NHS Supply Chain

Inventory Management Systems (IMS) programme trust engagement pack

Inventory Management: a Scan4Safety Use Case

NHS Supply Chain

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IMS - an overview (1/2)

IMS is delivering consistent standards and measurable improvement across the NHS in England. Empowering trusts to improve quality - through safety, effectiveness and experience - while enabling data-driven decision making that supports productivity, assurance and better use of clinical time.

Simple data capture

Standards driving traceability at the point of care.

- Capture at the point of care.
- Value exceeds effort to capture.
- One capture point with many uses.

Data IMS outcomes

Cash release

- Waste prevention.
- Optimised stock holding.

Patient safety and experience

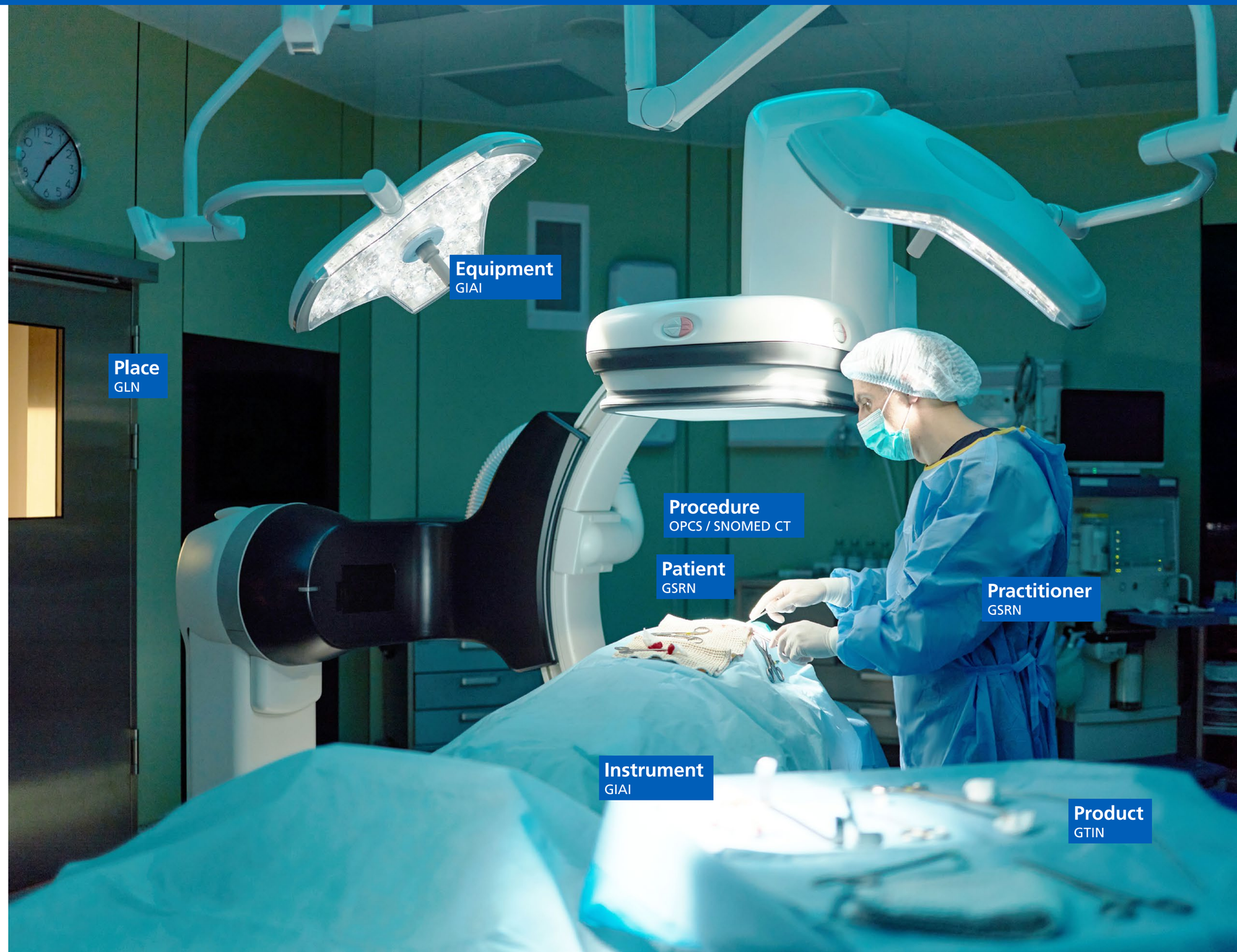
- Expiry, never event, recall.
- Release time to care.

