



**RCSLT Connect Cymru  
2024: Cymru'n Un, Un  
Proffesiwn  
One Wales, One Profession**

12 Mehefin 2024/ 12 June 2024  
9.15- 16.00

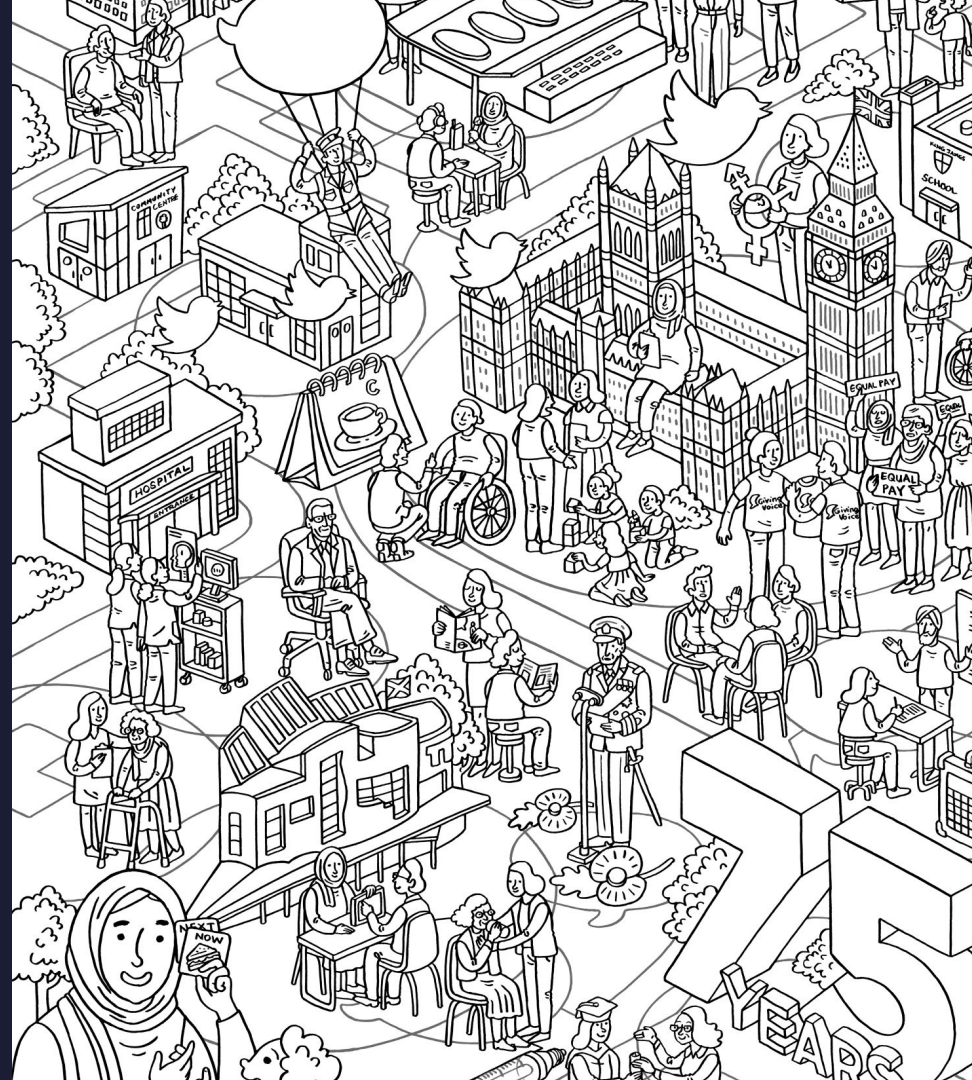
 #RCSLTConnectCymru







Croeso gan ein  
Prif Weithredwr/  
Welcome from  
our CEO





# RCSLT Connect Wales 2024

## Strategic context: One Wales

**Ruth Crowder**

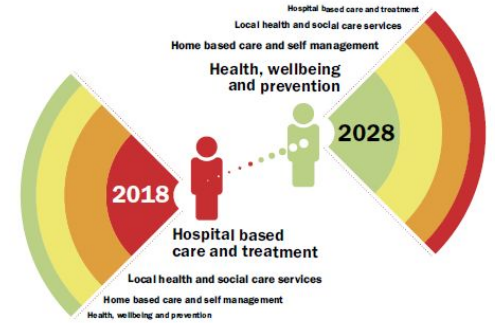
**Chief Allied Health Professions Adviser**

**Welsh Government**



# A Healthier Wales - Actions Review

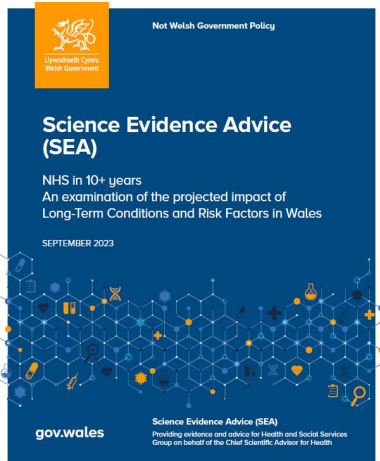
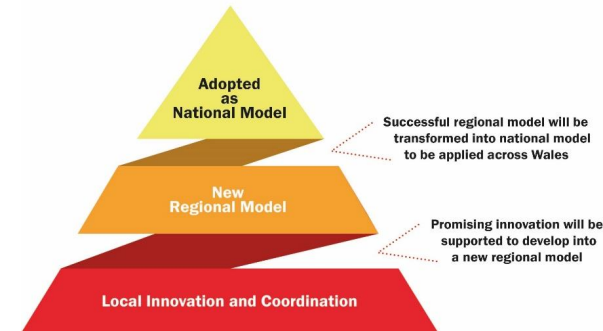
- Original AHW document 2018
- Transformation Programme for implementing the plan (40 actions)
- Review in 2021



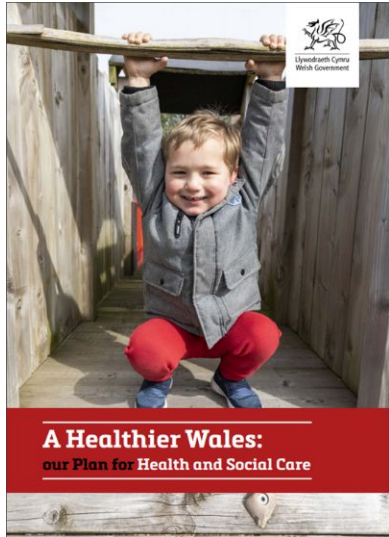
- SEA Chief Scientific Adviser for Health Report and Plenary Debate (2023)

□ [Science Evidence Advice \(SEA\)](https://gov.wales/science-evidence-advice)  
([gov.wales](https://gov.wales))

- Commitment to review actions



## Parameters of the Review



- A Healthier Wales – only the actions are in scope, not the plan itself
- AHW is a Welsh Government Policy Document
- All AHW actions should take into account statutory requirements of relevant Acts and Duties (FGA, Quality, Equalities, Welsh language, Socio economic etc)
- Budget Constraints – any new commitments with resource implications need to have been factored into resource plans
- Evidence based – new or amended actions must respond to current evidence base (eg SEA report and wider evidence)
- Delivery Timescale - the aim is for actions to run until the end of AHW (summer 2028) or earlier if the action will be delivered beforehand

## Preventative

To include:

- Primary and secondary prevention
- Wider determinants of health

## Person Centred

To include:

- Appropriate place based care
- Welsh language

## Sustainable

To include:

- Financial sustainability and value
- Environmental sustainability

## Equitable

To include:

- Reducing inequities amongst groups

## High Quality and Safe

To include:

- Quality and Safety

**Digital and Data**

**Workforce**

**Research, Development and Innovation**

**Co-production and Partnership**

**Integration**





## Allied Health Professions Framework for Wales

Looking Forward Together

- **Citizens achieve the outcomes that matter to them and experience the highest quality of care**
- **AHPs embed Value-Based Health and Care in their practice**



## Science Evidence Advice NHS 10 years+

- Stark **differences in life expectancy** between poorer and more affluent groups
- Higher proportion of the population living with multiple LTCs:
  - 33% increase in adults who have had a stroke from 2015 to 2035
  - 260,000 people living with diabetes by 2035-36, a 22% increase
  - People living with frailty will increase, between 25% and 50% for those over 85 years old

People living in **disadvantaged** areas more likely to live with **multiple LTCs**

- Complex multimorbidity (4+ conditions) is expected to almost double by 2035: 2/3 of people with complex multimorbidity will include mental ill-health

## Implications:

- More emphasis on **prevention, primary, community and social care**
- **Prioritise public health interventions**
- Tackling modifiable risk factors could reverse the projected trends
- Focus **investment in rehabilitation and reablement services** through integrated personalised care in the community and support people to maintain healthy ageing to reduce the progression of frailty.
- Identify, measure and **reduce the impact of MSK conditions**
- Improve access to public health and treatment services for adults with severe mental health

# The Duty of Quality

“Quality” includes, but is not limited to:

- (a) The effectiveness of health services,
- (b) The safety of health services, and
- (c) The experience of individuals to whom health services are provided

NHS bodies are required to take into account the Health and Care Quality Standards when making decisions about health services so that improved outcomes are secured.

[Health and Social Care \(Community Health and Standards\) Act 2003.](#)

[Health and Social Care \(Quality and Engagement\) \(Wales\) Act 2020.](#)



## So we **MUST**:

- **modernise** and improve quality to make things better for people in Wales
- **use** AHPs to positively impact:
  - health inequalities
  - the prevention of poor health
  - increase access and efficiency in primary care services
- **Increase** alignment and coherence of community services: reduce variation and fragmentation.
- **maximise** the impact of the £5m AHP investment
- **Align** all investment (RIF, BCC, national programmes, AHP, Adferiad)

# Integrated Community Care

- Quality statement –Frailty
- Shift to prevention and proactive care
- Alternatives to hospital care
- Articulate our community offer (recognisable and describable)
- Integrated Community Care system Leadership Group

GUIDANCE, DOCUMENT

## Older people and people living with frailty: integrated quality statement

What we are doing to improve care for older people and people living with frailty.

First published: 4 January 2024

Last updated: 4 January 2024

# Resources:

- Welsh Government (2020) Health and Social Care (Quality and Engagement) (Wales) 2020 Act <https://www.legislation.gov.uk/asc/2020/1/contents>
- Welsh Government (2015) Well-being of Future Generations (Wales) Act <https://www.futuregenerations.wales/about-us/future-generations-act/>
- Welsh Government (2019) [A healthier Wales: long term plan for health and social care | GOV.WALES](#)
- Welsh Government (2021) Quality and Safety Framework: Learning and Improving [https://gov.wales/sites/default/files/publications/2021-09/quality-and-safety-framework-learning-and-improving\\_0.pdf](https://gov.wales/sites/default/files/publications/2021-09/quality-and-safety-framework-learning-and-improving_0.pdf)
- Welsh Government (2015) Health and Care Standards <https://www.gov.wales/sites/default/files/publications/2019-05/health-and-care-standards-april-2015.pd015>
- [Allied Health Professions \(AHP\) Framework](#)
- [Health and social care services rehabilitation framework](#)
- [Rehabilitation service evaluation framework](#)
- [Rehabilitation service modelling resource](#)



GIG  
CYMRU  
NHS  
WALES

Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

# RCSLT Connect Wales

## Nicky Thomas - Associate Director for AHP Workforce Transformation

12th June, 2024





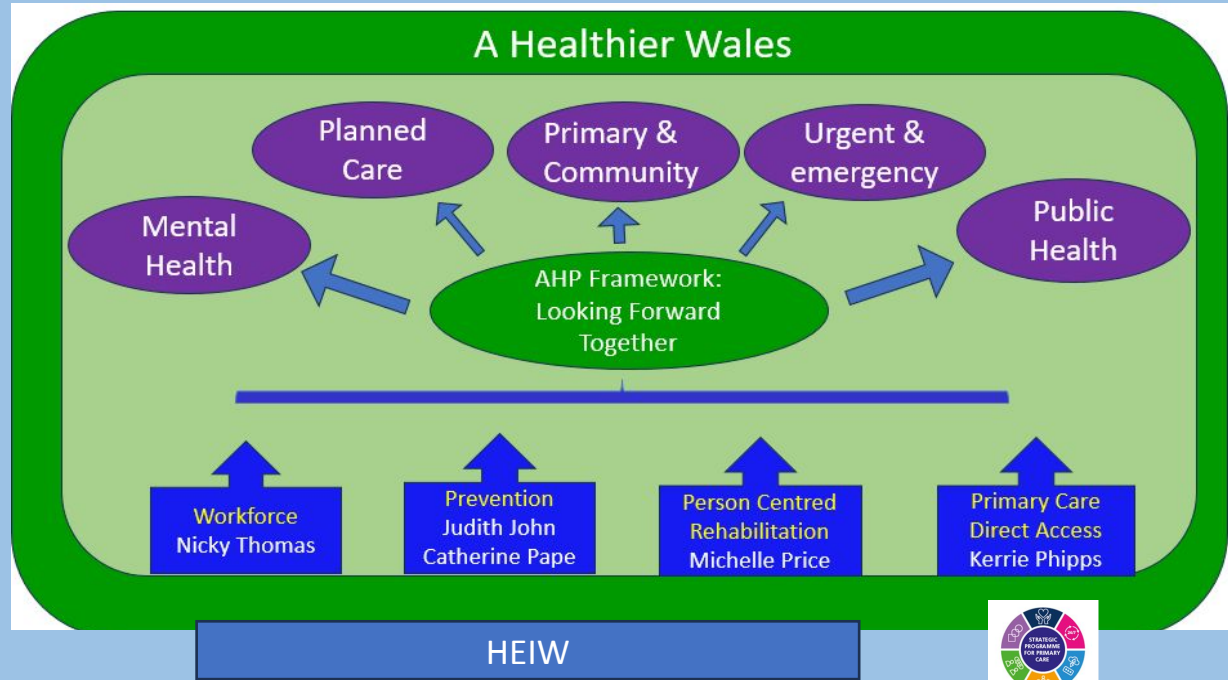
# Function of the AHP Framework Programme Team

To lead the implementation of the AHP Framework action plan to transform AHP Practice and workforce across Health and Social Care in Wales.



## Allied Health Professions Framework for Wales

Looking Forward Together



# The AHP Workforce – Direction of travel

## Gweithlu AHP- Cyfeiriad teithio heddiw

AHP Workforce Pipeline

Routes to registration

Diversity of placements including interprofessional opportunities for learning

Support mechanisms for transitions into and throughout career

Clearly defined career pathways

Enhanced, advanced and consultant practice



**GIG**  
CYMRU  
**NHS**  
WALES

Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

Trawsnewid y gweithlu ar gyfer Cymru iachach  
Transforming the workforce for a healthier Wales

## AHP Framework Action Plan Refresh

4 Roadshows Delivered  
High and medium priorities identified  
SMART Objectives have been developed and shared with HBs and trusts

## Draft Workforce Development plan

Based on feedback from roadshows and  
AHP workforce deliberative event in November 2023

## Early Matrix Work

Perinatal Plan, Mental Health Plan, Strategic Programme Primary Care & Community, Education Commissioning, WBL, Placement Scoping, Bevan Commission, leadership



## AHP as a career of choice

- Filming sessions at Roadshows and at Ty Dysgu to raise the profile of AHPs as a profession.
- AHP Webinar & Mental Health Building Launch
- Strong relationships being formed with Policy Leads Professional groups

## ESR Data Cleanse

Project plan developed  
Stakeholder groups to include SALT leads.  
Development of a data quality dashboard by December 2024

## Education & Training

Public health and health inequalities, shared decision-making. Further modules being considered  
E modules on Y Ty Dysgu

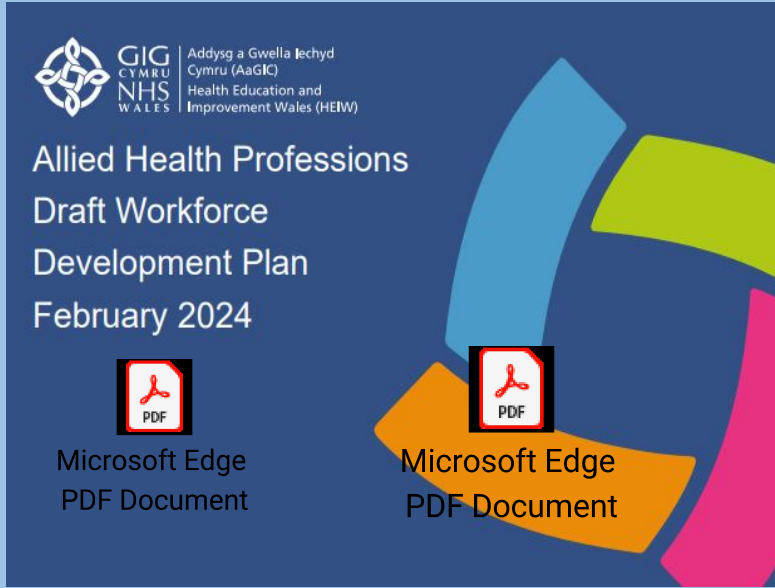
## AHP Clinical Fellowships

- Early Years Health inequalities toolkit launched September 2023
- Rehabilitation standards launched September 2023
- New Fellows - Mark Brand Sustainability
- Tom Fallon Prehabilitation Cancer

# Feedback from the AHP Workforce Development Plan |

## Adborth o gynllun gweithlu AHP

- 13% feedback from speech and language therapists
- Top priorities: Improve AHP identity and advanced practice development
- Alternative routes to registration
- Need for AHPs to be represented at multi-professional events/conferences
- Digital competency and awareness of importance of data
- Retention
- ESR data cleanse



# Next Steps | Camau nesaf

- Collate and Review feedback from consultation
- Collaborative working with relevant workstreams within HEIW
- Identify and prioritise actions to address feedback
- Refine AHP Workforce Development plan
- Relaunch refined AHP Workforce Development Plan July 2024

