RCSLT

RCSLT Wales Hub Day

Diwrnod Hyb RCSLT Cymru

24 June 2026

This event is sponsored by

Atos
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RCSLT

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Welcome and housekeeping

Croeso a threfniadau ymarferol

Pippa Cotterill, Head of Wales Office, Pennaeth Swyddfa Cymru RCSLT
Steve Jamieson, CEO, Prif Swyddog Gweithredol, RCSLT






Housekeeping

- Do speak to RCSLT staff over breaks and lunch
- There is no fire alarm today. Please follow the signs to the nearest exit if it goes off
- If you have any questions about the day or require a quiet space, speak to a member of staff
- Refreshments and lunch will be served in the Brenig Room, please ensure plates & rubbish is cleared by 13:15 ready for the next session
- Please complete the digital evaluation before we close for the day as this helps us tailor events to suit your needs

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Swansea University
Prifysgol Abertawe
School of Management
Yr Ysgol Reolaeth

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Intensive Learning Academies Wales

Value-Based Health Care

Hamish Laing
Director, Value-Based Health and Care Academy
Professor of Enhanced Innovation, Engagement & Outcomes

Value-Based Health Care and SLT

" In recent years, we have transformed the way we work as a profession. In line with **Value-Based Healthcare** methodology, there is a strong focus on delivering the best possible outcomes in the most efficient way."

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Why do we need Value-Based Health Care?

- Growing demand for Health Care and finite *resources*
- Unsustainable health systems and restricted access to innovation
- Relentless focus on cost and cost-improvement
- Almost no *system* focus on the **outcomes** of the *resources* invested
- Health systems carry out many activities that add little or no value to patients (**low-value care**)

Andrews AO, Laing H, Rees D. Reducing low-value care: Designing innovation for value, not volume. Open Access Government: 2026. https://doi.org/10.56367/OAG-051-12316

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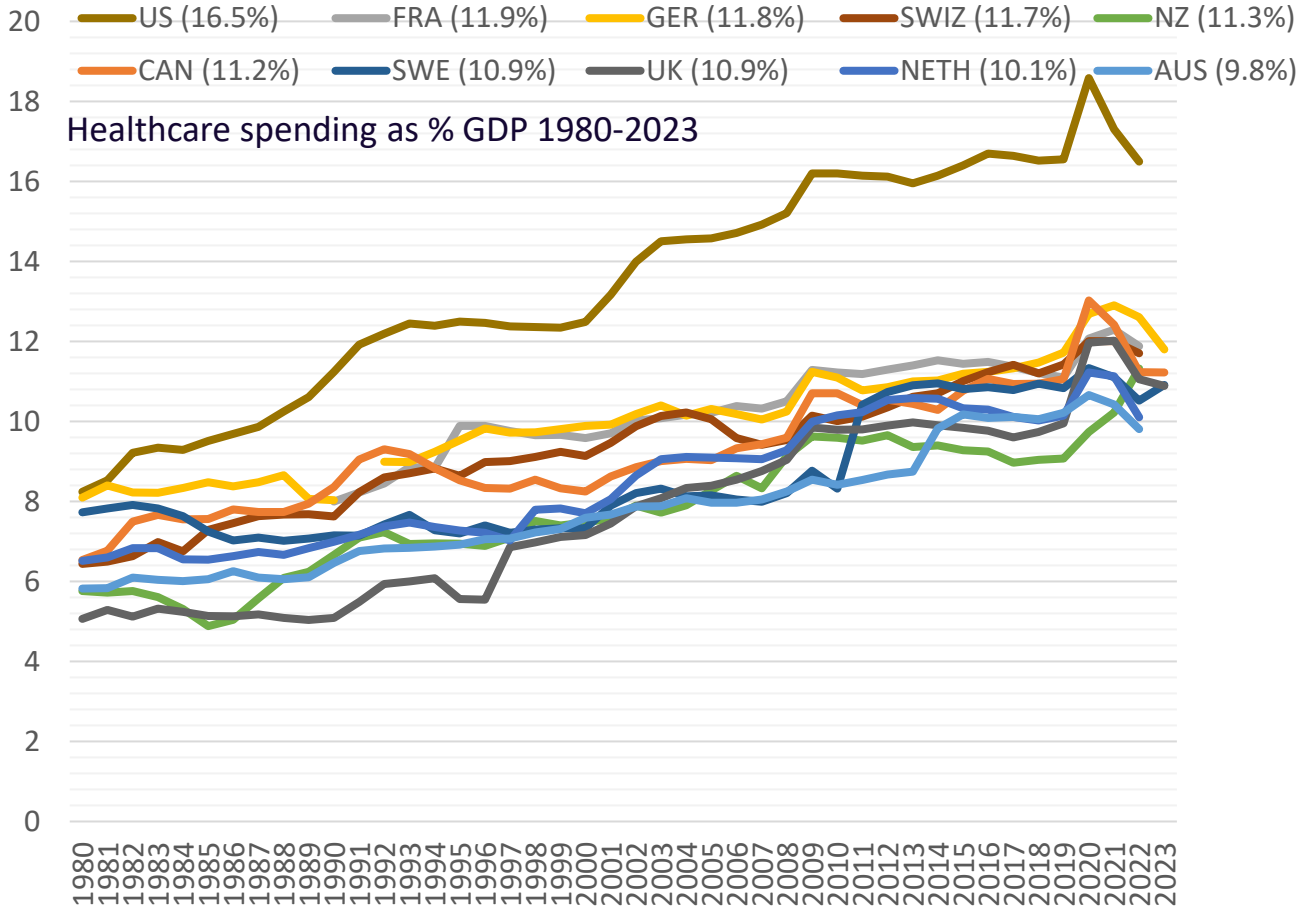
What do we mean by “resources”

Value is about making the best choices in how we allocate resources.

- **Financial (capital):** *GP surgeries, Hospitals, Equipment (scanners, surgical robots, Ambulances)*
- **Financial (revenue):** *Salaries and wages, Procurement, Heating and Lighting, Litigation*
  - NHS Budgets rising every year. In Wales by 70% since 2010.
  - Proportion of GDP has risen from 8.5% in 2010-11 to around 11.1% now
  - NHS England has set aside £58Billion for medicolegal compensation. Payouts are rising 10% a year (c £3.1Bn in 2023-4)
- **Human (people):**
  - NHS (UK) employs over 2M people (13% of working adults). In Wales, 25% more than in 2010-11.
  - It is estimated that an additional 360K will be required by 2037 (1-in-5 of all working adults)
  - There are around 200,000 vacancies currently.
- **Information (data):** increasingly important resource?

Sources: ONS, GMC workforce report, NHS England workforce plan, Govt data

Challenges facing Healthcare in 2026



Contribution to Good Population Health

80%	20%
Education	
Housing	Healthcare *(illness)*
Economic opportunity	
Etc.	

Source: David Blumenthal et al., *Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System — Comparing Performance in 10 Nations* (Commonwealth Fund, Sept. 2024). https://doi.org/10.26099/ta0g-zp66

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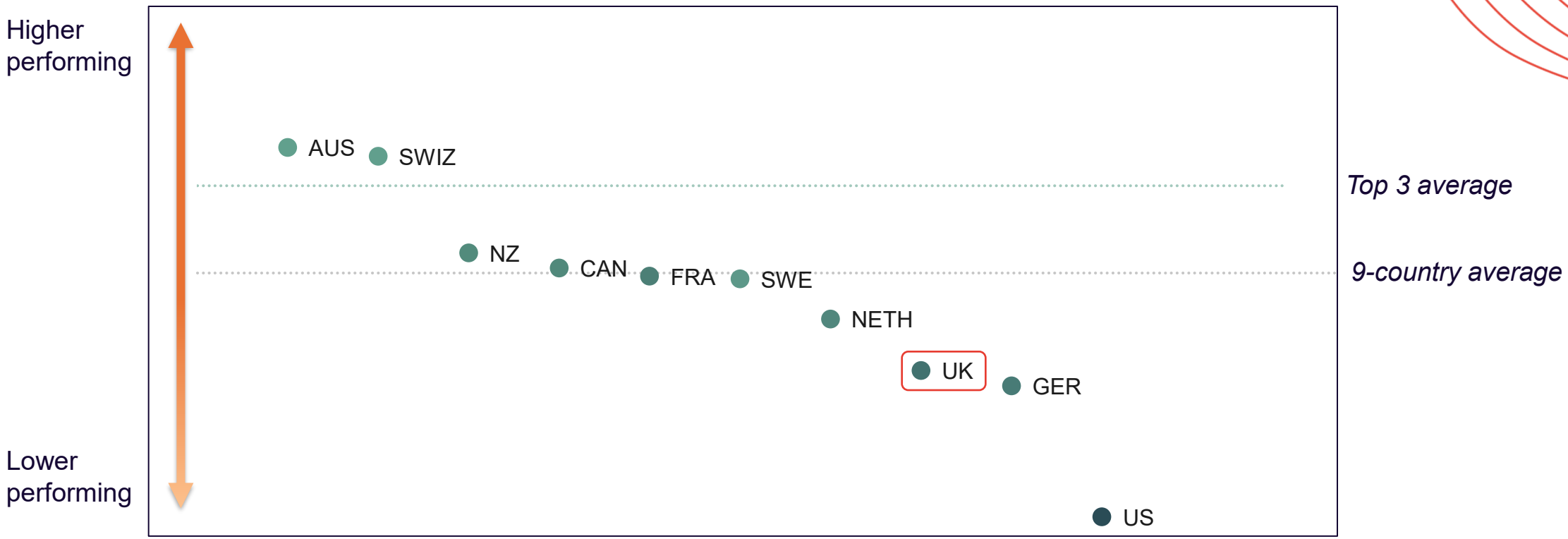
Challenges facing Healthcare in 2026



Source: David Blumenthal et al., *Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System — Comparing Performance in 10 Nations* (Commonwealth Fund, Sept. 2024). https://doi.org/10.26099/ta0g-zp66

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The Theory of VBHC

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What is Value-Based Healthcare?

$$\textbf{\textit{Value}} = \frac{Outcomes\ that\ matter\ to\ the\ patient/client}{Cost\ of\ achieving\ the\ \textbf{outcome}}$$

$$\textbf{Outcomes} = Clinical\ Outcomes + Patient\ Reported\ Outcomes$$

Clinical Outcome Measures [CROMs / TOMs]

Patient Reported Outcome Measures [PROMs]

Porter ME, Teisberg EO. Redefining Healthcare. Harvard Business School Press (2006)

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European Model for Health Systems

A comprehensive concept built on **four** pillars

- Appropriate care to achieve patients' personal goals (**personal value)**
- Achievement of best possible outcomes with available resources **(technical value)**
- Equitable resource distribution across all patient/client groups **(allocative value)**
- Contribution of healthcare to societal participation and connectedness **(societal value)**

Source: Expert panel on effective ways of investing in Health (EXPH), Defining value in "Value-Based Healthcare"

http://ec.europa.eu/health/expert_panel/index_en.htm

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How can we look at value in an integrated health and care system?

Individual

VALUE = OUTCOMES / COSTS

✓Total costs of care over the care cycle, *and*

✓ Outcomes that matter (most) for the person's condition over the care cycle.

Michael Porter

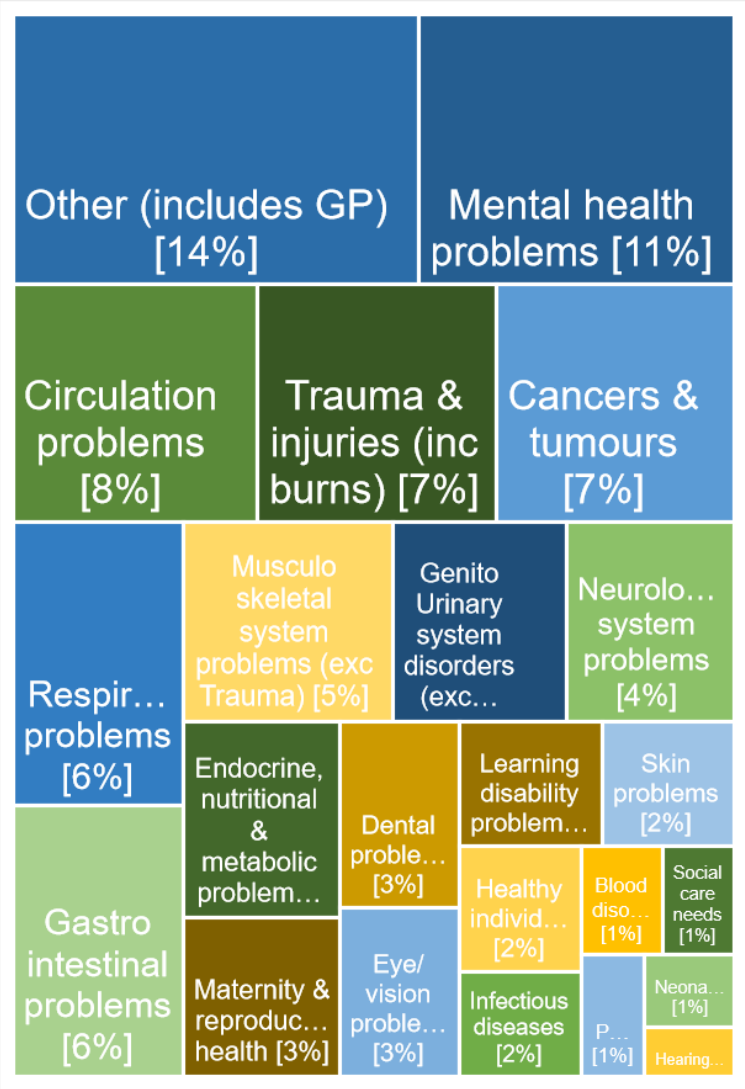
Population

*'Have we **allocated** resources to different groups equitably and in a way that maximises value for the whole population?'*

Sir Muir Gray

- **Value** can be compared:
- Between programmes
- Between systems in each programme
- Between interventions within each system
- Between sectors

Health Programmes



"Systems" in the Cancer and Tumours Programme

- Head and Neck Surgery
- Medical and Radiation Oncology
- Radiology and Imaging
- Rehabilitation

- **"Interventions"**
  - Neck dissection
  - Radiotherapy
  - SLT

- **"Sectors"**
  - Health
  - Social Care
  - Third and Voluntary Sectors

With thanks to Mark Bowling: *Based on NHS Wales summary Programme Budget return*

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Allocative Value (ranked)

- **Mental Health**
- Circulatory Problems
- Trauma and Injuries (*incl burns*)
- Cancer and Tumours
- Respiratory Problems
- Gastrointestinal problems

Translating the theory into practice

Perspectives on developing VBHC systems

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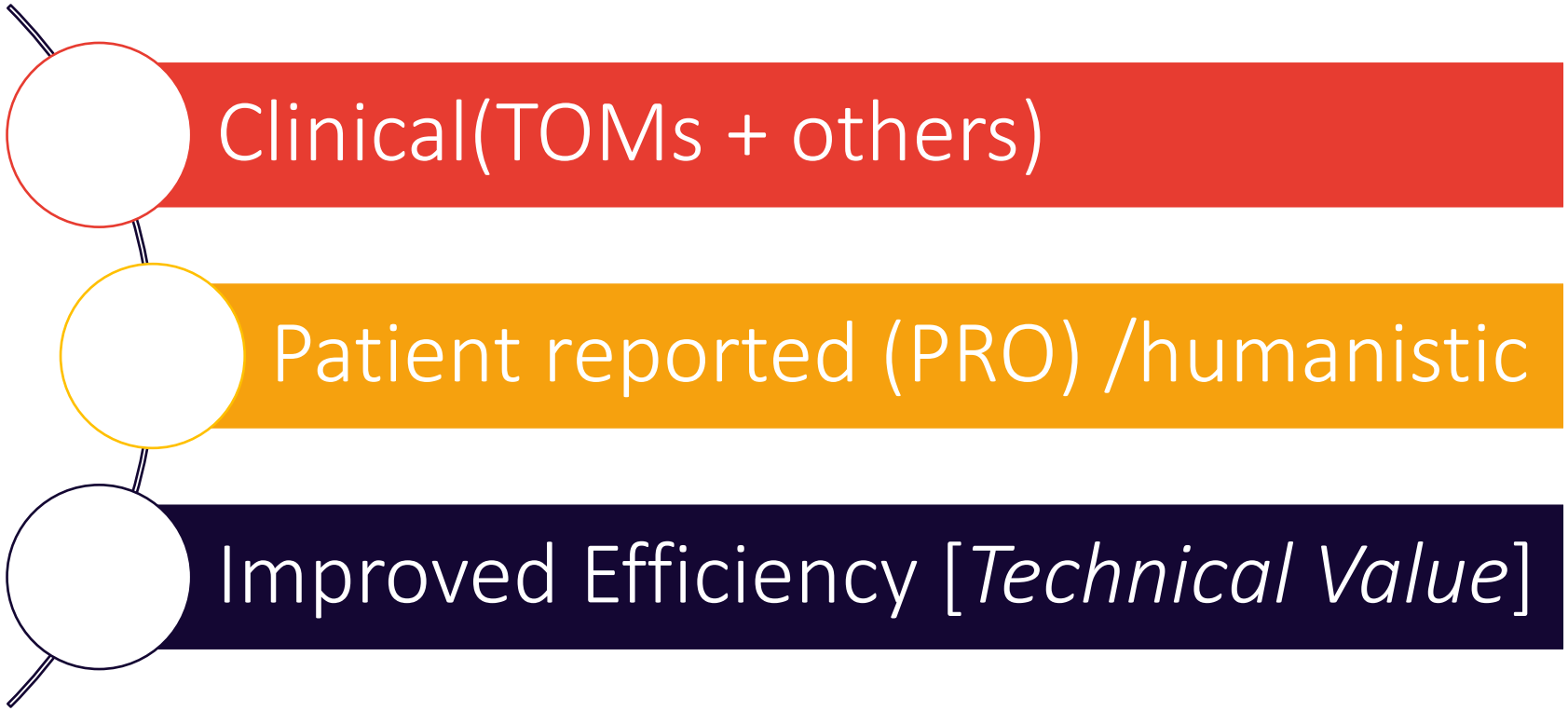
What are the outcomes that matter?



