Bundle Academic Partnership Committee Open 15 August 2023

MEETING OF THE ACADEMIC PARTNERSHIPS COMMITTEE
Held in public on **15 August 2023 from 09:30 – 12:10**
Meeting held virtually via Microsoft Teams

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, apologies, and confirmation of quorum	Information	Hannah Rowan	Verbal	20 mins
2.	Declarations of Interest	To State Conflicts	Hannah Rowan	Verbal	
3.	Minutes of Last Meeting 25 April 2023	Approval	Hannah Rowan	Paper	
4.	Action Log & Matters Arising 4.1. Action Log 4.2. Committee Highlight Report 25 April 2023	Review	Hannah Rowan	Paper	
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
5.	Research and Innovation 5.1. Research Governance Framework	Assurance/ Discussion	Nigel Rees	Paper	30 mins
	5.2. WAST 2022-2023 R&I Annual Report	Assurance	Nigel Rees	Paper	10 mins
	5.3. Research & Innovation Dashboard	Assurance	Chris Evans	Dash-board	10 mins
	5.4. Research Champion Role	Discussion	Hannah Rowan	Verbal	10 mins
COMFORT BREAK – 10 MINS					
6.	Academic Partnerships Committee Task & Finish Group Report (including academic NED role profile)	Assurance Endorsement	Estelle Hitchon	Paper	15 mins
7.	Cycle of Business 2023-24 and Cycle of Business Monitoring Report	Approval	Trish Mills	Paper	5 mins
8.	Engagement Mapping	Discussion	Estelle Hitchon	Paper	30 mins

CONSENT ITEMS **The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.**					
9.	Committee Priorities – Q2 Progress/Reflection	Information	Trish Mills	Paper	N/A
CLOSING ITEMS					
10.	Key Messages for Board Decisions / Actions	Discussion	Hannah Rowan	Verbal	10 mins
11.	Reflections of the Meeting	Discussion	Hannah Rowan	Verbal	
12.	Any Other Business	Discussion	Hannah Rowan	Verbal	
13.	Date & Time of Next Meeting 24 October 2023, 09:30	Information	Hannah Rowan	Verbal	

Lead Presenters

Name	Position
Hannah Rowan	Non-Executive Director and Committee Chair
Chris Evans	Research, Innovation & Improvement Lead
Estelle Hitchon	Director of Partnerships and Engagement
Trish Mills	Board Secretary
Nigel Rees	Assistant Director of Research and Innovation

WELSH AMBULANCE SERVICES NHS TRUST

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE ACADEMIC PARTNERSHIP COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON TUESDAY 25 APRIL 2023 VIA TEAMS

MEMBERS:

Hannah Rowan	Non-Executive Director and Committee Chair
Kevin Davies	Non-Executive Director
Paul Hollard	Non-Executive Director
Martin Turner	Non-Executive Director

IN ATTENDANCE:

Kate Coombs	Life Sciences Hub Wales
Alex Crawford	Assistant Director of Planning and Transformation
Estelle Hitchon	Director of Partnerships and Engagement
Caroline Jones	Corporate Governance Officer
Jo Kelso	Head of Workforce Education & Development
Angela Lewis	Director of Workforce and OD
Mark Marsden	Trade Union Partner
Trish Mills	Board Secretary
Alex Payne	Corporate Governance Manager
Cari-Anne Quinn	Life Sciences Hub Wales
Keith Rogers	Trade Union Partner
Andy Swinburn	Director of Paramedicine

APOLOGIES:

Duncan Robertson	Interim Assistant Director of Research, Audit & Service Improvement
Chris Evans	Research Innovation and Improvement Lead
Jonathan Turnbull-Ross	Assistant Director of Quality Governance

11/23   WELCOME AND INTRODUCTION

The Chair welcomed everyone to the meeting, and that Kevin Davies' extensions as Vice Chair of the Board and therefore membership of the Committee has continued.

The Chair confirmed that both Kevin Davies and Paul Hollard would be joining the meeting shortly.

12/23   DECLARATIONS OF INTEREST

The standing declarations of interest of Hannah Rowan and Professor Kevin Davies were recorded, and no other members had declarations to disclose.

13/23   MINUTES OF THE LAST MEETING

The minutes of the meeting held on 17 January 2023 were approved as a correct record.

14/23   ACTION LOG AND MATTERS ARISING

The Action log was reviewed and updates were given on the actions around mapping engagement and sharing of the data dashboard with Members.

RESOLVED: That the Action log was REVIEWED and UPDATED.

15/23   TASK & FINISH GROUP UPDATE

Trish Mills gave a brief update on the Academic Partnerships Task and Finish group where the group's terms of reference had been agreed and were now being presented for approval by the Committee. The Committee were also presented with a highlight report from the Task and Finish group's meeting on 3rd April 2023, which set out the key areas of discussion from that meeting.

Members noted the contents of the highlight report and approved the Task and Finish group's terms of reference. Members then discussed the upcoming appointment of a new Non Executive Director (NED) and recognised the importance of recruiting the correct person into the role. Members agreed that it was vital that the incoming NED was equally committed to all Trust business as well as helping to achieve University Trust Status.

RESOLVED: That terms of reference for the Academic Partnerships Task and Finish Group were APPROVED.

16/23   LIFE SCIENCES HUB WALES

Cari-Anne Quinn and Kate Coombs gave a presentation on the work which was undertaken by the Life Sciences Hub Wales (LHSW). Members heard how the LSHW was well placed to support aspects of innovation and commercial developments, as innovation and engagement with commercial partners was an avenue of potential opportunity which could be utilised as the Trust sought to advance its long term strategy.

Members were informed that the presentation was only the first step in understanding what was possible through working with LSHW and would be followed by a question-and-answer session with Committee Members to explore the potential opportunities this may bring. It was noted that any further work beyond that which was already underway with LSHW would need to be undertaken by organisational leads and reported back to both the Executive Management Team and the Committee.

Members received the presentation and queried what LSHW could do to help bring together the various services within its scope to help the Welsh Ambulance Service to not only be the best version of an ambulance service possible, but also to allow the Trust to offer and provide additional services to other organisations across the wider healthcare system.

Cari-Anne Quinn informed Members that the main purpose of LSHW was to use industry, technology, and innovation to achieve practical applications which achieved the desired goals of the individual organisations. Through partnership working, it was entirely possible that this could be accomplished. This would involve LSHW working with the Trust to ascertain and understand what the desired outcomes were, and which tools could be used to make these a reality. Actions were agreed for:

Research, Innovation and Improvement Lead to share the data dashboard with members.

For there to be consideration of how the Committee works with related partners, including the LSH. This relates to existing action 49/22 - mapping of engagement with stakeholders.

For there to be consideration of how the Committee works with related partners and how the Trust's WIIN function sits within this work and engages with the Committee. This relates to existing action 49/22 - mapping of engagement with stakeholders.

RESOLVED: That contents of the presentation were DISCUSSED and NOTED.

17/23   INTEGRATED MEDIUM TERM PLAN) (IMTP) 2023-2026 - ELEMENTS RELATIVE TO THE COMMITTEE

Alex Crawford updated Members on the elements of the IMTP relevant to the Committee, including research, development and innovation and those priorities for University Trust Status that were rolled over from the IMTP 2022-25. The report set out three priorities for University Trust Status, these were:

• Priority One: Digitisation enabling better outcomes (IMTP sections 4.1, 4.2 & 7)

• Priority Two: Advanced practice and specialist working, consult and close and service transformation, including research (IMTP sections 4.2 & 8.3)

• Priority Three: Decarbonisation, fleet modernisation and sustainability (IMTP section 6)

The IMTP also set out deliverables which would be implemented through a Task and Finish group, reporting into the Academic Partnership Committee (APC) which included the structures, leadership and academic representation required at Board level as the Trust transitioned to University Trust Status (UTS) as well as the 'brand' required for UTS, aligned to the Trust's purpose and its strategic direction.

Furthermore, the IMTP also included a set of priorities for research and innovation to be delivered during the term of the plan, with an ask that APC focusses on the following key issues:

• Championing research and innovation
• Understanding where we have partnerships with key stakeholders
• Promote collaboration
• Supporting the ongoing research and innovation agenda
• What can we learn from new partnerships
• Keeping a line of sight to alignment with Trust purpose and strategy
• Developing the WAST 'brand'
• Delivery of leadership and structures through T&F group

Members welcomed the update and recognised the strong governance arrangements which were in place, noting that delivery of the relevant elements of the plan would be through directorate, programme or project structures.

These would then report through Strategic Transformation Board to Finance and Performance (F&P) Committee, and whilst APC was not required to provide this monitoring and scrutiny function, the F&P Committee may request deep dives through other governance arrangements, such as APC.

RESOLVED: That

1. the update was NOTED.

2. the focus of APC on the key issues set out in the report were CONFIRMED.

3. the Committee was ADVISED on any further key issues set out in the report that should be considered by the Committee in line with the IMTP deliverables around research, innovation and University Trust Status.

18/23   HIGHLIGHT REPORT FROM JANUARY 2023 MEETING

The Academic Partnership Committee highlight report was presented as read and for information purposes only, having previously been circulated to Members for review. No further queries were raised by Members.

RESOLVED: That the contents of the highlight report were NOTED.

19/23   SUMMARY OF ACTIONS, DECISIONS MADE AND KEY MESSAGES

The Chair summarised the discussions and drew out the actions, decisions and key messages from the meeting. Actions were agreed for the following:

• Research, Innovation and Improvement Lead to share the data dashboard with members.

• Income generation discussion and ideas for delivery/support to be programmed as a substantive item at the next meeting, and commissioned accordingly.

• For there to be consideration of how the Committee works with related partners, including the LSH. This relates to existing action 49/22 - mapping of engagement with stakeholders.

• For there to be consideration of how the Committee works with related partners and how the Trust's WIIN function sits within this work and engages with the Committee. This relates to existing action 49/22 - mapping of engagement with stakeholders. Duncan Robertson to initiate discussion with Jonathan Turnbull-Ross.

20/23   ANY OTHER BUSINESS

Members were invited to give their thoughts around income generation and which areas of the Trust could be utilised to achieve this aim. Members discussed various options across several directorates, including digital services and clinical support where there was potential for income generation.

Members were also asked to share their understanding of the reasons and justifications for pursuing University Trust Status, in particular the benefits of attaining UTS and what difference it would make to the Trust, patients and stakeholders.

Members reflected on the changing nature of the ambulance service, becoming more clinically focussed whereas traditionally, the focus was simply upon the conveyance of patients. Members cited a number of reasons which justified the work involved in striving for UTS and felt that the cost of doing so was worthwhile. It was felt that UTS would elevate the Trust's standing and give it a much louder and stronger voice amongst peers.

21/23   DATE OF NEXT MEETING:

11 July 2023

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
49/22	26 October 2022	Mapping Engagement	The Director of Partnerships and Engagement paper looked at areas where the Trust was engaged with academia, commercial and industrial organisations, recognising the need to look at the benefits offered in driving the organisation forward.

The Director of Partnerships and Engagement to discuss with Board Secretary and Director of Paramedicine how best to engage with Executives for messaging to be cascaded via directorates to reach all staff and also review portfolio and organisational alignment. | Estelle Hitchon | ~~25/04/2023~~
15/08/23 | 25.04.23: EH will take forward over the coming months, and engage with EMT as necessary. All Directorates will need to inform this activity. Agreed to update the due date to the mtg of APC in July. EH will brief HR prior to the July mtg. Refer to the related actions generated at the mtg on the 25.04.23 ref relationships with partners/stakeholders. **15.08.23:** mapping is on the agenda. Outcome of discussion will inform further discussion as required, both at directorate, EMT and committee level | Complete |
| 04/23 (40/22a) | 17 January 2023 | Action Log | Chris Evans, Research Innovation and Improvement Lead, to share the data dashboard with members. | Chris Evans | ~~10/02/2023~~
~~01/06/2023~~
15/08/2023 | 25.04.2023: CE unable to progress this work due to absence from work. It was agreed that the due date would be updated to the month prior to the next meeting, and that this item would be scheduled for receipt as a discrete item and commissioned accordingly. To be fed back to CE accordingly and to inform the agenda setting. **15.08.23:** On agenda for this meeting | Open |
| 14/23 | 25 April 2023 | Action Log / Matters Arising | Forward Business: - Income Generation
For the income generation discussion and ideas for delivery / support to be programmed as a substantive item at the next meeting, and commissioned accordingly. | Trish Mills | 24/10/2023 | 16.05.23: Agreed by the Chair that this item would be discussed briefly under 'matters arising', and that a substantive update would be brought to the Q3 meeting of the Committee. This is the commentary on the agenda: - *Income generation – one pager current position. More substantive item next meeting (relate to the outstanding action and flag to Angie/Chris/Navin).* | Not due |
| 16a/23 | 25 April 2023 | Life Sciences Hub Presentation / Information | Account Management w/Life Sciences Hub
Consideration of an account management role with LSH colleagues to ensure that there is organisational priority and collective focus on the right activity. | Estelle Hitchon | 15/08/2023 | **15.08.23:** This will be progressed and considered once the outcome of the mapping exercise has been considered as above.   Propose closing | Open |
| 16b/23 | 25 April 2023 | Life Sciences Hub Presentation / Information | Relationships w/Partners
For there to be consideration of how the Committee works with related partners, inc. the LSH. This relates to existing action 49/22 - mapping of engagement with stakeholders. | Estelle Hitchon | 15/08/2023 | **15.08.23:** On agenda for this meeting | Complete |
| 16c/23 | 25 April 2023 | Life Sciences Hub Presentation / Information | Relationships w/Partners - WIIN
For there to be consideration of how the Committee works with related partners and how the Trust's WIIN function sits within this work and engages with the Committee. This relates to existing action 49/22 - mapping of engagement with stakeholders. Duncan Robertson to initiate discussion with Jonathan Turnbull-Ross. | Estelle Hitchon / Duncan Robertson | 15/08/2023 | **15.08.23:** Due to capacity issues, WIIN is not currently active in the function it was intended. As a result, WIIN cannot take this additonal relationship management work. Therefore, recommend that this action is closed. | Open |

ACADEMIC PARTNERSHIPS COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting.   A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	25 May 2023
Committee Meeting Date	25 April 2023
Chair	Hannah Rowan

KEY ESCALATION AND DISCUSSION POINTS

ALERT
(Alert the Board to areas of attention)

1. The terms of reference for the **Academic Partnerships Task and Finish Group** were approved. The group is time limited to October 2023 and its remit encompasses the following:

    (a) Develop a work plan;
    (b) Develop a strategic approach to attract candidates to align to WAST's long term strategy.   The Committee endorsed an approach which included a wider profile to attract a more diverse and entrepreneurial candidate, perhaps from the business, finance or digital faculties, to reflect the ambition for research and innovation across the Trust;
    (c) Proactively plan for management of conflicts of interest;
    (d) Consider logistics related to change of name and brand;
    (e) Alignment the work to the legislative docket in Welsh Government to change the Trust's Establishment Order; and
    (f) Make recommendations to the Committee.

    The Trust Board is requested to approve the establishment of the group in accordance with Standing Orders.

ADVISE
(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The Committee welcomed Cari-Anne Quinn, Chief Executive Officer of the **Life Sciences Hub Wales**, and Kate Coombs to the meeting.   The Hub is an arm's length body of the Welsh Government and already has interfaces with WAST.   The Committee heard of the Hub's current priorities of artificial intelligence, remote monitoring, predictive analytics, and robotics and discussed opportunities for innovation and engagement with commercial partners to advance the Trust's long term strategy.   The executive will retain a close relationship with Cari-Anne and Kate so they have a point of contact at the Trust to ensure we are collectively focused on the things that will make the biggest difference to our patients and people.

3. The Committee welcomed **new attendees** to the meeting, including Leanne Smith, Interim Digital Director, James Houston, Head of Strategy Development, and Jo Kelso, Head of Workforce Education

and Development.

4. The Committee received a presentation on the University Trust Status priorities which have been included in the **Integrated Medium Term Plan (IMTP) 2023-26**.   These include the following and are in effect the second year of the 2022-25 IMTP:

    Priority One: Digitisation enabling better outcomes;
    Priority Two: Advanced practice and specialist working, consult and close and service transformation, including research; and
    Priority Three: Decarbonisation, fleet modernisation and sustainability .

    The IMTP 2023-26 also includes a number of priorities for research and innovation which the Committee will have the opportunity to promote and support.

5. The merits of **University Trust Status** were revisited by the Committee and members expressed their views on the Trust's journey to date.   The benefits that this status will provide in terms of equality of access, partnership, status and potential commercial and digital opportunities were re-enforced and supported by the Committee.

RISKS

Risks Discussed: No risks raised

New Risks Identified: No risks raised

COMMITTEE AGENDA FOR MEETING		
1. Task and Finish Group Update	2. Life Sciences Hub	3. IMTP 2023-26 elements relevant to Committee
4. AAA report from January meeting (information only)		

COMMITTEE ATTENDANCE				
Name	**25 April 2023**	**18 July 2023**	**24 October 2023**	**16 January 2024**
Hannah Rowan				
Prof Kevin Davies				
Paul Hollard				
Martin Turner				
Estelle Hitchon				
Angela Lewis				
Andy Swinburn				
Leanne Smith				
Jonathan Turnbull-Ross				
Duncan Robertson				
Nigel Rees				
Chris Evans				
James Houston				
Jo Kelso				
Trish Mills				
Mark Marsden				

COMMITTEE ATTENDANCE				
Keith Rogers				
Representative from Academia				

	Attended
	Deputy attended
	Apologies received
	No longer member

AGENDA ITEM No	5.1
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	3

NHS Research & Development Framework

MEETING	Academic Partnerships Committee
DATE	15th August 2022
EXECUTIVE	Andy Swinburn, Director of Paramedicine
AUTHOR	Dr Nigel Rees, Assistant Director of Research and Innovation
CONTACT	Nigel.rees5@wales.nhs.uk

EXECUTIVE SUMMARY

1. This paper presents the NHS Research & Development Framework [Annex 1] which outlines what 'research excellence looks like' within NHS organisations in Wales where research is embraced, integrated into services, and is a core part of the organisation's culture.

