

# Inventory Management System (IMS)

## Cohort One Update

# Progress So Far: August 2025

We have seen key benefits around reduction in waste and obsolescence; reduction in clinical time spent on administrative tasks, and sustainability - Northumbria NHS Trust has reported a 729-tonne carbon reduction within six months - nearly 1% of its annual procurement-related footprint.

In the last 12 months we have captured £2.4 million in wastage, reduced overstock by £3 million, released around 366 hours per year per speciality, initial product standardisation of 7% of stock holding and identified a further £7 million in overstock still to be reduced.

We are developing a package of resources for trusts including videos, lessons learnt and how to be ready for an implementation (shared via our website).

We are working with teams in NHS England, supporting trusts with data submissions to the Medical Devices Outcomes Registry (MDOR) programme which is now being collected at point of care in theatres and connecting the IMS providers with the MDOR team, and across the wider system enabling Scan4Safety.

# Trusts Now Using IMS

- Bolton NHS Foundation Trust
- Dorset County Hospital NHS Foundation Trust
- East and North Hertfordshire NHS Trust
- Luton and Dunstable University Hospital
- Newcastle upon Tyne Hospital NHS Foundation Trust
- North Bristol NHS Trust
- Northumbria Healthcare NHS Foundation Trust
- The Princess Alexandra Hospital NHS Trust
- The Rotherham NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- Sandwell and West Birmingham NHS Trust
- Shrewsbury and Telford Hospital NHS Trust
- University Hospitals Sussex NHS foundation Trust

- The Walton Centre NHS Foundation Trust
- West Suffolk NHS Foundation Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- York and Scarborough Teaching Hospitals NHS Foundation Trust

**There are two further trusts in pre-go-live status:**

- United Lincolnshire Teaching Hospitals NHS Trust
- University Hospitals of Morecambe Bay NHS Foundation Trust

# IMS at POC Programme

During the first cohort of trusts there have been some great lessons learned, and we are updating our processes as we get ready for the remaining trusts.

If you would like to be part of the programme there are some things you can do to get yourself ready:

