

Bundle Academic Partnership Committee Open 18 November 2024

Agenda attachments

00 Agenda 18 November 2024

0 OPENING ITEMS

1 09:30 – Chair's Welcome, Apologies and Quorum

2 Declarations of Interest

Board Member Register of Interests-Updated 2024-09-30-Published.xlsx

3 Minute of the Last Meeting: 19 July 2024

03 Unconfirmed July Minutes

03a 2024-07-19 – Academic Partnership Committee – Addendum to the Minutes

4 Action Log & Matters Arising

04 Action Log

4.1 FOR APPROVAL, ASSURANCE AND DISCUSSION

5 09:35 – Research and Innovation Next Steps (Position Paper)

05 APC Research Development and Innovation Next Steps

6 10:05 – University Trust Status Benefits Realisation Position Paper

06 UTS Benefits Realisation

7 10:35 – Proposed Revised Committee Priorities & COB Monitoring Report

07 Academic Partnership Committee – Revised Priorities and Cycle Monitoring Report – November 2024

07a Academic Partnerships Committee Cycle of Business 2024-25 – Monitoring Report

07b Academic Partnerships Committee Cycle of Business 2024-25 – Monitoring Report

7.1 10:45 – BREAK FOR WAST LIVE

8 12:00 – Research Governance Framework Update

08 NHS R&D Framework Quarterly Report to APC

08a Appendix 1 RGF Report

8.1 CLOSING ITEMS

9 12:20 – Reflections and Summary of Decisions/Actions

10 Any Other Business

11 Date and Time of Next Meeting: 23 January 2025

Length of Meeting: 02:25		Agenda Status:		OPEN Academic Partnership Committee - 18 November 2024					Deadline for Papers: 26/09/2024	
Time	Mins allotted	Agendum	Title	Item for	Item requested by	Format of Item	Paper prepared by	Item presented by	Colleagues to cc	Scheduled at ELT
OPENING ITEMS										
09:30	00:05	1	Chair's Welcome, Apols and Quorum	Information	Standing	n/a	n/a	Chair		
		2	Declarations of Interest	To State Conflicts	Standing	n/a	n/a	Chair		
		3	Minutes of the Last Meeting: 19 July 2024	Approval	Standing	n/a	n/a	Chair		
		4	Action Log & Matters Arising (No AAA from July 2024 as Verbal Update to Board)	Discussion	Standing	n/a	n/a	Chair		
FOR APPROVAL, ASSURANCE AND DISCUSSION										
09:35	00:30	5	Research and Innovation Next Steps (Position Paper)	Assurance	23 April Meeting	Paper	Clinical	Andy Swinburn	n/a	
10:05	00:30	6	University Trust Status Benefits Realisation Position Paper	Endorsement	19 July Meeting	Paper	Partnerships	Estelle Hitchon	n/a	
10:35	00:10	7	Proposed Revised Committee Priorities & CoB Monitoring Report	Approval	19 July Meeting	Paper	CorGov	Trish Mills	Alex Payne	
10:45	01:15	BREAK FOR WAST LIVE								
12:00	00:20	8	Research Governance Framework Update	Assurance	CoB	Paper	Clinical	Andy Swinburn	Nigel Rees	
CLOSING ITEMS										
12:20	00:05	9	Reflections and Summary of Decisions/Actions	Discussion	Standing	n/a	n/a	Chair	n/a	
		10	Any Other Business	Discussion	Standing	n/a	n/a	Chair	n/a	
		11	Date & Time of the Next Meeting: 23 January 2025 at 09:30	Information	Standing	n/a	n/a	Chair	n/a	
12:25	02:55	CLOSE								

LEAD PRESENTERS

Name	Position
Hannah Rowan	Non Executive Director and Chair
Andy Swinburn	Executive Director of Paramedicine
Estelle Hitchon	Director of Partnerships and Engagement
Trish Mills	Director of Corporate Governance/Board Secretary



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WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE ACADEMIC PARTNERSHIP COMMITTEE OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST HELD ON FRIDAY 19 JULY 2024 VIA TEAMS Chair: Hannah Rowan

MEMBERS:

Hannah Rowan	Non-Executive Director and Committee Chair
Kevin Davies	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Head of Risk/Deputy Board Secretary
Estelle Hitchon	Director of Partnerships and Engagement
James Houston	Head of Strategy Development
Caroline Jones	Corporate Governance Officer
Jo Kelso	Head of Workforce Education & Development
Alex Payne	Corporate Governance Manager
Keith Rogers	Trade Union Representative
Andy Swinburn	Executive Director of Paramedicine
Jonathan Turnbull-Ross	Deputy Director of Remote Clinical Care

APOLOGIES:

Angela Lewis	Director of People and Culture
Mark Marsden	Trade Union Representative
Trish Mills	Director of Corporate Governance/Board Secretary
Nigel Rees	Assistant Director of Research and Innovation
Duncan Robertson	Assistant Director for Clinical Development
Jonny Sammut	Director of Digital Services

38/24 WELCOME AND INTRODUCTION

Hannah Rowan welcomed everyone to the meeting bilingually and confirmed quorum. She went on to explain that due to a worldwide IT issue, Jonny Sammut was unable to join the meeting today.

Hannah Rowan asked members if they had any other items of business they would like to raise later in order for timings to be adjusted appropriately; and confirmed she would give a brief update regarding her Research Champion activity.

39/24 DECLARATIONS OF INTEREST

There were no additional declarations to those already recorded on the register.

RESOLVED:

There were no additional declarations raised to those recorded on the register.

40/24 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 16 January which had been reviewed and amended following comments from Nigel Rees, were approved as a correct record.

Hannah Rowan had a question on the minutes of 23 April 2024 relating to "there being no ongoing discussions relating to funding capability and capacity within the research and innovation space".

Andy Swinburn confirmed that the conversation was prompted by the various ongoing research activities, with Nigel Rees being central to these efforts. The main points highlighted by Andy Swinburn were:

1. **Integration into Daily Work:** Research should become a routine part of everyone's work, incorporated into work plans rather than seen as an additional task.
2. **Building Core Capacity:** There is a need to develop core capacity, which is currently active. The job description relating to this, is in development. There is an ongoing issue with job banding capacity, particularly concerning the deputy role for Nigel Rees.
3. **Current Active Pieces:** The team is actively working on job evaluation and the deputy role for Nigel.
4. **Future Planning:** Nigel has been asked to prepare a plan that can be quickly implemented if additional funding becomes available. Currently, only 0.4 FTE of a position is funded by the Trust, but the goal is to increase this to 1.4 FTE. This plan should be ready by the end of Q3/Q4 to address capacity issues and support future growth in research.

Additionally, there is an emphasis on integrating research into everyone's work plans, making it a routine part of departmental business. The follow-up discussion in October will address these points further. It was therefore not necessary to adjust the minutes.

Estelle Hitchon added that the conversation focused on the different types of research and the need to make research more accessible ensuring everyone could participate, regardless of the scale of their involvement. Estelle made the following points:

1. **Nigel's Role:** Nigel has been successful in securing research contracts and acting as the Principal Investigator (PI) for structured, approved research projects.
2. **Accessibility of Research:** There is a concern that highly academic and structured research could be intimidating. It is important to break down barriers and encourage participation in smaller, more accessible research initiatives.
3. **Integration and Capacity:** Emphasising the need to integrate research into everyday work and address capacity issues. The current 0.4 FTE commitment is insufficient, and there is a need to plan for potential future funding to increase this capacity.
4. **Distinction in Research Levels:** There should be a clear distinction between more accessible, lower-level research and highly academic research, and a strategy to bridge the gap between the two.

Jonathan Turnbull-Ross added that the organisation relied on the efforts of its people rather than additional funding to drive projects. Jonathan made the following points which emphasised the importance of strategic investment and support to foster innovation and achieve excellence:

1. **Initial Energy and Testing:** There is enthusiasm for starting projects and testing ideas, but integrating these into the operational and strategic framework is challenging.
2. **Budget Constraints:** Many projects had been run without a budget, leading to a "make do and mend" mentality. This approach is not sustainable for long-term success.
3. **Strategic Focus:** The need to decide whether to continue or end projects was crucial. The organisation must pick areas of excellence to focus on, aligning with the goals of achieving UTS.
4. **Support for Innovation:** More backing is needed for innovation and change, highlighting the efforts of key individuals like Andy and Nigel.

Jo Kelso also expressed the importance of education in fostering a curious mindset and integrating research into organisational practices. Jo made the following points:

1. **Educational Systems:** Current systems encourage research primarily for achieving qualifications. There is a need to shift towards fostering a curious mindset that benefits both the individual and the organisation.
2. **Encouraging Inquisitiveness:** Recognising and encouraging lower-level learning and inquisitiveness is crucial. This should go beyond achieving qualifications to feeding ideas back into the organisation.
3. **Structuring Research Efforts:** There is a need to structure research activities across the organisation to ensure clarity and coordination. This includes directing colleagues to central figures like Nigel to consolidate ideas.
4. **Quantifying and Justifying Investment:** To justify increased investment in research, it is essential to quantify current activities and demonstrate their value. This would help in making a case for sustainable growth and support.