2. The background and purpose of this framework are presented and WAST is required to adopt and conduct organisational-wide assessment against this framework [Annex 2].

3. This paper is accompanied by the Welsh Health Circular which outlines the importance of the Research and Development Framework. [Annex 3].

KEY ISSUES/IMPLICATIONS

WAST and all departments should review this framework, consider how it can be embedded into their core activities, and conduct an assessment against this framework using the NHS Wales R&D Framework organisational assessment [Annex 2]

REPORT APPROVAL ROUTE

Assistant Directors Leadership Team (ADLT) – 31st July 2023
Clinical Services Directorate Business Meeting – 26th July 2023
Academic Partnerships Committee – 15th August 2023

REPORT APPENDICES

Annex 1 – NHS Wales R&D Framework
Annex 2 – NHS Wales R&D Framework organisational assessment

Annex 3 – NHS R&D Framework Welsh Health Circular

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	Y	Financial Implications	Y
Environmental/Sustainability	Y	Legal Implications	Y
Estate	NA	Patient Safety/Safeguarding	Y
Ethical Matters	Y	Risks (Inc. Reputational)	Y
Health Improvement	Y	Socio Economic Duty	Y
Health and Safety	Y	TU Partner Consultation	Y

SITUATION

4. This paper presents the NHS Research & Development Framework [Annex 1] which outlines what 'research excellence looks like' within NHS organisations in Wales where research is embraced, integrated into services, and is a core part of the organisation's culture.

5. WAST is required to adopt and conduct organisational wide assessment against this framework. [Annex 2]

BACKGROUND

6. Research is a fundamental component of everyday health and care, critical to the development of all aspects of NHS Wales.

7. In late 2022 work began to co-create a new Framework for NHS R&D which outlined what research excellence looks like in the NHS - where research is embraced, integrated into all health and care services, and is a core part of an organisation's culture.

8. After extensive stakeholder engagement, the Framework has now been published, accompanied by a Welsh Health Circular from Welsh Government [Annex 3] to ensure implementation across all NHS organisations in Wales.

ASSESSMENT

9. The purpose of the Framework is to:

- Provide guidelines on the core content of NHS R&D and/or R&D and innovation strategies and implementation plans.

- Act as an organisational self-assessment and peer review to establish the maturity of an organisation, in respect of its arrangements and approach to supporting high quality and impactful research.
- Support better alignment between the national and local infrastructure for R&D, including identifying 'once for Wales' opportunities in the context of the national strategy, and/or sharing local good practice.

- Support broader strategic discussions between the Research and Development Division (RDD), Welsh Government (WG) and NHS organisations at performance meetings.

- Provide one document that can be used consistently across a range of national guidance and activities to simplify reporting processes for example the NHS planning framework (and associated workplans such as the Integrated Medium-Term Plan- IMTP), Welsh Health Circulars publication, and the NHS Executive.

- Provide the basis for a work programme to achieve the ambitions within this document, taking a partnership approach with Health and Care Research Wales and NHS organisations working collaboratively.

RECOMMENDATION

10. That WAST acknowledges and adopts the NHS R&D Framework

11. All departments review, and conduct self-assessment against the framework by populating Annex A and returning to –

amb_Research.Development@wales.nhs.uk

Annex 1 – NHS Wales R&D Framework

Annex 2 – NHS Wales R&D Framework organisational assessment

Annex 3 – Welsh Health Circular

Research matters
What excellence looks like in NHS Wales

Background

Improving health and care services in Wales using evidence-based approaches is fundamental to improving the quality of care and putting the public at the heart of everything. It is widely known that research makes a real difference to improving health outcomes and to the lives of patients and people in our communities. Health and care research and innovation are critical to the delivery and development of the NHS and NHS organisations in Wales, who have a critical role to play to support research.

Research in the NHS is funded through a variety of sources. A key funder is Health and Care Research Wales – which is funded by Welsh Government (WG) to coordinate and facilitate health and social care research across Wales and provide resources to stimulate and support research. Health and Care Research Wales includes both policy (Research & Development Division, Welsh Government) and the various parts of the Health and Care Research Wales funded infrastructure which include research centres and units, faculty, Wales evidence centre, the support and delivery centre and NHS R&D.

The NHS also attracts research funding from a wide variety of sources including non-commercial funders through research grant income from government departments, research councils and charities, as well as commercial income for research from industry partners. These various funding streams work together to strengthen the NHS' capacity and capability. In addition, the NHS supports research through the provision of resources such as accommodation and facilities, as well as providing support for the day-to-day activities of NHS staff who support the research specialists on the ground.

This document has been developed through a co-creation process with key stakeholders facilitated by Health and Care Research Wales. It outlines what 'research excellence looks like' within NHS organisations in Wales where research is embraced, integrated into services, and is a core part of the organisation's culture.

To drive excellence, NHS organisations should have a positive culture of continuous improvement through research. This aligns with the *Duty of Quality* which came into force in April 2023 as part of the Health and Social Care Act 2020.

Research capacity and capability will differ between organisations and this document has been created to be relevant to all NHS organisations in Wales. There are seven local health boards and three NHS trusts which make up the NHS in Wales, as well as two special health authorities and a shared services partnership; and all these organisations support research.

As the NHS is part of a wider ecosystem, it is vital that Health and Care Research Wales and NHS organisations build on existing activities and work together across the features outlined in this document to support the NHS to strengthen its research and development (R&D) function. This is particularly important now to ensure that research plays its crucial role in supporting the NHS to evolve and adapt to future demands.

Why should research matter to the Welsh population and to the NHS?

Research provides the opportunity for patients and service users to access new treatments and services, that will improve their health and well-being and contribute to reducing health inequalities in the general population.
NHS organisations that are actively involved in research see improved health outcomes and lower mortality rates, not just for those patients participating in research, but for everyone.
Research creates evidence-based services, provides evidence for NHS standards and helps organisations to find new and better ways of delivering health and social care, including better health economic outcomes.
Research provides opportunities for staff development and enhanced job roles which helps with recruitment and retention, as well as developing leaders and critical thinkers.
Research leads to economic benefits by attracting non-commercial funding and commercial income that can build the research capacity of frontline and other support services, as well as providing access to novel treatments and technologies received for free.
Research is an essential pillar of securing and maintaining University (Health Board) status and a key enabler for NHS Wales to deliver '*A Healthier Wales.*'

Who is this document for?

Research is a fundamental component of everyday health and care and is critical to the development of all aspects of NHS Wales. This document is therefore relevant to all those involved in the design, management, and delivery of healthcare in the Welsh NHS including the NHS boards and all executives, those with responsibility for strategy development, clinical leads, professional leads, heads of services, operational managers as well as dedicated research staff such as R&D Directors and leads, research managers and the research workforce.

This framework is also relevant to the public as recipients of health and care services from NHS Wales.

It is also relevant for key stakeholders working in partnership with NHS Wales who have aligned vision for research and joint R&D strategies as part of the whole ecosystem which enables health and care research through collaborative effort. This includes but is not limited to government departments, higher education providers, research agencies and funders, third sector organisations, public sector organisations, life science companies and their representative bodies.

What research does it cover?

This document covers health research across all specialties and sectors which is within the responsibility of NHS Wales as part of the whole ecosystem, including but not limited to:

- primary care, secondary care, public health, community services, health research in social care settings and integrated care;
- commercial and non-commercial research, including clinical trials, observational studies, discovery science and experimental medicine, public health, translational and applied research; and
- research to support policy making, academic research in clinical areas and research into NHS services and care pathways.

How should this document be used?

- To provide guidelines on the core content of NHS R&D and/or R&D and innovation strategies and implementation plans.
- To provide a framework for organisational self-assessment and peer review to establish the maturity of an organisation in respect of its arrangements and approach to supporting high quality and impactful research.
- To support better alignment between the national and local infrastructure for R&D, including identifying 'once for Wales' opportunities in the context of the national strategy, and/or sharing local good practice.
- To support broader strategic discussions between the Research and Development Division (RDD), Welsh Government (WG) and NHS organisations at performance meetings.
- To provide one document that can be used consistently across a range of national guidance and activities to simplify reporting processes for example the NHS planning framework (and associated workplans such as Integrated Medium-Term Plan- IMTPs), Welsh Health Circulars publication, and the NHS Executive.

- To provide the basis for a work programme to achieve the ambitions within this document, taking a partnership approach with Health and Care Research Wales and NHS organisations working collaboratively.

Features of a research supportive NHS organisation

The features of a research supportive NHS organisation have been organised under ten pillars, which are summarised in Diagram 1. Supportive NHS organisations will work to embrace every pillar and the features they contain together, as they all play an important part in ensuring that research is integrated into services and is contributing to the whole system, thereby achieving excellence.

Diagram 1:
The ten pillars outlining the features of a research supportive NHS organisation

There are also several cross-cutting themes which underpin the ten pillars which include the statutory requirements to be addressed and considered when developing policy and implementation plans. These cross-cutting themes are highlighted in diagram 2 where those most relevant to the research agenda have been identified.

The Duty of Quality is a recent addition and reinforces the importance for research supportive organisations to adopt a system-wide way of working to provide safe, effective, person-centred, timely, efficient, and equitable health care in the context of a learning culture.

Diagram 2:
Cross-cutting themes which underpin the ten pillars of a research supportive NHS organisation

Each of the ten pillars is detailed below, along with the features of a research supportive NHS organisation.

1. Strategy:

Supportive organisations:
- 1.1. Have clear vision for research and ambitious R&D strategies, with aligned implementation plans and continuous progress monitoring. Strategies will:
  - be coproduced with the public and key stakeholders to ensure they are patient/ public centred;
  - outline a clear vision;
  - demonstrate a clear connection to wider organisational strategies and service plans;
  - demonstrate alignment with the opportunities presented by national and UK wide R&D strategies;
  - be signed off by the Board, alongside a time bound implementation plan;
  - be widely promoted to staff and the public.
- 1.2. Demonstrate a clear connection between their strategy and implementation plans and key local and national indicators for research performance.
- 1.3. Ensure R&D has full representation and visibility within the NHS organisations Integrated Medium-Term Plan (IMTP).

2. Governance and Leadership

Supportive organisations:
- 2.1. Demonstrate clear board commitment to research, with evidence of members contributing to agenda setting, assessing performance, and impact.

2.2. Appoint an independent board member/ champion for research, to act as an ambassador and to champion R&D at the board and across the organisation.

2.3. Support research at all levels by raising awareness among NHS directors, executives, deputies, senior and operational managers to secure commitment and by promoting research through existing committee structures.

2.4. Have a dedicated Executive Lead for research and a dedicated R&D Director, who have dedicated time to oversee the R&D strategy and provide strategic leadership.

2.5. Have a dedicated committee wired into the NHS organisation's governance where research is frequently discussed, with representatives from across the organisation and public members, to plan, oversee and report on research.

2.6. Annually report on progress against the organisation's R&D strategy, including reporting progress for a public facing audience for example, through a public facing annual report outlining R&D activities and income.

3. Partnership and Collaboration

Supportive organisations:

3.1. Establish strong interdisciplinary working within the organisation between departments and specialisms; across primary, secondary and community care; and evidenced connections across research, training and education, service improvement and innovation.

3.2. Establish cross-sector partnerships across Wales, the UK and internationally to increase the reach, level and impact of research. Specifically, there will be evidence of alignment of vision, joint R&D strategies, memorandums of understanding, deliverable plans and regular progress reviews with:

- Higher education providers, collaborating to maintain integrated partnership working between the NHS and academia including, where relevant, as part of the research and development pillar for University Health Board status
- Research agencies and funders (including research councils and third sector organisations)
- Public sector organisations, by working across organisational boundaries and adopting flexible approaches to enable easier movement of staff. This may include working with other NHS organisations, Digital Health and Care Wales, Health Education and Improvement Wales, and the Regional Innovation and Improvement Coordination Hubs.

- Life science companies and representative bodies as part of Wales and UK wide industry collaboration plans, whilst developing efficient systems to support commercial research.

3.3. Establish partnerships with external expert advisory boards and key international opinion leaders to bring fresh insight and perspective; act as critical friends and collaborative partners; and help NHS researchers to benchmark against internationally leading research within their fields.

4. Research Support

Supportive organisations have:

4.1. R&D offices and/or departments to support researcher development, research governance and the set-up, delivery, and quality assurance associated with studies.

4.2. Support for research within departments and directorates including support for staff time and NHS support services for research such as radiology, pathology, pharmacy, finance, and workforce and organisational development (W&OD).

4.3. The ability to assess organisational capacity and capability to undertake research so that studies can be hosted or sponsored.

4.4. Access to well-equipped physical and digital library services, where staff can access information on research outcomes to inform best practice.

4.5. Access to suitable space, facilities, and equipment for the conduct of research, with ongoing development enabled through the organisation's facilities and estates strategy.

4.6. An effective and efficient Information Management & Information Technology (IM&IT) infrastructure and systems to support research, with evidenced alignment to organisational digital strategies and national strategies, including those produced by Health and Care Research Wales for example supporting data and software that adheres to the FAIR (Findable, Accessible, Interoperable, and Reusable) principles to allow full repeatability, reproducibility, and reuse.

4.7. Processes in place to contribute to the availability of health data for research purposes, increasing data resources for secure access data via trusted research environments and supporting more diverse research enabled by data driven services.

4.8. A commitment to embracing emerging technologies and to research enabled by data and digital tools, leveraging the strength of NHS Wales and UK health data assets to allow for more high-quality research to be developed and delivered, whilst adhering to data protection obligations in relation to conducting research.

5. Research delivery

Supportive organisations:
5.1. Implement UK and Wales wide research delivery support programmes in partnership with the Health and Care Research Wales.
5.2. Adopt One Wales approaches (where Welsh organisations operate as a national collective) to research delivery to enable streamlining, reduce duplication and consistency across Wales including national approaches for research approvals, rapid study setup and delivery.
5.3. Strategically manage the NHS organisation's research portfolio, to lead and participate in a wide range of research, capitalising on local strengths and research groups, organisational priorities and research capacity and capability.
5.4. Support research with high policy relevance which aligns with priorities at a national and regional level, and the NHS organisation's local population health needs.
5.5. Set realistic study delivery targets, ensure research delivery to time and target as agreed with sponsors and monitor the performance of individual studies, ensuring study management data is accurately recorded and monitored frequently.
5.6. Regularly review the organisation's track record in research delivery across the portfolio, understanding the context with local intelligence and benchmarking with UK peers.

6. Finance

Supportive organisations:
6.1. Secure adequate funding from Health and Care Research Wales to establish a sustainable R&D function covering research development and delivery and manage the funding transparently, in line with the Health and Care Research Wales R&D Finance Policy.
6.2. Include R&D within the organisation's financial strategies and plans.
6.3. Have financial plans for R&D with good forecasting, timely invoicing, and proportionate risk management.
6.4. Have a commitment to generate research income for non-commercial studies (i.e. from research funders, research councils and third sector organisations) and commercial studies (i.e. from industry partners) to facilitate capacity building.
6.5. Help existing and prospective researchers secure grants from a wide range of funding sources to advance their studies leading to high quality and impactful outcomes and peer-reviewed international journal publications.

6.6. Ensure financial support is provided to advise on and monitor all costs relating to commercial and non-commercial research.

7. NHS Workforce Capacity and Capability

Supportive organisations:

7.1. Promote R&D in the organisation's W&OD strategy to facilitate research and recognise the benefits of being a research supportive NHS organisation in attracting talented staff.

7.2. Deliver NHS workforce plans where research is a key component which will include plans to:

- raise awareness of research and research careers through a variety of mechanisms to attract more people into research careers, whilst providing role variety, job enhancement and facilitating staff retention (e.g. through staff induction and mandatory training).
- build research capacity and capability for all staff by supporting the professional development of research knowledge and skills (e.g. through PADRs, mentoring, and signposting to national training opportunities provided through Health and Care Research Wales and other training providers across Wales and the UK).
- ensure that all NHS staff have the opportunity to support research by including research in all NHS job descriptions and have protected time for research for NHS staff through job planning and PADRs.
- maintain support for research in the NHS workforce during times of clinical crises such as urgent public health emergencies and winter pressures, where research activity should be focussed toward the clinical needs.
- enhance research delivery capacity amongst the workforce, including the capability to support clinical trials, ensuring good clinical governance and best practice.
- adopt national polices enabling agile regional and national mobilisation of the R&D workforce across NHS organisation boundaries and adopt flexible approaches to staff contracts with partner organisations to promote cross-organisational working.
- facilitate access to support for staff at all levels who wish to undertake research, advising on how to navigate the R&D environment and signposting to internal and external sources of information (e.g. on funding streams, protocol development, writing funding applications, statistical support, research design and methods).
- explore opportunities for investment in joint clinical academic roles in specialties and disciplines aligned to local and national plans, in partnership with universities.

8.   Public Involvement and Participation

Supportive organisations:

8.1.   Have an evidenced commitment to proactive public involvement and participation in the development and delivery of research studies where the public's experience is valued and where they can play a variety of roles adding significant value to research e.g. strategy development, setting research priorities, study steering group member, as a research participant and in shaping plans to share the findings of research.

8.2.   Allocate sufficient budget to public involvement, ensuring that public contributors are acknowledged and recognised for their time, lived experience and contribution, in the form of monetary payment or other methods of reward and recognition in line with best practice guidelines.

