



The highlights and pitfalls of implementing an inventory management solution at scale

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#bettercarecostsless

Highlights and Pitfalls of Implementing an Inventory Management Solution at scale

Lindsay Robertson - SfS Implementation Lead

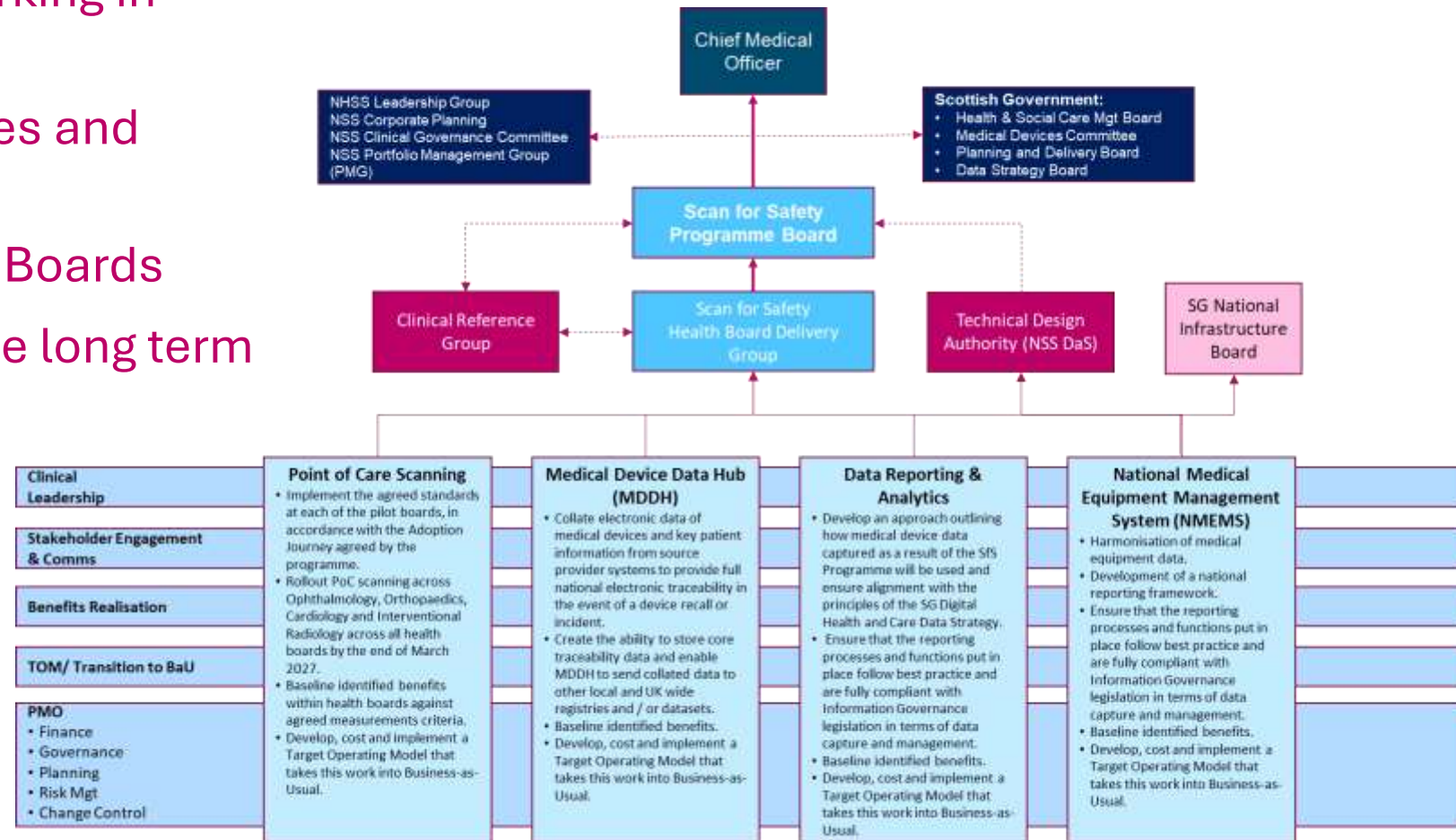


SfS Programme Overview

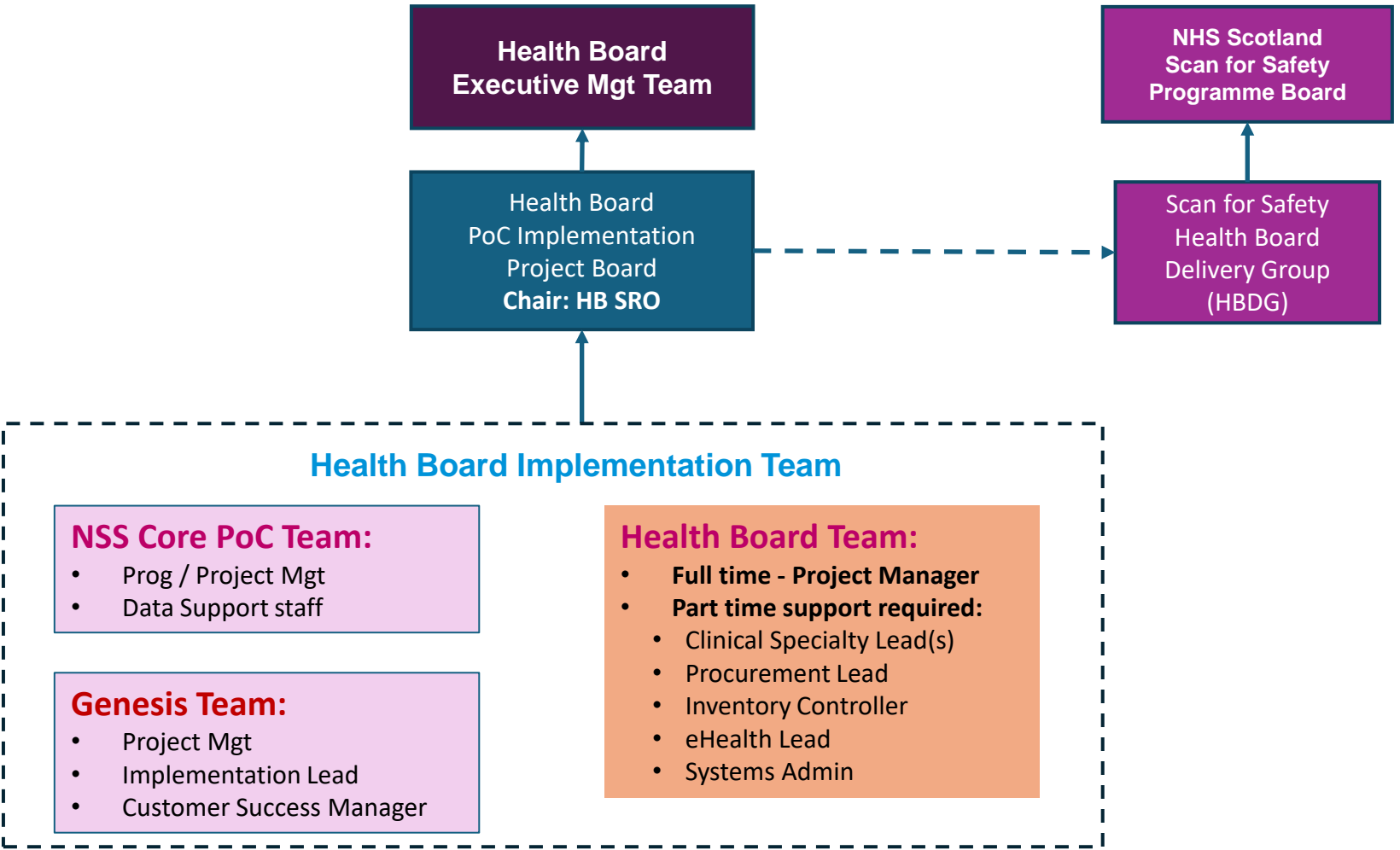


Governance

- National Programme Team working in collaboration
- Developing national capabilities and infrastructure
- Implementation within Health Boards
- Creating the momentum for the long term



Implementation Governance Structure



Implementation Stages



Go-Live



Handover to
BaU



Purpose:

- Outline of the programme (purpose / aims / benefits)
- Expectation / requirement of Board
- Confirm support to be provided centrally
- Provide overview of each stage of implementation
- Set up access to Teams PoC site

Outputs:

- Confirmation of Exec Lead support
- Confirmation of PM resource and supporting local roles
- Confirmation of specialties to be implemented

2 Weeks

Purpose:

- Kick Off meeting, set up of implementation team
- Data Review, confirm data requirements:
 - Locations
 - Staff
 - Products
 - Procedures
 - Item Barcoding
 - Specialties
- Processes mapping
- Roles and Responsibilities

Outputs:

- 2 Day Workshop with Key Stakeholders (Stage 0)
- Statement of Work including Process Maps
- Single Implementation Plan
- Benefits Baseline

2-4 Weeks

Purpose:

- eHealth to connect handsets and docking stations to network
- Gather and validate all IM and PoC data
- Confirm all GTINs, Lot/SN and Expiry dates
- Confirm Max levels / Reorder Levels
- Complete Mock and Final stock takes
- Set up system access and train staff

Outputs:

- IM and PoC Templates Signed off and Uploaded
- End-to-end Test
- Board SOPs signed off
- Decision re Go-Live
- DPIA/SSP and Go Live Documents Signed Off

6-8 Weeks

Purpose:

- Confirm system working as expected
- Resolve any post implementation issues
- Reconcile any data / catalogue issues
- Deliver any mop-up training
- Confirm roles going forward / introduce Board team to BaU team
- Set up access to Genesis Helpdesk for Board team

Outputs:

- PoC Packs in Theatres
- Daily issues & action log
- Go Live Comms
- Handover to BaU
- Benefits Realisation plan
- Lessons Learned Report (1 month post Go-Live)

1 Week

Purpose:

- Local Board to agree future expansion of scanning into other Board specialties
- Engage with BaU teams as required
- Engage with Core NSS SfS Team for advice and guidance

Outputs:

- Local Board SfS PoC Implementation Plan

1 Week

Key Health Board Roles

HB SfS Project Manager

- Crucial in ensuring that local activity across each of the teams is coordinated, understood and underpinned by a robust plan
- Provide project management, internal communication and escalation processes
- Assist NSS Core Team and Genesis project managers with the implementation of the relevant software and as such should have intimate local knowledge of custom, practice and intent
- Able to 'make things happen', this person should be in a position of sufficient seniority to be able to make most of the day-to-day decisions without impacting clinical services.
- Committed to the project on a full-time basis, liaises with specialist resources as required

HB SfS Senior Benefits Owner

- Supporting NSS Core team/Genesis with baselining activities in each speciality
- Capturing benefits realised and reporting back to HB Governance teams and NSS Core team

HB SfS Senior Data Owner

- Responsible for the ongoing management and integrity of data in relation to SfS
- Data cleansing, analysis and ongoing management
- Actively resolving data issues with HB users and escalating concerns to NSS Core team/Genesis

Additional ad-hoc support from Specialist Teams

- Clinical Specialities / Finance / Procurement / Supply Chain / eHealth / Communications Team



NHSS Scan for Safety Programme - Implementation Milestone Chart 2025 – 2028

	RAG status overall	Year-on-Year (projection)																	
		2024/25 up to end Q4	2025/26 Q1	2025/26 Q2	2025/26 Q3	2025/26 Q4	2026/27 Q1	2026/27 Q2	2026/27 Q3	2026/27 Q4	2027/28 Q1	2027/28 Q2	2027/28 Q3	2027/28 Q4					
PoC Scanning	NHS Golden Jubilee	on track	OPHTH/ORTH/CAR 95	CARDIO 1	GEN 4														
	NHS Lothian	on track	IR/INR 3	ORTHO 18	CARDIO 7	CAR SUR 8	GEN 6	VASC 1	OPHTH 55	PLAS 2								Ophth delay due PAEP refurb	
	NHS Tayside	paused				OPHTH 64	ORTHO 20	CARDIO 5	GEN 7	URO 3	VASC 1								
	NHS Highland	on track	OPHTH 60	ORTHO 31	CARDIO 3	GEN 6													
	NHS Ayrshire & Arran	on track		OPHTH 67	ORTHO 22	CARDIO 4	GEN 6	URO 1											
	NHS Borders	on track	OPHTH 71	ORTHO/GEN 29															
	NHS Lanarkshire	on track			OPHTH 59	ORTHO 24	IR 1	CARDIO 5	GEN 6	VASC 2	URO 3								
	NHS Dumfries & Galloway	on track				OPHTH 67	ORTHO 17	GEN 14	CARDIO 1	URO 1									
	NHS Grampian	on track			OPHTH 50	ORTHO 25	CARDIO 10	CAR SUR 6	IR/INR 1	GEN 6	URO / VASC 2								
	NHS Forth Valley	on track		ORTHO 56	OPHTH 31	CARDIO 5	IR/INR 1	GEN 5	URO 1	PLAS 1									
	NHS Fife	on track				OPHTH 56	ORTHO 32	GEN 8	CARDIO 2	URO/PLAS 1	IR/INR 1								
	NHS Greater Glasgow & Clyde	on track			IR/INR 2				OPHTH 56	ORTHO 21	CARDIO 5	GEN 7	URO 6	VASC 1	PLAS 1	NEURO 1			
	NHS Shetland	on track								OPHTH/GEN 100									
	NHS Orkney	on track									OPHTH/GEN 100								
	NHS Western Isles	on track									OPHTH/ORTHO 90	GEN 10							