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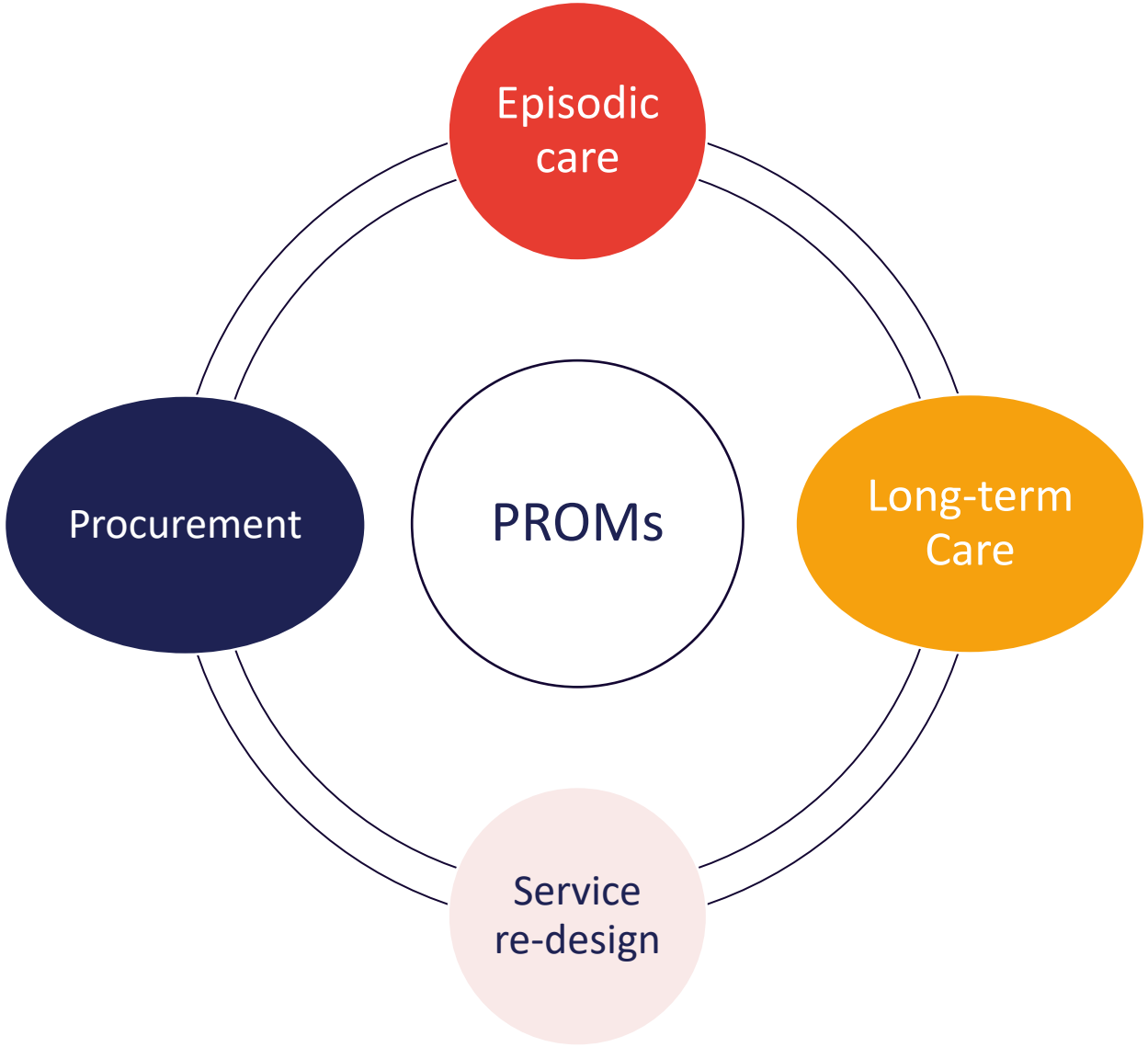
How do we use PROMs in Wales?



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Using PROMs

Episodic Care

- Before an intervention
  - To establish and document patient needs
  - To encourage shared-decision making
  - To establish a baseline for benchmarking

- After the intervention
  - To document if the patients need have been met
  - To benchmark the clinician / service / procedure
  - To determine the ***value*** of the intervention

"What is the matter?" → *"What matters to you?"*

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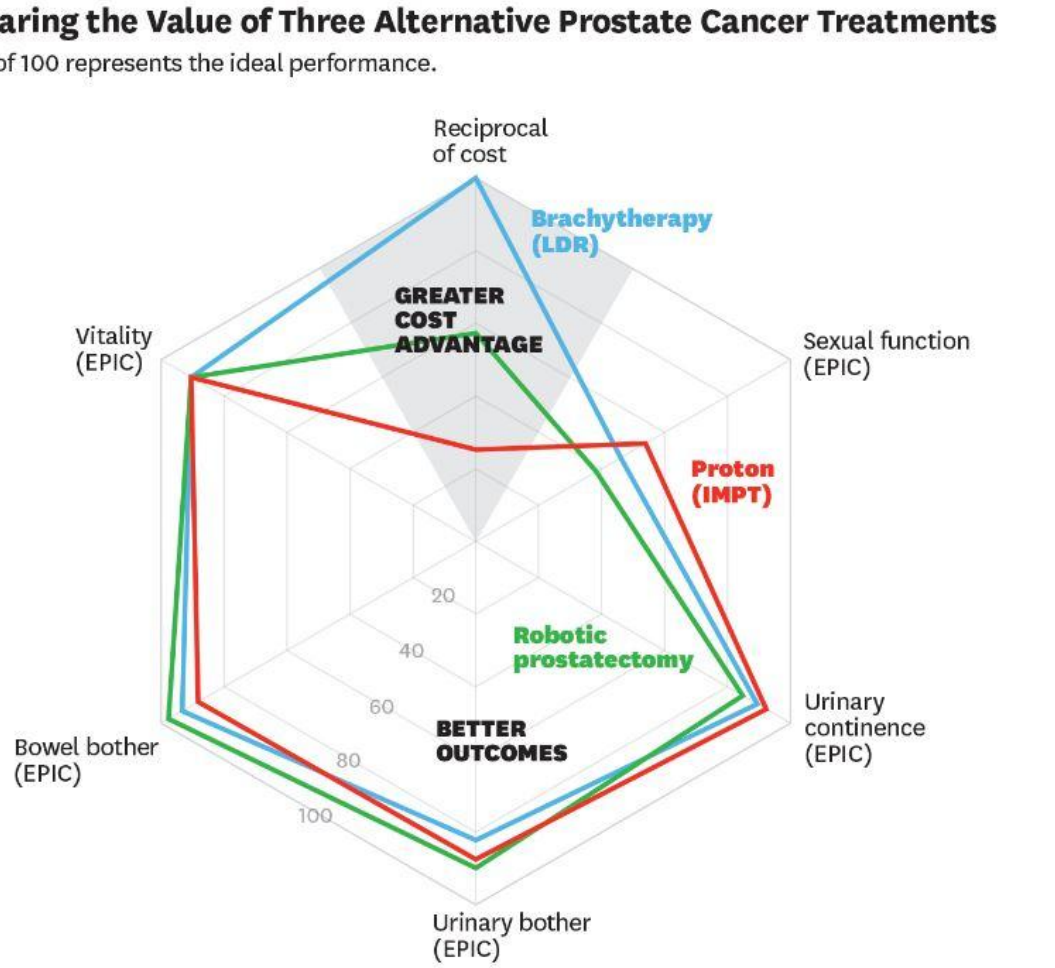
Using PROMs

Episodic Care



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Using PROMs

Long-term Care

- <u>Throughout the pathway of care</u>
  - To establish and document patient needs
  - To encourage co-production
  - To support self-management and virtual care
  - As a **status report**
  - To monitor progress and identify deterioration
    - Individually
    - Against similar patients
  - To prioritise people waiting for care

Prevention → Early accurate diagnosis → Optimising intervention → Supportive treatment → End of life care

Typical pathway of care

- Opportunities to measure **cost** and **outcomes** throughout the care pathway
- *Personal value* can be estimated for different interventions
- *Allocative value* can be determined for the different stages of the pathway
- *Allocative value* can also be measured at a population health level

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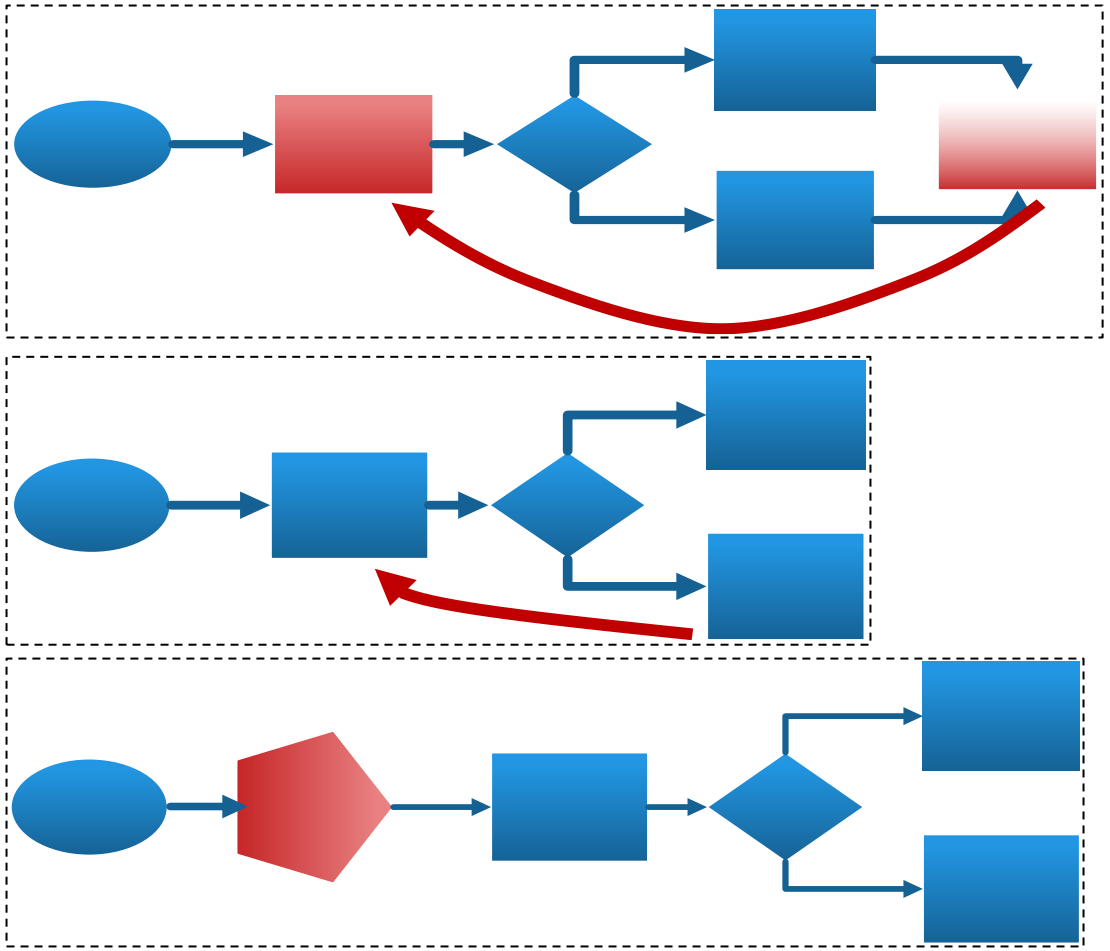
Allocative Value in a pathway

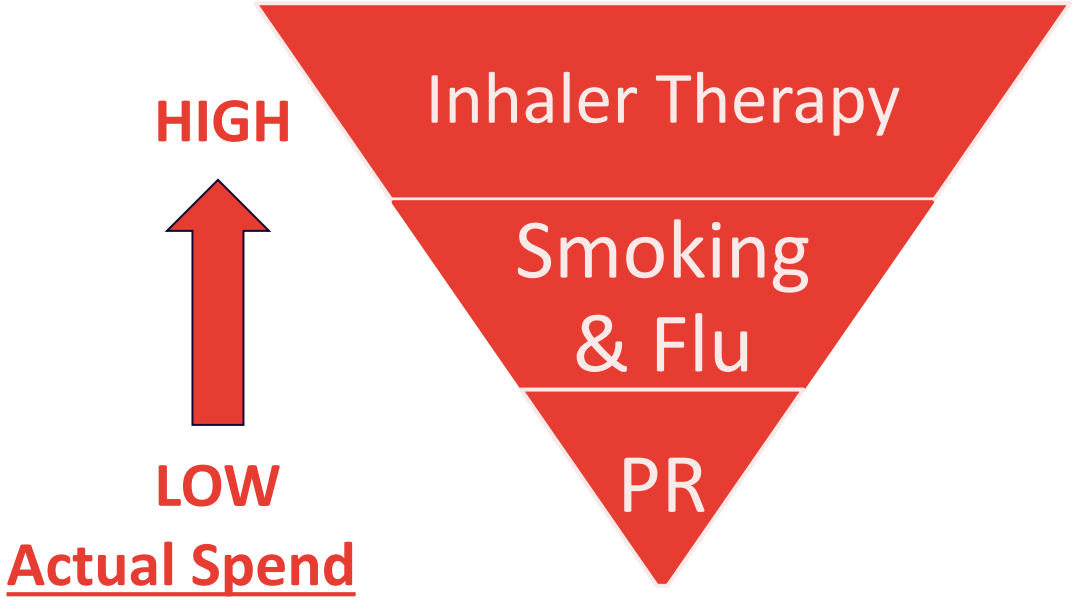
Can *existing resources* be applied differently in a pathway to better effect?

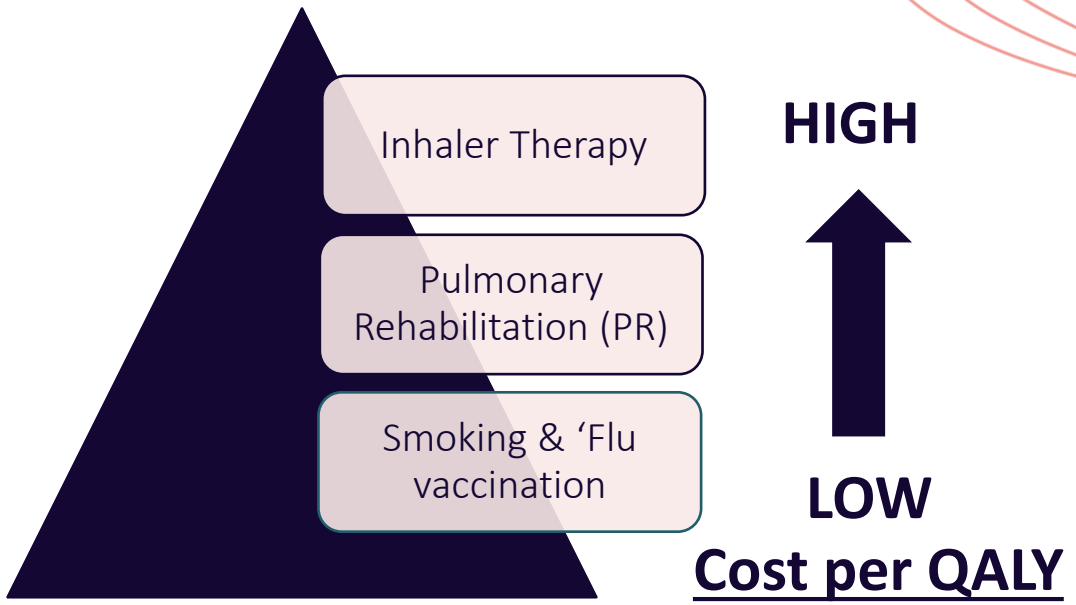
For example:

- moving a step within a pathway
- moving the resources themselves, to strengthen another process
- moving the resources to add a new step to a process



Reallocating resource for Value across a pathway of care (COPD)





Prevention → Early accurate diagnosis → Optimising intervention → Supportive treatment → End of life care

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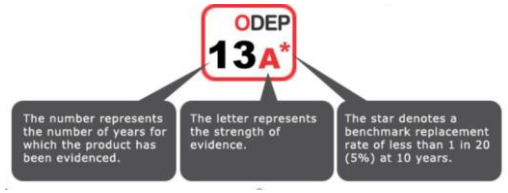
Non-traumatic Knee pain

Prevention	Early accurate diagnosis	Self Management	Non-Surgical	Athroscopic Washout	Knee Replace-ment
Weight loss Exercise	Examination Imaging	Weight loss Activity Analgesia / NSAIDS	Physiotherapy Dietetics Injections	Under GA	Several options Prosthesis choices



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Knee Pain: allocative value

People involved:
Patients
GPs
Physiotherapists

People involved:
Dieticians
[Rheumatologists]
Orthopaedic Surgeons

Treatments
Over the counter medicines
Prescribed Medicines
Weight loss
Activity / knee “strengthening”
Knee injections

Treatments
Athroscopic washout of the knee under GA (“keyhole surgery”)
Knee replacement: several options / prosthesis choices available