8.3.   Ensure that all research supported by the NHS organisation is people centred, supporting research to make it easier for patients, service users and members of the public to access research of relevance to them and be involved in its design, learning directly from public experience.

8.4.   Adopt the national approach to promote research opportunities to staff and the public, including working in partnership with key stakeholders such as third sector organisations to promote research opportunities to communities of people with lived experiences; and signpost access to the organisation's and NHS Wales' research portfolio to enhance participation.

8.5.   Ensure that the public involved in the NHS organisation's research represents the population it serves with equality, diversity and inclusion being key drivers, and develop flexible approaches to involvement to enable inclusive representation e.g. addressing barriers to involvement and participation through language barriers and literacy levels etc.

8.6.   Adopt the UK Standards for Public Involvement, enabling good practice in public involvement.

8.7.   Facilitate access to national training on public involvement for research active staff, to raise awareness on how to effectively involve the public in research.

8.8.   Have active representation on the Health and Care Research Wales Public Involvement Alliance.

9.   Communications and Engagement

Supportive organisations:

9.1.   Include research in the NHS organisation's communications and engagement plans to demonstrate the value and importance of research, celebrating successes and raising the profile amongst staff and the public.

9.2.   Adopt the national approach to communications and engagement for research in Wales to ensure there is clear and consistent messaging.

9.3.   Have active representation at the Health and Care Research Wales Communications Alliance.

9.4.   Develop plans to raise awareness of the importance of research among local diverse communities, collaborating with researchers and ensuring proactive engagement with underrepresented groups, including working in partnership with third sector organisations and their local communities.

9.5.   Include research in the NHS organisation's equality, diversity and inclusion plans with a strong commitment to active engagement with specific groups to address health inequalities through research.

9.6.   Adopt national research campaigns and link local research with national Health and Care Research Wales research to maximise impact.

10.   Research Impact

Supportive organisations:

10.1.   Have a commitment to open access publishing for research findings, including a commitment to ensure that researchers follow the open access policies of those funding their work, to ensure that research outcomes are freely available and encourage the use of research findings.

10.2.   Have systems in place to enable research from Wales, the UK and beyond to influence practice and service delivery on an ongoing basis to improve and enhance the quality of services.

10.3.   Develop plans to ensure research is supported during service redesign and informs the design of new models of service delivery based on outcomes from national, UK wide and international research.

10.4.   Work with Health and Care Research Wales to develop mechanisms for measuring the economic and societal value associated with research and its impact.

Implementation of this document

This document will be used for the purposes described in the introduction.

A strong partnership approach will be taken with Health and Care Research Wales and NHS organisations working collaboratively to achieve the features of research supportive organisations.

Programmes to support implementation and monitor progress will provide the basis for a work programme to achieve the key features set out across the ten pillars.

July 2023

NHS R&D Framework – assessment template

Current status 2023

The NHS R&D Framework was developed in 2023 to outline what research excellence looks like in NHS Wales. The Framework will be used for multiple purposes including to support broader strategic discussions between the Research and Development Division (RDD), Welsh Government (WG), and NHS organisations at performance meetings.

Please provide an assessment of the current position and relevant activities undertaken this year against the 10 pillars within the NHS R&D Framework and outline future plans to support its implementation.

The framework can be accessed here -

https://healthandcareresearchwales.org/sites/default/files/2023-07/NHS_RD_Framework-FINAL_eng.pdf

Name of organisation:_____

STRATEGY
GOVERNANCE AND LEADERSHIP
PARTNERSHIP AND COLLABORATION
RESEARCH SUPPORT
RESEARCH DELIVERY
FINANCE
NHS WORKFORCE CAPACITY AND CAPABILITY
PUBLIC INVOLVEMENT AND PARTICIPATION

COMMUNICATIONS AND ENGAGEMENT

RESEARCH IMPACT

Please outline ways in which Health and Care Research Wales and R&D Division in WG can support your organisation with the implementation of the framework

WELSH HEALTH CIRCULAR

Issue Date: 28 July 2023

Llywodraeth Cymru
Welsh Government

<u>STATUS</u>: COMPLIANCE / ACTION / INFORMATION

<u>CATEGORY</u>: POLICY

<u>TITLE</u>: **NHS FRAMEWORK FOR RESEARCH AND DEVELOPMENT – Research Matters – What excellence looks like in NHS Wales**

Date of Expiry / Review: Under constant review

For Action by: **Action required by**: Immediate

Chief Executives, Health Boards/Trusts
Medical Directors, Health Boards/Trusts
Research and Development Directors & Leads, Health Boards/Trusts
Nurse Executive Directors, Health Boards/Trusts
Directors of Therapies and Health Sciences, Health Boards/Trusts
Directors of Finance, Health Boards/Trusts
Directors of Planning, Health Boards/Trusts
Directors of Primary Care, Health Boards/Trust
Directors of Public Health, Health Boards/Trusts
Directors of Workforce and Organisational Development, Health Boards/Trusts
Directors of Patient and Carer Experience, Health Boards /Trusts
Directors of Quality and Safety, Health Boards/Trusts
Independent Board Champions for Research and Development, Health Boards/Trusts
Chief Pharmacists, Health Boards/Trusts
Health Education and Improvement Wales
Digital Health and Care Wales
Social Care Wales
General practitioners
General Practitioners Council Wales

Sender:

HSSG Welsh Government contact(s):

Carys Thomas, Head of Policy, Research and Development Division
Violina Sarma, Head of NHS and Social Care Research Environment
E-mail - hssrd@gov.wales

Enclosures: Annex 1. A copy of the NHS Framework for Research and Development can be found on the Health and Care Research Wales website –

Research matters - What excellence looks like in NHS Wales (healthandcareresearchwales.org)

Dear colleagues

Improving health and care services in Wales using evidence-based approaches is fundamental to improving the quality of care and putting the public at the heart of everything. It is widely known that research makes a real difference to improving health outcomes and to the lives of patients and people in our communities.

Health and Care Research Wales has published a new Research and Development (R&D) Framework, in a drive to embed and integrate research into all aspects of health and care services in NHS Wales. It is being published as consistent national guidance to NHS organisations and where its key features are expected to form a core part of organisational culture.

Research is a fundamental component of everyday health and care and is critical to the development of all aspects of NHS Wales. This document is therefore relevant to all those involved in the design, management, and delivery of healthcare in the Welsh NHS including the NHS boards and all executives, those with responsibility for strategy development, clinical leads, professional leads, heads of services, operational managers as well as dedicated research staff such as R&D Directors and leads, research managers and the research workforce.
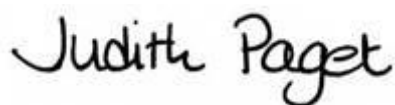
To order to drive excellence, I expect NHS organisations to have a positive culture of continuous improvement through research and this aligns with the Duty of Quality which came into force in April 2023 as part of the Health and Social Care Act 2020.

I expect NHS organisations to use the framework to develop robust plans for the future, working collaboratively with a range of partners, for instance, Health and Care Research Wales, higher education providers, research agencies and funders, third sector organisations, life science companies and the public.

I would like to take this opportunity to thank everyone who has been involved in developing this comprehensive framework. Together, we have the opportunity to raise our game by striving forward to ensure research is embedded into core healthcare services, and to make the NHS in Wales a place where research matters.

I am grateful to you for the part you will play in that.

Yours sincerely

Judith Paget

Judith Paget
Director General Health & Social Services Group / NHS Wales Chief Executive

AGENDA ITEM No	5.2
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

Welsh Ambulance Services NHS Trust Research & Innovation (R&I) Dept. Annual Report 2022-2023	

MEETING	Academic Partnership Committee
DATE	15th August 2022
EXECUTIVE	Andy Swinburn, Director of Paramedicine
AUTHOR	Dr Nigel Rees, Assistant Director of Research and Innovation
CONTACT	nigel.rees5@wales.nhs.uk

EXECUTIVE SUMMARY

This paper presents the Welsh Ambulance Services NHS Trust Research & Innovation (R&I) Dept. Annual Report 2022-2023

KEY ISSUES/IMPLICATIONS

The Welsh Ambulance Services NHS Trust is required by HCRW to produce a Research strategy and annual report. This paper presents key activities of the R&I dept in 2022-2023.

REPORT APPROVAL ROUTE

Clinical Directorate Business Meeting 30th May 2023
Assistant Directors Leadership Team Meeting 12th June 2023

REPORT APPENDICES

Annex 1 – Welsh Ambulance Services NHS Trust Research & Innovation (R&I) Dept. Annual Report 2022-2023

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	✓	Financial Implications	✓
Environmental/Sustainability	✓	Legal Implications	✓
Estate	✓	Patient Safety/Safeguarding	✓
Ethical Matters	✓	Risks (Inc. Reputational)	✓
Health Improvement	✓	Socio Economic Duty	✓
Health and Safety	✓	TU Partner Consultation	✓

SITUATION

1. This SBAR presents the key activities of the Research and Innovation (R&I) department in 2022-2023.

BACKGROUND

2. As per the requirements from Health and Care Research Wales (HCRW) to produce a research strategy and annual report, the following paper presents the Welsh Ambulance Services NHS Trust R&I department annual report for 2022 – 2023.

ASSESSMENT

3. The report includes a range of policy developments, projects, and activities conducted and reported through the R&I department.

4. It is recognised that many individuals and groups are involved in R&I across WAST which this report may not adequately capture.

RECOMMENDED:

5. This report is acknowledged and considered by the Academic Partnership Committee.

Annex 1 – WAST Research and Innovation Dept. Annual Report 2022 – 2023

2022 – 2023

RESEARCH AND INNOVATION ANNUAL REPORT

Welsh Ambulance Services NHS Trust

Contents

Executive Summary

The Welsh Ambulance Services NHS Trust (WAST) has a longstanding reputation for developing and delivering high quality Research and Innovation (R&I). The year 2022 has been a difficult time to conduct R&I following the COVID-19 pandemic and continued challenges being faced with the cost-of-living crisis. Despite this, 2022 has been another year of innovative and ground-breaking research across the NHS and for WAST. We have contributed to many R&I policy and governance developments, and our Clinical Strategy recognises R&I as being core to many roles and is integral to informing policies, guidelines, and practices to provide effective, efficient, and high-quality care.

Andy Swinburn
Director of Paramedicine - WAST

The R&I department would like to say thank you to all the people who make R&I happen, including our R&I Office and research partners, but most importantly to our staff, patients and members of the public who have dedicated their time to shaping, and participating in R&I research to improve the care we provide.

Introduction

The *UK Life Sciences Vision* recognises that to be sustainable, the NHS needs to focus on the right interventions early in the course of disease [1] which reflects WAST ambitions of inverting the triangle of care and our priorities which align with '*A Healthier Wales*' strategy and long-term plan for health and social care [2]. The R&I response was key to tackling the COVID-19 pandemic, and the most profound example of the need for such right interventions early, demonstrating what can be achieved when the R&I community, Government, NHS, wider society, and others work together.

The effects of the COVID-19 pandemic continue to have a major impact on NHS service delivery and all our lives. And within this context, along with R&I partners such as Health and Care Research Wales, Welsh Government, Universities, and other Ambulance services nationally and internationally, WAST has contributed to the development of many R&I governance processes, policies, and decisions over the past year.

In the early phases of the pandemic WAST was required to rapidly pause our R&I portfolio and support initiatives such as the COVID-19 vaccine Trials Delivery Group and Urgent Public Health studies such as the TRIM study led by our partners in Prime Centre Wales and Swansea University exploring what triage model is safest and most effective for the management of 999 callers with suspected COVID-19. We also worked with many others such as the Wales COVID-19 Evidence Centre conducting rapid evidence syntheses in areas such as the use of Personal Protective Equipment in General Practice and Ambulance settings [3] and exploring what innovations help with the recruitment and retention of ambulance staff [4].

As we recovered from the pandemic, the R&I portfolio continued to resume and involved activating paused studies and developing and setting up new ones. The PARAMEDIC 3 Trial was such a study, and thanks to the efforts of many, is now live

across all areas of Wales. We continued to set up the RAPID 2 Trial of Fascia Iliaca Compartment Block for hip fracture, which followed on from the RAPID 1 trial that was led by WAST and partners in Prime Centre Wales and funded by Health & Care Research Wales Research for Patient & Public Benefit (RfPPB). Our program of research with drones has continued, and we secured funding and delivered a foundation study with Welsh Blood Service and Snowdonia Aerospace on the delivery of blood products by drone. We have also secured National Institute for Health Research (NIHR) funding to continue our work with Warwick University on drone delivery of defibrillators to cardiac arrest. New and innovative partnerships have also been forged with York University and others in areas such as Artificial Intelligence and Robotics.

The Reid review of government-funded R&I in Wales recognises that research impact in Wales is higher than the UK average, but also, how Wales also has a relatively small research community from which impact can be delivered [5]. We therefore continue to build our capacity for R&I across the organisation, embedding it within everyday practices, and WAST has continued to grow a skilled workforce within the R&I office of research officers, administration, and finance support. Our people across the organisation are utilising and developing a broad range of R&I skills and knowledge, including those delivering R&I, trials and supervising or receiving training at all levels from undergraduate to post-doctoral and beyond. This is enabling us to grow the number of principal investigators and chief investigators to develop and lead future R&I. The world-class R&I being developed and delivered here in Wales is helping us address the complex challenges we face and making a positive impact on care we provide and the lives of many people across Wales and beyond.

This report presents R&I activities that the Trust have engaged in between 2022-2023 which includes highlights of some of the developments in R&I Governance and policy during this time. Along with improving health, R&I improves the wealth of our nation, and our activities continue to contribute to the economy, supporting many jobs in

WAST, the Life Sciences, Industry, Academia and more. We therefore present our grant capture which continues to grow. A selection of highlights are then introduced which serves as a snapshot of our R&I portfolio [Appendix 1] and finally we include some of key publications for this period [Appendix 2].

R&I Governance & policy:

The UK has an ambitious vision to transform clinical research delivery across the UK which is set out in '*Saving and improving lives: the future of UK clinical research delivery*' [6]. This relies on efficient and innovative approaches to study set-up and delivery, increasing efforts to make participation in research as easy as possible and empowering health and care staff to carry out research. We continue to learn and adapt to the challenging context of delivering high quality R&I within ambulance services which has benefited from the collective efforts of many who unite around the principle of research being key to understanding and improving care and saving lives.

The WAST Clinical Strategy *Delivering Clinical Excellence in Wales* [7] reflects this approach by encouraging and developing our clinical leaders to actively support high-quality R&I that is responsive to our population's care needs and translate evidence-based findings into our models of care. This needs to be underpinned by robust governance, and the principles of good practice in the management and conduct of health and social care research across the UK are set out in the UK Policy Framework for Health and Social Care Research [8].

The R&I office and HCRW support infrastructure continues to ensure that R&I in WAST is conducted to the highest scientific and governance standards, as set out in the UK Policy Framework for Health and Social Care Research [8] and to ensure that the public continue to feel safe when they take part in R&I. This policy framework enables researchers to develop innovations which will help to improve the quality of health and care in the UK.

In 2022, WAST continued to work closely with many partners and groups, some of which are included below:

- The NHS R&D Leadership Group
- NHS R&D Leadership Group
- Wales Innovation Leads Network
- The Research Management Operational Governance Group
- National Ambulance Services Research Group
- The Primary and Emergency Care Research Centre Prime Centre Wales
- Bevan Commission
- Rural health and care Wales
- Swansea Trials Unit
- The Cross-Party Group on Medical Research
- REASON: Research and Innovation (UKRI) Trustworthy Autonomous Systems (TAS) program. York University

In 2022 WAST contributed to the joint review by HCRW, Social Care Wales and Health Education and Improvement Wales project developing career and training/development pathways for health and social care researchers to enable capacity and capability in health and social care research in Wales. This resulted in the publication of the *Making Research Careers Work* report in February 2022 [9] which set out recommendations to improve opportunities in research career pathways for health and social care researchers. The HCRW Faculty is a core pillar of the national research career pathway, which WAST is well represented on. The HCRW Faculty provides support, guidance and training for its members who are health and social care researchers from a range of professional backgrounds and across all career stages.

In 2022 WAST continued its contribution to the influential Innovation Leads network, which has developed a collaborative approach to Innovation, influencing major policy

and strategy initiatives such as the health component the Innovation strategy *Wales innovates: creating a stronger, fairer, greener Wales* [10]. The Innovation Leads network along with the Executive Leads for Innovation have collaborated on aligning innovation 'Pull' (health and care) priorities with the 'Push' (delivery leads from our Innovation, Technology and Partnerships program) support offer. An innovation action plan has been co-produced through these groups and other stakeholders which will provide the basis of our activities in 2023 and beyond. Many governance and policy initiatives are being supported through the Innovation Leads network such as the All-Wales Intellectual Property Rights policy which we aim to adopt in WAST in 2023.

Summer/ autumn 2022 saw the launch and implementation of work on a Framework for NHS R&D. This framework has been developed by HCRW through a co-creation process with key stakeholders including WAST. This framework outlines what 'research excellence looks like' within NHS organisations in Wales where research is embraced, integrated into services, and is a core part of the organisation's culture. WAST will continue to support this work and implementation of the framework through 2023.

R&I Learning and Development

WAST continues to collaborate with our Learning & Development teams who are leaders in our sector. We continue to work together on R&I in areas such as Virtual Reality and tele-simulation. All of the R&I we conduct includes opportunities for learning and development, such as study training materials, Good Clinical Practice and others. We support R&I from undergraduate to doctoral teaching and supervision and disseminate support to the wider range of HCRW funded opportunities. Our people make up some of the wider alumni of NHS Wales staff on programs such as the Bevan Exemplars, and Intensive Learning Academy. WAST continues to present and attend national and international conferences such as the 999 EMS forum conference, European Resuscitation Council, NHS R&D Forum, Medi Wales and others.

