Bundle Academic Partnership Committee Open 18 September 2026

Agenda attachments
00 Agenda

0 09:00 - OPENING ITEMS

1 Chair's Welcome, Apologies and Quorum

2 Declarations of Interest
Item 02 Board Member Register of Interests - Updated 15 September 2026

3 Minutes of the last meeting held on 6 March 2026
(Confirmation of recording/transcript deletion of previous meeting)
Item 03 2026-03-06 Academic Partnership Committee-unconfirmed minutes

4.1 Action Log & Matters Arising
Item 04.1 Action Log

4.2 AAA Highlight Report from 6 March 2026 meeting
Item 04.2 Academic Partnership Committee AAA Highlight report 6 March 2026

4.3 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION

5 09:05 - Ongoing review of the Health Care Research Wales (HCRW) research governance framework self assessment
Item 05 Annual Review Meeting update
Item 05 Annex 1 Annual Review Meeting WAST 6 May 2026 Feedback and Actions Letter from Gareth Cross
Item 05 Annex 2 Annual review meeting response

6 09:25 - Research Development and Innovation [RD&I] Annual Report 2025/26
Item 06 Research Development and Innovation Annual Report 2025-2026
Item 06 Annex 1 Research Development and Innovation Department 2025-2026 Annual Report
Item 06 Annex 2 Impact of WAST research (Appendix 3 to the report)

7 09:45 - Update from Research NED [Verbal]

7.1 CONSENT ITEMS - None

7.2 09:55 - CLOSING ITEMS

8 Reflections

9 Any Other Business

10 Date & time of the next meeting: 10 March 2027 @ 09:30am

Length of Meeting:	01:00	Agreed	PUBLIC Academic Partnership Committee - 18 September 2026				Deadline for Papers: 9 September 2026			
Time	**Mins allotted**	**Agendum**	**Title**	**Item for**	**Item requested by**	**Format of Item**	**Item presented by**	**Paper prepared by**	**Colleagues to cc**	**Scheduled at ELT**
			OPENING ITEMS							
		1	Chair's Welcome, Apologies and Quorum	Information	Standing	n/a	Chair	n/a	n/a	n/a
		2	Declarations of Interest	To State Conflicts	Standing	n/a	Chair	n/a	n/a	n/a
09:00	00:05	3	Minutes of the last meeting held on 6 March 2026 **(Confirmation of recording/transcript deletion of previous meeting)**	Approval	Standing	n/a	Chair	n/a	n/a	n/a
		4	4.1 Action Log & Matters Arising 4.2 AAA Highlight Report from 6 March 2026 meeting	Discussion	Standing	n/a	Chair	n/a	n/a	n/a
			ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION							
09:05	00:20	5	Ongoing review of the Health Care Research Wales (HCRW) research governance framework self assessment	Assurance	CoB	Paper	Andy Swinburn	Clinical	Prof. Nigel Rees, Jen Lloyd	n/a
09:25	00:20	6	Research Development and Innovation [RD&I] Annual Report 2025/26	Assurance	CoB	Paper	Andy Swinburn	Clinical	Prof. Nigel Rees, Jen Lloyd	n/a
09:45	00:10	7	Update from Research NED	Discussion	CoB	Verbal	Hayley Hutchings	n/a	n/a	n/a
			CONSENT ITEMS - None							
			CLOSING ITEMS							
		8	Reflections	Discussion	Standing	n/a	Chair	n/a	n/a	n/a
09:55	00:05	9	Any Other Business	Discussion	Standing	n/a	Chair	n/a	n/a	n/a
		10	Date & time of the next meeting: 10 March 2027 @ 09:30am	Information	Standing	n/a	Chair	n/a	n/a	n/a
10:00	**01:00**		**CLOSE**							

LEAD PRESENTERS

Name	Position
Hannah Rowan	Non Executive Director and Chair
Prof. Hayley Hutchings	Non Executive Director
Andy Swinburn	Chief Clinical Officer

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Date Left Trust
AHMAD, Umar Afthab DR	**Non-Executive Director** * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	GP Partner at Plains View Surgery, Nottingham	Financial Interest	2014		
		Primary Care Network Clinical Director for Arrow Health, Nottingham	Financial Interest	2019		
		Non-executive Director (appointed company director) for Primary Integrated Community Services Ltd, Nottingham and small shareholder [Company number 08763136]	Financial Interest	2023 and 2016		
		Owner and company director of Travel Jab Guru Ltd – online medical travel advice [Company number 14685908]	Financial Interest	2023		
		Local Medical Committee Member	Financial Interest	2019		
		Nottingham Integrated Care Board Cardiovascular Disease and Stroke Prevention Clinical Design Authority Lead	Financial Interest	2025		
		Associate Non-executive Director Nottinghamshire University Hospital Trust (non-voting member of the board)	Financial Interest	2024		
BEESLEE, Jayne	**Non-Executive Director** * Chair of Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Employment fro interim assignments via Public Sector Resourcing (an agency) regarding the rev iew of major UK Government programmes (remunerated nex of tax via an umberella company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Governor on the Finance and General Purposes Committee of Cardiff and Cale Further Education College	Non-Financial Personal	01 February 2024		
		Fellow Chartered Institute of Personnel and Development	Non-Financial Personal	01 April 2006		
BROOKS, Lee	**Executive Director of Operations**	Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Cmgr FCMI - Chartered Manager and Fellow of Chartered Management Institute (UK)	Loyalty			
		CPMgr FIML - Certified Practising Manager and Fellow of Institute of Managers and Leaders (Aus/NZ)	Loyalty			
CURRAN, Peter	**Non-Executive Director** * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
		Trustee of Action for Children Pension Board	Position in Charity or Voluntary Organisation	22 May 2023		
		Company Director - Action for Children [04764232]	Directorships	01 February 2021		
		Company Director - Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Chair - Taff Housing Association	Any Other Interest	17 July 2025		
		Member of Governing Body / Independent Member – Kaplan International Colleges UK Ltd [05268303	Non-Financial Professional	01 March 2024		
		Independent Member - Kaplan Open Learning (including member of the Audit & Risk Committee)	Directorships	21 March 2024		
DENNIS, Colin	**Chair of Trust Board and Non-Executive Director** * Chair of Remuneration Committee	Group Chair of South Central Ambulance Service NHS Foundation Trust and South East Coast Ambulance Service NHS Foundation Trust	Directorships	27 March 2026		
		Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation	26 March 2024		
		Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships	26 March 2024		
		Company Director - Green Square Estates Ltd [8719365]	Directorships	26 March 2024		
DURRANT, Penny	**Deputy Director of Nursing, Quality and Governance**	Nil Declaration		30 May 2026		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Date Left Trust
EVANS, Bethan	**Non-Executive Director** * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Chief Executive Officer (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019		
		Non-Executive Board Member at Beacon Housing (Social Housing Organisation - Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019		
		Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director - Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director - Moorlands Property Ltd	Directorships	16 August 2022		
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020		
		Company Director - Springfield Property Lettings Ltd	Directorships	16 August 2022		
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director - Luk Ros Property Limited	Directorships	12 March 2020		
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	Directorships	12 March 2020		
		Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	Directorships	27 April 2022		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glyncornel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
		Company Director - Glamorgan Care Ltd	Directorships	25 October 2024		
		Company Director - The Mountains Care Ltd	Directorships	09 December 2024		
		Company Director - Alexandra House Care Ltd	Directorships	24 June 2024		
		Company Director - Alexandra House Property Ltd	Directorships	24 June 2024		
		Company Director - My Choice Healthcare Seven Ltd	Directorships	22 October 2024		
		Company Director - Danygraig Property Ltd	Directorships	10 December 2024		
		Company Director - The Mountains Property Ltd	Directorships	09 December 2024		
		Longhope Property Ltd	Directorships	12 February 2026		
		My Choice Healthcare England Ltd	Directorships	26 August 2025		
		My Choice Healthcare Ltd	Directorships	26 August 2025		
		Glyncornel Care Ltd	Directorships	16 August 2022		
HITCHON, Estelle	**Director of Partnerships and Engagement**	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025		
HUTCHINGS, Hayley	**Non-Executive Director** * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Emeritus Professor, Swansea University	Non-Financial Professional	31 May 2025		
		Consultant Advisor to the FASAR Trial, Nottingham Trent University	Financial Interest	25 March 2026		
		Charity Trustee, UK Paruresis Trust	Non-Financial Personal	24-Aug-26		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Date Left Trust
JACKSON, Ceri	**Non-Executive Director & Vice Chair of the Trust Board** * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
KNEESHAW, Carl	**Director of People**	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		28 June 2026
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
LEWIS, Angela	**Director of Culture Change**	Chartered Fellow of the CIPD		2005		
MARSH, Rachel	**Deputy Chief Executive/Executive Director of Strategy, Planning and Performance**	Nil Declaration				
MILLS, Patricia (Trish)	**Director of Corporate Governance/ Board Secretary**	Nil Declaration				
PARRY, Hugh	**Trade Union Partner**	Nil Declaration				
ROWAN, Hannah	**Non-Executive Director** * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
SAMMUT, Jonathan (Jonny)	**Director of Digital Services [appointed 26.09.2023]**	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Chair of BCS Hub Wales	Any Other Interest	20 June 2025		
		Co-opted into the BCS Community Board	Any Other Interest	12 August 2025	11 August 2026	
		Co-opted into the BCS Community Board	Any Other Interest	11 August 2026	(until 17 June 2028)	
		CHIME (College of Healthcare Information Management Executives) Digital Health Fellowship - UK Cohort 2026	Non-Financial Professional	07 May 2026		
		Author of the book: '*Working With AI, Not Against It*' ~ commerically published and generates royalty income from sales.	Financial Interest	24 February 2026		
		Family member appointed to a post within Digital Directorate but will not be line managed by Director [appointment accepted 24/07/2026]	Any Other Interest	24 July 2026		
SWINBURN, Andrew (Andy)	**Executive Director of Paramedicine**	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	**Executive Director of Finance and Corporate Resources**	Nil Declaration				
TURNER, Damon	**Trade Union Partner**	Nil Declaration				
WILLIAMS, Liam	**Executive Director of Quality and Nursing [from 01 August 2022]**	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		29-May-26
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		
		Vice Chair - Royal College of Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	03 February 2025		
WOOD, Emma	**Chief Executive (from 01 October 2025)**	Chartered Fellow of CIPD (Chartered Institute of Personnel and Development)	Non-Financial Professional	2000		
		Member of Yoga Professional Alliance	Non-Financial Personal	July 2025		
		Part-time Yoga Teacher at Burnham Swim and Sports Academy Leisure Centre	Financial Interest	July 2025		
		Sub/Relief Yoga Teacher at Omni Studio, Worle, North Somerset	Financial Interest	04 April 2026		
		Board Director, Association of Ambulance Chief Executives (AACE)	Non-Financial Professional	August 2026		

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST
UNCONFIRMED MINUTES OF THE ACADEMIC PARTNERSHIP COMMITTEE OPEN MEETING HELD AT THE MUMBLES ROOM, MATRIX HOUSE AND REMOTELY VIA MICROSOFT TEAMS ON 6 MARCH 2026

Meeting started at 10:30

MEMBERS PRESENT:

Hannah Rowan	Non-Executive Director and Committee Chair
Jayne Beeslee	Non-Executive Director
Hayley Hutchings	Non-Executive Director
Jonathan Chippendale	Assistant Director for Clinical Development
Keith Dorrington	Assistant Director Digital *(Deputising for Jonny Sammut)*
Ceri Griffiths	Deputy Director of Remote Clinical Care
Estelle Hitchon	Director of Partnerships & Engagement
Jo Kelso	Head of Workforce Education and Development
Carl Kneeshaw	Director of People
Mark Marsden	TU Representative
Nigel Rees	Assistant Director of Research & Innovation
Andy Swinburn	Executive Director of Paramedicine
Julie Boalch	Assistant Director of Corporate Governance & Risk *(Deputising for Trish Mills)*

ATTENDEES:

Sarah Harland	Corporate Governance Officer

APOLOGIES:

Trish Mills	Director of Corporate Governance/Board Secretary
Jonny Sammut	Director of Digital Services

OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

1.1 Apologies from Trish Mills and Jonny Sammut were noted. Quorum was confirmed.

2. DECLARATIONS OF INTEREST

2.1 Nigel Rees identified the need to update his Declarations of Interest in relation to an external role at Warwick University and his involvement with National Institute for Health and Care Research and agreed to follow this up with the Corporate Governance Team.

