

CRANFIELD UNIVERSITY

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Impact of integration on procurement of urgent goods and services
within the public healthcare sector

School of Management
PhD

Academic Year: 2021- 2024

Supervisor: Dr Emel Aktas
Associate Supervisor: Dr Soroosh Saghiri
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This thesis is submitted in partial fulfilment of the requirements for
the degree of PhD

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Abstract

Urgent procurement in healthcare has been under-researched despite its critical role in ensuring business continuity and timely patient care. This study explores how procurement integration impacts urgent procurement by combining a systematic literature review with secondary data analysis from the UK government's Model Hospital database. The findings indicate that while procurement integration is well understood in planned contexts, it remains insufficiently addressed in urgent situations, particularly unpredictable, patient-specific requirements.

Two key contributions emerge from this research: first, it differentiates between standard and urgent procurement processes, emphasising the latter's unique challenges in healthcare. Second, it highlights the limited integration of urgency within procurement strategies, with procurement often overriding clinical input. A theoretical framework is proposed to bridge this gap, drawing on case studies of eight healthcare providers (five public and three private) and interviews with 30 professionals, including clinicians and procurement managers.

The results show that effective communication integration is essential for improving urgent procurement outcomes, enabling faster response times and fostering stakeholder collaboration. The study underscores that previous procurement successes enhance future urgent procurement performance, while failures reduce responsiveness. Additionally, conflicting objectives between clinical and procurement teams and a lack of tailored decision support systems (DSS) hinder urgent procurement efficiency.

This PhD thesis calls for developing a DSS designed to streamline urgent procurement processes by improving communication, transparency, and alignment of objectives. Integrating contingency and socio-technical systems frameworks with qualitative data offers a robust foundation for future research and practical solutions to optimise healthcare procurement, particularly in the UK public healthcare sector.

Keywords: urgent, critical, procurement, sourcing, integration

Contents

Academic Integrity Declaration.....	iii
Academic integrity declaration.....	iii
Abstract.....	i
1.1 Academic Rationale.....	viii
1.2 Research Aim and Objectives.....	xi
1.3 Research Design and Structure.....	i
References to Chapter 1.....	ii
2 Impact of internal and external integration on procurement of urgent and patient-specific goods and services within public healthcare sector (Paper 1)	
.....	4
2.1 Introduction.....	4
2.1.1 Contributions at a glance.....	6
2.1.2 Scope and boundary conditions.....	7
2.2 Theoretical positioning, problematisation, and contributions.....	7
2.2.1 Research questions.....	8
2.2.2 Why is this study relevant?.....	8
2.2.3 Methodology.....	9
2.3 Thematic Analysis.....	13
2.3.1 What is urgent procurement?.....	13
2.3.2 The link between procurement and integration.....	17
2.3.3 What is integration?.....	19
2.3.4 Types of integration.....	20
2.3.5 Why is integration important in healthcare context?.....	26
2.4 Conceptual framework.....	27
2.4.1 Communication.....	28
2.4.2 Technology.....	31
2.4.3 Knowledge.....	32
2.4.4 Process.....	33
2.4.5 Procurement without accounts.....	35
2.4.6 Accounts without Procurement.....	36
2.4.7 Integrated Procurement.....	36
2.4.8 Chapter Summary and Objectives.....	36
2.4.9 Testing Propositions Methodology.....	38
2.4.10 Limitations of this review.....	41
2.4.11 Recommendation for further study.....	41
2.5 Managerial implications and key takeaways (NHS urgent procurement)	
.....	42
2.6 Conclusion.....	44
2.7 References to Chapter 2.....	46
3 Recognition and implementation of urgent procurement: The case of the healthcare sector (Paper 2).....	53

3.1 Introduction	53
3.2 Literature Review	57
3.2.1 Risk Management in Urgent Procurement	61
3.3 Methodology	66
3.3.1 Organisational Profiles	74
3.3.2 Participant Profiles	79
3.3.3 Eligibility Criteria.....	80
3.3.4 Public Organisations	80
3.3.5 Private Organisations	80
3.3.6 Organisations Coding.....	81
3.3.7 Participant Coding.....	81
3.4 Findings	83
3.4.1 Communication and Reporting	91
3.4.2 Assessment.....	93
3.4.3 Identification	94
3.4.4 Mitigation.....	95
3.4.5 Governance.....	97
3.5 Discussion	99
3.5.1 Finance & Process	104
3.5.2 Care Quality	106
3.5.3 Engagement.....	107
3.5.4 Trust.....	108
3.5.5 National Directives & Supply Chains Management	109
3.5.6 Product Suitability & Compliance	110
3.5.7 Comparative insights from disaster relief and military logistics	114
3.6 Conclusions	115
3.6.1 Limitations of the Research.....	117
3.6.2 Future Research	118
3.7 References to Chapter 3.....	119
4 Designing a Communication Classification Procedure for Urgent Public Procurement in the UK Healthcare Sector (Paper 3).....	125
4.1 Introduction	125
4.2 Literature Review	127
4.2.1 Necessity of DSS in Public Healthcare Organisations	128
4.2.2 Communication Based DSS.....	129
4.2.3 Benefits of DSS in Urgent Procurement.....	133
4.2.4 Challenges in Implementing DSS in Urgent Procurement.....	134
4.2.5 Barriers of DSS Implementation.....	134
4.3 Methodology	137
4.3.1 Data.....	139
4.3.2 Inductive Reasoning.....	140
4.3.3 Ethical Considerations.....	143

4.3.4 Limitations	144
4.4 Findings	144
4.4.1 Analyse Risk Profile	145
4.4.2 Identification of Urgent Need	147
4.4.3 Analysis of Existing Solutions.....	153
4.4.4 Procurement Process	156
4.4.5 Sign-off.....	158
4.4.6 Delivery	160
4.5 Discussion	163
4.5.1 Procurement integration and DSS.....	163
4.5.2 Technological Focus in Procurement Research	164
4.5.3 Communication and Collaboration in Supply Chains	164
4.5.4 Socio-Technical Perspectives on Procurement.....	165
4.5.5 Urgent Procurement Research.....	165
4.5.6 Theoretical and Practical Implications	166
4.6 Conclusion	166
4.6.1 Limitations	168
4.6.2 Future Research Directions.....	168
4.7 References for Chapter 4.....	169
5 Conclusion.....	175
5.1 Review of Research Objectives and Findings.....	175
5.2 Contributions to Theory and Practice.....	177
5.2.1 Theoretical and Practical Contributions.....	177
5.3 Limitations.....	181
5.4 Future Research Considerations	182
5.5 References to Chapter 5.....	184
Appendix A - Interview Protocol.....	188
Appendix B: Included studies (N=19).....	191
Appendix C: Interviews Transcripts	198
Table 1 Thesis Outline	i
Table 2 Summary of contributions.....	6
Table 3 NHS Spend Details(Source: <i>NHS Digital Spend Information</i> , n.d.)	17
Table 4 Literature review themes	25
Table 5 Interview Questions	71
Table 6 Organisations Coding	81
Table 7 Participants Coding	81

Table 8 Urgent Procurement Impact Framework.....	99
Table 9 Constructs Analysis	112
Table 10 Urgency Contextualisation.....	114
Table 11 Mapping of relevant findings to research objectives	176
Table 12 Contributions Outline	177
Figure 1 Overview of research design.....	i
Figure 2 The process of searching and selecting papers for review.....	10
Figure 3 Literature review themes	24
Figure 4 Process Framework	28
Figure 5 Stakeholder Mapping (Source: Dooms, 2019)	29
Figure 6 Procurement Cycle Comparison (Adapted from: CIPS, n.d.; Hong et al., 2018; <i>Public Procurement Policy</i> , 2015).....	35
Figure 7 VOS Viewer procurement literature integration links	70
Figure 8 Themes analysis	85
Figure 9 Summary of findings.....	85
Figure 10 Demand fulfilment and integration (Source: Author).....	91
Figure 11 Decision Classification Procedure	146

Introduction

In recent years, the procurement function has attracted increasing scholarly attention and has become a critical component of strategic business decision-making (Schiele et al., 2011). Procurement's primary role is to secure a reliable supply of goods and services at competitive prices while ensuring timely delivery (Fernandes et al., 2017). This function is particularly significant in healthcare, where timely procurement can directly affect patient outcomes. Unlike businesses focused on profit maximisation, healthcare organisations prioritise patient care and safety, often requiring procurement strategies that respond rapidly to urgent medical needs (Cox et al., 2005). Patient care in healthcare settings typically falls into planned and urgent categories. This distinction influences procurement activities, especially when urgent care scenarios demand expedited sourcing of essential products or services (Rottkemper et al., 2012).

The effectiveness of procurement processes is closely linked to internal and external integration, which can enhance coordination and collaboration across supply chains (Zhengchi Liu et al., 2015). Although procurement and integration have garnered significant interest from practitioners and academics, the specific impact of integration on urgent and patient-specific procurement remains underexplored (Trippel, 2011). Considering the critical role of timely procurement in healthcare, where delays can have life-threatening consequences, this study aims to fill a significant gap in the literature by examining how integration affects urgent procurement practices.

Urgent procurement refers to acquiring goods or services under pressing conditions, often due to unforeseen circumstances or inadequate inventory management (Hong et al., 2018). It typically requires sourcing within tight time constraints, with potential trade-offs in cost, quality, and delivery performance (Fernandes et al., 2017; Rottkemper et al., 2012). The healthcare sector is particularly vulnerable to the risks associated with urgent procurement, as unpredictable patient needs can arise, necessitating immediate action to safeguard patient health or even life. Although existing procurement strategies aim to address uncertain demand through forecasting methods, such approaches

are often insufficient in urgent scenarios (Pérez-Pérez et al., 2019). Forecasting in traditional settings relies on historical data and consumer behaviour to anticipate future demand. However, in healthcare, the unpredictable nature of emergencies, such as acute limb ischemia or orthopaedic fractures, limits the effectiveness of conventional forecasting models. In such cases, urgent procurement becomes a vital, life-saving activity rather than a missed business opportunity.

While procurement integration improves organisational efficiencies by aligning processes, systems, and activities, it may not fully mitigate the need for urgent procurement (Birasnav et al., 2019). Despite efforts to enhance forecasting and inventory management, urgent procurement scenarios continue to arise in healthcare due to the inherent unpredictability of patient care needs. Furthermore, public healthcare systems like the UK's National Health Service (NHS) frequently encounter life-or-death situations that depend on efficient procurement processes. This raises questions about whether integration is merely an enabler or a comprehensive solution for managing urgent procurement effectively.

In public healthcare systems, the capacity to rapidly procure critical goods and services during crises is essential. This became particularly evident during the COVID-19 pandemic, when timely procurement was crucial to ensuring the availability of personal protective equipment (PPE), ventilators, and other essential supplies (Patrucco et al., 2020; Queiroz et al., 2020). Effective communication among procurement teams, suppliers, and healthcare providers was key in addressing urgent procurement challenges during the crisis (Leu et al., 2021; Manroop & Singh, 2018). To improve the responsiveness and efficiency of urgent procurement, this PhD thesis proposes the development of a Communication Classification Procedure to the public healthcare sector. A Communication Classification Procedure is a computerised tool that gathers, analyses, and presents data to facilitate informed decisions (Csáki & Adam, 2010).

This research addresses the following key question: How can a Communication Classification Procedure be designed and implemented to enhance the efficiency, responsiveness, and transparency of urgent procurement processes in the UK's public healthcare sector? The proposed CDSS aims to improve procurement response times, foster stakeholder collaboration, and ultimately enhance patient outcomes during critical situations by integrating insights from existing literature and real-world case studies.

1.1 Academic Rationale

Urgent procurement in healthcare is likely more prevalent than is reflected in the existing literature, particularly when addressing patient-specific needs that cannot be met with standardised items (Cox et al., 2005). For instance, emergency trauma and orthopaedic cases often require immediate sourcing of specialised medical supplies. Major trauma cases in England are notably high, with approximately 20,000 individuals receiving treatment annually, of whom 5,400 succumb to their injuries, and many others suffer permanent disability (National Audit Office, 2013). The National Audit Office highlights that systematic enhancements in trauma care, including procurement practices, could have prevented many of these fatalities.

Another significant example of urgent procurement concerns emergency vascular surgery. The Get It Right First Time (GIRFT) programme, which seeks to improve patient care by reviewing clinical services, benchmarking performance, and providing a data-driven rationale for systemic change, underscores the importance of timely procurement in improving patient outcomes (Brown, 2018; Richards et al., 2006). In England, an estimated 43,000 vascular surgeries are performed annually, with strict adherence to NICE guidelines required to minimise risks (Department of Health and Social Care, 2015). GIRFT emphasises that life-saving vascular procedures must be centralised in inadequately equipped and staffed facilities. Patients undergoing vascular surgery are often frail, with co-morbidities such as hypertension, diabetes, chronic lung disease, or ischaemic heart disease, increasing their risk

of adverse outcomes (Richards et al., 2006). Consequently, appropriate procurement of essential items, such as vascular grafts, is critical to ensuring positive clinical outcomes. However, certain items, including specialised grafts, are infrequently used and may not be stocked, necessitating urgent procurement (Department of Health and Social Care, 2015).

Despite the critical nature of urgent procurement in healthcare, there is limited research on how NHS acute hospitals manage this activity and how internal and external integration affects their procurement strategies (Cox et al., 2005; Skipworth et al., 2020). This gap is particularly evident in situations involving trauma patients requiring immediate medical intervention or bespoke medical products not covered by standardised inventories. Although forecasting methods are employed to predict demand, their accuracy and applicability in urgent healthcare contexts remain uncertain. Moreover, while Just-in-Time (JIT) sourcing has been widely lauded for improving efficiency in the private sector, particularly in manufacturing (Fernandes et al., 2017), its applicability in healthcare procurement is questionable. Increased stock variation could mitigate urgent procurement risks, but this approach introduces the risk of unused inventory, potentially leading to excessive costs (Pérez-Pérez et al., 2019). This concern aligns with Lord Carter of Coles' recommendations on efficient space utilisation within NHS hospitals, which caution against unnecessary inventory proliferation (Department of Health and Social Care, 2015). Variations in stock requirements may also be attributed to differing surgical techniques adopted by individual clinicians, further complicating procurement strategies.

An underlying limitation in current research is the insufficient consideration of variation as a necessity, given the unique requirements of individual patients. While historical data and clinical experience may inform demand forecasting, they do not account for demographic changes, rare conditions, or emergencies requiring non-standardized items. Thus, whether urgent procurement arises due to integration inefficiencies or the inherent uncertainty in healthcare demand remains. (Khan et al., 2024)

Integration, akin to procurement, is not a novel concept; however, its applications are continually evolving due to advancements in technology, such as artificial intelligence (AI) and intelligent systems, which reduce human intervention by automating tasks like stock monitoring and reordering (Zhengchi Liu et al., 2015). As technological innovations reshape integration processes, open-source solutions and system interoperability gain prominence. Integration in procurement encompasses alignment and standardisation of processes, information systems, and decision-making across organisational units and supply chains (Pérez-Pérez et al., 2019). It fosters collaboration by sharing knowledge and aligning operational goals internally—within various departments—and externally with suppliers and other stakeholders, thereby enhancing supply chain agility (Pérez-Pérez et al., 2019; Shashi et al., 2018). Unlike collaboration or coordination, which involves professions working together while maintaining distinct identities, integration entails complete alignment within a unified organisational framework (Boon et al., 2009). (Khosravi et al., 2024; Khan et al., 2024)

The primary objective of procurement integration is to achieve a competitive advantage, though the nature of this advantage may vary by organisation. Some may prioritise waste reduction, while others focus on customer satisfaction through faster delivery or precise demand fulfilment. While integration is often associated with increased efficiency, its implementation may not be uniform across an organisation; departments may adopt or reject integration strategies based on localised objectives. In supply chain and manufacturing contexts, integration promotes agility, defined by flexibility and complexity (Kumar et al., 2020). Flexibility refers to adapting processes to meet customer demands. In contrast, complexity relates to managing interdependencies and decision-making, often requiring structured approaches such as multi-criteria decision-making (MCDM) models (Kumar et al., 2020). These models, which decompose complex decisions into stages, provide a clear framework for evaluating alternatives, albeit with potential trade-offs in decision speed.

- RQ3: How can mechanisms and contingencies be operationalised as a transparent, lawful classification schema for urgent procurement?
- RQ2: How do urgency, clinical risk and interdependence moderate integration–performance relationships?
- RQ1: Which integration mechanisms (internal/external) drive performance in urgent procurements, and under what boundary conditions?

Objectives: O1 synthesize fragmented evidence on SCI under urgency; O2 build theory from multiple cases sampled for variation in integration; O3 design and validate a classification schema/procedure for urgent procurement.

Overarching aim: Explain how, when, and why internal and external integration improve urgent procurement performance in the English NHS, and translate these insights into a transparent, lawful classification schema.

1.2 Research Aim and Objectives

Aim: To explain and theorise how urgent procurement integration (UPI) shapes responsiveness, efficiency and transparency in public healthcare, and to design and evaluate a communication-centric DSS that operationalises these insights within UK public procurement rules.

Objectives:

O1. Conduct an updated structured scoping review (2008–2025) across healthcare, humanitarian relief and defence to synthesise integration mechanisms under urgency and identify gaps (reported using PRISMA-ScR/PRISMA 2020 items).

O2. Empirically examine UPI mechanisms and boundary conditions (patient safety, compliance, interdependence) in urgent procurement cases, developing propositions linking UPI to performance.

O3. Derive and evaluate design principles for a CDSS that enables responsiveness while preserving transparency and assurance. (Ma et al., 2022; [Humanitarian procurement SLR], 2024)

Research questions:

RQ1. Which integration mechanisms (internal/external; process/knowledge/IT/communication) are effective under time compression and uncertainty?

RQ2. How do clinical risk, regulatory/commercial assurance and technical interdependence moderate the UPI→performance relationship?

RQ3. What design principles for a communication-centric DSS enable speed while maintaining transparency and compliance in urgent procurement?

This PhD research aims to contribute to understanding procurement integration and how it affects the urgent sourcing process in healthcare organisations.

It aims to provide empirical evidence on how different integration types affect procurement while exploring if there is one or a combination of integration types that may bring the most significant benefit. This PhD thesis pursues the following objectives:

1. To systematically review the relevant literature to identify what is known about the relationship between integration and urgent procurement
2. To empirically investigate the relationship between integration and urgent procurement
3. To design and provide a Communication Classification Procedure based on empirically collected data to address the existing literature and practice gap.

Table 1 below provides a snapshot of the objectives, the research method used, the key findings, and how they relate to the structure of this PhD thesis. The thesis employs a qualitative approach since it explores the relationship between two key variables that have not been previously considered in conjunction.

Table 1 Thesis Outline

Chapter	Title	Aim		Input	Output
Chapter 1	Introduction	This chapter outlines the research rationale, research question (How does procurement integration affect urgent			
Chapter 2 (Paper 1)	Impact of internal and external integration on procurement of urgent and patient-specific goods and services within public healthcare sector	Objectives: to complete a systematic literature review to identify what is known about the urgent procurement integration.	Systematic literature review: Evidence from 19 papers is synthesised into a conceptual map that explores the relationship between integration types and urgent procurement. It identifies four key integration types; communication, knowledge, technology and process.	19 papers, Model Hospital data	Urgent procurement link with integration types
Chapter 3 (Paper 2)	Recognition and implementation of urgent procurement: The case of healthcare sector	Objectives: 1) To empirically investigate the relationship between integration and urgent procurement within private and public healthcare organisations 2) To investigate the extent of procurement integration types while assessing for benefits and feasibility of each type	Interviews : A series of interviews is conducted among 5 public and 3 private healthcare organisations with procurement and clinical professionals in the United Kingdom. It shows that communication integration is severely lacking and could potentially bring the most benefit to frequently, albeit underreported, urgent procurements.	30 interviews in 8 organisations	Evidence of benefits of integration on urgent procurement; clinical vs procurement vs national objectives and pressures; communication framework gaps; urgency mislabeled
Chapter 4 (Paper 3)	Designing a Communication Decision Support System (CDSS) for Urgent Public Procurement in the UK Healthcare Sector	Objectives: To design a communication decision support system tool taking into consideration urgent procurement needs and impact on patients	Case studies: Evidence from 9 healthcare organisations collected in support of identifying key components of communication decision support system to aid urgent procurements within healthcare. It shows disparity between clinical and procurement professionals communication, assumptions and ideas of sourcing good and services in.	Themes from 30 interviews in 8 organisations	Decision Support System
Chapter 5	Conclusion	This chapter outlines the theoretical and practical contributions of the research, the limitations but also future			

1.3 Research Design and Structure

This qualitative method PhD research is of significant importance as it aims to investigate the phenomenon of the relationship between integration and urgent procurement. Figure 1 provides a graphical representation of the research process. This thesis is organised in paper format, thus delivering contributions in three distinct chapters. In summary, these chapters describe a single piece of research contributing to the overall aim of the thesis.

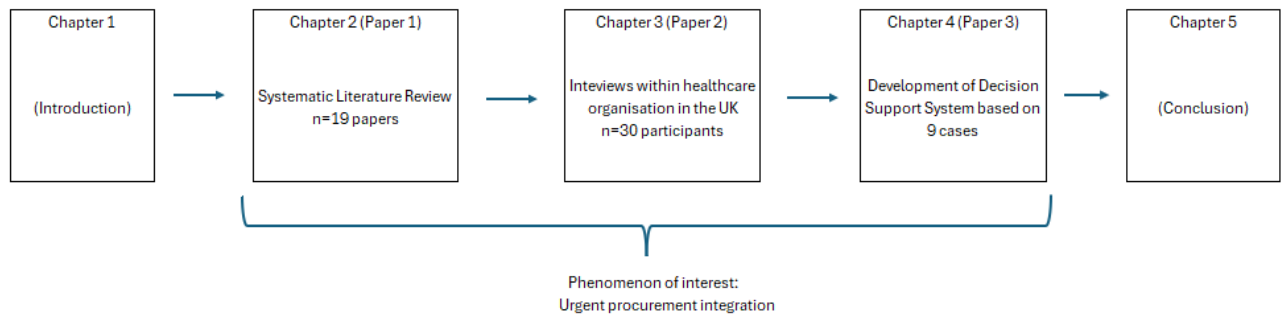


Figure 1 Overview of research design

In this thesis, the three papers are framed by the introduction (Chapter 1) and the conclusion (Chapter 5). Chapter 1 positions the research within the broader academic literature and explains the research structure and design. Chapter 5 synthesises the findings from the three papers (Chapters 2–4) together and discusses the theoretical contributions, practical implications, limitations, and opportunities for further research, thereby demonstrating the relevance of the study to real-world healthcare procurement and integration.

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2 Impact of internal and external integration on procurement of urgent and patient-specific goods and services within public healthcare sector (Paper 1)

Theoretical contributions: (1) urgency-specific boundary conditions for SCI, where the integration→performance relationship is moderated by clinical risk, task interdependence, and the lawful procurement route; 2) communication integration as a first-order mechanism that reduces decision latency while preserving auditability; and (3) a classification schema that operationalises mechanisms and contingencies into an executable, transparent procedure.

Urgent procurement in public healthcare reveals boundary conditions that mainstream supply chain integration (SCI) rarely theorises: decision-making compressed into hours rather than weeks; high clinical interdependence that magnifies coordination failures; and public-law constraints which narrow lawful routes to market. This thesis re-specifies SCI for safety-critical, time-compressed contexts by theorising urgency-specific mechanisms—communication integration, boundary objects (shared trackers/specifications), and pre-authorised commercial pathways—that convert integration into procurement performance when minutes matter. Comparative insights from humanitarian relief and defence rapid acquisition surface design principles with portability to the NHS. (Ma et al., 2022); [Humanitarian procurement SLR], 2024).

2.1 Introduction

In recent years, the procurement function has gained the attention of many scholars, but it has also been placed at the core of business decision-making. The fundamental purposes of said function are to secure a stable supply of goods and services at a reasonable price while ensuring these are delivered at the right time. This is particularly crucial in the healthcare setting when accommodating service to patients requiring care, for example, surgery, instead of a business whose aim might be to maximise profits. The additional element to consider is the different types of patient care that are typically split into two

categories, planned and urgent. Planned patient care refers to scheduled treatments or procedures, while urgent patient care involves immediate or emergency treatments. The distinction between these two types of care is important as it may impact the sourcing activity to accommodate the treatment. However, the success and any benefits that are associated with proper procurement are often highlighted to be influenced by the level of internal and external integration. Internal integration refers to the coordination and collaboration within the healthcare organisation, while external integration involves the alignment with external partners such as suppliers and service providers. Both forms of integration play a crucial role in the effectiveness of procurement in healthcare.

While procurement and integration have benefited from practitioners' attention and are thus developing as a proper field of study, the academic discourse on how integration impacts the procurement of urgent and patient-specific goods and services is small and highly fragmented. Considering the knock-on effect on patient care caused by delays in getting the right product or service at the right time, discussed in the following chapters, this research aims to close the gap in the literature.

The study of urgent procurement integration is crucial due to its significant impact on healthcare systems' responsiveness and efficiency. Urgent procurement scenarios often arise in healthcare due to unforeseen emergencies or rapidly evolving clinical needs, requiring swift coordination between procurement and clinical functions. Integrating procurement processes ensures that essential medical supplies and equipment are delivered on time, minimizing risks to patient care. Moreover, integrated procurement systems can reduce costs and improve supply chain resilience by streamlining decision-making and fostering better stakeholder communication (Van Weele & Rietveld, 2017). Without adequate integration, fragmented procurement processes can lead to delays, inefficiencies, and increased operational risks, particularly in high-pressure environments like healthcare (Alarcón & Molenaar, 2015).

In addition to operational benefits, studying urgent procurement integration offers insights into broader systemic improvements within healthcare organisations. Integrated procurement models promote collaborative relationships across departments, enhancing organisational agility and crisis adaptability. This approach aligns with the growing emphasis on interdisciplinary strategies in healthcare management, where procurement is not merely a logistical function but a strategic partner in delivering high-quality care (McCue & Johnson, 2018). Furthermore, the insights gained from studying urgent procurement integration can inform policymaking, guiding the development of frameworks supporting best procurement and supply chain management practices. By addressing existing gaps in literature and practice, this research contributes to optimising procurement strategies in healthcare, ultimately improving outcomes for patients and providers (Monczka et al., 2020).

2.1.1 Contributions at a glance

The below summarises distinct contributions to theory, method, and practice.

Table 2 Summary of contributions

To theory	To method	To practice
Boundary conditions for SCI under time pressure; urgency-specific mechanisms (communication integration, boundary objects, pre-authorised frameworks); integration–performance links moderated by	Abductive, Gioia-style theory-building; classification schema + decision procedure for urgent procurement; cross-sector synthesis to inform design principles.	Governance-safe speed playbook: single-source-of-truth tracker, modular specs, time-boxed approvals aligned with PPN 01/21; transparent audit trails.

clinical interdependence, lawful route.	risk, and		
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2.1.2 Scope and boundary conditions

Claims apply to urgent procurement episodes in public healthcare characterised by high time pressure, multi-actor coordination, and regulatory constraints. They may attenuate when demand is stable and predictable, when monopolistic supply eliminates contracting choice, or when legal discretion for accelerated routes is unavailable.

2.2 Theoretical positioning, problematisation, and contributions

This thesis addresses a theoretical blind spot in procurement and supply chain integration (SCI): how integration operates when temporal criticality is acute and decision speed is paramount in urgent procurement. While classical SCI shows performance benefits, it rarely theorises how urgency reshapes coordination, information processing, and governance. I problematise three assumptions: (i) integration mechanisms are time-invariant; (ii) planned-care logics generalise to patient-specific, time-compressed sourcing; and (iii) compliance-led controls can be applied without degrading responsiveness. I advance an Urgent Procurement Integration (UPI) perspective that specifies boundary conditions for internal, supplier, and customer integration under time pressure and complements these with communication-centric and digital/data integration to reduce decision latency. Comparative insights from humanitarian relief and military rapid acquisition show portable mechanisms for speed with control (e. g., pre-negotiated frameworks, modular specs, decentralised execution within central intent). Across the three studies, I: (1) specify urgency as a boundary condition on SCI→performance; 2) identify urgency-specific bundles of integration (e. g., boundary objects, shared “single-source-of-truth” trackers); and (3) derive design principles for a Communication Classification Procedure that balances speed, transparency and assurance. (Ma et al., 2022); [Humanitarian procurement SLR], 2024).

2.2.1 Research questions

Following the literature review, questions about the research problem emerged:

1. What formal and informal processes are used to procure urgent patient-specific items?
2. What are the main drivers of urgent procurement?
3. What percentage of items are procured according to plan/forecast compared to all items procured?
4. How does the procurement of urgent items compare to the procurement of standard, non-urgent items? Where are the differences and the reasons for the differences?
5. How does internal and external integration facilitate the procurement of urgent items?
6. What are the challenges and drivers of urgent procurement, and how do those affect integration?

2.2.2 Why is this study relevant?

This PhD thesis aims to contribute to the urgent procurement of patient-specific requirements, supporting the need to explore the effects on patients and other stakeholders while highlighting the consequences of poor practice. This will be achieved by responding to the conceptual and methodological concerns outlined above in a systematic way. The review highlights a detrimental impact on patient care caused by the need to procure urgently, emphasising failure to do so successfully. Perhaps the most significant factors emphasising the relevance of this study are considerations around protecting life and its quality while addressing, to a certain extent, the monetary implications of urgent procurement. To explore and attempt to answer the question, “What is the impact of internal and external integration on procurement of urgent patient-specific requirements within the healthcare sector?” I begin with a systematic review of the conceptual and empirical academic publications on procurement theories and internal and external integration. I also draw on selected literature from related, albeit fragmented, fields that address procurement processes to contextualise the literature focusing explicitly on urgent procurement.

2.2.3 Methodology

The researcher has reviewed the existing literature by constructing a Boolean search query using related keywords around procurement, integration, and urgency. The literature identifies variations to term “procurement” depending on the region, for example UK papers would commonly use “procurement” whereas American tend to lean toward “sourcing”. The query was run through Business Source Complete, a database of citations to, summaries of, and full text of articles from academic journals, magazines, and trade publications dating back to (1886).

The initial search was focused on targeting the particular activity or function; however, from the customer perspective, i. e., bringing goods into the organisation, which generated 9, 576, 881 results (Figure 2). The most significant distinction, however, is the difference between procurement, which is considered a strategic and typically more complex process of obtaining goods and services, as opposed to purchasing, which is more a day-to-day operational activity. However, at this stage, I did not want to limit my search due to the differences in terminology used across the board and minimise the risk of excluding any relevant material that might have contributed to developing an understanding of procurement integration. I then needed to consider the upstream process of the supply chain, thus focusing attention on production and keywords associated with this activity.

Given the niche and emergent nature of urgent procurement, the evidence base is fragmented across healthcare, humanitarian relief and defence. The review is therefore repositioned as a structured scoping review following PRISMA-ScR, while adopting relevant PRISMA 2020) reporting items. The search strategy was refined to reduce noise (revised Boolean terms and field limits) and broadened beyond ABS-ranked journals to include high-quality domain outlets and authoritative grey literature (e. g., UK Cabinet Office PPN 01/21; UK NAO; US GAO). Databases included Scopus, Web of Science and PubMed, with backward/forward citation chasing. (Ma et al., 2022; [Humanitarian procurement SLR], 2024).

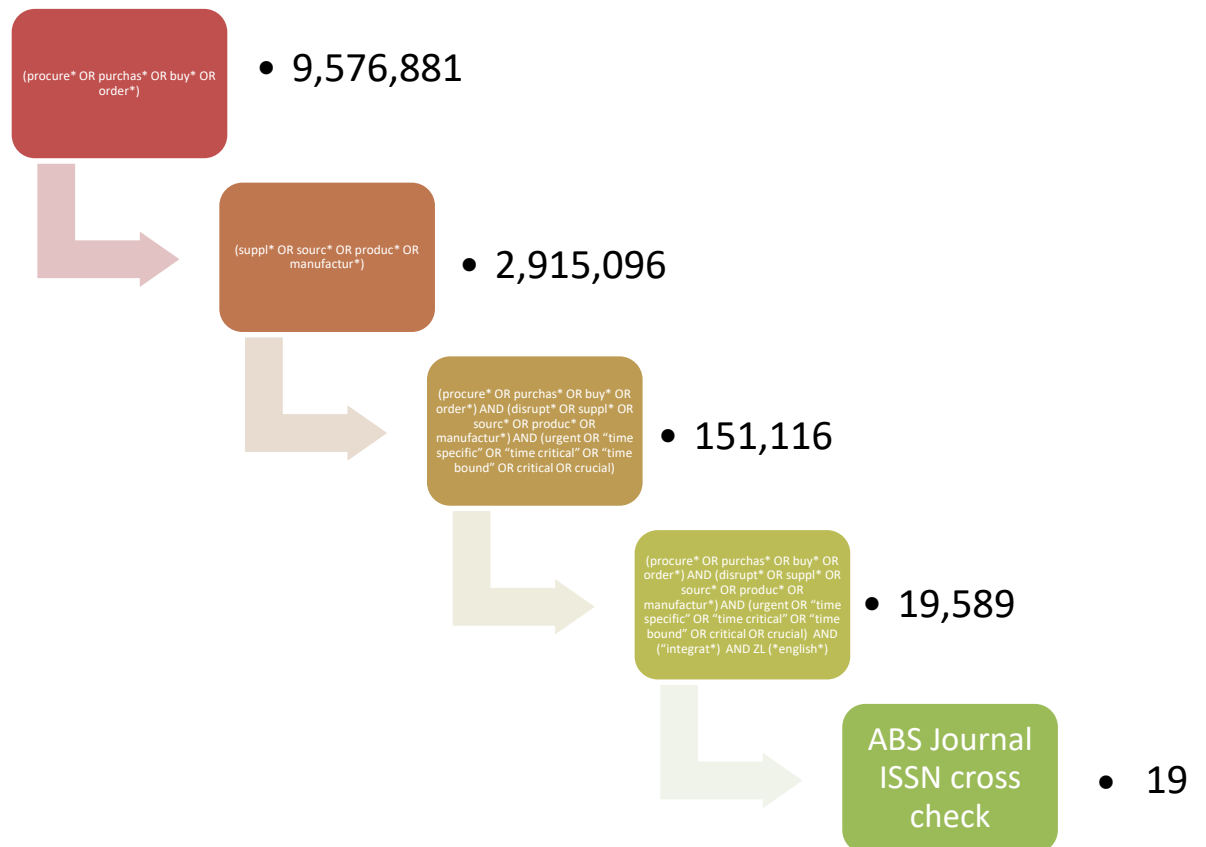


Figure 2 The process of searching and selecting papers for review

Characteristic	Categories	Count / % (fill)
Journal outlets	Top 5 journals represented	Global Journal of Flexible Systems Management (3); Journal of Theoretical & Applied Electronic Commerce Research (3); International Journal of Quality & Reliability Management 2); Socio-Economic Planning

		Sciences 2); Academy of Management Perspectives (1)
Publication years	2008–2012 / 2013–2017 / 2018–2025	2008–2012: 5 (26%); 2018–2025: 7 (37%); 2013–2017: 6 (32%); Before 2008: 1 (5%)
Methodologies	Quant / Qual / Mixed / Design / Review	Conceptual / Other: 8 (42%); Case study / Qual: 3 (16%); Review / SLR: 3 (16%); Simulation/OR/Design: 5 (26%)
Sectors	Healthcare / Humanitarian / Defence / Public procurement (general) / Other	General / Other: 16 (84%); Construction / Project: 1 (5%); Humanitarian / Disaster: 1 (5%); Public sector (general): 1 (5%)
Geographies	UK / EU / US / Multi-country / Other	Unstated: 16 (84%); Vietnam: 1 (5%); China & India: 1 (5%); Philippines: 1 (5%)
Settings	Emergency / Routine / Mixed / N/A	Emergency/Mixed/Other: [needs study-level metadata]

It was recognised that in the context of procurement integration, I can break it into two categories: internal and external. The internal part would have been covered

in the first part of the search string, focusing on bringing goods in, whereas the external part would form links through the supply chain and manufacturing using the second part of the string. The reason for separating the search string at this point was to improve the narrowing down of the results to the relevant literature. In doing so, the search string reduced the results to just under three million instead of increasing them to thirty-nine million if kept in a single-line format.

The next step was to add the urgent element to the search string. The initial literature review identified a series of keywords that have been typically associated with bringing patient-specific requirements into the healthcare organisation. Those were plotted into the search following the peer review and seeking expert advice, assuring the accuracy and consistency of the criteria. That further reduced the amount of academic journals to 151, 116.

The focus then shifted to ensure that the string fully covers integration. As I found out, there are different types of integration, which means there will not be any limitations or exclusions; thus, I am searching only for variations of the word integration. I have taken additional measures to verify whether the integration has any synonyms that should be included to ensure comprehensive coverage; however, it was found that no other words could be used in the context of the integration that I am looking for. The closest word I came to was “collaboration”, but again, this is not entirely what this research is focused on, as collaboration is most commonly used in working together, which may often imply a short-term relationship.

After factoring in only those in English, the number of academic journals was reduced to 19, 589. It was deemed that the number was far too large to be able to review all of them. The next step was to focus on which academic journals can be deemed high quality. As such, the results were cross-referenced with the Chartered Association of Business Schools (ABS) list of journals by matching ISSN. This effectively significantly reduced the number of papers to 107. This enabled the inclusion and exclusion exercise to commence based on reviewing each paper's title and abstract and ensuring that only those that fit in with the purpose of this research are included in the review. The 107 papers were peer-

reviewed for assurance. Following this exercise, 19 papers were deemed to be appropriate to use in this review. However, secondary data was collected as complementary and supporting evidence due to the low number of academic journals. Data is derived from the central government portal labelled Model Hospital around the spend and some case studies to contextualise the theory.

2.3 Thematic Analysis

2.3.1 What is urgent procurement?

Urgent procurement is defined as an act of acquiring goods or services typically due to unforeseen circumstances such as disasters, supply chain disruptions, or poor inventory management, thus creating the need to source within extremely tight timescales. I must distinguish between unplanned and urgent procurement, where unplanned does not necessarily mean urgent; it merely indicates that the requirement was not foreseen. Nevertheless, unplanned procurement may transform into urgent procurement due to the potential negative consequences of not delivering the requirement on time to the unforeseen element.

Not meeting the demand is likely to result in adverse consequences, although the severity of those will vary depending on the type of demand and the industry. While there has been a shift toward more sustainable and efficient procurement through the standardisation of products and services, more streamlined processes, and inclusive of corporate social responsibility, there is still a gap in how urgent procurement activity affects the integration and vice versa. suggest that most businesses would have a contingency approach included in business disaster planning or have alternative products or services pre-approved as a means to mitigate shortages. Although this may be true for most organisations, it must be highlighted that this is still to address the requirement for standard and non-urgent products or services, further evidencing the lack of consideration for urgent procurement. Little has been found on the impact of urgent procurement on business operations or the frequency of occurrence other than a word of caution to avoid having to be in a position to procure urgently. This could

potentially be explained by authors seeking to promote good practice and preventative strategies through planning in advance, managing stock, and supply chain integration.

While urgent procurement may result from poor planning or stock management, in the context of this PhD thesis, it is being looked at through a specific user requirement that could be unforeseen due to the nature of the healthcare industry but also affected by the strict time pressure.

The notion of customer-specific requirements has been increasing over the recent years, aiming to cater for all tastes and preferences, for example, when purchasing a vehicle, being able to select a colour. Customer specific requirements are imposed by customer on the buyer that in turn are passed down to the seller or manufacturer. They are created by the customer with the expectation that the supplier will identify, implement, and audit these requirements with the same intensity that they do the basic requirements of the standard. Considering the shift in customer preferences and expression of individuality by purchasing goods that can be customised or even made bespoke for each individual, manufacturers need to increasingly be able to meet those needs through adopting strategies such as agile manufacturing. Some organisations are able to achieve that by improving their process to manufacture goods to a standard specification, for example, uncoloured garments, waiting for the customer to choose the colour and applying it upon the order. A more advanced model can be achieved through a more hybrid approach combining lean and agile procurement. It allows forecasting to be taken into consideration when attempting to meet an uncertain demand. In the aforementioned garments example, it can be achieved by including the type of garment and utilising past sales trends to make a more informed decision on the quantities and likelihood of colours and types of garments being purchased. The issue here is that it allows for unnecessary proliferation of stock that is not guaranteed to be sold.

The procurement concept has been widely researched due to increased recognition of this function within the organisation in recent years. While there are many areas within procurement, such as supply chain management,

standardisation, or quality of products and services, outline that little attention is given to urgent procurement, especially in the context of integration, albeit the acknowledgement is evident in some papers.

The sought-after procurement characteristics in contemporary settings are sustainability and corporate social responsibility but also opportunism, allowing organisations to procure more affordably while enriching economies across the globe. However, regardless of the strategy, urge to consider risk management, particularly under uncertainty. As such, authors promote hedging risks through planning, although the most common procurement method in uncertain scenarios is backup procurement. It is suggested that organisations often have a pre-selected supplier list if a primary supplier experiences difficulties meeting the demand. The issue with that notion is that it assumes that an alternative supplier can supply required products, although potentially at a higher cost, but does not consider an event in which the uncertainty is absolute and supplier choice is not an option. Furthermore, as will be found in this PhD thesis, it is suggested that integration will have an impact on procurement activities be they routine or urgent.

While most organisations tend to pursue 'just in time' (JIT) procurement or lean procurement, they do not consider scenario in which urgent procurement is needed, which may be particularly true within the healthcare sector as the literature fails to give due consideration to healthcare organisations and focus predominantly on manufacturing.

The efficiencies derived from the aforementioned models are driven by thorough integration with suppliers and internal stakeholders, allowing for, for example, accurately forecasting the requirement and working collaboratively to ensure timely deliveries and use of goods or services.

The Institute for Government which is the leading think tank working to make government more effective, report that health is the biggest area of government procurement spending, approx. £70bn spent by Department of Health and Social Care (DHSC) in England in 2018/19. The report suggests that NHS has struggled to deliver care during the Covid-19 pandemic, especially in early stages, which is in line with NHS England review from 2013 identifying NHS

procurement problems that include inefficiencies and poor capabilities to accurately meet the sourcing demands. This could possibly elude to the fact that there may not have been any developments in NHS procurement practices that would address the recommendations covered by Lord Carter around inefficiencies but also the aforementioned report. The evidence thus far suggests gaps in urgent sourcing scenarios but also inadequate processes and lack of planning for major incidents that was the pandemic, giving the ground for the public inquiry and call for research on how the NHS's procurement systems across the UK have performed and how the pandemic will change the procurement landscape.

Secondary data has been collected through the Spend Comparison Services (SCS) which is a tool capturing spend within the NHS on equipment and other items developed by the NHS Digital. This particular tool captures all the purchase order data across the country predominantly used to compare the prices paid by each Trust to support the negotiation with suppliers. While there is no other data published that would help put the urgent sourcing into perspective of how big or small an issue that actually is, REF _Ref107048579 \h * MERGEFORMAT.

derived from SCS outlines how much spend is captured and how many different products are ordered each year. There are a few caveats here, in terms of various schemes such as the data quality provided by each Trust, spend for items funded centrally, for example High-Cost Tariff Excluded Devices (HCTED) which may mean that the spend shown below is understated. Nevertheless, cross referencing the number of surgeries taking place with reports of how many were unsuccessful due to an internal issue such as procurement, planning, staffing, or other factors, shows that approximately 27% of cases per year could have had a better result. If I were to apply that percentage to the annual spend over the past six years, then I could see that annually on average the potential spend that could be attributed to urgent sourcing or other factors is circa. £5. 5 million. The expenditure is considerably lower in 16/17 which is due to the SCS being rolled out that year however then the figures plateau at £4m with further increase in 19/20 which stayed the same in the following year. The biggest jump is 21/22 but

again, this may be explained by the effects of price increases due to the pandemic, Brexit and circumstances in the Ukraine. The trend, however, is that the spend goes up by approximately four times every two years. This can be verified over the course of this research.

Table 3 NHS Spend Details(Source: *NHS Digital Spend Information*, n.d.)

F/Y	Spend	NHS Trusts	Suppliers	Product Codes
16/17	£329,900,000	223	10,280	226,285
17/18	£4,355,600,000	224	30,143	913,482
18/19	£4,435,100,000	229	33,197	938,464
19/20	£16,104,400,000	231	79,950	954,918
20/21	£15,995,800,000	227	72,044	866,831
21/22	£81,171,000,000	227	77,435	869,046

2.3.2 The link between procurement and integration

One of the questions that is often asked is how a procurement function can deliver the requirement on time and whether working closer with the internal and external stakeholders can support that. The biggest challenges found in the literature are misunderstandings in terms of the requirement, perception of the procurement process being often lengthy and complex, but also that demand can be met immediately. While predicting the demand and stockpiling may support quick turnaround, global supply issues may hinder routine or planned procurement activity let alone urgent. Communication and knowledge sharing can be extremely difficult where there are other factors negatively affecting the procurement, especially if there is a gap in the process of how procurement is actually done. outline the need to standardise practices to allow a more efficient process while maximising the quality of the outcome. As an example, showcase the different outcomes through measuring similar procurement activities but with a key difference being the level of how closely procurement function works with internal and external stakeholders. A greater level of communication and promoting understanding of processes were acting as means to engage with internal stakeholders. It was found that there is a correlation between higher level

of engagement and achieving greater value for money, satisfactory outcome but also speedier turn around.

Meeting organisational targets and maximising the benefits through procurement, means that internal stakeholders need to convey their requirements in a clear and appropriate format for the procurement to understand it and begin the sourcing process. Chartered Institute of Procurement and Supply outlines the process cycle which, when looked at a deeper level, suggests that internal stakeholders are involved in developing the specification, conveying that to the procurement, evaluating, supporting with ongoing supplier performance management. Each of these activities may require significant amount of time and engagement depending on complexity of the requirement. As such, regular communication and knowledge sharing can improve the relationship that can lead to better outcomes, thus achieving greater level of integration. This can also mean that efficiency can be increased due to inter-departmental standardisation of processes and understanding of the mechanisms of the procurement process

In the macro environment, procurement function is able to achieve improved lead times, better pricing and accurate meetings of demand through working closely with key suppliers. This is often mapped through Kraljic model allowing organisation to highlight the critical to the business suppliers with whom it is essential to develop relationship and engage with regularly to ensure business continuity. In some cases, standardising the systems (process integration) may allow for more efficient data transfer but also alleviating human error through, for example, adopting GS1 standards. GS1 standards require systems in place to be fully geared up to read the information embedded in barcodes, allowing to manage stock better but also pulling the information such as the origin of the product and expiry date. This allows organisations to work more collaboratively to achieve visibility into whether demand for products can be met, giving an opportunity to work with another supplier in times of shortfall. The benefits here are protection against slowdown in the supply chain and continuity of the business activity. However, GS1 standards tend to apply widely in the retail industry rather than healthcare, thus the benefits or not as evident.

Working closely with internal and external stakeholders can be described as integration, allowing to meet the demand more accurately and quickly. However, the literature focuses on planned procurement activity more so than urgent, which requires more attention due to the potential consequences. As such, this inadvertently suggests that integration may enable an array of benefits that otherwise are difficult to achieve. This integration phenomenon is widely supported by the literature however it is not measured in the context of urgent procurement. While the key difference between planned and urgent procurement is time in which the activity needs to be completed, it is also possible that a level of integration may need to be already in place to enable similar benefits. This is certainly something that this research would aim to find out.

2.3.3 What is integration?

Integration, much like procurement, is not a new concept; however, the applications are ever-changing due to evolving technology such as AI (Artificial Intelligence) or “smart” systems minimising the need for human intervention, for example when monitoring stock levels and reordering. Due to the technological innovations, process integration tends to shift accordingly to the way different systems communicate with each other, placing an emphasis on open-source solutions. Integration is most commonly defined as a process of alignment and standardisation not limited to any particular activity or theme. It is associated with sharing knowledge, alignment of processes, decision making, and IT in the procurement context achieved through coordination, collaboration, and integration of activities between procurement function with either other functional areas or suppliers. As such, integration can occur on any level; internally, within the organisation, aiming to reduce red tape, speed up processes, increase efficiency, or externally, support the physical movement of goods, share knowledge, and work more strategically and collaboratively, thus increasing the supply chain agility. It is worth noting that integration is distinct from collaboration or coordination where some researchers found that collaboration refers to a model of professions working closely together but unlike integration not

subsumed into a single organisational framework (Khosravi et al., 2024); Khan et al., 2024).

The overarching objective of procurement integration is to gain a competitive advantage, although the area of that advantage may differ from business to business. For example, while some may want to focus on eliminating waste, others may seek to achieve customer satisfaction through speedy delivery or accurately meeting demand. Integration often promotes efficiencies and benefits that each organisation is pursuing. However, it is important to recognise that integration may not necessarily occur on an organisation level, as each department may adopt, or reject, integration in a different manner to support more local objectives. As such, integration is primarily recognised to promote agility, and within the manufacturing or supply chain, it comprises two key elements: flexibility and complexity. The existing literature focuses on flexibility using the manufacturing lens, whereby manufacturing processes accommodate customers' requirements. However, the gap here is vagueness around whether the urgent purchasing of medical supplies occurs due to a lack of integration, or the inherent uncertainty associated with what patients might need. In terms of complexity, authors focus on interrelationships, and the decision-making problem especially when a compromise might be required, thus highlighting the importance of integrative decision analytic processes such as multi criteria decision making (MCDM). The model allows for decision making process to be broken down into several stages which may extend the decision-making process although providing a clear structure of how decision making should happen based on the aggregation of results within each stage.

2.3.4 Types of integration

Figure 3 and Table 3 show the types of integration found in the relevant literature but also methodology used to analyse the impact of the integration on the business. The most commonly used integration is knowledge based which is a

process of incorporating new information into the existing knowledge with an interdisciplinary approach. It involves sharing knowledge between the relevant parties in a timely manner ensuring minimal disruptions or gaps in the knowledge. It is important to outline that real-time knowledge sharing may have a negative impact on organisational performance if data consistency and application is hindered. Furthermore, by enabling IT solutions eliminating human interaction it has been found that internal integration in particular is at risk of failing. Frequent communication and interaction between people, while it may be perceived as time-consuming activity, has been found to promote positive relationships with added value in the service especially when interacting with suppliers. As such, technological integration to share knowledge and information may prove a double-edged sword. While the most advantageous feature here is immediate access to information, without clear understanding of the representation of information and background which would have been otherwise achieved through interaction, it may lead to confusion, avoidable mistakes, and deterioration in performance. This is further elaborated on in terms of implementation and training whereby simply introducing a system to share knowledge will be rendered meaningless should it not be found user friendly, but most importantly people do not have the willingness to adopt and share knowledge. IT integration allows for sharing knowledge however it may also support agility, efficiency and productivity through automation of tasks for example. (Khan et al., 2024).

Another take of integration is bringing components of separate systems into one centralised system or accessing information through linking them either via point-to-point approach or hub and spoke model. The point-to-point model meant that each system requires customising to talk to another system, often needing open-source configuration. This involves significant management which is prone to errors due to the need to update the infrastructure of each system. An alternative approach is to create a central hub that provides a feed of information. The greatest benefit here is that each system can access the information it strictly needs via the single database, thus providing a failsafe for misinformation. However, the biggest pitfall is that centralisation of the hub may become a point of failure of each system that is avoided in point-to-point model. Another element

of IT integration is automation providing workflows that operate independently and constantly with minimal human input after parameters have been set. From practical perspective, it means that simple operational tasks such as re-ordering can be done without any intervention and happen instantly. This can achieve efficiencies and resource savings however it is limited to simple tasks. It may however have a negative impact on the operations if system experiences failures or is not maintained appropriately and for examples, re-order is not sent out to suppliers. This leads onto the notion that automation is unable to make complex decisions thus relying on the human input.

Purchasing decision-making speed can affect overall organisational success because the purchasing function significantly affects overall costs, input quality and innovativeness, and the flexibility and risk profile. The performance significantly improves when human resource and manufacturing decisions are aligned, however the condition is that information is accurate, relevant and shared in a timely manner. This becomes significantly more difficult under volatile and time-constrained circumstances and while speed of decision-making process can be maintained to a certain level, can quality of the outcome be assured? It is unclear whether speedier decision making translates to higher quality outcome, however one thing is certain, and that is that hasty decisions can lead to critical failures due to lack of due diligence that otherwise would be undertaken. Taking into consideration that access to information underpinned by knowledge sharing and IT integration enables a more informed decision making, it is all prone to fail if not communicated with relevant people and in an appropriate format. It is suggested that in high supply complexity environments the use of structured communication means achieving supply chain integration has a negative effect on cost performance. The cross functional communication may allow for speedier knowledge integration between organisations or departments increasing the understanding of the interdependencies, but it may also open the door to delays through engagement of stakeholders even when not appropriate. While frequent communication may cause inundation and spark conversations between people that may not be business related, it has been found to be the key relationship

building block but also has a positive impact on integration especially data consistency and application.

Vast array of organisational benefits can be achieved depending on the type of integration however most revolve around competitive advantage especially due to most of the existing research focusing on non-healthcare private sector organisations as opposed to healthcare. The advantage is achieved through reduction of costs, developing more efficient processes but also improving response time to customer's demand. Having said that, the element of urgency is probably still not as significant in, for example, retail industry as it would be when delivering urgent care to patients. Probably the biggest differentiating factor of this research is to look at how integration affects saving and preserving a quality of life, and improving organisational performance in the context of procurement, that no other research had focused on. The key word here is "life" which can be argued that no other industry has as a significant impact on people's life as healthcare.

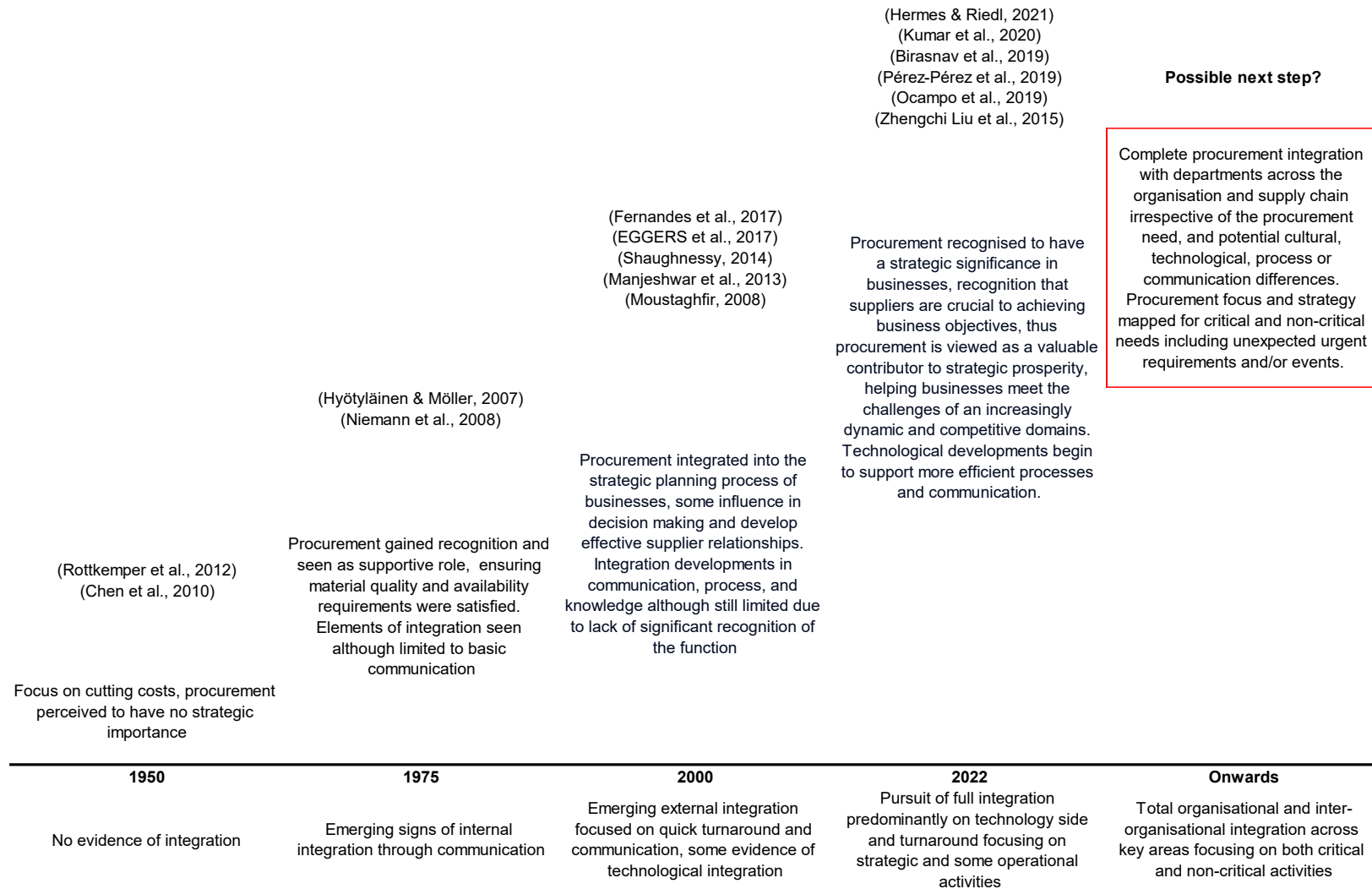


Figure 3 Literature review themes

Table 4 Literature review themes

Process	Bureaucracy	Limited verification of the validity and genuinity, lack of audit,	Red tape, slow and inefficient	Red tape with a gradual shift to more streamlined and standardised processes	Fully integrated and standardised
Knowledge adoption	Limited, learn as you go	Knowledge=Power, limited sharing	Need to know basis	Limited open source, adoption through development of relationships	Widely available and easily accesible meaningful information
Information Technology	Not available	Limited, early advancements in communication	Emerging IT solutions	Organisations saturated with IT solutions, lack of standardisation	Fully standardised and open-source solutions in place enabling interconnectedness
Communication Structure	Slow, manual, technologically restricted	Top down	Task orientated, evidence of some bottom up communication	Emerging hybrid structures, evidence of significant silo mindset/segmentation	Fluid, fast, interconnected network
Organisational relationships	Bureaucratic	Transactional	Autocratic	Democratic	Transformational
Market dominance	Manufacturer	Cost conscious customer	Value conscious, loyal customer	Power struggle between supplier and customer, attempt to build collaborations with strategic partners	Creating win/win opportunities for all, high level of collaboration, transparency
People	People perceived as assets, expendable	Human resources seen as adding some value	Pay per results - creating competition rather than collaboration	Individuals and hybrid teams driving the innovation	Complete synergy between individuals focusing on the same goal
Organisational objectives	Profit	Profit and market share	Competitive advantage	Competitive advantage through sustainability	Sutainability & social values
Procurement	Basic, purchasing role	Purchasing role with elements of quality assurance	More strategic role with focus on quick turnaround	Strategic role integrated into meeting business' core objectives	Fully integrated with each stakeholder in & outside organisation
Overall integration	Lack of evidence/non-existent	Developing relationships	Forward and backward integration	Core requirement/objective dependent	Complete synergy
Procurement focus	Pursuing value for money, however dictated what to purchase and who from	Supplier management, development of relationships, however many limitations still in place	Pursuing value for money, challenging business decisions/requirements	Strategic requirements, working alongside stakeholders in defining the specification	Full requirement, strategy mapped for standard and urgent procurement to ensure business operates as smoothly as possible

2.3.5 Why is integration important in healthcare context?

Urgent procurement may be more common than the existing literature captures is which is especially true when considering patient-specific needs that may not be met using standardised items. One example includes emergency trauma and orthopaedic cases where people are admitted for treatment of physical injuries, usually of bones, as a result of an accident. According to The National Audit Office report, approximately 20, 000 cases are provided a treatment of major trauma per year in England, with 5, 400 people dying as a result of their injuries and many sustaining permanent disability. The report suggests that many of these deaths could have been prevented with systematic improvements to the delivery of major trauma care, including procurement.