Finance

The Research and Innovation department has had 6 funded studies for the 2022 – 2023 period and received £5.5M of total funding for the following projects.

999 R.E.S.P.O.N.D

Funded by RfPPB (Research for Public and Patient Benefit).

PARAMEDIC3

Funded by NIHR (National Institute for Health Research) and HCRW (Health Care Research Wales) support costs and excess treatment costs.

RAPID 2
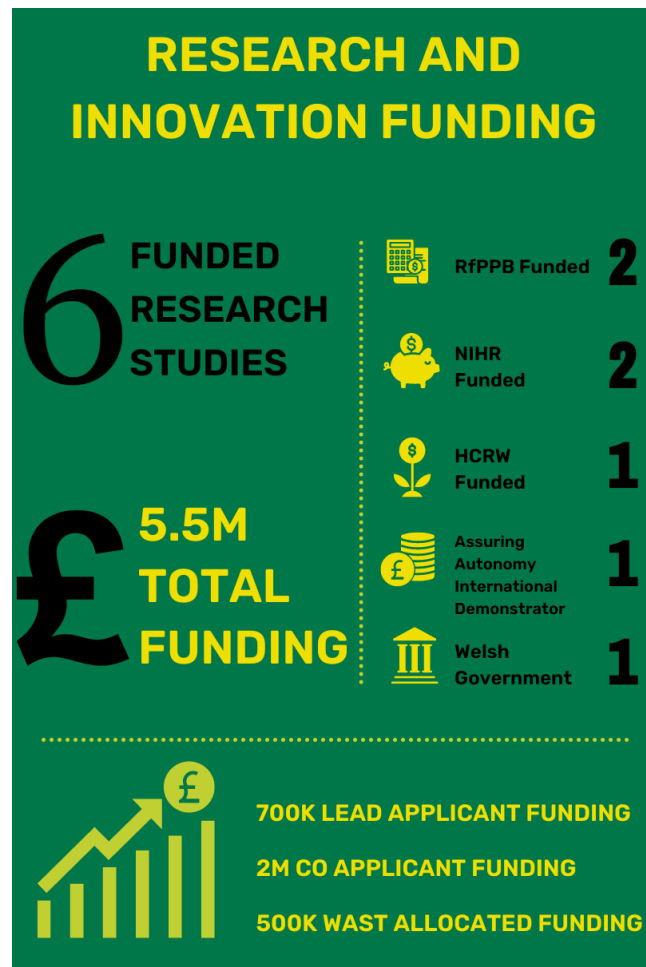
Funded by NIHR.

Drone Project (Sky Bound)

Funded by RfPPB.

ASSIST

Funded by Assuring Autonomy International Demonstrator Programme and Matched Industry funding.

Welsh Blood Drone Project

Funded by Welsh Government.

RESEARCH AND INNOVATION FUNDING

6 FUNDED RESEARCH STUDIES

£5.5M TOTAL FUNDING

RfPPB Funded **2**

NIHR Funded **2**

HCRW Funded **1**

Assuring Autonomy International Demonstrator **1**

Welsh Government **1**

700K LEAD APPLICANT FUNDING

2M CO APPLICANT FUNDING

500K WAST ALLOCATED FUNDING

Highlights

Paramedic 3 Trial live across Wales

After a long journey of development and set-up, 2022 saw a milestone for the PARAMEDIC 3 Trial becoming live across all areas of Wales. The PARAMEDIC 3 Trial research delivery team within the R&I Office, but most importantly our staff in the field who have completed the training and continue to deliver this study within their challenging working environment.

Dr Chris Moore joins HCRW Faculty

Following completion of the prestigious HCRW Research Time Award, our Head of Medicines Management Dr Chris Moore continues to lead and collaborate on important Research along with supporting funding panels and study steering committees. Chris is now a member of the newly formed HCRW Faculty which provides support, guidance and training for health and social care researchers to enable them to conduct their research with impact and progress along their individual research career pathways.

Ed Harry and Bewryn Jones

Ed and Berwyn are both Advanced Paramedic Practitioners and amidst a very high standard of competition, they were both successful in being awarded Research Capacity Building Collaboration (RCBC) Wales PhD Scholarships. RCBC Wales Scholarships aim to increase research capacity and capability in nursing, midwifery, pharmacy, and allied health professions, and to contribute to the development of clinical academic roles. They offer a range of awards, from First into Research fellowships, to PhDs, through to support for those wishing to undertake postdoctoral studies.

We wish Ed and Berwyn good luck for their studies and future Clinical Academic careers.

Dr Mike Brady grows R&I in NHS 111 Wales

Dr Mike Brady Consultant Clinician NHS 111 Wales is leading the development of R&I in 111 and remote triage. He was recently the Wales Principal Investigator for the NIHR funded TRIM study led by Swansea University exploring what triage model is safest and most effective for the Management of 999 callers with suspected COVID-19.

Mike led the introduction of ECNS and the novel Implementation of Low Code which has achieved prestigious recognition, including winner of the Allied Health Professionals and Health Care Scientist Advancing Healthcare Awards for digital and technology innovation and winner of Technology and Digital Impact Award of the MediWales Innovation Awards 2022. Mike has ongoing Health Research Authority/HCRW approved studies reporting and reviewing ECNS outcomes and continues. Mike has an impressive publication record, is an Associate Editor for the journal of Paramedicine and continues to support his colleagues publishing service evaluations in the 111 setting.

ASSIST

The **Assuring safe artificial intelligence in critical ambulance service response (ASSIST) project** (ASSIST) study took place between October 2019 and July 2022 and was funded by the Assuring Autonomy International Program. ASSIST was a collaboration between WAST, the University of York Industry partners, senior researchers, clinicians, and ambulance leaders which aimed to: (1) explore ambulance service stakeholder perceptions on the safety of OHCA AI decision-support in call

centres, and (2) develop a clinical safety case for the OHCA AI decision-support system. This project is now completed, and we continue to disseminate and publish our findings [Appendix 2].

Drones

We previously collaborated on a Snowdonia Aerospace UK Space Agency and WG funded simulation study of drone delivery of Automated External Defibrillator (AED) in Out of Hospital Cardiac Arrest (OHCA) in the UK. We successfully deployed an AED beyond live of visual sight (BVLOS) and have published this work [4]. This group along with Welsh Blood Service and other partners secured follow-on funding and delivered a foundation study of drone-based delivery services to support the Welsh NHS, augmenting emergency ambulance and routine health delivery services, to potentially replace some carbon-based transport.

The 3D Project was a collaboration between WAST and Warwick University, funded by the Resuscitation Council UK [RC (UK)]. 3D was a usability study of Drone Delivered Defibrillators which sought to determine what additional burden there is for a lone bystander after introducing a drone-delivered AED to a simulated cardiac arrest scenario. This study was successfully delivered and reported on and has informed the development of a successful funding bid in 2022 by Warwick University and WAST to the NIHR for drone delivery of AEDs in clinical trials.

WAST led 999 R.E.S.P.O.N.D. study awarded Research for Patient & Public Benefit (RfPPB) funding.

999 R.E.S.P.O.N.D. is a WAST led collaboration with EMRTS, and researchers from Bristol and Warwick Universities and was awarded 2022 HCRW RfPPB funding. This study is exploring when deploying specialist critical care resources, how are risk and severity indicators in 999 callers' utterances identified and brokered amongst those involved in the

dispatch decision, and how might dispatch teams be supported to optimise clinically appropriate deployment to the patients most in need of this scarce resource?

Summary

2022 – 2023 has been a progressive and productive time for Ambulance Service research in Wales despite challenges with demand, the COVID-19 pandemic, and a cost-of-living crisis. We have delivered and supported a range of studies of both international and national significance and continue to deliver research efficiently and effectively for the Trust.

The Trust has contributed to the development of R&I processes, policies and decisions and continues to develop and strengthen its governance processes in relation to R&I. The R&I being conducted within the Trust is enabling improvements to the care provided and the publication of this work helps to benefit and influence practice in Wales and further afield. The department will strive to continue to attract, deliver and report on high quality and robust research and innovation to aid continuous learning and contribute to the improvement of health care in Wales.
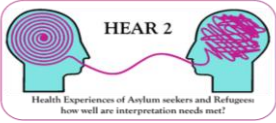
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Appendix 1 – WAST R&I Research Portfolio

Current Research Projects	
Study Title / Logo	**Study Information**
PARAMEDIC3 **P**re-hospit**A**l **RA**ndomised trial of **MEDIC**ation route in out-of-hospital cardiac arrest (PARAMEDIC-3) 	The PARAMEDIC3 trial will conduct a multi-centre, pragmatic, individually randomised, parallel group, superiority trial with internal pilot and economic evaluation to determine the clinical and cost effectiveness of an intraosseous access first strategy, versus current NHS treatment. Adult patients who sustain an out-of-hospital cardiac arrest that require vascular access will be randomised in a 1:1 ratio to either an intraosseous first strategy (intervention) or an intravenous first strategy (control) group. The control group reflects current NHS practice. Randomisation will occur at the point that a randomisation envelope (or equivalent) is opened. Participants will be followed-up to six-months following cardiac arrest.
999 R.E.S.P.O.N.D. emer**R**g**E**ncy di**SP**atch decisi**ON**s in covi**D**-19 	999 R.E.S.P.O.N.D is a collaborative research study between the Welsh Ambulance Services NHS Trust, Emergency Medical Retrieval & Transfer Service, the University of Warwick, Wales Air Ambulance Charity, and the University of Bristol. The project is the first of its kind in the UK and designed to be translatable to training and policy. The study aims to explore the way in which the decision to dispatch a critical care team is made by the teams in ambulance control rooms. It is well documented that getting the right information to make decisions in the heat of the moment is difficult, and the recent pandemic created pressures and disruption to the system which had an impact on risk assessment decision making pathways. The appropriate dispatch of EMS needs to balance patient safety and resource. It is therefore hoped that this study will be able to improve the process of getting critical care to the people who need it most.
HEAR2 **H**ealth **E**xperiences of **A**sylum seekers and **R**efugees: how well are their interpretation needs met? 	People who are classified as Asylum Seekers or Refugees in the UK are entitled to NHS health care, which includes interpretation services for their language needs. There has been very little research on this topic, but preliminary studies have reported that interpretation is often not offered nor provided in the best language for the individual. Interpretation is often provided during consultations by family members or friends, but this has been highlighted as poor practice, particularly in some conditions such as mental or sexual health. The study aims to 1) Provide information about demand and patient experience' and evaluate the quality of interpretation services delivered in primary and emergency care in Wales, and 2) to assess the feasibility of a comprehensive evaluation of interpretation services in these settings across the UK, including a description of currently commissioned interpretation services.

CATNAPS **C**o-producing an **A**mbulance **T**rust **N**ational fatigue risk management system for improved staff **A**nd **P**atient **S**afety	The aim of the CATNAPS study is to develop a new approach to fatigue management for the UK ambulance sector that meets the needs of staff and operations and is most likely to improve patient and staff safety. The study brings together a team of patients, staff with lived experience, fatigue experts, ambulance service researchers and managers, international expertise, and companies currently working with ambulance services on fatigue management. This study will define the action ambulance services should be taking to monitor and respond to tired crews and help staff sleep better and speak to senior managers to find out what is currently being done to manage fatigue.
OHCAO Out of Hospital Cardiac Arrest Outcomes	This National (UK) Collaborative Project hosted at the University of Warwick Clinical Trials Unit on behalf of the National Ambulance Service Medical Directors. The project has been funded by BHF and Resuscitation Council UK with the aims of establishing the epidemiology and outcome of Out of Hospital Cardiac Arrest (OHCA), exploring sources of variation in outcomes and pushing for quality improvements and research for OHCA patients in the UK.
RAPID 2 **R**andomised trial of clinical and cost effectiveness of **A**dministration of **P**rehospital fascia **I**liaca compartment block for emergency hip fracture care **D**elivery	Hip fractures are a very common injury for elderly people. About one in three patients who break their hip die within one year and many patients lose mobility and independence. Pain relief before the patient reaches hospital is often inadequate and causes side effects which may slow down recovery. We have recently completed a small study testing whether a local anaesthetic injection into the hip area called Fascia Iliaca Compartment Block (FICB) given by paramedics at the scene of injury is safe and acceptable. We met all the criteria that we set at the beginning of the study and concluded that it is feasible to undertake a full trial. The aim of RAPID2 is to find out whether the local anaesthetic injection reduces pain, is safe, and improves the patient health outcomes, as well as how much is costs the National Health Service (NHS).
3D Drone Project / Sky bound	The 3D Drone Project/Sky bound aims to explore optimisation and integration of drone-delivered AEDs into the pre-hospital response to out-of-hospital cardiac arrest. There are several barriers to successful bystander AED use, and many are related to the difficulties bystanders face in finding public-location AEDs, as well as the reluctance to leave a patient to find one. Delivering AEDs by drone may overcome many of these barriers, save more lives each year, and make the inequitable national out of hospital cardiac arrest response more equitable.
BALANCE COVID-19 impact on health and well**B**eing within an **A**mbu**LAN**ce servi**CE**.	The study aims to understand the impact of the COVID-19 pandemic on the staff of the Welsh Ambulance Services NHS Trust (WAST). It is intended to look how the pandemic has influenced staff health and wellbeing, both in the short and long term. The methodology will include a mixed methods design to achieve three objectives: Objective 1 (O1): To determine the relationships between staff sickness levels and number of confirmed COVID-19 cases in Wales. Objective 2 (O2): To understand the impact of working through the pandemic on mental and physical health and wellbeing from the point of view of Welsh Ambulance Service staff. Objective 3 (O3): To understand how the

	Welsh Ambulance service responded to the COVID-19 pandemic in terms of monitoring, managing and ameliorating the impact on health and wellbeing of staff.
Pre-Feed Diary (PHd) Predictors and effects of **PRE**hospital **FEED**back: A mixed-methods **DIARY** study PRE-FEED	Within the limited existing research on prehospital feedback, qualitative studies suggest that emergency ambulance staff have a strong desire to receive feedback but that they perceive current feedback provision to be lacking in structure, relevance, credibility, and routine implementation. The aim of this research project is to explore the extent, characteristics, mechanisms, and effects of existing prehospital feedback in the United Kingdom from the recipients' point of view and to describe individual differences in the desire for enhanced feedback. This study is a longitudinal prospective mixed-methods study involving a baseline survey and diary study methods.
BHF Call Handler Study (PHd) Improving outcomes of out of hospital cardiac arrest (OHCA): Applying behavioural science to enhance telephone assistance and increase rates of cardiopulmonary resuscitation.	Prompt bystander cardiopulmonary resuscitation (CPR) is the most important factor determining survival from out of hospital cardiac arrest (OHCA) increasing survival up to 4-fold. However only 35%-45% of people trained in CPR attempt it when required. Telephone-assisted CPR (t-CPR), where trained call-handlers in the ambulance service provide real-time instructions to callers on how to perform CPR, increases the provision of CPR, and increases survival. However, even in settings where t-CPR is well established, up to a third of bystanders do not deliver CPR even when in receipt of instructions on the telephone. Performing CPR is behaviour, but behavioural science has tended not to be systematically applied to CPR. Behavioural science can contribute by specifying the determinants of behaviour and therefore what to target to change CPR behaviour. The aim of this study is to examine ambulance service OHCA calls to identify barriers to CPR and techniques used by call handlers to facilitate CPR as well as exploring call handlers' perceptions of what helps people to follow their instructions and how they overcome common barriers they encounter.
PEACE **P**rotecting **E**mergency Medical Services (EMS) Staff from **A**ggression and Violence in **C**onflict **E**ncounters PEACE	Emergency Medical Services (EMS) staff worldwide have long been at risk of encountering violence and aggression. The overall aim of this project will be to explore protecting EMS Staff from aggression and violence in conflict encounters. The objectives of this research are to explore general views on V&A directed towards EMS staff, explore views on characteristics associated with V&A such as intoxication, drugs, altered mental status and the role of medical illness and mental health problems, and explore the impact of policy changes and campaigns to gauge attitudes, understandings, and impact of the initiatives. The study involves two work packages, PEACE1 which will involve a survey of the public and PEACE2 will interview EMS staff and construct a grounded theory exploring this issue from their perspective.
Ambulance Staff Workshop Climate and Wellbeing	This research study investigates the workplace climate and workplace wellbeing of ambulance services staff, in terms of workplace issues such as employee voice, job satisfaction, and attitudes to work and wellbeing, in new times of COVID-19. This multiphase mixed methods study will undertake research via online diaries, online survey

	and online interviews. The study is an innovative international collaboration between Swansea University and the Welsh Ambulance Services NHS Trust (WAST) in Wales, UK, and Swinburne University, RMIT University and Ambulance Victoria in Australia.
Reducing inappropriate hospital admissions Reducing hospital admissions: A Realist Evaluation of Welsh Ambulance Service's gatekeeping stratagem	Each day in Wales approximately 1,200 emergency NHS calls are responded to and 800 people are transported to hospital by ambulance, contributing to the 2,100 patients attending Welsh EDs (The Welsh NHS Confederation, 2015). The introduction of minor-injury units has yet to have an impact on ED attendance, prompting the call for a universally agreed unscheduled care triage model. The aim of this study is to understand admission avoidance programmes within the context of Welsh Ambulance Services; to clarify how admission avoidance processes work, for whom, and under which conditions; and to understand the effects of culture and organisational practises on everyday paramedic admission avoidance work.
REASON **RE**silient **A**utonomous **SO**cio-cyber-physical Age**N**ts	The REASON research project will fund a team of 13 investigators and seven post-doctoral researchers across the five universities. Testbeds at each university will validate the foundational research in domains including health and social care, emergency response, and multimodal transportation. The project has two stages; first looking at how autonomous systems can be developed to be more resilient individually, and secondly looking at the socio-technical resilience of autonomous systems of systems. For example, an autonomous system of systems may support the end-to-end patient journey for a person requiring emergency assistance from a first responder, followed by admittance, care and discharge from hospital, and long-term care at home.
Welsh Blood Drone Project	The Welsh Ambulance Services NHS (WAST) Trust and Snowdonia Aerospace LLP (SAC) have been working collaboratively since 2019 investigating the potential of using drones to support emergency services. In October 2021 the project group facilitated a workshop exploring the use of drones in health care. The Welsh Blood Drone Project vision is to establish a trans-Wales BVLOS Drone service for Emergency Services. Core to this is the establishment of an innovative drone delivery service between the WBS sites at Talbot Green in South Wales and Wrexham in North Wales.
Heroism Meta synthesis	This literature review study aims to identify, appraise, and synthesis the qualitative literature to develop theory on heroism and paramedic practice. The aim of this research is to identify what the published literature reveals about heroism and paramedic practice.