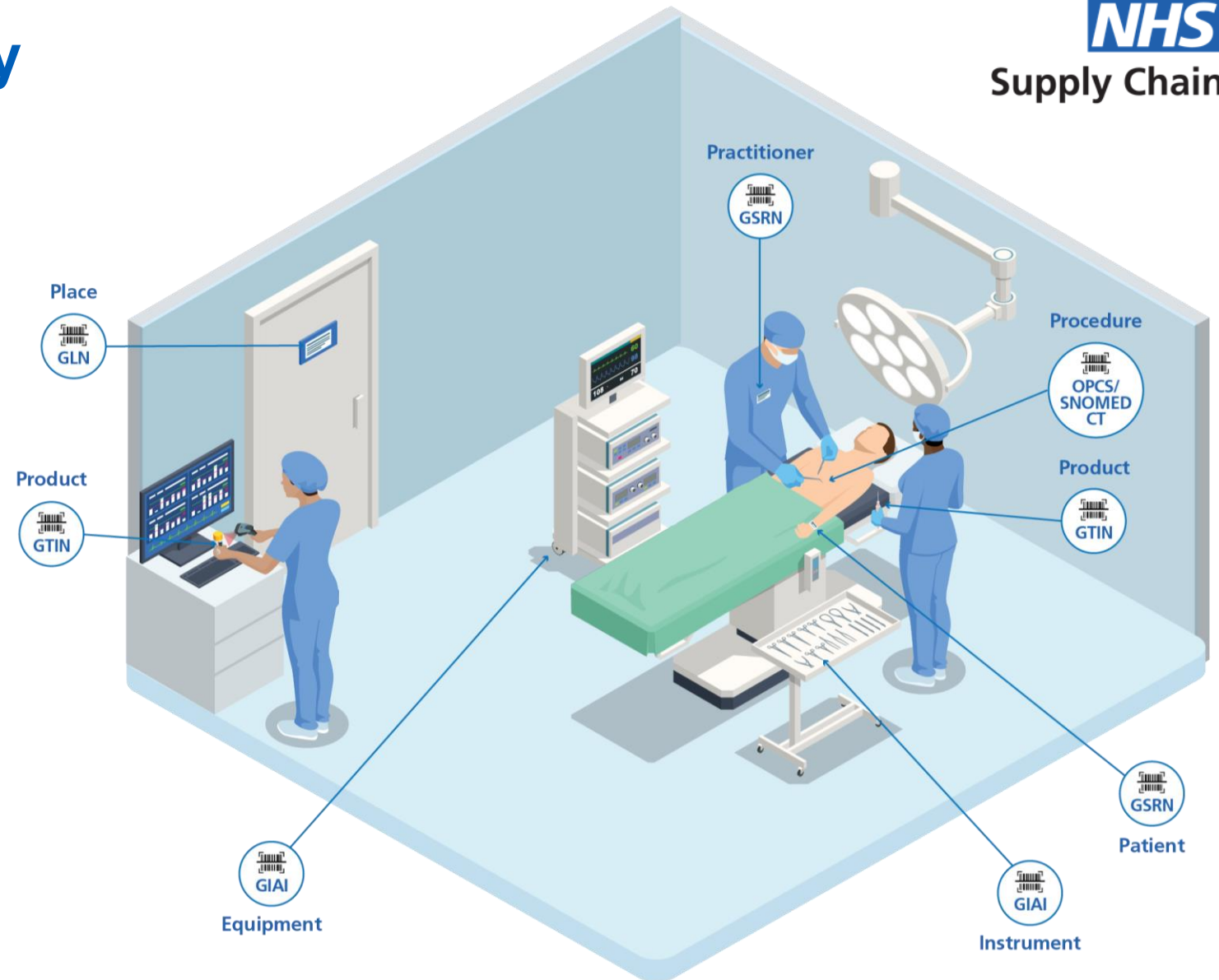
- Start learning about Scan4Safety and how your implementation will connect patient care and the supply chain.
- Establish your Senior Reporting Officer (SRO) and plan your mirror team and steering group.
- Draft your business case and engage your executive team ready to approve.
- Start organising your data where possible.



# 1. Introducing Scan4Safety

## Capturing Product, Place, Clinician and Procedure to Patient:

- Join your regional GS1 Scan4Safety adoption group.
- Make sure you have GTINs in your catalogue.
- Read the Scan4Safety report:  
<https://scan4safety.nhs.uk/evidence/>
- Seek a senior clinical lead to be the SRO to help remove roadblocks as core activity will be taking place in the care giving environment.
- Start to raise awareness about Scan4Safety and look for opportunities and interested stakeholders.



## 2. Resource: the Trust Team (1/2)

To support successful implementation, the trust is required to stand up a local delivery team made up of SMEs across clinical operations, supply chain, IT and data.

Indicative Whole Time Equivalent (WTE) and recommended banding has been provided to help identify suitable representatives.

Trust	Responsibilities	Experience	WTE *	Band	NHS Supply Chain Support
<b>Project Manager</b>	<ul style="list-style-type: none"> <li>Own project plan and resourcing, coordinating delivery to time and budget.</li> <li>Manage risks and issues with both trust stakeholders and NHS Supply Chain Project Management Office (PMO) representative.</li> </ul>	<ul style="list-style-type: none"> <li>Successful project management experience, system or technology solution preferable.</li> <li>Knowledge of trust ways of working.</li> <li>Existing stakeholder relationships.</li> <li><b>Existing role could be:</b> Project Manager.</li> </ul>	0.3 - 0.5	7 - 8B	Implementation tools and templates, implementation guides, user groups, shadow roles.
<b>Clinical Lead</b>	<ul style="list-style-type: none"> <li>Support with solution design and stock level decisions, escalating where necessary.</li> <li>Assurance to colleagues as part of a change management process.</li> <li>Support Project Manager in identification of risks in implementation.</li> </ul>	<ul style="list-style-type: none"> <li>Product and procedure knowledge</li> <li>Experience influencing others and supporting a change process.</li> <li><b>Existing role could be in:</b> Deputy Operations Manager, Theatre Coordinator Nurse/ODP, for example: Cath labs - Cardiac Physiologist and Cardiac Nurse.</li> </ul>	Adhoc	6 - 7	Supported by central project shadow clinical user and relevant guides, tools and templates.



