Bundle Academic Partnership Committee Open 23 January 2025

Agenda attachments

00 Agenda 23 January 2025

0 09:30 - OPENING ITEMS

1 Chair's Welcome, Apologies and Quorum

2 Declarations of Interest
_Updated 20250108-Board Member Register of Interests.xlsx

3 Minutes of the last meeting: 18 November 2024

Item 03 2024-11-18 Unconfirmed November Minutes

4 Action Log & Matters Arising

Item 04 APC Action and Decisions Log 2024-25

4.1 Highlight Report from 18 November meeting

Item 4.1 Academic Partnership Committee report November 2024

4.2 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION

5 09:35 - Annual Effectiveness Review

Item 05 Effectiveness Review SBAR APC 23 January 2025

Item 05a Annex 1 - Committee remits delegated by Board 24-25

Item 05b Annex 2 - Academic Partnership Committee Terms of Reference 24-25 - Approved by Trust Board 30052024

Item 05ci Annex 3 - Academic Partnerships Committee Cycle of Business 2024-25

Item 05cii Annex 3 - Academic Partnerships Committee Cycle of Business 2024-25 NOTES

Item 05d Annex 4 - Academic Partnership Committee Draft Annual Report 2024-25

5.1 10:35 - COMFORT BREAK

6 11:00 - Staff Story - Hayley Stevens
Hayley Stevens conducted some service evaluation on independent prescribing during her Masters. Presenting her publication to the Committee (as one of the priorities is to encourage research participation) would benefit Committee members.

Item 06 Committee Experience - Hayley Stevens

Item 06a Comparing independent prescribing to patient group direction use in a GPOOH service

7 11:30 - University Trust Status Benefits Realisation Update

Item 07 Exec Summary APC Priorities for IMTP 15012025

Item 07 IMTP 25-28 UTS benefits realisation 140125

7.1 CONSENT ITEMS

8 Cycle of Business Monitoring Report and Priorities Update

Item 08 Committee Priorities and Cycle Monitoring Report - January 2025

Item 08a Academic Partnerships Committee Cycle of Business 2024-25 - Monitoring Report

Item 08b Academic Partnerships Committee Cycle of Business 2024-25 - Monitoring Report

8.1 11:50 - CLOSING ITEMS

9 Reflections and Summary of Decisions/Actions

10 Any Other Business

11 Date and Time of next meeting: 15 April 2025

Length of Meeting:	02:25	Agenda Status:	OPEN Academic Partnership Committee - 23 January 2025					Deadline for Papers: 14/01/25		
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							
		1	Chair's Welcome, Apologies and Quorum	Information	Standing	n/a	n/a	Chair	n/a	n/a
		2	Declarations of Interest	To State Conflicts	Standing	n/a	n/a	Chair	n/a	n/a
09:30	00:05	3	Minutes of the Last Meeting: 18 November 2024 Action Log & Matters Ansing	Approval	Standing	n/a	n/a	Chair	n/a	n/a
		4	Highlight Report from 18 Novermber Meeting	Discussion	Standing	n/a	n/a	Chair	n/a	n/a
			ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION							
09:35	01:00	5	Annual Effectiveness Review -Committee Annual Report -Terms of Reference Review -Priorities for 2025/26 (Including update on progress against revised 24/25 priorities)	Approval	CoB	Presentation Paper	CorGov	Trish Mills	Alex Payne	
10:35	00:25		**COMFORT BREAK**							
11:00	00:30	6	Staff Story	Discussion	Email	Presentation	Clinical	Andy Swinburn	n/a	
11:30	00:20	7	University Trust Status Benefits Realisation Update	Discussion	18 November meeting	Verbal/Presentation	CorGov	Estelle Hitchon	Alex Crawford	
			CONSENT ITEMS							
11:50	00:00	8	Committee Priorites and Cycle Monitoring Report	Information	CoB	Paper	CorGov	Trish Mills	Alex Payne	
			CLOSING ITEMS							
		9	Reflections and Summary of Decisions/Actions	Discussion	Standing	n/a	n/a	Chair	n/a	n/a
11:50	00:05	10	Any Other Business	Discussion	Standing	n/a	n/a	Chair	n/a	n/a
		11	Date & Time of the Next Meeting: 15 April 2025	Information	Standing	n/a	n/a	Chair	n/a	n/a
11:55	**02:25**		**CLOSE**							

LEAD PRESENTERS

Name	Position
Hannah Rowan	Non Executive Director and Chair
Andy Swinburn	Executive Director of Paramedicine
Hayley Stevens	Advanced Paramedic Practitioner
Estelle Hitchon	Director of Partnerships and Engagement
Trish Mills	Director of Corporate Governance/Board Secretary
Alex Crawford	Assistant Director of Planning and Transformation

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 18 NOVEMBER 2024 VIA TEAMS

Chair: Hannah Rowan

MEMBERS:

Hannah Rowan	Non-Executive Director and Committee Chair
Ceri Jackson	Non-Executive Director
Hayley Hutchings	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Assistant Director of Corporate Governance & Risk
Alex Crawford	Assistant Director of Planning and Transformation
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
Carl Kneeshaw	Director of People
Trish Mills	Director of Corporate Governance/Board Secretary
Alex Payne	Corporate Governance Manager
Kerry Robertshaw	Professional Development Lead- Advanced Practice
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Jonathan Turnbull-Ross	Deputy Director of Remote Clinical Care

APOLOGIES:

Jonathan Chippendale	Assistant Director for Clinical Development
Mark Marsden	Trade Union Representative
Nigel Rees	Assistant Director of Research and Innovation
Keith Rogers	Trade Union Representative

48/24 WELCOME AND INTRODUCTION

Hannah Rowan welcomed everyone to the meeting bilingually and confirmed quorum.

She invited all members to introduce themselves for Hayley Hutchings and Carl Kneeshaw and Kerry Robertshaw attending the meeting today for the first time.

49/24 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.

50/24 MINUTES OF THE LAST MEETING

The minutes and the addendum of the meeting held on 19 July were approved as a correct record.

RESOLVED: That the minutes and addendum from the meeting held on the 19 July 2024 were approved,

51/24 ACTION LOG AND MATTERS ARISING

The Action log was discussed with all the actions being proposed and accepted by Members for closure.

RESOLVED: That the action log was reviewed, and actions closed as proposed.

52/24 RESEARCH AND INNOVATION NEXT STEPS (POSITION PAPER)

Andy Swinburn stated that the Research and Innovation (R&I) team was starting from a low base in terms of resilience with Nigel Rees leading most research activities, supported by individual researchers focused on specific trials.

The set up currently lacked organisational resilience with funding and time primarily dedicated to specific research projects, limiting broader R&I across the Trust. The aim was to embed R&I activities throughout the Trust, not just within specific trials, with a focus on building resilience.

Andy Swinburn recognised the significant innovation across the Trust with an end goal of developing an evidence base for these innovations, ensuring they were grounded in research and could be further developed.

Estelle Hitchon emphasised the importance of making research accessible and supporting innovation at all stages to build confidence and capability within the team. She noted that research could be off-putting due to its perceived complexity and required skills and stressed the importance of supporting people with good ideas to help them translate these into actions.

Ceri Jackson supported the foundational approach and suggested a timeline, highlighted the significant potential of broader charity sector collaboration for funding opportunities, and questioned the effective use of current resources to inform the strategic direction.

Hannah Rowan confirmed the need for better alignment between the Trust's stated commitment to research and the actual investment, suggesting a more proactive approach to securing and prioritising funding with a conversation needed at Board level. The push for research funding aligned with the new clinical model.

Andy Swinburn confirmed that financial support to build resilience in the research team outlined the dependency to proceed with plans, recognising there were always more demands for funding that available resources.

Jonathan Turnbull-Ross appreciated the clarity within the report for brokering the right conversation and noted the need for clear direction, specific goals and Board level support to empower innovation and manage resources effectively. He mentioned the success of Craig Brown's journey to studying a PhD due to having strong support.

Hayley Hutchings stressed the importance of changing perceptions about research and encouraging participation and utilising existing projects for additional research opportunities. She also highlighted that impactful research could be achieved with limited resources and suggested providing online resources and ideas for engaging in research without a higher degree.

Hannah Rowan proposed an action for Andy Swinburn Nigel Rees and Haley Hutchings to meet before the next meeting to explore avenues for resource allocation and come back with a practical next steps update regarding the required resources. This would help present a tangible proposal to the Board for funding.

Trish Mills underscored the importance of Board level support and engagement to address resourcing challenges efficiently and suggested including this issue in the alert section of the highlight report for Board. She also mentioned a key takeaway from the NHS confederation breakout session was the importance of Board level buy in for the research and developing governance framework.

Jo Kelso noted the importance of changing perceptions, encouraging incidental research engagement and leveraging shared resources to foster internal interest and attract funding.

RESOLVED: That

1) **the Committee had a full discussion on the Research and Innovation next steps, recognising the need to prioritise the foundation building process; and**
2) **a paper on practical next steps and required resources would be presented to the next meeting.**

53/24 UNIVERSITY TRUST STATUS BENEFITS REALISATION POSITION PAPER

For the benefit of the new members Hannah Rowan updated on the Trust having been awarded University Trust Status (UTS) in April 2024, with the task now of articulating what the benefits are to the Trust of UTS and what the next steps should be. Estelle Hitchon spoke of the broad ranging discussion at the last meeting that needed to be translated into organisational objectives.

Estelle Hitchon accentuated the importance of accessible learning at all levels, broadening strategic partnerships and setting ambitious, yet achievable goals for the Trust. She talked of a proposal to establish a Centre of Excellence by 2028, potentially in remote clinical triage, in partnership with academic and commercial entities.

Hannah Rowan expressed her gratitude for the thoughtful and strategic approach taken in summarising and aligning the discussion with organisational goals and took the opportunity to congratulate some of the recent award winners at the Committee today. Jo Kelso noted her appreciation of the effort in distilling broad thoughts into actionable and measurable objectives, highlighting the importance of inclusive learning, promoting excellence, and supporting staff development.

Ceri Jackson agreed with the broader approach to the Centre of Excellence and stressed the importance of clearly communicating the benefits to staff and patients to foster cultural change and recognition. She suggested an adjustment to the paper to ensure the points were clear in the next iteration of the Integrated Medium-Term Plan (IMTP).

James Houston suggested considering how the Strategic Transformation Board (STB) links into the Academic Partnership Committee to ensure its role in horizon scanning is taken into the right forums.

Trish Mills spoke of the importance of aligning R&I with the Duty of Quality, reconsidering the placement of learning and development from People and Culture Committee to this Committee to better allow for alignment and focus at this Committee, and maintaining a proactive approach to setting priorities.

Alex Crawford noted the value of connecting the strategic roles, reviewing and updating priorities, and aligning metrics to demonstrate benefits to people and patients.

Members indicated their approval for the paper to move forward with the discussed additions. Hannah Rowan thanked everyone for their engagement and contributions.

RESOLVED: That the UTS benefits realisation paper was considered, and the priorities identified reflected a consensus position prior to wider consultation and inclusion as part of the IMTP 2025-28 development process.

54/24 PROPOSED REVISED COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT

Hannah Rowan opened the item by saying the priorities were consistently revisited to ensure they were manageable and that a small revision have been discussed at the last meeting.
Last year's priorities:

- Achieving University Trust Status (UTS) (successfully managed).
- Implementing the research governance framework (ongoing refinement).

Julie Boalch confirmed the discussion on UTS benefits realisation lead into the Committee's priorities for 2024/25 which had been slightly reframed to better reflect the current business needs. The revised priorities:

- Clarity on the purpose and focus of the Committee to be communicated to the wider organisation.
- Articulating the benefits realisation of University Trust Status (UTS).

RESOLVED: That the Committee noted the update regarding the Cycle of Business and associated Monitoring Report and agreed the revised priorities for the Committee for 2024/25.

55/24 RESEARCH GOVERNANCE FRAMEWORK UPDATE

Andy Swinburn confirmed that some content had already been covered, and with the report being self-explanatory did not go into detail. Members noted the frequency of the reports with a fuller report annually to align with Health and Care Research Wales (HCRW) reviews. A visit from HCRW is scheduled for March 2025 to assess the Trust against the Research Governance Framework. It was noted the Trust is still refining its approach to research governance and the HCRW feedback will be valuable.

The Research Governance Framework is an opportunity to showcase strengths and identify gaps in the Trust's Research Governance, with a focus on challenges, opportunities and timeframes.