PARAMEDIC2 **P**rehospital **A**ssessment of the **R**ole of **A**drenaline: **M**easuring the **E**ffectiveness of **D**rug administration **I**n **C**ardiac arrest **2**	The PARAMEDIC2 trial is a double-blind placebo-controlled trial looking at whether adrenaline is helpful or harmful in Out of Hospital Cardiac Arrest. Answering this question will help to improve future treatment of people who have a cardiac arrest. It is a Clinical Trial of a Medicinal Product and is therefore regulated by the Medicines Health Regulatory Authority (MHRA) The trial was being delivered by the University of Warwick in partnership the University of Surrey and the Welsh, West Midlands, Northeast, South Central and London Ambulance Services.
STRETCHED **STR**ategies to manage **E**mergency ambulance **T**elephone **C**allers with sustained **H**igh needs - an **E**valuation using lnked **D**ata	The NHS is under sustained pressure, particularly in emergency and urgent care, with 999 calls increasing by 6% every year, although fewer than 10% relate to patients with life threatening conditions. All UK ambulance services have identified a clinical and operational problem with persistent high users of the 999 service and have set up 'Frequent Callers' services, ranging from within-service to cross-sectoral multi-disciplinary case management approaches. These callers are known to be at high risk of mental health crises, such as self-harm and other crises of a varied nature. Current responses can be punitive and may simply shift unmet demand from one part of the system to another. There is a lack of evidence about what works in this setting and how. The study aims to evaluate effectiveness, safety, and efficiency of case management approaches to the care of people who frequently call the emergency ambulance service; and gain understanding of barriers and facilitators to implementation.
InFORM **I**mproving care for people who **F**requently call 999: co-production of guidance through an **O**bservational study using **R**outine linked data and **M**ixed methods.	People who frequently call the 999-ambulance service, at least five times a month, may have long term problems rather than a medical condition requiring urgent treatment. They need the right help but calling 999 may not work best for them or others trying to access emergency care. Ambulance services are exploring different ways to help these callers such as multidisciplinary case management, but without fully understanding the problem or how it benefits the patient. The study aims to create guidance for optimal care for people who frequently call 999 based on previous evidence, epidemiology and stakeholder views and experience.
TIME **T**ake home naloxone **I**ntervention. **M**ulticentre **E**mergency setting feasibility trial	Opioid drugs such as heroin are involved in fatal overdose more often than any other drug, and deaths from overdose are increasing, with tragic consequences for families, friends, and communities. Naloxone is a medicine that reverses opioid drug overdoses and is routinely used by paramedics and doctors in emergency settings. 'Take Home Naloxone' (THN) kits contain a dose of naloxone, a means of administering this dose, and written/graphic instructions. Despite the increasing popularity of THN, very little is known about the relative harms and benefits of this intervention, especially on a population level. The study involves collecting information about deaths, overdoses, and related emergency ambulance calls and emergency department attendances and admissions. We will compare these figures with those from two areas where THN is not distributed in this way and also carry out interviews and focus groups to find out about the experiences and views of patients and staff regarding THN.
ARRIVE	Paramedics are being employed in primary care roles - working directly for general practices, or by arrangement with a local ambulance service. The main task the paramedics undertake is home visits for people unable to attend

Ambulance paramedics **R**esponding to urgent patient **R**equests **I**n general practice for home **V**isits - **E**valuation development.	the general practice. Using paramedics rather than GPs to undertake such tasks may help address challenges in GP capacity, but the impacts for patients and health services are unknown. The research of ARRIVE Stage 1 aims to gain information about the service design and rationale of paramedics in primary care roles in Wales. We will speak with staff involved in the delivery of such services. Knowledge gained will be used to inform Stage 2 of the ARRIVE, which will examine the feasibility of an evaluation of paramedics in general practice.
PhRASE **P**re**H**ospital **R**ecognition and **A**ntibiotics for 999 patients with **SE**vere sepsis: a feasibility study	Sepsis is a common condition killing between 36,000 and 64,000 people every year in the UK. Early recognition and management of sepsis has been shown to reduce mortality and improve the health and well-being of people with sepsis. Paramedics frequently come into contact with patients with sepsis and are well placed to provide early diagnosis and treatment. This feasibility study aims to find out whether paramedics can identify; collect blood cultures from; and administer intravenous (IV) antibiotics to, patients with sepsis. We aim to determine the feasibility, safety and acceptability of our trial design and data collection methods, so that we can make a decision about whether to proceed to a full randomised controlled trial, which can answer questions about whether the intervention is effective for patients and worthwhile for the NHS.
REACT 2 pa**R**am**E**dic decision making during out of hospital cardi**AC** arres**T** 2.	REACT2 is a mixed methods research study which aims to explore, describe, and understand how paramedics make decisions regarding the commencement of resuscitation efforts. The collected data will be analysed to provide an understanding of how these decisions are made and the trade-offs paramedics accept in these decisions. The study consists of two stages, stage 1 will involve interviews with paramedics in Northeast England, and stage 2 will involve a national survey involving paramedics across England and Wales.
PASTA **P**aramedic **A**cute **S**troke **T**reatment **A**ssessment	Stroke is responsible for a high global burden of mortality and disability. The most effective single emergency treatment for ischaemic stroke is thrombolysis using intravenous recombinant tissue Plasminogen Activator within 4.5 hours of symptom onset (rtPA), but outcomes are highly time dependent. PASTA is a cluster randomised control trial aiming to determine the feasibility, clinical and cost-effectiveness of an enhanced paramedic role during pre-hospital and acute hospital care to reduce time from admission to brain imaging and thrombolysis for appropriate stroke patients.
RAPID Rapid **A**nalgesia for **P**re-hospital **Hi**p **D**isruption (RAPID): a feasibility study for a randomised controlled Trial	Led by the Trust in collaboration with Swansea University and ABMU. The study aims to determine the feasibility of undertaking a randomised controlled trial (RCT) to test the clinical and cost-effectiveness of paramedics providing fascia iliaca compartment block (FICB) as early pain relief to patients who have fractured a hip at the scene of their injury.
CDM TBI	The CDM TBI is a mixed methods study which aims to understand the ambulance clinician's perceptions, experiences and decision-making processes when assessing older adults with a head injury and the factors and resources they draw upon to make their decisions. The study objectives are to collect information about ambulance

Ambulance clinician approach to acute head injuries in older adults: A mixed-methods study in clinical decision-making	clinicians and their approach to older adults with a head injury, and to explore ambulance clinicians' perceptions of older adult head injuries and TBI, specifically their experience of assessing and triaging these patients.
BACK-On-LINE Internet based personalised self-management support system for people with back pain 	The BACK-on-LINE study aims to evaluate feasibility, acceptable and potential usefulness of a web-based intervention tool designed to help people with low back pain in the workplace to better self-manage and stay in work. The tool will be launched to the workforce in NHS Wales for a period of 6 months and data will be collected on usage, usability/acceptance, validated questionnaires, and feasibility for use. Potential impact on pain, disability, physical activity levels, sickness absence, seeking healthcare resources as well as cost of set up, maintenance and support of the BoL platform will be established.
The COMPARE Study The impact of COVID-19 on Emergency Medical Service led out of hospital cardiac arrest resuscitation: A Qualitative study.	What has been the impact of the COVID-19 pandemic on Emergency Medical Service-led resuscitation in out-of-hospital cardiac arrest? A qualitative enquiry, using semi structured interview questions within the context of UK Emergency Medical Service staff who have resuscitated patients in OHCA during the COVID-19 pandemic. The data collected will undergo thematic analysis. The study aims to explore Emergency Medical Service views on the impacts of the COVID-19 pandemic on resuscitation during OHCA by understanding the impact of the COVID-19 pandemic on communication during resuscitation, undertaking resuscitation procedures and perception of risk to Emergency Medical Service staff
CESSATION Female ambulan**CE S**taff experience**S** of menop**A**use **T**rans**I**ti**ON** 	Menopausal symptoms can have a significant impact on female health and wellbeing and are known to affect workplace attendance and performance. The three main aims of the CESSATION study are to identify the current menopause guidance, policies and support offered by UK ambulance services; understand the work and personal impacts of the menopause on female ambulance staff; and identify service developments and interventions that may best support female ambulance staff during the menopause transition. CESSATION is a mixed-methods study that comprises three phases. The outputs from this study will be the identification of potential menopause-related service developments and interventions to support ambulance staff.
Impact of Multi Agency Evaluation of multi-agency working within the Social Services and Well-being (Wales) Act 2014	The Social Services and Well-Being (Wales) Act 2014 is a piece of legislation for local authorities and health boards, which aims to change the way social services are delivered through integrating health and social care, empowering people, giving people control in decision making and promoting consistent, high-quality services nationally. University of South Wales are leading on a programme of research, which aims to assess the impact of the Social Services and Well-being (Wales) Act 2014 on the well-being of people who need care and support and carers who need to support. This will be done across five domains: voice and control, well-being, co-production, multi-agency working and prevention and early intervention. This study focuses on the multi-agency domain and aims to understand the extent to which the Act has promoted integrated care and support from different teams for people in Wales.
The CARA Study The **C**OVID-19 **A**mbulance **R**esponse **A**ssessment Study.	Ambulance personnel already work under great pressure, and it is likely that this staff group will meet the initial needs of people in the community with suspected or confirmed COVID-19. As such, this is likely to lead to increased pressure which could possibly impact on staff health and wellbeing. This study will recruit UK ambulance personnel to complete a short online questionnaire assessing their current perceived preparedness and wellbeing during the

	current accelerative phase of COVID-19 outbreak. Subsequently, during the peak and decelerative phases of the pandemic wave, staff who have consented to be re-contacted will complete two further brief questionnaires. This should enable a larger picture of the effects upon health care providers to be gained. In addition, CARA asks about participants' levels of readiness to work in these unfamiliar circumstances and examines issues surrounding daily working practices at a time of increasing pressure and demand.
RIGHT-2 **R**apid **I**ntervention with **G**lyceryl Trinitrate in **H**ypertensive Stroke **T**rial-**2**	RIGHT-2 is led by Nottingham Stroke Trials Unit and funded by the British Heart Foundation. It is a Multicentre prospective randomised single-blind blinded-endpoint parallel group trial, which is seeking to determine whether Glyceryl Trinitrate improves outcome in patients with ultra-acute stroke. RIGHT-2 is Clinical Investigational of a Medicinal Product (CTIMP) and is therefore regulated by the Medicines and Healthcare products Regulatory Agency (MHRA)
PRINCIPLE **P**latform **R**andomised trial of **IN**terventions against **C**OVID-19 **I**n older people	There is an urgent need to identify effective treatments for SARS-CoV-2 infection that helps people recover quicker and reduces the need for hospital admission. We have established an open, adaptive, platform trial to evaluate treatments suitable for use in the community for treating COVID-like-illness that might help people recover sooner and prevent hospitalisation. The trial has co-primary endpoints: 1) Time taken to self-reported recovery from randomisation; and 2) hospitalisation and/or death. The main objective of the trial is to assess the effectiveness of the interventions in reducing time to recovery and in reducing the incidence of hospitalisation and/or death.
EDARA **E**valuating the **D**iversion of **A**lcohol **R**elated **A**ttendances	This project is evaluating the effectiveness, cost-effectiveness, efficiency and acceptability of Alcohol Intoxication Management Services (AIMS) in managing alcohol-related Emergency Departments' attendances. AIMS are designed to receive, treat and monitor intoxicated patients who would normally attend Emergency Departments and to lessen the burden that alcohol-misuse places on unscheduled care. They are usually located close to areas characterised by excessive intoxication and are open at times when levels of intoxication peak (e.g. Friday and Saturday evenings). AIMS therefore offer the potential to mitigate some of the pressures on Emergency Departments as well as ambulance services and the police at times when there is a sustained increase in demand.
TIER **T**ransient **I**schaemic Attack: paramedic **E**mergency **R**eferral study	A feasibility trial led by the Trust in collaboration with Cwm Taff health Board and Swansea University. The study aims to develop and assess the feasibility of paramedic referral of patients with low-risk suspected Transient Ischaemic Attack (TIA) directly to TIA clinic for early specialist review, without going to the Emergency Department (ED).
ERA	This research is led by Swansea University and aims to find out how ambulance services can make the best use of information technology to support people with good quality care out of hospital.

Electronic **R**ecords in **A**mbulances	
PHECG-2 Use and impact of the **P**re-**H**ospital 12-lead **E**lectro **C**ardio **G**ram in the primary PCI era. Mixed method study (PHECG-2) PHECG**2**	Using routinely collected data from a large national audit, a review of ambulance records, and qualitative methods, we will assess the association of having pre-hospital ECG (PhECG) with patient outcomes, and research patient, practitioner and contextual factors contributing to the decision to record (or not) a PHECG. We will aim subsequently to develop an intervention to increase the proportion of eligible patients that receive a PHECG, and to produce a proposal for further funding to test this intervention in a subsequent randomised trial.
ASSIST **AS**suring **S**afe artificial **I**ntelligence in ambulance **S**ervice 999 **T**riaging **ASSIST**	The aim of this project is to contribute to the development of a real-world Body of Knowledge for assurance cases of AI in critical sectors, using the example of the Corti AI triaging system to be tested within the Welsh Ambulance Service NHS Trust (WAST). The objectives of the project are to: O1: Understand and specify the operating environment for the Corti AI system within the Welsh Ambulance Service and determine safety assurance requirements at the clinical system level. O2: Develop a self-contained safety case argument that logically, traceably and coherently brings together diverse evidence from the sociotechnical context, the user-interface and the detailed software engineering of the system. O3: Collaborate with stakeholders to drive standardisation and best practice for the safety assurance and regulation of AI products into UK ambulance services and critical sectors.
Effects of Homeworking Exploring that effects home working has on 999 telephone triage clinicians in response to Covid-19	In response to COVID-19, organisations such as NHS England and Welsh Assembly Government advised healthcare providers to implement remote consultations using video, telephone, email, and text message services, in addition they asked all clinical staff to work from home where possible. This research aims to undertake a review of the literature in relation to home working for 999 telephone triage nurses and paramedics and qualitatively explore how home working, in response to COVID-19 affected this practice. This information will help inform longer-term flexible and agile working practices and any future pandemic responses from an operational perspective, but also a professional and personal welfare perspective.
TRIM What **TRI**age model is safest and most effective for the **M**anagement of 999 callers with suspected Covid-19	999 emergency ambulance calls related to COVID-19 have increased enormously during the coronavirus pandemic. In some areas, the volume of calls has tripled. Ambulance services cannot send an ambulance to every caller within a reasonable timeframe and not every patient with suspected COVID-19 can be taken to hospital. Ambulance services use different models to sort out - or triage – callers, but little is known about what model of triage works most safely and effectively during a pandemic. We will survey all ambulance services in England, Wales and Scotland to categorise triage models used in the call centre and on scene during the 2020 pandemic. We will then retrieve outcomes of patients treated within different models from NHS datasets, including deaths; hospital and ITU admissions; Emergency Department attendances; and COVID-19 diagnosis We will interview health service staff to understand experiences and concerns. We will deliver findings quickly to help implement the best model for sorting and treating 999 callers with suspected COVID-19 symptoms.

PECC-19 **P**aramedic **E**xperiences of providing **C**are during the 2020 **C**OVID-**19** Pandemic (PECC-19): A qualitative study using Grounded Theory	The Coronavirus COVID-19 (SARS-CoV-2) is a family of viruses causing disease in animals and humans, ranging from the common cold to serious respiratory illnesses. COVID-19 was first reported on 31ST December 2019 in Wuhan, China and on the 6th March 2020, 100,000 worldwide cases were reported in over 90 countries, alongside the first death in the UK, representing the most significant pandemic of a generation. Paramedics are in the front-line response to the 2020 COVID-19 Pandemic, and research may improve our understandings and response to such future pandemics. The aim of the study is to explore Paramedic perspectives of providing care during the 2020 COVID-19 Pandemic and develop theory in order to inform future policy and practice.
Body Worn Cameras Attitudes towards the use of Body Worn Cameras (BWCs) within ambulance and pre-hospital care in Wales: A mixed methods study.	The Body Worn Cameras student research project aims to assess the current attitudes towards the potential introduction of Body-Worn-Cameras within pre-hospital. Existing literature on this topic will be reviewed to assess any current conceptions on the topic and then 10-12 interviews will be undertaken with Welsh Ambulance Services NHS Trust staff to ascertain attitudes towards body worn cameras.
E-learning versus Telesimulation - an evaluation study Evaluation of the effectiveness of telesimulation based learning compared to e-learning in prehospital practitioners.	Simulation based medical education is particularly useful in high stress environment where pre-hospital practitioners deal with acutely ill patients. Simulation based training ensures a safe platform for both practitioners as well as patients where learning is ensured without harm. During Covid-19 pandemic, the teaching and training sessions have been severely affected due to social distancing, lockdown and quarantine periods that teachers and learners have been subjected to for safety to person and public. This project is an investigation into what is the best practice and how effective it is to conduct tele simulation-based education under strict rules of social distancing and to compare it to an e-learning/ online teaching session. A scenario-based virtually attended, interactive simulation session will be designed for paramedics. An e-learning module will also be provided on the same topic. Participants will be divided into 2 equal sized groups. All participants will complete the same questionnaire prior to the teaching. The groups will then complete both session A and session B. The groups will alternate as to what session they complete first. Following completion of each session a self-evaluation questionnaire will be administered asking participants to rate their experience. The questionnaire will also allow participants to give qualitative feedback on the sessions.
KESS (MSc) Evaluating Measures of Stress and Post-traumatic stress disorder	The aim of this student research study is to identify measures vulnerable to stress and be potentially used to help identify people with an increased risk of, or currently suffering from, post-traumatic stress disorder (PTSD). Due to restrictions imposed by the COVID-19 pandemic, this study was terminated prior to completion of data collection, however a novel online study was undertaken and suggested that PTSD may not always be associated with inhibition deficits.

