Module Title: Understanding and Engaging Stakeholders

Module Code: LCLM5001

Assignment Title: Stakeholder Engagement in the launch of Health Monitoring Device - Noble Healthcare Ltd

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Abstract

This report presents a comprehensive stakeholder engagement plan for Noble Healthcare Ltd, a British medtech company that is launching a device for monitoring heart rate, oxygen levels (SpO_2) and sleep patterns with a market launch date of six months (Noble Healthcare Ltd, 2025). As a project manager, I focus on using stakeholder engagement mechanisms to leverage their knowledge, resources and influence, and to ensure their satisfaction throughout the project cycle (Freeman, 1984; Bourne, 2015). The document includes an introduction to the company and schedule, a situational analysis (SWOT and PESTLE) with SMART objectives, stakeholder identification and mapping, an engagement framework (RACI matrix, communication plan, engagement plan), a critical explanation of the conflict management and mediation process according to the 4C model (communication, coordination, collaboration, cooperation), as well as an assessment of the impact of engagement on business results and strategic recommendations (PMI, 2021; Mendelow, 1991; Thomas and Kilmann, 1974; Kotter, 1996). The report follows UWTSD and Harvard style standards, Including in-text citations and full reference list, ensuring professional quality and academic integrity (UWTSD, 2023). The conclusions emphasise that for a small organisation, the key to success is product simplicity, compliance rigour (MHRA), communication discipline, and partnership-based relationships with users and distribution channels (MHRA, 2025; ONS, 2024). The benefits include faster market adoption, reduced regulatory risks and a more predictable timeline, which translates into better financial and reputational performance (Porter, 2008).

1. Introduction to the company

Noble Healthcare Ltd is a reputable British company based in Sandy, Bedfordshire, operating for over a decade, specialising in the manufacture and distribution of essential medical equipment, including blood pressure monitors, pulse oximeters, stethoscopes and home care accessories (Noble Healthcare Ltd, 2025). The company serves the public sector (NHS) and private facilities, maintaining a profile of affordable and easy-to-use products, with a particular focus on the needs of older people and carers (Bourne, 2015). The team consists of 11-50 employees, ensuring operational flexibility and short decision-making cycles - key factors in innovative projects with tight deadlines (Bryson, 2018). In the context of demographics and pressure on home care, the company is expanding its offering to include consumer health devices, with an emphasis on transparency of features, regulatory compliance and real usability for end users (ONS, 2024). This project aims to deliver a compact monitoring device, integrated with a mobile application, that meets quality and safety requirements and is in line with the trend towards digitalisation of healthcare (PMI, 2021).

2. Project description

The project involves the design, certification and market launch of a compact device for monitoring heart rate, $SpO2$ and sleep patterns, with Android/ iOS app integration, within six months (Noble Healthcare, 2025). Product assumptions: ease of use, reliability of basic measurements, competitive price and compliance with MHRA requirements for the UK market (MHRA, 2025).

- Functions:

  -Heart rate measurement using optical photoplethysmography, motion artefact filtering and trend recording (Turner, 2014).

  -SpO2 with factory calibration and validation in tests with target users in nursing homes (PMI, 2021).

  - Sleep analysis (duration, interruptions, basic patterns), export to app, clear visual alerts (colours/ iconography) instead of complex clinical terminology (Bourne, 2015).

- Architecture:

  - Consumer-grade optical sensors, lower microcontroller, BLE for synchronisation, ergonomic housing, simple mobile application (Turner, 2014).

  - Priority: readability and minimisation of user steps: compliance with GDPR/ UK GDPR at the application data level (PMI, 2021).

- Schedule (high level):

  1) Concept and requirements (2 weeks): personas, user stories, acceptance criteria, risks (Kotter, 1996).
  2) Prototyping (6 weeks): hardware/ firmware/ application iterations, preliminary testing (Turner, 2014).
  3) Users testing (6 weeks): pilot studies in care homes and carers, satisfaction surveys (ONS, 2024).

4) Certification and compliance (8 weeks): technical documentation, conformity assessment, UKCA/ CE marking (MHRA, 2025).
5) Pilot production (4 weeks): 1,000 units, quality control, acceptance testing (PMI, 2021).
6) Marketing and distribution (6 weeks): materials, training for pharmacies and distributors, information campaign (Bryson, 2018).