Hannah Rowan confirmed that she holds the Research Champion Role and maintains an ongoing relationship with HCRW to support and challenge the Trust on its research governance arrangements. She also shared her insights from the HCRW conference which had engaging content:

1. **Collaboration Pyramid**: Dr. Paul Hull discussed a model for impactful collaboration, emphasising quality communication, definition of excellence, and supportive environments.
2. **Grease and Glue**: Another talk highlighted the importance of roles that facilitate and smooth the way for effective collaboration.
3. **Using Existing Data**: A discussion on leveraging existing data for research and innovation, with an example of early diabetes identification in children using historical data.
4. **Information Governance**: Emphasis on the importance of information governance in using existing data for research.

Hannah Rowan agreed to share insights from future conferences and encouraged Members to attend if they were able as the content was valuable.
Hannah also wanted to ensure that directorates provide input for reviews related to the Research Governance Framework and would encourage colleagues to respond to requests for input ahead of each update.

Jonny Sammut explained how the Trust was data rich but information poor. He spoke of ongoing efforts to improve data utilisation, integrate data sets and develop advanced data capabilities.

Jonny Sammut highlighted a couple of key areas:

1. Data Science Initiative: Leanne Smith was looking at organically growing a data science capability next year to move beyond just accessing data to predictive modelling and using information to drive decision-making. A business case for data science will be developed and go through governance routes next year. A substantive agenda item was expected by mid-next financial year, with a briefing to the committee on plans and progress.
2. National Data Repository: An update on the national data repository and related health system work is anticipated around March next year.
3. Data Quality and Recruitment: Data quality work and recruitment efforts will be discussed at the FPC meeting tomorrow. These efforts are crucial as they will support ongoing data conversations within the committee.

Hannah Rowan concluded by saying the evolution of data science work is a promising area that could significantly benefit this Committee. Whilst the initiatives may not always receive the attention they deserve, they have the potential to be major enablers of improved practices and real quality of care.

Hannah Rowan asked Jonny Sammut if there was anything to be actioned in the digital space.

RESOLVED: That

1) **The Committee discussed and noted the content of the report; and**
2) **The Committee continue to review self-assessments against the framework.**

56/24 ANY OTHER BUSINESS

No business raised.

57/24 KEY MESSAGES FOR BOARD DECISIONS / ACTIONS

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

58/24 DATE OF NEXT MEETING:

The date of the next Committee meeting is 23 January 2025.

ACTION LOG **Academic Partnerships Committee**

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
52/24	18 November 2024	Research & Innovation Next Steps	Hannah Rowan proposed an action for Andy Swinburn Nigel Rees and Haley Hutchings to meet before the next meeting to explore avenues for resource allocation and come back with a practical next step regarding the required resources. This would help present a tangible proposal to the Board for funding.	Andy Swinburn	23 January 2025	**Update for January meeting** - 1.Our proposal will be developed in readiness for submission as budget setting for next year commences. This of course adds this request to the likely numerous other requests that will form part of the annual process we see each year. As such, we may get all, some or none of what is being requested. 2.The submission will include the following, aimed at bolstering Nigels core team. a.Additional support, on top of the existing £25k from Directorate monies, to offset the associated financial risks that Nigel's deputy position will create. This role will shortly be going out to advert but will be funded 'at risk' from the income we generate as a result of money drawn from the various R&D projects. As a fall-back position, we might ask that the organisation become a 'guarantor' instead. I.e. if the projects were to 'dry up', WAST would step in to support the position. b.A permanent Research Support Officer Position. This would provide some consistency across the various studies and projects and unlike the existing RSO's, would not be attached to a specific piece of work, which would again bolster the resilience mentioned. c.Finally, we have two non-clinical Research Support Officers whosejob roles are being reviewed to support. Action proposed for closure.	Complete
53/24a	18 November 2024	University Trust Status Benefits Realisation	The concept of a centre of excellence across all activities rather than a single area of focus and how things benefit patients as well as staff needed to be more visible and explicit.	Estelle Hitchon	23 January 2025	**Update for January meeting** - On the agenda at this meeting	Open
53/24b	18 November 2024	University Trust Status Benefits Realisation	Alex Crawford to facilitate pulling out the patient and people elements of the priorities identified by Estelle Hitchon for inclusion in the Integrated Medium Term Plan (IMTP)	Alex Crawford	23 January 2025	**Update for January meeting** - On the agenda at this meeting	Open
53/24c	18 November 2024	University Trust Status Benefits Realisation	Through the effectiveness reviews, a proposal whether learning and development remain with PCC or move to APC. A conversation to be had between Ceri, Hannah, Estelle, Andy and Carl.	Trish Mills,Ceri Jackson, Hannah Rowan, Estelle Hitchon, Andy Swinburn and Carl Kneeshaw	23 January 2025	**Update for January meeting** - On the agenda at this meeting	Open
55/24	18 November 2024	Research Governance Framework	Jonny highlighted that Leanne Smith is looking at organically growing a data science capability next year to move beyond just accessing data to predictive modelling and using information to drive decision making. The Committee asked that this be added to the Forward Programme for the Committee and be scheduled for a future meeting.	Jonny Sammut, Trish Mills	1 July 2025	**Update for January meeting** - Leanne Smith advised that the July APC meeting would be better placement for the agenda item, Work has begun working on the Data Strategy/Plan (which would explain how using other analysts will create more capacity and mature the capability of analytics in WAST).	Not Due

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services University NHS Trust

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	29 November 2024
Committee Meeting Date	18 November 2024
Chair	Hannah Rowan

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Members highlighted that whilst the allocation of resourcing is an Executive decision, it is crucial to have the Board's commitment to support the research and development framework governance. Limited funding hinders the ability to embed Research and Innovation (R&I) activities effectively and develop a strong foundation for future growth. A proposal for building the core fundamentals will be discussed at the next meeting.

2. Members approved the slightly reframed **Committee Priorities for 2024/25** which included the University Trust Status (UTS) benefits realisation and a clearer articulation of the Committee purpose and focus. The Board is **asked to approve** the revised Priorities for the Committee. The detail can be viewed in the Committee papers.

ADVISE

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

3. The Chair welcomed the Trust's new **Academic Non-Executive Director,** Professor Hayley Hutchings, to her first meeting having joined the Board from 11 November 2024 and Carl Kneeshaw as the Trust's new **Director of People**.

4. Members received a spotlight on innovation in the closed session of Committee, given the commercial sensitivity of the project, noting the progress made towards integrating **drone technology** within its operations to enhance emergency response capabilities.

5. **Reflections** from members of the meeting noted that there was a strong direction on the future priorities, both for the University Trust Status and for the Committee; succinct papers and presentations; and that progress is being made with great insight into the work and focus of the Committee with thoughts about how discussion is turned into action.

ASSURE

(Detail here any areas of assurance the Committee has received)

6. Members received an update on the **University Trust Status (UTS) Benefits Realisation** and endorsed the consolidated ideas and proposed priorities for inclusion in the 2025-28 Integrated Medium Term Plan (IMTP). The priorities included a commitment to learning, enhancing academic and industry partnerships, and establishing a centre of excellence by 2028, all of which align with the Trust's long term strategy, Delivering Excellence and the Trust's commitment to the Duty of Quality. Members acknowledged the importance of being explicit about the benefits for both our people and patients.

7. The next steps for **Research and Innovation** (R&I) were outlined to ensure research strategies and objectives are integrated as part of routine work across all areas of the Trust and that they become fully embedded into our culture and operations. This will support resilience in the team and address capacity issues. Members recognised the need to prioritise the foundation building process over the next 12-18 months to ensure opportunities for improvement are delivered. The importance of harnessing R&I as an accessible pathway for colleagues to engage in research activities will be built into the foundations and supported by an evidence base to demonstrate their effectiveness.

8. An update was received on the **Research Governance Framework** being developed throughout 2024/25 which includes Research Key Performance Indicators (KPIs) including key achievements, strategic goals, governance, partnerships, research support and communication efforts noting the progress already made to date. Health & Care Research Wales (HCRW) will work with the Trust to conduct self-assessments against the NHS Framework. Committee will receive updates on growing a data science capability in the future.

9. The **Cycle Monitoring Report** was received, noting that the R&I Annual Report has been rescheduled from Q2 to Q4.

RISKS

Risks Discussed: There are no formal risks on the corporate risk register for this Committee.

New Risks Identified: No risks raised.

The papers for this meeting can be found by following this link to the Committee page on our website.

COMMITTEE AGENDA FOR MEETING		
Research and Innovation Next Steps Position Paper	University Trust Status Benefits Realisation Position Paper	Revised Committee Priorities, Cycle of business and monitoring report
Research Governance Framework update		

COMMITTEE ATTENDANCE				
Name	**23 April 2024**	**July 2024**	**18 November 2024**	**23 January 2025**
Hannah Rowan				
Prof Kevin Davies				
Ceri Jackson				
Prof Hayley Hutchings				
Estelle Hitchon				
Angela Lewis				
Carl Kneeshaw				
Andy Swinburn				
Jonny Sammut	Aled Williams			
Jonathan Turnbull-Ross				
Duncan Robertson				
Jonathan Chippendale			Kerry Robertshaw	
Prof Nigel Rees				
James Houston				
Jo Kelso				
Trish Mills		Julie Boalch		
Mark Marsden				
Keith Rogers				

	Attended
	Deputy attended
	Apologies received
	No longer member

AGENDA ITEM No	**5**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**4**

2024/25 COMMITTEE EFFECTIVENESS REVIEW

MEETING	Academic Partnership Committee
DATE	23 January 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Trust's Standing Orders and committee terms of reference require that board committees evaluate their effectiveness annually and prepare an annual report to the Trust Board.

2. The approach for the 2024/25 effectiveness review for this committee sees a move away from the lengthy questionnaires of the past, and a focus on its delegated remit and the assurance reporting in particular that it receives on a regular basis.

3. The board has established this committee to support it in discharging its responsibilities effectively. The operating arrangements of this committee should allow it to spend time to delve deeper into issues within its remit, identify assurance gaps, and set the necessary context for informed decision-making. It is vital therefore that that time is spent effectively and that the delegated remit is both appropriate and manageable. Essential to this is a clear work programme and robust reporting.

4. A presentation will accompany this paper in committee; however, members are requested to review the committee's remit (summarised below and in full in the current attached terms of reference) and its cycle of business ahead of the meeting.

RECOMMENDATION

5. Members are invited to assess whether the committee's remit, as outlined below and in its terms of reference, remains appropriate for 2025/26. Consideration

should be given to any desired amendments, additions, or removals, as well as any areas that might be better addressed by another committee.

6. Members are invited to evaluate the cycle of business included in this pack. Reflecting on the hallmarks of effective assurance reporting, members are asked to propose potential improvements to enhance the strength and efficiency of assurance processes for the committee, including any individual reports.

7. Additionally, members are asked to take part in a short Mentimeter quiz during the meeting to answer the following questions:

   (a) What would help you as report writers/reviewers/receivers of assurance
   (b) What works well in this committee
   (c) What improvements could we make in this committee

8. The Committee is requested to review the draft Annual Report and provide any comments ahead of it being finalised and circulated for email approval by Chair's Action.

KEY ISSUES/IMPLICATIONS
As set out above

REPORT APPROVAL ROUTE
Terms of reference and final annual report to be approved by way of Chair's Action following this meeting and presented to ARAC and the board thereafter.

REPORT APPENDICES
Annex 1 – Committee remits for 2024/25 Annex 2 – Committee terms of reference Annex 3 – Committee cycle of business Annex 4 – Draft committee annual 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

2024/25 COMMITTEE EFFECTIVENESS REVIEW

SITUATION

1. Annual effectiveness reviews are designed to evaluate the efficacy of the committee, review operating arrangements, and propose changes to improve its support, challenge, scrutiny and oversight responsibilities.

2. Whilst our commitment to the duty means we adopt a continuous improvement methodology throughout the year, this annual effectiveness review is an opportunity to formally review this committee's remit and membership, consider the reports it receives, and look back at the work of the Committee in 2024/25.

BACKGROUND

Role of the Board and its Committees

3. The Trust Board is accountable for governance, risk management and internal controls at WAST. It focuses on the following key areas:

    - Developing the **strategy, vision, and purpose** of the Trust. Identifying priorities, establishing goals and objectives, applying resources, understanding risks to the achievement of objectives, and allocating funds to support the decisions that need to be made around strategic planning.