3. MINUTES OF PREVIOUS MEETING HELD ON 7 OCTOBER 2025

3.1 The minutes of the meeting of the Academic Partnership Committee held on 7 October 2025 were received and approved.

4. RATIFICATION OF CHAIR'S ACTIONS (APC ToR & Responsible Research Development Annual Plan 2025-2030)

4.1 The Chair reported on actions taken on behalf of the Committee since the previous meeting, noting that these were necessary due to the sequencing of this year's quality governance review activity and that a decision was required decision before the next meeting. It was reported that Chair's Action had been taken to:

- Review and endorse the amended Terms of Reference for the Committee, reflecting changes arising from the Quality Governance Review; and
- Review and endorse the Responsible Research Development Five Year Plan 2025–2030.

4.2 Both the revised Terms of Reference and the Responsible Research Development Five Year Plan had subsequently been approved by the Board at its January 2026 meeting.

4.3 The amendments to the Terms of Reference aligned with previously agreed changes to committee responsibilities. The primary amendment was the transfer of education and training collaborations to the People & Culture Committee and commercial partnerships to the Finance & Performance Committee effective 01 April 2026. The APC will retain oversight of research and innovation activities within the Trust.

The committee ratified the two decisions made by the Chair's Action on 20 January 2026.

5.1 ACTION LOG AND MATTERS ARISING

5.1.1 The committee received and reviewed the Action Log and noted that there was one outstanding action remaining. It was reported that, on the recommendation of Leanne Smith, Action 55/24 [Research Governance Framework] had been progressed as far as possible and was now appropriate to be closed. The Committee agreed to close the action and noted that there were no further open actions remaining.

5.2 AAA HIGHLIGHT REPORT FROM 7 OCTOBER 2025 MEETING

5.2.1 The AAA Highlight report from the meeting on 7 October 2025 was noted.

ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

6. RESPONSIBLE RESEARCH DEVELOPMENT FIVE YEAR PLAN 2025-2030

6.1 Nigel Rees provided a verbal update on the Responsible Research Development Five Year Plan 2025–2030, advising that the plan forms part of the Trust's contractual requirements with Health and Care Research Wales, and provides a strategic framework for embedding research across the organisation.

6.2 Nigel reported that the plan had been developed collaboratively with input from Directorates, aligned with national and Welsh research policy, and adopted the UK Research and Innovation approach to responsible research and innovation. Nigel emphasised that the plan is intended to be owned by the whole organisation, not solely the research function, and highlighted its focus on governance, financial stewardship, workforce development, patient-centred research and effective communication of research impact. It was noted that the plan had been endorsed via Chair's Action and subsequently approved by the Board in January 2026.

6.3 Hayley Hutchings welcomed the plan, commenting that it was a robust and high-quality piece of work and reflected positively on the Trust's research activity. Hayley highlighted the importance of ensuring alignment with wider organisational planning, including the Integrated Medium Term Plan (IMTP), and queried how workforce capacity and fatigue would be managed in supporting increased research engagement. Nigel acknowledged workforce capacity as an ongoing challenge and explained that mitigations include designing studies to align with existing clinical workflows, avoiding duplication of data collection, and providing support through research officers. Nigel also emphasised the importance of fostering a culture of enquiry and demonstrating the practical impact of research on patient care.

6.4 The Chair endorsed Hayley's comments, noting that the Trust "punches above its weight" in relation to research activity, and formally thanked Nigel and his team for their work on the plan. The Chair also recognised Hayley's contribution in her role as Research Non-Executive Director and Research Champion.

6.5 Jayne Beeslee commented on the need to ensure that the plan is appropriately aligned with both the IMTP and longer-term strategic planning, and that research and innovation are not lost within evolving governance arrangements. The Chair reflected on Jayne's point, noting the importance of ensuring that research remains visible and appropriately assured within future governance structures, while avoiding the risk that it becomes everyone's responsibility, but no one's remit.

6.6 Estelle Hitchon highlighted the value of broadening participation in research and innovation, noting that recognising work not traditionally defined as research helps to democratise engagement and embed research more widely across the organisation. Estelle also welcomed the increased visibility of research activity and its potential links to future innovation and commercial opportunities.

6.7 Nigel outlined the complexities of commercial research and intellectual property, emphasising that commercial activity should not be viewed as a panacea and that the Trust's priority remains on patient benefit. Jonathan Chippendale provided practical examples of how the Trust can derive value through collaboration, such as preferential access or reputational benefit, rather than direct financial return.

6.8 Julie Boalch emphasised that, while the committee does not own the plan operationally, it has a key role in seeking assurance on delivery and impact, highlighting the importance of appropriate metrics and reporting to demonstrate that it is being implemented consistently and effectively.

6.9 The Chair concluded the discussion by thanking Nigel and members for their contributions and reiterating that research and innovation should be regarded as an organisation-wide responsibility.

The committee noted the update relating to the Responsible Research Development Five Year Plan 2025-2030.

7. NHS RESEARCH AND DEVELOPMENT FRAMEWORK ASSESSMENT 2026 (including the impact of WAST Research)

The papers for this item are in the committee pack in IBabs, therefore detail of the content is not repeated here.

7.1 Nigel Rees presented an update on the NHS Research and Development Framework Assessment 2026, explaining that the framework supports a consistent approach to monitoring performance and impact across agreed research domains and underpins external assurance reporting. Nigel highlighted the accompanying impact materials, noting their role in clearly articulating the outcomes and benefits of research activity, and described the recent use of a "spotlight" approach to showcase research activity within the Operations Directorate, including strong engagement in nationally significant studies.

7.2 Carl Kneeshaw supported the use of the spotlight approach, agreeing that it was helpful and endorsing the proposal to continue highlighting research and innovation activity across different Directorates in future reporting. Julie Boalch emphasised the importance of monitoring research and innovation activity over time and highlighted the committee's role in seeking assurance on delivery, impact and risk, noting the need for clarity on the Trust's risk appetite for research-led change and alignment with strategic objectives through appropriate metrics and reporting. Estelle Hitchon commented on the importance of broadening and democratising research, highlighting that recognising and supporting enquiry-based and improvement activity alongside formal research encourages wider participation and helps embed research more fully across the organisation.

7.3 The Chair emphasised that the framework applies across the whole organisation and is not limited to the research function. The Chair also highlighted the value of the impact materials in presenting research outcomes in a clear and accessible way, supporting wider organisational understanding and assurance. The Chair thanked members for their contributions and noted that the discussion reinforced the importance of the framework in supporting organisational learning, assurance and the visibility of research impact.

The committee noted and discussed the content of the NHS R&D Framework – Assessment template current status 2026 v1 report [Annex 1] and the Impact of WAST Research v1 23.02.26 [Annex 2]; and endorsed the continued self-assessment against the framework within the Trust.

8. QUALITY GOVERNANCE REVIEW 2025/26

The papers for this item are in the committee pack in IBabs, therefore detail of the content is not repeated here.

8.1 Julie Boalch advised that the full Quality Governance Review had been presented to the committee in October 2025 and that as agreed, the 2025/26 Annual Report and Cycle of Business were before the Committee for approval, in advance of submission of the full Quality Governance package to the Audit, Risk and Assurance Committee in April 2026. Julie emphasised the importance of ensuring that governance structures below Board and Committee level are fit for purpose, enabling effective delivery of strategy and providing clear assurance, escalation and oversight.

8.2 Jayne Beeslee expressed concern that, as governance arrangements continue to evolve, there is a risk that focus on research and innovation could be diluted, noting the significant work undertaken to raise the profile of this area and the importance of maintaining appropriate visibility and oversight in future governance structures.

8.3 The Chair acknowledged these concerns, recognising the tension between embedding research and innovation across the organisation while ensuring clear accountability and assurance. The Chair also emphasised the value of the depth and quality of discussion achieved by the committee and the importance of retaining appropriate visibility, oversight and assurance for research and innovation as governance arrangements develop. The Chair thanked members for the discussion, confirmed that the points raised would be captured through the governance review process, and noted that the committee was content to proceed on the basis outlined.

The committee approved the draft Annual Report at Annex 1 and the draft Cycle of Business for 2026/27 at Annex 2.

9. UPDATE FROM RESEARCH NED

9.1 Hayley Hutchings reported that she had reviewed and written the foreword to the Responsible Research Development Five Year Plan, attended a recent Research and Development team meeting to gain insight into current activity, and confirmed her ongoing engagement with Welsh Government and research champion networks, including upcoming meetings and the Health and Care Research Wales conference.

9.2 The Chair welcomed the update, noting the value of Hayley's external perspective and connections, and highlighted the importance of early sight of emerging opportunities, funding and national developments to support the Trust's research ambitions.

9.3 Nigel added that Hayley's involvement as Research Champion provides valuable advocacy and visibility for the Trust's research activity, strengthening external relationships and supporting alignment with national research priorities.

The Committee noted the update from the Research NED.

CLOSING ITEMS

10. REFLECTIONS

10.1 Members reflected positively on the meeting, highlighting the breadth and visibility of research activity across the Trust and the value of shining a light on work taking place across both clinical and corporate functions. Members noted the importance of making research and innovation accessible and inclusive, supporting wider engagement across the organisation. The recognition of the Trust's apprenticeship model was also highlighted as an example of good practice and impact. Members also reflected that the discussions reinforced the Trust's strong research culture and the importance of continuing to share learning and impact more widely.

11. ANY OTHER BUSINESS

11.1 Jo Kelso advised members that the Trust had recently been recognised as Apprentice Employer of the Year by Skills Academy Wales as part of Apprenticeship Week. It was noted that Skills Academy Wales identified the Trust as a key contributor to its success, highlighting the Trust's unique position in Wales as both an employer and training provider, and the strong performance and outcomes of its apprenticeship programmes. The Committee welcomed the update and noted the recognition as a significant achievement.

12. DATE OF THE NEXT MEETING

12.1 18 September 2026 at 9am.

MEETING CLOSE: 11:45

Following the meeting, members engaged in a tour of the Education Suite, conducted by Jo Kelso and her team.

ACTION LOG
Academic Partnership Committee

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
						THERE ARE CURRENTLY NO OPEN ACTIONS	

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	26 March 2026
Committee Meeting Date	06 March 2026
Chair	Hannah Rowan

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. There were no alerts raised in this meeting.

ADVISE

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

2. The Chair welcomed Ceri Griffiths, Assistant Director of Remote Clinical Care to her first meeting.

3. Committee endorsed the **decisions made via Chair's Action** which included the changes to the Terms of Reference for 2026/27, and the Responsible Research Development Annual Plan 2025-2030. Members noted that both documents were approved by the Trust Board in January 2026.

4. Members approved the **2025/26 Committee Annual Report** and **2026/27 Cycle of Business.**

5. An update was received from the Trust's **Research Non-Executive Director, Prof. Hayley Hutchings.** Hayley shared that she wrote the foreword to the five year Responsible Research & Innovation Plan and noted ongoing engagement with Welsh Government, including an upcoming meeting where R&D performance and priorities will be considered. Hayley confirmed her role as an independent member on the Championing Research group, supporting the national research agenda and alignment with organisational priorities.

6. Members congratulated the Trust which has been recognised as **Apprentice Employer of the Year** by Skills Academy Wales, announced during Apprenticeship Week. This as a significant achievement for work-based learning and the positive recognition of its commitment to apprenticeships.

7. Members **reflected** on the importance of increasing visibility of research and development activity and clearly communicating its impact across the organisation; shining a light on good work already underway, reinforcing that research is inclusive and relevant across both clinical and corporate

functions, as well as supporting engagement and understanding of practice change. The Committee noted the Trust's apprenticeship success as a positive example of learning, innovation and organisational improvement.

ASSURE

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

8. Committee received the **Responsible Research Development Five Year Plan 2025 – 2030** and welcomed the quality and ambition of the plan, noting the strong and increasingly visible research profile. Members were assured that the plan aligns to the wider Integrated Medium-Term Plan. The importance of a research led approach to innovation and future commercial opportunities was emphasised and the importance of clear, proportionate and consistent metrics to enable effective delivery and impact of the plan. Progress will be tracked through the Research Development and Innovation reports, the IMTPs, directorate plans and national returns.

