

Bundle Academic Partnership Committee Open 7 October 2025

Agenda attachments

- 00 Agenda APC 7 October 2025
- 0 09:30 – OPENING ITEMS
- 1 Chair's Welcome, Apologies and Quorum
- 2 Declarations of Interest
 - Item 02 Board Member Register of Interests – Updated 01 October 2025
- 3.1 Minutes of the last meeting 23 January 2025
 - Item 03.1 2025–01–23 Unconfirmed January Minutes
- 3.2 AAA Highlight Report 23 January 2025
 - Item 03.2 Academic Partnership Committee Highlight Report 23 January 2025
- 4 Action Log & Matters Arising
 - Item 04 Action Log
- 4.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 5 09:35 – Annual Research and Innovation Report 2024/25
 - Item 05 Research and Innovation Annual Report 2024–25
 - Item 05 Appendix 1 WAST Research Innovation Dept Annual Report V7 26.09.25
- 6 10:05 – Feedback from the Health Care Research Wales Review
 - Item 06 HCRW Annual review 2024–25 APC Oct 2025
 - Item 06 Appendix 1 NHS R&D Framework – Letter from Judith Paget and Suzanne Rankin – February 2025
 - Item 06 Appendix 2 Annual Review Meeting with WAST 1 April 2025 Feedback Letter from Carys Thomas
- 7 10:15 – NHS Research and Development Framework
 - Item 07 RDI Cover Report
 - Item 07 RDI Report for APC
- 8 10:30 – Update from Research NED [VERBAL]
- 9 10:40 – 2025/26 Quality Governance Reviews
 - Item 09 2025–26 Quality Governance Reviews
- 9.1 CONSENT ITEMS [NONE]
- 9.2 11:10 – CLOSING ITEMS
- 10 Reflections and Summary of Decisions/Actions
- 11 Any Other Business
- 12 Date and Time of the next meeting: 15 January 2026

Length of Meeting	Agenda Status	OPEN Academic Partnership Committee - 7 October 2025				Deadline for Papers:	26 September 2025	Last good practice Exec Review: 24 September 2025				
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	Further approval route (if app.)	Notes
OPENING ITEMS												
09:30	00:05	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		
		3.1	Minutes of the last meeting 23 January 2025	Approval	Standing	n/a	Chair	n/a	n/a	n/a		
		3.2	AAA Highlight Report 23 January 2025	Approval	Standing	n/a	Chair	n/a	n/a	n/a		
4	Action Log & Matters Arising	Discussion	Standing	n/a	Chair	n/a	n/a	n/a				
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION												
09:35	00:30	5	Annual Research and Innovation Report 2024/25	Assurance	Cycle of Business	Paper	Andy Swinburn, Prof. Nigel Rees	Clinical	Prof. Nigel Rees, Jen Lloyd			
10:05	00:10	6	Feedback from the Health Care Research Wales Review	Assurance	Cycle of Business	Paper	Andy Swinburn, Prof. Nigel Rees	Clinical	Prof. Nigel Rees, Jen Lloyd			
10:15	00:15	7	NHS Research and Development Framework	Assurance	Cycle of Business	Paper	Andy Swinburn, Prof. Nigel Rees	Clinical	Jen Lloyd, Lauren Clarke			
10:30	00:10	8	Update from Research NED	Discussion	Cycle of Business	Verbal	Hayley Hutchings	n/a	n/a	n/a		
10:40	00:30	9	2025/26 Quality Governance Reviews	Endorsement	Ad hoc	Paper	Trish Mills	CorGov	Julie Boakch, Alex Payne			
CONSENT ITEMS - None												
CLOSING ITEMS												
11:10	00:05	10	Reflections and Summary of Decisions/Actions	Discussion	Standing	n/a	Chair	n/a	n/a	n/a		
		11	Any Other Business	Discussion	Standing	n/a	Chair	n/a	n/a	n/a		
		12	Date and Time of the next meeting: 15 January 2026	Information	Standing	n/a	Chair	n/a	n/a	n/a		
11:15	01:45	CLOSE										

LEAD PRESENTERS

Name	Position
Hannah Rowan	Non Executive Director and Chair
Hayley Hutchings	Non Executive Director
Trish Mills	Director of Corporate Governance / Board Secretary
Prof. Nigel Rees	Assistant Director of Research and Innovation
Andy Swinburn	Executive Director of Paramedicine

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhiannon	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	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1985		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
BEESLEE, Jayne	Non-Executive Director * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Member of the Royal College of Nursing	Non-Financial Professional	2007		
		Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
BROOKS, Lee	Executive Director of Operations	Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
		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		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
		Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
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	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		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022	17 July 2025	
		Chair - Taff Housing Association	Any Other Interest	17 July 2025		
		Company Director - Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board - National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024	30 September 2025	
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Member of Governing Body / Independent Member – Kaplan International Colleges UK Ltd [05268303]	Directorships	01 March 2024		
		Independent Member - Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
		DENNIS, Colin	Chair of Trust Board and Non-Executive Director * Chair of Remuneration Committee	Chair - Citizen Housing [Charity] (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015
Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships			29 August 2017		
Company Director - Citizen Treasury Vehicle Ltd	Directorships			04 September 2017		
Chair - North Devon Homes	Position in Charity or Voluntary Organisation			01 October 2021	January 2025	
Company Director - North Devon Homes	Directorships			01 April 2022		
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		
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		
		<i>[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]</i>	Directorships	12 March 2020		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
EVANS, Bethan [continued]	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	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 - Glynconel 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		
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	Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995	31 May 2025	
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		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KNEESHAW, Carl	Director of People	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		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	Nil Declaration				
MARSH, Rachel	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				
ROBERTS, Edward	Interim Finance Director (from 09 September 2025)	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		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
		Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017		
SAMMUT, Jonathan (Jonny)	Director of Digital Services [appointed 26.09.2023]	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel – Digital Health	Any Other Interest	05 July 2023	2 June 2025	
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Chair of BCS Hub Wales	Any Other Interest	20 June 2025		
		Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	Executive Director of Finance and Corporate Resources	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	Trade Union Partner	Nil Declaration				

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
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		
		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		
		External Moderator for HR Masters modules for University West of England	Financial Interest	September 2024		
		Member of Yoga Professional Alliance	Non-Financial Personal	TBC		
		Sub-Yoga Teacher - Burnham Swim and Leisure Centre	Financial Interest	TBC		



GIG
CYMRU
NHS
WALES

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

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE ACADEMIC PARTNERSHIP COMMITTEE OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST HELD ON FRIDAY 23 JANUARY 2025 VIA TEAMS Chair: Hannah Rowan

MEMBERS:

Hannah Rowan	Non-Executive Director and Committee Chair
Jayne Beeslee	Non-Executive Director
Hayley Hutchings	Non-Executive Director

IN ATTENDANCE:

Julie Boalch	Assistant Director of Corporate Governance & Risk
Aasha Cowey	Assistant Director of Digital Services: Digital Transformation & Innovation
Alex Crawford	Assistant Director of Planning and Transformation
Ed Harry	Professional Development Lead (item 70/24 only)
Estelle Hitchon	Director of Partnerships and Engagement
Caroline Jones	Corporate Governance Officer
Jo Kelso	Head of Workforce Education & Development
Carl Kneeshaw	Director of People
Trish Mills	Director of Corporate Governance/Board Secretary
Alex Payne	Corporate Governance Manager (left after 69/24)
Nigel Rees	Assistant Director of Research and Innovation
Kerry Robertshaw	Professional Development Lead- Advanced Practice (item 70/24 only)
Hayley Stevens	Advanced Paramedic Practitioner (item 70/24 only)
Andy Swinburn	Executive Director of Paramedicine

APOLOGIES:

Jonathan Chippendale	Assistant Director for Clinical Development
James Houston	Head of Strategy Development
Mark Marsden	Trade Union Representative
Keith Rogers	Trade Union Representative
Jonny Sammut	Director of Digital Services

65/24 WELCOME AND INTRODUCTION

Hannah Rowan welcomed everyone bilingually to the meeting, noting it was Jayne Beeslee and Aasha Cowey's first meeting.

In the interest of time management, Hannah asked Members if there were any other business items to be raised later in the meeting.

She outlined the agenda and highlighted the Annual Effectiveness Review item, encouraging Members to consider what works well at Committee and any areas for improvement for the session.

66/24 DECLARATIONS OF INTEREST

Estelle Hitchon declared that she had become an independent member of Coleg Sirgâr, affiliated with the University of Wales Trinity St David's with effect from today.

Estelle confirmed she would update her declaration form for this new interest to be recorded on the register.

Aasha Cowey, new in post, declared that she is associated with the British Computer Society (BCS) as a Chartered IT Professional (CITP) and an Advanced Practitioner with the Federation for Informatics Professionals. Additionally, she volunteers with a community interest company called Karate for Mental Health.

Trish Mills reiterated that the Trust encourages colleagues to have external interests because of the experience and exposure it brings to committees and there was an acknowledgment of the richness these bring to the meetings.

RESOLVED:

The additional declarations raised by Estelle Hitchon and Aasha Cowey were noted alongside those recorded on the register.

67/24 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 18 November 2024 were approved as a correct record.

RESOLVED: That the minutes from the meeting held on the 18 November 2024 were approved.

68/24 ACTION LOG AND MATTERS ARISING

Action 52/24 – Research and Innovation next steps - Andy Swinburn discussed the resource allocation for the research team and the broader investment in research activities across departments. He mentioned that the budget outlook for the coming year was not particularly positive; however, he emphasised that he would be advocating for the research team's needs. Action closed.

Action 53/24a – University Trust Status Benefits Realisation – The concept of a centre of excellence across all activities rather than a single area of focus and the need for patient benefit as well as staff to be more visible and explicit. Committee agreed to close the action as it was to be discussed later in the agenda.

Action 53/24b - – University Trust Status Benefits Realisation – pulling out the patient and people elements of the priorities for inclusion within the Integrated Medium Term Plan (IMTP) – Action closed.

Action 53/24c - – University Trust Status Benefits Realisation- proposal via the effectiveness reviews as to whether learning and development remains with People and Culture Committee or transfers to this committee. Action to remain open.

Action 55/24 – Research Governance Framework. Leanne Smith was looking at growing a data science capability to move beyond just accessing data to predictive modelling and using information to drive decision making. The Chair referenced the update on the National Data Repository, which was expected to come to a meeting post March 2025.

RESOLVED: That the

- 1) action log was reviewed, and actions closed as proposed above; and**
- 2) the National Data Repository referenced would be brought to a future meeting.**

69/24 ANNUAL EFFECTIVENESS REVIEW 2024/25

Trish Mills spoke of the purpose of the committee, which was originally to guide the Trust's journey to achieving University Trust Status and now that had been accomplished monitored against it would be through the Integrated Medium-Term Plan (IMTP). Members acknowledged that the committee now had more scope to explore ideas and shape its purpose unlike other committees given its current business and terms of reference. Members commented that the name of committee and the membership for the next stage of its journey should be considered to reflect new and agreed priorities and the direction of travel. A presentation was delivered to support members with the committee's effectiveness review.

The committee's annual effectiveness review was held, noting that a revised approach had been taken across all committees this year. A discussion was facilitated to consider the possible future remit of the committee including areas such as innovation, digital, research, commercialisation and education and training (specifically further education, acknowledging the oversight reporting with the People & Culture Committee on leadership, development and statutory & mandatory training). All of which would be driven by the alignment to the strategic objective of 'being at the forefront of innovation and technology' and the Health and Care Quality Standards, particularly the enabler of 'learning, improvement and research'.

The Audit, Risk and Assurance Committee's role once they receive the complete set of reports from all seven committees, would be to evaluate whether the distribution of responsibilities and tasks among these committees is suitable. They must then provide assurance to the Board that this distribution is appropriate. This involves examining

the overall spread and considering the duration of tasks and the feedback from committee members.

It was noted that there was minimal regular reporting in the committee's cycle of business which primarily focused on updates on the Research Governance Framework and the Annual Review. It was recognised that the current terms of reference will not align with the direction of the committee going forward and will need to be updated.

There was a broader discussion on how to ensure the committee remained effective and aligned to the Trust's strategic goals with members agreeing that digital innovation was a significant part in the Trust's future and the importance of collaboration across directorates. It may be better suited in this committee's remit.

Trish Mills discussed the research focus of the committee emphasising the importance of ensuring robust frameworks for research activities. She highlighted the role of the committee in assuring the board that these frameworks are effective and meet organisational requirements. Trish mentioned the Healthcare Research Wales (HCRW) research governance framework as a valuable guide for assessing the implementation of research activities across all ten pillars. She also noted the potential for developing research Key Performance Indicators (KPIs) but acknowledged the resource constraints faced by the Research and Innovation team

Committee endorsed the proposal to meet three times rather than four in 2025/26 to afford time for the Executive Leadership Team to undertake the necessary work on the remit of committee, particularly relating to the innovation and education and training elements. The July 2025 meeting would then serve as a continuation of the effectiveness review discussion. The Board and Committee calendar of dates would be presented at the Trust Board meeting on 30 January 2025 and the revised schedule is reflected in that calendar.

The draft committee Annual Report was received; however, the final report for submission to the Board would be circulated for approval by Chair's Action after the meeting.

RESOLVED: That

- 1) The terms of reference would be reshaped to align with the new purpose and direction of the Committee;**
- 2) The focus would be on robust frameworks for Research and Innovation;**
- 3) The quarter one meeting be removed to allow time for work to be progressed;**
- 4) The draft Annual Report was reviewed ahead of its finalisation which would be approved by Chair's Action post meeting.**

70/24 STAFF STORY – HAYLEY STEVENS

Kerry Robertshaw, Consultant Paramedic, Ed Harry, Professional Development Lead, and Hayley Stevens, Advanced Paramedic Practitioner, attended to share Hayley's experience of undertaking the MSc in Advanced Clinical Practice and an overview of the dissertation on comparing independent prescribing to Patient Group Direction (PGD) use in a general practitioner out-of-hours service: a retrospective cross-sectional service evaluation.

Hayley highlighted the autonomy differences between Nurse Prescribers and Advanced Paramedic Practitioners (APPs) and the need for prescriber support. Her study compared Nurse Prescribers to APPs using PGDs, analysing almost 400 records between 2019 and 2020. The focus was on common conditions such as urinary, respiratory, soft tissue, ear complaints and abdominal pain.

It was noted that whilst there was no significant difference in the number of medications given by both groups, it was noted that APPs sought prescriber support more frequently.

PGD use with good supports allowed APPs to provide similar medication levels as Nurse Prescribers however, PGD use alone was not sufficient to meet service demand.

Hayley Stevens emphasised the importance of research in improving patient care and the need for better support for staff pursuing research. She referenced the potential for adapting current PGDs to better meet demand. Kerry Robertshaw confirmed that good progress had been made in this area since Hayley undertook her MSc and that staff are now fully supported from the beginning of their journey.

Hannah Rowan commended Hayley's efforts to balance the dissertation with family circumstances and discussed the importance of supporting research in the Trust. Plans to create a central repository for research work and to collaborate with the Research and Innovation department were discussed and to be brought to a future meeting.