Productivity

- Automation of process.
- Simplification of process.

System-wide resilience

- Transparency.
- Safe stock levels.



IMS - an overview (2/2)

Consumption of data

Medical Devices Outcomes Registry (MDOR)

Systemised product to patient capture, reducing effort on trust.

Medicines and Healthcare products Regulatory Agency (MHRA)

Data validation and compliance.

Federated Data Platform (FDP)

Supply chain data combines with other data to enable new capabilities, such as demand forecasting.

Product Information Management (PIM)

Validate data and labelling against data held.

Scan4Safety

Critical enabling workstream.

Environmental, Social, and Governance (ESG)

Carbon footprint; storage, transport and packaging.



Introduction to the programme

The NHS Supply Chain IMS programme is scaling nationally, providing trusts with modern inventory management and Point of Care (PoC) scanning capability supported by standardised processes, change and training.

Successful pilot delivery across
19 NHS trusts

Context and challenge

Successful pilot delivery across 19 NHS trusts has established the foundations for national rollout.

Significant variation remains in inventory management capability and processes across NHS trusts.

Improved inventory management enables:

- Stock visibility
- Product and patient traceability
- Reduced waste and expiry
- Improved patient safety
- Supply chain resilience

The programme now has a five-year national rollout, scaling capability across NHS trusts.

Objectives

Deploy modern inventory management capability:

Implement IMS solutions that meet individual trust requirements while supporting a consistent national approach.

Enable Point of Care scanning and Scan4Safety:

Improve traceability and patient safety through accurate capture of product, patient, place and procedure.

Standardise and embed best practice:

Implement the programme Standard Operating Procedures (SOPs) to establish consistent, sustainable inventory management processes.

Deliver trust and system-wide benefits:

Improve stock visibility, reduce waste and release efficiencies, strengthening resilience and supporting better decision-making.

Build sustainable capability and adoption:

Embed charge through structured engagement, training, adoption support and transition into business-as-usual.

Programme overview

- Scale IMS deployment nationally following successful pilot delivery.
- Deliver through IMS vendors and NHS Supply Chain deployment teams.
- Support trusts through pre-deployment, deployment, change, transition and benefits realisation.
- Embed standardised inventory management SOPs.
- Enable point of care scanning, GS1 standards and Scan4Safety principles.
- Support data standardisation and integration, including FDP and NHS Supply Chain data capabilities.

NHS Supply Chain and trust partnership approach

Through a partnership approach NHS Supply Chain will support the trust across four key areas to successfully implement IMS:

- **Implementation support**
- **Solution**
- **Licensing and hardware**
- **Maintenance and support**

	Delivery team: trust local IMS	
	How the programme will support	**What the trust will support**
Implementation support	• Provide an experienced team to help solution deployment and training. • Access to NHS Supply Chain project and operational tools and templates to support best practice and benefits realisation. • Vendor coordination to support technical delivery.	• Demonstrate sufficient inventory management maturity and readiness. • Local delivery team to mirror NHS Supply Chain delivery team supported by executive sponsorship. • Procurement of IMS and PoC scanning solution. • Ongoing training to system users via super users and benefits tracking to support realisation of trust benefits.
Solution licensing	• Funding support for IMS and PoC scanning to enable tracking and management of inventory from purchase through to point of care in accordance with scope agreed.	• Sufficient funding for ongoing licensing cost beyond year two in accordance with trust long-term roll-out.
Hardware	• Allocated funding to procure handheld devices as well as procurement guidance and support.	• Procure handhelds according to trust and solution requirements.
System integration	• Allocated funding to support local system integration with IMS and PoC scanning system (for example, Procure-to-Pay (P2P), catalogue system).	• Identifying systems integration requirements, liaising with third party providers. • Additional funding may be required by trust depending on trust specific integration needs.

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

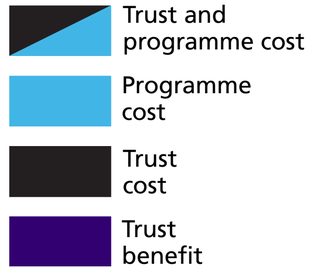
- The NHS Supply Chain Finance team is responsible for tracking overall programme spend and reporting to NHSE.
- Trusts will be responsible for tracking spend against their local business case but on request are required to provide a summary view to NHS Supply Chain to show how funding has been spent.
- 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.