Overall pathway cost £3M per annum *(only includes secondary care)*

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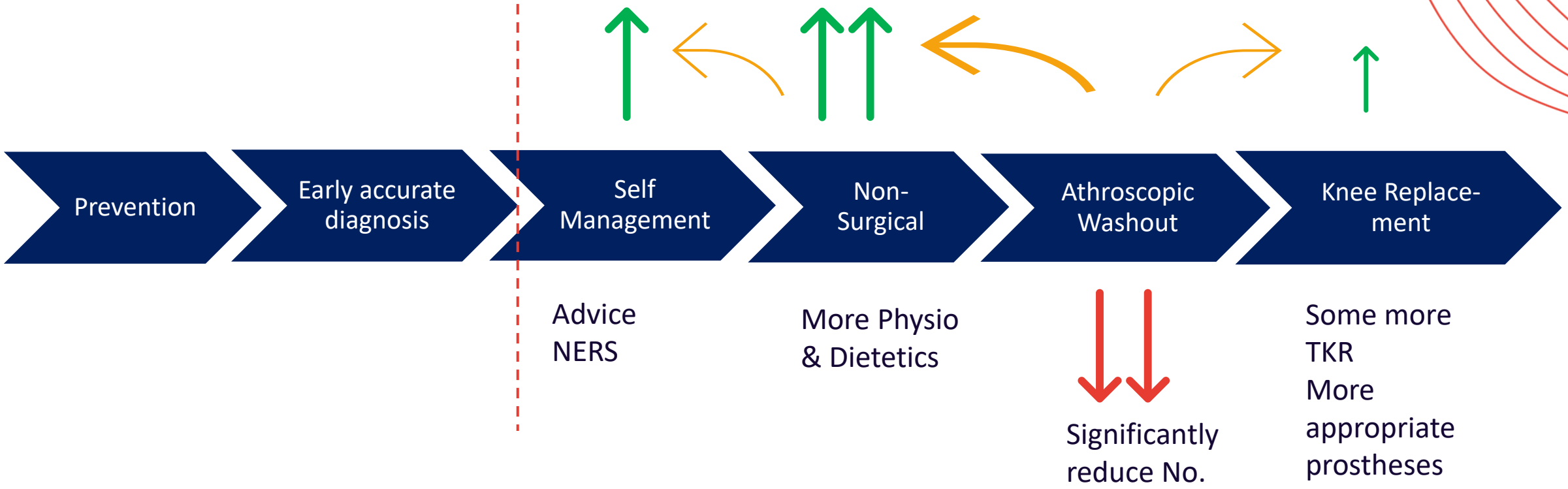
Non-traumatic Knee pain



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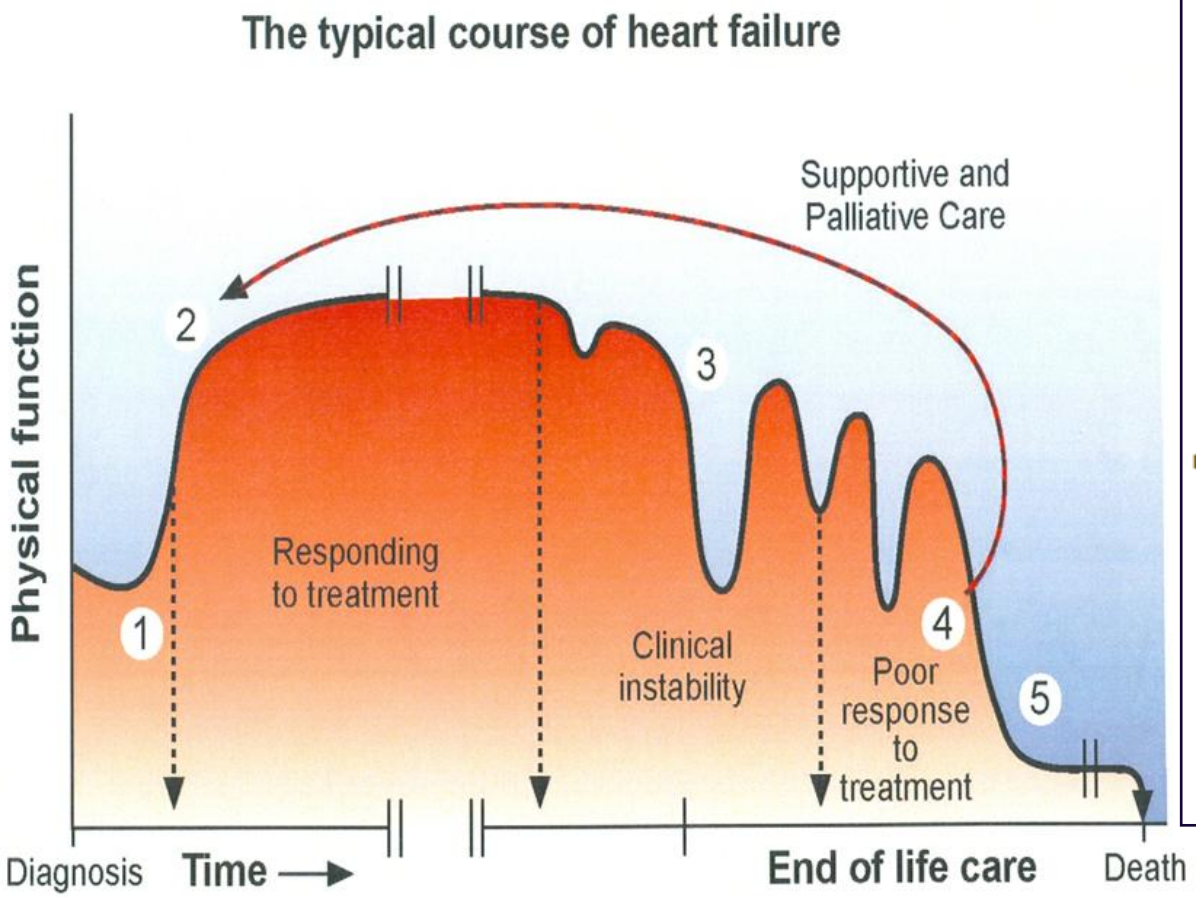
Using PROMs

Service redesign

- PROMs can help:
  - Identification of different *cohorts of need*
  - Transfer patients to virtual care
    - Synchronous
    - Asynchronous
  - To support self-management
  - To drive continuous improvement
  - Create sustainability of health systems:
    - Better outcomes at lowest possible cost
    - Allocation of resources towards highest value activities
    - Disinvestment in low/no value activities
    - Reduced unwarranted clinical variation



ICHOM

Trigger points for PROM collection in Heart Failure

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Proms - Heart Failure

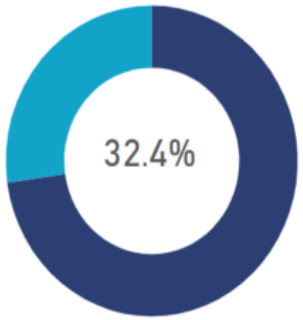
679
Number of Records

04/12/2018 11/10/2019

The Patient Health Questionnaire-2 (PHQ-2)

The PHQ-2 inquires about frequency of depressed mood and anhedonia over the past 2 weeks

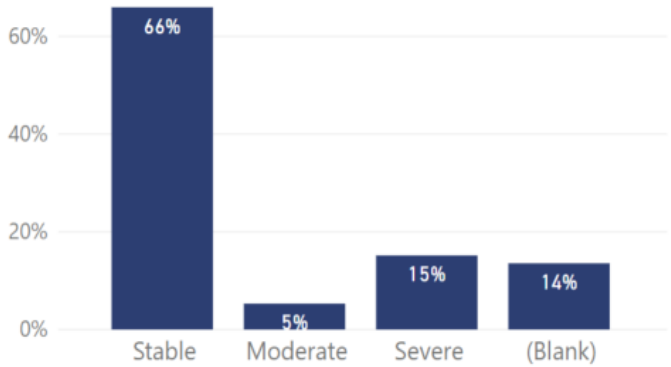
Prevalence of a significant trigger score for depression



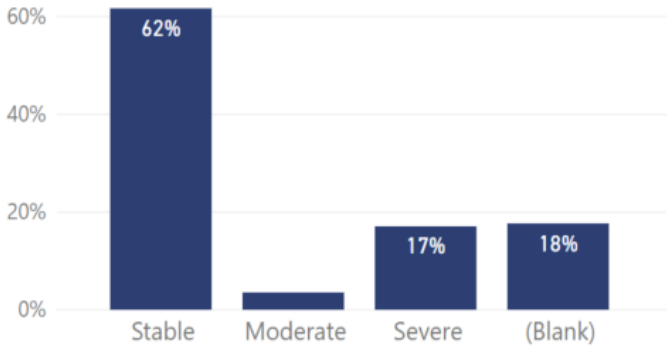
Cardiomyopathy Questionnaire (KCCQ-12)

The KCCQ-12 inquires about how heart failure affects the patients life

Patient reported swelling in morning



Patient reported sleeping sitting up



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Please contact publications@wales.nhs.uk] with any queries in respect of this report.

https://vbhc.nhs.wales

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What have we learned on our implementation journey?

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Culture and context

Clinicians, managers and informaticians working together a team

Allocating resources to achieve the outcomes that matter

Finite resources → Scarcity of services Potential inequity ← Unlimited want/need

↓

Choices in order that we improve the use of available resources as we are unable either to increase resources or reduce need

↓

Efficient processes + Value – delivering what matters + Equity

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Value unites all stakeholders

Patients/clients/ service users	**People** want to achieve the outcomes that matter (most) to them, sustainably
Providers	**Providers** want to attract patients, clients and the best practitioners and they want to achieve the highest margins by being efficient
Life Science Companies	**Life Science Companies** want to produce products that contribute to achieving the best outcomes sustainably and create shared value in pathways
Payers / Governments	**Payers and Governments** want healthy, economically active populations and they want to achieve this at the lowest possible cost

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VBHC: *A Global Movement*

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A Healthier Wales:
our Plan for Health and Social Care (2018)

The Quadruple Aim

(4): *"increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste".*

Ten Design Principles

*(7): " **Higher Value** – achieving better outcomes and a better experience for people at reduced cost; care and treatment which is designed to achieve 'what matters' and which is delivered by the right person at the right time; less variation and harm".*

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ICHOM Person-centered Measures

CHRONIC KIDNEY DISEASE

Diabetes, blood and endocrine...

PREGNANCY AND CHILDBIRTH

Maternal and neonatal...

INFLAMMATORY BOWEL DISEASE

Digestive...

OVERACTIVE BLADDER

Urogenital...

COLORECTAL CANCER

Malignant Neoplasms...

BREAST CANCER

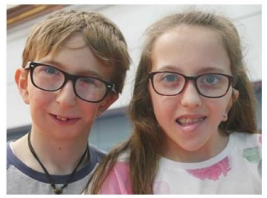
Malignant Neoplasms...

HEART FAILURE

Cardiovascular and circulatory...

OLDER PERSON

Primary/Preventative care...



CRANIOFACIAL MICROSOMIA

Congenital Anomalies...

DEMENTIA

Neurological...

CORONARY ARTERY DISEASE

Cardiovascular and circulatory...

LOCALIZED PROSTATE CANCER

Malignant neoplasms...

TOP

ICHOM www.ichom.org

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ICHOM Person-centered Measures:

Cleft Lip & Palate

Treatment approach covered

Audiology | Otology | Speech/communication | Feeding/nutrition | Plastic surgery | Oral & maxillofacial surgery | Dentistry
Orthodontics | Pediatrics | Nursing | Genetics | Social work | Psychology/psychiatry

Includes articulation, intelligibility, and velopharyngeal competence. Recommended to track via the modified PCC, the Velopharyngeal Competence Scale, the Intelligibility in Context Scale, and the Cleft Q Speaking and Speech Scales

Recommended to track via the DMFT, the COHIP Oral Symptoms Scale, the 5 Year Index, the GOSLON, and lateral cephalogram

Recommended to track via Cleft Q Eating and Drinking Scales

www.ichom.org

ICHOM

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International co-ordination

PaRIS (Patient Reported Indicator Surveys)

Supporting the work of the G20 in prioritising VBHC

Working to co-ordinate leadership and influence the EU parliament

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Swansea University Prifysgol Abertawe | School of Management Yr Ysgol Reolaeth

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Value-Based Health and Care Academy

Education : Research : Consultancy

Education: DBA : MSc. : Executive Education : *e*-learning : masterclasses
Research: Horizon EU : UKRI : Innovate UK : Industry-funded
Consultancy: Global Life Sciences Companies : Health Systems

Affiliated Organisation of the European Alliance for Value in Health

e: VBHCAcademy@swansea.ac.uk

www.swansea.ac.uk/som/vbhc-academy

Swansea University Prifysgol Abertawe | School of Management Yr Ysgol Reolaeth

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Value-Based Health and Care Academy

Questions and Discussion

RCSLT update/ RCSLT Wales update
Diweddariad RCSLT / RCSLT Cymru

Krystina Stanway, Director of Professional Development and Innovation, Cyfarwyddwr Datblygiad Proffesiynol ac Arloesedd, RCSLT

Pippa Cotterill, Head of Wales Office, Pennaeth Swyddfa Cymru, RCSLT

How do we support our membership?

RCSLT

RCSLT Membership

Community
Nurturing networks that bring practitioners together

Professional Development
Working to develop the profession and support clinical excellence

Advocacy
Speaking with a united voice to influence society and effect change

Practical Support
Using our resources to give members the protection and help they need

Professional Guidance

- Clinical Guidance process review: RCSLT are reviewing how we produce supporting documents for clinicians to ensure they are robust, rigorous and meaningful.
- Interpreter guidance: In final draft and updated version expected out over the summer.
- EDAR: guidance expected later in the year.
- Thickener: Concerns raised regarding thickening viscosity variability, statement issued but actively reviewing guidance to support members.

Professional Guidance

- **Cognitive communication disorders** and **acquired brain injury** guidance due to be published early June 2026.
- **EDAR** guidance update underway. Consultation expected Sept 2026. Launch expected March 2027.
- **Supported decision making and mental capacity** guidance update underway. Consultation expected Nov 2026. Launch expected Spring 2027.
- **Cleft lip and palate** and **craniofacial conditions** guidance update and competency framework underway. Consultation expected early 2027. Launch expected late 2027.
- **Deafness** competency framework in development. Scoping survey planned Sept 2026. Launch expected late 2027.
- **Voice disorders** guidance and **upper airway disorders** guidance updates. Recruitment currently open. Will cover both adult and children/young people.
- **Videofluoroscopy** guidance & competency framework updates. Early scoping – drop in sessions and consultation with CENs

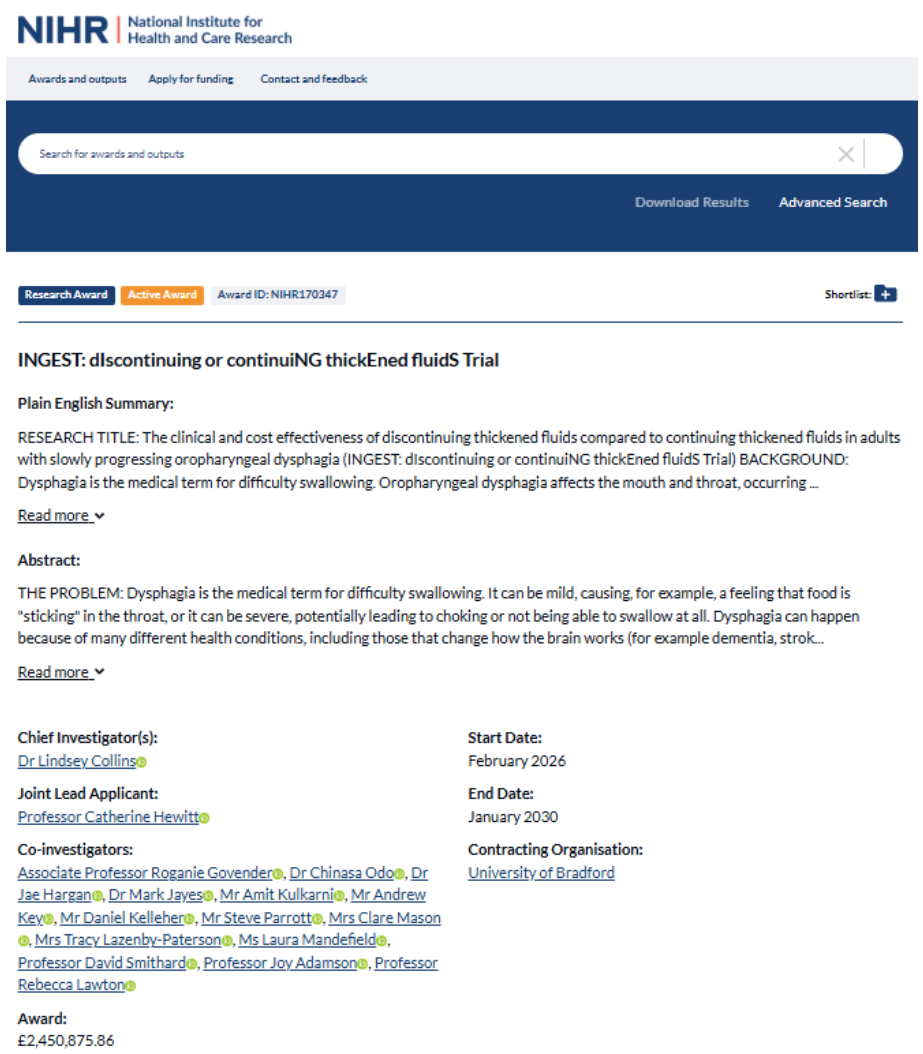
Professional Development

- **INGEST research project launched**

- The RCSLT R&O team are excited to be supporting the INGEST research project, which will explore the impact of discontinuing thickened fluids in adults with oro-pharyngeal dysphagia.