Members commended Hayley for the significant work undertaken to translate a dissertation into a published paper, the contribution to the body of growing evidence to support advanced paramedic practice and associated prescribing in Wales and concurred with the proposal for a research group to showcase and pursue research projects across the Trust.

Andy Swinburn highlighted to Members that the Trust was the only prescribing ambulance service in the UK and was at the forefront of innovation in this area.

RESOLVED: The work undertaken by Hayley Stevens to support advanced paramedic practice and associated prescribing in Wales, was recognised and commended by the Committee.

71/24 UNIVERSITY TRUST STATUS BENEFITS REALISATION UPDATE

Members received an update on the University Trust Status (UTS) Benefits Realisation, and the priorities included in the 2025-28 Integrated Medium-Term Plan (IMTP) across different areas.

Members considered draft proposals to measure the benefits these priorities would have on our patients and our people, balancing ambition with feasibility particularly when discussing the Centre of Excellence. Members noted the importance of external validation on this ensuring it aligned to the Trust's strategic objectives and the work on the committee's future purpose and remit.

Increasing staff participation in learning and development opportunities, enhancing skills and improving patient care aligned with the strategic objective of enabling staff to be their best.

Development and embedding of partnerships with a focus on collaboration, innovative models of care and cutting-edge techniques supported the strategic objective around innovation and quality driven, clinically led services.

The conclusion was the need to refine the priorities, integrate them into the IMTP and ensure they were realistic and achievable.

RESOLVED: That

- 1) there was a need to refine the priorities, integrate them into the IMTP and ensure they were both realistic and achievable; and**
- 2) further discussions to define and implement the concept of centres of excellence, considering existing work and potential gaps, be held.**

72/24 COMMITTEE PRIORITIES AND CYCLE MONITORING REPORT

The Cycle Monitoring Report was received with nothing to escalate. The Committee noted that the research key performance indicators would be further developed into 2025/26 as the Research Governance Framework evolved and that the Research and Innovation Annual Report had been deferred from quarter four and would be received at the next meeting.

RESOLVED: That the Committee noted the update regarding the Committee Priorities and Cycle Monitoring Report.

73/24 REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

There were no formal reflections for this meeting as they were taken as part of the effectiveness review and would be reflected in the committee Annual Report; however, there was an agreement that the meeting generated excellent discussion on the Committee's direction of travel and was inclusively chaired.

74/24 ANY OTHER BUSINESS

No business raised.

75/24 KEY MESSAGES FOR BOARD DECISIONS / ACTIONS

The Highlight report would be a high-level update to provide the Board with a summary of the meeting at its meeting at the end of March 2025.

76/24 DATE OF NEXT MEETING:

The date of the next Committee meeting is 8 July 2025.

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	30 January 2025
Committee Meeting Date	23 January 2025
Chair	Hannah Rowan

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. There were no alerts from this meeting.

ADVISE

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

2. Members met in closed session to approve the minutes of the last meeting held in closed session on 18 November 2024.
3. Kerry Robertshaw, Consultant Paramedic, Ed Harry, Professional Development Lead, and Hayley Stevens, Advanced Paramedic Practitioner, attended to share her experience of undertaking the MSc in Advanced Clinical Practice and an overview of the dissertation on comparing independent prescribing to Patient Group Direction use in a general practitioner out-of-hours service: a retrospective cross-sectional service evaluation. Members commended Hayley for the significant work undertaken to translate a dissertation into a published paper, the contribution to the body of growing evidence to support advanced paramedic practice and associated prescribing in Wales and concurred with the proposal for a research group to showcase and pursue research across the Trust.
4. Observers to the meeting were welcomed, as was Jayne Beeslee, Non-Executive Director to the membership of the meeting. There were no formal reflections for this meeting as they were taken as part of the effectiveness review and will be reflected in the committee annual report; however, there was an agreement that the meeting generated excellent discussion on the committee's direction of travel and was inclusively chaired.



GIG
CYMRU
NHS
WALES

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

ASSURE

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

Committee Annual Effectiveness Review for 2024/25

5. The Committee's annual effectiveness review was held, noting that a revised approach has been taken across all committees. A discussion was facilitated to consider the possible future remit of the Committee including areas such as innovation, digital, research, commercialisation and education and training (specifically further education, acknowledging the oversight reporting with People & Culture Committee on leadership, development and statutory & mandatory training). All of which would be driven by the alignment to the strategic objective of 'being at the forefront of innovation and technology' and the Health and Care Quality Standards, particularly the enabler of 'learning, improvement and research'. The Audit, Risk and Assurance Committee will consider the spread of work across all committees at the end of the effectiveness reviews.
6. Committee endorsed the proposal to meet three times rather than four in 2025/26 to afford time for the Executive Leadership Team to undertake the necessary work on the remit of Committee, particularly as it relates to the innovation and education and training elements. The July 2025 meeting would then serve as a continuation of the effectiveness review discussion. The board and committee calendar of dates is before the board for this meeting and this revised schedule is reflected in that calendar.
7. The draft committee Annual Report was received; however, the final report for submission to the board and the terms of reference for 2025/26 will be circulated for approval by Chair's Action after the meeting.
8. Members received an update on the **University Trust Status (UTS) Benefits Realisation**, and the priorities included in the 2025-28 Integrated Medium Term Plan (IMTP). Members considered draft proposals to measure the benefits these priorities will have on our patients and our people, balancing ambition with feasibility particularly when discussing the Centre of Excellence. Members noted the importance of external validation on this ensuring it aligns to the Trust's strategic objectives and the work on the committee's future purpose and remit.
9. The **Cycle Monitoring Report** was received with nothing to escalate. The Committee noted that the research key performance indicators will be further developed into 2025/26 as the Research Governance Framework evolves and that the Research and Innovation Annual Report has been deferred from quarter 4 and will be received in quarter 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.



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COMMITTEE AGENDA FOR MEETING

Annual Effectiveness Review	Committee Annual Report	Terms of Reference Review
Priorities for 2025/26 Including update on 24/25 priority progress	Staff Story – Hayley Stevens Advanced Paramedic Practitioner	University Trust Status Benefits Realisation update
Cycle of business and monitoring report		

COMMITTEE ATTENDANCE

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

	Attended
	Deputy attended
	Apologies received
	No longer member

ACTION LOG

Academic Partnerships Committee

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
53/24c	18 November 2024	University Trust Status Benefits Realisation	Through the effectiveness reviews, a proposal whether learning and development remain with PCC or move to APC. A conversation to be had between Ceri, Hannah, Estelle, Andy and Carl.	Trish Mills, Ceri Jackson, Hannah Rowan, Estelle Hitchon, Andy Swinburn and Carl Kneeshaw	23 January 2025	Update at January meeting - Action not yet completed. To remain open	Open
55/24	18 November 2024	Research Governance Framework	Leanne Smith was looking at growing a data science capability to move beyond just accessing data to predictive modelling and using information to drive decision making. The Chair referenced the update on the National Data Repository, which was expected to come to a meeting post March 2025.	Jonny Sammut, Trish Mills	8 July 2025	<p>Update from Leanne Smith 11/09/2025</p> <ul style="list-style-type: none"> Insight & Data Services (IDS) received additional investment in 2025/26 to establish a 'Data Science Lead' position in the function. The JD is in development and expected to recruit in Q4. Support for the National Data Resource (NDR) continues as planned - e.g. testing of the pipelines from WAST warehouse to cloud storage, and engagement with the national IG activities. WAST recently signed the national Joint Controller Agreement, a first step to assuring the right governance around the NDR arrangements which will later enable data to be shared between NHS Wales organisations. The strategic Data Plan is in development, but work has slowed due to the focus on the new Performance Framework and Call Categories. However, a paper was shared with ELT in August detailing current thinking on data & analytics team structure, investment required, and actions required to help achieve the Trust's strategic ambitions. <p>Update for January meeting - Leanne Smith advised that the July APC meeting would be better placement for the agenda item, Work has begun working on the Data Strategy/Plan (which would explain how using other analysts will create more capacity and mature the capability of analytics in WAST).</p>	Open



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Agenda Item No.

5

REPORT TITLE

Research and Innovation Annual Report 2024-25

MEETING

Name of meeting	Academic Partnership Committee
Date of meeting	7 October 2025
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

Executive sponsor	Andy Swinburn – Executive Director of Paramedicine
Author(s) of report	Prof. Nigel Rees – Assistant Director of Research & Innovation

PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input type="checkbox"/> Assurance	<input type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input checked="" type="checkbox"/> Noting

REPORT SUMMARY:

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

1. In line with the grant award letter from Welsh Government, NHS organisations are required to publish a Research and Innovation annual report each year that outlines achievements, a summary of activities, income received and future research and development planning. This paper presents the key activities within the Research and Innovation department for 2024-2025.



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2. The report includes a range of policy developments, research studies and activities conducted and reported through the Research and Innovation department.
3. It is recognised that many individuals and groups are involved in Research and Innovation across WAST which this report may not adequately capture.

RECOMMENDATION(S)

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

The Academic Partnership Committee is requested to:

1. Note the publication of the Research and Innovation Department Annual Report.

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:

1. WAST Research & Innovation Dept Annual Report V7 16.09.25

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
24 th June 2025	Clinical Services Directorate Meeting
27 th August 2025	Executive Leadership Team
28 th August 2025	Clinical and Quality Governance Group



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Llywodraeth Cymru
Welsh Government



Ymchwil Iechyd
a Gofal Cymru
Health and Care
Research Wales



Research & Innovation Department

2024-2025 ANNUAL REPORT

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Executive Summary



Andy Swinburn QAM Executive Director of Paramedicine - WAST

We are several years past the COVID-19 pandemic, and the challenges faced will continue to influence our generation. During this time, research and innovation (R&I) better prepared us for future pandemics and tailored our services to meet community needs. Rapid changes in healthcare access, technological capabilities, international conflicts, and political shifts underscore the importance of high-quality R&I.

Issues of trust in science, and the ethics of artificial intelligence dominate this context. Significant developments in R&I infrastructure and policy in Wales have occurred, with our people at the centre. The PRIORITY project enhances research capacity in nursing and allied healthcare professions, supported by the Health and Care Research Wales Faculty (HCRW).

I contributed to shaping research in Wales through the NHS R&D Framework and the ten pillars of research excellence. We continue partnerships with PRIME Centre Wales, Universities, Trials Units, and international partners. The Wales Innovates strategy aims to create a vibrant innovation culture for a stronger, fairer, and greener Wales. WAST supports the development of researchers, clinicians, and leaders across disciplines. Our R&I office ensures research adheres to the highest legal and ethical standards. This report showcases a diverse portfolio, including clinical trials, end-of-life care, drones, and artificial intelligence, reflecting our Clinical Strategy's ambitions.

Lastly, a heartfelt thank you to our people, partners, and communities who dedicate their time and efforts to R&I, improving the care we provide.



**Professor Nigel Rees QAM –
Assistant Director of Research &
Innovation**

It has been another year of developing and delivering world class R&I, and it continues to be an immense privilege to work with exceptional colleagues providing the highest standards of care to our communities. R&I continues to help us understand and address many of our clinical, societal and economic challenges, and whilst we continue to be a dependable site for the delivery of R&I conceived elsewhere, our ability to develop our own R&I across the organisation continues to grow.

WAST leads the UK ambulance sector in developing and sponsoring our own studies, and R&I leaders are emerging across our service, in areas such as Remote Care, Digital, Quality, Advanced Practice, People Services, Leadership and Management and Frontline Care. I am proud of the support our team continues to provide, which alongside the wider opportunities now available through HCRW, academia and the NHS Wales infrastructure, constitutes a thriving and vibrant R&I environment which is improving health care across our communities.

R&I at its heart relies on acceptance from patients, recruitment of participants and delivery in front line services, which I am pleased is occurring through the highest standards of safety, trustworthiness and ethics. The R&I we conduct is of international significance, and I would like to thank all of those who have contributed to R&I, which continues to make an immeasurable impact in the lives of many people in Wales and across the world.

Introduction

Research, innovation and evidence-based practices are fundamental to improving the quality of healthcare provided to our population. Healthcare organisations that are actively involved in research see improved health outcomes and lower mortality rates, not just for patients participating in research, but for everyone. This is enshrined in the Duty of Quality which came into force in April 2023 as part of the Health and Social Care Act 2020 [1] and calls for a positive culture of continuous improvement through research.

The WAST Clinical Strategy *Delivering Clinical Excellence in Wales* [2] supports high-quality R&I that is responsive to our populations care needs, and the need to translate evidence-based findings into our models of care. The positive influence of this strategy is being realised through growth in the scale and breadth of R&I WAST is now engaged in. This strategy also reflects how R&I provides opportunities for staff, including development and enhanced job roles which helps with recruitment and retention, as well as developing leaders and critical thinkers.

The Life Sciences Vision [3] has an overarching clinical research ambition to:

“Drive value creation for industry and patients through faster, cheaper, better-quality and more diverse clinical research, delivered through a digitally enabled and pro-innovation clinical research environment, with research embedded across the NHS as a core part of effective patient care.”

It has been recognised that in order to realise this vision and the full potential of the NHS workforce, R&I needs to be core to care delivery and embedded in everyday practices and roles at all levels. In 2024 the PRIORITY project [4] was commissioned by Wales’s Chief Nursing Officer, Chief Allied Health Professions Adviser and Director of Health and Care Research Wales and has developed an action plan to increase capacity and capability for undertaking and using research in the nursing, midwifery and 13 allied healthcare professions.

High quality R&I is also a key enabler for NHS Wales to deliver 'A Healthier Wales' strategy and long-term plan for health and social care [5]. Achieving the improvements outlined in this strategy requires collaboration across many groups, health care organisations, statutory bodies and industry. The "Wales Innovates" strategy [6], launched in February 2023, provides a framework for driving innovation in Wales, and has a focus on creating a stronger, fairer, and greener Wales through a vibrant innovation culture and collaboration across sectors.

In 2024, WAST acquired University Trust Status, and from 1st April 2024 changed name to the Welsh Ambulance Services University NHS Trust. University Trust status. University Trust status is unique to Wales and based on a robust assessment of a broad range of evidence across the three criteria of Research and Development, Training and Education and Innovation. This newly acquired status brings with it a range of opportunities and responsibilities which are monitored through the Trusts Academic Partnership Committee. WAST also recently appointed its first Health and Care Research Wales's Board champion, nominated by WAST to ensure research is on the radar at Board level and that the profile of research is increased amongst staff and patients.



Figure 1 - Research Excellence Model

Health and Care Research Wales (HCRW) funds high-quality research for the benefit of the NHS, public health and social care, and provides learning and support to enable researchers to tackle the complex health and social care challenges of the future. WAST has collaborated with HCRW and a wide range of stakeholders including NHS organisations to develop the NHS Research and Development (R&D) Framework [7]

launched in the Welsh Health Circular (WHC/2023/026).

