

SLT innovation in action: Connecting, learning and growing in NEY

Learning Outcomes

By attending the North East and Yorkshire Hub Day 2026, delegates will:

- Increase awareness of how RCSLT is supporting the workforce
- Consider the impact of national initiatives, e.g., NHS 10 year health plan, on local service delivery and identify opportunities for “doing things differently”
- Explore the clinical application of innovative methods and emerging technologies
- Reflect on the themes of longevity and retention across the SLT career journey
- Have an opportunity to network and develop closer professional links

Programme

09.00 - 09.30	Registration and refreshments
09:30 – 09.40	Welcome and housekeeping Dr Emma Gregory, SLT Professional Lead, University of Sheffield & Dr Jo Sandiford, Senior lecturer, Leeds Beckett University
9.40 - 10:10	RCSLT update: key news, policy developments and opportunities for members Dr Krystina Stanway (Director of Professional Development and Innovation) & Kathleen Graham (Senior Project Manager)
10:10 - 10:40	Public health/ preventative approaches to children’s SLC – examples from different UK nations Catherine Pape – Welsh Government & Sarah Paterson – NELC Scotland
10.40 - 11.10	Break - networking/posters/stands
11.10 – 11.40	Co-design: ensuring research and service improvement hits the spot Professor Rebecca Palmer - University of Sheffield
11.40- 12.00	Longevity and SLT profession - Putting the plug in before filling the bath Mary Heritage - Coach. Mentor. Speech and Language therapist
12.00 – 13.00	Lunch - networking/posters/stands
13.00 - 14.05	Parallel sessions: Adult & Paediatric (see below)
14.05 – 14.20	Break
14.20 - 15.10	Parallel sessions: Adult & Paediatric (see below)
15.15-15.30	Reflections and close

	Parallel Session 1 (primarily paediatric focused talks)	Parallel Session 2 (primarily adult focused talks)
13.00	Bilingual Service Development Fiona Coles (Newcastle upon Tyne Hospitals NHS Foundation Trust)	Communication Cafés: Bringing SLT Innovation into the Community Lucy Lowson & Sari Teasdale (Glossa Speech Therapy)
13.15	It takes a village. Supporting SLCN in Bishop Bewick Catholic Education Trust (BBCET) Schools: a universal and targeted approach. What? Why? How? Gemma East, Ellen Fleetwood & Nicola Head (BBCET, Newcastle)	Feeding three birds with one scone: making an online placement work for us, the students, and the clients Dr Carla Rohde (University of Sheffield)
13.30	From Caseload to Capacity: Building a Preventative, Education-Led SLT Workforce Asma Khanum (CEO Chatterbug LTD)	Working well: Transforming team culture Sarah Aghahowa (BTHFT)
13.45	ELSEC (Early Language support for Every Child) in Hartlepool: Onboarding, Upskilling and Delivering Marie Newton, Sarah Duffy & Simon Smith (ELSEC)	Use of Hololens technology to support practice placements Naomi de Graff & Emma Burke (Leeds Beckett University and Bradford District Care Trust)
Break		
14.20	SHARE- Remote screening and Support for Speech and Language Services Digital Transformation of a paper based space Martha Currie (Kids Speech Lab) & Lisi Czira (CHFT)	When did you last brush your teeth? Brenda Thompson (LEEDS COMMUNITY HEALTHCARE NHS TRUST)
14.35	Using Video Integrated Guidance to support teenagers with Autism with risk of placement breakdown Kathryn Pierce (Thoughtful Communication)	Improving Access and Outcomes in Dysphagia: Innovative Models of Assessment and Rehabilitation Gill Buckingham & Karen Scrivener-Fearn (Rose Speech Therapy)
14.50	Transforming the response to SLCN in education & 3rd sector settings Amelia Wong (previously Wesley-Holley; Leeds Trinity University & Leeds Community Healthcare NHS Trust)	Sheffield Care Homes Project Annika Jones (Sheffield Teaching Hospitals)

Paediatric Parallel Session Abstracts

Bilingual Service Development

Fiona Coles (Newcastle upon Tyne Hospitals NHS Foundation Trust)

Starting with a bilingual service evaluation in 2019, I could see that there was a gap between what RCSLT have recommended for years and what we were offering bilingual families. Since HCPC guidance changed in 2024, that 'gap' became a legal requirement that we were not meeting.

We introduced various changes to our service to build staff skills and confidence, consolidate administrative processes and develop our resources. Today I am focusing on sharing some work we have been doing around improving our working with interpreters, and raising one of the big questions we should be asking ourselves around bilingual working.