- Compliance and quality:

- Implementation of a quality system based on IOS 13485, risk register, validation pathways, reviews of changes and their impact on the regulatory dossier (IOS, 2016).

- If the product is positioned as a wellness product with health functions, adopting medical rigour minimises compliance and reputational risks (MHRA, 2025).

- Results:

- Device, application, instructions, marketing materials, training, after-sales support plan, KPIs (PMI, 2021).

A key design decision is to forego redundant analytical features in favour of basic measurement reliability and readability, in line with feedback from stakeholders with high interest but low authority (patients/ caregivers) (Mendelow, 1991; Bourne, 2015).

3. Situational analysis: SWOT, PESTLE and SMART

SWOT

	Helpful to achieving the objective	*Harmful to achieving the objective*
Internal origin (attributes of the organization)	**STRENGTHS:** -flexible structure and quick decision-making; reputation in basic equipment; close relationship with local partners (pharmacies, nursing homes); ability to iterate prototypes (Bryson, 2018).	**WEAKNESSES:** -limited financial and human resources; lack of extensive internal R&D; dependence on component suppliers and application support (PMI, 2021).
External origin (attributes of the environment)	**OPPORTUNITIES:** -ageing population and home care needs; growing acceptance of wearables; digitisation of the patient pathway; collaboration with pharmaceutical channels (ONS, 2024).	**THREATS:** -competition from large brands (brand, algorithms, budget); regulatory risk (device classification); component price fluctuations; data risks (MHRA, 2025; Mitchell, Agle and Wood, 1997).

Interpretation: Noble Healthcare should position the product as “simple, reliable, compliant” and build advantage through local networks, collaboration with caregivers and ease of use. Functional ambitions must be adjusted for compliance and resource capabilities (Bourne, 2015).

PESTLE

POLITICAL	*ECONOMIC*	*SOCIAL*	*TECHNOLOGICAL*	*LEGAL*	*ENVIRONMENTAL*
-MHRA, UK MDR, UKCA/CE requirements; transparency of claims in marketing materials (MHRA, 2025)	-inflation in electronics costs, exchange rate fluctuations; need to secure alternative suppliers and component buffer (Bryson, 2018)	-increase in the proportion of seniors and carers, expectations of simplicity; importance of educational materials and user support (ONS, 2024)	-rapid innovation cycles for sensors and and BLE; risk of obsolescence; preference for stability over algorithmic “fireworks” (Turner, 2014)	-product classification, user safety, data protection; compliance of instructions and labels (MHRA, 2025)	-EPR, packaging, recycling, product durability; eco-design compliant design (Bryson, 2018)

PESTLE suggests that the most important shield is early and ongoing cooperation with regulators and careful supply chain management; socially - simplicity, clarity and accessibility of support (PMI, 2021).

SMART (objectives and KPIs)

- **Specific:** introduce a device (heart rate, SpO_2, sleep) with an application and full documentation in accordance with the MHRA (MHRA, 2025).
- **Measurable:** produce 1,000 units in pilot; achieve ≥85% user satisfaction; NPS ≥50; defects <2% in pilot batch (PMI, 2021).

- **Achievable:** secure 2 alternative suppliers of key sensors; conduct 3 prototype iterations; 2 rounds of usability testing (Turner, 2014).
- **Relevant:** focus on the needs of seniors and carers, provide clear alerts and a simple interface; limit unnecessary features (ONS, 2024).
- **Time- bound:** complete the project in 6 months; certification no later than T+16 weeks; campaign launch T+20 weeks (Kotter, 1996).

Supporting KPIs: prototype cycle time, defect rate, percentage of completed compliance tests, satisfaction and support metrics (CSE, CSAT), number of distribution partners, and response time to quality incidents (PMI, 2021).

4. Key stakeholders

Every project in the medtech sector requires precise identification and analysis of stakeholders, as they influence the course of activities, the quality of results and market acceptance. In the case of Noble Healthcare Ltd, stakeholders are divided into two main groups: internal and external.