- This large, randomised controlled trial will provide crucial, late-phase evidence to develop our understanding of this priority question for the profession

- Please look out for opportunities for your service to get involved, and/or contact caroline.bagnall@rcslt.org for further information



NIHR | National Institute for Health and Care Research

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Research Award Active Award Award ID: NIHR170347 Shortlist:

INGEST: dIscontinuing or continuiNG thickEned fluidS Trial

Plain English Summary:

RESEARCH TITLE: The clinical and cost effectiveness of discontinuing thickened fluids compared to continuing thickened fluids in adults with slowly progressing oropharyngeal dysphagia (INGEST: dIscontinuing or continuiNG thickEned fluidS Trial) BACKGROUND: Dysphagia is the medical term for difficulty swallowing. Oropharyngeal dysphagia affects the mouth and throat, occurring ...

Read more

Abstract:

THE PROBLEM: Dysphagia is the medical term for difficulty swallowing. It can be mild, causing, for example, a feeling that food is "sticking" in the throat, or it can be severe, potentially leading to choking or not being able to swallow at all. Dysphagia can happen because of many different health conditions, including those that change how the brain works (for example dementia, strok...

Read more

Chief Investigator(s):
Dr Lindsey Collins

Joint Lead Applicant:
Professor Catherine Hewitt

Co-investigators:
Associate Professor Roganie Govender, Dr Chinasa Odo, Dr Jae Hargan, Dr Mark Jayes, Mr Amit Kulkarni, Mr Andrew Key, Mr Daniel Kelleher, Mr Steve Parrott, Mrs Clare Mason, Mrs Tracy Lazenby-Paterson, Ms Laura Mandefield, Professor David Smithard, Professor Joy Adamson, Professor Rebecca Lawton

Award:
£2,450,875.86

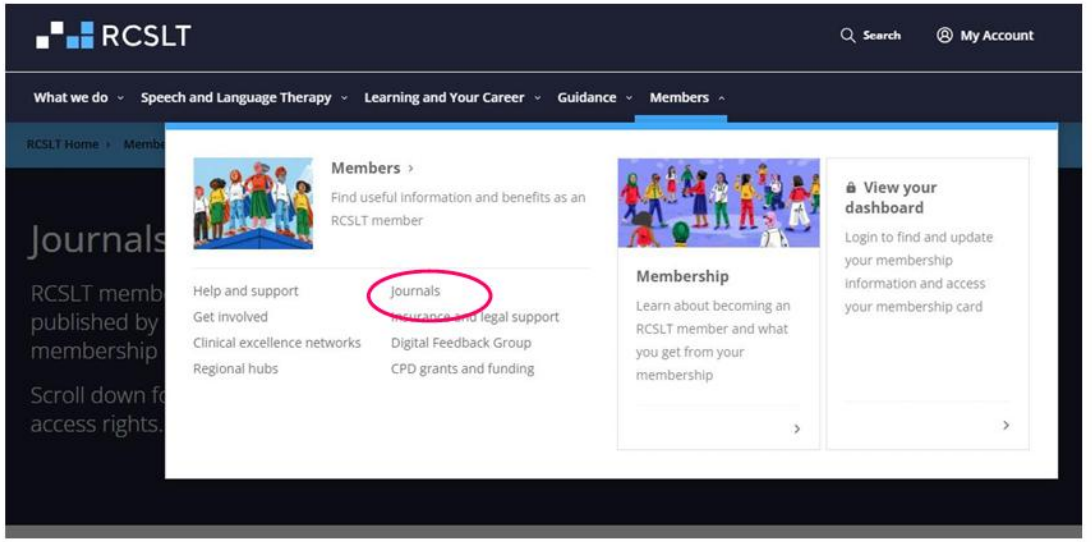
Start Date:
February 2026

End Date:
January 2030

Contracting Organisation:
University of Bradford

RCSLT Journals Access

- Members have access to journals via member log in
- This includes access to Emerald, Springer, Wiley and others
- Low usage for Springer and Emerald
- Continue to use and encourage others to use in order to continue to be able to access



Research Newsletter

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RCSLT

RCSLT Research Newsletter

May/June 2026

The latest in funding, opportunities and resources relating to research and evidence-based practice in the speech and language therapy profession.

To accompany the newsletter, we've created a new section on our website to host the latest **funding and opportunities** allowing you to access them whenever you need. This webpage will include:

- General resources
- Inclusive research opportunities and resources
- Project / programme grants and funding
- Fellowships and clinical academic opportunities
- PhDs

- Produced bi-monthly
- Includes funding, opportunities, events, abstract calls and congratulations in SLT research
- Sent to over 3,000 members
- 54% open rate for most recent newsletter
- Sign up via member profile on webpage

Leadership

Inspire leadership programme for new or aspiring leaders: Cohort 2 presented on their projects at the end of April. Next cohort is open now for applications! Launched Inspire **alumni group** in February.

"This course has by far been the best CPD experience of my career. It has taught me so much about myself which I have been able to apply to my work in my clinical, leadership and supervisory roles. I have met so many fantastic people on this course and I can take my learning as well as networks with me into my future work...wherever that may be. Thank you so much to everyone involved in making this happen. I am excited for the new cohort to embark on the Inspire Leadership programme 25/26!"

Student leadership placement - Next one in November. Advertising in summer.

Professional Development

RCSLT e-learning

'An introduction to...'

- Currently six modules live and accessible, on a range of topics from supervision to AI. Another module, the second in the series on AI, is currently in development.

'RCSLT Formal Assessments'

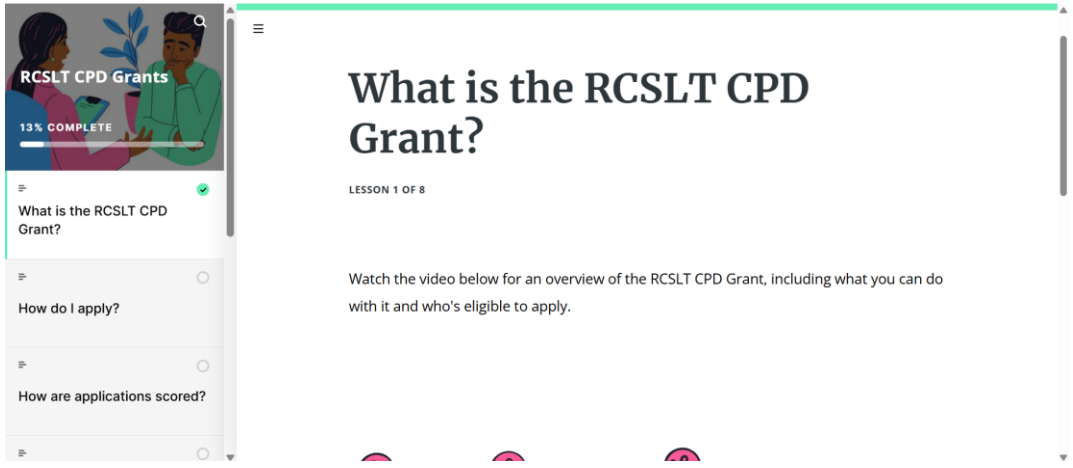
- Currently five modules live, on RAPT, CAT, PALPA, CASP and TALC. Next assessment will be on the Frenchay Dysarthria Assessment.

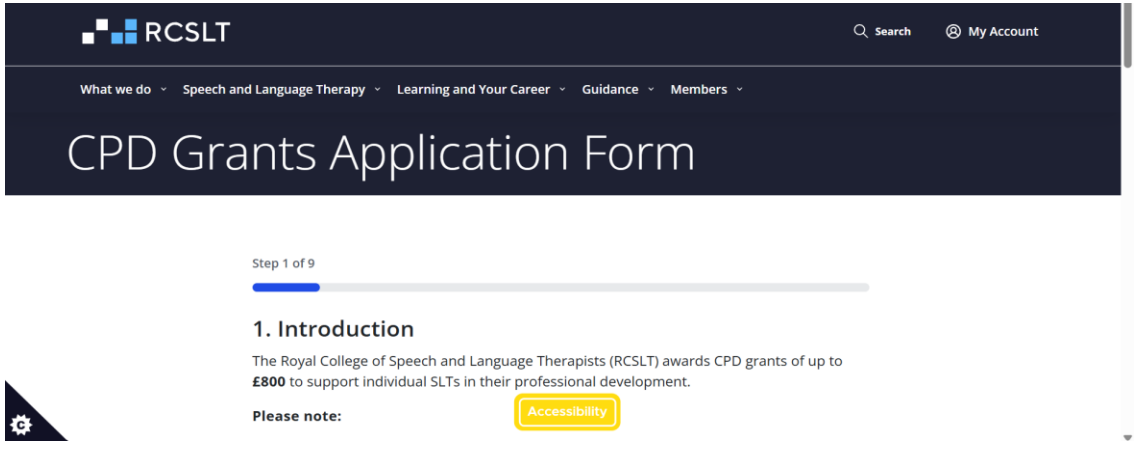
As well as a host of other e-learning courses, available on our CPD site: www.rcsltcpd.org.uk.

We have also re-written and re-designed (and re-named – no longer the Box!) the criminal justice training – it is launching in mid-March and can be found on our CPD site. Look out for further comms!

CPD grants

- We have updated the name of the grant process from minor grants to CPD grants for clarity.
- There is a new webpage which includes guidance on applying, claiming, writing reflective reports, information on how grants are scored and includes video walk-throughs.
- There is a new application form embedded on the website – people do not need to download a form.

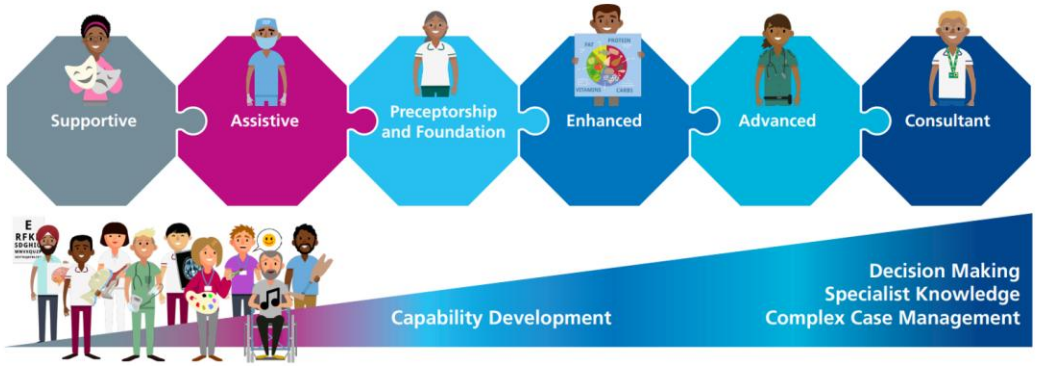




Enhanced Practice

Enhanced & Advanced practice

- New SLT specific course is being developed at the University of Salford for Enhanced practice.
- We are actively working with NHSE and HEIs on development of an Advanced practice course.



Look out for

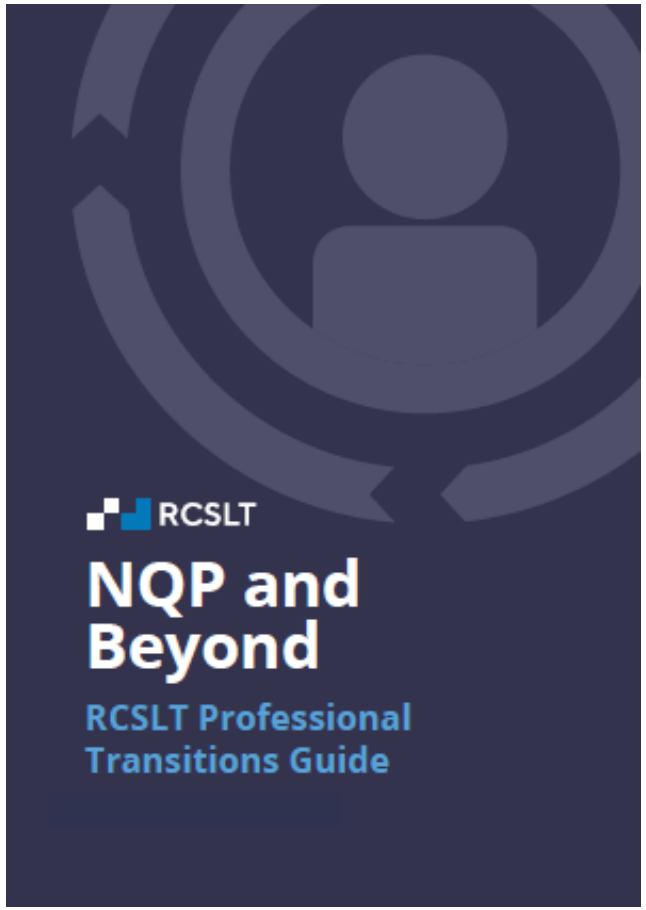
- **The Professional development framework** second edition will be coming in June. Updates based on member evaluation.

- **CPD diary new version** – requirements captured from members and benchmarking. New digital partner has been appointed. Expected Autumn.

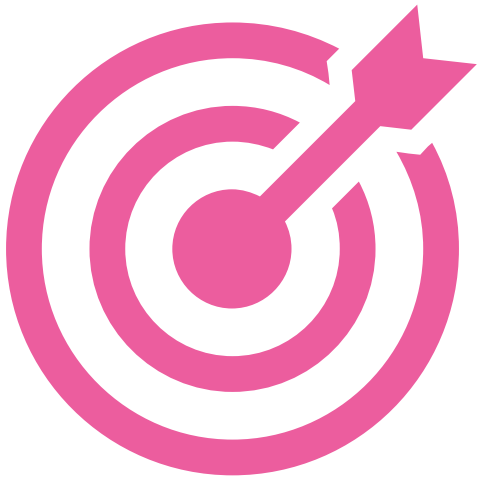
NQP guidance is changing

Main changes in place from 1 June:

- Simplifies the NQP process and reduced number of core goals from 24 to 10 core ones
- Allows people to choose 4-6 other goals relevant to their career aims and local situation
- Aligns with HCPC principles of preceptorship
- Aligns with initiatives in other nations eg Scotland's Flying Start programme
- Encourages a multi-disciplinary networking
- Provides guidance around other periods of transition
- Keeps the bits people like about the NQP process



The ten NQP core goals



1. Reasoning and decision-making
2. Communication with service users, families, carers and colleagues
3. Autonomy and accountability
4. Promoting the profession
5. Work readiness knowledge and skills
6. Specialist knowledge and skills
7. Managing and recording complexity
8. Continuous learning and development of yourself & others
9. Working in partnership with service users to improve service delivery
10. Contributing to changes at work

AI

- Significant opportunities and risks for the profession
- AI Principles for the profession now consulted on
  - Due to be published in May
- Risk Assessment tool coming next
- Emerging theme for the strategic plan
- Implications for employment and pre-reg
- Critical for the profession to engage with this
- Oversight group being established by Director of Professional Development and Innovation to support the ongoing AI work

Outcomes and informatics: priorities 2026-27

The Outcomes Programme Steering group have prioritised the following areas:

- Develop the functionality of the ROOT
- Support improvements in the quality of data recorded on the ROOT
- Support services to utilise their data (e.g. for quality improvement, demonstrating impact etc.)
- Continue work to make anonymised ROOT data available to the research community
- Share insights from the ROOT and raise awareness via social media

Work on developing SNOMED terminology for the profession remains a key focus.

Social Media: Instagram – Total followers: 10.7k
(+0.7%)
April 2026

New followers in April: 149
Total Accounts Reached in April: 9,072 (-56.5%)
No. of posts: 11
No. of reels (videos): 5
No. of stories: 62

Top Post:

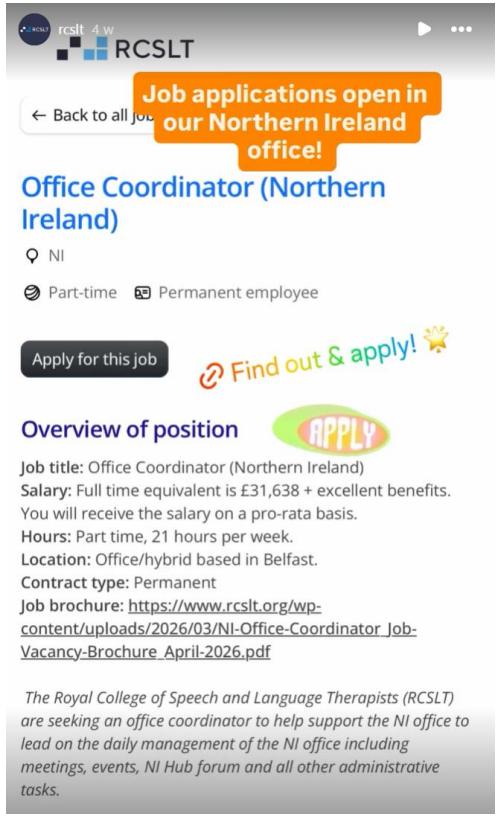
rcslt To mark World Voice Day (16 April 2026), we've released new data about voice difficulties and how important speech and language therapy is in supporting people's communication.

To find out more, visit our website via the link in our bio.

#voice #speechtherapy #speech #speechpathology #speechandlanguage #speechandlanguagetherapist #speechandlanguagetherapy #slcn #slt #worldvoiceday #worldvoiceday2026

Likes: 230
Reposts: 17
Saves: 13
Comments: 1

Top Story:



This story was a repost of a story from the RCSLT NI account, advertising an NI Office Coordinator job role.

Views: 1,941
Interactions: 4

Notes: *Interactions (new metric from Instagram) includes likes, comments and shares.