The HCRW Framework presents the features of a research supportive NHS organisation, which have been organised under ten pillars [Figure 1] along with cross-cutting themes [Figure 2] underpinning these pillars. WAST has a longstanding reputation for the development, delivery and dissemination of internationally significant R&I. However, WAST as with other providers of healthcare are faced with many challenges and opportunities to improve care through R&I which requires continuous learning and improvements in the pursuit of excellence. As a supportive NHS organisation, WAST embraces each pillar, as they all play an important part in ensuring that research is integrated into services and is contributing to the whole system, thereby achieving excellence.



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

This annual report presents R&I activities that the Trust have engaged in between 2023-2025 and is organised across the ten pillars of research excellence of the NHS R&D Framework.

Highlights

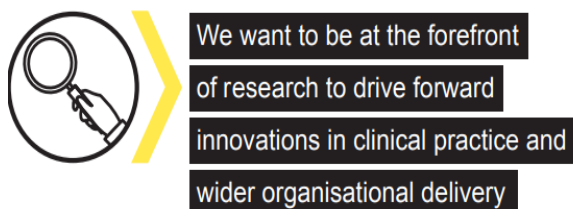
- WAST recently appointed Hannah Rowan as its first Health and Care Research Wales's Board champion nominated by WAST to ensure research is on the radar at Board level and that the profile of research is increased amongst staff and patients. Hannah was recently joined by Professor Hayley Hutchins who has been appointed as our Academic Non-Executive Director for a four-year term which commenced on 11 November 2024. Hayley sits on the board, but also on other committees of the Board.
- Three studies led from Wales have been presented as evidence to the COVID 19 Pandemic enquiry [9-11].

- The Paramedic 3 Trial [12] successfully delivered and published in the New England Journal of Medicine, which is the second highest quality medical journal in the world. PARAMEDIC 3 will influence international resuscitation guidelines and policy. WAST staff were co-authors of this paper.
- The 999 R.E.S.P.O.N.D. 2 study led by WAST was successful for a funding application to NIHR HS&DR of £714,463.52.
- Wales Health Drone Innovation Partnership winning partners of UKRI Future Flight SBRI: Enhancing medical supply chain resilience. WAST contributed to a UK Drones sector delegation with UKRI and Birmingham University Future Flight Social Insight program to Four nations Parliaments:
 - UK Parliament Senedd round table exploring How can we ensure future flight technologies are successfully adopted in the UK?
 - UK Parliamentary reception at Houses of Commons. Future Flight Technologies: How can the UK maximise growth opportunities whilst keeping the public on board? Programme at the University of Birmingham.

Strategy and high-level policy:

Delivering Excellence [13], the Trust's long term strategic framework sets out an exciting future vision for the organisation up to 2030. The strategy articulates the organisational ambition to shift away from being perceived as a 'traditional ambulance and transport service' to becoming a trusted provider of high-quality care, ensuring patients receive the 'right advice and care, in the right place, every time', with an increasing emphasis of managing and resolving more care closer to home. This strategy was co-produced with our people, external stakeholders and the wider public, following a period of developmental engagement sessions. The strategy sets out a clear ambition for the organisation to continue to build on the strong research foundations to ensure that the organisation is at the 'forefront' of research

opportunities and development to drive forward clinical and organisational improvements. This is captured in the key deliverable below:



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

Figure 3 - Long Term Strategy 'Delivering Excellence' – Research Deliverable

to ensure that the care we provide is clinically safe and in line with evidenced based practice.

The clinical strategy is undergoing revision to reflect the changed context WAST now operates within, which will be reflected in dedicated Clinical and Research & Innovation plans currently being co-produced with a wide range of groups and individuals. This includes a 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.

The WAST strategic approach to R&I is also outlined within Delivering Clinical Excellence in Wales: Clinical Strategy 2020 – 2025 [2]. Progress has been made against this strategy to enhance research alliances with industry and other leading research stakeholders, aligning research with future case mix and population health

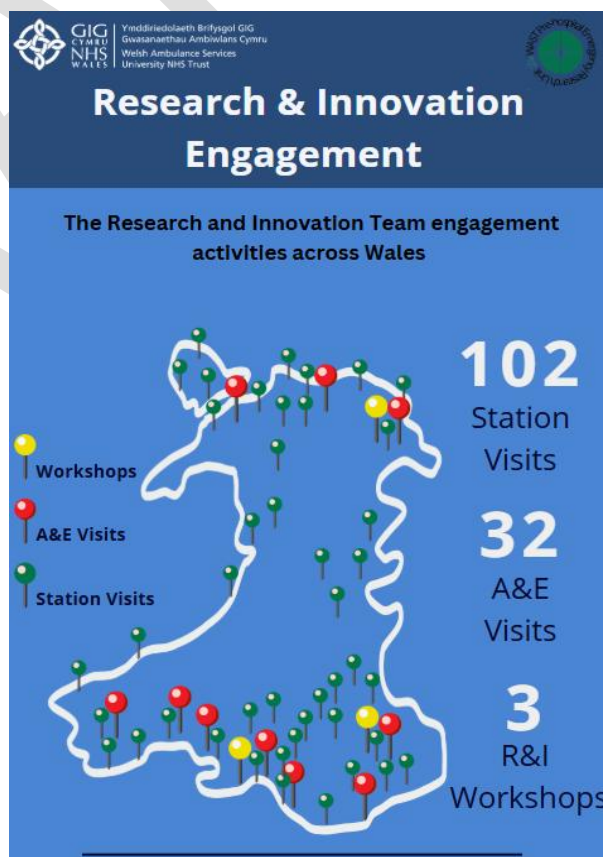


Figure 4 - Research and Innovation Engagement activities across Wales



Figure 5 - Embedding Research in WAST Coding Themes

WAST R&I continue to contribute to high level NHS Wales R&I Strategic developments included in Making research careers work: a review of career pathways in health and social care in Wales [13] and the following range of initiatives are tackling the variety of complex issues revealed by this report, including:

- The HCRW Faculty and relaunch of a range of personal award schemes across both health and social care (including a research training award and a salary replacement PhD scheme)
- The NHS Research and Development (R&D) Framework which outlines what 'research excellence looks like' within NHS organization's in Wales has been published
- The PRIORITY project, commissioned by Wales's Chief Nursing Officer, Chief Allied Health Professions Adviser and Director of Health and Care Research Wales. Developing an action plan to increase capacity and capability for doing and using research in the nursing, midwifery and 13 allied healthcare professions.
- The NHS Wales Innovation Framework and toolkit and newly launched website

Governance and Leadership

WAST has continued to work closely with established partners and groups, along with developing new ones, including:

- The NHS R&D Leadership Group
- UKRI Community Integration of Drones
- Project Thunderbird

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

We continue to roll out our distributive leadership approach to R&I, and R&I leadership is occurring across WAST, reflecting our aspirations of embedding R&I. Along with this growing community of R&I, key recent appointments such as the Assistant Director of Digital Innovation & Transformation positions us well to exploit the benefits of new technologies.

We developed a range of resources for conducting research in WAST to include signposting to Health Research Authority guidance such as student toolkit. Prepared through cross directorate collaboration.

Partnership and Collaboration

WAST continues to grow its R&I partnerships and collaborations; some of which are included below:

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



This research Group is a collaboration with WAST, University of Warwick, EMRTS, Wales Air Ambulance Charity Trust, and the University of Bristol.

The group has successfully completed the HCRW funded 999 RESPOND 1 study and continue to disseminate the results. The group has since been successful in securing funding of £799,913.46 from the NIHR HS&DR Researcher led call to

explore the impact of video consultation (VC) as a complex disruption to current communication practices (based on phone calls) on risk negotiation and ECCTs dispatch.

Welsh Health Drone Innovation Partnerships

WAST was a successful partner on the UKRI Future Flight SBRI: *Enhancing medical supply chain resilience*. This was a partnership with Welsh Blood Service and industry partners Snowdonia Aerospace and Slink Tech which is seeking to develop an NHS Drone delivery supply network. WAST also collaborated on the 3D study, which is a National Institute of Health Research funded project exploring the delivery of defibrillators by drones and has been presented in European resuscitation Council Conference.

Rapid, remote video assessment for stroke

A collaboration with the Stroke Network utilising a State-of-the-art platform has been developed which enables stroke clinicians and paramedics to carry out a consultation via secure video conference and decide on the best course of action before a patient reaches hospital.

SAINTS UKRI



WAST was a partner for a successful funding application with York University for an AI Centre for Doctoral Training in Safe Artificial Intelligence Systems (SAINTS). This builds on our collaboration with the ASSIST project of AI in Assuring safe artificial intelligence in critical ambulance service response.

Bevan Commission

Comisiwn Bevan Commission

Building on previous successful projects, WAST has continued to compete for prestigious opportunities with the Bevan Commission, securing an Exemplar project support to build resilient communities with Connected Support Cymru - Connecting Patients, Clinicians and Services through volunteers and technology. WAST continues to collaborate with the BEVAN commission, through Fellows Steering Group membership and mentorship.

WAST also has a growing number of Research Development Groups collaborating to develop future proposals, some of which are presented below:

PEACE

Protecting Emergency Medical Services (EMS) Staff from Aggression and Violence in Conflict Encounters (PEACE)

This is an international Research Development Group and has conducted PEACE 1 which involved a YouGov Survey of Wales adults' attitudes towards Violence and Aggression in Emergency Medical Services Staff. PEACE 2 which involved qualitative interviews with Emergency Medical Services Staff exploring experiences of Violence and Aggression. Both studies have been published and presented in peer reviewed journals and conferences. PEACE 3 is seeking to conduct mixed methods research to develop and evaluate a complex intervention to tackle Violence and Aggression directed towards Emergency Medical Services Staff.

Out of Hospital Cardiac Arrest Outcomes

This National (UK) Collaborative Project hosted at the University of Warwick Clinical



Trials Unit on behalf of the National Ambulance Service Medical Directors. The project has been funded by BHF and Resuscitation

Council UK with the aims of establishing the epidemiology and outcome of Out of Hospital Cardiac Arrest (OHCA), exploring sources of variation in outcomes and pushing for quality improvements and research for OHCA patients in the UK. OCHAO continues to support, develop and publish resuscitation research of international significance along with epidemiology reports for ambulance trusts in the UK which now includes Wales.

DEPWoc

Drivers and Experiences of Pregnant Women Calling NHS 111 Wales for pregnancy related reasons. This in-development bid looks to explore the drivers and experiences of women calling 111 for pregnancy related reasons and is a collaboration between WAST, Cardiff University, Swansea University and Cardiff and the Vale Health Board.

The ROAD to the ECHO System

The Readiness of Ambulance Data to create the Emergency Care Health Optimisation System (Research Development Group. Co led by Dr Leanne Smith (WAST) and Dr Jamie Miles (University of Sheffield) and has been submitted to the National Institute of Health Research Programme Development Grant award with WAST as Sponsor.

Research Support

The WAST R&I office plays a crucial role in driving and supporting research within WAST, fostering a research-active culture, and ensuring the quality, ethics, and impact of research activities. Working with partners and the HCRW research infrastructure, the R&I office provides guidance, resources and support to researchers throughout the research process, from initial planning to data analysis and dissemination, ensuring that research is relevant, conducted to high standards, and findings are translated into real-world improvements in healthcare.

Through our cross organisational representation, we actively encourage and facilitate research activities within WAST, and create a positive and supportive environment for staff, patients, and the public to participate in research. We have identified in previous years, the need for student research and research in data sciences and have engaged in cross organisational dialogue to develop a suite of resources for researchers and mechanisms for managing student research.

The R&I Office manages research funding, signposts people to training opportunities for researchers, and ensures that research contracts are in place. R&I office takes on the role of research sponsors, ensuring that research projects are properly managed and that ethical and legal requirements are met. We continue to support and facilitate the growth of research activity, building capacity and developing skills within WAST organisations to support research activities.

Research Delivery

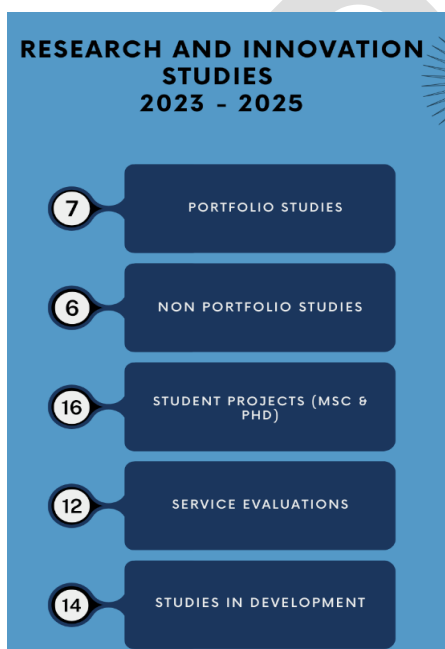


Figure 6 - Research and Innovation Studies 2023 - 2025

We have supported, designed and delivered research across a broad range of topic areas. This includes seven portfolio studies, six non portfolio studies, sixteen student projects, twelve service evaluations, seven PhD's complete, eight active and fourteen studies in development.

R&I activity is reported to the R&I Office and captured through mechanisms, such as the WAST R&I tracker, HCRW and NIHR Clinical Research Portfolio Management Systems. Reporting is then shared with a range of groups such as the Academic

Partnership Committee internally, and National Ambulance Steering Committee, HCRW and Welsh Government externally.

Finance

We continue to develop, deliver and disseminate R&I within the NHS in increasing financially challenging times, where resources are scarce, and every penny counts.

We have a longstanding reputation for a highly efficient and effective approach to R&I, recognising and optimising the value of our organisation, workforce, and relationships we foster with others to realise our full contribution to health care.

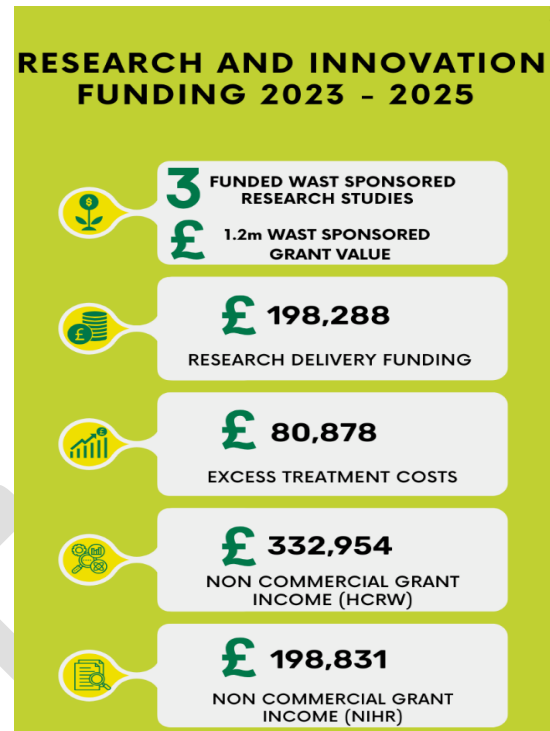
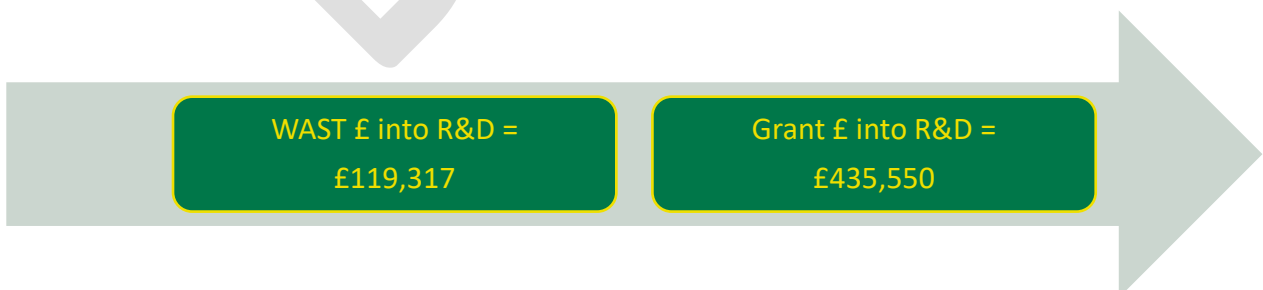


Figure 7 - R&I Funding Infographic

Working with a wide range of highly skilled and supportive finance teams in WAST, HCRW, Universities and industry, we access funding schemes to develop and deliver world class R&I. This requires understanding and making best use of cost recovery models and contractual provisions to ensure good stewardship of public funds and that every pound we spend delivers value for money for our communities.