9. An update was provided on the **NHS Research and Development Framework 2026,** and members were assured that it provides a structured and proportionate approach to monitoring research activity and impact. A spotlight approach on specific directorates will be implemented to ensure the framework becomes meaningful, accessible and inclusive of research activity across both clinical and corporate functions. The impact slides are attached at Annex 1

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		
Ratification of Chairs Action	Responsible Research Development Plan 2025-2030	NHS Research and Development Framework Assessment 2026
2025/26 Quality Governance Review – Annual Report and CoB	Update from Research NED	

COMMITTEE ATTENDANCE				
Name	**07 October 2025**	**06 March 2026**		
Hannah Rowan				
Prof Hayley Hutchings				
Jayne Beeslee				
Estelle Hitchon				
Carl Kneeshaw				
Andy Swinburn				
Jonny Sammut	Keith Dorrington	Keith Dorrington		
Jonathan Chippendale				
Prof Nigel Rees				
James Houston				
Jo Kelso				
Trish Mills	Julie Boalch	Julie Boalch		
Mark Marsden				
Keith Rogers				
Ceri Griffiths				

	Attended
	Deputy attended
	Apologies received
	No longer member

Agenda Item No.	05

REPORT TITLE

Annual Review Meeting update

MEETING

Name of meeting	Academic Partnership Committee
Date of meeting	18 September 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Andy Swinburn – Chief Clinical Officer
Author(s) of report	Nigel Rees – Assistant Director of Research and Innovation

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY

[See writing and presentation guidance here to inform this section]

1. On 6 May 2026 WAST colleagues met with Welsh Government representatives for the annual review against the NHS Research and Development Framework, resulting in a letter with two attached actions on 17 July 2026 (attached in meeting pack).
2. The first action, around embedding sustained academic input within WAST, is complete (due September 2026).
3. The second action, around benchmarking research performance to other ambulance services, is in progress and on track for completion by the deadline (due January 2027).

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Academic Partnership Committee is requested to:

Consider the Annual Review Meeting letter, and response.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

The Academic Partnership Committee is requested to receive the following:

Annex 1 Annual Review Meeting letter of 17 July 2026

Annex 2 Annual Review Meeting response

Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☐ SO1: Providing the right care or advice, in the right place, every time	☐ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
n/a

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☐ Safe	☐ Timely	☒ Effective
☒ Efficient	☐ Equitable	☐ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☐ Leadership	☐ Workforce	☐ Culture
☐ Information	☒ Learning Improvement & Research	☒ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☒ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☐ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☒ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	n/a

Llywodraeth Cymru
Welsh Government

Welsh Ambulance Services University NHS Trust

17 July 2026

Dear colleagues,

Thank you for meeting with myself and colleagues on 6 May. This year the annual review focused on your submitted assessment against the implementation of the NHS Research and Development Framework, two years on from the initial baseline assessment undertaken in 2023.

We had a constructive and focused discussion on how Welsh Ambulance Services University NHS Trust is delivering health and care research against the pillars set out in the NHS R&D Framework, alongside its wider and future priorities for Research and Development across the organisation.

We continue to be very pleased to see continued commitment from the Welsh Ambulance University NHS Trust (WAST) in supporting the R&D agenda, both in driving forward in delivering often complex research, and also in supporting Welsh activities. In particular, it is excellent to see WAST maintaining and building on their UK wide reputation and standing, with productive links to Higher Education institutions in England as well as Wales.

During the meeting, we noted a number of key points of interest and propose that the following actions are taken forward.

1. You highlighted that an internal governance review is currently underway and emphasised the importance of using this opportunity to consider mechanisms to strengthen and formalise engagement with academic partners across Wales building on already long-standing partnerships in Wales and across the UK.

Action 1: Develop, by September 2026, a plan that embeds sustained academic input within governance and decision-making structures and sets out opportunities to establish more structured academic input and a forum to discuss WAST's research priorities and opportunities to grow Welsh capability through initiatives such as joint clinical academic appointments.

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ

Ebost / Email:
ScienceResearchEvidence@gov.wales
Gwefan / Website:
www.gov.wales/healthandcareresearch

We discussed that WAST frequently undertakes more complex research than comparable UK organisations, which may contribute to differences in research performance metrics. A focused comparative review could provide valuable insights into these variations, identify opportunities for improvement, and help inform Welsh Government's understanding of any gaps in the current support arrangements.

Action 2: A targeted benchmarking exercise should be undertaken with a UK Ambulance Trust that sponsors research and is of comparable size and geographic profile. This could build on an existing benchmarking exercise already reported by the UK Ambulance Services. This work should be delivered jointly with the Health and Care Research Wales Support and Delivery Centre, and should identify good practice, performance gaps, and priority actions to drive continuous improvement, strengthen research capability, and support growth in WAST's research portfolio. This work must be developed in close collaboration with the Health and Care Research Wales Support and Delivery Centre and completed by 31 January 2027. A meeting has been set on 4 Aug 2026 to start to develop the scope of the work to ensure it is purposeful.

Please continue to keep up the good work on supporting and delivering health and care research and supporting your committed and dedicated staff. We look forward to continuing to work with you to further maximise research opportunities in Welsh Ambulance Services University NHS Trust.

Best wishes

Gareth Cross
Deputy Director Science, Research and Evidence Division

Attendees	
Nigel Rees	Head of Research and Innovation, WAST
Andy Swinburn	Director of Paramedicine, WAST
Hayley Hutchings	Independent Board Champion, R&D, WAST
Gareth Cross	Deputy Director, Science Research and Evidence Division, Welsh Government
Carys Thomas	Head of R&D Policy, Science Research and Evidence Division, Welsh Government
Violina Sarma	Head of NHS and Social Care Research Environment, Science Research and Evidence Division, Welsh Government
Claire Bond	Senior R&D Finance and Performance Manager, Science Research and Evidence Division, Welsh Government

Academic Partnership Committee paper

(with annotated update)

Dear colleagues,

Thank you for meeting with myself and colleagues on 6 May. This year the annual review focused on your submitted assessment against the implementation of the NHS Research and Development Framework, two years on from the initial baseline assessment undertaken in 2023. We had a constructive and focused discussion on how Welsh Ambulance Services University NHS Trust is delivering health and care research against the pillars set out in the NHS R&D Framework, alongside its wider and future priorities for Research and Development across the organisation. We continue to be very pleased to see continued commitment from the Welsh Ambulance University NHS Trust (WAST) in supporting the R&D agenda, both in driving forward in delivering often complex research, and also in supporting Welsh activities. In particular, it is excellent to see WAST maintaining and building on their UK wide reputation and standing, with productive links to Higher Education institutions in England as well as Wales. During the meeting, we noted a number of key points of interest and propose that the following actions are taken forward.

1. You highlighted that an internal governance review is currently underway and emphasised the importance of using this opportunity to consider mechanisms to strengthen and formalise engagement with academic partners across Wales building on already long-standing partnerships in Wales and across the UK.

Action 1: Develop, by September 2026, a plan that embeds sustained academic input within governance and decision-making structures and sets out opportunities to establish more structured academic input and a forum to discuss WAST's research priorities and opportunities to grow Welsh capability through initiatives such as joint clinical academic appointments.

Action complete. Response:

In 2026 WAST developed a five-year plan with associated measurement framework which is provided in Annex 1. This plan is showing progress, but as discussed in the meeting, we continue to face challenges in many areas such as in the development and retention of Principal and Chief Investigators, engagement across WAST and other Health Boards and limited number of research teams in Wales and in our sector.

We have made significant progress with regards to Principal Investigators, with two of our Consultant Paramedics having completed the Associate Principal Investigator scheme, and a further two candidates are registered with the scheme. We have also

engaged in significant development activity supporting two new WAST Chief/Co-Chief Investigators and multiple Co Applicants on research proposals. Five proposals successfully reached the final stage of the HCRW Integrated Funding Scheme but were ultimately unsuccessful. While some were rejected outright at this stage, one was recommended for funding subject to the feedback being addressed, but the project could not be accommodated within the available budget for the call.

The development of RD&I projects takes an enormous amount of effort, from our people who have competing time demands, where such time investment without success may be challenging to maintain in the long term. Several large-scale funding applications were submitted to NIHR programs, and we have received notice that four of these were successful, but we are currently under embargo to provide further information due to ongoing contract review. We recognise that in the absence of development funding (which has been raised on many occasions) the development of our portfolio in Wales may be more within the influence of HCRW, HEIW and its funded infrastructure such as Prime Centre Wales, Trials Units Research Design and Conduct Services, the HCRW Faculty and University partners. This is also reflected in the HCRW draft guidance on Developing Clinical Academics WAST has been supporting and are keen to work with all partners on this.

There is RD&I representation across many groups in WAST and RD&I currently reports into the Clinical Directorate Business Meeting and Academic Partnership Committee. We have re-introduced an RD&I Group with representation from across all directorates, along with academic representation from Swansea University, The South Wales Trauma Network and Swansea Trials Unit. This group has initiated task and finish groups addressing Welsh Health Circular RD&I actions, including the introduction of an all-Wales approach to Intellectual Property, R&D Sponsorship Policy and NHS R&D Finance Policy. WAST also has several groups with close academic collaboration and membership such as the Out of Hospital Cardiac Arrest Group.

WAST RD&I has facilitated the development of several honorary appointments with Bangor University, Swansea University, Cardiff University, Warwick University, and Cardiff Metropolitan University. As discussed in the meeting, WAST highlighted that challenges facing universities such as senior researchers active in our sector leaving post. WAST has a historical good track record with groups such as PRIME Centre Wales and Swansea Trials Unit and are in continued discussions to optimise our collaboration. We have also actively sought collaborations and met with Bangor University, Cardiff Metropolitan University and Swansea University following our annual review to discuss collaboration. We are also maintaining and growing our longstanding and productive partnerships with Warwick University, York University, Bristol University, Birmingham University and others, with whom we have collaborated on high value projects making significant impact and securing funding for future large scale and innovative research

projects in areas of Resuscitation, Health Care Drones, Remote Care, Point of Care Testing and Video Consultation.

Action 2: A targeted benchmarking exercise should be undertaken with a UK Ambulance Trust that sponsors research and is of comparable size and geographic profile. This could build on an existing benchmarking exercise already reported by the UK Ambulance Services. This work should be delivered jointly with the Health and Care Research Wales Support and Delivery Centre, and should identify good practice, performance gaps, and priority actions to drive continuous improvement, strengthen research capability, and support growth in WAST's research portfolio. This work must be developed in close collaboration with the Health and Care Research Wales Support and Delivery Centre and completed by 31 January 2027.

A meeting has been set on 4 Aug 2026 to start to develop the scope of the work to ensure it is purposeful.

Action ongoing:

The meeting with HCRW has taken place and the first draft of the benchmarking data has been received. These data cover the period of ten years. The team are working on data queries and continue to conduct analysis of these data. We are on track to complete by January 2027.

Agenda Item No.	06

REPORT TITLE

Research, Development and Innovation Annual Report 2025-2026

MEETING

Name of meeting	Academic Partnership Committee
Date of meeting	18 September 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Andy Swinburn -Chief Clinical Officer
Author(s) of report	Nigel Rees – Assistant Director Research and Innovation

PURPOSE OF REPORT

☐ Approval	☐ Endorsement
☒ Assurance	☐ Discussion
☐ Information (goes in consent items)	☐ Noting

REPORT SUMMARY

[See writing and presentation guidance here to inform this section]

1. We present the annual report for Research, Development and Innovation within WAST for the 2025-2026 period.

2. This report includes our measurement framework (as Appendix A within the report)

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Academic Partnership Committee is requested to:

Review the Annual Report for Research, Development and Innovation 2025-2026

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room

The Academic Partnership Committee is requested to receive the following:

Annex 1 Research, Development and Innovation Department 2025-2026 Annual Report

Annex 2 Impact of WAST Research (Appendix 3 to the report)

Governance and assurance checks to support decision-making and demonstrate alignment and risk mitigation

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☒ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
n/a

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☒ Safe	☒ Timely	☒ Effective
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Quality Enablers (select all that apply) [link to standards]		
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WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
☒ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	n/a