    - Shaping the **culture** of the Trust in several ways, including the way in which it engages with our people, our patients and stakeholders, the way it manages its agenda, by the nature of the discussions at the Board and the relative emphasis given to different performance criteria, by the visibility of its members in the organisation, and by where it chooses to invest time and resources. Board and committee members must live up to the highest ethical standards of integrity and probity and abide by the Nolan Principles.

    - Setting organisation wide expectations and accountability for high performance and compliance with the **duty of quality** and the **duty of candour** as set out in the Health and Care (Quality and Engagement) (Wales) Act 2020. Ensuring that all staff understand their role in the effective and high-quality provision of care in a governance framework that ensures a balance between trust, constructive debate, and effective challenge in a culture of openness and learning.

- Ensuring there is a robust system of **risk management and internal controls** in place, and that the board are sighted on the mitigations in place for the principal risks to the delivery of the strategy.

- **Holding to account,** and being held to account, for the delivery of the strategy in accordance with the strategic and performance frameworks developed by the Board.

4. The board has established several committees to support it in discharging its responsibilities effectively. These committees are designed to undertake the detailed work required to provide robust assurance, explore risks and performance issues, and examine key matters within their specific remits. By doing this 'heavy lifting,' they have the capacity to delve deeper into issues, identify assurance gaps, and set the necessary context for informed decision-making. Attached at **Annex 1** is a snapshot of the remits of all six committees of the Trust Board, and the Corporate Trustee framework.

5. Committees meet for extended periods, allowing them to afford the time and attention to critical matters that the full board cannot. This structure ensures that items are thoroughly examined and discussed, enabling a more expert understanding of their implications. Following each meeting, committees report back to the board and corporate trustee on the assurance they have received and escalate any significant issues or concerns for further consideration. This approach ensures that the board is well-informed and able to focus on strategic oversight.

<u>Effectiveness</u>

6. The Trust's Standing Orders, committee terms of reference, and codes of governance provide that boards should routinely assess the effectiveness of their governance arrangements, of which this committee forms an integral part. Each committee is required to submit an annual report to the board setting out its activities during the year and a review of its performance.

7. In 2022/23 and in 2023/24 these reviews consisted of a lengthy questionnaire completed by members, and a pre-review of the terms of reference and questionnaire responses by the committee Chair, Executive Lead and Corporate Governance Team. These were then presented to the committee with proposed changes to both the remit and operating arrangements. The survey and the presentation of results in the committee meeting garnered waning engagement as reviews progressed through the seven committees. This was in part because of the time of year these were undertaken (which was during the busy winter period

for the Trust), and because there is duplicative membership across several committees.

8. In April 2024 the Audit, Risk and Assurance Committee (ARAC) agreed a different approach to these reviews for the 2024/25 year to garner further engagement of members.

9. The new approach for committees other than ARAC[1] centres on discussion in the meeting on the delegated remit of the committee and assurance reporting. The pre-submitted questionnaire will be replaced by a few simple questions for the interactive committee session on best practice and improvements that could be made.

ASSESSMENT

10. This committee's terms of reference are attached at **Annex 2**.

<u>The Remit of this Committee</u>

11. The terms of reference set out its purpose, membership, operating arrangements, members' commitment to the duty of quality, and its delegated duties and remit. The duties of this committee can be summarised as follows:

Partnerships

- Promote and support the exploration of opportunities with higher and further education, wider education providers and commercial partners;

- 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 by developing opportunities for widening access and increasing participation in health and social care education;

- Ensuring appropriate arrangements are in place with partner organisations;

University Trust Status

- Oversee and contribute to the development of submissions for University Trust Status and ensure the ongoing maintenance of the Status and related work programmes;

Research

[1] ARAC follows the National Audit Office questionnaires as best practice

- Monitor plans for building capacity for the whole workforce to participation in research;

- Ensure these opportunities are promoted and that the workforce is encouraged to be professionally inquisitive;

- Oversee the implementation of the HCRW Research Governance Framework;

Risk and Audit

- Monitor principal risks

- Receive assurance from internal and external audits and other external reports

The Work Programme of this Committee

12. The terms of reference are accompanied by a cycle of business (otherwise known as a work programme) for each committee. This committee's cycle is attached at **Annex 3**. The text in red is a direct lift from the terms of reference narrative and what follows then is the reporting that has been agreed will provide the necessary assurance and/or opportunities for scrutiny and challenge on the duties delegated to this committee by the board. This cycle of business and its accompanying notes were approved by the committee in January 2024.

13. Cycles of business play a pivotal role in the effectiveness and efficiency of the committee. They are the basis upon which agenda are drafted to inform a fulsome commissioning of papers. The notes section contains context added from a number of sources including audit reports, directions from the committee, agreed approaches or policy positions.

14. The cycle of business should aim to cover 90% of the items expected to come before the committee. This framework enables directors and their teams to plan the internal governance pathways that each report should follow before reaching the committee.

15. The cycle of business is accompanied by a detailed schedule of submission deadlines, ensuring papers are lodged with the Corporate Governance Team in a timely manner for each committee meeting and published in line with the Trust's Standing Orders.

Internal Governance and Flows of Assurance

16. With the exception of the People and Culture Committee and the Charity Committee, the board has not established sub-committees reporting to its committees. Instead, the Trust has implemented internal governance structures

that serve as integral components of the broader governance framework. These structures link operational management activities with the strategic oversight provided by the board and its committees. Importantly, these forums (outlined below) do not report directly to any board committee:

- **Organisational Governance**
  Includes governance forums reporting to the Executive Leadership Team (ELT), along with their sub-committees and task-and-finish groups.

- **Strategy Development and Delivery**
  Encompasses the Strategic Transformation Board, its sub-committees, and working groups.

- **Directorate Governance**
  Refers to governance structures established by individual directors within their directorates.

17. These forums enable directors to:

- Address specific portfolio areas effectively;
- Foster a collaborative approach across the Trust;
- Establish robust monitoring and assurance processes;
- Escalate issues for resolution as needed;
- Formulate assurance reports to meet their accountability responsibilities to the board and relevant committees.

A well-defined cycle of business for the committee is essential to support directors in creating appropriate forums, providing clarity to report writers, and ensuring the smooth flow of reporting.

18. The cycle of business will guide the type of reporting needed; however, all assurance reporting must meet high standards to support effective decision-making. The hallmarks of a good board or committee paper include:

- Clarity and accessibility, ensuring the paper is:
  - free from jargon and accessible to all board and committee members, regardless of technical expertise;
  - presented with a clear, logical structure and relevant headings;
  - focused on key issues within the committee's remit, avoiding unnecessary detail;
  - complimented by an executive summary highlighting key points for quick reference; and
  - not duplicative.

- Strategically aligned and clearly identifies key risks, their potential impact, and how these risks are managed or mitigated.

- Evidence-based and balanced, ensuring it:
  - Is drawn from robust, reliable data and evidence;
  - provides a balanced view by presenting both positive and negative findings; and
  - includes trends and comparisons (e.g., performance over time or against benchmarks).

- Offers actionable recommendations for addressing issues or enhancing performance, clearly defining next steps and responsibility for implementation.

- Uses visual aids (e.g., charts, graphs, dashboards) to present data clearly.

- Highlights the implications of findings for patients and other key stakeholders.

- Demonstrates learning from incidents, audits, and external inspections, showing how findings contribute to a culture of improvement and excellence.

By adhering to these principles, the Trust can ensure that assurance reports effectively supports the board and its committees in making informed and strategic decisions.

19. While it is essential to define the bulk of the work to be received by a board committee through the cycle of business, it is equally important to recognise that not all items received by the committee serve as assurance. Some reports provide valuable context for complex issues or deliver information that, while not strictly assurance, supports a broader understanding of the Trust's operations and strategic priorities.

20. Assurance itself extends beyond formal reporting. It includes qualitative inputs such as patient and staff stories, which bring a human perspective to the committee's work. Additionally, the triangulation that occurs during board visits - when members engage directly with our people and patients - provides invaluable insights that complement formal assurance processes. Together, these elements enrich the committee's ability to make informed and well-rounded decisions.

21. Bearing the above in mind, members are invited to consider the reporting that the committee receives on a regular basis in particular and reflect on and suggest improvements that may be made to strengthen and/or streamline assurance to the committee.

<u>Annual Report</u>

22. The committee's annual report has been prepared in draft and is attached at **Annex 4**. The report provides assurance to the board on the discharge of the committee's responsibilities through the year, progress against priorities, and membership/quorum.

23. Following this committee meeting, any amendments to the terms of reference and feedback from members on its effectiveness will be incorporated into a revised draft, which will be circulated to members for review.

Next Steps

24. ARAC, at its April 2025 meeting, will review the committee's annual report and its effectiveness evaluation, as well as any proposed changes to its terms of reference and operating arrangements. ARAC will be asked to assure the board at its May 2025 meeting that the arrangements the board has in place for its committee structure and spread of delegations is appropriate and manageable into 2025/26.

25. The next meeting of this committee falls after the April 2025 ARAC meeting, therefore any changes to the terms of reference and the annual report will be circulated to the committee for email approval by Chair's Action following this meeting. The Committee Chair will also propose priorities for 2025/26 as result of the discussions from today's meeting.

RECOMMENDATION

26. Members are invited to assess whether the committee's remit, as outlined below, remains appropriate for 2025/26. Consideration should be given to any necessary amendments, additions, or removals, as well as any areas that might be better addressed by another committee.

27. Members are invited to evaluate the cycle of business included in this pack. Reflecting on the hallmarks of effective assurance reporting, members are asked to propose potential improvements to enhance the strength and efficiency of assurance processes for the committee.

28. Members are asked to take part in a short Mentimeter quiz in the meeting answering the following questions:

    (d) What would help you as report writers/reviewers/receivers of assurance
    (e) What works well in this committee
    (f) What improvements could we make in this committee

29. The Committee is requested to review the draft Annual Report and provide any comments ahead of it being finalised and circulated for email approval by Chair's Action.

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust

WAST BOARD COMMITTEE REMITS – 2024/25

Quality, Patient Experience and Safety Committee

- Duty of Quality and Duty of Candour
- KPIs in remit
- Clinical & quality plans
- Health and Care Quality Standards
- Quality Impact Assessment
- Mental health
- Infection prevention and control
- Safeguarding
- Continual quality improvements
- Learning
- Mortality reviews
- Putting Things Right
- Clinical negligence & personal injury
- Clinical effectiveness
- Clinical audit
- Citizens voice & patient experience
- Clinical and quality governance
- Risks, audits, policies in remit

People and Culture Committee

- People & Culture plan and metrics
- KPIs in remit
- Trust Behaviours
- Health and wellbeing
- Staff & volunteer experience
- Speaking up safely
- Equality, diversity, and inclusion
- Recruitment and retention
- Trade Union relationships
- Leadership & development
- Succession plans
- Welsh language
- Health and safety
- Health and Care Standards in remit
- Registration and revalidation
- Partnerships and engagement
- Risks, audits, policies in remit

Advisory Group (WASPT) reports to this Committee with onward reporting to Board via the AAA

Finance and Performance Committee

- Long term strategic direction
- Long term financial direction
- Capital and revenue monitoring
- Financial sustainability
- Business cases and PIRs
- Compliance with statutory duties
- IMTP endorsement and delivery
- Value based healthcare
- Performance against targets set by Commissioners and Welsh Gov.
- Quality &Performance Management Framework (QPMF) outcomes
- Trust wide KPIs (MIQPR)
- Recovery plans for performance
- Demand and capacity
- Estates
- Fleet
- Environment and sustainability
- Digital systems
- Digital plan direction
- Information governance
- Information security
- Major Incident Plan and Business Continuity Plan
- Cyber resilience & security
- Risks, audits, policies in remit

Audit, Risk and Assurance Committee

- Governance and assurance
- Effective systems of good governance, risk management and internal control
- Board Assurance Framework
- Annual Report
- Audited financial accounts
- Standing Orders and SFIs
- Accounting policies
- Assurance processes
- Policies for reg. compliance
- Schedule of losses & special payments
- Single tender actions
- Internal audit (inc annual plan; reports; HOIA Opinion)
- Audit Wales (inc annual plan; ISA260; structured assessment; reports;
- QPMF implementation
- Audit management responses
- Local Counter Fraud Service
- Standards of business conduct
- Whistleblowing processes
- Patient's property
- Policies in remit

Remuneration Committee

- Contractual arrangements for staff
- Appointment, termination, remuneration, terms of service and appraisal for Chief Executive; Executive Directors (including interim); Very Senior Managers
- Redundancy, VERs, Settlement settlements

Academic Partnerships Committee

- Strategic collaboration with education providers and commercial partners
- Collaboration with partners in health, social care, local authority and third sector
- Partnership arrangements
- University Trust Status
- Plans to build capacity of whole workforce
- Research governance framework
- Risks, audits, policies in remit

Charity Committee (Corporate Trustees)

- Charity strategic direction
- Charitable funds monitoring including systems and processes
- Review by Audit Wales of accounts
  Fundraising
- Bursary Panel
- Promote the charity
- Annual Report and Financial Accounts
- Approve expenditure over £5,000
- Bids Panel
- Risks, audits, policies in remit

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru Welsh Ambulance Services University NHS Trust

ACADEMIC PARTNERSHIP COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2024-25

1. INTRODUCTION

1.1 The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Academic Partnership Committee.

1.3 The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:

- providing advice on strategic development and performance within the terms of reference;
- undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
- carrying out specific responsibilities on the Board's behalf; and
- providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

1.4 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 and its remit is hereby set out in these formal terms of reference and operating arrangements.