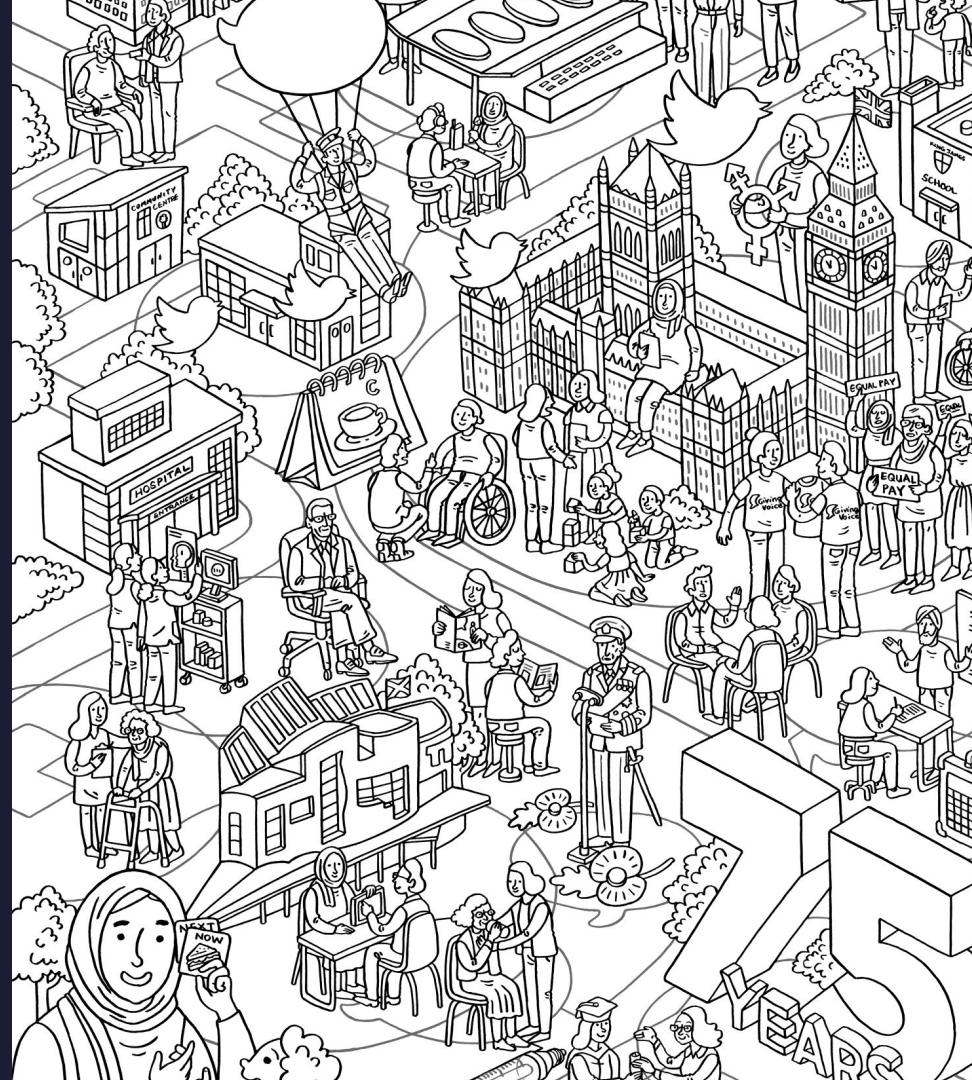
# Useful Links | Dolenni Defnyddiol

- [Digital capability framework - HEIW \(nhs.wales\)](#)
- [Launch of the Digital Capability Framework for Healthcare in Wales - Gwella HEIW Leadership Portal for Wales](#)
- Gwella:
- [Workspaces - Gwella HEIW Leadership Portal for Wales](#)





# Diweddariad Polisi a Dylanwadu/ Policy and influencing update



# RCSLT Cymru – Pwy ydyn ni/ RCSLT Wales – Who we are

**Pippa Cotterill** – Head of Wales Office (day of work – Monday)

**Caroline Walters** – External Affairs Manager – Welsh speaker

**Naila Noori** – External Affairs Officer (days of work – Monday to Thursday)





# Yr hyn yr ydym yn ei wneud/ What do we do?

---

Represent the profession in Wales

- Part of RCSLT policy and public affairs team – links across the organisation
- Local and national influencing and campaigning with and for our members

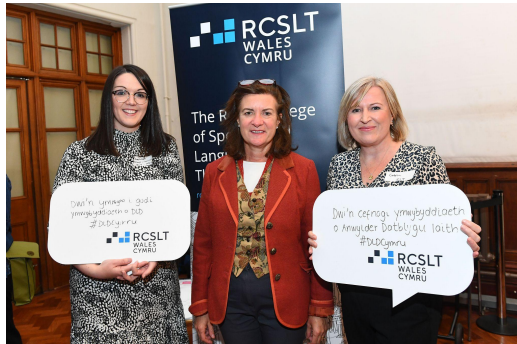


# Paham yr ydym yn ei wneud/ Why we do it?

---

- Government policy in health, social care, education and justice shapes the environments you will work in and in which you, your family and friends live
- By influencing and lobbying we can **transform lives**

# Uchafbwyntiau/ Highlights

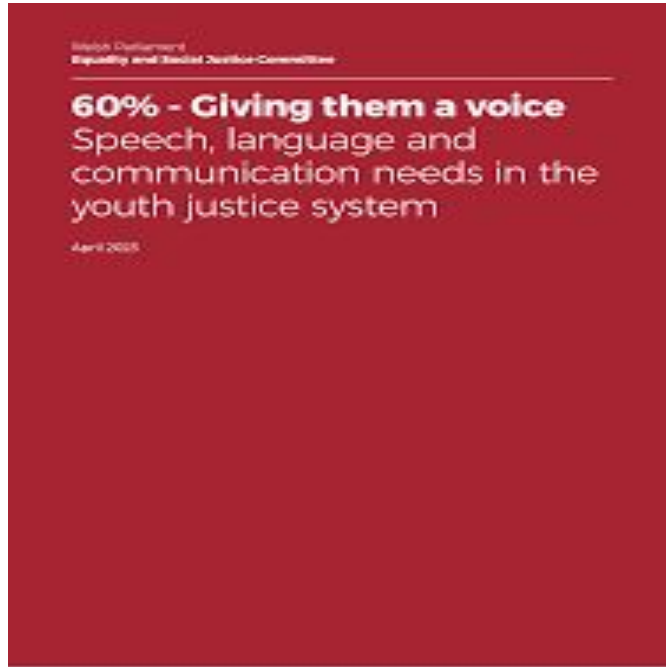


# Siarad Gyda Fi/ Talk With Me



# Llais Dros Gyfiawnder/ Voice for Justice

---



# Codi proffil therapyddion lleferydd ac iaith/ Raising the profile of SLT in the media

---



Radio Cymru @BBCRadioCymru · 13 Mar

Ar Ddiwrnod Ymwybyddiaeth Llyncu, Anwen Brierley o Gonwy fu'n sgwrsio ar #DrosFrecwast am bwysigrwydd asesiadau llyncu i'w mab, Finley, ar ôl cael ei eni 3 mis yn gynnar 🗣️





# Cynlluniau 2024-25/ 2024-25 Plans

---

- CAUK – Welsh version
- Improving our workforce data
- Manifesto for 2026 Senedd elections
- Developing our position on widening access to the profession
- Voice for Justice
- Celebrating our 80<sup>th</sup> Anniversary



## **Diddordeb mewn cefnogi ein gwaith? Interested in learning more?**

---

- Opportunities on RCSLT e-newsletter, X & RCSLT Wales policy pages
- RCSLT Wales policy pages regularly updated <https://www.rcslt.org/wales/>
- Follow us on X @RCSLTWales
- Join our RCSLT drop in events in person or virtually



# Diweddariadau a phrosiectau RCSLT/ RCSLT projects and updates



# Our main areas of strategic focus

---

- Equality, diversity and inclusion
- Co-production with service users
- Innovation and excellence in research and clinical practice
- Workforce development
- Profile and opportunity
- Member engagement
- Organisational excellence

# Priorities and big-ticket items for 2024 / 2025



- Influence and provide opportunities for the SLT **workforce**, advocating in all four nations, improving our data and through the NHSE Professional Body Education Reform programme
- Prioritise **leadership** in the profession including the launch of our leadership programme
- Influence ahead of the UK **general election** and respond to the outcome
- Undertake a **curriculum review** and a **guidance review** and develop enhanced roles for the SLT profession
- Build member engagement and the member journey informed by **member research**
- Focus on **building the profile of the SLT profession**, including through the 80<sup>th</sup> anniversary of the RCSLT
- Continue to focus on organisational excellence including the **People Strategy**
- Be a leader in all aspects of EDI including **refreshing our commitment to anti-racism**



# Recent guidance and resources

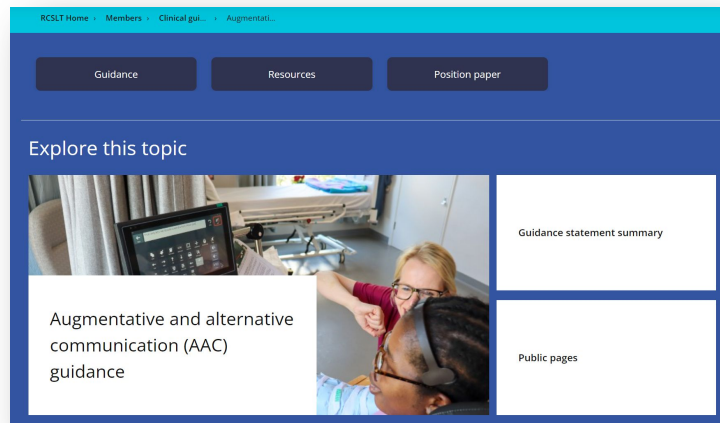




# AAC

New [guidance](#) on augmentative and alternative communication (AAC) was published in May 2024. It was coproduced by SLTs, AAC users and their families/carers. As well as online guidance, there is a [resource list](#) available which signposts to other useful resources and evidence. A [position statement](#) has also been published aimed at policy makers, commissioners and service providers.

Our information for the [public](#) has also been updated for those who may benefit from increasing their understanding of AAC tools and techniques.



# Autism

## Autism - guidance

This guidance was co-produced by autistic people, parents of autistic children and adults, and both autistic and non-autistic SLTs.  
(Last updated October 2023)

### Page content



The RCSLT develops guidance to promote good clinical and professional practice in line with RCSLT's mission. Please contact us about our guidance to understand how it is developed and how to work.

Download as PDF

### About

Definitions and Terminology

Setting the scene in autism: neurodiversity and the neurodiversity movement

Setting the scene in autism: RCSLT Neurodiversity statement

Setting the scene in autism: Terminology

Setting the scene in autism: Overview

### About

Speech and language therapists (SLTs) should approach this guidance with an awareness that knowledge of autism continues to evolve within the fast-changing field of neurodiversity and with a diversity of views. Throughout, we reiterate the need for evidence-based practice (EBP). SLTs are encouraged to think sensitively and reflectively, base clinical decisions around the needs and preferences of each individual child or adult and approach all sources of information with an open and critical mind, being aware that there may be newer information and perspectives to consider.

This guidance was co-produced by autistic people, parents of autistic children and adults, and both autistic and non-autistic SLTs. For further details, see the contributors' section.

This guidance aims to:

- Support RCSLT members to recognise, assess, and offer intervention and support to autistic people (see Definitions and Terminology section) and their support networks, using EBP and meeting statutory requirements. This includes identifying and understanding related co-occurring diagnoses and considering any other possible reasons why needs and intersecting identities may present differently across different settings.
- Encourage RCSLT members to place the lived experiences of all autistic people and their families at the centre of practice, to advocate for reasonable adjustments and to recognise, avoid, counter and challenge discrimination. Decisions on approaches to intervention and support will be in the best interest of the autistic person based on a well-informed choice and mutually considered by all involved stakeholders.
- Provide clarity and scope about the role of the SLT working with autistic people and support networks. This will include current and potential roles to advise RCSLT members, families, other professional groups, commissioners and policy makers.

1 of 18

Next

Our updated [guidance](#) on Autism was published in October 2023 and was co-produced by a working group of SLTs, autistic adults and parents of autistic children and young people.

It aims to be a useful resource for our members, providing guidance on evidence-based practice and encouraging critical thinking and self-reflection.

Alongside the guidance, there is a list of [resources](#). There is also some new information for the [public](#) explaining the important role speech and language therapy can play in supporting autistic people.

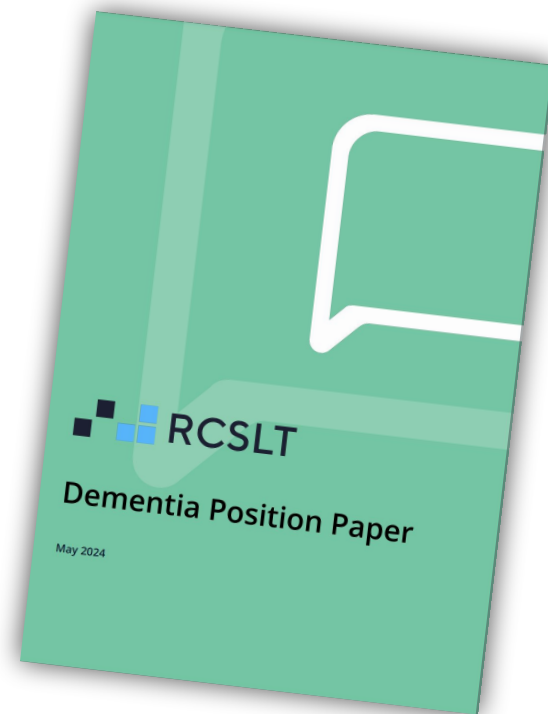


# Dementia

---

The new [guidance](#) was coproduced with service users with dementia and is an excellent overview of the communication and eating, drinking and swallowing difficulties that people with dementia may experience. There are several case studies and examples of varying SLT roles in this area.

The [dementia position paper](#) has useful information to support the unique role of the speech and language therapist working with people with dementia as well as the benefits of providing and risks of not providing an SLT service.



# Eating and drinking with acknowledged risks

---

In the summer of 2023, a landmark case saw the RCSLT eating and drinking with acknowledged risk [guidance](#) be referenced in the court of appeals. This complicated case caused concern for many members. In May 2024 we held a webinar to discuss how eating and drinking with acknowledged risk has developed since our guidance was published and to support better understanding of the nuances of the 2023 case.

The recorded 90-minute [webinar](#) is available via our YouTube channel and the themed questions asked during the webinar with accompanying answers we be in an FAQ document within our [resources page](#) by July 2024.



# Head and neck cancer


In December 2023, we updated our [head and neck cancer](#) member guidance, including a [position paper](#) and a new [laryngectomy competency framework](#), as well as our information for the public.

These were all developed by a working group of SLTs. The updated information covers the treatment, impact, and risk factors for head and neck cancer and the role of speech and language therapy when working with patients with head and neck cancer.

Core Laryngectomy Competencies Framework

Name:

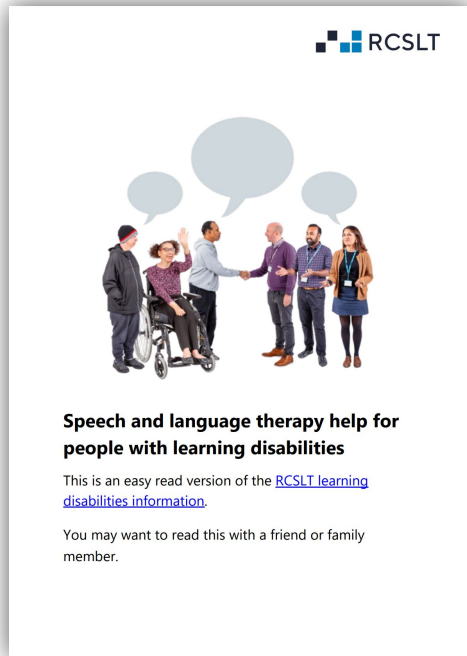
Clinical caseload/client group:

Core Laryngectomy Competencies	Required?	Suggested learning tasks	Date completed	Supervisor signature
<b>6.1 Advanced clinical knowledge of laryngectomy anatomy and physiology</b>				
 6.1.1 Able to explain changes pre to post laryngectomy in relation to appearance, communication, respiration and swallowing, including: <ul style="list-style-type: none"><li>• Stoma</li><li>• Trachea</li><li>• Tracheoesophageal puncture, post voice prosthesis function</li><li>• Neck</li><li>• Reconstruction of pharynx for bolus laryngectomy surgery</li><li>• Reconstruction and position of</li><li>• Atypical appearances</li></ul>		<ul style="list-style-type: none"><li>- Use of diagrams, textbooks, anatomical models, online videos, observing laryngectomy surgery if opportunity to do so</li><li>- Attending face to face courses, webinars or e-learning courses e.g. Understanding laryngectomy surgery to optimise voice and swallow</li></ul>		

rctl.org | 17



# Learning disabilities



In May 2023, we published updated [guidance](#) for SLTs working with people with learning disabilities alongside a list of useful [resources](#).

For the [public](#), there is information outlining the role of speech and language therapy, including in [Easy Read](#) format.

We also published a new [position paper](#) for SLTs to help them support children, young people and adults with learning disabilities to maximise communication potential, reduce risk associated with communication and dysphagia and enable inclusion and access to education, employment, healthcare as well as the wider community and society.

# Long COVID

The new [guidance](#) provides a framework for understanding, assessing and treating individuals living with communication, swallowing, voice, and upper airway problems post COVID-19.

The [patient handbook](#) provides practical information that people can use to support self-management and is intended to be used before someone is referred to an SLT.

[Six new factsheets](#) cover the key symptoms of brain fog, stammering, swallowing, voice, throat changes, and reflux, and include advice on self-management.

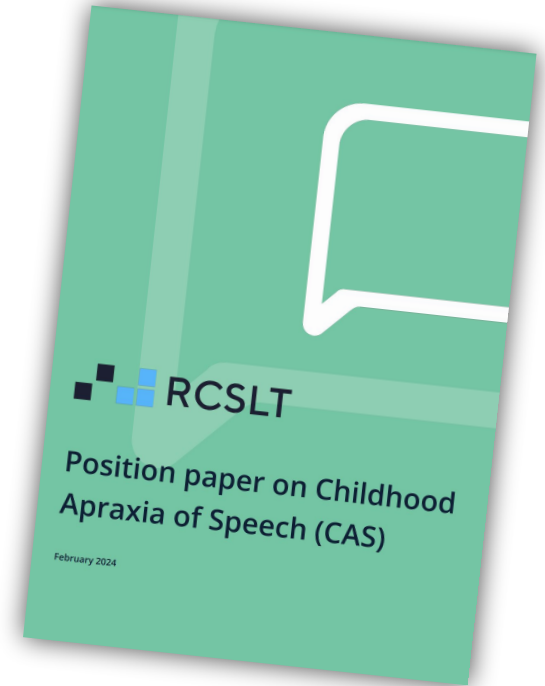


# Speech sound disorders

In February 2024, we updated our [guidance on speech sound disorders \(SSD\)](#), including a new [position paper](#) on Childhood Apraxia of Speech.