POCT (Pathway to Portfolio) Point of Care Testing (POCT) for community based Advanced Paramedic Practitioners	The Point of Care Testing (POCT) research study aims to identify potential candidates for community based POCT by APPs within pre-hospital care, which could be explored in a future feasibility trial. In Wales APPs educated to MSc level were introduced to provide alternatives to hospital care, to support the Welsh Government strategy of people only attending hospital where essential. POCT can improve patient outcomes by providing a faster result and a shorter timeframe to therapeutic interventions, improve treatment optimisation, detect, and manage chronic disease progression and management and decrease the need for hospital visits. However, there is uncertainty over issues such as what devices or POCT tests may be beneficial and feasible in the pre-hospital care setting and whether there are any cost benefits.
PERCH (PTP) Preliminary Exploration of paramedic Roles in Care Homes	The role of paramedics has expanded into various aspects of community paramedicine, including care homes, this includes urgent home visits on behalf of general practices (often instead of GPs) and aspects of proactive care such as reviews and assessments. However, this does raise questions over quality and safety, workforce and capacity and training. The aim of the PERCH study is to carry out background work to support the development of a portfolio application for a research study into paramedics/APPs working proactively in care homes.
PARA VR (PTP)	The Welsh Ambulance Services NHS Trust (WAST) are currently engaged in a collaboration with Chester University on program of developing Virtual Reality (VR) training for Paramedics. We have had discussions with British Heart Foundation (BHF) Cymru around extending the PaRAVR program to develop and test a prototype of VR training for CPR with school children. BHF are supportive of such collaboration.

Appendix 2 – Publications in 2022

Smith, C.M., Sheehan, A., Rees, N. and Powell, C., 2022. 781 Drone delivered defibrillators (The 3D Project): a simulation study. *Emergency Medicine Journal: EMJ*, *39*(3), pp.258-258.

Rees N, Holding K, Sujan M. Information governance as a socio-technical process in the development of trustworthy healthcare AI. Front Comput Sci 2023;5.

Sujan, M., Thimbleby, H., Habli, I., Cleve, A., Maaløe, L. and Rees, N., 2022. Assuring safe artificial intelligence in critical ambulance service response: study protocol. *British Paramedic Journal*, *7*(1), pp.36-42.

Rees, N, Williams, J, Hogan, C, Smyth, L and Archer, T, (2022) Heroism and paramedic practice: A constructivist metasynthesis of qualitative research. Front. Psychol., 07 November. https://doi.org/10.3389/fpsyg.2022.1016841

Hooper, A., Nolan, J. P., Rees, N., Walker, A., Perkins, G. D., & Couper, K. (2022). Drug routes in out-of-hospital cardiac arrest: a summary of current evidence. *Resuscitation*.

Gutiérrez-Fernández, A., Hogan, C., Rees, N., Fernández-Llamas, C., & John, N. W. (2022, September). An Immersive Haptic-enabled Training Simulation for Paramedics. In *2022 International Conference on Cyberworlds (CW)* (pp. 79-85). IEEE.

Kingston, Mark, Jenna Jones, Sarah Black, Bridie Evans, Simon Ford, Theresa Foster, Steve Goodacre, Marie-Louise Jones, Sian Jones, Leigh Keen, Mirella Longo, Ronan A. Lyons, Ian Pallister, Nigel Rees, Aloysius Niroshan Siriwardena, Alan Watkins, Julia Williams, Helen Wilson, and Helen Snooks (2022) "Clinical and cost-effectiveness of paramedic administered fascia iliaca compartment block for emergency hip fracture (RAPID 2)—protocol for an individually randomised parallel-group trial." *Trials* 23, no. 1 (2022): 1-15.

Sujan, M., Thimbleby, H., Habli, I., Cleve, A., Maaløe, L., & Rees, N. (2022). Assuring safe artificial intelligence in critical ambulance service response: study protocol. *British Paramedic Journal*, *7*(1), 36-42.

Rabeea'h, W.A., Snooks, H., Porter, A., Khanom, A., Cole, R., Edwards, A., Edwards, B., Evans, B.A., Foster, T., Fothergill, R. and Gripper, P., John, A. Petterson, R. Rosser, A. Tee, Anna. Sewell, B. Hughes, H. Phillips, C. Rees, N. Scott, J. Watkins, A. (2022) STRategies to manage Emergency ambulance Telephone Callers with sustained High needs: an Evaluation using linked Data (STRETCHED)–a study protocol. BMJ open, 12(3), p.e053123.

Hawkes, C.A., Kander, I., Contreras, A., Ji, C., Brown, T.P., Booth, S., Siriwardena, A.N., Fothergill, R.T., Williams, J., Rees, N. and Stephenson, E., 2022. Impact of the COVID-19 pandemic on public attitudes to cardiopulmonary resuscitation and publicly accessible defibrillator use in the UK. *Resuscitation Plus*, p.100256.

Allen, M., (2022) NHS 111 Wales website: an evaluation of signposting changes. Family Medicine. Available from: https://www.pavilionhealthtoday.com/fm/nhs-111-wales-website-an-evaluation-of-signposting-changes/

Brown, C., Armstrong, D., Gibbins, A., Roynon, R., Groves, A., Richards, A., McCarthy, C., Bowen, R., White, H. and Brady, M., 2022. Benefits of a collaborative approach to service evaluation in urgent care. *Emergency Nurse*, *30*(6).

Academic Partnerships Committee Meeting Date	15 August 2023
T&F Group Meeting Date	11 May, 14 June, 10 July 2023
Chair	Estelle Hitchon, Director of Partnerships and Engagement

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Committee to areas for their attention)

1. The Group is tasked with developing a strategic approach to attracting candidates to the Non-Executive Director (NED) role whose background and abilities align to WAST's long term strategy and will support the Trust in meeting the requirements of University Trust status.   The Group has met three times since the last meeting of the Academic Partnerships Committee (the Committee) and this particular area of its work programme has been the central point of discussion.

- The Committee will be aware that the **appointment of an academic NED** is not made by the Trust, but by the Public Appointments Unit (PAU) of the Welsh Government (WG). The Board Secretary has made contact with the PAU and put them on notice of the vacancy on the Board as of 1 April 2024 and that we will be seeking a candidate that fulfils the requirements of our provisional University Trust Status.

- The Director of Partnerships and Engagement and the Board Secretary met with WG policy and governance representatives on 12 July 2023.   It was confirmed that the changes required to the Trust's Establishment Order are twofold; firstly a change of name and status to a University Trust, and secondly the addition of an Academic NED. In order to make those changes, University Trust Status (UTS) must be formally approved by the Minister, and that is done following Ministerial Advice from the policy team.   A further meeting will be held on 8 August for an update on the determination of UTS given the changes in the WG policy team and a verbal update will be provided to the Committee.

- It is unlikely that the Trust will be required to have a NED from a university with a medical or dental school (which is how Health Board Establishment Orders are set out). WG may, however, specify that that individual may need to hold a health related post in a university which is how Public Health Wales' Establishment Order reads.

- As previously advised by the Group, the role of the academic NED includes all elements of Board business, and they would be expected to fully participate in other Committees and the Board. There are agreed WG role profile and person specifications for NEDs, however the additional

profile elements for statutory roles such as the academic/university NED have not been standardized.   We have therefore taken the opportunity to shape the role profile to attract a more diverse and entrepreneurial candidate - perhaps from the business, finance, or digital faculties – as agreed with the Committee in April.   A recent skills gap analysis of the Board showed the need for NED expertise in the following areas:

- Clinical
- Financial
- Welsh Speaker
- NHS
- Welsh government
- Business development
- Commercial contract/negotiation/procurement
- Property estates management and infrastructure
- Research and innovation
- Academia
- Environment and sustainability
- Digital technology, cyber security and resilience

Attached at Annex 1 is the draft role profile for the Committee's review.   The areas amended from the standard role profile are in red and may need to be further altered should WG require that the individual holds a health related post.   It is intended that an endorsed role profile will be recommended to the Chair from this Committee.

ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

2. The Group's **work plan** update is as follows:

(a) Develop a work plan;
The work plan follows the terms of reference and is reviewed at each meeting.

(b) Develop a strategic approach to attract candidates to align to WAST's long term strategy, for consideration by the Committee;

The NED role profile is as set out above in the 'alert' section.   Once the role profile is agreed, the group will narrow down target universities to draw the attention of the post and candidate pack to persons of interest.   Proposed topics for the statement which forms part of the application process will be developed to draw out what candidates bring to the Board and how they will help to deliver our academic/innovation ambitions; what opportunities they see for WAST re grant capture and how they will support our professionalization journey.

(c) Proactively plan for management of conflicts of interest;
This will be done when the candidates or the target markets are known.

(d) Consider logistics related to change of name and brand; and
(e) Alignment the work to the legislative docket in Welsh Government to change the Trust's Establishment Order;

The change of name will occur when the Establishment Order is amended, however the timing for that and sequencing of the approval of UTS is being discussed with WG.

<table>
<tr><td>ASSURE</td></tr>
<tr><td>(Detail here any areas of assurance the Committee has received)</td></tr>
<tr><td>3. The Group does not have issues of assurance before it at this stage.</td></tr>
</table>

<table>
<tr><td>RISKS</td></tr>
<tr><td>Risks Discussed: No formal risks on the corporate risk register, although the risks related to timing of the academic NED being in post were discussed.

New Risks Identified: N/A</td></tr>
</table>

COMMITTEE AGENDA FOR MEETINGS		
Terms of Reference and Work Plan	Strategic approach to attract candidates	NED role profile and candidate pack
Target markets	Discussions with Welsh Government re NED appointment and UTS	

COMMITTEE ATTENDANCE					
Name	**3 April 2023**	**11 May 2023**	**14 June 2023**	**10 July 2023**	**TBC**
Estelle Hitchon					
Andy Swinburn					
Trish Mills					
Duncan Robertson					
Liz Rogers					
Jo Kelso					

	Attended
	Deputy attended
	Apologies received
	No longer member

WELSH AMBULANCE SERVICES NHS TRUST
Role Profile and Person Specification
Non-Executive Director (Academic)

NHS Boards play a key role in shaping the strategy, vision, purpose and culture of the organisation. They hold the organisation to account for service delivery, quality and safety, performance, value for money and strategic development and implementation.

They are also responsible for ensuring that risks to the organisation, staff and the public are effectively managed. Led by an independent Chair and comprised of a mixture of both Executive and Non-Executive Directors, the Board has a collective responsibility for the performance of the organisation.

Non-Executive Directors work alongside Executive Directors as equal members of the unitary Board. They share responsibility for the decisions made by the Board and for the success of the organisation in leading the improvement of healthcare for people who use their services.

NON-EXECUTIVE DIRECTOR (ACADEMIC)

This Board vacancy focuses specifically on the recruitment of a Non-Executive Director (Academic) at the Welsh Ambulance Services NHS Trust.

The appointment of a non-executive director (Academic) to the Board of the Welsh Ambulance Services NHS Trust is critical as the Trust seeks to strengthen its academic, innovation and industry links and will be central to the Trust's application for University Trust Status (UTS).

While the successful candidate will have a strong academic, commercial or innovation background, and will bring that experience to the Board table in support of the Trust's ambitions, it is also important that they have broad corporate experience, in order to be able to contribute to the work of the Board more generally.

The successful candidate will be expected to have a strong commitment to the Nolan Principles, be able to contribute effectively and positively to wide-ranging debate, discussion and decision-making, work collaboratively with all members of WAST's unitary Board and its committees and ensure that the current and future needs of patients, staff and future generations are central in their thinking.

KEY RESPONSIBILITIES

To support the Chair and Chief Executive whilst exercising personal responsibility and accountability in relation to:

Strategy

- Contributing to constructive debate regarding strategic development and other material and significant issues facing the organisation;

- Providing independent judgement and advice on issues of quality, strategy, vision, performance, resources and standards of conduct;

- Constructively challenge, influence and work with the Executive Directors to develop proposals on such strategies;

- Together with other Board members, provide leadership within a framework of prudent and effective controls, to ensure the long-term sustainability of the organisation;

- Demonstrated history of strategy/strategic development at a senior level

Planning

- Scrutinising the organisation's three year medium term (or annual) plan, ensuring that it establishes clear objectives to deliver the strategy; encompasses the necessary quality, workforce, operational and financial resources for the organisation to meet its objectives, and regularly review performance against the plan.

Performance

- Receiving, reviewing and applying appropriate scrutiny to safety, quality, performance, workforce and financial data and information to compare achievements against targets and, where necessary, support the implementation of remedial action;

- Seeking out challenging objectives for improving performance;

- Ensuring effective control and, where relevant, commissioning arrangements are in place to secure the financial viability of the organisation.

Governance

- Scrutinising the organisation's commitment to the highest standards of governance, such that it acts in the interests of the population and partners it serves and is seen to be accountable for the services provided and the resources used;

- Seeking assurance that internal controls and systems of risk management are robust and well governed;

- Analysing and interpreting information provided to the Board, seeking clarification, further assurances and triangulation of information, wherever possible;

- Ensuring the organisation complies with its Standing Orders, policies and relevant legislation and regulations;

Culture and Behaviour
- Demonstrating the Seven Principles of Public Life (also known as the Nolan Principles) of selflessness, integrity, objectivity, accountability, openness, honesty and leadership;

- Supporting a culture that encourages staff, patients, families and the public to raise concerns that are then appropriately addressed;

- Embracing and promoting equality, diversity and inclusion for the organisation's population, patients, staff and stakeholders, reflecting and learning from own and the lived experiences of others;

- Demonstrating and encouraging the highest standards of probity, integrity and governance, ensuring that the organisation's governance arrangements comply with best practice and statutory requirements;

- Providing visible compassionate leadership in supporting and promoting a healthy culture for the organisation and reflect this, and the values of the organisation, in their own behaviour;

- Embracing and promoting the importance of the Welsh language bilingualism and culture on all organisational activities;

- Bringing current and past professional and lived experience, knowledge and influence to the work of the Board to promote innovation, curiosity, and to challenge norms;

Engagement
- Understanding, with appropriate support, the business of the organisation through active involvement;

- Building and maintaining strong partnership relations between the organisation's partners and stakeholder groups to promote the effective operation of the organisation's activities;

- Able to connect with colleagues, patients and the public more broadly, acting as an advocate for WAST in a way that resonates with multiple audiences

- Well networked within higher/further education, professional bodies and networks, with the ability to forge new and productive relationships

- Extensive professional network within area of expertise

Board Activities
- Participating fully in the work of the Board and Committees, including pre- and post-meeting engagement and annual evaluations to support good governance;

- Attending, and where relevant, chairing Board Committees and other ad hoc meetings of the Board;

- Attending Board development sessions and other internal and external training and development opportunities;

- Discharging their duties, in conjunction with the other Board Members, and where applicable, in relation to the Charitable Fund, of which the Board acts as the corporate trustee.

- Able to focus on achieving consensus in the best interests of patients, our people and the Trust in often difficult circumstances, without losing the ability to scrutinise, challenge and question

- Assuming and promoting the role of a champion in areas of focus which are either set by the Welsh Government or assigned by the organisation;

- A lively and engaging communicator with a passion for their area of expertise and a genuine interest in, and commitment to, the NHS and the Welsh Ambulance Service more specifically

- Able to leverage existing relationships to identify and operationalise opportunities for WAST

- Undergoing an annual personal performance appraisal, participating in any additional training and development highlighted as a result of the evaluation process to ensure personal objectives are delivered.