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

RESEARCH, DEVELOPMENT & INNOVATION DEPARTMENT

2025 – 2026

ANNUAL REPORT

WAST Pre-hospital Emergency Research Unit

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

Llywodraeth Cymru
Welsh Government

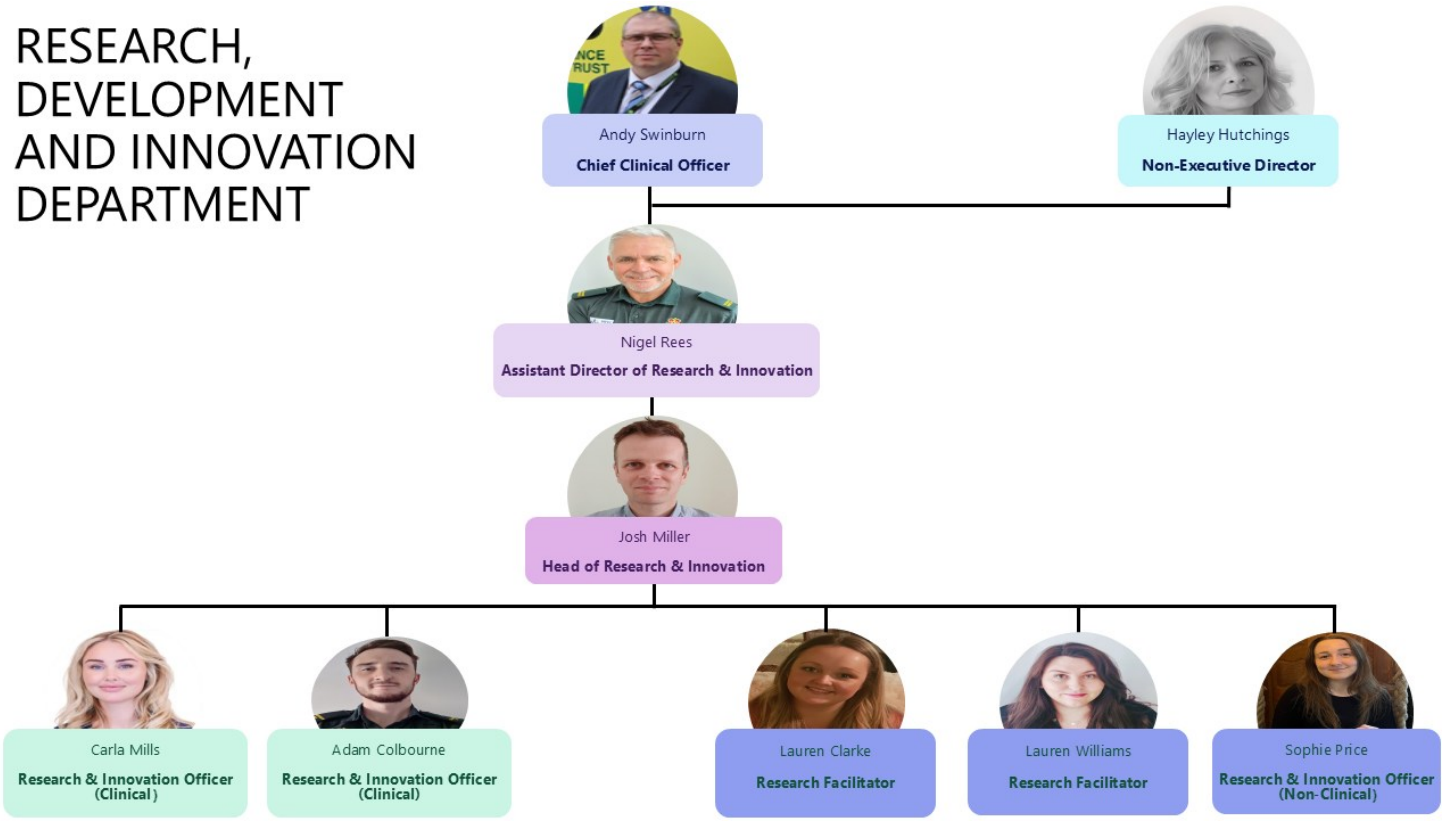
Contents

Who's Who in WAST driving Research Development & Innovation

Research, Development and Innovation (RD&I) in WAST is headed up by Andy Swinburn as the Executive lead, who provides Board representation along with Professor Hayley Hutchings as Non-Executive Director and Board Champion for Research acting as an ambassador for RD&I activities within the Trust and is a member of the Academic Partnership Committee. Professor Nigel Rees is the Assistant Director of Research & Innovation who represents WAST externally on a range of groups, including the NHS Wales R&D Directors and Leads Group and NHS Innovation Leads network.

We continue to grow the capacity of the RD&I Office team and have recently strengthened the department through key appointments. In 2025, we appointed Josh Miller as Head of Research & Innovation who brings extensive experience of RD&I in ambulance services and has hit the ground running as a Chief Investigator on an NIHR funded study, Principal Investigator on stroke study PRONTO and analgesia study RAPID 2. Josh also represents the RD&I team and the Trust on a wide range of groups.

We have introduced two new research facilitator roles and the two successful candidates, Lauren Clarke and Lauren Williams strengthen our team and provide core support and management to the Research Development and Innovation (RD&I) Team and multiple internal and external stakeholders to ensure the delivery, time, management, reporting and finances of research projects and workstreams. Research and Innovation officers (R&IO Officers) both clinical and non-clinical are appointed on a study-by-study basis. Our non-clinical R&IO Sophie Price has provided project specific support and governance to a range of projects and activities across WAST and our clinical R&IOs Adam Colbourne, Carla Mills, Tom Dart and Cendl Xanthe have delivered research studies across the Trust.



How RD&I links to wider Welsh Government and NHS organisation's strategies, frameworks and plans

Research Development & Innovation (RD&I) governance and leadership spans WAST frontline services to the board level and reflects our aspirations for distributed leadership. WAST has taken a progressive stance on developing an RD&I culture in recent years and RD&I has increasingly become included in many roles and core activities across the organisation. Whilst WAST continues a journey, this investment is starting to bear fruit, some of which we share in this year's annual report.

The Academic Partnership Committee (APC) level committee continues to oversee, on behalf of the Trust Board, the strategic direction and development of RD&I activities within the Trust. The overarching strategic direction is outlined within the WAST 5 Year plan, which is underpinned by the implementation of the research governance

framework in accordance with the Health and Care Research Wales requirements and RD&I Plan.

Our people also lead and support high quality and international RD&I groups, including RD&I funding panels, Trial Steering Committees, and NHS R&D Directors and Innovation Leads groups. WAST is also actively involved in the development of high-level strategy and policy such as the PRIORITY project which is a strategic initiative commissioned by Health and Care Research Wales, the Chief Nursing Officer, and the Chief Allied Health Professions Adviser to boost research capacity across nursing, midwifery, and 13 allied health professions. WAST were also partners in the development of the NHS R&D Framework, Innovation plan, Health and Care Research Wales (HCRW) Embedding Research in the NHS, HCRW Research Operational Delivery Group, NHS R&D Framework group and the Senedd Cross Party Group on Medical Research.

We were pleased to attract our first commercial research funding through the Voluntary Scheme for Branded Medicines Pricing and Access (VPAG) call. Cendl Xanthe, Clinical R&I Officer secured VPAG funding to explore opportunities to expand commercial research within WAST. This included the possibility of hosting future commercial research, boosting capacity and capability within the RD&I department as well as wider in the pre-hospital environment in Wales, to further develop and utilise expertise and delivery mechanisms available within the service. Cendl has since secured a role in the Wales-wide Primary Care and Community Research Delivery network, integrated into Commercial Research Delivery Wales (CRDW) and we will continue to implement the findings of her fellowship and collaborate in future primary care RD&I.

WAST recently conducted a '2 year on' assessment of the implementation of the NHS R&D framework following the initial baseline assessment undertaken in 2023, that has been presented to Welsh Government (WG) and informed the annual performance meeting. This work spans the expected standards of Research required by WG (as

utilised in this report) set out across 10 pillars outlining the features of a research supportive organisation.

WAST have recently developed the RD&I Group that reports into the Clinical and Quality Directorate. The RD&I Group includes senior representation across Directorates, Clinical Academics and academic partners from Swansea University. WAST also have academic leaders and partners embedded across WAST included in research development groups and strategic delivery groups such as the Out of Hospital Cardiac Delivery Group and the Save-A-Life Cymru Research Hub based at Cardiff Metropolitan University.

A year of WAST Research

Sponsored Research

Following successful funding from HCRW, WAST continued to sponsor projects including RELIEF and 999RESPOND1 and 2.

RELIEF

'Just in Case' medicines use by ambulance paramedics **R**esponding to **E**nd-of-**L**ife Care **I**n the Community: a multi-methods study of the **E**xperiences of Paramedics, Doctors, **F**amily and Carers

RELIEF is a collaborative research study sponsored by WAST and delivered in collaboration with University of Swansea, Swansea Bay University Local Health Board, Cardiff and the Vale Local University Health Board, University of Southampton, and Dorothy Hospice House. Following the introduction of Just-In-Case medicines to ambulances across Wales during the COVID-19 pandemic, this research explored the views and experiences of paramedics, doctors, informal carers (family or friends) and paid carers involved in the care of patients in the community, that are experiencing

distressing end-of-life symptoms, such as pain, breathlessness, and agitation. The study aimed to gain insight into the impact of the intervention on patient care, the workload and roles of paramedics and perceived benefits, anxieties and risks.

Following WAST seed funding, which enabled academics, clinicians and service leaders to collaborate, our End-of-Life Care research has continued to grow.

999RESPOND 1 & 2

We have also built on the success of 999 RESPOND 1 (studying critical care dispatch) and successfully secured NIHR HS&DR funding to conduct the 999 RESPOND 2 study. This study aims to improve decision making during dispatch decisions using live-stream video to dispatch Enhanced and Critical Care Teams to those who need it the most, to improve patient outcomes and to increase ambulance service efficiency.

The study is a sponsored by WAST and delivered in collaboration with the University of Warwick, Swansea Bay University Health Board Emergency Medical Retrieval and Transfer Service, Wales Air Ambulance Charity, University of Bristol, West Midlands Ambulance Service University NHS Trust and Imperial College Health Care NHS Trust. This study is now set up in all except two UK ambulance Services, and the research group continues to grow its portfolio and collaboration.

Research Delivery

Participation in the Spinal Immobilisation Study

During 2025-2026 WAST continued important research in our sector, including the SIS Randomised controlled trial of the clinical and cost-effectiveness of cervical spine immobilisation following blunt trauma. The trial was funded by the National Institute of Health Research (NIHR) Health Technology Assessment, and led by Imperial College London, involving Warwick Clinical Trials Unit and other UK Ambulance Services.

The trial sought to determine whether movement minimisation is deemed non-inferior compared to triple immobilisation in relation to functional outcome at hospital discharge. The SIS Trial was delivered on a One Wales basis with WAST being the lead site, working closely with Health Board research and clinical colleagues along with HCRW, the SIS Trial was successfully delivered across six Health Boards recruiting 62 patients to this study.

SIS Wales Recruitment by Health Board

During this trial WAST faced similar challenges to previous One Wales Trials such as the PARAMEDIC and RIGHT-2 Trials that required extensive collaboration with HCRW, Health Boards and clinical networks to resolve and deliver.

"Conducting Research and Innovation in prehospital and emergency care is complex, due to its unstructured and urgent nature. Working together with WAST and across NHS Wales, we have delivered landmark studies such as the SIS and RAPID 2 Trials"

Suresh Kumar Gopala Pillai - Senior Lecturer in Emergency Medicine

Participation in the RAPID2 Study

Hip fracture is a common and painful injury. Existing treatments may not control the pain and may cause side-effects. WAST and Swansea University led the feasibility study RAPID-1 which showed that a local anaesthetic block targeting suspected hip fracture pain could be delivered by trained paramedics, and that a full study was feasible. We are pleased to also take part in the follow-on RAPID2 study, which has expanded to other ambulance services but remains Welsh-led. WAST's Nigel Rees is a co-applicant for the study, which is led from Swansea University's Clinical Trials Unit.

We have continued to add to the international body of knowledge for our sector, publishing and presenting in a wide range of forum and conferences. WAST again hosted the Emergency and Urgent care workshop at the annual Medi Wales Connects. WAST RD&I was showcased in national events such as the Welsh Parliament. Health and Care Research Wales has launched a new three-year action plan to increase diversity and inclusion in health and social care research in Wales. Our RD&I also featured in international conferences, including the European Resuscitation Council Conference in Rotterdam, where WAST, academic partners and Save-a-Life Cymru provided valuable contributions.

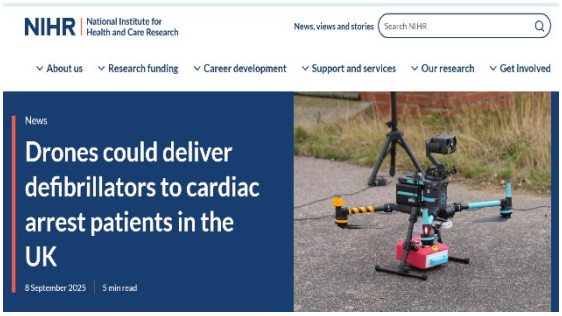
In 2026 we completed Strategies to manage emergency ambulance telephone callers with sustained high needs: the STRETCHED mixed-methods evaluation with linked data. The project and area of enquiry has spanned over ten years, following its initial topic suggestion by WAST and collaboration with PRIME Centre Wales led to a successful HCRW Post Doctoral InFORM study (Improving care for people who Frequently call 999) (HCRW 2022) and the STRETCHED evaluation, highlighting that frequent callers often have complex underlying medical and mental health needs.

