

**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Speak Up – Make Meaningful Change Update on Progress
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Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

NHS Wales continues to develop and embed a culture in which staff feel safe, supported, and empowered to speak up. The overarching aim is to ensure that individuals at every level of the organisation are confident in how to raise concerns or share ideas, whether relating to patient care, workforce wellbeing or wider system issues, without fear of reprisal. This commitment supports greater organisational transparency, accountability, and shared learning, whilst also reflecting a proactive approach to delivering a compassionate, responsive and continually improving health service for the people of Wales.

The purpose of this paper is to provide an update on the Speak Up, Make Meaningful Change (SUMMC) agenda, initially introduced in the Committee briefing of 14 June 2023. This report represents the second bi-annual update requested by the Committee and is intended to provide assurance, oversight, and insight into the extent to which the SUMMC agenda is being embedded across Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

HDdUHB continues to embed its organisational approach to strengthening psychological safety and fostering openness. This is being achieved through the implementation of the SUMMC framework, first initiated in October 2024.

SUMMC provides an informal mechanism for raising both clinical and non-clinical concerns, as well as constructive ideas for improvement. Its purpose is to create an environment in which staff feel able to report issues or suggestions early and constructively, without the immediate need to engage formal organisational processes. While SUMMC complements established procedures, it is not intended to replace them; issues that require formal investigation will continue to be escalated through existing channels.

NHS Wales, including HDdUHB, continues to embed a culture of trust, openness, and psychological safety, drawing extensively on learning from NHS England and the National Guardian's Office (NGO). A recent [NGO report](#) offers a system-wide assessment of the current state of speaking up across the NHS, highlighting both areas of incremental progress and significant cultural challenges that require sustained organisational leadership.

The analysis indicates that, although improvements are evident within certain staff groups and sectors, overall confidence in speaking up has reached a plateau. This stagnation reflects a deeper concern where staff are not increasingly assured that their organisation will act upon issues raised. The report cautions that such stagnation risks fostering a "culture of silence," with potentially serious implications for patient safety and long-term organisational resilience.

The report further underscores the pivotal role of leadership, both executive and operational, in cultivating an environment where speaking up is welcomed, safe and meaningful. Leadership responsiveness is identified as essential; when staff perceive that senior leaders are neither listening nor taking appropriate action, confidence deteriorates quickly. The act of listening to and acting on concerns is described as "business-critical," and failure to do so is seen as undermining trust and increasing the likelihood of hidden harm.

Overall, the analysis portrays a healthcare system in which the speaking up culture remains fragile, inconsistent, and heavily influenced by leadership behaviours. While strengths are evident in some areas, these are offset by persistent stagnation and declining confidence in others. The report calls for significant cultural development, greater structural consistency, and visible, proactive leadership to reinforce a strong and sustainable speaking-up culture.

In relation to HDdUHB, the previous bi-annual report highlighted a "perfect storm" affecting this agenda, driven by long-standing organisational memory, a multi-generational workforce, and the unrelenting pressures of a high-demand system. The consequences of inaction are well documented, with clear evidence linking it to reduced staff wellbeing, compromised patient safety and a decline in the overall quality of care.

It also noted that the Health Board's leadership team is still developing its capability to create psychological safety. Many leaders have had limited exposure to effective role-modelling that demonstrates how to support and encourage safe, confident speaking-up, whether to colleagues, peers, or senior leaders. Over the past six months, however, the data indicates clear improvements in role-modelling, particularly through the organisation's escalation mechanism, The Voices Network. The modest rise in concerns being raised suggests that HDdUHB has not stagnated, instead, momentum and trust in this agenda continues to build.

Asesiad / Assessment

HDdUHB continues to embed the Speak Up agenda across the organisation, with progress varying across different areas. It was anticipated that the 2025 Staff Survey results would provide clearer insight into levels of trust and confidence relating to this agenda. Unfortunately, the finalised data was not available at the time of preparing this report.

The outcomes will be included in the next bi-annual update.

2.0 Speak Up Make Meaningful Change Statistics

There are multiple mechanisms through which staff can raise concerns or share ideas, however this paper focuses specifically on the Work in Confidence (WiC) platform and the Speak Up Guardian function. The WiC platform continues to be actively utilised, whereas

face-to-face engagement with Speak Up Guardians remains comparatively underused. This trend suggests that staff place significant value on the anonymity afforded by the WiC platform.

