CEDAR
Summer Bulletin

September 2026, Issue 15

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Canolfan ar gyfer Gwerthuso, Asesu Dyfeisiau ac Ymchwil Gofal Iechyd
CEDAR
Centre for Healthcare Evaluation, Device Assessment and Research

CEDAR is committed to supporting patient-centred, evidence-based care through research and evaluation of health interventions, technologies, and NHS services.

CEDAR: Centre for Healthcare Evaluation, Device Assessment and Research

CEDAR's mission is to collaborate with clinical teams to deliver responsive, impactful, high-quality, patient-focused research and evaluation to improve outcomes for people in Wales and more widely.

CEDAR News

Huge congratulations to our director, Dr. Kathleen Withers, on successfully completing a PhD in Medicine at Cardiff University!

Her thesis is focused on Patient-Reported Outcome Measures (PROMs). The overarching work, titled 'Developing and Implementing Patient-Reported Measures to support Value-Based Healthcare', is a true testament to Kathleens long-standing dedication to healthcare research.

The CEDAR team are all so proud of our director for reaching this phenomenal milestone while continuing to guide and support our team every day.

- We want to give a very warm welcome to two new members of the CEDAR team, Amelia Perry CEDAR's newly appointed administrator and Lucy Collins, a Systematic Reviewer based at the Specialist Unit for Review Evidence (SURE). Find all the CEDAR team profiles on our website here.
- Congratulations to Michael Beddard, Senior Evaluation Scientist and Agatha Hills, Evaluation Scientist for passing their PRINCE2 Agile Practitioner certification. This globally recognised project management qualification is a fantastic achievement and reflects their commitment to continuous professional development, strengthening the expertise within the CEDAR team.

In This Issue

Publications:

- Poole et al (2026) "Implementation of procalcitonin-guided antibiotic stopping advice in sepsis: A mixed methods process evaluation in a clinical trial context" has been published in the Journal of the Intensive Care Society. This paper shares the results on the process evaluation study PREADAPT-Sepsis.
- Knight et al (2026) "Study to explore patient views of PROm data access, use, and VISualisatION (PROVISION): the PROVISION study" has been published in the IJQHC Communications journal.

- M, Keski-Keturi et al (2026) "Effects of Sedation, TEmperature and Pressure After Cardiac Arrest and REsuscitation on Major Adverse Kidney Events (STEPCARE-MAKE): A Protocol for a Pre-Planned Sub-Study of a Randomized Clinical Trial.", has been published in Acta Anaesthesiologica Scandinavica journal.

Conference Attendance:

This quarter, the team has attended and presented at a range of different conferences including:

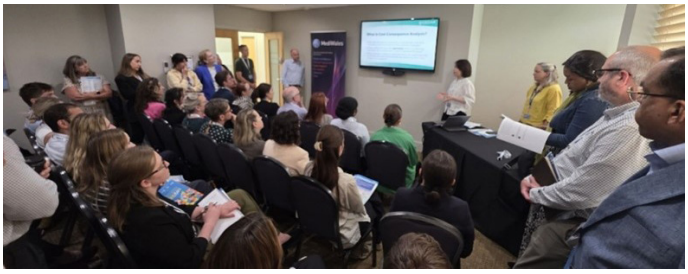
AWMPCE

Several of the CEDAR team attended and presented at this years **All-Wales Medical Physics and Clinical Engineering Conference**, hosted by Velindre NHS Trust at the Cardiff City Stadium.

Along with other staff within PIER, CEDAR will be supporting the department in hosting the 'All Wales Medical Physics and Clinical Engineering' conference' in Cardiff for 2027. Click the link here to register your interest.

MediWales

The team also attended and presented at this year's **MediWales connects** conference. Together with our collaborators at the Welsh Value in Health Centre, Huey Yi Chong, Health Economist, and Megan Dale, Principal Health Economist, spoke about putting value-based healthcare into practice and how health economics can support decision making. It was a well-attended session with great feedback, and the day was busier than ever, highlighting the exciting innovative research and evaluation happening across Wales.



PROMs conference

Members of the team attended the **10th UK PROMs Conference** in Sheffield with 2 poster presentations: *"A qualitative understanding of stakeholder preference towards questionnaires used to support person-centred care in physiotherapy and podiatry outpatients,"* and *"Iaith mewn Iechyd (Language in Health): Recruiting Welsh-Speaking Volunteers for PROM Cognitive Debriefing"*. This is always an interesting conference supporting our understanding of the national PROMs landscape and provides useful networking opportunities.