2. PURPOSE

2.1 The delegated powers and authority set out in these terms of reference reflects the maturing University Trust Status (UTS) journey and the fact that this committee approaches its remit with 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 appropriate arrangements are 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).

2.2 The Committee recognises the wealth of knowledge, expertise and skill within the Trust, as well as the need to ensure that skill and expertise is maintained at the forefront of clinical and professional excellence. It will ensure that its work is not predicated just on the development and support of clinical staff but, rather, of everyone across the organisation, whether they be in a clinical, professional, or corporate role.

2.3 The Committee will Facilitate a forward-looking organisational culture with partners which:

(a) promotes quality improvement across all activities;
(b) is rich in educational activities and staff development opportunities;
(c) helps attract and retain the very best staff, including internationally leading clinical academics;
(d) facilitates research, grant capture by clinicians and academics and the translation of evidence research findings into practice;
(e) encourages innovation and modernisation;
(f) encourages multi-disciplinary work and access to new and emergent fields of research and evidence based practice;
(g) builds capacity for translational research that allows all parties to compete at an international level;
(h) integrates education, research and practice that looks beyond targets and entrenched ways of working, fostering a culture of learning and innovation based on evidence and best practice;
(i) facilitates wealth and economic growth in the region and beyond;

(j) supports the capture and analysis of the service user experience;
(k) develops health informatics opportunities to achieve their potential;
(l) Supports strategic planned lines of enquiry enabling knowledge creation.
(m)use of digital technology to enhance our services.

2.4 The committee shall, in carrying out its functions and responsibilities, consider how their decisions secure an improvement in the quality of health services (the duty of quality) as outlined in The Health and Social Care (Quality and Engagement) (Wales) Act 2020. This includes but is not limited to ensuring the provision of high-quality, safe, and effective healthcare services that meet the needs of patients, service users, and their families.

2.5 The committee shall demonstrate the duty of quality through its own operating arrangements, ensuring that its processes, procedures, and decision-making mechanisms uphold the highest standards of transparency, accountability, and governance. It shall regularly review and refine its operating procedures to align with best practices and legal requirements, fostering an environment of continuous improvement. Furthermore, the committee shall monitor, assess, and report on the implementation of Health and Care Quality Standards, outcomes, and performance indicators where relevant within their remit.

3. DELEGATED POWERS AND AUTHORITY

With regard to its role in providing advice and assurance to the Board, the Committee will:

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.

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.

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.

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 resourced, 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 at 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.

3.7 Oversee the implementation of the research governance framework in accordance with the Health and Care Research Wales Research Governance Framework.

Principal Risks and Audits

3.8 The Committee will monitor the principal risks relevant to its remit. It will consider the controls and mitigations of related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

3.9 The Committee will receive and gain assurance from internal and external audits in their remit. It will also monitor management actions to address recommendations via the audit tracker and where appropriate scrutinise the impact of actions in response to audit recommendations.

Authority

3.10 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records, or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.11 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

3.12 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

Chair's Action

3.13 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. This is most likely, but not exclusively, to arise with respect to approval of policies particularly given the current backlog.

3.14 In these circumstances, the Chair and the Lead Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee after first consulting with at least two other Members (Non-Executive Directors).

3.15 The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Sub-Committees

3.16 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4 MEMBERSHIP

Members

4.1 The core membership is a minimum of three members comprising: -

Chair	Non-Executive Director
Members	Two other Non-Executive Directors of the Board.

Prescribed Attendees

4.2 The core membership will be supported by the attendance of the following at each meeting: -

- Director of Partnerships and Engagement (Committee Lead)
- Director of People and Culture
- Executive Director of Paramedicine
- Director of Digital Services
- Assistant Director for Quality and Nursing (Quality Governance)
- Assistant Director of Clinical Development
- Assistant Director of Research and Innovation
- Head of Strategy Development
- Head of Workforce Education & Development
- Director of Corporate Governance/Board Secretary
- Up to two Trade Union Partners

Other Directors and staff members will be invited to attend, either by the Committee or to present individual reports.

With the permission of the Chair, those in attendance may send a deputy in their place. This, however, does not affect the right of the Chair to require those listed above to attend.

The Committee may also co-opt additional 'external' invitees from outside the organisation to provide specialist skills, knowledge and expertise.

Secretariat

4.3 Secretary as determined by the Board Secretary

Member Appointments

4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

4.5 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years' service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

4.7 Should any Non-Executive Director on the Board be unable to attend a meeting of a Committee the member may consider appointing a substitute member to attend the meeting in his/her place. The substitute member will assume, upon appointment, full delegated responsibility on behalf of the substituted member and will be eligible to vote, as necessary on any matter before the Committee and will be counted as part of the quorum for that

meeting. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Support to Committee Members

4.8 The Board Secretary, on behalf of the Committee Chair shall arrange for the provision of advice and support to committee members on any aspect related to the conduct of their role.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two core members must be present to ensure the quorum of the committee, one of whom should be the committee Chair or Vice Chair.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business.

Withdrawal of individuals in attendance

5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business; and
- Sharing of appropriate information;

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.3 The Committee shall embed the Trust's corporate standards, priorities, and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

(a) report formally to each Board meeting (as appropriate) on the Committee's activities, in a manner agreed by the Board. This includes a written highlight report, the submission of approved Committee minutes,
(b) bring to the Board's specific attention any significant matter under consideration by the Committee; and
ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (as Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the presentation of an annual report, operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

• Quorum – (as set out in section 5)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

PAPER	PRE or POST-C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE	COMMENT/COMPLIANCE
ACADEMIC PARTNERSHIPS COMMITTEE - CYCLE OF BUSINESS 2024/25									
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 (inc Research Champion updates)	N/A	Ad Hoc					All members	N/A	Committee member visits and reporting of outcomes
Spotlight On e.g. Partnerships, Innovation, Research, Education ~~Partnerships~~	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 partners, 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									
Agree Committee (and 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.
Monitor IMTP priorities as appropriate	STB and Board	Quarterly					DPE	Assurance	See Note 5
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	TBC	Ad Hoc					Relevant Director	Assurance/Information	See Note 4
3.7 Oversee implementation of the research governance framework in accordance with the Health and Care Research Wales Research Governance Framework									
Initial and ongoing review of framework	CQGG	Ad Hoc					ADR&I	Assurance	See Note 3
Research KPIs	CQGG	Ad Hoc					ADR&I	Assurance	See Note 3
Spotlight On Research	CQGG	Ad Hoc					ADR&I	Assurance	See Note 3
Research and Innovation Annual Report	CQGG	Annually					ADR&I	Assurance	See Note 3
3.8 The Committee will monitor the principal risks relevant to its remit. It will consider the controls and mitigtions of related risks and provide assurance tot he Board that such risks are being effectively controlled and managed.									
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)
3.9 The Committee will receive and gain assurance from internal and external audits in their remit. It will also monitor management actions to address recommendations via the audit tracker and where appropriate scrutinise the impact of actions in response to audit recommendations.									
Audit Recommendation Tracker	ADLT	Each meeting					DCG/BS	Assurance	
Audits within purview of Committee	Audit/ELT	Ad Hoc					DCG/BS	Assurance	
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	
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
DCG/BS = Director of Corporate Governance/Board Secretary

Cycled for each meeting
Ad hoc item - promtp for agenda setting
Reporting developing

General	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).
UTS Priorities	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. 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. Ensure UTS priorities encompass the entire workforce. Developmental piece to measure this by way of a survey. 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 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.
Research	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).
Deep Dives	As part of the inquisitorial nature of the Committee, drill down into elements of prioririte and other programmes where we are partnering with academic and industry to foster and promote.

IMTP Monitoring

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.

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 r**eporting 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

ACADEMIC PARTNERSHIP COMMITTEE
ANNUAL REPORT 2024/25

INTRODUCTION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.

3. Standing Orders, committee terms of reference, and codes of governance provide that boards should routinely assess the effectiveness of their governance arrangements, of which the board's committees form an integral part.

4. The committee met on 23 January 2025 and through a facilitated discussion reviewed its effectiveness, its terms of reference, and its operating arrangements. This Annual Report reflects on the effectiveness of the committee in 2024/25 and proposes changes to terms of reference.

PURPOSE OF THE COMMITTEE

5. The purpose of the Committee set out in its terms of reference reflects the maturing University Trust Status (UTS) journey. The committee that its remit with 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 appropriate arrangements are 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).

MEMBERSHIP AND ATTENDANCE

6. The committee met four times as scheduled in 2024/25 and was quorate on each occasion. The Committee met in private session on three occasions in July and November 2024.

7. The committee has been supported by the Chair and three Non-Executive Directors as members, and a number of prescribed attendees. The chart below illustrates attendance of members and attendees as listed in the terms of reference for 2024/25.
[to be updated post the 23 January meeting]

COMMITTEE ATTENDANCE				
Name	**23 April 2024**	**July 2024**	**18 November 2024**	**23 January 2025**
Hannah Rowan				
Prof Kevin Davies				
Ceri Jackson				
Prof Hayley Hutchings				
Estelle Hitchon				
Angela Lewis				
Carl Kneeshaw				
Andy Swinburn				
Jonny Sammut	Aled Williams			
Jonathan Turnbull-Ross				
Duncan Robertson				
Jonathan Chippendale			Kerry Robertshaw	
Prof Nigel Rees				
James Houston				
Jo Kelso				
Trish Mills		Julie Boalch		
Mark Marsden				
Keith Rogers				

	Attended
	Deputy attended
	Apologies received
	No longer member

8. The membership of the committee was revised effective quarter four of 2024/25 in response to changes to the Non-Executive Director membership of the Trust Board. This includes the academic Non-Executive Director Hayley Hutchings, appointed in November 2024. The January 2025 meeting of the committee will be her first meeting.

COMMITTEE'S VIEWS ON EFFECTIVENESS

9. The Committee's effectiveness was assessed through a facilitated discussion held at the meeting on the 23 January 2025, which included a review of its terms of reference and cycle of business.

[insert here following the 23 January meeting the views of the members on the effectiveness of the committee]

10. The committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the committee. The committee's business in 2024/25 included:

    (a) Following the Trust's application for **University Trust Status** (UTS) this was approved effective 01 April 2024. The committee oversaw the introduction of this designation and the change of the Trust's name to the Welsh Ambulance Services University NHS Trust. Throughout the year the Committee discussed the benefits which could be borne from having UTS, and this work will continue into 2025/26. Discussions regarding benefits include how well positioned the Trust is as a learning organisation of excellence, and the importance of realising benefits which relate to quality and evidence-based practices.

    (b) The **UTS priorities** for inclusion in the Trust's Integrated Medium-Term Plan (IMTP) 2025-28 were discussed and endorsed. These included a commitment to learning, enhancing academic and industry partnerships, and establishing a centre of excellence (by 2028); all of which align to the Trust's long-term strategy 'Delivering Excellence' and the Trust's commitment to the Duty of Quality.

    (c) Hannah Rowan, Committee Chair, provided updates to the Committee in her capacity as the Trust's **Research Champion Non-Executive Director**.

    (d) The Committee received updates from colleagues regarding the implementation of the **Health and Care Research Wales (HCRW) Research and Development Framework**. The way in which WAST implements the ten pillars of this framework has showcased the significant amount of research and innovation underway at the Trust, however the committee recognise there is more to do on this framework to identify further opportunities to strengthen and support it at WAST.

    (e) The development of **research and innovation Key Performance Indicators** (KPIs) was discussed, and work will continue on the development of these in 2025/26.