For the 2024-2025 financial year:



NHS Workforce Capacity and Capability

We continue to grow capacity and capability within the WAST workforce and across our sector. R&I is being embedded right across our organisation ensuring it is core within care delivery by including as reflected in professional career frameworks and roles within WAST from undergraduate executive level. We continue to actively grow the number of Chief Investigators through the Research Development Groups mentioned and our Principal Investigators across a wide range of specialisms. Two new principal Investigators are being formally supported and developed through HCRW and NIHR Associate Principal Investigators schemes.

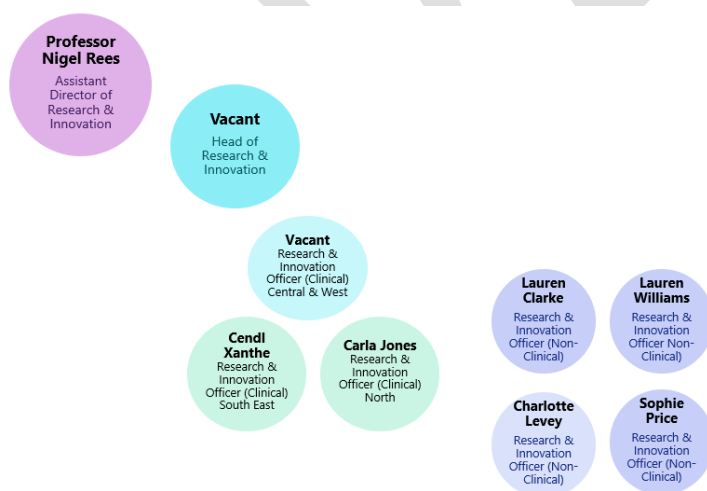


Figure 8 - Research & Innovation Team

We continue to grow resilience, expertise capacity and capability in our R&I office which now includes substantive Assistant Director of Research & Innovation, Head of Research & Innovation (currently vacant) and Research Officers (Non-Clinical). This team expands to deliver specific studies and

includes clinical and non-clinical research officers on a fixed term basis due to the fluctuations in activity and funding. These roles serve as excellent development opportunities and previous post holders have progressed into senior research and clinical roles across WAST, NHS Wales industry and wider.

A wide range of RD&I active individuals and groups are emerging across WAST. This includes an Advanced Paramedic Practitioner (APP) Research, Innovation, Audit and Development (RIAD) group aimed at supporting the capacity, confidence and capability of APP's undertaking research as part of the four pillars of Advanced Practice. WAST has also made wider commitments to RD&I through support for PhDs, creating Advance Practitioner Job Plans that include requirements to build on the Research Pillar and, completing lower tier research to demonstrate impact of service improvements and change. Wider democratisation of RD&I in this manor is helping to develop the larger studies and RD&I leaders of the future around areas of importance to WAST, our people and the communities we serve.

Patient and Public Involvement and Engagement (PPIE)

All our studies benefit from PPI support and engagement. WAST has worked closely with the Patient Experience and Community Involvement team and HCRW to advertise PPI support for sponsored studies, including the 999 RESPOND 1 & 2 (funded) and



DEPWOC and PEACE 3 proposals submitted NIHR funding schemes. These PPI members have been adopted onto HCRW Involving Peoples network.

Communications and Engagement

WAST representation from the Communications Team to the HCRW Communications Alliance, and a monthly WAST communications meeting have enabled improved collaboration to be established. High profile media coverage has occurred through better collaboration with communications teams.

Studies continue to communicate their findings through a range of activities such as peer reviewed publications and presentations in conferences. 999 R.E.S.P.O.N.D is an example of where R&I teams are producing innovative ways our communication, recently launching a website [[999 R.E.S.P.O.N.D Current Activities](#)], producing a training booklet for staff, providing study communications/media and presenting in the ESRC - Festival of Social Science Coventry Cathedral.



The NIHR funded 3D project has been presented in the European Resuscitation Council Conference, video communications material has also been prepared with the industry partner and WAST communications teams.

Research Impact

WAST R&I continues to make international impact, influencing direct care, policy, guidelines and further R&I. A publications list is included in Annex 2 and below are some of the highlights of this impact:

New Ambulance Response targets:

- Since 1974, Ambulance Services in Wales have been measured by the time it takes to reach emergency calls. A new purple category recently announced by our health minister is being introduced for responses to life-or-death cardiac and respiratory arrests as part of the changes. This is an evidence informed target, only made possible by the R&I conducted in WAST and with international collaborators



COVID 19 enquiry:

- Three studies led from Wales Emergency prehospital care and shielding. The Paramedic-3 Trial published in the New England Journal of Medicine, which is the second highest quality medical journal in the world, and as with its predecessors, will continue to influence resuscitation guidelines.



WAST Healthcare Drones

- R&I is building the body of knowledge for delivery of healthcare products and samples and influencing industry and regulators. As well as engaging in political dialogue to UKRI and Birmingham University Future Flight Social Insight program to Four Nations Parliaments:
- UK Parliament Senedd round table exploring How can we ensure future flight technologies are successfully adopted in the UK?
- UK Parliamentary reception at Houses of Commons. Future Flight Technologies: How can the UK maximise growth opportunities whilst keeping the public on board? Programme at the University of Birmingham.

Summary

This annual report presents a snapshot of R&I in WAST and is reflective of a much broader range of activities and developments with many individuals, groups and organisational partners. These collective efforts have resulted in a thriving R&I environment in WAST, across Wales and internationally, resulting in evidence-based improvements in the care we provide.

DRAFT



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Appendix 1 – WAST R&I Research Portfolio

Portfolio Research

Study Title	Study Information
<p>SIS</p>  <p>Randomised controlled trial of the clinical and cost-effectiveness of cervical spine immobilisation following blunt trauma</p>	<p>The SIS (Spinal Immobilisation Study) trial is a randomised prospective non-inferiority study of triple immobilisation vs movement minimisation sponsored by Imperial College London. Spinal Immobilisation is Controversial. Triple Immobilisation (Collar, Blocks and Tape) has been the standard of care for 30 years with the intention of reducing subsequent spinal cord injury. However, there is minimal evidence of this, and it may be associated with additional harm (aspiration pneumonia, pressure sores, raised intracranial pressure). The Primary Hypothesis is Movement minimisation (intervention) is deemed non-inferior (i.e. no worse) compared to triple mobilisation (control) in patients with potential c-spine injury (pre-imaging) following blunt trauma, in relation to motor and cognitive function at hospital discharge following randomisation. The Primary Outcome is: Total Functional Independence Measurement motor (FIM-motor) score at discharge.</p>
<p>999 R.E.S.P.O.N.D. 2</p>  <p>emeRgEncy diSPatch decisiONs using viDeo consultation</p>	<p>The 999 RESPOND2 study is an NIHR funded and WAST sponsored collaboration with Swansea Bay University Health Board (EMRTs), Wales Air Ambulance Charity, University of Warwick, Imperial College London, University of Bristol and West Midlands Ambulance Service. This project follows previous work undertaken by this group as part of the RfPPB funded 999RESPOND study. The project aims to explore evaluate the impact of video consultation as a complex disruption to current communication practices (based on phone calls) on risk negotiation and Emergency Critical Care Teams dispatch, so as to support its development and regulate its use. The project team will analyse and compare video consultation and 999 calls to study the ways in which live-stream video affects communication. This will also involve focus groups interviews and workshops with ambulance service and critical care leaders.</p>

<p>PARAMEDIC-3</p>  <p>Pre-hospital RAndomised trial of MEDication route in out-of-hospital cardiac arrest (PARAMEDIC-3)</p>	<p>The PARAMEDIC3 trial conducted a multi-centre, pragmatic, individually randomised, parallel group, superiority trial with internal pilot and economic evaluation to determine the clinical and cost effectiveness of an intraosseous access first strategy, versus current NHS treatment. Adult patients who sustain an out-of-hospital cardiac arrest that require vascular access were randomised in a 1:1 ratio to either an intraosseous first strategy (intervention) or an intravenous first strategy (control) group. The control group reflects current NHS practice. Participants were followed-up to six-months following cardiac arrest. Publication: K Couper, C Ji, R Lall, et al.</p> <p>“Route of drug administration in out-of-hospital cardiac arrest: A protocol for a randomised controlled trial (PARAMEDIC-3)” Resuscitation Plus, Volume 17, 2024, 100544, https://doi.org/10.1016/j.resplu.2023.100544.</p> <p>A Randomized Trial of Drug Route in Out-of-Hospital Cardiac Arrest. <i>N Engl J Med.</i> 2025;392(4):336-348. doi:10.1056/NEJMoa2407780</p>
<p>RAPID 2</p>  <p>Randomised trial of clinical and cost effectiveness of Administration of Prehospital fascia Iliaca compartment block for emergency hip fracture care Delivery</p>	<p>Hip fractures are a very common injury for elderly people. About one in three patients who break their hip die within one year and many patients lose mobility and independence. Pain relief before the patient reaches hospital is often inadequate and causes side effects which may slow down recovery. We have recently completed a small study testing whether a local anaesthetic injection into the hip area called Fascia Iliaca Compartment Block (FICB) given by paramedics at the scene of injury is safe and acceptable. We met all the criteria that we set at the beginning of the study and concluded that it is feasible to undertake a full trial. The aim of RAPID2 was to find out whether the local anaesthetic injection reduces pain, is safe, and improves the patient health outcomes, as well as how much it costs the National Health Service (NHS).</p>
<p>999 R.E.S.P.O.N.D.</p>  <p>emerRgency diSpatch decisiONs in coviD-19</p>	<p>999 R.E.S.P.O.N.D is a collaborative research study between the Welsh Ambulance Services NHS Trust, Emergency Medical Retrieval & Transfer Service, the University of Warwick, Wales Air Ambulance Charity, and the University of Bristol. The project is the first of its kind in the UK and designed to be translatable to training and policy. The study aims to explore the way in which the decision to dispatch a critical care team is made by the teams in ambulance control rooms. It is well documented that getting the right information to make decisions in the heat of the moment is difficult, and the recent pandemic created pressures and disruption to the system which had an impact on risk assessment decision making pathways. The appropriate dispatch of EMS needs to balance patient safety and resource. It is therefore hoped that this study will be able to improve the process of getting critical care to the people who need it most.</p>

<p>RELIEF</p>  <p>'Just in Case' medicines use by ambulance paramedics Responding to End-of-Life Care In the Community: a multi-methods study of the Experiences of Paramedics, Doctors, Family and Carers</p>	<p>RELIEF is a collaborative research study between WAST, University of Swansea, Swansea Bay University Local Health Board, Cardiff and the Vale Local University Health Board, University of Southampton, and Dorothy Hospice House. The research aims to explore the views and experiences of paramedics and doctors involved in the care of patients in the community, that are experiencing distressing end-of-life symptoms, such as pain, breathlessness, and agitation. We also propose to seek the views and experiences of informal carers (family or friend caregivers) and paid care workers, where paramedics have administered 'Just In Case' (JIC) medicines to their loved ones or patients in their care. Some thirty months into the ambulance JIC intervention, there is an opportunity to gain an insight into the impact of the intervention on patient care; the workload and role of paramedics in relation to the intervention; and perceived benefits, anxieties and risks from the point of view of clinical staff, informal carers and paid carers.</p>
<p>OHCAO</p>  <p>Out of Hospital Cardiac Arrest Outcomes</p>	<p>This National (UK) Collaborative Project hosted at the University of Warwick Clinical Trials Unit on behalf of the National Ambulance Service Medical Directors. The project has been funded by BHF and Resuscitation Council UK with the aims of establishing the epidemiology and outcome of Out of Hospital Cardiac Arrest (OHCA), exploring sources of variation in outcomes and pushing for quality improvements and research for OHCA patients in the UK.</p>
<p>PEACE</p> <p>Protecting Emergency Medical Services (EMS) Staff from Aggression and Violence in Conflict Encounters</p>	<p>Emergency Medical Services (EMS) staff worldwide have long been at risk of encountering violence and aggression. The overall aim of this project was to explore protecting EMS Staff from aggression and violence in conflict encounters. The objectives of this research are to explore general views on V&A directed towards EMS staff, explore views on characteristics associated with V&A such as intoxication, drugs, altered mental status and the role of medical illness and mental health problems, and explore the impact of policy changes and campaigns to gauge attitudes, understandings, and impact of the initiatives. The study involves two work packages, PEACE1 involved a survey of the public and PEACE2 interviewed EMS staff and constructed a grounded theory exploring this issue from their perspective.</p>
<p>3D Drone Project</p>	<p>The 3D Drone Project/Sky bound aims to explore optimisation and integration of drone-delivered AEDs into the pre-hospital response to out-of-hospital cardiac arrest. There are several barriers to successful bystander AED use, and many are related to the difficulties bystanders face in finding public-location AEDs, as well as the reluctance to leave a patient to find one. Delivering AEDs by drone may overcome many of these barriers, save more lives each year, and make the inequitable national out of hospital cardiac arrest response more equitable.</p>

Non-Portfolio Research

PROWEB

The impact of PRObiotic supplementation on general WELL-Being: An open-label smartphone based study in healthcare workers

The health and wellbeing of any workforce is a core priority and supporting the wellbeing of employees is an important part of everyday working life. There is a growing awareness that probiotics (known as 'good' or 'friendly' bacteria) play a role in boosting general wellbeing. Over the winter of 2022, a small project was set up in South Wales to 'try out' a probiotic manufactured by Cultech Limited (a company based in Port Talbot specialising in the production of nutritional supplements and probiotics). The results were very promising, with significant improvements in wellbeing observed and significantly reduced absenteeism among those who opted to take the product. In this study we want to do a more structured and extensive follow-up with the same probiotic to re-assess the effectiveness in NHS healthcare workers over the autumn/winter period. Our intention is to make this study as user friendly as possible and we are asking participants to sign up to the study online and use the Trialflare smartphone-based app to complete simple questionnaires/tasks when requested.