Financial impact

The following table illustrates the financial impact to trusts in relation to key costs and cash releasing benefits over the next three years and beyond.

As part of this programme NHS Supply Chain intend to work with trusts to define the financial impact over the next five years. The operational process for accessing funding is covered elsewhere.

	Trust	Responsibilities	Year 1	Year 2	Year 3
Cost	Software and licensing	Inventory management, analytics and PoC scanning modules and licensing.			
	Hardware and licensing	Hardware (handhelds) and ongoing hardware license.			
	Interfacing	Interfacing with trust local systems (if applicable).		-	-
	Resource	Resource to support implementation and Business As Usual (BAU).			
	Training	Cost associated with training workforce.		-	-
	Infrastructure	Infrastructure related costs (for example, Wi-Fi and storage / racking, if applicable).		-	-
Benefit*	Inventory release	Excess inventory identified at outset above appropriate stock levels set.		-	-
	Waste reduction	Less expired stock due to optimised stock levels and visibility of stock movement.	-		
	Product standardisation	Reduced spend due to greater product standardisation.	-		



*Cash releasing benefits only

Scope

The why

Standard deployment model:

Aims to create a repeatable, standardised deployment process benefitting trusts and internal teams.

Maximised benefits and Return on Investment (ROI):

Focusing on high-value line items ensures strong returns on investment and benefits realisation.

Improved risk management:

Phased approach mitigates risks and enables proactive resolution of potential issues.

Stronger change adoption:

Consistent communication and engagement strategies enhance change adoption across all trusts.

Materials management:

IMS into in-scope areas including materials management. 'Train the trainer' activity to allow the trust to lead wider IMS rollout to wards and areas out of scope for the project.

The how

Wave 1 deployment requirements:

- Trusts deploy IMS and PoC scanning to wave 1 areas before deploying to wave 2, ensuring a solid foundation.
- Wave 1 areas can only be disregarded if they are absent or there are serious unmitigable circumstances preventing deployment known in advance.

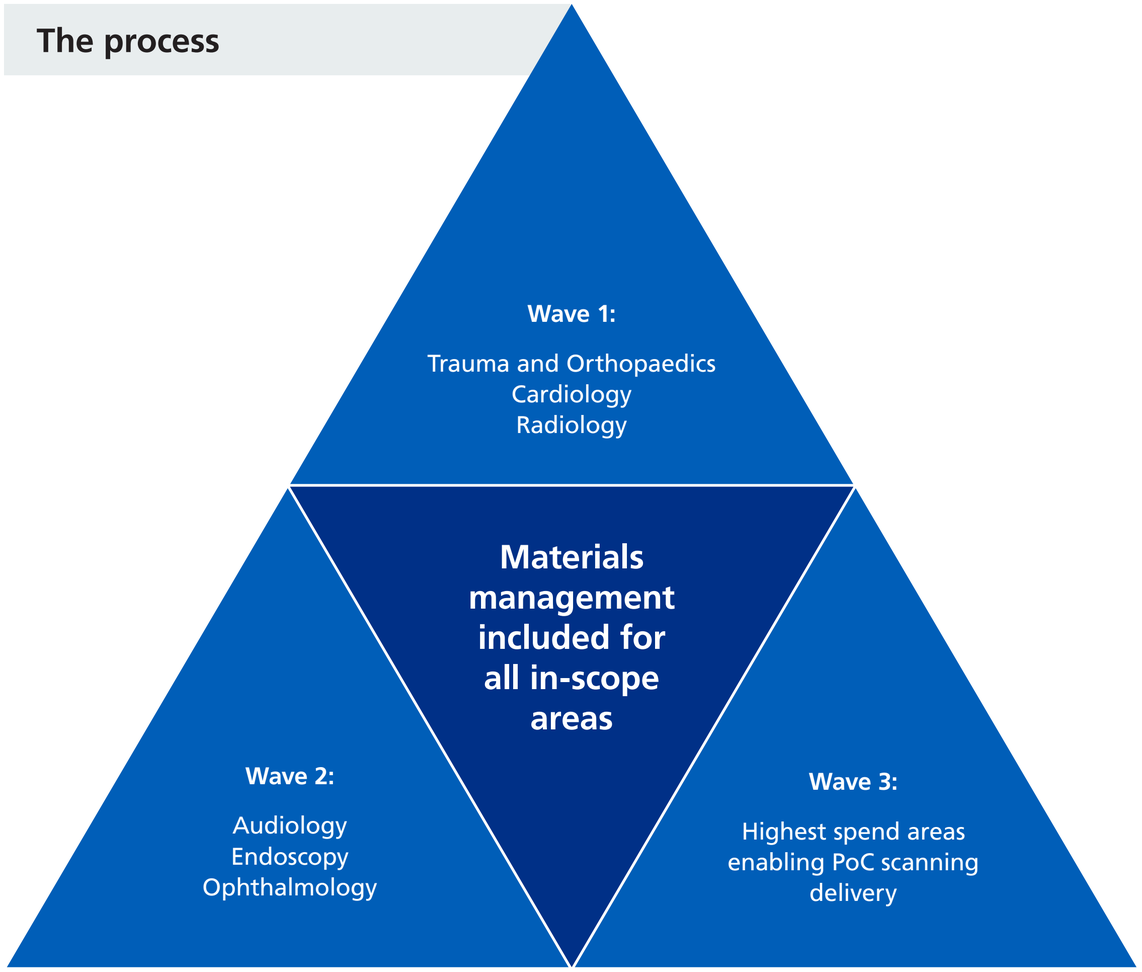
Flexible wave completion:

Number of departments completed per wave depends on available time and trust adoption level, balancing flexibility with priorities.

Prioritising waves 2 and 3:

Waves 2 and 3 focus on spend and benefits to allocate resources efficiently for maximum impact.

The process



Clinical leadership and continuous engagement drive safe, sustainable change

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

Clinical Overview

- IMS and PoC 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.



Deployment pre-requisites

Pre-deployment phase

1. Complete pre-deployment questionnaire
2. On-site assessment
3. Data analysis and provisional scope
4. Vendor / hardware selection
5. Trust business case and OPA signed
6. Catalogue in place
7. IT projects without material risk
8. Trust delivery team in place

6 Catalogue

Required for prompt and accurate update of product details for example, pricing, Unit of Meaure (UoM).

7 IT

We have seen from the pilot programme, when IT have multiple transformation projects, this causes significant delays to implementation.

8 Trust delivery team

A trust delivery team is required to be in place prior to deployment to provide the resource needed to assist in the initial implementation and allow the time to upskill, enabling the continued IMS deployment post transition.

Project summary phase timeline: IMS management and PoC scanning project charter

Phase breakdown

Phase 1 pre-deployment c.30 weeks

Analyse trust data, forecast benefits and estimate ROI. Establish trust quality goal(s). Confirm the scope of work and provide support and guidance through local approval processes.

Key deliverables:

- Confirm scope of work (site, locations).
- Select vendor solution.
- Analysis of financial and catalogue data.
- Baseline of quality goal(s).
- Forecast indicative benefits and ROI.
- Assess existing processes.
- Calculate costs.
- Development business case and obtain approval.
- Sign OPA.
- Formal project kick off.

Outputs:

- Approved trust business case.
- Signed OPA.
- Documented project charter.
- Trust delivery team in place.

Phase 2 deployment c.31 weeks

Set-up and configuration of people, processes, systems and data based on agreed scope. Conduct IMS and PoC scanning training for trust staff and system roll out across all in-scope areas (each PoC scanning area, for example Cardiology, will take approx. 8 weeks to complete).

Key deliverables:

- Mobilise deployment team.
- Mobilise trust delivery team and engage through meetings / workshops.
- Align in-trust project plan.
- Conduct change impact assessment.
- Complete business improvement actions.
- Set-up test environment, hardware and interfaces.
- Set-up users and analytics.
- Import and configure data.
- Complete UAT.
- Conduct super user and end user training.
- Validate master data.
- Conduct pre-Go-Live checks.
- Go-Live by area.
- Quality and safety measurement methodology established and monitored.

Outputs:

- Hardware and system set up.
- Business improvements achieved.
- User Acceptance Testing (UAT) complete.
- IMS and PoC scanning system and process user training completed.
- IMS live in all areas in scope.

Phase 3 transition c.52 weeks

Set-up benefits tracking and handover system operations and maintenance to the trust.