Another example, derived from the Get It Right First Time (GIRFT) programme aiming to improve the treatment and care of patients through an in-depth review of services, benchmarking, and presenting a data-driven evidence base to support a change of how urgent sourcing may affect the delivery of patient care is within the emergency vascular surgery. There are approximately 43, 000 vascular surgery procedures performed per year in England, which should be carried out in accordance with NICE guidelines and in a way that minimises the risk. GIRFT recommends that this often life-saving surgery must be provided through a reduced number of properly staffed and equipped centres. The emphasis here is on life saving, whereby patients needing vascular surgery are, by definition, very frail, and their condition is often compounded by additional complications such as hypertension, diabetes, chronic lung disease or ischaemic heart disease. This puts them at greater risk from surgery with an increased need for intensive post-operative care, and the likelihood that they will need to be readmitted to hospital and increases their mortality rate when compared to other types of surgery. The other element needing focus is properly equipped centres with relevant items such as vascular grafts, improving blood flow to vital organs which, if untreated, can lead to sudden death, strokes and amputation. Some of these grafts, as well as other equipment, is found to be seldom used, thus not stocked and requiring urgent delivery.

Focusing on healthcare organisations, such as National Health Service (NHS) acute hospitals in the UK, there is little known about how such organisations manage urgent procurement and how internal and external integration may affect this activity. This is particularly true when admitting patients with trauma injury requiring immediate medical assistance or when booking a patient with very specific or bespoke need, not conforming with the standardised items already in use. While the forecasting can be carried out to a certain degree, it is unclear how accurate and viable that may be in this context. In addition, the research widely recognises efficient storage usage, often associated with Just in Time (JIT) sourcing, which may be more appropriate for private sector organisations, typically manufacturing. Some may argue that increasing the variety of stock held may help resolve some of these issues; however, there is no guarantee that the stock will be used, potentially exposing the organisation to unnecessary spending. In the NHS context, it goes against Lord Carter of Coles recommendations, with the most relevant recommendation stipulating that floor space within NHS hospitals should be efficiently utilised, in which case increasing variation may go against these recommendations not to mention unnecessary proliferation of stock. The potential cause of variation is different operating techniques adopted by each surgeon, thus requiring a wider variety of products.

The key drawback of the paper is that it does not consider variation as a necessity in the context of each patient having different requirements. While past usage and clinical experience may be used to forecast the specific needs of patients, is it sufficient to suggest that there won't be variations to requirements due to changing demographics, emergency treatment, rare conditions or particular injuries not fitting into the standardised item's category?

2.4 Conceptual framework

The review of the literature, supported by the secondary data, allowed the produce the framework by creating links between internal/external procurement integration that, in turn, has a knock-on effect on how effectively procurement procedure is undertaken to meet demand under urgent and standard sourcing scenarios (Figure 4). It is worth highlighting that this PhD thesis acknowledges

more than four types of integration; however, it found that those four are most relevant to the healthcare industry.

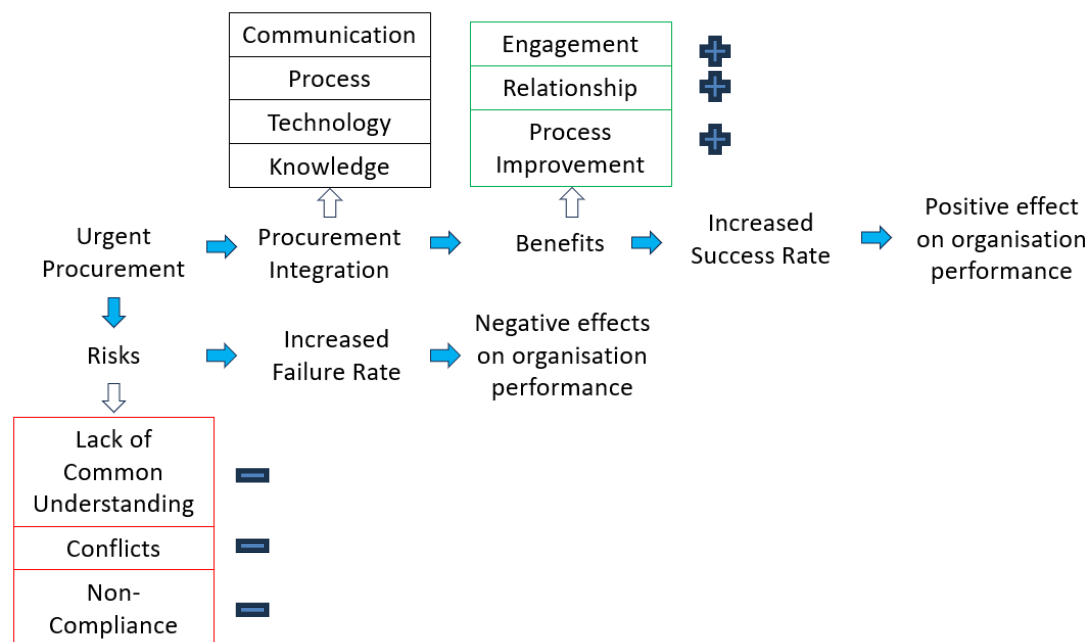


Figure 4 Process Framework

The framework depicts the links between urgent procurement demand and outcomes depending on the presence or lack of procurement integration. The framework suggests that all or a combination of different types of integration ultimately lead to increased organisational performance that will radiate across urgent and non-urgent procurement activity. However, lack of procurement integration in a non-urgent procurement will not positively affect urgent procurement even if successful due to the absence of the urgent element that applies the stress factor of the adverse outcomes associated with the failure to deliver the demand on time.

2.4.1 Communication

Focusing on communication integration in the context of urgent procurement, it is likely that the stakeholders with the most power are those delivering care who are prone to dictate the requirement and other terms, such as the supplier and the timescales. Looking at the stakeholder mapping (Figure 5), in such scenarios, clinical stakeholders would fit in the “manage closely” category due to their

immediate influence and interest in obtaining the product or service as soon as possible.

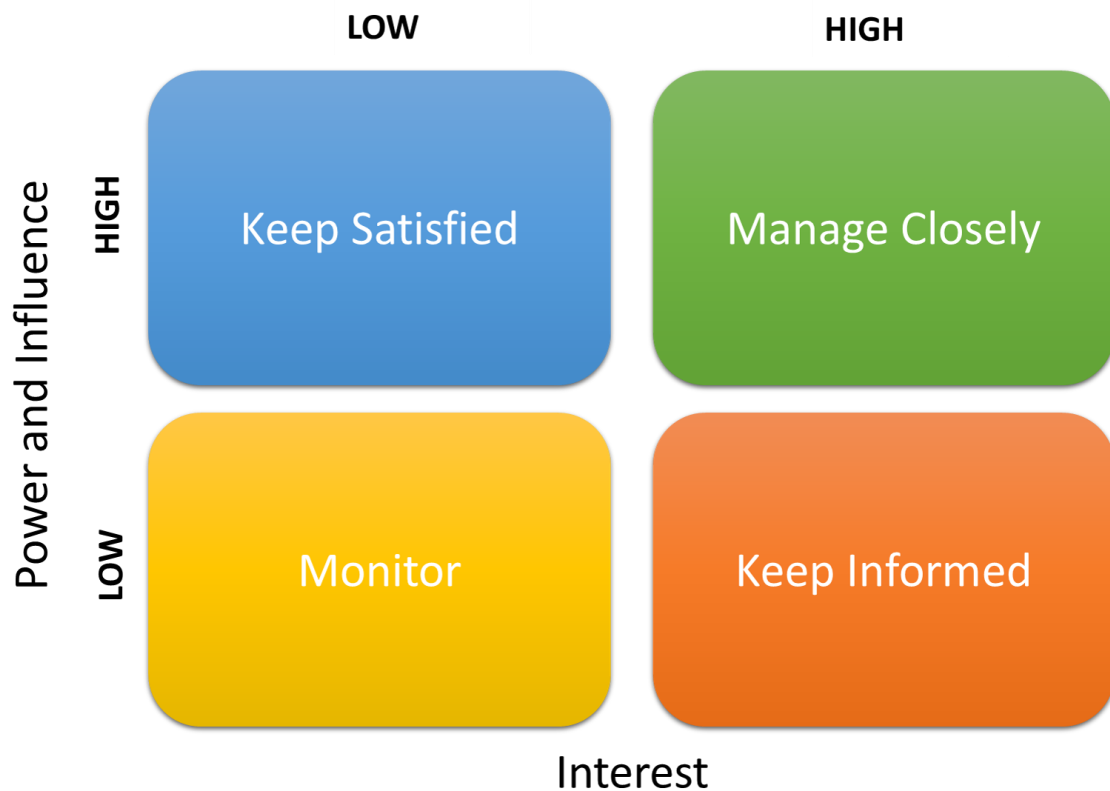


Figure 5 Stakeholder Mapping (Source: Dooms, 2019)

This is very different from the standard procurement as clinical stakeholders would probably not fit in the “manage closely” category as often due to an increased number of other stakeholders, such as the finance department that would ensure expenditure is within the budget or the executive board that would look at whether standard operating procedures (SOP) have been followed. As such, the power in urgent scenarios would shift to people delivering care, feeding the information on what is needed for procurement, which would then consider the best course of action, weighing up urgency vs compliance. However, this is

not to say that urgent procurement may not comply with SOP or other procurement directives. For communication integration to be successful, organisations need to comprehensively map stakeholders and engagement levels while adapting communication delivery, such as terminology, means of delivery, and time. This may prove challenging within NHS organisations due to highly fragmented cultural differences, resembling a tribal attitude.

While communication needs to be concise, relevant, and practical, it is meaningless or hinders the process if the data/information is inaccurate and in a non-standard format. Highlight that the channels used must be appropriate and involve relevant people; otherwise, the process is left to potentially unnecessary challenges. At the same time, communication integration promotes a more mechanical process through matching and sharing data that is meaningful to the process. However, such communication integration can be considered from a conceptual standpoint whereby it is a “unique organising philosophy that underscores communication mechanics.”. Rather than standardised communication of information, it considers integration from a more flexible, social and informal process, allowing the organisation to come together through getting to know each other outside of the formal routes. It is, however, a double-edged sword, as it may leave the organisation open to cultural differences and a more tribal mindset due to people developing relationships with like-minded individuals. Thus, it may expose cross-departmental areas to reduced performance through favouritism while achieving more excellent outcomes on a local level.

Integrated communication has been discussed as both a process and a concept. On the one hand, it is mechanical, through message and image matching, channel management, and measurement. On the other hand, it is also conceptual, based on a unique organising philosophy that underscores communication mechanics. The latter, termed “the spirit” of integration, has received little attention in the literature despite its influence on communication. This PhD thesis proposes contextual variables that underscore and facilitate integration, including flexibility, adaptation, an open social system, and other informal processes.

2.4.2 Technology

Technology integration is a relatively new concept due to the benefits derived from using solutions such as cloud services, artificial intelligence (AI), software, or online platforms. The literature shows significant development in the late (1990s), with key objectives of making communication more seamless, automating some tasks, and freeing up human resources to focus on more complex objectives (Khosravi et al., 2024; Khan et al., 2024).

Traditionally, procuring goods and services, commonly through tendering or competitive bidding processes, consumes resources, time, and money, as exercises are often complicated and inflexible. Similarly, managing contracts and daily processing of orders, invoices, or stock has required a significant human resource investment. Advances in technology have shifted procurement to release resources and focus on improving efficiencies while enhancing the decision-making process. By automating tasks and gaining access to the information almost instantaneously, organisations can streamline purchasing potential while ensuring in-house compliance, aiming to improve the view on future expenditure and quality. AI, in particular, continues to evolve, providing predictive analytics, some beyond human capability, speeding up processes, assisting in avoiding risk bias, fraud and human error (Khosravi et al., 2024; Khan et al., 2024).

The major pitfall in technological integration is a disparity in systems used, as some may not be compatible. In contrast, others require middleware to support communication, which may require additional investment. As such, considering that NHS organisations would work with approximately 20, 000 suppliers each, it is unlikely that technological integration is without its challenges. Naturally, organisations would pursue integration with their most strategic suppliers as that is where the most significant value is. However, in the context of urgent procurement, integration may often be omitted due to the uncertainty tied to the requirement's nature. In addition, suppliers would also need an incentive to support the integration with customers, which may not necessarily bring the most significant profit.

Some authors suggest that technology will continue to change the face of procurement, and organisations will have to adapt to recognise procurement professionals as critical to making a more strategic contribution to the business provided that systems are optimised to remove repetitive tasks while supporting predictive measures and providing accurate and meaningful information, technology integration can be perceived as a supportive enabler and intelligence enhancer, critical to an organisation's success (Liberatore & Nydick, 2008). However, the challenge is to adopt the technology and pursue the integration, internally and externally, which may be hindered by cultural differences and varying perceptions of change.

2.4.3 Knowledge

Knowledge integration is “the process of synthesising multiple knowledge models into a common model” and how knowledge is absorbed. It is about synthesising the understanding of a given subject from various perspectives instead of information integration, which involves merging information derived from different schemas and representation models. For example, multiple interpretations of a set of supplier performance measures may be drawn, typically each from a particular perspective.

Knowledge integration has also been studied as incorporating new information into a body of existing knowledge with an interdisciplinary approach. This process involves determining how the new information and the existing knowledge interact, how existing knowledge should be modified to accommodate the new information, and how the new information should be modified in light of the existing knowledge.

A learning agent that actively investigates the consequences of new information can detect and exploit various learning opportunities, such as resolving knowledge conflicts and filling knowledge gaps. By exploiting these learning opportunities, the learning agent can learn beyond the explicit content of the new

information. However, knowledge integration is split into data integration and the knowledge value chain.

Data integration involves combining data residing in different sources and providing users with a unified view of them. This process becomes significant in various situations, including both commercial (such as when two similar companies need to merge their databases) and scientific (combining research results from different bioinformatics repositories, for example) domains. Data integration appears with increasing frequency as the volume and need to share existing data explode. Data integration encourages collaboration between internal and external stakeholders. The integrated data must be received from a heterogeneous database system and transformed into a single coherent data store that provides synchronous data across a network of files for clients. Every day, data integration is used in data mining to analyse and extract information from existing databases that can be useful for business information.

A knowledge value chain is a sequence of intellectual tasks by which knowledge workers build their employer's unique competitive advantage and/or social and environmental benefit. As an example, the components of a research and development project form a knowledge value chain. Productivity improvements in a knowledge value chain may come from knowledge integration in its original sense of data systems consolidation. Improvements also flow from knowledge integration, which occurs when knowledge management techniques are applied to continuously improve a business process or process.

2.4.4 Process

Procurement processes are essential to businesses because they can directly impact profit, spending, and savings. Businesses frequently assess procurement processes to make adjustments and changes necessary to achieve business objectives.

Every organisation has similar procurement processes, which typically start by identifying the requirements for operational purposes, engaging with the market, issuing orders to the suppliers, and managing the contracts. This constitutes the

procurement cycle, and any loopholes can affect an organisation's bottom-line profits. Each step collects data that helps procurement teams make informed decisions in the future. As reviewed in previous chapters, CIPS provides a proven framework in the form of a procurement cycle that can be used as a universal tool guiding the process. It provides a top-level overview of the activities; however, it could drill deeper into things such as raising requisitions, purchasing orders, receiving goods, processing payments, internal approval processes, etc. These can be considered important interim steps that take place depending on the stage of the procurement cycle. In any case, a primary goal of the procurement process is to achieve maximum efficiency and value when securing goods and services for the business.

The underlying issue is a lack of guidance on procuring urgent requirements. Figure 6 provides a comparison of the steps that would be typically required by healthcare organisations in standard and urgent procurements. The underlying difference between the two approaches is the significant reduction of steps taken in the short term to procure urgent requirements. In the long run, however, it links back to the standard procurement cycle to secure the supply and satisfy the organisation's operating procedures.

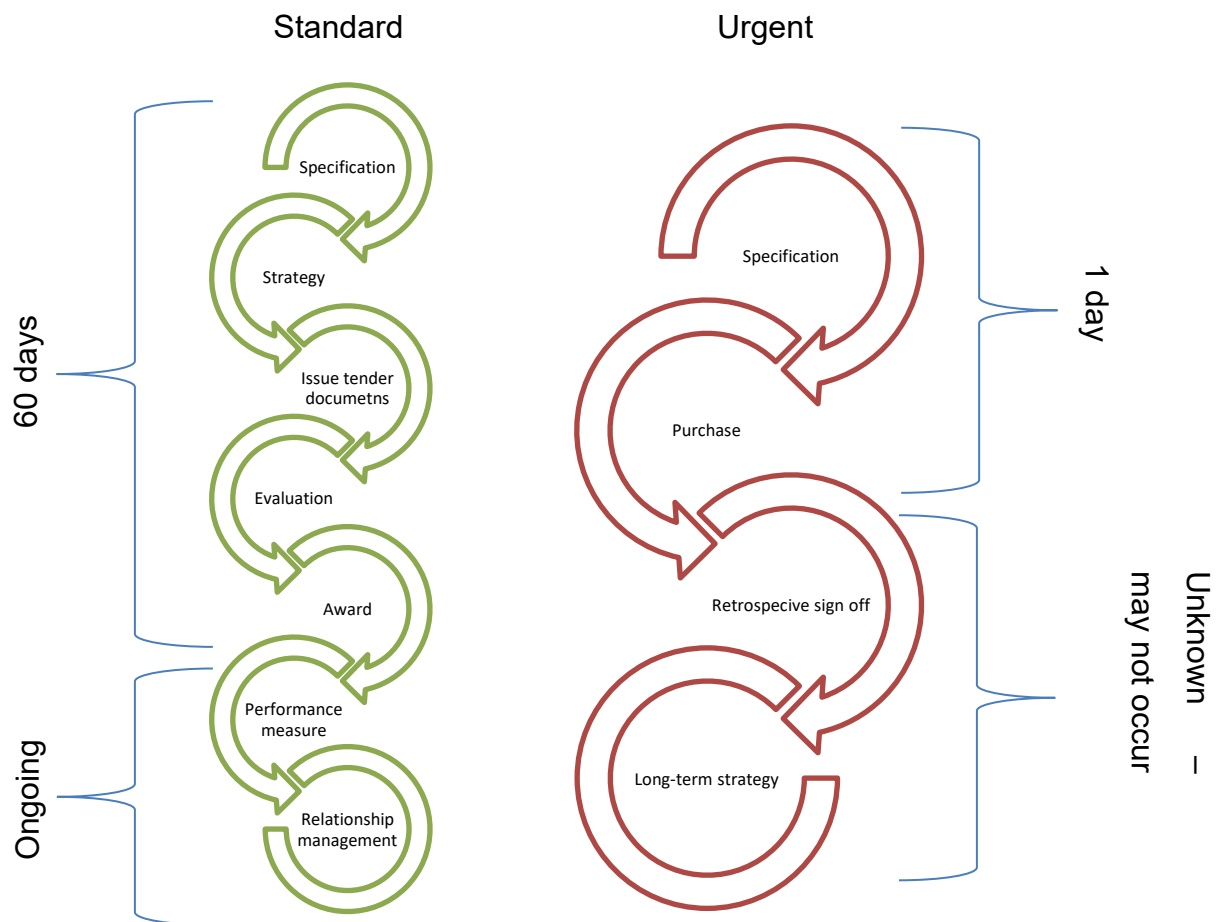


Figure 6 Procurement Cycle Comparison (Adapted from: CIPS, n.d.; Hong et al., 2018; *Public Procurement Policy*, 2015)

One of the most popular concepts in modern procurement approaches is the pay process, a robust procurement and accounting application. The objective is to utilise the unique abilities to procure within the budgeted costs and timelines while making payments in line with agreed terms. Organisations can achieve this through procurement without an account, accounts without, and integrated procurement.

2.4.5 Procurement without accounts

With the advent of eProcurement, many companies have adopted digital ways to handle purchases. Naturally, these companies always have an accounting system used to make timely payments. What is missing here is the link between

the two. Both systems could work parallelly without any information being passed, resulting in a loss of data that, if shared, could result in better predictions, forecasting, and much more transparency.

2.4.6 Accounts without Procurement

Most companies would always deploy an accounting system at the start of business. In some cases, they may not feel the need for a procurement application as this could be carried out by old methodologies such as Excel sheets or even paper/pencil. In a scenario where only accounting software is used without a procurement system, the payments are made based on data sent on Excel sheets or by people directly. The accounts department would not have the entire information regarding this purchase order concerning the timelines of the order, details of the products received or any approval process.

2.4.7 Integrated Procurement

This would always be the ideal way to complete a procure-to-pay cycle. A procurement system would do its job of creating requisitions and orders, receiving the goods, logging in inventory, and having the accounting system read this data and the log history to make better payment judgements (Petrucchi et al., 2021). However, this is not evident in many organisations, particularly within the healthcare sector. Because businesses have different needs and goals, the procurement process may vary. While the details associated with their procurement process may differ, there can be some commonalities in the overall steps.

2.4.8 Chapter Summary and Objectives

Focusing on one or multiple types of integration can increase efficiency and enable the achievement of urgent requirements.

While it is evident that standard procurement can greatly benefit from integration with the internal and external environments, the evidence suggests that something similar can be achieved in urgent procurement.

The following steps of the research should focus on differentiating the standard and urgent procurement outcomes while measuring the type and level of the integration. Further evidence can be collected by targeting organisations with different levels of integration to provide a robust collection of empirical data. As such, random sampling may not provide sufficient evidence or comparison, and the research may want to consider selective sampling to accurately target organisations that will meet the objectives of this research. The selection will probably be based on an initial questionnaire gauging the level of integration, followed by an in-depth interview and analysis.

Some of the research questions that may be used in collecting data are:

Communication

- What are the challenges of communication integration within healthcare organisations, and how can they be overcome? Is red tape the most common cause of complete integration? Could communication integration provide the most significant benefit to healthcare organisations as opposed to other types of integration, considering cultural differences and ease/difficulty of integration? How effectively and what means are used to communicate urgent procurement internally and externally?

Process

- How are processes aligned with internal and external stakeholders? What are the perceptions of the processes and their impacts on engagement? How much time does human resources focus on the processes instead of fulfilling urgent demands? What are the effects of urgent procurement on the process development and organisational delivery of care?

Knowledge

- How is knowledge sharing/adoption carried out in healthcare organisations? Are the cultural differences hindering the process, or are they irrelevant due to the shared goal, i. e., patient care? What are the channels of knowledge sharing, and how efficiently is it done? Does the knowledge adoption have an impact on procurement?

Technology

- How is technology used to simplify processes and free up human resources? Is technology predominantly aligned internally and externally based on complexity, strategic importance or spending?

NHS Specific

- Overall, is there one or a combination of integration types that may benefit the healthcare sector more? What are the characteristics and benefits of the integration types, and how important are they to each stakeholder group?

2.4.9 Testing Propositions Methodology

The research seeks to explore the links between integration and urgent procurement, which primarily involves people and the practices and technologies they employ in working together to achieve a series of outcomes. In this instance, the use of purely quantitative research methods may provide data that is sterile and lacks the richness and situational understanding provided by the people involved in the collaborative process. Highlights the difficulty the researcher may encounter in identifying the emotional aspects of the research findings using purely quantitative methods, which is supported by Suggesting that everyday lived essence may be lost in this fashion, reducing the value of the data derived.

Quantitative research may provide timelier access to accurate data on past events, but it is argued that this does not necessarily provide a sound basis for guidance for the future, as historical data tends to be frozen in time relative to events and conditions about that particular place and time. While the research is in progress, the pace of change will continue rapidly, as evidenced in recent years in the NHS, particularly concerning the specific topic covered by the research under consideration, which continues to develop on both the national stage and at a localised level. It is important, therefore, that the methods used in the research are capable of capturing and reflecting the changing and emerging practices as they occur, which, in turn, provides concern in adopting pure quantitative methods as it is suggested that data and outcomes derived in this

way may be considered as frozen and not reflecting ongoing changes in events as they unfold and that the researcher may become somewhat detached and distanced from the subject being studied and unable to manage reciprocal changes in circumstances. It is argued that using qualitative methods allows for flexibility in the process, with the ability to adjust the collection methods to accommodate newly emerging ideas and deal with issues as they arise. Interpretive approaches are particularly suitable when the subject involves new areas for review and innovative ideas.

The processes and practices associated with the research subject area and the multiple stakeholder culture of the NHS and, consequently, the particular importance to the myriad of stakeholders involved in the research subject area may naturally fall in adopting qualitative approaches when seeking to understand phenomena from the viewpoint of the stakeholders in the process supported by quantitative data revolving around the cash savings, cost avoidance but also operational benefits. In this respect, quantitative research may be criticised as not enabling a practical understanding and analysis of processes, especially the relative importance to the end stakeholder, and it is argued that research which considers cultural elements of the organisation that may not necessarily be immediately evident requires a positivist approach. This is supported when considering this research by suggesting that both social and physical systems and processes require consideration when undertaking research on procurement due to the nature of the profession and although a positivist approach may measure reality rather precisely and often suffers from lack of good descriptive material which provides depth and warmth to the information provided can be used as means to address lack of in-depth understanding of a context.

Assert that adopting an interpretive approach exclusively has drawbacks as well, and it is argued that this method of research is subjective, which may see both the researcher unintentionally influencing the results of the research undertaken and that the results may also be clouded by the subject under study potentially changing their usual mode of behaviour. It may be argued that although the data is rich with information and identifies the depth of events and circumstances

culminating in identified outcomes, there may be a reluctance, due to the subjective nature of the evidence, to make firm decisions or instigate changes based on the outcomes of purely this approach.

Traditional academic research methodologies embrace both desk research of existing documented material and field studies in which the methods employed seek to acquire empirical data. Using the case study method is particularly relevant when separating the phenomenon being studied from its context is difficult. It enables the researcher to challenge existing theories and potentially provide a source of new hypotheses, whilst a strong traditional opinion exists that human aspects of organisational research are secondary to the validation of processes. However, it is argued that caution should be exercised when using interview methods, as there may be bias on the interviewer's part, which may be unintentional and affect the results. The researcher should also consider the interviewees in terms of the rationale they may have and how this relates to the subject being investigated, whilst a pure generic approach to the interview construction may not reflect the relative experience and seniority of the individuals being interviewed. In this respect, adopting a qualitative approach may be more appropriate in attaining the desired outcomes of this research.

It is noted that case study research may be critical, positivist or interpretive, whilst the use of an action research approach may also be argued as being both subject to a positivist or interpretive approach. Involvement on the researcher's part with the subject under study, or the ability to retain independence, is a significant consideration identified regarding the proposed research subject, which inextricably involves the researcher. To compound this finding, the rate of change in the subject area is of particular relevance for the research as constant change is a feature which suggests the working application of knowledge that has been gained elsewhere during the period of research. Given that the research subject is, in essence, understanding the level of integration that heavily relies on people in the context of procurement to effectively deliver urgent products or services, a qualitative approach would be appropriate.

2.4.10 Limitations of this review

The limitations of this review are, without doubt, the lack of academic journals focusing on the issue presented in this PhD thesis. While integration has been put into the context of procurement, it is predominantly to achieve competitive advantage or increase efficiencies to satisfy customer demand. The secondary data collected in support of PhD thesis does not, on its own, provide any insight into how big or small an issue urgent sourcing is within the NHS. However, compared to the figures for surgeries that were not completed successfully, I can estimate the spending that is not attributed to planned purchasing. Having said that, as the figures for unsuccessful surgeries also include other causes, such as staffing issues, it is not entirely a reliable method to contextualise the issue.

2.4.11 Recommendation for further study

Further research should focus on collecting spending data to reliably ascertain the scope of the urgent sourcing, focusing on patient-specific items. This could mean that data could initially show planned vs urgent sourcing spending that can be drilled deeper. The following step could incorporate a qualitative analysis of areas most affected by the urgent sourcing of patient-specific items in the context of integration. Therefore, focusing on the process and feelings of how the need is initially identified and communicated within the organisation, followed by looking at the same with the supplier.

This would allow us to separately capture the impact of the integration on the urgent sourcing process of patient-specific items beyond what is already known about these areas. In addition, it would support the public inquiry and a call for research on how the NHS's procurement systems across the UK have performed and how the pandemic will change the procurement landscape. (Sasse, 2020) This is particularly true as the pandemic theoretically increased the need for urgent sourcing, but any data on that has yet to be published or discovered.

2.5 Managerial implications and key takeaways (NHS urgent procurement)

Building Resilient Procurement in Public Healthcare: Critical Strategies

Procurement in public healthcare is increasingly shaped by the dual pressures of urgency and accountability. The COVID-19 pandemic exposed vulnerabilities in supply chains, particularly regarding responsiveness, transparency, and coordination (Uyarra et al., 2020). To address these challenges, several strategic approaches have emerged that balance efficiency with integrity. This essay critically examines five interrelated practices—vendor pre-qualification, integrated information management, modular specification design, risk-tiered approvals, and communication-centric systems—drawing on both theoretical frameworks and policy guidelines such as Public Procurement Notice (PPN) 01/21.

Pre-approved vendor pools and framework agreements

The maintenance of pre-approved vendor pools and framework agreements for critical stock-keeping units (SKUs) represents a proactive supply chain risk-management strategy. By securing supplier relationships in advance, organisations reduce lead times and avoid the inefficiencies of emergency contracting (Loader, 2018). This aligns with Williamson's (1985) transaction cost economics, as pre-approval lowers the costs of search, negotiation, and monitoring in high-stakes situations. However, critics highlight the risk of over-dependence on a limited supplier base, which may constrain competition and innovation (Erridge & McIlroy, 2002). To mitigate this, the use of rapid due-diligence playbooks is recommended. These structured protocols enable procurement teams to vet alternative suppliers quickly, combining flexibility with accountability.

Single source-of-truth and structured handovers

The adoption of a single source-of-truth tracker, combined with structured handovers, is essential in multi-party procurement cases where decision latency often undermines performance. From a systems theory perspective (Checkland,

(1999), fragmented information flows create bottlenecks and reduce organisational learning. A centralised tracker can act as a knowledge repository, ensuring that all stakeholders operate from the same evidence base. Structured handovers further reduce the risk of discontinuity between project phases, echoing Lean management principles of waste reduction through standardisation (Womack & Jones, 2003). Nonetheless, the implementation of such systems requires cultural buy-in; otherwise, they risk becoming “tick-box” exercises without genuine integration into decision-making.

Modular specifications and boundary objects

Procurement efficiency also benefits from the use of modular specifications and boundary objects. Derived from the defence sector, modular specifications allow for standardised yet adaptable requirements that accelerate supplier alignment without compromising quality (Davies & Brady, 2016). Boundary objects, as conceptualised by Star and Griesemer (1989), facilitate collaboration across professional and disciplinary boundaries by offering shared points of reference. Their transferability to healthcare procurement is significant: diverse teams (clinicians, suppliers, regulators) can achieve faster consensus while maintaining clarity. The main risk lies in excessive simplification; overly generic specifications may fail to capture local clinical needs, underscoring the need for iterative consultation.

Time-boxed, risk-tiered approvals

Decision speed in urgent procurement must be balanced against risk assurance. Implementing time-boxed, risk-tiered approvals consistent with PPN 01/21 operationalises this balance. Risk-tiering reflects the logic of proportionality in regulation, ensuring that higher-risk procurements (e. g., novel medical technologies) undergo more rigorous review, while routine purchases are fast-tracked. Time-boxing further disciplines the process by setting defined limits on decision windows, reducing bureaucratic drift. The approach resonates with contingency theory, which emphasises aligning governance mechanisms with situational demands (Donaldson, 2001). Critics caution, however, that over-reliance on time pressures may inadvertently weaken scrutiny, particularly in

politically sensitive contexts where procurement failures attract public criticism (OECD, 2020).

Communication-centric CDSS and audit trails

Finally, embedding a communication-centric Clinical Decision Support System (CDSS) with comprehensive audit trails supports both transparency and organisational learning. While CDSS is traditionally associated with clinical practice, its application to procurement underscores the convergence of decision science and supply chain management. Audit trails preserve accountability and enable retrospective analysis, which is crucial for continuous improvement and compliance with public accountability frameworks (Thai, 2001). Importantly, such systems also respond to the public sector's increasing emphasis on digital transformation, aligning with the UK Government's "once-only" principle for data sharing (Cabinet Office, 2021). Challenges include system interoperability and the potential for information overload, which may overwhelm users if not carefully designed.

2.6 Conclusion

Taken together, these strategies highlight a shift in procurement thinking from reactive to anticipatory modes. Pre-approved vendor pools provide resilience, information integration reduces latency, modularity enhances alignment, risk-tiered approvals balance speed with assurance, and communication-centric systems preserve transparency. However, critical reflection reminds us that each strategy carries trade-offs. Over-reliance on pre-approval may stifle innovation, centralised trackers may become bureaucratic burdens, and time-boxed approvals may unintentionally compromise rigour. Thus, procurement leaders must adopt a learning orientation—evaluating not only whether these mechanisms accelerate procurement, but also whether they enhance equity, accountability, and long-term system resilience.

Although procurement and integration, both internal and external, are well researched due to technological advancements and developing fields of study,

there is very little evidence measuring the relationship in the context of urgent sourcing of patient-specific items. Most literature focuses predominantly on manufacturing, with a modest amount delving into the healthcare sector.

Secondary data does help put the issue into perspective through cross-examining quantitative information on spend and the number of surgical cases in the UK that go wrong for multiple reasons, sourcing included. The literature, standards institute, and legislation focus on planning and forecasting to avoid sourcing urgently; however, as seen in the evidence in this PhD thesis, not all the requirements can be predicted. As such, healthcare organisations deliver poor or ineffective services due to critical time constraints regarding patient care.

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3 Recognition and implementation of urgent procurement: The case of the healthcare sector (Paper 2)

3.1 Introduction

Urgent procurement is defined as a pressing act of acquiring goods or services typically due to unforeseen circumstances or poor inventory management, thus creating the need to source within extremely tight timescales with possible cost, quality and delivery implications . Healthcare sector is particularly exposed to the risks of urgent procurement due to, for example, uncertain needs of the patient thus affecting their health or even life. Given that some procurement strategies exist to fulfil uncertain demand, those are based purely based on forecasting. Forecasting is built on elements such as consumer buying behaviour or historical data, allowing an anticipation of likely requirements to prepare for. By adding the healthcare context into the mix, I gain a new dimension where urgent procurement is a lifesaving activity that cannot be neglected or categorised as a missed opportunity. Urgent procurement applies in situations where demand cannot be forecasted, such as emergency treatment cases of vascular acute ischaemia of the limbs or orthopaedic fractures. A sudden need to deliver treatment as a result of accident provides no time to procure most appropriate products to deliver optimal care. Conventional forecasting in healthcare tends to focus on a specific period of time, for example past 12 or 24 months, therefore it is possible that repeat urgent procurement is not captured. While procurement integration enhances organisational efficiencies, it fails to recognise that urgent

procurement still occurs despite of all the measures to avoid it. Additional element of already complex area is consideration of healthcare setting whereby life-or-death scenarios occur frequently, depending highly on the efficiencies of procurement. Procurement integration involves aligning and coordinating procurement processes, systems, and activities within an organisation or supply chain however literature is not clear whether it is a solution or an enabler to run urgent procurement successfully. This research captures the extent of procurement integration, and it's benefits across eight distinct healthcare organisations.

The literature review thus far reveals the reported calls for continual development in the realm of supply chain agility and flexibility however with no mention of minimising the urgent procurement challenges. Agile procurement, while it may be recognised for its flexibility and iterative approach, is not a good fit for urgent procurement needs due to its inherent time constraints and complexity. The process requires cycles of planning, feedback, and collaboration, which can slow down decision-making and delay outcomes. Additionally, the emphasis on flexibility and continuous engagement with stakeholders and suppliers can lead to challenges in quickly meeting fixed requirements and adhering to strict timelines. In urgent procurement scenarios, where speed and decisiveness are crucial, the iterative nature of agile procurement may be too slow and cumbersome. The existing models and literature acknowledge that urgent procurement is an issue which should not necessarily be dwelled upon but should be avoided, and focus should be dedicated on the 20% of goods or services that make up 80% of activity, as described by Pareto model. Due to the lack of

accurate insight into urgent procurement, it is difficult to identify specific reasons for urgent procurement without analysing each and every occurrence. Without more comprehensive data capture it may be unclear what is the most common cause of urgent procurement and therefore how to mitigate it. Nevertheless, healthcare organisations do not appear to be collecting and/or submitting data relating to urgent procurement as part of Model Hospital therefore being unable to pinpoint and resolve this issue.

The research question addressed in this PhD thesis is; How does integration affect urgent procurement and is there one, or combination of many, integration type that significantly supports urgent procurement. This research formulates the hypothesis that procurement integration is a reactionary process that emerges due to the lessons learnt rather than anticipatory actions, that would over time transform into preventative measures to create value within organisation but often may become redundant as a result of influencers, such as technology or people's past experiences affecting engagement and communication. It is suggested that a single, or a combination, of integration types may improve speed of defining the need, communication, leading to streamlined decision making, sign off, and delivery within the organisation particularly when considering the nature of the business, in this instance National Health Service, and the objective to improve and save lives. The meeting of unexpected urgent needs is more likely to provide a recurrent success if elements of the individual and organisational endowments of human, process and technological capital are integrated. As such, the questions this PhD thesis aims to answer are "How effective is procurement integration with other internal and external processes in urgent procurements,

what are the success factors of urgent procurement integration, and how those affect the organisational performance”.

The contribution of this PhD thesis highlights that procurement integration is dependent on the intensity of three key types of pressures i. e. technical, procurement compliance and patient safety governance. The higher the need for specific pressure, the lower procurement integration, resulting in greater risk to delivering adequate patient care. I find that public and private healthcare providers have a differing perception of urgent procurement, namely, private organisations tend to generally be smaller organisations with greater level of planning and time allowed to procure necessary products or services. The major influence in public organisations revolves around extensive governance associated with suitability of products and services procured but also justified, transparent and efficient use of financial resources. As such, urgent procurement often is a result of extensive process, however I identify that it can be attributed to poor planning, uncertainty and underspend in early to mid-financial year period. Finally, clashing objectives between departments i.e. financial, compliance and patient care, hinders optimal delivery of patient services. Public healthcare organisations' primary goal is to maintain public health; however it can be seen that secondary objectives often take precedence thus negatively impacting delivery of patient care.

The following section outlines the gap between standard and urgent procurement with an emphasis on risk management and measures attempting to capture the procurement needs. I then move on to the methodology chapter that builds on the literature review to devise interview questions and data collection strategy. I

then analyse the primary data highlighting differing objectives and processes to complete urgent procurement impacting delivery, but also perceptions and drivers for urgent procurement, while exploring the extent of integration and any benefits associated with it. Lastly, I draw the contributions and key recommendations for future research.

3.2 Literature Review

This literature review examines current research on urgent procurement and integration, highlighting key themes such as technological advancements, strategic alignment, risk management, and performance metrics.

In the ever-evolving landscape of procurement, methodologies like agile and lean procurement have emerged as powerful tools for enhancing efficiency, adaptability, and collaboration. Agile procurement emphasizes flexibility and iterative processes, while lean procurement focuses on eliminating waste and optimizing operations for long-term benefits (Womack & Jones, 2003); Conforto et al., 2014). Both approaches have gained traction for their ability to drive innovation and continuous improvement within organisations (Dombrowski et al., 2014; Denning, 2016). However, when it comes to addressing urgent procurement needs, these methodologies often fall short. The inherent focus on gradual optimization, iterative feedback, and process refinement in agile and lean procurement can be at odds with the immediate, decisive actions required in urgent scenarios (Conforto et al., 2014; Liker, 2004).

Agile procurement is designed to be flexible and responsive, allowing procurement teams to adapt quickly to changes in requirements and market

conditions. This methodology involves iterative cycles of planning, feedback, and collaboration with stakeholders, enabling a dynamic approach to procurement that can adjust to evolving needs (Denning, 2016). In situations where requirements are fluid or where innovation is paramount, agile procurement shines by fostering close collaboration between cross-functional teams and suppliers, ensuring that the final product or service closely aligns with the needs of the organisation (Conforto et al., 2014).

However, the very strengths of agile procurement—its emphasis on flexibility and iterative progress—can become liabilities in urgent procurement scenarios. Urgent procurement often requires rapid decision-making, clear and fixed requirements, and the swift execution of procurement activities (Liker, 2004). The iterative nature of agile procurement, which involves multiple rounds of feedback and revisions, can slow down the process, making it difficult to meet tight deadlines (Conforto et al., 2014). Additionally, the collaborative approach of agile procurement, while valuable for long-term projects, may introduce delays as stakeholders work to reach consensus (Denning, 2016). In urgent situations, the time required for stakeholder engagement and iterative adjustments may be a luxury that organisations cannot afford.

Lean procurement, with its focus on streamlining processes and eliminating waste, aims to enhance efficiency and reduce costs over time. By identifying and removing non-value-adding activities, lean procurement seeks to create a more efficient procurement process that can deliver better value for the organisation (Womack & Jones, 2003). This approach is particularly effective in stable

environments where processes can be continually refined and optimized to achieve long-term gains (Liker, 2004).

However, the focus on gradual process optimization inherent in lean procurement may not align with the needs of urgent procurement. In time-sensitive situations, the priority is often on speed rather than on long-term efficiency gains (Dombrowski et al., 2014). Lean procurement's emphasis on continuous improvement and waste reduction can result in processes that are too slow to respond to immediate demands (Liker, 2004). Furthermore, the lean approach's reliance on standardized procedures and incremental improvements may lack the agility needed to rapidly adapt to the unique challenges that often accompany urgent procurement needs (Womack & Jones, 2003).

Both agile and lean procurement methodologies are built on the idea of iterative progress—whether through continuous feedback and adaptation in agile or through ongoing process optimization in lean (Conforto et al., 2014); Womack & Jones, 2003). While these approaches are highly effective in environments where time allows for gradual improvement and stakeholder engagement, they are often incompatible with the urgency that defines critical procurement situations (Liker, 2004). Urgent procurement demands a streamlined, decisive approach that prioritizes quick results over iterative refinement (Denning, 2016).

In urgent scenarios, there is little room for the multiple feedback loops that agile procurement encourages. The need for immediate action often precludes the possibility of extensive stakeholder collaboration, which is central to the agile process (Conforto et al., 2014). Similarly, the gradual elimination of waste and

process refinement that lean procurement promotes may not deliver the speed required to meet pressing deadlines (Womack & Jones, 2003). In these situations, the iterative processes that are the hallmark of agile and lean procurement can become obstacles rather than enablers.

Technological advancements have significantly transformed urgent procurement processes, enabling organisations to respond more swiftly and effectively to urgent needs such as Enterprise Resource Planning (ERP) systems that are considered pivotal in integrating urgent procurement by providing a unified platform for managing procurement activities. These systems support real-time data exchange and improve communication across various supply chain entities. Research by demonstrates that ERP systems enhance the visibility and traceability of procurement activities, thereby speeding up response times during emergencies. The benefit of ERP is that it allows for inclusion of processes across procurement, finance, human resources, and inventory management. In the context of urgent procurement integration, ERP systems offer several advantages that enhance the efficiency and responsiveness of procurement activities, such as real time data exchange allowing sharing of information across multiple departments provided, they that the system is adopted across the organisation. highlight that many large organisations experience challenges adopting a comprehensive ERP solution across the board. This is particularly true within NHS organisations that tend to have multiple processes and systems depending on the department or even a type of purchasing. For example, there have been reports of two different purchasing systems used for business-as-usual needs and charity funded items which evidences disjointed approach that

may affect the overall efficiency in which orders are processed. Inadequate system integration can also affect the forecasting of the demand that may lead to inaccurate reports based on two separate data sets, creating a possibility or a risk of urgent procurement (Khan et al., 2024).

3.2.1 Risk Management in Urgent Procurement

A significant factor within procurement integration is risk management, which is the ability to anticipate, assess, and mitigate risks that are crucial for maintaining supply chain resilience. Tang (2022) proposes a comprehensive risk management framework that includes risk identification, assessment, and mitigation strategies. This framework emphasizes the need for continuous monitoring and proactive risk management to address potential disruptions. It outlines processes for a comprehensive risk management; however, it can be argued that to manage risk, one must be firstly identified which might pose a challenge in terms of uncertain demand. Therefore, risk management is likely to be limited to known issues based on the past experience and historical data, however it may provide some structure on defining processes for uncertain procurement needs. Having said that, external factors, for example the impact of Covid-19 on supply of masks, may render the risk management plan redundant pushing organisations into desperate decision making, as evidenced by the Cabinet Office submitting bids for any stock of PPE they could find even when the risk of being scammed was high.



Figure 7 Risk Management Framework (source: Hong et al., 2018a); Zhengchi et al., 2015).

Research shows that risk management does improve supply chain resilience through diversification of supply sources or development of rapid response teams. These strategies are essential for ensuring that organisations can quickly recover from disruptions and continue operations. The biggest drawback of the risk management in terms of urgent procurement integration is the identification of specific goods or services allowing formulation of mitigating circumstances. While it is a standard practice to develop business continuity strategy most are quite broad that do not consider specific challenges that may arise. Business continuity strategies are essential for minimising operational disruptions, however

they do come with several drawbacks. One significant issue is the substantial cost involved in developing and maintaining these plans, which can strain financial resources, especially for small and medium sized organisations. In addition, implementing these strategies often requires considerable time therefore diverting focus and resources from core business activities in something that may not necessarily be used at all. Another challenge is the potential for overreliance on these plans, leading to complacency and insufficient attention to risk prevention measures. Moreover, the greatest pitfall of business continuity strategies is the dynamic nature of risks rendering continuity plans quickly becoming outdated, necessitating continuous review and updates, which can be cumbersome. Lastly, there is the risk of insufficient employee training and engagement, resulting in poor execution of the continuity plan during actual disruptions. In order to produce a comprehensive business continuity plan, organisation requires a collaborative relationship between procurement function and a department or an individual that is an expert in the product or service that is being planned for. As such, there must be an element of trust that may be difficult to develop especially in larger organisations with disjointed culture and objectives. In the context of this PhD thesis, NHS has been criticised for several negative aspects that would hinder the process of developing a comprehensive business continuity with high bureaucracy and inefficiency, and a rigid hierarchy that can stifle innovation and responsiveness. Resource constraints and lack of adequately trained staff contribute to a high-stress environment, leading to burnout and low morale among healthcare professionals. The pressure to meet targets can sometimes overshadow the primary focus on patient care, and there

is a perceived resistance to change, which hampers the adoption of new practices and technologies which would hinder the procurement integration.

In any case, information sharing always plays a critical role in the context of urgent procurement integration, significantly impacting the efficiency and effectiveness of the procurement process. In urgent situations, such as during natural disasters, pandemics, or critical infrastructure failures, the need for rapid procurement of goods and services is paramount. Effective information sharing among all relevant stakeholders contributes to meeting urgent needs promptly and efficiently, while minimising delays and enhancing the overall response.

One of the primary benefits of information sharing in urgent procurement integration is improved decision-making process. Access to accurate, real-time information allows procurement function and key stakeholders to make informed choices about sourcing, pricing, suitability of product or service, and logistics. For example, during the COVID-19 pandemic, the rapid sharing of information about available suppliers, stock levels, and delivery timelines was crucial in securing essential medical supplies and personal protective equipment. However, there were also many instances where organisations were left without adequate supplies and monies were spent on illegitimate deals. Timely and reliable information alleviates pressures that organisations would otherwise face and pay dearly for it. Furthermore, information sharing fosters collaboration and coordination among various stakeholders involved in the procurement process. This includes suppliers, logistics providers, government agencies, and end users. By sharing information openly, these stakeholders can work together more effectively to align their efforts and ensure that urgent procurement needs are

met (Ashton, 2021). For instance, suppliers can adjust their production schedules based on real-time demand data, while logistics providers can optimise their routes and delivery schedules to ensure timely deliveries. This level of coordination is particularly vital in urgent situations where time is of the essence, and any delays can have severe consequences. Nevertheless, it is often perceived as disadvantageous to share the information with everyone openly due to commercially sensitive nature of information, leveraging and negotiating to secure best deals possible. As such, in practice, certain elements of information are withheld thus hindering the process of sharing real data to promote accurate forecasting. (Khan et al., 2024).

Another significant advantage of information sharing is the enhancement of transparency and accountability in the procurement process. When information is shared openly, it becomes easier to track and monitor procurement activities, reducing the risk of fraud, corruption, and mismanagement. In urgent procurement scenarios, where large sums of money are often involved, transparency is crucial to maintaining public trust and ensuring that resources are used effectively. This is particularly true during emergency responses, where public scrutiny is high, and any perceived mismanagement can lead to a loss of confidence in the authorities handling the situation. Moreover, information sharing enables better risk management in urgent procurement integration. Rapid procurement often involves dealing with uncertainties and risks, such as supply chain disruptions, demand uncertainty, price volatility, and quality issues. Nevertheless, the systems that support information flow may not have been adequately developed or adopted to allow the real time accurate data sharing.

There is also a debate of having a unison culture and aligned objectives ensuring that the organisation as a whole travels in the same direction, thus mitigating the need to withhold the information.

While the literature considers measures to improve procurement through technology, risk management or information sharing, very little attention is given to the subject under the uncertain demand label particularly within healthcare sector. Due to the nature of the services, that is treating patients, one could argue that all of the procurement is urgent, however literature does not capture that. The public procurement guidelines however do differentiate between standard and urgent procurement but the actual impact on the organisation and more local practices requires investigating. It is not very clear whether urgent procurement is indeed bundled together with standard procurement, but also what the role of integration is. As such, this research aims to delve into the healthcare sector, private and public, to ascertain if there is a distinction between urgent and non-urgent procurement, consider different types of integration their benefits and drawbacks, and the impact on the delivery of services.

3.3 Methodology

The inductive approach is well-suited for research questions that aim to explore, explain, or generate hypotheses about complex or poorly understood phenomena. If the research question involves uncovering underlying patterns or relationships, in this instance heavy emphasis is placed on communication between procurement and clinical function, past experience and actions leading

to urgent procurement, inductive reasoning can be particularly appropriate. Inductive reasoning aligns with research objectives that prioritise exploration, theory-building, or generating new insights. While inductive approach is similar in nature, it tends to draw specific conclusion from general rule rather than incomplete observations, as would be the case of urgent procurement. If the goal of the research is to develop new theories or best prediction, the inductive approach provides a suitable methodological fit. Researchers can use inductive reasoning to iteratively generate and refine hypotheses based on empirical observations, leading to the development of novel insights or theories. The appropriateness of the inductive approach also depends on the research context, including the nature of the phenomenon under investigation, available data sources, and practical constraints. Additionally, in interdisciplinary or applied research settings where multiple perspectives and methods are valuable, inductive reasoning can facilitate integration and synthesis of diverse insights. While inductive reasoning is exploratory in nature, it still requires methodological rigor to ensure the validity and reliability of findings. Researchers employing the inductive approach should carefully document their reasoning process, consider alternative hypotheses, and assess the plausibility of competing explanations. By adhering to rigorous methodological standards, researchers can enhance the credibility and trustworthiness of their findings, despite the inherent uncertainties associated with inductive reasoning.

The inductive approach is typically associated with a realist ontology. Realism suggests that there is an objective reality independent of human perception or interpretation. In the context of inductive reasoning, researchers assume that

there are underlying patterns, structures, or regularities in the observed data that can be uncovered through inference. Inductive reasoning involves making inferences to the best explanation, which implies a belief in the existence of an external reality that can be understood and explained, albeit imperfectly.

Inductive reasoning does not necessarily require a commitment to a specific ontological stance, as it is primarily concerned with generating plausible explanations rather than making claims about the ultimate nature of reality. However, the assumption of a realist ontology aligns well with the idea that inductive reasoning aims to uncover objective truths or regularities that underlie observed phenomena. While inductive reasoning can be compatible with various ontological perspectives, it is often associated with a realist ontology, which asserts the existence of an objective reality that can be apprehended through inference and explanation. In addition, the McManus Methodological Fit framework supports the use of the inductive approach in research contexts characterized by complex phenomena, exploratory objectives, and interdisciplinary perspectives. By assessing the alignment between the research question, objectives, context, and methodological rigor, researchers can justify the appropriateness of employing inductive reasoning to generate new insights, theories, or explanations.

To support the necessity to investigate integration of urgent procurement through analysing different types of integration I utilised a systematic bibliometric search in EBSCO database with relevant literature dating between 2008 and 2020 followed by a co-occurrence analysis of the themes in papers in the literature review via VOSviewer. This provided further insight on the frequency of terms

associated with urgent procurement and integration to gain a visual representation and understanding of whether both are interlinked in the existing literature. This methodology of associating themes appearing in the literature has been successfully used by and highlighting that this analysis supports the objective and algorithmic identification of key terms that guide the research.

Visual representation of the VOS Viewer analysis can be seen in the Figure 8 showing the flow of the integration while also highlighting that some integration types do not directly link with others. As an example, I can see that system integration does not directly show linkage with knowledge management. This is quite important as I can see that to pursue a particular type of integration, an organisation may need to first evaluate its current level of neighbouring integration types. A development in knowledge management area (knowledge integration type) would depend on the level of human capital and/or innovation. This is supported by the literature and previous studies showcasing the effects of human resource availability, skill and willingness to jointly pool their expertise allowing positive shift in innovation. I do not, however, can confirm or deny whether there is a chronological flow of integration, although make assumptions that it may be a structured, circular flow. What I can say with a level of certainty is that there is a dependency between integration types. While I see key integration themes interlinked, I need to delve deeper to better understand the impact of these on urgent procurement that is clearly not evident or neglected in the literature.



Figure 7 VOS Viewer procurement literature integration links

Following the review of the existing literature with the findings at each stage of the research provides a consistent, valuable and targeted insights into the subject area. I build on this with a tertiary study towards conceptual theory building and validation enabling construction of framework highlighting the procurement integration types and associated benefits specific to the NHS setting. A set of questions have been derived from the systematic literature review feeding into the interview protocol (Table 4 Interview Questions).

Table 5 Interview Questions

Question number	Question	Literature Source
1	How do different departments communicate their procurement needs?	Kaur et al., 2019
2	What is the primary cause of communication breakdown?	Shaughnesy, 2014
3	What information, if any, is shared regarding urgent procurement?	Manjeshwar et al., 2013
4	How are urgent demands communicated internally and externally?	Manjeshwar et al., 2013
5	How effective is the current communication?	Shaughnesy, 2014

6	From your perspective, what should be the ideal communication approach in a healthcare organization?	Fernandes et al., 2017
7	What is the process for urgent procurement requests and how do they differ from non-urgent requests?	Yadav & Desai, 2017
8	What is the procurement process and how does it impact engagement?	Ocampo et al., 2019
9	What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	Nguyen, 2020
10	Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Fernandes et al., 2017
11	How is procurement encouraged to understand clinical practices and procedures?	Lichtenthale r, 2011
12	How does it impact the quality of patient care?	Lichtenthale r, 2011
13	Does the adoption of information impact procurement, and if so, how?	EGGERS et al., 2017
14	How is information utilized to foster learning and improve opportunities concerning urgent procurement?	Pérez-Pérez et al., 2019
15	What role does technology play in urgent procurement?	Hermes & Riedl, 2021

15a	How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Hermes & Riedl, 2021
16	What factors determine the level of technology alignment?	Niemann et al., 2008
17	How can we prevent failures in urgent procurement?	Moustaghfir, 2008
18	Can you provide an example of a recent failure in urgent procurement?	Moustaghfir, 2008
19	What is the best approach to completing urgent procurement?	Rottkemper et al., 2012
20	Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Fernandes et al., 2017
21	What are the effects of urgent procurement on process development and organizational delivery of care?	Rottkemper et al., 2012

The selection of NHS and private healthcare organisations focused on the need to provide a robust data that would allow to explore integration types and their benefits in the urgent procurement process. Furthermore, data I're after allows us to measure the extent to which each organisation is afflicted by urgent procurement and whether in fact, they reflect any experiences within the processes. To aid the selection process, secondary data, which is a set of

national procurement metrics, defined and agreed by a working group of procurement heads of procurement and analysts accessed via Model Hospital () was collected. Data extracted as Excel report from the portal following the approval to access and process the information via NHS ethical approval, allowed categorisation of organisations based on size, spend (contractual and otherwise), and gauge initial level of procurement integration. Model Hospital is a data-driven improvement tool that supports health and care systems to optimise patient outcomes and population health. It provides benchmarked insights across the quality of care, productivity, and organisational culture to identify opportunities for improvement. It is a comprehensive tool deriving its data directly from 228 NHS hospitals. A report was readily available on the Model Hospital portal based on the spend, supplier base and ranking of the procurement efficiencies that was used to inform the level of integration as per assumptions derived from the literature review.