It takes a village. Supporting SLCN in Bishop Bewick Catholic Education Trust (BBCET)

Schools: a universal and targeted approach. What? Why? How?

Gemma East, Ellen Fleetwood & Nicola Head (Bishop Bewick Catholic Education Trust, Newcastle upon Tyne)

What?

We are three SLTs commissioned by BBCET (through a SLA with our NHS Trusts) to work with their 34 primary and 5 secondary schools to enhance identification and support SLCN at universal and targeted levels. We span three local authorities and have very varied demographics and populations.

Why?

BBCET Trust has long fostered an approach of listening to schools. In 2022, increased SLCN within schools was identified, this led to discussions with local NHS Trust managers, and the project was born. The aims of the project centered around increasing awareness around how SLCN presents for all age groups, implementation of evidenced-based SLCN support, and closing the disadvantage gap.

How?

Using NNUTS Framework for audit and action planning, following a COM-B Model and moving at the speed of trust, has allowed us to work collaboratively with schools and nurture the growing skills of our staff members. Our goal is to continue working with families, to develop thriving staff networks, and to capitalise and share the excellent practice happening across schools to ensure that no child is left behind.

From Caseload to Capacity: Building a Preventative, Education-Led SLT Workforce

Asma Khanum (CEO Chatterbug LTD)

Speech and Language Therapy services across the UK are under increasing pressure, with rising demand, long waiting lists and clinicians spending significant time on clinical admin rather than clinical impact. At Chatterbug, we have reimagined how Speech and Language Therapy services can be delivered by moving away from a traditional caseload model towards a capacity building, preventative approach.

This session will share how we have transformed our service through a combination of innovation, leadership and workforce development. Central to this transformation are our Intervention First (IF) and Teaching First TM frameworks, which prioritise early support, practitioner capability and system level change so that children receive help sooner rather than waiting for specialist intervention.

Alongside this, we have redesigned how our teams work by introducing digital systems and operational innovations that significantly reduce clinical admin, freeing SLTs to focus their expertise where it matters most. These changes have enabled us to build workforce capability, support NHS partners in reducing waiting times, and create a sustainable model that reaches more children through education settings.

This presentation will offer a practical insight into how Speech and Language Therapy services can move from managing caseloads to building system wide capacity.

ELSEC (Early Language support for Every Child) in Hartlepool: Onboarding, Upskilling and Delivering

Marie Newton - ELSEC Programme Lead; Sarah Duffy – ELSEC Specialist S&L teacher; Simon Smith – ELSEC Clinical Lead

ELSEC was designed to address children's speech, language, and communication needs (SLCN) through early intervention and innovative workforce models. ELSEC is delivered in non-healthcare settings such as nurseries, schools, and Family Hubs, and aims to foster collaboration between health and education professionals who support children daily. (Early Language Support for Every Child (ELSEC) programme: Interim evaluation report Jan 26, DfE)

The ELSEC pilot in Hartlepool was designed with multi agencies delivery (NHS; Local Authority and Speech and Language UK). The project focused on upskilling an assistant workforce to increase understanding of SLCN in Early years settings and to support delivery of good practice at universal level alongside delivery of targeted support for children with identified speech, language and communication challenges.

The pilot phase of the project is coming to an end in August 2026 and we would like to share our journey and the learning from our work, both in terms of qualitative and quantitative impact and workforce development.

SHARE- Remote screening and Support for Speech and Language Services Digital Transformation of a paper based space

Martha Currie (Kids Speech Labs) & Lisi Czira (Calderdale and Huddersfield NHS Foundation Trust)

SHARE provides a structured, clinician-led approach to digital case histories and waiting list support, strengthening prioritisation, oversight and family engagement. provides a structured, clinician-led approach to digital case histories and waiting list support, strengthening prioritisation, oversight and family engagement. The digital case history provided on SHARE is one place to find all the information needed to manage the early stages of referral, triage and delivery of ongoing remote support. Having a proactive view of caseloads and all data in one place will improve how services are delivered. The goal is to provide parents with a positive experience while waiting for their assessment or therapy appointment and kick start an improvement in a child's speech and language development.

We have had over 3,500 families supported on the platform and over 30 SLTs using it. The improvements that can be achieved through this platform are:

- Easy access to case histories for screening, triage and familiarisation prior to assessment. SLTs report improved assessment sessions due to information available on SHARE 92% return rate of digital case history.
- 10% of referrals are on the wrong waiting list
- 42% of cases identified as no clinical need, immediate discharge
- 30% increase in early discharge, at assessment, when parents engage with home-based activities while waiting for assessment
- 68% of parents found the home-based resources helpful or very helpful
- 70% of speech and language therapists say the platform is currently or starting to see improvements in wait times.