CEDAR are delighted to announce that together with NHS Performance and Improvement, and the Welsh Value in Health Centre, we will be hosting the 11th UK PROM conference in Cardiff in 2027. CEDAR feel privileged to be helping to bring the health research community together to explore how Patient-Reported Outcome Measures can drive meaningful improvements across healthcare.

International Conference on Globalisation/ deglobalisation in Languages, Education, Culture and Communication (GLECC2026)

Attended by CEDAR's Welsh Language Coordinator, Hawys, who presented on: Accurate Translation, Accurate Outcomes: The Risks of Inadequate PROM Translation in Wales.

CEDARs Away Day

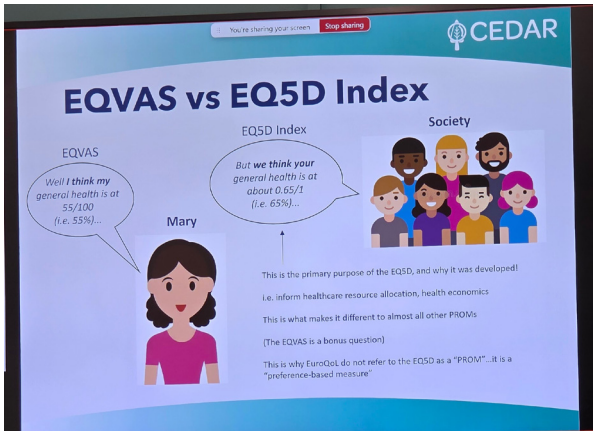
Earlier this year, the CEDAR team came together for an away day at the Leonardo Hotel in Cardiff. The day began with an insightful session led by Dr Jamie Gallagher on impact, engagement, and the effective use of social media. The discussion encouraged the team to reflect on how we communicate our work, connect with wider audiences, and maximise the impact of our research and projects.

In the afternoon, attention turned to strengthening collaboration and exploring ways to continue improving how we work with partners and stakeholders. An icebreaker activity, where team members shared something they had learned over the past year, generated plenty of discussion and a few unexpected highlights, including an indoor drone demonstration!

The away day provided a valuable opportunity to step back from day-to-day activities, share ideas, strengthen team connections, and identify new ways of working that will support our projects moving forward.

Methodology Meeting

CEDAR hosted our first methodology meeting this quarter, where we were joined online by colleagues from the Welsh Value in Health Centre and Digital Health and Care Wales. Presentations were given on the new UK validation set for the EQ-5D-5L PROM, and the significant impact this will have on Health Technology Assessment (HTA) and overall value. We also had some useful discussions on the comparative benefits on EQVAS vs. the EQ-5D index, the national PROMs pathway and CEDAR's ongoing contributions to PROMs data standards work in NHS Wales.



Project Spotlight:

MOMENTUM

Intensive Care Unit (ICU) survivors have significantly complex rehabilitation needs that persist post-discharge from the ICU. However, the delivery of rehabilitation can become fragmented when transitioning from ICU to general medical and surgical wards, resulting in a large unmet need. With a focus on the ICU-step down processes, ICU colleagues in collaboration with CEDAR wanted to co-design improvement initiatives that ensure the delivery of coordinated, patient-centred rehabilitation that meets the ongoing needs of ICU survivors. To do this we used the robust Experience-Based Co-Design methodology, to identify solutions that are more likely to be acceptable, effective, and sustainable.

We engaged with physiotherapists, occupational therapists, dietitians, speech and language therapists, clinical psychologists from across ICU and medical and surgical wards, as well as involving service users with lived experience to understand the current needs, challenges and opportunities of delivering rehabilitation during the ICU transitional care.

Together staff and patient representatives proposed eight improvement initiatives, these included; general orientation cards, co-produced training material using patient stories, information leaflets and sign posting given on discharge, a rehabilitation prescription summary, electronic handover, a rehabilitation co-ordinator, step-down multidisciplinary team meetings and rehabilitation diaries. Future work is needed to formally and robustly evaluate these improvement initiatives through quality improvement cycles, including the longer-term health, quality of life outcomes and assessment of cost effectiveness.