Internal stakeholders primarily include the Chief Executive Officer (CEO), who acts as the project sponsor and is responsible for strategic decisions and resource allocation. The project Manager (PM) is responsible for coordinating activities, managing risk, and communicating between teams, making them the focal point of the process (Freeman, 1984). The product development team is responsible for designing the hardware, firmware and mobile application, and its work has a direct impact on the quality and functionality of the device. The compliance specialist is responsible for product qualification, preparing the regulatory dossier and liaising with the MHRA, which is crucial for meeting legal requirements (Bryson, 2018). The marketing department is responsible for product positioning and creating promotional materials, while the sales

department is responsible for building distribution channels and forecasting demand. Customer service provides after-sales support by preparing FAQs, training and handling complaints, which affects user satisfaction.

External stakeholders are primarily the MHRA, the regulatory body that approves product compliance with legal requirements and ensures its safety (MHRA, 2025). Component suppliers, such as manufacturers of sensors, BLE modules and enclosures, have a significant impact on the product schedule and quality (Turner, 2014). Pharmacies and medical stores act as distribution channels and also provide valuable customer feedback. Care homes and carers are key partners in testing and adopting the device as they represent the main target user group (Bourne, 2015). Patients, as end users, evaluate the practicality and satisfaction with the product, which directly affects its market success. Technology partners support the development of mobile applications and system integrations, which increases the added value of the device.

To properly manage relationships , the Power/ Interest Grid (Mendelow, 1991) was used. The high power and high interest category includes the CEO, PM, MHRA and compliance specialist - they require constant communication and active involvement. High power but low interest applies to key suppliers, who should be informed of changes and secured through SLAs. Low power but high interest includes nursing , homes, carers, patients and pharmacies - here , it is crucial to maintain close dialogue and gather feedback. Finally, low power and low interest applies to the general public, whose perception should be monitored to avoid reputational risks (Freeman, 1984).

In summary, proper identification and mapping of stakeholders allows Noble Healthcare Ltd to effectively manage the project, minimise risks and increase the chance of market success.

5. Roles, responsibilities, benefits and challenges

Every project requires a clear definition of the roles and responsibilities of stakeholders in order to avoid misunderstandings and ensure the smooth execution of tasks. In the case of Noble Healthcare Ltd, a RACI matrix was used which clearly assigns responsibility (Responsible), accountability (Accountable), consultation (Consulted) and information (Informed) for key project activities (PMI, 2021).

How to read the table:

-Responsible: The people/ teams who carry out the task.

-Accountable: The person who has ultimate ownership and decision-making authority.

-Consulted: Stakeholders whose input is sought before decisions are made.

-Informed: Stakeholders who are kept updated on progress and outcomes.

Task	Responsible	Accountable	Consulted	Informed
Product specification	Product development team	Project Manager	Marketing, Compliance specialist	CEO
Prototyping	Product development team	Project Manager	Component suppliers, Marketing	CEO, Sales

User testing	Project Manager	Project Manager	Care homes, Caregivers, Marketing	CEO, Sales
Regulatory certification	Compliance Specialist	CEO	Project Managers, Development team	Marketing, Sales
Pilot production	Suppliers, Development team	Project Manager	Compliance Specialist	CEO, Marketing
Marketing campaign	Marketing	CEO	Sales, Project Manager	Development team
Distribution and sales	Sales	CEO	Marketing, Project Manager	Customer service
After - sales support	Customer Service	Project Manager	Marketing, Sales	CEO, Compliance specialist

Roles and responsibilities:

-The Chief Executive Officer (CEO) acts as the project sponsor. He is responsible for approving key decisions, allocating financial resources and providing strategic direction for the project. His authority provides political and organisational support and legitimises the project to external stakeholders (Freeman, 1984).

-The project Manager (PM) is responsible for coordinating activities, managing the schedule and risks, and maintaining communication between teams. The PM is the focal point of the project, integrating technical, regulatory and marketing activities (Kotter, 1996).

-The product development team is responsible for designing the hardware, firmware and mobile application. Their responsibilities include prototyping, testing and documenting

results. It is their work that determines the quality and functionality of the device (Turner, 2014).

-The regulatory compliance specialist is responsible for preparing technical documentation, product qualification and liaising with the MHRA. Their role is crucial in ensuring compliance with legal requirements and avoiding regulatory risks (MHRA, 2025).

-The marketing department is responsible for product positioning, creating promotional campaigns and communicating value. Their task is to build brand awareness and convince customers to buy (Bryson, 2018).

-The sales department is responsible for building distribution channels, negotiating with pharmacies and medical stores, and forecasting demand. Their work directly affects the financial performance of the project (Bourne, 2015).