Hannah concluded by saying there is a need to balance and support both practical and formal research efforts to foster innovation and growth.

RESOLVED: That the

- 1) minutes from the meeting on the 16 January 2024 were approved; and**
- 2) following a detailed discussion the minutes from the meeting on the 23 April 2024 were approved.**

41/24 ACTION LOG AND MATTERS ARISING

The Action log was discussed with no actions due today, following the discussion relating to the frequency of reporting on the Research Governance Framework and the amendment of that due date.

Hannah Rowan queried if there had been any update on the appointment of an Academic Non-Executive Director following the alert raised in the previous Highlight Report. It was confirmed that the Minister was considering three candidates.

RESOLVED: That the

- 1) action log was reviewed and updated as set out above; and**
- 2) Committee noted that the Minister was considering the candidates suitable for the appointment of an Academic Non Executive Director.**

42/24 UNIVERSITY TRUST STATUS BENEFITS REALISATION

Estelle Hitchon set out, for context, that the process for University Trust Status (UTS) began almost three years ago, with formal accreditation received earlier this year. She gave a short presentation and asked members to discuss what three things would UTS deliver, which could be easily communicated and used to drive the Integrated Medium-Term Plan (IMTP) forward. She set out that the focus was on leveraging the newly acquired UTS.

- 1. Benefits and Strategic Use:** The discussion aimed to identify the genuine benefits of UTS and how to leverage it for strategic goals and making it meaningful for people.
- 2. Integration with Other Initiatives:** Consideration of how UTS aligned with other initiatives, such as the Well-being of Future Generations Act, to galvanise efforts and motivate the organisation.

The discussion emphasised the need for a clear, strategic approach to utilising UTS to enhance organisational planning and development.

Members discussed the benefits and simplifying the goals for UTS and identifying best-case scenarios. The discussion highlighted the importance of a structured, evidence-based approach to achieving excellence and fostering a culture of continuous improvement. Key points included:

- 3. Simplification and Focus:** The aim was to narrow down broad ideas into simple, clear goals.
- 4. Best-Case Scenarios:** Participants were encouraged to think about their ideal outcomes for UTS and share keywords in the chat. For example, "credibility" was mentioned as a key ambition.

5. **Collective Input:** The process involved gathering initial thoughts from everyone to get an overview of starting points and aspirations.
The discussion emphasised the importance of starting broad and then refining ideas to create focused, achievable goals for leveraging UTS.
6. **Consultant Clinical Practice:** Linking UTS to consultant clinical practice to promote clinical excellence and professional growth within the ambulance service.
7. **Centre of Excellence:** Establishing a centre of excellence, particularly in remote clinical care, to position the organisation as a leader in this field. This included building the necessary faculty, team, and infrastructure.
8. **Point of Care Delivery:** Enhancing point of care delivery, including innovative solutions like drones for rapid testing, to connect clinicians with patients and necessary information efficiently.
9. **Credibility and Value:** Increasing the organisation's credibility and perceived value by demonstrating excellence and innovation in clinical practice and care delivery.
The discussion emphasised the need for strategic focus and investment to fully leverage UTS and achieve these goals.
10. **Holistic Approach:** The need for both clinical and organisational excellence, recognising that one supports the other.
11. **Quality and Governance:** Establishing clear structures, governance, and norms to define and achieve quality across various parts of the organisation.
12. **Evidence-Based Development:** Encouraging curiosity and evidence-based practices to continuously improve and develop.
13. **Professionalism Across Roles:** Promoting professionalism in all roles, not just clinical ones, and expecting staff to work to the top of their scope.
14. **Quality Assurance:** Shifting from a quality control mindset to a quality assurance approach, ensuring systems and practices are in place to do things right from the start.

The conversation then touched on the challenges of prioritising impactful projects over new, attractive innovations, including:

15. **Attraction to New Innovations:** The organisation often gravitated towards new innovations, but there is a need to focus on fundamental practices.
16. **Evidence-Based Practice:** Many current practices, such as those in the JRCALC clinical guidelines, lacked a strong evidence base. There is a need to prioritise research that challenged and validated these long-standing practices.
17. **Historical Practices:** Examples like fluid administration, oxygen therapy, and spinal immobilisation were highlighted as areas where past practices needed re-evaluation based on current evidence.
18. **Ethical Considerations:** Challenging established practices involves ethical considerations and requires rigorous research to ensure patient safety and efficacy.
The discussion emphasised the importance of grounding clinical practices in solid evidence before pursuing new innovations.
19. **Vulnerability in Research:** Conducting research that may not yield expected results required openness and could be challenging to sell to the wider system.
20. **Fundamental Challenges:** There is a need to question and validate long-standing practices, such as response times, to ensure they were evidence-based and truly beneficial.

21. **Resource Allocation:** Evaluating whether resources were being used effectively, especially in areas like response times, which may not have a proven impact on patient outcomes.

Members recognised the importance of evidence-based decision-making and the need to challenge established practices to ensure they were truly effective. Managing change in a fast-paced digital age was also raised noting that digitally enabling the right thing would be important. The following points were discussed:

22. **Structured Change Management:** Emphasising the need for a structured approach to change, ensuring assumptions were tested and changes were implemented rigorously.
23. **Pace of Digital Change:** Acknowledging the rapid pace of digital advancements and the influx of new technologies, such as web apps for vital signs monitoring.
24. **Leadership and Resources:** Highlighting the importance of having adequate leadership and resources, particularly questioning if the current 0.4 commitment for the Assistant Director of Research was sufficient to manage these changes effectively.
25. **Core Message:** Ensuring the organisation is well-prepared and supported to implement changes quickly and efficiently, maintaining the necessary rigor. The discussion underscored the importance of balancing speed with structure in managing digital and organisational changes.

The conversation continued with discussion around evaluating the effectiveness of current practices and the role of digital advances. Key points included:

26. **Effectiveness of Practices:** Questioning whether current practices, such as “hear and treat,” actually solved problems or if patients ended up seeking further care elsewhere.
27. **Connecting Data:** Emphasising the importance of connecting data to track patient journeys and outcomes, leveraging digital advances to achieve this.
28. **Desirable Outcomes:** The goal is to use digital tools to track and improve patient care outcomes effectively.
29. **Open Discussion:** The discussion highlighted the need for data-driven evaluation of practices and the potential of digital tools to enhance patient care tracking and outcomes.

The organisation is generating many ideas and there is enthusiasm for innovation and Estelle Hitchon suggested the importance of common purpose and inclusivity within the organisation was necessary. Some points discussed included:

32. **Decision-Making on Innovations:** It is important to make the right decisions on which innovations would add the most value and impact.
30. **Maturing Processes:** The organisation had started to mature its processes by testing ideas through small tests of change rather than full implementation.
31. **Evaluation and Decision-Making:** There is a need to strengthen the rigor around evaluation and decision-making based on these tests.
32. **Prioritisation:** It is critical to prioritise which innovations to support, as trying to take too many forward could hinder objective and detailed evaluation.
33. **Continuous Improvement:** While there were positives, there were also areas for improvement and maturation in the organisation’s approach to innovation.

34. **Common Purpose:** UTS is for everyone in the organisation, not just clinical staff. It is important to ensure that all contributions were valued and understood.
35. **Research and Evaluation:** There is a commitment to evaluating new models and initiatives to ensure they are safe, effective, and supported by evidence. This included having external academic reviews.
36. **Professionalism and Credibility:** The organisation aimed to be seen as professional and credible, redefining what it means to be an ambulance service. This involved sound arguments, evidence, and professionalism across all roles.
37. **Universalism:** Emphasising that the organisation's goals and benefits applied to all staff, reinforcing the idea that everyone's role is important in delivering clinical care.

Hannah Rowan addressed the practical use and impact of achieving UTS.

38. **Utilising University Trust Status:** The organisation needed to determine how to use UTS effectively to drive improvements.
39. **Framing and Communication:** It is important to frame the benefits and communicate them effectively within the organisation and to external stakeholders.
40. **Internal Understanding and Goals:** The focus should be on understanding what the organisation wants to achieve with the status and how it would be effective.
41. **Support and Resources:** There is a need for clarity on the next steps, including involving the wider Board and securing necessary support and resources.
42. **Leadership and Team:** Estelle is leading the initiative, but there is a need for a fuller team to support the work and maintain momentum.
43. **IMTP Reporting:** Including progress and benefits of UTS in the IMTP for 2025 onwards, with a draft ready by quarter three for Board submission in quarter four.
44. **Collaborative Effort:** Involving a smaller group to refine the position paper, test it with Executives, and align it with the overall strategy.
45. **Next Steps:** Reviewing the draft in the next meeting (in October) to ensure it captures the discussion accurately and maps out the connections between ongoing and planned work.
46. **Board and IMTP Integration:** Presenting the refined position paper to the Board alongside the IMTP to meet monitoring requirements and articulate the strategic benefits of UTS.
47. **Board Development Session:** The aim is to take recommendations to a Board Development session, outlining the potential impact and structure of UTS.
48. **Areas of Focus:** The Committee would identify key areas for success and the necessary resources (people, time, money) to achieve these goals.
49. **Prioritisation:** The wider Board would discuss and agree on the order of priorities for the initiatives.
50. **Timeline:** The position paper would be prepared by September, reviewed in the Committee meeting in early October, and then presented in a Board Development session.
51. **Integration with IMTP:** The outcomes will be integrated into the IMTP, ensuring alignment with strategic plan.