PhD & Student Research

Reducing inappropriate hospital admissions

Reducing hospital admissions: A Realist Evaluation of Welsh Ambulance Service's gatekeeping stratagem


The study aims to understand the impact of the COVID-19 pandemic on the staff of the Welsh Ambulance Services NHS Trust (WAST). It is intended to look how the pandemic has influenced staff health and wellbeing, both in the short and long term. The methodology will include a mixed methods design to achieve three objectives: Objective 1 (O1): To determine the relationships between staff sickness levels and number of confirmed COVID-19 cases in Wales. Objective 2 (O2): To understand the impact of working through the pandemic on mental and physical health and wellbeing from the point of view of Welsh Ambulance Service staff. Objective 3 (O3): To understand how the Welsh Ambulance service responded to the COVID-19 pandemic in terms of monitoring, managing and ameliorating the impact on health and wellbeing of staff.

BALANCE

COVID-19 impact on health and wellBeing within an AmbuLANce service.



Each day in Wales approximately 1,200 emergency NHS calls are responded to and 800 people are transported to hospital by ambulance, contributing to the 2,100 patients attending Welsh EDs (The Welsh NHS Confederation, 2015). The introduction of minor-injury units has yet to have an impact on ED attendance, prompting the call for a universally agreed unscheduled care triage model. The aim of this study is to understand admission avoidance programmes within the context of Welsh Ambulance Services; to clarify how admission avoidance processes work, for whom, and under which conditions; and to understand the effects of culture and organisational practises on everyday paramedic admission avoidance work.

<p><u>AMBOFALL</u></p> <p>Ambulance Response to Older Adults who have Fallen – a mixed-methods study</p> 	<p>The over-arching aim of the study is to understand factors influencing emergency ambulance staff decision-making, confidence and responses when attending older adults who have fallen in the UK, in order to identify opportunities to support ambulance staff and optimise care when attending this population.</p>
<p><u>Complex PTSD and Psychotic-Like Experiences in UK Paramedics.</u></p>	<p>The primary aims of this research study are to understand whether frequent exposure to traumatic stress during work is associated with complex PTSD (CPTSD) and psychotic-like experiences (PLEs) in UK paramedics, and to propose a new theoretical model of CPTSD and PLEs in paramedics. This research addresses gaps in the evidence base and advances our understanding of how CPTSD, PLEs and burnout relate to each other and subsequently impact the mental health of paramedics. It is hypothesised that burnout will act as a risk factor for both CPTSD and PLEs and that some of the recognised protective factors for PTSD (e.g., social support) will also protect against CPTSD and PLEs. However, additional protective factors specific for CPTSD and PLEs might also be identified in this research.</p>
<p><u>A Mixed Methods Exploration of Prehospital Research Culture and Capacity Building in UK NHS Ambulance Services</u></p>	<p>This project aims to explore, using mixed methods, prehospital research culture and capacity building across UK NHS ambulance services and quantify, using the validated Research Capacity and Culture (RCC) tool, prehospital research culture and capacity building in UK NHS ambulance services. To qualitatively explore and examine, through semi structured interviews, key stakeholder perspectives of prehospital research culture and capacity building in UK NHS ambulance services</p>
<p>Service Evaluation</p>	
<p><u>REASON</u></p> <p>REsilient Autonomous SOcio-cyber-physical AgeNts</p>	<p>The REASON research project will fund a team of 13 investigators and seven post-doctoral researchers across the five universities. Testbeds at each university will validate the foundational research in domains including health and social care, emergency response, and multimodal transportation. The project has two stages; first looking at how autonomous systems can be developed to be more resilient individually and secondly looking at the socio-technical resilience of autonomous systems of systems. For example, an autonomous system of systems may support the end-to-end patient journey for a person requiring emergency assistance from a first responder, followed by admittance, care and discharge from hospital, and long-term care at home.</p>

<p><u>Welsh Health Drone Research and Innovation Partnership / Welsh Blood Drone Project</u></p>	<p>Our vision is to establish a trans-Wales BVLOS drone-based blood delivery service between the WBS sites at Talbot Green in South Wales and Wrexham in North Wales, operated by Snowdonia Aerospace Drone Services and powered by automated infrastructure from SLiNK-TECH. This will provide the foundation for augmenting emergency ambulance and routine health delivery services with drones throughout rural Wales. This proposal will leverage SAC's drone/airspace expertise and SLiNK-TECH's PORTAL infrastructure technology to develop a roadmap for integration of a cost effective drone-based network into the healthcare ecosystem, and define the infrastructure needed to enable the scaled adoption of fully autonomous drone logistics across the wider UK</p>
<p><u>SAINTS</u> UKRI AI Centre for Doctoral Training in Lifelong Safety Assurance of AI-enabled Autonomous Systems (SAINTS).</p>	<p>The SAINTS CDT is the UK's first multidisciplinary PhD programme focused solely on the safety of artificial intelligence (AI). Our vision 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. 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, philosophy, law, sociology and health sciences.</p>

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Appendix 2 – Publications in 2023 – 2025

Publication Title	Authors	WAST Authors	Year	Journal	DOI
Adrenaline for traumatic cardiac arrest: A post hoc analysis of the PARAMEDIC2 trial	Ji, C., Pocock, H., Deakin, C.D., Quinn, T., Nolan, J.P., Rees, N., et al.	Nigel Rees	2025	Resuscitation Plus	10.1016/j.resplu.2025.100890
401 Adrenaline for traumatic cardiac arrest: a post hoc analysis of the PARAMEDIC-2 Trial	Ji, C. et al.	Nigel Rees	2025	Resuscitation Plus	10.1016/j.resplu.2025.100890
Development of the Call Prioritisation Streaming System (CPSS) for NHS 111 Wales	Brady, M., Lyall, A., Fivaz, MC., Brown, C., Armstrong, A. et al.	Mike Brady, Craig Brown, Deborah Armstrong, Rhiannon Roynon.	2025	British Medical Journal	doi.org/10.1136/bmjinnov-2024-001305
Behind the screen: exploring the effects of home working on 999 telephone clinicians during the COVID-19 pandemic	Brady, M., Harry, E.	Mike Brady, Ed Harry	2025	British Paramedic Jnl.	doi.org/10.29045/14784726.2024.9.9.2.1
999 telephone triage: a comparison of UK ambulance nurse and paramedic case mix, outcomes and audit compliance	Brady, M., Fivaz, MC., Noblett, P., Scott, G., Olola, C.	Mike Brady	2024	Int, Journal of Emg. Serv.	doi.org/10.1108/IJES-08-2023-0033
Factors influencing appropriate referrals from NHS 111 to 999 services in Wales	Brady, M., Brown, P.	Mike Brady	2024	British Journal of Health Care Mngmt.	doi.org/10.12968/bjhc.2023.0119
Drone-delivered automated external defibrillators for out-of-hospital cardiac arrest: A simulation-based feasibility study.	Smith C et al.	Nigel Rees, Carl Powell	2024	Paramedicine	10.1177/27536386241281061
Landscaping risk in medical emergency dispatch.	Angouri, J., Ting, S.S.P., Nadeem, L., Booker, M., Rawlinson, D. and Rees, N.	Nigel Rees	2024	N/A	10.31273/9781911675181
Transient Ischaemic attack Emergency Referral (TIER): randomised feasibility trial results	Watkins, A., Jones, J.K., Ali, K., Dewar, R., Edwards, A., Evans, B.A., Evans, L., Ford, G.A., Hampton, C., John, R. and Jones, C	Nigel Rees, Chris Moore	2024	Emergency Medicine Journal	10.1136/emmermed-2021-212230

159 Attitudes of real-world out-of-hospital cardiac arrest bystanders to drone-delivered Automated External Defibrillators	Bernstein, C.J., Smith, C.M., Powell, C., O'Sullivan, M., Holt, M., Couper, K. and Rees, N.	Nigel Rees	2024	Resuscitation	N/A
160 Full integration of drone-delivered Automated External Defibrillators with the emergency response for out-of-hospital cardiac arrest in the UK: a simulation study.	Smith, C.M., Bernstein, C.J., Powell, C., Howe, H., Holt, M., O'Sullivan, M., Couper, K. and Rees, N.,	Nigel Rees	2024	Resuscitation	N/A
PP18 Lost in transmission: risk negotiation in emergency medical dispatch	Ting, Shawnea SP, Jo Angouri, Matthew Booker, David Rawlinson, Lauren Williams, David Lockey, Lyba Nadeem, and Nigel Rees	Nigel Rees, Lauren Williams	2024	BMJ Journals	10.1136/emered-2024-999.18
PP40 Co-design and refinement of a logic model describing case management for people who frequently call ambulance services—the stretched evaluation	Porter, A., Cole, R., Edwards, A., Edwards, B., Evans, B., Foster, T., Fothergill, R., Gripper, P., Hampton, C., John, A. and Khanom, A	Nigel Rees	2024	BMJ Journals	10.1136/emered-2024-999.40
'JUMPED OUT OF THE WINDOW': Textual trajectories in emergency medical dispatch. DOI: 10.1177/09579265241296901	Angouri, J et al.	Nigel Rees	2024	Discourse & Society.	10.1177/09579265241296901
A Randomized Trial of Drug Route in Out-of-Hospital Cardiac Arrest.	Couper, K et al.	Nigel Rees, Carla Jones, Charlotte Evans	2024	N Engl J Med	10.1056/NEJMoa2407780
Facilitators and barriers to the delivery of the PARAMEDIC-2 Trial	Helen Pocock, Nigel Rees., et al.	Nigel Rees	2024	Resuscitation Plus	10.1016/j.resplu.2024.100617
Route of drug administration in out of hospital cardiac arrest: A protocol for randomised controlled trial (PARAMEDIC-3)	Couper, K et al.	Nigel Rees	2024	Resuscitation Plus	10.1016/j.resplu.2023.100544
The COVID-19 ambulance response assessment (CARA) study: A national survey of ambulance service healthcare professionals preparedness and response to the COVID-19 Pandemic.	Berret, K. et al.	Nigel Rees	2024	British Paramedic Journal	10.29045/14784726.2024.3.8.4.10
Drone-delivered Automated External Defibrillators for out-of-hospital cardiac arrest: A simulation study	Smith C et al.	Nigel Rees, Carl Powell	2024	MedrXiv	10.1101/2024.02.23.24303253

Experiences and views of people who frequently call emergency ambulance services: A qualitative study of UK service users	Evans, B., et al.	Nigel Rees	2024	Health Expectations	10.1111/hex.13856
Information governance as a socio-technical process in the development of trustworthy healthcare AI	Rees, N., Holding, K. and Sujan, M	Nigel Rees, Kelly Holding	2023	Frontiers in Computer Science	10.3389/fcomp.2023.1134818
Protecting Emergency Medical Services (EMS) Staff from Aggression and Violence in Conflict Encounters (PEACE 1): A survey of Wales Adults Attitudes in 2022	Nigel Rees ¹ , Daniel Todd ² . Francesca Fiorentino ³ , Peter O'Meara ⁴ Lauren Williams ¹ , Julia Williams ⁵ , Claire Hawkes ² ,	Nigel Rees, Lauren Williams	2023	Medrxiv	10.1101/2023.11.30.23299241
OP06 Effects of case management on emergency service usage and morality of people who call 999 frequently (STRETCHED): emergency results of linked data analysis	Driscoll, T. et al.	Nigel Rees	2023	Emergency Medicine Journal	10.1136/emermed-2023-999.6
PP58 Case management of people who call 999 frequently – qualitative study of the perspective of people providing and receiving care (STRETCHED)	Porter, A. et al.	Nigel Rees	2023	Emergency Medicine Journal	10.1136/emermed-2023-999.57
Emergency Medical Systemic frustration of aggression and violence in conflict encounters: An evolved grounded theory	Rees, et al.	Nigel Rees, Lauren Williams	2023	Medrxiv	10.1101/2023.07.24.23293095
Information governance as a socio-technical process in the development of trustworthy healthcare AI	Rees, N., Holding, K. and Sujan, M	Nigel Rees, Kelly Holding	2023	Frontiers in Computer Science	10.3389/fcomp.2023.1134818

Appendix 3 – Conferences & Engagement in 2023 – 2025

Conference	Topic / Study	Type	Speakers / Poster Authors / Attendees	Date
2025				
<i>Big Bang Event</i>	Research and Development	Stand	Tom Dart, Sophie Price, Lauren Williams	20 th June 2025
<i>Medi Wales Connects Conference</i>	RELIEF, 999RESPOND, PROWEB	Presentation/Workshop/	Nigel Rees, Chris Moore, Jo Angouri, Lauren Williams, Cendl Xanthe, Ed Harry	17 th June 2025
<i>Medi Wales Connects Conference</i>	Research & Development Stand	Stand	Cendl Xanthe, Lauren Williams	17 th June 2025.
<i>Research & Innovation Workshop (Wrexham)</i>	Research and Development	Workshop	R&D Team	10 th June 2025
<i>Marie Curie Research into Practice Conference</i>	RELIEF	Presentation	Chris Moore, Natasha Campling	12th February 2025
<i>Research & Innovation Workshop (Wrexham)</i>	Research and Development	Workshop	R&D Team	10 th June 2025
2024				
<i>Public Health Wales Conference - Cardiff</i>	Research & Development Stand	Stand	Cendl Xanthe, Dmitri Holloway, Charlotte Levey, Sophie Price	2nd December 2024
<i>European Resuscitation Council Conference</i>	3D Drones	2x Poster Presentations	3D Project Team	31st Oct - 2nd Nov 2024
<i>CEO Roadshow Carmarthen</i>	Research & Development Stand	Stand	Cendl Xanthe, Lauren Clarke	17th October 2024
<i>CEO Roadshow Carmarthen</i>	Research & Development Stand	Stand	Lauren Williams, Charlotte Evans	16th October 2024
<i>CEO Roadshow Builth Wells</i>	Research & Development Stand	Stand	Nigel Rees	15th October 2024
<i>CEO Roadshow Llandudno</i>	Research & Development Stand	Stand	Carla Jones	14th October 2024
<i>CEO Roadshow Wrexham</i>	Research & Development Stand	Stand	Carla Jones	14th October 2024
<i>Health and Care Research Wales Conference</i>	Research & Development Stand	Stand	Lauren Clarke, Lauren Williams, Nigel Rees	10th October 2024
<i>999 EMS Conference</i>	999RESPOND	Poster Presentation	999RESPOND Team	17th-18th September 2024