3.3.1 Organisational Profiles

The selection process begins with analysing the data derived from the Model Hospital portal utilising qualitative and quantitative information provided by each of the NHS organisations that provides an indication of organisations' procurement operations maturity. Procurement maturity is assessed via providing robust evidence against a range of government commercial function aligned dimensions, which cover:

1. Functional strategy, planning and governance
2. Capability and resourcing

3. Pre-procurement
4. Procurement and contracting
5. Contract management
6. Managing categories and supplier relationships
7. Commercial systems and information
8. Policy

For the purposes of this research, dimensions one through to seven are relevant for assessing the urgent procurement integration as they capture the processes relating to the criteria that this research is focusing on, such as process, planning, relationship management or technology capability.

The NHS Procurement Standards were relaunched in May 2021 to align to the central government Commercial Continuous Improvement Assessment Framework (CCIAF). This harmonisation of procurement standards enables NHS organisations to benchmark their capability within the NHS and across the public sector. The CCIAF guidelines provides a comprehensive framework of the criteria that each organisation needs to cover in their submission, which align with the potential areas that I would expect urgent procurement elements to be present.

Model Hospital rates each of the NHS organisations, based on value for money, size of organisation vs spend, annual savings, size of procurement function. Having reviewed Model Hospital data in conjunction with the CCIAF guidelines and assessment tool allows us to segment each organisation. The robustness of the criteria within those two data sources provides assurance that the reports are

comprehensive considering organisational performance, efficiencies, sustainability and collaboration although I could not find any metric directly relating to meeting or avoiding urgent demand. The implication of this observation is that the assessment neglects to capture crucial information relating to how each hospital resolves urgent procurement issues. Furthermore, since hospitals are not asked about urgent procurement, it may suggest that hospitals are not geared to efficiently address urgent procurement needs, but also shows a disjoint between the assessment and calls for research and reports that stipulate the need to mitigate urgent procurement and/or establish improved practices. Nevertheless, I did find evidence around integration and collaboration although that was largely relating to system/IT integration revolving around stock management, and collaboration with suppliers and other NHS providers which focuses on cultivating positive relationships through knowledge sharing. That evidence is derived from the government initiatives such as GS1 barcoding standards allowing comprehensive stock management, including visibility of batch numbers, expiry dates or manufacturing details. There is also a strong shift to adopt standardised implantable products across the country to achieve economies of scale and tackle the increasing, and arguably unachievable, savings targets under the Specialised Services Devices Programme (SSDP) regime (NHS England Gateway reference: 08211). The incentives of adopting either of these initiatives are officially labelled under the improvement of efficiencies and patient care. However, beyond the incentives there is a shift towards procurement function making a firmer decision on tackling cost inefficiencies over the clinical needs through standardisation that may not

necessarily be fully aligned with patient needs. As such, the system/IT integration is pursued on procurement function level for the cost purposes rather than capturing the needs of the clinical function. Arguably, standardisation of products and by extension care across the board may result in a more conform provision of services irrespective of the hospital patient is seen in. In terms of the procurement integration, I can see ample amounts of system/IT integration, although there are clear gaps, especially in capturing clinical areas, but also the urgent procurement elements.

Through distributing each NHS organisation into a quartile as a starting point in the data collection journey, I am utilising a non-probability sampling, allowing a selection of organisations across the spectrum thus supporting collection of rich data in different scenarios and providing the necessary contrast between level of procurement integration and efficiency of meeting urgent demand. The aforementioned scenarios are defined as follows:

1. No integration – hospitals that show no signs of procurement integration, are likely to be smaller organisations with lower spend, high dependence on products and services provided by NHS Supply Chain and their catalogued items.
2. Low integration – still high dependence on NHS Supply Chain, however some evidence of direct contracts with suppliers. Limited engagement between procurement function and clinical stakeholders.
3. Medium integration – balanced split between NHS Supply Chain and direct contracts and/or expenditure with suppliers. Good engagement

between procurement function and clinical stakeholders but also technological alignment with biggest suppliers by spend.

4. High integration – very limited or no dependence on NHS Supply Chain, high volume of contracted spend, hospital able to impose technological alignment with suppliers, well developed communication channels and knowledge sharing.

Four organisations were selected, one from each quartile, and use as a case study. Each quartile represents the level of criteria met through the CCIAF assessment, thus suggesting compliance with my criteria, apart from one that is contract coverage. Contractual coverage, which is the amount of formally contracted spend, is used as one of the means to suggest procurement integration with suppliers. As such, high contractual spend, indicates high integration due to economies of scale and suppliers typically being vested in the organisation's performance as it provides them with higher market share i. e., high committed spend = increased engagement. Therefore, suppliers that recognise hospitals that bring them high revenue stream, it is possible for that hospital to dictate some of the rules of engagement and thus increase supplier/hospital integration.

While there is very little data allowing us to target the exact portfolio of goods and services that have been procured urgently in the past, I can use information embedded in reports provided by Get It Right First Time (GIRFT) highlighting the key areas being orthopaedics, vascular and general surgeries some of which have been planned rather than emergency and yet still resulted in urgent procurement being identified as one of the reasons for failure in delivering

services. These datasets are publicly available sources of information and can be accessed via <https://gettingitrightfirsttime.co.uk/>. The reports are a continual collection of data since 2012) and capture a spend of approximately £11 billion with estimated 80% of the total cost apportioned to the urgent element that could have been mitigated. Available at: <https://gettingitrightfirsttime.co.uk/>.

3.3.2 Participant Profiles

I held interviews with procurement professionals and internal stakeholders, with intention to branch out upon obtaining information on specific urgent procurement requirements or events. The selection criteria for the procurement professionals are outlined as follows:

- Senior position such as Senior Category Manager or Head of Procurement
- Experience in procuring or overseeing procurement of urgent items/services
- Experience in developing strategies/policies for long-term planned procurement
- Awareness of national procurement initiatives

As for the clinical function representation, the eligibility criteria are:

- Experience in working with procurement
- Urgent patient treatment experience
- Position of a Clinical Leader, Matron, Consultant or equivalent
- Preferable involvement in standard and urgent procurement

Using the literature review in conjunction with VOSviewer analysis, I have created major categories of integration that can be divided into sub-categories, deriving the concepts, then through collection and analysis of data form themes and finally aggregate procurement integration dimensions that demonstrate the best support to urgent procurement.

The coding process was followed in line with Gioia methodology which comprises of initial coding i. e. read through interview transcripts and assign codes to relevant segments. This gradually allows for emergence of themes than in turn can be grouped to identify patterns. The initial review of transcripts provided a basis of terms and themes strictly from the perspective of the interviewees, which was then further analysed to extract concepts in support of the research objectives.

3.3.3 Eligibility Criteria

The organisations selected via non-probability sampling method had to meet the following criteria;

3.3.4 Public Organisations

- Provide urgent treatment services
- Possess a dedicated procurement department/lead
- Strong alignment with NHS Supply Chain (for low integration)
- Weak alignment with NHS Supply Chain (for high integration)
- Evidence of consistent data submissions to Model Hospital

3.3.5 Private Organisations

- Provide complex treatment services
- Possess a dedicated procurement department/lead

3.3.6 Organisations Coding

The organisations have been assigned a unique code (Table 5). I have then assigned a unique code to each participant which can be read as follows; NHS1 refers to Organisation 1, C1 refers to clinical participant number 1, whereas P1 refers to procurement participant number 1.

Table 6 Organisations Coding

Organisation Code	Organisation	Integration Level
NHS1	NHS Organisation 1	Low
NHS2	NHS Organisation 2	Medium
NHS3	NHS Organisation 3	High
NHS4	NHS Organisation 4	Low
NHS5	NHS Organisation 5	High
PH1	Private Hospital	High
PH2	Private Hospital	High
PH3	Private Hospital	High

Thirty participants from eight different organisations were interviewed.

3.3.7 Participant Coding

I have assigned a unique code to each participant which can be read as follows; NHS1 refers to Organisation 1, C1 refers to clinical participant number 1, whereas P1 refers to procurement participant number 1.

Table 7 Participants Coding

Participant Code	Interviewee Role	Experience (years)	Procurement Influence
NHS1C1	Clinician	26	Medium
NHS1C2	Clinician	19	Low

Participant Code	Interviewee Role	Experience (years)	Procurement Influence
NHS1C3	Clinician	10	Medium
NHS1P1	Procurement Manager	7	Low
NHS1P2	Procurement Manager	12	Low
NHS2C1	Clinician	17	High
NHS2C2	Clinician	21	Medium
NHS2P1	Procurement Manager	4	Low
NHS2P2	Procurement Manager	14	Medium
NHS2P3	Procurement Manager	9	Medium
NHS2P4	Procurement Manager	5	Low
NHS3C1	Clinician	18	Low
NHS3C2	Clinician	29	Medium
NHS3P1	Procurement Manager	10	High
NHS3P2	Procurement Manager	5	Medium
NHS4C1	Clinician	16	Medium
NHS4P1	Procurement Manager	21	High
NHS4P2	Procurement Manager	12	Medium
NHS5C1	Clinician	9	Low
NHS5P1	Procurement Manager	32	High
NHS5P2	Procurement Manager	20	High
NHS5P3	Procurement Manager	8	Medium
PH1C1	Clinician	13	High

Participant Code	Interviewee Role	Experience (years)	Procurement Influence
PH1C2	Clinician	18	High
PH1P1	Procurement Manager	23	Low
PH2C1	Clinician	25	High
PH2P1	Procurement Manager	6	Medium
PH3C1	Clinician	30	High
PH3P1	Procurement Manager	11	Low
PH3P2	Procurement Manager	9	Medium

3.4 Findings

This study conceptualises integration in urgent procurement as a multi-dimensional construct spanning internal, external, communication, and digital/data domains. Internal integration refers to the alignment and coordination among clinical, procurement, and finance/governance units, encompassing processes, information flows, and the allocation of decision rights. It captures the extent to which cross-functional actors share goals and routines, and whether authority and accountability are coherently distributed for rapid yet compliant action. External integration (supplier and customer) reflects coordinated planning, specification development, and information exchange with suppliers and clinical end-users. It attends to how upstream and downstream partners contribute to requirement definition, risk sharing, and responsiveness during time-sensitive episodes. Communication integration denotes the timely use of structured, shared artefacts—such as single-source-of-truth trackers, checklists, and

boundary objects—that reduce decision latency and mitigate handover failures. Finally, digital/data integration captures interoperable data capture and visibility across actors, enabling near-real-time transparency and auditability. (Khan et al., 2024).

Outcome variables are grouped at two levels. Procurement performance is defined through efficiency (cycle time and resource use), responsiveness (time-to-fulfil and lead-time compression), and transparency (auditability and traceability). Where the data allow, organisational performance is assessed in terms of patient-safety-aligned outcomes and strategic value creation, recognising that procurement decisions have clinical and reputational externalities beyond transactional metrics. Four core propositions structure the framework's logic. P1 posits that communication integration—operationalised through a single source-of-truth and structured handovers—reduces decision latency and increases auditability, particularly salient under time pressure. P2 asserts that the effects of internal integration strengthen as clinical interdependence rises and when a lawful rapid route is available, aligning decision rights with risk-proportionate governance. P3 proposes that pre-approved vendor pools, combined with modular specifications, increase on-time urgent fulfilment without elevating non-compliance risk, by shortening validation and negotiation loops while preserving standards. P4 advances a mediation logic: demand speed and demand accuracy jointly mediate the relationship between integration and procurement performance, translating coordination into measurable cycle-time and transparency gains.

Figure 8 Themes analysis

First order themes	Second order themes	Aggregate dimension
Chasing approvals	Communication integration	Urgent Procurement Integration (UPI) mechanisms
Email ping-pong	Governance accelerators	
Missing specs	Information visibility	
Risk sign-off delays		
Spreadsheet tracker workaround		

The summary of findings (Table 9) outlines differences in objectives and integration between organisations at a top level thus showcasing a contrast in how they operate. I find that private organisations albeit smaller in size, tend to have a much greater level of integration producing high quality of care and fully aligned objectives revolving around patient care. The biggest differentials between NHS and private organisations are associated with funding and governance that is much stricter in the public sector where emphasis is on spending public money efficiently. This affects the procurement mindset that often leads to procurement of cheaper alternatives where quality is compromised resulting in long term higher costs. This in turn affects the relationship between procurement and clinical function creating a power struggle, often elongating the process of bringing goods and services in.

Figure 9 Summary of findings

	NHS Hospitals	NHS England	Private Hospital
Procurement objectives	End of year expenditure, savings (EIP), urgent capital equipment typically	End of year expenditure, overall budget concerns	Quick turnaround, no concern about cost as cross charged to

	NHS Hospitals	NHS England	Private Hospital
	caused by lack of engagement or late action against discontinuation notice from supplier, value for money, procurement compliance	rather than delivery of care, savings (EIP)	patient and/or Department of Health
Clinical objectives	Treatment of patients, cost and process is irrelevant	Standardisation of products and services	Delivery of high quality and timely care, rarely provides urgent life saving care, however does provide patient specific products and services
Communication integration	Highly fragmented especially in larger teams/hospitals causing slippage and delays	Concise and accurate, one way communication to NHS hospitals	Highly accurate and quick, fully aligned with NHS organisations and suppliers
Procurement attitude	Very process driven, patient is not always at the heart of every action but more focused on	Various cost improvement programmes although very	Patient treatment driven

	NHS Hospitals	NHS England	Private Hospital
	mandate to spend public money wisely	few see completion	
Clinical attitude	Negative towards procurement function although heavily depends on past experience, in most cases aware of patient needs however unable to meet the product or service requirement as an individual	Seeks to improve and standardise care across the board although exhibits similar traits to NHS hospitals i.e. fear of adverse consequences related to autocratic decision making	Works closely with procurement and other departments, positive working relationship
Decision making	Lengthy, collective rather than single ownership, creates fear of adverse consequences	Data/report driven through mandatory submission of each of the NHS hospitals, guided by the government	Clinically led and efficient although governance not always in place

	NHS Hospitals	NHS England	Private Hospital
		and overall national welfare status	
Technology integration	Integration with largest supplier (NHS Supply Chain) especially due to top slicing however limited to processing orders and product availability only, however many suppliers join NHS SC as medium to transact with NHS hospitals. Internally, only few hospitals achieved full integration allowing patient information level costing and automation of topping up the stock, however this applies only to planned care	Attempts to standardise technology by introducing centralised systems developed in-house, although implementation is not very successful due to superior solutions available externally	Works largely in isolation, although capable of adapting to other organisations. Internally fully integrated, although relies on human interaction/intervention to process requests
Process integration	More flexible processes although this means	Aligns with national	Processes clear and understood by all,

	NHS Hospitals	NHS England	Private Hospital
	each organisation/department is selective about how much integration actually occurs typically influenced by spend, complexity and income generation	directives, dictates guidelines to subsequent organisations, rigid structure	awareness of key roles and responsibilities, process integration fully supported by in-house technology integration
Knowledge integration	Not widely available, reliance on specific individuals which means staff turnover heavily affects this, relationship development is key for knowledge distribution and processing	Equal and wide distribution of knowledge internally and across other organisations, does not ensure knowledge is appropriately processed and may be open to interpretation	Fully integrated across the board, systems in place ensuring all departments are on the same page, distribution of knowledge is lean with only limiting factor being human resource availability

The below Figure 10 shows a distribution of demand fulfilment accuracy and speed vs the level of integration. I find that higher level of integration in public

healthcare organisations results in speedy responses however not a guaranteed accuracy of procured products or services due to many assumptions made and pressure of providing services to the patients which may affect the judgement. I refer to that as unbounded rationality which affects cognitive abilities or access to all relevant information when making decisions Private organisations not pressured by the emergency care provision tend to be able to accurately meet the demand at an optimum speed. Such organisations tend to have high procurement integration levels although do not experience the same challenges as public organisations for example multiple approvals, financial regulatory requirements or national procurement directives. I find that organisations with low integration tend to work at slower speeds, and due to lack of objectives alignment, often accuracy of demand fulfilment is negatively affected. Moderate integration tend to exhibit steady speed and relatively accurate meeting of demand on the par with highly integrated organisation. This can be explained by slower pace to ensure there is no room for ambiguities when specifying the needs. Approvals at each stage of procurement is necessary to progress onto the next stage of procurement rather than highly integrated organisation where retrospective approvals are more common thus open to aforementioned assumptions.

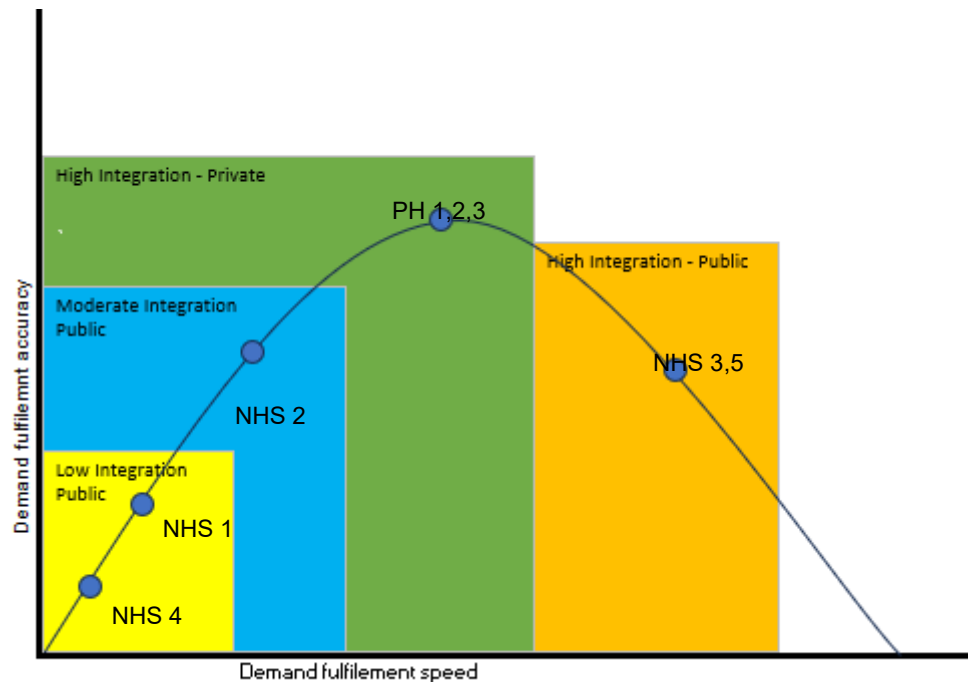


Figure 10 Demand fulfilment and integration (Source: Author)

There are additional differences between public and private relating to the risk management elements discussed in literature review section that provide insight into why these are able to achieve very different outcomes.

3.4.1 Communication and Reporting

Interviewees initially discussed the communication types that they tend to use and see in their organisations with emails being quite common form of communication which may not be most appropriate when it comes to urgent procurement.

“Quite often I find that people do things by e-mail and it's half story so I put processes in place to capture everything I could possibly want to know that's going to delay the process to ensure its done as quickly and as efficiently as possible” Procurement Manager NHS2P2

The communication in vast majority of NHS organisations is conducted via emails or forms thus elongating the reporting of a particular need and often perceived as unnecessary red tape delaying achievement of desired outcome. While procurement professionals seek to record all the requests they receive and run it through relevant departments, such as Infection Control for example, for compliance, they do not have a specific urgent route to streamline the process.

“I don't have much context or explanation for why this is urgent” – Procurement Manager NHS3P1

The clinical professionals may often attempt to bypass the official procurement route and contact each relevant department directly to seek sign off for an urgent purchase, however this may put a strain on procurement/clinical relationship in the long run and negatively affect the trust. As such the reporting of the urgent need, as seen in Risk Management Framework, may inadvertently hinder the working relationship due to differing objectives i. e. clinical to deliver patient care, and procurement to align activity with compliance and value for money. That strain may also be cascaded to external bodies such as suppliers who may be unable to fulfil the demand with potentially extremely short timescales.

On the contrary, a private healthcare providers do not appear to have challenges in the area of communication due to planning and minimal number of urgent patients coming through the door.

“I do all my work on Oracle so anything that the consultant might need is immediately requested by his assistant or by himself. The system would

automatically create an order for catalogues items” – Procurement Manager PH1P1

I find that private organisations do not experience the same issues with reporting the need be it standard or urgent, although urgency is not that common in this sector thus the pressures affecting the working relationship and the goals are not visible.

3.4.2 Assessment

I then start to move towards the process of procuring products and services, which allows us to draw a comparison between what is understood by procurement vs clinical functions, that highlighted disparity in objectives and the appetite to fulfil the demand quickly.

“If you drill deeper you’ll find that each department has slightly different agenda, which depends on the reporting lines” - Procurement Manager NHS2P2

The appetite for a quick turnaround does not apply in the procurement department due to non-urgent objectives such as savings and compliance with the regulations and policies, all of which apply heavy pressure on procurement. The procurement risk aversion to exposing the organisation to legal challenges due to uncompliant process or the risk of rejected internal sign-off carries the reputational and cost implication that procurement professionals try to avoid at all cost. As such, the risk profile for urgent requests will be high that it may deter procurement to share the same visions with clinical professionals.

“I can fully appreciate that I’m spending tax payers money but I mustn’t neglect patients that come here for treatment. I never request anything unnecessary or

something that wouldn't benefit patient. If I'm to be blunt, without the necessary equipment I cannot provide appropriate treatment and people don't get better" - Clinician NHS1C1

The classification of need and thus the risk associated with it is difficult to accurately achieve, due to differing objectives. The potential consequences of procurement noncompliance may cost the organisation money that it could spend on things that are needed but also money that cannot be afforded to be spent due to year on year overall NHS overspend. On the contrary, the clinical risks are failure to deliver optimal care which may result in death. While I can see that both procurement and clinical professionals acknowledge cross-departmental processes and objectives, there is still lack of common ground allowing an integrated approach to urgent fulfilment of needs where both compliance and timely quality of care can be achieved.

3.4.3 Identification

I then delve into how procurement and clinical functions work to identify and understand each other's processes, impact on the services and ultimately patients.

"It's quite clear that if I don't have a good relationship with my end users and understand what they do and how they do it, I can't really grasp how crucial it is to have items delivered on time" - Procurement Manager NHS1P1

The key message that can be derived from procurement function is the lack of awareness of consequences of poor quality of care on non-delivery on patients, therefore unable to accurately formulate strategy or process to accommodate

urgent procurement needs. However, the procurement stance is that the process is adequate, and all clinical needs can be fulfilled on time and to the required specification as long as clinicians commit to engage and allow sufficient amount of time. While engagement and trust are crucial elements of any activity, they also are difficult to establish or improve if past experience has not been as expected, which can add to the pressure and hinder procurement integration. I find that there is no one side at fault but rather the difference in objectives and lack of keenness to truly understand the other side.

“I am very keen to have people observe procedures or come to my huddles, but I never see anyone here from the procurement team” - Clinician NHS2C1

3.4.4 Mitigation

I then look at the role of technology, tools and strategies in urgent procurement processing.

“With its numerous benefits and capabilities, technology significantly enhances the efficiency, accuracy, and speed of handling urgent procurement requests” – Procurement Manager NHS2P2

Procurement landscape has changed over the years with systems in place to quickly respond to the arising purchasing needs based on the forecast. While historical usage provides a good insight into what organisation is likely to need to procure, it fails to account for unexpected needs in which case good technological systems may be rendered not as useful. I find that procurement function recognises benefits of good procurement systems however not all NHS organisations have the appetite for change or funding to fully implement these

solutions. In most cases, an extensive human interaction is required to understand the clinical needs, formulate the strategy, and execute which is beyond what existing systems can offer. Nevertheless, adoption of procure to pay process (P2P) is a target of NHS organisations to streamline and automate certain activities, thus supporting the clinical function by creating a system for processing everyday needs. I do find that P2P is not the answer to the urgent procurement and often multiple platforms are used to make this process work which may add to the stress factors associated with system integration and interface, but also user friendliness.

I have a great clinical network across the country or even globe, depending on the speciality and keenness to engage, but overall, I exchange tons of information on practices or techniques with my counter parts. - Clinician NHS3C2

It becomes clear that clinicians tend to form relationships with other clinicians from other sectors to exchange ideas and offer advice on particular issues. This can be seen as a network to discuss best practices and continually improve and standardise quality. As an extension, this may promote standardisation of products clinicians use due to potential advertising platform which may influence clinical decisions during procurement. I can see clearly that the trust between clinicians forms quicker and is higher than between clinical and procurement function. Clinical network is enabling the progression of medical decisions and practices however limited to planned care rather than urgent where information needs to be shared quickly. However, the experiences may be shared post event to raise awareness of urgent case and it's challenges that other clinicians may mitigate some of the risks and plan for.

3.4.5 Governance

Lastly, I attempt to explore the impact of urgent procurement on organisational development but also whether urgent procurement can be eliminated or minimised.

“I doubt I would ever be able to mitigate urgent procurement because you just don’t know what will come through the door” - Clinician NHS1C2

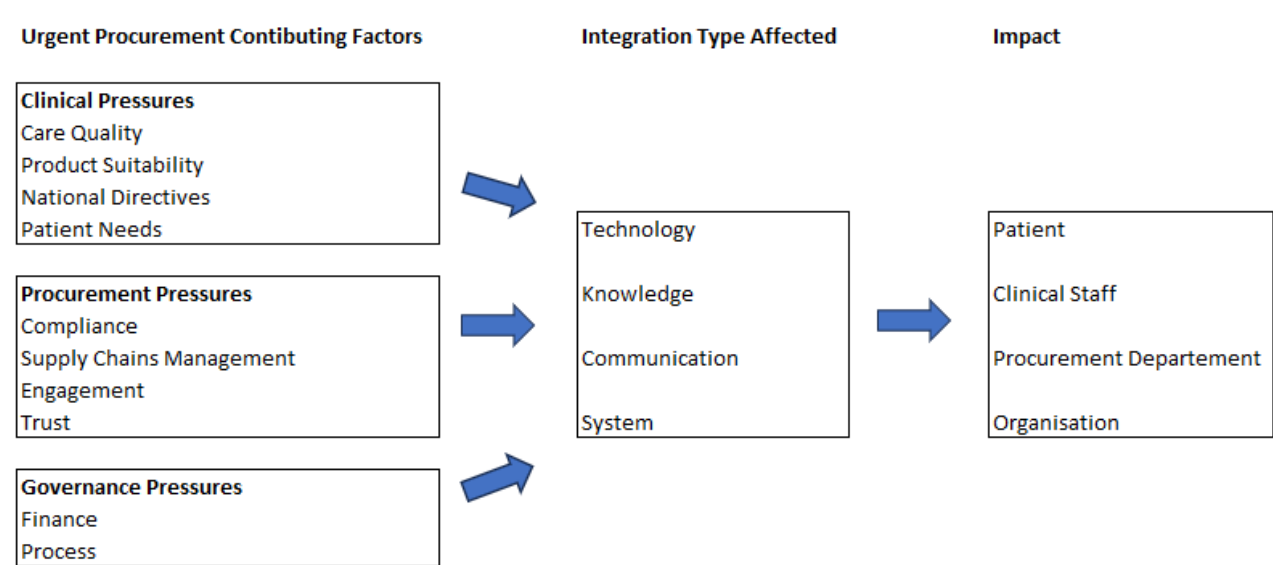
Taking into consideration the uncertainty of the type of patients and their treatment needs it is unclear whether the urgent procurement can be eliminated. There is governance in place promoting continual learning however due to the nature of the relationship between clinical and procurement function it is not without challenges. I can see that trust is often referenced as something lacking in NHS organisations, typically due to failed procurements or obstacles in getting things done. Some of the obstacles include strict funding, lack of urgent procurement procedures, and most significantly notable staffing issues. It becomes clear that procurement professionals require exposure and experience to clinical challenges to develop a positive relationship with clinicians, which is something that is often lacking. Clinicians often value compassion, understanding and getting things done over savings accomplishments and compliance which does create a clash between objectives. However, procurement function highly values engagement and following process which clinicians often see no value in. As there appears to be a lot of superficial governance and process in the NHS organisations, I find that it is often the case of trying to mitigate it or not always followed.

Having analysed the responses, I can see that there are few distinct reasons for urgent procurement, some undoubtedly more serious than others. Nevertheless, each of the drivers behind urgent procurement have a knock-on effect on delivery of patient care, process, engagement, integration and procurement, most of the time negative impact if it's not successfully completed. Patient care is the most commonly referenced term that is also affected the most by the urgent procurement. It appears that it's recognised predominantly by clinical function, which is probably due to the direct interaction with the patient as opposed to the procurement function. As such, the differences in objectives are further highlighted and suggest they impact clinical/procurement interaction, due to the misunderstanding and misalignment.

The data collected through the interviews form three specific areas that act as pressures when urgent procurement is necessary (Table 8). Those are categorised as clinical, procurement and governance pressures, each affecting four integration types that were identified in the literature review stage. These factors typically have a negative impact on integration, and therefore may result in poor patient outcomes, for example. I find that patient outcomes are often considered across the board, however these can only be met through initial satisfaction of the pressures stemming from each area. This suggests that patient service can be delivered only under certain conditions, which may mean that compliance, for example, is valued higher than the patient needs. Having said that, I must consider that safety measures such as compliance and governance are in place to ensure that patients do receive optimal products and services. I find that there are individual pressures affecting the integration thus having four

key aspects of clinical pressures, which refers to the various stressors and demands faced by healthcare providers, that can impact their ability to deliver optimal patient care.

Table 8 Urgent Procurement Impact Framework



3.5 Discussion

Lean and agile procurement methodologies have acquired significant attention for their ability to improve efficiency, flexibility, and responsiveness within organisations. These approaches, rooted in the principles of lean manufacturing and agile software development, offer distinct advantages in various procurement scenarios. However, when it comes to addressing urgent procurement needs, both lean and agile methodologies exhibit inherent limitations that can undermine their effectiveness.

Lean procurement is based on the principles of lean manufacturing, which emphasize waste reduction, process optimization, and continuous improvement. The lean approach seeks to streamline procurement processes by standardizing

procedures and eliminating non-value-adding activities (Womack & Jones, 2003). While these principles are highly effective in stable environments where long-term efficiency is the primary goal, they can be problematic in urgent procurement situations that demand immediate action and flexibility.

One of the primary challenges of lean procurement in urgent scenarios is its reliance on standardized processes. Lean methodologies prioritise consistency and efficiency through well-defined, repeatable procedures (Liker, 2004). However, in situations where procurement needs are urgent, such rigidity can be a significant drawback. Urgent procurement often requires rapid adaptation to unforeseen changes in requirements, market conditions, or supply chain disruptions. The standardized nature of lean procurement processes can hinder the ability to respond swiftly, as these processes are not designed to accommodate sudden shifts in strategy or execution. Moreover, the emphasis on continuous improvement in lean procurement, while beneficial for long-term process refinement, can conflict with the immediate needs of urgent procurement. Lean procurement's focus on gradual, incremental improvements through techniques like Kaizen can slow down the procurement process when speed is paramount (Dombrowski et al., 2014). In urgent situations, where the priority is on quick decision-making and execution, the time and resources dedicated to process optimization may detract from the ability to meet pressing procurement deadlines.

Additionally, lean procurement's approach to lead time reduction, achieved through process optimization, may not align with the demands of urgent procurement. While lean practices aim to reduce lead times by streamlining

processes, this reduction is typically realized over time rather than through immediate action (Womack & Jones, 2003). In contrast, urgent procurement requires almost instantaneous execution, which the systematic and methodical nature of lean processes may struggle to deliver. Thus, lean procurement's focus on efficiency can paradoxically lead to inefficiencies when confronted with the need for urgent procurement. Agile procurement, derived from the agile software development framework, emphasizes flexibility, adaptability, and continuous stakeholder engagement. This approach is designed to respond quickly to changing requirements through iterative cycles, or sprints, that allow for regular reassessment and adjustment of procurement activities (Conforto et al., 2014). While agile procurement's adaptability is one of its key strengths, it also introduces challenges that can impede its effectiveness in urgent procurement scenarios.

A central feature of agile procurement is its iterative nature, which involves breaking down procurement tasks into smaller, manageable units that are completed in short cycles. Each cycle includes a feedback loop, where stakeholders review progress and suggest adjustments (Denning, 2016). This process ensures that procurement outcomes are closely aligned with evolving needs. However, the iterative approach can be time-consuming, as it requires multiple rounds of feedback and adjustment before reaching a final outcome. In urgent procurement situations, where the timeline is compressed and decisions must be made swiftly, the iterative nature of agile procurement can introduce delays that are detrimental to meeting urgent needs.

Another challenge in using agile procurement for urgent needs is its dependency on continuous stakeholder engagement. Agile procurement relies heavily on regular input and collaboration from various stakeholders to ensure that procurement activities remain aligned with their requirements (Conforto et al., 2014). While this engagement is crucial for maintaining flexibility, it can also slow down the decision-making process. In urgent situations, where quick consensus and decisive action are needed, the time taken to gather and incorporate feedback from multiple stakeholders can hinder the rapid procurement actions required. Furthermore, the flexibility that defines agile procurement can become a liability in urgent scenarios. Agile procurement thrives on its ability to adapt and adjust to changing conditions. However, this flexibility often comes at the cost of decisiveness and speed. The iterative adjustments and continuous reassessment that are central to the agile methodology may lead to delays when swift, direct action is necessary. In urgent procurement situations, where the luxury of time is absent, the agile approach's inherent adaptability can result in a lack of the immediate, decisive execution that is critical to success.

Table 10 Procurement comparison (source: Cox et al., 2005); Fernandes et al., 2017).

Aspect	Agile Procurement	Lean Procurement	Urgent Procurement
Core Principle	Flexibility, adaptability, and collaboration	Efficiency, waste elimination, and process optimization	Flexibility, collaboration, efficiency, streamlined process
Process Approach	Iterative cycles (sprints) with continuous feedback	Standardized, streamlined processes focused on efficiency	Efficient and fast to begin with but fed back into continuous improvement and work planning
Strengths	Responsiveness to changing requirements and needs	Fast turnaround times, effective resource management as long as planned	High responsiveness, engagement and high adaptability to unexpected changes
Challenges	Slower overall process due to iterative feedback loops	Limited flexibility in adapting to unexpected changes	Differing objectives needing standardised override strategy in urgent circumstances

Aspect	Agile Procurement	Lean Procurement	Urgent Procurement
Best Suited For	Environments with fluid or evolving requirements	Situations with fixed, well-defined requirements	Unexpected demand, turbulent markets
Flexibility	High flexibility; allows rapid adjustments	Lower flexibility; may struggle with rapid changes	High flexibility
Speed	Can be slower due to the iterative nature	Generally faster due to streamlined processes	Ultra-fast to deliver urgent procurement as quickly as possible
Example Situations	Projects where requirements may change during execution	Procurement with tight deadlines and clear objectives	Unclear demand until presented with the scenario and assessment

3.5.1 Finance & Process

The initial analysis highlights some of the similarities and differences across all three organisation types. I can see similarities in NHS hospitals predominantly revolving around spending money compliantly and within the budget, but also in decision making process that tends to be lengthy and driven by historical information such as usage or cost. I find that the aims of NHS organisations are split between financial and quality of care with former being more prioritised. While quality care should be at the centre of any healthcare organisation, if it is

not sustainable or affordable then it may not be provided at all. It is rare for hospitals to close, however there is evidence to suggest that overspend leading to hospital running out of money may lead to care standards to deteriorate (). Furthermore, if NHS hospitals continue to overspend and quality of care does deteriorate, it may result in privatisation of the healthcare sector in the UK that has been considered by the central government in the past. The drawback is that collection of data or reporting takes a long time, typically looking at previous 12 months that is not very proactive and flexible when there are immediate changes needed. As such making a decision or establishing a strategy tends to be reactive and lagging especially when considering the patient needs, some of which indeed can be predicted through elective care that is based on non-urgent care needs planned in advance. Urgent patients can be split into two categories urgent planned and urgent un-planned.

NHS overspend can have significant impacts on various aspects of healthcare, including patient care, efficiencies, and procurement. When budgets are exceeded, it often leads to service reductions and longer waiting times for treatments. The shortage of funds may also affect the recruitment and retention of healthcare professionals, resulting in increased workloads, burnout, and compromises in the quality of patient care. Moreover, financial constraints may force healthcare providers to reallocate resources, potentially impacting the availability of essential medical equipment, medications, and technology needed for effective patient care.

3.5.2 Care Quality

Overspending can hinder investment in innovative technologies and healthcare practices that could improve efficiency. This could result in outdated systems and processes, reducing the overall effectiveness of healthcare delivery. The focus might shift towards treating existing health issues rather than investing in preventive measures, potentially leading to a higher burden on the healthcare system in the long run. As for procurement, cost-cutting measures may affect the quality of goods and services procured by the NHS. This can impact the effectiveness of treatments and patient outcomes if suboptimal products or services are used. Financial constraints might strain relationships with suppliers, affecting the ability to negotiate favourable terms and prices, potentially leading to higher costs for essential medical supplies. Additionally, overspending can jeopardise the financial sustainability of the NHS. Accumulating debt due to overspending may result in additional costs in the form of interest payments, diverting funds away from direct patient care and other essential services. Efforts to address overspending often involve a combination of cost-cutting measures, increased efficiency, and strategic financial management. Balancing the budget while maintaining or improving patient care requires careful consideration of priorities and long-term sustainability. It's essential for healthcare systems to work towards financial stability without compromising the quality and accessibility of healthcare services.

The privatisation of NHS might prove sustainable through adoption of USA type of care model where healthcare is not free, however it may mean that not everyone would be able to access it. While NHS England does have control over

the expenditure and has attempted to improve financial and care efficiencies via introduction of procurement standardisation schemes, it has failed time and time again. The failure to implement procurement schemes are derived from many factors however the key is clinical resistance, localisation of care due to varying demographics and procurement challenges.

3.5.3 Engagement

Clinical resistance to engage with procurement and change is a multifaceted challenge that is spread throughout public healthcare organisations, driven by the intricate nature of clinical environments where the primary focus is on patient care. Understanding and effectively addressing these challenges are crucial for the successful procurement and implementation of new processes or technologies within healthcare settings.

One significant source of resistance among clinicians is deeply rooted in their unwavering commitment to providing optimal patient care. The concern is that any proposed changes, particularly those associated with procurement decisions, may disrupt established workflows and potentially compromise the quality of care delivered. This inherent resistance is not a rejection of progress but rather a protective instinct to ensure that changes do not jeopardise patient outcomes. I have found that even when the procurement function attempts to effectively engage with clinical staff, emphasizing how the proposed changes align with, and even enhance, patient outcomes, it is often met with resistance or superficial engagement. The superficial engagement exhibits traits of full engagement however with clinical staff working towards their objectives by, for example, writing a specification for products or services aligned with their preferred

supplier. While procurement function makes attempts to review the specification to minimise the risk of bias, and by extension unsuccessful suppliers challenging the award, it is often argued that procurement is not the user of the product or service and as such does not possess the specialist knowledge on what the specification should contain. In addition, the most common argument made by clinical staff to defend their decision making is that procurement does not directly contribute to provision of care and should not challenge clinical decisions. This does create a gap in inter-departmental objectives, even though the overarching aim of healthcare organisations is to provide quality care to their patients. While there may be some validity to procurement function not having that direct impact on patient care, the function does play a crucial role in facilitating it by ensuring a stable and accurate provision of necessary goods and services.

3.5.4 Trust

Inclusion is a pivotal factor influencing clinical resistance. When clinicians feel excluded from the decision-making process, especially concerning procurement choices directly affecting their workflows, resistance tends to intensify. Inclusion goes beyond mere participation, it entails active involvement in decision-making processes, fostering a sense of ownership and cooperation. This approach not only addresses concerns about feeling marginalised but also ensures that the unique insights and expertise of clinicians are taken into account. By actively involving clinical staff, healthcare organisations make the implementation of changes more successful and sustainable, as the changes are informed by the individuals who work directly with patients. However, it appears that more often than not, it is procurement function instigating the engagement rather than clinical

function. This is possibly due to the perception of procurement function to be predominantly interested in cost savings. I did find that clinical function, particularly clinicians, have a well-established national clinical network for reviewing practices, that they rely on more when discussing product qualities for procedures they perform than evaluating the products alongside their procurement departments. This could be explained by the shared goal of providing care to the best of their abilities, not necessarily hindered by the cost.

3.5.5 National Directives & Supply Chains Management

The biggest development that I have seen is the emergence of NHS England schemes to provide quality care while achieving savings targets. One of the biggest schemes is the Specialised Services Devices Programme (SSDP) that aims to standardise and rationalise the products used for certain procedures while using a central supply and taking advantage of national volumes to achieve the best value for money. The SSDP devices in scope are those that NHS Improvement with NHS England have agreed should be paid for separately from the national tariff, for the procedure in which they are used. This is because if they were included in the payment by results tariff, it would skew the average costs of the Health Resource Group (HRG) used to pay for the procedure. While the current progress of the scheme is largely in scoping stage, where NHS England is trying to understand what devices each of the NHS hospitals use, the next stage is predicted to unsettle a number of clinicians due to standardisation of devices that each NHS hospital will be reimbursed for. The current mechanism allows hospitals to claim money back for any devices used under the SSDP regime as long as they are commissioned to be provide the services. The next

stage will limit the products, which means that the hospital own budget may need to be used to continue using devices that they used to claim money back for or change into the nationally recognised standard.

The significance of SSDP is that it evidences the shift in power towards the procurement function, allowing procurement to overrule the decision of the clinical function. Furthermore, I have found that each of the NHS hospitals I have interviewed, claims that they received a guideline stipulating that they can strongarm clinicians into using a cheaper alternative product as long as they find evidence of that product used in other hospitals in the same procedure. I did confirm that this is not something they actually do, although procurement does use it as an argument to guide clinicians into considering cheaper products that may have the same qualities and provide same patient outcomes as more expensive product that might be used currently. Nevertheless, should SSDP scheme truly come to fruition and centralise the supply chain and standardise products, it will likely be met with clinical resistance, however, if it prevails it may mean that procurement landscape will shift from facilitating role to decision making role within healthcare sector.

3.5.6 Product Suitability & Compliance

The high stakes nature of healthcare, where patient safety is paramount, introduces another layer of resistance. Clinicians may be hesitant to embrace changes if they perceive potential risks associated with new procurement choices or alterations in clinical workflows. As I established, the procurement landscape might change in favour of the procurement function gaining more power, which may further create a drift between clinical and procurement functions. Time

constraints in the fast-paced clinical environment represent an additional challenge which may be further impacted by the increasing procurement influence. Clinicians are often resistant to changes that might further strain their already limited time. However, that is not necessarily how procurement function may perceive clinician's commitments beyond treating patients and having an obligation to engage on procurement related matters further adding the strain on the availability of the clinical function to provide meaningful contributions to procurement process. While I can see evidence of streamlining processes associated with the procurement such as automated re-orders, evaluation of basic financial information, there is still a reliance on clinical sign off that entails their time spend on evaluating the qualities of the product either through trial or research-based evidence. As such, this adds to the pressure to make the right decision as quickly as possible, especially when it comes to urgent procurement, which may result in clinical resistance to engage or reliance on consensus-based decision-making. Such decision making is widely evident across NHS organisations and is often described as means to mitigate the repercussions for making the wrong decision. I have found that effective communication strategies are integral to overcoming resistance, where clinicians need access to clear and timely information about the reasons for procurement decisions and the benefits of proposed changes. However, I find that the procurement function does not often receive the same level of communication from the clinicians, which may add to the resistance to engage effectively. This does give raise to cultural and inter-departmental dynamics differences within healthcare settings that could ultimately go against the NHS objectives to provide high quality care. I find that

previous experiences with changes, whether positive or negative, can significantly influence the resistance or keenness to engage. Building confidence in procurement function is one of the biggest factors in successful procurement, however the reputation of procurement can be tarnished much quicker than it can be improved. This can be affected the most by new staff, that may not have the experience or the qualification to ensure positive working relationship is maintained. New staff members may face a learning curve as they familiarise themselves with the organisation's processes, policies, and industry specific nuances. This initial phase can sometimes lead to delays and errors in procurement activities, potentially affecting the overall efficiency and perception of the department. Pairing new staff with experienced mentors can facilitate a smoother transition, however that is providing that the mentor is adequately qualified and maintains a good working relationship with clinical function.

Every organisation has a unique culture, and aligning new staff with the values and norms of the procurement department is crucial. Failure to integrate into the existing culture might result in misunderstandings or conflicts that can negatively impact the team's reputation. Much like clinical practices, the procurement landscape is dynamic, and lack of ongoing training may result in uncompliant procurement, leading to legal challenges and negatively impact the relationship with procurement.

Table 9 Constructs Analysis

Construct	Definition (this thesis)	Illustrative indicators / measures
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Internal integration	Alignment of processes, information, and decision rights across clinical–procurement–governance units.	Joint sign-off windows; shared tracker updates; % urgent cases with time-boxed approvals met.
External integration (supplier/customer)	Coordinated planning/specification with suppliers and clinical users.	Pre-approved vendor pools; modular specifications adopted; supplier response time.
Communication integration	Structured, shared communication artefacts that reduce decision latency.	Use of single-source-of-truth tracker; # handovers; handover completeness scores.
Digital/data integration	Interoperable, accessible data that enable cross-actor visibility.	Automated audit trail; real-time status visibility; data refresh latency.
Procurement performance	Efficiency, responsiveness, and transparency of urgent procurement episodes.	Cycle time; time-to-fulfil; % records with complete audit trail.
Moderators	Clinical risk, technical interdependence, regulatory/legal route.	Risk tier; number of interdependent services; route used (e.g., PPN 01/21 emergency).

3.5.7 Comparative insights from disaster relief and military logistics

Urgent procurement in healthcare shares structural features with humanitarian response and military logistics: high uncertainty, compressed timelines, multi-actor coordination and binding legal/ethical constraints. Humanitarian research foregrounds pre-negotiated flexible contracts, localised preparedness and real-time information sharing; military doctrine emphasises interoperable standards and decentralised execution within commander’s intent—a design that reconciles speed with integration. Transferable lessons include pre-approved vendor pools, modular specifications, standing/time-boxed approvals, and a shared operational picture. (Ma et al., 2022); [Humanitarian procurement SLR], 2024).

Table 10 Urgency Contextualisation

Context	Dominant constraint	Integration mechanism	Why it works	Transfer to healthcare?
Disaster relief surge	Extreme time compression; demand uncertainty	Pre-positioning; framework agreements; local purchasing	Cuts lead-times; reduces coordination latency	Yes—frameworks & local stock for critical SKUs
Military rapid acquisition	Need for speed + interoperability	Decentralised execution; modular specs; prototype OTAs	Aligns authority with information; fewer approval cycles	Partial—pre-approved pools; modular specs; time-boxed approvals
Pandemic PPE	Supply scarcity;	Dynamic vendor pools; expedited QA;	Expands feasible set quickly with	Yes—standing vendor pools

	quality risk; turbulence	data-sharing hubs	assurance controls	+ risk-based QA
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3.6 Conclusions

By exploring different types of procurement integration across varying hospital settings, supported by the existing literature and procurement models, I can understand the way in which integration is achieved to enhance the process of acquiring urgent goods and services, that ultimately improve or save lives. The results will indicate whether there is any one or a combination of multiple types of integration that complement this process. The literature review identifies the following starting integration types:

- Technology integration
- Communication integration
- Knowledge integration
- Process integration

Overall, the size of the organisation is likely to affect some of the interactions that procurement function has with internal and external stakeholders but also may act as a limiter to certain opportunities, especially if suppliers are purely revenue driven in which case may not work with smaller trusts.

This research proposes that existing strategies such as agile or lean procurement are inadequate in fulfilling urgent demand within healthcare sector where up until patient arrives and is diagnosed, it is uncertain what products or services might be needed. While both agile and lean procurement possess elements of flexibility,

adaptability and efficiency, they have inherent lack to speedily process urgent demand while remaining within the constraints of decision-making or procurement compliance. I suggest that a healthcare specific communication classification procedure would adopt certain elements from each strategy to formulate a framework based on communication to determine process based on urgent or standard procurement analysis. The standard procurement may follow the existing strategies if appropriate to meet non-urgent needs. This is where longer process and engagement may focus on value for money as implied by NHS procurement guidelines. The communication classification procedure would allow aid clinical and procurement professionals to reach quicker consensus and pave a path for much speedier and efficient turn around.

The practical contribution will touch on the practices within this field and guide procurement professionals and significant decision makers through implementation of integration to a level in which services are provided without adverse effects to patient care or cost, regardless of urgent or non-urgent requirements. I also find that while guidelines exist to support procurement decision making, contradictory objectives hinder the urgent procurement process, by referring urgent request to standard procurement practice. Differing clinical and procurement objectives confuse professionals elongating the procurement process. I find that a development of communication classification procedure that is currently unavailable in healthcare sector would streamline the urgent procurement process. Finally, the contributions derived from this research will aid the policy makers in developing new or improving existing guidelines, such as Public Procurement Note 01/21 which is focusing on emergency procurement in

response to Covid-19. covered under the Public Contract Regulations to tackle avoidable urgent procurement costs, thus reducing the year on year increasing overspend nationally. In addition, the research finds "tribal" mindset between departments that struggle to collaborate and align their interests. Nevertheless, personal qualification and achievements, particularly within the procurement function, will have a great influence over clinical engagement and therefore affect the success and efficiency of any procurement.

3.6.1 Limitations of the Research

Despite the comprehensive efforts to ensure the rigor and validity of this research, several limitations must be acknowledged. Recognizing these limitations is crucial for providing a balanced understanding of the findings and for guiding future research directions.

The sample size for this study was relatively small, which can affect the statistical power of the findings. A limited sample size may increase the margin of error and reduce the generalisability of the findings considering that I tested only 8 healthcare organisations out of nearly a 1, 000. In addition, the study utilised a cross-sectional design, capturing data at a single point in time. This design limits the ability to establish causality or examine changes over time. Longitudinal studies would be necessary to explore the dynamic aspects of the variables under investigation. The findings are context-specific and may not be applicable to different industries. There is also consideration given to participants whose differing experience, knowledge and exposure to urgent procurement, or lack of, would affect the findings. While the literature review clearly identifies integration and procurement concepts, I found that some participants did require prompts

and an explanation of integration in particular, which is likely due to limited prior exposure either professionally or academically.

Practical constraints, such as time and resource limitations, affected the extent and depth of the research. The way in which variables were defined and measure may limit the interpretation of the findings. Some complex constructs might have been oversimplified, not capturing their full scope and nuances. As an example, the research focuses on four distinct types of integration identified in the literature, however a deep dive into a single integration type may have unravelled a greater level of details and given more meaningful contribution.

3.6.2 Future Research

As I'm taking a snapshot in particular point in time, future research may take a more longitudinal approach to measure how different types of integration are developed through comparing the level of procurement integration with patient outcomes i. e. higher quality of care, reduction in morbidity, reduction of mistakes associated with procurement or expenditure stability (no spikes due to urgent procurement). Furthermore, the future research may uncover what leads to successful procurement integration implementation particularly within the urgent procurement perspective. This research may also act as a call for action to suppliers and healthcare organisations alike to create more collaborative opportunities and advanced supply chain management system to tackle elements such as product or service availability or cost difference between urgent and non-urgent demand, to improve the ways in which urgent procurement is fulfilled. Furthermore, procurement key performance indicators need to be reviewed and adapted to reflect the efficiency and accuracy of completing urgent procurement.

3.7 References to Chapter 3

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4 Designing a Communication Classification Procedure for Urgent Public Procurement in the UK Healthcare Sector (Paper 3)

4.1 Introduction

In public healthcare systems like the UK's National Health Service, the ability to rapidly procure essential goods and services during crises is paramount (Leu et al., 2021); Manroop & Singh, 2018). The need for urgent procurement becomes particularly critical during emergencies, such as the COVID-19 pandemic, where efficient communication between procurement teams, suppliers, and healthcare providers is essential for timely decision-making (Patrucco et al., 2020; Queiroz et al., 2020). To address the challenges of rapid procurement, communication delays, regulatory compliance, and supplier management, this PhD thesis proposes the design of a communication classification procedure specifically tailored for urgent procurement scenarios in the public sector. By integrating best practices from academic studies and real-world examples, the proposed system aims to enhance response times, collaboration, and overall procurement efficiency (Csáki & Adam, 2010). A communication classification procedure is a computerized information system that aids decision-making processes within an organisation. It gathers and analyses data, presenting it in a way that facilitates informed decisions.

The key research problem the paper addresses is how can a communication classification procedure be designed and implemented to enhance the efficiency, responsiveness, and transparency of urgent procurement processes in the UK's public healthcare sector?

The key components of the proposed procurement communication classification procedure include:

Identification of Need: Leveraging data analytics and demand forecasting, the system will enable healthcare providers to rapidly identify critical supply

shortages and communicate these needs to the procurement team (Kochan et al., 2017; Khan et al., 2024).

Communication Channels: The system will facilitate seamless communication between procurement teams, suppliers, and healthcare providers through a centralized platform, reducing delays and information silos (Okeagu et al., 2020).

Analysis of Existing Solutions: Leveraging a case-based reasoning approach, the system will draw upon a knowledge base of past procurement experiences to provide tailored recommendations for sourcing and evaluating potential solutions (Bing et al., 2012).

Procurement Process: The system will guide users through a structured procurement process, ensuring compliance with relevant regulations, while enabling rapid decision-making and execution (Qiu et al., 2009).

Sign-off and Delivery: The system will streamline the approval and delivery processes, providing visibility to all stakeholders and enabling proactive monitoring of order status (Bhuiyan & Thomson, 1999).

A communication classification procedure tailored for urgent procurement in the UK public healthcare sector provides substantial benefits in terms of speed, efficiency, and compliance. By streamlining communication, automating workflows, and providing real-time decision support, the system ensures the rapid and transparent procurement of essential goods and services during crises. The system design aligns with academic insights on the necessity of swift, transparent procurement processes in crisis management (Ammenwerth et al., 2020; Kauppi & Van Raaij, 2015). Implementing such a system in the NHS would enhance the UK's preparedness and ability to respond to future crises, safeguarding both healthcare providers and patients. (Khan et al., 2024).

The aim of the paper is to design a communication classification procedure supports procurement decision making under urgency based on identification of key challenges in urgent procurement. This is done by investigating the main barriers to efficient procurement in the NHS during crises, including communication delays, regulatory compliance issues, and supplier management

inefficiencies (Ammenwerth et al., 2020); Smith & Brown, 2018). It also examines best practices for crisis procurement by reviewing academic literature and real-world case studies on procurement practices during public health emergencies to establish critical success factors (Kauppi & Van Raaij, 2015; Jones et al., 2019). Furthermore, the paper focuses on designing a communication classification procedure by developing a system framework integrating efficient communication, automated workflows, and decision-making tools tailored to NHS procurement needs (Taylor & Wilson, 2021; Patel et al., 2020). The potential impact of the proposed CDSS will be evaluated by assessing how the system could improve procurement response times, collaboration among stakeholders, and adherence to regulatory requirements (Green & Clark, 2017). The paper provides recommendations for implementation by offering strategic guidelines for deploying the CDSS within the NHS, considering technical, organisational, and policy-related aspects (Johnson & Lee, 2016). Lastly, it explores how implementing the CDSS could strengthen the NHS's long-term ability to manage urgent procurement (Miller & Davis, 2019).

4.2 Literature Review

Decision support systems (DSS) are computerized systems designed to assist decision-makers by providing data analysis, modelling, and visualization capabilities. In procurement, DSS can enhance decision-making by improving resource allocation, reducing supply chain inefficiencies, and enabling data-driven procurement strategies. According to Govindan et al. 2015), DSS facilitate strategic decisions in supply chains by leveraging real-time data to optimize procurement processes. This becomes particularly critical in healthcare, where procurement systems need to be responsive and flexible to handle sudden changes in demand, such as those caused by public health crises like COVID-19. (Khan et al., 2024).

Urgent procurement DSS are particularly valuable in public healthcare because they allow for the rapid acquisition of necessary supplies while reducing risks of stockouts, price inflation, and procurement delays. Christopher and Towill 2000) discuss the importance of agile supply chain management systems, which are

essential in responding to fluctuating demand for critical medical equipment, as seen during pandemics or other emergencies. DSS can enhance the agility of procurement by enabling the analysis of multiple scenarios and predicting supply chain disruptions, allowing healthcare organisations to act proactively.

Various types of DSS cater to different decision-making needs:

1. Model-Driven DSS - These systems use mathematical and analytical models to support decision-making by simulating scenarios and generating optimal solutions.
2. Data-Driven DSS - This type focuses on analysing large datasets to uncover patterns, trends, and insights that guide decision-making (Gamil, 2020).
3. Document-Driven DSS - Document-driven systems organise and retrieve unstructured information (such as text, reports, and documents) to assist in decision-making.
4. Knowledge-Driven DSS - These systems use expert knowledge and rule-based approaches to provide recommendations and advice to decision-makers.

The choice of DSS type depends on the specific needs of the organisation and the decision-making context (Lumasag et al., 2021).

4.2.1 Necessity of DSS in Public Healthcare Organisations

In the dynamic healthcare landscape of the United Kingdom, efficient procurement processes and streamlined decision-making systems are increasingly vital. As the National Health Service (NHS) faces growing pressures around resource allocation, cost-effective acquisitions, and timely delivery of essential medical supplies, implementing robust procurement decision support systems has become a strategic priority (Kanyoma et al., 2013).

Research has highlighted the challenges faced by public healthcare organisations in the UK, particularly regarding procurement practices. A persistent issue has been the integration of management and financial

information systems that align resource usage with costs, which has led to gaps and inefficiencies in the procurement process (Hinrichs et al., 2022). The involvement of multiple stakeholders with varying responsibilities and expertise often exacerbates these challenges, leading to delays and suboptimal decision-making (Willcocks & Mark, 1989).

To address these issues, the adoption of urgent procurement communication classification procedure offers a transformative solution. Such systems provide a centralized platform for streamlining procurement, enabling data-driven decision-making, and fostering transparency and accountability (Aritua et al., 2009).