Join our digital feedback group

- **Continuous improvements to website**: ie, search refresh, accessibility, updates to content

We’re looking for members to help us by sharing their opinions through joining our **Digital feedback group**

https://www.rcslt.org/digital-feedback-group/

RCSLT Wales - Updates

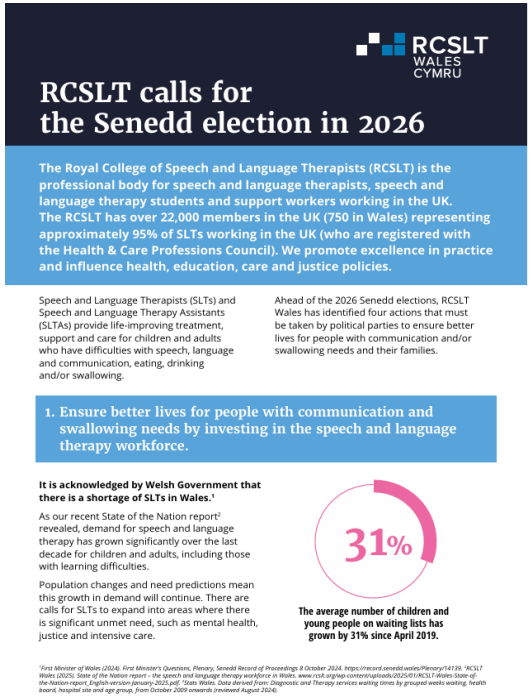
- 80th Anniversary celebrations

- Four Nation Working Group on DLD and Exam Access

RCSLT

2026

- Senedd Elections



RCSLT WALES CYMRU

RCSLT calls for the Senedd election in 2026

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists, speech and language therapy students and support workers working in the UK. The RCSLT has over 22,000 members in the UK (750 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We promote excellence in practice and influence health, education, care and justice policies.

Speech and Language Therapists (SLTs) and Speech and Language Therapy Assistants (SLTAs) provide life-improving treatment, support and care for children and adults who have difficulties with speech, language and communication, eating, drinking and/or swallowing.

Ahead of the 2026 Senedd elections, RCSLT Wales has identified four actions that must be taken by political parties to ensure better lives for people with communication and/or swallowing needs and their families.

1. Ensure better lives for people with communication and swallowing needs by investing in the speech and language therapy workforce.

It is acknowledged by Welsh Government that there is a shortage of SLTs in Wales.[1]

As our recent State of the Nation report[2] revealed, demand for speech and language therapy has grown significantly over the last decade for children and adults, including those with learning difficulties.

Population changes and need predictions mean this growth in demand will continue. There are calls for SLTs to expand into areas where there is significant unmet need, such as mental health, justice and intensive care.

31%

The average number of children and young people on waiting lists has grown by 31% since April 2019.

[1]First Minister of Wales (2024). First Minister's Questions, Plenary, Senedd Record of Proceedings 8 October 2024. https://record.senedd.wales/Plenary/14139. [2]RCSLT Wales (2025). State of the Nation report – the speech and language therapy workforce in Wales. www.rcslt.org/wp-content/uploads/2025/01/RCSLT-Wales-State-of-the-Nation-report_English-version-January-2025.pdf. [3]Stats Wales. Data derived from: Diagnostic and Therapy services waiting times by grouped weeks waiting, health board, hospital site and age group, from October 2009 onwards (reviewed August 2024).

Maniffesto 2026

ahpf cymru·wales

Mae Ffederasiwn Gweithwyr Proffesiynol Perthynol i Iechyd Cymru (AHPF Cymru) yn cynrychioli casgliad o 13 o broffesiynau gwahanol sy'n ymroddedig i gefnogi unigolion ar hyd eu hoes. Mae ein haelodau'n gweithredu mewn lleoliadau amrywiol, gan gynnwys y GIG, gofal cymdeithasol, awdurdodau lleol, practis preifat, addysg, a'r system farnwrol. Mae'r ffederasiwn yn cynnwys y cyrff canlynol:

Cymdeithas Orthopteg Prydain ac Iwerddon
Cymdeithas Therapyddion Drama Prydain
Cymdeithas Therapi Cerdd Prydain
Cymdeithas Prosthetyddion ac Orthotwyr Prydain
Cymdeithas Ddeieteg Prydain
Cymdeithas Seicolegol Prydain
Cymdeithas Siartredig Ffisiotherapi
Coleg y Parafeddygon
Coleg Brenhinol y Therapyddion Galwedigaethol
Coleg Brenhinol Podiatreg
Coleg Brenhinol y Therapyddion Lleferydd ac Iaith
Cymdeithas y Radiograffwyr
Cymdeithas Therapyddion Celf Prydain

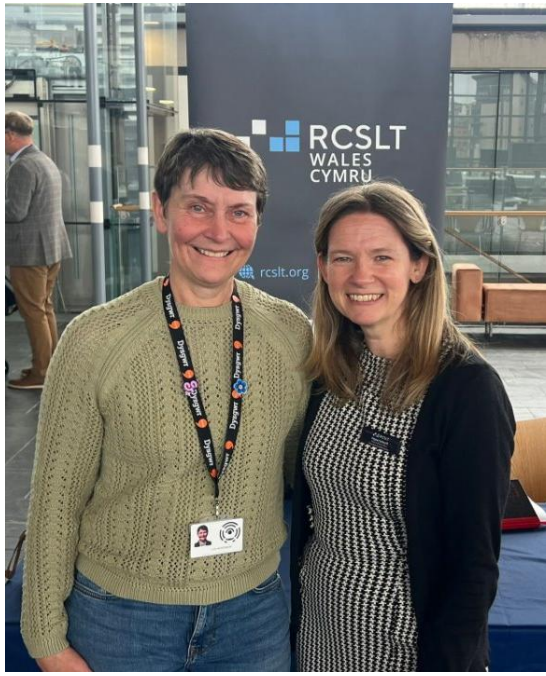
Cyn etholiadau'r Senedd yn 2026, mae AHPF Cymru wedi nodi pum maes ffocws allweddol y credwn y mae'n rhaid i bleidiau gwleidyddol eu blaenoriaethu er mwyn sicrhau cynaliadwyedd ac effeithiolrwydd Proffesiynau Perthynol i Iechyd ledled Cymru yn y dyfodol.

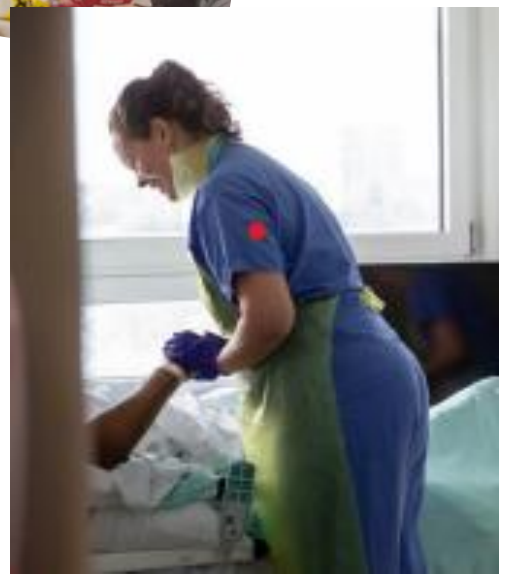
RCSLT

2026 Report

RCSLT

2026 Report





2025-26

- Children & Young People
  - Talk with Me
  - Additional Learning Needs
  - Youth Justice
- Accessible Information Standards
- Students
  - Bursary Consultation
  - Training numbers
- Adults
  - Dementia Strategy

RCSLT

RCSLT

Break and Networking

Egwyl a rhwydweithio

Please be back and seated by 11:25

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Coloplast Group

RCSLT

AI in SLT: What Adds Value and What Matters Most? Panel Discussion

Deallusrwydd Artiffisial mewn Therapi Lleferydd ac Iaith: Beth sy'n Ychwanegu Gwerth a Beth sydd Bwysicaf? *Trafodaeth panel*





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AI

- Hub Day 2025 – AI Presentation – Rachel Burton
- RCSLT principles for using AI in speech and language therapy – May 2026

RCSLT

Speakers / Siaradwyr

- Sarah Rate, Deputy Head of Speech and Language Therapy, Betsi Cadwaladr University Health Board (East) / Dirprwy Bennaeth Therapi Lleferydd ac Iaith, Bwrdd Iechyd Prifysgol Betsi Cadwaladr (Dwyrain)
- Sarah Hill, Specialist Speech and Language Therapist and AAC Lead for Betsi Cadwaladr University Health Board / Therapydd Arbenigol Lleferydd ac Iaith ac Arweinydd AAC Bwrdd Iechyd Prifysgol Betsi Cadwaladr
- Eleri Sargent, Clinical Lead Speech and Language Therapist, Powys Teaching Health Board / Therapydd Clinigol Arweiniol Lleferydd ac Iaith, Bwrdd Iechyd Addysgu Powys
- Nick de Mora-Mieszkowski, Senior Lecturer in Speech and Language Therapy, Wrexham University / Uwch Ddarlithydd Therapi Lleferydd ac Iaith, Prifysgol Wrecsam
- Dan Hughes, 3rd year SLT student, Wrexham, Wrexham University / Myfyriwr 3ydd flwyddyn Therapi Lleferydd ac Iaith, Prifysgol Wrecsam

RCSLT

Questions / Cwestiynau

1. Tell us a little bit about yourself/your career and something that people may not know about you.

1. Dywedwch ychydig wrthym amdanoch eich hun/eich gyrfa a rhywbeth efallai nad yw pobl yn ei wybod amdanoch.

RCSLT

Questions / Cwestiynau

2. Where do you see AI adding the most real value to speech and language therapy over the next 5 years and what should we be careful not to lose as a profession if we rely on it too much?

2. Ble ydych chi'n gweld AI yn ychwanegu'r gwerth go iawn mwyaf i therapi lleferydd ac iaith dros y 5 mlynedd nesaf a beth ddylem ni fod yn ofalus i beidio ei golli fel proffesiwn os ydyn ni'n dibynnu gormod arno?

RCSLT

Questions / Cwestiynau

3. Which parts of an SLT's workflow do you think AI could realistically improve and which parts should always remain human-led?

3. Pa rannau o lif gwaith therapi lleferydd ac iaith ydych chi'n credu y gallai AI eu gwella'n realistig a pha rannau ddylai bob amser gael eu harwain gan bobl?

RCSLT

Questions / Cwestiynau

4. How can SLT training adapt to prepare new therapists to work effectively with AI tools in clinical practice?

4. Sut y gall hyfforddiant therapi lleferydd a gwaith addasu i baratoi therapyddion newydd i weithio'n effeithiol gyda dulliau AI mewn ymarfer clinigol?

RCSLT

Questions / Cwestiynau

5. Universities generally do not allow the use of generative AI tools such as ChatGPT, Claude or CoPilot to produce academic work. However, AI tools can be permitted to support spelling and grammar, early thinking and idea development and searching and interrogating the available literature.

What has your experience been of using AI within these constraints, and what challenges or opportunities have you encountered in maintaining this boundary?

5. Fel arfer nid yw prifysgolion yn caniatáu defnyddio dulliau cynhyrchu AI fel ChatGPT, Claude neu CoPilot i lunio gwaith academaidd. Fodd bynnag, gellir caniatáu dulliau AI i gefnogi sillafu a gramadeg, syniadau cynnar a datblygu syniadau a chwilio ac edrych yn fanwl ar y llenyddiaeth sydd ar gael. Beth fu eich profiad o ddefnyddio AI o fewn y cyfyngiadau hyn a pha heriau neu gyfleoedd gawsoch chi wrth gadw'r ffiniau yma?

RCSLT

Questions / Cwestiynau

6. How can AI support speech and language therapy in minority languages like Welsh, and what risks are there if the technology is built mainly around English data?

6. Sut y gall AI gefnogi therapi lleferydd ac iaith mewn ieithoedd lleiafrifol fel y Gymraeg a pha risgiau sydd yna os caiff technoleg ei adeiladu'n bennaf o amgylch data Seisnig?

RCSLT

Questions / Cwestiynau

7. How can we make sure AI tools work well for diverse communication needs, languages, and cultures?

7. Sut fedrwn ni wneud yn siŵr fod dulliau AI yn gweithio'n dda ar gyfer anghenion cyfathrebu, ieithoedd a diwylliannau amrywiol?

RCSLT

RCSLT

Lunch and networking

Cinio a rhwydweithio

Please be back and seated by 13:20

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Workshops / Gweithdai

Ogwen room -

Therapy Reimagined: Artificial Intelligence and the Emerging Technologies of SLT led by Dr Fernando Loizides /

Ailddychmygu Therapi: Deallusrwydd Artiffisial a Thechnolegau Newydd Therapi Lleferydd ac Iaith
Dr Fernando Loizides, Darllenydd, Cyfarwyddwr yr Academi Gwyddor Data, Ysgol Gwyddorau Cyfrifiadurol a Gwybodeg, Prifysgol Caerdydd

Alwen room -

Putting Value-Based Healthcare into practice led by Professor Hamish Laing /

Gweithredu Gofal Iechyd Seiliedig ar Werthoedd
Yr Athro Hamish Laing, Cyfarwyddwr, Academi Iechyd a Gofal Seiliedig ar Werthoedd; Athro Arloesedd a Deilliannau Estynedig, Prifysgol Abertawe

RCSLT

RCSLT

Therapy Reimagined: Artificial Intelligence and the Emerging Technologies of SLT /

Ailddychmygu Therapi: Deallusrwydd Artiffisial a Thechnolegau Newydd Therapi Lleferydd ac Iaith

Dr. Fernando Loizides
Reader, Director of the Data Science Academy, Cardiff University /

Dr Fernando Loizides, Darllenydd, Cyfarwyddwr yr Academi Gwyddor Data, Ysgol Gwyddorau Cyfrifiadurol a Gwybodeg, Prifysgol Caerdydd





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THERAPY REIMAGINED

Dr Fernando Loizides
Director of the Data Science Academy
Cardiff University, UK
Loizidesf@Cardiff.ac.uk

Artificial Intelligence and the Emerging Technologies of SLT

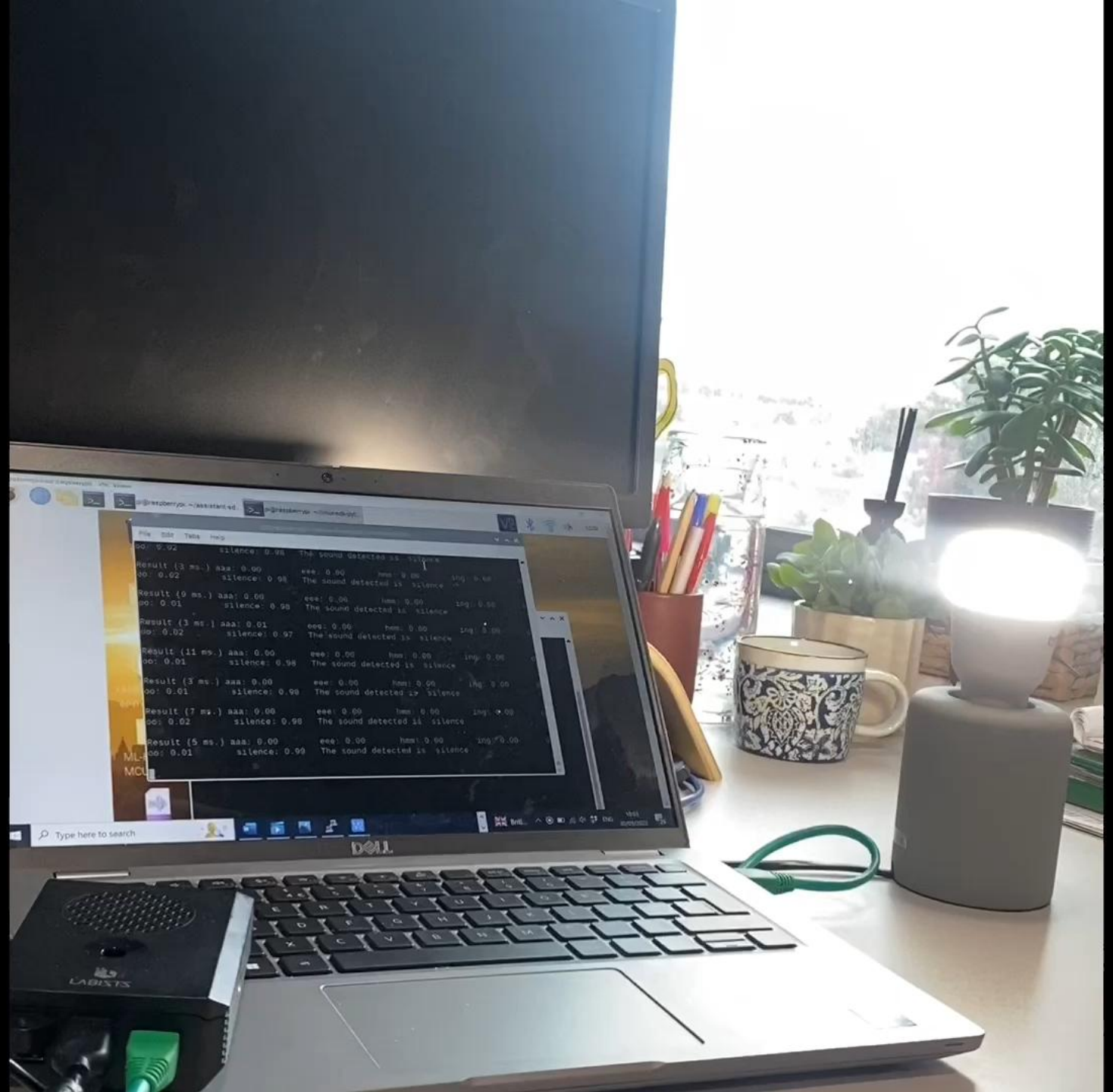
THREE THINGS...