An annex to fully describe the above discussion and the attribution of comments is appended to the minutes.

The Committee agreed for Estelle Hitchon to provide a position paper to capture the essence of the discussion, to the next meeting, to ensure commonality without trying to cover everything detailed above.

RESOLVED: That

- 1) the Committee had a full discussion on the benefits realisation which is fully set out in the annex; and**
- 2) a position paper will be brought to the next meeting.**

43/24 COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT

Hannah Rowan asked that the Committee priorities set out be re-considered and suggested that the clarity on the purpose and focus of the Committee was its own priority, together with the UTS benefits realisation. She also referenced the need to focus on the Research Governance Framework (RGF), and whilst it was an area of interest last year it could still be a priority this year. Additionally, she questioned whether risk reporting should be a dedicated priority.

Julie Boalch advised that should Hannah, as Chair of the Committee, wish to review the priorities they can be reviewed and re-presented to the Committee for endorsement. Julie agreed with the view that UTS benefits realisation should be a Committee Priority and noted that the RGF was now included within the Committee Cycle of Business, so it may not be necessary for the Committee to retain this as a priority.

With respect to the risk reporting, Julie Boalch stated that whilst there might not be any risks currently attributable to this Committee, it was possible that relevant risks may emerge in the coming months and would be developed and reported, as appropriate. Julie added that the relevant risk reporting is captured on the Cycle of Business.

Following discussion, the Committee agreed that it was appropriate to remove the risk reporting as a Committee Priority; remove the review of the name of the Committee in-year as a Priority – having agreed that this was not a singular focus; to add the benefits realisation of UTS as a Priority, and to reconfirm the Priority regarding clarity of purpose and focus. The Priorities will be reconsidered and brought back to the Committee for endorsement.

RESOLVED: That the Committee priorities be reconsidered to reflect the UTS Benefits Realisation together with clarity on the purpose and focus of the Committee and brought back to the Committee for endorsement.

44/24 APPROVED COMMITTEE TERMS OF REFERENCE AND ANNUAL REPORT 2023/24

Hannah Rowan sought clarity on 1.4 of the Terms of Reference 'the Trust has made a commitment to recognise the importance of partnership working with a full range of academic partners and has established an academic partnership committee to facilitate and develop this work', as she did not consider this to be something that the Committee could demonstrate action towards. She referenced the reason that the Committee was established may not necessarily be the reason it continued to operate.

Julie Boalch confirmed that the Trust's Standing Orders set the expectation for partnership working within the organisation, with the Academic Partnership Committee fulfilling this role on behalf of the Board. This involves shaping work programmes and committee membership. Although the exact methods were not prescribed, the Committee was expected to oversee monitoring, oversight, and scrutiny. This would be integrated into the business cycle, focusing on achieving goals, reporting, and monitoring progress. Estelle Hitchon added that the new Academic Non-Executive Director would be critical in helping the Committee navigate its way forward.

RESOLVED: That the item was for reference and the comments were noted.

45/24 ANY OTHER BUSINESS

Hannah Rowan spoke about the recent Research Champions Group meeting; it was highlighted that new funding was forthcoming through the VPAG. The acronym VPAG stands for the Voluntary Scheme for Branded Medicines, Pricing, Access, and Growth. Hannah advised that the UK Government has approved a £400 million investment over five years to promote innovation, sustainability, and growth in the UK.

This funding would be allocated to three areas, with pioneering clinical trials being relevant to the Trust. Wales would receive £22.1 million over five years and this investment is intended to bolster the NHS's capacity for commercial clinical research and generate future income. The importance of keeping everyone informed about this development was emphasised.

RESOLVED: That the update from the recent Research Champions Group meeting was noted.

46/24 KEY MESSAGES FOR BOARD DECISIONS / ACTIONS

The Highlight report would be a high-level update to provide the Board with a verbal summary of the meeting for information.

47/24 DATE OF NEXT MEETING:

The date of the next Committee meeting is 07 October 2024.

ADDENDUM TO THE MINUTES: ACADEMIC PARTNERSHIP COMMITTEE

MEETING ON THE 19 JULY 2024

UNIVERSITY TRUST STATUS BENEFITS REALISATION

MEMBER	CONTRIBUTION
Julie Boalch	<ul style="list-style-type: none"> • Forefront of developments in care delivered in partnerships across the system. • Ability to shape the future workforce - clear focus on educational development. • Clear demonstration of evidence base for investment in research and innovation. • Strengthen relationships with academic institutions - shaping innovative learning.
Kevin Davies	<ul style="list-style-type: none"> • Kevin emphasised the importance of the enabling functions behind the UTS benefits discussion, highlighting the need for planners and others one step removed from direct care delivery to ask critical questions about practices, such as the 8-minute response time. He considered it important to encourage these individuals to question assumptions. This approach aims to ensure that decisions are made based on structured questioning and evidence rather than assumptions. • Evidence org ambition. • Outside enhanced partnerships, co-working. • Robust evidence to stakeholders.
Estelle Hitchon	<ul style="list-style-type: none"> • Estelle emphasised the importance of leveraging University Trust Status (UTS) to support common purpose and opportunity for all within the organisation. She highlighted the need for common purpose across all roles, not just clinical ones, to ensure everyone understands their contribution and feels valued. • Estelle also mentioned the organisation's commitment to evaluating new models to ensure they are safe, effective,



	<p>and can support future funding requests. This evaluation will involve an external academic review.</p> <ul style="list-style-type: none"> • Estelle considered the next steps for leveraging UTS, suggesting the creation of a position paper to distil the discussion's essence and map it to the organisation's strategic goals. Estelle proposed refining this document over the next couple of months, testing it with executives and key stakeholders, and aligning it with the IMTP submission process. She highlighted the need for a common understanding and leveraging UTS for the benefit of all organisational members, focusing on professionalism, credibility, and redefining the ambulance service's role.
James Houston	<ul style="list-style-type: none"> • Evidence based. • Academic Rigour. • Collaborative approach with key external partners to drive innovation. • Mature and aspirational organisation.
Jo Kelso	<ul style="list-style-type: none"> • Jo Kelso discussed the concept of positioning the organisation as a learning organisation of excellence, emphasizing the importance of quality, evidence-based practices, and professionalism across all roles, not just clinical ones. • Jo highlighted the need for structures, governance, and clear definitions of quality and good practices to ensure the organisation operates effectively and efficiently. • Jo also mentioned the importance of moving away from compliance towards quality assurance, ensuring that the right systems and practices are in place from the start. • Quality driven. • Evidence Based. • Professionalism.



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Hannah Rowan	<ul style="list-style-type: none">• Hannah discussed leveraging University Trust Status (UTS) to benefit everyone in the organisation. She emphasised the importance of using UTS as a springboard for improvements and focusing on what the organisation wants to achieve with it.• Hannah also mentioned the need for a common purpose across all roles, not just clinical ones; to ensure everyone understands their contribution and feels valued. She highlighted the importance of focusing on reality and working out how to use UTS effectively, rather than worrying too much about perception, as the organisation has the skills to craft a positive perception when needed.• Credibility - with peers & the wider system.• Platform - to share best practice.• Mandate - for research & innovation.
Andy Swinburn	<ul style="list-style-type: none">• Andy discussed the importance of focusing on the fundamentals of ambulance service practice that have been accepted for decades without strong evidence bases. He emphasised the need to challenge these practices through research to ensure they are evidence-based, rather than pursuing new innovations without addressing these foundational issues.• Andy highlighted the potential for the Trust to lead in re-evaluating and improving long-standing clinical practices, such as the management of spinal injuries and fluid administration, to enhance patient care and clinical outcomes.
Jonathan Turnbull-Ross	<ul style="list-style-type: none">• Consultant Clinical Practice: He emphasized leveraging University Trust Status to enhance clinical excellence and consultant level practice within the ambulance service. This approach aims to increase credibility and confidence in the service's ability to manage patients effectively, aligning with strategic ambitions to improve patient care.

	<ul style="list-style-type: none"> • Centre of Excellence: Jonathan proposed focusing on remote clinical care and point-of-care testing as areas where the Trust could establish itself as a centre of excellence. He highlighted the potential for the Trust to lead in providing remote clinical care and connecting clinicians with the necessary patient information, thereby enhancing the value and image of the organisation. • Things that add to our external perception of value and credibility - 1) clinical excellence (advancing/consultant practice); 2) finding our 'centre of excellence' (Remote Clinical Care, infrastructure/coordination of the system (i.e. evolving how the NHS operates, connecting clinicians, connecting communities).
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The discussion on University Trust Status (UTS) benefits focused on leveraging UTS for organisational improvement, emphasizing common purpose, opportunity for all, and professionalisation across all roles. Key points included:

- **Common Purpose and Opportunity:** Estelle highlighted the importance of UTS in supporting common purpose and opportunity for all within the organisation, emphasizing the need for all roles, not just clinical ones, to understand their contribution and feel valued.
- **Evaluation of New Models:** Estelle mentioned the organisation's commitment to evaluating new models, like the one discussed in the executive meeting, to ensure they are safe, effective, and can support future funding requests. This evaluation will involve an external academic review.
- **Professionalization and Credibility:** Estelle and Hannah discussed the importance of using UTS to enhance the organisation's professionalism and credibility, both internally and as a system player. They emphasized redefining the ambulance service's role beyond traditional perceptions and ensuring that UTS benefits everyone in the organisation.