<i>999 EMS Conference</i>	RELIEF	Poster Presentation	Chris Moore	18th September 2024
<i>BSA Medical Sociology Conference 2024</i>	999RESPOND	Presentation	999RESPOND Team	11th-13th September 2024
<i>BSA Medical Sociology Conference 2024</i>	999RESPOND	Poster Presentation	999RESPOND Team	11th-13th September 2024
<i>Medi Wales</i>	999 RESPOND	Presentation / Stand	Dr Nigel Rees, Jo Angouri, Shawnea Pok Ting, Lyba Nadeem	26th June 2024
<i>Medi Wales</i>	Research & Development Stand	Stand	Lauren Williams / Dmitri Holloway	26th June 2024
<i>Medi Wales</i>	Research & Development Presentation	Presentation	Dr Nigel Rees, Dmitri Holloway	26th June 2024
<i>Medi Wales</i>	Welsh Health Drone Innovation Partnership	Stand	SLINKTECH	26th June 2024
<i>iMean7 - Bristol</i>	999RESPOND	Stand	999RESPOND Team	19th - 20th June 2024
<i>Research Development Forum</i>	Welsh Health Drone Innovation Partnership	Poster Presentation	Dr Nigel Rees, Carla Jones, Lauren Williams, Lauren Smythe	13th May 2024
<i>Research Development Forum</i>	WAST Research Delivery	Presentation	Carla Jones	13th May 2024
<i>WAST Big Bang Event</i>	Research & Development Stand	Stand	Lauren Smyth, Lauren Williams, Dmitri Holloway, Charlotte Evans	19th April 2024
<i>Research & Innovation Workshop (North)</i>	WAST Research & Development	Workshop	WAST R&D Team	6th February 2024
2023				
<i>Research & Innovation Workshop (Central & West)</i>	WAST Research & Development	Workshop	WAST R&D Team	12th December 2023
<i>RELIEF Workshop</i>	RELIEF	Workshop	RELIEF Project Team & PPI	20th November 2023
<i>Global Emergency Nursing & Trauma Care Conference</i>	999 RESPOND	Presentation	999RESPOND Team - Shawnea, Jo, Matthew, Charlotte, Lauren, David, Nig	9-11 November 2023
<i>Research & Innovation Workshop (South East)</i>	WAST Research & Development	Workshop	WAST R&D Team	13th November 2023

<i>Health and Care Research Wales Conference</i>	RELIEF	Poster Presentation	Cendl Xanthe	12th October 2023
<i>Bevan Commission Conference - The Tipping Point</i>	999 RESPOND	Workshop	Dr Nigel Rees, Jo Angouri, Shawnea Pok Ting, Lauren Williams	5th July 2023
<i>Research Development Forum</i>	ASSIST	Presentation	Dr Nigel Rees	22nd May 2023
<i>National HEMS Research and Audit Forum</i>	999 RESPOND	Presentation	999RESPOND Team - Shawnea, Jo, Nigel, David, Matthew.	25th May 2023
<i>999 R.E.S.P.O.N.D Stakeholder Workshop</i>	999 RESPOND	Workshop	Dr Nigel Rees, Lauren Smyth, Lauren Williams & 999RESPOND Team	24th-25th January 2023

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Agenda Item No.

6

REPORT TITLE

Annual Health Care Research Wales Visit – 2024/25

MEETING

Name of meeting	Academic Partnership Committee
Date of meeting	7 October 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Andy Swinburn – Exec Director of Paramedicine
Author(s) of report	Andy Swinburn – Exec Director of Paramedicine

PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input type="checkbox"/> Noting

REPORT SUMMARY:

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

1. In early 2025, NHS Wales reaffirmed its strategic commitment to embedding research as a core function of healthcare delivery, formalised through a directive from Judith Paget and Suzanne Rankin. This initiative aligns with the NHS R&D Framework, which calls for Executive Directors to lead a cultural shift where research drives innovation, improves patient outcomes, and enhances workforce development.



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2. The Welsh Ambulance Services University NHS Trust (WAST) participated in its Annual Review Meeting with Health and Care Research Wales, receiving constructive feedback on its research leadership. The review acknowledged WAST's progress, including the appointment of a dedicated Research Lead and increased staff engagement in research activities. However, it also identified key areas for improvement:
 - Strategic Alignment: Research activities need stronger integration with organisational priorities and performance frameworks.
 - Governance & Visibility: Research must be more prominent at Executive and Board levels, with clearer accountability structures.
 - Capacity & Support: Barriers such as limited protected time, competing clinical demands, and lack of career pathways hinder staff participation.
3. Despite these challenges, WAST is viewed as being on a promising trajectory. The committee expressed confidence in the Trust's progress and endorsed continued efforts to embed research across the organisation.

RECOMMENDATION(S)

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

The Academic Partnership Committee is requested to:

take assurance from the outcome of the HCRW review, recognise the progress made and support further developments in embedding research across the organisation.

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:

1. Letter to NHS Directors of Research
2. Annual Review letter from Carys Thomas



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](#)]

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input checked="" type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input type="checkbox"/> 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](#)]

<input checked="" type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

<input type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	N/A



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APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
N/A	



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SITUATION

1. In early 2025, NHS Wales reaffirmed its commitment to embedding research as a fundamental part of healthcare delivery. This renewed focus was formalised through a letter from Judith Paget and Suzanne Rankin, addressed to NHS Executive Directors, outlining their responsibilities under the NHS R&D Framework. Around the same time, the Welsh Ambulance Services University NHS Trust (WAST) underwent its Annual Review Meeting with Health and Care Research Wales, which provided valuable feedback on the Trust's progress and future direction in research leadership.

BACKGROUND

2. The NHS R&D Framework sets out a vision where research is not a peripheral activity but a core function of the health service. Executive Directors are expected to lead this transformation by ensuring that research is strategically embedded, visibly supported, and actively promoted across their organisations. The framework calls for a cultural shift—one that recognises research as essential to improving patient outcomes, driving innovation, and enhancing workforce development.
3. WAST's Annual Review Meeting, held on 1 April 2025, served as a timely reflection on how these principles are being implemented within the Trust. The feedback letter from Carys Thomas, dated 22 April 2025, offers a candid assessment of WAST's current position and its potential to evolve as a research-active organisation.

ASSESSMENT

4. The NHS R&D Framework sets out a clear and ambitious vision for research leadership within NHS Wales. Executive Directors are not simply expected to endorse research in principle—they are called upon to actively lead its integration into the strategic and operational fabric of their organisations. This means research must be visible at the highest levels of governance, embedded in planning and performance frameworks, and treated as a core function of healthcare delivery, not a peripheral or optional activity.
5. From the letter authored by Judith Paget and Suzanne Rankin, it is evident that the role of Executive Leads for Research is multifaceted. They are expected to ensure that research is strategically aligned with service priorities, that governance structures are robust and transparent, and that staff across the organisation are supported to engage in research through protected time, training, and career development opportunities. There is also a strong emphasis on fostering external partnerships—with academic institutions, industry, and other NHS bodies—to enhance research capacity and impact. Crucially, Executive Leads are accountable for monitoring research performance and demonstrating its contribution to patient care and system improvement.



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6. Against this backdrop, the feedback from Health and Care Research Wales following the Annual Review Meeting with WAST offers a valuable lens through which to assess the Trust's current position. The review acknowledges several encouraging developments. WAST has made tangible progress in building its research infrastructure, most notably through the appointment of a dedicated Research Lead. This role has helped to catalyse engagement with Health and Care Research Wales and has begun to foster a more research-aware culture within the organisation. Staff participation in research studies is increasing, and there is evidence of growing interest in research training and development.
7. However, the review also highlights several areas where WAST's approach to research leadership could be strengthened. One of the most pressing concerns is the limited strategic alignment between research activity and the Trust's broader organisational priorities. While research is happening, it is not yet consistently integrated into service planning or performance management. This disconnect risks marginalising research and undermining its potential to drive innovation and improve outcomes in all facets of the organisation.
8. Another key issue is the visibility of research at the Executive and Board levels. The review suggests that whilst progress has been made, there is still more to do to ensure research is seen as a strategic priority within senior leadership discussions, and that governance arrangements could be further strengthened to ensure accountability.
9. Capacity is also a concern. While staff enthusiasm for research is growing, there are still significant barriers to participation—including limited protected time, competing clinical demands, and a lack of structured career pathways for research-active staff. These challenges are compounded by the need for stronger partnerships with academic and clinical research networks, which could provide additional support, resources, and collaborative opportunities.
10. Taken together, these findings suggest that WAST is on a promising trajectory but requires more deliberate and coordinated action to fully realise the ambitions of the NHS R&D Framework. The Trust has laid important foundations, but now needs to build the structures, culture, and leadership necessary to embed research as a core function of its service delivery model.

RECOMMENDATION

11. The committee takes assurance from the outcome of the HCRW review, recognise the progress made and support further developments in embedding research across the organisation.

26 February 2025

Dear NHS Executive Leads for Research

As the Board member responsible for research in your NHS organisation, we are writing to ask for your continued support to integrate research into healthcare services as a key part of patient care, whilst embedding research as a core part of your organisation's culture.

We know that research provides the opportunity for patients and service users to access new treatments and services, that will improve their health and well-being and contribute to reducing health inequalities. We also know that NHS organisations that are actively involved in research see improved health outcomes and lower mortality rates, not just for those patients participating in research, but for everyone.

Research and Development is included in the NHS Wales Technical Planning Guidance 2025-2028, through the supplementary policy information section, which highlights that the use of the research evidence base in health and social care is as crucial as ever, as research and development continues to play an important role in improving outcomes. A thriving Research and Development (R&D) culture is vital to transform NHS Wales and is part of the solution to many of the challenges it faces.

The Duty of Quality means that all NHS organisations have a legal responsibility to continually improve the quality of the services they provide. It also reinforces the importance for research supportive organisations to adopt a system-wide way of working to provide safe, effective, person-centred, timely, efficient, and equitable health care in the context of a learning culture.

In July 2023, Health and Care Research Wales launched the **NHS R&D Framework**: [Health and Care Research Wales publishes new Framework to embed and integrate research in the NHS | Health Care Research Wales](#) and local implementation is the responsibility of the NHS organisations in Wales. Health and Care Research Wales leads on the **Embedding Research into the NHS Programme** to provide national support.

We recently established a national Embedding Research in the NHS Programme steering group and we are hearing some reflections that we wanted to share, to outline how you can support implementation to ensure that the framework is a key part of your organisation's strategy, service delivery and business planning. These are:

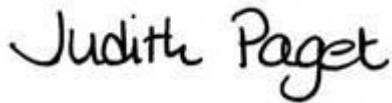
- Ensuring that **R&D and clinical research features in your organisational strategies** and that you have an up-to-date research strategy, aligned to the framework
- Assuring yourself that **Integrated Medium-Term Plans and operational teams reflect the organisational commitment and plans to enable research**
- **Supporting the R&D Director/ lead in your organisation** to work closely with Health and Care Research Wales to implement the NHS R&D Framework and support the Embedding Research in the NHS Programme
- **Regularly discussing research on the agenda at your NHS organisation's Board** meetings to facilitate self-assessment against the Framework
- Ensuring that you and your R&D Director/ lead **are working closely with your organisation's Board champion to embed research in your organisation**
- **Discussing research at your national peer support meetings** (e.g. the Medical Director's meetings) to ensure national support for this work, including peer review and sharing areas of good practice
- **Supporting the ongoing national project to identify and support clinical academics in Wales**, which will lead to the development and adoption of national guidelines for NHS Wales and higher education institutions for hosting and supporting clinical academics

- **Facilitating your organisation's contribution to the national project to quantify the economic value and impact of health care research** by facilitating the provision of your organisation's data on research and the identification of case studies
- **Facilitating your organisation's contribution to the forthcoming national project to embed research in the NHS workforce** which will lead to the development of national good practice guidelines for embedding research into NHS workforce plans
- **Supporting national representation on the Embedding Research in the NHS Programme national steering group**, chaired by Suzanne Rankin, who is the CEO Research Champion for Wales.

You can find out more about the programme here: [Embedding research in the NHS | Health Care Research Wales](#). Please share this letter with your executive board and relevant departments within your organisation.

We would like to thank you for your commitment to implementing the framework so that it is visibly seen as embedded in your organisation's quality and improvement plans. The Health and Care Research Wales team look forward to discussing your NHS organisation's progress in implementing the NHS R&D Framework at the forthcoming annual review meetings.

Yours Sincerely



**Judith Paget, Director General
Health, Social Care & Early Years /
NHS Wales Chief Executive**



Suzanne Rankin, CEO Research Champion for Wales

cc: R&D Directors
R&D Board Champions



Welsh Ambulance Service University NHS Trust

22 April 2025

Dear Andy and Nigel,

Thank you for meeting with me and colleagues from Health and Care Research Wales (HCRW) to discuss progress particularly against the implementation of the NHS R&D Framework, share challenges and identify actions that need to be taken to improve health and care research across the Welsh Ambulance Service University NHS Trust (WAST), and discuss where the wider Health and Care Research Wales system can help.

We felt that the meeting was very constructive, and your presentation provided a helpful overview of the progress made over the last year and was clearly aligned to the NHS R&D Framework. We would like to highlight upfront that we felt there has been a significant amount of work in progressing the R&D agenda in WAST, with notable determination and commitment, and working within quite a limited budget. You and your teams should be proud of the achievements to date.

During the meeting, we noted and were particularly interested to hear of:

- How the R&I team has expanded over the last year, with posts funded by the Trust alongside those that are funded via cost recovery mechanisms, resulting from successful grant awards. It was also positive to hear that the Trust is recruiting a deputy role to the Assistant Director of R&I via WAST's budget, which will address the resilience and sustainability issues previously discussed.
- The NHS R&D Framework being socialised across the Trust to support the embedding research agenda, through presentations to the Clinical Quality Governance Group, Academic Partnership Committee and the Senior Leadership Team.
- How the Trust has acquired University Trust status, and discussions are ongoing between the R&I team and other directorates across the Trust to capitalise on this and raise the profile of R&I even further.
- Engagement in multiple dissemination and engagement events, from international conferences to local and regional workshops, and how WAST has hosted and chaired an Urgent and Emergency Care session at a MediWales event, which highlighted and showcased studies being supported and delivered in WAST.
- The Research Development Groups that have been established who are facilitating discussions across several areas to develop new Principal and Chief Investigators,



including a focus in the AI and digital space. You also mentioned that two new Principal Investigators are being supported and developed by the HCRW and NIHR Associate PI Scheme, with others being signposted to the NIHR Programme Development Grants. We welcomed this approach to developing future researchers and maximising the opportunities on offer.

- How the R&I team have embraced the Health and Care Research Wales 'Once for Wales' approach, and wider research infrastructure support in the setting up and delivering studies. As an example, we noted the success of the 999 R.E.S.P.O.N.D study led by WAST, which has successfully secured NIHR HS&DR funding.
- Your strong partnership and collaborative working with York University in respect of the AI Centre for Doctoral Training in Safe Artificial Intelligence Systems (SAINTS), building on the collaboration with the ASSIST project.
- How you are continuing to grow and build your broad and impactful research portfolio. We noted the Paramedic 3 Trial was successfully delivered and published in the New England Journal of Medicine, with WAST staff named as co-authors on the paper, and how the trial will now influence international resuscitation guidelines and policy.
- How research evidence is influencing policy and practice, and we were particularly interested to hear about how WAST has reviewed emergency response times arrangements for cardiac arrests and will introduce evidence informed changes resulting in achieving better outcomes. We noted that this work is now of interest to ambulance services outside of Wales.
- How you have supported several PhD/MSc projects and a HCRW Doctoral Fellowship jointly with Cardiff University. We also noted that you are highlighting to colleagues, the opportunities through the HCRW Faculty.