Incorporating strategies like the ABC-VAN matrix into pharmaceutical procurement can help align needs with available funds, leading to more rational procurement decisions (Gamil, 2020). Additionally, the integration of quality assurance programmes, supplier performance monitoring, and reliable financial management enhances the success of procurement systems.

By integrating information technology and procurement decision support tools, public healthcare organisations in the UK can optimize resource usage, minimize stock-outs, and ensure the timely delivery of essential medical equipment. These systems support more efficient and effective procurement, ultimately improving healthcare outcomes across the country (Gamil, 2020); Malik et al., 2013; Kanyoma et al., 2013).

4.2.2 Communication Based DSS

Effective communication is fundamental to the delivery of healthcare, ensuring the accurate and timely exchange of patient information, treatment plans, and critical updates among healthcare providers, administrators, and patients. In the United Kingdom's public healthcare system, the National Health Service (NHS), the scale and complexity of operations make efficient communication systems indispensable. A communication classification procedure enhances communication by streamlining workflows, reducing errors, and improving patient outcomes. This section justifies the implementation of CDSS in the UK public

healthcare system by demonstrating how it addresses common communication challenges and offers significant benefits to healthcare delivery.

Enhancing Coordination Across Multiple Healthcare Providers

Public healthcare in the UK is decentralized, with care provided by hospitals, general practitioners (GPs), community care services, and specialist clinics. Coordination across these services is crucial, particularly for patients with complex or chronic conditions who require multidisciplinary care. A CDSS serves as a centralized communication hub, enabling real-time information exchange among stakeholders. (Khan et al., 2024).

For example, when a patient is discharged from the hospital, a CDSS can notify community health teams and primary care providers with relevant patient data, such as medical history, medications, and follow-up care instructions. This mitigates the risk of communication delays and ensures that all involved healthcare professionals are informed, reducing errors such as missed follow-up appointments or medication mismanagement (Ammenwerth et al., 2020). Effective coordination improves continuity of care, particularly in complex cases where timely interventions are critical.

Reducing Communication-Related Medical Errors

Communication breakdowns are one of the leading causes of medical errors in healthcare systems. These errors, such as incorrect treatments or delayed diagnoses, often result from inadequate or delayed information exchange (Singh et al., 2019). A CDSS can address these issues by standardizing communication protocols and ensuring that critical information reaches the right professionals at the right time.

For instance, a CDSS integrated with Electronic Health Records (EHR) can automatically send alerts to healthcare teams when a patient's condition deteriorates or when diagnostic test results indicate the need for urgent action. In busy NHS settings where patient volumes are high, such automated alerts help ensure that vital information is not overlooked, especially during handovers or

shifts (Walker et al., 2021). This reduces the likelihood of preventable errors and enhances patient safety.

Improving Patient Engagement and Communication

Patient engagement is increasingly recognized as a vital element of effective healthcare delivery. Engaged patients who understand their conditions and treatment options are more likely to adhere to care plans, leading to better health outcomes. A CDSS supports this by providing a platform for patient communication, where patients can receive reminders for medication, updates about their care plans, and notifications for appointments.

In public healthcare systems like the NHS, where patient-centred care is a key objective, CDSS can be used to enhance service delivery. Automated messaging, for example, can remind patients of upcoming appointments, reducing no-show rates and improving clinic efficiency (Lindgren et al., 2018). Additionally, during health crises, such as the COVID-19 pandemic, CDSS can be instrumental in communicating public health updates, vaccination information, and other important messages to large populations efficiently.

Supporting Compliance with Healthcare Regulations and Standards

The NHS must comply with various regulations, including data protection laws such as the General Data Protection Regulation (GDPR), which governs the secure and ethical sharing of patient information. A CDSS can help ensure compliance by enforcing communication protocols that meet legal standards and by automating processes that facilitate secure information exchange.

For example, CDSS can log communication events and ensure that only authorized personnel access sensitive patient data. This helps to maintain data privacy and security, particularly during patient handovers or referrals where accurate and secure information sharing is crucial. Automated tracking and documentation of communications ensure compliance with regulatory requirements and reduce the risk of breaches (Car et al., 2020).

Optimizing Resource Utilisation and Reducing Costs

Healthcare organisations like the NHS operate under constant pressure to manage resources efficiently while reducing operational costs. Communication inefficiencies, such as fragmented information systems or time-consuming manual updates, can increase administrative burdens and result in unnecessary delays.

By automating communication processes, CDSS can reduce these inefficiencies. For instance, a CDSS can handle appointment scheduling, staff coordination, and patient record updates, freeing healthcare professionals to focus on clinical tasks rather than administrative duties. As a result, workflow efficiency is improved, and the costs associated with communication-related delays and errors are reduced (Lenz & Reichert, 2007). Ultimately, the financial sustainability of public healthcare systems like the NHS is supported through these efficiencies.

Facilitating Remote and Telehealth Services (Requião-Moura et al., 2024).

The COVID-19 pandemic accelerated the adoption of telehealth and remote care services in the UK. As a result, healthcare communication systems must be robust enough to support virtual healthcare delivery. CDSS enables healthcare providers to communicate with patients remotely, manage virtual consultations, and share diagnostic information in real-time. (Requião-Moura et al., 2024) (Khan et al., 2024).

In rural areas or for patients with mobility issues, CDSS can ensure continuity of care by allowing healthcare professionals to monitor patient progress and provide treatment updates remotely. This reduces the need for patients to travel to healthcare facilities and ensures timely interventions (Gorniak et al., 2021). CDSS integration with telehealth platforms further enhances the ability to deliver care in a cost-effective and efficient manner, especially in remote and underserved regions. (Requião-Moura et al., 2024).

Urgent procurement in public healthcare is critical, particularly during emergencies when timely access to medical supplies can mean the difference between life and death. Communication classification procedure offer valuable

solutions for improving the efficiency, accuracy, and speed of procurement processes in healthcare settings. This literature review examines the role of urgent procurement DSS in public healthcare, particularly in the UK, focusing on their potential benefits, challenges, and areas for improvement. The discussion draws from both healthcare and supply chain management literature to provide a comprehensive analysis.

4.2.3 Benefits of DSS in Urgent Procurement

One of the primary benefits of DSS in urgent procurement is the system's ability to centralize and analyze data. According to Gadde and Håkansson 2001), centralized procurement systems improve coordination between departments and external suppliers, reducing the duplication of efforts and enabling quicker decision-making. In the healthcare context, this means that hospitals can respond more quickly to sudden surges in demand for medical supplies by consolidating procurement requests across departments and forecasting needs based on historical and real-time data. (Khan et al., 2024).

DSS also enhances transparency and accountability in procurement processes. A study by Zsidisin and Wagner 2010) found that organisations utilizing DSS for procurement experienced fewer instances of fraud and reduced procurement errors. In healthcare, where large volumes of expensive and critical supplies are procured, ensuring accountability is crucial. DSS systems allow healthcare organisations to track and audit procurement decisions, ensuring that resources are being used efficiently and ethically.

Further, DSS can significantly reduce procurement lead times by automating routine processes such as supplier selection, order placement, and inventory tracking. Ting and Cho 2008) highlight that automation in procurement decision-making leads to quicker transactions and reduces human errors. This capability is particularly beneficial in urgent procurement settings, where delays in acquiring medical supplies can severely impact patient care.

4.2.4 Challenges in Implementing DSS in Urgent Procurement

Despite the clear benefits, several challenges hinder the implementation of DSS in urgent procurement, particularly in public healthcare settings. One of the most common challenges is the integration of DSS with existing legacy IT systems. Many public healthcare organisations operate using outdated procurement systems, making it difficult to incorporate modern DSS capabilities. Malik et al. (2013) emphasize that the lack of interoperability between different information systems is a major barrier to DSS adoption, particularly in large public organisations like the NHS.

Resistance to change is another critical barrier. Healthcare procurement professionals, accustomed to traditional procurement methods, may be hesitant to adopt new technologies. Car et al. (2020) note that resistance to technological change is particularly pronounced in healthcare organisations with complex, hierarchical structures, where decision-making is often slow, and procurement processes are deeply entrenched.

A third challenge is the lack of high-quality, real-time data. As Paulraj et al. (2008) argue, DSS are only as effective as the data they process. In many public healthcare systems, data collection is fragmented, and there is a lack of real-time visibility into stock levels, supplier performance, and patient needs. This can limit the ability of DSS to provide accurate and timely procurement recommendations. (Khan et al., 2024).

4.2.5 Barriers of DSS Implementation

Overcoming these barriers requires a multi-pronged approach that includes investments in technology, changes in organisational culture, and improved data management practices. Govindan et al. (2015) suggest that integrating DSS with other supply chain technologies, such as radio-frequency identification (RFID) and enterprise resource planning (ERP) systems, can improve data collection and enhance the real-time visibility of supply chains. By leveraging these technologies, healthcare organisations can create a more seamless procurement process. (Khan et al., 2024).

To address resistance to change, Ammenwerth et al. 2020) argue for a participatory approach to DSS implementation, where procurement professionals and other stakeholders are involved in the design and deployment of the system. Training programmes and change management initiatives can also help to ease the transition and increase the likelihood of successful adoption. Improving data quality is a critical component of successful DSS implementation. Gadde and Håkansson 2001) highlight the importance of accurate and comprehensive data collection for enabling data-driven decision-making in procurement. Investing in modern data management tools and ensuring that data is consistently updated and validated can enhance the effectiveness of DSS.

While existing research highlights the benefits and challenges of DSS in urgent procurement, there are several gaps that need to be addressed. One area that requires further exploration is the role of artificial intelligence (AI) and machine learning (ML) in enhancing DSS capabilities. According to Walker et al. 2021), AI-driven DSS can offer more sophisticated decision-making tools by analyzing vast datasets, identifying trends, and providing predictive insights. Research into how AI and ML can be integrated into DSS to optimize procurement during emergencies is needed. (Khosravi et al., 2024; Khan et al., 2024).

Additionally, there is a lack of research on the long-term impacts of DSS on healthcare procurement. Many studies focus on short-term gains, such as reduced lead times or cost savings, but there is limited evidence on how DSS can contribute to sustainable procurement practices in healthcare (Pagell et al., 2010). Future research should investigate the long-term benefits of DSS, particularly in terms of resource optimization and environmental sustainability.

The CDSS will offer several core features to ensure the efficiency and effectiveness of urgent procurement processes. Effective communication is critical in urgent procurement scenarios. The CDSS will provide a centralized communication hub, enabling instant messaging between procurement teams and suppliers, real-time notifications for urgent tenders, and mobile integration. This ensures that stakeholders can respond to procurement requests even when working remotely or in field conditions. Studies have demonstrated that

communication delays are a significant bottleneck in emergency procurement (Gorniak et al., 2021), making real-time communication crucial for reducing response times. (Khan et al., 2024).

In urgent procurement, bypassing or expediting standard bureaucratic processes without compromising transparency is essential. The CDSS will streamline tender creation, supplier evaluation, and selection processes. Automated features include pre-built templates for urgent tenders, automatic scoring and ranking of suppliers based on urgency criteria, and fast-tracking approvals through real-time notifications. This automation has been shown to significantly reduce procurement delays during crises (Lindgren et al., 2018). (Khan et al., 2024).

The CDSS will maintain a database of pre-qualified suppliers vetted for their ability to respond to urgent needs. Suppliers will be ranked based on their previous performance in emergencies, financial stability, ethical practices, and capacity to meet urgent demand. Real-time updates on supplier availability, stock levels, and emergency bids will enable procurement teams to make rapid decisions without lengthy processes (Kauppi & Van Raaij, 2015). (Khan et al., 2024).

Leveraging data analytics, the CDSS will provide decision-makers with insights into supplier performance, cost comparisons, and real-time stock availability. By analyzing factors such as delivery times and logistics delays, the system supports data-driven decision-making, which optimizes procurement for speed, cost, and quality. Research shows that AI-driven analytics can significantly enhance procurement efficiency, particularly in time-sensitive situations (Ammenwerth et al., 2020). (Khosravi et al., 2024; Khan et al., 2024).

Even during urgent procurement, compliance with public procurement laws remains crucial. The CDSS will perform real-time compliance checks to ensure adherence to UK regulations, automate documentation and reporting processes, and generate audit trails to maintain transparency in procurement activities, even in emergency situations (Walker et al., 2021). (Khan et al., 2024).

By addressing the pressing needs of urgent procurement in the UK healthcare system, the proposed CDSS design offers a robust solution to enhance procurement efficiency, streamline communication, and ensure compliance with regulatory standards.

4.3 Methodology

The study utilizes a qualitative research design aimed at exploring patterns, themes, and meanings embedded in previously collected interview data. Qualitative research is particularly suited to this study as it focuses on understanding participants' subjective experiences and perspectives (Creswell, 2013). In this case, the use of secondary interview data provides rich narratives that facilitate a deeper exploration of the research questions.

The decision to use previously collected interview data offers both efficiency and effectiveness, especially when access to primary participants is limited or ethical constraints restrict further data collection (Heaton, 2004). Moreover, analysing existing datasets from a new perspective of DSS can yield additional insights without the need for conducting new interviews.

The selection of NHS and private healthcare organisations was driven by the need to gather robust data that could inform the gaps of communication and difficulty in making swift decision when faced with urgent procurement needs. To facilitate this selection, secondary data comprising national procurement metrics, defined and agreed upon by a working group of procurement heads and analysts, was accessed through the Model Hospital portal (NHS England - Model Hospital). Following approval from NHS ethical committees, the data was extracted as an Excel report, allowing organisations to be categorised based on size, expenditure (both contractual and non-contractual), and initial procurement integration levels which provide preliminary assessment of how efficiently organisations respond to urgent procurement.

Model Hospital serves as a data-driven improvement tool that supports health and care systems in optimizing patient outcomes and population health (Model Health System, n. d.). It offers benchmarked insights into care quality,

productivity, and organisational culture, identifying areas for improvement. Its comprehensive dataset is sourced from 228 NHS hospitals. A spend, supplier base, and procurement efficiency ranking report from the portal informed assumptions derived from the literature review on procurement integration levels.

Organisational Profiles

The selection process began with an analysis of data from the Model Hospital portal, using both qualitative and quantitative information from NHS organisations to gauge their procurement operations' maturity. Procurement maturity was assessed based on a range of dimensions aligned with the Government Commercial Function framework

The organisations selected via non-probability sampling method had to meet the following criteria:

Public Organisations

- Provide urgent treatment services
- Possess a dedicated procurement department/lead
- Strong alignment with NHS Supply Chain (for low integration)
- Weak alignment with NHS Supply Chain (for high integration)
- Evidence of consistent data submissions to Model Hospital

Private Organisations

- Provide complex treatment services
- Possess a dedicated procurement department/lead

Participant Profiles

I held interviews with procurement professionals and internal stakeholders, with intention to branch out upon obtaining information on specific urgent procurement requirements or events. The selection criteria for the procurement professionals are outlined as follows:

- Senior position such as Senior Category Manager or Head of Procurement

- Experience in procuring or overseeing procurement of urgent items/services
- Experience in developing strategies/policies for long-term planned procurement
- Awareness of national procurement initiatives
- As for the clinical function representation, the eligibility criteria are:
- Experience in working with procurement
- Urgent patient treatment experience
- Position of a Clinical Leader, Matron, Consultant or equivalent
- Preferable involvement in standard and urgent procurement

4.3.1 Data

The key differing factor of this PhD thesis is focus on the communication and decision-making process when faced with urgent procurement rather than strictly looking at levels of procurement integration within healthcare organisations and how that affects delivery of services. The key themes that emerged from the primary data collection highlighted disparity between clinical and procurement objectives thus creating a clash culture that hinders delivery of services particularly in urgent scenarios. That data revolves around four key integration types, measuring how each of them affects urgent procurement integration, all of which rely on communication, which is a primary focus of this PhD thesis. By deriving the communication and decision-making challenges captured in the primary data collection, I am able to utilise this information to effectively construct a communication classification procedure while providing meaningful contribution to the research.

I took approach of a case study of eight cases, five public and three private providers of healthcare in the UK, whose procurement process includes a wide range of medical and non-medical consumable items, typically needed by hospitals. Data was collected via interview of thirteen clinicians and seventeen procurement managers across all eight organisations, supplemented by the Model Hospital information providing insight into the procurement data such as type of spend or routes to market.

The coding process was followed in line with Gioia methodology which comprises of initial coding i. e. read through interview transcripts and assign codes to relevant segments. This gradually allows for emergence of themes than in turn can be grouped to identify patterns. The initial review of transcripts provided a basis of terms and themes strictly from the perspective of the interviewees, which was then further analysed to extract concepts in support of the research objectives (Gioia, 2021).

4.3.2 Inductive Reasoning

The inductive approach is particularly suited to research questions aiming to explore, explain, or generate hypotheses about complex or poorly understood phenomena. This approach is especially appropriate when the objective is to uncover underlying patterns or relationships, as is the case with this research, which emphasizes communication between procurement and clinical functions, past experiences, and actions leading to urgent procurement scenarios. Inductive reasoning is well-aligned with objectives such as exploration, theory-building, or generating novel insights. This methodology allows researchers to iteratively refine hypotheses based on empirical observations, ultimately leading to the development of new theories or insights (Garbuio & Lin, 2021); Edmondson & McManus, 2007).

While inductive reasoning and deductive reasoning share similarities, inductive reasoning is distinct in that it draws conclusions based on observations rather than relying solely on general rules. This is particularly pertinent in urgent procurement contexts where incomplete observations often guide decision-making. The inductive approach is well-suited for research aiming to generate theories or predictive models. By employing this method, researchers can synthesize empirical data into actionable insights, ensuring relevance to real-world scenarios (Edmondson & McManus, 2007); Garbuio & Lin, 2021).

The applicability of the inductive approach depends on several factors, including the nature of the phenomenon under investigation, available data, and practical constraints. In interdisciplinary or applied research settings, where multiple perspectives and methodologies are valuable, inductive reasoning can facilitate

the integration and synthesis of diverse insights. Despite its exploratory nature, methodological rigor is essential for ensuring the validity and reliability of findings. This involves documenting reasoning processes, considering alternative hypotheses, and evaluating competing explanations. Adherence to rigorous standards enhances the credibility and trustworthiness of inductive research, even when addressing uncertain or dynamic phenomena (Edmondson & McManus, 2007).

The inductive approach aligns with a realist ontology, which assumes an objective reality independent of human perception (Sondhi, 2011). Within this framework, researchers aim to uncover patterns and structures embedded in observed data through inference. Realism supports the notion that observed phenomena reflect underlying regularities that can be understood and explained, albeit with limitations. While inductive reasoning does not require strict adherence to any specific ontological stance, its alignment with realism underscores its focus on uncovering objective truths or regularities (Edmondson & McManus, 2007; Sondhi, 2011). Furthermore, the McManus Methodological Fit framework highlights the suitability of the inductive approach in research contexts characterized by complex phenomena, exploratory goals, and interdisciplinary perspectives. This framework helps researchers ensure that their methods align with research objectives and context, thereby justifying the choice of inductive reasoning (Edmondson & McManus, 2007).

For this research, the selection of NHS and private healthcare organisations was guided by the need to explore integration types and their benefits in the urgent procurement process. The study also aimed to measure the extent to which these organisations experience challenges associated with urgent procurement and to identify patterns within their processes. To facilitate this selection, secondary data from a set of national procurement metrics was collected through the Model Hospital portal. This portal, an improvement tool developed by NHS England, provides benchmarked insights into care quality, productivity, and organisational culture. Data from 228 NHS hospitals were accessed following ethical approval, enabling categorization of organisations based on size, spend, and procurement

integration levels (Model Health System, n. d.). The data extracted from the Model Hospital portal included metrics on spend, supplier base, and procurement efficiencies. These metrics informed assumptions about integration levels derived from the literature review. The data were further analysed using the Gioia methodology, which involves a systematic coding process to identify themes and patterns. Initial coding involved reviewing interview transcripts and assigning codes to relevant segments. This process facilitated the emergence of themes from the interviewees' perspectives, which were then refined and grouped into concepts that supported the research objectives (Gioia, 2021). By utilising inductive analysis, the research gains a structured approach to exploring the rich narratives embedded in the secondary interview data, offering valuable insights into the studied phenomena.

Interview transcripts often contain detailed, nuanced data, which can be reanalysed from different perspectives. Secondary data allows researchers to explore new research questions that were not the original focus of the study, providing opportunities for additional insights (Irwin, 2013). Secondary data analysis minimises the burden on participants by avoiding the need for additional interviews. This is particularly valuable when working with vulnerable populations or sensitive topics where participant fatigue may be an issue (Bishop, 2007).

Ensuring the reliability and validity of data collection is critical in any research process, especially when adopting an inductive approach. Reliability refers to the consistency and dependability of the data collection process, meaning that repeated observations or analyses should yield similar results (Creswell & Poth, 2018). In this study, reliability is enhanced through the systematic application of the Gioia methodology, which involves iterative coding and refinement of themes. The Gioia methodology provides a structured approach to thematic analysis, reducing researcher bias and ensuring that findings are consistently derived from the data (Gioia, 2021). Additionally, the use of national procurement metrics from the Model Hospital portal ensures consistency in data collection, as these metrics are standardised across NHS hospitals. This standardised dataset mitigates variability and enhances the reliability of the findings.

Validity, on the other hand, refers to the extent to which the research accurately reflects the phenomena it aims to study (Lincoln & Guba, (1985). In qualitative research, validity is often discussed in terms of credibility and trustworthiness. The validity of this study is bolstered by triangulation, which involves using multiple data sources to corroborate findings. By combining primary data from interviews with secondary data from the Model Hospital portal, the research achieves a more comprehensive understanding of urgent procurement processes. Moreover, adherence to ethical guidelines, including obtaining appropriate consent and anonymising participant data, enhances the integrity of the research process (Parry & Mauthner, 2004).

Despite the methodological rigor employed, potential limitations affecting reliability and validity must be acknowledged. For instance, secondary data may lack contextual information, such as non-verbal cues or environmental factors that could influence participants' responses, but also the dataset might become dated with time (Irwin, 2013). These contextual gaps can impact the validity of interpretations, as they may omit critical elements of the original data collection context, particularly if significant time had passed since data collection and circumstances changed. To mitigate this issue, the study employs a transparent documentation process, detailing how assumptions were made based on available data and literature, while clearly referencing the sources. By systematically addressing potential biases and rigorously documenting analytical decisions, the research enhances both reliability and validity, ensuring that the findings provide meaningful insights into the urgent procurement landscape within UK healthcare.

4.3.3 Ethical Considerations

When conducting secondary data analysis, it is essential to ensure that the original interview participants provided informed consent for their data to be reused in future research. This involves reviewing the original consent forms to verify that the terms of consent align with the scope of the current research (Parry & Mauthner, 2004).

Even though secondary data is being used, maintaining the confidentiality and anonymity of participants remains critical. Identifying information within the interview transcripts must be anonymized to protect participants' privacy. This step is particularly important when working with sensitive or personal data.

Researchers often need separate ethical approval from their institution when reusing secondary data, even if the data was previously collected. This process ensures that the reuse of the data complies with ethical standards for human subjects research (British Psychological Society, 2014).

4.3.4 Limitations

Secondary data may lack important contextual details about the original research process, such as non-verbal cues, interviewer dynamics, or environmental factors that may have influenced participants' responses (Irwin, 2013). These missing elements can limit the depth and accuracy of the data interpretation. The original purpose of the data collection may not align perfectly with the current research objectives. Discrepancies between the research questions of the original and current studies can lead to gaps in addressing the present focus (Heaton, 2004).

In qualitative research, follow-up interviews are often crucial for clarifying responses or delving deeper into certain topics. This is not possible with secondary data, which can limit the richness of the analysis and restrict the exploration of complex issues (Long-Sutehall et al., 2011). This is also true for time sensitive research, where additional data cannot be collected due to timescale constraints.

4.4 Findings

Procurement decision-making is a complex process that involves various stakeholders, criteria, and constraints. Effective procurement decisions require comprehensive information gathering, analysis, and evaluation of alternatives (Manucharyan, 2021). To address this challenge, a procurement communication classification procedure can be a valuable tool for organisations. (Voorberg et al., 2021). The design of a procurement communication classification procedure

should encompass the key stages of the procurement process, including identification of need, communication channels, analysis of existing solutions, the procurement process itself, sign-off, and delivery all while considering the urgency of the need (Wong, 1995). Figure 11 outlines the considerations and steps required to initially ascertain whether the urgent procurement is warranted while allowing for steps to be taken to meet the demand quickly.

4.4.1 Analyse Risk Profile

Procurement plays a pivotal role in maintaining operational efficiency and achieving organisational objectives. However, in today's volatile business environment, characterized by complex supply chains, fluctuating demand, and external shocks, the need for urgent procurement often arises. These situations are typically triggered by unforeseen events, such as supply chain disruptions, geopolitical conflicts, or environmental catastrophes (Christopher & Peck, 2004).

Analysing risk profiles offers a structured approach to evaluate when urgent procurement is necessary. By identifying, assessing, and categorising risks, organisations can mitigate the adverse effects of procurement delays or excessive urgency, such as inflated costs or operational shutdowns (Chopra & Sodhi, 2014). The first step in risk profile analysis is risk identification, which involves recognising potential risks that may disrupt procurement processes or operational activity of the organisation. Risks can originate from various sources, including internal inefficiencies, external market conditions, or systemic vulnerabilities within the supply chain (Tang, 2006). Methods such as historical data analysis, supply chain mapping, and stakeholder interviews are effective for uncovering these risks. After identification, risk assessment quantifies the likelihood and potential impact of these risks. Common tools for assessment include risk matrices, which prioritise risks based on likelihood and severity (Hillson & Simon, 2020), and Monte Carlo simulations, which model uncertainty and predict outcomes under varying scenarios (Schlegel & Trent, 2014). Scenario analysis, which explores hypothetical situations, is also valuable for assessing preparedness for different risk events (Wagner & Bode, 2008) albeit those are not as common within the public sector in the UK.

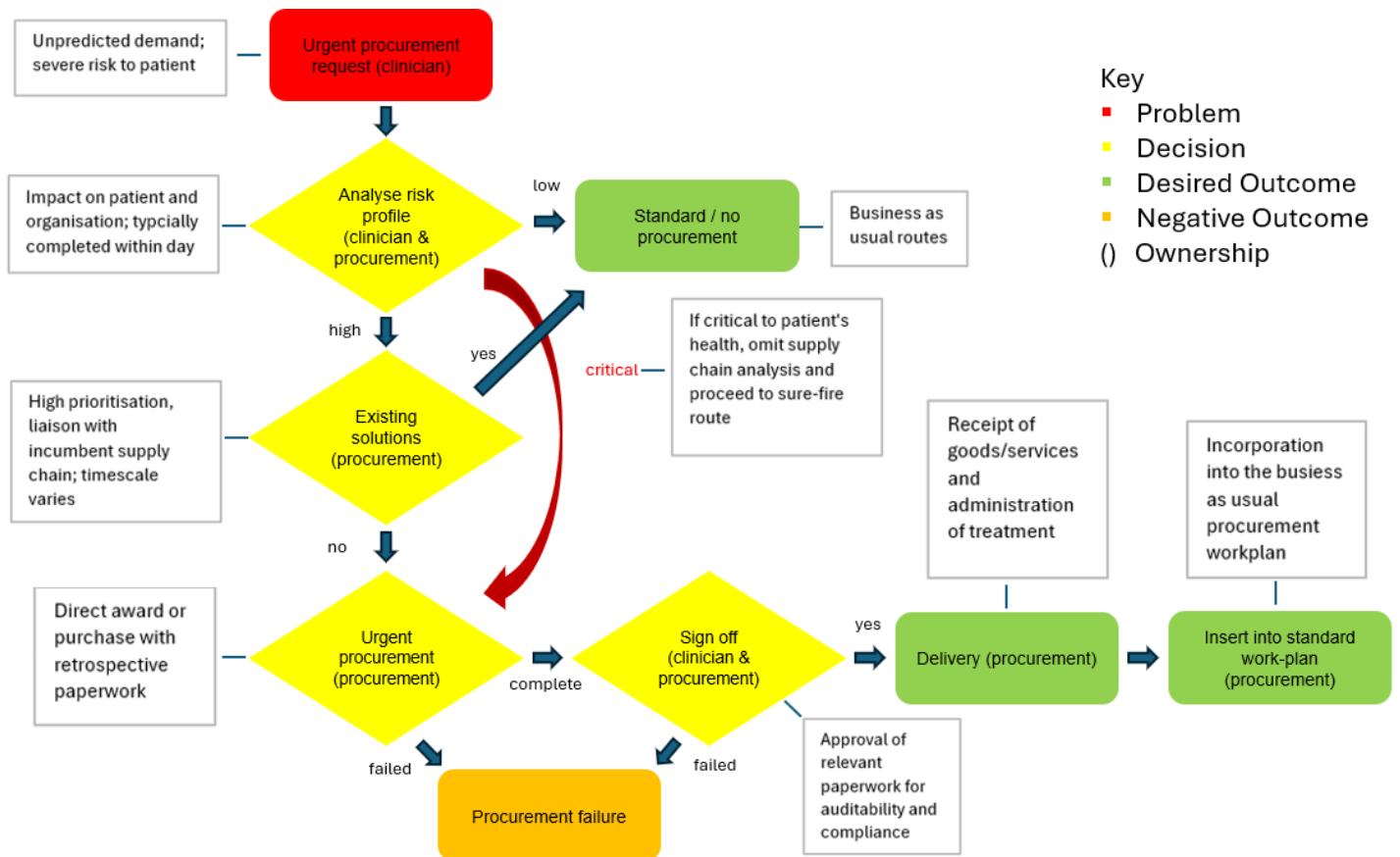


Figure 11 Decision Classification Procedure

Monitoring and early warning systems play a critical role in proactive risk management. Predictive analytics, leveraging machine learning to analyse real-time data such as supplier performance or global market trends, enable the forecasting of disruptions (Dubey et al., 2020). Key risk indicators, such as lead time variability, supplier reliability scores, or inventory turnover rates, serve as metrics to detect potential procurement risks allowing to commence the formulation of a procurement strategy be it standard or urgent, including routes

to market, evaluation period, approvals and timescales for delivery. (Khan et al., 2024).

Risks can be categorised into internal and external risks; internal such as inventory mismanagement, procurement inefficiencies, or communication breakdowns, all of which originate within the organisation (Zsidisin & Ritchie, 2008). External risks are broad and typically unavoidable or unpredictable, such as geopolitical issues, natural disasters, or global economic fluctuations, are beyond the organisation's control (Manuj & Mentzer, 2008). It is important to analyse risks based on their dimensions, considering both short-term and long-term impacts. Short-term risks, such as delayed shipments causing production halts, have immediate effects. In contrast, long-term risks, such as reputational damage due to unmet customer demands, can lead to sustained market share losses (Ponomarov & Holcomb, 2009). To determine when urgent procurement is necessary, organisations must establish predefined thresholds that may be quantitative, such as inventory dropping below a specific safety stock level, or qualitative, such as reputational risks or harm to patients (Giannakis & Papadopoulos, 2016). Risk prioritisation enables organisations to rank risks based on their significance. Techniques such as failure mode and effects analysis (FMEA) analyse potential failure points and their effects, while the analytic hierarchy process (AHP) assigns weights to decision-making criteria, including cost, time, and operational impact (Stamatis, 2003; Saaty, 2008).

4.4.2 Identification of Urgent Need

The first step in the procurement decision-making process is to accurately identify the organisation's needs typically, but not limited to, by the clinical stakeholder. This involves assessing the current state of operations, understanding the specific requirements, and determining the appropriate procurement strategy (Manucharyan, 2021); Abigail, 2020).

While the initial step in need identification is submitting a formal procurement request there needs to be a mechanism that distinguishes between urgent and non-urgent procurement need. The communication classification procedure can streamline this step by providing a standardised template for entering essential

details, such as item description, purpose, quantity, urgency, and any potential vendors. This standardisation is critical, as it ensures consistency across requests and enables straightforward comparisons during subsequent analysis stages that would aim to shift the urgent need into the standard procurement in the future (Luzzini et al., 2012). The request submission necessitates the inclusion of justification for the purchase, such as anticipated benefits, alignment with strategic objectives, and estimated budgetary impact. By requiring this level of detail, the tool reduces the risk of ambiguous or unjustified procurement requests, helping to prevent unnecessary expenditures and streamline approval processes (Bakker et al., 2008).

To differentiate between urgent and non-urgent procurement needs, organisations often establish criteria for assessing the urgency of requests. This may involve analysing the impact of delayed procurement on operations, the risk of stockouts, and the strategic importance of the goods or services. Decision-making frameworks, like the Kraljic Matrix and Total Cost of Ownership (TCO), can support organisations in categorising procurement activities based on urgency and criticality (Kraljic, (1983); Ellram, 1995). Distinguishing between urgent and non-urgent procurement is a vital capability for organisations striving for effective resource allocation, cost control, and risk management. Urgent procurement focuses on rapid response to immediate needs, often prioritising speed and availability over cost, whereas non-urgent procurement leverages strategic sourcing techniques to optimise quality, cost-effectiveness, and supplier relationships. By establishing clear criteria and employing tools like communication classification procedure, organisations can efficiently manage both urgent and non-urgent procurements, enhancing their ability to respond to dynamic demands while maintaining strategic alignment with organisational objectives. A single criterion or a combination of any would qualify the request to be treated as urgent.

The key criteria, as derived from the primary data collection and literature, that aid the process of qualifying a need as urgent are as follows:

1. Items critical to service provision, absence of which result in death, harm or deterioration of patient's health
2. Items which could not have been foreseen to be required and comply with point 1
3. Items critical to continuous service provision that are at a risk of shortage and/or long lead time

In any case, the lack of item that is deemed urgent would have a negative impact on the patient, but also reputation and possibly financial position of the organisation due to duty of care that is at risk of being met.

Once a request is submitted, it undergoes a validation process within communication classification procedure to ensure it aligns with organisational policies, budget constraints, and strategic priorities. This validation process typically involves a set of checks that confirm whether the requested item is in stock, if there are existing contractual obligations with vendors, or if it is eligible for alternative sourcing options. By carrying these checks, the tool minimises the risk of readily available alternative solutions and reducing the likelihood of approval bottlenecks (Van Weele, 2018).

The need validation process also supports multi-level approval mechanisms, where more significant requests require multiple authorizations. NHS organisations need to spend money wisely and structure supporting multi-level approval processes improve organisational accountability and reduce risks of unauthorised purchases although it can delay the process if necessary signatories are not included in a timely manner (Ellram & Carr, (1994).

Communication and Collaboration in Need Identification

In urgent procurement scenarios, effective communication channels play a vital role in ensuring the swift, accurate exchange of information necessary for timely and efficient decision-making. These scenarios often involve time-sensitive demands, where delays or miscommunication can lead to costly repercussions, such as operational disruptions, financial losses, or reputational damage (Thai, 2001). Effective communication within urgent procurement scenarios enhances

the speed, accuracy, and accountability of procurement decisions, facilitating collaboration across departments, streamlining supplier interactions, and supporting real-time data sharing (Handfield, Monczka, Giunipero, & Patterson, 2011). (Khan et al., 2024).

Urgent procurement scenarios require rapid coordination between multiple stakeholders, including procurement teams, suppliers, logistics providers, and internal departments. Effective communication channels are essential to establish clear expectations, manage risks, and avoid duplication of effort. Poor communication in urgent situations can lead to delays, misinformation, and errors that exacerbate the challenges of timely procurement (Bakker et al., 2008). During time-sensitive procurement, communication channels must be reliable, fast, and structured to support quick decision-making. In addition to facilitating quick data sharing, these channels play a significant role in monitoring the procurement process, ensuring compliance, and enabling organisations to respond swiftly to unforeseen changes (Ambe & Badenhorst-Weiss, 2012). In a large organisation such as NHS, where multiple stakeholders are required to review and approve a direction of procurement and ultimately spending money, it is crucial to have the right people engaged.

Types of Communication Channels in Urgent Procurement

Communication in urgent procurement scenarios often relies on a combination of formal and informal channels, each with distinct advantages and challenges. These channels facilitate information flow across organisational hierarchies, providing both top-down and bottom-up communication that is necessary for rapid response and decision-making (Cousins, Lamming, Lawson, & Squire, 2008).

Communication Platforms

1. Email: Despite its potential for delays, email remains a widely used tool in urgent procurement for official documentation, approvals, and sharing key information with multiple stakeholders. Emails provide a record of correspondence, which is useful for accountability and compliance (Davison & Wright, 2004). However, in high-urgency cases,

supplementary communication channels are often necessary to ensure immediate responsiveness.

2. **Enterprise Resource Planning (ERP) Systems:** ERPs are essential in coordinating urgent procurement as they allow centralized access to data on inventory, supplier relationships, financial records, and ongoing procurement activities (Luzzini et al., 2012). Real-time information provided by ERP systems can alert procurement teams to shortages, facilitating swift communication with suppliers to address urgent needs. (Khan et al., 2024).
3. **Instant Messaging and Collaboration Tools:** Tools such as Microsoft Teams, and other instant messaging platforms are increasingly integrated into urgent procurement scenarios. These platforms support real-time communication among procurement professionals and enable quick sharing of updates and responses, thereby reducing response times and enhancing decision-making efficiency (Spina, Caniato, Luzzini, & Ronchi, 2016). (Khan et al., 2024).
4. **Face to Face, Telephone and Video Conferencing:** In urgent procurement, direct, synchronous communication through face to face interaction, phone calls or video conferencing is often necessary to ensure clarity and immediate response. These channels are effective for quickly discussing complex details, addressing issues as they arise, and facilitating negotiation with suppliers or logistics providers. Studies show that verbal communication is essential in urgent situations as it allows for nuanced discussion and avoids misunderstandings that may occur in text-based communication (Tate & Ellram, 2012). Video conferencing tools add an extra layer of immediacy, especially when multiple stakeholders need to be involved in discussions.

In urgent scenarios, clearly defined protocols and designated points of contact help streamline communication, reducing confusion and enhancing accountability. Ambe and Badenhorst-Weiss (2012) emphasize the importance of predetermined roles, where responsibilities for decision-making, approvals,

and supplier coordination are outlined in advance. Protocols should clarify which communication channels to use for specific types of information and establish escalation procedures in case of urgent needs. This also includes effective supplier communication which is essential for managing lead times and negotiating expedited deliveries during urgent procurement. Strong supplier relationships are an asset in urgent situations, as suppliers may prioritise clients with whom they have positive relationships (Cousins et al., 2008). Regular communication with key suppliers ensures mutual understanding of capabilities and constraints, enabling suppliers to respond more flexibly to urgent requests (Lynch, Fish, & Smith, 2011). As such, each organisation should have a list of key suppliers for critical items but also a contingency supplier at the very least pre-approved, which is not a common practice amongst NHS organisations.

In urgent situations, the volume of information shared can lead to overload, particularly if updates are frequent or involve multiple stakeholders. Information overload can slow decision-making and lead to critical details being overlooked. To mitigate this, organisations can prioritise information based on relevance and designate a primary communication channel for critical updates (Gadde & Håkansson, 2001). Having pre-defined roles and responsibilities would aid the process of right information reaching right person so as not to create overload that may result in messages being ignored or overlooked. A communication classification procedure would outline most appropriate channel for each stakeholder needing to participate in urgent procurement while providing framework for timely response time.

There is an increased risk of miscommunication due to hastily sent messages or incomplete information. Ensuring clarity in communication requires using precise language, confirming receipt and understanding of key details, and following up in writing to maintain a record of critical conversations (Bakker et al., 2008). Decision support tools and pre-determined templates can support accuracy by providing standardised information format for common and urgent procurement scenarios, ensuring that essential details are included consistently.

While digital tools enable efficient communication, urgent procurement is vulnerable to technological disruptions, such as system outages or connectivity issues. To address this, organisations should have contingency plans, including alternative communication channels, backup systems, or manual protocols, to ensure continuity during technical difficulties especially due to significant increase of working from home and geographical disparity of staff (Tadelis & Williamson, 2012).

4.4.3 Analysis of Existing Solutions

Analysing existing solutions before initiating an urgent procurement process is essential to optimise costs, reduce procurement time, and make informed decisions. In urgent situations, this step is often overlooked, however, identifying available resources, assessing stock levels, or evaluating alternative suppliers can significantly reduce response time and improve outcomes (Handfield, Monczka, Giunipero, & Patterson, 2011). Preparatory analysis helps organisations avoid unnecessary expenditures and manage risks associated with rushed procurement actions (Cousins, Lamming, Lawson, & Squire, 2008). In urgent procurement scenarios, the need to act quickly often leads organisations to bypass standard processes, potentially resulting in hasty decisions, higher costs, and supply chain disruptions (Spina, Caniato, Luzzini, & Ronchi, 2016). Solution analysis allows organisations to:

1. **Identify Existing Inventory:** Reviewing current inventory and internal resources is critical, as existing assets may fulfil the need without initiating new procurement. Inventory analysis helps determine if the urgency can be met internally, reducing lead time and costs (Ambe & Badenhorst-Weiss, 2012).
2. **Evaluate Supplier Capabilities:** Analysing current suppliers' capacity and reliability in urgent circumstances helps procurement teams make quick, informed choices. Suppliers with established relationships and proven reliability are better positioned to meet urgent needs efficiently, especially when alternative sourcing is limited (Tate & Ellram, 2012).

3. Optimise Costs and Reduce Risk: Solution analysis helps procurement teams consider the financial and operational impact of various options. Rushed purchases without due analysis often lead to inflated costs or supply chain bottlenecks that can hinder overall organisational goals (Davison & Wright, 2004).

A structured approach to solution analysis can ensure that procurement teams make the best use of available resources before committing to new purchases even when urgent. As such the following steps should be completed as part of existing solutions assessment in urgent procurement. Clearly defining the requirements, specifying the quantity, quality, and timeframe for delivery. Accurate needs assessment to avoid procurement of unnecessary resources and sets the stage for informed decision-making which requires lead stakeholder approval (Bakker et al., 2008). This assessment must align with the organisation's goals to ensure that urgent procurement adds value.

Inventory checks and inter-departmental, or even inter-organisational, sharing is valuable in time-sensitive situations. The benefits of prioritising internal resource allocation before external procurement to minimise expenditures and increase efficiency (Gadde & Håkansson, 2001). In large organisations, such as NHS, other departments or branches may have surplus or underutilised resources that can be redeployed. Resource pooling minimises additional costs and fosters collaboration across departments and organisations however it is not that common within healthcare industry (Cousins et al., 2008).

Reviewing supplier evaluation criteria such as reliability, response time, flexibility, and compliance are particularly important in urgent scenarios. By evaluating current suppliers' past performance, procurement teams can identify those most likely to meet the urgent need quickly and reliably (Ambe & Badenhorst-Weiss, 2012). This may prove difficult in scenarios where demand is unclear or unexpected however having a checklist of pre-requisites that can be completed by the supplier would speed the process of assessing supplier's capability to meet urgent demand.

prioritising Speed and Cost Efficiency

In urgent procurement scenarios, a balance between speed and cost efficiency is essential. Decision-makers must weigh the benefits of cost savings from alternative solutions against the potential risk of delays or quality compromises (Gadde & Håkansson, 2001). By prioritising suppliers with a track record of swift delivery, organisations can secure necessary resources without incurring excessive costs due to unnecessary urgency premiums. Therefore, fostering long-term relationships with suppliers often provide procurement teams with advantages such as flexible payment terms, quicker turnaround, and prioritised service in urgent situations. Strong supplier relationships are an asset, as trusted suppliers are more likely to accommodate short lead times and prioritise critical orders although that is often applied to a select supplier that are of strategic importance to the organisation (Cousins et al., 2008).

Streamlined decision-making is essential in urgent procurement to avoid delays from excessive review or approval steps. Establishing a dedicated urgent procurement team or implementing pre-defined approval processes can expedite decisions and reduce response times particularly in urgent procurement scenarios (Spina et al., 2016). This structured approach is critical when time constraints make it impractical to follow conventional procurement processes, although not typically seen in NHS organisations, it would significantly improve the speed of approvals while also creating a risk of non-urgent procurements requests exploiting this route to speed the overall procurements. Therefore, the initial step of correctly identifying and categorising procurement as urgent would act as a “gatekeeper”.

In urgent scenarios, time constraints can hinder a comprehensive analysis of all available solutions. While communication classification procedure can assist with quick analysis, limitations in available data or incomplete information on alternative suppliers can create challenges. Organisations should implement a basic checklist allowing scoping and evaluation of solutions with the highest feasibility and reliability (Ambe & Badenhorst-Weiss, 2012).

4.4.4 Procurement Process

The procurement process typically includes pre-qualification of suppliers, generation of requests for proposals, evaluation of the proposals, and selection of a supplier based on the organisation's established criteria. The outcome of this process is a contract agreement, where the order, delivery, and payment routines are established and executed. Public organisations are governed by Public Contracts Regulations 2024) which provide a comprehensive framework for procurement, allowing public sector organisations to respond to procurement needs while maintaining compliance. Through routes like accelerated procedures, direct awards, Dynamic Purchasing Systems, and framework agreements, public authorities can source essential goods and services. These routes, while flexible, require thorough documentation, transparency, and risk management to ensure accountability. The Public Contracts Regulations (PCR) 2024, which govern public procurement in the United Kingdom, are designed to promote transparent, competitive, and fair procurement practices for public sector contracts. These regulations, updated to align with new policy priorities, aim to streamline procurement processes, increase transparency, and support SMEs (small and medium-sized enterprises) while ensuring value for public money. This slightly might contradict with the healthcare organisations needing to save lives irrespective of costs and/or procurement policies. Nevertheless PCR 2024 does allow some leeway to procure urgently via direct award, or single-source procurement, to award a contract to a specific supplier without a competitive tendering process when urgency precludes other options. This route is intended for unforeseen and extreme emergencies where delays would be detrimental to public safety or essential services. However, such route is only permissible if an unforeseen emergency necessitates immediate action, there is no time to conduct any form of competitive procurement and delaying action would pose significant risk to public welfare, safety, or operational continuity (European Commission, 2024). In urgent cases, organisations must document their justification for a direct award, detailing the circumstances and the supplier's suitability. Documentation ensures accountability and allows for later audit or review which may result in fines and legal challenges if insufficient information or

inappropriate use of the urgent procurement process is evidenced (Davies, 2023). It is worth highlighting that PCR 2024 must also be compatible with organisation's internal policies and procedures, which may be stricter and prone to be affected by individuals. As found in the primary data collection, procurement professionals have a different set of objectives to clinical professionals. Taking into consideration cultural differences and past experiences, tension and resistance might hinder urgent procurement, particularly without a formal communication classification procedure.

NHS procurement involves a structured process to obtain goods and services essential for healthcare delivery. The NHS Supply Chain and individual NHS Trusts are responsible for sourcing, contracting, and managing suppliers to ensure that the NHS can deliver timely and high-quality patient care (Burnett, 2017).

Key principles of NHS procurement include:

1. **Transparency and Accountability:** All NHS procurement activities must be documented and comply with national regulations to ensure fairness and transparency.
2. **Value for Money:** NHS procurement aims to achieve cost efficiency while maintaining the quality and reliability of supplies.
3. **Compliance with Public Contracts Regulations:** The NHS must adhere to PCR standards for procurement activities, including competitive tendering and open advertising, except in cases of urgent need.
4. **Support for Sustainability and Innovation:** NHS procurement encourages suppliers to adopt sustainable practices and innovations to improve healthcare delivery and reduce the environmental impact.

In contrast the clinical objectives revolve around patient through placing patient experience at the heart of service provision engaging with people to learn from and improve quality and safety of care. Therefore, it is quite clear that these objectives may often collide where cost is placed higher than quality of care.

While the PCR 2024 provide flexibility for urgent procurement, compliance remains critical. Organisations must ensure that any deviation from standard processes is justifiable and well-documented by following the three key steps:

1. Irrespective of whether its urgent or standard procurement, public bodies are required to publish notices explaining their choice of procurement route and detailing the contract's terms. This transparency is necessary to maintain public trust and meet accountability standards (Davies, 2023).
2. Clear documentation of the decision-making process and justifications for choosing urgent procurement routes are essential to demonstrate compliance with the PCR 2024). Documentation includes records of time constraints, risk assessments, and supplier suitability to meet audit requirements which typically are found within informal types of communication i. e. face to face, rather than formal documentation or system (Arrowsmith, 2022).
3. Urgent procurement often involves higher levels of risk, including financial, legal, and reputational. Risk mitigation strategies, such as contingency planning, pre-qualification of reliable suppliers, and periodic review of urgent procurement decisions, help minimise these risks while ensuring that urgent needs are met (Bovis, 2023).

4.4.5 Sign-off

The procurement decision-making process should include a formal sign-off procedure to ensure that all stakeholders are aligned, and the selected solution meets the organisation's requirements.

Procurement within the National Health Service (NHS) plays a critical role in supporting healthcare delivery across the United Kingdom. It encompasses the sourcing of medical supplies, pharmaceuticals, equipment, and services essential for patient care. NHS procurement is governed by both the Public Contracts Regulations (PCR) and specific NHS frameworks, designed to ensure compliance, value for money, and transparency. The NHS operates a multi-tiered

internal approval system for procurement decisions, which varies in complexity based on the contract's value, urgency, and potential risks. Internal approvals help to ensure that procurement decisions align with the NHS's strategic objectives and financial regulations (Harries & Linton, 2021).

Standard Procurement Approval Pathways

NHS procurement and internal approvals are critical to managing both routine and urgent healthcare needs. Balancing the need for swift action with compliance and risk management is essential to maintaining public trust and ensuring the continuous delivery of healthcare services. Standard procurement within the NHS follows a formalized approval process, including multiple levels of review depending on the value and complexity of the purchase. Typical stages include:

1. **Requisition Approval:** Department heads or budget holders initiate requisitions, which must align with the operational needs and budgetary constraints of the NHS Trust. The requisition requires approval at a sufficient level depending on the value before progressing to further procurement stages (Bowen et al., 2019).
2. **Clinical and Financial Review:** Items related to patient care often require clinical approval, ensuring that purchases meet the NHS's quality and safety standards. A financial review also ensures the requisition is within budget and that alternative funding sources, if needed, are secured.
3. **Senior Management Approval:** High-value purchases typically require senior management approval, with executive boards involved for large or strategic contracts. This review is essential for high-risk or high-value contracts to assess potential impacts on service delivery and ensure alignment with Trust priorities (Burnett, 2017).
4. **Procurement Committee and Legal Review:** For contracts over specific thresholds, procurement committees provide an additional layer of scrutiny. Legal review ensures that contracts comply with NHS

policies, Public Contracts Regulations, and any relevant healthcare legislation.

Many NHS Trusts have implemented electronic procurement systems to streamline the approval process, reduce administrative overhead, and improve transparency. These systems enable automated workflows, real-time tracking of approvals, and detailed record-keeping, supporting compliance and reducing delays in procurement decisions although still relying heavily on the human input and interaction with the system (Harries & Linton, 2021). Urgent procurement within the NHS is necessary to respond to emergencies or unforeseen events, such as public health crises, supply chain disruptions, or unexpected patient demands. However, urgent procurement routes are not as well developed on the organisational level thus no clear or formal route to bypass some standard procedures to expedite the acquisition of critical goods and services. (Khan et al., 2024).

Fast-Track Approval Process for Urgent Needs

The NHS fast-track approval process as part of communication classification procedure allows to reduce the time required for internal approvals while ensuring accountability. Key components include department heads initiating urgent requisitions with simplified justification, reducing the need for multiple reviews. In urgent cases, senior management can provide single-stage approval rather than following the standard multi-stage process, allowing for rapid response to urgent requirements (Bowen et al., 2019).

4.4.6 Delivery

The delivery stage of the procurement process is a critical phase, particularly in urgent procurement scenarios where speed, accuracy, and reliability are essential. In the context of the NHS, effective delivery can directly impact patient care, operational continuity, and the ability to respond to emergencies, such as public health crises, natural disasters, or supply chain disruptions. While NHS procurement typically follows a structured process involving pre-qualification of suppliers, competitive bidding, and contract management, the delivery stage for

urgent needs must prioritise rapid fulfilment without compromising quality, safety, or compliance. In the National Health Service (NHS), the procurement delivery phase is critical to fulfilling contracts, ensuring that goods, services, or works are provided as specified. This stage is closely tied to essential factors like patient safety, operational efficiency, and alignment with NHS objectives (Burnett, 2017). Procurement in the NHS is inherently complex due to the diverse range of stakeholders involved, including clinical teams, procurement specialists, finance departments, and external suppliers. This multifaceted involvement is necessary to meet high standards and deliver effective, safe care.

Effective procurement delivery in the NHS is governed by several core principles. In urgent scenarios, timeliness is paramount, as goods or services must be delivered swiftly to reduce risks and address immediate healthcare needs. Quality assurance remains a high priority, even in urgent cases, to ensure patient safety and reliable service. Risk mitigation is essential, particularly in urgent procurement, to manage issues such as supplier reliability, potential delays, and quality concerns. Lastly, compliance and documentation are critical; adherence to procurement regulations and NHS policies ensures all stages are transparent and auditable (Harries & Linton, 2021).

Challenges in Urgent Procurement Delivery in the NHS

Procurement for urgent needs presents unique challenges that NHS procurement teams must address to prevent adverse outcomes. These challenges include stringent time constraints, compliance with regulatory standards, and effective supplier management.

In urgent procurement, time constraints pose a significant challenge, as delays can impact emergency responses and patient outcomes. For instance, delays in the delivery of critical supplies, such as ventilators or personal protective equipment (PPE), could hinder patient care during public health emergencies. Rapid response from suppliers is often necessary, but suppliers may face logistical hurdles, such as transport shortages or production bottlenecks (Bowen

et al., 2019). Suppliers may also struggle to meet urgent demands if they are unprepared or overextended, affecting their ability to maintain quality while delivering on time (Harries & Linton, 2021).

Despite the need for speed, NHS procurement must still adhere to regulatory requirements, which can be challenging in urgent situations. While some flexibility exists under the PCR 2024) and NHS procurement rules, compliance is necessary to uphold quality and safety. Medical devices and pharmaceuticals procured by the NHS must comply with standards set by bodies like the Medicines and Healthcare products Regulatory Agency (MHRA) or the National Institute for Health and Care Excellence (NICE). Even with expedited routes like direct awards, procurement teams must document all decisions to ensure transparency and accountability (Burnett, 2017).

Supplier performance is crucial in urgent procurement scenarios, where limited time for supplier vetting can elevate risks related to delivery reliability, timing, and product quality. Continuous assessment of suppliers during delivery allows for rapid response to issues, including sourcing from alternative suppliers if necessary (Bowen et al., 2019). Additionally, having contingency plans, such as backup suppliers or alternative products, is essential for mitigating risks associated with urgent procurement (Harries & Linton, 2021).

Strategies for Effective Urgent Procurement Delivery

To navigate these challenges, NHS procurement teams employ a checklist that balance the need for speed with the importance of quality and compliance. Pre-qualification of suppliers who are capable of rapid, reliable delivery during emergencies utilising criteria to assess a supplier's capacity to meet urgent timelines by evaluating their infrastructure, logistical capabilities, and past performance (Bowen et al., 2019). Suppliers with proven records in emergency procurement are more likely to meet urgent needs effectively (Burnett, 2017), while flexibility in suppliers allows them to adjust to evolving needs and provide immediate solutions (Harries & Linton, 2021).

Real-time monitoring is critical approach, allowing NHS teams to identify issues promptly and make adjustments before problems escalate. Technology and procurement software are used to track orders and shipment statuses efficiently although most organisation do not possess that capability thus relying on human interaction (Bowen et al., 2019). (Khan et al., 2024).

4.5 Discussion

This study highlights the role of communication classification procedure in managing urgent procurement within the National Health Service (NHS). It finds that effective communication between procurement teams and clinical departments, when supported by DSS, significantly improves the identification, coordination, and execution of urgent procurement. Identification of valid urgent scenario and communication with key stakeholders underpinned by the process and integration across departments through DSS allow NHS procurement to respond more proactively. These findings are crucial in healthcare contexts, where delays in procurement can directly affect patient outcomes, echoing assertions made by Eriksson et al. 2017) about the necessity of agile and adaptive procurement processes in healthcare supply chains.

4.5.1 Procurement integration and DSS

The integration of communication systems with DSS addresses two critical procurement challenges: the identification of urgent needs and the timely execution of procurement strategies. By enabling faster decision-making process and ensuring alignment between procurement and clinical priorities, this combination reduces inefficiencies often cited in healthcare supply chains (Burns et al., 2020). For instance, procurement tools can provide data on inventory depletion, supplier reliability, and historical procurement trends, allowing managers to make informed decisions under time constraints. Communication systems amplify these benefits by facilitating real-time and seamless information sharing between departments, ensuring that clinical priorities are communicated clearly and acted upon swiftly. This dual approach aligns with the contingency theory of supply chain management, which posits that supply chain strategies must adapt to the specific demands of the operating environment (Flynn et al.,

2010). In the NHS context, where procurement environments are characterized by uncertainty and time-sensitive demands, the integration of procurement and communication based DSS offers a pragmatic solution. (Khan et al., 2024).

Existing literature on procurement and supply chain management in healthcare provides critical insights but often lacks a comprehensive focus on urgent procurement scenarios where decision-making speed and accuracy are vital. This study addresses this gap by integrating communication classification procedure, offering a novel perspective on their interplay in managing urgent procurement.

4.5.2 Technological Focus in Procurement Research

Research on healthcare supply chain management frequently emphasizes technological solutions, such as communication classification procedure s, predictive analytics, and digital transformation. Hult et al. 2007) highlight the potential of DSS to enhance information processing and strategic decision-making in supply chains. Similarly, Burns et al. 2020) argue that digital tools, including DSS, streamline procurement by offering real-time insights into inventory levels, supplier performance, and cost management. However, these studies often treat technology as a standalone solution, neglecting the human and organisational factors that influence its successful implementation. In contrast, this study underscores the necessity of embedding DSS within a robust communication framework. While tools like the Model Hospital provide valuable procurement metrics, their impact is amplified when paired with effective interdepartmental communication, allowing procurement teams to interpret data in alignment with clinical priorities. This finding suggests that technology alone cannot resolve the complexities of urgent procurement; it requires integration with human-centric processes to achieve maximum efficacy. (Khan et al., 2024).