KEY

Lead organisation

- NSS Core
- HB with Core Support
- HB with Core Advice






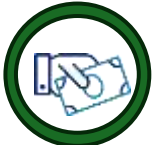


Progress Status

- Complete
- In progress
- Risk/issue

Specialities

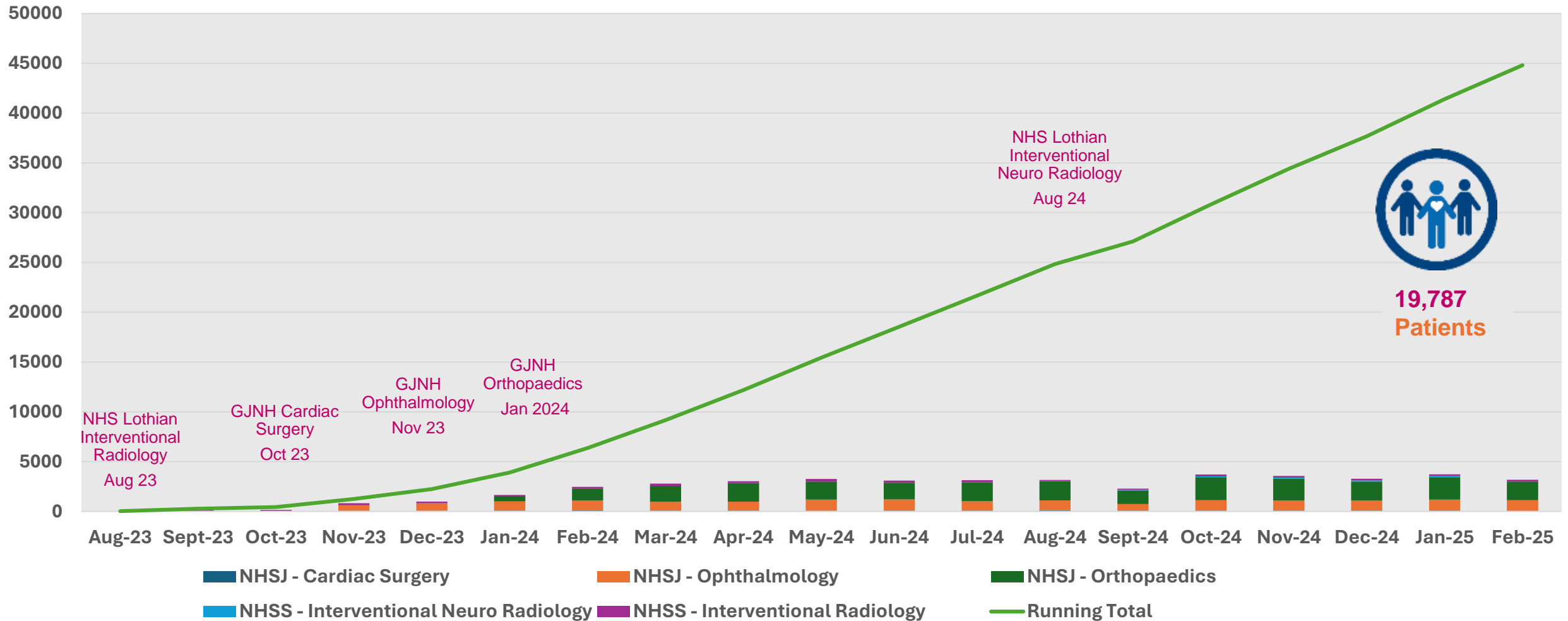
Ophthalmology	OPHTH	Interventional Neuro Radiology	INR	Maxillofacial	MAXFAX
Orthopaedics	ORTHO	Vascular Surgery	VASC	Urology	URO
Interventional Radiology	IR	Neurosurgery	NEURO	Gynaecology	GYN
Cardiology	CARDIO	Plastic	PLAS	General Surgery	GEN

Benefits of a National Approach

 <p>Improved Patient Safety</p>	 <p>Staff Time Saved</p>	 <p>Compliance</p>	 <p>Sustainability</p>
<p>Fast and effective traceability, reduced risk of adverse events</p>	<p>Clinical and operational, automation</p>	<p>Paving the way to comply with legislation</p>	<p>Visibility of inputs to patient care, supporting better measurement and allocation of resources</p>
 <p>Improved Stock Management</p>	 <p>Reduced Implementation Costs</p>	 <p>National Standards</p>	 <p>Data & Intelligence</p>
<p>Visibility; reduced stock levels, expiry and wastage, and excess stock</p>	<p>Access to National resource; people, licences, handsets, knowledge, support</p>	<p>National core data set, best practice processes, implementation approach, shared documents</p>	<p>Outcomes, costs, trends, insights, improved strategic planning, board level and population health</p>