Our updated guidance provides a useful resource for our members looking for information on the sub-types of SSD, best practice guidance, an introduction to the evidence base and a springboard for further continued professional development in this area.

Specific public guidance has also been published in our clinical information section for anyone concerned about a child's speech sound development or who has responsibility for looking after or providing services for children in the UK.



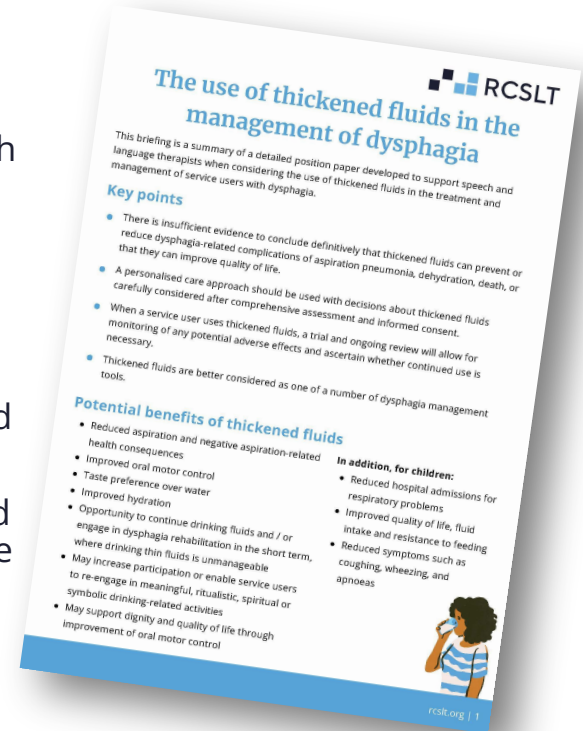
# Thickened fluids

In March 2023 we produced a [position statement](#) on the use of thickened fluids in the management of people with swallowing difficulties.

This was followed by our [position paper](#) in January 2024 which gives an overview of the potential benefits and potential burdens associated with its use.

[Supporting resources](#) were developed to support the better understanding of the appropriate use of thickened fluids and to support person centred decision making.

This work highlights the need for clinicians to understand the research within their clinical specialism, to ensure the service user is making an informed decision, that everyone who is prescribed thickened fluids has a swallowing assessment first and those on longer term use should continue to be monitored by an appropriate professional.





**Research and  
clinical  
practice**





# The value of AHP research engagement

A systematic review [published in BMC Health Services Research](#) led by an SLT and coauthored with the RCSLT research team has identified the **value of AHP research engagement on healthcare performance**.

Please also see our [research forum](#) article and [podcast](#) on this topic.

The findings have been used to influence at a national level for better support for AHP research careers.



BMC Part of Springer Nature

BMC Health Services Research

Home About [Articles](#) [Submission Guidelines](#) [Collections](#) [Join The Board](#) [Submit manuscript](#)

Research | [Open access](#) | Published: 18 July 2023

**The value of allied health professional research engagement on healthcare performance: a systematic review**

[S. Chalmers](#) , [J. Hill](#), [L. Connell](#), [S. Ackerley](#), [A. Kulkarni](#) & [H. Roddam](#)

[BMC Health Services Research](#) **23**, Article number: 766 (2023) | [Cite this article](#)

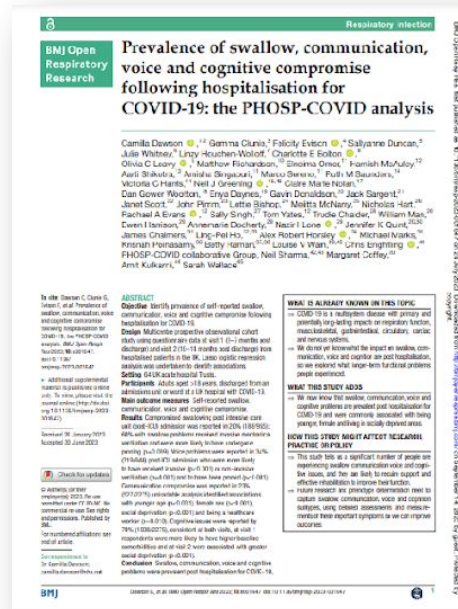
4508 Accesses | 2 Citations | 201 Altmetric | [Metrics](#)

# Post-hospitalisation COVID-19 (PHOSP-COVID) study published

The largest, prospective, observational study yet to be carried out on adults hospitalised by COVID-19 was [published in BMJ Open Respiratory](#).

Researchers were team of RCSLT expert advisers coordinated by the RCSLT Head of Research and Outcomes. The paper provides strong evidence that swallowing, voice, communication and cognitive communication needs are prevalent in people with long COVID.

The findings have been used to lobby nationally and internationally for better recognition of SLT needs in long-COVID guidance.



# Impact of long-COVID on people with LD and dysphagia

As a result of the limited evidence in this area, the RCSLT collaborated with researchers to explore the impact of long-COVID on people with learning difficulties and dysphagia.

This early research suggest associations may indeed be present.

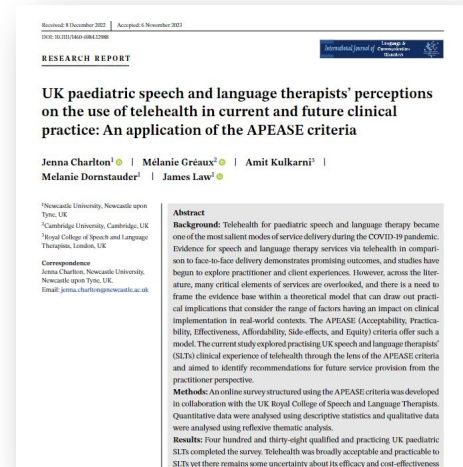
For further information, please access the [paper](#), published in the journal *Dysphagia*, in our [journals collection](#)



# Paediatric SLTs' perceptions on the use of telehealth

Following the rapid change in service delivery prompted by COVID, a study led by Newcastle University and the RCSLT focusing on paediatric SLTs' perceptions on the use of telehealth was published in our journal last year.

Please go to the [RCSLT journals collection](#) and navigate to the International Journal of Language and Communication Disorders (IJLCD) to access the paper.



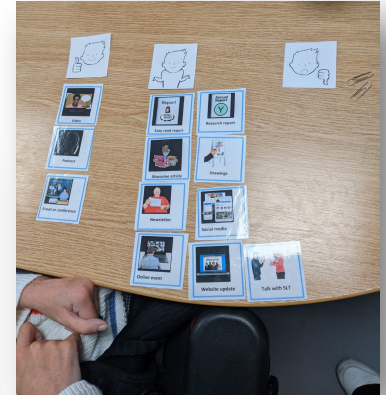
# Learning disabilities research priorities phase 2

Following the identification of the top 10 research priority *areas* in learning disability, last year, we completed phase 2 of the project which drew out key *research questions* within these priority areas.

27 priority questions were coproduced by researchers, clinicians and people with lived experience of LD.

We are currently working with researchers and research funders to take these questions forward.

Please see our [report](#) and a coproduced [easy read document](#) on the project for more information.





# Professional development



# Professional development framework



- Structure to map existing skills and experience, and thereby identify areas for development.
- Profession-specific, but designed to be used at every stage across your career.
- Designed to help you identify transferable skills when looking at new or future roles.
- Aids in both short-term and long-term career planning.

# Where is it?

---

<https://www.rcslt.org/learning/professional-development-framework/>



#RCSLTProfDev






# Interactive scenarios

- Each scenario provides a work-based problem to consider and is designed to encourage reflective practice.
- They cover a broad range of subjects, including issues ranging from duty of care and safeguarding to mental capacity and supported decision making.
- Relevant to all members, at any career stage and in any setting or specialism.
- <https://www.rcslt.org/learning/professional-development-framework/professional-development-scenarios/>



Download My notes



**Scenario**

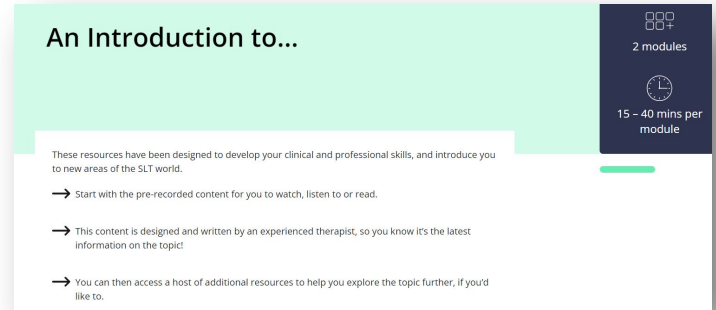
You have requested medical photography to provide evidence of consistent poor oral hygiene for one of your service users. You find out the manager of the ward/care home has used the photographs in a safety briefing but you cannot find any evidence of consent from the service user. Shortly after, the service user dies from aspiration pneumonia. At work, you

● ○ ○ ○ ➔

# "An Introduction to..." series

---

- Designed primarily for students and NQPs, each module is a base-level introduction to a specific topic.
- Each is written by an expert in the specific field or setting, and includes reflective questions and links to further learning.
- Available via the RCSLT CPD site.



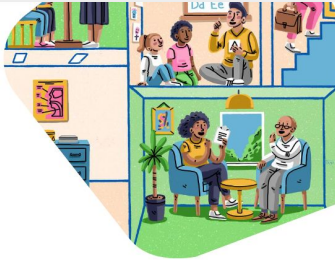
The screenshot shows a user interface for the "An Introduction to..." series. At the top, the title "An Introduction to..." is displayed in a light green header. To the right, a dark blue sidebar contains a grid icon, the text "2 modules", a clock icon, and "15 - 40 mins per module". Below the header, a white box contains the following text:

These resources have been designed to develop your clinical and professional skills, and introduce you to new areas of the SLT world.

- Start with the pre-recorded content for you to watch, listen to or read.
- This content is designed and written by an experienced therapist, so you know it's the latest information on the topic!
- You can then access a host of additional resources to help you explore the topic further, if you'd like to.

# Walkthroughs of assessments

- Designed primarily for students and NQPs, each module is an introduction to the use of a specific S:LT assessment.
- Each module is written by an expert SLT 'on the ground', who is experienced in using the assessment.
- Features FAQs, videos of the assessment being run, and guides to scoring and interpretation.



## Using the Psycholinguistic Assessments of Language Processing in Aphasia (PALPA)

ISBN

The Psycholinguistic Assessments of Language Processing in Aphasia (PALPA) is a battery of 60 subtests, designed to profile how an individual processes spoken and written language at a single word/sentence level.

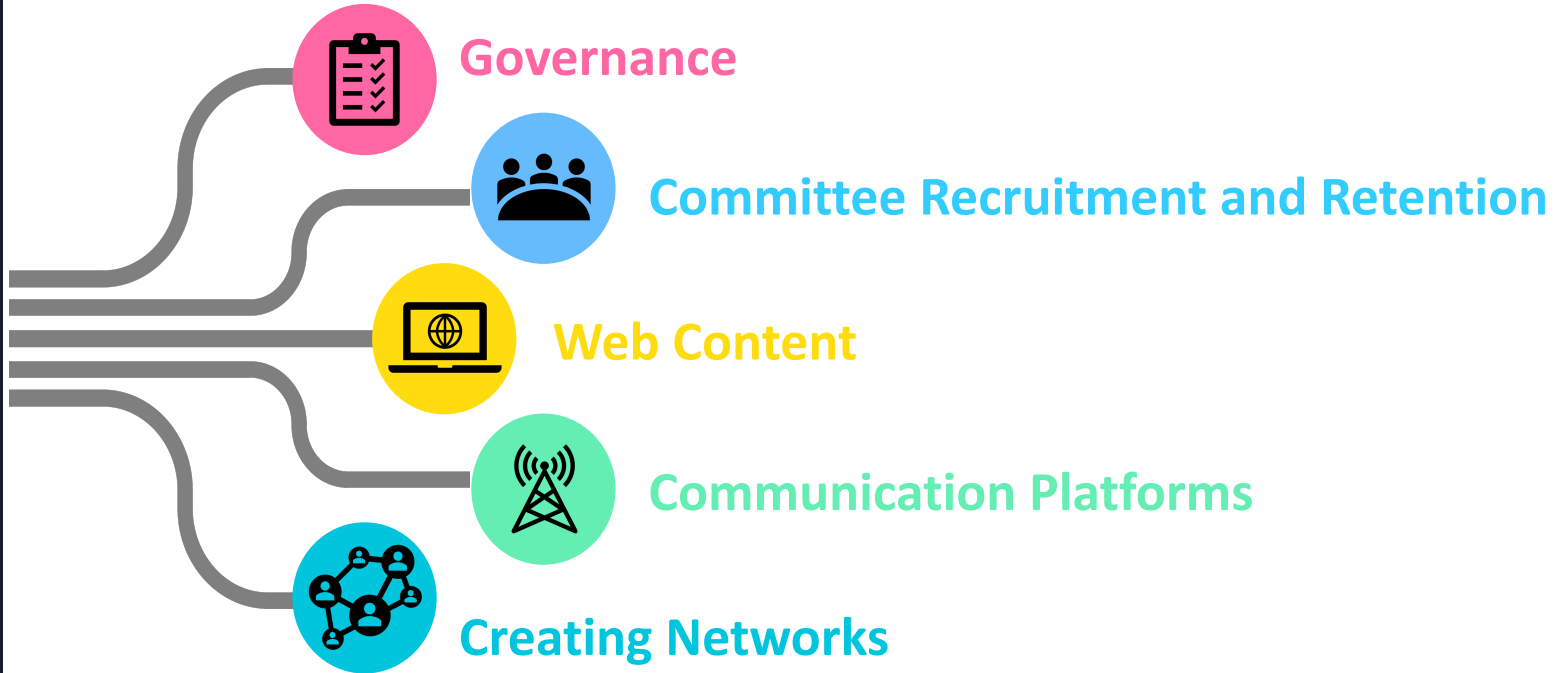
Please note that this is not the official manual for the PALPA, and as such does not contain the detailed instructions for use. These can be purchased as part of the overall test kit via the publisher's website.

This tool is designed to help you get more familiar with formal assessments, once you have decided that formal assessment is appropriate, and carefully selected the most relevant one. This tool will help you understand how a particular formal



# CEN Development Project

---



# Why join a CEN?

---

CEN membership offers an array of opportunities including:

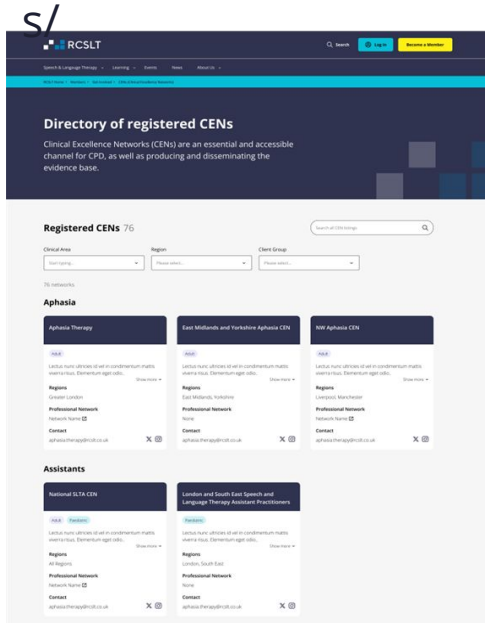
- CPD via study days, events, webinars and shared resources
- peer support from colleagues with a range of experiences
- networking opportunities
- support for career progression
- developing the evidence base
- contributing to professional guidance
- access to channels for involvement in research
- championing the value and impact of SLT through influencing
- links to the RCSLT and other stakeholders



The RCSLT views CENs as an integral and invaluable channel to access CPD. RCSLT members are encouraged to join at least one CEN relevant to their clinical or professional practice or area of special interest.

# How to join a CEN

[www.rcslt.org/members/get-involved/clinical-excellence-network](http://www.rcslt.org/members/get-involved/clinical-excellence-network)



Search the CEN Directory:

- clinical area
- region
- client group (adult/paediatric/both)
- format (online/in person/hybrid)

Contact the CEN directly:

- membership process
- fees
- event dates
- communications platform

# CENs in Wales

---

- South West and Wales Dementia CEN
- All Wales Voice CEN
- The South Wales and West CEN in Deafness
- All Wales DLD CEN
- Early Years Public Health Wales
- All Wales Speech Sound
- South West Dysfluency CEN
- South West Stammering CEN
- North West CEN in Deafness
- Head and Neck South CEN



+46 UK-wide CENs





# Opportunities to get involved in 2024/25



# Professional Guidance

Project	How to be involved
Awake craniotomy	Consultation - Winter 2024-25
Brain injury	Applications for working group open in June. Consultation - Winter 2024-25
Cognitive communication disorders	Applications for working group open in June. Consultation - Winter 2024-25
Curriculum review and placements	Applications for working group and workshop attendance open in June.
Dysfluency	Applications for working group open in June. Consultation - Winter 2024-25
Eating, drinking and swallowing	Consultation – July/Aug 2024
Meeting the HCPC standards	Scoping survey closed. Workshop to take place in Summer/Autumn 2024.
Parkinsons	Consultation - Winter 2024-25
Pharyngeal high-resolution manometry	Consultation - Winter 2024-25

# Curriculum Guidance review project

---

The current curriculum guidance provides a blueprint to support and guide educational leaders and partners in developing degree-level entry routes to the speech and language therapy profession.

Complete our survey to share your thoughts about the current guidance and join our working group and workshops to share your thoughts on what skills and knowledge a graduating SLT should have.

**If you are interested in getting involved, please visit the project page on the website or contact [mamta.beaver@rcslt.org](mailto:mamta.beaver@rcslt.org)**

# Workforce, Education and Training Programme

---

NHS England has provided funding to the RCSLT for a four-nation piece of work supporting ongoing priorities for SLTs.