4.5.3 Communication and Collaboration in Supply Chains

Another stream of research emphasizes the role of communication and collaboration in improving procurement outcomes. Paulraj et al. 2008) highlight communication as a relational competency that fosters trust and alignment

between stakeholders in buyer-supplier relationships. This aligns with the findings of this study, which demonstrate that effective communication between procurement and clinical teams ensures that urgent procurement decisions are both timely and aligned with patient care priorities.

However, prior research often explores communication in the context of long-term supply chain integration rather than the high-pressure scenarios of urgent procurement. For example, Eriksson et al. 2017) focus on general procurement efficiencies achieved through supply chain integration but do not address the unique challenges of time-sensitive decision-making in healthcare settings. This study extends their work by showing how communication frameworks, when integrated with DSS, enable rapid identification, assessment, and execution of urgent procurement needs.

4.5.4 Socio-Technical Perspectives on Procurement

The socio-technical approach to supply chain management recognizes the interplay between technological tools and human elements in achieving organisational goals. Flynn et al. 2010) propose that supply chain strategies must be adapted to fit the specific demands of their operational context. While this perspective is valuable, it is often applied to manufacturing or retail sectors rather than healthcare. This study applies the socio-technical lens to healthcare procurement, demonstrating that the integration of DSS and communication frameworks is particularly suited to the high-stakes, complex environment of the NHS. For instance, DSS tools can quickly analyze supplier reliability and inventory levels, while communication channels ensure that these insights are effectively disseminated and acted upon. This dual approach reflects the adaptability and contextual responsiveness advocated by Flynn et al. 2010).

4.5.5 Urgent Procurement Research

Urgent procurement is an underexplored area in the literature, with most studies focusing on routine or planned procurement activities. The urgency factor introduces additional layers of complexity, including time constraints, uncertainty, and the need for rapid collaboration across organisational boundaries. This

study's findings align with and expand on the contingency theory of supply chain management, which emphasizes the need for tailored strategies in dynamic environments (Flynn et al., 2010). Compared to previous research, this study provides a more nuanced understanding of the mechanisms that enable effective urgent procurement. While Garbuio and Lin (2021) discuss generative reasoning and decision-making in organisational contexts, their work does not specifically address procurement. This research builds on their insights by applying generative reasoning principles to the NHS, where the ability to rapidly identify and address procurement needs is crucial for patient outcomes.

4.5.6 Theoretical and Practical Implications

From a theoretical perspective, this research contributes to the body of knowledge on healthcare supply chain management by integrating insights from contingency theory and socio-technical systems theory. It highlights the interdependence between technological tools and human factors, suggesting that both are indispensable for addressing complex, time-sensitive procurement challenges.

Practically, the findings underscore the need for NHS organisations to invest in comprehensive DSS platforms that integrate seamlessly with existing communication infrastructures. For instance, platforms like the Model Hospital, which already provide detailed procurement metrics, could be enhanced with predictive analytics and communication modules to further streamline urgent procurement. The research also suggests that training procurement teams in both technical and interpersonal skills is vital for leveraging these systems effectively.

4.6 Conclusion

This study reinforces the importance of integrating communication systems with decision support tools to enhance urgent procurement within the NHS. By providing real-time insights and fostering collaboration between procurement and clinical functions, these mechanisms address key challenges in healthcare supply chains. The findings offer both theoretical and practical contributions,

emphasizing the need for integrated systems that align technological tools with effective communication strategies. This dual approach ensures responsiveness, efficiency, and ultimately, better outcomes in healthcare procurement processes. (Khan et al., 2024).

The research problem the paper addresses by designing a communication classification procedure that clinicians but more so procurement professionals can utilise to enhance the efficiency, responsiveness, and transparency of urgent procurement processes in the UK's public healthcare sector. This is particularly useful due to the high turnover of procurement professionals and lesser entry level to the profession as opposed to the clinical roles therefore allowing, but not limited to, less experienced procurement professionals to have a firm structure to follow in face of urgency.

A communication classification procedure empowers managers by streamlining urgent procurement processes during emergencies. It enables faster decision-making by providing a logical and streamlined flow defining the owner of each step thus not leaving the process to chance and potential ambiguities. Its centralised communication platform reduces the risk of information silos, ensuring that all stakeholders, including suppliers, healthcare providers, and procurement teams, remain well-informed. Additionally, compliance monitoring carried out via risk profile and existing solution assessments minimises the risk of subsequent legal challenges and assures overall alignment with relevant policies and procedures. By enhancing operational transparency, collaboration, and process automation, a CDSS supports more resilient and efficient procurement management in crisis situations while building more positive relationships thus influencing standard procurements through successful delivery of urgent requirements.

Overall, this study advances the existing literature by emphasizing the complementary roles of DSS in addressing the unique challenges of urgent procurement. While previous research has explored these elements separately, this study demonstrates their interdependence, particularly in healthcare settings characterized by high uncertainty and time sensitivity. By bridging the gap

between technological and human-centric approaches, the findings provide a more holistic understanding of how NHS procurement processes can be optimized for urgent scenarios.

4.6.1 Limitations

Despite its contributions, the study has limitations. First, its reliance on NHS-specific data may limit the generalizability of the findings to other healthcare systems. Second, the qualitative focus, while rich in detail, may not capture broader trends across the entire NHS procurement landscape. Future studies could address these limitations by incorporating larger datasets and applying mixed methods approaches to validate and extend the findings.

4.6.2 Future Research Directions

Future research could explore the scalability of DSS in diverse healthcare contexts, including international settings. Comparative studies across public and private healthcare organisations could yield valuable insights into best practices for urgent procurement. Additionally, integrating emerging technologies such as artificial intelligence (AI) and blockchain into DSS could offer new avenues for enhancing procurement transparency, efficiency, and decision-making. (Khosravi et al., 2024); Khan et al., 2024).

4.7 References for Chapter 4

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5 Conclusion

5.1 Review of Research Objectives and Findings

This section presents the results of the PhD research on the relationship between integration and urgent procurement. It does so in a paper-format whereby Chapters 2 to 4 each represent a standalone paper. The overarching research question was: How does procurement integration affect sourcing of urgent patient items and services within healthcare organisations? This PhD thesis has three primary research objectives: 1) To systematically review the relevant literature to identify what is known about the relationship between integration and urgent procurement; 2) To empirically investigate the relationship between integration and urgent procurement; 3) To design and provide a communication classification procedure framework based on the empirically collected data to address the gap in existing literature and practices. Table 11 summarises the relevant research findings regarding the initial research objectives.

Table 11 Mapping of relevant findings to research objectives

Research Objectives	Findings	Chapter
To systematicall review the relevant literature to identify what is known about relationship between integration and urgent procurement exploring different types of integration and their potential benefits in healthcare.	1. Identifies four key integration types with varying benefits for an organisation	Chapter 2
	2. Establishes that urgent procurement is advised against and not explored from the research standpoint other than predominantly in humanitarian or global scenarios (Covid-19)	Chapter 2
	3. Identifies that urgent procurement is evident and acknowledged in research, although no clear strategies to manage were found other than stanndard procurement practices which do not necessarily benefit the urgent procurement needs	Chapter 2
	4. Highlights the gap between urgent and standard procurement practices and national guidelines	Chapter 2
To empirically investigate the four types of integration as identified in the literature and their effects in urgent procurement.	1. Four integration types confirmed to be in use within the organisations albeit at different levels thus with varying benefits	Chapter 3
	2. Limiting factors of public organisations preventing advancement of procurement integration	Chapter 3
	3. Urgent procurement distinguished between legitimate reasons (unpredicted need) vs poor management (end of financial year underspend)	Chapter 3
	4. Clinical vs procurement objectives clash despite overarching organisation wide aim to deliver effective patient care in situ	Chapter 3
	5. Conflicting national directives and networks hindering the process of procurement	Chapter 3
	6. Educational and staff experience disparity particularly between clinical and procurement affecting development of effective working relationships	Chapter 3
To investigate which integration type brings the most benefit to urgent procurement within healthcare settings in the form of decision support system.	1. Confirmed communication and misunderstandings to be the bbiggest influencing factor in urgent procurements	Chapter 4
	2. Lack of standardised approach to identify and complete urgent procurements	Chapter 4
	3. Decision support system not currently in use in public organisations, with decisions and actions being largely subjective	Chapter 4
	4. Identification of key stages of decision support system with simple yet effective communication process, outline of roles and responsibilities, and procurement process to complete urgent procurement andultimately absorb into busines as usual activity	Chapter 4

5.2 Contributions to Theory and Practice

The following sections highlight the PhD research theoretical and practical contributions.

Table 12 Contributions Outline

Article Title	Theoretical Contributions	Practical Contributions
Impact of internal and external integration on procurement of urgent and patient-specific goods and services within public healthcare sector (Chapter 2/Paper 1)	<ol style="list-style-type: none"> 1. Systematic synthesis of the relationship between urgent procurement and integration 2. Defines four key integration types applicable to healthcare procurement that enable successful meeting of urgent demand 3. Develops a conceptual framework suggesting procurement integration influences the success rate of urgent procurement delivery 	<ol style="list-style-type: none"> 1. Provides process framework for urgent procurement and integration elements as well as their barriers and benefits 2. Proposes change of practice and procurement standing within organisation based on the increased significance of procurement
Recognition and implementation of urgent procurement: The case of the healthcare sector (Chapter 3/Paper 2)	<ol style="list-style-type: none"> 1. Evidences misalignment of understanding of urgent procurement on a departmental level negatively affecting relationships and performance 2. Shows that organisation type (private vs public) affects procurement integration due to constraints and services provided 3. Shows that the size of the organisation does not affect integration, however human resource talent, education and experience have strong influence 4. Evidences that demand fulfilment speed and accuracy are dependent on the assumptions and risk-averse decision-making especially under pressure 	<ol style="list-style-type: none"> 1. Provides disparity between national/organisational/departmental objectives and how those affect performance 2. Challenges policymakers to recognise the need to develop more robust urgent procurement mechanisms without the risk of being penalised
Designing a Communication Decision Support System (CDSS) for Urgent Public Procurement in the UK Healthcare Sector (Chapter 4/Paper 3)	<ol style="list-style-type: none"> 1. Evidences that communication based procurement integration is lacking in healthcare organisations partly due to multi-cultural/silo mindset 2. Develops an empirically driven conceptual decision support system that accounts for key barriers within the urgent procurement process that ultimately lead to minimising the frequency of urgent procurement 3. Induces the need for more robust and qualitative reporting to identify urgent procurement and map most common causes of urgent procurement leading to more accurate policy and procurement guidelines development 	<ol style="list-style-type: none"> 1. Provides empirically driven practical decision support tool to support clinical and procurement professionals to deliver urgent procurement

5.2.1 Theoretical and Practical Contributions

Urgent procurement poses a paradox for public healthcare organisations: the need to move quickly while remaining compliant with governance standards. Traditional one-size-fits-all processes often fail under these conditions, producing either excessive delay or compromised assurance. To address this

gap, I advance a classification-then-selection approach, which formalises how situational contingencies determine the integration levers and approval timelines best suited to each case.

Communication Integration as a Foundational Mechanism

At the core of this approach lies communication integration. Trackers, structured handovers, and other shared artefacts create a “single source of truth” visible to all actors. This reduces decision latency, mitigates information loss, and preserves accountability across clinical, procurement, and governance units. The emphasis here resonates with information processing theory (Galbraith, (1973), which argues that organisations must align their communication capacity with the uncertainty of their environment. Under time pressure, the marginal value of transparent, real-time communication increases, making it a central lever in urgent procurement. (Khan et al., 2024).

Leveraging Pre-Approved Frameworks and Vendor Pools

A second mechanism involves the maintenance of pre-approved vendor pools and framework agreements for critical SKUs. These arrangements provide a buffer against supply disruption and reduce negotiation time. From the perspective of transaction cost economics (Williamson, (1985), such pre-approval minimises the costs of search and contracting in volatile conditions. Importantly, the approach integrates risk-based governance by applying proportionate quality checks, ensuring that speed does not come at the expense of compliance. This reflects a pragmatic balance between efficiency and assurance, consistent with recent guidance on rapid procurement routes in the UK public sector (PPN 01/21).

Modularity and Boundary Objects for Alignment

Third, the framework draws on the use of modular specifications and boundary objects. Modularity allows requirements to be standardised yet adaptable, while boundary objects—such as templates, checklists, or design modules—enable

different stakeholders to converge on a shared understanding without eliminating local flexibility (Star & Griesemer, (1989). The logic here is congruent with contingency theory (Donaldson, 2001): as clinical interdependence rises, the need for modular coordination tools increases. By reducing rework and preventing “quality drift,” these artefacts ensure that multi-stakeholder alignment can be achieved rapidly, even under pressure.

Time-Boxed Approvals and Audit Capture

The fourth mechanism is the codification of time-boxed approvals, aligned with PPN 01/21. This mechanism addresses the well-documented challenge of bureaucratic drift in public procurement. By setting explicit time limits, organisations discipline approval loops while still maintaining assurance. The knowledge-based view (Grant, (1996) highlights that organisations must capture not only decisions but also the reasoning behind them. Automatic audit trails therefore serve a dual function: ensuring transparency for compliance purposes, and preserving organisational memory for learning.

From Situational Assessment to Mechanism Selection

The classification-then-selection approach operationalises these mechanisms through a five-step procedure:

1. Assess situational dimensions: clinical criticality, supply risk, interdependence, and legal basis.
2. Classify into a scenario type: for example, A = low risk/low interdependence; B = high risk/low interdependence; C = high risk/high interdependence.
3. Select integration mechanisms matched to the class: e. g., in scenario A, streamlined communication suffices; in scenario C, boundary objects, pre-approved frameworks, and shared trackers are required.
4. Apply time-boxed approvals with automatic audit capture to balance speed and transparency.
5. Monitor and learn by updating thresholds and rules based on outcomes.

This procedure reflects the principles of design-science research (Gregor & Hevner, 2013), which advocates for artefacts that both solve practical problems and contribute to theory. The classification schema functions as a taxonomy, while the decision procedure provides a sequenced method of action.

Empirical Grounding and Theoretical Refinement

The categories and rules underpinning this framework were inductively derived from case analysis and secondary evidence, then theoretically refined using literature on integration, agility, and governance. In line with abductive reasoning (Timmermans & Tavory, 2012), the empirical material revealed demand speed and demand accuracy as salient sub-dimensions of responsiveness. These concepts were then linked back to established constructs in the supply chain agility literature, reinforcing their theoretical legitimacy.

Contribution and Boundary Conditions

The contribution of this framework is twofold. First, it provides a practical communication classification procedure for urgent procurement, offering a repeatable classification schema plus procedure that balances speed and accountability. Second, it contributes theoretically by clarifying the mechanisms through which situational contingencies (risk, criticality, interdependence) shape the efficacy of integration levers. This advances contingency theory in a high-risk, public healthcare context, while also enriching the design-science literature by illustrating how artefacts can emerge from cross-case patterning.

Nevertheless, boundary conditions apply. The model assumes a baseline of digital infrastructure for communication integration; in settings with limited IT capacity, manual artefacts may substitute but with reduced efficiency. Similarly, pre-approved frameworks depend on prior market development; in under-resourced or highly novel domains, such mechanisms may not exist. These contingencies underscore the need for further empirical validation across diverse organisational and regulatory environments.

5.3 Limitations

Despite the rigorous approach undertaken, this study is subject to several limitations that must be acknowledged to provide a balanced interpretation of the findings and to inform future research directions.

One notable limitation is the paucity of academic literature specifically addressing the integration of urgent procurement within public healthcare systems. While existing studies have explored procurement integration primarily in the context of achieving competitive advantage and operational efficiency (Schiele et al., 2011), they offer limited insights into the unique challenges posed by urgent sourcing in healthcare. Furthermore, the secondary data used in this research, though valuable, does not independently quantify the extent of urgent procurement issues within the NHS. Estimations based on incomplete surgical procedures offer a rough indication of unplanned procurement expenditure, but such figures are influenced by multifactorial causes, including staffing shortages and clinical inefficiencies, thereby limiting their reliability.

The relatively small sample size of eight healthcare organisations—out of nearly a thousand in the UK—represents another constraint. A limited sample reduces the generalizability of findings and increases the margin of error. Additionally, the cross-sectional research design captures data at a single point in time, which restricts the study's ability to infer causality or observe temporal changes. Longitudinal studies are recommended to better understand how integration practices evolve and influence urgent procurement over time.

Participant variability presents another challenge. Differences in participants' professional backgrounds, knowledge, and experience with urgent procurement may have influenced the findings. Despite efforts to provide prompts and clarify key concepts such as integration, the need for such explanations suggests limited familiarity with these topics, potentially affecting response accuracy.

Practical constraints, including time and resource limitations, also impacted the study's depth. The operationalization of key variables may have oversimplified

complex constructs, potentially overlooking important nuances. For instance, while this research focused on four distinct types of integration identified in the literature, a more in-depth analysis of a single type might have provided richer insights and a more substantial contribution to the field.

Lastly, the study's reliance on NHS-specific data limits the applicability of findings to other healthcare systems. Although the qualitative data provides detailed contextual understanding, it may not fully capture broader trends across the NHS procurement landscape. Future research should address these limitations by incorporating larger, more diverse datasets and employing mixed-methods approaches. A combination of quantitative and qualitative analysis would enhance the robustness of findings and offer more comprehensive insights into urgent procurement practices in healthcare.

5.4 Future Research Considerations

Future research should prioritise the systematic collection and analysis of expenditure data and procurement type (standard vs urgent) to reliably quantify the scale and significance of urgent sourcing, with particular attention to patient-specific items. An initial focus could involve distinguishing between planned and urgent procurement expenditures, followed by a more detailed exploration of the underlying factors driving urgent sourcing. Subsequent research phases could incorporate qualitative methodologies to examine the operational dynamics of urgent sourcing, particularly how the need for patient-specific items is identified and communicated within healthcare organisations, as well as how this process extends to interactions with suppliers.

Such an approach would enable a comprehensive understanding of the impact of procurement integration on urgent sourcing, moving beyond the current knowledge of these elements in isolation. Moreover, it would contribute to ongoing public discourse and research efforts aimed at evaluating NHS procurement performance, particularly considering the COVID-19 pandemic (Sasse, 2020). Given that the pandemic likely intensified the demand for urgent

procurement, there is a pressing need for empirical data to validate these assumptions and inform future strategies.

Since this study captures a snapshot at a specific point in time, future research could adopt a longitudinal design to assess how different forms of procurement integration evolve over time and their subsequent impact on patient outcomes, such as improved quality of care, reduced morbidity, decreased procurement-related errors, and expenditure stability (i. e., minimizing cost fluctuations due to urgent sourcing). Furthermore, future studies could investigate the critical success factors for effective procurement integration, specifically in the context of urgent procurement. Such research could serve as a catalyst for both suppliers and healthcare providers to foster collaborative initiatives and develop advanced supply chain management systems. These efforts could address challenges related to product availability, cost variability between urgent and planned procurement, and overall responsiveness in fulfilling urgent procurement needs.

Additionally, key performance indicators (KPIs) in procurement should be re-evaluated and revised to better reflect the efficiency, accuracy, and timeliness of urgent procurement processes. This would ensure that procurement metrics align with the unique demands of healthcare settings where urgent sourcing can significantly impact patient outcomes.

Future research could also investigate the scalability of communication classification procedure across various healthcare contexts, including international settings. Comparative studies involving public and private healthcare organisations may yield critical insights into best practices and operational efficiencies in urgent procurement. Furthermore, integrating emerging technologies such as artificial intelligence (AI) and blockchain into DSS could open new pathways for enhancing transparency, efficiency, and decision-making in procurement processes. (Khosravi et al., 2024); Khan et al., 2024).

5.5 References to Chapter 5

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Appendix A - Interview Protocol

Communication

- What are the challenges of communication integration within healthcare organisations, and how can they be overcome?
- Is red tape the most common cause of hindering the integration?
- Could communication integration provide the greatest benefit to healthcare organisations as opposed to other types of integration considering cultural differences and ease/difficulty of integration? If so/not, why?
- How effectively and what means are used to communicate urgent procurement internally and externally?
- What are the usual timescales of communicating the request, through to acknowledgment and confirmation of delivery lead times?
- Are any additional steps in the process clearly communicated from the outset?

Process

- What is the process for meeting a planned demand?
- What is the process for meeting urgent demand?
- How are processes aligned with internal and external stakeholders?
- What are the perceptions of the processes and their impacts on engagement?
- What proportion of time is human resource focusing on the processes as opposed to fulfilling urgent demand?

- What are the effects of urgent procurement on the process development and organisational delivery of care?
- What are pros and cons of the existing processes in place and how can they be improved?

Knowledge

- How is knowledge sharing/adoption carried out in your organisation?
- What are the channels of knowledge sharing and how efficiently is it done?
- Does the human factor such as experience, education, or attitude affect this process?
- What kind of culture dominates within the organisation?
- Are the cultural differences hindering the process or is it irrelevant due to the shared goal i. e., patient care?
- Does the knowledge adoption have an impact on procurement standard and urgent requirements?
- Is there a gap in the knowledge between procurement and stakeholders i. e., the importance of products/services, awareness of the processes, departmental vs organisational objectives? How does it affect the integration?

Technology

- What kind of technology do you think supports procurement integration the most?

- How is technology used to make processes more efficient and free up human resource?
- Are these developed in-house or outsourced?
- Is technology predominantly aligned internally/externally based on complexity, strategic importance or spend, and why?
- Does this technology require frequent human intervention? If so, why?
- How does technology accommodate planned and urgent procurement? Are there any differences, if so, why?
- What would need to happen, if anything, to make technology more responsive, reliable and flexible to improve the urgent procurement process, but also help minimise the instances of urgent procurement?

Generic personal views

- Overall, is there one or a combination of integration types that may be deemed more beneficial to the healthcare sector?
- What are the characteristics of benefits of the integration types and how important are they to each stakeholder group?
- How do you typically engage with your internal/external stakeholders?
- How about when urgent procurement is required?
- What are the biggest pitfalls/benefits of relying on procurement integration in the context of urgent procurement?

Appendix B: Included studies (N=19)

Note: Methods/sectors/geographies are inferred from titles/journals and can be refined with your extraction sheet.

No.	Year	Article title	Journal	Method	Sector	Geography
1	2011	Open Innovation: Past Research, Current Debates, and Future Directions.	Academy of Management Perspectives	Conceptual / Other	General / Other	Unstated
2	2020	Performance Evaluation in Strategic Alliances: A Case of Vietnamese Construction Industry.	Global Journal of Flexible Systems Management	Case study / Qual	Construction / Project	Vietnam
3	2017	IDENTIFYING THE 'RIGHT' SUPPLIER FOR MODULE DEVELOPMENTS - A	International Journal of Innovation Management	Case study / Qual	General / Other	Unstated

		CROSS-INDUSTRIAL CASE ANALYSIS.				
4	2019	Synergetic success factors of total quality management (TQM) and supply chain management (SCM): A literature review.	International Journal of Quality & Reliability Management	Review / SLR	General / Other	Unstated
5	2021	Influence of Personality Traits on Choice of Retail Purchasing Channel: Literature Review and Research Agenda.	Journal of Theoretical & Applied Electronic Commerce Research	Review / SLR	General / Other	Unstated
6	2008	The dynamics of knowledge assets and their link with	Measuring Business Excellence	Conceptual / Other	General / Other	Unstated

		firm performance				
7	2017	Analyzing Lean Six Sigma enablers: a hybrid ISM-fuzzy MICMAC approach.	TQM Journal	Simulation/OR/Design	General / Other	Unstated
8	2019	Integration of Social Capital and Organizational Learning Theories to Improve Operational Performance.	Global Journal of Flexible Systems Management	Conceptual / Other	General / Other	Unstated
9	2019	Manufacturing and Supply Chain Flexibility: Building an Integrative Conceptual Model Through	Global Journal of Flexible Systems Management	Review / SLR	General / Other	Unstated

		Systematic Literature Review and Bibliometric Analysis.				
10	2020	A combined AHP and TOPSIS approach for prioritizing the attributes for successful implementation of agile manufacturing.	International Journal of Productivity & Performance Management	Simulation/OR/Design	General / Other	Unstated
11	2017	Supply chain management and quality management integration.	International Journal of Quality & Reliability Management	Conceptual / Other	General / Other	Unstated
12	2015	INCENTIVE MECHANISM FOR KNOWLEDGE SHARING IN E-COMMERCE SERVICE	Journal of Electronic Commerce Research	Conceptual / Other	General / Other	Unstated

		SUPPLY CHAIN: COMPLEMENTARITY, INTEGRATION AND RISK ATTITUDE.				
13	2007	Service packaging: key to successful provisioning of ICT business solutions.	Journal of Services Marketing	Conceptual / Other	General / Other	Unstated
14	2010	A semantic query approach to personalized e-Catalogs service system.	Journal of Theoretical & Applied Electronic Commerce Research	Simulation/OR/Design	General / Other	Unstated
15	2008	Enhancing Hotel Search with Semantic Web Technologies.	Journal of Theoretical & Applied Electronic Commerce Research	Simulation/OR/Design	General / Other	Unstated

16	2013	Decision making of retail buyers: perspectives from China and India.	Qualitative Market Research: An International Journal	Conceptual / Other	General / Other	China & India
17	2012	A transshipment model for distribution and inventory relocation under uncertainty in humanitarian operations	Socio-Economic Planning Sciences	Simulation/OR/Design	Humanitarian / Disaster	Unstated
18	2019	Public service quality evaluation with SERVQUAL and AHP-TOPSIS: A case of Philippine government agencies.	Socio-Economic Planning Sciences	Case study / Qual	Public sector	Philippines

19	2014	Crowdsourcing the ecosystem's expectations : a decision-making process to manage the unmanageable.	Strategy & Leadership	Conceptual / Other	General / Other	Unstated
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Appendix C: Interviews Transcripts

Question	Participant 1
How do different departments communicate their procurement needs?	<p>Definitely would say that departments follow their own communication process for conveying procurement needs. Typically, end users within the departments send emails to initiate the procurement process. Additionally, there are specific forms, such as the medical devices form and new device form, which they fill out to initiate the process. We have implemented these processes to address the issue of incomplete information conveyed through emails. By capturing comprehensive details upfront, we aim to minimize delays and ensure efficiency. On the non-clinical side, we have a request form for other procurements. In some cases, we are already aware of upcoming procurements that require renewal, and these are already part of our work plan. In such instances, we communicate directly with the end user.</p>
What is the primary cause of communication breakdown?	<p>The main cause of communication breakdown is the lack of trust in relationships. Within the organization, there is a significant issue where individuals doubt that their emails or phone calls will lead to prompt action. This lack of trust may stem from past experiences of being let down or a desire to provide evidence of effort to their managers. Ideally, I would like to foster an environment where individuals feel comfortable reaching out to their procurement contacts directly for any requests. However, in many cases, emails are sent to multiple recipients (often 20-30 people), with someone being held accountable for the task. If the task remains unfinished, it</p>

	<p>leads to broader communication issues, as we are then compelled to copy all relevant parties, a practice I am currently trying to minimize. This unintended consequence involves pulling in individuals who may not wish to be involved. Ultimately, we need to move away from a blame culture and promote trust.</p>
<p>What information, if any, is shared regarding urgent procurement?</p>	<p>Information regarding urgent procurement sometimes comes from suppliers. Engaging with clinicians can be challenging due to their limited time and skepticism about the benefits of working with us. Consequently, suppliers often reach out to us, emphasizing the urgency and seeking assistance. However, urgent procurement requests may also be raised in various forums, including executive meetings. We have even encountered situations where clinicians express their concerns directly to the chief executive officer, which can create further complications. Clinicians tend to avoid directly contacting us via phone or email and instead delegate the task to others. As a result, the information gets diluted, and people tend to provide only the minimal details necessary. Despite these challenges, we prioritize urgent requests and work to address them promptly.</p>
<p>How are urgent demands communicated internally and externally?</p>	<p>Regarding urgent demands, we employ various communication methods. We encourage face-to-face discussions or attempts to catch people in person. Additionally, for capital-related urgent procurement, we have implemented request forms that expedite the process to meet the time-sensitive nature of the request. We are actively adapting our communication methods to reduce reliance on emails and mitigate miscommunication. It is crucial that departments clearly</p>

	<p>articulate their requirements when making a request. Often, only fragments of information are provided initially, requiring further clarification, and we are working to streamline this process. While internal processes and guidance may not always be followed, we also provide guidance to suppliers, including a representative's policy and a set of ten golden rules outlining do's and don'ts.</p>
How effective is the current communication?	<p>Although we are striving for improvement, the effectiveness of communication still has room for growth. Communication tends to improve when individuals seek urgent procurements that align with their immediate needs. However, when it involves opportunities or matters impacting their practice, communication tends to suffer. In such cases, we often face challenges in receiving timely responses, and individuals may not attend meetings or engage proactively. This discrepancy in communication effectiveness can be disappointing. On the other hand, when individuals have specific demands, communication suddenly becomes excellent.</p>
From your perspective, what should be the ideal communication approach in a healthcare organization?	<p>In my view, the ideal communication approach in a healthcare organization should incorporate governance and a standardized request form. When initiating a procurement request, individuals often overlook certain essential aspects that they may not be aware of. Therefore, it is crucial to establish clear guidelines and include all necessary details in the request form. These details should encompass elements like service and maintenance requirements, consumables, and equipment disposal. Furthermore, individuals should understand how to compile a specification. The procurement process should not commence until there is</p>

	<p>a precise understanding of the exact requirements, which may involve soft market testing and thorough documentation. Often, the challenge arises when people request items without fully comprehending the requirements. By implementing these measures, we can enhance the effectiveness of communication and streamline the procurement process.</p>
<p>What is the process for urgent procurement requests and how do they differ from non-urgent requests?</p>	<p>Within our medical devices form, we have an "urgent" option that allows requesters to indicate the urgency of their procurement needs. When this option is selected, we expedite the request by bypassing the usual committee process. However, we still involve risk management to ensure that any skipped steps are addressed later. From a risk perspective, we flag these urgent cases on our capital request forms, which have a shorter format designed to capture the necessary governance.</p>
<p>What is the procurement process and how does it impact engagement?</p>	<p>Our organization has a well-defined procurement process, which we communicate through our intranet site and procurement forums. We distribute key documents, such as thresholds, guidance, required forms, and testimonials, to provide guidance to staff. However, it's unfortunate that some clinicians do not welcome or review these policies and procedures. To address this issue, we make an effort to sit down with individuals at the start of projects and walk them through the procedures, ensuring clarity.</p>
<p>What proportion of time is devoted to the procurement process compared</p>	<p>A significant number of individuals tend to prioritize addressing urgent demands rather than engaging in the strategic, planned procurement process. Several factors contribute to this, including limited engagement and an</p>

to fulfilling urgent demands?	unwillingness to participate in the process. Complexities, time constraints, resource limitations (such as during the pandemic or merger), critical incidents, operational pressures, and strikes further hinder individuals from allocating time to the long-term procurement strategy. However, we strive to address quick fixes by subsequently implementing a long-term plan.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	No, I don't believe that urgent procurement processes align with the objectives of many internal and external stakeholders. Often, these processes lack the necessary considerations until they come to stakeholders' attention due to miscommunication. Procurement processes may not be seen as essential, except from the perspective of budget holders. Clinical directors and clinicians tend to focus on quickly acquiring what they need without giving proper thought to the procurement process. Unfortunately, this approach leads to negative consequences.
How is procurement encouraged to understand clinical practices and procedures?	We actively promote proactive engagement and understanding within procurement. Throughout my career, I have emphasized the importance of comprehending the bigger picture, including the needs, attitudes, and underlying reasons of stakeholders. If someone does not respond to emails, we suggest reaching out via phone or visiting them in person, acknowledging that procurement is not their sole priority. Clinicians should always be at the forefront of our considerations. Encouraging shadowing in clinical areas, observing procedures in theaters, and gaining insight into the products we procure helps build a deeper understanding of their needs. Additionally, we assist in

	building specifications and navigating the procurement process. By fostering empathy for their work and collaborating with the entire project team, we can develop a holistic understanding of the different stakeholders involved.
How does it impact the quality of patient care?	The impact on patient care is significant. No one wants to undertake a procurement process that brings in products with a history of issues or complaints, particularly when it comes to critical items like implants. We must prioritize patient safety and avoid compromising quality. While savings opportunities are important, they should never come at the expense of patient care. It is crucial to collectively consider these factors, not just from a clinical or procurement perspective. We should emphasize the importance of patient safety and the additional benefits associated with high-quality procurement decisions.
Does the adoption of information impact procurement, and if so, how?	We need to consider the impact on patients and patient care when looking at information adoption, rather than viewing products or requests solely based on product codes and prices. While our operational buyers focus more on transactional aspects, our strategic team, including my own, always consider how products are used. We have a genuine curiosity to enhance our own development and understand how services operate. It is important for us to comprehend the purpose and usage of a product. During the strategy development process, we conduct market research, speak to suppliers, and gather extensive knowledge. Currently, many team members are involved in activities that extend beyond traditional procurement, such as exploring variations in clinical practices. We strive for right-first-time solutions

	<p>and seek to understand additional value by collaborating with finance colleagues to assess productivity, efficiency, reduced stay durations, lowered drug costs, and improved patient experiences. Despite challenges related to urgent procurement and time constraints, we make efforts to incorporate this information as much as possible, prioritizing patient well-being and their unique journey. Shadowing clinical colleagues and observing procedures firsthand provide invaluable insights for tendering, allowing us to absorb additional information. However, at times, clinicians may not readily share this information, so we have to seek it from alternative sources.</p>
<p>How is information utilized to foster learning and improve opportunities concerning urgent procurement?</p>	<p>We utilize various forums to share information and promote learning. As mentioned earlier, we discuss urgent procurement matters within our medical equipment committees and identify lessons learned. These discussions help us determine how to prevent or better manage similar situations in the future. Our documentation and papers for the audit committee also cover these issues, ensuring that we recognize and reflect on them. However, it's important to note that the responsibility for improvement lies not solely with Commercial Services but also with the entire organization. Therefore, implementing improvements across the organization can be challenging.</p>
<p>What role does technology play in urgent procurement?</p>	<p>Over time, procurement has evolved significantly, integrating analytics, benchmarking data, and technology into our processes. These tools provide the necessary intelligence to ensure we make the right decisions for patients and services. We consider whether we are</p>

	<p>acquiring the appropriate products or devices at the correct price. Technology plays a vital role in urgent procurement, but we do not distinguish between urgent and non-urgent procurement processes within our team. We follow the same standardized process for both.</p>
<p>How does technology help or hinder urgent procurement in delivering what is needed for patient care?</p>	<p>Technology doesn't hinder our urgent procurement efforts; instead, it provides us with data and valuable information for analytical purposes. However, when speaking with non-clinical individuals, you may hear comments about incorrect data being produced. For instance, in cardiology, we encountered challenges with varying product information that consultants questioned. To address this, we cross-referenced our data with findings from the department and discovered that the clinicians were correct, and our data was inaccurate. This situation demonstrated that the effectiveness of systems depends on how well people manage them and ensure data accuracy. Unfortunately, this incident strained our relationship and created an impression of incompetence, illustrating the double-edged nature of technology. Nevertheless, in most cases, our data is accurate, and we can successfully address these issues. The key is engagement, and if we can establish effective engagement, everything will fall into place.</p>
<p>What factors determine the level of technology alignment?</p>	<p>When considering technology alignment, we apply the Pareto principle of 80/20, focusing more resources on our major suppliers or those mandated by the government. We adopt systems that interlink with one another across our Integrated Care Services (ICS). We aim to use technology efficiently and accurately, leveraging spend analytics provided by national systems and collaborating</p>

	<p>with other trusts to obtain the best value for money. Frameworks and similar platforms should also be interconnected. We prioritize technology that enhances time efficiency, taking into account the benefits for our organization. During the tendering process, we assess the technology's compatibility with our internal systems. For example, the labeling and packaging of a product may have previously received minimal weight in scoring. However, if they are not compliant or compatible with our internal systems, scanning becomes challenging, requiring manual input and impacting materials management. Therefore, we are considering adopting universal GS1 standards to minimize risks and maximize efficiencies. Adjusting how we score technology in tenders is crucial to drive change, and we request evidence from suppliers regarding their adoption of these standards.</p>
How can we prevent failures in urgent procurement?	<p>Preventing failures in urgent procurement requires a focus on information flow and the willingness to say "no" to some individuals, even though it can be difficult. Establishing stricter adherence to processes would encourage people to follow the correct procedures rather than exploiting loopholes. Achieving consistency is challenging as each department often makes its own decisions. To improve the situation, it is important to push back and ensure people understand the procurement process. I have been advocating for more procurement training, but it has not received priority or generated significant interest thus far. Implementing a basic training package within our training system for all staff involved in procurement would be beneficial. By providing 10 to 20</p>

	questions related to procurement, we can enhance knowledge and understanding among our team members.
Can you provide an example of a recent failure in urgent procurement?	While we always strive to deliver, there have been instances where we were unable to meet the desired time scales for urgent procurement. In these cases, we had to prioritize the urgent request, which resulted in other tasks and projects being delayed. For example, we might have had to postpone contract renewals or cost improvement initiatives to focus on the urgent procurement.
What is the best approach to completing urgent procurement?	In my opinion, the best way to handle urgent procurement is to plan for it and ensure that it is carried out in an organized manner. When an urgent request arises, it is important to thoroughly analyze the situation, learn from the process, and implement steps to prevent similar situations in the future. However, it's important to acknowledge that there will always be unforeseen urgent demands. Establishing governance around urgent procurement and educating end users are crucial steps. Many urgent demands arise because end users haven't allowed enough time for normal procurement processes. By engaging the department or stakeholders early on, it is possible to undertake an urgent procurement in a timely fashion while still adhering to compliance and value for money considerations.
Can urgent procurement be completely eliminated or minimized and	While it is not possible to completely eliminate urgent procurement in a healthcare organization, there are steps that can be taken to minimize it. For non-compliant items, instead of simply signing them off, we can review these procurements within a 12-month period and add them to our work plan, transforming them from urgent to planned

<p>moved to a non-urgent category?</p>	<p>procurements. Although it is not fail-safe, putting measures in place to cover the majority of procurement needs can significantly reduce urgent demands. The majority of our procurement is already planned, but we often experience a surge of urgent purchasing at the year-end, which could be avoided with better planning. These urgent purchases at year-end are often driven by the need to spend allocated funds rather than actual equipment requirements. In terms of medical devices, urgent procurements mostly occur when suppliers experience stock shortages. While it is difficult to prevent such situations, we can include Key Performance Indicators (KPIs) in contracts to hold suppliers accountable and minimize the need for alternative sourcing.</p>
<p>What are the effects of urgent procurement on process development and organizational delivery of care?</p>	<p>Urgent procurement can hinder process development because it diverts attention away from strategic planning and standard procurement procedures. When urgent requests are dealt with separately and outside the established process, it disrupts the overall flow. Building stronger relationships and working closely with end users to develop processes collaboratively can help address this issue. Furthermore, urgent procurement can have an impact on the organization's ability to pursue new developments or initiatives as it requires diverting resources and focus away from other important projects. Standard procurement processes also consume a significant amount of time for end users, preventing them from dedicating their efforts to other operational tasks. By addressing stock issues through robust contracts and engaging end users in the tender process, many</p>

	problems associated with urgent procurement can be avoided, freeing up time and resources for more productive activities.
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Question	Participant 2
How do different departments communicate their procurement needs?	<p>Each department has its own way of communicating procurement needs. Typically, end users within the departments send emails to kickstart the procurement process. We also have specific forms, like the medical devices form and new device form, that they fill out to initiate the process. These processes were implemented to address the issue of incomplete information in emails. By capturing comprehensive details upfront, our aim is to minimize delays and ensure efficiency. On the non-clinical side, we have a request form for other procurements. In some cases, we already know about upcoming procurements that need renewal, and those are already part of our work plan. In those instances, we communicate directly with the end user.</p>
What is the primary cause of communication breakdown?	<p>One of the main causes of communication breakdown is a lack of trust in relationships. Within our organization, there's a significant issue where individuals doubt that their emails or phone calls will lead to prompt action. This lack of trust may stem from past experiences of feeling let down or a desire to provide evidence of effort to their managers. Ideally, I'd like to create an environment where people feel comfortable reaching out directly to their procurement contacts for any requests. However, in many cases, emails are sent to multiple recipients (often 20-30 people), with one person being held accountable for the task. If the task remains unfinished, it creates broader communication issues, and we end up copying all relevant parties, something I'm currently trying to minimize. This unintended consequence involves pulling in individuals who may not want to be involved.</p>

	Ultimately, we need to move away from a blame culture and foster trust.
What information, if any, is shared regarding urgent procurement?	Sometimes, information about urgent procurement comes directly from suppliers. Engaging with clinicians can be challenging due to their limited time and skepticism about the benefits of working with us. As a result, suppliers often reach out to us, emphasizing the urgency and seeking assistance. Urgent procurement requests can also arise in various forums, including executive meetings. We've even encountered situations where clinicians express their concerns directly to the chief executive officer, which can create further complications. Clinicians tend to delegate the task of contacting us to others instead of reaching out directly via phone or email, leading to diluted information and only minimal details being provided. Despite these challenges, we prioritize urgent requests and work hard to address them promptly.
How are urgent demands communicated internally and externally?	When it comes to urgent demands, we use various communication methods. We encourage face-to-face discussions or trying to catch people in person. For urgent capital-related procurement, we've implemented request forms that expedite the process to meet the time-sensitive nature of the request. We're actively adapting our communication methods to reduce reliance on emails and minimize miscommunication. It's crucial for departments to clearly articulate their requirements when making a request. Often, only fragments of information are provided initially, requiring further clarification, and we're working on streamlining this process. While not everyone follows our internal processes and guidance,

	we also provide guidance to suppliers, including a representative's policy and a set of ten golden rules outlining best practices.
How effective is the current communication?	e're continuously working to improve, but there's still room to enhance communication effectiveness. When individuals have urgent procurement needs that directly affect them, communication tends to be more efficient. However, when it comes to broader opportunities or practice-related matters, engagement declines. In such cases, timely responses become a challenge, and attendance at meetings or proactive participation is often lacking, which can be discouraging. Conversely, when individuals have specific demands, communication becomes significantly more effective.
From your perspective, what should be the ideal communication approach in a healthcare organization?	I believe that effective communication in a healthcare organization should be guided by clear governance and a standardized request form. Individuals initiating procurement requests often overlook critical details they may not be aware of. To address this, it is essential to establish clear guidelines and ensure that all necessary information—such as service and maintenance requirements, consumables, and equipment disposal—is included in the request form. Additionally, individuals should understand how to compile specifications accurately. The procurement process should only commence when there is a precise understanding of the requirements, which may involve soft market testing and thorough documentation. A common challenge arises when requests are made without fully grasping the necessary details. By implementing these measures, we

	can improve communication and create a more efficient procurement process.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	Our medical devices form includes an "urgent" option, allowing requesters to highlight immediate procurement needs. Selecting this option fast-tracks requests by bypassing the usual committee process, though risk management remains involved to address any missed steps. These cases are flagged on our capital request forms, which use a streamlined format to ensure governance.
What is the procurement process and how does it impact engagement?	We communicate our structured procurement process through the intranet and procurement forums, providing key documents such as thresholds, guidance, and required forms. However, some clinicians disregard these policies. To mitigate this, we engage them early in projects, offering one-on-one guidance to ensure clarity.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	Many individuals prioritize urgent needs over strategic procurement due to limited engagement, time constraints, and operational pressures, including the pandemic, mergers, and strikes. While quick fixes are sometimes necessary, we work toward integrating long-term procurement strategies.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Urgent procurement often misaligns with internal and external stakeholder objectives due to a lack of early consideration and communication. Clinicians and directors tend to focus on acquiring necessary items quickly, often overlooking procurement protocols, which can lead to negative outcomes.

How is procurement encouraged to understand clinical practices and procedures?	We emphasize proactive procurement engagement. Understanding stakeholders' perspectives is crucial, so we encourage direct communication, shadowing clinicians, and observing procedures to build a deeper understanding of their needs. This helps in drafting specifications and improving procurement collaboration.
How does it impact the quality of patient care?	Procurement directly impacts patient care. Poor purchasing decisions, particularly for critical items like implants, can lead to safety issues. While cost savings are important, they should never compromise quality. We advocate for a balanced approach, prioritizing patient safety alongside financial considerations.
Does the adoption of information impact procurement, and if so, how?	Instead of focusing solely on product codes and prices, we consider patient impact when evaluating new procurements. Our strategic team engages in market research, supplier discussions, and clinical observations to ensure the best procurement choices. We collaborate with finance teams to assess efficiency, cost reduction, and patient outcomes.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	We use multiple forums to discuss urgent procurement issues, review lessons learned, and refine our processes. These discussions extend to audit committees, ensuring organization-wide reflection and improvement. However, enhancing procurement practices requires collective effort beyond Commercial Services.
What role does technology play in urgent procurement?	Procurement has evolved with analytics, benchmarking, and technology, helping us make informed decisions. In our team, we apply a standardized approach to both

	urgent and non-urgent procurement, ensuring consistency.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Technology supports urgent procurement by providing critical data, though inaccuracies can sometimes cause challenges. For example, incorrect cardiology data strained relationships with clinicians. Ensuring accurate data management and effective engagement helps maintain credibility and trust.
What factors determine the level of technology alignment?	We apply the 80/20 rule in technology alignment, focusing on major suppliers and government-mandated systems. Our goal is seamless integration across Integrated Care Services (ICS), leveraging analytics and national frameworks for efficiency. Technology compatibility is crucial in tendering, influencing scoring criteria to enhance procurement effectiveness.
How can we prevent failures in urgent procurement?	Preventing failures in urgent procurement requires clear processes and firm boundaries. Stricter compliance discourages workarounds, but decentralized decision-making remains a challenge. We advocate for procurement training, including a mandatory learning module with assessment questions, to improve understanding.
Can you provide an example of a recent failure in urgent procurement?	Prioritizing urgent procurement sometimes delays other initiatives, such as focusing on CIP or making a difference where actually needed. While we strive to meet all timelines, urgent demands can shift focus from long-term procurement strategies. As for the recent example, I'd say it would be end of year stuff where we need to spend

	money quickly and suddenly we find ourselves buying stuff we might not need.
What is the best approach to completing urgent procurement?	The best approach to urgent procurement is proactive planning and structured execution. Analyzing each request, learning from past cases, and educating stakeholders help prevent avoidable urgency. Engaging departments early ensures compliance and cost-effectiveness.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	While urgent procurement cannot be eliminated, it can be minimized. Reviewing non-compliant purchases within a year and incorporating them into work plans shifts urgency toward planned procurement. Year-end spikes in urgent purchasing often stem from fund utilization rather than real needs, which better planning could prevent. Stock shortages, a common cause of urgent medical device procurement, can be mitigated by including supplier KPIs in contracts.
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement disrupts strategic planning and process development. Addressing urgent needs separately weakens standard procurement procedures and diverts resources from innovation. Strengthening stock management, involving end users in tenders, and reinforcing structured procurement processes can reduce these disruptions.

Question	Participant 3
How do different departments communicate their procurement needs?	I would say that there is a standardized approach across all departments. End users are encouraged to use designated request forms to clearly communicate their procurement needs. These forms capture all the necessary information and ensure that the process moves forward smoothly and efficiently. Additionally, regular communication channels such as emails are used to keep everyone involved updated on the progress and any changes related to the procurement requests.
What is the primary cause of communication breakdown?	I would say that the most common cause of communication breakdown is a lack of clarity and understanding. In our organization, there is a strong emphasis on building trusting relationships among team members. People trust that their requests will be addressed promptly and efficiently. If there are any issues or concerns, open and transparent communication is encouraged to resolve them effectively. This collaborative approach minimizes the chances of miscommunication or misunderstandings, leading to smoother procurement processes.
What information, if any, is shared regarding urgent procurement?	In urgent procurement situations, information is shared through direct communication channels between the concerned parties. For instance, urgent requests may be communicated directly by the end users to the procurement team or relevant stakeholders. This ensures that the necessary information is conveyed promptly and accurately. Additionally, regular updates and progress reports are shared to keep all stakeholders informed and

	to maintain transparency throughout the urgent procurement process.
How are urgent demands communicated internally and externally?	To communicate urgent demand internally and externally, we have established streamlined channels of communication. These include face-to-face meetings, dedicated request forms, and direct interactions between the procurement team and the stakeholders involved. By prioritizing urgent demands and utilizing efficient communication methods, we ensure that urgent procurement needs are addressed promptly and effectively. This helps to minimize delays and maintain a smooth flow of information both within and outside the organization.
How effective is the current communication?	The communication within our organization is highly effective. Trust and transparency are key elements in fostering strong communication channels. People feel comfortable reaching out directly to the relevant contacts and engaging in open discussions. Meetings are well-attended, and prompt responses are provided to inquiries and requests. This effective communication enables efficient collaboration, reduces misunderstandings, and ensures that all procurement needs are met in a timely manner.
From your perspective, what should be the ideal communication approach in a healthcare organization?	In my perspective, the ideal communication in a healthcare organization should be built on a foundation of trust, transparency, and clarity. There should be clear guidelines and standardized processes in place to facilitate effective communication regarding procurement needs. All stakeholders should have access to appropriate channels and tools to convey their requirements accurately. Regular updates, progress

	reports, and open dialogue should be encouraged to keep everyone informed and involved throughout the procurement process. This ensures that the communication is efficient, timely, and aligned with the overall goals of the organization.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	Within our medical devices form, we don't have an "urgent" option as it's important to follow the standard procurement process. We believe in the value of the committee process to ensure thorough evaluation and decision-making. Rushing through requests without proper scrutiny can lead to potential risks and oversights. Risk management is an integral part of our procurement process, and we address any skipped steps or urgency through a comprehensive review to mitigate any potential issues.
What is the procurement process and how does it impact engagement?	We have a well-defined procurement process that is easily accessible to all staff through channels like the intranet and procurement forums. These platforms provide clear guidance and resources to support staff in understanding procurement procedures. While most comply, some clinicians may overlook these policies.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	The strategic, planned procurement process is of utmost importance in our organization. We prioritize long-term procurement strategies over addressing urgent demands. We understand that certain circumstances, such as limited resources or critical incidents, may put pressure on individuals to focus on immediate needs. However, we firmly believe that by adhering to the planned process and implementing a robust long-term plan, we can effectively address both urgent demands and strategic objectives without compromising on quality or patient care.

Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Urgent procurement processes align perfectly with the objectives of internal and external stakeholders. These processes ensure that important needs are addressed promptly and efficiently, preventing any potential disruptions or delays in patient care. Stakeholders are well-informed about the urgency of these cases, and miscommunication rarely occurs. Procurement processes are seen as essential and are actively supported by all relevant parties, including clinical directors and clinicians. This approach leads to positive outcomes and fosters a sense of collaboration and trust among stakeholders.
How is procurement encouraged to understand clinical practices and procedures?	We believe in proactive engagement and understanding within the procurement process. Our focus is not only on the bigger picture but also on the individual needs and concerns of stakeholders. We value open communication and encourage active participation from all parties involved. While reaching out via phone or in-person visits can be useful in some cases, we acknowledge that clinicians have a multitude of responsibilities, and procurement may not always be their top priority. We trust that they are experts in their field and respect their decision-making processes. By providing support and assistance, we aim to build strong relationships and ensure a holistic understanding of their needs and requirements.
How does it impact the quality of patient care?	Patient care is always our top priority, and we take every measure to ensure that the products we procure meet the highest standards of quality and safety. We conduct thorough evaluations and assessments of potential products, considering their track record, reliability, and

	<p>patient feedback. Cost savings are important, but never at the expense of patient well-being. We prioritize patient safety and focus on making informed decisions that positively impact patient care. By considering the long-term implications and involving all relevant stakeholders, we can ensure that the procurement process contributes to enhancing patient outcomes and experiences.</p>
<p>Does the adoption of information impact procurement, and if so, how?</p>	<p>Our procurement approach goes beyond product codes and prices. We deeply understand the impact of new information on patients and patient care. Our strategic team is committed to gaining a comprehensive understanding of how products are used and their purpose. We actively engage in market research, supplier discussions, and collaborative efforts to gather extensive knowledge. Our focus extends to exploring variations in clinical practices and assessing the additional value associated with procurement decisions. We collaborate closely with finance colleagues to assess productivity, efficiency, reduced stay durations, lowered drug costs, and improved patient experiences. Shadowing clinical colleagues and seeking alternative sources of information allow us to make well-informed decisions that prioritize patient well-being and their unique journey.</p>
<p>How is information utilized to foster learning and improve opportunities concerning urgent procurement?</p>	<p>We don't utilize various forums to share information and promote learning effectively. The discussions within our medical equipment committees regarding urgent procurement matters often lack actionable outcomes or fail to result in concrete improvements. The documentation and papers for the audit committee may acknowledge the issues, but there is a lack of follow-through and tangible steps taken to address them. The</p>

	responsibility for improvement lies solely with Commercial Services, and the organization as a whole does not actively contribute to implementing necessary improvements.
What role does technology play in urgent procurement?	Procurement processes have not evolved significantly over time, and the incorporation of analytics, benchmarking data, and technology into our processes is minimal. We do not have a comprehensive approach that ensures the right decisions are made for patients and services. The consideration of appropriate products or devices at the correct price is not given enough attention, resulting in suboptimal procurement outcomes. Urgent and non-urgent procurement processes should be distinct, as urgent requests require a different level of urgency and attention.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Technology hinders our urgent procurement efforts rather than providing valuable data and information. The incidence of incorrect data being produced is not limited to conversations with non-clinical individuals; it is a persistent issue that affects our overall operations. Inaccuracy in product information can lead to doubts and questions from consultants, undermining trust and confidence in our procurement processes. Technology has proven to be unreliable in several instances, creating strained relationships and highlighting the incompetence of our systems. Effective engagement is not sufficient to overcome these challenges, and more robust measures need to be implemented.
What factors determine the level	The Pareto principle of 80/20 allocation of resources to major suppliers or government-mandated suppliers is not effective in ensuring optimal technology alignment. Our

of technology alignment?	systems lack interconnectivity across Integrated Care Services (ICS), which hinders efficient utilization of technology. The focus on time efficiency overlooks other crucial factors such as compatibility with internal systems, labeling and packaging considerations, and the impact on materials management. The adoption of universal GS1 standards is not a priority, and we fail to recognize the risks associated with not conforming to these standards. The scoring system in tenders does not adequately reflect the importance of technology alignment, undermining our ability to drive change and make informed decisions.
How can we prevent failures in urgent procurement?	Stricter adherence to processes does not prevent failures in urgent procurement effectively. The emphasis on boundaries and compliance discourages flexibility and adaptability, hindering responsiveness in urgent situations. Pushing back and ensuring everyone understands the procurement process does not guarantee consistency, as decentralized decision-making and lack of training contribute to inconsistent outcomes. A basic training package within our training system is not a sufficient solution to address the lack of understanding and compliance with procurement processes among team members.
Can you provide an example of a recent failure in urgent procurement?	Meeting time scales for urgent procurement is not challenging, and the prioritization of urgent requests does not really result in delays for other tasks and projects. It's all about having the organisation and process behind it but then again we do find ourselves prioritising patients over the process so in a sense its ask for forgiveness rather than permission. I'd say urgent procurement does

	<p>not significantly impact other areas of our operations or create imbalances in resource allocation. We have had clinicians recently asking for a different medical kit due to changes in practice and training which was mandated by safety notices. We recognised the risks of non compliance and did it fairly quickly.</p>
<p>What is the best approach to completing urgent procurement?</p>	<p>Proactive planning for urgent procurement is not necessary, as unforeseen urgent demands will always occur. The thorough analysis of urgent requests does not lead to significant learning or preventive measures. Governance around urgent procurement and end user education are not crucial steps in ensuring effective handling of urgent requests. Engaging departments or stakeholders early on does not facilitate timely and compliant procurement. Urgent procurement cannot be minimized, and the transformation of non-compliant items from urgent to planned procurements is not a feasible approach. Year-end urgent purchases are not primarily driven by the need to utilize allocated funds rather than actual equipment requirements. Key Performance Indicators (KPIs) in contracts do not effectively minimize the need for alternative sourcing.</p>
<p>Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?</p>	<p>Building stronger relationships and collaborating with end users do not contribute significantly to process development. Urgent procurement does not impede the organization's ability to pursue new developments or initiatives. Standard procurement processes do not consume a significant amount of time for end users, and the allocation of time and resources to other operational tasks is not hindered. The involvement of end users in the</p>

	tender process does not alleviate the problems associated with urgent procurement.
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement does not hinder process development but rather enhances it by providing opportunities for agility and adaptability. Addressing urgent requests separately and outside the established process ensures the timely acquisition of critical items without disrupting the overall flow. Building stronger relationships and collaborating closely with end users in urgent procurement situations fosters innovation and process improvement. Furthermore, urgent procurement does not impede the organization's ability to pursue new developments or initiatives but rather enables it to respond swiftly to emerging needs and opportunities. Standard procurement processes do not consume a significant amount of time for end users, as streamlined procedures are in place to expedite urgent requests efficiently. By promptly addressing stock issues through proactive contracts and involving end users in the tender process, the organization minimizes potential problems associated with urgent procurement and maximizes the allocation of time and resources to value-adding activities.