HERE IS WHAT TECHNOLOGIES ARE BEING USED.

WHAT IS YOUR NEED?

LET'S CREATE THE IDEA (AND POTENTIALLY DO IT!).


A GLIMPSE INTO THE FUTURE


Result (3 ms.) aaa: 0.00 eee: 0.00 hmm: 0.00 ing: 0.00
oo: 0.02 silence: 0.98 The sound detected is silence
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oo: 0.01 silence: 0.98 The sound detected is silence
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oo: 0.02 silence: 0.98 The sound detected is silence
Result (5 ms.) aaa: 0.00 eee: 0.00 hmm: 0.00 ing: 0.00
oo: 0.01 silence: 0.99 The sound detected is silence
Type here to search
DELL
LABISTS

GAMIFICATION FOR MOTIVATION FOR SPEECH EXERCISES


Planetary Protector
Play
Options
Quit Game


Options
Background Music
Sound Effects
Hud Shake
Go to menu
Go to Page 2


Destroy as many meteors as you can before they hit the earth.


Too shoot the meteor:
Move your cursor on it,
Press left mouse button
Your word is:
Tree
Say the word

Options

Prompt Ratings Thresholds (0-100)

?

"Amazing!"	90
"Brilliant!"	80
"Great work!"	70
"Well done!"	60
"Good job"	50

Submit Changes

Reset thresholds

Prompt Difficulty

?

Attempts until player damage	5
Failed Damage (Health = 16)	4
Time to answer (in seconds)	120

Submit Changes

Reset Changes

Prompt Words

?

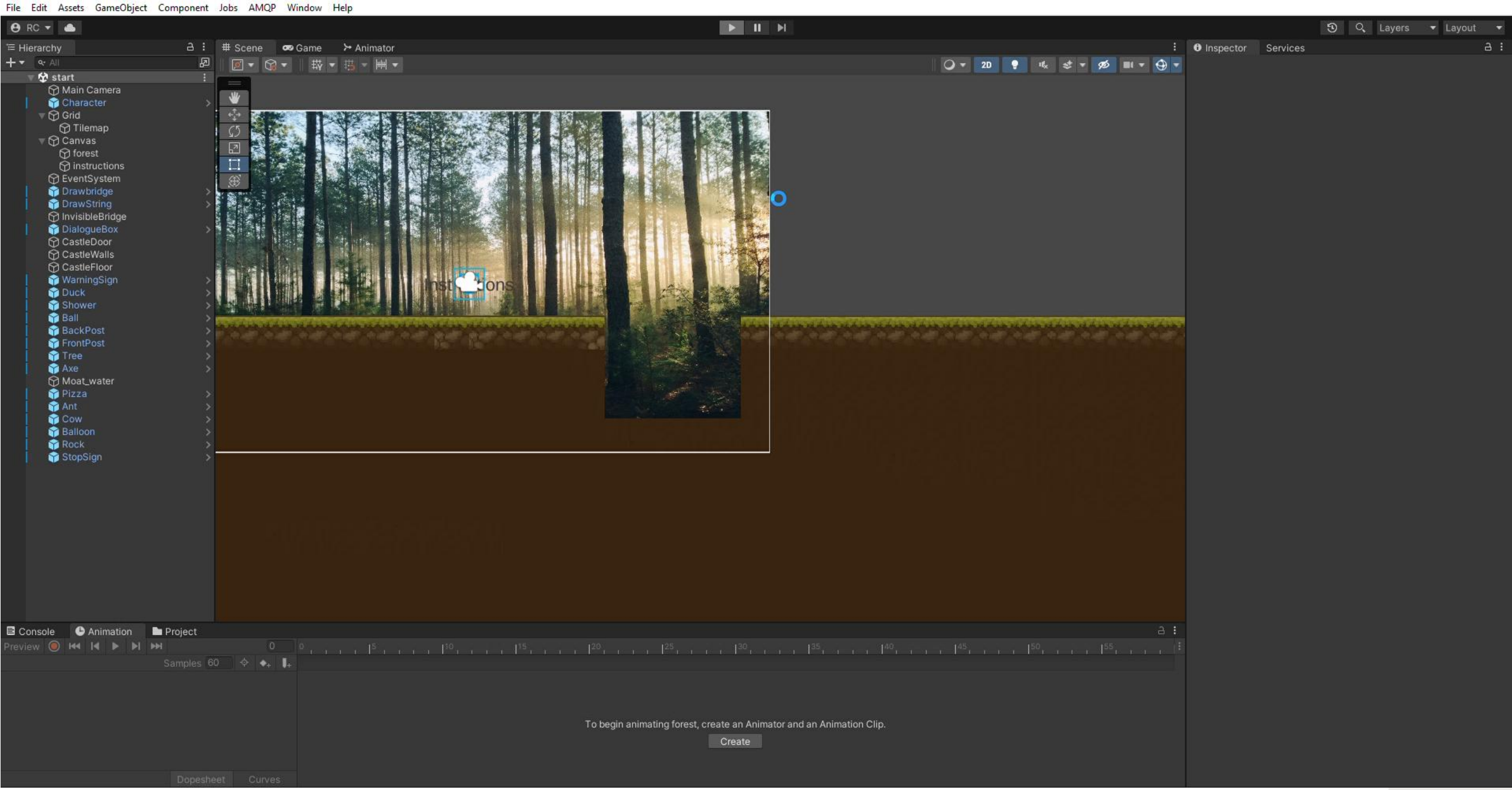
Ant
Ball
Cow
Duck
Eat
Jump
Pop
Stop

Submit Changes

Load from file

Go to menu

Go to Page 1


File Edit Assets GameObject Component Jobs AMQP Window Help
RC
Layers
Layout
Hierarchy
Scene
Game
Animator
Inspector
Services
start
Main Camera
Character
Grid
Tilemap
Canvas
forest
instructions
EventSystem
Drawbridge
DrawString
InvisibleBridge
DialogueBox
CastleDoor
CastleWalls
CastleFloor
WarningSign
Duck
Shower
Ball
BackPost
FrontPost
Tree
Axe
Moat_water
Pizza
Ant
Cow
Balloon
Rock
StopSign
2D
Console
Animation
Project
Preview
Samples 60
To begin animating forest, create an Animator and an Animation Clip.
Create
Dopesheet
Curves

TEACHING OBJECT IDENTIFICATION THROUGH VIRTUAL ENVIRONMENTS FOR CHILDREN WITH COCHLEAR IMPLANTS

Dr Devi N and Chandni Jain
Email: deviaiish@aiishmysore.in and chandni.aud@aiishmysore.in

Merged with Project Entitled
"Positive Reinforcement for Reaction to Training Sounds in Children Undergoing Cochlear Implant Installation"

POSITIVE REINFORCEMENT FOR REACTION TO TRAINING SOUNDS IN CHILDREN UNDERGOING COCHLEAR IMPLANT INSTALLATION

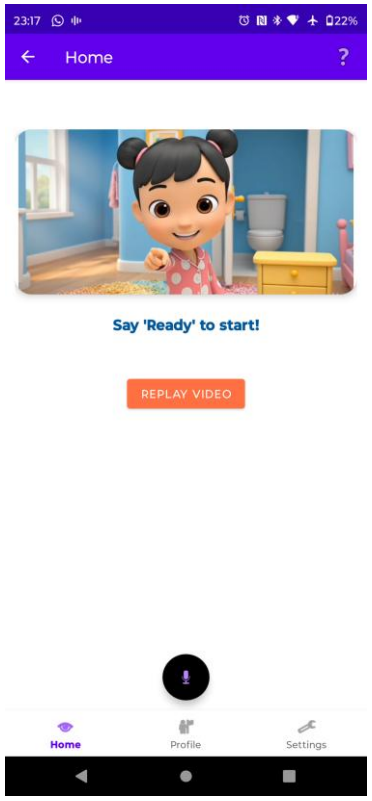
Dr Devi N and Chandni Jain
Email: deviaiish@aiishmysore.in and chandni.aud@aiishmysore.in

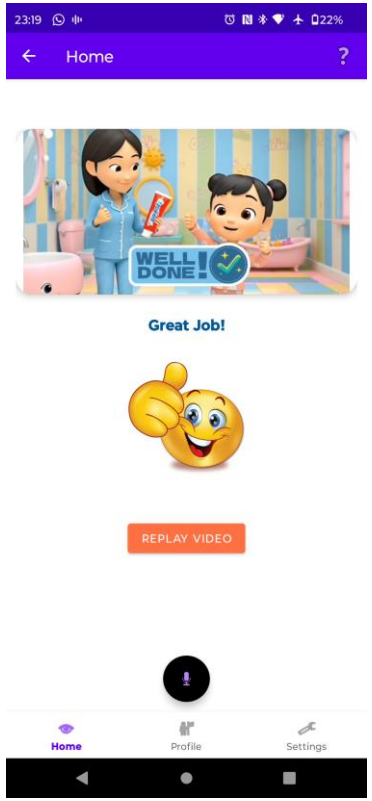
Merged with Project Entitled
"Positive Reinforcement for Reaction to Training Sounds in Children Undergoing Cochlear Implant Installation"

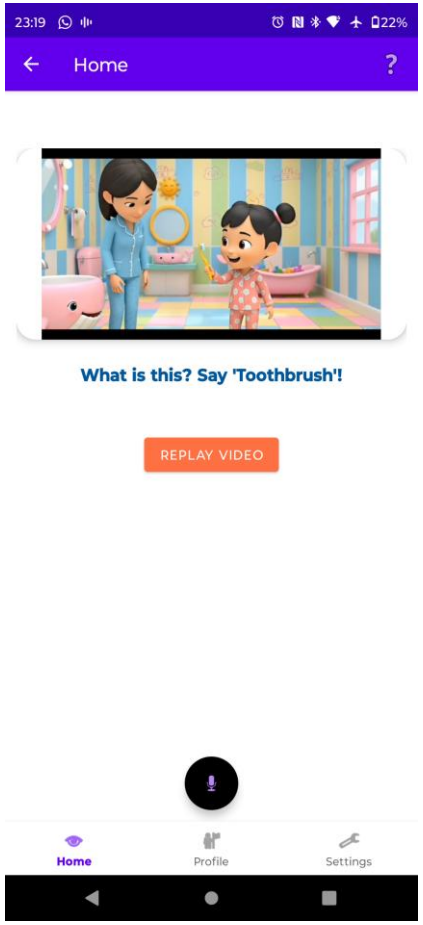
USING CONVERSATIONAL ARTIFICIAL INTELLIGENCE TO TRAIN PERSONS WITH DEVELOPMENTAL DISORDERS TO PERFORM VITAL TASKS

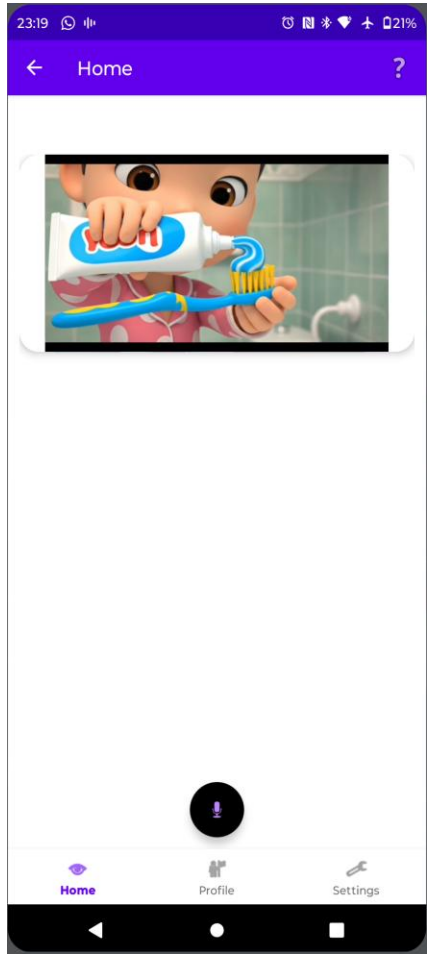
Dr Sangeetha and Dr Swapan N

swapna@aiishmysore.in
sangeethamahesh@aiishmysore.in



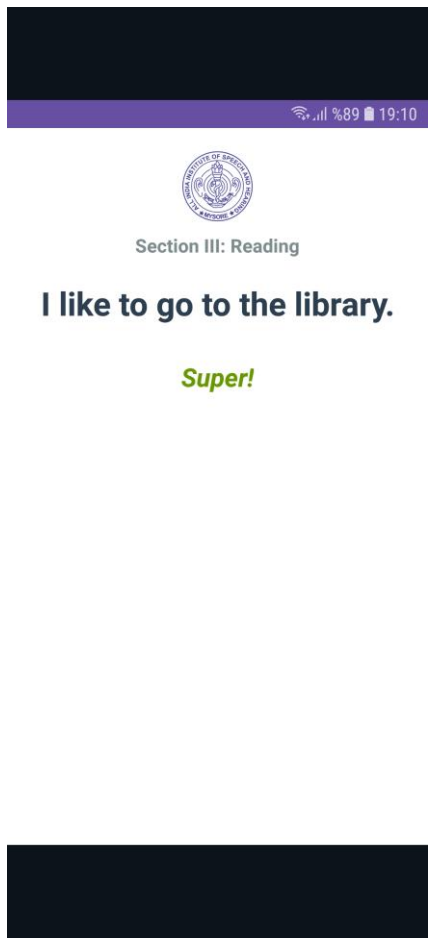


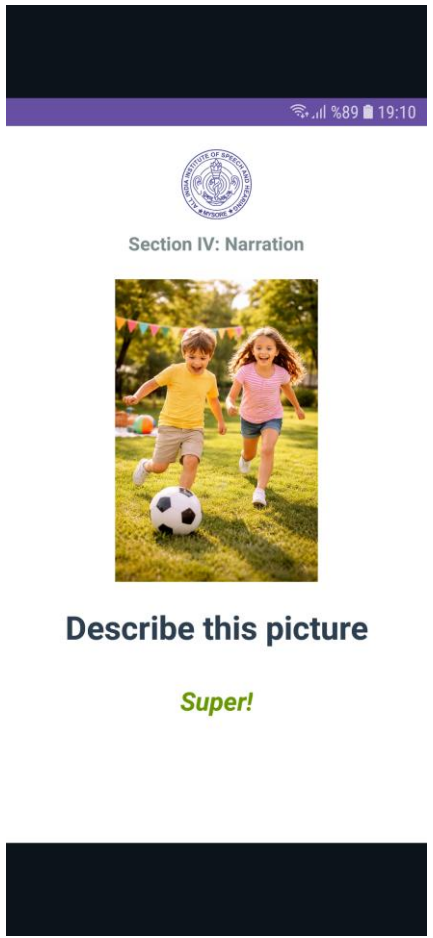


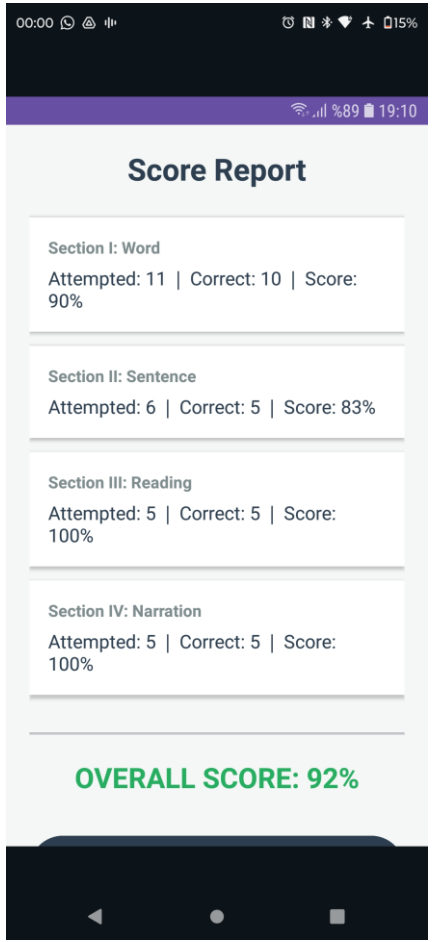


AN AUDIO GAME WITH CONVERSATIONAL ARTIFICIAL INTELLIGENCE TO ENCOURAGE SPEECH INTERACTION

Dr Swapna N and Dr Sangeetha M
Email: swapna@aiishmysore.in and sangeethamahesh@aiishmysore.in