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Canolfan Gwerth mewn Iechyd Cymru / Welsh Value in Health Centre

GIG CYMRU NHS WALES | Trawsnewid Gwerth / Value Transformation

Urgent Primary Care Framework Evaluation

CEDAR is pleased to share our evaluation report on the All-Wales Urgent Primary Care Practitioner (UCP) Competency Framework pilot, commissioned by Health Education and Improvement Wales (HEIW).

This framework was developed to support Wales' growing urgent care workforce, giving frontline staff a structured method to demonstrate clinical competencies and advance their careers. Ultimately, the framework aims to help manage the intense pressures currently facing our emergency departments and GP practices.

Over 12 months, our team, led by Michael Beddard, Senior Evaluation Scientist, conducted a mixed-methods evaluation, gathering insights from practitioners and clinical assessors across Cardiff and Vale and Hywel Dda University Health Boards. We found that staff highly respect the framework's clinical content as a brilliant 'map and gap' tool for identifying learning needs. However, finding the capacity to engage with a paper-based portfolio during overstretched shifts remains a significant operational barrier.

To bridge this gap ahead of a potential wider All-Wales rollout, our priority recommendations include:

- Mandating protected Supporting Professional Activities (SPA) time away from clinical environments.
- Transitioning from a paper folder to a modern, digital/app-based format.
- Introducing joint assessment shifts to allow for real-time competency sign-offs.

A huge thank you to all the practitioners and assessors who shared their experiences with us.

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) / Health Education and Improvement Wales (HEIW)

Pelvic Power Partnership

Pelvic health conditions, including urinary and bowel incontinence, pelvic organ prolapse, and chronic pelvic pain, affect more than 60% of women during their lifetime, with prevalence particularly high following childbirth and menopause. Despite the significant impact on quality of life, education, and work participation, many women delay seeking care due to embarrassment, stigma, or lack of awareness. Barriers to access are especially pronounced among underserved communities, where language difficulties, cultural taboos, discrimination, deprivation, and disability intersect to create additional inequities.

This project aims to identify and address barriers to accessing pelvic health services among underrepresented women in South-East Wales.

Ten focus groups involving women from underserved communities will be conducted

across South-East Wales, involving between 96–144 participants in total. CEDAR researchers will facilitate these focus groups and provide additional support where needed during these sessions. CEDAR will also perform qualitative analysis on the data gathered.

The study will provide novel, in-depth insights into the barriers faced by underserved communities in accessing pelvic healthcare, highlighting both logistical and socio-cultural factors.

Methods Showcase: Quantitative methodologies

Quantitative methodologies use numerical data, including data derived from real-world observations to identify patterns and test hypotheses, which can help inform evidence-based decisions. CEDAR has a wide range of experience with primary and secondary data analysis, ranging from data handling and preparation, selecting methods to best fit research and evaluation questions, and undertaking small and large-scale analysis. Our skills include:

- **Data wrangling** – Linking, cleaning, and preparing datasets ready for analysis, as well as assessing data quality, including accounting for missing data (e.g. multiple imputation)
- **Data visualisations** – Producing publication quality visualisations in Welsh and English, including advising on dashboard visualisation of routinely collected PROMs and PREMs.
- **Descriptive statistics** – Undertaking simple summary statistics (mean, median, count and percentage) and hypothesis testing.
- **Advanced statistical analysis** – Application of multivariate regression, multi-level regression, survival analysis, mediation and moderation analysis, factor and cluster analysis for cross-sectional, cohort and case-control study designs.
- **Meta-analysis and network meta-analysis** – Using meta-analysis and network-meta-analysis methodologies through both frequentist and Bayesian approaches, along with production of forest plot and network diagrams.
- **Reporting and Dissemination** – We can help interpret and disseminate findings effectively through reports, academic manuscripts, accessible infographics, conference presentations and posters.

Each project is designed within data availability constraints, and with specific timeline and budgets in mind. Our support ranges from quick data insights (e.g., summary statistics and visualisations) to robust statistical analysis, for example using routine datasets to answer specific research and evaluation questions.

We use a range of data management and analysis software including R, STATA, SPSS, SQL, and MS Excel. All data is held confidentially in line with current information governance (IG) requirements and legislation. Identifiable, anonymised or pseudonymised data can be used. NHS service evaluation permission or proportionate ethical approval will be sought as appropriate.