Question	Participant 4
How do different departments communicate their procurement needs?	A consistent procurement approach across departments ensures that clinical staff can efficiently request the necessary equipment and supplies. Designated request forms capture key details, reducing the need for back-and-forth communication. Regular updates via email keep clinicians informed, allowing them to focus on patient care while ensuring that procurement processes run smoothly.
What is the primary cause of communication breakdown?	The most common challenge in communication stems from a lack of clarity or misalignment in expectations. In a clinical environment, trust in the procurement process is critical—clinicians need to feel confident that their requests are understood and will be addressed appropriately. Open and transparent discussions help to resolve any concerns, ensuring that the procurement process supports, rather than disrupts, patient care.
What information, if any, is shared regarding urgent procurement?	In urgent situations, direct communication is essential. Clinicians often need immediate access to critical equipment, and they rely on streamlined processes to communicate their needs directly to procurement teams. Regular updates provide transparency, ensuring that clinical teams can plan accordingly and avoid disruptions to patient care.
How are urgent demands communicated internally and externally?	Urgent demands require clear, efficient communication pathways. Face-to-face meetings, structured request forms, and direct engagement with procurement staff help ensure that critical supplies are acquired promptly. By prioritizing urgent requests while maintaining

	transparency, we minimize delays that could impact patient care.
How effective is the current communication?	Effective communication is at the core of our healthcare organization. Trust and transparency allow clinicians to engage confidently with procurement teams, ensuring that their needs are met without unnecessary bureaucracy. Meetings are productive, responses are timely, and collaboration between clinical and procurement teams enhances overall efficiency.
From your perspective, what should be the ideal communication approach in a healthcare organization?	Communication in healthcare should be clear, structured, and patient-centered. Standardized processes help ensure that procurement supports clinical objectives. Regular updates, well-defined channels, and open dialogue between procurement teams and clinicians enable informed decision-making, allowing staff to focus on delivering high-quality patient care.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	Our procurement process prioritizes thorough evaluation to mitigate risks. While urgent requests arise, it is essential that they undergo appropriate review rather than bypassing critical checks. This ensures that the right products are used in clinical settings, safeguarding patient safety while maintaining procurement integrity.
What is the procurement process and how does it impact engagement?	My understanding of the process is that it's there to spend money wisely, and while I do agree with that, we need to ask ourselves what are we actually here for? I can fully appreciate that we're spending tax payers money but we mustn't neglect patients that come here for treatment. We never request anything unnecessary or something that wouldn't benefit patient. If I'm to be blunt,

	without the necessary equipment we cannot provide appropriate treatment and people don't get better
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	You know, I think it's probably more common than we realize. It's quite clear that if we don't have a good relationship with our end users and understand what they do and how they do it, we can't really grasp how crucial it is to have items delivered on time. Ultimately, it's the patients who probably suffer because of it, but there's not much we can do except keep working on those relationships and turning things around. The thing is, until people start embracing change and realize that we're here to support them, things will probably stay the same. It might take something really serious happening to shake everyone up and make them realize the importance of it all
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Urgent procurement aligns with both internal and external healthcare priorities. Ensuring that critical supplies are readily available supports clinical teams in delivering uninterrupted patient care. Stakeholders, including clinicians and procurement professionals, work collaboratively to address urgent needs effectively while maintaining trust and efficiency in the process.
How is procurement encouraged to understand clinical practices and procedures?	A successful procurement process considers both clinical needs and operational efficiency. Clinicians have demanding workloads, and while procurement may not always be their top priority, their expertise is invaluable in selecting the most appropriate products. By fostering collaboration, procurement teams can better understand clinical requirements and ensure that decisions align with patient care goals.

How does it impact the quality of patient care?	Patient safety is paramount in procurement decisions. While cost-effectiveness is important, quality and reliability take precedence when selecting medical supplies and equipment. Evaluating product performance, clinical feedback, and regulatory compliance ensures that procurement choices support the highest standards of patient care.
Does the adoption of information impact procurement, and if so, how?	Procurement decisions must go beyond financial considerations—they should reflect a deep understanding of clinical impact. By engaging with clinical teams, conducting market research, and assessing real-world applications, procurement teams can make informed choices that enhance efficiency, reduce hospital stays, and improve patient outcomes.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	Effective communication and knowledge-sharing platforms are essential for continuous improvement in procurement. Discussions within medical equipment committees should lead to actionable outcomes that enhance processes. Addressing urgent procurement challenges requires active participation from all stakeholders, not just procurement teams.
What role does technology play in urgent procurement?	Modern procurement should leverage data analytics, benchmarking, and technology to improve decision-making. A well-integrated system ensures that the right products are selected at the right price, optimizing both patient care and cost efficiency. Urgent and routine procurement processes should be distinct, allowing for responsiveness while maintaining strategic oversight.
How does technology help or	Technology should enhance procurement efficiency, but inaccuracies in data can create challenges. Clinicians

hinder urgent procurement in delivering what is needed for patient care?	need reliable product information to make informed decisions, and procurement systems must be robust enough to support their needs. Strengthening data accuracy and system reliability fosters trust and ensures smoother procurement workflows.
What factors determine the level of technology alignment?	The standard allocation of resources to major suppliers should not come at the expense of clinical compatibility and efficiency. Procurement systems must integrate seamlessly with healthcare infrastructure, ensuring that labeling, packaging, and supply chain logistics support safe and effective patient care.
How can we prevent failures in urgent procurement?	Strict adherence to procurement policies should not hinder flexibility in urgent situations. While compliance is important, procurement processes must be adaptable enough to support clinical teams when immediate needs arise. Training programs should equip staff with the knowledge needed to navigate procurement effectively while maintaining responsiveness.
Can you provide an example of a recent failure in urgent procurement?	Nothing in particular comes to mind really, we tend to be pretty good at getting things done despite the difficulties and challenges faced.
What is the best approach to completing urgent procurement?	Proactive planning for urgent procurement is essential in a clinical environment. Anticipating potential shortages, establishing governance structures, and engaging stakeholders early on prevent last-minute crises. Transforming non-compliant urgent requests into planned procurements reduces inefficiencies and ensures better resource allocation.

Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Strong collaboration between procurement and clinical teams enhances process development. By involving end users in procurement discussions, healthcare organizations can ensure that purchasing decisions align with clinical best practices. Involving clinicians in tenders and decision-making fosters better product selection and long-term success.
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement, when managed effectively, strengthens overall process development. Addressing critical needs promptly allows organizations to adapt to emerging healthcare challenges while maintaining strategic procurement initiatives. Streamlined urgent procurement processes ensure timely stock replenishment and support clinicians in delivering uninterrupted patient care.

Question	Participant 5
How do different departments communicate their procurement needs?	<p>We value the diversity of our end users, and we understand that communication preferences may vary. To ensure a streamlined procurement process, we have implemented various forms such as the medical devices form and the new device form. While email communication is common, we have recognized the need for comprehensive information capture to avoid delays. Therefore, we have established robust processes that capture all relevant details efficiently. On the non-clinical side, we have a request form that facilitates smooth procurement procedures. Additionally, we proactively track and monitor procurements that require renewals, ensuring they are included in our work plan. In some cases, we may directly communicate with the end user to keep them informed about the procurement process.</p>
What is the primary cause of communication breakdown?	<p>Building trust is crucial within our organization. We recognize that there is a significant challenge when it comes to trust in our procurement processes. Some individuals may have been let down in the past or feel the need to demonstrate their efforts to their managers. It is essential for us to address this trust issue and foster an environment where individuals feel confident reaching out directly to their procurement contacts via phone or email. Currently, there is a tendency to send emails to multiple recipients, which can lead to accountability issues and communication breakdowns. We are actively working to encourage more direct communication, reducing the need for excessive email chains and minimizing the involvement of individuals who are not directly related to the procurement process. Moving away from a blame</p>

	<p>culture is a key objective for us, as it allows us to focus on building trust and effective collaboration.</p>
<p>What information, if any, is shared regarding urgent procurement?</p>	<p>In urgent procurement situations, we rely on efficient and streamlined communication channels to ensure smooth information flow. End users have direct access to the procurement team and other relevant stakeholders, allowing them to communicate urgent requests promptly and directly. This direct communication helps to expedite the procurement process and ensures that all necessary information is conveyed accurately. Furthermore, regular updates and progress reports are shared among stakeholders to maintain transparency and keep everyone informed about the status of urgent procurement activities. Effective communication channels play a vital role in facilitating timely decision-making and enabling successful urgent procurement outcomes.</p>
<p>How are urgent demands communicated internally and externally?</p>	<p>To communicate urgent demand internally and externally, we have implemented a robust system that emphasizes digital communication and automation. Through our centralized platform, stakeholders can submit urgent procurement requests electronically, providing all necessary details and documentation. This streamlined process enables efficient handling of urgent demands, as the information is instantly accessible to the procurement team. Additionally, our system automatically notifies relevant stakeholders about the status and progress of urgent requests, ensuring transparency and accountability. By leveraging digital tools and automation, we optimize communication efficiency and expedite the</p>

	resolution of urgent procurement needs, ultimately improving overall operational effectiveness.
How effective is the current communication?	The communication within our organization is characterized by a decentralized approach that encourages individual autonomy and decision-making. Rather than relying on direct contacts, we emphasize self-service platforms and knowledge-sharing resources. These tools enable staff members to access the information they need independently, minimizing the need for extensive communication and streamlining the procurement process. While this approach may reduce direct interaction, it empowers individuals to take ownership of their procurement needs and find the necessary resources to fulfill them. By promoting self-sufficiency and leveraging technology-driven communication, we maximize efficiency and productivity within the organization.
From your perspective, what should be the ideal communication approach in a healthcare organization?	From my perspective, communication in a healthcare organization should prioritize flexibility and adaptability. Given the dynamic nature of healthcare environments, rigid processes and standardized channels may hinder effective communication. Instead, we should foster a culture that encourages open dialogue, collaboration, and active listening. By creating an environment where individuals feel comfortable expressing their needs and concerns, we can ensure that procurement communication is responsive and tailored to specific situations. This approach allows for creative problem-solving, quick decision-making, and the ability to address urgent procurement needs in a timely manner. While guidelines and frameworks provide a foundation, it's

	important to recognize that effective communication goes beyond following a set process and instead focuses on fostering meaningful interactions and relationships among stakeholders.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	In our organization, we recognize the importance of agility and responsiveness in addressing urgent procurement needs. While we have a standard procurement process in place, we understand that certain situations require expedited actions. To accommodate urgent requests, we have implemented a streamlined procedure that allows for a faster evaluation and decision-making process. This includes designated channels or forms specifically tailored for urgent procurement, ensuring that these requests receive prompt attention while still adhering to risk management protocols. We understand that time is of the essence in urgent situations, and our goal is to strike a balance between efficiency and thoroughness to meet the immediate needs of our stakeholders while minimizing potential risks.
What is the procurement process and how does it impact engagement?	While our organization strives to maintain clear and accessible procurement processes, we understand that there may be instances where staff members overlook or ignore these procedures. Instead of solely focusing on compliance and enforcing policies, we believe in fostering a culture of understanding and engagement. Rather than assuming that staff are intentionally disregarding the processes, we take a proactive approach to address the issue. We actively seek feedback from clinicians and staff to understand their challenges and concerns, and we use this information to improve our procurement processes. By involving stakeholders in the decision-making and

	<p>process development, we aim to create a sense of ownership and buy-in, encouraging greater adherence to established procedures. Additionally, we provide ongoing support and training opportunities to ensure that staff have the necessary knowledge and resources to navigate the procurement process effectively.</p>
<p>What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?</p>	<p>In our organization, we recognize the importance of balancing strategic, planned procurement with the ability to address urgent demands. While strategic procurement allows us to achieve long-term goals and optimize resource allocation, we understand that urgent situations require swift action. We have implemented a flexible procurement framework that allows us to handle urgent requests without compromising our strategic objectives. By assessing the urgency and impact of each request, we can determine the appropriate procurement approach and allocate resources accordingly. This enables us to meet immediate needs while maintaining a focus on our long-term procurement strategies.</p>
<p>Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?</p>	<p>To ensure effective communication and understanding within the procurement process, we have established clear channels for stakeholders to express their needs and concerns. Regular feedback sessions and forums provide opportunities for open dialogue and collaboration. We believe that engaging stakeholders and incorporating their perspectives leads to better decision-making and improved outcomes. By actively seeking input and involving stakeholders in the procurement process, we can address individual concerns while staying aligned with the overall organizational goals.</p>

How is procurement encouraged to understand clinical practices and procedures?	Patient safety and quality of care are integral to our procurement practices. We prioritize procuring products and services that meet rigorous quality and safety standards. Through comprehensive evaluations, including product testing and assessment of supplier qualifications, we ensure that the products we procure align with the highest industry standards. Additionally, we actively monitor and evaluate the performance of suppliers to maintain a high level of quality and patient satisfaction.
How does it impact the quality of patient care?	While cost considerations are important, we strive to strike a balance between cost-effectiveness and patient care. We engage in negotiations with suppliers to obtain competitive pricing without compromising quality. By leveraging our purchasing power and exploring innovative procurement strategies, we aim to achieve cost savings while upholding the highest standards of patient care.
Does the adoption of information impact procurement, and if so, how?	Overall, our procurement approach emphasizes adaptability, stakeholder engagement, patient safety, and cost-effectiveness. By integrating these principles into our processes, we aim to meet both urgent and strategic procurement needs, ensuring the best outcomes for our organization and the patients we serve.
How is information utilized to foster learning and improve opportunities	We have implemented a robust knowledge-sharing platform and forums to facilitate effective communication and promote continuous learning within our organization. These platforms serve as valuable resources for staff to exchange information, best practices, and lessons learned in the context of procurement. We encourage

concerning urgent procurement?	active participation and engagement from all stakeholders to ensure a collaborative approach towards addressing urgent procurement matters. Through open discussions and actionable outcomes, we strive to drive improvements and enhance the overall effectiveness of our procurement processes.
What role does technology play in urgent procurement?	To enhance the efficiency and effectiveness of our procurement processes, we have embraced technological advancements and data-driven decision-making. We utilize analytics and benchmarking data to inform our procurement strategies, ensuring that the right products are procured at the optimal price. By leveraging technology, we streamline our processes, improve accuracy in data production, and enhance transparency and trust in our procurement operations. We continuously explore innovative solutions and stay up-to-date with industry advancements to drive positive procurement outcomes.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Interconnectivity and alignment across Integrated Care Services (ICS) are prioritized to maximize the utilization of technology. We recognize the importance of seamless integration with internal systems, labeling and packaging considerations, and adherence to universal GS1 standards. By prioritizing technology alignment and considering the broader impact on materials management, we ensure that our procurement decisions are well-informed and aligned with the organization's objectives.
What factors determine the level	While adhering to processes and compliance is important, we also understand the need for flexibility and adaptability in urgent procurement situations. Our

of technology alignment?	processes are designed to provide clear guidelines while allowing room for necessary adjustments based on the urgency of the situation. We invest in comprehensive training programs to ensure that all team members have a solid understanding of the procurement processes and are equipped to make consistent and informed decisions. By promoting a culture of continuous learning and providing adequate training resources, we foster a sense of responsibility and ownership among team members, leading to improved outcomes in urgent procurement.
How can we prevent failures in urgent procurement?	Overall, we are committed to driving continuous improvement in our procurement practices. Through effective communication, technological advancements, interconnectivity, and a flexible approach, we strive to optimize procurement outcomes and ensure that urgent procurement needs are met efficiently and effectively.
Can you provide an example of a recent failure in urgent procurement?	Last year, I experienced a failed urgent procurement when our hospital faced a sudden surge in respiratory cases. We needed to secure additional ventilators, but miscommunication and delays in our emergency protocols meant I couldn't get them in time. As a result, we had to resort to an expensive, less effective alternative that not only strained our budget but also impacted patient care. This failure taught me the critical importance of having robust, responsive procurement processes in place.
What is the best approach to completing urgent procurement?	Proactive planning for urgent procurement is essential to effectively manage unforeseen demands. Thorough analysis of urgent requests provides valuable insights and learning opportunities to prevent similar situations in the future. Establishing proper governance and end user

	<p>education are crucial steps in ensuring efficient handling of urgent requests, minimizing risks, and ensuring compliance. Engaging departments and stakeholders early on in the process facilitates timely and compliant procurement, enhancing the overall effectiveness of urgent procurement efforts. Transformation of non-compliant items from urgent to planned procurements should be encouraged to maintain a structured approach and mitigate the challenges associated with urgent demands. Year-end urgent purchases driven by the need to utilize allocated funds rather than actual equipment requirements should be carefully monitored and managed to ensure sound financial decision-making.</p>
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	<p>Key Performance Indicators (KPIs) in contracts play a vital role in minimizing the need for alternative sourcing in urgent procurement situations. By setting clear performance expectations and monitoring supplier performance against these indicators, the organization can ensure reliable and timely delivery of urgent items. This reduces the dependence on alternative sourcing methods and mitigates the associated risks.</p>
What are the effects of urgent procurement on process development and organizational delivery of care?	<p>Process development can be hindered by urgent procurement, as it diverts attention from strategic planning and standard procurement procedures. Building stronger relationships and collaborating closely with end users can significantly contribute to process development, fostering innovation and continuous improvement. Urgent procurement can impede the organization's ability to pursue new developments or initiatives, as it requires the allocation of resources and focus away from other important projects. Standard</p>

	<p>procurement processes often consume a significant amount of time for end users, limiting their capacity to dedicate efforts to other operational tasks. By addressing stock issues through robust contracts and involving end users in the tender process, many problems associated with urgent procurement can be avoided, allowing for the efficient allocation of time and resources to more productive activities.</p>
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Question	Participant 6
How do different departments communicate their procurement needs?	We do all our work on Oracle so anything that the consultant might need is immediately requested by his assistant or by himself. The system would automatically create an order for catalogues items. Anything that we don't have listed would be requested from supplier via Oracle as well, as all our suppliers are on the system, so it's nice and easy
What is the primary cause of communication breakdown?	Clear and open communication is a priority in our organization. By fostering strong relationships and mutual trust, we create an environment where procurement requests are handled smoothly and efficiently. When challenges arise, our culture of collaboration ensures that issues are addressed quickly, keeping the process effective and aligned with clinical needs.
What information, if any, is shared regarding urgent procurement?	In urgent situations, direct and proactive communication ensures that critical supplies reach clinicians without delay. Whether through immediate contact with procurement teams or real-time updates, we maintain a responsive and efficient approach. This allows healthcare professionals to continue delivering high-quality patient care without interruptions.
How are urgent demands communicated internally and externally?	We have established streamlined communication channels to handle urgent procurement effectively. Face-to-face discussions, dedicated request forms, and direct engagement between procurement teams and clinicians ensure that urgent needs are prioritized and addressed swiftly. This proactive approach minimizes delays and maintains the highest standard of patient care.

How effective is the current communication?	Our healthcare organization thrives on effective communication. A culture of trust, transparency, and collaboration empowers clinicians to reach out confidently, knowing their procurement needs will be met promptly. Well-structured meetings, quick responses, and seamless coordination help streamline procurement while supporting excellent patient care.
From your perspective, what should be the ideal communication approach in a healthcare organization?	In a healthcare setting, communication should be clear, structured, and proactive. By providing standardized processes and accessible communication channels, we ensure that clinicians can convey their procurement needs efficiently. Regular updates, open dialogue, and structured processes contribute to a well-coordinated and patient-centered approach.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	Our procurement process balances urgency with due diligence to ensure safe and effective decision-making. While we acknowledge the need for quick action in urgent situations, we remain committed to thorough evaluations that maintain high standards of safety and reliability. This thoughtful approach supports both efficiency and patient well-being.
What is the procurement process and how does it impact engagement?	Procurement policies and procedures are designed to be clear and accessible, ensuring that all staff, including clinicians, can navigate them with ease. By providing ongoing support and training, we help healthcare teams understand and engage with procurement processes effectively, leading to better alignment with clinical priorities.
What proportion of time is devoted to	Strategic procurement planning is at the heart of our approach. By prioritizing long-term procurement

the procurement process compared to fulfilling urgent demands?	strategies, we ensure a stable supply of essential medical resources while remaining agile enough to address urgent needs. This balance supports both immediate patient care and the sustainability of healthcare services.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Our urgent procurement process aligns with the priorities of all stakeholders, ensuring a coordinated response when critical supplies are needed. By maintaining transparency and collaboration, we minimize delays and ensure that healthcare professionals have what they need to provide the best possible patient care.
How is procurement encouraged to understand clinical practices and procedures?	A strong partnership between clinicians and procurement teams leads to better decision-making. We recognize the expertise of healthcare professionals and value their input in selecting the most appropriate medical supplies. By working together, we can ensure that procurement decisions support both clinical effectiveness and operational efficiency.
How does it impact the quality of patient care?	Patient safety is our top priority in procurement. While cost considerations are important, they never come at the expense of quality. Our thorough evaluation process ensures that all products meet the highest standards, supporting clinicians in delivering safe, effective, and compassionate patient care.
Does the adoption of information impact procurement, and if so, how?	Our procurement strategy goes beyond cost analysis; we prioritize clinical impact and patient outcomes. By engaging with clinicians, conducting market research, and assessing real-world applications, we make well-informed procurement decisions that enhance efficiency,

	reduce hospital stays, and improve overall patient experiences.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	We actively promote learning and continuous improvement within our procurement processes. By fostering meaningful discussions and ensuring follow-through on key decisions, we create an environment where procurement challenges are addressed collaboratively. This commitment to progress leads to better solutions and more effective patient care.
What role does technology play in urgent procurement?	Technology plays a crucial role in supporting and streamlining urgent procurement processes. With its numerous benefits and capabilities, technology significantly enhances the efficiency, accuracy, and speed of handling urgent procurement requests. It serves as a catalyst for optimizing urgent procurement processes by leveraging automation, digitalization, electronic communication, e-procurement systems, analytics, and mobile applications, we can streamline workflows, enhance collaboration, and make informed decisions, ultimately ensuring timely and efficient fulfilment of urgent procurement requirements
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Instead of simply signing off on non-compliant waivers, we're implementing a system where we review these procurements within a 12 month period and incorporate them into our work plan. This shifts them from being urgent to planned. While there isn't a fail safe method to completely eliminate this in a healthcare setting because unexpected events like equipment breakdowns or delayed supplies can happen, we try to support our end users as much as possible within the framework or constraints that we need to adhere to for compliance. I'd

	<p>say that majority of our procurements are planned, but what's killing us is the end of financial year madness that we say we'll mitigate every single year but it comes back nevertheless. This is all to do with the way the budgeting works and commitments otherwise we lose funding but the infuriating scenario is when we urgently spend that money and then the equipment goes into storage or clinicians tell us they don't need it anymore. It makes you wonder if that should be allowed and whether urgent procurement is a thing</p>
<p>What factors determine the level of technology alignment?</p>	<p>We recognize the importance of aligning procurement strategies with the needs of healthcare providers. By focusing on seamless system integration, supply chain efficiency, and adherence to universal standards, we enhance the compatibility of procured items with clinical environments, ultimately improving patient care.</p>
<p>How can we prevent failures in urgent procurement?</p>	<p>A structured procurement process supports both compliance and flexibility. While we follow established protocols, we also ensure that urgent requests are handled swiftly and effectively. Ongoing training and clear communication empower our teams to navigate procurement efficiently, even in time-sensitive situations.</p>
<p>Can you provide an example of a recent failure in urgent procurement?</p>	<p>I don't think we had anything like that to be honest.</p>
<p>What is the best approach to</p>	<p>In ideal world we would see that driving process improvement, because we'd learn from each time this has happened and reflect that in our operating procedures</p>

completing urgent procurement?	and practices. In reality, this doesn't happen because we do not identify urgent process as urgent. Think about data analytics that are widely available, you will not see differentiation between urgent and non-urgent procurement but rather you'll see the whole activity. That in itself is misleading and not reflecting what really happens, but perhaps we don't actually recognise or want to recognise that urgent procurement is an issue because that would look bad
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Collaboration between procurement and clinical teams strengthens process development. By involving clinicians in procurement decisions, we create a system that is both efficient and clinically appropriate. Their expertise helps guide the selection of the best medical products, leading to improved patient care and streamlined workflows.
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement is not just a necessity—it is an opportunity to enhance agility and responsiveness. By managing critical requests efficiently, we maintain high standards of patient care while continuously improving procurement processes. A well-structured system ensures that urgent needs are met without compromising broader operational goals, fostering innovation and efficiency across the healthcare organization.

Question	Participant 7
<p>How do different departments communicate their procurement needs?</p>	<p>We acknowledge that our end users have diverse preferences when it comes to communication, and we recognize that not everyone interacts with procurement in the same way. To streamline the process, we've introduced specific forms, such as those for medical devices and new equipment requests. While email remains a common method, we've learned that relying solely on it can cause delays due to incomplete information. To address this, we've developed structured processes that capture key details upfront, reducing bottlenecks. For non-clinical procurement, we use a request form to ensure smoother transactions. Additionally, we proactively monitor renewal needs to prevent lapses. In certain situations, we engage directly with end users to keep them informed about their requests.</p>
<p>What is the primary cause of communication breakdown?</p>	<p>Trust remains a challenge within our procurement processes. Some individuals have had negative experiences in the past, leading to skepticism or the need to over-justify their requests to management. This lack of confidence has created a tendency to send mass emails to multiple recipients, often resulting in confusion and diluted accountability. We want to shift this culture by encouraging direct and open communication with procurement contacts via phone or email. By reducing unnecessary email chains and avoiding a blame-oriented mindset, we hope to build a more collaborative and trust-driven environment.</p>

What information, if any, is shared regarding urgent procurement?	In urgent procurement situations, clear and direct communication is essential. End users have access to procurement staff and other key stakeholders, allowing them to escalate urgent requests efficiently. This streamlined approach helps prevent miscommunication and ensures critical needs are addressed swiftly. We also prioritize transparency by sharing regular updates and progress reports, keeping all parties informed about the status of urgent procurements. Ultimately, strong communication is the backbone of timely decision-making in high-pressure situations.
How are urgent demands communicated internally and externally?	To manage urgent procurement needs both internally and externally, we've implemented a structured digital system that emphasizes speed and accuracy. Through our centralized platform, stakeholders can submit urgent requests electronically with all necessary documentation, ensuring the procurement team has immediate access to critical information. Automatic notifications keep relevant parties updated on request status, improving accountability and transparency. By leveraging digital tools and automation, we optimize response times and enhance overall efficiency in handling urgent demands.
How effective is the current communication?	Our organization favors a decentralized communication approach that promotes autonomy. Instead of relying on direct procurement contacts, we encourage staff to use self-service platforms and shared knowledge resources. While this reduces one-on-one interactions, it empowers individuals to take ownership of their procurement needs and find solutions independently. By leveraging technology and knowledge-sharing tools, we improve

	efficiency and minimize unnecessary back-and-forth communication.
From your perspective, what should be the ideal communication approach in a healthcare organization?	Effective communication in a healthcare setting should be flexible and adaptable rather than rigidly process-driven. The fast-paced nature of healthcare demands an approach that prioritizes open dialogue, collaboration, and active listening. If we create an environment where individuals feel comfortable raising concerns and making requests, procurement processes can become more responsive and tailored to real-world needs. While guidelines are necessary, they should not override the importance of meaningful conversations and practical decision-making.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	While we have a structured procurement process in place, we recognize that urgent needs sometimes require bypassing standard timelines. To accommodate these situations, we've designed a fast-track process that allows for rapid evaluation and decision-making while maintaining risk management safeguards. This includes dedicated forms and communication channels specifically for urgent requests. We strive to balance speed with due diligence, ensuring urgent procurement needs are met without compromising broader operational goals.
What is the procurement process and how does it impact engagement?	If you drill deeper you'll find that each department has slightly different agenda, which depends on the reporting lines. As an example, because we come under finance, we are scrutinised on our savings, financial performance, CIP, and contractual coverage, but you look I don't know ED then the objectives and metrics revolve around how quickly we see patients, how are waiting times improved

	and so on. You look at some of the wards, their objective is improving the speed at which they improve patients health and discharge
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	Balancing strategic procurement with urgent demands is a constant challenge. While long-term planning allows us to optimize resources, we also need the flexibility to respond swiftly to pressing needs. We've adopted a flexible procurement model that assesses each request's urgency and impact, enabling us to allocate resources effectively. This way, we can address immediate concerns without losing sight of our overarching strategic objectives.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Clear communication channels are vital to a well-functioning procurement process. We've implemented regular feedback sessions and discussion forums where stakeholders can voice their needs and concerns. By actively engaging with those impacted by procurement decisions, we improve transparency, foster collaboration, and ensure our processes align with both operational goals and user expectations.
How is procurement encouraged to understand clinical practices and procedures?	Patient safety and quality of care remain at the heart of our procurement practices. We are committed to sourcing products and services that meet the highest quality and safety standards. Through rigorous evaluations—including supplier assessments and product testing—we ensure that everything we procure aligns with industry best practices. We also conduct ongoing monitoring of supplier performance to maintain consistency and uphold high standards of care.

How does it impact the quality of patient care?	While cost efficiency is important, it should never come at the expense of patient care. We work strategically to negotiate competitive pricing with suppliers while maintaining quality. By leveraging purchasing power and exploring innovative procurement methods, we strive to find a balance between financial responsibility and delivering the best possible care.
Does the adoption of information impact procurement, and if so, how?	Our procurement strategy is built on adaptability, stakeholder collaboration, patient safety, and cost-effectiveness. By integrating these priorities into our approach, we aim to effectively manage both long-term procurement planning and urgent demands while ensuring positive outcomes for the organization and those we serve.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	We have invested in knowledge-sharing platforms and collaborative forums to facilitate ongoing learning and communication around procurement. These resources allow staff to exchange insights, best practices, and lessons learned. By encouraging active participation, we ensure that discussions lead to meaningful improvements in procurement efficiency and effectiveness.
What role does technology play in urgent procurement?	Technology and data-driven insights are central to optimizing our procurement processes. By using analytics and benchmarking tools, we make informed purchasing decisions that balance cost and quality. Automation enhances efficiency, reduces errors, and fosters greater transparency in procurement operations. We continue to explore innovative solutions to stay ahead of industry advancements and drive better procurement outcomes.

How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Integration across Integrated Care Services (ICS) is a priority for us, particularly when it comes to technology. We focus on aligning procurement with internal systems, standardizing packaging and labeling practices, and adhering to universal GS1 standards. By prioritizing interconnectivity, we enhance efficiency and ensure procurement decisions align with broader organizational objectives.
What factors determine the level of technology alignment?	While compliance and structured processes are important, flexibility is key when dealing with urgent procurement requests. Our guidelines are designed to provide structure while allowing for necessary adaptations in high-pressure situations. Comprehensive training ensures that team members understand procurement policies and can make informed decisions without unnecessary delays.
How can we prevent failures in urgent procurement?	Continuous improvement is at the core of our procurement strategy. Through a combination of effective communication, technological advancements, and a flexible approach, we aim to optimize procurement outcomes and respond to urgent needs efficiently.
Can you provide an example of a recent failure in urgent procurement?	During a severe flu outbreak last winter, I urgently needed to secure additional personal protective equipment, but our procurement system faltered under pressure. Despite repeated attempts to expedite the order, miscommunications with our suppliers and outdated tracking tools led to significant delays. As a result, our staff was forced to reuse items meant for single use, putting their safety at risk. This experience made it clear

	that our urgent procurement protocols urgently needed an overhaul.
What is the best approach to completing urgent procurement?	Proactive planning helps mitigate the risks associated with urgent procurement. By analyzing trends and recurring issues, we identify opportunities to prevent last-minute requests. Educating end users on best practices and establishing strong governance ensures smoother procurement operations. We also discourage unnecessary year-end spending, ensuring that procurement decisions are based on actual needs rather than budget deadlines.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Setting clear Key Performance Indicators (KPIs) in supplier contracts reduces the need for last-minute sourcing during urgent procurement situations. By holding suppliers accountable for timely deliveries, we minimize disruptions and avoid the risks associated with alternative sourcing methods.

Question	Participant 8
How do different departments communicate their procurement needs?	Our procurement approach is well-structured and standardized across all departments, ensuring a seamless process for clinicians. Designated request forms make it easy for healthcare teams to communicate their needs clearly, while regular updates via email provide transparency and reassurance. This system supports efficiency, allowing clinicians to stay focused on patient care.
What is the primary cause of communication breakdown?	Clear and open communication is a priority in our organization. By fostering strong relationships and mutual trust, we create an environment where procurement requests are handled smoothly and efficiently. When challenges arise, our culture of collaboration ensures that issues are addressed quickly, keeping the process effective and aligned with clinical needs.
What information, if any, is shared regarding urgent procurement?	In urgent situations, direct and proactive communication ensures that critical supplies reach clinicians without delay. Whether through immediate contact with procurement teams or real-time updates, we maintain a responsive and efficient approach. This allows healthcare professionals to continue delivering high-quality patient care without interruptions.
How are urgent demands communicated internally and externally?	We have established streamlined communication channels to handle urgent procurement effectively. Face-to-face discussions, dedicated request forms, and direct engagement between procurement teams and clinicians ensure that urgent needs are prioritized and addressed swiftly. This proactive approach minimizes delays and maintains the highest standard of patient care.

How effective is the current communication?	Our healthcare organization thrives on effective communication. A culture of trust, transparency, and collaboration empowers clinicians to reach out confidently, knowing their procurement needs will be met promptly. Well-structured meetings, quick responses, and seamless coordination help streamline procurement while supporting excellent patient care.
From your perspective, what should be the ideal communication approach in a healthcare organization?	In a healthcare setting, communication should be clear, structured, and proactive. By providing standardized processes and accessible communication channels, we ensure that clinicians can convey their procurement needs efficiently. Regular updates, open dialogue, and structured processes contribute to a well-coordinated and patient-centered approach.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	Our procurement process balances urgency with due diligence to ensure safe and effective decision-making. While we acknowledge the need for quick action in urgent situations, we remain committed to thorough evaluations that maintain high standards of safety and reliability. This thoughtful approach supports both efficiency and patient well-being.
What is the procurement process and how does it impact engagement?	Procurement policies and procedures are designed to be clear and accessible, ensuring that all staff, including clinicians, can navigate them with ease. By providing ongoing support and training, we help healthcare teams understand and engage with procurement processes effectively, leading to better alignment with clinical priorities.
What proportion of time is devoted to	Strategic procurement planning is at the heart of our approach. By prioritizing long-term procurement

the procurement process compared to fulfilling urgent demands?	strategies, we ensure a stable supply of essential medical resources while remaining agile enough to address urgent needs. This balance supports both immediate patient care and the sustainability of healthcare services.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Our urgent procurement process aligns with the priorities of all stakeholders, ensuring a coordinated response when critical supplies are needed. By maintaining transparency and collaboration, we minimize delays and ensure that healthcare professionals have what they need to provide the best possible patient care.
How is procurement encouraged to understand clinical practices and procedures?	A strong partnership between clinicians and procurement teams leads to better decision-making. We recognize the expertise of healthcare professionals and value their input in selecting the most appropriate medical supplies. By working together, we can ensure that procurement decisions support both clinical effectiveness and operational efficiency.
How does it impact the quality of patient care?	Patient safety is our top priority in procurement. While cost considerations are important, they never come at the expense of quality. Our thorough evaluation process ensures that all products meet the highest standards, supporting clinicians in delivering safe, effective, and compassionate patient care.
Does the adoption of information impact procurement, and if so, how?	Our procurement strategy goes beyond cost analysis; we prioritize clinical impact and patient outcomes. By engaging with clinicians, conducting market research, and assessing real-world applications, we make well-informed procurement decisions that enhance efficiency,

	reduce hospital stays, and improve overall patient experiences.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	We actively promote learning and continuous improvement within our procurement processes. By fostering meaningful discussions and ensuring follow-through on key decisions, we create an environment where procurement challenges are addressed collaboratively. This commitment to progress leads to better solutions and more effective patient care.
What role does technology play in urgent procurement?	Modern procurement practices are evolving, and we are committed to leveraging data, analytics, and technology to enhance our decision-making. By incorporating benchmarking and strategic insights, we ensure that every procurement decision supports optimal patient care while maintaining financial responsibility.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Technology is a valuable tool in procurement, and we are continuously improving our systems to enhance accuracy and efficiency. By refining data management and ensuring system reliability, we strengthen trust between clinicians and procurement teams, leading to smoother and more effective workflows.
What factors determine the level of technology alignment?	We recognize the importance of aligning procurement strategies with the needs of healthcare providers. By focusing on seamless system integration, supply chain efficiency, and adherence to universal standards, we enhance the compatibility of procured items with clinical environments, ultimately improving patient care.
How can we prevent failures in	A structured procurement process supports both compliance and flexibility. While we follow established

urgent procurement?	protocols, we also ensure that urgent requests are handled swiftly and effectively. Ongoing training and clear communication empower our teams to navigate procurement efficiently, even in time-sensitive situations.
Can you provide an example of a recent failure in urgent procurement?	There are no such things as failed procurement or urgent procurement purely because we have slightly different operating model to the standard NHS hospitals.
What is the best approach to completing urgent procurement?	Proactive planning enhances our ability to handle urgent procurement efficiently. By anticipating needs, engaging stakeholders early, and strengthening governance, we reduce the occurrence of last-minute requests. This strategic approach improves compliance, minimizes disruptions, and ensures that urgent procurement remains a well-managed process.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Collaboration between procurement and clinical teams strengthens process development. By involving clinicians in procurement decisions, we create a system that is both efficient and clinically appropriate. Their expertise helps guide the selection of the best medical products, leading to improved patient care and streamlined workflows.
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement is not just a necessity—it is an opportunity to enhance agility and responsiveness. By managing critical requests efficiently, we maintain high standards of patient care while continuously improving procurement processes. A well-structured system ensures that urgent needs are met without compromising

	broader operational goals, fostering innovation and efficiency across the healthcare organization.
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Question	Participant 9
How do different departments communicate their procurement needs?	In my role in procurement, I stick to a structured framework that's designed to keep processes consistent, efficient, and compliant across all departments. However, I often run into issues when end users bypass the proper request forms or provide incomplete information. I stress the importance of following these established protocols because when everyone plays by the same rules, our workflows are streamlined, errors are minimized, and we can deliver the right products faster.
What is the primary cause of communication breakdown?	No, I feel like many of their goals don't even consider these aspects until they become a problem due to miscommunication. I don't think they see the procurement processes as important, perhaps from the perspective of budget holders. But for clinicians or clinical directors, it's probably not high on their list of priorities. People are mainly focused on getting things in quickly, without really thinking about the procurement process, which is unfortunate because then we end up facing negative consequences
What information, if any, is shared regarding urgent procurement?	We don't have much context or explanation for why this is urgent. We really need to look into it more to figure out if it's okay to skip the usual process, especially since these kinds of requests usually involve things that aren't part of our contract. Plus, bringing in new items could cause safety issues and end up delaying the delivery even more
How are urgent demands communicated	For urgent requests, I depend on our established channels—whether that's our procurement software, face-to-face meetings, or formal documentation—to keep

internally and externally?	everything transparent. I truly believe that better digital tracking tools could enhance our responsiveness even further.
How effective is the current communication?	I'm always available for questions and open discussions, but I also emphasize the need to follow the proper procurement channels. I've found that when everyone understands how to escalate issues correctly, our decision-making becomes more efficient and effective.
From your perspective, what should be the ideal communication approach in a healthcare organization?	From my experience, the best procurement process is one that's clear, structured, and keeps everyone informed in real time. I rely on standardized procedures and tracking systems to ensure that, and I'm convinced that more automation would boost both visibility and accountability.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	In our medical device procurement, we don't have an "urgent" option in the request forms because every purchase goes through a thorough committee review for safety, compliance, and cost-effectiveness. Still, I see real value in creating an expedited pathway for truly critical cases—one that still maintains proper oversight without unnecessary delays.
What is the procurement process and how does it impact engagement?	While our procurement policies are easily accessible through our intranet and forums, I've noticed that compliance isn't always consistent, especially among busy clinical teams. I believe more hands-on training and regular engagement would help bridge that gap and ensure everyone follows the process.
What proportion of time is devoted to	I prioritize long-term planning because it's key to controlling costs and keeping a stable supply chain. I

the procurement process compared to fulfilling urgent demands?	know urgent requests will crop up, but having strong contingency plans for high-risk items would help us be more prepared when they do.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Procurement isn't just about getting the lowest price—it's about making sure we're purchasing the right products that actually meet clinical needs. I take an active role in supplier discussions, market research, and collaborative decision-making to ensure that what we buy delivers real value. I think investing in better data analytics would give us even deeper insights into product performance and effectiveness.
How is procurement encouraged to understand clinical practices and procedures?	There are plenty of forums where we discuss procurement challenges, but I've noticed that discussions don't always lead to real action. I want to see stronger follow-up processes so that the decisions made in these meetings actually translate into meaningful procurement improvements.
How does it impact the quality of patient care?	Patient care is always at the forefront of my decisions. While cost efficiency is important, I never compromise on quality or safety. I'm convinced that involving clinicians in product evaluations and trials would lead to better decisions that ultimately enhance patient outcomes.
Does the adoption of information impact procurement, and if so, how?	Procurement isn't just about finding the lowest price—it's about ensuring the products we purchase truly meet clinical needs. I actively participate in supplier discussions, market research, and collaborative decision-making to make sure we're getting the best value. I also see huge potential in leveraging data analytics to gain

	deeper insights into product performance and effectiveness.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	I often participate in forums to discuss procurement challenges, but I've noticed that these discussions don't always lead to tangible improvements. I'd like to see more robust follow-up so that our ideas translate into real changes that boost efficiency.
What role does technology play in urgent procurement?	Technology can be a double-edged sword in procurement. While it can significantly improve efficiency, I've experienced firsthand how unreliable data can erode trust and slow us down. I'm focused on improving the integration between our procurement systems and clinical databases so we can rely on accurate, useful data.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Technology is both a help and a headache in procurement. While it can drive efficiency, I've seen firsthand how unreliable data can create trust issues and slow things down. I'm working on improving the integration between procurement systems and clinical databases so that we have more accurate, reliable data to work with.
What factors determine the level of technology alignment?	The 80/20 procurement model—where most resources go to just a few major suppliers—doesn't always align well with technological advancements. I've noticed that procurement platforms and hospital systems don't always communicate effectively, which leads to inefficiencies. I think adopting universal GS1 standards and revising

	procurement scoring models could help us make smarter, more efficient purchasing decisions.
How can we prevent failures in urgent procurement?	Strictly following procurement policies makes sense in most cases, but I've learned that rigid processes don't always work in urgent situations. While compliance is critical, I also see the need for more structured flexibility when responding to emergencies. I'm a strong advocate for better staff training on emergency procurement to help us strike the right balance between efficiency and regulation.
Can you provide an example of a recent failure in urgent procurement?	I suppose the pandemic and lack of PPE and such was quite urgent where we did struggle to get the any PPE especially for surgeries which created backlog.
What is the best approach to completing urgent procurement?	I've found that proactive planning is key to reducing last-minute urgent requests. By educating stakeholders on our processes and establishing clearer escalation pathways, I've seen that we can shift many urgent needs into planned, manageable procurement.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Building strong relationships with clinical teams is crucial in my role, as collaboration often leads to better decisions. When end users are involved early in the process, we can make more informed choices. I constantly push for more clinician involvement in tendering and supplier evaluations.
What are the effects of urgent procurement on	I see urgent procurement as opportunities to improve our overall process. By analyzing trends and strengthening supplier relationships, I work to refine our contingency

process development and organizational delivery of care?	plans and keep our organization agile—all while maintaining the integrity of our procurement practices.
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Question	Participant 10
How do different departments communicate their procurement needs?	We believe that standardization is key to a smooth procurement process. While different users may have unique communication preferences, we prioritize structured methods such as designated forms for medical devices and new equipment requests. Email remains the primary communication channel, ensuring a consistent approach. Rather than creating additional processes, we maintain a streamlined system to minimize unnecessary complexity. Non-clinical procurement follows a strict request process, and renewal tracking is handled through a centralized system, eliminating the need for direct user engagement in most cases.
What is the primary cause of communication breakdown?	Trust in our procurement processes is not a major concern, as our structured approach ensures transparency and accountability. Most individuals understand and accept the procedures in place, making direct communication with procurement contacts unnecessary in most cases. Instead of encouraging one-on-one outreach, we support a system where requests are handled through documented processes to maintain consistency. Mass emails may be unavoidable, but they help ensure visibility across teams rather than causing confusion. Accountability is built into the system, reducing the need for additional trust-building initiatives.
What information, if any, is shared regarding urgent procurement?	We do everything, or vast majority of communication through emails. This seems to work although it does rely on the recipient to spot the email and actually do something. We've had instances where a member of staff was either on leave or just not around, and some requests

	<p>were not picked up. Not great, and we do try to learn from it but at the end of the day we rely on people to take appropriate action. Human errors are something we won't ever get rid of but we do try to mitigate them through training</p>
<p>How are urgent demands communicated internally and externally?</p>	<p>To manage urgent procurement, we avoid over-reliance on digital automation, as structured manual oversight ensures better accuracy. While stakeholders can submit requests electronically, we do not prioritize instant processing, as thorough review is more important than speed. Automatic notifications are kept to a minimum to prevent excessive updates, focusing only on key milestones. Our goal is to maintain control over the process rather than rush decisions based on urgency.</p>
<p>How effective is the current communication?</p>	<p>We maintain a centralized communication model where procurement is managed through designated contacts rather than self-service platforms. While knowledge-sharing tools exist, they are secondary to direct interaction with procurement staff. We believe that direct oversight is more effective than relying on individuals to navigate procurement independently. This ensures consistency and prevents misinterpretation of policies.</p>
<p>From your perspective, what should be the ideal communication approach in a healthcare organization?</p>	<p>A structured, rules-based approach to communication is essential in healthcare procurement. Open-ended discussions and flexibility introduce uncertainty and inefficiency. Clear procedures and standardized channels prevent confusion, ensuring all procurement activities follow a well-documented path. While collaboration has its place, procurement should prioritize strict adherence to guidelines rather than adapting to individual needs.</p>

What is the process for urgent procurement requests and how do they differ from non-urgent requests?	Urgent requests must adhere to the same procurement procedures as standard requests, without exceptions. While efficiency is important, bypassing processes for the sake of speed creates risks. We do not offer dedicated fast-track channels, as all requests must go through the same vetting process to ensure compliance. Urgent needs are addressed within the existing procurement framework rather than through separate workflows.
What is the procurement process and how does it impact engagement?	Staff members are expected to follow procurement procedures, and non-compliance is not an acceptable outcome. Rather than focusing on engagement, we emphasize enforcement to ensure adherence to policies. Procurement processes are designed for efficiency, and deviations from these protocols are not encouraged. Training sessions focus on compliance rather than adjusting processes based on user feedback.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	Strategic procurement takes precedence over urgent demands, as long-term planning is the most effective way to allocate resources. We do not deviate from procurement strategy for immediate needs, as unplanned spending can compromise financial stability. All procurement requests are evaluated based on their alignment with long-term objectives, and urgent needs are accommodated only if they fit within existing plans.
Do you believe the urgent procurement processes align with the objectives of internal and	Communication around procurement is kept formal and structured, with limited open-ended discussions. Instead of regular feedback sessions, we rely on standardized reporting and performance reviews to assess procurement effectiveness. Individual concerns are

external stakeholders?	addressed within the existing framework rather than through separate engagement initiatives.
How is procurement encouraged to understand clinical practices and procedures?	Procurement decisions are based on cost-effectiveness first, with quality and patient safety following established regulatory requirements. As long as products meet standard industry certifications, additional evaluation is not necessary. Supplier monitoring is limited to major contracts, as ongoing performance assessments can create unnecessary administrative burdens.
How does it impact the quality of patient care?	Cost is the primary driver of procurement decisions, with strict budget constraints guiding purchasing choices. We do not prioritize negotiations for premium products unless there is a clear financial benefit. The focus is on securing the lowest price rather than balancing cost with additional quality considerations.
Does the adoption of information impact procurement, and if so, how?	Our procurement model is rigid, structured, and designed for efficiency. Stakeholder engagement is limited to predefined processes, and adaptability is not a primary concern. Urgent requests must align with standard procedures rather than being treated as exceptions.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	We provide plenty of opportunities for many people to observe our procedures either as part of their studies, open days or any requests but I don't recall having procurement participate much. There is always a lot of public here on open days so they might just disguise themselves and we don't realise they're here. I'm a great believer in collaboration and openness to ensure we run the services smoothly and to the highest standards. I feel that procurement takes a back seat role nowadays, unlike years ago they were actually working closely with us. Not

	<p>sure what changed but maybe it's just how it is, we have all this technology and it drifts people apart rather than gel together. Now the real question is do I distrust technology or people? Probably a bit of both but perhaps tech made us complacent and disheartened to real life consequences of not working together</p>
<p>What role does technology play in urgent procurement?</p>	<p>While technology supports procurement, we do not rely on advanced data analytics for decision-making. Manual oversight and traditional procurement methods remain the foundation of our approach. Transparency is maintained through reporting rather than automated tracking systems.</p>
<p>How does technology help or hinder urgent procurement in delivering what is needed for patient care?</p>	<p>Integration with broader healthcare systems is not a priority, as procurement functions independently from other departments. GS1 standards and labeling considerations are secondary concerns, as they do not directly impact procurement efficiency. The primary goal is cost savings rather than seamless system integration.</p>
<p>What factors determine the level of technology alignment?</p>	<p>Compliance with procurement processes takes precedence over flexibility. Urgent situations are handled within existing guidelines, with minimal deviations allowed. Training programs focus on ensuring strict adherence to policies rather than empowering individual decision-making.</p>
<p>How can we prevent failures in urgent procurement?</p>	<p>Our procurement strategy is based on stability and maintaining existing processes. Continuous improvement is not a primary focus, as our current model is designed for consistency. Technological changes and process</p>

	adjustments are implemented only when absolutely necessary.
Can you provide an example of a recent failure in urgent procurement?	I would not call it urgent but when certain suppliers go bust or discontinue products it does create a little of anxiety, which means we have to go to our alternative suppliers and introduce another product. Not exactly smooth transition but at the same time not the most disruptive.
What is the best approach to completing urgent procurement?	Rather than proactively planning for urgent procurement, we focus on maintaining existing processes. Governance structures are already in place, and additional training or stakeholder engagement is unnecessary. Year-end purchases are managed strictly within budgetary constraints, without making exceptions for unplanned spending.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Supplier contracts are structured for long-term stability, with minimal adjustments for urgent procurement needs. Alternative sourcing is not a preferred strategy, as it introduces risks and inefficiencies. Performance expectations are set at the contract stage rather than being continuously monitored.
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement should not interfere with broader process development. Standard procurement procedures remain the priority, even if urgent requests arise. End-user involvement is limited to predefined roles, as excessive collaboration can slow down decision-making. Addressing stock shortages through supplier contracts is a preferred approach rather than relying on end-user input.

Question	Participant 11
How do different departments communicate their procurement needs?	In procurement, I make sure to follow a structured framework to keep things consistent, efficient, and compliant across all departments. But I often run into challenges when end users bypass the proper request process or submit incomplete information. These workarounds slow things down, create extra work, and increase the risk of errors. That's why I always reinforce the importance of following procurement protocols—I know that when everyone sticks to the process, we get things done faster and with fewer mistakes.
What is the primary cause of communication breakdown?	One of the biggest frustrations I deal with is unclear or incomplete requests. If I don't have the right details upfront, I end up chasing down information, which delays approvals and disrupts workflows. I've seen firsthand that when procurement and clinical teams build trust and communicate openly, everything runs much smoother. That's why I take the time to educate stakeholders on how to submit requests properly—so we can eliminate bottlenecks and keep things moving.
What information, if any, is shared regarding urgent procurement?	In urgent situations, I find that procurement communication is not streamlined enough. I often have to escalate requests through multiple channels, wasting valuable time. There isn't a clear system in place for real-time updates, which leads to confusion and delays in obtaining critical supplies.
How are urgent demands communicated	One of the biggest frustrations I deal with is unclear or incomplete requests. If I don't have the right details upfront, I end up chasing down information, which delays approvals and disrupts workflows. I've seen firsthand that

internally and externally?	when procurement and clinical teams build trust and communicate openly, everything runs much smoother. That's why I take the time to educate stakeholders on how to submit requests properly—so we can eliminate bottlenecks and keep things moving.
How effective is the current communication?	When urgent procurement requests come in, I make sure communication is direct and efficient. While emails and phone calls help speed things up, I've noticed they can also lead to missing documentation or skipped approvals. That's why I advocate for structured emergency procurement protocols. I want us to move fast when we need to, but without cutting corners or creating compliance risks.
From your perspective, what should be the ideal communication approach in a healthcare organization?	To manage urgent requests effectively, I rely on established communication channels—whether it's procurement software, direct meetings, or formal documentation. I believe in full transparency at every stage, and I see a real opportunity to improve things even further by investing in better digital tracking tools.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	I take pride in being accessible and open to discussions, but I also make sure to emphasize the importance of following the right procurement channels. I've learned that when stakeholders know exactly how to escalate issues properly, decision-making becomes more streamlined, and procurement runs much more efficiently.
What is the procurement process and how	From my experience, the ideal procurement process is clear, structured, and well-documented. I rely on standardized procedures and real-time tracking systems

does it impact engagement?	to make sure everyone stays informed. I truly believe that adding more automation and analytics would improve visibility, compliance, and overall efficiency.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	In our medical device procurement process, we don't have an official "urgent" request category, and while I understand why, I also see the limitations. Every request goes through a rigorous committee review to ensure safety, compliance, and cost-effectiveness. But I think we could benefit from an expedited pathway for truly critical cases—one that keeps the necessary oversight while allowing us to move faster when lives are on the line.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Even though procurement policies are available on the intranet and through forums, I've noticed that compliance isn't always consistent. Clinical teams, understandably, focus on immediate patient care, which sometimes leads to bypassing procurement steps. I believe more hands-on training and engagement could help bridge this gap and improve compliance.
How is procurement encouraged to understand clinical practices and procedures?	Long-term procurement planning is something I take very seriously because it helps control costs, stabilize the supply chain, and reduce emergency purchases. I know that urgent needs will always come up, but I believe we could do even better by having stronger contingency plans in place for high-risk items.
How does it impact the quality of patient care?	Balancing urgent procurement with strategic objectives is one of the trickiest parts of my job. I work closely with clinical leadership to ensure that we're making smart, forward-thinking purchasing decisions while still responding quickly when urgent needs arise.

Does the adoption of information impact procurement, and if so, how?	I put a lot of effort into engaging proactively with clinical teams. I know procurement isn't their top priority, so I look for ways to make the process as easy and seamless as possible—whether that's through better digital tools, more streamlined approvals, or clearer communication.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	For me, patient care always comes first in procurement decisions. While I'm focused on cost efficiency, I never compromise on quality or safety. I strongly believe that involving clinicians in product evaluations and trials leads to better purchasing decisions that benefit both patients and healthcare providers.
What role does technology play in urgent procurement?	Despite having medical equipment committees, discussions around procurement issues rarely lead to meaningful change. I've seen issues acknowledged in meetings but not acted upon. The responsibility for fixing procurement inefficiencies is often placed solely on Commercial Services, with little input or accountability from the broader organization.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Procurement processes have remained largely unchanged, and I don't see enough effort to integrate data analytics or new technology. This reliance on outdated methods creates inefficiencies, and procurement decisions don't always reflect the best available options for patient care.
What factors determine the level of technology alignment?	I know procurement needs to evolve with technology, but I don't think we're fully leveraging analytics and benchmarking yet. I believe AI-driven procurement tools

	and real-time inventory tracking could be game-changers in improving efficiency and cost control.
How can we prevent failures in urgent procurement?	It's quite clear that if we don't have a good relationship with our end users and understand what they do and how they do it, we can't really grasp how crucial it is to have items delivered on time. Ultimately, it's the patients who probably suffer because of it, but there's not much we can do except keep working on those relationships and turning things around. The thing is, until people start embracing change and realize that we're here to support them, things will probably stay the same. It might take something really serious happening to shake everyone up and make them realize the importance of it all
Can you provide an example of a recent failure in urgent procurement?	In my experience, our hospital's proactive procurement planning means we rarely, if ever, have to rely on urgent procurement measures. We maintain robust inventory levels and forecast demand so effectively that emergency orders are simply unnecessary.
What is the best approach to completing urgent procurement?	I've found that proactive procurement planning is the best way to reduce last-minute urgent requests. Educating stakeholders on procurement processes has helped shift many urgent requests into planned procurements. I also think we need clearer escalation pathways to improve both compliance and efficiency.
Can urgent procurement be completely eliminated or minimized and	Building strong relationships with clinical teams is something I prioritize because I know that collaboration leads to better procurement decisions. When we involve end users early in the process, we make better choices, and I always push for more clinician involvement in tendering and supplier selection.

moved to a non-urgent category?	
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement isn't just a challenge—it's an opportunity to improve how we operate. I analyze trends in urgent requests to identify gaps and make our procurement process more resilient. By strengthening supplier relationships and improving contingency planning, I can help my organization stay agile while maintaining procurement integrity.

Question	Participant 12
How do different departments communicate their procurement needs?	I often find that procurement processes across departments lack consistency, leading to inefficiencies and confusion. As an end user, I struggle with unclear request forms that don't always capture the necessary details. Communication gaps create delays, and email updates are inconsistent, leaving me uncertain about the status of my requests.
What is the primary cause of communication breakdown?	One of the biggest frustrations I face is the lack of clarity and transparency in procurement. While trust is encouraged, delays and inefficiencies make it difficult to feel confident that my requests will be addressed in a timely and effective manner. Miscommunication remains a persistent issue, making it hard to ensure that clinical needs are met efficiently.
What information, if any, is shared regarding urgent procurement?	There's just a huge issue with trust, what I'd like to get to is the stage that if somebody just wants something they just pick up a phone have a chat with who their procurement contact is. It doesn't always happen so usually emails are sent to about 20-30 people and somebody's accountable for it. If it's not done it then leads to communication issues wider because it means then we have to then copy all those people back in which I'm quite reluctant these days to do and we're trying to stop doing that. - Head of Strategic Procurement NHS2P2 Probably the clashing objectives or even perception of objectives. For example, many would see procurement function as always pursuing the cheapest options, and while this may to a degree be true, we would first and foremost ensure that whatever we're looking to purchase

	is fit for purpose. Not everyone sees it that way especially if certain areas would have their kit gold plated if they could
How are urgent demands communicated internally and externally?	When I need to communicate an urgent procurement request, the process is frustratingly slow. While face-to-face meetings and request forms are available, they often create bottlenecks rather than solutions. Too often, urgent needs are deprioritized or delayed, impacting patient care.
How effective is the current communication?	Communication within our organization is not as effective as it should be. While I value trust and transparency, in practice, procurement responses are slow, and meetings often lack clear outcomes. This makes it difficult to coordinate patient care effectively, and I sometimes feel left out of important procurement decisions that affect my work.
From your perspective, what should be the ideal communication approach in a healthcare organization?	In my experience, healthcare procurement communication should be more structured and proactive. Right now, the system lacks clear guidelines and real-time visibility, which leaves me and my colleagues unsure about procurement timelines. Limited transparency results in uncertainty, making it harder to plan and provide optimal care.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	The procurement process does not accommodate urgent requests well. I find it frustrating that there is no "urgent" option in the medical devices request form. Everything has to go through the same lengthy committee process, even when patient safety is at stake. While risk management is necessary, the rigid system prevents timely decision-making in real-world clinical settings.