In terms of challenges:

- We noted your concern about student research and the lack of clarity on the processes to follow, which has resulted in the Trust developing its own approach and processes including signposting students to the Health Research Authority student research toolkit. We clarified that as HCRW is part of the HRA service to researchers, we would also signpost and follow the same guidance.
- You mentioned the ongoing challenge of accessing patient data via the SAIL Databank and in the meantime, WAST has developed an approach for colleagues who wish to request data via SAIL, having progressed addressing complex information governance issues on data sharing, in collaboration with your Digital Directorate. We advised that there are ongoing discussions between policy leads in Welsh Government to resolve issues with NHS organisations accessing NHS data more generally, and how the National Data Resource in development, should also help in the future.
- We acknowledged how the Trust is appointing staff to the R&I team out with the HCRW Research Delivery Funding budget and therefore at risk to the organisation. Whilst this is no different to other NHS organisations, the small amount and unpredictability of the research activity at WAST does increase the risk, that might not always be sustainable via external grant funding.

There are a few areas where we think the WAST should consider following the meeting and during our discussion. We have noted these below.

- Strong alignment of the forthcoming WAST Research and Innovation Plan with the NHS R&D Framework and the Embedding Research in the NHS programme – We were encouraged to learn about how the Trust is monitoring implementation of the NHS R&D Framework via the Academic Partnership Committee. We were also

pleased to receive a copy of the Trust's drafts R&I Annual Report, and it was evident that it is aligned with the pillars in the NHS R&D Framework. We noted your intention to publish a R&I plan linked to the Trust's wider Clinical Strategy, and we would like to see the continued strong alignment in this plan with the NHS R&D Framework and the Embedding Research in the NHS programme. We also look forward to receiving a copy of the R&I plan, once it has been approved and will read with interest.

- Continuing to build on your existing strategies for developing and supporting researchers – We noted your ambitions for more staff to become involved in R&I from across the organisation and how they embrace research evidence in changing policy and practice. We discussed the support available via the HCRW Faculty team and whilst you are proactively disseminating funding calls and supporting applications where appropriate, you advised that you were not entirely clear on the role of the Research Development Advisors. We suggested that you link in with them to establish what career development support they can also offer that is complementary to that offered through your team and would be happy to facilitate this.
- Growing the WAST portfolio of studies – We discussed the UK portfolio of studies that would be relevant to WAST, which is relatively small in comparison to other specialties, and asked whether there was anything HCRW could do to assist and support the identification of study opportunities moving forward. We can continue to make sure you are sighted on all opportunities and will ensure you are linked into relevant HCRW specialty leads. You highlighted that supporting PIs more effectively to develop their future research careers (and where relevant, in conjunction with academia) would be beneficial and could strengthen capacity and capability. It was agreed to discuss this further following the publication of the PRIORITY project research action plan – now planned for June.
- Note the letter from Judith Paget and Suzanne Rankin. We have attached the letter on the Embedding Research in the NHS Programme which you received in February for ease so that you can consider when progressing developments over the year.

We highlighted that the Research Delivery Funding Stream within Welsh Government could be selected for an internal audit in the forthcoming financial year, therefore work will be undertaken to ensure NHS organisations are compliant with the terms and conditions set out in the Research Delivery Funding Grant Award Letter.

We also informed you that a self-assessment against the NHS R&D Framework will be requested in readiness for the next annual review meeting likely to held in March 2026.

Finally, we would like to thank you for a positive meeting. Please continue to keep up the good work on supporting and delivering health and care research and supporting your staff. We look forward to working with you further to maximise research opportunities in WAST.

Best wishes



Carys Thomas
Interim Joint Head of Research and Development Division, Welsh Government
Interim Joint Director of Health and Care Research Wales

Attendees	
Andy Swinburn	Director of Paramedicine, WAST
Nigel Rees	Assistant Director for R&I, WAST
Hannah Rowen	Independent Board Champion, WAST
Carys Thomas	Head of R&D Policy, Research and Development Division, Welsh Government
Claire Bond	Senior Manager, NHS R&D Funding and Performance, Research and Development Division, Welsh Government
Nicola Williams	National Director of Support and Delivery, Health and Care Research Wales
Helen Grindell	Head of Research Support & Operations, Health and Care Research Wales



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Agenda Item No.

7

REPORT TITLE

Research, Development and Innovation Report

MEETING

Name of meeting	Academic Partnership Committee
Date of meeting	7 October 2025
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

Executive sponsor	Andy Swinburn – Executive Director of Paramedicine
Author(s) of report	Prof. Nigel Rees – Assistant Director of Research & Innovation

PURPOSE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Endorsement |
| <input type="checkbox"/> Assurance | <input type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input checked="" type="checkbox"/> Noting |

REPORT SUMMARY:

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

1. The WAST R&I Department has undertaken a comprehensive review of its current position against the NHS Wales R&D Framework (2023). This assessment highlights significant progress across all ten pillars of the framework and outlines future plans to strengthen research excellence, collaboration, and impact across the organisation.



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2. The NHS R&D Framework was introduced to define research excellence in NHS Wales and guide strategic discussions between Health and Care Research Wales (HCRW), Welsh Government (WG), and NHS organisations. WAST has responded with a robust RD&I strategy, including a five-year plan, governance structures, and active participation in national and international research collaborations. Key developments include:
 - Representation on national R&D and innovation groups.
 - Sponsorship and delivery of multi-centre studies.
 - Strategic partnerships with universities and other NHS bodies.
 - Securing funding to expand research capacity and workforce development.
 - Strong public involvement and communication efforts.
3. WAST demonstrates strong alignment with the R&D Framework pillars:
 - **Strategy & Governance:** Drafted RD&I plan with measurement framework; active leadership in national forums.
 - **Partnerships:** Collaborations on high-impact studies (e.g. PREPARE, RESTART, LEVEL-UP, ASHaH).
 - **Research Support & Delivery:** Sponsorship and delivery of pan-Wales studies including RELIEF, and 999RESPOND2.
 - **Finance:** Secured VPAG and SSC funding to expand commercial research and staff capacity.
 - **Workforce Development:** Fellowship awards, NIHR schemes, and new leadership appointments.
 - **Public Involvement:** Embedded PPI in all research, with SOP development and active co-applicant roles.
 - **Communications:** National conference presentations, parliamentary showcases, and media coverage.
 - **Impact:** Multiple peer-reviewed publications and conference outputs, with several papers under review.

RECOMMENDATION(S)

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

The Academic Partnership Committee is requested to:

1. Note the RDI Report for APC.



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:

1. RDI Report for APC.

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 and 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



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University NHS Trust

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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
7 October 2025	Academic Partnership Committee

NHS R&D Framework – assessment template

Current status 2023

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

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

The framework can be accessed here -

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

Name of organisation: Welsh Ambulance Service University NHS Trust

STRATEGY

The Responsible Research, Development & Innovation (RD&I) plan has been drafted including a measurement framework for improvement.

GOVERNANCE AND LEADERSHIP

- Ongoing representation on NHS R&D Directors and innovation Leads meeting.
- Representation on: PRIORITY project, HCRW Faculty, NHS R&D Framework group and multiple R&I grant panels
- HCRW, WG, R&D Directors & leads in 2025 to explore future performance, reporting and monitoring.
- Development of 5-year RD&I Plan
- Collaboration with all Wales Innovation network on Intellectual Property Policy
- Development of Sponsorship Policy
- Dissemination of RD&I Annual Report.

PARTNERSHIP AND COLLABORATION

- Prehospital point-of-care troponin testing in ambulances: a randomised controlled trial (PREPARE): UK wide ambulance Services and University Research Prehospital cardiac troponin testing to rule out NSTEMI. WAST co applicants, submitted to stage 1 HTA Commissioned call submitted
- DEPWOC: Drivers and Experiences of Pregnant Women Calling NHS 111 Wales for pregnancy related reasons. Collaboration between WAST, Cardiff University, Swansea University and Cardiff and the Vale Health Board. Submitting to HCRW integrated Funding Scheme
- Anterior-Posterior VERSUS Anterior-Lateral defibrillator pad position in out of hospital cardiac arrest RESTART. *Research Development Group*

Targetting NIHR HTA studies evaluating the clinical and cost-effectiveness of ambulance service led interventions

- Optimising placement of public-access Automated External Defibrillators (AEDs) in Wales, using mathematical modelling techniques. WAST collaboration with Warwick University. Submitting to HCRW Integrated Funding Scheme
- Decarbonisation in Health Care Research Development Group involving WAST and Bangor University targeting NIHR Decarbonisation call.
- A Multi Centre Randomised Control Trial evaluation of the Clinical and Cost effectiveness of Advanced Paramedic Practitioners in UK Ambulance Services. Research Development Group involving WAST, York University, and other UK ambulance Trusts. Targetting NIHR HTA Studies evaluating the clinical and cost-effectiveness of ambulance service led interventions.
- 999 LIFE - Language as Infrastructure in Emergency Care. Collaboration with Warwick University and WAST. Submitting to Economic and Social Research Council (ESRC)
- WAST co applicant partners with NHS Wales Performance and Improvement and other Trusts/HB's in Wales. Submitting application to NIHR to evaluate the National Strategic Programme for Mental Health Research.
- Board membership developing Stroke Tech Forum Conference.
- ASHaH: Ambulance Services and Hospital at Home. WAST/Swansea University collaboration. Targeting NIHR HSDR

RESEARCH SUPPORT

Continue to sponsor, design and support studies. RD&I team cooperating with other departments in areas of development, delivery, governance and improved access to data.

RESEARCH DELIVERY

WAST R&I team are currently delivering a pan Wales studies, including:

- 3D Drone Project / Skybound
- SIS Trial
- RELIEF
- RAPID 2
- 999 RESPOND 2
- OHCAO

FINANCE

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

NHS WORKFORCE CAPACITY AND CAPABILITY

Cendl Xanthe secured VPAG Fellowship to explore commercial research opportunities in WAST

NIHR Research for Public and Patient Benefit for underdisciplined disciplines funding obtained for development of research capacity within the team.
Head of Research and Innovation appointed
Regional Clinical Lead – Consultant Paramedic Conducting NIHR Associate Principal Investigator scheme

PUBLIC INVOLVEMENT AND PARTICIPATION

All WAST research has PPI involvement
PPI Standard Operating Procedure in development
Two PPI members involved in the RESTART development group which is developing a bid for funding to test Anterior Posterior vs Anterior Lateral defib pad placement.
One PPI Member involved in the development of a bid for Optimising placement of public-access Automated External Defibrillators (AEDs) in Wales, using mathematical modelling techniques.
Two PPI co-applicants currently actively involved in the delivery of 999RESPOND2.

COMMUNICATIONS AND ENGAGEMENT

The R&I team uses regular internal and external communications to engage with colleagues and inform members of the public about research.

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

- Include sessions

Kings College London conference presentation Drone Research for Advancing Community Healthcare & Medicine Access – DRACHMA: Rees, N (2025) “Saving Lives with Drones: The Welsh Ambulance Services University NHS Trust (WAST) Drone Research & Innovation program.”

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

News Articles

[Southern Daily Echo](#)

[ITV](#)

- [Wales247](#)
- [STV](#)
- [DroneXL](#)
- [The Engineer](#)
- [News Medical](#)
- [Healthcare in Europe](#)
- [AOL](#)

- [Yahoo! News](#)
- [Parliament Politics](#)
- [AZO Robotics](#)
- [EuropaWire](#)

RESEARCH IMPACT

Publications

Driscoll, T.J., Black, S., Davies, G., Gale, C.P., Gavalova, L., Halter, M., Hughes, C., Munro, S., Rees, N., Rosser, A. and Snooks, H., 2025. Prehospital 12-lead ECG and outcomes in acute coronary syndrome. *Heart*.

Palmer, G.I., Tuson, M., Knight, V., Harper, P., Brice, S., Smith, L. and Gartner, D., 2025. On the optimization of heterogeneous ambulance fleet allocations. *IMA Journal of Management Mathematics*, p.dpaf027.

Smith, C.M., Powell, C., Bernstein, C.J., Howe, H., Holt, M., O'Sullivan, M., Couper, K. and Rees, N., 2025. The use of drone-delivered Automated External Defibrillators in the emergency response for out-of-hospital cardiac arrest. A simulation study. *Resuscitation Plus*, p.101045.

A paper, titled "The use of Artificial Intelligence in the out-of-hospital care settings: a scoping review", authored by Dr Jamie Miles (University of Sheffield), Dr Mike Brady (WAST), Dr Leanne Smith (WAST), Dr Charlotte Cotterill (University of Sheffield) and Charlotte Levey (WAST), has been submitted to a new open access, peer-reviewed journal 'BMJ Digital Health & AI' for publication. This journal aims to "bridge the gap between technology and healthcare", an alignment with WAST's strategic objective of being at the forefront of innovation and technology and the ambitions within WAST's Digital Plan.

The following paper has also been submitted: Palmer, G.I., Tuson, M., Knight, V., Harper, P., Brice, S., Smith, L. and Gartner, D., 2025. On the optimization of heterogeneous ambulance fleet allocations. *IMA Journal of Management Mathematics*, p.dpaf027.

Porter, A., Bell, F., Brady, M., Brown, S., Carson-Stevens, A., Driscoll, T., Evans, B.A., Foster, T., Gallanders, J., Gunson, I. and Harris-Mayes, R., 2025. 'Every day was a learning curve': implementing COVID-19 triage protocols in UK ambulance services—a qualitative study of staff experiences. *Emergency Medicine Journal*.

Rees, N., Tod, D., Fiorentino, F., O'Meara, P., Williams, L., Williams, J. and Hawkes, C., 2025. Attitudes towards protecting Emergency Medical Services (EMS) staff from violence and aggression: a survey of adults in Wales. *BMJ open*, 15(4), p.e092949.

Driscoll, T.J., Black, S., Davies, G., Gale, C.P., Gavalova, L., Halter, M., Hughes, C., Munro, S., Rees, N., Rosser, A. and Snooks, H., 2025. Prehospital 12-lead ECG and outcomes in acute coronary syndrome. *Heart*.

Ji, C., Pocock, H., Deakin, C.D., Quinn, T., Nolan, J.P., Rees, N., Charlton, K., Finn, J., Rosser, A., Lall, R. and Perkins, G.D., 2025. Adrenaline for traumatic cardiac arrest: A post hoc analysis of the PARAMEDIC2 trial. *Resuscitation Plus*, 22, p.100890.

Angouri, J., Ting, S. S. P., Booker, M., Rawlinson, D., Nadeem, L., & Rees, N. (2024). 'JUMPED OUT OF THE WINDOW': Textual trajectories in emergency medical dispatch. *Discourse & Society*, 36(5), 613-639.
<https://doi.org/10.1177/09579265241296901>

Conference Outputs

Ting SS, Angouri J, Booker M, et al, PP18 Lost in transmission: risk negotiation in emergency medical dispatch, *Emergency Medicine Journal* 2024;41:A9.