Designed to benefit all members, working across all sectors from students to consultants, key initiatives include:

- Conducting a Curriculum Review
- Reviewing the NQP and preceptorship process
- Exploring the impact and finding ways to support the reduction of CYP waiting times
- Improving post-registration opportunities

For more information,  
please contact the team:  
[wrp@rcslt.org](mailto:wrp@rcslt.org)

# DLD research priorities phase 2

The RCSLT are currently working with Moor House Research Institute and University College London to plan phase 2 of our DLD research priorities project.

In this phase of the project, we will update the priorities and draw out key research questions from prioritised research areas. This will be focused on the 5 areas of the DLD vision: Everyone knows about DLD; Right support at the right time; Diagnosed early; Schools and workplaces meet our needs; We are independent.

**Please look out for opportunities to get involved with this important DLD project coming soon.** We will advertise across RCSLT communication channels (e.g. newsletter, Research newsletter, @RCSLTResearch X handle). Alternatively, please contact Lucy Hughes at [hughesl@moorhouseschool.co.uk](mailto:hughesl@moorhouseschool.co.uk)

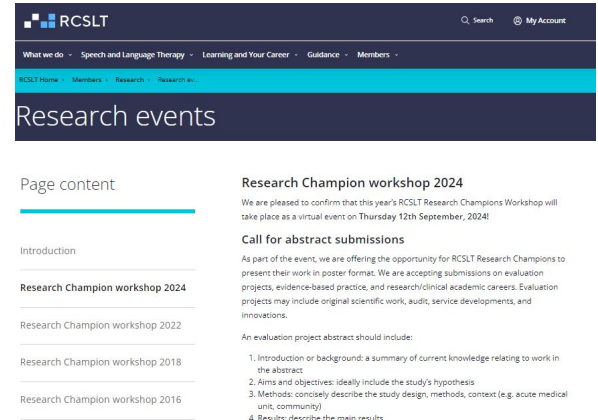


# RCSLT research champions

For anyone interested in evidence-based practice (EBP) and research, we will be holding our biennial research champions workshop on 19.09.24.

The event will feature networking opportunities, updates on system-wide research opportunities, and learning sessions focused on key aspects of research and EBP.

If you are interested in joining this online event, please go to the [events](#) page of our website, ensuring you are first registered as an [RCSLT research champion](#).



**Research Champion workshop 2024**

We are pleased to confirm that this year's RCSLT Research Champions Workshop will take place as a virtual event on Thursday 12th September, 2024!

**Call for abstract submissions**

As part of the event, we are offering the opportunity for RCSLT Research Champions to present their work in poster format. We are accepting submissions on evaluation projects, evidence-based practice, and research/clinical academic careers. Evaluation projects may include original scientific work, audit, service developments, and innovations.

An evaluation project abstract should include:

1. Introduction or background: a summary of current knowledge relating to work in the abstract
2. Aims and objectives: ideally include the study's hypothesis
3. Methods: concisely describe the study design, methods, context (e.g. acute medical unit, community)
4. Results: describe the main results

# SNOMED (clinical terminology) project

---

SNOMED CT is a structured clinical vocabulary that health services across the UK have made commitments to using in electronic health records.

The RCSLT is keen to ensure that speech and language therapists have access to terms that are fit for purpose, to ensure accurate record keeping and data collection.

We are starting work on gaining member consensus on speech and language diagnoses terms, beginning with gathering input and feedback from interested members and clinical specialists.

**If you are interested in getting involved, please contact**  
[sarah.lambert@rcslt.org](mailto:sarah.lambert@rcslt.org)



# Questions







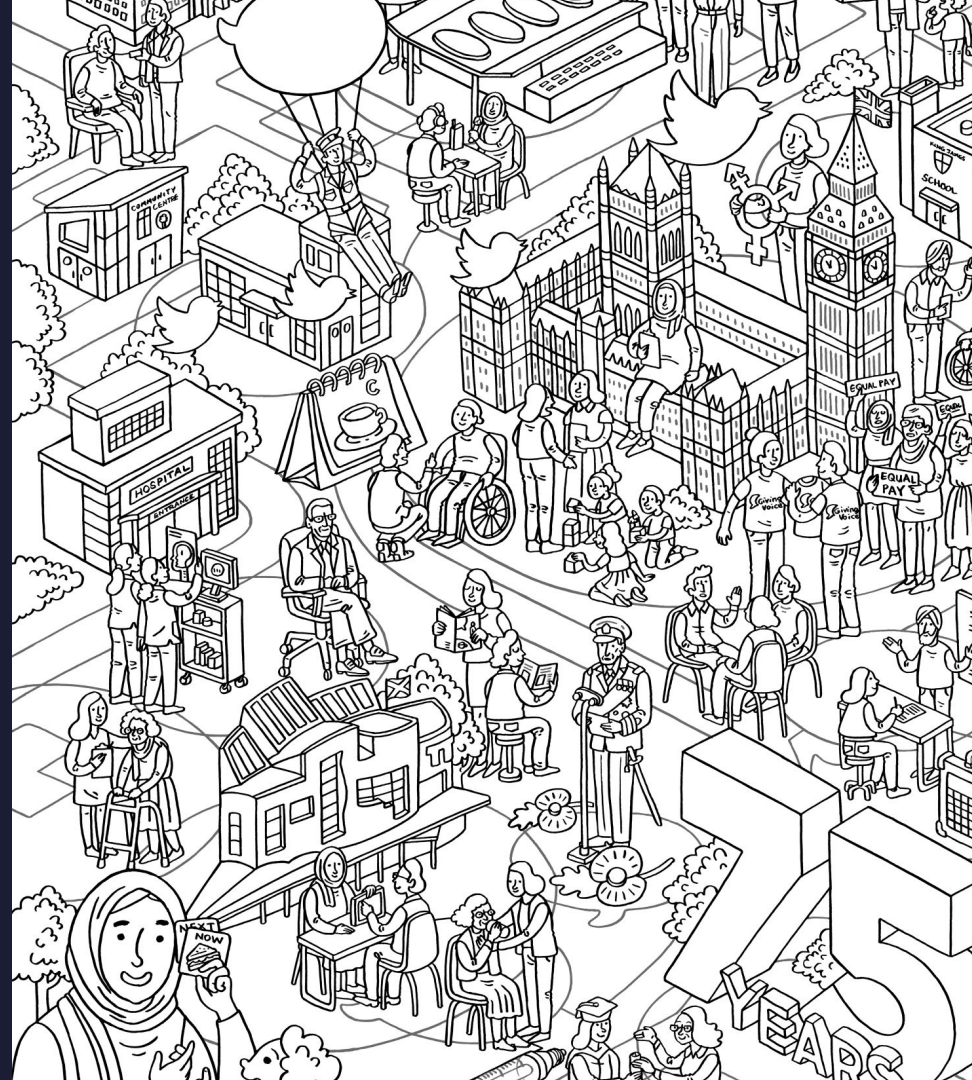


# Sesiwn cwestiwn ac ateb/ Q&A session



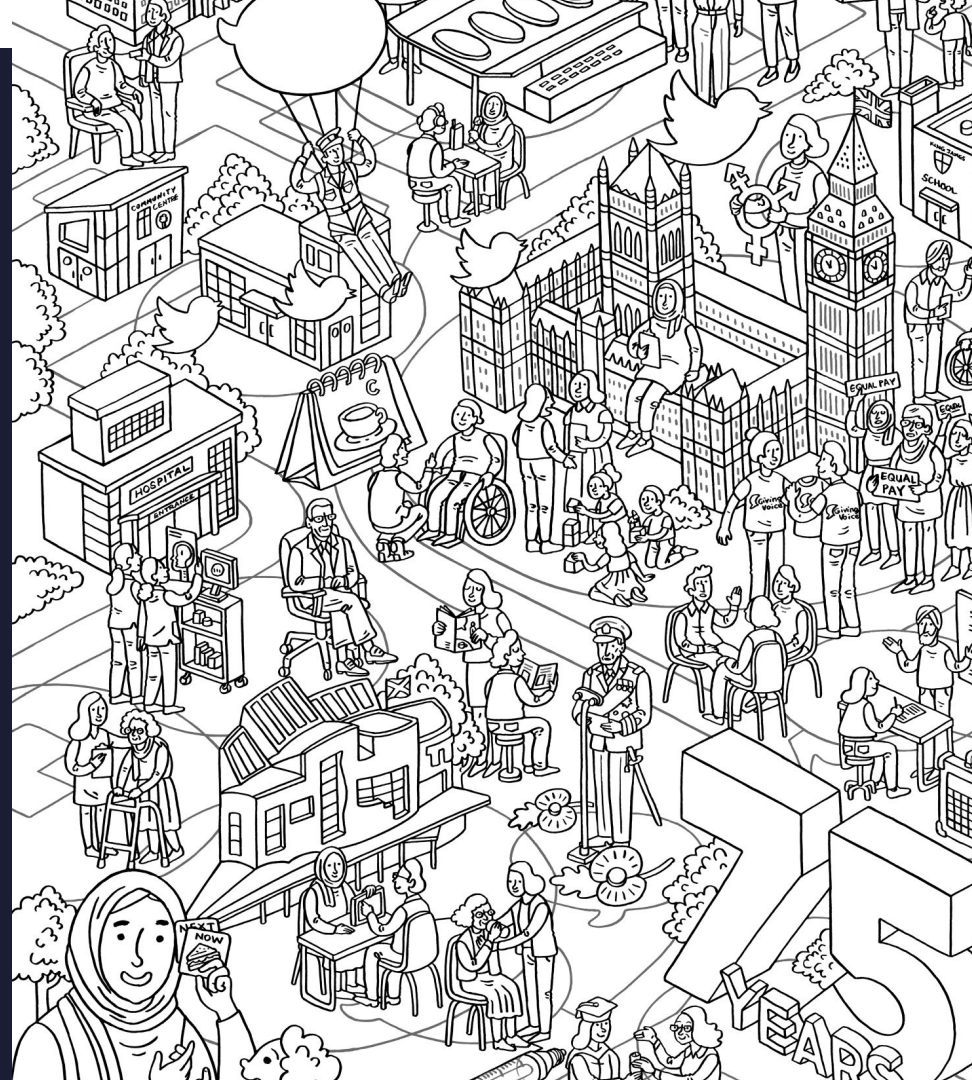


**Amser egwyl/  
Break  
11:45 – 12.00**





# Gweithdai/ Workshopping





# Gweithdy 1/ Workshop 1 - EDI

Naomi Ignatius, Independent  
SLT and Diversity Consultant



NAOMI IGNATIUS

EQUALITY, DIVERSITY &  
INCLUSION WITHIN SLT:  
A FOCUS ON  
ANTI-RACIST PRACTICE

# SESSION AIMS

---

To understand issues of racism within the UK

---

To learn new terminology around racism

---

To discuss the impact of these issues on our profession and service users

---

To understand the concepts of anti-racism and allyship and start putting these into practice

---



S  
P  
SAFE  
C  
E





WHY SLT?



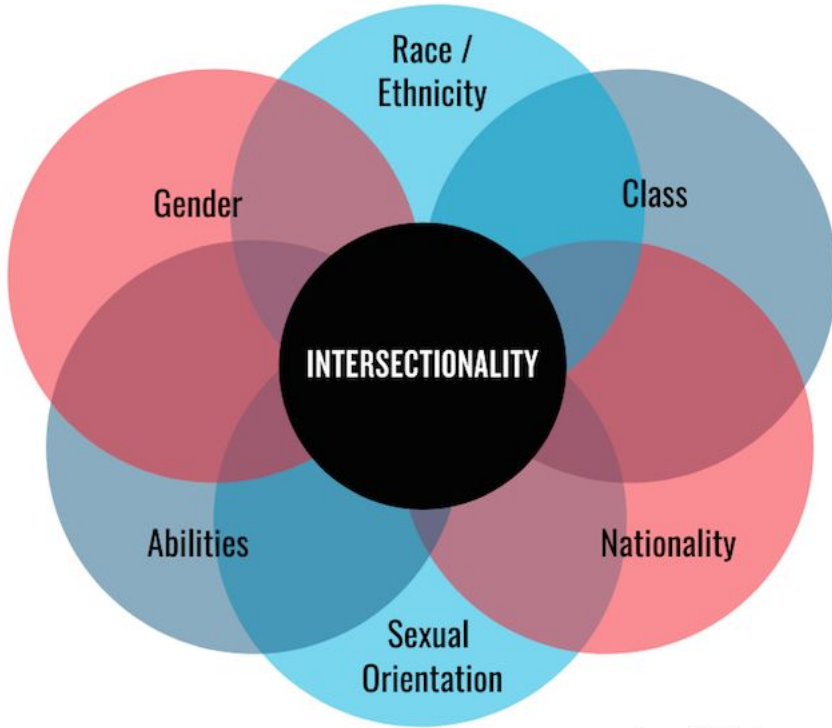


Image: First Book

# INTERSECTIONALITY

# PRIVILEGE CHECKLIST

1. I'm not threatened by the police because I know that they're there to protect me.
2. When going on holiday, I don't have to consider how the country historically treats people who look like me before booking.
3. I can be sure that my children/nieces/nephews will be given curricular materials that testify to the existence of their race.
4. I do not have to worry about being chosen last for a job due to my ethnicity.
5. People of my race are widely represented in media and resources
6. When I am told about our national heritage or about 'civilisation', I am told that my race made it what it is.
7. My race or ethnicity will not make people around me feel uncomfortable.
8. I can start a new SLT job and be confident that most people around me will look like me (ethnically).
9. People know how to pronounce my name; I'm never mocked/perceived as a threat because of my name.
10. I don't often have to think about my race/ethnicity – in fact, I don't really notice it.

## WHITE PRIVILEGE

Definition: 'inherent advantages possessed by a white person on the basis of their race in a society characterized by racial inequality and injustice.'

'White Privilege' doesn't mean you haven't had a hard life, it means that the colour of your skin isn't one of the things that makes it hard.

# STATISTICS – HEALTH, EDUCATION, ECONOMICAL DISPARITY

## Health

- Black men are 4 x more likely to die of COVID
- People from BAME groups are more likely than White British people to be detained under Mental Health Act
- Black women are 5 x more likely to die during childbirth

## Education

- Black students are disciplined more harshly, and less likely to be praised
- Black Caribbean students are almost 3 x more likely to be excluded
- 1 in 20 university students left their studies (2019) due to racial harassment

## Socioeconomic Status

- For every £1 of White British wealth, Black Caribbean's have 20p, Black Africans and Bangladeshi's have approx. 10p. (The Runnymede Trust, 2020)
- 36% of UK homeless people are from BAME backgrounds, despite making up only 15% of the population.
- Child poverty rates by ethnic groups include 47% Black children, 54% Pakistani children, 60% Bangladeshi children in comparison to 26% White children (Family Resources Survey 2016/17)

# WHY DOES THIS MATTER WITHIN OUR PROFESSION?

## SLT Demographics

SLT students 17% from ethnic minorities (2020-221)

SLT is known to be a majority White, middle-class, female career path

9% SLT students under 21 doing a first degree are from the most disadvantaged neighbourhoods compared to 13% in the general student population (2020)

## Client Demographics

Stroke

Learning Disabilities

Low Socioeconomic Status

Deafness

# THE EFFECTS OF RACIAL INEQUALITY IN HEALTH/EDUCATION

## Service Users

- Biological Weathering – effects on mental and physical health
- Reduced trust in the healthcare system
- Reduced awareness of services available/rights
- Reduced engagement in therapy

## Our Colleagues

- Biological Weathering – effects on mental and physical health
- Reduced engagement with colleagues
- Reduced aspirations due to lack of representation and perceptions of a glass ceiling
- Mental exhaustion

Term	Definition	Example
Unconscious Bias	Social stereotypes about certain groups of people that individuals form outside their own conscious awareness.	Assumption that someone with a foreign accent or an accent other than Southern British English isn't clever/educated
Microaggression	A statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority.'	'You must like the hot weather because you were born in Africa'
<b>Antiracism</b>	Conscious efforts and deliberate action against racial hatred, bias, systemic racism, and the oppression of marginalized groups	A White woman going out of her way to learn about the injustices faced by her Asian colleague by reading specific books.
Allyship	Someone (outside of a marginalised community) who is dedicated to the lifelong process of building relationships based on trust, consistency, and accountability with marginalized individuals and/or groups of people.	A white male using his intersectional privileges to amplify voices that aren't heard in society.



# WORKPLACE SCENARIO



Briallen is a new student who is a Black Welsh woman. She has been on placement at your workplace for 3 months

1. You notice that your team lead Janet keeps on mistaking her for Trish – the only other Black woman who works in your office.
2. When Briallen reminds Janet of her name, Janet says ‘it’s really difficult to pronounce – can we call you Bri instead?’, to which she replies ‘ok sure.’
3. Janet then asks ‘Is that even your real name? Aren’t you from Africa?’
4. The same day, Briallen asks you and a couple of others during a lunch break if it’s normal that Martin, one of your co-workers, always fist bumps instead of shaking hands (this is not something Martin is known to do).
5. The others brush it off and say ‘don’t worry about Martin – he probably does it because you’re young’.
6. Within the same lunchtime discussion, the topic of conversation is diverted to Briallen’s lunch, and how she always brings in ‘interesting food’ – although ‘sometimes a bit smelly.’
7. Briallen later overhears her Practice Educator saying to another student ‘Sorry - I can’t give you that patient - I have to give it to the Black girl.’

Discussion:

A: For each statement: Choose whether it’s a Microaggression, Unconscious Bias, or Racism

B: Discuss: What is the potential impact of these experiences to Briallen’s mental health and feelings about her

## CASE STUDY



- Idman is a 3 y/o girl with moderate sensorineural hearing loss
- Somali family – mother speaks English, dad speaks Somali and Idman understands and uses words in both languages. Idman has lived in the UK all her life. She has 1 older brother.
- Idman has been given hearing aids but she doesn't routinely wear them
- Idman's Parents are concerned about Idman's vocabulary in both English and Somali.
- Idman's nursery have told her parents that Idman's social communication skills are behind.

Question: What considerations can you make to ensure that you are delivering culturally competent and antiracist practice for this family?



WHY SLT?

## TAKE HOME MESSAGE

- Anti-racism is ongoing work.
- Anti-racism should be at the heart of our teams and organisations.
- Cultural competence starts with self-awareness
- Advocacy cannot take place without cultural knowledge

# PERSONAL COMMITMENT

**THINK ABOUT  
ONE THING YOU  
CAN CHANGE  
ABOUT YOUR  
INDIVIDUAL  
PRACTICE AS A  
RESULT OF THIS  
SESSION!**



THANK YOU  
ANY QUESTIONS?