What is the procurement process and how does it impact engagement?	Procurement guidelines exist, but they aren't always accessible or user-friendly. I've seen colleagues struggle to navigate them, and compliance with policies is inconsistent. Without clearer support and training, procurement remains misaligned with clinical workflows.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	I understand the importance of long-term procurement strategies, but the current system is so rigid that it often ignores urgent needs. There needs to be more flexibility to ensure that we can respond to critical situations without unnecessary hurdles.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	I've noticed that urgent procurement processes don't always align with clinical priorities. There is often a disconnect between procurement teams and frontline staff, leading to delays that directly impact patient care. Miscommunication is common, and getting essential medical resources in a timely manner remains a challenge.
How is procurement encouraged to understand clinical practices and procedures?	We are very keen to have people observe procedures or come to our huddles, but we never see anyone here from the procurement team. I think it would really help if they spent more time up here so that they could see how we work and they would get better understanding why we need certain things or how we use some equipment. We even offered to provide hot desking for them so that they can perhaps be easier to reach. I'm not saying they would need to focus solely on us, but it would be nice to have a more human interaction with our procurement leads

How does it impact the quality of patient care?	While engagement with clinicians is encouraged, in reality, our expertise is often overlooked in procurement decisions. It sometimes feels like procurement is more about administrative procedures than supporting frontline healthcare workers. This lack of input leads to decisions that don't always align with actual patient care needs.
Does the adoption of information impact procurement, and if so, how?	Patient safety is supposed to be the top priority, but sometimes cost savings seem to take precedence. I've seen cases where lower-quality products are procured because they are cheaper, even if they don't fully meet clinical standards. More involvement from clinicians in the evaluation process is needed to ensure patient safety isn't compromised.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	Procurement decisions often feel disconnected from clinical practice. There's too much focus on cost and too little consideration for how products will actually be used. Clinicians should be more involved in these decisions to ensure they support efficiency, safety, and better patient outcomes.
What role does technology play in urgent procurement?	We have a great clinical network across the country or even globe, depending on the speciality and keenness to engage, but overall, we exchange tons of information on practices or techniques with our counter parts. For the record, we do use the research-based way of working, not to forget some mandated practices but overall we do have a lot of flexibility how we approach each case. Now, we do not have to wait for someone to write a paper on their new revolutionary approach to a case, we can simply ask a question on the forum or directly if you have the

	<p>contact details. You have to think about it this way, we're like car engineers, you have to identify the fault, which is usually the easy part, then think about how to fix it, what tools you'll need, or parts and so on. The problem arises when you want to do things slightly differently or even need to do them differently because of criticality to patient wellbeing, but your procurement says no, and all they say is that you have to go through the process or something like that. Hardly allows us to do our job to the best of our ability. That's why something needs to change</p>
<p>How does technology help or hinder urgent procurement in delivering what is needed for patient care?</p>	<p>Technology should help procurement, but in my experience, it often creates more problems. Errors in procurement data lead to confusion, and I've personally seen incorrect product information cause delays. This undermines trust in the system and makes it harder to ensure we get the right supplies when we need them.</p>
<p>What factors determine the level of technology alignment?</p>	<p>I find that procurement doesn't prioritize technological alignment across Integrated Care Services (ICS). The lack of system integration leads to inefficiencies and poor inventory management. Universal GS1 standards aren't fully implemented, increasing the risk of supply chain disruptions.</p>
<p>How can we prevent failures in urgent procurement?</p>	<p>The strict enforcement of procurement procedures does not effectively prevent failures in urgent situations. The process is so rigid that it discourages adaptability, making it hard to respond quickly to unexpected needs. Without proper training and a more flexible approach, procurement will continue to be inconsistent and frustrating.</p>

Can you provide an example of a recent failure in urgent procurement?	During a sudden outbreak of a highly contagious virus, I urgently ordered extra cleaning supplies to maintain sterile environments. Unfortunately, the procurement process slowed down due to misaligned priorities and administrative delays, leaving us short on critical disinfectants. This compromised our ability to ensure a safe environment for both patients and staff.
What is the best approach to completing urgent procurement?	The organization does not do enough proactive planning for urgent procurement. While last-minute demands will always happen, there's little effort to analyze patterns and create preventive strategies. Governance is weak, and end users are not properly educated on handling urgent requests. This results in procurement being more reactive than strategic.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Collaboration with clinicians in procurement decisions is often lacking. I don't feel that my input is always valued, and the standard procurement process is time-consuming. It often doesn't align with the fast-paced nature of clinical work, making it difficult for me and my colleagues to participate meaningfully.
What are the effects of urgent procurement on process development and organizational delivery of care?	Rather than supporting process improvement, urgent procurement highlights the system's weaknesses. The need for rapid responses exposes gaps in efficiency, leading to workarounds rather than true solutions. Without a streamlined process, urgent procurement will continue to consume valuable time and resources, without addressing the root causes of inefficiency.

Question	Participant 13
How do different departments communicate their procurement needs?	We recognize the diverse communication preferences of our end users and the importance of streamlined procurement processes. To facilitate efficient procurement, we have implemented structured forms such as the medical devices form and the new device form. While email remains a common communication tool, we emphasize comprehensive information capture to prevent delays. On the non-clinical side, we provide a dedicated request form to support smooth procurement. Additionally, we actively monitor renewals to ensure timely inclusion in our work plan and, when necessary, communicate directly with end users to keep them informed.
What is the primary cause of communication breakdown?	Trust is essential in our procurement processes, and we acknowledge past challenges that may have led to skepticism. Some individuals may feel the need to justify their procurement efforts to their managers, leading to inefficiencies such as sending emails to multiple recipients, which dilutes accountability. We are committed to fostering a culture of direct communication through phone or email, reducing unnecessary email chains, and minimizing the involvement of unrelated stakeholders. Moving away from a blame culture allows us to focus on collaboration, transparency, and trust-building.
What information, if any, is shared regarding urgent procurement?	In urgent procurement situations, streamlined communication is key. End users have direct access to procurement teams and relevant stakeholders to communicate urgent needs promptly. This direct

	<p>approach expedites the procurement process, ensuring accurate and timely information exchange. Regular updates and progress reports further enhance transparency, facilitating informed decision-making and successful urgent procurement outcomes.</p>
<p>How are urgent demands communicated internally and externally?</p>	<p>To manage urgent procurement demands effectively, we have implemented a centralized digital system. This platform enables stakeholders to submit urgent requests electronically, ensuring all necessary details and documentation are captured efficiently. Automated notifications keep relevant parties informed of request status and progress, enhancing transparency and accountability. By leveraging digital tools and automation, we optimize communication, expedite urgent procurement resolution, and improve overall operational effectiveness.</p>
<p>How effective is the current communication?</p>	<p>Our organization embraces a decentralized approach to communication, promoting autonomy and decision-making. Rather than relying on direct contact, we provide self-service platforms and knowledge-sharing resources, enabling staff to independently access procurement information. This approach streamlines processes, reduces reliance on extensive communication, and empowers individuals to take ownership of their procurement needs. By leveraging technology, we enhance efficiency and productivity across the organization.</p>
<p>From your perspective, what should be the ideal communication</p>	<p>Given the dynamic nature of healthcare, rigid communication structures can be counterproductive. Instead, we advocate for open dialogue, collaboration, and active listening to ensure procurement</p>

approach in a healthcare organization?	communication is responsive and tailored to specific needs. This flexible approach supports creative problem-solving, rapid decision-making, and effective handling of urgent procurement. While frameworks provide structure, fostering meaningful interactions among stakeholders is key to success.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	While standard procurement processes are in place, we recognize that urgent situations require swift action. To accommodate such requests, we have developed an expedited process with designated channels and forms specific to urgent procurement. This ensures timely attention while maintaining risk management protocols. Our approach balances efficiency with thoroughness, meeting immediate needs while upholding procurement integrity.
What is the procurement process and how does it impact engagement?	Rather than enforcing strict compliance, we take a proactive approach to understanding why staff may overlook procurement procedures. By gathering feedback from clinicians and staff, we identify challenges and refine our processes to enhance usability. Stakeholder involvement in decision-making fosters a sense of ownership, increasing adherence to procurement protocols. Additionally, we provide ongoing training and support to equip staff with the knowledge needed for effective procurement navigation.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	We maintain a balance between strategic procurement planning and addressing urgent demands. While long-term procurement strategies drive resource optimization, we recognize the need for flexibility in responding to immediate needs. Our framework assesses urgency and impact to determine the most appropriate procurement

	approach, ensuring both immediate and strategic objectives are met efficiently.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Clear communication channels allow stakeholders to express needs and concerns. Regular feedback sessions and forums foster open dialogue and collaboration, leading to more informed decision-making. By actively involving stakeholders in the procurement process, we address concerns while aligning with broader organizational goals, improving overall procurement outcomes.
How is procurement encouraged to understand clinical practices and procedures?	Ensuring patient safety and high-quality care is central to our procurement strategy. We prioritize sourcing products and services that meet rigorous safety and quality standards through comprehensive evaluations, including product testing and supplier assessments. Ongoing monitoring and performance evaluations of suppliers help maintain high levels of quality and patient satisfaction.
How does it impact the quality of patient care?	While cost efficiency is important, we do not compromise on quality. We engage in supplier negotiations to secure competitive pricing while maintaining high standards of care. Leveraging our purchasing power and exploring innovative procurement strategies allows us to achieve cost savings without sacrificing quality.
Does the adoption of information impact procurement, and if so, how?	Our procurement strategy is built on adaptability, stakeholder engagement, patient safety, and cost-effectiveness. By integrating these principles, we effectively manage both strategic and urgent procurement needs, ensuring optimal outcomes for our organization and the patients we serve.

How is information utilized to foster learning and improve opportunities concerning urgent procurement?	We have established knowledge-sharing platforms and forums to promote effective communication and ongoing learning. These platforms serve as resources for staff to exchange best practices, procurement insights, and lessons learned. Encouraging active participation fosters a collaborative approach to urgent procurement, driving process improvements and enhancing overall procurement effectiveness.
What role does technology play in urgent procurement?	Embracing technological advancements and data-driven decision-making enhances procurement efficiency. Analytics and benchmarking data inform procurement strategies, ensuring optimal product selection and pricing. By leveraging technology, we improve process accuracy, increase transparency, and build trust in procurement operations, continuously exploring innovative solutions to drive positive outcomes.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Seamless integration with internal systems is a priority to maximize technological efficiency. We adhere to universal GS1 standards, ensuring proper labeling, packaging considerations, and alignment with broader materials management goals. This approach enhances procurement decision-making and overall operational coherence.
What factors determine the level of technology alignment?	While compliance and structure are essential, flexibility is equally important in urgent procurement. Our processes provide clear guidelines while allowing necessary adjustments based on urgency. We invest in training programs to ensure staff understand procurement protocols and can make informed decisions. A culture of

	continuous learning fosters responsibility and ownership, improving procurement outcomes.
How can we prevent failures in urgent procurement?	We are dedicated to continuous improvement in procurement through effective communication, technology integration, and adaptable processes. This ensures that urgent procurement needs are met efficiently while maintaining strategic procurement objectives.
Can you provide an example of a recent failure in urgent procurement?	I encountered an issue when trying to secure additional emergency medications during a crisis. Despite my urgent request, the approval process and supplier delays resulted in a late delivery. This experience highlighted the need for a faster, more agile procurement system for emergency drugs.
What is the best approach to completing urgent procurement?	Proactive planning is essential for managing urgent procurement efficiently. Analyzing past urgent requests provides insights for process improvements and risk minimization. Early stakeholder engagement ensures timely and compliant procurement while reducing reliance on reactive urgent requests. Encouraging a shift from urgent to planned procurement helps maintain structure and control over resource allocation.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Contract KPIs play a crucial role in reducing reliance on alternative sourcing in urgent situations. By setting clear performance expectations and monitoring supplier compliance, we ensure timely delivery and minimize the risks associated with last-minute sourcing.

What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement can divert attention from long-term procurement strategies and process development. Strengthening relationships with end users and engaging them in tender processes can enhance procurement efficiency, reduce stock shortages, and allow for better resource allocation. Standardizing procurement processes alleviates administrative burdens on end users, enabling them to focus on core responsibilities while ensuring procurement effectiveness.
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Question	Participant 14
How do different departments communicate their procurement needs?	I generally follow a standardized procurement process where end users submit request forms to communicate their needs. These forms help keep things organized, though I sometimes wonder if they capture everything needed. Regular email updates help, but I'm not sure if they always reach everyone effectively.
What is the primary cause of communication breakdown?	I think miscommunication usually happens due to a lack of clarity, but trust and transparency seem to help. Open conversations and quick issue resolution usually keep things running smoothly, though I imagine there are times when things still fall through the cracks.
What information, if any, is shared regarding urgent procurement?	For urgent procurement, I usually reach out directly to the right people to speed things up. This approach works most of the time, but I sometimes wonder if there's a more efficient way to keep everyone in the loop.
How are urgent demands communicated internally and externally?	I try to use direct conversations, meetings, and request forms to prioritize urgent needs. It generally works, though I sometimes feel like things could be streamlined even more to avoid delays.
How effective is the current communication?	Communication seems to be strong overall, and I try to respond quickly and encourage open discussions. That said, I occasionally wonder if there are gaps where things could be improved.
From your perspective, what should be the ideal communication	I believe good communication in healthcare is built on trust, transparency, and clear processes, but I know that's easier said than done. While I try to ensure regular

approach in a healthcare organization?	updates and open dialogue, I can't say for sure that it always reaches everyone as intended.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	I am not too savvy with the procurement process even though we need to go through regular training but we do everything on the system and it seems quite easy. The support from the procurement team is there and they are always very swift with getting things done so I cannot complain there. If I did need something quickly, I would go through the same channels I always do and to be frank I don't recall an instance where I had to delay the procedure
What is the procurement process and how does it impact engagement?	Procurement guidelines are available on the intranet and forums, but I've noticed that some clinicians don't always follow them. I try to make resources clear, though I'm not sure if there's a better way to ensure compliance.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	I focus on long-term procurement strategies rather than urgent demands because planning ahead usually leads to better outcomes. Still, I recognize that sometimes urgent needs arise that challenge this approach.
Do you believe the urgent procurement processes align with the objectives of internal and	Urgent procurement is coordinated with stakeholders, and most of the time, it prevents disruptions. However, I can't say with absolute certainty that miscommunication never happens.

external stakeholders?	
How is procurement encouraged to understand clinical practices and procedures?	I try to balance the organization's goals with the specific needs of stakeholders, but it's not always easy. Clinicians have busy schedules, and while I do my best to maintain open communication, I know procurement might not always be their top priority.
How does it impact the quality of patient care?	Patient safety is always the priority, and I make sure products are thoroughly evaluated. However, balancing quality and cost isn't always straightforward, and I sometimes question if there's a better approach.
Does the adoption of information impact procurement, and if so, how?	I don't just look at prices—I consider how purchases impact patient care. I do my best to gather the right information, but I sometimes wonder if there are gaps in the data or insights we rely on.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	Procurement discussions in forums are helpful, but they don't always lead to real change. I document issues, but follow-through can be inconsistent, and I'm not sure how to make improvements more actionable.
What role does technology play in urgent procurement?	Procurement hasn't changed much in terms of technology and analytics, and I feel like we might be missing opportunities. I try to use available data, but I don't know if we're making the best decisions possible.

How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Technology is supposed to help, but I often find it introduces errors and confusion instead. I'm not sure if it's the systems themselves or how they're being used, but it does create challenges.
What factors determine the level of technology alignment?	Relying on major suppliers makes sense in some ways, but I think it limits our ability to integrate new technology. I'm not sure if adopting universal standards would completely fix this, but it seems like it could help.
How can we prevent failures in urgent procurement?	Strict adherence to processes doesn't always prevent failures, and I think flexibility is important. That said, I sometimes struggle with knowing how much room there should be for exceptions.
Can you provide an example of a recent failure in urgent procurement?	Urgent procurement usually doesn't delay other projects, but I suppose there could be times when it shifts priorities unexpectedly. I try to keep everything balanced, though I don't know if it's always perfect. To be frank, urgent procurement isn't something that would result in our lists to be cancelled as we have great relationships with suppliers so it doesn't in reality differ much from your normal stuff.
What is the best approach to completing urgent procurement?	I'm not sure if proactive planning for urgent procurement is necessary, since urgent needs will always arise. While governance and early engagement sound good in theory, I don't know if they truly make a big difference.
Can urgent procurement be	Stronger collaboration with end users seems helpful, but I don't know if it completely solves procurement

completely eliminated or minimized and moved to a non-urgent category?	challenges. The process is already fairly streamlined, though I wonder if there are hidden inefficiencies.
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement feels like it encourages agility and adaptability rather than causing disruption. Still, I sometimes question whether handling it separately from planned procurement is always the best approach.

Question	Participant 15
How do different departments communicate their procurement needs?	The procurement process is supposed to be standardized, but in reality, it feels inefficient. End users are required to submit request forms, but these don't always capture everything, leading to delays. Regular email updates are meant to keep people informed, but they often go unread or don't provide useful information.
What is the primary cause of communication breakdown?	Miscommunication is a constant issue, mainly due to unclear expectations and lack of follow-through. While there's talk of trust and transparency, in practice, issues often go unresolved. The procurement process would be much smoother if people actually addressed concerns properly instead of just assuming everything will work out.
What information, if any, is shared regarding urgent procurement?	Urgent procurement is chaotic, with information shared inconsistently. Direct communication is supposed to speed things up, but too often, it leads to confusion and misalignment between teams. Even with updates, stakeholders are frequently left in the dark.
How are urgent demands communicated internally and externally?	Internal and external communication about urgent procurement is unstructured at best. Meetings happen, but they rarely result in real solutions. The process is slow and frustrating, with urgent requests often getting stuck due to bureaucratic inefficiencies.
How effective is the current communication?	Communication in the organization is far from effective. People hesitate to reach out due to unclear responsibilities, and meetings feel like a waste of time. Responses are often delayed, and misunderstandings are common, making collaboration more difficult than it should be.

From your perspective, what should be the ideal communication approach in a healthcare organization?	Ideal communication in healthcare should be based on trust and transparency, but in reality, it's disorganized and inconsistent. Guidelines exist but are rarely followed properly, leaving many stakeholders confused about the process. Regular updates are promised, but they don't always happen.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	There's no "urgent" option in the procurement process, which often creates unnecessary delays. The committee process is slow, and insisting on it for every request leads to inefficiencies. Skipping steps is discouraged, even when it's necessary to avoid disruptions.
What is the procurement process and how does it impact engagement?	Procurement policies are supposedly easy to access, but many clinicians either don't follow them or don't even know they exist. The lack of accountability means that some people repeatedly ignore procedures, creating unnecessary roadblocks.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	Strategic procurement is prioritized over urgent needs, but this often results in critical delays. The rigid process prevents quick action, even when the situation clearly calls for it. The organization seems more focused on sticking to long-term plans than actually solving problems as they arise.
Do you believe the urgent procurement processes align with the objectives	Urgent procurement is supposed to align with stakeholders, but miscommunication is still a major issue. Delays happen, and patient care suffers because the process isn't as smooth as it should be. Instead of being

of internal and external stakeholders?	seen as essential, procurement is often treated as an afterthought.
How is procurement encouraged to understand clinical practices and procedures?	There's a lot of talk about engaging stakeholders, but in reality, procurement is not a priority for clinicians. They are too busy with patient care, and procurement teams struggle to get their attention. Despite efforts to build relationships, there's little real collaboration.
How does it impact the quality of patient care?	Patient safety is supposed to be the top priority, but procurement decisions are often influenced by cost-cutting. Thorough evaluations are claimed to be in place, yet questionable products still make it through. The focus should be on quality, but financial constraints frequently take precedence.
Does the adoption of information impact procurement, and if so, how?	Procurement is not just about product codes and prices, but decision-making is still flawed. Market research is inconsistent, and supplier discussions don't always lead to meaningful insights. The impact on patient care is not fully understood because key stakeholders are not properly involved.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	Procurement forums exist, but they rarely lead to real improvements. Discussions happen, but actionable steps are rarely taken. Commercial Services are expected to fix everything, while the rest of the organization fails to take responsibility for necessary changes.
What role does technology play in	Procurement processes are outdated and fail to incorporate modern analytics or technology. Decision-

urgent procurement?	making is often arbitrary, and cost considerations outweigh the actual needs of patients and services. Urgent and non-urgent procurement should be handled differently, but they are often treated the same way, leading to inefficiencies.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Instead of helping, technology makes procurement even more difficult. Data is often inaccurate, causing confusion and delays. Trust in procurement is eroding because consultants frequently receive incorrect information, making them doubt the entire process.
What factors determine the level of technology alignment?	Relying on major suppliers limits flexibility, but the organization refuses to adapt. The lack of integration across systems makes procurement unnecessarily complicated. There's no real push to adopt universal standards, which only creates more inefficiencies.
How can we prevent failures in urgent procurement?	Strict adherence to processes does not prevent failures. Instead, it slows everything down and discourages adaptability. There's little effort to properly train staff, which leads to inconsistency and confusion at every stage of procurement.
Can you provide an example of a recent failure in urgent procurement?	In a critical blood shortage, I urgently placed an order for additional blood collection kits. Unfortunately, the procurement system's slow response and supplier issues meant that the kits arrived only after demand had peaked. This delay impacted our ability to meet transfusion needs promptly.
What is the best approach to	Proactive planning for urgent procurement is practically nonexistent, and last-minute purchases happen all the

completing urgent procurement?	time. There's no real effort to improve governance or educate end users, leading to repeated mistakes. Many urgent purchases at year-end are more about using up budgets than fulfilling real needs.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	I doubt we would ever be able to mitigate urgent procurement because you just don't know what will come through the door. You'll find a clue in urgent treatment centre or emergency department. People come with various ailments, and with time you think you've seen it all, well guess again. People are creative in the way they actually hurt themselves, whether intentionally or not that is irrelevant. Then you have the more serious and often severe patients that may have been in an accident or, I don't know, triple A that are incredibly difficult and have low survival rate. You can't keep all of the implants on the shelf and some have a short expiry date plus they are expensive to replace hence why when you need them you really need them and they need to be there as quickly as possible
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement is supposed to help, but it often creates more chaos. Handling urgent requests separately from the main process only adds inefficiencies. The organization is reactive rather than proactive, constantly scrambling to fix problems instead of preventing them.

Question	Participant 16
How do different departments communicate their procurement needs?	I stick to a standardized procurement process where end users submit request forms to clearly communicate their needs. These forms keep things organized and ensure a smooth workflow, while regular email updates keep everyone informed.
What is the primary cause of communication breakdown?	I've found that miscommunication usually happens due to a lack of clarity, but trust and transparency help prevent that. Open conversations and quick issue resolution make the procurement process run much more smoothly.
What information, if any, is shared regarding urgent procurement?	When something is urgent, I make sure the right people are contacted directly to speed things up. Regular updates help keep everyone in the loop and ensure things stay on track.
How are urgent demands communicated internally and externally?	For urgent procurement, I rely on direct conversations, meetings, and request forms to get things moving quickly. Keeping communication clear and streamlined helps avoid delays.
How effective is the current communication?	Strong communication is key, and I make sure to respond quickly, encourage open discussions, and attend meetings to keep things running efficiently. People feel comfortable reaching out, which makes collaboration easier.
From your perspective, what should be the ideal communication	In my experience, good communication in healthcare is built on trust, transparency, and clear processes. Regular updates and open dialogue help keep everyone on the same page.

approach in a healthcare organization?	
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	We don't have an "urgent" option in our procurement process because every request goes through proper evaluation. Rushing decisions can lead to mistakes, so we focus on doing things thoroughly and correctly.
What is the procurement process and how does it impact engagement?	Procurement guidelines are easy to find on our intranet and forums, but I know some clinicians may overlook them. Providing clear resources helps ensure staff can follow the process without confusion.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	I prioritize long-term procurement strategies over last-minute requests because proper planning leads to better outcomes. While urgent needs arise, sticking to a structured process ensures efficiency without sacrificing quality.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Urgent procurement is well-coordinated with stakeholders to avoid disruptions. Strong collaboration and clear communication help keep things moving smoothly and ensure everyone is on the same page.
How is procurement encouraged to understand clinical	I focus on both the big picture and individual needs. Clinicians have busy schedules, so I respect their priorities while keeping communication open and offering support when needed.

practices and procedures?	
How does it impact the quality of patient care?	Patient safety comes first, so I make sure every product is thoroughly evaluated. While cost is important, I never compromise on quality or reliability when making procurement decisions.
Does the adoption of information impact procurement, and if so, how?	I look beyond just prices and product codes—I consider how each purchase impacts patient care. By doing market research and collaborating with suppliers and finance, I ensure our choices truly add value.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	I've noticed that discussions in procurement forums don't always lead to real change. While issues are documented, there's often little follow-through, and improvements tend to fall solely on Commercial Services.
What role does technology play in urgent procurement?	Procurement hasn't evolved much in terms of analytics and technology, and I think there's room for improvement. A more structured approach would help ensure we're making the best decisions.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Technology often causes more problems than solutions in procurement, especially when data inaccuracies create confusion. These errors erode trust and make the process more difficult than it should be.
What factors determine the level	Relying too much on major suppliers makes it harder to integrate new technology. Without universal standards

of technology alignment?	and better scoring systems in tenders, we miss opportunities to make smarter procurement choices.
How can we prevent failures in urgent procurement?	Strict rules alone don't prevent procurement failures. Flexibility, proper training, and clear decision-making are just as important for ensuring consistency and efficiency.
Can you provide an example of a recent failure in urgent procurement?	When our hospital needed an additional ultrasound machine for emergency diagnostics, I submitted an urgent request. However, supplier delays and bureaucratic hurdles meant that the equipment arrived after the peak of patient influx. The late delivery hampered our diagnostic capabilities when we needed them most.
What is the best approach to completing urgent procurement?	I don't think proactive planning for urgent procurement is always necessary—unexpected demands will always come up. Governance and early engagement don't always make a big difference in compliance or efficiency.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Stronger collaboration with end users is valuable, but it doesn't always solve procurement challenges. The process is already streamlined enough that it doesn't take up too much of their time.
What are the effects of urgent procurement on process development and	Urgent procurement actually helps drive innovation and adaptability rather than slowing things down. By managing stock proactively and working closely with stakeholders, I make sure urgent needs are handled efficiently.

organizational delivery of care?	
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Question	Participant 17
How do different departments communicate their procurement needs?	<p>We recognize the diverse needs of our end users and the varying communication preferences they may have. To create an efficient procurement process, we have introduced standardized forms such as the medical devices request form and the new device request form. While email remains a primary mode of communication, we emphasize structured data collection to prevent delays. On the non-clinical side, a dedicated request form streamlines procurement procedures. Additionally, we proactively track renewals to ensure timely processing and, when necessary, engage directly with end users to keep them informed.</p>
What is the primary cause of communication breakdown?	<p>Establishing trust in our procurement process is vital. We acknowledge past challenges that may have led to uncertainty and hesitation. Some individuals feel compelled to demonstrate their efforts to their managers, leading to inefficiencies like excessive email chains involving multiple recipients. To foster trust, we encourage direct communication via phone or email, reducing unnecessary involvement from unrelated stakeholders. Shifting away from a culture of blame allows us to build stronger collaboration and accountability across teams.</p>
What information, if any, is shared regarding urgent procurement?	<p>Urgent procurement requires clear, efficient communication. Direct access to the procurement team and relevant stakeholders enables end users to convey urgent requests promptly. This approach accelerates decision-making and ensures accurate information transfer. Regular status updates and progress tracking</p>

	further enhance transparency, helping stakeholders stay informed and enabling a coordinated response to urgent procurement needs.
How are urgent demands communicated internally and externally?	To efficiently manage urgent procurement, we have implemented a digital request system. This centralized platform allows stakeholders to submit requests electronically, ensuring all necessary details are documented from the outset. Automated notifications keep relevant parties informed about request status and progress. By integrating digital tools and automation, we enhance efficiency, improve response times, and maintain transparency throughout the urgent procurement process.
How effective is the current communication?	Our communication framework prioritizes autonomy and efficiency. Instead of relying solely on direct contact, we offer self-service platforms and knowledge-sharing resources, allowing staff to independently access procurement information. This reduces unnecessary communication, streamlines processes, and empowers individuals to manage their procurement needs more effectively. By leveraging technology-driven solutions, we optimize efficiency across the organization.
From your perspective, what should be the ideal communication approach in a healthcare organization?	Given the ever-changing nature of healthcare, rigid communication structures can create barriers. We advocate for open dialogue, collaboration, and adaptability to ensure procurement communication remains effective and responsive. By fostering an environment where staff feel comfortable expressing concerns and requirements, we enhance problem-solving, improve decision-making, and enable quicker responses to urgent needs. While structured guidelines

	are necessary, meaningful engagement between stakeholders is key to success.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	While standard procurement procedures guide most processes, we recognize the need for expedited handling of urgent requests. To address this, we have developed a streamlined approach with dedicated channels and forms specifically for urgent procurement. This ensures quick processing while maintaining appropriate risk management measures. Our goal is to balance speed with thorough evaluation, allowing us to meet urgent needs efficiently without compromising quality or compliance.
What is the procurement process and how does it impact engagement?	Rather than enforcing rigid compliance measures, we focus on understanding why procurement procedures may be overlooked. By gathering feedback from clinicians and staff, we identify obstacles and refine our processes to enhance usability. Involving stakeholders in decision-making fosters a sense of ownership, increasing adherence to procurement protocols. Additionally, we offer continuous training and support to ensure staff have the knowledge and tools needed to navigate procurement effectively.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	We strike a balance between long-term procurement strategies and the ability to respond to urgent needs. While planned procurement helps optimize resources and achieve strategic goals, we remain flexible to address immediate requirements. By evaluating urgency and impact, we determine the most suitable procurement approach, ensuring both short-term and long-term objectives are met.

Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Clear and open communication channels enable stakeholders to express their needs and provide input. Regular feedback sessions and discussions create opportunities for collaboration, leading to more informed decision-making. By engaging stakeholders throughout the procurement process, we address concerns proactively while maintaining alignment with organizational priorities.
How is procurement encouraged to understand clinical practices and procedures?	Ensuring high-quality patient care is central to our procurement practices. We prioritize products and services that meet strict safety and quality standards through thorough evaluations, including supplier assessments and product testing. Ongoing monitoring ensures consistency in quality and patient safety.
How does it impact the quality of patient care?	While cost considerations are important, we remain committed to maintaining high standards of care. We negotiate with suppliers to secure competitive pricing while ensuring quality is not compromised. By leveraging procurement strategies and economies of scale, we achieve cost efficiencies without sacrificing patient safety or service quality.
Does the adoption of information impact procurement, and if so, how?	Our procurement approach is guided by flexibility, stakeholder engagement, patient safety, and cost-effectiveness. By integrating these principles, we successfully manage both planned and urgent procurement requirements, ensuring optimal outcomes for both our organization and the patients we serve.
How is information utilized to foster learning and	To foster continuous learning and collaboration, we have established knowledge-sharing platforms and discussion forums. These resources allow staff to share best

improve opportunities concerning urgent procurement?	practices, procurement insights, and lessons learned. Encouraging active participation enhances problem-solving and helps improve the efficiency of urgent procurement processes.
What role does technology play in urgent procurement?	We have embraced technological advancements and data-driven decision-making to improve procurement efficiency. By using analytics and benchmarking data, we ensure informed decision-making, optimal pricing, and improved transparency. Technology allows us to refine processes, enhance data accuracy, and build greater trust in procurement operations. We continuously explore innovative solutions to drive better outcomes.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Seamless integration with internal systems is essential for maximizing efficiency. We align with universal GS1 standards, ensuring standardized labeling, packaging, and supply chain coordination. This approach enhances procurement decision-making, improves materials management, and strengthens overall operational efficiency.
What factors determine the level of technology alignment?	While adhering to structured procurement procedures, we also recognize the importance of flexibility in urgent situations. Our processes provide clear guidelines while allowing adjustments based on immediate needs. To support this, we invest in training programs that equip staff with the knowledge required to make informed procurement decisions. A culture of continuous learning fosters accountability and enhances procurement efficiency.
How can we prevent failures in	We are dedicated to ongoing improvements in procurement. By focusing on effective communication,

urgent procurement?	technological advancements, and adaptability, we ensure that urgent procurement needs are addressed efficiently while maintaining alignment with strategic objectives.
Can you provide an example of a recent failure in urgent procurement?	In one instance, I urgently ordered additional IV fluids during a mass casualty event. Due to incomplete information provided in the request, the order was delayed and delivered in smaller quantities than needed. This shortfall forced the clinical team to ration fluids, impacting emergency treatment.
What is the best approach to completing urgent procurement?	Proactive planning is crucial in managing urgent procurement effectively. Analyzing previous urgent requests helps identify patterns, improve processes, and mitigate future risks. Engaging stakeholders early ensures timely and compliant procurement while reducing reliance on reactive urgent purchases. Encouraging a transition from urgent to planned procurement helps maintain structure and control over resource allocation.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Key performance indicators (KPIs) play a significant role in reducing dependency on alternative sourcing for urgent procurement. By establishing clear supplier expectations and monitoring performance, we enhance reliability and ensure timely delivery, reducing risks associated with last-minute sourcing.
What are the effects of urgent procurement on process development and	The urgency of procurement can sometimes divert focus from strategic planning and process improvements. Strengthening relationships with end users and involving them in procurement planning can improve efficiency, reduce stock shortages, and optimize resource

organizational delivery of care?	allocation. Streamlining procurement processes minimizes administrative burdens, enabling staff to focus on core responsibilities while ensuring procurement effectiveness.
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Question	Participant 18
How do different departments communicate their procurement needs?	We believe that communication preferences should be standardized rather than overly diverse. To maintain a uniform procurement process, we primarily rely on email communication and avoid multiple forms. While structured processes capture information efficiently, they can sometimes cause delays. We do not proactively track renewals, and end users may not always be kept informed about the procurement process unless they reach out directly.
What is the primary cause of communication breakdown?	Trust in procurement is generally strong within our organization, and most individuals feel confident in the process. While past experiences may have caused frustration for some, there is minimal concern about accountability. Employees rarely send emails to multiple recipients, and direct communication is already well-established. There is no urgent need to shift away from a blame culture, as the existing approach fosters effective collaboration.
What information, if any, is shared regarding urgent procurement?	Urgent procurement does not necessarily require specialized communication channels. End users do not always need direct access to the procurement team, as existing processes are sufficient to manage urgent requests. Regular updates and progress reports are not always necessary, as stakeholders trust that the procurement team will handle requests efficiently. Timely decision-making does not solely depend on streamlined communication, and urgency does not always require special accommodations.

How are urgent demands communicated internally and externally?	Digital communication and automation are not the only ways to handle urgent procurement. A fully electronic system is not required, as manual processes can still function effectively. Instant accessibility is not always a priority, and notifications about procurement progress may not be necessary for every stakeholder. While technology plays a role, it is not the sole driver of efficiency, and some traditional approaches continue to be effective.
How effective is the current communication?	Our organization does not rely solely on self-service platforms for procurement. Direct contacts remain an essential part of the process, and individual autonomy is not always emphasized over structured guidance. While knowledge-sharing resources are available, extensive communication is often required. Rather than reducing direct interaction, we recognize the value of procurement staff guiding end users through the process.
From your perspective, what should be the ideal communication approach in a healthcare organization?	In a healthcare setting, communication should be structured rather than overly flexible. Standardized channels ensure consistency, and rigid processes help maintain order. A culture of open dialogue is not always necessary, as predefined workflows streamline procurement. Effective communication relies on following established procedures rather than informal discussions, which may lead to inconsistencies.
What is the process for urgent procurement requests and how do they differ from	Urgent procurement does not always require a deviation from the standard process. While efficiency is important, risk management remains the top priority. There is no need for extensive adjustments in response to urgent demands, as existing processes already account for

non-urgent requests?	expedited requests. The procurement team follows the same structured decision-making approach regardless of urgency.
What is the procurement process and how does it impact engagement?	Our organization focuses on strict compliance rather than flexibility in procurement processes. If staff overlook procedures, enforcement is prioritized over engagement. Rather than seeking feedback to improve processes, we expect adherence to established guidelines. Training is available, but staff are responsible for ensuring they follow the correct procedures without additional support.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	Strategic procurement takes precedence over urgent demands. Long-term goals and resource allocation strategies dictate procurement decisions, even if urgent situations arise. Our framework prioritizes efficiency and cost-effectiveness, and immediate needs do not always override planned procurement strategies. Urgent requests may not always receive rapid attention if they do not align with broader objectives.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Open communication in procurement is not always necessary. While stakeholder feedback is sometimes collected, decisions are made based on organizational priorities. Forums and feedback sessions are not essential, as procurement operates effectively with minimal external input. Stakeholder involvement is not always required for successful procurement outcomes.
How is procurement encouraged to understand clinical	Patient safety and quality standards are considered, but procurement decisions may not always be driven by rigorous evaluations. While product testing occurs, it is not always a deciding factor. Supplier performance is

practices and procedures?	reviewed periodically, but it is not the sole criterion for procurement decisions. Other operational considerations may sometimes take precedence.
How does it impact the quality of patient care?	Cost-effectiveness is prioritized over patient care considerations in procurement. While quality is important, price negotiations and financial efficiency take precedence. Obtaining the lowest possible price is a primary goal, even if it means compromising on certain quality aspects. Innovation in procurement is centered on reducing costs rather than solely improving patient outcomes.
Does the adoption of information impact procurement, and if so, how?	Procurement processes are highly structured with minimal adaptability. While some adjustments occur, flexibility is not the primary focus. Stakeholder engagement is limited, and decisions are made based on standardized procedures. Patient safety is a priority, but procurement strategies are primarily guided by financial and operational efficiency.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	Knowledge-sharing is not a major focus within our organization. Digital platforms and forums exist, but their role in procurement is minimal. Collaboration is not always necessary, and staff are expected to rely on existing guidelines rather than discussions. Continuous learning is not emphasized, as standardized processes provide sufficient guidance.
What role does technology play in urgent procurement?	Technology is not the central driver of procurement efficiency. While analytics and data play a role, traditional methods remain effective. Procurement strategies do not always require digital tools, and automation is not essential for transparency. Manual processes continue to

	be reliable, and industry advancements are adopted selectively.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Interconnectivity across Integrated Care Services (ICS) is not always a priority. While system integration has benefits, procurement does not always need to align with broader digital initiatives. GS1 standards, labeling, and packaging considerations are secondary to other procurement priorities. The broader impact on materials management is not always a deciding factor.
What factors determine the level of technology alignment?	Adhering to procurement processes is more important than flexibility. While urgent situations arise, they do not justify frequent deviations from established procedures. Training ensures consistency, but adaptability is not a major focus. Decision-making follows strict guidelines, and exceptions are minimized.
How can we prevent failures in urgent procurement?	Continuous improvement in procurement is not a key focus. While processes evolve over time, rapid changes are not necessary. Efficiency is already optimized, and urgent procurement needs are handled within existing frameworks. There is little need for additional enhancements, as procurement functions effectively within current structures.
Can you provide an example of a recent failure in urgent procurement?	I can confidently say that our efficient supply chain management and strategic long-term planning have eliminated the need for urgent procurement. We always have the necessary resources on hand, ensuring that we never face a last-minute crisis.
What is the best approach to	Proactive planning for urgent procurement is not always necessary. While governance and education help, unforeseen demands are expected and managed

completing urgent procurement?	reactively. Compliance is not the primary concern in urgent procurement, and non-compliant requests are addressed as they arise. Year-end urgent purchases are not closely monitored, as they are an expected part of financial planning.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Setting strict performance expectations is not always a priority, and organizations may need to source items from different suppliers as needed. Timely delivery is important but does not always follow pre-set indicators.
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement does not hinder process development. Standard procurement processes require minimal time from end users, allowing them to focus on other tasks. While urgent demands arise, they do not significantly affect strategic procurement initiatives. End users are not heavily involved in the tender process, and contracts are managed effectively without extensive input.

Question	Participant 19
How do different departments communicate their procurement needs?	We maintain a standardized procurement process and limit the use of multiple communication methods. While email remains the primary channel, additional forms are kept to a minimum to reduce complexity. Renewals are not actively tracked, as they are addressed only when necessary. Communication with end users about procurement progress is limited to critical updates.
What is the primary cause of communication breakdown?	Trust in the procurement process is generally strong, and most individuals feel supported. Concerns about past inefficiencies are minimal, and there is no widespread hesitation in reaching out directly. Current communication practices, including emailing multiple recipients, do not pose significant accountability challenges, and no major changes are required.
What information, if any, is shared regarding urgent procurement?	Urgent procurement is managed within standard processes, without the need for specialized communication channels. End users do not require direct access to procurement teams, as existing workflows ensure requests are handled effectively. Regular updates and transparency are not always prioritized, as processes run smoothly without constant reporting.
How are urgent demands communicated internally and externally?	Automation and digital communication are not the main focus of urgent procurement. Manual handling of requests remains effective, and instant notifications or tracking systems are not essential. Traditional methods continue to support procurement efficiency.

How effective is the current communication?	Direct support from procurement teams is prioritized over self-service platforms. While knowledge-sharing exists, users rely on direct engagement rather than navigating independent resources. Communication remains central to the process, rather than promoting full autonomy.
From your perspective, what should be the ideal communication approach in a healthcare organization?	Standardized processes take precedence over adaptability in healthcare procurement. While flexibility has benefits, structured workflows ensure consistency and efficiency. Open discussions and collaboration occur when necessary but are not essential to every decision.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	Urgent procurement follows established protocols without frequent exceptions. While expedited processes exist, risk management is prioritized over speed. Special accommodations are rare, ensuring procurement decisions align with broader organizational strategies.
What is the procurement process and how does it impact engagement?	Compliance is strictly enforced, with a focus on adherence to procedures rather than making adjustments based on user feedback. While training is available, staff are expected to follow set protocols without requiring ongoing guidance or flexibility.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	Strategic procurement remains the priority, with urgent requests managed within the existing framework. Immediate demands do not override long-term procurement goals, and not all urgent cases receive expedited attention.

Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Stakeholder input is incorporated when necessary, but procurement decisions primarily follow predefined guidelines. While forums and discussions exist, decision-making remains structured and does not rely heavily on broad engagement.
How is procurement encouraged to understand clinical practices and procedures?	Cost-effectiveness is the dominant factor in procurement decisions, sometimes taking precedence over patient care considerations. Negotiations focus on securing the best pricing, even if it means sourcing alternatives to premium products.
How does it impact the quality of patient care?	Procurement procedures remain structured, with limited flexibility. While responsiveness is valued, standardized workflows take priority to ensure efficiency and compliance.
Does the adoption of information impact procurement, and if so, how?	Knowledge-sharing is available but secondary to structured procurement processes. Staff rely on formalized procedures rather than informal collaboration or shared learning platforms.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	Technology is not the primary driver of procurement efficiency. While digital tools support operations, manual processes remain effective, and automation is not always necessary for success.

What role does technology play in urgent procurement?	System integration and GS1 compliance are not top priorities. While alignment with internal systems is beneficial, broader digital strategies do not dictate procurement decisions.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Clear processes and training ensure consistency, reducing the need for flexibility in urgent procurement. While adaptability is sometimes required, adherence to standardized protocols remains the primary focus.
What factors determine the level of technology alignment?	Procurement operates efficiently without the need for continuous adjustments. While improvements are welcomed, urgent needs are managed effectively within current systems, reducing the demand for frequent enhancements.
How can we prevent failures in urgent procurement?	Urgent procurement does not significantly disrupt other operations. While it requires resource allocation, the impact on strategic initiatives is minimal, and financial consequences are generally contained.
Can you provide an example of a recent failure in urgent procurement?	I faced a challenge when ordering rapid test kits during a COVID-19 surge. Despite the urgency, the request was delayed due to internal miscommunications and supplier backlog. This resulted in slower diagnosis and increased strain on our testing capacity.
What is the best approach to completing urgent procurement?	Supplier performance indicators are considered, but alternative sourcing is sometimes necessary, even when contracts meet expectations. Flexibility in supplier

	management ensures urgent needs are met without strict reliance on performance metrics.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Urgent procurement does not impede process development. Standard procurement functions effectively, and urgent demands do not significantly disrupt broader strategic planning.
What are the effects of urgent procurement on process development and organizational delivery of care?	

Question	Participant 20
How do different departments communicate their procurement needs?	According to procurement professionals, standardizing communication preferences is more effective than maintaining a diverse range of methods. Many organizations primarily rely on email to ensure a uniform procurement process while minimizing delays. While structured processes help capture information efficiently, they can sometimes slow operations. Additionally, renewal tracking is not always proactive, and end users may need to reach out directly for updates on procurement progress.
What is the primary cause of communication breakdown?	Trust in procurement processes is generally perceived as strong within many organizations. While some individuals have experienced frustrations in the past, concerns regarding accountability appear to be minimal. Employees reportedly avoid sending emails to multiple recipients, as direct communication is already well-established. There is no significant movement to shift away from existing accountability structures, as they are believed to foster effective collaboration.
What information, if any, is shared regarding urgent procurement?	Urgent procurement is often managed within standard processes without the need for specialized communication channels. It is suggested that end users do not always require direct access to procurement teams, as established procedures are sufficient. Regular updates and progress reports are not universally deemed necessary, as stakeholders trust procurement teams to handle urgent requests efficiently. Timely decision-making is not solely dependent on streamlined

	communication, and urgency does not always necessitate additional accommodations.
How are urgent demands communicated internally and externally?	While digital communication and automation play a role in procurement, they are not universally viewed as the only effective solutions for managing urgent procurement. Fully electronic systems are not always required, as manual processes continue to function effectively. Instant accessibility is not always prioritized, and procurement notifications may not be deemed necessary for every stakeholder. Some experts suggest that traditional approaches still hold value in procurement efficiency.
How effective is the current communication?	Self-service platforms are not the sole approach used in procurement; direct contact with procurement staff remains an essential part of the process. Some organizations emphasize structured guidance over individual autonomy. While knowledge-sharing resources are available, extensive communication is often required. Rather than reducing direct interaction, procurement professionals highlight the value of staff guiding end users through the process.
From your perspective, what should be the ideal communication approach in a healthcare organization?	In healthcare procurement, structured communication is often preferred over highly flexible approaches. Standardized channels are believed to enhance consistency, and rigid processes help maintain order. While a culture of open dialogue is sometimes encouraged, predefined workflows are often seen as necessary to streamline procurement. Many professionals argue that effective communication is best achieved through adherence to established procedures rather than informal discussions.

What is the process for urgent procurement requests and how do they differ from non-urgent requests?	Urgent procurement does not always necessitate deviations from standard procedures. While efficiency is a priority, risk management remains the primary concern. Some procurement professionals assert that extensive adjustments in response to urgent demands are unnecessary, as existing frameworks are already designed to accommodate expedited requests. The procurement decision-making approach reportedly remains structured regardless of urgency.
What is the procurement process and how does it impact engagement?	Compliance is often prioritized over flexibility in procurement processes. When procedures are overlooked, enforcement is typically emphasized over engagement. Rather than actively seeking feedback to modify processes, organizations may focus on adherence to established guidelines. While training is available, employees are generally expected to ensure compliance without additional intervention.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	Strategic procurement tends to take precedence over urgent demands. Procurement decisions are frequently guided by long-term goals and resource allocation strategies, even in the face of urgent requests. Efficiency and cost-effectiveness are prioritized, and immediate needs do not always override structured procurement plans. Urgent requests may not be given immediate attention if they do not align with broader organizational objectives.
Do you believe the urgent procurement processes align	Open communication in procurement is not always considered essential. While stakeholder feedback is sometimes collected, decisions are largely based on organizational priorities. Procurement functions

with the objectives of internal and external stakeholders?	effectively without extensive external input, and structured forums or feedback sessions are not universally deemed necessary for successful outcomes.
How is procurement encouraged to understand clinical practices and procedures?	Patient safety and quality standards are considered in procurement decisions; however, rigorous evaluations do not always drive final selections. While product testing occurs, it is not always the primary determining factor. Supplier performance is periodically reviewed, but other operational considerations may sometimes take precedence in procurement decisions.
How does it impact the quality of patient care?	Cost-effectiveness is often prioritized in procurement over patient care considerations. While quality remains important, financial efficiency and price negotiations are typically the primary concerns. Many procurement strategies emphasize reducing costs, sometimes at the expense of certain quality aspects. Innovation in procurement is generally centered on cost reduction rather than solely improving patient outcomes.
Does the adoption of information impact procurement, and if so, how?	Procurement processes are typically structured with minimal adaptability. While some flexibility exists, it is not always a primary focus. Stakeholder engagement may be limited, and procurement decisions are frequently made based on standardized procedures. While patient safety remains a consideration, procurement strategies tend to be guided primarily by financial and operational efficiency.
How is information utilized to foster learning and	Knowledge-sharing is not always a central focus in procurement. While digital platforms and forums exist, their role in procurement processes is sometimes limited.

improve opportunities concerning urgent procurement?	Collaboration is not always deemed necessary, and staff are often expected to follow existing guidelines rather than engage in discussions. Continuous learning is not always emphasized, as standardized processes are believed to provide sufficient guidance.
What role does technology play in urgent procurement?	Technology is not always considered the primary driver of procurement efficiency. While analytics and data are utilized, traditional methods remain effective in many organizations. Digital tools are not always required, and automation is not necessarily essential for maintaining transparency. Manual processes continue to be relied upon, and industry advancements are adopted selectively.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Interconnectivity across Integrated Care Services (ICS) is not always prioritized in procurement. While system integration has advantages, procurement strategies do not always align with broader digital initiatives. Considerations such as GS1 standards, labeling, and packaging may be secondary to other procurement priorities. The broader impact on materials management is not always a decisive factor.
What factors determine the level of technology alignment?	Adherence to procurement procedures is frequently emphasized over flexibility. While urgent situations arise, they do not always justify frequent deviations from established processes. Training ensures consistency, but adaptability is not a primary focus. Decision-making is generally guided by strict procedures, and exceptions are minimized where possible.
How can we prevent failures in	Continuous improvement in procurement is not always a key focus. While processes evolve over time, rapid

urgent procurement?	changes are not necessarily deemed essential. Many procurement professionals consider existing frameworks to be optimized for efficiency, and urgent procurement needs are typically addressed within these structures. As a result, further enhancements may not be widely pursued.
Can you provide an example of a recent failure in urgent procurement?	During a critical period of medication shortage, I urgently needed to secure a batch of life-saving antibiotics. However, miscommunication with the supplier and an inefficient approval process delayed delivery. This resulted in treatment delays that could have impacted patient outcomes.
What is the best approach to completing urgent procurement?	Proactive planning for urgent procurement is not always viewed as essential. While governance and education contribute to procurement efficiency, unforeseen demands are often expected and managed reactively. Compliance is not always the primary focus in urgent procurement, and non-compliant requests are addressed as they arise. Year-end urgent purchases are generally considered a routine aspect of financial planning.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Key Performance Indicators (KPIs) are not always regarded as crucial in procurement contracts. Alternative sourcing is sometimes necessary, irrespective of supplier performance. Setting rigid performance expectations is not always prioritized, and organizations may need to source items from different suppliers when required. While timely delivery remains important, procurement decisions do not always adhere strictly to pre-set indicators.

What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement is not typically seen as an obstacle to process development. Standard procurement processes require minimal time from end users, allowing them to focus on other tasks. While urgent demands arise, they are not perceived as significantly affecting strategic procurement initiatives. End users are not always heavily involved in the tender process, and contracts are generally managed effectively without extensive input.
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Question	Participant 21
How do different departments communicate their procurement needs?	In procurement, I follow a standardized framework to ensure consistency and efficiency across all departments. However, I often see challenges arise when end users bypass designated request forms or submit incomplete information. I always encourage them to follow the established process because it streamlines workflows, reduces errors, and ultimately speeds up procurement.
What is the primary cause of communication breakdown?	One of the biggest causes of communication breakdown is unclear or incomplete requests. I've noticed that when procurement teams and clinicians trust each other, the process runs much more smoothly. But if requests lack the right details, delays are inevitable. I work hard to educate stakeholders on how to communicate their needs more effectively so we can prevent misunderstandings and keep things moving forward.
What information, if any, is shared regarding urgent procurement?	When it comes to urgent procurement, I make sure that communication is clear and direct so that the right items are sourced quickly. While emails and phone calls are helpful for speeding things up, they sometimes lead to missing documentation or skipped steps. I advocate for structured emergency procurement protocols that allow us to respond quickly without sacrificing due diligence.
How are urgent demands communicated internally and externally?	Internally and externally, I rely on well-established communication channels to manage urgent requests. Whether it's through procurement software, direct meetings, or formal documentation, I ensure that transparency is maintained at every stage. I believe that investing in better digital tracking tools would further

	improve our ability to manage these urgent demands efficiently.
How effective is the current communication?	I take pride in the strong communication within procurement. I make myself available for questions and always encourage open discussions, but I also emphasize the importance of following the correct channels. By ensuring that stakeholders know how to escalate issues appropriately, I help streamline decision-making and make procurement more effective.
From your perspective, what should be the ideal communication approach in a healthcare organization?	From my experience, the ideal communication process in procurement should be clear, transparent, and accessible. I rely on standardized procedures and real-time tracking to ensure that all stakeholders are informed. I believe that implementing more automated tracking systems would further improve visibility and accountability.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	In our medical device procurement process, we don't have an "urgent" request option, and I understand why. Every request goes through a thorough committee review to ensure safety, compliance, and cost-effectiveness. That said, I see the value in having an expedited pathway for truly critical cases—one that balances urgency with proper oversight.
What is the procurement process and how does it impact engagement?	Procurement policies are easy to access through the intranet and procurement forums, and I do my best to ensure that staff are aware of them. However, I've seen that compliance can be inconsistent, especially among clinical teams who are focused on immediate patient care. I believe more hands-on training and engagement could help bridge this gap.

What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	I prioritize long-term procurement planning because it helps us control costs and maintain a stable supply chain. I understand that urgent requests are inevitable, but I believe that having contingency plans in place for high-risk items would make us even more prepared for unexpected needs.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Urgent procurement must align with strategic objectives, but I find that balancing immediate needs with long-term planning can be challenging. I work closely with clinical leadership to optimize resource allocation and reduce the risks that come with reactive purchasing.
How is procurement encouraged to understand clinical practices and procedures?	I value proactive engagement with clinical teams and always make an effort to understand their needs. I know that procurement isn't their top priority, so I look for ways to make the process easier for them—whether that's through better digital tools, more streamlined approvals, or clearer communication.
How does it impact the quality of patient care?	For me, patient care always comes first in procurement decisions. While cost efficiency is important, I never compromise on quality or safety. I believe that involving clinicians in product evaluations and trials would further enhance patient outcomes while ensuring we make the best purchasing decisions.
Does the adoption of information impact	Procurement isn't just about finding the lowest price—it's about understanding how products will be used in real clinical settings. I actively engage in supplier discussions, market research, and collaborative decision-making to

procurement, and if so, how?	ensure that what we buy truly benefits patients and healthcare providers. Investing in better data analytics would give us even deeper insights into product effectiveness.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	There are many forums where we discuss procurement challenges, but I've noticed that discussions don't always lead to concrete action. I'd like to see stronger follow-up processes so that decisions made in these meetings translate into real improvements in procurement efficiency.
What role does technology play in urgent procurement?	Procurement needs to evolve with technology, but I've found that analytics and benchmarking data aren't being used to their full potential. I believe that AI-driven procurement tools and real-time inventory tracking could make a huge difference in how we manage supply chains.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Technology is a double-edged sword in procurement. While it can improve efficiency, I've seen firsthand how inaccurate data can create trust issues. I'm working on improving integration between procurement systems and clinical databases to ensure that our data is reliable and useful.
What factors determine the level of technology alignment?	The 80/20 procurement model, where most resources go to a few major suppliers, doesn't always support the best technology alignment. I've found that procurement platforms and healthcare systems don't always communicate well with each other, making things inefficient. I believe that adopting universal GS1

	standards and revising procurement scoring models could improve decision-making.
How can we prevent failures in urgent procurement?	Strictly following procurement policies doesn't always work for urgent cases. While compliance is crucial, I think we need to build flexibility into the system so we can be responsive in critical situations. I'm a strong advocate for better staff training on emergency procurement to help strike the right balance between efficiency and regulation.
Can you provide an example of a recent failure in urgent procurement?	During a critical shortage of essential medical supplies, I urgently attempted to procure additional surgical kits. The process was hampered by incomplete requests and delayed supplier responses, resulting in late deliveries. This forced us to postpone some surgical procedures, underscoring the need for a more robust urgent procurement system.
What is the best approach to completing urgent procurement?	Proactive planning is key to reducing the number of last-minute urgent requests. I've found that educating stakeholders on procurement processes helps shift many urgent requests into planned procurements. If we had clearer escalation pathways, we could improve both compliance and efficiency.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Building strong relationships with clinical teams is a priority for me because I know that collaboration leads to better procurement decisions. When we involve end users early in the process, we get better results, and I always push for more clinician involvement in tendering decisions.
What are the effects of urgent	Urgent procurement can actually improve overall procurement processes if we learn from it. I analyze

procurement on process development and organizational delivery of care?	trends in urgent requests to identify gaps in planning and improve responsiveness. By strengthening supplier relationships and ensuring we have solid contingency plans, I can help our organization stay agile while maintaining procurement integrity.
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Question	Participant 22
How do different departments communicate their procurement needs?	Our procurement approach varies across departments, with some areas following standardized procedures while others experience inconsistencies. End users are encouraged to use designated request forms, but these are not always utilized effectively, leading to occasional inefficiencies. Communication channels such as emails and meetings provide updates, though clarity and consistency can sometimes be improved.
What is the primary cause of communication breakdown?	While there is an emphasis on transparency, occasional miscommunication still occurs. Trust is generally strong among team members, but gaps in understanding procurement processes can sometimes lead to delays. Open discussions are encouraged, yet there is room to enhance the resolution of issues to improve efficiency.
What information, if any, is shared regarding urgent procurement?	Urgent procurement requests are generally managed through direct communication, but response times can be inconsistent. Some stakeholders successfully navigate the process, while others struggle with unclear communication channels. Regular updates help maintain transparency, but progress reports could be more consistent to ensure alignment among all parties.
How are urgent demands communicated internally and externally?	Communication regarding procurement is structured but not always seamless. Face-to-face meetings and direct interactions between procurement teams and stakeholders occur, yet not as frequently as needed. As a result, while urgent procurement is generally addressed, occasional delays and miscommunication still arise.

