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Learnings from Inventory Management System deployment

A practical guide to preparing for Inventory Management Systems (IMS) deployment, go-live, and benefits realisation

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Purpose of this document

The aim of this document is to summarise the learning from previous IMS deployments, highlighting common risks and how to avoid them.

It has been created to provide a practical readiness guide for trusts, to support smoother mobilisation and confident go-live.

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Overview of top 10 risks

The most common risks across trusts:

1. Poor data quality and inconsistencies, no Global Trade Item Number (GTIN) validation.
2. Trust recruitment and or readiness.
3. Variation in clinical workflows and engagement.
4. Unclear business case timelines.
5. Trust Senior Responsible Officer (SRO) and or Senior Leadership Team decision making.
6. Interface issues with eProcurement and catalogue systems.
7. Inconsistent training.
8. Change management challenges - storage, change champions.
9. Other projects clashing, draining resource.
10. Lack of benefits ownership.

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How to avoid the top 10 risks

- Prioritise catalogue integration.
- Confirm interfacing requirements early.
- Recruit trust delivery team (crucial for embedding an IMS).
- Deliver User Acceptance Testing (UAT) for system awareness and training.
- Confirm consignment agreements.
- Conduct early Wi-Fi assessments.
- Validate catalogue and maximum and minimum stock levels and re-order levels early.
- Ensure trust sponsorship and change champions are in place.
- Embed clinical and operational workflows from initiation.
- Formalise benefits ownership and data management.
- Embed Standard Operating Procedures (SOP) and user guides.
- Implement Electronic Patient Record interface for improved patient safety.

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Readiness preparations

What typically goes wrong, why it matters and what good looks like

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Trust readiness

What typically goes wrong

Project teams recruited late or under-resourced

Lack of senior sponsorship (clinical, financial, operational)

Competing programmes reduce capacity

Unclear trust-owned deliverables

Missing clinical engagement in the early programme

Why it matters

Trust readiness is the single biggest predictor of mobilisation speed and go-live confidence.

What good looks like

Project and Business As Usual (BAU) teams in place before mobilisation, recognising additional workload to BAU teams, including dedicated systems administration resource

Clear SRO level sponsorship across domains, supporting communications around the why and the benefits

Early alignment on trust-owned deliverables (data, IT, comms, training)

Shared understanding of governance and escalation routes

Full team alignment and understanding their role in the programme delivery

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Data readiness

What typically goes wrong

Catalogue data incomplete or inaccurate

Consignment and or stock levels not validated

Stock audit activity delayed or repeated

Unclear vendor data upload protocols

Late discovery of interfacing requirements

Why it matters

Accurate and complete data is essential in the lead-up to go-live in any area, as it directly contributes to the overall success of the deployment.

Poor data increases the risk of duplicated effort and can ultimately compromise patient safety.

What good looks like

Consignment, catalogue, location, and stock levels data validated early

Standardised SOPs for key actions through IMS tracking activities

GTIN validation and data management built into the plan

Clear vendor guidance on data upload formats

Early engagement with IT, Finance and Data teams

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Technical readiness

What typically goes wrong

Underestimated lead times for handheld connectivity

WiFi instability affecting scanning

Delays due to cyber security protocols

Delays in user account creation and device set-up

System set-up and configuration understanding

Why it matters

Technical readiness underpins operational readiness and delays cascade into testing, training, and go-live confidence.

What good looks like

IT sponsorship for the programme

DPIA and DTAC agreement to aid safe and secure integration

Early WiFi assessment and mitigation as required

Clear processes for access management and device set-up

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Process readiness

What typically goes wrong

As-is and or To-be processes not defined or agreed

Lack of support for hyper-care, causing increased risk

Manual workarounds for data inconsistencies and process

Best-practice workshops perceived as too basic

Why it matters

This provides a solid base for the IMS to succeed and improving the process enhances patient safety.

What good looks like

Standard SOPs for all core IMS processes

Best-practice toolkits embedded into workshops

Boots-on-the-ground implementation support and knowledge sharing

Lessons learnt to identify learnings and improve future deployments

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People, training and engagement

What typically goes wrong

Training materials inconsistent or late

Clinical staff missing sessions

Inadequate vendor training quality

Insufficient early clinical engagement

No clarity around users and roles causes difficulties

Why it matters

Training quality directly affects adoption, error rates, and hyper-care demand.

What good looks like

Clear training RACI (Responsible, Accountable, Consulted, Informed) matrix across trust, vendor, NHS Supply Chain.

UAT for system training is a positive approach

Structured standard and super user training for materials management (MatMan) and clinical teams

Feedback, sign-off and quality assurance checks

Early engagement with all teams and personnel involved

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Governance and project planning

What typically goes wrong

Ambiguous roles and responsibilities

eProcurement and or catalogue system interface delays

Inconsistent project plans

Lack of business continuity planning

Delays due to unclear business case processes

Why it matters

Strong governance reduces risk, accelerates decisions, and prevents scope drift.

What good looks like

RACI embedded at project charter and task level

Early tri-party pipeline sessions

SMART tasks with supporting documentation

Standard business continuity plans

Data management and governance

Clear escalation channels for decision making

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Vendor and third-party dependencies

What typically goes wrong

Vendors not attending meetings or responding promptly

Inconsistent training quality

Late interfacing issue notifications

Unclear hyper-care responsibilities

eProcurement System and third-party delays

Why it matters

Vendor performance directly affects timelines, quality, and trust confidence.

What good looks like

Vendor participation in planning and kick-off

Clear hyper-care expectations and Service Level Agreements (SLAs)

Written clarity on data upload processes

Logged responsiveness issues for escalation

Early engagement with eProcurement and third-party system providers

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Benefits realisation

What typically goes wrong

Focus on go-live rather than benefits tracking

Waste not consistently recorded

Data not validated causing irregularities

Lack of clarity on trust commitments

Why it matters

Benefits realisation underpins the value case and national reporting.

What good looks like

Benefits requirements included in induction packs

Standard waste recording templates used consistently

Benefits realisation managers engaged early

Formal commitments included in the project charter

Benefits processes included in closure criteria

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Any questions?

For more information about IMS please go to:

https://www.supplychain.nhs.uk/ims

You can also contact our IMS team at ims@supplychain.nhs.uk