# REFERENCES

- Disparities in the risk and outcomes of COVID-19 (Public Health England Review)
- Runnymede Trust: The Colour of Money 2020
- NHS WRES Report 2019
- O'Hara, Jean. (2003). Learning disabilities and ethnicity: achieving cultural competence. *Advances in Psychiatric Treatment*, 9, 166-174. 10.1192/apt.9.3.166.
- Torres L, Taknint JT. Ethnic microaggressions, traumatic stress symptoms, and Latino depression: A moderated mediational model. *J Couns Psychol*. 2015;62(3):393-401. doi:10.1037/cou0000077
- O'Keefe, V.M., Wingate, L.R., Cole, A.B., Hollingsworth, D.W. and Tucker, R.P. (2015), Seemingly Harmless Racial Communications Are Not So Harmless: Racial Microaggressions Lead to Suicidal Ideation by Way of Depression Symptoms. *Suicide Life Threat Behav*, 45: 567-576. doi:[10.1111/sltb.12150](https://doi.org/10.1111/sltb.12150)
- Peter Ratcliffe (1998) 'Race', Housing and Social Exclusion, *Housing Studies*, 13:6, 807-818, DOI: [10.1080/02673039883083](https://doi.org/10.1080/02673039883083)
- Sternthal M. J., Slopen N., Williams D. R. (2011). Racial disparities in health. *Du Bois Review: Social Science Research on Race*, 8, 95-113. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
- Geronimus, A.T., Pearson, J.A., Linnenbringer, E., Schulz, A. J., Reyes, A. G., Epel, E. S., Lin, J., & Blackburn, E. H. (2015). Race-Ethnicity, Poverty, Urban Stressors, and Telomere Length in a Detroit Community-based Sample. *Journal of health and social behavior*, 56(2), 199–224. <https://doi.org/10.1177/0022146515582100>
- Kalev, A., F. Dobbin, and E. Kelly. 2006. "[Best Practices or Best Guesses? Assessing the Efficacy of Corporate Affirmative Action and Diversity Policies](#)". *American Sociological Review* 71 (4):589-617.
- Equality and Human Rights Commission (2019) *Tackling racial harassment: Universities challenged*
- Blake, J. EPSTEIN, R. *Listening to Black Women and Girls: Lived Experiences of Adulthood Bias*. [www.law.georgetown.edu/poverty-inequality-center/gender-justice-and-opportunity](http://www.law.georgetown.edu/poverty-inequality-center/gender-justice-and-opportunity)
- Leadbeater, C. and [Litosseliti, L.](#) (2014). The Importance of Cultural Competence for Speech and Language Therapists. *Journal of Interactional Research in Communication Disorders*, 5(1), pp. 1-26. doi: [10.1558/jired.v5i1.1](https://doi.org/10.1558/jired.v5i1.1)
- Forrester, S., Jacobs, D., Zmora, R., Schreiner, P., Roger, V., & Kiefe, C. I. (2018). Racial differences in weathering and its associations with psychosocial stress: The CARDIA study. *SSM - population health*, 7, 003–3. <https://doi.org/10.1016/j.ssmph.2018.11.003>

# RESOURCES

- Why I No Longer Talk to White People about Race – Reni Eddo Lodge
- White Fragility – Robin Diangelo
- Natives – Akala
- <https://www.rcslt.org/learning/diversity-inclusion-and-anti-racism/>
- <https://www.thatsunheardof.org/learn-now/figure-out-where-you-stand/>
- <https://www.activebystander.co.uk/how-to-intervene/>
- Critically Appraising for Antiracism: <https://www.youtube.com/watch?v=hlk96Ya5BmI>





# Gweithdy 2/ Workshop 2 - Cynadliadwyedd/ Sustainability

Mark Brand, Welsh Clinical  
Leadership Training Fellow,  
HEIW





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

## RCSLT Workshop Session:

# Delivering Sustainable Healthcare

Mark Brand





Family

Healthcare

Sport



# Introductions:



## Mark Brand

Welsh Clinical Leadership Training Fellowship

- HEIW
- 1 year secondment
- Education and development on clinical Leadership and Healthcare Quality Improvement
- Project: **‘Sustainable Healthcare’**





Learn

- Sustainable Healthcare

Share

- Examples
- Ideas

Act

- Actions now for the future



Learn

*Write down the first  
3 words that you  
think of when you  
hear the phrase;*

*Sustainable  
Healthcare*

# What is sustainable Healthcare?

Providing high quality care in the present, without sacrificing the health of future generations.

## TRIPLE BOTTOM LINE



People

Planet

Profit

# Centre of Sustainable Healthcare

## 1. PREVENTION

Promoting health and preventing disease by tackling the causes of illnesses and inequalities

## 3. LEAN SERVICE DELIVERY

Streamlining care systems to minimise wasteful activities



## 2. PATIENT SELF-CARE

Empowering patients to take a greater role in managing their own health and healthcare

## 4. LOW CARBON ALTERNATIVES

Prioritising treatments and technologies with a lower environmental impact

Mortimer, F. The Sustainable Physician. Clin Med 10(2). April 1, 2010. D110-111.

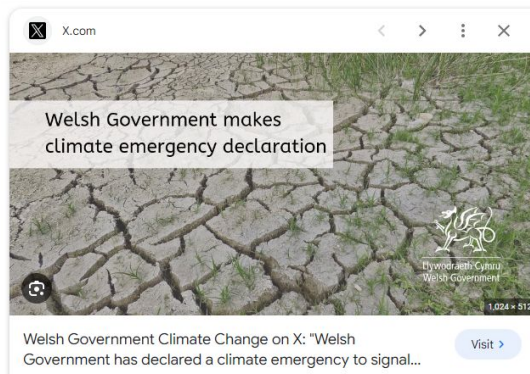


CENTRE for  
SUSTAINABLE  
HEALTHCARE  
inspire • empower • transform



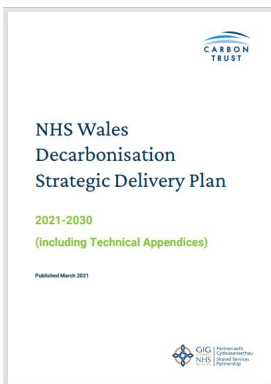
Learn

# Why is Sustainable Healthcare important



UK Health Alliance  
on Climate Change

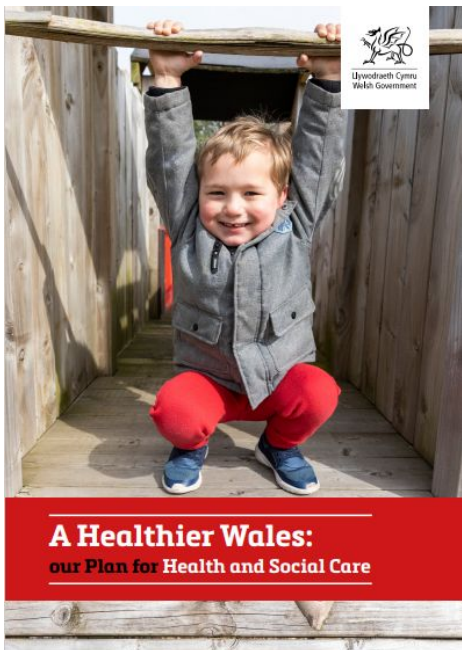
Declare that the climate emergency is a  
health emergency



- **Statement of Commitment:**
- Public sector to be net zero by 2030.
- Poor climate = Poor health
- Broader workforce engagement in sustainable healthcare

Learn

Well-being of  
Future Generations  
(Wales) Act 2015



**A Healthier Wales:**  
our Plan for Health and Social Care



Llywodraeth Cymru  
Welsh Government

# Allied Health Professions Framework for Wales

## Looking Forward Together

### 4. Inspiring a vibrant allied health professions workforce

Citizens will experience a confident, skilled workforce able to influence, lead and drive change in their work

AHPs' personalised approach and focus on what matters to citizens enables them to improve health literacy and support **sustainable** behaviour change toward healthy, active lifestyle choices.



## Welsh Allied Health Professions (AHP) Committee



GIG  
CYMRU  
NHS  
WALES

Addysg a Gwella Iechyd  
Cymru (AaGIC)

Health Education and  
Improvement Wales (HEIW)

**AHP Framework Programme:**  
AHP Public Health & Prevention

Learn

# RCSLT

Actively engaging, informing and supporting members.



## 4. INNOVATION AND EXCELLENCE IN RESEARCH AND CLINICAL PRACTICE:

- We will build the speech and language therapy evidence base and delivery of best practice in collaboration with service users
- A profession that actively engages in supporting environmental sustainability.

## 8. ORGANISATIONAL EXCELLENCE: The RCSLT is recognised as an excellent organisation

- The RCSLT invests in processes to support sustainability and lower our carbon footprint.

Discussion

## **What are the implications of climate change for speech and language therapists?**

Sue Sherratt 

- Many disorders of communication and swallowing are caused or exacerbated by the effects of climate change. Aphasia, developmental language disorders, and dysphagia are mostly discussed.
- Increasing temperatures, extremes of precipitation, population displacement and air pollution contribute to cardiovascular and cerebrovascular events, respiratory disease, malnutrition, premature birth, air- and water-borne diseases, and mental illness.
- These may affect the communication and swallowing abilities across the lifespan, but particularly those of children and older adults

This article is more than 2 years old

# Quarter of UK pupils attend schools where air pollution is over WHO limit

Estimated 3.4m children learn in unhealthy environment, says charity behind research

## Support the Guardian

Fund independent journalism with £10 per month

Support us →

Print subscriptions Sign in Search jobs Search UK edition

The Guardian  
Newspaper of the year

News Opinion Sport Culture Lifestyle More

Environment Climate crisis Wildlife Energy Pollution

Air pollution

This article is more than 2 years old

## Quarter of UK pupils attend schools where air pollution is over WHO limit

Estimated 3.4m children learn in unhealthy environment, says charity behind research

Damian Carrington  
Environment editor

Thu 17 Jun 2021 06:01 BST

Share



The highest number of polluted schools identified in the analysis by Gap are in London and the south-east. Photograph: Nick Ansell/PA

# The cost of living crisis can only be beaten by tackling the climate crisis

Ed Miliband



## Support the Guardian

Fund independent journalism with £10 per month

Support us →

Print subscriptions Sign in Search jobs Search UK edition

The Guardian  
Newspaper of the year

News Opinion Sport Culture Lifestyle More

UK World Climate crisis Ukraine Football Newsletters Business Environment UK politics Education Society Science Tech Global development Obituaries

Opinion  
Climate crisis

This article is more than 7 months old

## The cost of living crisis can only be beaten by tackling the climate crisis

Ed Miliband



Sat 29 Jul 2023 18:00 BST

Share

500

Investing in green jobs and energy is the best long term way to tackle soaring bills

Ed Miliband is the climate change and net zero shadow minister



Workers install solar panels on a property in Cornwall. Over the last decade, the costs of solar energy have fallen 89%. Photograph: Simon Burt/PA

Celebrating Social Workers





# NEWS

[Home](#) | [Israel-Gaza war](#) | [Cost of Living](#) | [War in Ukraine](#) | [Climate](#) | [UK](#) | [World](#) | [Business](#) | [Politics](#) | [Culture](#)

[England](#) | [Local News](#) | [Regions](#) | [London](#)

## Ella Adoo-Kissi-Debrah: Air pollution a factor in girl's death, inquest finds

© 16 December 2020



Ella Adoo-Kissi-Debrah lived 25 metres from the South Circular Road in south-east London

Learn

# QUIZ TIME

# Answers

**Round 1:**

**How Much Carbon?**

- A. 1,001,000
- B. 1,500
- C. 1,760,000
- D. 1,000

**Round 2:**

**Top of the Pops?**

- A. 5th
- B. 1st
- C. 4th
- D. 196th

**Round 3:**

**healthcare?**

- A. 22.4 kg
- B. 10 kg
- C. 7 kg
- D. 125 kg



# Case Studies

## Examples – Communication aids

For speech and language therapy, communication aids can be made reusable, and their lifespans increased relatively easily. Digital communication aids may have longer lifespans than more analogue predecessors and offer further features. This must be balanced against their increased cost and the environmental impact of powering/maintaining them.

## Examples – Occupational therapists and speech and language therapists

Occupational therapists should consider the physical and psychosocial reasons for food waste, making recommendations where appropriate such as adaptive cutlery or routine eating behaviours. Meal planning and assessment should be incorporated in assessing for discharge.

Speech and language therapists can provide recommendations to ensure safe swallowing and to optimise nutrition and hydration.

Share

What is happening in  
your Health Board  
that is sustainable?

What are  
you involved  
in?

What do you  
want to be  
involved in?

Share



# AHP GREEN GUIDE:

## Actions to Deliver Sustainable Healthcare



GIG  
CYMRU  
NHS  
WALES

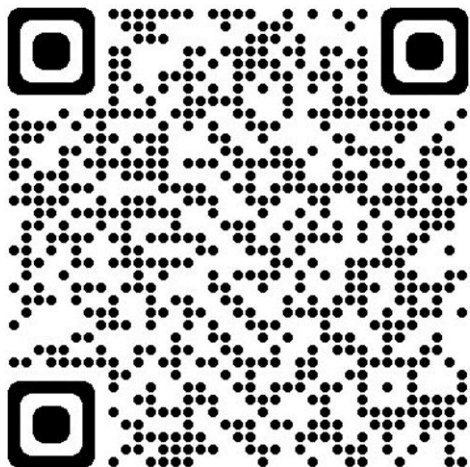
Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

Bronze Actions	Silver Actions	Gold Actions
 <p>3 minutes: Education Video</p>	 <p>Add 'AHP Green Guide' to Local Meeting Agenda</p>	 <p>Patient Conversations</p>
 <p>3 minutes: Personal Footprint Calculator</p>	 <p>Active Transport Campaign</p>	 <p>QI Projects: e.g. Virtual Clinics</p>
 <p>3 minutes: Take the Pledge</p>	 <p>Reducing Waste and recycling</p>	 <p>Eco Friendly Procurement</p>
 <p>Link with Green Champion and Networks</p>	 <p>Add 'AHP Green Guide' to Local Induction</p>	 <p>Reducing Single use Plastics</p>
 <p>Switch it Off Campaign</p>	 <p>30 minutes: 'Building a Net Zero NHS' Training</p>	 <p>Returning Equipment</p>



# HOW BIG IS YOUR ENVIRONMENTAL FOOTPRINT?

Our world is in crisis - from climate change to the pollution in our oceans and devastation of our forests. It's up to all of us to fix it. Take your first step with our UK based environmental footprint calculator.



ADOPT

DONATE

MEMBERSHIP



Act

*What actions  
can we take  
forward?*

## Group work:

Sustainable Healthcare Quality Improvement project.

1. What's your Aim?
2. What will stop you in achieving this?
3. What will enable you to overcome these barriers and achieve your aim?



GIG  
CYMRU  
NHS  
WALES

Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)

# Diolch Thank you





**Cinio/ Lunch**  
**12.50 – 14.00**

 #RCSLTConnectCymru





**Iechyd cyhoeddus  
ac ymyriad cynnar/  
Public health and  
early intervention**

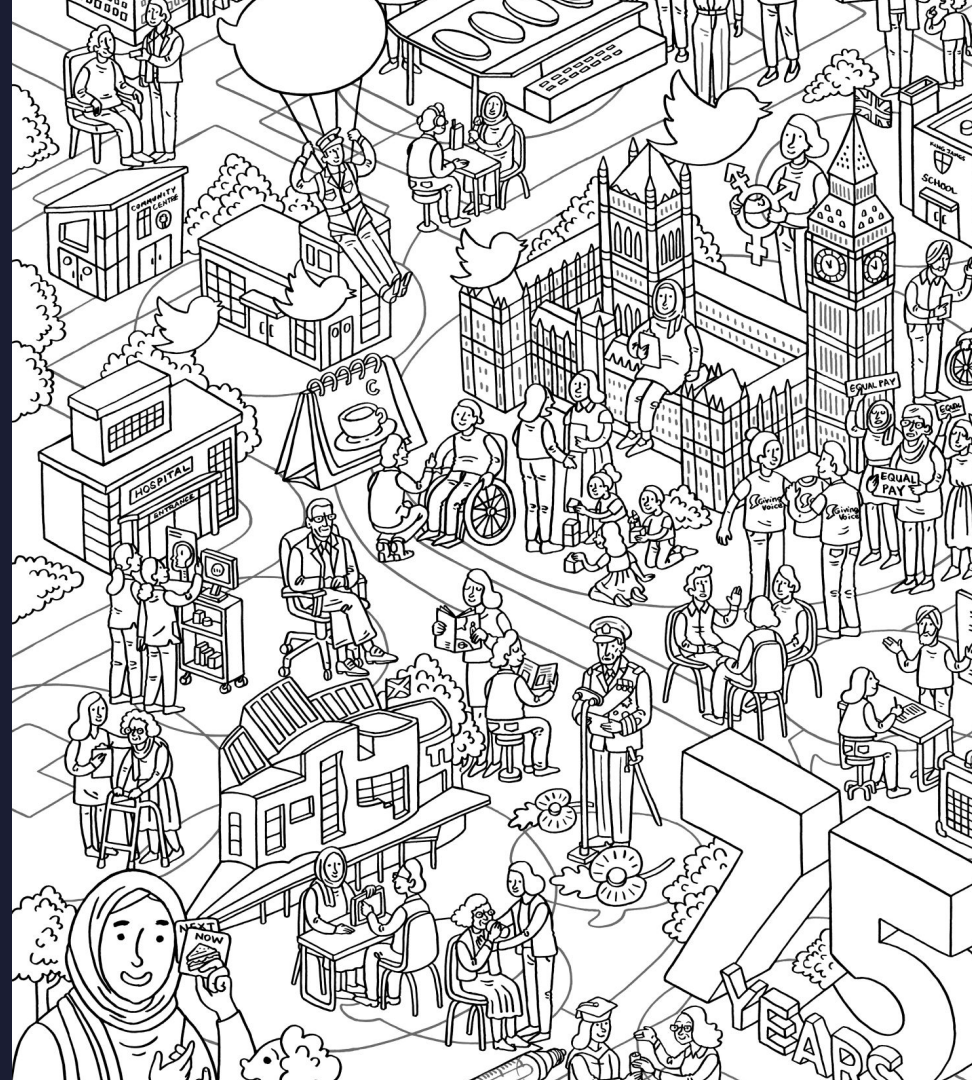






**Succession...responding  
to All Wales pressures at  
grass roots level.**

**Katy Williams & Lauren Salisbury**



# What we did

---

In a nutshell...we have embedded Public Health placements into our BSc (Hons) Speech and Language Therapy degree at Wrexham University, beginning this year with two second year students.