    (f) The Trust's approach to **Research and Innovation** was discussed, with the next steps for enhancing our capabilities considered. There was a commitment to support the integration of research strategies and objectives across all areas of the Trust to ensure that they become fully embedded into our culture and operations. The need to prioritise development of the structures and processes to support this approach were acknowledged.

(g) The committee continued to oversee and support the campaign for the recruitment of the **academic Non-Executive Director** on the Trust Board. As indicated above, Hayley Hutchings was appointed in Autumn 2024 effective 11 November 2024. The membership of the committee has changed to reflect this appointment as well as the planned turnover of non-executive directors on the Board.

(h) A spotlight session on the **innovation and the use of drone technology** was received. This discussed how the Trust is exploring the use of drone technology within its operations to enhance emergency response capabilities.

(i) The Committee **cycle of business** was approved.

(j) There are no formal **risks** on the corporate risk register for this committee, however the risks related to capacity to take forward the research and innovation agenda were discussed

(k) The **annual effectiveness review** was conducted in the January 2025 meeting.

11. The committee is required to promote and support the exploration of opportunities with higher and further education providers, commercial partners, and wider community partners for collaboration. The purpose of these sections 3.1 to 3.3 in the terms of reference and the way in which the committee discharges these were explored in the January meeting and [insert here the outcome]. The Chair of the committee, Hannah Rowan, is the Non-Executive Director Research Champion and is active in the research community, as is the Assistant Director of Research and Innovation, Nigel Rees. The promotion of WAST is brought through to committee by the Chair's updates on the champion community and the research governance framework by Nigel Rees.

12. The Board received a highlight report from this committee by email circulation following each meeting which included alerts, advice, and areas of assurance. This was also presented to the next public board meeting by the Chair of the committee.

SUB-COMMITTEES AND TASK AND FINISH GROUPS

13. The Committee is not currently serviced by a Sub-Committee.

PROPOSED CHANGES TO THE TERMS OF REFERENCE

14. The proposed changes to terms of reference for this committee for 2024/25 are marked up in [Annex 1] and include XXX.

[to be completed following the 23 January meeting]

15. In addition, there will be some changes to operating arrangements which include: [to be completed following the 23 January meeting]

COMMITTEE PRIORITIES

16. The Committee received an update on progress against its 2024/25 priorities at each meeting and as can be seen below progress on agreed priorities has been good: It is noted that the Committee revised its priorities mid-year from those which were agreed by the Trust Board in May 2024, and the revised priorities are included in the below table:

Priority	Progress
• Clarity on the purpose and focus of the Committee to be communicated to the wider organisation.	▪ The discussions regarding this priority will continue into 2025/26 now that the academic Non-Executive Director, Hayley Hutchings, is in post. This will possibly be progressed through a workshop with Committee members.
• Articulating the benefits realisation of University Trust Status (UTS).	▪ The Committee discussed the benefits realisation from UTS at its meeting on the 19 July 2024 and a follow up item was received at the Committee meeting on 18 November 2024. An update on the work to date was presented to the Committee in January 2025, and this work will continue into 2025/26.

17. It is good practice for committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the committee has agreed the following priorities for 2025/26:

[to be completed following the 23 January meeting]

18. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

NEXT STEPS

19. The next steps are as follows:

    (a) Ensure changes to operating arrangements agreed at paragraph 15 are cycled into work programme for review in 2025/26

    (b) Update the cycle of business with revised terms of reference.

RECOMMENDATION

20. The Trust Board is requested to

    (a) Receive and note the contents of the Committee Annual Report for 2024/25 and analysis of its effectiveness; and

    (b) Approve the changes to the Terms of Reference.

Staff/Patient Story Experience Sharing Form

Clinical Directorate

Version 1.0 **November 2024**

1. Board / Committee Details

- Name of Board / Committee: Academic Partnership Committee
- Date of Meeting: 23 January 2025

2. Presenter Details

- Name of Presenter: Hayley Stevens & Ed Harry
- Role / Position: Advanced Paramedic Practitioner & Professional Development Lead – Advanced Practice
- Directorate / Department (if applicable): EMS & Clinical Directorate
- Mode of attendance: *Virtual*
- Contact Information (Email): hayley.stevens2@wales.nhs.uk & edward.harry@wales.nhs.uk
- Executive Lead: Andy Swinburn, Executive Director of Paramedicine

3. Type of Experience Being Shared

(Please tick the relevant box)

- ☒Staff Experience

4. Summary of Story / Experience

(Include key points and any relevant context; no more than a few paragraphs).

Hayley Stevens is an APP based in Pembrokeshire who was successful in completing her MSc in Advanced Practice in 2022. As part of her MSc, she was required to undertake a Level 7 Research Dissertation module, choosing to undertake a service evaluation comparing independent prescribing to patient group direction use in a GP out-of-hours service. Following completion, Hayley was successful in publishing her findings in the British Paramedic Journal (BPJ). Hayley would like to share her experience and her journey and how it has benefited her as an individual and an aspiring Advanced Paramedic Practitioner.

5. Key Themes or Topics Covered

(Tick or list the main themes of the story)

- ☐ Quality of Care
- ☐ Communication
- ☐ Staff Support / Wellbeing
- ☐ Patient Safety
- ☐ Facilities / Environment
- ☐ Accessibility
- ☐ Use of Charitable Funds
- ☒ Other:

6. Outcomes or Actions Taken (if applicable)

(If the experience led to any outcomes or changes, please describe them here)

Across the UK, the WAST Advanced Practice rotational model is seen as a progressive approach to modern paramedicine. Advanced Practice is underpinned by the HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales and outlines four pillars (Clinical Practice, Education, Leadership and Management, and Research and Audit). The continued ambition of the Advanced Practice workforce within WAST is to showcase, highlight and develop further research to support ongoing progression and evidence-based practice within Advanced Practice and paramedicine. Hayley's work has reinforced, the ambition of the Advanced Practice leadership team to develop a Research, Audit and Development (RAD) group which aligns to the strategic objective of Advanced Practice and Research and Innovation workstreams. This will also create an opportunity for the Advanced Practice workforce to work collaboratively with the Research and Innovation department within WAST to develop and participate in research. Hayley's work and publication has also provided her with the underpinning knowledge to progress her professional practice by successfully obtain a position at Swansea University to undertake the non-medical prescribing module, starting March 2025.

7. How does this story contribute to or support the Committee's annual priorities, or role / purpose of the Committee (if applicable)?

(Additional details that are important to understand the context or impact of this experience)

APP's within WAST require to undertake the MSc in Advanced Clinical Practice. The MSc in Advanced Clinical Practice supports individuals to build a strong foundation in research, audit, and innovation skills. As a result of students, like Hayley within WAST undertaking a research dissertation module, several pieces of research, and service evaluations have been published, showcasing WAST as a leading ambulance service in innovation and development within research and paramedicine. Hayley's work has also supported many key workstreams and IMTP objectives within WAST, such as augmenting prescribing practice within WAST, and evaluations of current PGD medications use. It is the Advanced Practice leadership team's primary ambition to continue to support and progress individuals in this area and align the work undertaken with key WAST objectives.

8. Consent

- **It is acknowledged that it is not necessarily appropriate or possible for the Trust to seek written consent – for the purpose of completing this form - from patients or patients' families / next of kin, when preparing patient stories for Committees or Board. Where this is the case, confirmation from the Head of the Patient Experience and Community Involvement Team (or a suitable deputy) is sought instead.**

Signature of Presenter:

Ed Harry

Date: 17/01/25

Service evaluation

Comparing independent prescribing to patient group direction use in a general practitioner out-of-hours service: a retrospective cross-sectional service evaluation

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Abstract

Introduction: Global demand for healthcare is escalating, prompting exploration of innovative strategies to augment service capacity. Independent prescribing (IP) helps to address this challenge, allowing non-medical professionals to prescribe medication. Paramedics in the UK were granted prescribing privileges in 2018, yet uptake remains low. Despite qualitative evidence indicating that paramedic prescribing is beneficial, quantitative comparisons of medication provision between prescribers and non-prescribers are lacking. Paramedics provide patients with non-emergency medication by three different routes: IP, using a patient group direction (PGD) or with prescriber support.

Advanced paramedic practitioners who are not qualified as independent prescribers, rotating through ambulance and general practitioner out-of-hours services, offered an opportunity to quantitatively compare medication supply.

Methods: This study compares medication supply by three advanced paramedic practitioners using PGDs with three prescribing nurses in a Welsh general practitioner out-of-hours service. A cross-sectional design was employed to retrospectively review electronic patient clinical records between 1 December 2019 and 30 November 2020, including patients presenting with one of five generalised clinical conditions (urinary, soft tissue, respiratory, abdominal pain, ear). Descriptive analysis and non-parametric tests compared medications prescribed or supplied, how patients received medication and reasons for seeking prescriber support.

Results: A total of 397 patient records were analysed. Paramedics supplied medications more frequently with prescriber support (68.2%) than via PGD (27.9%). Nurses predominantly prescribed medication independently (99.3%). Medication provision was comparable when

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paramedics had prescriber support. Reasons for paramedic support-seeking included having no PGD available (34.1%) and PGD being excluded from use (28.4%).

Conclusions: Advanced paramedic practitioner medication supply using PGDs and prescriber support was comparable to that of prescribing nurse colleagues. However, autonomy restrictions highlight the need for paramedic prescribing in services where prescriber availability is limited. Further research evaluating the efficiency and cost-effectiveness of PGD use versus IP is necessary. Additionally, the qualitative benefits of IP, such as improved patient care and satisfaction, warrant due consideration when implementing future healthcare strategies.

Keywords
advanced practice; advanced practitioner; independent prescribing; non-medical prescribing; nurse; out-of-hours service; paramedic; patient group direction; verbal order

Introduction

Global demand for healthcare is increasing; many countries cannot increase capacity to match. The World Health Organization's (2016) need versus shortage forecasts indicate that by 2030, 2.3 million doctors will be required worldwide. Many countries have implemented independent prescribing (IP) to increase capacity and medication access (Abuzour et al., 2018).

In the UK several non-medical professionals now prescribe, with paramedics offered the opportunity in 2018 (Edwards et al., 2020). However, by 2021 only 3.2% of paramedics (1016) in the UK were registered as independent prescribers (Health & Care Professions Council, 2021). Thus far, no quantitative studies compare medication provision between paramedic prescribers and non-prescribers. A mixed-methods survey by Eaton et al. (2022) suggests that prescribing paramedics make diagnoses more often, and deal with more complex patients than non-prescribing paramedics. This indicates that prescribing increases clinician autonomy and service capacity (by increasing patient turnover) (Health Education Northwest, 2015), which NHS England (2015) anticipated as a main driver for implementation.

Evidence from other non-medical professions shows independent prescribers have higher patient satisfaction scores (Courtenay et al., 2015), provide more information (Carey et al., 2017; Van Der Biezen et al., 2016), spend more time deprescribing (Collins, 2018; Nuttall, 2018), reviewing medications and assessing adherence (Carey et al., 2017; Weeks et al., 2016) and have longer consultations (Carey et al., 2017; Courtenay et al., 2015; Smits et al., 2019; Van Der Biezen et al., 2016) than GPs or non-prescribing colleagues. The extra time taken to provide such prudent, preventative and high-quality healthcare could pay dividends in the long term by improving patients' ill health and reducing reattendance.

Although research from other non-medical prescribers is reassuring, the lack of profession-specific research presents a barrier, as there is no evidence of where best to implement paramedic prescribing for maximum service benefit (Edwards et al., 2020). The College of Paramedics' (2018) prescribing guidance suggests implementation in advanced practice roles that are able to evidence regular use of prescribing, which is of benefit to the patient. Paramedics in such roles should work at an advanced level, within strict governance structures, and should have access to regular medical mentorship (College of Paramedics, 2018). However, roles that meet this guidance are uncommon and yet to be evaluated.

Another potential barrier to implementation is cost. Non-medical prescribing courses cost between £1300 and £2700 (Health Education England, 2021; Swansea University, 2022), with prescribers attracting a band 7 (£40,057–£45,839) to band 8a wage (£47,128–£53,219) without enhancements (Courtenay et al., 2015, 2018; NHS Staff Council, 2022). This expenditure is especially significant when other mechanisms, such as patient group directions (PGDs), can be used to supply medication.