Health Care Drones

WAST has been at the forefront of the development of Health Drone Science and Technology and have conducted significant research to provide assurances required by regulators, health leaders, funders and the public. In 2026 along with other industry and health partners WAST successfully delivered the UKRI funded Dragon's Heart Welsh Health Drone Research and Innovation Partnership. The aim of this project was to accelerate development of the UK drone sector toward the development of a medical drone delivery network (MDDN) that increases NHS operational flexibility and improves connectivity for all health and social care providers across Wales our project team, Snowdonia Aerospace LLP, Volant Autonomy Ltd, SLiNK-TECH Ltd, and Skyports Deliveries Ltd, seeks to (i) make tangible advancements in regulatory policy concepts for use of drones in UK airspace in coordination with the Civil Aviation Authority (CAA), and (ii) start the scaling up of

existing commercial delivery use cases with the Welsh Blood Service and Welsh Ambulance Service.

WAST also supported, and Dr Adam Packer (Medical Drones Lead) supervised a ESRC funded Post Doctoral Fellowship exploring public perceptions and behaviours towards using medical drones in the ambulance service in Wales. This work is building on the work of the Future Flight Social Insight team based at the University of Birmingham, Dr Packer will seek to better understand the public's hopes, concerns, and expectations for the use of these technologies. Funded by the ESRC through Centre-UB2, the project will use new and existing behavioural research to further explore how public perceptions intersect with government, regulatory, and industry developments.



Building on the Resuscitation Council UK 3D1 study WAST successfully secured NIHR and HCRW funding and delivered the 3D2 study which demonstrated effective real-time communication and interaction with callers and call ambulance 999 contact centres during simulated defibrillator delivery by drone. The NIHR showcased this study in the NIHR (2026) Innovation highlights annual report, and through a range of media outputs at the time of completion.

"I want Britain at the forefront of this technological revolution to transform patient care…"Drone-technology has the potential to help reach patients faster, especially in rural communities. This government is backing our country's leading scientists to research, test, and develop new forms of emergency healthcare which have the potential to save lives…"From AI helping doctors diagnose illnesses faster to drones delivering vital medical supplies, we will capitalise on innovation to transform care, reduce waiting times, and save more lives across every community in Britain."

(Stephen Kinnock, Health Minister, NIHR 2025)

Challenges in RD&I

Longstanding challenges within our sector persist however, including increased demands for services, hospital hand over delays and the well-publicised recruitment challenges for newly qualified Paramedics. As with other ambulance services, we also face challenges related to study design, consent, information governance and data collection, which often require significant engagement with other WAST and external partners to provide necessary assurances.

Such delays however can negatively impact on study set up and delivery, and we continue to work with these partners to minimise such issues by design. This has been compounded by challenges within WAST and the higher education sector where key research active academics and Chief Investigators in our sector have moved on.

The challenges with research capacity within WAST and our sector have been previously reported, reflecting the insights gained from PRIORITY and Embedding Research In the NHS Projects we continue to support the development of capacity in our sector. WAST is a site for eleven PhD studies, and the small number of research active leaders we have are engaged in supervising and examining a range of studies in our sector. We continue to grow the number of Chief Investigators and Clinical Academics, holding a range of honorary appointments with RD&I partners including Swansea University, University of Birmingham, Bangor University, University of Bath, Cardiff Metropolitan and more.

Capacity Building

We are also growing our Principal Investigators with one Regional Clinical Lead – Consultant Paramedic having recently completed the NIHR Associate Principal Investigator scheme and two further Consultant Paramedics now enrolled. These constitute half of the WAST Consultant Paramedic Leadership teams with a view of becoming future PIs.

"Undertaking the Associate PI scheme has been a really rewarding experience for me, both clinically and from a leadership point of view. It's given me the chance to get properly involved in research, work alongside some really driven colleagues, and build my confidence as a leader. I'm proud to have been part of something that genuinely supports development, encourages innovation, and ultimately helps improve patient outcomes"

Steven Magee – Regional Clinical Lead, Consultant Paramedic

Cendl Xanthe our Clinical Research Officer recently completed a VPAG Fellowship to explore commercial research opportunities in WAST. Remote care led active research portfolio and developing as a Chief investigator PRIME Centre Wales.

Senior Advanced Paramedic Practitioners (APPs) Berwyn Jones, Sam Davies and Maria Laffey represented WAST at the Royal College of Paramedics Research Conference, sharing innovative work that is helping to shape the future of pre-hospital and urgent community care. Senior APP Sam Davies presented a moderated poster titled "How Does Advanced Remote Clinical Advice and Multidisciplinary Team Working Affect Conveyance Rates to A&E?" and was awarded first place in the conference poster competition. Congratulations to their outstanding contributions and for showcasing the expertise, innovation and leadership of WAST on a national platform.

SAINTS
UKRI AI Centre for Doctoral Training in Safe AI Systems

We have however continued to maintain current and grow new relationships, leading to high value collaborations. WAST are partners on the UKRI funded AI Centre for Doctoral Training in Lifelong

Safety Assurance of AI-enabled Autonomous Systems (SAINTS CDT) which **is the UK's first multidisciplinary PhD programme focused solely on the safety of artificial intelligence (AI).**

The vision of SAINTS CDT is to train future leaders with the research expertise and skills to ensure that the benefits of AI systems are realised without introducing harm as the systems and their environments evolve. Our partnership builds on the ASSIST study we previously collaborated on to explore ASsuring Safe artificial Intelligence in ambulance Service 999 Triaging. WAST have since contributed to workshops and training events, and future research will be focused on the lifelong safety assurance of increasingly autonomous AI systems in dynamic and uncertain contexts. It will build on methodologies and concepts in disciplines spanning AI, safety science, engineering, philosophy, law, sociology and health sciences.

We have also worked on a wide range of grant applications, which if successful, will be delivered over the coming years. This includes a study exploring Prehospital point-of-care troponin testing in ambulances: a randomised controlled trial (PREPARE).

The RD&I team uses regular internal and external communications to engage with colleagues and inform members of the public about research. We also provide and support events such as those below:

- Medi Wales Connections Conference WAST Session: Emergency and Urgent Care Research.

- Kings College London conference presentation Drone Research for Advancing Community Healthcare & Medicine Access – DRACHMA:
- Welsh Parliament Medical Research Cross Party Group Showcase: WAST R&DI Stand
- Welsh Parliament HCRW Celebrating inclusivity in research in Wales WAST R&DI Stand
- WAST RD&I Workshops: North Wales, Southeast Wales, Mid Wales and West Wales
- Prime center Wales, Bangor Uni, Warwick Trials Unit, Industry Partners – SLINKTECH.

Public and Patient Involvement and Engagement (PPIE) in Research

Meaningful public and patient involvement has remained at the core of our research activity throughout the year. We are committed to ensuring that research is conducted in collaboration *with* patients, service users, carers and members of the public, rather than *to*, *about* or *for* them, reflecting the National Institute for Health and Care Research (NIHR) definition of public involvement. Public contributors bring valuable lived experience and insight, helping to ensure that research priorities, study designs, methods and outputs are relevant, acceptable and responsive to the needs of those who use emergency healthcare services. (NIHR, 2026)

Our approach is informed by the **UK Standards for Public Involvement**. These standards provide a framework for high-quality involvement across six key areas: Inclusive Opportunities, Working Together, Support and Learning, Communications, Impact and Governance. (NIHR 2026)

During the reporting period, public and patient representatives contributed to research development, delivery, study oversight and dissemination activities. Their involvement helped shape research questions, create participant and public facing materials, identify issues of practical importance to service users and ensure that research outputs were accessible and meaningful to wider audiences. By incorporating

lived experience perspectives throughout our research, we enhanced the quality, relevance and potential impact of our work. (NIHR, 2026, HRA, 2026).

We ensure that public and patient representatives are included in our research at the development phase, working with Health and Care Research Wales to advertise opportunities of involvement. Many of our patient representatives have continued to support projects from the development of a bid submission to study delivery and final dissemination.

We also recognise that effective involvement requires appropriate support, training and opportunities for meaningful participation. In line with national guidance, we sought to create inclusive and respectful environments where public contributors could confidently share their perspectives and contribute to our research. We have created PPI guidance which is disseminated to all PPI members before research involvement. This aligns with the principles set out within the UK Policy Framework for Health and Social Care Research and Health Research Authority guidance, which emphasise the importance of patient, service user and public involvement in the planning, conduct and governance of research. [hra.nhs.uk], [cso.scot.nhs.uk].

We have recently joined the inaugural National Patient Satisfaction Survey for Research Delivery, which is the first-time research participants in any devolved nation have had their experiences of research captured.

Looking ahead, we will continue to strengthen our PPIE activities by broadening representation, engaging with diverse and underserved communities, and embedding public involvement across all stages of research.

Financial information – R&D income received

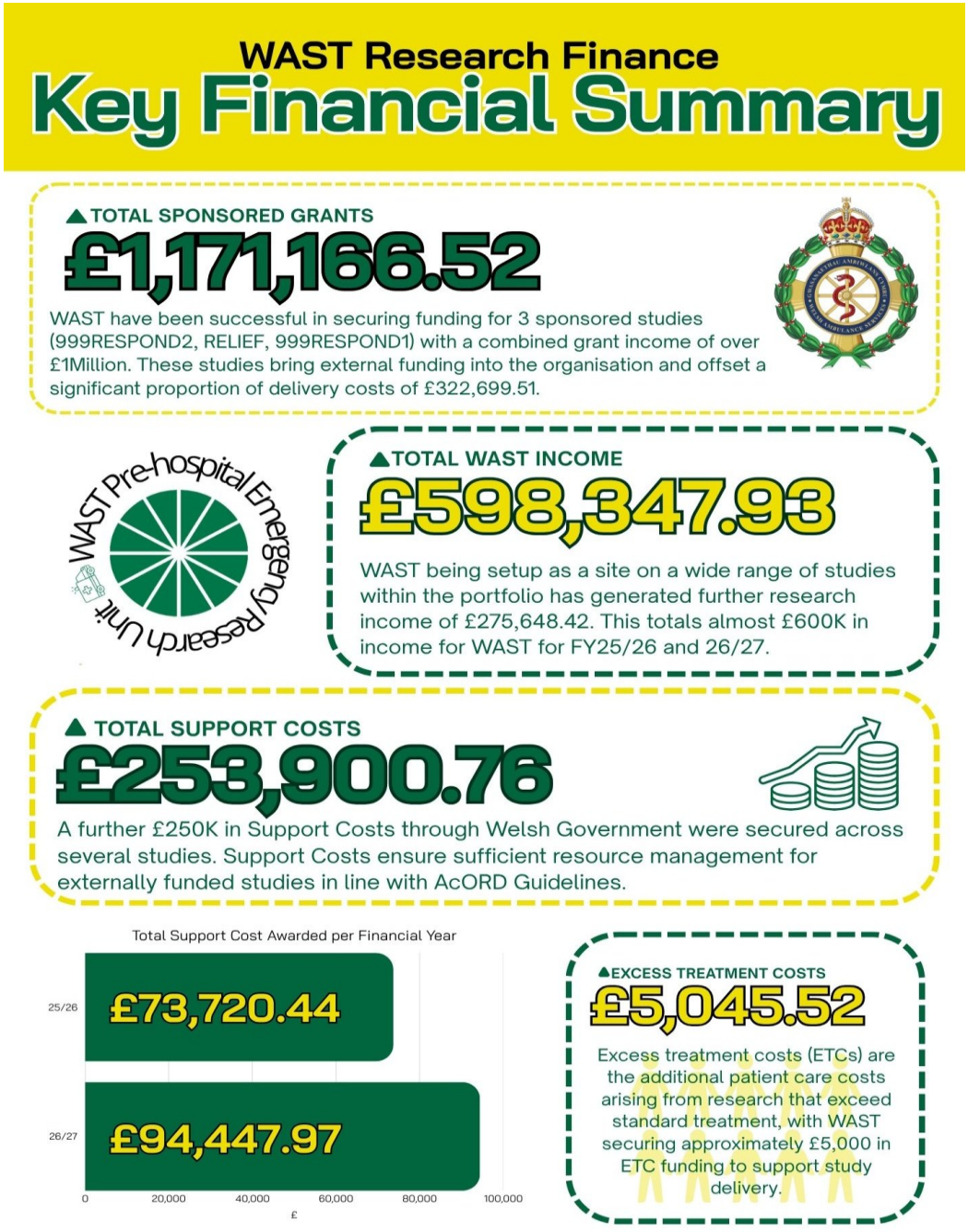
Good stewardship of NHS R&I funding is a high priority and outlined within our five-year plan, the NHS and HCRW R&D finance policies. We continue to:

- Benefit from highly specialist WAST finance support and within the R&I Office.