Paramedic decision making at end-of-life workshop led by Chris Moore at 999EMS Research Forum Annual Conference 2025.

Presented papers at the COP 2025 annual research conference Birmingham and posters on 999RESPOND-2 and RELIEF at the 999EMS Research Forum in Newcastle.

Presented a session on emergency and urgent care research at Medi Wales Connects 2025 which included presentations for:

- 'Just in Case' medicines use by ambulance paramedics Responding to End-of-Life Care In the Community: a multi-methods study of the Experiences of Paramedics, Doctors, Family and Carers (RELIEF)
- 'Probiotics Can Support the Well-Being of Healthcare Workers During the Winter' (PROWEB)
- Optimising the use of the Advanced Paramedic Practitioner (APP) in Wales to meet the patients care needs. A Service Evaluation of the 'APP Navigator'
- Complex Decision Making in Emergency Medical Dispatch (999RESPOND)

The following papers are being reviewed for publication:

Moore et al (under review) 'Just in Case' medicines use by ambulance paramedics Responding to End-of-Life Care In the Community: protocol for a multi-methods study (RELIEF).

Woywodt et al (under review) Distorted Visual Information as a Cause of Clinical Error An Under-Recognised Risk with the Use of Video for Clinical Encounters.

Lewis, Gough, Brady (under review) Exploring Remote Patient Monitoring in Out of hospital Emergency Care: Implications for Ambulance Services.

Brady et al (Under review) Piloting Conversational AI in Urgent Care Early Insights from NHS 111 Wales and Implications for Digital Health Innovation

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



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Agenda Item No. 9

REPORT TITLE

2025/26 Quality Governance Reviews

MEETING

Name of meeting	Academic Partnerships Committee
Date of meeting	7 October 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Trish Mills, Director of Corporate Governance/Board Secretary

PURPOSE OF REPORT

- | | |
|--|---|
| <input type="checkbox"/> Approval | <input checked="" type="checkbox"/> Endorsement |
| <input type="checkbox"/> Assurance | <input checked="" type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting |

REPORT SUMMARY:

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

1. This paper outlines the proposed direction for the Trust's governance and quality reviews for 2025/26, with a particular focus on reassessing the delegated responsibilities of the Academic Partnerships Committee (APC).
2. Following the 2024/25 effectiveness reviews, the Audit, Risk and Assurance Committee (ARAC) initiated a project to streamline the Trust's governance structure.



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3. Key drivers included Non-Executive Director (NED) availability, quorum pressures, the transitional status of APC following the achievement of University Trust Status, and the high volume of meetings. The review aimed to better align committees with the Trust's six strategic objectives.
4. A range of options were considered, culminating in a preferred proposal to reduce the number of board committees from seven to six by standing down APC. This recommendation reflects the evolution of governance needs and the natural cross-roads for APC after obtaining University Trust Status. APC's contributions are acknowledged as foundational, having significantly shaped the Trust's academic and research ambitions.
5. **The overarching changes to the board structures are not for consideration by APC today. However, should that be the desire of the board when it considers this in January, this paper provides members with the rationale for the changes and proposes a redistribution of APC's responsibilities should that occur. Views of the members are sought as to that course of action as those changes directly affect this committee.**
6. The proposed redistribution of APC's responsibilities is recommended as follows:

Research: To be transferred to the Finance and Performance Committee (FPC), aligning with Strategic Objective 3 and enabling integration with technology, commercialisation and financial sustainability portfolios.

Partnerships: Education and training collaborations to move to the People and Culture Committee (PCC), while commercial partnerships will be overseen by FPC.

University Trust Status (UTS): UTS is a designation, not a standalone programme. Oversight should focus on the contributing activities which are to be aggregated and monitored through the IMTP, with FPC ensuring visibility.
7. The preferred option for changes to the board structures is included in this paper for completeness. However, implementation of the preferred option is recommended for deferral due to the upcoming externally facilitated board effectiveness programme and the transition to a new Chief Executive.
8. Should the board approve the proposed changes, it will be recommended that APC continue to meet in 2026/27 for research oversight, with other responsibilities related to partnerships transitioning from 1 April 2026. Additionally, it will be proposed that four NEDs attend each of FPC, QUEST, PCC and ARAC to support committee effectiveness, with further discussions as to NED availability planned in October.



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RECOMMENDATION(S)

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

Subject to further discussions and approvals at ARAC and the board, the committee is asked to endorse:

- (a) The redistribution of its responsibilities as follows:
 - (i) Research to Finance and Performance Committee
 - (ii) Education and training partnerships and collaboration to the People and Culture Committee
 - (iii) Commercial partners collaboration to the Finance and Performance Committee
 - (iv) University Trust Status to be subsumed into the annual planning process
- (b) That the implementation of the (b)(i) above is deferred until after the externally facilitated board development programme, and in the meantime, APC meets twice in 2026/27 for oversight of the research portfolio only.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

N/A

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]		
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred
Quality Enablers (select all that apply) [link to standards]		
<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input checked="" type="checkbox"/> Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to goals]		
<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
Various	Discussions with Andy Swinburn and Estelle Hitchon re the remit of APC
16 July 2025	ELT paper re first iteration
25 July 2025	ARAC Sub-Group paper re first iteration
2 September 2025	ARAC update on quality and governance review
17 September 2025	Discussions with Hannah Rowan, Chair of APC
17 September 2025	Discussions with Hayley Hutchins, Research NED
24 September 2025	ELT discussion on preferred options
30 September 2025	ARAC Sub-Group on preferred options and deferral



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SITUATION

1. This paper seeks the committee's views on the direction of travel for the quality and governance reviews (previously known as effectiveness reviews) for 2025/26, particularly as it relates to the delegated responsibilities of this committee.

BACKGROUND

2. Following the 2024/25 committee effectiveness reviews, ARAC identified opportunities to further streamline the Trust's governance structure. A project plan was initiated with the aim of ascertaining if the endorsed spread of board responsibilities could be redistributed in a way that is more efficient and effective. A sub-group of ARAC was formed to support this work (Peter Curran, Ceri Jackson, Rhiannon Beaumon-Wood, Chris Turley and Trish Mills).
3. The project was to take account of the key concerns raised during the 2024/25 reviews which included NED availability, quorum pressures, the transitional status and natural crossroads of APC post-university Trust status, and the high volume of board and committee meetings (52 ordinary meetings a year).
4. The review was driven by alignment of committees wherever possible to our six strategic objectives, so they are best placed to drive progress, monitor outcomes and performance, and to respond to emerging priorities.
5. A number of options and related issues were considered from July to September. These ranged from doing nothing, to a fundamental change in delegated responsibilities between the Finance and Finance and Performance Committee (FPC) and ARAC. The final recommendations will be presented to ARAC in December and thereafter to board in January. Details of this are included below together with implementation considerations.
6. An externally facilitated board effectiveness/development programme has been commissioned. The scope is aimed whether the board is looking at the right things at the right time, and how it can position itself to create a balance between strategy, performance, risk management and culture. The scope inevitably includes a review of the committee structure and whether their remits are appropriately aligned to any changes in the approach at board. That programme will commence in Q4 2025/26 and finish in Q1 2026/27.



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ASSESSMENT

7. The board has delegated the following responsibilities to APC:

Research: Oversight of relevant KPIs, risks, assurances that research is open to the whole workforce (the democratisation of research), and compliance with the HCRW research governance framework.

Partnerships (education and commercial): To promote and explore opportunities to collaborate and influence programmes with education providers (including further and higher) and commercial partners; and to promote and support collaboration with key partners to widen access and increase participation in health and social care education in local communities.

University Trust Status: Receive assurance on maintenance of UTS and programmes of work that are aligned thereto.

8. Across the options considered, one consistent theme was the proposal to bring the work of APC to a close and redistribute its responsibilities. This is not a reflection of committee or member effectiveness. On the contrary, APC has played a pivotal role in shaping our academic partnerships and research ambitions, displaying strong and inclusive leadership and encouraging open, respectful and productive discussions. Its work has laid strong foundations for the future, including:

- University Trust Status approved from 1 April 2024
- committee oversight of implementation of that status and name change
- University Trust Status benefits discussed, focus on learning, quality, evidence-based practice
- Initial and ongoing IMTP priorities endorsed
- Promoted a broadening of its remit in 2022 outside of University Trust Status
- Research Champion appointed and updates provided by Hannah Rowan
- Lived experiences shared at meetings as well as external partner spotlights
- HCRW framework implementation updates
- Apprenticeships landscape and opportunities
- Mapping of breadth of partnerships at WAST
- Research and innovation KPIs and annual reports
- Oversight commitment to embed research strategy across Trust operations
- Academic NED recruitment supported, Hayley Hutchings appointed
- Spotlight sessions held
- Effectiveness meetings held annually
- Committee priorities set annually
- Meetings quorate and reported to board on a AAA format



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9. The Trust's governance around those responsibilities in this committee's remit has evolved. We have obtained University Trust Status which was the original aim of establishing APC. Academic partnerships and research is now embedded across multiple areas of our strategy and our planning process, and it is timely to integrate these responsibilities into committees where they can have the greatest impact and alignment with strategic objectives. As a result of this evolution and obtaining of University Trust Status, APC agenda were becoming less predictable to plan.
10. Additionally, the overwhelming feedback from the effectiveness reviews was to decrease meetings and to increase NED membership, and the most effective way of doing this is a reduction in committees from seven to six. To support consideration of this, the responsibilities currently held by the committee have been mapped against where they could fall within the existing governance structure as follows. Members views are sought on the appropriateness of the proposed transfers:

With respect to research:

- 10.1. The 2024/25 Research and Innovation Annual Report before the committee at this meeting is a good illustration of the breadth of research WAST is involved in. Much of this (clinical and non-clinical) is done in partnership and externally funded for the benefit of the broader NHS, ambulance practice, public health etc. It is wide-ranging and diverse, from resuscitation guidelines; video consultation; AI safety in critical ambulance response; resilience communities (CSC); violence and aggression; out of hospital cardiac arrest, maternity care in 111, to data studies.
- 10.2. The Research and Innovation Team ensure findings from research are translated into health care improvements. Although many of the findings from the evidence based research set out in the annual report are not directly translated into WAST policy, others are by way of changes through JRCALC or wider NHS and research guidelines, which WAST adopts. Over the past 18 months this committee has discussed the resourcing and other constraints which limits WAST commissioning more of its own research.
- 10.3. Potential committees for the research remit if APC is stood down have included the Quality, Patient Experience and Safety Committee (QUEST) and FPC. The preferred option has it moving to FPC to better link up with Strategic Objective 3 *Being at the Forefront of Innovation and Technology*. Whilst much of what sits in this objective currently is digital, bringing research into FPC will pose an opportunity for ambitions and connections with its oversight of technology, commercialisation and financial sustainability to be articulated. Linking these together with the Health and



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Care Quality Standard of 'learning, improvement and research' may help to strengthen the links. It would also likely necessitate a name change for FPC to better reflect the updated areas of oversight.

- 10.4. While QUEST might be an obvious choice for research, it is not aligned to translation of evidence based WAST research into our models of care directly. That is not to say that we could not or should not demonstrate the links and connections to WAST research and clinical practice and therefore outcomes.

With respect to partnerships:

- 10.5. It is proposed that these primarily move to the People and Culture Committee (PCC) under the 'capability' section of their terms of reference. This currently includes that PCC *receives and endorses the commissioning intentions for training and education through HEIW and others* so is a good fit.
- 10.6. The Trust's relationship with higher education is currently curriculum, research and innovation driven, whereas with further education/work based learning it is both curriculum and financial. With respect to widening access and increasing participation in local communities this relates to apprenticeships and how we meet our foundational employer duties under the Wellbeing of Future Generations Act.
- 10.7. Collaborations with commercial partners would sit best where the commercial and financial sustainability work is reported, which is currently FPC.

With respect to University Trust Status (UTS):

- 10.8. Initiatives that support and align to our UTS are not separate and stand-alone. They should be incorporated into our long-term strategic vision and our Integrated Medium Term Plan (IMTP). UTS itself is a designation, but what matters is that the activities which underpin and sustain that status, namely research, innovation and the democratisation of learning, are adequately supported and overseen.
- 10.9. Although the previous bi-annual UTS reviews with Welsh Government appear to have been suspended, the Trust may still be called upon to evidence the initiatives that contribute to maintaining this status. During annual IMTP planning, these activities should be aggregated and clearly defined, ensuring they are appropriately stretching and developmental in



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support of our organisational ambitions. This should be one of the guiding principles, allowing us to easily identify which objectives align to UTS.

10.10. These initiatives will naturally be closely linked to the research and innovation portfolio. While UTS itself will not be directly monitored at FPC or elsewhere, the component activities that contribute to it will be. FPC endorses the IMTP annually, and a prompt already exists in their cycle of business to ensure that initiatives linked to UTS are visible and appropriately considered.

Preferred option and implementation

11. Subject to the views of ARAC in December, the preferred option for the board's committee structure from 1 April 2026 is for a reduction from seven to six committees with the standing down of APC.
12. This is the option most closely aligned to the aims of the project. It proposed no changes to the Charity, Remuneration or QUEST Committees. PCC will receive the education and training collaboration and partnerships previously in APC's remit as set out above, with FPC receiving research and transferring resilience, cyber, information governance and information security to ARAC.
13. Whilst this is the preferred option, the recommended is that implementation is deferred. This is due to the fact that the externally facilitated board effectiveness/development programme will be underway (Q4/Q1) – just as these changes are due to start. Further changes recommended through that programme could cause disruption. Additionally, with a new CEO starting shortly, the Chair's focus will understandably be on supporting that transition for the board. This may limit the Chair's capacity to oversee and embed any committee changes that have broader implications for board dynamics.
14. As a result of the above, it will be recommended that APC continue to meet in 2026/27 for oversight of the research portfolio, and that oversight of the education and training partnerships and collaboration is transferred to PCC, and commercial partnerships to FPC from 1 April 2026. This is likely to be no more than two meetings.
15. An additional recommendation is that four NEDs attend each of FPC, QUEST, PCC and ARAC committees from 1 April 2026. This will allow for a quorum of three, where it currently sits at two and this has caused some difficulties. Further discussions will be held with the Trust Board Chair and NEDs in October to explore their availability and committee membership generally. To make this feasible, it may mean a reduction in NEDs for the APC pending more fulsome changes.



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16. The overarching changes to the board structures are not for consideration by APC today. However, should that be the desire of the board when it considers this in January, this paper provides members with the rationale for the changes and proposes a redistribution of APC's responsibilities should that occur. Views of the members are sought as to that course of action as those changes directly affect this committee.

RECOMMENDATION

17. The recommendation is as set out in the front cover above.

NEXT STEPS

18. Further discussions with the Trust Board Chair on preferred option ahead of his bi-annual meetings with NEDs in October.

19. Light-touch quality and governance reviews of FPC, QUEST and PCC in November to include a review of their membership, confirmation of their terms of reference (no material changes expected), and pre-committee questionnaire on what works well, and what could be improved.

20. Submission of preferred option to ARAC on 2 December and board on 29 January.