A PGD is a list of set and pre-defined criteria allowing the supply of a particular dose, duration and frequency of medication to a set patient group (National Institute for Health and Care Excellence (NICE), 2017a). When criteria are not met, the PGD cannot be used. In such circumstances a prescriber can be contacted for advice. An independent prescriber may also seek doctor advice when a patient's presentation is out of their scope of practice or competence.

Advice-seeking in emergencies can result in a verbal order to supply or administer medication, where not doing so would compromise patient care (Royal Pharmaceutical Society, 2019). Verbal orders are more common when the patient is in a different location, and the logistics of providing a prescription would cause delays (Evans & Mullen, 2009). In such instances, the person issuing the verbal order takes over legal responsibility for the patient and the medication prescribed (General Medical Council, 2022). Advice-seeking may also result in a prescription being collected or faxed to a pharmacy. Overall, there are three different routes in which paramedics can provide patients with medication: IP by the clinician, following a PGD or with support from a prescriber.

Two comparative non-paramedic studies investigating PGD use reported how often advice was sought. Both Black et al. (2020) and Courtenay et al. (2015) found prescribing nurses worked more autonomously and required less support from GP colleagues than non-prescribing nurses or nurses using PGDs. Courtenay et al. (2015) conclude that the time to learn and then impart medication advice increased service costs. Comparing how often advice was sought and the reasons for this provides valuable information on the autonomy of PGD use and IP practice.

In the current study, paramedics with a Master's degree in Advanced Clinical Practice (advanced paramedic practitioners) rotated between ambulance and general practitioner out-of-hours (GPOOH) service. Advanced paramedic practitioners and prescribing nurses will henceforth be referred to as 'paramedics' and 'nurses' for ease of reading.

The paramedics in this study supplied medication via PGD. Nurses in the same service prescribed medication. Both types of clinicians sought advice from a medical prescriber when needed. This working model created a novel opportunity to compare IP to current PGD practice in a setting that meets prescribing guidance set out by the College of Paramedics (2018).

Methods

This study compares medication supply by paramedics using 19 PGDs with prescribing nurses in a GPOOH service. Our objectives were to:

- Compare medications prescribed or supplied by nurses and paramedics.
- Compare how patients receive medication (PGD, IP or with prescriber support).
- Compare the reasons for gaining prescriber support.

The study used a cross-sectional design to review electronic patient clinical records retrospectively. A purposive sample of three full-time nurse prescribers was selected. Three non-prescribing paramedics were randomly selected from a pool of six. Records were reviewed between 1 December 2019 and 30 November 2020.

Clinical-coding review identified the most frequently occurring conditions. These were too specific to compare individually, so they were combined into five more generalised clinical presentations, outlined in Table 1. This approach limited data to a manageable level. The sample was further limited to face-to-face consultations to reflect the independent use of PGDs.

The top five clinical presentations from six clinicians generated 527 electronic patient clinical records. Of these, 130 were excluded due to missing demographic or medication data (e.g. frequency/dosage), leaving a final sample of 397 records.

Retrospective study data were collected by one researcher (HS) from January to March 2021. Electronic patient clinical records were assessed by the researcher to establish if the medications provided by paramedics met PGD criteria. Where data collection was subjective, such as deciding whether a PGD could have been used or not, cases were discussed by the researcher and a service clinical lead, with consensus reached on each occasion.

Table 1. Condition codes combined into the top five patient clinical presentations.

Condition code	Clinical presentations (grouped condition codes)
Urinary tract infection Cystitis Acute pyelonephritis	Urinary
Skin/subcutaneous infection Insect bite – leg + infection	Soft tissue
Lower respiratory tract infection Upper respiratory tract infection	Respiratory
Abdominal pain	Abdominal pain
Otitis media Otitis externa Earache symptoms Ear symptoms	Ear

On the system clinicians use to create patient clinical records, a prescribing function automatically adds medication details to the record when selected from a drop-down list. To complete the record either 'prescription issued' or 'no prescription issued' is selected. From the 'prescription issued' tab, a prescription can either be generated or recorded as handwritten. Where a medication is dispensed from stock, management advice is to select 'record as handwritten' and note 'dispensed' in the free text. Alternatively, all medication details including 'dispensed' can be recorded in free text.

Only one of the three paramedics recorded 'dispensed'. This could be accurate; however, due to the frequency of recording from the one paramedic, it seems more likely that the other two paramedics were perhaps unaware of this record-keeping practice. In these instances, it is difficult to tell if advice-seeking resulted in a verbal order to dispense medication or if a handwritten prescription was issued. In view of this, advice-seeking will henceforth refer to both verbal orders to dispense medication and when a prescription has been handwritten.

Quantitative data analysis was performed using Statistical Package for the Social Sciences (SPSS version 26) software once exported from the Microsoft Access Database (IBM Corp., 2019).

Data were not normally distributed (Kolmogorov-Smirnov $p < 0.000$ and Sharpiro-Wilk: $p < 0.001$ tests). Categorical data meeting the assumptions of the relevant test

(PGD versus non-PGD medications) were compared using the non-parametric chi-squared test. Statistical significance was set at $p < 0.05$. As nurses saw more patients than paramedics, all other data (sex, age range, number of patients per clinician group, clinical presentation, how patients receive medication, reason for seeking support) were analysed descriptively, with median or percentages reported.

Ethical considerations

As a retrospective study with remote data collection, patient treatment, staff assessment and patient management were unaffected. The University Research Ethics Committee (151220) permitted the study. As a service evaluation, Health Research Authority approval was not required. GPOOH Service Management provided access to anonymised electronic patient clinical records. All patient, staff and hospital identifiers were removed prior to receipt of the data. Only staff profession was known to the researcher.

Results

The sample

Of the 397 patients, 62.2% (n = 247) were female and 37.8% (n = 150) were male. The median age of patients was 3 years (nurse median = 3 years, paramedic median = 5 years). The largest age range was 18 years and under (27.0%, n = 107); the smallest was 89–98 years (4.3%, n = 17).

Nurses saw almost three-quarters of patients (74.8%, n = 297). Paramedics saw a quarter (25.2%, n = 100).

Urinary presentations were most common for paramedics (35.0%) and nurses (31.7%). Abdominal pain was least common (paramedics = 7.0%, nurses = 7.7%). Table 2 details clinical presentation and frequency.

Medications prescribed or supplied

A total of 584 medications were given to 397 patients. Paramedics gave 129 medicines. Nurses gave 455. Of the 584 medications, there were 66 different types: 17 were medications covered by a PGD, and 49 were non-PGD medications. Despite the smaller range of PGD medications, these 17 were prescribed or supplied most frequently by paramedics (76.7%) and nurses (69.5%). Table 3 details the frequency of PGD medications prescribed or supplied.

Figure 1 compares the number of PGD medications to the number of non-PGD medications per group.

Although nurses prescribed non-PGD medications (n = 139) more frequently than paramedics supplied them with support (n = 30), the difference was not statistically significant (p = 0.133).

How patients received medication

How patients received medication was compared: that is, PGD, IP or with prescriber support. Paramedic medications were supplied more often with prescriber support (68.2%, n = 88) than by PGD (27.9%, n = 36). On five occasions (3.9%), it was unclear if a PGD was utilised or if support was sought.

Nurses prescribed 99.3% of the time (n = 452) and gained three verbal orders (0.7%).

Reasons for gaining prescriber support

Of the paramedic medications, 68.2% were supplied with prescriber support. Looking at this subset of data, the most common reason for a paramedic to seek prescriber support was that there was no PGD available for the medication supplied (34.1%, n = 30). A PGD was available 28.4% of the time (n = 25), but exclusion criteria prevented medication provision. Prescriber support was gained 25.0% of the time (n = 22) when a PGD could have been used independently. In 11 cases, there was insufficient information to decide if a PGD could be used independently or if prescriber support was indicated (12.5%). Two of the three verbal orders (0.7%) received by nurses resulted from referring children to the ear, nose and throat department, who advised antibiotics until the child could be seen routinely. The third verbal order resulted from seeking GP advice regarding hypertension medication. These were the only times that a referral resulted in a verbal order.

Discussion

The sample

The most common age (27.0% <18 years) and sex (62.2% female versus 37.8% male) distributions of the sample are slightly different from the resident population (19.8% <18 years and 50.9% female versus 49.1% male)

Table 2. Number of patients per clinical presentation.

Clinical presentation category	Paramedic patients	Nurse patients	Total
Urinary	35 (35.0%)	94 (31.7%)	129 (32.5%)
Respiratory	33 (33.0%)	54 (18.2%)	87 (21.9%)
Soft tissue	15 (15.0%)	62 (20.9%)	77 (19.4%)
Ear	10 (10.0%)	64 (21.5%)	74 (18.6%)
Abdominal pain	7 (7.0%)	23 (7.7%)	30 (7.6%)
Total	100 (100%)	297 (100%)	397 (100%)

Table 3. Frequency of patient group direction medications prescribed or supplied by paramedics and nurses.

Patient group direction medication	Paramedic	Nurse	Overall total	Patient group direction medication	Paramedic	Nurse	Overall total
Amoxicillin	32 (7.7%)	78 (18.8%)	110 (26.5%)	Ibuprofen	2 (0.5%)	9 (2.2%)	11 (2.7%)
Co-amoxiclav	10 (2.4%)	42 (10.1%)	52 (12.5%)	Paracetamol	0 (0.0%)	6 (1.4%)	6 (1.4%)
Flucloxacillin	11 (2.7%)	40 (9.6%)	51 (12.3%)	Diazepam	4 (1.0%)	1 (0.2%)	5 (1.2%)
Nitrofurantoin	14 (3.4%)	27 (6.5%)	41 (9.9%)	Phenoxyme-thylpenicilln	0 (0.0%)	3 (0.7%)	3 (0.7%)
Prednisolone	6 (1.4%)	22 (5.3%)	28 (6.7%)	Dioralyte	0 (0.0%)	3 (0.7%)	3 (0.7%)
Trimethoprim	1 (0.2%)	24 (5.8%)	25 (6.0%)	Cetirizine	0 (0.0%)	1 (0.2%)	1 (0.2%)
Co-codamol	4 (1.0%)	19 4.6%)	23 (5.6%)	Loperamide	1 (0.2%)	0 (0.0%)	1 (0.2%)
Doxycycline	5 (1.2%)	16 (3.9%)	21 (5.1%)	Tetracaine	0 (0.0%)	0 (0.0%)	0 (0.0%)
Clarith-romycin	6 (1.4%)	12 (2.9%)	18 (4.3%)	Fluorescein	0 (0.0%)	0 (0.0%)	0 (0.0%)
Prochlor-perazine	3 (0.7%)	13 (3.1%)	16 (3.8%)	Total (%)	99 (23.8%)	316 (76.0%)	415 (99.8%)

Note: Percentages are correct to one decimal place and therefore do not add up to 100%.

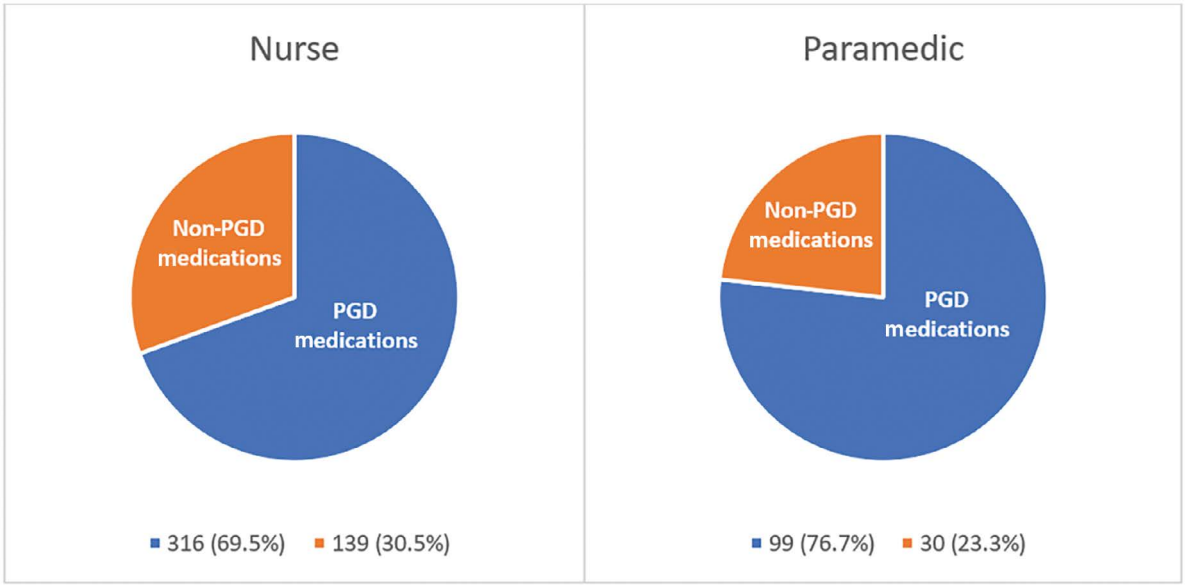

Figure 1. A group comparison of patient group direction and non-patient group direction medications prescribed or supplied.