## **There were three steps to achieving this...**

1. We attended a scoping workshop ran by Gwynedd and Mon County Council aimed at developing and expanding universal provision for Speech and Language Therapy.
2. We jointly identified shared goals and priorities for each sector involved, to ensure meaningful and future-proofed outcomes informed by NHS, Welsh Government and RCSLT Policy Positions.
3. We worked together to overcome typical barriers to a placement of this nature.

# Why we did it

---

- HCPC introduced new Standards of Proficiency centred around promoting public health and preventing ill health. These came into effect in September 2023.
- UK Allied Health Public Health Strategic Framework (2019-2024) linked to Healthier Wales.
- HEIs are well placed to drive forward the 'prevention agenda' as we influence future workforces' knowledge, understanding and application of PH in practice.
- Students on commissioned places can go into health and social care sectors, so this broadens NQP job opportunities, ensures PH is no longer a 'hidden' career route and ensures that graduates are skilled and competent to work in the post-pandemic and evolving healthcare landscape.
- It diversifies placement education opportunities, relieving the burden on Health Boards.

# How we did it

---

1. We wrote a placement proposal plan - essentially a roadmap for how this could work logistically.
2. We sought support from PEFs in BCUHB to act as the bridge between the two sectors and ensure competencies could still be signed off.
3. We provided bespoke practice education training to the PH team.
4. We spiralled up the student's knowledge and skills in PH from their training so far to prime them for this placement, this included the HEIW e-learning module.

# What were the outcomes?

---

- Hybrid student placement was secured - 2 days with NHS, 2 days with PH.
- Paired placement, blended f2f and virtual. Welsh medium.
- Students to be involved in a service improvement project. They will be carrying out semi-structured interviews to gather stakeholder feedback and then conducting a thematic analysis on the data.
- Placement underway - week 2 of 4.
- Outcomes and feedback will be gathered by our placement team and debriefs with PH, for quality assurance and future-proofing.



# What we did

---

- Narrative Project established in January 2022
- Funded by Wrexham authority
- Staffed by 0.8 SLT and 0.6 TI
- Delivery of BSP Narrative Therapy intervention to groups of children with school staff being trained to deliver the intervention on a rolling basis

# Why we did it

- Local authority recognised increasing number of children with SLCN/poor language skills
- They required an intervention which would boost language skills and could be employed at universal level in schools to be implemented by TAs



## How we did it

---

- Schools were asked to provide expression of interest/high priority schools were approached
- Pupils identified from SALT caseload/by choice of ALNCo
- SLT or TI went into school to run groups alongside TA to provide training

## How we did it

---

- Schools were expected to purchase narrative packs to use in school on long term basis (rolling programme of intervention)
- 'Intervention' period included pre and post intervention assessment, parent session and collecting feedback from pupils/staff/parents

## How we did it

---

- Project evolved to work away from traditional SALT model – record keeping, working in class (small group/whole class)
- Some schools chose to deliver intervention to targeted groups, others chose to embed into Curriculum and use narrative screen as part of their tracking

# What were the outcomes?

---

- Improved scores on RAPT and narrative screen
- Some staff reported improved confidence to participate verbally in class for particular pupils
- Improved story telling skills (including more information relating to the key components), or at least able to access visual framework

# What were the outcomes?

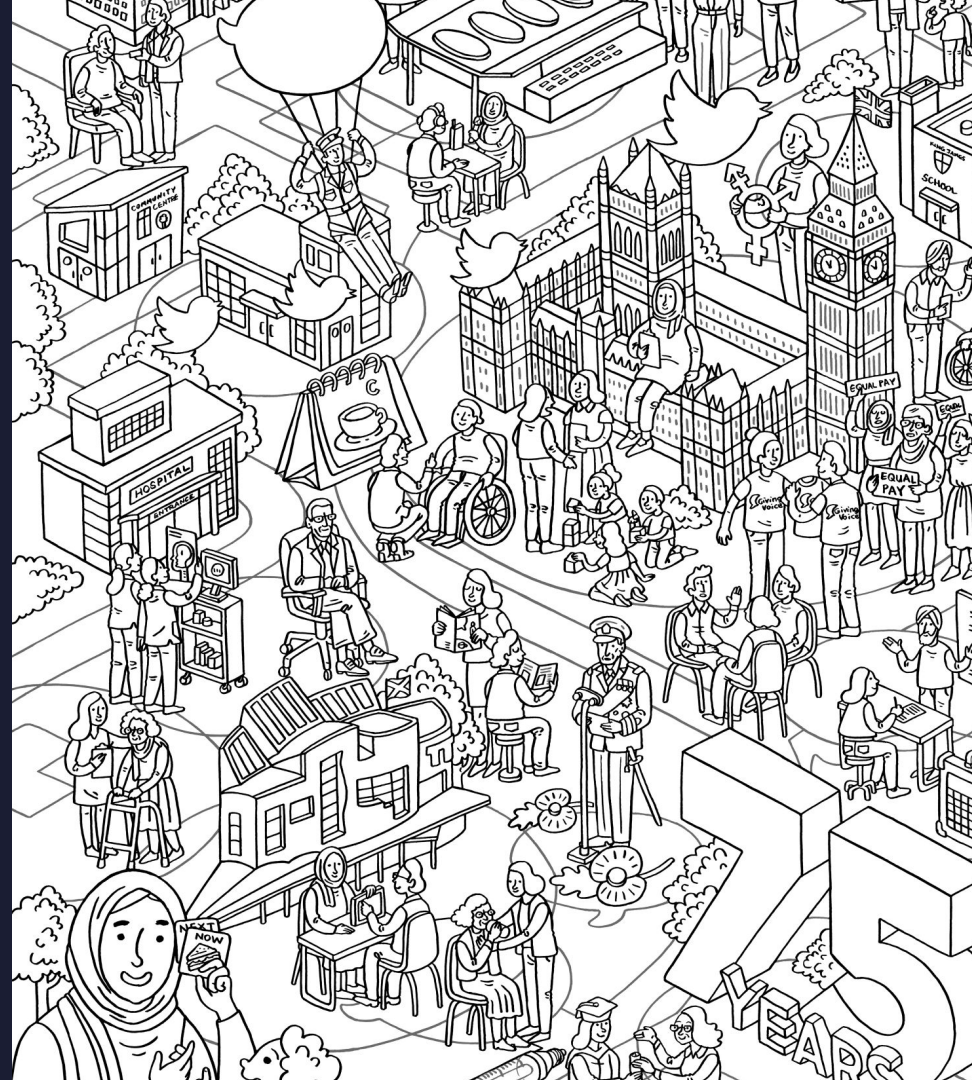
---

- Improved knowledge and skills of staff, able to apply in Curriculum across class/group
- Joint working – appreciation of demands of classroom for teaching staff
- School staff had access to SALT staff in the class to raise queries, SLT able to assess individual pupils (with consent) – already familiar



Offer It, And They  
will Come

Keara Law



# What we did

---

- Welsh Government funding to support the Talk With Me program, was secured and utilised for project staffing.
- Skill mix played a vital role in creative project planning.
- Iterative project development over 18 months.
- Identification and tailored upskilling of stakeholders.
- We made an offer...

# Why we did it

- Nest Framework
- MECC
- Prudent healthcare
  
- The funding to think outside the box and offer outside of the core service remit
- A chance to fill any gaps in service
- An opportunity to 'go big'





# Who we did it for

---

## Identified stakeholders:

- Health Visitors
- Community Nursery Nurses
- LA Early Language teams
- Paediatricians

## Unexpected stakeholders:

- Libraries
- Home Start Cymru
- Children's Wards

## The wider workforce

- **Health**
  - Dentists/Design to Smile
  - GP's
  - Physio/OT/Pods
  - Pharmacists
  - Audiology
  - Children's Wards
  - Midwifery
  - Dietitians

## • **Local Authorities**

- Educational Psychology
- Flying Start
- Early Years teams
- Social Services
- **3<sup>rd</sup> Sector**
  - Dad's Matters
  - Home Start Cymru
  - Barnardo's
  - Specsavers
  - Play groups

# How we did it

---

Signposting information  Training packages

- Evidence based websites
- 20 minute online SLC awareness and signposting training
- 30 minute Midwifery SLC awareness and links to TWMM
- 2 hour in-depth SLC development training
- 3 hour 'Targeting Language' training session
- Observation and demonstration sessions

In response to feedback:

- Sign awareness training
- Funded resources for playgroups
- Autism Training

# What were the outcomes?

---

- Continued use of evidence based, accessible information (TWM, THP, LSSP)
- Continuing development of the profile of SLC and everyone's role in this
- A workforce that can signpost and support in a timely manner to reduce pressures on targeted and specialist services
- Understanding from other workforces of how SLT as subject matter experts, can feed in to, and support their own work streams
- A seat at the table for policy production
- A local face for SLT
- Ongoing requests for training and support from other workforces
- Job satisfaction!



**Newid i ofal sylfaenol/  
cymunedol a lleihau  
pwysau mewn ysbytai/  
Shift to primary  
/community care and  
reducing hospital  
pressures**





# What we did

---

- Created an entirely virtual pathway for the Trans and Gender Diverse Voice Service
- Funded by pooled budgets across the three BCUHB areas
- A dedicated 0.6 Specialist SLT
- Innovative Service Delivery where people can access the service from their own home

# Why we did it

- All three areas of BCUHB recognised a growing need for a dedicated post for trans voice and communication therapy.
- To future-proof the service recognising an upcoming retirement of the longstanding specialist SLT could result in loss of specialist knowledge and skill in this area

# Why we did it

- There was an opportunity to pool budgets across three services, reducing financial risk in establishing this service
- Recognising the value of remote learning for this patient group, the specialist SLT was not required to live locally and could provide a service for the whole BCUHB area



## How we did it

- Specialist SLT recruited in June 2023
- Clinical supervision from the longstanding specialist to ensure the new service would benefit from their skills, knowledge and experience
- Working with the current longstanding specialist to develop an efficient and equitable remote service
- Creation of a virtual case-history form and video resources to protect clinical time

# How we did it

---

- Creation of a detailed care-pathway based on evidence based practice for this patient group
- Accessibility options for those with barriers to accessing remote healthcare
- 1:1 and group clinics delivered virtually to meet the needs of this population
- Communication with stakeholders and the Welsh Gender service to support the new pathway
- Delivery of cultural awareness training to an admin team who are new to communicating with this population

# What were the outcomes?

---

- Reduced waiting times
- Increased clinical time for patients
- Improvement in vocal parameters as measured by objective pitch analysis software
- Decreased dysphoria and functional impact of voice as measured by before and after rating scale outcome measures

# What were the outcomes?

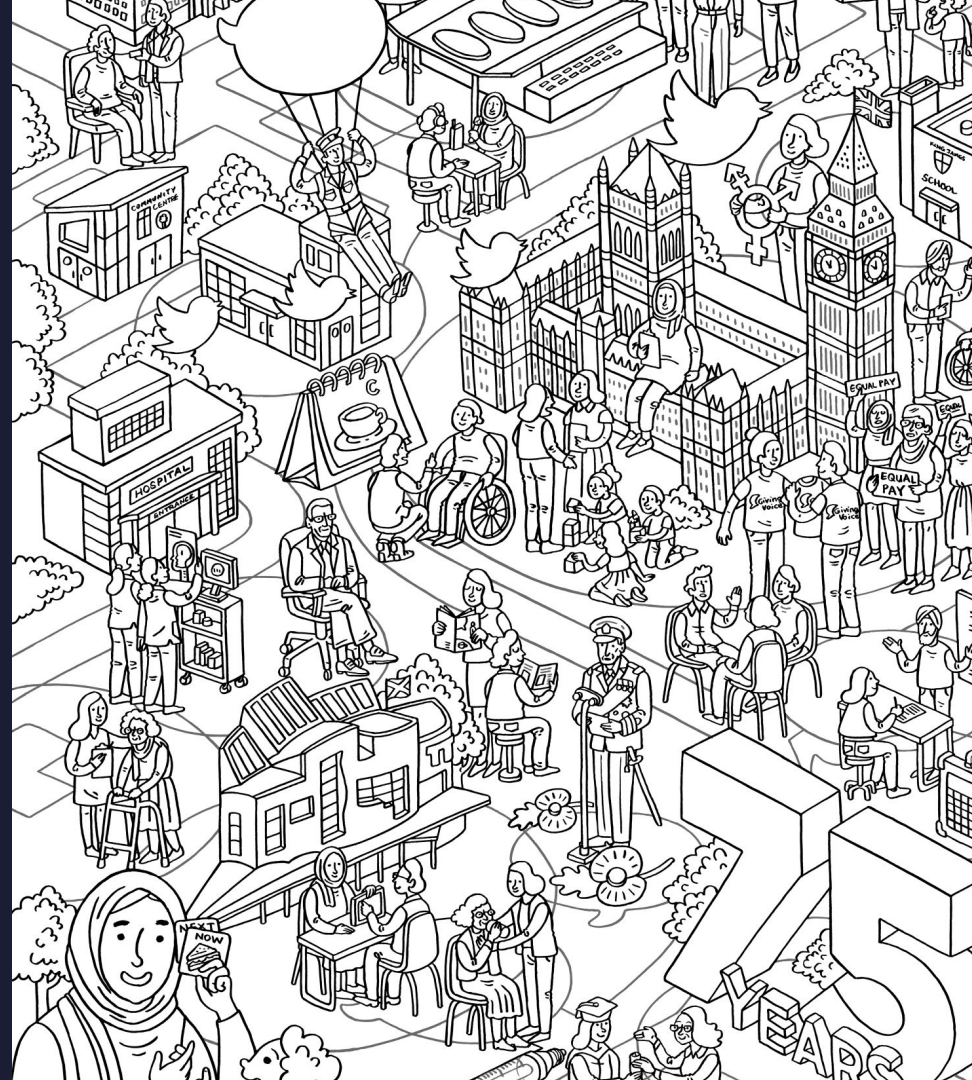
---

- Increased happiness with voice as measured by before and after rating scale outcome measures
- Increased confidence reported by patients following both 1:1 and group sessions
- A service where this patient group can access from a place of safety and comfort
- Removal of barriers to accessing remote healthcare



# Place-based integrated care for adults in ABUHB

Catrin George



# What we did

---

- Established an adult community SLT service for the first time in ABUHB
- Secured funding via the Regional Integrated Fund (RIF) - 5-year Welsh Government initiative
- Established SLT resource in two boroughs - Newport and Blaenau Gwent
- RIF funding provision - 1WTE B7, 1 WTE B6, 1.8 WTE B4
- Patients seen within their own homes
- In-reach to acute setting to support early discharge

# Why we did it

---

- Ageing population in Gwent with complex and multiple comorbidities
- Many people are unable to access traditional outpatient offer
- Increasing demand for domiciliary visits and waiting times were in a surplus of 14 weeks
- Hospitals are under enormous pressure - service seeks to avoid admissions and expedite discharge
- Lack of collaboration between services often leading to unnecessary hospital admissions - service seeks to integrate within MDTs and share information in a timely way, to help provide complex care closer to home for patients.

# Why we did it

## 'A Healthier Wales' Welsh Government strategy





# Why we did it

## ABUHB Clinical Futures Strategy



# How we did it

---

- Project year/scoping year in 2021 in Newport and Blaenau Gwent (2 x B7s, 2 x B4s). Funded via Integrated Care Fund (ICF) and Transformational Fund (TF)
- External evaluation by the Institute of Public Care, Oxford Brookes University in March 2022
- RIF funding secured when funds amalgamated
- Developed a referral criterion and cascaded down to relevant stakeholders
- Integrated with Primary Care Neighbourhood Care Networks (NCNs) and GP MDTs
- Provided training to CRTs, district nursing, nursing homes/care providers, CHC and third sector organisations

# How we did it

---

- Developed a new PROMS questionnaire to gather outcomes and data from patients, families and professionals in line with RIF/Welsh Government agenda
- Provide quarterly reports to Welsh Government outlining the delivery of the project, its impact and how we are working within the stipulated models of care
- So far, we have made two digital patient stories to showcase the impact of SLT in the community

# What were the outcomes?

---

## **Patient Outcomes**

- Patient specific feedback - reduced isolation, improved mental wellbeing, increased participation in decisions about their care.
- PROMS results - 98% of patients reported SLT supported them to avoid escalation of their needs. 95% of patients felt supported to be more involved in making decisions about their care, including where they live.
- Our recent patient story- 'I'm not just a stroke survivor' is being showcased in the Regional Partnership Board (RPB)

# What were the outcomes?

---

## System outcomes

- Avoiding unnecessary hospital admission and expediting discharge
- Support patients to stay in own homes
- Improved MDT working – joined up care with health and social care colleagues. a district nurse commented '***Having SALT present streamlines patient care across the MDT and helps us address any concerns or issues we encounter directly***'

# What were the outcomes?

---

## **System outcomes**

- Secured permanent 1 x WTE B6 funding from Blaenau Gwent CRT in 2023- able to increase staff numbers
- Highlighted health inequalities across ABUHB as other 3 boroughs cannot access community SLT support.