- Identify and recover all R&I costs as per WAST, study specific and HCRW finance arrangements

Conduct monthly finance meetings internally to WAST and with external partners such as HCRW and project teams

VPAG funding secured for Clinical RSO development to expand commercial research within WAST alongside securing SSC's funding for additional staff capacity to deliver studies.



1 WAST Research Finance Key Financial Summary for FY 25/26

Our Research and its impact

WAST research has had tremendous impact in the prehospital sector. The PARAMEDIC series of cardiac arrest studies has identified treatments which gave little or no clinical benefit, confirmed the importance of community response in improving survival, and proved that world-class research can be delivered in time-critical patients across our workforce

- How effective is adrenaline in out-of-hospital cardiac arrest? PARAMEDIC-2
- Should we use injections into the bone for patients whose heart has stopped beating? PARAMEDIC-3
- Could a simple patch help patients with suspected stroke? RIGHT-2
- Could local anaesthetic improve pain relief for patients with suspected hip fracture? RAPID
- Could drones help improve cardiac arrest response in rural areas?

Embedding research

We have built on our two-year service evaluation involving continuous engagement with staff through interviews and workshops at multiple locations across Wales, along with a rigorous process of data collection and analysis. Figures 4 & 5 present some of this engagement and emerging themes

WAST continues to embed the NHS Framework for Research & Development, which has also been synthesised into Academic Partnership Committee reporting, our IMTP, annual reports and Responsible Research, Development & Innovation 5-year Plan 2025-2030, recently approved by Trust Board.

This plan outlines future priorities and plans for RD&I, and has a vision to:

"Embed high quality and responsible Research, Development and Innovation across WAST, to provide the right care in the right place, wherever and whenever it is needed"

Plans for improvement within this document span the following key areas:

- **Responsible** Governance and policy, supported by transparent structures and systems
- **Responsible** financial stewardship
- Cultivating an inclusive, supportive and **Responsible** approach to growing RD&I capacity and capability of our workforce through distributed leadership, partnership and collaboration
- **Responsible** RD&I development, delivery and decision making that is Patient and Public centred
- **Responsible** communications, visibility and impact

WAST RD&I continues to develop, embed, monitor and report on all RD&I across the Trust. Appendix A. includes our measurement framework which reflects many of the challenges we continue to face, but also the overwhelming progress we are making to embed RD&I across WAST together.

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Appendix A: Measurement framework

Domain	Metric	Year 0 2025	Year 1 2026	Year 2 2027	Year 3 2028	Year 4 2029	Year 5 2030
Responsible governance and policy	By year one we will convene a forum to ensure that RD&I is conducted to the highest scientific and ethical standards which balances the risks and benefits of RD&I in a responsible manner following the AREA approach of Anticipate, reflect, engage, act (AREA).		Complete				
	By year one we will introduce a WAST Sponsorship policy and suite of SOPs		In progress				
	By year two we will have introduced a new Intellectual Property policy.		In progress				
	We will increase RD&I partnerships and Research Development Groups by 20% by year 5. This will monitor external and internally sponsored studies	2	3				
Responsible financial stewardship	10% increase in commercial income from the current level by 2030	£9,446.22					
	Adherence to Standing Financial Instructions and probity in all matters concerning RD&I governance will be measured by financial monthly reporting to HCRW						
	Adherence to AcoRD will be evidenced by all WAST sponsored studies including a fully executed SoECAT, completed by WAST RD&I Office.		Complete				
	By year five there will be a 10% increase in use of the model Non-Commercial Agreement (mNCA) and/or Organisational Information Document (OID)						
	We will achieve a 10% increase in Charitable funding for research by year three	£0					
	We will broaden by 10% RD&I Office held Investigator/departmental accounts for RD&I related income for further investment.						
Inclusive, supportive and responsible growth of RD&I capacity and capability	By year one we will establish a PERU Early Fellowship scheme involving WAST RD&I leaders and being aligned to organisational priorities						
	By year two we will have included RD&I within organisational inductions, training and staff development events						
	By year two we will have identified a senior representative for RD&I in each directorate		Complete				
	By year three we will have a network of RD&I champions within practice settings						
	10% increase joint appointments with universities, such as clinical academics, teaching or practice facilitator roles	1					
	10% increase in recruitment to time and target metrics from the current level by 10% by 2030.		Complete				
	We will increase by 10% the teaching contribution of WAST staff within academic programmes, RD&I placements and contribution from HEIs to WAST RD&I						
	We will capture (in a qualitative form) evidence of RD&I captured through WAST PADR process and professional revalidation		Complete				
	All directorates reporting RD&I activity to the RD&I Office for onward presentation/reporting to HCRW, Welsh Government and the public.		Complete				
	20% increase in the number of RD&I Development Groups across WAST by year five						
	10% increase in the total number of open and recruiting commercial and non-commercial portfolio studies from its current base by year 5.						
	We will have a 50% growth in the number of RD&I leaders, as measured by number of Principal and Chief Investigators on HCRW portfolio studies	3					
Responsible RD&I development and delivery	By year three, 50% of WAST sponsored studies will include public involvement prior to submission for funding		Complete				
	We will increase RD&I learning opportunities by 10% and ensure they are communicated to staff to build confidence and skills.						
	We will create and adopt an SOP for Patient and public involvement in WAST RD&I		In progress				
Responsible communications, visibility and impact							
	Increased transparency, tracking and reporting of RD&I by 10% increase in RD&I tracker and HCRW/WG annual performance reporting.						
	A qualitative measure of evidence of RD&I in all IMTP and directorate-wide plans by year five						
	Increasing mobilising knowledge through 10% increase in peer reviewed publications and conference presentations						
	Increase the number of WAST Sponsored studies from its current level by 20% by year 5	2					

Appendix B: Current studies

Sponsored	Site Status	Reference	Study Acronym	Long title	CI	PI	Sponsor	IRAS ID
No	**Active Non-Recruiting**	RDI-19-OHCAO	**OHCAO**	Epidemiology and Outcome from Out of Hospital Cardiac Arrest	Prof Gavin Perkins	Nigel Rees	Warwick Univesrity	**134959**
Yes	**Active**	RDI-25-999RESPOND 2	**999 R.E.S.P.O.N.D. 2**	emeRgEncy diSPatch decisiONs using viDeo consultation (999 R.E.S.P.O.N.D. 2)	Dr Nigel Rees	Dr Nigel Rees	Welsh Ambulance Services University NHS Trust	**347768**
No	**Active**	RDI-25-RAPID2	**RAPID 2**	**R**andomised trial of clinical and cost effectiveness of **A**dministration of **P**rehospital fascia **I**liaca compartment block for emergency Pre-Hospital hip fracture care **D**elivery (RAPID 2)	Dr Suresh Pillai	Joshua Miller	Swansea University	**291853**
No	**Non-Site**	RDI-26-TEMPEST	**TEMPEST**	TEMPEST (Temperature monitoring and mapping in ground emergency medical services (GEMS) and the Emergency Department: an observational study measuring thermal insults to patients, staff, drugs and		Josh Miller	Yorkshire Ambulance Service	**TBC**
No	**Active**	RDI-25-PRONTO	**PRONTO**	PRehospital biomarker and phoNe call-based detection for ischaemic stroke thrombecTOmy **(PRONTO)**	Professor Chris Price & Dr Lisa Shaw	Joshua Miller	Newcastle University	**356128**
No	**Active**	RDI-25-AMS-POHCA	**Ambulance Clinicians' Experiences of Attending OHCA in Children (POHCA)**	Ambulance Clinicians' Experiences of Attending OHCA in Children	Adam Mellett-Smith	Keith Couper	University of Warwick	**344286**
No	**Active**	RDI-21-EH-BALANCE	**COVID-19 Impact on Health and Wellbeing within an ambulance service (PhD) BALANCE**	Exploring the impact of a global pandemic on the health and wellbeing of ambulance staff? A mixed method study in response to COVID-19	Ed Harry	Professor Jaynie Rance	Swansea University	**293713**
No	**Active**	RDI-26-SM-CAMHBULANCE	**CAMHbulance**	The CAMHbulance* Study: How does the largest out-of-hospital emergency health	Stephen McKenna	TBC	Cardiff University	**346969**
No	**Active**	RDI-26-SW-SURGE	**SURGE**	Same day and urgent care (SURGE) workforce research partnership WP2: Service mapping and data review.	Scott Watkins	Nigel Rees		**375276**
No	**Active**	RDI-26-CW-PERIFERAL	**PERIFERAL**	Pathway enhancement for the referral of non-conveyed patients with incidental findings encountered by	Caitlin Wilson	Nigel Rees	Yorkshire Ambulance Service	**348609**

Welsh Ambulance Services University NHS Trust

Today's research, tomorrow's care

The impact of Welsh Ambulance Research on patient outcomes, staff wellbeing and healthcare delivery

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

Impact of WAST research
Version 1.0
Released: March 2026

By Professor Nigel Rees QAM
Assistant Director of Research and Innovation
Amb_Research.Development@wales.nhs.uk

Foreword

The Welsh Ambulance Services University NHS Trust (WAST) has a longstanding reputation of developing and delivering high quality Research Development and Innovation (RD&I).

In recognition of the role in Education and RD&I, WAST was awarded University Trust Status in 2024, which has raised the profile of RD&I across the organisation. Rapid progress has been made in the breadth and scale of RD&I, providing opportunities to tackle complex challenges faced by WAST, across healthcare in Wales and beyond.

Patients and staff deserve treatments which work, in a high-performing healthcare system. This report shares the work WAST has taken part in and led over the past two decades. We look forward to continuing our research in the years to come.

Professor Nigel Rees QAM
Assistant Director of Research and Innovation

Our research questions and their impact

- Defining impact across our portfolio
- Should we use mechanical chest compressions routinely in out-of-hospital cardiac arrest? **PARAMEDIC-1**
- How effective is adrenaline in out-of-hospital cardiac arrest? **PARAMEDIC-2**
- Should we use injections into the bone for patients whose heart has stopped beating? **PARAMEDIC-3**
- Could a simple patch help patients with suspected stroke? **RIGHT-2**
- Could local anaesthetic improve pain relief for patients with suspected hip fracture? **RAPID**
- Could drones help improve cardiac arrest response in rural areas?
- Publications

Defining impact across our portfolio

- This report shows just a few of the studies WAST has supported
- We have a portfolio of research studies covering the three strands of our emergency work: hear and treat (telephone triage), see and treat (where patients are cared for at the scene of the 999 call), and see and convey (where patients are taken to hospital). These do not directly align with acuity, for example, many cardiac arrest patients are cared for under see and treat and have resuscitation discontinued at scene.
- The portfolio includes observational studies, where care is not impacted, but we gain new insights from routinely-collected data, or from research tools such as surveys, focus groups, and simulations
- Finally, we have interventional studies, where a new treatment, medicine, or pathway is compared to existing care, to see whether it has positive impact (see right)

Defining how research creates impact

UK Research and Innovation (a public body sponsored by the Department for Science, Innovation and Technology) defines various research impacts, from academic (changing our understanding) through to instrumental (changing policy, practice and behaviour). Translation to practice can vary in timescale from rapid for withdrawing ineffective treatments such as routine mechanical chest compressions, through to long-term such as introducing new medicines to practice, which needs governance, planning, and training, even after studies demonstrate benefit. See these icons throughout this report:

Patient impact

We look at a range of outcomes, not just survival, but also quality of life, through surveying our patients after they enter a study

Practice impact

Policies and strategies may be impacted by research; ineffective treatments and devices may be withdrawn; pathways may change

Financial impact

Research helps us use limited funding effectively, by considering people's quality of life – do we improve survival to good health, or simply prolong death?

Academic impact

WAST regularly contributes to research which expands our understanding of how to provide excellent care. We measure this impact in various ways, such as by how often studies are cited by other researchers

The PARAMEDIC-1 study

Should we u
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Should we use mechanical chest compressions routinely in out-of-hospital cardiac arrest?

Mechanical versus manual chest compression for out-of-hospital cardiac arrest (PARAMEDIC): a pragmatic, cluster randomised controlled trial

WAST were one of four ambulance services who took part in this important study. 4471 patients whose hearts had stopped beating were treated with either mechanical chest compressor devices or the usual method of ambulance staff delivering chest compressions manually. Researchers followed these patients up for up to 12 months.

"On the basis of ours and other recent randomised trials, widespread adoption of mechanical CPR devices for routine use does not improve survival"
Perkins et al, 2015

Patient impact

There was no evidence of improved survival to 30-days with the use of mechanical chest compressions (6% of patients survived) compared to manual chest compression (7% survived).