(Welsh Government, 2020), probably as there is a lower threshold for seeing children face to face (Department of Health, 2003) and as women are more likely to seek medical attention than men (Wang et al., 2013).

An English GPOOH study by Collins (2018) also found urinary, respiratory, soft-tissue and abdominal pain to be the most common presentations. Additionally, the current study found ear complaints common, possibly as the sample was not restricted to home visits. Ear presentations are more frequent in children (Hughes, 2018), who are usually mobile, not requiring a home visit. The commonality of aliments and distribution of patient demographics in the sample appears true to a GPOOH workload.

As nurses prescribe remotely, they often remained in the assessment centre, conducting telephone consultations and assessing mobile patients. The mobility of patients with ear complaints is likely why the nurses saw more of these patients than the paramedics (10.0% versus 21.5%). Equally, as paramedics are accustomed to home visiting, they likely chose, or were allocated to, breathless patients unable to travel more often than the nurses (33.0% versus 18.2%).

Personal preference, qualifications, confidence and experience influenced the clinical presentations clinicians chose to see. The extent of this impact on the results is unknown and likely increased when comparing clinicians from different professions. Future studies should focus on within-profession comparison, where possible, to limit unmeasured variables influencing results.

Medications prescribed or supplied

Paramedic leads selected the 19 PGD medications specifically for their usefulness and frequency of use. Therefore, it is unsurprising that 17 of these were most frequently prescribed or supplied by nurses and paramedics (76.7%

versus 69.5%). The remaining two, tetracaine and fluorescein, were not indicated for use in the sample.

Interestingly, for non-PGD medications, no statistical difference was found between the number of medications prescribed by nurses and the number given by paramedics with support (30.5% versus 23.3%, p = 0.133). These results suggest that PGD use, alongside good prescriber support, allows paramedics to supply patients with a similar level of medication as their prescribing colleagues. This data may interest services implementing PGDs, where a good level of medical support is available.

However, the sheer volume (n = 169) and range of non-PGD medications (49 different types) indicate that without prescriber support, the current 19 PGDs are ineffective in meeting patient demand in this service – especially when, in practice, many more patient ailments than the limited sample would require medication provision.

In keeping with findings in a previous study (Black et al., 2020), the use of PGDs places high demand on prescribing colleagues. This is a fundamental consideration for services where verbal order or remote support is not practised, where there are prescriber shortages or where there is a need for a larger, more autonomous workforce.

How patients received medication

Paramedics sought prescriber support more frequently than nurses (0.7% versus 68.2%), despite paramedics seeing only 25.2% of patients. A high level of prescriber support has cost and efficiency implications. Courtenay et al. (2015) found non-prescribing nurses waited for a prescription to be signed or discussed medication options with a GP significantly more often than prescribing nurses; such activities lengthen consultations. This slows access to medication (Bedson & Latter, 2018; Courtenay et al., 2015), reduces patient turnover and increases costs (Health Education Northwest, 2015).

Previous literature suggests that a five-minute advice-seeking episode costs approximately £19 in GP time alone (Courtenay et al., 2015; Curtis, 2013). While the length of the 88 advice-seeking episodes in this study was not measured, assuming a five-minute length would equate to more than seven hours of GP time at a cost of £1672, quadrupling to £6688 annually when applied to the 12 paramedics now working for the service. These figures have ramifications for the GPOOH service, who cover not only this expense, but the cost of non-prescriber time to gain advice and a potential reduction in patient turnover.

Future cost–benefit analysis of IP and PGD use should consider the number of times prescriber support is accessed to complete consultations and how this impacts staff timings and patient turnover. However, as previously mentioned, costings should not be the only factor considered, as the additional benefits of employing a prescriber, with the potential to provide more prudent and preventative healthcare, warrants due consideration in any cost–benefit analysis.

Reasons for gaining prescriber support

Twenty-five per cent of the time, paramedics sought prescriber support when a PGD could have been used independently (n = 22), suggesting clinicians were not as autonomous with PGDs as they could have been. This has been found in another study comparing PGD use to IP (Black et al., 2020). The reasons for this are unclear but are presumably linked to clinician knowledge, confidence and experience.

In some cases, paramedic advice-seeking may indicate enhanced clinical knowledge, by recognising that a non-PGD medication is more appropriate and discussing this with a prescriber. An example of this is highlighted in a survey by Bedson and Latter (2018), where specialist paramedics noted that PGDs were often not in line with local antimicrobial guidance. Clinicians would therefore require prescriber support in order to supply the recommended antibiotic. Electronic patient clinical records do not capture the rationale behind medication selection, so it is impossible to tell how frequently this occurred in the current study.

PGDs can benefit less-experienced staff, however, by providing a safer way to gain experience and confidence in medication provision (Bedson & Latter, 2018). If advice does not diminish with increased knowledge and experience, though, high levels of prescriber support will always be required, suggesting IP is most beneficial for experienced staff.

IP legislation stipulates that prescribing must be within a clinician's competence level (College of Paramedics, 2018). Therefore, GP advice will be gained when needed. As nurses documented only three occasions where advice was gained (0.7%), the addition of IP appears to increase pharmaceutical knowledge and confidence to almost complete autonomy, supporting findings in previous studies (Black et al., 2020; Courtenay et al., 2015). Bedson and Latter (2018) also found that PGDs may even inhibit clinician autonomy and patient care. It is difficult, however, to ascertain how much of an impact clinician education and experience, availability of GP support and the commonality of patient presentations had on nurse autonomy and support-seeking. A qualitative aspect in future study would provide more valuable data on medication rationale and the impact of clinician confidence and experience.

However, in 62.5% of cases, a PGD could not have been utilised even if the paramedic knew what medication to supply and was confident in doing so, as on most occasions either a PGD medication was excluded from use (28.4%) or there was no PGD for the medication given (34.1%). Consequently, if paramedics in this study had used every opportunity to be autonomous, they would only have been effective 37.5% of the time.

As PGDs are purposefully restrictive to align with legislation (NICE, 2017b), their use will always create a level of dependence on prescribing colleagues. An extensive review by Health Education Northwest (2015) found that prescribers felt their qualification allowed them to complete 95% of consultations independently. With nurse prescribers in this study achieving over this (99.3%), and with the potential for PGD autonomy maxing out at 37.5%, it is clear that paramedics in this setting would

have completed more episodes of care independently if they had held a prescribing qualification.

Limitations

Cross-sectional study designs measure specific variables at one point in time, preventing control or manipulation to limit bias (Bryman, 2016). Unmeasured variables, such as staffing levels, experience, background and education, will have influenced results. Differences are likely to be more prominent in a study comparing two different professions.

Unequal group sizes impacted the results. Variation in the medication provided, frequency of provision and number of advice-seeking episodes may have been underestimated due to the smaller paramedic sample size.

The purposive sample and small number of staff available for inclusion in the study prevented random allocation, limiting generalisability (Cutter, 2012), especially as 130 electronic patient clinical records were excluded from analysis due to missing data.

Due to possible record-keeping inconsistencies, it was unclear if advice-seeking resulted in a written prescription or a verbal order to dispense medication. An accurate record of verbal order and prescription rates would have been useful for future comparison.

Finally, electronic patient clinical records do not capture the rationale behind medication choices. It was impossible to tell if prescriber advice was gained due to not knowing what medication to supply or knowing what to supply but being restricted in doing so, limiting conclusions.

Conclusion

The study demonstrates that advanced paramedic practitioners working in a GPOOH service can supply a similar level of medication as prescribing nurses by using a combination of PGDs and prescriber support. However, to achieve this, there is substantial reliance on the medical profession.

Nurse prescribers completed almost all consultations autonomously (99.3%). Paramedics, utilising every opportunity to use PGDs autonomously, could only complete up to 37.5% of consultations independently. In view of this, it is clear that advanced paramedic practitioners in this setting would have completed more episodes of care independently if they had held a prescribing qualification, demonstrating a need to prescribe in this service when prescriber support is limited. This is a fundamental consideration for services where verbal order support is not practised, where there are prescriber shortages or where there is a need for a larger, more autonomous workforce.

For services with good medical availability, PGD use could provide patients with adequate access to medication, while also benefiting less-experienced non-prescribers.

Further research is needed to assess the speed, cost and efficiency of PGD use in comparison with IP.

Finally, it is essential to remember that some benefits of implementing IP cannot be calculated. Managing medicines, providing accessible, preventative and informative healthcare, as well as increasing patient satisfaction and quality of care should be the core focus of any new health initiative and form the building blocks for long-term ill-health reduction and better public health.

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Author contributions

HS and BM made substantial contributions to conception and design. HS was responsible for acquisition of data. HS and JC were responsible for analysis and interpretation of data. All authors were involved in drafting the manuscript and revising it critically. All authors gave final approval of the version to be published and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. HS acts as the guarantor for this article.

Conflict of interest

None declared.

Ethics

Permission to conduct the study was given by the University Research Committee (reference: 151220). Access to anonymised patient clinical records was given by Health Board Service Management, with all patient, staff and hospital identifiers removed prior to receipt.

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None.

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AGENDA ITEM No	**7**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

ACADEMIC PARTNERSHIP PRIORITIES IN THE IMTP

MEETING	Academic Partnership Committee
DATE	23 January 2025
EXECUTIVE	Estelle Hitchon, Director of Partnerships and Engagement
AUTHOR	Alexander Crawford, Assistant Director of Planning and Transformation
CONTACT	alexander.crawford2@wales.nhs.uk

EXECUTIVE SUMMARY

The purpose of this presentation is to provide update on work to date on the benefits realisation of University Trust Status (UTS) and the priorities from a patient and people perspective which will be included in the IMTP.

The key priorities for UTS were:

1. Digitisation enabling better outcomes
2. Advanced practice and specialist working, consult and close and service transformation, including research
3. Decarbonisation, fleet modernisation and sustainability

Following award of UTS, it was agreed at Academic Partnership committee on 18 November 2024 to focus on a refreshed set of academic partnership priorities in the IMTP as follows:

1. Commitment to learning
2. Academic and industry partnerships
3. Centre(s) of excellence

This presentation draws out how these will be prioritised relative to other priorities in the IMTP and how these will come through the plan at either a programme or directorate level. It also draws out the potential patient and people benefits with an ask of the committee to consider further benefits not considered.

It is **RECOMMENDED** that the Committee:

- **Notes** the update provided; and
- **Advises** on any further benefits from a patient and people perspective.

KEY ISSUES/IMPLICATIONS
Not applicable.

REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICES
Presentation – IMTP 25-28 UTS Benefits Realisation 140125.pptx

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

Welsh Ambulance Services University NHS Trust

IMTP 2025-28

UTS priorities and benefits realisation

GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
University NHS Trust

IMTP update – BDD
Version 1.0
Released: November 2024

by IMTP Project Team
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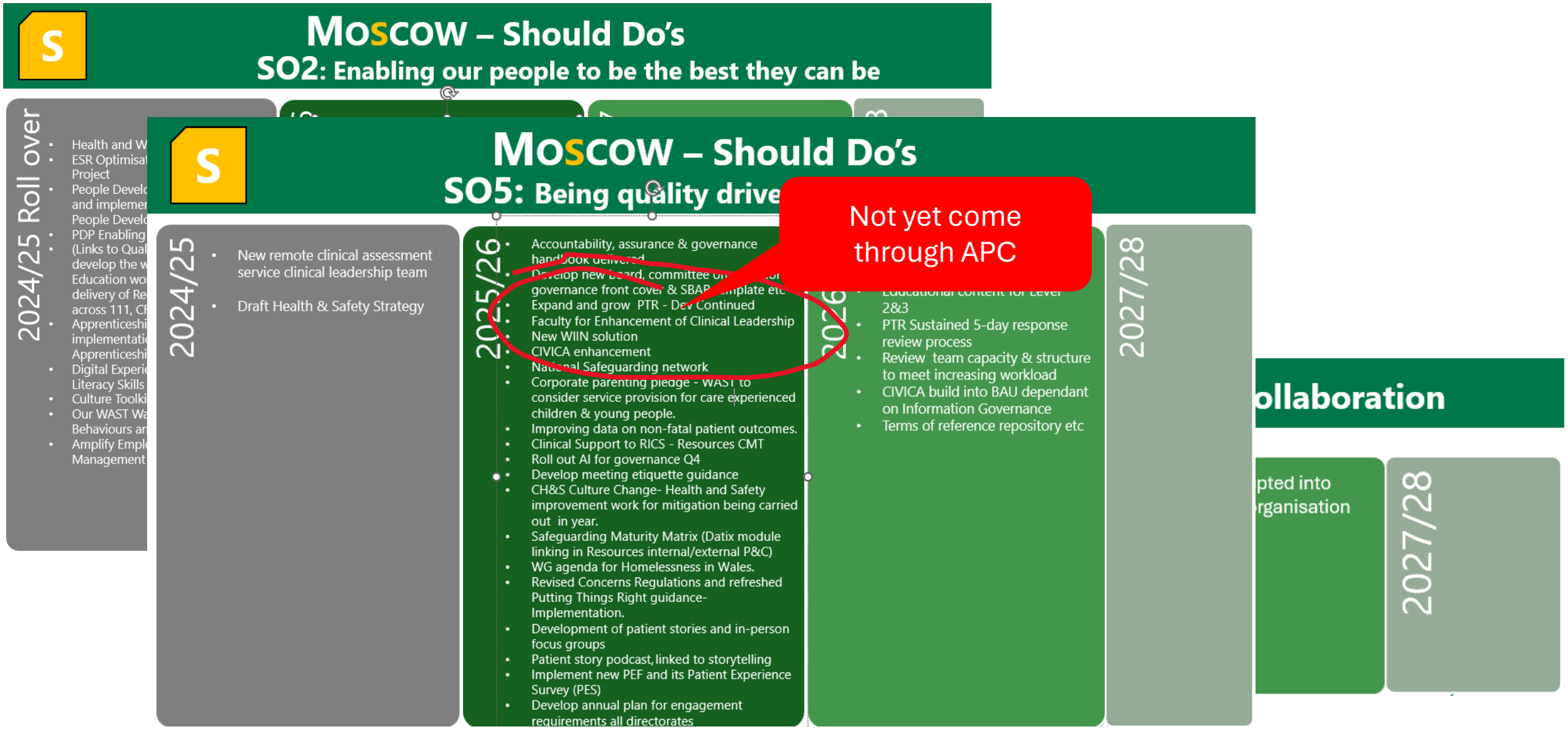
How UTS priorities feature in IMTP



How we prioritise in WAST

Prioritise using **MOSCOW** approach

Must Do **M**	• Not safe without it • Not legal without it (our statutory obligations) • Cannot deliver the *organisational* objectives without it • Non-negotiable
Should Do **S**	• Strategically important but not vital • May need a workaround • May want to do but no investment
Could do **C**	• Desirable, but less impact without it
Won't do **W**	• Not a priority currently but may be prioritised in the future • Nice to do but no real impact • Unlikely to be delivered

Consider Health & Care quality standards

This is not just Strategic Objectives

Remember: be SMART

What will good look like in 2028?

Providing the right care or advice, in the right place, every time

NHS 111 Wales

- Patient know how to access the 111 service and choose it as their preferred gateway to care
- Patients are confident that the service steers them safely through the health & care system
- Patients follow the information and advice given
- Patients receive timely high quality remote clinical assessments with no further intervention needed for many
- Where needed, patients are booked directly and seamlessly to the right service

999

- All patients receive an appropriate and timely response
- Patients in life threatening or emergency situations consistently receive an immediate and rapid response
- Patients who need to go to hospital are conveyed within the appropriate timeframe and handed over quickly
- More patients' needs are met closer to home

Ambulance Care

- Eligible patients receive a prompt, modern transport service to their appointments with easy booking and tracking systems
- Patients needing to be transferred from one hospital to another are conveyed to the right place quickly and safely, which helps hospitals manage flow
- Patients are transported home safely without having long waits

Democratised learning

Democratised learning
Academic & industry partners

Centres of excellence throughout IMTP

e the best

- People experien VAST as a safe and inclusive plac work, volunteer, develop d grow
- We will have the right skills composition and capacity to achieve our ambitions, and people will belong to a profession
- We will see compassionate and collaborative people and leaders who embrace change

Being at the forefront of innova on & technology

- Fortified digital resilience through cyber defences ensuring adaptive protection against the threat to i e
- Digital solutions are integrated life, giving enhanced efficiency expertise
- We lead on innovation with s t

Developing services in coll

- We will be seen as a credible, reliable forward thinking and collaborative partner
- We will have a shared vision for the ambulance service, supported by stakeholders and funders
- We will work with non-traditional partners on innovative solutions and services
- We will have a culture of democratised learning underpinning our university status
- We will actively contribute to the wellbeing of future generations through wellbeing objectives

clinically led

- We will be open and honest with patients and families when things go wrong, saying sorry and taking action to put things right
- All our people will be committed to improving quality and safety, with robust quality management systems in place
- We will engaged with our communities, with meaningful opportunities for co-production
- Clinicians will feel supported, empowered and developed through excellent clinical leadership

What will be different in 2028?

NHS 111 Wales

- No. of website hits and call volume
- Take up of chat bot interaction and impact on call volume
- No. of symptom checkers actively engaged in
- Increased proportion of consultations closed with no further follow up needed
- Increased proportion of next steps seamlessly booked

999

- Achieve 65% red target
- Reduction in unmet demand by half
- Double the numbers of patients managed at home or in the community
- Increase ROSC rates to between 25-30%

Ambulance Care

- All performance targets for timeliness will be exceeded
- Improved efficiency - fewer on the day cancellations
- All inter-site transfers will be provided within the time specified
- Patient satisfaction rates will have increased

Our people

- The workforce will be more representative of the communities we serve
- Sickness absence will be below 6%
- Turnover rates will have fallen
- There will be a change in skill mix and professional qualifications increase
- Engagement scores will be amongst the highest in Wales
- More colleagues will be comfortable raising concerns

Innovation & technology

- Report into closed committees highlighting position on cyber security strength
- System availability to patients and our people
- Increased number of technology exploration projects scaled up and completed
- Increased number of people confident in accessing, using and interpreting data
- Increased levels of patient and staff satisfaction and adoption of our digital solutions

Partnerships & the system

- Stakeholder support for strategy gained over three to five year period
- Increased number of ongoing research projects
- Increase in income from alternative funding streams

Quality driven, clinically led

- All duty of candour requirements are met and learning acted on
- Increased number of patient outcome measures reported, driving improvement
- Increased evidence of meaningful engagement and involvement, driving satisfaction
- Increased opportunities for our people to progress their clinical practice and career

Outcomes and benefits

Aim

Overall mission and strategic objectives

Outputs

What we need to create the change

Outcomes

Desired operational state or capability of the service to deliver benefits

Benefit

Measurable improvements resulting from outcomes

Priority 1

Commitment to learning: evidence of increased participation by staff across all areas of the organisation in learning and development opportunities (democratisation of learning).

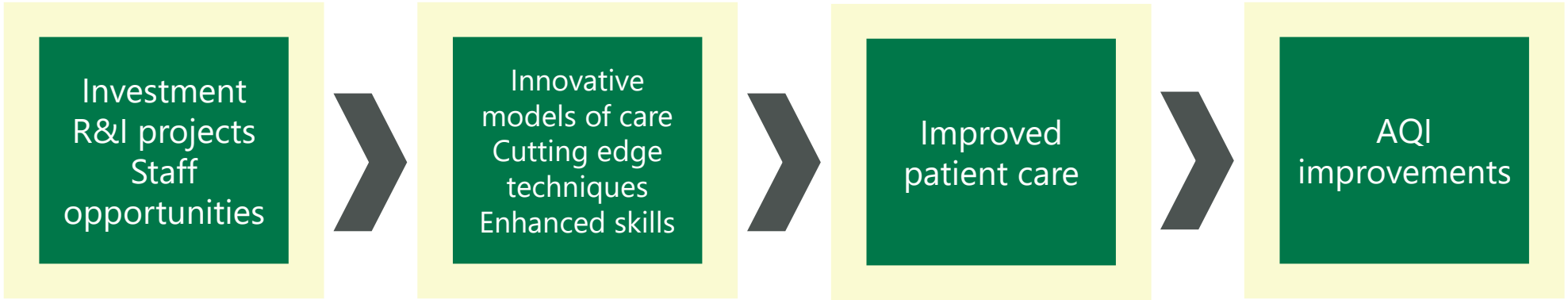
Enabling our people to be the best they can be

Output	Outcome	Benefit	Measure
Increased staff learning opportunities	Enhanced skillset – evidenced by qualifications	Increased staff satisfaction Improved patient care	Cultural metrics AQI improvements

Priority 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.

Enabling our people to be the best they can be
Being at the forefront of innovation & technology
Quality driven and clinically led



Priority 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.

Providing the right care and advice, in the right place, every time
Enabling our people to be the best they can be
Being at the forefront of innovation & technology
Developing services in collaboration
Being quality driven and clinically led
Delivering exceptional value

Output	Outcome	Benefit	Measure
Centre of excellence New staff roles	Innovative models of care Cutting edge techniques Enhanced skills	Increased staff satisfaction Improved patient care	Cultural metrics AQI improvements

Questions

- This is high level, what further outcomes and benefits would we expect from these priorities?

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services University NHS Trust

AGENDA ITEM No	**08**
OPEN or CLOSED	**Open**
No of ANNEXES	**0**

Committee Priorities and Cycle Monitoring Report

MEETING	Academic Partnership Committee
DATE	23 January 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
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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 and into 2025/26 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 1 of 2025/26, deferred from quarter 4. This is due to confirmation from the Executive Director of Paramedicine that the Report will be prepared in March 2025.

RECOMMENDATION: -

4. **The Committee is asked to NOTE the update.**

KEY ISSUES/IMPLICATIONS

No issues to raise.

REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICES
Annex 1 – Academic Partnership Committee 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)	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 AND CYCLE OF BUSINESS MONITORING FOR 2024/25

SITUATION

5. 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, however there are two notes regarding business for the Committee's awareness in the 'Assessment' section.

BACKGROUND

6. 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.

7. 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.

8. 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.

9. 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

10. The Committee agreed its revised priorities for the year at its meeting in November 2024. The priorities and the latest position are detailed below:

Revised Priorities for 2024/25	Progress
• Clarity on the purpose and focus of the Committee to be communicated to the wider organisation.	▪ 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 this 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.
• Articulating the benefits realisation of University Trust Status (UTS).	▪ The Committee discussed the benefits realisation from UTS at its meeting on the 19 July 2024 and a follow up item was received at the Committee meeting on 18 November 2024. An update on the work to date will be presented to the Committee in January 2025.

11. With regards to the Cycle of Business Monitoring Report, is noted that the reporting regarding the research key performance indicators will be developed throughout 2024/25 and into 2025/26 as the Research Governance Framework develops. This will be included in the 2025/26 Cycle of Business when prepared.

12. It is noted that Research and Innovation Annual Report – which was originally programmed to be received in quarter 2 – will be received in quarter 1 of 2025/26 - deferred from quarter 4. The Executive Director of Paramedicine has confirmed the reporting schedule and advised that it will be prepared in March 2025.

RECOMMENDATION: -

13. **The Committee is asked to NOTE the update.**

PAPER	PRE or POST-C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE	COMMENT/COMPLIANCE
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; Digial Innovation (drones) deferred to Q3 and rec'd in closed. Q4: Staff Story programmed.
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.Q4: UTS benefits realisation update programmed.
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. Q4: Not ready for January 2025; defer to Q1 25/26.
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	Q4: Committee effectiveness review discussion; howeve ToR and final Annual Report to follow via Chair's Action.
Review of Terms of Reference	Audit/Board	Annually					DCG/BS	Approval	Q4: Committee effectiveness review discussion; howeve ToR and final Annual Report to follow via Chair's Action.
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
- Ah hoc / item considered - not programmed
- → Item deferred
- Reporting developing

General	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).
UTS Priorities	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. 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. Ensure UTS priorities encompass the entire workforce. Developmental piece to measure this by way of a survey. 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 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.
Research	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).
Deep Dives	As part of the inquisitorial nature of the Committee, drill down into elements of prioririte and other programmes where we are partnering with academic and industry to foster and promote.
IMTP Monitoring	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. 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 r**eporting 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