# What were the outcomes?

---

**But the patient outcomes are the big win...**







# What we did

---

- 2023 - identified gap in service provision for CTM SLT community and out-patient referrals for urgent dysphagia assessments
- Opportunity arose to apply for AHP Communities Welsh Government funding
- Hoped funding would enable development of services to improve the response time for urgent dysphagia referrals and improve patient outcomes

# Why we did it

---

Rapid access for dysphagia referrals – difficult to meet our 4 week target for urgent referrals

Conscious that patients requiring urgent assessment may have been admitted into hospital while waiting, not receiving timely care. Aim to avoid admission wherever possible and reduce impact on primary care/GPs

Staff dissatisfaction at current service, keen to improve SLT service, patient outcomes and staff job satisfaction

Desire to work in partnership with other community AHPs (jointly run clinics initially planned with Dietetics)

# How we did it

---

Appointed B7 post (0.8 WTE) and B4 post (0.6 WTE)

Integrated new posts into core OP and community service ensuring sustainability from a staffing perspective - not just one SLT

Identified criteria for new service model

Allocated urgent “hot clinic” slots across CTM ( both clinic & home visits)  
Allocated daily triage slots used to contact all urgent referrals

Liaison between clinical and admin teams to refine and speed up referral processing

Liaison with SLT teams across CTM to allow access for all: i.e. acute front door services (SDEC), @home & Dementia services

# How we did it

---

Monthly data collection - appointments offered, patients seen, length of wait and reason for any delays identified, admission avoidance (often difficult to know/prove)

TOMS collected and inputted into ROOT

Collected patient/family/carer and staff feedback

Regular strategic meetings with fellow AHP leads – to align services and coordinate reporting to WG

# What were the outcomes?

---

Only 4 months in: data January to April 2024

Early data shows an overall downward trend in waiting times – for both urgent and routine referrals. Overall all waiting lists have fallen – patients are being seen quicker

Response from referral to assessment:

91% seen within 4 weeks

38% seen within 10 days

6% seen within 2 days

Not anticipated:

- Difference between SLT's view of urgent v's the patient's view – interesting how patients prioritise the urgency, even home visits
- Difficulties contact patients or referrers for urgent triage

# TOMS outcomes

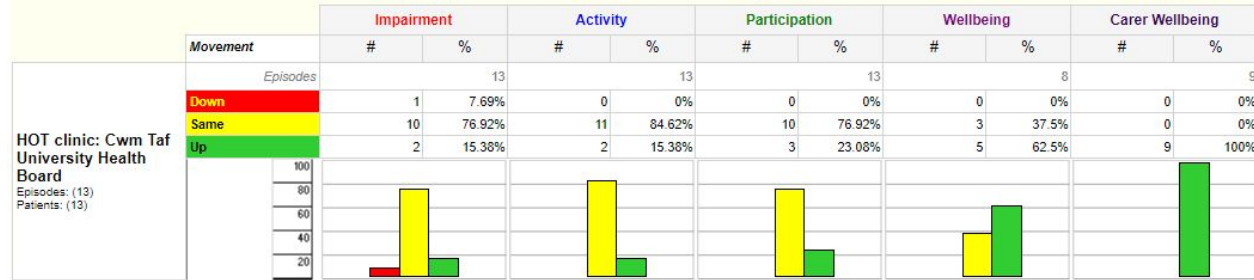


## TOMS : Therapy Outcome Measures for Rehabilitation Professionals

*Pam Enderby and Alexandra John*



R01 Change in individual TOMs domains (bar-chart)



HOT clinic: Cwm Taf  
University Health  
Board  
Episodes: (13)  
Patients: (13)

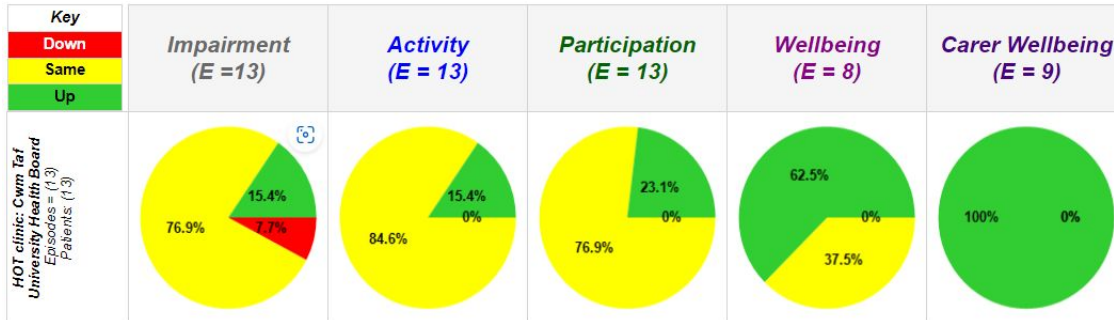


## TOMS : Therapy Outcome Measures for Rehabilitation Professionals

*Pam Enderby and Alexandra John*



R02 Change in individual TOMs domains (pie chart)



HOT clinic: Cwm Taf  
University Health Board  
Episodes = (13)  
Patients (13)

# Feedback

---

This service was 10/10. We thought having an appointment at 4 weeks was fast but when you were able to come quicker at the GP request we were amazed. It's really helped us know what to do with Mum and help her eat and drink safely. Thank you.

Thanks for all the prompt advice. You're the best person we've ever had out to visit!

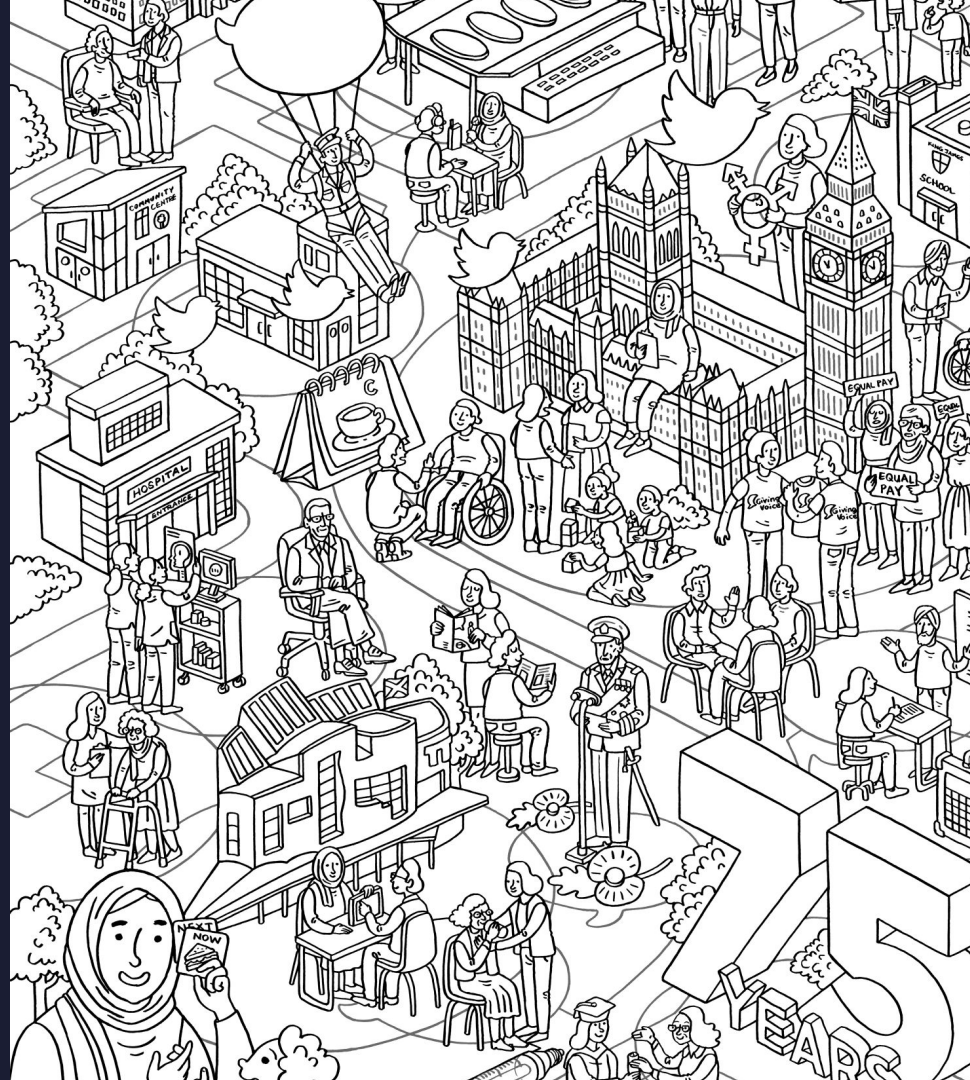
Thank you so much for coming out so quickly at such short notice – I know you are all very busy.

You have provided the most helpful information we have had about this. Thank you.



# Eating & Drinking at Risk - evaluating the implementation of a new policy

Gillian Dowman





# What we did

---

- Evaluated the implementation of the new EDAR policy across East Adult SLT
  - Internal survey of East Adult SLTs working with dysphagia at 6m mark
  - EDAR case discussions – continuous learning
  - Case study of patient referred back multiple times

# Why we did it

---

- '6 Goals for Urgent & Emergency care'
- New Lead SLT for Frailty
  - Frail, ageing population - the greatest pressure across adult SLT, especially hospital
  - Increasing ethical and complex care planning
  - Remit: systematic response to support service demand
    - Universal, targeted and specialist services
    - Training and support within the team of SLTs who are increasingly managing more complex patients

# How we did it

---

- Internal survey via MS Forms. 11 responses from SLTs working with dysphagia
  - Awareness of EDAR policy, experiences to date, documentation, confidence, usefulness, people involved within wider MDT, Senior Responsible Clinician, feedback
- Longitudinal case study - patient had been referred to SLT 6 times during 12m period, largely due to insufficient communication across settings (4 Heddfan, 2 acute)

# What were the outcomes?

---

- Desired outcomes - support service demand, support SLTs working with EDAR, quality of care
  - EDAR support group for SLT colleagues – cases, issues, feedback,
  - EDAR prompt sheet for SLTs triaging referrals for people who are known to be EDAR
  - Registered audit with Consultant Physician
  - Repeat internal survey at 12m

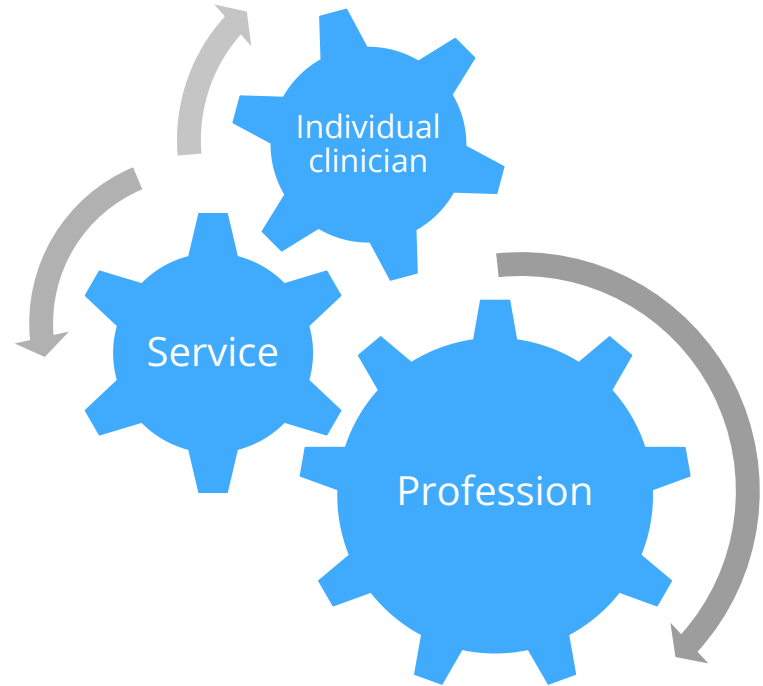


# Defnydd Cymru gyfan o'r ROOT/ All Wales usage of the ROOT



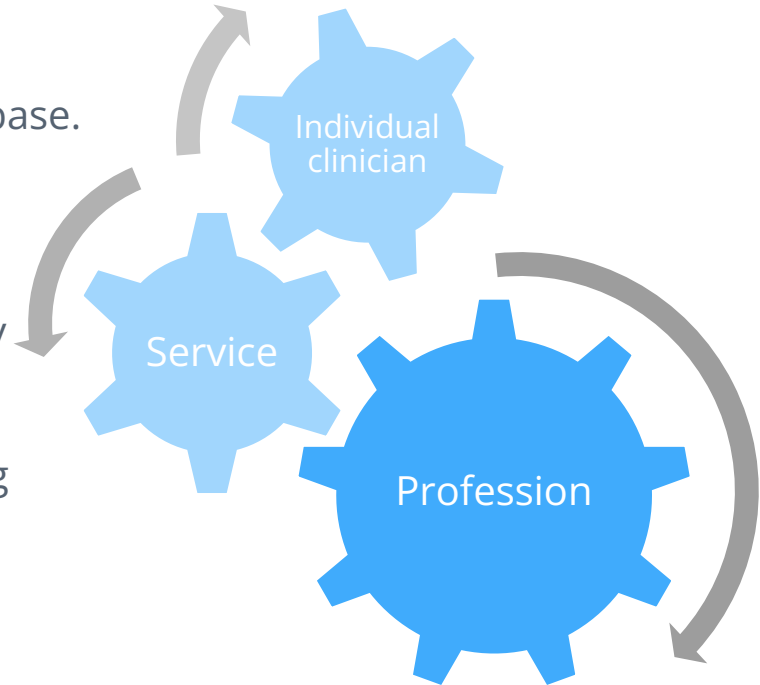
Our focus today:

How can the ROOT support the delivery of quality speech and language therapy across Wales?



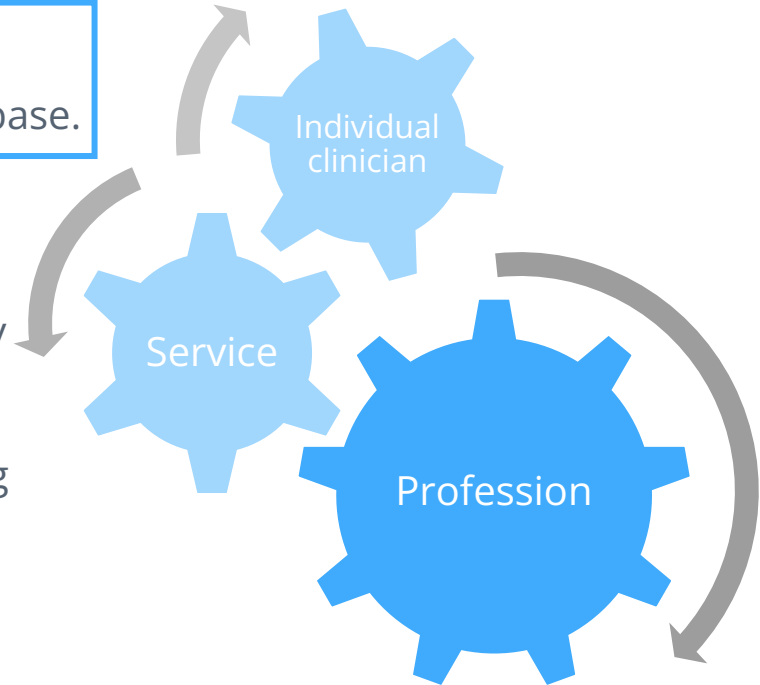
# How can the ROOT support the delivery of quality speech and language therapy across Wales?

- The production of evidence, to complement the existing evidence base.
- Raising the profile of the profession and demonstrating the value of speech and language therapy to key stakeholders.
- Supporting lobbying and influencing work.



# How can the ROOT support the delivery of quality speech and language therapy across Wales?

- The production of evidence, to complement the existing evidence base.
- Raising the profile of the profession and demonstrating the value of speech and language therapy to key stakeholders.
- Supporting lobbying and influencing work.



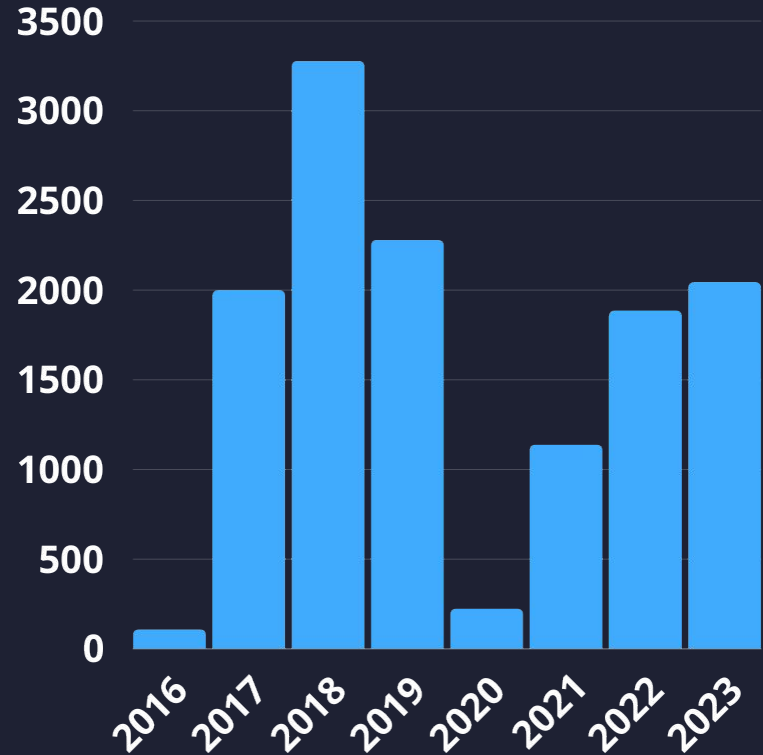




**All Wales**

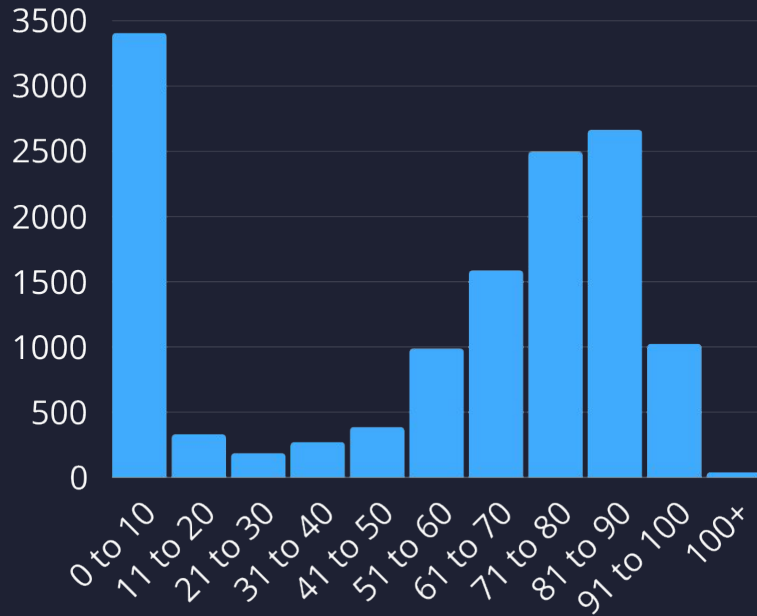
# 13482

completed episodes  
of care



Source: RCSLT Online Outcome Tool

## Age



Female  
43.3%



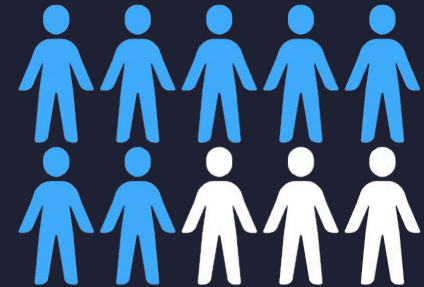
Male  
56.7%

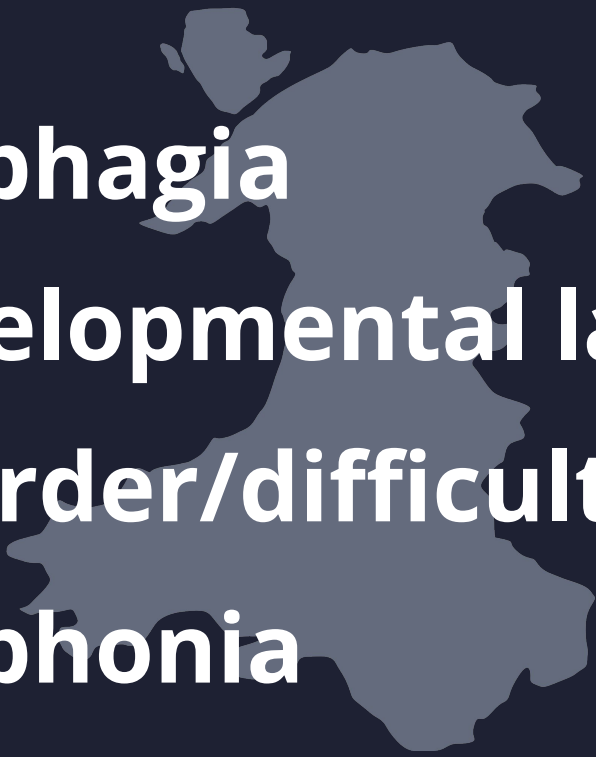
## Top 5 primary TOM scales

1. **Dysphagia** 53.1%
2. **Phonological disorder** 10.4%
3. **Developmental language disorder/difficulties** 9.2%
4. **Dysphonia** 6.2%
5. **Aphasia/dysphasia** 6.1%