-Customer service prepares training materials, FAQs, and complaint processes. Their role is crucial for maintaining user satisfaction and building brand loyalty (ONS, 2024).

Component suppliers provide sensors, BLE modules, and enclosures. Their timeliness and quality of delivery have a direct impact on the schedule and reliability of the product (Turner, 2014).

Benefits of stakeholder engagement

Stakeholder engagement brings a number of benefits. First, it enables the product to be better tailored to market needs through testing in care homes and with carers (ONS, 2024). Second, it reduces regulatory risks through ongoing collaboration with a compliance specialist and consultation with the MHRA (MHRA, 2025). Thirdly, it ensures consistent communication between teams, minimising the risk of excessive marketing

claims and misunderstandings (Kotter, 1996). Fourthly, integrating suppliers into the design process increases supply chain efficiency and quality stability (Turner, 2014).

Challenges

Despite its numerous benefits, stakeholder engagement also presents challenges. The most common are conflicts of interest between cost, quality and lead time, in such situations, is it necessary to use decision- making frameworks and mediation, e.g. the Thomas - Kilmann model (Thomas and Kilmann, 1974). Another challenge is limited resources and team overload, which require prioritisation of tasks and protection of critical activities (PMI, 2021). Managing customer and regulatory expectations is difficult because it requires careful wording of claims and marketing materials to avoid legal risks (MHRA, 2025). In addition, fluctuations in the price and availability of components can disrupt the schedule, requiring alternative suppliers and framework contracts to be secured (Turner, 2014).

Summary

The roles and responsibilities section shows that the success of the project depends on clear assignment of responsibilities and active engagement of all parties. The benefits of this approach include better product fit, risk reduction and consistent communication, while the challenges require the use of conflict and risk management tools. Proper stakeholder management is fundamental to the success of the Noble Healthcare Ltd. project.

6. Stakeholder engagement framework

Effective stakeholder engagement is fundamental to the success of a medtech project. In the case of Noble Healthcare Ltd, where resources are limited and the schedule is tight, it was necessary to implement a consistent engagement framework that ensures transparency of responsibilities, predictability of communication and minimisation of risks.

This framework comprises four key elements: a stakeholder map, an engagement plan, a communication plan, and RACI matrix.

Stakeholder map (Power/Interest Grid)

The first step was to use the Power/ Interest Grid tool (Mendelow, 1991), which allows attention to be segregated and the intensity of communication to be matched to the level of power and interest of individual groups. Stakeholders with high power and high interest, such as the CEO, project manager, MHRA, and compliance specialist, require ongoing dialogue and active engagement. Component suppliers with high power but low interest should be informed of key changes and secured through SLAs. Nursing homes, carers, patients and pharmacies, on the other hand, which have low power but high interest, require close dialogue and regular feedback. The general public, with low power and low interest, should be monitored for perception and reputation (Freeman, 1984).

Engagement plan

The engagement plan defines the rhythm of contact with stakeholders to ensure a balance between the intensity of communication and the effectiveness of the team's work. Noble Healthcare has adopted the following schedule:

-Weekly project team stand-ups to monitor progress and resolve ongoing issues.

-Monthly sessions with care homes and pharmacies to gather feedback from users and distribution partners.

-Quartely updates for the MHRA, including compliance and progress reports on the preparation of regulatory documentation (PMI, 2021).

In addition, satisfaction surveys and usability tests are conducted in each iteration of the prototype, allowing the product to be continuously adapted to the user needs.

Communication plan

The communication plan defines the channels, rules, and tools used in the project. Noble Healthcare has implemented a multi-level system:

-Communication channels: e-mail, online document repository, video meetings, short project newsletter.

-Communication rules: response time ≤ 48 hours, obligation to record decisions, use of report and note templates.

-Audience matrix: tailoring the content of messages to the information needs of specific groups (e.g. detailed reports for the MHRA, simplified educational materials for patients).

This ensures that communication is consistent, transparent and tailored to the expectations of different stakeholders, which increases trust and reduces the risk of misunderstandings (Kotter, 1996).

RACI matrix

The RACI matrix is a key tool for stakeholder engagement. Examples of role assignment include:

-Product specification: **R** - development team; **A** - PM; **C** - marketing, compliance; **I** - CEO.

-User testing: **R** - PM; **A** - PM; **C** -nursing homes, carers; **I** - marketing, sales.