The conversation also touched on the need for rigorous evaluation of innovations and the importance of making informed decisions based on evidence and impact. The next steps for continuing this conversation were agreed to be:

- **Position Paper:** Estelle suggested creating a position paper to distil the essence of the discussion on UTS and map it to strategic goals. This paper is intended to be refined and tested with executives and key stakeholders, aligning with the IMTP submission process.
- **Board Development Session:** Hannah proposed taking recommendations to a board development session to discuss the focus areas and what it would take in terms of resources to achieve the goals set out by leveraging UTS. The aim is to get a wider perspective and agree on the order of priorities for implementing UTS benefits.

ACTION LOG

Academic Partnerships Committee

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
24a/24	23 April 2024	Research Governance Framework - Regular Update	Nigel Rees agreed to include impact factors of research in the next report for Committee.	Nigel Rees	18 November 2024	Update for November meeting - On November agenda. Proposed for closure. Update at July meeting - Date agreed to be amended in line with CoB reporting Update for July meeting - the RGF update will next be presented to the October meeting. Propose to amend the date.	Complete
24b/24	23 April 2024	Approach to organistaion wide assurance on the Research Governance Framework	Andy Swinburn agreed to detail the next steps on how R&I could grow into other areas of the Trust following a paper presented to ELT, appreciating that it would take time and momentum to expand.	Andy Swinburn	18 November 2024	Update for November meeting - On November agenda. Proposed for closure.	Complete
42/24a	19 July 2024	University Trust Status (UTS) - Benefits Realisation	An Annex to the minutes to capture the suggestions and ideas relating to the Univeristy Trust Satus Benefits Realisation be drafted alongisde the usual minutes.	Alex Payne	18 November 2024	Update for November meeting - An addendum to the minutes is presented at this meeting. Proposed for closure.	Complete
42/24b	19 July 2024	University Trust Status - Benefits Realisation	A position paper to be presented to the next meeting to ensure the essence of the conversation held on 19 July has been accurately captured and map to strategic goals. The paper is intended to be refined and tested with Executives and Key Stakeholders, aligning with the IMTP submission.	Estelle Hitchon	18 November 2024	Update for November meeting - On November agenda. Proposed for closure.	Complete
42/24c	19 July 2024	University Trust Status - Benefits Realisation	A Board Development session be scheduled to widen the discussion with Board Members around the UTS benefits Realisation. Julie Boalch to discuss with Trish Mills	Julie Boalch	18 November 2024	Update for November meeting: The Board Development sessions for the remainder of 2024/25 are full and consequently it is not possible to include this as a dedicated item; however, it is understood that the UTS Benefits Realisation paper, which the Commttee will receive in November 2024, supersedes this request as it will be progressed through these discussions. It is therefore proposed for closure.	Complete
	19 July 2024	Committee Priorities and Cycle Monitoring Report	Hannah Rowan asked that the priorities be revisited to include UTS Benefits Realisation and the inclusion of Clarifying the Purpose and Focus of the Committee which would include a review of Committee name.	Julie Boalch	7 October 2024	Update for November meeting Revised priorites discussion programmed for Committee meeting on 18/1124. Proposed for closure.	Complete



AGENDA ITEM No	5
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

RESEARCH, DEVELOPMENT AND INNOVATION NEXT STEPS

MEETING	Academic Partnership Committee
DATE	18 November 2014
EXECUTIVE	Executive Director of Paramedicine
AUTHOR	Executive Director of Paramedicine
CONTACT	Andy Swinburn Andy.Swinburn@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Welsh Ambulance Services University Trust (WAST) aims to enhance its research capabilities to improve patient outcomes, optimise service delivery, and contribute to advancements in emergency care. Historically, WAST has prioritised operational delivery, with research taking a secondary role. Despite efforts such as research partnerships and dedicated roles, research remains insufficiently integrated into the organisation’s core activities.
2. Key opportunities include improving patient care through evidence-based practices, fostering organisational learning, and aligning research with strategic objectives to enhance WAST’s reputation. However, challenges include limited funding, staff shortages, cultural resistance, and operational pressures.
3. To address these barriers, WAST proposes integrating research into departmental goals, fostering and encouraging collaboration with research teams, prioritising the uptake of research training, allocating protected time for research, and leveraging technology. Strengthening partnerships with academic institutions and other healthcare providers is also crucial. Over the short to medium term, the focus will be on building a solid research foundation to embed research more deeply into WAST’s culture and operations.

RECOMMENDATION:

The Committee note the contents of this report, recognise the necessity to prioritise the foundation building process within the R&D team.



KEY ISSUES/IMPLICATIONS

Not applicable.

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)	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



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SITUATION

1. The Welsh Ambulance Services University Trust (WAST) is aiming to place a stronger emphasis on research as a vital component of its mission to enhance patient outcomes, optimise service delivery, and contribute to the broader evidence base in pre-hospital, out-of-hospital and emergency care. This shift is in line with national and international trends toward evidence-based practice in healthcare. However, the transition to a research-driven culture faces several challenges, particularly in expanding research activities across all departments and integrating them into daily activities.

BACKGROUND

2. WAST, as a university trust, holds a unique position within the NHS Wales framework. Historically, ambulance services have prioritised operational efficiency and productivity, with elements of clinical practice and its underpinning research taking a secondary role. Moreover, developing an evidence base for many areas of non-operational organisational delivery has been largely absent. Custom and practice plays a large part in organisational activities and the necessary evidence of how these activities should be undertaken within the most effective way is often absent. The recognition of research as a key driver of innovation and quality improvement should prompt the organisation to reconsider its approach, aiming to establish itself as a leader in not just pre-hospital and out-of-hospital care research but also in the delivery of its various organisational activities.
3. Historic and ongoing initiatives include:
 - **Establishing Research Partnerships:** WAST has an established history of collaborating with academic institutions and other healthcare organisations to leverage external expertise and resources.
 - **Growing research capacity and creating new roles: Research** positions such as Clinical and non-clinical Research and Innovation Officers have been introduced. These have relied on funding from individual studies and infrastructure support from Health & care Research Wales. Many of the former post holders have gone on to become leaders in WAST and the broader research community.
 - **Aligning with National Strategies:** WAST's research agenda aligns with the Health Care Research Wales (HCRW) Research and Development Framework,



emphasising the integration of research into practice and other institutions and policy areas such as UK Research & Innovation and professional for example.

4. Despite these advances, there are significant barriers to embedding research into every area of the organisation and ensuring that it becomes a core part of WAST's operational and strategic identity. An ongoing service evaluation exploring embedding research into WAST is revealing important insights and will be reporting to APC soon. This work, along with the wider body of knowledge, reflects how WAST is not alone in this regard, but there are many opportunities within our control which we will work to address.

ASSESSMENT

5. Opportunities in Expanding Research Activities (non-exhaustive):

1. Improved Outcomes:

- Research can lead to the development of evidence-based practices that enhance patient care, reduce response times, and improve survival rates.
- Clinical trials and pilot studies can introduce new technologies and methodologies that can be tested and refined within WAST.
- Furthermore, and away from clinical practice, there is further opportunity to enhance behaviours, organisational culture and leadership and management activity.

2. Organisational Learning and Development:

- Involving staff in research can create a continuous learning environment, where evidence informs practice and drives innovation. As mentioned, there is a proven record of researchers benefiting from this activity and enhancing their career prospects following involvement.
- Research activities can contribute to professional development, keeping staff engaged and up to date with the latest practice development and opportunities.

3. Strategic Alignment and Reputation Building:

- Successful research initiatives can align with and support WAST's strategic objectives, such as improving service delivery, enhancing patient safety, and optimising resource use.
- A strong research profile can enhance WAST's reputation as a leader within the sector, attracting talent and partnerships.



6. However, despite these potential benefits, 'mainstreaming' research activity remains elusive, and is often perceived as an 'add on' or 'optional extra'.

7. Barriers to Expanding Research:

1. Resource Constraints:

- Funding: Limited access to dedicated research funding hampers the ability to undertake large-scale or long-term studies.
- Personnel: There is often a shortage of staff with the time and skills needed to conduct research, as service demands take precedence. Further, the ability to develop staff with the requisite skill set provides for a similar challenge.
- Infrastructure: The lack of research infrastructure, information governance enablers and protected time for research activities, presents a significant obstacle.

2. Cultural Resistance:

- Perception: Some staff view research as an academic exercise that detracts from immediate responsibilities. It can also be perceived as something that slows down and inhibits progress.
- Engagement: Low levels of engagement and interest in research among frontline staff, who may not see the direct benefits to their work.
- Financial: When directorates have constrained budgets, how do we allocate sufficient financial resources to support this change in approach.