How effective is the current communication?	Overall, communication within the organization is effective, but there are instances where team members hesitate to reach out. Meetings are attended, though engagement levels vary, and while responses to inquiries are generally timely, some delays do occur. Efforts to strengthen collaboration are ongoing.
From your perspective, what should be the ideal communication approach in a healthcare organization?	Procurement communication is improving but still faces challenges. Guidelines and standardized processes exist, yet not all stakeholders are equally familiar with them. Regular updates and discussions help maintain alignment with organizational goals, though there is potential for better integration.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	Our medical devices procurement process prioritizes careful evaluation over urgency, ensuring thorough decision-making. While this approach minimizes risks, it can sometimes create challenges in addressing immediate needs. A balance between due diligence and responsiveness is still being refined.
What is the procurement process and how does it impact engagement?	Our procurement process is accessible to staff through multiple channels, yet not all employees engage with the available resources. While policies are in place, compliance varies, and some clinicians may overlook procedures due to time constraints or lack of awareness. Training efforts continue to bridge these gaps.
What proportion of time is devoted to the procurement process compared	Strategic procurement is a priority, but urgent demands occasionally take precedence, leading to shifts in focus. While a long-term approach is maintained, short-term pressures sometimes disrupt planned procurement

to fulfilling urgent demands?	strategies. Efforts to balance immediate and strategic needs are ongoing.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Urgent procurement processes aim to align with stakeholders' objectives, yet occasional delays and miscommunication still occur. While clinical directors and key personnel are generally supportive, inconsistencies in urgency recognition sometimes create inefficiencies.
How is procurement encouraged to understand clinical practices and procedures?	Stakeholder engagement in procurement is improving, though challenges remain. Direct outreach to clinicians is valuable, yet not always practical given their workload. While structured support exists, there are still gaps in fully understanding and addressing their needs.
How does it impact the quality of patient care?	Patient safety is a top priority, and procurement decisions consider quality and cost-effectiveness. While thorough evaluations occur, there are instances where financial constraints influence decisions. Long-term benefits and patient outcomes remain a focus, but further improvements are possible.
Does the adoption of information impact procurement, and if so, how?	Procurement decisions involve market research and supplier engagement, though the level of strategic oversight varies. Collaboration with finance and consideration of clinical practices are present but could be further strengthened to enhance procurement outcomes.
How is information utilized to foster	Medical equipment committee discussions address urgent procurement issues, yet follow-through on

learning and improve opportunities concerning urgent procurement?	improvements is inconsistent. While concerns are acknowledged, the transition from discussion to action is not always seamless. Increased organizational involvement could drive more meaningful change.
What role does technology play in urgent procurement?	Procurement processes are evolving, though the integration of analytics and technology remains limited. While urgent and non-urgent procurement are distinguished, efficiency in execution still has room for improvement. Enhancing product selection and cost management strategies is a continued goal.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Technology plays a role in procurement but also presents challenges. While it provides valuable data, inaccuracies sometimes create confusion. Trust in procurement data is improving, but better data management systems would enhance reliability and efficiency.
What factors determine the level of technology alignment?	System integration across Integrated Care Services (ICS) is in progress, though gaps remain. While some factors like labeling and compatibility are considered, they are not always prioritized. Adoption of GS1 standards is recognized as beneficial but has yet to be fully implemented.
How can we prevent failures in urgent procurement?	Strict adherence to procurement processes ensures compliance but can lead to rigidity in urgent cases. While structure is necessary, greater flexibility could improve responsiveness. Decentralized decision-making and varying levels of training contribute to inconsistencies that need to be addressed.

Can you provide an example of a recent failure in urgent procurement?	I experienced an urgent procurement failure when we required additional dialysis machines during a sudden spike in renal failure cases. Despite my efforts to expedite the order, internal miscoordination and supplier delays meant the machines arrived after the critical period. The delay forced us to share existing machines, negatively affecting patient care.
What is the best approach to completing urgent procurement?	Urgent procurement continues to be a necessary aspect of operations. Governance and training efforts contribute to better management, yet the frequency of urgent requests remains high. Transitioning non-compliant items into planned procurement is an ongoing effort.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Urgent procurement impacts process development in both positive and challenging ways. While it enables agility, it can also disrupt structured procurement planning. Stronger collaboration with end users has improved responsiveness, but integration with long-term strategies remains a work in progress.
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement both supports and challenges operational efficiency. While it ensures rapid response to immediate needs, it can divert resources from planned initiatives. Efforts are being made to streamline urgent procurement processes without compromising long-term procurement goals.

Question	Participant 23
How do different departments communicate their procurement needs?	<p>I believe that standardizing communication preferences is more effective than maintaining a variety of methods. In my experience, many organizations rely primarily on email to ensure a uniform procurement process and minimize delays. Although structured processes help capture information efficiently, they can sometimes slow down operations. I've noticed that renewal tracking is not always proactive, and end users often need to reach out directly to get updates on procurement progress.</p>
What is the primary cause of communication breakdown?	<p>From my perspective, trust in procurement processes is generally strong within most organizations. While I've encountered frustrations in the past, concerns about accountability seem minimal. I personally avoid sending emails to multiple recipients, as direct communication is already well-established. I don't see a significant push to move away from current accountability structures because they appear to foster effective collaboration.</p>
What information, if any, is shared regarding urgent procurement?	<p>In my work, urgent procurement is usually handled within standard processes without needing specialized communication channels. I think end users don't always need direct access to procurement teams, as the established procedures suffice. Regular updates and progress reports aren't universally seen as necessary, as stakeholders trust procurement teams to handle urgent requests efficiently. I've observed that timely decision-making doesn't always depend on streamlined communication, and urgency doesn't always require additional accommodations.</p>

How are urgent demands communicated internally and externally?	While I understand that digital communication and automation play a role in procurement, I don't see them as the only effective solutions for managing urgent procurement. Fully electronic systems aren't always necessary, as manual processes continue to function well. Instant accessibility isn't always a priority for me, and procurement notifications aren't deemed essential for every stakeholder. I believe traditional approaches still hold value in procurement efficiency.
How effective is the current communication?	In my view, self-service platforms are not the only way procurement works; direct contact with procurement staff remains essential. Some organizations, including mine, emphasize structured guidance over individual autonomy. While knowledge-sharing resources exist, extensive communication is often needed. Instead of reducing direct interaction, I believe procurement professionals add value by guiding end users through the process.
From your perspective, what should be the ideal communication approach in a healthcare organization?	When it comes to healthcare procurement, structured communication is often preferred over highly flexible approaches. I find that standardized channels enhance consistency, and rigid processes help maintain order. While a culture of open dialogue is sometimes encouraged, I think predefined workflows are often necessary to streamline procurement. I argue that effective communication is best achieved through adherence to established procedures rather than informal discussions.
What is the process for urgent	For urgent procurement, I don't think it always requires deviations from standard procedures. Efficiency is a

procurement requests and how do they differ from non-urgent requests?	priority, but risk management remains the primary concern. In my experience, extensive adjustments in response to urgent demands aren't needed, as existing frameworks are designed to accommodate expedited requests. I've seen that procurement decision-making remains structured, even in the face of urgency.
What is the procurement process and how does it impact engagement?	Compliance is often prioritized over flexibility in procurement processes. When procedures are overlooked, enforcement is emphasized more than engagement. Rather than actively seeking feedback to modify processes, organizations often focus on adherence to guidelines. In my experience, training is available, but employees are generally expected to ensure compliance without additional intervention.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	Strategic procurement usually takes precedence over urgent demands. Decisions are often guided by long-term goals and resource allocation strategies, even when urgent requests arise. Efficiency and cost-effectiveness are key priorities, and immediate needs don't always override structured procurement plans. In my experience, urgent requests may not receive immediate attention if they don't align with broader organizational objectives.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Open communication in procurement is not always considered essential. While stakeholder feedback is sometimes collected, decisions are largely based on organizational priorities. In my role, procurement functions effectively without extensive external input, and structured forums or feedback sessions are not always seen as necessary for successful outcomes.

How is procurement encouraged to understand clinical practices and procedures?	While patient safety and quality standards are considered in procurement decisions, rigorous evaluations do not always drive final selections. Product testing happens, but it's not always the primary factor. Supplier performance is reviewed periodically, but other operational considerations sometimes take precedence when making procurement decisions.
How does it impact the quality of patient care?	In procurement, cost-effectiveness often takes priority over patient care considerations. While quality remains important, financial efficiency and price negotiations are typically the main concerns. In many procurement strategies, the focus is on reducing costs, sometimes at the expense of certain quality aspects. I find that innovation in procurement is generally centered around cost reduction, rather than solely improving patient outcomes.
Does the adoption of information impact procurement, and if so, how?	Procurement processes are typically structured with minimal flexibility. While some adaptability exists, it's not always a primary focus. In my experience, stakeholder engagement is often limited, and decisions are frequently based on standardized procedures. While patient safety remains a consideration, procurement strategies are often guided primarily by financial and operational efficiency.
How is information utilized to foster learning and improve opportunities	Knowledge-sharing isn't always central to procurement. While digital platforms and forums exist, their role in procurement processes can be limited. Collaboration isn't always deemed necessary, and staff members, including myself, are expected to follow established guidelines rather than engage in discussions. Continuous learning

concerning urgent procurement?	isn't always emphasized because standardized processes are seen as providing enough guidance.
What role does technology play in urgent procurement?	I don't always view technology as the primary driver of procurement efficiency. While analytics and data are utilized, traditional methods remain effective in many organizations. Digital tools aren't always necessary, and automation isn't essential for maintaining transparency. I still rely on manual processes, and advancements are adopted selectively.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	In procurement, interconnectivity across Integrated Care Services (ICS) isn't always prioritized. While system integration has its advantages, procurement strategies often don't align with broader digital initiatives. Considerations such as GS1 standards, labeling, and packaging may be secondary to other priorities. The broader impact on materials management isn't always a decisive factor in decision-making.
What factors determine the level of technology alignment?	Adherence to procurement procedures is frequently emphasized over flexibility. While urgent situations arise, I don't think they always justify frequent deviations from established processes. Training ensures consistency, but adaptability is not a primary focus. Decisions are generally guided by strict procedures, and exceptions are minimized where possible.
How can we prevent failures in urgent procurement?	Continuous improvement in procurement is not always a key focus. While processes evolve over time, rapid changes aren't necessarily seen as essential. Many procurement professionals, including myself, consider existing frameworks to be optimized for efficiency, and urgent procurement needs are typically addressed within

	these structures. As a result, further enhancements aren't widely pursued.
Can you provide an example of a recent failure in urgent procurement?	I once had to secure additional defibrillators during an unexpected cardiac emergency wave. The procurement process was bogged down by administrative delays and poor supplier coordination. As a result, some defibrillators arrived too late to save critical lives, underscoring our process shortcomings.
What is the best approach to completing urgent procurement?	Proactive planning for urgent procurement is not always viewed as essential. While governance and education contribute to procurement efficiency, unforeseen demands are often expected and managed reactively. Compliance isn't always the primary focus in urgent procurement, and non-compliant requests are addressed as they arise. Year-end urgent purchases are generally considered a routine aspect of financial planning.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Key Performance Indicators (KPIs) aren't always regarded as crucial in procurement contracts. Alternative sourcing may be necessary, irrespective of supplier performance. Setting rigid performance expectations is not always prioritized, and organizations may need to source items from different suppliers when required. While timely delivery is important, procurement decisions don't always strictly adhere to pre-set indicators.
What are the effects of urgent procurement on process development and	I don't view urgent procurement as a significant obstacle to process development. Standard procurement processes require minimal time from end users, allowing them to focus on other tasks. While urgent demands arise, they aren't seen as disrupting strategic procurement initiatives. End users are not always heavily

organizational delivery of care?	involved in the tender process, and contracts are generally managed effectively without extensive input.
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Question	Participant 24
How do different departments communicate their procurement needs?	We recognize the diverse communication preferences of our end users and aim to accommodate various approaches. While structured forms like the medical devices request form and the new device request form help streamline procurement, email remains a commonly used method. However, balancing comprehensive information capture with efficiency can be challenging. To mitigate potential delays, we have established processes to track renewals, but there are instances where proactive follow-ups may be necessary. In some cases, direct communication with end users is essential, while in others, automated tracking is sufficient.
What is the primary cause of communication breakdown?	Building trust within procurement is an ongoing effort. While we have structured processes in place, past experiences may have led some individuals to feel hesitant about engaging with procurement directly. To foster trust, we encourage open communication, but we acknowledge that email chains often involve multiple recipients, which can sometimes lead to accountability issues. While direct communication is ideal, we also understand that some individuals may prefer written records for transparency. Our goal is to strike a balance between efficiency and inclusivity in communication.
What information, if any, is shared regarding urgent procurement?	Urgent procurement relies on clear communication channels, and we recognize the importance of both direct access to the procurement team and established processes. While urgent requests require rapid response times, ensuring accurate information capture remains critical. Transparency through regular updates is

	beneficial, though challenges in maintaining real-time communication can arise. We strive to facilitate quick decision-making while maintaining procedural integrity.
How are urgent demands communicated internally and externally?	To improve efficiency in urgent procurement, we leverage digital communication tools and automation where feasible. Our centralized platform allows stakeholders to submit requests electronically, enhancing accessibility. However, some processes still require manual intervention, and occasional bottlenecks may occur. While automation improves tracking and notifications, ensuring a balance between speed and accuracy remains a priority.
How effective is the current communication?	Our organization promotes a mix of decentralized and structured communication approaches. Self-service platforms and knowledge-sharing resources empower staff to manage procurement independently, but some situations still require direct contact with procurement personnel. While reducing reliance on one-on-one interactions increases efficiency, it also means that some individuals may struggle with complex procurement processes. Providing guidance while promoting autonomy remains an ongoing focus.
From your perspective, what should be the ideal communication approach in a healthcare organization?	In a healthcare setting, communication should be adaptable, yet structured enough to maintain consistency. While flexibility is necessary to address urgent procurement needs, standardized processes provide reliability. Open dialogue and collaboration are encouraged, but certain procurement decisions require adherence to established frameworks. Striking a balance between structured procedures and responsive

	communication is key to maintaining both efficiency and adaptability.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	We recognize that urgent procurement may require deviations from the standard process, but we also strive to ensure that all requests go through proper evaluation. While expedited pathways exist, they must align with risk management protocols. We aim to accommodate urgent needs while ensuring compliance, though at times, efficiency and thoroughness may be at odds.
What is the procurement process and how does it impact engagement?	While our organization values compliance, we understand that strict enforcement alone does not lead to effective procurement practices. Rather than assuming non-compliance is intentional, we seek to address underlying challenges. Engaging with stakeholders helps refine our processes, though enforcing adherence remains necessary in some cases. Training and support are provided, but ensuring universal understanding across all staff can be challenging.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	Balancing strategic procurement with urgent requests is an ongoing challenge. While long-term planning enables cost-effective and well-structured procurement, urgent demands require immediate action. Our framework accommodates both, but prioritization can sometimes be difficult. We assess the urgency and impact of requests, aiming to address immediate needs without losing sight of broader procurement strategies.
Do you believe the urgent procurement processes align	We strive to maintain open communication in procurement, yet some processes remain centralized. Feedback sessions and forums offer opportunities for engagement, but not all stakeholders participate actively.

with the objectives of internal and external stakeholders?	While we aim to incorporate diverse perspectives, final decisions must align with organizational goals. Ensuring meaningful stakeholder involvement while maintaining efficiency remains a balancing act.
How is procurement encouraged to understand clinical practices and procedures?	Patient safety and quality are fundamental considerations in procurement, but practical constraints may sometimes impact decision-making. We conduct rigorous evaluations, yet resource limitations can occasionally delay the implementation of new standards. While supplier performance monitoring is an important aspect, prioritizing every aspect of quality control can sometimes be challenging given competing demands.
How does it impact the quality of patient care?	Cost-effectiveness is an important factor in procurement decisions, but it is not the sole determinant. While negotiations aim to secure competitive pricing, we also prioritize maintaining high-quality standards. At times, achieving cost savings without compromising patient care requires trade-offs. We continuously explore innovative procurement strategies to balance financial constraints with optimal outcomes.
Does the adoption of information impact procurement, and if so, how?	Our procurement approach integrates structured planning with adaptability. While processes are designed to be efficient, adjustments are sometimes necessary to accommodate changing circumstances. Stakeholder engagement and patient safety remain central to our strategy, but budgetary and operational constraints may influence decisions.
How is information utilized to foster learning and	We promote knowledge-sharing through digital platforms and forums, but participation levels vary. While these resources enhance collaboration, not all staff actively

improve opportunities concerning urgent procurement?	engage. Encouraging continuous learning while ensuring practical application of shared knowledge remains an area for improvement.
What role does technology play in urgent procurement?	Leveraging technology in procurement enhances efficiency, yet challenges in implementation persist. Data-driven decision-making supports better outcomes, but transitioning from manual to automated processes can take time. While analytics improve procurement transparency, ensuring seamless integration with existing workflows remains a work in progress.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Interconnectivity across Integrated Care Services (ICS) is a priority, but aligning procurement decisions with broader system compatibility is not always straightforward. While we consider GS1 standards, packaging, and labeling requirements, full integration across systems requires ongoing effort. We recognize the importance of standardization but acknowledge the complexities involved in achieving it.
What factors determine the level of technology alignment?	Adherence to procurement processes is essential, but flexibility is sometimes necessary in urgent situations. While clear guidelines are in place, adjustments may be required based on the specific circumstances. Training programs enhance consistency, yet maintaining adaptability within structured frameworks remains a challenge.
How can we prevent failures in urgent procurement?	Continuous improvement in procurement is a priority, but progress is not always linear. While we invest in technology and communication enhancements, achieving seamless efficiency is an ongoing process.

	Urgent procurement needs are addressed proactively, but finding the optimal balance between structure and responsiveness is an evolving effort.
Can you provide an example of a recent failure in urgent procurement?	From my perspective, our hospital has a flawless track record when it comes to urgent procurement. We've developed a responsive system where every urgent request is managed efficiently, thanks to advanced digital tracking and coordinated efforts across departments. I've yet to see any instance where an urgent procurement request has failed to deliver the necessary resources on time
What is the best approach to completing urgent procurement?	Proactive planning helps manage urgent procurement, yet unforeseen demands still arise. While governance and education initiatives help streamline processes, non-compliant urgent requests occasionally occur. Efforts are made to transform urgent requests into planned procurements, though budgetary cycles and last-minute spending pressures can sometimes influence decision-making.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Key Performance Indicators (KPIs) help monitor supplier performance, though challenges in enforcement exist. While clear expectations are set in contracts, alternative sourcing may still be necessary in some urgent situations. Ensuring supplier reliability remains a focus, though unpredictable circumstances can sometimes impact procurement timelines.
What are the effects of urgent procurement on process	Urgent procurement can sometimes slow down strategic process development. While collaboration with end users helps refine procurement strategies, immediate demands may divert resources from long-term planning. Standard

development and organizational delivery of care?	procurement processes require time, and balancing efficiency with stakeholder needs remains an ongoing challenge. Ensuring robust contracts and end-user involvement helps mitigate issues, though urgent procurement needs will always be a factor in healthcare operations.
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Question	Participant 25
How do different departments communicate their procurement needs?	<p>Each department has its own way of communicating procurement needs. Typically, end users within the departments send emails to kickstart the procurement process. We also have specific forms, like the medical devices form and new device form, that they fill out to initiate the process. These processes were implemented to address the issue of incomplete information in emails. By capturing comprehensive details upfront, our aim is to minimize delays and ensure efficiency. On the non-clinical side, we have a request form for other procurements. In some cases, we already know about upcoming procurements that need renewal, and those are already part of our work plan. In those instances, we communicate directly with the end user.</p>
What is the primary cause of communication breakdown?	<p>One of the main causes of communication breakdown is a lack of trust in relationships. Within our organization, there's a significant issue where individuals doubt that their emails or phone calls will lead to prompt action. This lack of trust may stem from past experiences of feeling let down or a desire to provide evidence of effort to their managers. Ideally, I'd like to create an environment where people feel comfortable reaching out directly to their procurement contacts for any requests. However, in many cases, emails are sent to multiple recipients (often 20-30 people), with one person being held accountable for the task. If the task remains unfinished, it creates broader communication issues, and we end up copying all relevant parties, something I'm currently trying to minimize. This unintended consequence involves pulling in individuals who may not want to be involved.</p>

	Ultimately, we need to move away from a blame culture and foster trust.
What information, if any, is shared regarding urgent procurement?	Sometimes, information about urgent procurement comes directly from suppliers. Engaging with clinicians can be challenging due to their limited time and skepticism about the benefits of working with us. As a result, suppliers often reach out to us, emphasizing the urgency and seeking assistance. Urgent procurement requests can also arise in various forums, including executive meetings. We've even encountered situations where clinicians express their concerns directly to the chief executive officer, which can create further complications. Clinicians tend to delegate the task of contacting us to others instead of reaching out directly via phone or email, leading to diluted information and only minimal details being provided. Despite these challenges, we prioritize urgent requests and work hard to address them promptly.
How are urgent demands communicated internally and externally?	When it comes to urgent demands, we use various communication methods. We encourage face-to-face discussions or trying to catch people in person. For urgent capital-related procurement, we've implemented request forms that expedite the process to meet the time-sensitive nature of the request. We're actively adapting our communication methods to reduce reliance on emails and minimize miscommunication. It's crucial for departments to clearly articulate their requirements when making a request. Often, only fragments of information are provided initially, requiring further clarification, and we're working on streamlining this process. While not everyone follows our internal processes and guidance,

	we also provide guidance to suppliers, including a representative's policy and a set of ten golden rules outlining best practices.
How effective is the current communication?	e're continuously working to improve, but there's still room to enhance communication effectiveness. When individuals have urgent procurement needs that directly affect them, communication tends to be more efficient. However, when it comes to broader opportunities or practice-related matters, engagement declines. In such cases, timely responses become a challenge, and attendance at meetings or proactive participation is often lacking, which can be discouraging. Conversely, when individuals have specific demands, communication becomes significantly more effective.
From your perspective, what should be the ideal communication approach in a healthcare organization?	I believe that effective communication in a healthcare organization should be guided by clear governance and a standardized request form. Individuals initiating procurement requests often overlook critical details they may not be aware of. To address this, it is essential to establish clear guidelines and ensure that all necessary information—such as service and maintenance requirements, consumables, and equipment disposal—is included in the request form. Additionally, individuals should understand how to compile specifications accurately. The procurement process should only commence when there is a precise understanding of the requirements, which may involve soft market testing and thorough documentation. A common challenge arises when requests are made without fully grasping the necessary details. By implementing these measures, we

	can improve communication and create a more efficient procurement process.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	Our medical devices form includes an "urgent" option, allowing requesters to highlight immediate procurement needs. Selecting this option fast-tracks requests by bypassing the usual committee process, though risk management remains involved to address any missed steps. These cases are flagged on our capital request forms, which use a streamlined format to ensure governance.
What is the procurement process and how does it impact engagement?	We communicate our structured procurement process through the intranet and procurement forums, providing key documents such as thresholds, guidance, and required forms. However, some clinicians disregard these policies. To mitigate this, we engage them early in projects, offering one-on-one guidance to ensure clarity.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	Many individuals prioritize urgent needs over strategic procurement due to limited engagement, time constraints, and operational pressures, including the pandemic, mergers, and strikes. While quick fixes are sometimes necessary, we work toward integrating long-term procurement strategies.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Urgent procurement often misaligns with internal and external stakeholder objectives due to a lack of early consideration and communication. Clinicians and directors tend to focus on acquiring necessary items quickly, often overlooking procurement protocols, which can lead to negative outcomes.

How is procurement encouraged to understand clinical practices and procedures?	We emphasize proactive procurement engagement. Understanding stakeholders' perspectives is crucial, so we encourage direct communication, shadowing clinicians, and observing procedures to build a deeper understanding of their needs. This helps in drafting specifications and improving procurement collaboration.
How does it impact the quality of patient care?	Procurement directly impacts patient care. Poor purchasing decisions, particularly for critical items like implants, can lead to safety issues. While cost savings are important, they should never compromise quality. We advocate for a balanced approach, prioritizing patient safety alongside financial considerations.
Does the adoption of information impact procurement, and if so, how?	Instead of focusing solely on product codes and prices, we consider patient impact when evaluating new procurements. Our strategic team engages in market research, supplier discussions, and clinical observations to ensure the best procurement choices. We collaborate with finance teams to assess efficiency, cost reduction, and patient outcomes.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	We use multiple forums to discuss urgent procurement issues, review lessons learned, and refine our processes. These discussions extend to audit committees, ensuring organization-wide reflection and improvement. However, enhancing procurement practices requires collective effort beyond Commercial Services.
What role does technology play in urgent procurement?	Procurement has evolved with analytics, benchmarking, and technology, helping us make informed decisions. In our team, we apply a standardized approach to both

	urgent and non-urgent procurement, ensuring consistency.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Technology supports urgent procurement by providing critical data, though inaccuracies can sometimes cause challenges. For example, incorrect cardiology data strained relationships with clinicians. Ensuring accurate data management and effective engagement helps maintain credibility and trust.
What factors determine the level of technology alignment?	We apply the 80/20 rule in technology alignment, focusing on major suppliers and government-mandated systems. Our goal is seamless integration across Integrated Care Services (ICS), leveraging analytics and national frameworks for efficiency. Technology compatibility is crucial in tendering, influencing scoring criteria to enhance procurement effectiveness.
How can we prevent failures in urgent procurement?	Preventing failures in urgent procurement requires clear processes and firm boundaries. Stricter compliance discourages workarounds, but decentralized decision-making remains a challenge. We advocate for procurement training, including a mandatory learning module with assessment questions, to improve understanding.
Can you provide an example of a recent failure in urgent procurement?	I once had to urgently procure surgical masks during a sudden local outbreak, but the request got lost in a backlog of emails. By the time the masks arrived, our stocks had been nearly exhausted. The shortage put our operating rooms at risk, and I realized the critical need for a more reliable process.

What is the best approach to completing urgent procurement?	The best approach to urgent procurement is proactive planning and structured execution. Analyzing each request, learning from past cases, and educating stakeholders help prevent avoidable urgency. Engaging departments early ensures compliance and cost-effectiveness.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	While urgent procurement cannot be eliminated, it can be minimized. Reviewing non-compliant purchases within a year and incorporating them into work plans shifts urgency toward planned procurement. Year-end spikes in urgent purchasing often stem from fund utilization rather than real needs, which better planning could prevent. Stock shortages, a common cause of urgent medical device procurement, can be mitigated by trying to plan as much as possible
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement disrupts strategic planning and process development. Addressing urgent needs separately weakens standard procurement procedures and diverts resources from innovation. Strengthening stock management, involving end users in tenders, and reinforcing structured procurement processes can reduce these disruptions.

Question	Participant 26
How do different departments communicate their procurement needs?	I believe that utilizing a variety of communication methods is more effective than sticking to a single, standardized approach. From my experience, many organizations prefer using multiple channels to keep procurement flexible and prevent delays. While structured systems may be more efficient at capturing information, they can slow down processes. Renewal tracking tends to be proactive, and end users generally don't need to follow up for updates on procurement progress.
What is the primary cause of communication breakdown?	From my perspective, trust in procurement processes isn't always as strong as it could be in many organizations. While some employees may not have faced issues, there are often concerns regarding accountability. I tend to send emails to several people at once because direct communication channels aren't always clearly defined. There's a growing trend toward moving away from traditional accountability structures, as they may not always foster effective teamwork.
What information, if any, is shared regarding urgent procurement?	In my experience, urgent procurement is sometimes handled outside of standard procedures, requiring specific communication channels. I think that end users often need direct access to procurement teams because existing procedures don't always work fast enough. Regular updates and progress reports are necessary to keep stakeholders informed about the status of urgent requests. I've found that streamlined communication is crucial for making timely decisions, and urgent matters may require additional steps to accommodate them.

How are urgent demands communicated internally and externally?	Although digital tools and automation play a role in procurement, I think they are essential when managing urgent procurement. Fully electronic systems are often needed, and manual processes can be too slow. Quick access to information is a priority, and it's important for stakeholders to receive timely procurement notifications. I believe digital platforms are vital for improving procurement efficiency.
How effective is the current communication?	In many organizations, self-service platforms are a common procurement method, reducing the need for direct interaction with procurement staff. Many organizations emphasize individual autonomy over guided processes. While there are resources for knowledge-sharing, they're often not used enough. I believe that staff should be more independent and rely less on procurement professionals to guide them through processes.
From your perspective, what should be the ideal communication approach in a healthcare organization?	In healthcare procurement, I believe a more flexible communication style works better than rigid systems. Informal channels help foster creativity, and flexible workflows are essential for addressing changing needs. Though some standardized processes are encouraged, I feel that open conversations are more effective for communication and decision-making. In my view, informal dialogue often leads to better outcomes than strictly following predefined workflows.
What is the process for urgent procurement requests and how	Urgent procurement often requires more than just standard processes. While efficiency matters, I believe risk management shouldn't always be the highest priority. I've noticed that urgent requests sometimes require

do they differ from non-urgent requests?	significant adjustments, as existing processes don't always allow for quick handling of requests. Procurement decisions should be flexible and adaptable, especially when urgency is a factor.
What is the procurement process and how does it impact engagement?	In procurement, I believe that flexibility should be prioritized over strict adherence to rules. If procedures are overlooked, I think it's more important to focus on collaboration and engagement rather than just enforcing compliance. Organizations should be more open to feedback and willing to adjust procedures. In my experience, training should be designed to allow for more flexibility and adaptability.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	When urgent demands arise, I believe they should take precedence over long-term procurement goals. Immediate needs should always come first, and procurement decisions should focus on meeting those needs rather than following long-term strategies. In my experience, urgent requests should receive prompt attention if they align with the organization's overall priorities.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Open communication is essential in procurement. Although stakeholder feedback isn't always collected, I believe decisions are better when there's more collaboration. From my perspective, procurement functions more effectively when external input is actively sought, and structured feedback forums should be incorporated into the decision-making process.
How is procurement	While patient safety and quality standards are factors in procurement decisions, they are not always the key

encouraged to understand clinical practices and procedures?	drivers behind final choices. Product testing plays a significant role in decision-making, but other operational aspects may sometimes take precedence. I think the performance of suppliers should be evaluated thoroughly, but procurement decisions should not ignore other important factors.
How does it impact the quality of patient care?	In procurement, patient care should be prioritized over cost-effectiveness. While financial efficiency matters, quality and patient care should not be sacrificed for the sake of cutting costs. Procurement strategies should focus on improving patient care, not just reducing expenses. I believe that innovation in procurement should aim to enhance care quality, not merely save money.
Does the adoption of information impact procurement, and if so, how?	Procurement processes should be flexible and open to change, rather than rigidly structured. While having systems in place is important, I believe adaptability is key to managing different needs. In my experience, engaging stakeholders is crucial, and decisions shouldn't always be based on established processes. Patient safety should be a priority when making decisions, even if it means altering the way things are done.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	Knowledge-sharing should be at the core of procurement. While digital platforms exist, I believe they could be more impactful in improving processes. Collaboration is essential, and I feel that staff should be encouraged to communicate openly to improve procurement. Continuous learning should be a focus to ensure ongoing improvement and better outcomes.
What role does technology play in	I view technology as the main driver of procurement efficiency. While traditional methods still work, digital

urgent procurement?	tools are essential for transparency and efficiency. Manual processes can be slow, and I believe that embracing automation and digital platforms is the best way forward for procurement.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	In procurement, integration across Integrated Care Services (ICS) should be a priority. System integration offers many benefits, and procurement strategies should align with digital goals. Issues like GS1 standards, labeling, and packaging need to be considered when making decisions. The impact on materials management should always be part of the decision-making process.
What factors determine the level of technology alignment?	Procurement processes should allow for flexibility. When urgent situations arise, they should be seen as an opportunity to adjust processes, rather than an obstacle. Training should encourage adaptability, and exceptions should be allowed when necessary. Decisions should be flexible, and deviations from standard processes should be more acceptable.
How can we prevent failures in urgent procurement?	Continuous improvement in procurement should be a focus. While processes evolve, I believe it's important to embrace rapid changes to stay competitive. Many procurement professionals, including myself, think that existing systems could always be enhanced to address emerging challenges. For this reason, continuous refinement of procurement processes should be a priority.
Can you provide an example of a recent failure in	In the midst of a severe flu outbreak, I struggled to secure enough personal protective equipment for our frontline staff. The urgent order was delayed due to miscommunication between departments, leaving us with

urgent procurement?	insufficient PPE. As a result, our staff had to reuse disposable items, which increased infection risks.
What is the best approach to completing urgent procurement?	Proactive planning for urgent procurement is crucial. Although governance and education help with efficiency, unforeseen demands should be planned for in advance. Compliance should always be the focus, and non-compliant requests should be managed proactively. Year-end urgent purchases should not just be part of routine financial planning but should be treated with more urgency and attention.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Alternative sourcing may be necessary in certain situations, but performance must be evaluated carefully. Setting clear performance targets is critical, and procurement decisions should align with these standards. Timely delivery and meeting KPIs should always be prioritized in decision-making.
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement should not hinder process development. While standard procurement processes can take time, they should not prevent end users from focusing on other tasks. Though urgent demands can arise, they should not have a major impact on strategic procurement initiatives. End users are often deeply involved in the tender process, and contracts require more effort to manage effectively.

Question	Participant 27
How do different departments communicate their procurement needs?	Our procurement approach lacks a consistent standard across departments. End users often bypass designated request forms, leading to inefficiencies and gaps in necessary details. Communication is sporadic, with email updates failing to provide clarity, resulting in confusion and delays.
What is the primary cause of communication breakdown?	Miscommunication is common due to unclear processes and inconsistent information. Trust and transparency are not always prioritized, making it difficult for team members to feel confident that their requests will be handled effectively. Open discussions are infrequent, and issues often go unresolved, fostering misunderstandings and inefficiencies.
What information, if any, is shared regarding urgent procurement?	Urgent requests are often delayed due to unclear communication channels. End users struggle to connect with the procurement team or relevant stakeholders, leading to miscommunication and slow response times. Updates and progress reports are inconsistent, making transparency a challenge throughout the process.
How are urgent demands communicated internally and externally?	Communication around procurement is fragmented, with a lack of streamlined channels. Face-to-face meetings are rare, dedicated request forms are often ignored, and direct interactions between procurement teams and stakeholders are insufficient. As a result, urgent requests frequently experience delays and information flow is disrupted.

How effective is the current communication?	Communication within the organization is inconsistent, with team members hesitant to reach out to the right contacts. Meetings are poorly attended, and responses to inquiries are slow, making collaboration difficult and increasing the risk of misunderstandings.
From your perspective, what should be the ideal communication approach in a healthcare organization?	Procurement communication is often unclear and lacks a foundation of trust and transparency. Guidelines and processes are not well-established, leaving stakeholders without the tools needed to convey their needs effectively. Updates are infrequent, and discussions are limited, leading to misalignment with organizational goals.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	Our medical devices form does not accommodate urgent requests, which can create obstacles in addressing critical procurement needs. The committee review process, while valuable, can slow down decision-making. When urgency arises, the lack of flexibility in the system can introduce risks and hinder responsiveness.
What is the procurement process and how does it impact engagement?	Our procurement process is not easily accessible, and many staff members struggle to navigate it. While procedures exist, they are not well-communicated, leading to frequent non-compliance. Some clinicians regularly bypass these policies due to a lack of awareness or training.
What proportion of time is devoted to the procurement process compared	Planned procurement often takes a backseat to urgent demands, making it difficult to maintain a strategic, long-term focus. While planning is important, urgent needs frequently disrupt the process, creating inconsistencies

to fulfilling urgent demands?	in procurement priorities and impacting quality and patient care.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Urgent procurement processes often face delays and miscommunication, leading to disruptions in patient care. Stakeholders are not always aligned, and clinical directors and other key parties do not consistently support the urgency of these cases, causing inefficiencies.
How is procurement encouraged to understand clinical practices and procedures?	We struggle with maintaining open communication and engaging stakeholders effectively. Reaching out directly is often necessary but not always practical, as clinicians are overwhelmed with other responsibilities. The lack of structured support leads to gaps in understanding their needs.
How does it impact the quality of patient care?	Patient safety is sometimes compromised due to inefficiencies in product evaluation. While cost savings are prioritized, they occasionally come at the expense of quality. Long-term benefits are not always considered, and procurement decisions do not consistently enhance patient outcomes.
Does the adoption of information impact procurement, and if so, how?	Procurement decisions are often made with limited insight into market trends and supplier engagement. There is minimal collaboration with finance, and clinical practices are not always taken into account. This lack of strategic oversight results in suboptimal procurement outcomes.
How is information utilized to foster learning and	Discussions in medical equipment committees rarely lead to tangible improvements. Urgent procurement issues are acknowledged but not acted upon, and

improve opportunities concerning urgent procurement?	documentation often fails to result in meaningful follow-up. Organizational involvement in driving changes is minimal.
What role does technology play in urgent procurement?	Procurement processes have remained stagnant, with little progress in adopting analytics, benchmarking, or technology. Urgent and non-urgent procurement are often treated similarly, leading to inefficiencies. More effort is needed to ensure appropriate product selection and cost management.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Rather than aiding procurement, technology often creates more challenges. Data inaccuracies are common, leading to confusion and distrust among clinical teams. Without improved data management systems, procurement decisions remain unreliable and inefficient.
What factors determine the level of technology alignment?	System integration is lacking across Integrated Care Services (ICS), reducing efficiency and complicating procurement. Important factors like labeling, packaging, and internal compatibility are frequently overlooked. The failure to adopt GS1 standards further hinders procurement effectiveness.
How can we prevent failures in urgent procurement?	Strict adherence to procurement processes often leads to delays in urgent cases. A rigid focus on compliance prevents necessary flexibility, making it difficult to respond swiftly. Decentralized decision-making and inadequate training further contribute to inefficiencies and inconsistencies.

Can you provide an example of a recent failure in urgent procurement?	When we faced an unexpected surge in patients requiring isolation, I urgently ordered more isolation gowns. However, due to incomplete documentation on our request, the order was delayed significantly. This forced our clinical teams to reuse gowns, compromising infection control protocols.
What is the best approach to completing urgent procurement?	Urgent procurement remains an ongoing issue, despite efforts to analyze and improve processes. Governance and education efforts do not significantly reduce the frequency of urgent requests, making it difficult to transition non-compliant items into planned procurements.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Urgent procurement hinders overall efficiency by disrupting established procurement processes. Handling urgent requests separately creates inefficiencies, and the lack of integration with broader procurement strategies weakens long-term effectiveness. Stronger relationships with end users have not significantly improved process development.
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement is a barrier to progress rather than an enabler of efficiency. It diverts resources from planned procurement and creates inconsistencies in stock management. Instead of streamlining processes, urgent procurement contributes to operational disruptions and inefficiencies.

Question	Participant 28
How do different departments communicate their procurement needs?	I believe that using a variety of communication methods is more effective than sticking to a single standardized approach. In my experience, many organizations use multiple channels to ensure a flexible procurement process and avoid unnecessary delays. Although unstructured processes might not capture information as efficiently, they can expedite operations. I've noticed that renewal tracking is often proactive, and end users usually don't need to chase down updates on procurement progress.
What is the primary cause of communication breakdown?	From my point of view, trust in procurement processes isn't as strong across many organizations. While some individuals may not have had issues, there are often concerns about accountability. Personally, I tend to send emails to several recipients because direct communication isn't always set up in a clear way. There is a growing shift to move away from existing accountability structures, as they may not always encourage effective collaboration.
What information, if any, is shared regarding urgent procurement?	In my role, urgent procurement is often handled outside of standard processes and requires specialized communication channels. I think end users frequently need direct access to procurement teams because the established procedures often fall short. Regular updates and progress reports are vital because stakeholders must stay informed about urgent requests. I've found that timely decision-making relies heavily on efficient communication, and urgent matters sometimes require additional accommodations.

How are urgent demands communicated internally and externally?	While digital communication and automation certainly play a role in procurement, I see them as essential for handling urgent procurement effectively. Fully electronic systems are often a must, and relying on manual processes can be inefficient. Instant access is a priority, and procurement notifications are important for all stakeholders. I believe that digital tools are key to enhancing procurement efficiency.
How effective is the current communication?	In my experience, self-service platforms are the main method used in procurement, with less reliance on direct communication with procurement staff. Many organizations, including mine, value individual autonomy more than structured guidance. While knowledge-sharing resources are available, less communication is often necessary. Instead of relying on procurement professionals to guide end users, I think self-sufficiency is crucial.
From your perspective, what should be the ideal communication approach in a healthcare organization?	When it comes to healthcare procurement, I think flexible communication is more beneficial than rigid processes. Informal channels encourage creativity, and flexible workflows are essential for adaptation. Although standardized workflows are sometimes encouraged, I believe open dialogue is the best way to enhance communication and decision-making. I would argue that communication works better through informal discussions rather than rigidly following established procedures.
What is the process for urgent procurement requests and how	For urgent procurement, I believe it often requires significant changes to standard procedures. While efficiency is key, risk management should not be the primary concern. In my experience, responding to urgent

do they differ from non-urgent requests?	demands often requires adjustments because existing frameworks may not allow for fast-tracked requests. I've seen that procurement decisions should be more flexible, especially in urgent situations.
What is the procurement process and how does it impact engagement?	In procurement, flexibility is often prioritized over strict compliance. When procedures are overlooked, engagement and feedback should take precedence over enforcement. Instead of focusing solely on adherence to procedures, I believe organizations should be open to modifying processes based on feedback. From my experience, training should be more flexible and allow for necessary adjustments.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	Urgent requests often take priority over long-term strategic procurement. Immediate needs should always take precedence, and procurement decisions should be guided by current demands rather than long-term goals. In my experience, urgent requests deserve immediate attention, especially when they align with the organization's broader objectives.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Open communication in procurement is essential. While stakeholder feedback may not always be collected, decisions should be made with full collaboration. In my role, procurement works better when external input is actively sought, and structured forums or feedback sessions are critical to achieving successful outcomes.
How is procurement encouraged to	Although patient safety and quality standards are considered in procurement decisions, they are not always the driving force behind final selections. Product testing

understand clinical practices and procedures?	is a significant factor in decision-making. Supplier performance is closely evaluated, and operational considerations should always take a back seat when it comes to procurement decisions.
How does it impact the quality of patient care?	In procurement, patient care should take precedence over cost-effectiveness. While financial efficiency is important, quality and patient care should never be compromised for the sake of cost-saving measures. I think procurement strategies should focus on improving patient outcomes, not just reducing costs. Innovation in procurement should prioritize care quality over financial savings.
Does the adoption of information impact procurement, and if so, how?	Procurement processes should be flexible and adaptable, rather than rigid. While structured systems are valuable, I believe adaptability is the key to meeting diverse needs. In my experience, stakeholder engagement is critical, and procurement decisions shouldn't always rely on standardized procedures. Patient safety should always be at the core of decision-making, even if it means deviating from traditional approaches.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	Knowledge-sharing should be a priority in procurement. While digital platforms and forums exist, they could play a much more significant role in the process. Collaboration should be encouraged, and staff members should be more actively engaged in discussions to drive improvements. Continuous learning should be emphasized to foster better outcomes in procurement.
What role does technology play in	I view technology as the driving force behind procurement efficiency. While traditional methods have their place, digital tools and automation are vital for improving

urgent procurement?	transparency and speeding up processes. Relying on manual processes can be limiting, and I believe embracing digital technologies is essential for staying competitive.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	In procurement, interconnectivity across Integrated Care Services (ICS) should be a top priority. System integration offers considerable benefits, and procurement strategies should align with broader digital initiatives. Considerations like GS1 standards, labeling, and packaging should always be a key focus when making procurement decisions. The broader impact on materials management must be considered as a decisive factor.
What factors determine the level of technology alignment?	Procurement processes should allow for flexibility. While urgent situations may arise, they shouldn't be seen as an obstacle but as an opportunity to adjust the processes. Training should support adaptability, and exceptions should be made when necessary. Decisions should prioritize flexibility, and exceptions should be more common.
How can we prevent failures in urgent procurement?	Continuous improvement in procurement should always be a primary goal. While processes evolve, there is always room for rapid changes to stay ahead of the curve. Many procurement professionals, including myself, believe that existing frameworks could be improved to better handle emerging challenges. As such, refining procurement processes should be a continuous pursuit.
Can you provide an example of a recent failure in	I once faced a situation where a sudden spike in COVID-19 cases left us short on oxygen concentrators. Despite my repeated urgent requests, our outdated procurement system delayed delivery, forcing us to ration existing

urgent procurement?	supplies. This experience highlighted our inability to respond swiftly in a crisis.
What is the best approach to completing urgent procurement?	Proactive planning for urgent procurement should always be a key priority. While governance and education are important, organizations must be prepared for unforeseen demands by having clear, proactive plans. Compliance should always be a primary focus, and organizations should act on non-compliant requests more actively. Year-end urgent purchases should not just be seen as a routine part of financial planning, but as an area requiring ongoing, proactive management.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Key Performance Indicators (KPIs) should be a cornerstone of procurement contracts. Alternative sourcing should be minimized, and supplier performance must be a central consideration. Setting clear, rigid performance expectations is crucial, and procurement decisions must align with established KPIs. Timely delivery is vital, and procurement decisions should always adhere to these performance measures.
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement should not be seen as an obstacle to process development. Standard procurement processes often require more time from end users, reducing their ability to focus on other tasks. While urgent demands arise, they can often affect strategic procurement initiatives significantly. End users are frequently involved in the tender process, and contracts often require more extensive input to be managed effectively.

Question	Participant 29
How do different departments communicate their procurement needs?	We assume that most end users prefer standard communication methods and do not require multiple options. To keep procurement simple, we rely mainly on email communication, with minimal use of structured forms like the medical devices request form or the new device request form. Comprehensive data collection is not a priority, and we do not actively track renewals. Instead, we expect end users to manage their own procurement needs without direct intervention from our team.
What is the primary cause of communication breakdown?	Trust within procurement is not a primary concern. We believe the current processes function adequately, and individuals should follow established protocols without questioning them. While some may express concerns about trust in procurement, we do not see a need for more direct communication. The existing approach of copying multiple recipients on emails is sufficient, and there is no pressing need to change this practice. Accountability issues or communication inefficiencies are not considered problematic.
What information, if any, is shared regarding urgent procurement?	Urgent procurement does not require a structured communication process. End users should navigate the procurement system independently without direct access to the procurement team. There is no need for real-time updates or transparency regarding progress. Decisions will be made at our convenience, and stakeholders will be informed only when necessary.
How are urgent demands	We do not prioritize digital solutions or automation for urgent procurement. Stakeholders must submit requests

communicated internally and externally?	through traditional methods, and there is no centralized system for tracking progress. Notifications about urgent procurement requests are not automated, and transparency is not a key focus. Efficiency and response times are secondary to maintaining the current procurement structure.
How effective is the current communication?	Our organization does not encourage individual autonomy in procurement communication. Instead of self-service platforms, we prefer staff to rely on direct contacts for every request, ensuring that information is controlled rather than openly accessible. Knowledge-sharing resources are not emphasized, as we expect employees to seek guidance only when necessary. This approach maintains hierarchical oversight and prevents unnecessary independence in procurement processes.
From your perspective, what should be the ideal communication approach in a healthcare organization?	Healthcare procurement should follow rigid, standardized procedures without room for flexibility. Open dialogue and adaptability are not priorities, as structured processes ensure consistency. Procurement communication should remain procedural rather than dynamic, and staff should adhere strictly to predetermined protocols rather than engaging in open discussions or collaboration. Quick decision-making is not emphasized, as structured approval chains take precedence.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	Urgent procurement should always follow the same standard process, without any adjustments for time-sensitive situations. Expedited procurement channels are unnecessary, and all requests must go through the full evaluation process regardless of urgency. The risk of delays is acceptable, as efficiency is not prioritized over procedural compliance.

What is the procurement process and how does it impact engagement?	Procurement policies must be strictly enforced, and non-compliance should result in corrective action rather than engagement. Staff who overlook procedures are expected to adhere to them without questioning their effectiveness. We do not actively seek feedback from clinicians or staff, as established policies are considered sufficient. Training and support are minimal, as it is assumed that employees should already understand the procurement process.
What proportion of time is devoted to the procurement process compared to fulfilling urgent demands?	Long-term strategic procurement should always take precedence over urgent needs. We do not adjust procurement strategies to accommodate immediate requests, as maintaining structured procurement planning is more important than responding to short-term demands. Urgent procurement is considered a disruption rather than an integral part of procurement operations.
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Stakeholder involvement in procurement decisions is not a focus. Feedback forums and discussions are not actively encouraged, as procurement processes are determined centrally. Stakeholder concerns are secondary to maintaining established procurement procedures, and decision-making is carried out without extensive external input.
How is procurement encouraged to understand clinical practices and procedures?	Procurement decisions are not necessarily driven by patient safety and quality standards. Evaluations of suppliers and products are not always prioritized, and procurement is focused primarily on fulfilling requests rather than ensuring rigorous quality checks. Ongoing

	monitoring of supplier performance is not considered essential.
How does it impact the quality of patient care?	Cost considerations take priority over patient care in procurement decisions. Securing the lowest possible price is the main objective, even if it means compromising on quality. Negotiations are centered around financial savings rather than maintaining high standards of care.
Does the adoption of information impact procurement, and if so, how?	The procurement approach is rigid and compliance-driven, with minimal flexibility to adapt to changing needs. Stakeholder engagement is not a priority, and patient safety considerations are secondary to cost and efficiency concerns. The goal is to maintain procurement consistency rather than adjusting to urgent or strategic demands.
How is information utilized to foster learning and improve opportunities concerning urgent procurement?	Knowledge-sharing is not a key focus within procurement. There is little emphasis on forums or platforms for exchanging best practices, as procurement is managed through predefined procedures rather than collaborative learning. Staff are expected to follow processes without engaging in discussions about potential improvements.
What role does technology play in urgent procurement?	We do not prioritize technological advancements in procurement. Data-driven decision-making and analytics are not essential to procurement operations. Processes remain largely manual, and transparency is not actively promoted. There is little interest in exploring innovative solutions to enhance procurement efficiency.
How does technology help or hinder urgent	Integration with other systems and adherence to standards like GS1 are not considered priorities. Procurement functions independently, without strong

procurement in delivering what is needed for patient care?	alignment with broader organizational technology or logistics strategies. Considerations such as labeling, packaging, and system compatibility are not actively addressed.
What factors determine the level of technology alignment?	Strict compliance with procurement processes is enforced without room for adjustments, even in urgent situations. Training programs are not emphasized, as staff are expected to understand procurement processes without additional support. Learning and adaptability are not prioritized, and procurement decisions follow rigid guidelines regardless of situational needs.
How can we prevent failures in urgent procurement?	Procurement operations are static, with little focus on continuous improvement. Technological advancements and communication enhancements are not a priority. Urgent procurement is managed within existing structures without flexibility or efficiency considerations.
Can you provide an example of a recent failure in urgent procurement?	During a regional power outage, I urgently needed to procure additional ventilators for our ICU. Miscommunication with suppliers and delayed approvals meant the ventilators arrived too late. The delay forced us to improvise with suboptimal equipment, compromising patient care during critical hours.
What is the best approach to completing urgent procurement?	There is no proactive planning for urgent procurement. Each request is handled reactively, without efforts to analyze trends or improve processes. Governance and education are not emphasized, and non-compliant urgent purchases are not actively addressed. There is little concern about year-end spending driven by budget deadlines rather than actual needs.

Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Key performance indicators (KPIs) are not emphasized in procurement contracts. Supplier performance is not closely monitored, and there are no strict measures in place to ensure timely and reliable delivery. Alternative sourcing remains a frequent necessity due to the lack of performance-based supplier management.
What are the effects of urgent procurement on process development and organizational delivery of care?	Urgent procurement is prioritized over strategic process development, leading to disruptions in long-term procurement goals. Stronger collaboration with end users is not actively pursued, and procurement remains largely separate from operational improvements. Standard procurement processes take considerable time, and end users are expected to navigate them despite any administrative burdens they may face. There are no active efforts to involve end users in procurement planning or reduce inefficiencies caused by urgent procurement needs.

Question	Participant 30
How do different departments communicate their procurement needs?	We have a standardized procurement approach across all departments. End users are encouraged to use designated request forms, which help capture all necessary details to keep the process efficient. To keep everyone informed, we use regular communication channels like email updates, ensuring transparency and smooth coordination.
What is the primary cause of communication breakdown?	Miscommunication often stems from a lack of clarity and understanding. Our organization prioritizes trust and transparency, ensuring team members feel confident that their requests will be handled efficiently. We encourage open discussions and prompt issue resolution, fostering a collaborative environment that minimizes misunderstandings.
What information, if any, is shared regarding urgent procurement?	Urgent requests are communicated directly between the relevant parties to ensure swift action. End users liaise directly with the procurement team or key stakeholders, facilitating accurate and timely information sharing. Regular updates and progress reports further enhance transparency throughout the process.
How are urgent demands communicated internally and externally?	We have established streamlined communication channels, including face-to-face meetings, dedicated request forms, and direct interactions between procurement teams and stakeholders. By prioritizing urgent requests and maintaining open communication, we minimize delays and ensure a seamless flow of information.

How effective is the current communication?	Trust and transparency are at the heart of our communication. Team members feel comfortable reaching out directly to the right contacts, and meetings are well-attended. We also provide prompt responses to inquiries, ensuring smooth collaboration and reducing potential misunderstandings.
From your perspective, what should be the ideal communication approach in a healthcare organization?	Procurement communication should be based on trust, transparency, and clarity. Clear guidelines and standardized processes should be in place, ensuring all stakeholders have access to the right tools to communicate their needs effectively. Regular updates and open dialogue are crucial for keeping everyone informed and aligned with organizational goals.
What is the process for urgent procurement requests and how do they differ from non-urgent requests?	We don't have an "urgent" option in our medical devices form because we adhere to a standard procurement process. We value the committee review process to ensure thorough evaluation and decision-making. While urgency is acknowledged, skipping steps could lead to risks, so we have a comprehensive review system to manage such situations responsibly.
What is the procurement process and how does it impact engagement?	Our procurement process is well-documented and accessible through our intranet and procurement forums. While most comply with these procedures, some clinicians may overlook them. To address this, we provide training and resources to reinforce the importance of following established guidelines.
What proportion of time is devoted to the procurement process compared	Strategic, planned procurement is a top priority. While urgent demands arise, we believe in a robust long-term strategy that accommodates both planned and immediate needs without compromising quality or patient care.

to fulfilling urgent demands?	
Do you believe the urgent procurement processes align with the objectives of internal and external stakeholders?	Urgent procurement is designed to prevent disruptions in patient care, and stakeholders understand its importance. Communication is clear, and support from clinical directors and other key parties ensures that urgent needs are met efficiently.
How is procurement encouraged to understand clinical practices and procedures?	We prioritize open communication and active participation. While reaching out directly can be useful, we also recognize that clinicians have demanding schedules. We respect their expertise while providing support to ensure their needs are understood and met effectively.
How does it impact the quality of patient care?	Patient safety is always our top priority. We carefully evaluate products based on quality, reliability, and feedback. Cost savings matter, but never at the expense of safety. Our decisions focus on long-term benefits for patient care, ensuring informed choices that enhance outcomes.
Does the adoption of information impact procurement, and if so, how?	Our strategy extends beyond product pricing. We actively research market trends, engage with suppliers, and analyze clinical variations to understand the real impact of procurement decisions. Collaborating with finance and shadowing clinical colleagues allows us to make informed choices that enhance efficiency and patient experience.
How is information utilized to foster	Not always. While medical equipment committees discuss urgent procurement matters, actionable

learning and improve opportunities concerning urgent procurement?	outcomes are sometimes lacking. Documentation might acknowledge issues, but follow-through is often limited. Greater organizational involvement is needed to drive meaningful improvements.
What role does technology play in urgent procurement?	Procurement has not evolved as much as it should have. The use of analytics, benchmarking, and technology remains limited. Urgent and non-urgent procurement should be managed differently, as urgent needs require specialized handling. More focus is needed to ensure optimal product selection and pricing.
How does technology help or hinder urgent procurement in delivering what is needed for patient care?	Technology should support procurement, but in our case, it often creates challenges. Data inaccuracies undermine trust in the process, leading to skepticism from clinical teams. Stronger systems and better data management are essential for improving reliability and efficiency.
What factors determine the level of technology alignment?	Currently, there are gaps. Limited system interconnectivity across Integrated Care Services (ICS) affects efficiency. Factors like labeling, packaging, and internal compatibility are often overlooked. We also don't prioritize GS1 standards, which could improve overall procurement effectiveness.
How can we prevent failures in urgent procurement?	Stricter adherence to processes does not necessarily improve urgent procurement outcomes. Overemphasizing compliance can reduce flexibility, making it harder to respond quickly to urgent needs. Decentralized decision-making and insufficient training

	also contribute to inconsistencies. A more adaptable approach is needed.
Can you provide an example of a recent failure in urgent procurement?	Wouldn't say failure as such but perhaps lessons learnt that we should try to have as good a relationship between procurement, clinical and suppliers to ensure this failure you mention is mitigated as much as possible.
What is the best approach to completing urgent procurement?	Urgent needs will always arise, and while thorough analysis can provide insights, it doesn't eliminate the need for urgent procurement. Education and governance help, but ultimately, urgent procurement is an unavoidable part of the process.
Can urgent procurement be completely eliminated or minimized and moved to a non-urgent category?	Urgent procurement actually enhances agility and adaptability. Addressing urgent requests separately ensures that critical needs are met without disrupting broader procurement processes. Stronger relationships with end users improve efficiency and innovation.
What are the effects of urgent procurement on process development and organizational delivery of care?	We see urgent procurement as an opportunity for process improvement rather than a hindrance. By streamlining procedures, addressing stock issues proactively, and involving end users in decision-making, we ensure that urgent procurement remains efficient without compromising long-term strategies.