Key deliverables:

- Set up support hub.
- Set up and handover benefits tracking.
- Validate snagging list and handover as appropriate.
- Conduct lessons learned exercise.
- Agreed quality goals demonstrated.

Outputs:

- IMS and PoC scanning system and processes fully functional.
- Trust BAU team comfortable maintaining the system.
- Benefits tracking set up and managed by trust BAU team.

Strategic overview project management and governance

Management and governance overview

Core meetings

Executive Steering Group

- Establishes and promotes the project's goals and successes.
- Ensures effective project governance.
- Provides route to decision making and escalation.
- Reviews / approves final project outputs, for example, Service Level Agreements (SLAs), KPIs, contract terms.

Delivery Group

- Supports and oversees project workstreams.
- Reviews and manages the joint implementation.
- Raises risks and issues, recommending / executing mitigations before escalation.
- Reviews draft project outputs and proposes any changes before approval.
- Manages dependencies within and outside the project.

Core documents

- Business case (trust).
- Quality and safety case (integrated into business case).
- OPA (NHS Supply Chain / trust).
- Contract / SLA (trust / vendor).
- Project charter (NHS Supply Chain / trust).
- Joint project plan (NHS Supply Chain / trust / vendor).
- Risks, Assumptions, Issues, Dependencies (RAID) log (NHS Supply Chain / trust / vendor).
- Project acceptance and closure report (NHS Supply Chain / trust).

PM approach

- Steering group and delivery group to be established, attended by key representatives of NHS Supply Chain, the trust and the vendor.
- Scope and quality goal to be documented and agreed in the project charter - no change is permitted without formal change agreement.
- Project costs and benefits to be defined and approved via the business case.
- Project plan and key milestones to be agreed and baselined via steering group.
- Risks, issues and actions to be managed via RAID log and reviewed / managed by delivery group and escalated to the steering group as necessary).

Project closure

Assuming that acceptance criteria is satisfied, and the project has gone live in accordance with agreed scope and timelines, the following activities must be completed before closure;

- Project closure - completion and sign-off of project acceptance and closure report - this includes stand-up of BAU processes and roles.
- Benefits tracking - ongoing tracking and management of benefits, including benefits tracking tool handed over to trust.
- Lessons learnt - exercise conducted across delivery and steering team.

Roadmap to a successful implementation

Trust delivery team

1

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

IT engagement

2

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

IMS system and catalogue owner

3

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

Clinical engagement

4

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

Material management leadership

5

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

Result

6

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.

Resources - trust delivery team (1/2)

To support a 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.

Trust	Responsibilities	Experience	FTE*	Band	NHS Supply Chain support
Implementation Lead	• Manage risks and issues with both trust stakeholders and NHS Supply Chain Project Management Office (PMO) representative. • Onboard and coordinate trust resource allocated to the program and working with NHS Supply Chain deployment teams. • Responsible for coordination and delivery of system setup, configuration and implementation with support from chosen vendor.	• Successful project management experience, system or technology solution preferable. • Knowledge of trust ways of working. • Existing stakeholder relationships. • Existing role could be: Project Manager, Implementation Manager / Lead.	0.5	7-8b	Implementation tools and templates, implementation guides, user groups, shadow roles.
Implementation Co-ordinator (trust delivery team)	• Working alongside NHS Supply Chain deployment team supporting the direct implementation within clinical areas. • Reports to Implementation Lead. • Stock and system setup support. • Go-Live and hypercare. • End user training.	• Local trust working knowledge within clinical and Matman areas. • System administration / IT skillset. • Existing role could be: Matman / procurement colleagues.	0.75-1.0	4-5	Shadow team to NHS Supply Chain deployment specialist. Trust and NHS Supply Chain colleagues will work as a partnership through deployment.
Responsible Clinical Lead	• Provide clinical leadership to ensure workflows and system set-up reflect safe, practical clinical practice. • Identify clinical risks, impacts and opportunities for improvement. • Champion clinical engagement and support colleagues through change. • Coordinate training needs and protected time with the team. • Contribute to shaping future clinical KPIs for the IMS deployment.	• Respected clinical leader within the in-scope area. • Experience in influencing clinical colleagues and supporting change in practice. • Understanding of clinical workflows, safety considerations and documentation. • Existing role could be: Team Leader, Clinical Operations Manager, Senior Nurse or Operating Department Practitioner (ODP), Cardiac Physiologist.	Ad-hoc	6-7	• Supported by NHS Supply Chain clinical specialist. • Access to workflow guides, KPI frameworks and good practice examples. • Peer learning across other deploying trusts.