PERSON SPECIFICATION

Specification	Essential	Desirable	Not Applicable	Demonstrated via application	Demonstrated at interview
Values					
Commitment to adhering to the Seven Principles of Public Life (Nolan Principles) and the values of the health body	✓				✓
Commitment to engaging with people who use our services, their carers and families, our staff and stakeholders	✓			✓	
Skills					
An understanding of and commitment to equality, diversity and inclusion, including ability to reflect on and learn from your own lived experiences	✓			✓	
Ability to provide independent challenge and scrutiny whilst maintaining constructive relationships	✓				✓
A lively and engaging communicator with a passion for their area of expertise and a genuine interest in, and commitment to, the NHS and the Welsh Ambulance Service more specifically	✓			✓	✓
Evident ability to work collaboratively and as part of a team to meet common goals	✓			✓	
Ability to apply strategic insight and/or lived	✓			✓	

Specification	Essential	Desirable	Not Applicable	Demonstrated via application	Demonstrated at interview
experience for the benefit of the people who use our services, our staff and stakeholders					
Able to leverage existing relationships to identify and operationalise opportunities for WAST	✓				✓
Experience - Organisation to select whether experience is essential, desirable or not required depending upon vacancy					
Extensive experience in academia, including, but not limited to, teaching and learning, research and publication, including attracting research grants, leadership, widening access etc. Ideally, this should be in a health-related field, including health economics, innovation, health technology for example	✓			✓	
Desirable to have experience of spin-out or other tangible commercial engagement		✓		✓	
Well networked within higher/further education, professional bodies and networks, with the ability to forge new and productive relationships	✓				✓
Extensive professional network within area of expertise	✓				✓
An understanding of risk management and systems		✓		✓	

Specification	Essential	Desirable	Not Applicable	Demonstrated via application	Demonstrated at interview
of internal control and assurance					
A track record of strategic, Board level leadership in a public sector, private or third sector organisation		✓			
Demonstrable leadership and strategic change management experience including culture change		✓			
Evidence of and understanding of effective governance		✓			✓
Well respected reputation for partnership and collaboration expertise in the private or public sector	✓			✓	✓
Experience of working in regulated environments		✓		✓	
Specific experience of strategy or general management		✓		✓	
Welsh language skills (as required by Welsh Language Assessment for vacancy)		✓		✓	✓
An understanding of NHS Wales commissioning		✓			✓

AGENDA ITEM No	7
OPEN or CLOSED	Open
No of ANNEXES	2

COMMITTEE CYCLE OF BUSINESS 2023/24

MEETING	Academic Partnerships Committee
DATE	15 August 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. Updating of the cycle of business for this committee is the final step in the 2022/23 effectiveness reviews that were conducted in Q4. Amendments to the Committee's terms of reference agreed in Q4 have been incorporated into this updated cycle of business.

2. The cycle has been developed with direct correlation to the duties in the terms of reference. This will allow members to review the appropriateness of the proposed reports and their frequency.

3. The cycle for the Committee is a maturing document which will grow organically over the next 12 months.

RECOMMENDATION:

4. The Committee is asked to:

    (a) Review and approve the 2023/24 cycle of business at Annex 1; and
    (b) Note the cycle of business monitoring document at Annex 2.

KEY ISSUES/IMPLICATIONS

5. Given the maturing nature of the areas in the remit of the Committee and the University Trust Status journey, the cycle of business will continue to evolve for this fairly new Committee.

6.   The Committee is required to review the strategic direction of matters within its remit and to monitor their implementation.   The cycle includes an annual review of the IMTP elements relevant to its remit ahead of them being approved by the Board, however the monitoring of the IMTP is within the purview of the Finance and Performance Committee.

REPORT APPROVAL ROUTE

N/A

REPORT APPENDICIES

Annex 1 – Cycle of business 2023/24
Annex 2 – Cycle of business monitoring report

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	NA	Financial Implications	NA
Environmental/Sustainability	NA	Legal Implications	NA
Estate	NA	Patient Safety/Safeguarding	NA
Ethical Matters	NA	Risks (Inc. Reputational)	NA
Health Improvement	NA	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA

CYCLE OF BUSINESS 2023/24

SITUATION

7.   The purpose of this paper is to provide the Committee with the updated cycle of business as the final step in the 2023/24 effectiveness review process.

BACKGROUND

8.   The Committee carried out its effectiveness review in Quarter 4 2022/23.   This included a review of its terms of reference, amendments to which were approved by the Committee in February 2023.

9.   The final step in the effectiveness review process is the development a cycle of business for the Committee.

ASSESSMENT

Cycle of Business

10.   A cycle of business provides order and structure and sets a Committee work plan for the year. This, together with the Board Assurance Framework, should drive agenda setting. It also:

10.1. allows papers to be planned in advance, giving Directors and report writers the opportunity to plan necessary pre-committee forums and align cycles of business;

10.2. schedules compliance related reports according to legislative or regulatory timeframes;

10.3. provides focus for reporting and an opportunity to see where there may be duplication, gaps, and interrelationships;

10.4. generates commitment to review matters that may sometimes be vulnerable to postponement;

10.5. allows for easy tracking of the Committee's adherence to the cycle which is a marker of an effective Committee;

10.6. provides for a collective awareness and agreement of the areas where it applies its focus on an annual basis; and

10.7. removes the *ad hoc* elements of agenda setting.

11. Whilst it is inevitable that other items will arise from time to time, the cycle allows them to be prioritised - perhaps coming later on the agenda.

12. The cycle of business at **Annex 1** has been designed to address the above. It includes further detail on the pre-committee forums, lead presenters, purpose of reports and any relevant and/or helpful commentary.   It also includes each of the duties for the Committee in the terms of reference (in red text) so members can see and demonstrate that the reporting expected for each area will in fact provide appropriate assurance, generate discussion, and allow for the right balance of challenge and support.

13. Given the maturing nature of the areas in the remit of the Committee and the University Trust Status journey, the cycle of business will continue to evolve for this fairly new Committee.   This is particularly pertinent as the approach of this Committee is a mixture of **scrutiny** (particularly with respect to refreshed UTS priorities, obtaining and maintaining UTS status), **partnering** (ensuring the right partners are on the Committee, that we have appropriate arrangements in place with partners), **connecting** (existing and new partners to research/programmes of work in WAST), and **inquisitorial** (drilling down into elements of the priorities and other programmes where we are partnering with academic and industry to foster and promote).

14. There are some areas of the cycle where reporting remains to be developed including the research governance framework and KPIs.   Work will continue with the relevant leads over the coming months.

Continued monitoring of the cycle of business:

15. The cycle of business will be used to build the quarterly Committee agenda.   A monitoring report will be provided to each meeting under the Consent Agenda, and where issues of escalation are required i.e., where cycle needs to be adjusted or reporting is overdue, these will be drawn out in a short paper by the Board Secretary.

16. The first monitoring report appears at **Annex 2** for Q1 2023/24.

RECOMMENDATION

17. The Committee is asked to:

(c) Review and approve the 2023/24 cycle of business at Annex 1; and
(d) Note the cycle of business monitoring document at Annex 2.

ACADEMIC PARTNERSHIPS COMMITTEE - CYCLE OF BUSINESS 2023/24

PAPER	PRE or POST-C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE	COMMENT/COMPLIANCE
TERMS OF REFERENCE NOTED IN RED TEXT									
3.1 Promote and support the exploration of opportunities with higher and further education, wider education providers and commercial partners across and beyond Wales to: a) develop collaborative activities in relation to clinical and non-clinical services, research, and development, teaching and education, innovation and improvement, and commercial opportunities; and b) influence programme design									
3.2 Promote and support collaboration with key partners in health, social care, local authorities, and the third sector, as well as patients and patient representative groups, developing opportunities for widening access and increasing participation in health and social care education amongst local communities									
Ongoing and continuous support from Committee	N/A	Ad Hoc	▫	▫	▫		All members	N/A	Committee member visits and reporting of outcomes
Sportlight On Parnterships	N/A	Ad Hoc	▫	▫	▫		Relevant Director	Assurance	
3.3 Ensure appropriate arrangements are in place with partner organisations that establishes role, responsibilities and expectations, and supports the achievement of the highest standards of health, clinical care, research, innovation and health care education. Depending on the nature of the projects the risk to the parties should be understood and the appropriate mitigated action taken.									
Review partnership agreements	TBC	Ad Hoc	▫	▫	▫		Relevant Director	Assurance	Scrutiny that overarching agreements with academic pratners, where they exist, are appropriate
3.4 Oversee and contribute to the development of submissions to Welsh Government for University Trust Status and ensure the ongoing maintenance of that status and compliance with any conditions from Welsh Government									
Initial UTS application and any renewals	EMT and Board	Ad Hoc			■		DPE	Endorsement	See Note 2
Review compliance reporting	EMT and Board	Annually			■		DPE	Assurance	
3.5 Review and agree programmes of work aligned to University Trust Status, ensuring that they: a) explore and identify opportunities for the development of the whole workforce; b) are appropriately resources, and where possible maximise the benefits of shared resources and expertise, and availability of grants; c) are clear where Board level scrutiny will take place, whether that is that this Committee or another Board Committee, to avoid duplication and support coalescence of Board oversight									
3.6 Monitor plans to build capacity for the whole workforce whether they be in a clinical, professional, or corporate role, to participate in research; that opportunities to do so are being promoted; and that the workforce is encouraged to be professionally inquisitive									
UTS Priorities in IMTP	STB and Board	Annually				■	Relevant Director	Endorsement	See Note 2. Review priorities against (a) to (c) in 3.5 and against 3.6.
Exception reporting on UTS priorities	TBC	Ad Hoc	▫	▫	▫		Relevant Director	Assurance	F&P Committee has overall oversight of IMTP, however where priority is off track or rebaselined Director may report here
Deep dive on priority (and other) elements		Ad Hoc	▫	▫	▫		Relevant Director	Assurance/Information	See Note 4
3.7 Approve the research governance framework and oversee its implementation in accordance with the Welsh Government Research Governance Framework for Health and Social Care									
Initial and ongoing review of framework	CQGG	Ad Hoc					ADR&I	Approval	See Note 3
Research KPIs	CQGG	Ad Hoc	▨	▨	▨	▨	ADR&I	Approval	See Note 3
Sportlight On Research	CQGG	Ad Hoc					ADR&I	Approval	See Note 3
3.8 Corporate Risks are identified and appropriately managed; CRR and BAF risks for their remit are presented and Committee is assured on progress and ratings; Audit Recommendation Trackers monitored									
Board Assurance Framework	EMT	Each meeting	■	■	■	■	BS	Assurance	TBC risks in the purview of the Committee (including UTS, research, innovation, academic partners)
Corporate Risk Register	EMT	Each meeting	■	■	■	■	BS	Assurance	TBC risks in the purview of the Committee (including UTS, research, innovation, academic partners)
Audit Recommendation Tracker		Each meeting	■	■	■	■	BS	Assurance	
Audits within purview of Committee		Ad Hoc	▫	▫	▫		BS	Assurance	
GOVERNANCE									
Committee effectiveness review annual report	Audit/Board	Annually				■	BS	Approval	
Review of Terms of Reference	Audit/Board	Annually				■	BS	Approval	
Committee Cycle of Business review	N/A	Annually	■				BS	Approval	
Committee Cycle of Business monitor	N/A	Each meeting		■	■	■	BS	Assurance	
Committee Review of Annual Priorities	N/A	Quarterly		■	■	■	Chair	Review	
SUB-GROUPS									
Sub-groups or task and finish group AAA	N/A	Ad Hoc	▫	▫	▫		Relevant Director	Assurance	Task and Finish Group established in April 2023 reporting
PROMPTS									
External Reports	N/A	Ad Hoc	▫	▫	▫		TBC	TBC	

DPE = Director of Partnerships and Engagement
ADR&I = Assistant Director of Research and Innovation
BS = Board Secretary

■ Cycled for each meeting
▫ Ad hoc item - promt for agenda setting
▨ Reporting developing

PAPER	PRE or POST-C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE	COMMENT
ACADEMIC PARTNERSHIPS COMMITTEE - CYCLE OF BUSINESS 2023/24									
See full cycle of business for reference to the duties in the terms of reference as they relate to Committee reports below									
Draw details of any member visits in cycle	N/A	Ad Hoc	blue	blue	tan	tan	All members	N/A	
Spotlight on Partnerships	N/A	Ad Hoc	blue	blue	tan	tan	Relevant Director	Assurance	
Review partnership agreements	TBC	Ad Hoc	blue	blue	tan	tan	Relevant Director	Assurance	
Initial UTS application and any renewals	EMT and Board	Ad Hoc	blue	blue	tan	tan	DPE	Endorsement	
Review compliance reporting	EMT and Board	Annually			green		DPE	Assurance	
UTS Priorities in IMTP	STB and Board	Annually				green	Relevant Director	Endorsement	
Exception reporting on UTS priorities	TBC	Ad Hoc	blue	blue	tan	tan	Relevant Director	Assurance	
Deep dive on priority (and other) elements		Ad Hoc	blue	blue	tan	tan	Relevant Director	Assurance/Information	
Initial and ongoing review of research gov framework	CQGG	Ad Hoc	blue	blue	tan		ADR&I	Approval	
Research KPIs	CQGG	Ad Hoc	blue	blue	yellow	yellow	ADR&I	Approval	
Sportlight On Research	CQGG	Ad Hoc	blue	blue	green		ADR&I	Approval	
Board Assurance Framework	EMT	Each meeting	blue	blue	green	green	BS	Assurance	
Corporate Risk Register	EMT	Each meeting	blue	blue	green	green	BS	Assurance	
Audit Recommendation Tracker		Each meeting	blue	blue	green	green	BS	Assurance	
Audits within purview of Committee		Ad Hoc	blue	blue	tan	tan	BS	Assurance	
GOVERNANCE									
Committee effectiveness review annual report	Audit/Board	Annually	blue	blue		green	BS	Approval	
Review of Terms of Reference	Audit/Board	Annually	blue	blue		green	BS	Approval	
Committee Cycle of Business review	N/A	Annually	orange	blue			BS	Approval	Deferred to Q2
Committee Cycle of Business monitor	N/A	Each meeting	orange	blue	green	green	BS	Assurance	Deferred to Q2
Committee Review of Annual Priorities	N/A	Quarterly	blue	blue	green	green	Chair	Review	
SUB-GROUPS									
Sub-groups or task and finish group AAA	N/A	Ad Hoc	blue	blue	tan	tan	Relevant Director	Assurance	
PROMPTS									
External Reports	N/A	Ad Hoc	blue	blue	tan	tan	TBC	TBC	

DPE = Director of Partnerships and Engagement

ADR&I = Assistant Director of Research and Innovation

BS = Board Secretary

- green — Cycled for each meeting
- tan — Ad hoc item - promtp for agenda setting
- yellow — Reporting developing
- blue — Presented as cycled/ad hoc item considered at agenda settinig
- orange — Deferred

AGENDA ITEM No	8
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

Mapping Our Interfaces: An Update on Research, Academic, Innovation and Commercial Links Across the Welsh Ambulance Services NHS Trust

MEETING	Academic Partnerships Committee
DATE	15 August 2023
EXECUTIVE	Director of Partnerships and Engagement
AUTHOR	Director of Partnerships and Engagement
CONTACT	estelle.hitchon2@wales.nhs.uk

EXECUTIVE SUMMARY

Committee reviewed an initial analysis of the organisation's academic and commercial interfaces at its October 2022 meeting. However, given the breadth of the work in which colleagues across WAST are involved, it was unclear whether all relevant information had been captured in the initial exercise.

On that basis, a second information gathering exercise has been undertaken, encompassing all directorates. Some further interfaces have been identified as a result. Key interfaces are shown in the graphic at Appendix 2.

The aim of this paper is to present the outcome of this second exercise to Committee, both for the purposes of information and discussion, but also to help inform the forward work programme of Committee in respect of potential areas for future inquiry, presentation etc. This mapping exercise will be presented to Executive Management Team for the same purposes and to discuss any observations from Committee.

Additionally, it should be noted that, while there may be some perceived "gaps" and opportunities for further engagement with partners, Committee will need to be mindful of capacity to support this given the current pressures. While every attempt has been made to capture all interfaces, there may still be some omissions which, if they are identified, can be added as they arise to ensure the mapping document remains live and as up-to-date as possible.

Similarly, the planned recruitment of a non-executive director with an academic background will help support Committee, and the organisation more broadly, in its thinking in respect of potential future opportunities.

Recommendations:
Committee is asked to:
1) Note this updated report and its contents
2) Identify as appropriate any areas for future discussion/presentation at Committee
3) Remit any further observations as appropriate for consideration by the Executive Management Team.

KEY ISSUES/IMPLICATIONS
- It is recognised that there is a small but dedicated community of individuals across WAST who continue to develop our research, innovation and commercial relationships   - Interfaces across the organisation are extensive, some well-established and others embryonic   - Visibility at executive and Board level is improving, both as a function of this Committee's work but also as a result of the commitment of individuals and senior leaders across the organisation in supporting and championing these areas of the Trust's activity   - Over the past 12 months there has been a greater spotlight on the opportunities presented in the innovation and commercial field, particularly given the Trust's emerging transformation agenda   - The Trust's Head of Research and Innovation continues to maintain the Trust's national and international research visibility. Greater involvement in the work of the Committee (separate item on agenda), is very much welcomed and the NHS Wales Research and Development Framework, which is the subject of a recent Welsh Health Circular, will provide further impetus in this area.

REPORT APPROVAL ROUTE
Academic Partnerships Committee August 15, 2023 for discussion with any observations remitted to Executive Management Team for discussion/action.