## 2. Resource: the Trust Team (2/2)

Trust	Responsibilities	Experience	WTE *	Band	NHS Supply Chain Support
<b>Supply Chain Lead</b>	<ul style="list-style-type: none"> <li>Inform and help to document current situation,</li> <li>Support with design, integration and process decisions,</li> <li>Lead setup of wards / departments.</li> </ul>	<ul style="list-style-type: none"> <li>New ward / department materials management setup.</li> <li>Changing business processes and working with stakeholders in managing change.</li> <li>Managing teams to tight deadlines.</li> <li><b>Existing role could be:</b> category. manager, business partner or materials management supervisor.</li> </ul>	0.3 - 0.5	5 - 6	Model processes to work from, key decision templates, guides and tools; central project shadow roles / expertise.
<b>IT and Data Lead</b>	<ul style="list-style-type: none"> <li>Coordinate relevant data extracts,</li> <li>Support with solution design and integration decisions,</li> <li>Ensure existing supply processes are maintained through change,</li> <li>System super user role.</li> </ul>	<ul style="list-style-type: none"> <li>In-depth understanding of procurement and supply chain systems and integrations.</li> <li>Communicating technical recommendations to non-technical stakeholders.</li> <li>Process documentation and supporting change.</li> <li><b>Existing role could be:</b> systems administrator.</li> </ul>	0.25 - 0.5 (Adhoc)	7 - 8	Data request templates, model processes to work from; central project shadow roles / expertise.

Note - \*Indicative numbers dependent on trust size and scope

# 3. Business Case: Tips and Templates (1/2)

## Strategic alignment

- Explicitly link IMS to NHS Long Term Plan priorities: productivity, patient safety, digital transformation, and financial sustainability.
- Reference NHS 2025 / 2026 planning guidance: improving access, reducing unwarranted variation, elective recovery, and living within budget.
- Align with Scan4Safety, GS1 standards, MDOR and the Federated Data Platform (FDP) supply chain use case.
- Demonstrate contribution to net zero, NHS People Plan, Carter Review, Getting It Right First Time (GIRFT), and national efficiency mandates.

## Scope and phasing

- Define Phase 1 clearly (for example Theatres, Cath Lab, Radiology) with rationale based on spend, risk, and readiness.
- Show scalability to future areas (wards, emergency departments (ED), pathology, community settings).
- Align scope with national funding conditions (for example, go-live timelines).
- Highlight phased deployment as a risk mitigation strategy.

## Financial modelling

- Use NHS Supply Chain funding model and demonstrate trust match funding.
- Provide a 5-year financial view: CapEx, OpEx, licence costs, and post-funding sustainability.
- Model benefits using NHS Supply Chain forecasting methodology: inventory release, waste reduction, product standardisation, clinical time release.
- Ensure alignment with trust financial strategy and ICS capital planning.

## Benefits appraisal

- Quantify both cash-releasing and non-cash benefits:
  - Inventory reduction: 12 - 15% (benchmark), 20 - 25% (Scan4Safety evidence).
  - Waste reduction: 25 - 50% (benchmark), up to 90% (Scan4Safety sites).
  - Product standardisation: 3.8 - 5% reduction in variation.
  - Clinical time release: circa 366 hours/year per specialty (~140,000 hours released nationally across demonstrator trusts).

Link benefits to national goals: reducing waiting lists, improving productivity, enabling data-driven decision-making.