3. Skill Gaps:

- Training: Many staff members lack formal research training, limiting their ability to contribute meaningfully to research projects.
- Research Leadership: There is a need for more research leaders, whose role can be organisational facing, to mentor others and drive the research agenda within directorates and departments.

4. Operational Pressures:

- Urgency: The nature of emergency services often prioritises immediate patient care over long-term research projects.
- prioritisation: Finding the balance between meeting operational demands and engaging in research is challenging, particularly when resources are stretched thin.



5. **Fragmented Collaboration:**

- **Silos:** Research efforts are often isolated within specific departments or units, leading to missed opportunities for cross-disciplinary research.
- **Integration:** Academic partnerships may not be fully integrated into the operational framework, resulting in fragmented efforts and inefficiencies.

8. **Strategies for Expanding Research Across All Areas of WAST:**

1. **Integrating Research into Departmental Objectives:**

- **Tailored Research Priorities:** Encourage each department, from clinical to administrative, to identify and pursue research priorities that align with their operational goals. This approach ensures that research is relevant and directly impacts service delivery.
- **Embedding Research in KPIs:** Incorporate research-related key performance indicators (KPIs) into departmental evaluations, ensuring accountability and focus on research activities.

2. **Developing Cross-Departmental Research Teams:**

- **Interdisciplinary Collaboration:** Form research teams comprising members from various departments. These teams can address complex, multifaceted problems that require a holistic approach.
- **Research Champions:** Appoint 'Research Champions' in each department who can advocate for research, mentor colleagues, and lead small-scale projects. These champions would be instrumental in fostering a research culture at the grassroots level.

3. **Enhancing Access to Research Training:**

- **Comprehensive Training Programs:** Offer a range of training programs, from basic research skills to advanced methodologies, tailored to the needs of staff in different departments. Online modules, workshops, and seminars can be made available to ensure wide accessibility.
- **Mentorship and Support:** Implement mentorship schemes where experienced researchers guide less experienced staff through the research process. This could include collaborative projects with academic partners, providing hands-on learning opportunities.

4. **Allocating Protected Time for Research:**



- **Research Time Policies:** Establish policies that allow staff to dedicate a portion of their working hours to research activities. This could be achieved through flexible work arrangements, job sharing, or dedicated research days.
- **Balancing Operational Needs:** Develop strategies that allow for research without compromising service delivery, such as integrating research activities into routine operations.

5. **Leveraging Technology to Support Research:**

- **Digital Platforms:** Utilise digital platforms to facilitate research activities, including data collection, analysis, and collaboration. Tools and data sets such as ePCR, OHCAO, and ECR, are rich data sources that, with the correct information governance wrap around, can provide a wealth of research information.
- **Centralised Research Databases:** Create centralised research databases that all staff can access, containing information on ongoing research projects, findings, and available resources. This repository would serve as a knowledge hub, promoting transparency and collaboration.

6. **Promoting a Research Culture Across the Organization:**

- **Communication and Awareness:** Regularly communicate the value of research through internal newsletters, seminars, and meetings. Highlight successful research projects and their impact on patient care and operational efficiency to build buy-in across the organisation.
- **Research Events:** Organize events such as 'Research Days' or 'Innovation Weeks' where staff can showcase their research, learn from each other, and engage with new ideas. These events can also serve as a platform for external experts to share insights and inspire WAST staff.

7. **Strengthening Partnerships and Collaboration:**

- **Deepening Academic Partnerships:** Expand collaborations with academic institutions to include joint research projects, shared resources, and co-authored publications. Establish research committees that include academic partners, ensuring that research efforts are strategic and impactful.
- **Inter-Organisational Collaboration:** Continue to partner with other ambulance services and healthcare providers, to conduct large-scale, multi-site studies that address pressing healthcare challenges.

8. **Establishing a Research Governance Framework:**



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- **Research Oversight:** Further embrace the HCRW R&D framework that oversees all research activities.
 - **Centralised Research Activity:** Form a research group with representatives from various departments, tasked with developing research activities, monitoring progress, and ensuring alignment with organisational priorities. This group would also be responsible for fostering collaboration across departments and with external partners.
9. It can be seen that addressing the identified barriers and implementing these recommendations, WAST can successfully expand research activities across all areas of the organisation. This will not only enhance the quality of patient care and service delivery but also foster a culture of continuous improvement and innovation. Integrating research into the fabric of WAST will position the trust as a leader in pre-hospital and emergency care research, benefiting patients, staff, and the broader healthcare community.
10. However, whilst all these activities create the opportunity to progress and develop the organisations R&D activities, we must first develop the foundations within the core research team building on the valuable work undertaken so far but developing the team to support the implementation of activities of this nature and in turn supporting the wider organisation to grow and expand its engagement. The next 12-18 months will be critical in developing these foundations and this remains the primary objective of the directorate and R&D team.

RECOMMENDATION:

The Committee note the contents of this report, recognise the necessity to prioritise the foundation building process within the R&D team.



AGENDA ITEM No	6
OPEN	OPEN
No of ANNEXES ATTACHED	1

UNIVERSITY TRUST STATUS BENEFITS REALISATION: POSITION PAPER

MEETING	Academic Partnership Committee
DATE	18 November 2024
EXECUTIVE	Estelle Hitchon, Director of Partnerships and Engagement
AUTHOR	Estelle Hitchon, Director of Partnerships and Engagement
CONTACT	estelle.hitchon2@wales.nhs.uk

EXECUTIVE SUMMARY

1. Following a wide-ranging and extensive discussion at the July 2024 meeting of the Academic Partnerships Committee in which a number of benefits of University Trust Status (UTS) were discussed, this paper seeks to consolidate those ideas in a position paper which outlines a small number of proposed benefits to be tested with the Executive Leadership Team, wider organisation and relevant stakeholders prior to inclusion in the forthcoming 2025-28 Integrated Medium-Term Plan.
2. These priorities remain developmental and are presented to committee for discussion prior to further circulation as detailed above. It should be noted that committee’s role is an advisory one in this regard and final priorities will be the product of wider discussion. The 2025-28 Integrated Medium Term Plan will be presented to Board for approval in quarter four of 2024/25.

KEY ISSUES/IMPLICATIONS

3. In gaining University Trust Status (UTS), it has always been an ambition to ensure that the full benefits of UTS are realised. Being clear about those benefits, and translating them into tangible actions reflected in, and monitored through, the Trust’s Integrated Medium Term Plan is a Welsh Government requirement and will ensure the best chance of optimising the benefit of securing UTS. It is also important that UTS priorities and benefits reflect the strategic objectives of the organisation, as outlined in its longer-term strategy, *Delivering Excellence*, and contribute to their achievement.

RECOMMENDATION:

Committee is asked to consider the attached paper and confirm that the draft priorities identified reflect a consensus position prior to wider consideration as part of the IMTP 2025-28 development process.

REPORT APPROVAL ROUTE

APC November 18 for discussion prior to consideration by Executive Leadership Team for subsequent inclusion of priorities in the 2025-28 IMTP.
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REPORT APPENDICES

See Appendix 1

REPORT CHECKLIST			
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Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
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Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
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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	NA	Patient Safety/Safeguarding	x
Ethical Matters	x	Risks (Inc. Reputational)	x
Health Improvement	x	Socio Economic Duty	x
Health and Safety	NA	TU Partner Consultation	x

APPENDIX ONE

University Trust Status (UTS) Benefits Realisation: Position Paper and Proposed Priorities

1. Members of the Trust’s Academic Partnerships Committee undertook a “deep dive” at its July 2024 meeting into the perceived benefits of University Trust Status (UTS) and how best to realise them.
2. The purpose of this discussion was to inform the development of fresh priorities in relation to UTS benefits realisation for inclusion in the forthcoming 2025-2028 Integrated Medium-Term Plan, as required by Welsh Government.
3. This paper outlines the outcome of those discussions and provides a small number of priorities for consideration, which have been distilled from that broader discussion.
4. The proposed priorities align well with those strategic objectives outlined in the Trust’s long-term strategy, *Delivering Excellence*, shown in the graphic below.