Practice impact

Guidelines around the world were informed by this study:
"The task force continues to suggest against routinely using mechanical CPR devices while acknowledging their utility in specific situations" *International Liaison Committee on Resuscitation*
"HTW advises that routine adoption of mechanical chest compression devices across the ambulance service is not currently supported by available evidence" *Health Technology Wales*

Financial impact

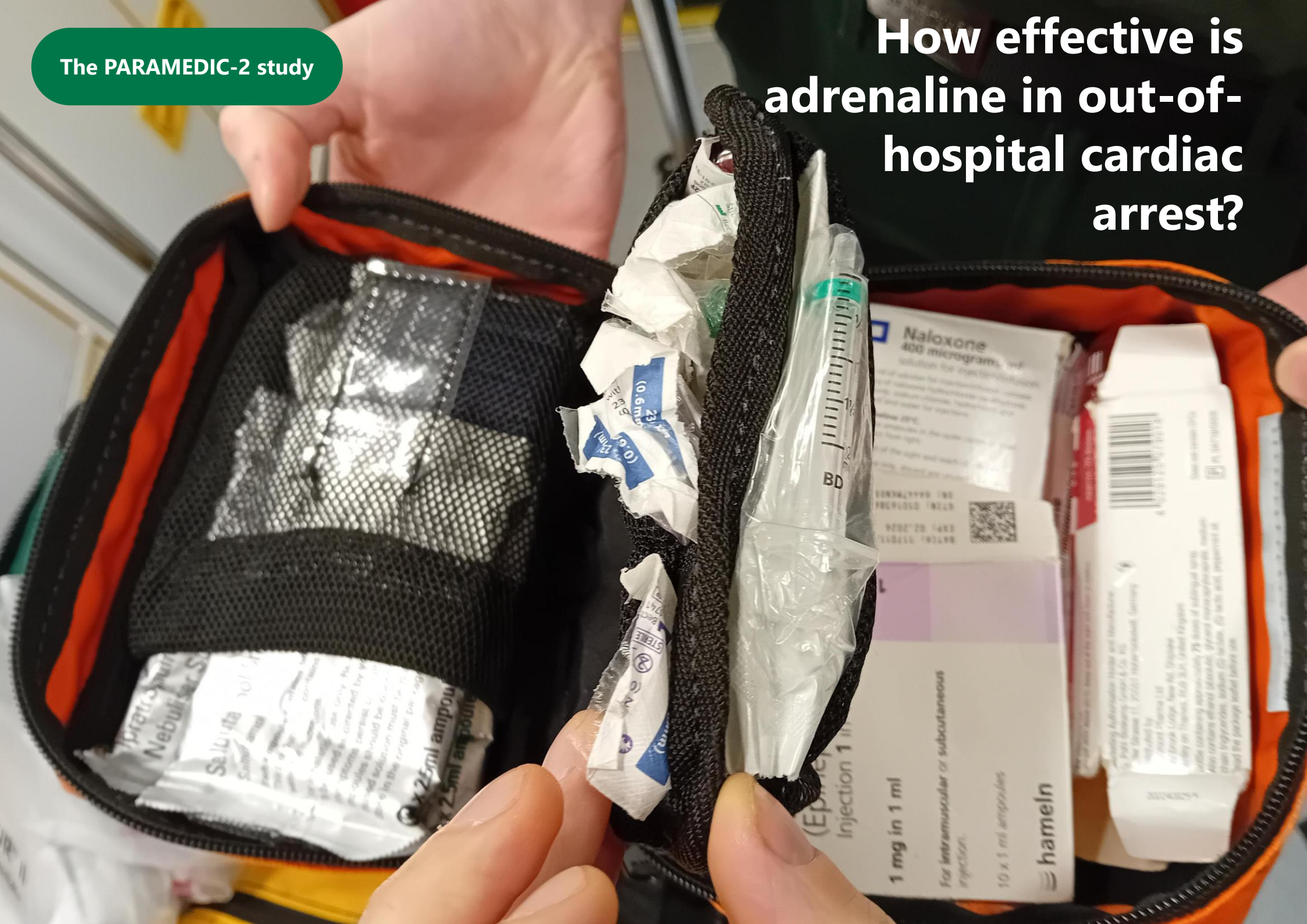
"Our study demonstrates that the use of the mechanical chest compression device LUCAS-2 represents poor value for money when compared to standard manual chest compression in out-of-hospital cardiac arrest."
Marti et al, 2017

Academic impact

The PARAMEDIC-1 study is highly-regarded around the world, being cited 392 times in academic papers. It was published in the Lancet, which, with an impact factor of 88.5, ranks 1st among 332 general medicine journals.

The PARAMEDIC-2 study

How effective is adrenaline in out-of-hospital cardiac arrest?



How effective is adrenaline in out-of-hospital cardiac arrest?

A Randomized Trial of Epinephrine in Out-of-Hospital Cardiac Arrest (PARAMEDIC-2)

WAST were one of five ambulance services who took part in this important study. 8014 patients whose hearts had stopped beating were treated with either adrenaline (in some regions known as epinephrine) or placebo, in addition to all other usual treatments.

"The number of patients who would need to be treated with epinephrine to prevent one death after cardiac arrest was 112, as compared with early recognition of cardiac arrest (number needed to treat, 11), CPR performed by a bystander (number needed to treat, 15), and early defibrillation (number needed to treat, 5)" Perkins et al, 2018

Patient impact

"In adults with out-of-hospital cardiac arrest, the use of epinephrine resulted in a significantly higher rate of 30-day survival than the use of placebo, but there was no significant between-group difference in the rate of a favorable neurologic outcome because more survivors had severe neurologic impairment in the epinephrine group." Perkins et al, 2018

Practice impact

Clinicians and policy-makers alike were clear after this study that the impact of adrenaline administration was much smaller than other interventions such as early bystander recognition of cardiac arrest, early CPR, and early defibrillation. Simultaneously, the study showed that the small improvements seen with adrenaline administration were highly time-dependent; this led the study team to design the PARAMEDIC-3 trial, which WAST also supported (see next page).

Financial impact

"Adrenaline was not cost-effective when only directly related costs and consequences are considered. However, incorporating the indirect economic effects associated with transplanted organs substantially alters cost-effectiveness, suggesting decision-makers should consider the complexity of direct and indirect economic impacts of adrenaline." Achana et al, 2020

Academic impact

The PARAMEDIC-2 study is a landmark piece of research cited by over 600 other papers. Its conceptual impact has helped reshape our understanding of how to improve cardiac arrest outcomes – away from advanced care and towards early intervention from our communities (such as by drone delivery of defibrillators, explored later in this report)

Should we use injections into the bone for patients whose heart has stopped beating?

The PARAMEDIC-3 study

Should we use injections into the bone for patients whose heart has stopped beating?

Pre-hospitAl RAndomised trial of MEDICation route in out-of-hospital cardiac arrest (PARAMEDIC-3)

WAST joined forces with 10 other ambulance services in this important study. 6082 patients whose hearts had stopped beating were treated with either an injection into the bone (intraosseous) or the usual method of ambulance staff injecting into the vein (intravenous). Researchers followed these patients up for up to 6 months.

"Among adults with out-of-hospital cardiac arrest requiring drug therapy, the use of an intraosseous-first vascular access strategy did not result in higher 30-day survival than an intravenous-first strategy."
Couper et al, 2025

Patient impact

There was no evidence of improved survival to 30-days with the use of the intraosseous-first strategy (4.5% of patients survived) compared to intravenous-first (5.1% survived). Neither was there evidence of improved survival to discharge with a good neurological outcome (2.7% intraosseous versus 2.8% intravenous)

Practice impact

Guidelines already recommended that intravenous-first strategy should be adopted, but in practice, ambulance services were seeing increasing rates of intraosseous use before this study.

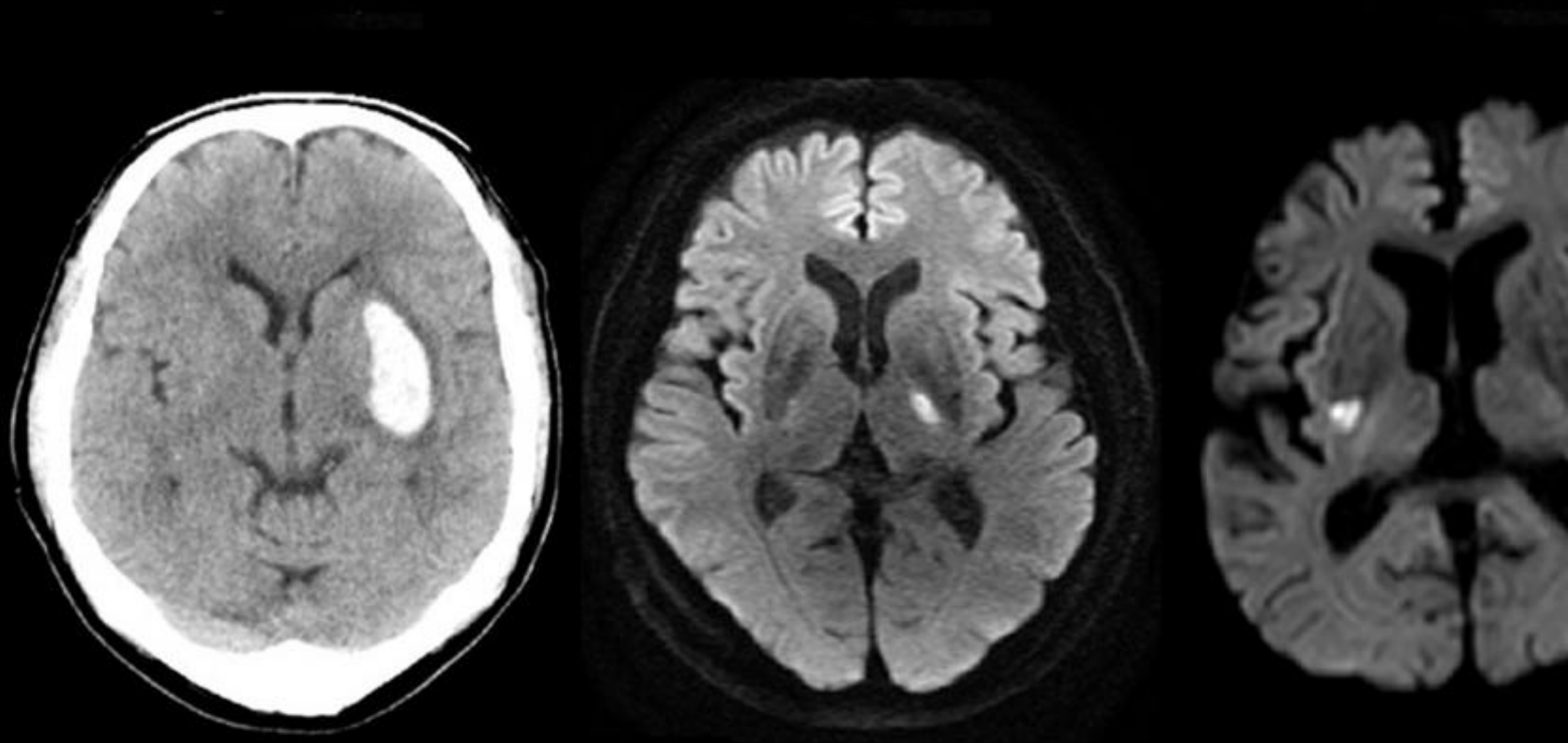
"We suggest IV access, as compared to IO access, as the first attempt for vascular access during adult cardiac arrest (weak recommendation, low certainty evidence)."
International Liaison Committee on Resuscitation, draft Consensus on Science with Treatment Recommendations

Financial impact

Cost-effectiveness modelling is in progress. Intraosseous devices are many times more expensive than the usual treatment of cannulation, but costs are also borne downstream through differing admission patterns, so full health economic analysis also uses long-term patient outcomes

Academic impact

The PARAMEDIC-3 study, although very recently published, has already been cited 47 times in academic papers. It was published in the New England Journal of Medicine, which is internationally esteemed with a Journal Impact Factor of 78.5, as well as a programme to grant free access to low-income countries.



The RIGHT-2 study

Could a simple patch help patients with suspected stroke?

Could a simple patch help patients with suspected stroke?

Prehospital transdermal glyceryl trinitrate in patients with ultra-acute presumed stroke (RIGHT-2): an ambulance-based, randomised, sham-controlled, blinded, phase 3 trial

This highly collaborative study involved paramedics applying either a GTN patch or a similar sham patch to patients with signs of suspected stroke, replaced for up to 3 days in hospital. It involved eight ambulance services, including WAST, conveying to 54 stroke hospitals.