**70.4%**

improve in at least  
one TOM domain



- 
- 1. Dysphagia**
  - 2. Developmental language disorder/difficulties**
  - 3. Dysphonia**



Average age is

**75.6**

years

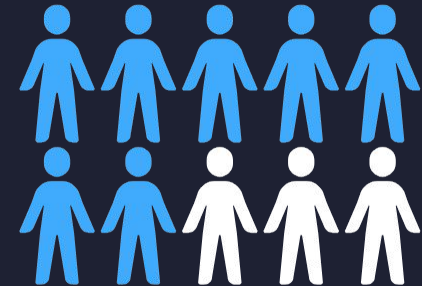
Female  
47.3%



Male  
52.7%

**68.7%**

**improve** in at least  
one TOM domain



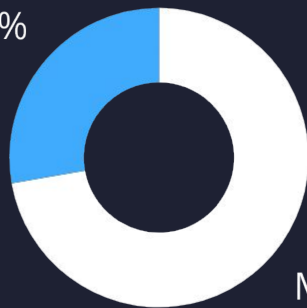
## Developmental language disorder/difficulties

1262

completed episodes of care

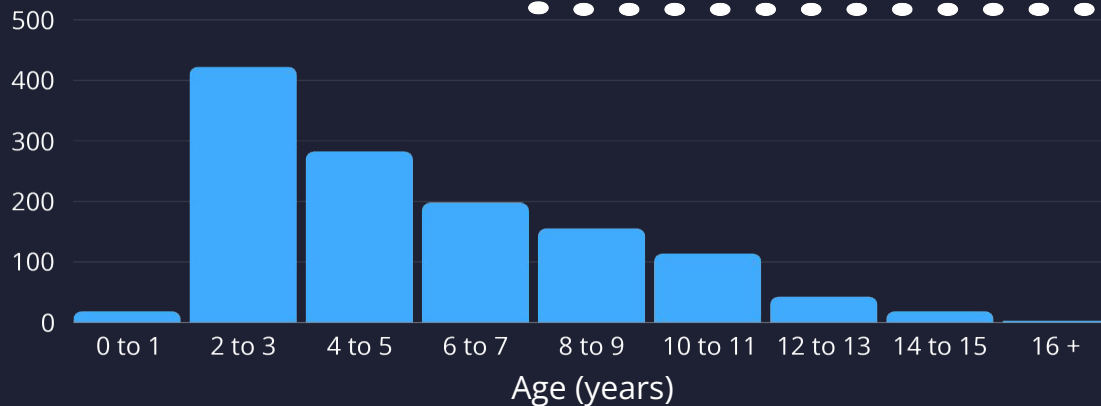
completed episodes of care

Female  
27.8%



Male  
72.2%

On average, clinically significant **improvement** in **impairment, activity, participation & well-being**



Source: RCSLT Online Outcome Tool



Average age is

**59.3**

years

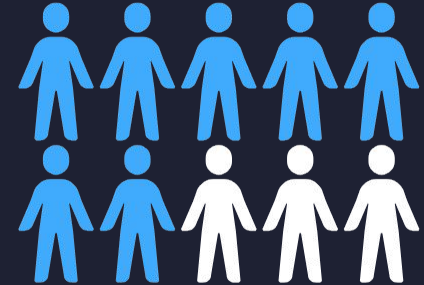
**71.2%**

**improve** in at least  
one TOM domain



Male  
32.2%

Female  
67.8%





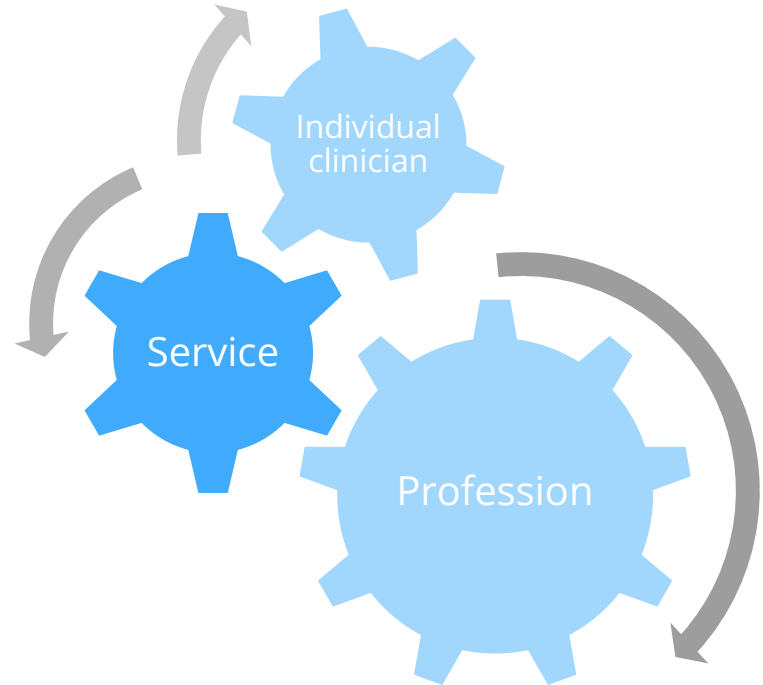
# All Wales Outcomes group

---

- An expanded remit:
  - clinician-reported outcome measures (incl. TOMs)
  - patient-reported outcome measures (PROMs)
  - patient-reported experience measures (PREMs)
- Disseminate information coming from the RCSLT outcomes programme steering group.
- Contact Liz Rees (chair) or Jade Farrell for more information:
  - [Liz.Rees3@wales.nhs.uk](mailto:Liz.Rees3@wales.nhs.uk)
  - [Jade.Farrell@wales.nhs.uk](mailto:Jade.Farrell@wales.nhs.uk)

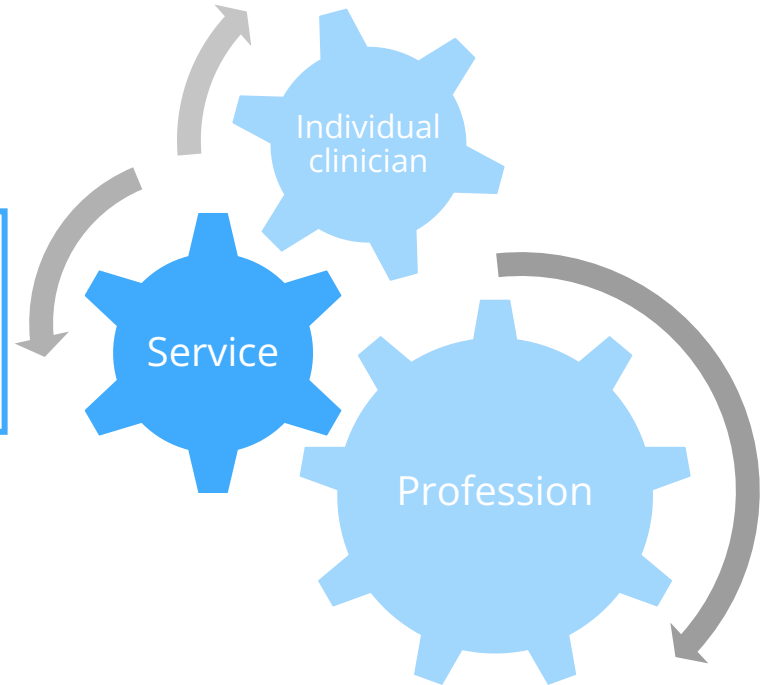
# How can the ROOT support the delivery of quality speech and language therapy across Wales?

- Evaluating the effectiveness of interventions and areas for improvement.
- Supporting improvement, planning and redesign of services, using a data-driven approach to change.
- Showcasing and celebrating the value of services.



# How can the ROOT support the delivery of quality speech and language therapy across Wales?

- Evaluating the effectiveness of interventions and areas for improvement.
- Supporting improvement, planning and redesign of services, using a data-driven approach to change.
- Showcasing and celebrating the value of services.



### INTRODUCTION

Due to the impact of COVID 19 the way ABUHB delivered the deafness speech and language therapy service changed and resulted in deaf children and young people (DCYP) receiving a blended approach to intervention. A blended approach means that DCYP received a combination of telephone, video, and face to face appointments with the Speech and Language Therapist (SLT) and/or Speech and Language Therapy Assistant.

Edwards et al. (2012) state that video appointments are an effective way to diagnose and treat DCYP and that outcomes reflect high agreement between video appointments and face to face interventions.

Currently, what type of 'blend' works for whom and why, is unclear. Furthermore, a rationale for establishing blended care is often lacking (Wentzel et al., 2016). However, combining treatment modalities allows services to provide equitable services to all clients depending on their individual needs and requirements (Edwards et al., 2012).

Project aim: to evaluate the effectiveness and efficiency of a blended approach to service delivery by the ABUHB speech and language therapy deafness team.

### PERSON CENTRED AND EVIDENCE BASED

DCYP received a blended approach to service delivery on a needs basis ensuring it was person-centred as documented in the deafness criteria and ABUHB pathway.



The ABUHB evidence-based pathway is currently being adopted as the All-Wales Deafness Pathway and aligns with the Royal College of Speech and Language Therapists (RCSLT) and British Association of Teachers of the Deaf (BATOD) Best Practice Guidance for Collaborative Working between Qualified Teachers of the Deaf (QToD) and SLTs.



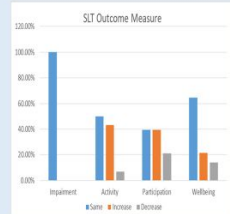
### WHAT WE DID

- The following data collection methods were used:
- Therapy Outcome Measures (TOMs) – sample set of 28 scores
  - Parent/carer surveys
  - Cost analysis – travel
  - Comparison of number of patient contacts

### RESULTS

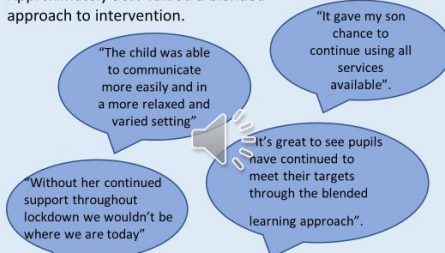
**Graph 1. TOMs scores Jan 2020 – April 2021:**

Increase  
Same  
Decreased



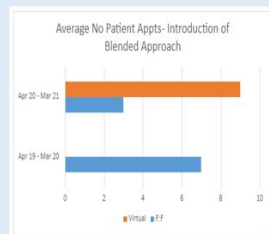
#### Service User Feedback

Approximately 90% valued a blended approach to intervention.



#### Patient Contacts

The blended approach model has **doubled** the number of patient appointments the deafness team are able to provide and has reduced the need for travel.



#### Reduced Travel Costs:

A blended approach has reduced travel expenses by nearly **50%**

### SUMMARY

A blended approach has proven to be an effective and efficient model of intervention for DCYP in Gwent. This approach has:

1. Maintained and improved patient outcomes for this population of children whilst delivering person centred care. Service user feedback from parents/carers and school staff indicates that 90% of them value a blended approach to intervention.
2. Doubled the number of contacts that the speech and language therapy deafness team provides.
3. Reduced travel costs of staff.

### KEY MESSAGES

Keeping service users at the heart of the model - engagement with and giving them a voice is paramount to the success of service transformation particularly in hard to reach populations such as deafness.

Challenge professional attitudes that highly specialist clinical interventions can be provided through other modalities.

Share and roll out transformational service change in Clinical Excellence Networks and national conferences

### CONCLUSION

- No prescriptive intervention plan for a blended approach.
- It is clear from this study that a blended mode of delivery provides value-based care as it doubled patient contacts and reduced costs without compromising outcomes for DCYP.
- Most responses from service users also supported this approach even though they still favour in person appointments.
- Training, sharing/discussing the positive outcomes of the DCYP along with time to adjust may go some way in addressing the barriers to adopting tele-medicine as an approach to intervention.

### REFERENCES

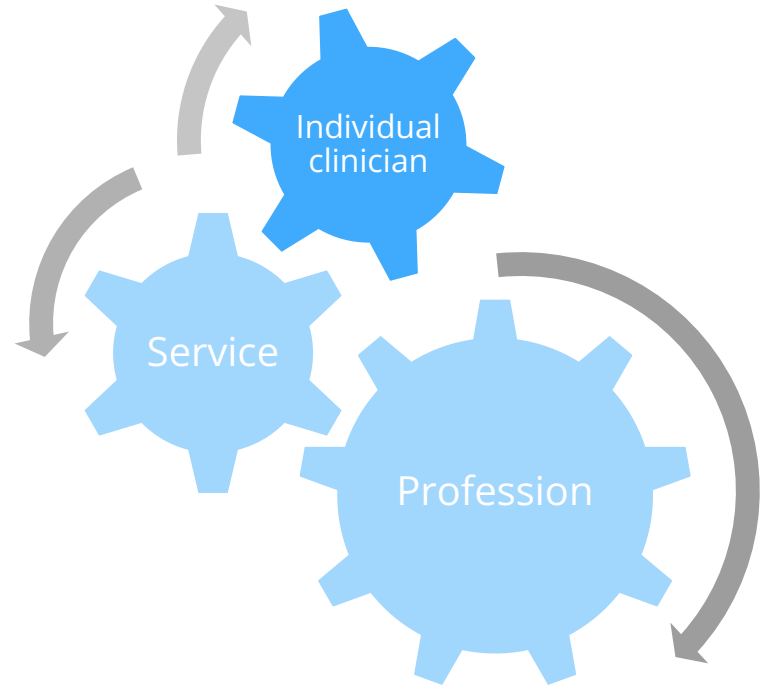
Edwards, M., Stredler-Brown, A. and Houston, K.T. (2012) "Expanding use of telepractice in speech-language pathology and Audiology," *The Volta Review*, 112(3), pp. 227–242. Available at: <https://doi.org/10.17955/vr.112.3.m.704>.

Wentzel, J. et al. (2016) "Mixing online and face-to-face therapy: How to benefit from blended care in mental health care," *JMIR Mental Health*, 3(1). Available at: <https://doi.org/10.2196/mental.4534>.

Royal College of Speech and Language Therapists (RCSLT) and British Association of Teachers of the Deaf (BATOD), Best Practice Guidance for Collaborative Working between Qualified Teachers of the Deaf and Speech and Language Therapists. 2019. <https://www.rcslt.org/wp-content/uploads/media/docs/clinical-guidance/rcslt-batod-guidance.pdf>.

# How can the ROOT support the delivery of quality speech and language therapy across Wales?

- Showing and sharing progress for individual clients, families and other professionals.
- Informing clinical decision making and facilitating goal setting.
- Answering clinical questions.
- Supporting reflective practice, evidence-based practice and CPD.



# Do you have a story to share?

We want to hear from you: <https://bit.ly/share-your-learning>



**ROOT: using outcome measures to drive quality speech and language therapy**

Share your story!

We are collecting examples of how RCSLT members are using data submitted to the ROOT to enhance clinical delivery, support research and quality improvement projects locally, and assist with demonstrating the value and impact of speech and language therapy. Perhaps you've used ROOT data to inform a change you've made to your practice or service delivery model, or to strengthen a business case for more funding. However big or small, we want to hear from you.

Our aim is to build a collection of examples that we can share with the RCSLT membership to celebrate your successes, share your learning and inspire others.

# Not sure where to start?

---

We're here to help!

- Sign up for a one-to-one session with us, where we can discuss how to make the most of your ROOT data:

<https://bit.ly/make-your-data-count>

- Contact us: [root@rcslt.org](mailto:root@rcslt.org)

# Quick links

---

- Making Data Count video series:  
<https://bit.ly/making-data-count>
- Case studies, presentations and publications:  
<https://bit.ly/publications-and-case-studies>
- Contact us: [root@rcslt.org](mailto:root@rcslt.org)





# Ffurflen werthuso/ Evaluation form





[rcslt.org](http://rcslt.org)



[wales@rcslt.org](mailto:wales@rcslt.org)  
[info@rcslt.org](mailto:info@rcslt.org)



@RCSLTWales @RCSLT