University Trust Status: Perceived Benefits

5. Committee members identified a number of perceived benefits of UTS, which can be broadly summarised as follows:
 - (i) Evidence of organisational ambition and commitment to learning, education and development for all, regardless of role or grade
 - (ii) Greater opportunity for enhanced partnerships/collaboration with both academic and commercial partners

- (iii) Commitment to evidence-based practices and professionalism across all roles, both clinical and corporate
- (iv) Providing a mandate for research and innovation and a platform for further investment in capacity
- (v) The opportunity to use UTS as a galvanizing common purpose across the organisation, acting as a springboard for improvement
- (vi) Increased credibility with peers & the wider system.
- (vii) Platform to create centres of excellence, for example in remote clinical care

Proposed Priorities/Deliverables

6. While this is a brief summation of a wide-ranging conversation, there remains a requirement to translate these perceived benefits of UTS into priorities (and deliverables) for inclusion in the 2025-28 IMTP, which is currently in development.
7. On that basis, and recognising that there will need to be wider discussion about exact priorities to ensure that there is no duplication of those proposed within individual directorate IMTP submissions, coupled with an ambition to align UTS benefits realisation with the organisation's strategic objectives as outlined in paragraph four above, it is proposed that the following themes form the basis of the Trust's draft UTS priorities (and underpinning actions) to be reflected in the IMTP 2025-28:
 1. Commitment to learning: evidence of increased participation by staff across all areas of the organisation in learning and development opportunities (democratisation of learning). Actions and metrics to be agreed. **Link to strategic objective:** enabling our people to be the best they can be
 2. Academic and industry partnerships: further development and embedding of academic and industry partnerships, with a focus on collaboration to evaluate existing and new models of care, further investment in research and innovation capacity and widening opportunity for colleagues to engage in research and development activities. Actions and metrics to be agreed. **Link to strategic objective(s):** being at the forefront of technology and innovation; being quality driven and clinically led, enabling our people to be the best they can be
 3. Establishment of a centre of excellence within the lifespan of the 2025-28 IMTP, positioning the Trust as a national and international sector leader in the relevant discipline. Actions and metrics to be agreed. **Link to strategic objective:** all

8. Clearly, there is much to think about and evaluate before these draft priorities are finalised. In distilling some of Committee's rich discussion, it is evident that UTS speaks to the professionalism, credibility, commitment to research, innovation and clinical and professional excellence, all of which underpin the organisation's over-arching ambition.
9. It is hoped that this position paper is a helpful start in shaping the organisation's thinking as to how it might crystallise the benefits of university trust status, for the benefit of patients and staff.

Ends/EVH/Nov25



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

REVISED COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT

MEETING	Academic Partnership Committee
DATE	18 November 2024
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary Alex Payne, Corporate Governance Manager
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the priorities it set for 2024/25 and progress against the agreed cycle of business for the Committee. There is nothing to escalate on the cycle of business monitoring report.
2. It is noted however that the reporting regarding the research key performance indicators will be developed throughout 2024/25 as the Research Governance Framework develops.
3. Additionally, it is noted that Research and Innovation Annual Report – which was originally programmed to be received in quarter 2 – will be received in quarter 4 (in line with the production schedule for this business).
4. The Committee is asked to consider the revised Committee priorities following its meeting on the 19 July 2024, and should it be content, agree the revised priorities for the for 2024/25.

RECOMMENDATION: -

5. **The Committee is asked to NOTE the update regarding the Cycle of Business and associated Monitoring Report and AGREE the revised priorities for the Committee for 2024/25.**



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KEY ISSUES/IMPLICATIONS

No issues to raise.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

Annex 1 – Academic Partnership Committee Cycle of Business Monitoring Report.
Annex 2 - Cycle Notes

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



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REVISED COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING FOR 2024/25

SITUATION

6. This report updates the Committee on progress against the priorities it set for 2024/25 and progress against the agreed cycles of business. There is nothing to escalate on the cycle of business monitoring report.
7. It is noted however that the reporting regarding the research key performance indicators will be developed throughout 2024/25 as the Research Governance Framework develops.
8. Additionally, it is noted that Research and Innovation Annual Report – which was originally programmed to be received in quarter 2 – will be received in quarter 4 (in line with the production schedule for this business).

BACKGROUND

9. 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 2024 and will be tracked quarterly.
10. The Committee's cycle of business was approved by the Committee in January 2024. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.
11. The monitoring report is at Annex 1. The 'pre-agenda setting' key indicates that items in green show where they are cycled for a particular meeting. Items in beige indicate they are a prompt at agenda setting as they may be ad hoc items such as business cases or external reports.
12. The 'post-agenda setting' key indicates that items in blue were either on the agenda as scheduled or is an *ad hoc* item which was discussed in agenda setting and scheduled. The orange indicates where an item was programmed for receipt but has been deferred to a future meeting.

ASSESSMENT

13. At the July 2024 meeting the Committee received an update against the priorities agreed in January 2024 for the 2024/25 financial year. However, at the July meeting the Committee asked for the priorities to be revisited.



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14. In July it was agreed to remove the risk reporting priority, as there are no risks directly overseen by the Committee. Additionally, although reviewing the name of the Committee would be considered, it was agreed that it did not require focus through a priority. It was therefore agreed that these priorities would be removed.

15. It was considered more appropriate for there to be a focus on the benefits realisation of University Trust Status (UTS). It was noted that clarifying the purpose and focus on the Committee (which may include a review of the name of the Committee) would be retained.

16. The Committee is therefore asked to formally agree the revised priorities for 2024/25. The associated updates as of September 2024 have been included for the Committee's attention: -




Revised Priorities for 2024/25	Progress
<ul style="list-style-type: none"> Clarity on the purpose and focus of the Committee to be communicated to the wider organisation. 	<ul style="list-style-type: none"> Discussion to be progressed throughout 2024/25 once Academic Non-Executive Director has been appointed to the Trust (post Autumn workshop). As at the 30 September 2024 his workshop is yet to be scheduled. It is noted that the interviews for the Academic Non-Executive Director were held on the 24 September 2024.
<ul style="list-style-type: none"> Articulating the benefits realisation of University Trust Status (UTS). 	<ul style="list-style-type: none"> The Committee discussed the benefits realisation from UTS at its meeting on the 19 July 2024. A follow up item has been programmed for the Committee meeting on 18 November 2024.





RECOMMENDATION: -

17. The Committee is asked to NOTE the update regarding the Cycle of Business and associated Monitoring Report and AGREE the revised priorities for the Committee for 2024/25.

PAPER	PRE or POST-C'EE		FREQUENCY				LEAD	PURPOSE	COMMENT/COMPLIANCE
	FORUM		Q1	Q2	Q3	Q4			
ACADEMIC PARTNERSHIPS COMMITTEE - CYCLE OF BUSINESS 2024/25									
TERMS OF REFERENCE NOTED IN RED TEXT									
Ongoing and continuous support from Committee (inc Research Champion updates)	N/A	Ad Hoc					All members	N/A	Q1: Research Champion update programmed.
Spotlight On e.g. Partnerships, Innovation, Research, Education Partnerships	N/A	Ad Hoc					Relevant Director	Assurance	Q2: Digital Innovation; Digital Innovation (drones) deferred to Q3 and rec'd in closed.
Review partnership agreements	TBC	Ad Hoc					Relevant Director	Assurance	
Initial UTS application and any renewals [See Note 2]	EMT and Board	Ad Hoc					DPE	Endorsement	Q2: UTS Benefits Realisation item programmed; Q3: UTS benefits realisation follow up.
Review compliance reporting	EMT and Board	Annually					DPE	Assurance	
Agree Committee (and UTS) Priorities in IMTP	STB and Board	Annually					Relevant Director	Endorsement	
Monitor IMTP priorities as appropriate [See Note 5]	STB and Board	Quarterly					DPE	Assurance	Q1: IMTP 24-27 Priorities follow up programmed; Q2: agreed not required.
Exception reporting on UTS priorities	TBC	Ad Hoc					Relevant Director	Assurance	
Deep dive on priority (and other) elements [See Note 4]	TBC	Ad Hoc					Relevant Director	Assurance/Information	Q3: Revised Priorities 24/25 discussion programmed.
Initial and ongoing review of research governance framework [See Note 3]	CQGG	Ad Hoc					ADR&I	Assurance	Q1: RGF (regular update) and approach to org-wide assurance; Q2: Agreed to be rec'd at every other mtg - Q1 & Q3.
Research KPIs [See Note 3]	CQGG	Ad Hoc					ADR&I	Assurance	Q3: Updated position may be included in RGF paper.
Spotlight On Research [See Note 3]	CQGG	Ad Hoc					ADR&I	Assurance	
Research and Innovation Annual Report [See Note 3]	CQGG	Annually					ADR&I	Assurance	Q2 deferral to later in the year. Agreed to receive in Q4.
Board Assurance Framework	ELT	Each meeting					DCG/BS	Assurance	TBC risks in the purview of the Committee (including UTS, research, innovation, academic partners)
Corporate Risk Register	ELT	Each meeting					DCG/BS	Assurance	TBC risks in the purview of the Committee (including UTS, research, innovation, academic partners)
Audit Recommendation Tracker	ADLT	Each meeting					DCG/BS	Assurance	Q1 & Q2: n/a
Audits within purview of Committee	Audit/ELT	Ad Hoc					DCG/BS	Assurance	Q1 & Q2: n/a
GOVERNANCE									
Committee effectiveness review annual report	Audit/Board	Annually					DCG/BS	Approval	
Review of Terms of Reference	Audit/Board	Annually					DCG/BS	Approval	
Committee Cycle of Business review	N/A	Annually					DCG/BS	Approval	
Committee Cycle of Business monitor	N/A	Each meeting					DCG/BS	Assurance	
Committee Review of Annual Priorities	N/A	Quarterly					Chair	Review	Q3: Revised Priorities 24/25 discussion programmed.
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. Q1: APC TFG Closure Report programmed.
PROMPTS									
External Reports	N/A	Ad Hoc					TBC	TBC	

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

Key: Pre-agenda setting
 Cycled for each meeting
 Ad hoc item - prompt for agenda setting
 Reporting developing