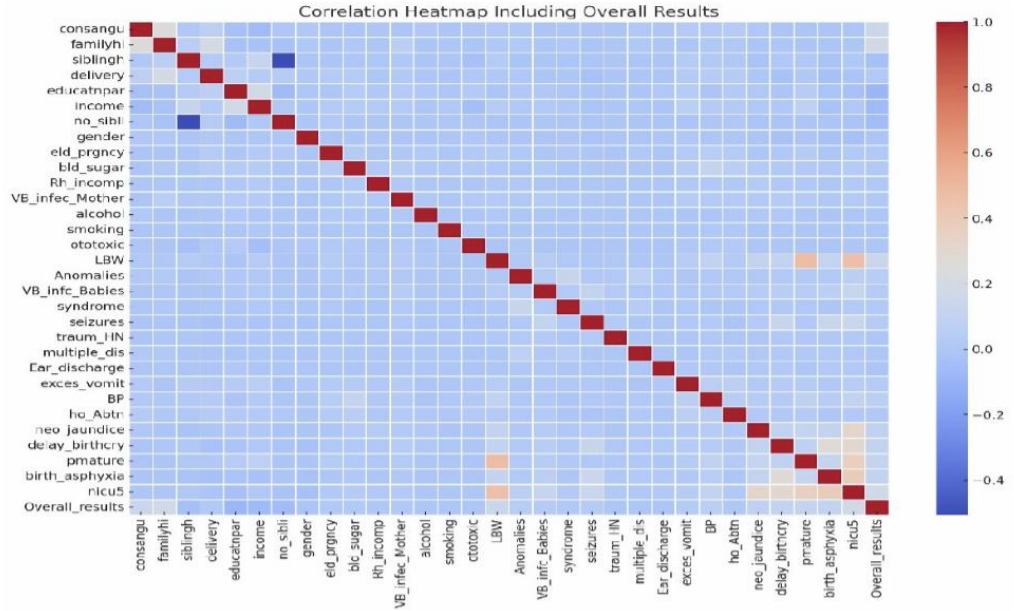


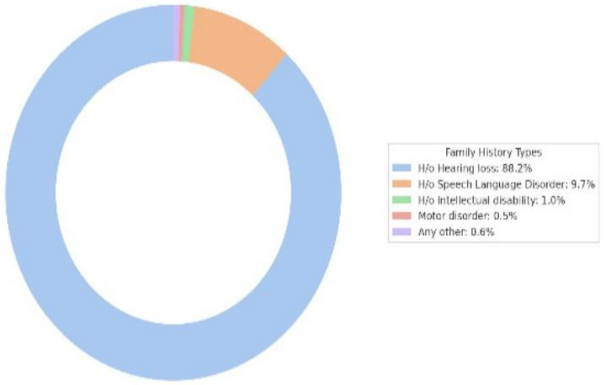


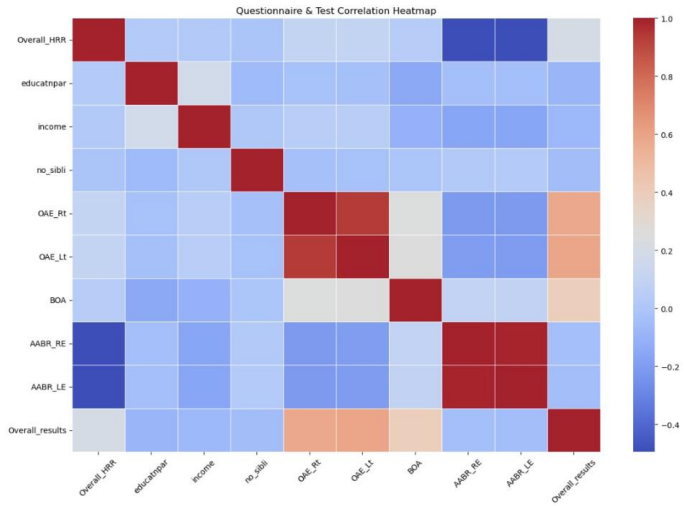



TRULY INCLUSIVE
GAMIFICATION
EXPERIENCES FOR
BLIND PLAYERS

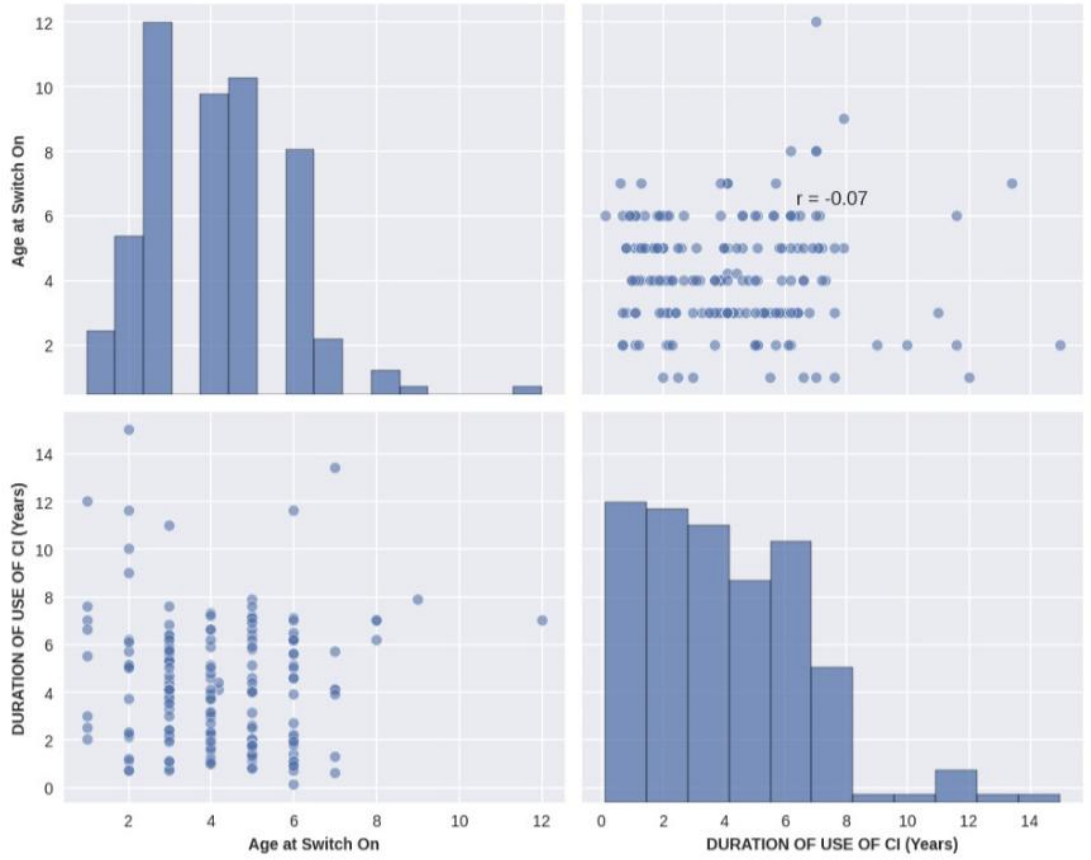
HIGH-RISK FACTORS AND CONGENITAL HEARING LOSS

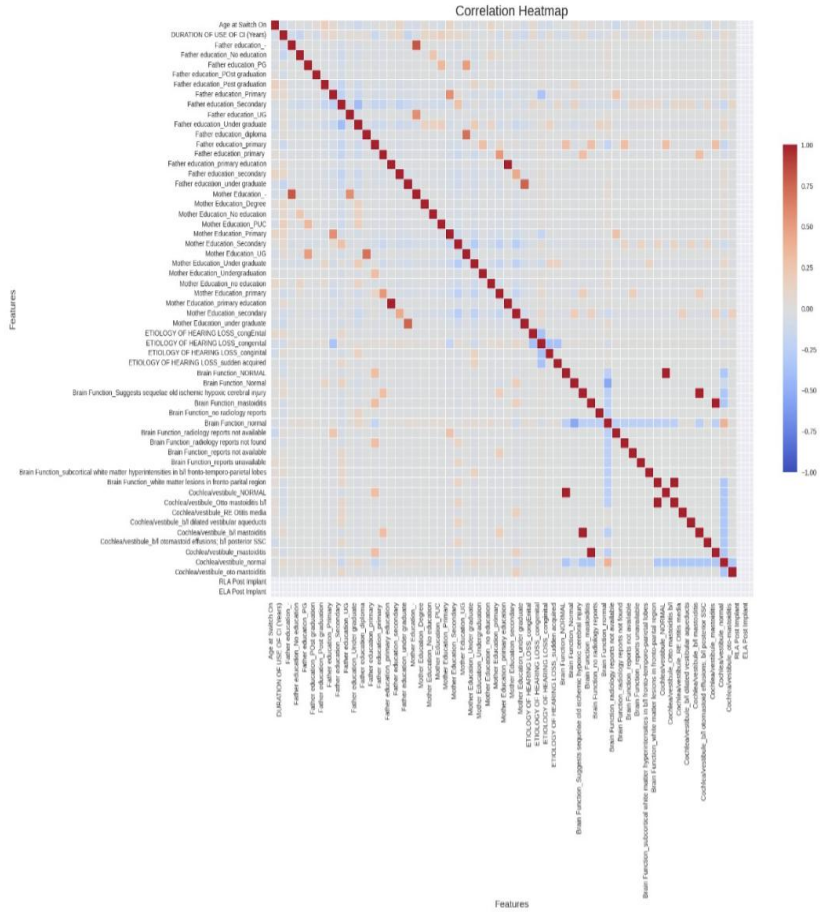






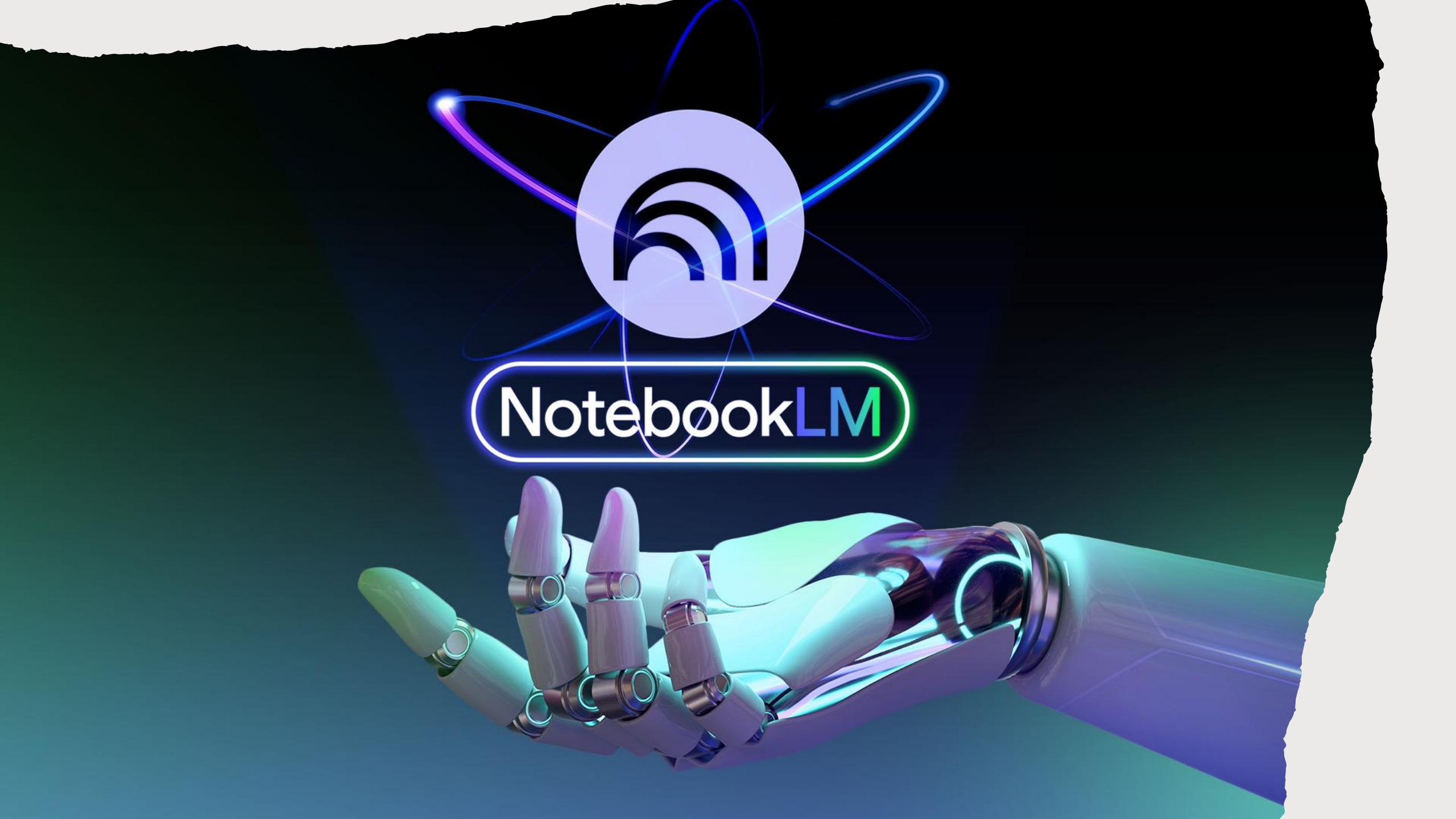
PREDICTING SUCCESSFUL COCHLEAR IMPLANT CANDIDATES






bolt.new

CLAUDE CODE


NotebookLM

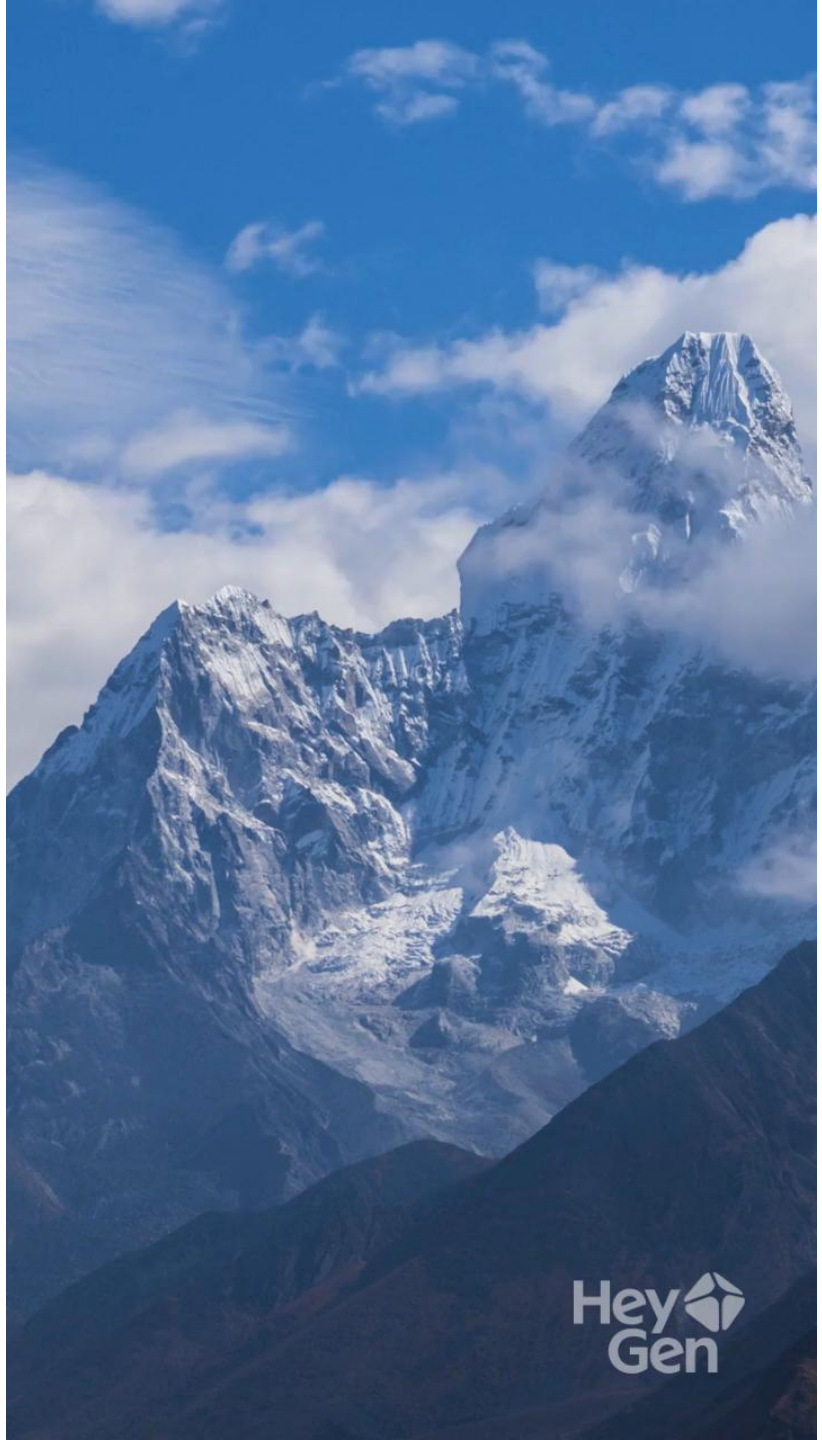

consensus

World's First

AI Pen

Records & Understands Your Highlights

Flowtica Scribe


HeyGen

BE LIMITLESS…WHAT WOULD YOU LIKE?

Don’t worry about the how…

focus on the ***what***

LET'S PROPOSE IT

Fill in this form:

AI Idea for Speech and Language Therapy – Fill in form

And we will add this as a potential free development project for our Data Science and AI students to make this for you.