This presentation will focus on the practical implementation of SHARE within existing services, detailing how the team collaborated with clinicians to embed digital workflows and sharing key learnings for attendees looking to lead similar digital transformations.

Using Video Integrated Guidance to support teenagers with Autism with risk of placement breakdown

Kathryn Pierce - Independent SLT - Thoughtful Communication

- What is Video Integration Guidance and how does it differ from other forms of video feedback.
- Why use of positive communication partner feedback is so important
- Working with teenage client group and how hopelessness can take over
- Case example, look at real video footage from session and feedback from parent on the process
- Look at principles of attuned interaction and apply these to a case example.

Introducing the speaker

Kathryn Pierce is an experienced Specialist Speech and Language Therapist, trainer and

clinical supervisor. Qualifying at City University London in 2004, She developed her craft through NHS roles in innovative teams in East London and West Yorkshire before setting up her independent practice in 2017. Kathryn has specialist skills working with individuals who are neurodivergent, have social, emotional and mental health needs, learning difficulties and situational mutism. She uses a person centred, trauma informed, creative approach to meet the children and young people where they are and support ways to enhance their communication skills and adapt skills of communication partners so clients can meet their full potential for well-being and learning progress. Kathryn is passionate about empowering and supporting SLTs through training and clinical supervision using systemic approach. She recently had an article published in The Bulletin looking at bullying through a trauma informed lens.

Transforming the response to SLCN in education & 3rd sector settings

Amelia Wong (previously Wesley-Holley) - Leeds Trinity University & Leeds Community Healthcare NHS Trust

Strongly following recommendations from the RCSLT, Speech and Language UK, and the recent government white paper, Every child achieving and thriving, the 12 month programme ([Post Graduate programme in Advanced Practice in Speech, Language and Communication Needs](#)) aims to uniquely upskill education and 3rd sector practitioners to transform their response to SLCN, alongside the specialist input from Speech and Language Therapists. The practice-base course offers a cost-effective solution to addressing the increasingly complex SLCN in children and young people (CYP) directly in their everyday learning environments and communities.

The course is delivered predominantly online outside of school hours, removing location and timetable barriers for working practitioners. Now on its 3rd cohort, 100% of student survey responses (including Head Teachers, SENCOs, Specialist Teachers and Teaching Assistants across the country) recommended the course to other practitioners and reported direct positive impacts of their learning on the CYP in their settings. The programme has also increased practitioners' career progression opportunities, supporting the retention of the workforce.

Adult Parallel Session Abstracts

Communication Cafés: Bringing SLT Innovation into the Community

Lucy Lawson & Sari Teasdale (Glossa Speech Therapy)

At Glossa Speech Therapy, our values are at the heart of everything we do. We are committed to person-centred care, accessibility and inclusion, community and connection, and evidence-based, individualised therapy. We are also passionate about improving access to specialist support in rural and underserved communities across North Yorkshire.

Alongside our therapy services, Glossa has created welcoming and supportive Communication Cafés, where people can build confidence, reduce isolation and develop communication skills in meaningful, real-world settings. Our cafés provide opportunities for conversation, peer support, family and carer support and community connection in relaxed and friendly spaces.

Feeding three birds with one scone: making an online placement work for us, the students, and the clients

Dr Carla Rohde (University of Sheffield)

The University of Sheffield runs several in-house SLT clinics, most of which are core placements for either undergraduate or postgraduate SLT students. Our Parkinson's Voice Volume group has been running for over ten years, and has been delivered remotely since 2020. It is now a placement for our part-time students. This presentation will give a flavour of the clinic and discuss the many advantages of thinking creatively about clinic and placement provision.

Working well: Transforming team culture

Sarah Aghahowa (Bradford Teaching Hospitals NHS Foundation Trust)

Sarah Aghahowa is Clinical Lead SLT for Stroke with 20 years' NHS experience. She will be sharing how a focused wellbeing initiative transformed team culture within her service. Passionate about staff wellbeing, Sarah will touch upon the practical activities introduced, the impact on morale and teamwork, and key lessons learned. Sarah's workplace wellbeing work was featured in the RCSLT Bulletin (Winter 2023/24), highlighting the innovation and impact of this approach.