Key: Post-agenda setting
 Presented as cycled
 Ad hoc / item considered - not programmed
 Item deferred
 Reporting developing

1	<p>General</p> <p>Cycle of business challenging given the maturing UTS journey and newly established committee. Approach proposed 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).</p>
2	<p>UTS Priorities</p> <p>UTS priorities to be included in IMTP therefore overall scrutiny for these is with F&P Committee. Any deep dives or exception reporting when off track to this Committee.</p> <p>When reviewing the UTS priorities for inclusion in the IMTP annually, ensure we have drawn from the WIIN pool. Awareness of what is on the WIIN horizon and any partnership relationships we have established via WIIN with universities, further education or commercial partners that we could connect these priorities into.</p> <p>Ensure UTS priorities encompass the entire workforce. Developmental piece to measure this by way of a survey.</p> <p>2024/25 Priorities: Priority 1: Digitisation enabling better outcome Priority 2: Advanced practice and specialist working, consult and close and service transformation, including research Priority 3: Decarbonisation, fleet modernisation and sustainability</p> <p>Annual review of UTS priorities and related APC priorities that will be in the follow year's IMTP. Review these against (a) to (c) in 3.5 and against 3.6.</p>
3	<p>Research</p> <p>In March 2021 all four nations of the UK published a 10 year vision for research - Saving and Improving Lives: The future of UK Clinical Research Delivery which lays out the ambition to create a world-leading UK clinical research environment. Phase 1 - recover research activity post-pandemic; build on visibility of research etc Phase 2 - focus on 5 themes over next 3 years (i) clinical research embedded in the NHS; (ii) people-centred research; (iii) streamlined, efficient and innovative research; (iv) research enabled by data and digital tools; (v) a sustainable and supported research workforce. WG letter of 21/7/22 sought support from NHS Bodies to ensure that research is more visible at board level and championed by a NED to ensure research is actively promoted and supported. Research KPIs to be agreed in 2024/25. National framework presented in August meeting. Updates quarterly whilst being self-assessed. Added annual report 240524: At the July ASM meeting it was agreed that the RGF updates would be received at every other mtg; so the next update is for Q3 (and to be Q1 and Q3 on an ongoing basis).</p>
4	<p>Deep Dives</p> <p>As part of the inquisitorial nature of the Committee, drill down into elements of priorities and other programmes where we are partnering with academic and industry to foster and promote.</p>
5	<p>IMTP Monitoring</p> <p>University Trust Status (UTS) priorities, i.e. digitisation to enable better outcomes, advanced practice and decarbonisation, the detail of these activities has now moved on considerably since they were first identified in 2021/22 and, while the themes remain central to the IMTP, actions fall within the remit of other committees, including People and Culture, Finance and Performance, and Quality, Experience and Safety (QUEST). It is therefore proposed that only a short summary of progress against those priorities would in future come to APC on an information only basis.</p> <p>As a result, in terms of IMTP overview, scrutiny and assurance, it is proposed that the remaining appropriate priorities for the 2024-27 plan (recognising such priorities will be refreshed on an annual basis) will be those related to reporting and assurance in relation to the NHS Wales research governance framework (already reported as a discrete agenda item) and those linked to the embedding and realisation of the benefits of UTS. In 2024/25, reporting will begin in Q2.</p>



AGENDA ITEM No	8
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

**NHS R&D FRAMEWORK QUARTERLY REPORT TO THE
ACADEMIC PARTNERSHIP COMMITTEE**

MEETING	Academic Partnership Committee
DATE	18 November 2024
EXECUTIVE	Andy Swinburn, Executive Director of Paramedicine
AUTHOR	Prof. Nigel Rees, Assistant Director of Research and Innovation
CONTACT	Nigel.rees5@wales.nhs.uk

EXECUTIVE SUMMARY
1. This is a cover paper for the quarterly report to academic partnership committee of the NHS Research & Development Framework [Annex 1].

KEY ISSUES/IMPLICATIONS
<ul style="list-style-type: none"> • Dawn Jones successful in gaining Bevan Exemplar: <i>Building Resilient Communities. Connected Support Cymru - Connecting Patients, Clinicians and Services through volunteers and technology.</i> Progressing as Quality Improvement. • UKRI Future Flight SBRI: <i>Enhancing medical supply chain resilience.</i> Milestone 1 report completed. • PEACE 3 and 999 RESPOND 2 successfully through to stage 2 NIHR HS&DR call. 999 RESPOND stage 2 proposal developed and submitted. PEACE 3 stage 2 proposal developed but not sufficiently refined and therefore deferral to December submission sought and approved by NIHR (working groups set up to refine draft). • Sustainable Health Well-being Management (SENSYS) through to second round of funding: WAST supporting interview with funders on 8th October. • UK Out of Hospital Cardiac Arrest Registry contracts renewed/signed. • PROWEB: Governance review complete, agreements signed and letter of confirmation of capacity and capability provided to sponsor. Study now live • Seven active PhD's two in set-up.



RECOMMENDATION

- 1. Academic Partnership Committee note and discuss the content of the NHS R&D Framework report [annex 1].**
- 2. APC membership continue to conduct self-assessment against the framework.**

REPORT APPENDICES

Annex 1- APC Quarterly NHS Wales R&D Framework 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)	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

1. This is a cover paper for the quarterly report to academic partnership committee of the NHS Research & Development Framework [Annex 1].

BACKGROUND

2. WAST is required to adopt and conduct organisational wide assessment against this framework.

ASSESSMENT

3. This is the third reporting to the academic partnership committee of the NHS Research & Development Framework.
4. Contribution of content from across the organisation continues to grow, but with much missingness of input. This report therefore may not reflect all R&I activity in WAST.

RECOMMENDATION

5. Academic Partnership Committee note and discuss the content of the NHS R&D Framework report [annex 1].
6. APC membership continue to conduct self-assessment against the framework.

Annex 1

Academic Partnership Committee

Research & Development Framework update

The NHS Research & Development (R&D) Framework was developed in 2023 to outline what research excellence looks like in NHS Wales. The Framework is being used for multiple purposes including supporting broader strategic discussions between the Research and Development Division (RDD), Welsh Government (WG), and considering NHS organizational performance.

The current position is based on our submission and feedback from Welsh Government (WG)/Health and Care Research Wales (HCRW), information received by the WAST R&I Office, R&I progress reports and relevant activities undertaken against the NHS R&D Framework 10 pillars:

Highlights:

- Dawn Jones successful in gaining Bevan Exemplar: *Building Resilient Communities. Connected Support Cymru - Connecting Patients, Clinicians and Services through volunteers and technology.* Progressing as Quality Improvement
- UKRI Future Flight SBRI: *Enhancing medical supply chain resilience.* Milestone 1 report completed
- PEACE 3 and 999 RESPOND 2 successfully through to stage 2 NIHR HS&DR call. 999 RESPOND stage 2 proposal developed and submitted. PEACE 3 stage 2 proposal developed but not sufficiently refined and therefore deferral to December submission sought and approved by NIHR (working groups set up to refine draft)
- Sustainable Health Well-being Management (SENSYS) through to second round of funding: WAST supporting interview with funders on 8th October.
- UK Out of Hospital Cardiac Arrest Registry contracts renewed/signed.
- PROWEB: Governance review complete, agreements signed and letter of confirmation of capacity and capability provided to sponsor. Study now live
- Seven active PhD's two in set-up

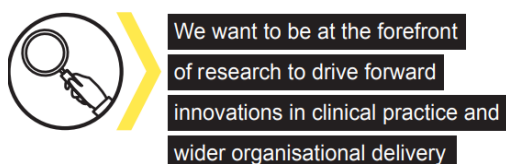
STRATEGY	
<ul style="list-style-type: none">• Delivering Excellence', the Trust's long term strategic framework sets out an exciting future vision for the organisation up to 2030. The strategy articulates the organisational ambition to shift away from being perceived as a 'traditional ambulance and transport service' to becoming a trusted provider of high-quality care, ensuring patients receive the 'right advice and care, in	<ul style="list-style-type: none">•

the right place, every time', with an increasing emphasis of managing and resolving more care closer to home.

The strategy as co-produced with our people, external stakeholders and the wider public, following a period of developmental engagement sessions.

The strategy sets out a clear ambition for the organisation to continue to build on the strong research foundations to ensure that the organisation is at the 'forefront' of research opportunities and development to drive forward clinical and organisational improvements. This is captured in the key deliverable below:

Fig 1: Long Term Strategy 'Delivering Excellence' – Research Deliverable



Enhance our research alliances with industry and other leading research stakeholders. Aligning research with future case mix and population health to ensure that the care we provide is clinically safe and in line with evidence based practices.