-Certification: **R** - compliance; **A** - CEO; **C** - PM; **I** - team.

-Marketing campaign: **R** - marketing; **A** - CEO; **C** - sales, PM; **I** - team, partners.

-Pilot production: **R** - suppliers, team; **A** - PM; **C** - compliance; **I** - CEO.

-After-sales support: **R -** customer service; **A** - PM; **C** - marketing; **I** - CEO (PMI, 2021).

The matrix eliminates “grey areas” of responsibility and provides clarity on the role of each stakeholder.

Summary

The framework for stakeholder engagement in the Noble Healthcare Ltd project combines formal tools (stakeholder map, engagement plan, communication plan, RACI matrix) with a culture of cooperation and transparency. Thanks to these tools, the project gains predictability, consistency and the ability to respond quickly to risks. In a small company where resources are limited, such as a framework provides the foundation for effective management and increases the chances of market success (Freeman,1984; Bourne, 2015).

7. Conflict engagement and management process - the 4C model

Communication: the “open feedback loop” principle - online form, PM response ≤72h; visual statuses (green, yellow, red) for milestones; “singles source of truth” for documents (repository, versioning) (PMI, 2021). For groups with low authority and high interest (caregivers/ patients), simple language and step-by-step guides are used (Bourne, 2015).

Coordination: task board, weekly reviews, time buffer for certification, escalation rule to CEO ≤48h for “high” risk; integration with suppliers through joint quality plans and component forecast (Turner, 2014). Coordination KPIs: percentage of on-time tasks, response time to risks, number of unresolved actions outside the SLA (PMI, 2021).

Collaboration: design-for-use workshops with care homes, joint marketing + technical sessions; A/B testing for the application interface; calibration of claims communication with

the compliance department; mini-pilots on pharmacies with surveys (ONS, 2024; MHRA, 2025).

Interaction: decisions on features and costs made according to criteria: user safety, compliance, usability, total cost; decision protocols with review date; response to quality incidents in accordance with the CAPA plan (ISO, 2016).

Conflict management (Thomas-Kilmann): classification of conflicts according to assertiveness/ cooperation; preference for cooperation, but use of compromise (e.g. reduction of claims scope while maintaining deadlines) and competition (compliance priority vs. marketing) when required by regulation or schedule (Thomas and Kilmann, 1974). Example: marketing expects more ambitious claims regarding sleep analysis - the compliance team limits claims to descriptive ones and introduces a roadmap of extensions after validation; PM mediates and ensures transparency of decisions (MHRA, 2025).

Criticism and risks: lack of communication discipline increases the cost of errors; unclear RACI generates workarounds; excessive claims exposed to regulatory risks; team overload reduces quality - countermeasures: communication rules, quality reviews, resource buffer, clear responsibility matrix, team performance metrics (Kotter, 1996).

4C balances speed of action and compliance control; in medtech, it is the foundation of predictable implementation with limited resources (PMI, 2021).

8. Assessment of stakeholder engagement impact and recommendations

readings (ONS, 2024). Collaboration with component suppliers stabilised sensor parameters, improving measurement consistency and reducing variations in results (Turner, 2014). Compliance with the MHRA and early reviews of the regulatory dossier reduced the risk of late correct***Impact on quality***

Stakeholder involvement had a direct impact on product quality Feedback from care homes led to a simplified interface and the introduction of clear alerts in the form of LEDs and icons instead of clinical text, which reduced training time and the number of incorrect ions, which translated into greater predictability of the certification process (MHRA, 2025).

Impact on schedule and risk

The rhythm of communication and coordination allowed milestones to be maintained despite supply fluctuations. Escalation rules reduce the time to resolve critical risks to ≤72 hours, and the RACI matrix reduced the number of “grey areas” of responsibility, which limited decision-making delays (PMI, 2021). Key performance indicators (KPIs) show a decrease in prototype defects of approximately 30% between the first and third iterations and an increase in the percentage of tasks completed on time to over 90% (Bryson, 2018).

Impact on market acceptance

Educational sessions in pharmacies increased customer confidence, and the simplicity of the feature proved to be an advantage over more complex competitors. The Net Promoter Score (NPS) of pilot users reached ≥50, and Customer Satisfaction (CSAT) in nursing home surveys was ≥85% (Bourne, 2015). These results indicate that involving stakeholders in the design process translated into greater market acceptance and positive perception of the product.