Staff Spotlight

We Speak to Sue Peirce, research fellow at CEDAR

Tell us a bit about you and your role:
My background is in physics and the instrumentation side of Medical Physics. I first started at CEDAR in June 2005, coming from a PhD in measuring and modelling cardiovascular physiology. I was supposed to evaluate neonatal equipment, but CEDAR was transitioning from working for the Medical Devices Agency (MDA) to the Centre for Evidence-based Procurement (CEP – it didn't last long). CEDAR was much smaller then (maybe 4 or 5 staff) and still doing some technical assessments on equipment. In 2008 I moved a few buildings away, to Cardiff University's School of Medicine, where I spent 4 years researching how medical devices are used and adopted. I rejoined CEDAR in 2012,

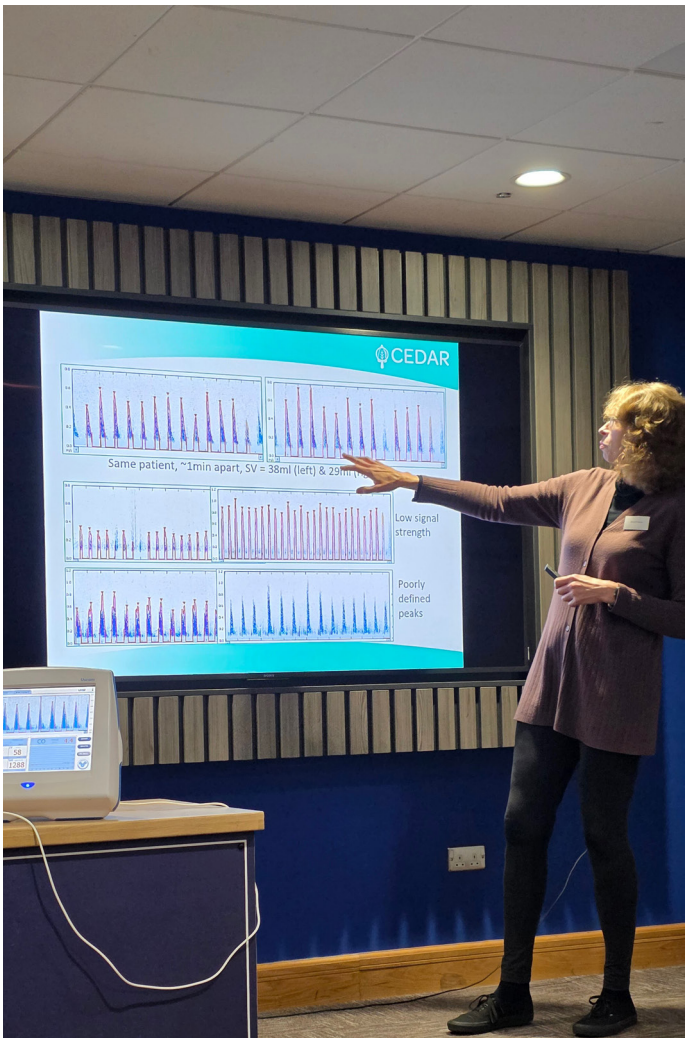
just as it started working for NICE. It was also a collaboration with the School of Engineering, so I rejoined as a member of university staff.

This all means that I'm the longest serving member of staff at CEDAR and I've worked on most types of projects: systematic reviews, economic modelling, teaching, commercial research, and (most recently) designed and managed clinical trials.

What is your favourite part of your job?
The people. And the cakes. And the rhubarb and other produce that gets brought in. I particularly like technical, logical tasks, such as creating or pulling apart an Excel spreadsheet, programming something, or data wrangling.

Choose a superpower?
The ability to make people see things from another person's point of view, just for a short period. I think misunderstandings, assumptions, and prejudice cause a lot of problems. Or Laser Eyes. Laser eyes would be good (but only if I could turn them off like Homelander from The Boys, rather than have them on all the time, like Cyclops from The Avengers).

If you could have a 'guest expert' join the team for a day, who would it be?
Prof Sir David Spiegelhalter or Prof Carl Heneghan, both of whom are excellent communicators about statistics and evidence. I heard them a lot on the radio during COVID and on things like More or Less (BBC Radio 4).



If you have a proposal and would like to talk to our team, please contact us or fill in our support request form

Visit our website:

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