### Templates and tools:

1. Business Case Template
2. Shareable approved business cases

3. Strategy Alignment and Evidence Document
4. Benefits Forecasting Tool



# 3. Business Case: Tips and Templates (2/2)

## Risks and mitigation

- Identify risks: clinical engagement, stock audit resource, IT system integration, funding sustainability, winter pressures.
- Include mitigations: stakeholder groups, phased rollout, shadow roles for sustainability, early mobilisation, exit planning.
- Reference lessons learned from earlier adopters (for example, impact of winter pressures, dual running risks).

## Governance and sign off

- Include SRO, clinical lead, finance lead, and Standing Financial Instructions (SFI)-level approvals.
- Ensure alignment with trust governance routes (FIP, board, capital panel).
- Include exit strategy: contract break clauses, post-Year 2 funding plan, and sustainability handover to Business As Usual (BAU).

### Templates and tools:

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3. Strategy Alignment and Evidence Document
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## 4. Preparing Your Data (1/2)

As part of project mobilisation, we request data from the trust to support spend analysis.

This data is key to shape the project scope and identify potential benefits.

Data Set	Description of Request	Justification	Priority	What?	Why?
<b>Accounts Payable (AP) and Purchase Order (PO)</b> (2023 - 2025)	Please provide full AP and PO statements for all spend related to medical devices and consumables for 2023 / 2024 and 2024 / 2025, in line with the outlined fields in the appendix.	To calculate baseline costs in relation to in-scope products and areas to ensure that all cost / benefit impacts are accurately calculated.	Must	<ul style="list-style-type: none"><li>• AP data covers all spend made by the trust based on received invoices by account code.</li><li>• PO data covers all current and prospective spend planned by the trust based on created purchase orders.</li></ul>	<ul style="list-style-type: none"><li>• AP covers all actual spend, however given that an invoice can include multiple POs, can be difficult to segment.</li><li>• PO spend is more granular however is not always accurate given it's planned rather than actual.</li></ul>
<b>TR18</b>	Please provide your latest TR18 report (demand by NPC / group / section).		Must	<ul style="list-style-type: none"><li>• TR18 data covers NHS Supply Chain spend by orders linked to E-Class code.</li></ul>	<ul style="list-style-type: none"><li>• Most accurate way of accessing spend via NHS Supply Chain.</li></ul>
<b>Stock Audit Report or Latest Annual Report</b>	Please provide latest annual report or a record of the latest stock audit to provide inventory holding value.		Must	<ul style="list-style-type: none"><li>• Value of stock holding.</li></ul>	<ul style="list-style-type: none"><li>• Provide view of actual stock on hand.</li></ul>

## 4. Preparing Your Data (2/2)

Data Set	Description of Request	Justification	Priority	What?	Why?
<b>Cost Centre Hierarchies Data</b>	This extract will be based on master data in your enterprise resource planning - there will be no time dimension to this data extract.	To calculate baseline costs in relation to in-scope products and areas to ensures that all cost / benefit impacts are accurately calculated.	Must	<ul style="list-style-type: none"> <li>Hierarchy data of cost centres, Requisition points, account codes by graduality.</li> </ul>	<ul style="list-style-type: none"> <li>To obtain an accurate view of spend by area and scope.</li> </ul>
<b>Requisition Point Hierarchies Data</b>			Must		
<b>Account Hierarchies Data</b>			Must		
<b>Theatre Activity Data</b>	<p>Please provide full theatre activity data across all specialities for 2023 / 2024 and 2024 / 2025 at a theatre level.</p> <p><b>Please ensure all data has been anonymised, removing any patient identifiers.</b></p>	To understand the impact of POC module implementation on specialist/theatre activity.	Optional	<ul style="list-style-type: none"> <li>Activity data (for example, number of procedures) by in-scope areas.</li> </ul>	<ul style="list-style-type: none"> <li>To understand capacity and demand and help inform priority areas for implementing POC alongside spend analysis.</li> </ul>