Use of HoloLens technology to support practice placements

Naomi de Graff (Leeds Beckett University) & Emma Burke (Bradford District Care Trust)

Background

Microsoft HoloLens is a mixed reality headset, supporting two-way, audio-visual interaction. The clinician wears the HoloLens whilst face to face with the client, and the students can see, hear, and interact, from a separate location. This approach is recognised as beneficial in a range of learning environments, including healthcare training (Palumbo, 2022; Connolly et al., 2024). Exploring HoloLens reflects the student voice in the recent Student Academic Experience Survey, which highlights the importance of authentic learning experiences, dynamic engagement with practitioners, and diversifying learning approaches, including use of technology (Advance HE, 2025).

Study

This pilot study explored the feasibility and acceptability of using Microsoft HoloLens

technology to support groups of students to engage in eating, drinking and swallowing (EDS) placements. The aim was to evaluate whether HoloLens can increase placement capacity and enhance learning experiences. Two groups of eight SLT students participated in the pilot. The students observed their practice educator carrying out EDS assessments in care home and community settings. The practice educator wore the HoloLens which enabled the students to observe the client through the eyes of the practice educator, from their location at the University. During the assessment, the practice educator could interact with the students facilitating active engagement and real time guidance and training. Following the client assessments, the practice educator led clinical discussions to foster collaborative learning and EDS competency development.

Results

Student feedback was gathered from the students through questionnaires, and the practice educator through reflective practice. The findings are positive, with the majority of students rating the HoloLens placement as 10/10, stating that it is 'highly likely' that they would recommend the placement. They commented on the ease of the placement from the university, the benefit of observing EDS assessments, and interacting live with the practice educator.

Discussion

This innovation demonstrates the potential for HoloLens to transform placement delivery. Traditionally, one student observes a practice educator but with HoloLens multiple students can engage in the placement simultaneously. This model significantly increases placement capacity, particularly in areas of placement shortage such as EDS work and early results suggest educational value. Future work will expand on the pilot, contributing to the evidence based for mixed reality healthcare education.

When did you last brush your teeth?

Brenda Thompson (Leeds Community Healthcare NHS TRUST)

Oral health is a critical yet often neglected aspect of care for individuals who rely on others for daily support. Oral comfort underpins essential activities such as eating, drinking and communication, and strongly influences dignity, social participation and self-esteem. Poor oral health—including pain, gum disease, bad breath and damaged teeth—can reduce food and fluid intake, limit social interaction and contribute to embarrassment or isolation. Despite this, mouthcare is frequently overlooked in task-driven care environments where competing priorities and time pressures dominate. Many care-dependent individuals recognise the need for mouthcare but seldom request it due to reluctance, cognitive impairment, fatigue or fear of being a burden.

Early gum disease, often indicated by bleeding gums, can be reversed through

effective mouthcare, yet those with high dependency, cognitive impairment or multiple long-term conditions remain at heightened risk of deterioration. Resistance to mouthcare may stem from previous discomfort, inadequate explanation or rushed interactions, emphasising the need for skilled, person-centred approaches. UK data highlight widespread poor oral health behaviours and increasing complexity of need within an ageing population, while regulatory bodies continue to report gaps in policy, training and accountability. Evidence from care settings shows limited staff preparation, inadequate dental access and a lack of prioritisation of oral health.

Ensuring sufficient time for thorough mouthcare reduces bacterial build-up, supports safer eating and drinking, enhances comfort and reinforces a person's sense of being valued. Speech and Language Therapists have a critical role in improving standards and promoting safe, dignified and holistic care.

Improving Access and Outcomes in Dysphagia: Innovative Models of Assessment and Rehabilitation

Gill Buckingham & Karen Scrivener-Fearn (Rose Speech Therapy)

This presentation will outline the development and delivery of a specialist Eating, Drinking and Swallowing (EDS) service designed to improve access to instrumental assessment and provide targeted, evidence-based rehabilitation for individuals with complex dysphagia.

We will share our model of integrating:

- Private videofluoroscopy (VF) services - supporting the NHS in service delivery
- A newly established mobile, community-based FEES clinic
- Advanced rehabilitation approaches including AMPCARE (NMES), sEMG, EMST and MDTP

Sheffield Care Homes Project

Annika Jones (Sheffield Teaching Hospitals)

This two-year project aims to deliver training in dysphagia management across approximately 75 care homes through a collaborative and tailored approach. Designed to cater to the individual needs of each care home, the project promotes a culture of continuous improvement, shared responsibility, and supportive learning. The training targets dysphagia management at different organisational levels, while also reviewing and strengthening systems and processes within care homes. The project supports a joined-up multidisciplinary team (MDT) approach, promoting wider initiatives delivered by neighbouring projects from therapy teams (falls prevention) and dietetics (nutrition and hydration), helping to support holistic and coordinated resident care.