Resources - trust delivery team (2/2)

Trust	Responsibilities	Experience	FTE*	Band	NHS Supply Chain support
System and Catalogue Owner	• Own the creation and maintenance of the IMS system under the guidance and support of both NHS Supply Chain and chosen vendor. • Work with the project manager, clinical leads, IT coordinating system setup for each deployable area. • Consult with supply chain, materials management and catalogue owner to ensure stock, locations and pricing are setup correctly within the IMS system. • System super user role. • Ensure existing supply processes are maintained through change. • Coordinate relevant data extracts.	• System administration. • Stakeholder management experience. • Materials management and clinical stock management process knowledge. • Existing role could be: Matman Manager, Matman Supervisor, Catalogue Manager, procurement.	0.5-0.75	5-6	Working alongside NHS Supply Chain colleagues who will support and facilitate system setup alongside chosen vendor.
Supply Chain / Matman Lead	• Inform and help to document current situation. • Support with design, integration and process decisions. • Lead setup of wards / departments. • Facilitate and support Matman transition to new ways of working.	• New ward / department materials management setup. • Changing business processes and working with stakeholders in managing change. • Managing teams to tight deadlines. • Existing role could be: Matman manager, business partner or materials management supervisor.	0.5	5-6	Working alongside NHS Supply Chain colleagues who will support and facilitate change management and colleague engagement in new processes.
IT and Data	• Support with solution design and integration decisions. • Facilitate interfacing conversations with 3rd party providers (vendor, P2P and catalogue). • Coordinate internal IT resource to support. • Internal networking (including Wi-Fi) is adequate to support IMS rollout. • Mobile device management - procurement, setup and management of handheld devices.	• In-depth understanding of procurement and supply chain systems and integrations. • Communicating technical recommendations to non-technical stakeholders. • Process documentation and supporting change. • Existing role could be: internal trust IT.	Ad-hoc 0.25 (front loaded resource requirement).	5-6	NHS Supply Chain named IT contact for technical support and guidance. The NHS Supply Chain counterpart will attend technical meetings to facilitate.

Business case - strategic case and benefits

Strategic alignment

- Directly supports trust strategy: safe, efficient, digitally enabled care and improved inventory governance.
- Aligns to NHS Long Term Plan and digitisation priorities, GS1 standards and Scan4Safety principles.
- Enables patient safety improvements: rapid recall, full traceability, reduced clinical risk.
- Contributes to operational efficiency and sustainability: reduced waste, improved procurement compliance.
- Provides foundation for future Scan4Safety patient / place scanning, Medical Device Outcome Registry (MDOR) and the Federated Data Platform (FDP).

Financial modelling

5-year view covering:

Capital Expenditure (CapEx), Operating Expenditure (OpEx), licences, hardware, integration, workforce costs.

Funding model:

- Central NHS Supply Chain support (years one to two).
- Trust-funded workforce and BAU from year three onwards.

Includes:

Pay (implementation team) and non-pay (tech, training, infrastructure) costs.

ROI supported by:

Inventory reduction and recurrent waste savings.

Scope and phasing

Phase one: theatres and high-use clinical areas.

Core capabilities:

- Barcode scanning at goods receipt - point of use.
- Automated replenishment.
- Expiry and recall management.

Includes:

- Catalogue and master data governance (GTIN aligned where available).
- Integration with Enterprise Resource Planning (ERP) / P2P, finance, Business Intelligence (BI) systems.
- Phased rollout reduces risk and supports safe adoption and readiness.

Benefits appraisal

Cash-releasing benefits:

- 20-30% stockholding reduction.
- >50% reduction in expired / obsolete stock.

Non-cash benefits:

- 98% inventory accuracy within six months.
- Improved traceability and recall response (<60 minutes).
- Reduced manual effort - clinical time released.

Operational impact:

- End-to-end inventory visibility.
- Reduced variation and improved compliance.
- Better data for decision-making and reporting.

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

Business case - risks, governance and delivery assurance

Risks and mitigation

Key risks:

- Data quality / catalogue readiness.
- Clinical engagement and adoption.
- Trust capacity / competing priorities.
- System integration delays.
- Change resistance across teams.

