor adoption.

### Objective

Drive engagement and increase knowledge on usability and functionality, through dedicated training (live in theatres).

### Results

Increased confidence and knowledge resulting in system usage and benefits realisation.

# Case study 1

One of our pilot trusts deployed the system across five Departments and two hospitals (since October 2024). During this period, it has supported over 17,000 patients; gained visibility of its inventory; and realised over £1.6 million worth of benefits.

**Background**
This was one of the busiest and largest NHS hospital trusts in the country. With around 16,000 staff, it has an annual budget of £1.7 billion. It consists of two main hospital sites, plus several community sites across the city.

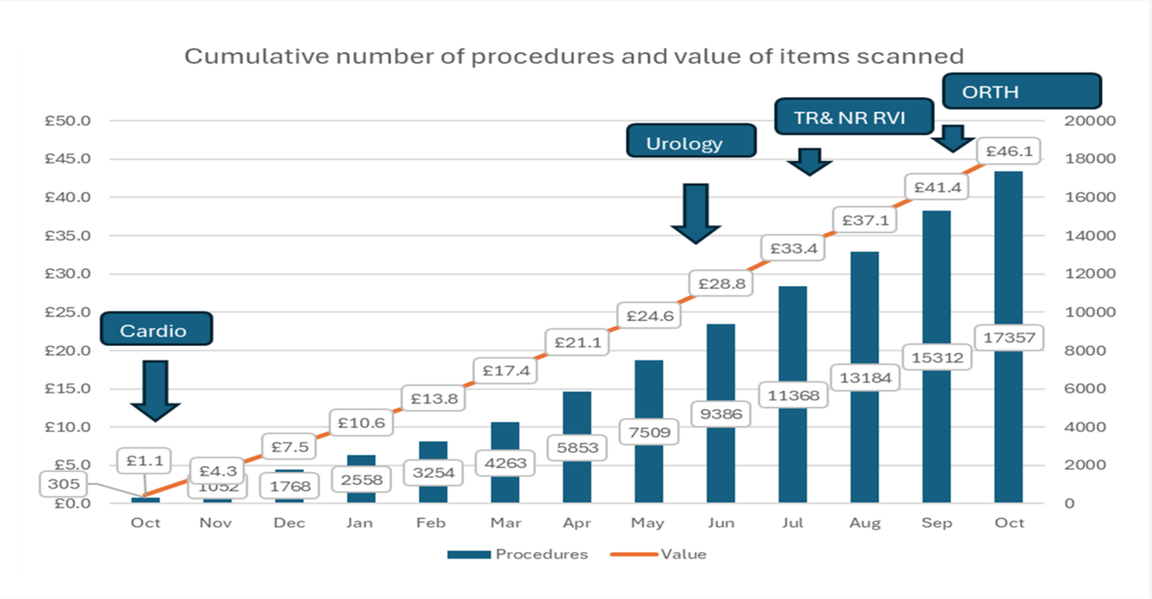
**Problem statement**
The trust had been operating on various legacy and manual systems and had different operating processes across departments. The COVID-19 pandemic also highlighted the need for greater visibility across the hospital supply chain. It was recognised that a new Inventory Management System (IMS) could address these issues and also provide a qualitative solution to support the trusts' Scan4Safety initiative.

**What happened?**
The pilot trust was accepted onto the IMS Programme Pilot and commenced deployment in October 2024 in Cardiology. This extended to several other departments and wards, including Urology, Orthopaedics, Trauma and Neuroradiology, Ear, Nose and Throat (ENT) and Liver. The Deployment team supported the clinical team with Point of Care scanning training, to enable the scanning of procedures and enhance quality. Following deployment, the Trust was supported by the NHS Supply Chain Benefits Realisation team to drive efficiency savings for a reduction in stock, reducing stock wastage and obsolescence; product standardisation and time saving initiatives.



# Case study - outcome

- IMS coverage: Live in four areas. Cardiology, Urology and Orthopaedics, on Point of Care and RVI Trauma and Neuroradiology on IMS only.
- Training: 375 staff trained combination of clinical staff, including anaesthetic teams and inventory teams.
- Transformational change: Organisation changed to become process focused. Great support and collaboration with systems team and NHS Supply Chain.
- Product standardisation: Focus on leveraging analytics suite and product standardisation resulted in all Specialised Services Devices Programme (SSDP) products being flagged correctly.
- Stock integrity: Over £300,000 of inventory discovered during Go-Live stock takes
- Financial savings: £1.6 million savings achieved since Go-Live. Benefits tracking model in flight and pending sign off between functions, with a blend of one time and reoccurring savings.
- Patient safety: 17,357 procedures scanned in Point of Care.
- Traceability: 307,000+ items scanned and £46.1 million of inventory scanned through IMS.
- Visibility: Reduced manual Field Safety Notice work off system to quarantining and removing stock in under an hour.
- Storage modernisation: Savings enabling storage refit to support other savings projects, efficient storage and ergonomic work environment in stores.




Since the IMS was deployed in October 2024, over 17,000 procedures have been scanned

# What our customers say

"Surgery reports are great for going back and reviewing a particular surgery, a lot easier to find which stent was implanted.

Better visibility over expiry dates of products. Initially the levels felt low, after continued usage of the system, we've been able to set a more accurate stock level that reflects the need of the service. The system has saved clinical team members from having to do ordering themselves."

Senior Dept Practitioner, Urology

"The savings seen in Cardio have enabled us to invest in new improved storage areas which we will be having installed at the end of the summer."

Matron, Cardio

"Since going live with the system, tracking critical open orders and arrivals dates has become much easier to access and have updated information on."

Senior Sister, Neuroradiology

# Next steps towards an IMS

## 1 Complete pre-deployment questionnaire

**Purpose of Pre-Deployment Questionnaire (PDQ)**
Captures essential information on operational readiness, resources, and deployment preferences.

**Readiness score importance**
Indicates overall preparedness and defines placement in the deployment pipeline.

**Stakeholder involvement**
Engaging all relevant stakeholders ensures a complete and accurate picture of the trust's readiness.

Scan or click here to fill in the pre-deployment questionnaire form

## 2 On-site assessment by NHS Supply Chain

**Assessment scheduling and purpose**
NHS Supply Chain conducts onsite visits to validate PDQ information and confirm trust readiness.

**Review of operations and infrastructure**
Operational processes and infrastructure are assessed to ensure they meet deployment requirements.

**Engagement and issue resolution**
Visits provide a forum to address questions, resolve concerns, and clarify deployment processes.

**Finalising deployment position**
Assessment outcomes determine the trust's placement in the deployment pipeline, aligning resources and timelines.

## 3 Schedule a trust feedback meeting

**Collaborative meeting purpose**
Aligns both parties on expectations, timelines, and deployment requirements.

**Feedback and action plan**
NHS Supply Chain shares assessment feedback and outlines actions needed to progress in the deployment pipeline.

**Maintaining momentum**
Holding the meeting promptly after the assessment helps sustain momentum and strengthens partnership.

## Get in touch

For more information, please contact IMS@supplychain.nhs.uk

NHS Supply Chain

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**October 2026**