KEEP IN TOUCH

loizidesf@cardiff.ac.uk

LINKEDIN:
fernando.loizides

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Putting Value-Based Healthcare into practice

Professor Hamish Laing

Director, Value-Based Health and Care Academy, Professor of Enhanced Innovation and Outcomes, Swansea University

Atos
Coloplast Group

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Break and Networking

Egwyl a rhwydweithio

Please be back and seated by 14:25

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State of the Nation report and influencing discussion

Adroddiad Cyflwr y Genedl a dylanwadu ar drafodaeth

Pippa Cotterill, Head of Wales Office, Pennaeth Swyddfa Cymru, RCSLT





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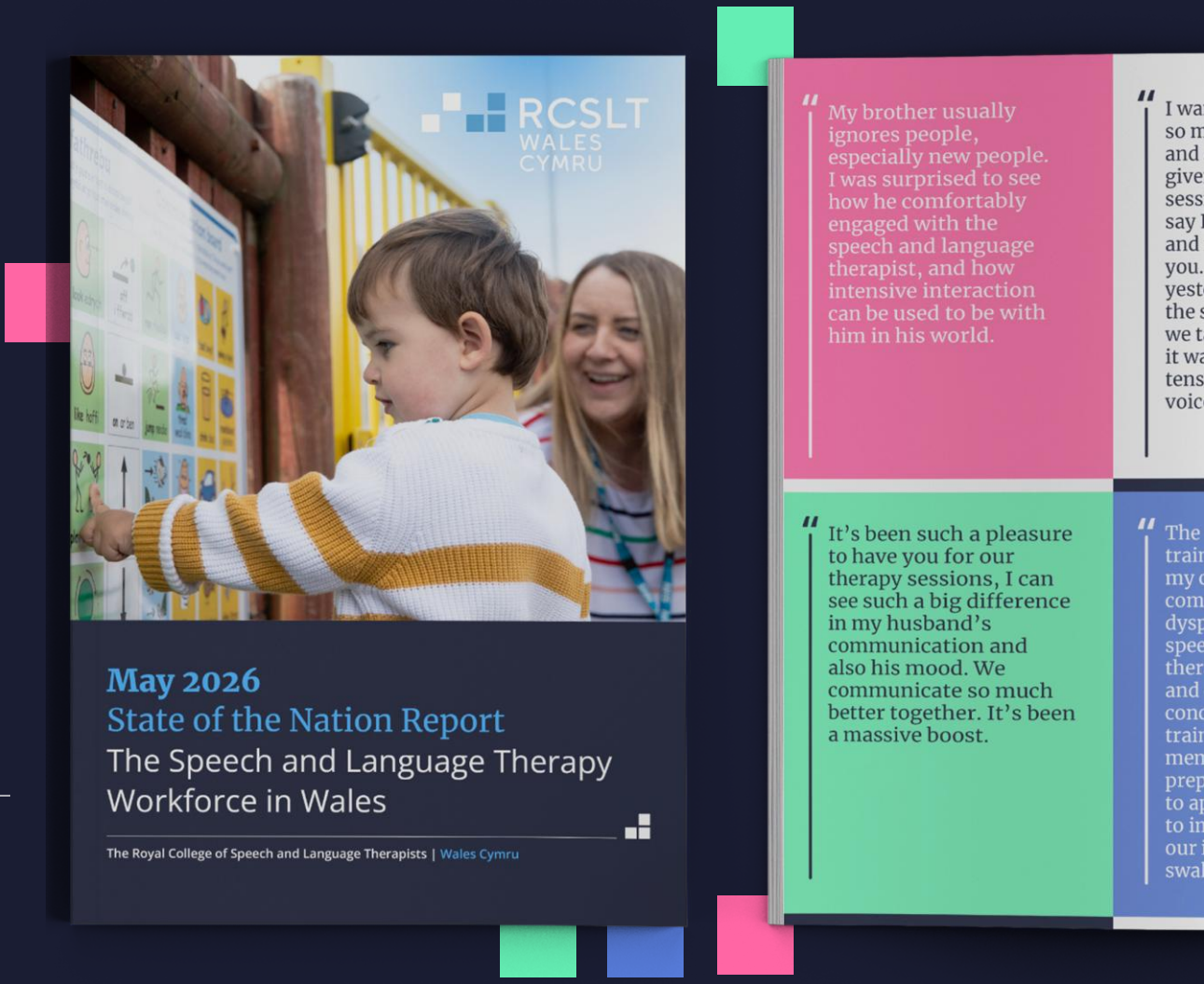
May 2026
State of the Nation Report
The Speech and Language Therapy Workforce in Wales

The Royal College of Speech and Language Therapists
Wales Cymru



State of the Nation Report 2026

- Update from January 2025
- Advised by members
- Thanks to Caroline Walters
- Best Practice Examples



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"My brother usually ignores people, especially new people. I was surprised to see how he comfortably engaged with the speech and language therapist, and how intensive interaction can be used to be with him in his world.

"I wanted to thank you so much for all the help and support you have given me during our sessions. I can finally say I am a new woman and it is all thanks to you. We had a meeting yesterday and I did the shoulder exercise we talked about, wow it was amazing my tension went and my voice eased.

"It's been such a pleasure to have you for our therapy sessions, I can see such a big difference in my husband's communication and also his mood. We communicate so much better together. It's been a massive boost.

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"The dysphagia training has increased my confidence and competence in managing dysphagia. The speech and language therapist broke down and explained difficult concepts making the training accessible and memorable. I feel more prepared and empowered to apply what I've learnt to improve care for our individuals with swallowing difficulties.

Retention of the existing workforce

93%

of SLTs in Wales either agreed or strongly agreed that their role made a difference.

84%

of respondents in Wales answered that they were proud to be SLTs, which was amongst the highest score across the UK.

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Retention of the existing workforce

81.1%

Inclusion positivity score

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Health Boards

Four of the seven services revealed that qualified speech and language therapy posts had been frozen in the last year.

Six of the seven local health boards in Wales reported in the 2026 workforce survey that the existing number of SLTs is insufficient to meet the needs of the service.

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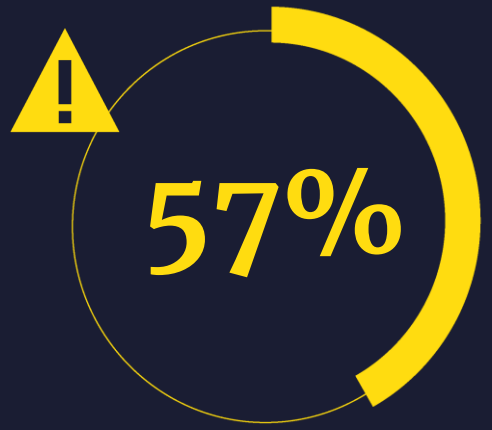
Average shortfall between the recommended SLT staffing levels for units in Wales and actual levels

Intensive care



Average shortfall in speech and language therapy provision across all six of the local health boards that have an intensive care unit

of patients experience swallowing difficulties post-extubation in the ICU setting

Patient

Safety

Recovery

Dignity

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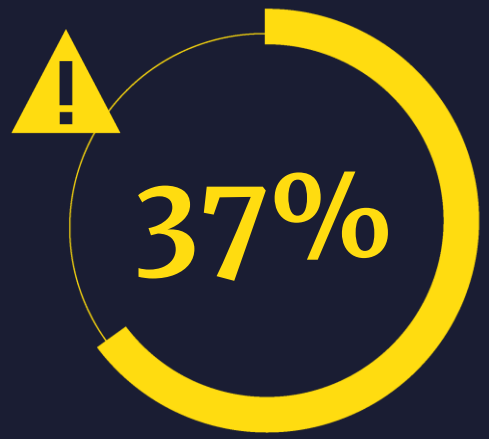
Stroke

Acute phase from arrival in hospital



Average shortfall for speech and language therapy provision in the acute phase

Recovery and Rehabilitation

Average shortfall across local health boards

Integrated Community Stroke Care

Average shortfall in speech and language therapy provision within integrated community stroke care

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Average shortfall across the four local health boards offering speech and language therapy provision within community specialist rehabilitation

of youth justice services have speech and language therapists embedded in their teams

36.2%

of children in Wales with additional learning needs have speech, language, and communication needs

Graduates

⚠ Only **24/42** graduates had jobs

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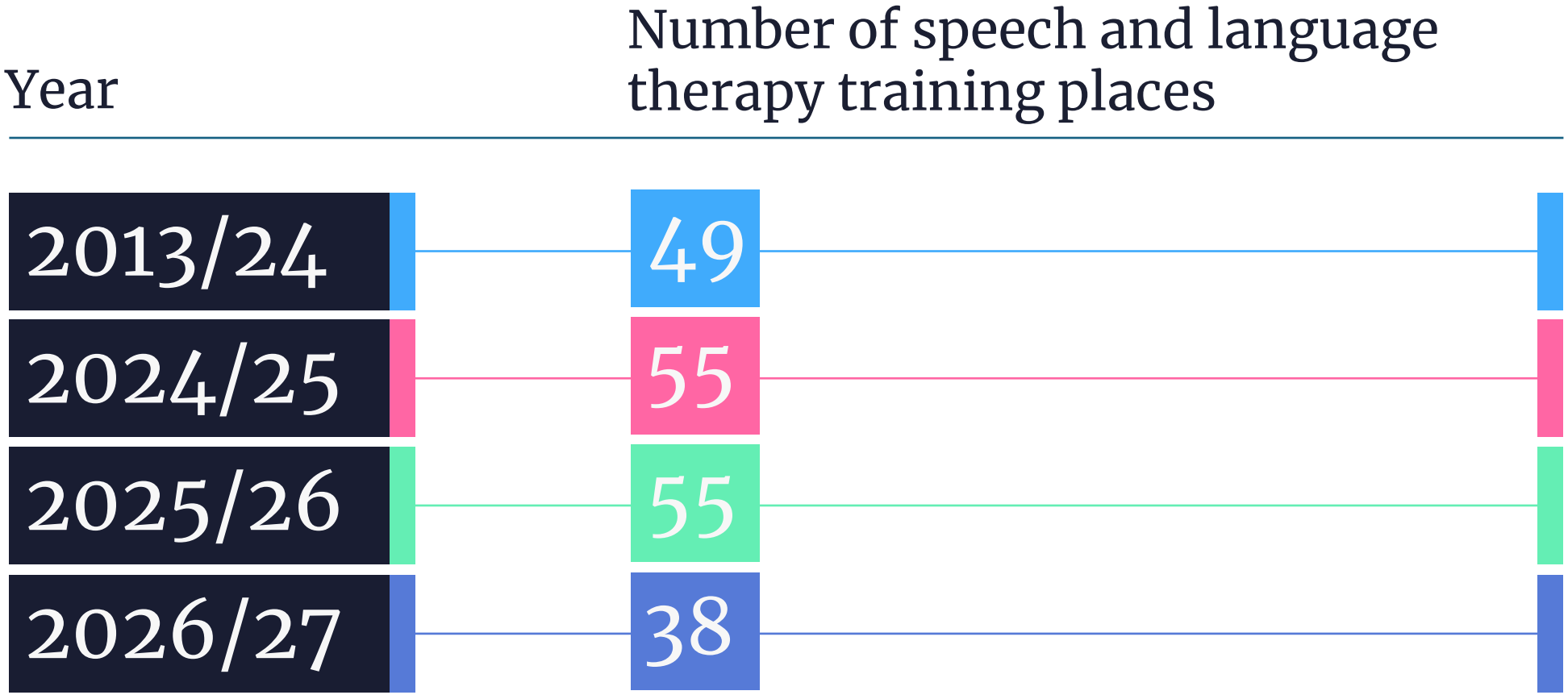
Year
Number of speech and language therapy training places
2013/24
49
2024/25
55
2025/26
55
2026/27
38

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Recommendations

1. As a minimum, restore speech and language therapy training places to 2025/26 levels with a view to increasing places in future years to take account of increased need and new models of care.

2. Introduce earn as you learn opportunities for speech and language therapy to maximise the potential to grow the workforce.

3. Ensure sustainable funding for speech and language therapy services to meet growing demand, particularly in clinical areas where our benchmarking analysis shows services are not meeting workforce recommendations.

4. Improve data collection on the composition of the profession to allow us to better reflect the communities that we serve including support to improve our understanding of the Welsh language skills of our existing workforce and requirements for the future.

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Recommendations

5 Introduce better, more sophisticated workforce planning for the profession as part of the preventative agenda, taking account of the need to meet standards and demand from new sectors.

6 Prioritise creation of Welsh language assessments in areas such as dementia and stroke.

7 Recognise the importance of continuous professional development and protected time and resources as part of established job planning.

8 Ensure the availability of advanced and consultant speech and language therapist roles to support retention.

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Discussions

A **Understanding the findings**
- Which finding do you think has the greatest potential to improve outcomes for the people you support?

B **Influencing practice**
- What service development opportunity does this report highlight for your clinical area?

C **Influencing stakeholders**
- Who are the key people or organisations that need to hear the messages of the report?

D **Actions**
- What is the conversation you feel more confident having because of the report?

1 stakeholder to influence

1 point you will make to them

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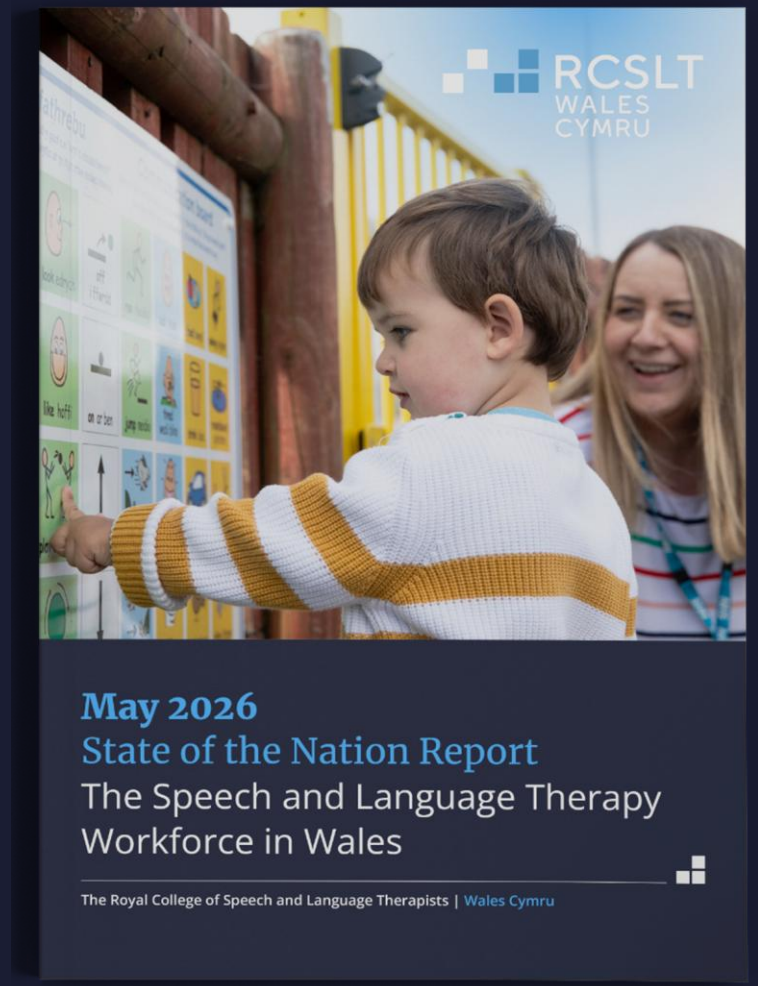
Read our report



RCSLT Strategic Plan 2027 to 2030
Cynllun Strategol y RCSLT

Krystina Stanway, Director of Professional Development and Innovation / Cyfarwyddwr Datblygiad Proffesiynol ac Arloesedd, RCSLT

Our Next Strategic Plan: 2027–2030

Where We Are Now:

- Moving from a 5-year to a 3-year plan for greater agility and accountability.
- Timeline: Sept 2025 – Mar 2027 (set-up, engagement, framework, launch).
- The process has begun with Board, Committee, staff, HEI Reps and Executive sessions.
- **Purpose today**: share progress and invite attendees to help shape the next stage.

Key Insights from feedback and Strategy Workshops

- Member connection and value – clarity, engagement, belonging.
- Workforce sustainability – recruitment, retention, development.
- Influence and leadership – shaping systems and professional narrative.
- Digital and innovation readiness – AI, technology, and data capability.
- Population health and prevention – evidencing system-wide impact.
- Organisational excellence – focus, efficiency, and adaptability.

These priorities cannot be delivered without higher education as a strategic partner

What we've heard so far

What SLTs are telling us

- Workforce pressure is the dominant concern (supply, burnout, retention)
- Growing anxiety about placement availability, apprenticeships and quality
- Strong appetite for leadership, research literacy, and digital capability
- Uneven readiness for AI and innovation across the system
- Desire for clearer professional identity and progression pathways

Strategic Evolution

The next RCSLT strategy should be:

- Member-centred, impactful, and future-facing.
- Focused on transparency, collaboration, and wellbeing.
- A continuation of SLT representation through proactive leadership.
- Positioning RCSLT as both a trusted ally and a respected national leader in health, education, and social care.

Why your perspective matters to this Strategy

- Membership from across Wales
- ~900 members
- Highly active within the organisation –
  - Board of Trustees
  - PPPC membership
  - influencing work (SOTN Report)
  - visits from RCSLT staff and personnel from politics
- To make sure the plan includes the perspectives from Wales

Discussion Points

If all goes to plan, what does 2030 look like for you in this profession?

You may wish to consider:

- Your opportunities within the profession
- Your opportunities as part of the Allied Health Professions group
- Your role working with children, adults, families, carers, colleagues

Opportunities, challenges, risks

What do you see as the biggest opportunities, challenges and risks for SLT provision between now and 2030?

We already have heard about:

- Workforce supply and sustainability
- Digital readiness and AI
- Complexity of population needs
- Pressure on supervision and practice education

What do we need to do together?

What do RCSLT and Wales members need to do, individually and together, to make this future possible?

- RCSLT role
- Your role
- Joint action

What we'll do with your input

Your insights will be used to:

1. Test the realism of our strategic ambition
2. Shape priorities related to workforce and education
3. Clarify where partnership is essential
4. Strengthen the evidence base for the final strategy

Join at slido.com
#3557360

If all goes to plan, what does 2030 look like for the profession and the people you serve?

What are the top 3 positive aspects of your current role?

What are the top 3 challenges you are currently facing?

What is getting in the way of your ability to meet the needs of people with communication and swallowing needs?

In one word, how do you feel about the speech and language therapy profession right now?

What 3 things should the RCSLT be priortising in our strategic plan for 2027-2030?

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rcslt.org

info@rcslt.org

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Evaluation

RCSLT

RCSLT

Thanks and close

Diolch a chau






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