REPORT APPENDICES
See below

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	x	Financial Implications	x
Environmental/Sustainability	x	Legal Implications	x
Estate	x	Patient Safety/Safeguarding	x

Ethical Matters	x	Risks (Inc. Reputational)	x
Health Improvement	x	Socio Economic Duty	x
Health and Safety	x	TU Partner Consultation	x

Appendix 1: Interfaces by Directorate

Directorate Name	Clinical Services				
Research	**Partner**	**Nature of Activity**	**Maturity Level (e.g. well established/new relationship)**	**Relevant Documentation appended (Y/N)**	**Main Contact**
See embedded research and innovation project tracker	Various	Various	Well established	6. R&I Project Tracker June 2023 .xls	Nigel Rees
Academic	**Partner**	**Nature of Activity**	**Maturity Level (e.g. well established/new relationship)**	**Relevant Documentation appended**	**Main Contact**
	Cardiff University	Jakarta EMS Development Project with (joint venture with QSPE)	Well established	N	Brendan Lloyd/Jonathan Turnbull-Ross
	HEIW	Partnership to co-design HE modules	Well established	N	Andy Swinburn
	Swansea, Glyndwr, Bangor and USW Universities	Paramedic training, including advanced practice	Well established and continuing to develop	N	Andy Swinburn

Innovation	Partner	Nature of Activity	Maturity Level (e.g. well established/new relationship)	Relevant Documentation appended	Main Contact
Nil Return					
Commercial	Partner	Nature of Activity	Maturity Level (e.g. well established/new relationship)	Relevant Documentation appended	Main Contact
Nil Return					

Directorate Name	Digital				
Research	Partner	Nature of Activity	Maturity Level (e.g. well established/new relationship)	Relevant Documentation appended (Y/N)	Main Contact
ASSIST project	Corti.ai	Collaboration to explore safety assurance process of using AI-led out of hospital cardiac arrest recognition software	Project concluded last year, but possibility for group to continue supporting each other longer-term	N	Nigel Rees (Clinical) Kelly Holding (Digital)
Clinical Research	Swansea University Trials Unit & SAIL data bank Projects	Support from digital to WAST clinical & research teams	Well established (not sent ad-hoc data to for 5-6 years, but	N	Nigel Rees (Clinical)

			our DHCW data feeds goes on into SAIL)		Kelly Holding (Digital)
Academic	**Partner**	**Nature of Activity**	**Maturity Level (e.g. well established/new relationship)**	**Relevant Documentation appended**	**Main Contact**
Digital Transformation for Health & Care Professions MSc (previously known as 'digital skills for…')	WIDI (Wales Institute for Digital Information)	Supporting colleagues across WAST who are enrolled in this postgrad course	Believed to be the 2nd (perhaps 3rd?) cohort being supported	[Digital Transformation for the Health and Care Professions (MSc, PGDip, PGCert, UniCert) | UWTSD](#)	Leanne Smith (was Andy Haywood)
Apprenticeship degrees (BSc)	Cardiff Metropolitan University	Supporting digital people with higher education (funding via WG)	Year 1 of engagement	[Cardiff School of Technologies Degree Apprenticeships (cardiffmet.ac.uk)](#)	Leanne Smith (was Andy Haywood)
Summer Student Analytics & Data Science Projects	Cardiff University School of Maths & Computer Science	Supervision of 3 x MSc students June-September 2023	New activity (although links with CU long established)	Briefings and update to be supplied to ACP in Q2	Leanne Smith
Professional memberships	British Computing Society (BCS)	Organisational membership with BCS to develop professional standards in Digital	Long standing, but low uptake / engagement	[BCS, The Chartered Institute for IT | BCS](#)	Aled Williams
Professional Memberships	Association of Professional	Supporting data & analytics team with	Long standing, good uptake, and forms	[AphA Home - AphA - Association of Professional](#)	Jon Hopkins

	Healthcare Analysts (AphA)	membership and access to learning	part of protected development time	[Healthcare Analysts (aphanalysts.org)](aphanalysts.org)	
BSc education	Open University	Supporting digital team members to study part-time (financial support for modules provided)	Long-standing	N	Aled Williams
Postgrad diploma in Healthcare Planning	Cardiff University	Supporting WAST staff with postgrad studies (50% funded)	One individual from Digital on the 18-month programme	N	Alex Crawford / Aled Williams
Innovation	**Partner**	**Nature of Activity**	**Maturity Level (e.g. well established/new relationship)**	**Relevant Documentation appended**	**Main Contact**
Automation	OAS and Blue Prism	Roll-out of Robotic Process Automation across WAST	Continuation of the contract into 2023-24 following successful pilot in 2022-23.	A paper following the evaluation of the pilot can be shared if required.	Jon Whitehead / Aled Williams

Directorate Name	**Finance and Corporate Resources**

Research	Partner	Nature of Activity	Maturity Level (e.g. well established/new relationship)	Relevant Documentation appended (Y/N)	Main Contact
	NHS Finance Academy	Sharing best practice on Foundational Economy from a finance viewpoint	Maturing	N	Chris Moreton
	Toyota GB and Wilker UK	Tripartite research and development programme	Emerging	N	David Holmes
Academic (training)	**Partner**	**Nature of Activity**	**Maturity Level (e.g. well established/new relationship)**	**Relevant Documentation appended**	**Main Contact**
	NHS Finance Academy	The NHS Finance Academy vision has been developed from its engagement with finance staff across NHS Wales, and focuses around Finance adding value, with four main themes – People, Innovation,	Well established – regular monthly meetings	Home - Finance Academy (nhs.wales)	Rebecca Richards

		Partnership and Excellence. The ambition is to create a Finance Function that is: "Best suited to Wales but comparable with the best anywhere."			
	Healthcare Financial Management Association	Similar to Finance Academy	Well established – regular training opportunities and working groups on System working and the Environmental agenda	Healthcare Financial Management Association (hfma.org.uk)	
Accountancy Qualifications	Association of Chartered Certified Accountants (ACCA)	WAST Finance dept recently awarded approved ACCA employer status. Staff development /qualification	As above	Home | ACCA Global	
Accountancy Qualifications	CIMA	Staff development/ qualification	As above	CIMA: Your future starts here | CIMA (cimaglobal.com)	
Accountancy Qualifications	CIPFA	Staff development/ qualification	As above	Home (cipfa.org)	

Accountancy Qualifications	ACA	Staff development/ qualification	As above	[ACA Qualification	ICAEW Chartered Accountant	ICAEW](#)	
	University of Swansea	SPECIFIC innovations and Knowledge Centre at the University of Swansea have supported, and continue to support new build decarbonisation objectives	Maturing	N	Nicola Stephens
Innovation	**Partner**	**Nature of Activity**	**Maturity Level (e.g. well established/new relationship)**	**Relevant Documentation appended**	**Main Contact**

	Solar Edge UK	Projects included installation of PV arrays & battery storage, plus replacement high carbon emission heating systems for an air source heat pump. WAST worked in conjunction with Solar Edge UK, to develop bespoke renewal energy designs, all supported by WGES	Maturing	N	Nicola Stephens
	Centre for Alternative Technology and the University of East London(postgraduate student)	Retrofit decarbonisation design guide specifically for WAST estate			
Commercial	**Partner**	**Nature of Activity**	**Maturity Level (e.g. well established/new relationship)**	**Relevant Documentation appended**	**Main Contact**
Commercial partner-provided study support for part qualified staff	Various e.g. Kaplan	Training to sit accountancy exams	Well established	ACCA Qualification | ACCA Courses | Kaplan	Line manager of each student and sales rep

Directorate Name	People and Culture				
Research	**Partner**	**Nature of Activity**	**Maturity Level (e.g. well established/new relationship)**	**Relevant Documentation appended (Y/N)**	**Main Contact**
Inter-professional Simulation-based Education & Training (IPSBET) principles for excellence in inter professional simulation learning activity - a common proficiencies framework"	Swansea University and University of Chester	Simulation, Virtual and Augmented reality learning partnership	Established	N	Jo Kelso
Staff Wellbeing study - a comparison study with Ambulance Victoria	Swansea University/ Monash (Australia)	Research looking at the wellbeing of our staff	Established	N	Dr Catherine Goodwin
Possible RCTs in relation to probiotics	Cultech and Cwm Taf Morgannwg University Health Board	Exploratory	Emerging	N	
Academic (training)	**Partner**	**Nature of Activity**	**Maturity Level (e.g. well established/new relationship)**	**Relevant Documentation appended**	**Main Contact**

AACE National Education Network for Ambulance Services (NENAS) and Driver Training or Ambulance Group (DTAG): member	Other UK Ambulance Services	Sharing of best practice	Well established	N	Jo Kelso
South West Wales and Mid Wales Regional Learning & Skills Partnerships: member	Education and skills providers across Wales' regions	Direct link to guide/shape/evaluate WG re policy and funding for skills via Further Education and Work Based Learning	Well established	N	Jo Kelso
Apprenticeship Steering Group ('Grow our own' NHS branded offer): membership	HEIW	Positioning HEIW to bid for Work Based Learning Contracts in the future. Working group designing the standards for simulation based education.	Well established	N	Jo Kelso
Centre status for a growing range of awarding bodies	Agored Cymru, Pearson, Future Quals, IOSH, ILM	Training provision	Well established	N	Jo Kelso
Review of Level 4 bridging module used across all AHP routes	HEIW, Ofqual, Qualifications Wales, various awarding bodies	Ensure undergraduate study readiness	Established	N	Jo Kelso

Joint delivery of specialist educational input	Corpuls Aortic Dissection Charity	Conditions management training	Established	N	Jo Kelso
Compassionate Practices	Cardiff University Aneurin Bevan University Health Board	Changing the approach for handling disciplinary processes across Wales (to be shared in WAST shortly)	Developing	N	Liz Rogers
Student Placements	Bangor University Cardiff University	Third year placements undergraduate psychology students (Cardiff). Final year placements Doctoral Clinical Psychology Trainees (Bangor)	Established	No	Dr Catherine Goodwin
Innovation	**Partner**	**Nature of Activity**	**Maturity Level (e.g. well established/new relationship)**	**Relevant Documentation appended**	**Main Contact**
Nil Return					
Commercial	**Partner**	**Nature of Activity**	**Maturity Level (e.g. well established/new relationship)**	**Relevant Documentation appended**	**Main Contact**
Nil Return					

Directorate Name	QSPE/QI				
Research	**Partner**	**Nature of Activity**	**Maturity Level (e.g., well established/new relationship)**	**Relevant Documentation appended (Y/N)**	**Main Contact**
	International Academies of Emergency Dispatch	Research studies A comparison of different remote clinicians outcomes and audits Comparison of MPDS Codes and ECNS outcomes in telephone triage.	Well established	N – soon to be published studies.	Conrad Fivaz Conrad.FivazMD@priorit ysolutionsinc.com
		Exploring that effects home working has on 999 telephone triage staff	Research completed One paper accepted for publication by International Journal of Emergency Services	N	Mike Brady

			Another paper just being finished and hopefully submitting to SAGE Paramedicine soon.		
		Research exploring the experience of pregnant women accessing NHS 111 services. Inductive qualitative work – possible with focus on Black and Asian women.	Plan to submit research bit to RfPPB October 23.		
		Loud Noise: An educational intervention study in an NHS 111 call centre.	Currently being written up		
		Using a remote delivery model and tabletop exercises to improve Clinicians Confidence and Competency in a National 111 service.	Currently being written up		

Academic	Partner	Nature of Activity	Maturity Level (e.g., well established/new relationship)	Relevant Documentation appended (Y/N)	Main Contact
	Swansea University	Development of nostalgia and reminiscence App for Operational staff to support dementia patients	New relationship. Scoping and work still to be completed		Gary Christopher. Professor of Gerontology
QSPE	Health Education Improvement Wales	Creation of new programme of education for remote clinical decision making	Well established	Remote Clinical Care Education Proposal 2(	Martin Riley (HEIW) <Martin.Riley@wales.nhs.uk>
Education plan Mental Health nurses	Cardiff University	Teaching	New relationship	N	Dr Alicia Stringfellow - stringfellowa@cardiff.ac.uk
Paramedic teaching	Swansea University	Teaching	Well established	N	Dr Tom Hewes - <t.a.hewes@swansea.ac.uk>
Innovation	**Partner**	**Nature of Activity**	**Maturity Level (e.g., well established/new relationship)**	**Relevant Documentation appended**	**Main Contact**
	Digital Communities Wales & Effro Cymru	Development of padlet to host range of supportive apps and other	New relationship. Mapping and engagement through August	SBAR - Dementia Update Care Closer to	Russell Workman, DCW

		resources to support patient engagement if patients are distressed, confused or require distraction. (Includes dementia, sensory loss, Children, LD, mental health and other community groups)	2023. Work to be completed Q3 of 2023		
Mental Health Response Vehicle Pilot	Bevan Commission	Project management	New relationship	https://www.bevancommission.org/projects/ambulance-response-to-people-in-mental-health-crisis/ 230504 SBAR MHRV SOT.docx	Dr Tom Howson - t.e.howson@swansea.ac.uk
Community Welfare Responder- Connected Support Cymru	St John Ambulance Cymru	Introduction of a new role "community welfare responder". This role is being tested with SJAC across Wales. This	New role building on existing relationship.	Outline Business Case, Slide Deck (to be provided)	James Gough/Jonathan Turnbull Ross

		volunteer/commissioned role (EASC) looks at opportunities to provide an "eyes on assessment" with basic clinical observations, to inform Clinical Support Desk decision making. Patients are provided support where they experience lengthy waits in the community and/or an opportunity may exist to offer the patient a Consult and Close episode of care. Commissioned by EASC for trial period. We will soon be developing internal volunteer role to support this project.			

| Falls Response- Level 1 Falls Service | St John Ambulance Cymru | Falls Assistant Level 1- Pan Wales, providing a response to patients who have fallen. Falls and Frailty Framework developed to maximise opportunities for expansion of workstream. Currently responds to nearly 1,000 patients per month. In 2023 (up to and including 21st June) the teams have responded to 5,972 patients and attended scene for 5,324 patients (60% of patients did not require conveyance to hospital). Over 4,225 patients received a response by falls assistants as a result of a fall (out | Well established, additional expansion- further opportunities being explored | Falls and Frailty Framework- NEW

Welsh Ambulance Services Trust WAST I

8. Falls and Frailty Response Model- Eva | Ben Scott, James Gough |

		of a total demand of 15,958). 26% of all responded falls incidents, were responded to by a Falls Assistant in 2023. There are currently 11 (10 commissioned resources and 1 funded by Hywel Dda University Health Board).			
Falls and Frailty Response- Level 2- Multidisciplinary Team	Aneurin Bevan University Health Board BCU.	Level 2 teams are specialist multidisciplinary teams, who respond to Falls and Frailty Incidents. Teams are funded by Health Board Partners with funding agreed for AB (up to 31st March 24) and BCU for 3 additional years. This year Level 2 teams have responded to over	Well established within two Health Board areas, further expansion required.	Falls and Frailty Framework- as above	Ben Scott, James Gough.

		832 patients across two health boards (2 resources). When excluding red incidents (166)- 75% were cared for at home and did not require conveyance to hospital (from Jan-June 20th, 2023).			
XURT- Mobile X-Ray	Bevan Commission-FUJI (Bevan Commission Planned Care Innovation)	Mobile X-RAY- Trial to examine the feasibility of Mobile X-Ray equipment in the community. A vehicle will test the equipment in the operational environment (WAST) with a Paramedic and Radiographer. Funding extended up to and including September 2023 to test within BCU for 1 week.	New relationship	Project Initiation document (to be provided)	Chris Evans
Powys- Value Based Health Care	Value Based Health Care BID- Powys HB	Introduction of training for	New relationship	N	Ben Scott

		ISTUMBLE tool within Powys across geographical area. A Paramedic was seconded to deliver training and QI team contributed to evaluation			
QSPE	Priority Solutions and International Academies of emergency dispatch	Use of triage tools in very different way	Well established	 Brady et al (2021) Proposed use of the e	Conrad Fivaz [Conrad.FivazMD@priorit ysolutionsinc.com](mailto:Conrad.FivazMD@prioritysolutionsinc.com)
Commercial	**Partner**	**Nature of Activity**	**Maturity Level (e.g. well established/new relationship)**	**Relevant Documentation appended**	**Main Contact**
	SBRI- LUCISI (Connected Support Cymru) and Apple UK	Development, design and testing of Virtual Ward Platform. WAST will seek to identify opportunities to deploy wearable technology to support patients at home. This will be	New relationship	SBRI slides/information – to be provided	Chris Evans.

		focused on patients who are at risk (waiting in the community to access hospital care) or those who can be referred to community-based services.			
	SBRI- FUJI (Connected Support Cymru).	Testing of Point of Care Testing (blood analysis), Ultrasound and possible Mobile X-ray on a single vehicle.	New relationship	SBRI slides/ information - to be provided	Chris Evans

Appendix 2:

Research

Academic

25

Innovation

Commercial

AGENDA ITEM No	9
OPEN or CLOSED	Open
No of APPENDICES	0

Committee Priorities 2023/24

MEETING	Academic Partnerships Committee
DATE	15 August 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the priorities it set for 2023/24.

2. There is nothing to escalate with both priorities making good progress.

RECOMMENDATION

3. The Committee is asked to note the update.

KEY ISSUES/IMPLICATIONS

No issues to raise.

REPORT APPROVAL ROUTE

Not applicable

REPORT APPENDICES

None

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		**Confirm that the issues below have been considered and addressed**	
EQIA (Inc. Welsh language)	Yes	Financial Implications	N/A
Environmental/Sustainability	N/A	Legal Implications	N/A
Estate	N/A	Patient Safety/Safeguarding	N/A
Ethical Matters	N/A	Risks (Inc. Reputational)	N/A
Health Improvement	N/A	Socio Economic Duty	N/A
Health and Safety	N/A	TU Partner Consultation	N/A

COMMITTEE PRIORITIES FOR 2022/23

SITUATION

4. This report updates the Committee on progress against the priorities it set for 2023/24 and progress against the agreed cycles of business.

BACKGROUND

5. During the course of the effectiveness reviews, it was agreed that it is good practice for Committees to set priorities for the forthcoming year. The Committee's priorities, which are set out below, were agreed by the Trust Board in May 2023 and will be tracked quarterly.

ASSESSMENT

6. The Committee priorities, and progress against them is as follows:

Priority	Progress
Task and Finish Group to scope out the next 12 months to UTS (including partners, any reciprocal arrangements, conflicts, name change, legislative docket).	• The Group has held four meetings and reported to the Committee on a AAA report. • The academic NED role profile is before the Committee for the August meeting. • The Committee is being updated by the Group on progress to UTS.
Focus on the research governance framework, which is a new area of oversight for the committee.	• A paper is before the Committee on the research governance framework at their August meeting.

RECOMMENDATION

7. The Committee is asked to note the update.