NHS Scotland: Point of Care Scanning Progress

NHS Scotland Number of Implants Scanned Since PoC Rollout



Pre-Requisites for Success (Pitfalls)

Senior Executive Support is crucial

- Ensure Senior Clinicians / Medical Directors are engaged as early as possible

Dedicated Health Board SfS Project Manager throughout

- Coordinating role supported by a local senior SRO required
- Stick to the national approach - Development of a robust plan, managed locally with support from the national SfS team and supplier

Data, Data, Data!

- No short cuts – data cleansing and analysis on a line-by-line level
- Clinical time required to complete initial stock baselining should be ring fenced

Continuous Communication of benefits

- Communication activity needs coordinated in terms of those directly impacted
- Working closely with HB Comms teams to use established local comms channels

Scan for Safety Real stories. Real benefits

As well as improving patient safety and operational service excellence, Scan for Safety will also achieve benefits when it reaches critical working time, saving money, and increasing greater efficiencies enabled by the power of data.

Scan now! See below to hear more from colleagues and leaders about the power of benefits.

Quote 1: "The NHS Scotland Scan for Safety programme will be a game-changer for improving patient safety, increasing efficiency and reducing waiting times. It will also help to reduce the risk of infection and improve the overall quality of care." - Professor Dr. Philip Lewis, NHS Scotland Chief Medical Officer and Medical Director for Infection Control and Public Health.

Quote 2: "Having a clear focus for improving the efficiency of stock management, while enhancing patient accessibility to support safety requirements, is a key priority for Scan for Safety. We're looking forward to seeing the benefits of this programme." - Robert King, Director of Safety and Quality, NHS Scotland.

Quote 3: "The most important thing is about the staff. Staff are happy because they are getting to what they are being asked to do by having other resources. It's not about the hospital, it's about the people and the patients and getting the best care." - Professor Dr. Philip Lewis, NHS Scotland Chief Medical Officer and Medical Director for Infection Control and Public Health.

Quote 4: "Scan for Safety has transformed my experience of work. There's no less equipment, less waiting, and less time and more time to do more for my patients. It's a real step up for us as a team." - Julia Macdonald, Radiology, NHS Scotland.

More stories and further information is available on the Scan for Safety website. [ScanforSafety.nhs.scot](https://www.scanforsafety.nhs.scot)

Unexpected Highlights

Staff development opportunities

- PoC champions emerged (within project team and Health Boards) who took on more responsibility and ownership
- Keen to share their experiences with peers in their organisation and across other Boards

Appreciation of whole system approach

- Bringing teams together to discuss end to end process led to wider appreciation of how they relied on each other and impact of issues arising
- Helped to design best practice process overall

Speed at which staff picked up the system

- In person, onsite training with core team backed up by online guides
- No desire to return to previous ways of working



Highlights



In truth, my job was 100 times harder before, than it is now. Since Scan for Safety has been implemented, it has – on average – released an hour and a half of time back for me every day.

I get to manage my time far more effectively and for our department, I can now far better manage the overall stock control including getting the time needed for mini stock takes.

This means my stock is always accurate. From a financial point of view, we now always know exactly where we stand.”

Julie Macdonald, NHS Lothian IR Stock Controller



Highlights



I've been involved in two device recalls and have painful memories of leafing through implant books!

Thankfully with Scan for Safety that will be a thing of the past. We will be able to trace patients in a matter of hours rather than weeks, with 100% ascertainment. This is already the case where Point of Care scanning is live."

Andy Malyon, National Clinical Lead



Staff are happy because they are getting to what they are being paid to do in terms of looking after patients. If they are happy, I'm happy, and of course then patients will get the best care."

Senior Charge Nurse



NHS Scotland Scan for Safety

Optimising patient safety, clinical effectiveness, and NHS Scotland operational efficiency via ease-of-capture data across the patient journey.

[ABOUT](#)



NEWS

Catch up on the latest developments of Scan for Safety's implementation, across NHS Scotland.



CASE STUDIES

Colleagues and partners from across NHS Scotland, share their experiences of Scan for Safety.



INFORMATION FOR PATIENTS

Find out more about how Scan for Safety captures patient procedure data, and the benefits for patients.



INFORMATION FOR SUPPLIERS

Information for Medical Device Suppliers and working with NHS Scotland's Scan for Safety.

scanforsafety.nhs.scot



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