Mitigations:

- Dedicated data lead and early data cleansing.
- Clinical champions and structured training.
- Clear governance and protected resource time.
- Phased rollout and controlled go-live approach.
- Strong change management and stakeholder engagement.

Delivery assurance framework

Project Control Document (PCD): Single source of truth covering:

- Risks and issues.
- Plans and milestones.
- Benefits tracking.
- Stakeholder management.

Audit and compliance:

- GS1 standards alignment, data quality checks, and workflow compliance monitoring.

Governance and sign off

Formal governance structure:

- Steering group (executive oversight): sets direction and approves key decisions.
- Programme board (delivery oversight): tracks progress, risks, and benefits.
- Workstreams (operational delivery) - procurement, digital / IT, clinical, finance.

Key roles and responsibilities:

- Executive Sponsor and Senior Responsible Officer (SRO): strategic leadership and decision-making.
- Implementation Lead: day-to-day programme delivery, coordination, and reporting.
- Clinical Champions: drive adoption, workflow compliance, and engagement
- Digital / IT and Data Leads: system integration, configuration, and data quality
- Finance and Procurement Leads: benefits tracking, compliance, and financial oversight.

Vendor selection

Fundamental to quality inventory management across the NHS will be the standardisation of capability and approach of the solution providers, whilst also recognising there are several elements which may vary, such as existing footprint, price and capacity.

Some considerations for a trust when selecting a suitable inventory management system are show below. The NHS Supply Chain Scan4Safety framework is available for trusts to procure their solution from.

Standardised vendor capability and approach

- IMS, PoC scanning and reporting.
- Implementation support.
- Ongoing support and maintenance.
- Licensing and hardware.

Scan4Safety framework

Please contact: Scan4Safety.Framework@supplychain.nhs.uk to access the framework.

ICS / regional landscape

Alignment with the ICS direction of travel.

Consideration for other IMS' used across the ICS to support future opportunities for integration.

Solution price

Affordability of the solution when considering trust funding available for:

- Local integration
- Trust project resource
- Year three+

Vendor capacity

Dependent on timing, vendor capacity will vary with the phased rollout to trusts and integration backlogs.

Vendor experience

- Relating to integrating specific systems to suit trust requirements.
- Ability to support safe, usable point-of-care scanning workflows.
- Trust operating model, for example: size, number of sites.

Trust data requirements (1/2)

As part of the pre-deployment phase, we will 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	What?	Why?
Accounts Payable (AP) and Purchase Order (PO)	Please provide full AP and PO statements for all spend related to medical devices and consumables for at least the last complete financial year, in line with the outlined fields in the appendix.	To calculate baseline costs in relation to in-scope products and areas to ensures that all cost / benefit impacts are accurately calculated.	AP data covers all spend made by the trust based on received invoices by account code. PO data covers all current and prospective spend planned by the trust based on created purchase orders.	AP covers all actual spend, however given that an invoice can include multiple POs, can be difficult to segment. PO spend is more granular however is not always accurate given it's planned rather than actual.
TR18	Please provide your latest TR18 report (demand by NPC / group / section).		TR18 data covers NHS Supply Chain spend by orders linked to E-Class code.	Most accurate way of accessing spend via NHS Supply Chain.
Stock Audit Report or Latest Annual Report	Please provide latest annual report or a record of the latest stock audit to provide inventory holding value.		Value of stock holding.	Provide view of actual stock on hand.

Trust data requirements (2/2)

Data set	Description of request	Justification	What?	Why?
Cost centre hierarchies data	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.	Hierarchy data of cost centres, Requisition points, account codes by graduality.	To obtain an accurate view of spend by area and scope.
Requisition point hierarchies data				
Account hierarchies data				
Theatre activity data (optional)	Please provide full theatre activity data across all specialities for at least the last full financial year at a theatre level. Please ensure all data has been anonymised, removing any patient identifiers.	To understand the impact of PoC module implementation on specialist / theatre activity.	Activity data (for example, number of procedures) by in-scope areas.	To understand capacity and demand and help inform priority areas for implementing PoC alongside spend analysis.

Benefits realisation - forecasted benefits methodology

For the forecastable non-pay benefits, assumptions have been made for benefit realisation percentages and phasing based on Scan4Safety figures, supplier information and implementation experience. Additionally, optimal baseline input values have been selected in line with the selected benefit forecasting methodology.