- Staff engagement into the WAST R&I Strategy/plan continued engagement with staff and interviews at multiple locations across Wales. Continued data collection, analysis, and coding on embedding R&I into WAST
- Senior clinical team discussion of R&I plan as part of the revised Clinical Strategy/Plan. Deferred to Jan 2025
- Ongoing delivery of the PRIORITY Project
- Ongoing development of NHS Innovation Framework and toolkit through Innovations leads group

GOVERNANCE AND LEADERSHIP

- Ongoing representation on NHS R&D Directors and Leads meeting.
- Job evaluation of new Head of R&I Job description complete and going to advert.
- Development of resources for conducting research in WAST to include areas such as student toolkit.
- Agreements finalised and signed and confirmation of capacity and capability for PROWEB: The impact of PRObiotic supplementation on general WELL-Being: A double-blind, placebo-controlled, smartphone based study in healthcare worker

PARTNERSHIP AND COLLABORATION

- Welsh Health Drone Innovation Partnership. UKRI Future Flight SBRI: *Enhancing medical supply chain resilience*. Milestone 1 report submitted
- Smart Sensor Systems for Improving Environment and Health Resilience in South Wales (S4W) Multi-University Place-based Accelerator Cluster bid.

Now renamed: Sustainable Health Well-being Management (SENSYS). WAST supporting interview with funders on 8 th October.	
RESEARCH SUPPORT	
<ul style="list-style-type: none"> Focussed activity on identifying and sign-off of support costs for studies through SOECAT with HCRW Monthly finance meetings and review within WAST and with HCRW 	•
RESEARCH DELIVERY	
<ul style="list-style-type: none"> PARAMEDIC 3: Study closedown data queries and analysis now complete. RELIEF: Research team attending 999EMS to present the RELIEF project. The study focus group and data collection now active. 999RESPOND: Quarterly report submitted and funding released. The study team are presenting at 999EMS on 17.09.24 RAPID2: WAST PI has now left the organisation and handed over to Replacement PI. 	•
FINANCE	
<ul style="list-style-type: none"> Continue to identify and recover all R&I costs as per WAST, study specific and HCRW finance arrangements 	•
NHS WORKFORCE CAPACITY AND CAPABILITY	
<ul style="list-style-type: none"> Two WAST R&I (paramedic) Officers leaving department and progressing into senior roles in WAST. Continue to receive no funding for research development or innovation. Developing two principal Investigators through HCRW and NIHR Associate PI schemes. Challenges with engagement due to competing pressures. 	○
PUBLIC INVOLVEMENT AND PARTICIPATION (PPI)	
<ul style="list-style-type: none"> Continued PPI support and engagement with 999 RESPOND and PEACE 3 bids. 	○
COMMUNICATIONS AND ENGAGEMENT	
<ul style="list-style-type: none"> WAST attending HCRW Communications Alliance. Monthly meeting established with WAST R&I and Communications <p>Selected communications: 15-Jul-24: Welsh Ambulance Service to unveil new digital strategy - Welsh Ambulance Services University NHS Trust 18-Jul-24: 'If I can inspire one person to take up study, I'd be a happy man' – Craig's story - Welsh Ambulance Services University NHS Trust 24-Jul-24: The virtual video booth helping the Welsh Ambulance Service capture patient experience - Welsh Ambulance Services University NHS Trust 26-Jul-24: The new ambulance initiative helping patients at the end of life - Welsh Ambulance Services University NHS Trust 22-Aug-24: Welsh Ambulance Service paramedic awarded honorary professorship - Welsh Ambulance Services University NHS Trust</p>	○

23-Sept-24: [Welsh Ambulance Service launches maternity 'red phone' initiative - Welsh Ambulance Services University NHS Trust](#)

#Red4Research day:

[Welsh Ambulance on X: "🌐 Today is #Red4Research Day, which is all about positivity, creativity and celebrating research. Our Research & Innovation Team support the development of high-quality research within the Trust. You can read about the different research projects here: <https://t.co/kACMQXt3yJ> <https://t.co/8zTNmTKnuj>" / X](#)

RESEARCH IMPACT

Publications:

Paine, A.L. and Maclean, F., 2024. "When you're hurt and you need serious help you call 999." Educating children about emergency services and appropriate use of 999: An evaluation study of the Blue Light Hub app. *BMJ open*, 14(6), p.e079214. [2023 Impact factor 2.4]

O'Sullivan, J., Moore, E., Dunn, S., Tennant, H., Smith, D., Black, S., Yates, S., Lawrence, A., McManus, M., Day, E. and Miles, M., 2024. Development of a centralised national AED (automated external defibrillator) network across all ambulance services in the United Kingdom. *Resuscitation Plus*, 19, p.100729 [2023 Impact factor 2.1]

Harry, E. and Brady, M., 2024. Behind the screen: exploring the effects of home working on 999 telephone clinicians during the COVID-19 pandemic. *British Paramedic Journal*, 9(2), pp.1-10. [2023 Impact factor 0.8]

Brady, M., Fivaz, M.C., Noblett, P., Scott, G. and Olola, C., 2024. 999 telephone triage: a comparison of UK ambulance nurse and paramedic case mix, outcomes and audit compliance. *International Journal of Emergency Services*. [2023 Impact factor -]

PARAMEDIC 3 Results paper submitted to *New England Journal of Medicine*. Two WAST co-authors and five named collaborators [2023 Impact factor 96.2 2nd highest medical journal internationally]

Oral presentations:

Ting, S. S. P., Angouri, J., Booker, M., Rawlinson, Williams, L, Lockey, D., Nadeem, L. & Rees, N. (2024). *Risk negotiation in Emergency Medical Services: A model for multidisciplinary research*. [Conference Presentation]. British Sociological Association Medical Sociology Conference 2024. 11 – 13 September 2024. Coventry, UK.

Ting, S. S. P., Angouri, J., Booker, M., Rawlinson, Williams, L, Lockey, D., Nadeem, L. & Rees, N. (2024). *Risk negotiation in prehospital critical care dispatch as a multi-actor system*. [Conference Presentation]. MediWales Connects, 26 June 2024. Cardiff, UK.

Ting, S. S. P., Angouri, J., Williams, L, Holloway, D. & Rees, N. (2024). *Welsh Ambulance Services NHS Trust Research & Innovation & Risk negotiation in prehospital critical care dispatch as a multi-actor system* [Joint Conference Stand]. MediWales Connects, 26 June 2024. Cardiff, UK.

Holloway, D. & Rees, N. (2024). *All Wales research delivery in Pre-Hospital Care*. [Conference Presentation]. MediWales Connects, 26 June 2024. Cardiff, UK.

Ting, S. S. P., Angouri, J., Booker, M., Rawlinson, Williams, L, Lockey, D., Nadeem, L. & Rees, N. (2024). *Risk negotiation in critical care teams* [Conference Stand]. iMean7, 19-21 June 2024. Bristol, UK.

Jones, C. (2024). *All Wales research delivery in Pre-Hospital Care*. [Conference Presentation]. Research Development Forum, 13 May 2024. Newport, UK.

Rees, N., Jones, C., Williams, L., & Smyth, L. (2024). *Welsh Ambulance Services NHS Trust (WAST) drone technology Research & Innovation Partnerships in Wales: Taking healthcare to new heights*. [Conference Presentation]. Research Development Forum, 13 May 2024. Newport, UK.

Evans, C., Williams, L., Smyth, L., Holloway, D. (2024) *Welsh Ambulance Services NHS Trust Research & Innovation*. [Research Stand]. WAST Big Bang Event. 19 April 2024. Swansea, UK.

Rees, N. & Jones, C. (2024) *Welsh Ambulance Services NHS Trust Research & Innovation*. [Research Workshop]. WAST R&I Workshop. 6 February 2024. Wrexham, UK.

Poster presentations:

Xanthe, C., Moore, C., Williams, L., Kingston, M. & Porter, A. (2024) *'Just in case' Medicines Use By Paramedics Responding to End of Life Care in the Community: a Multi-methods Study of the Experiences of Paramedics, Doctors, Family and Carers*. [Poster Presentation], 999 EMS Research Forum Annual Conference. 18 September 2024. Cambridge, UK.

Ting, S. S. P., Angouri, J., Booker, M., Rawlinson, Williams, L, Lockey, D., Nadeem, L. & Rees, N. (2024) *Lost in translation: Risk negotiation in emergency*

medical dispatch. [Poster Presentation]. 999 EMS (Emergency Medical Services) Research Forum annual conference. 18 September 2024. Cambridge, UK.

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. Update on response to this section:

- Provision of funding allocation for Research Development and Innovation.
- More engagement from HCRW/WG across NHS, Universities and WG of HRA guidance on student research.
- Continue to raise in WAST, HCRW & WG need for R&I Office to be sighted on bids prior to submission to confirm Capacity & Capability.
 - Recent HCRW Fellowship developed and awarded with no notification of WAST R&I Office which required retrospective support. HCRW to review processes
- Academic partners, WAST, WG & HCRW consider how to address lack of senior clinical research & academic opportunities in Wales for ambulance service staff/professions.
 - Recent PI development has been hampered by lack of R&I skills/knowledge and capacity.
- Require clarity and timelines on statutory instruments and processes in areas such as Information Governance. This includes Confidential Advisory Group (CAG) 251 approval, national data opt-out in England/National Data Promise for Wales.
 - Raised in R&D Directors meeting on data for research presentation and Innovation presentation to this group. Suggestion to host meeting with Innovation, research and digital leads.
- Continued work on guidance and support from HCRW, WG and DCHW with the increase in linked and trusted research environments research such as SAIL.

The NHS R&D framework can be accessed here -

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