"Prehospital treatment with transdermal GTN does not seem to improve functional outcome in patients with presumed stroke. It is feasible for UK paramedics to obtain consent and treat patients with stroke in the ultra-acute prehospital setting."
The RIGHT-2 investigators, 2019

Financial impact

Stroke is an important research topic for the healthcare sector, due to both the impact it has on patients, but also the economy, with the Stroke Association estimating annual costs of stroke at £26 billion. Research spending for stroke is limited, with just £48 per patient, compared with £241 per cancer patient and £118 per dementia patient

Patient impact

There was no evidence of improved survival to 30-days with the use of the intraosseous-first strategy (4.5% of patients survived) compared to intravenous-first (5.1% survived). Neither was there evidence of improved survival to discharge with a good neurological outcome (2.7% intraosseous versus 2.8% intravenous)

Practice impact

This study demonstrated to the research community that ambulance clinicians could recruit to stroke studies in the critical early stages of illness, and that a transdermal patch is a feasible method of medication delivery for prehospital clinicians.

Academic impact

This well-received study showed that ambulance clinicians can recruit to interventional studies even when stroke patients are acutely unwell. Following on from it, other researchers have begun investigations into topics pertinent to stroke care, including:

- Prehospital video triage (PHOTONIC)
- Thrombectomy bypass (SPEEDY)
- Saliva lateral flow test for stroke (GHOST)
- Blood lateral flow test for large vessel occlusion (PRONTO, which WAST has joined)

Could local anaesthetic improve pain relief for patients with suspected hip fracture?

The RAPID study

Could local anaesthetic improve pain relief for patients with suspected hip fracture?

Rapid Analgesia for Prehospital hip Disruption (RAPID): findings from a randomised feasibility study

This feasibility study was delivered with Welsh Ambulance Service as the sole ambulance service treating patients with suspected hip fracture, comparing usual care to fascia iliaca compartment block. This used a local anaesthetic, administered at the scene by specially-trained paramedics to provide pain relief.

Patient impact

We sent quality of life questionnaires to patients in both arms of the study. Patient satisfaction was similar: experimental mean 3.4 (n = 20) versus 3.5 (n = 13) for usual care. Some patients were interviewed about their experiences in the study.

Practice impact

Usual paramedic pain relief for this patient group can include paracetamol, Entonox gas, and opioids. The new method, local anaesthetic injected into the fascia iliaca has been used in hospital settings successfully and with fewer side effects than opioids. It has been tested twice in small prehospital studies, but with the use of morphine at the same time. This feasibility study compared local anaesthetic alone to usual pain relief.

"They explained everything – the situation and the reason, did I want to try this and all this. I was glad to see them come in. It was perfect. I could not wish for better."
[RAPID study patient interview]
Jones et al, 2019

Financial impact

As a feasibility study, this did not provide cost-effectiveness data, but tested whether the patient outcome measures and costs could be measured in a definitive study (currently underway). Costs of an intervention like this include not just the direct costs of anaesthetic and paramedic training, but also downstream costs or savings through length of admission, for example.

Academic impact

This feasibility study was designed to show whether a full trial would be likely to succeed. The feasibility study RAPID has led directly to the RAPID-2 definitive study being funded. Led by the same research team, and again involving Welsh Ambulance Service staff, this study aims to answer whether local anaesthetic for suspected hip fracture is beneficial for our patients. This study is ongoing.

Could drones help improve cardiac arrest response in rural areas?

DRONES

Could drones help improve cardiac arrest response in rural areas?

The use of drone-delivered Automated External Defibrillators in the emergency response for out-of-hospital cardiac arrest. A simulation study

Welsh Ambulance Service worked with academic and industry partners to simulate the delivery by drone of a defibrillator to a bystander performing CPR on a manikin. The study combined audio-recording of the simulated 999 call, video observation, and post-simulation interviews to allow detailed understanding of the entire timeline of events.

"Drone start-up procedures were quick but there were delays once the drone arrived on scene.."
Smith et al, 2025

Patient impact

This simulation study explored how drones could be delivered to a simulated cardiac arrest. The clinical benefits of early defibrillation are well-established, exceeding by many times some of the so-called advanced care interventions provided by ambulance staff (see PARAMEDIC studies elsewhere in this report).

Financial impact

Defibrillation cost-effectiveness does depend on timeliness of delivery as well as siting of the units. Drone-delivered defibrillation may offer an opportunity to overcome some disparities in the location of static public access defibrillators, which are disproportionately located in more affluent areas.

Academic impact

This study's conceptual impact shows the importance of considering all aspects of the timeline to defibrillator use – including the time before dispatch and after arrival of the drone – not simply the flight time. WAST are now involved in a bid for research funding to model optimal locations for defibrillator drone sites, as well as a study into public acceptability of drones flying over land for health purposes.

Publications

The academic impact of research WAST has taken part in can be measured objectively in a variety of ways. Here, we list a non-exhaustive set of publications based on WAST research alongside the journal impact factor (measures the overall prestige of the journal which published our work) and the number of citations for that specific paper. For both scores, the higher the better. We also present instrumental impact throughout this report – such as changes in practice.

Study	Selected publications	Journal impact factor	Citations
PARAMEDIC-1	Gavin D Perkins, Ranjit Lall, Tom Quinn, Charles D Deakin, Matthew W Cooke, Jessica Horton, Sarah E Lamb, Anne-Marie Slowther, Malcolm Woollard, Andy Carson, Mike Smyth, Richard Whitfield, Amanda Williams, Helen Pocock, John J M Black, John Wright, Kyee Han, Simon Gates **Mechanical versus manual chest compression for out-of-hospital cardiac arrest (PARAMEDIC): a pragmatic, cluster randomised controlled trial**, *The Lancet*, Volume 385, Issue 9972, 2015, Pages 947-955	88.5	397
	Marti J, Hulme C, Ferreira Z, Nikolova S, Lall R, Kaye C, Smyth M, Kelly C, Quinn T, Gates S, Deakin CD, Perkins GD. **The cost-effectiveness of a mechanical compression device in out-of-hospital cardiac arrest**. *Resuscitation*. 2017 Aug;117:1-7. doi: 10.1016/j.resuscitation.2017.04.036. Epub 2017 May 2. PMID: 28476479	4.6	25
	Ji C, Lall R, Quinn T, Kaye C, Haywood K, Horton J, Gordon V, Deakin CD, Pocock H, Carson A, Smyth M, Rees N, Han K, Byers S, Brace-McDonnell S, Gates S, Perkins GD; **PARAMEDIC trial Collaborators. Post-admission outcomes of participants in the PARAMEDIC trial: A cluster randomised trial of mechanical or manual chest compressions**. *Resuscitation*. 2017 Sep;118:82-88. doi: 10.1016/j.resuscitation.2017.06.026. Epub 2017 Jul 5. PMID: 28689046.	4.6	22
PARAMEDIC-2	Perkins GD, Ji C, Deakin CD, Quinn T, Nolan JP, Scomparin C, Regan S, Long J, Slowther A, Pocock H, Black JJM, Moore F, Fothergill RT, Rees N, O'Shea L, Docherty M, Gunson I, Han K, Charlton K, Finn J, Petrou S, Stallard N, Gates S, Lall R; PARAMEDIC2 Collaborators. **A Randomized Trial of Epinephrine in Out-of-Hospital Cardiac Arrest**. *New England Journal of Medicine*. 2018 Aug 23;379(8):711-721. doi: 10.1056/NEJMoa1806842. Epub 2018 Jul 18. PMID: 30021076.	78.5	630
	Achana F, Petrou S, Madan J, Khan K, Ji C, Hossain A, Lall R, Slowther AM, Deakin CD, Quinn T, Nolan JP, Pocock H, Rees N, Smyth M, Gates S, Gardiner D, Perkins GD; PARAMEDIC2 Collaborators. **Cost-effectiveness of adrenaline for out-of-hospital cardiac arrest**. *Critical Care*. 2020 Sep 27;24(1):579. doi: 10.1186/s13054-020-03271-0. PMID: 32981529; PMCID: PMC7520962.	9.3	36
	England E, Deakin CD, Nolan JP, Lall R, Quinn T, Gates S, Miller J, O'Shea L, Pocock H, Rees N, Scomparin C, Perkins GD. **Patient safety incidents and medication errors during a clinical trial: experience from a pre-hospital randomized controlled trial of emergency medication administration**. *European Journal of Clinical Pharmacology*. 2020 Oct;76(10):1355-1362. doi: 10.1007/s00228-020-02887-z. Epub 2020 Jun 14. PMID: 32535646.	2.7	11
	Perkins GD, Kenna C, Ji C, Deakin CD, Nolan JP, Quinn T, Scomparin C, Fothergill R, Gunson I, Pocock H, Rees N, O'Shea L, Finn J, Gates S, Lall R. **The influence of time to adrenaline administration in the Paramedic 2 randomised controlled trial.** *Intensive Care Medicine*. 2020 Mar;46(3):426-436. doi: 10.1007/s00134-019-05836-2. Epub 2020 Jan 7. PMID: 31912202; PMCID: PMC7067734.	26.1	77

Publications

Study	Selected publications	Journal impact factor	Citations
PARAMEDIC-3	Couper K, Ji C, Deakin CD, Fothergill RT, Nolan JP, Long JB, Mason JM, Michelet F, Norman C, Nwankwo H, Quinn T, Slowther AM, Smyth MA, Starr KR, Walker A, Wood S, Bell S, Bradley G, Brown M, Brown S, Burrow E, Charlton K, Claxton Dip A, Dra'gon V, Evans C, Falloon J, Foster T, Kearney J, Lang N, Limmer M, Mellett-Smith A, Miller J, Mills C, Osborne R, Rees N, Spaight RES, Squires GL, Tibbetts B, Waddington M, Whitley GA, Wiles JV, Williams J, Wiltshire S, Wright A, Lall R, Perkins GD; PARAMEDIC-3 Collaborators. **A Randomized Trial of Drug Route in Out-of-Hospital Cardiac Arrest**. *New England Journal of Medicine*. 2025 Jan 23;392(4):336-348. doi: 10.1056/NEJMoa2407780. Epub 2024 Oct 31. PMID: 39480216; PMCID: PMC7616768.	78.5	48
	Hooper A, Nolan JP, Rees N, Walker A, Perkins GD, Couper K. **Drug routes in out-of-hospital cardiac arrest: A summary of current evidence**. *Resuscitation*. 2022 Dec;181:70-78. doi: 10.1016/j.resuscitation.2022.10.015. Epub 2022 Oct 26. PMID: 36309248.	4.6	32
	Couper K, Ji C, Lall R, Deakin CD, Fothergill R, Long J, Mason J, Michelet F, Nolan JP, Nwankwo H, Quinn T, Slowther AM, Smyth MA, Walker A, Chowdhury L, Norman C, Sprauve L, Starr K, Wood S, Bell S, Bradley G, Brown M, Brown S, Charlton K, Coppola A, Evans C, Evans C, Foster T, Jackson M, Kearney J, Lang N, Mellett-Smith A, Osborne R, Pocock H, Rees N, Spaight R, Tibbetts B, Whitley GA, Wiles J, Williams J, Wright A, Perkins GD. **Route of drug administration in out-of-hospital cardiac arrest: A protocol for a randomised controlled trial (PARAMEDIC-3)**. *Resuscitation Plus*. 2023 Dec 30;17:100544. doi: 10.1016/j.resplu.2023.100544. PMID: 38260121; PMCID: PMC10801302.	2.4	7
RIGHT-2	RIGHT-2 Investigators. **Prehospital transdermal glyceryl trinitrate in patients with ultra-acute presumed stroke (RIGHT-2): an ambulance-based, randomised, sham-controlled, blinded, phase 3 trial**. *Lancet*. 2019 Mar 9;393(10175):1009-1020. doi: 10.1016/S0140-6736(19)30194-1. Epub 2019 Feb 6. PMID: 30738649; PMCID: PMC6497986.	88.5	92
RAPID	Jones JK, Evans BA, Fegan G, Ford S, Guy K, Jones S, Keen L, Khanom A, Longo M, Pallister I, Rees N, Russell IT, Seagrove AC, Watkins A, Snooks HA. **Rapid Analgesia for Prehospital hip Disruption (RAPID): findings from a randomised feasibility study.** *Pilot and Feasibility Studies* 2019 Jun 12;5:77. doi: 10.1186/s40814-019-0454-1. PMID: 31210961; PMCID: PMC6560881.	1.6	18
DRONES	Smith CM, Powell C, Bernstein CJ, Howe H, Holt M, O'Sullivan M, Couper K, Rees N. **The use of drone-delivered Automated External Defibrillators in the emergency response for out-of-hospital cardiac arrest. A simulation study.** *Resuscitation Plus*. 2025 Jul 25;25:101045. doi: 10.1016/j.resplu.2025.101045. PMID: 40821007; PMCID: PMC12355114.	2.4	-

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