Benefits	One-time / recurring	Non / cash releasing	Description	Input description	% realised			Phasing (year)					
					Low	High	Medium	0	1	2	3	4	5
Inventory release	OT	NCR / CR	Excess inventory identified at outset above appropriate stock levels set.	Value of in-scope on-hand inventory taken from most recent stock take or annual report.	10%	15%	12.5%	50%	50%	50%	-	-	-
Expired stock write-off	OT	NCR	Out of date and lost stock written off.	Value of in-scope on-hand inventory taken from most recent stock take or annual report.	7.5%	15%	11.3%	50%	50%	50%	-	-	-
Waste reduction	R	CR	Recurring reduction in expired stock due to greater visibility.	Value of one-off out of date write off stock.	25%	75%	50%	-	37%*	100%	100%	100%	100%
Product standardisation	R	CR	Reduced spend via theatre product standardisation.	In-scope stock spend from trust AP / PO data (minus waste reduction).	2.5%	5%	3.8%	-	37%*	100%	100%	100%	100%

Data standards

Global data standards, such as GS1, provide a common foundation and consistent format and enable the unique identification, capture and sharing of information automatically.

When data describing medical devices is captured electronically it can be easily associated with a patient and provide accurate information about which devices have been used in their care. This electronic data capture for product forms part of the NHS England Scan4Safety programme methodology to capture data for person (patient and caregiver), product, place and procedure.

Access to this data electronically in a standard format enables it to be interrogated and performance of medical devices can be monitored, patient outcomes measured, and any potential issues with devices can be identified faster and more easily allowing clinicians to intervene and if necessary, prevent harm before it happens.

There are four key identifiers to capture, based on global and national standards.

Capturing these at the point of care enables safer and more traceable care.



Product

GS1 Global Trade Item Number (GTIN) to uniquely identify products to deliver traceability.



Place

GS1 Global Location Number (GLN) to uniquely identify where care is delivered to patients and the location of products.



Patient

GS1 Global Service Relationship Number (GSRN) to uniquely identify people, for example, patients and staff.



Procedure

OPCS-4 to classify interventions and procedures.

Introducing Scan4Safety

Connecting people, product, place, and procedure to patient record:

- Join your regional GS1 Scan4Safety adoption group.
- Make sure you have GTINs in your catalogue.
- Find out if your patient wristband is compliant with DCB 1077.
- 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.
- Engage with the pilot trusts and other trusts in your ICS that are active with Scan4Safety.

Scan4Safety report

Read the Scan4Safety report



Transition meeting

Project closure - year two support meeting.

Agenda items

- Project closure criteria.
- Outstanding items / actions.
- Lessons learnt.
- Schedule year two review meetings and participants.
- Reporting - requirement and timelines.
- Any other business.

Outcomes

- Confirm year two schedule.
- Ensure quality and clinical workflow objectives continue to be monitored post Go-Live.
- Confirm stakeholders with authority for trust sign off benefit figures.
- Sign off Project Transition Document.
- Deliver the month 13 payment in line with original charter and OPA to cover IMS SaaS fees.



Benefits realisation and trust engagement

	NHS Supply Chain		Trust	
	Benefits Realisation Manager (BRM)	**Frequency**	**Trust assigned stakeholder**	**Frequency**
Pre-deployment	Appoint BRM.	One off	Appoint stakeholder(s) to attend monthly meetings.	One off
	Analysis spend data.	One off	Appoint accountable person for signing benefits.	One off
	Produce benefit forecasting.	One off	Provide data to allow spend analysis and benefit forecasting.	One off
	Stock audit data processing.	One off		One off
	Data support.	Ad hoc		
Deployment	Identify stock, wastage and obsolescence baseline for sign off.	One off	Provide access to analytics and vendor systems.	One off
	Data support.	Ad hoc		
Year 2 support	One year BRM support post-transition to BAU.	Ongoing	Attend monthly benefits meetings.	Monthly
	Lead monthly benefit meetings.	Monthly	Sign off benefits.	Monthly
	Analyse and share overstock reduction.	Monthly	Share newly identified benefits opportunities.	Ad hoc
	Identify and share new benefit opportunities.	Monthly	Send monthly systems report (if required).	Monthly
	Analyse and track benefits including but not limited to wastage, expiry and PAR levels.	Monthly		

NHS Supply Chain

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October 2026