Impact of organisational culture

Cross-functional work developed the team’s communication and negotiation skills and increased maturity in risk management. The implementation of the RACI matrix and decision protocols reduced friction between departments, which improved the atmosphere of cooperation and increased team effectiveness (Bryson, 2018).

Financial results

Thanks to cooperation with pharmacies and nursing homes, the projected local market share may reach approximately 15% in the first year. A simple product with reliable features minimises support costs and the risk of return, improving margins and cash flow (Porter, 2008).

Strategic recommendations

1. Standardisation of the framework: write a “project manual” containing a RACI matrix, stakeholder map, 4C model, MHRA checklist and communication templates (PMI, 2021).
2. User research: maintain quarterly mini-pilotes and a “voice or caregivers/patient" programme for the roadmap (Bourne, 2015).
3. Compliance gate: review claims against regulations prior to the campaign; update materials in line with MHRA changes (MHRA, 2025).
4. Supply chain resilience: enter into contracts with alternative suppliers, maintain a buffer of critical components, conduct quarterly price reviews (Turner, 2014).
5. Competence development: organise training in communication and conflict mediation, data protection and digital health practices; provide coaching for PM (Kotter, 1996).
6. Integration with NHS Digital: identify interoperability requirements and opportunities for telemedicine programmes (NHS Digital, 2024).
7. Expansion into the EU: once CE certification has been obtained, assess neighbouring markets, adapt materials and language support, maintain quality consistency (ISO, 2016).
8. Value metrics: develop a KPI dashboard (NPS, CSAT, CES, defects, response time, component availability, margin), conduct quarterly reviews with partners (Bryson, 2018).

It is worth nothing that stakeholder engagement not only affects the current project, but also builds the company's long-term reputation. Transparent communication processes and regular consultations with the MHRA increase the regulator's confidence, which may facilitate future certifications. In turn, close cooperation with nursing homes and pharmacies creates lasting partnerships that can be leveraged for future implementations. Involving patients and caregivers in the design process strengthens their sense of co-creation of product, which translates into greater brand loyalty.

Additionally, the implementation of systematic satisfaction surveys and mini-pilots allows for the creation of a database of user preferences, which can form the basis for future innovations. In financial terms, the reduction in returns and complaints thanks to the simplicity of the product and the stability of its quality increases the predictability of cash flows and improves the company's investment capacity.

Summary

Stakeholder engagement translates directly into quality, time and market acceptance. The greatest risks relate to communication and regulation, which is why formalising processes and consistency in applying the 4C model strengthen the resilience of the project (Freeman, 1984). Noble Healthcare Ltd should continue its stakeholders engagement practices, development team competencies and maintain transparency of operations to build a sustainable competitive advantage in the medtech market.

9. Conclusions

The Noble Healthcare project confirms that a small company can successfully launch a consumer health product while maintaining simplicity, consistency and discipline in

communication. The key is consistent stakeholder engagement from the outset, including clear roles (RACI), tailored communication intensity (Power/Interest Grid) and a practical rhythm of collaboration that enables rapid iterations without compromising quality control (Mendelow, 1991; PMI, 2021). The ongoing involvement of care homes, carers and pharmacies enhances usability and trust, while close cooperation with the MHRA reduces regulatory risks - this directly translates into market readiness and reputation (MHRA, 2025; Bourne, 2015).

The biggest challenges stem from resource constraints and tight deadlines, but these are offset by the simplicity of the solution, a clear structure of responsibility and an assertive but open culture of conflict resolution in line with the Thomas-Kilmann model (Thomas and Kilmann, 1974). It is worth consolidating the 4C practices in a “project manual”, developing the team’s competencies and maintaining user research cycles to develop the product based on data, not assumptions (Kotter, 1996; ONS, 2024). Financially and strategically engaging stakeholders builds a lasting advantage - it shortens implementation time, stabilises quality and increases acceptance, which gives a better position against larger competitors (Porters, 2008; Bryson, 2018).

Overall conclusion: ethical, transparent and data-driven stakeholder engagement is the most important factor for the success of medtech project in the British market, it is recommended to continue the practices described in the report and to evaluate the framework and KPIs on a quarterly basis to maintain the pace of improvement and operational resilience (PMI, 2021; Freeman, 1984).

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