The platform is supported by 22 active responders, ensuring that concerns are managed in a timely and effective manner. This breadth of responders provides staff with a wide range of options and points of contact when submitting a concern or suggestion.

2.1 Anonymous Concerns

In response to the ongoing need to evaluate both national and local priorities, the Culture and Workforce Experience (CWE) Team has introduced new categories within the system to ensure comprehensive data capture and reporting:

- Benefits, Rewards and Recognition
- Breach of Confidentiality
- Bullying and Harassment
- Clinical Concerns (to which only Speak Up Guardians can respond to)
- Discrimination
- Diversity and Inclusion Matters
- Leadership and Management
- Other
- Patient Safety (to which only Speak Up Guardians can respond to)
- Resources to do My Job
- Sexual Safety
- Support around Finances
- Thinking of Leaving
- Unpaid Carer's Concerns
- Values and Behaviours
- Wellbeing

Over the past six months, the WiC system has recorded the following key trends and activities:

Time period	Concerns raised	Closed	Open	Average time to first respond	Average time to close
July 2025 – December 2025	29 (+7.5%)	24 (9%)	5	4 days	20 days
January 2025 - June 2025	27 (+42%)	22 (+16%)	5	2 days	30 days
July 2024 - December 2024	19 (+90%)	19 (+90%)	0	4 days	43 days
January 2024 - June 2024	10	10	0	1 day	56 days

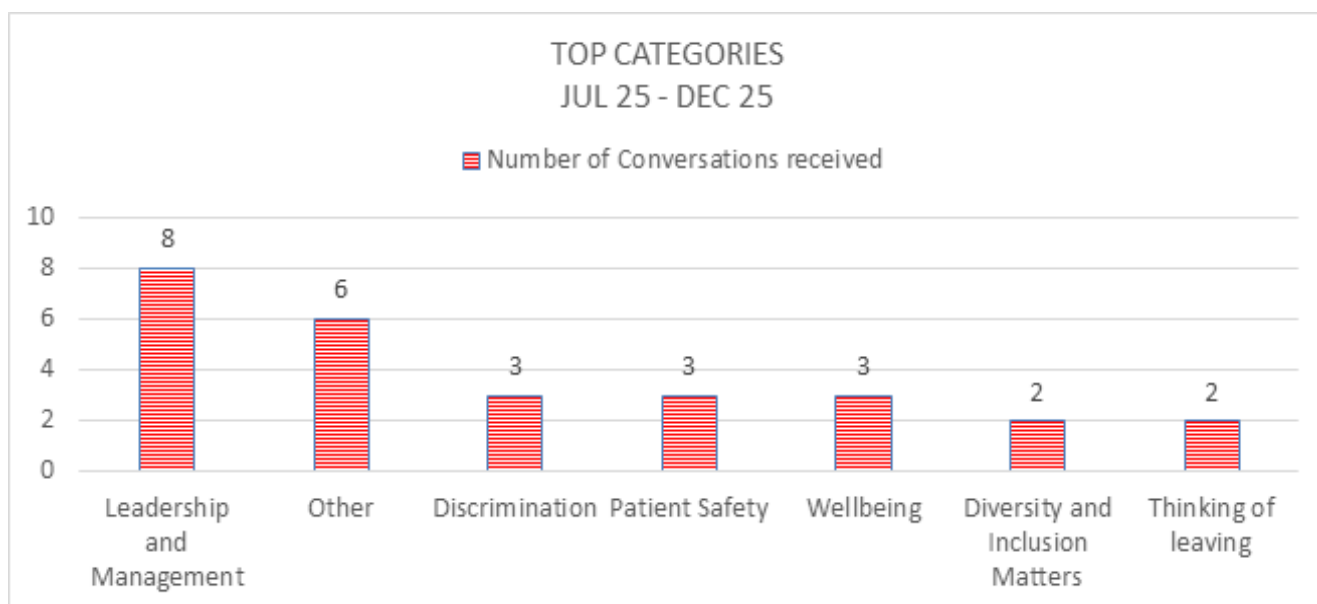
There has been a modest increase in both the number of concerns raised and those subsequently closed. While the average response time has risen from 2 to 4 days, this was attributable to a small number of responders being on leave during the reporting period. In contrast, the average time taken to close conversations has improved, decreasing from 30 days to 20 days, a 33.3% reduction. This measure continues to be influenced by a limited number of complex cases that require extended resolution periods due to their sensitive nature and the range of options explored in collaboration with the individuals who raised the concerns.

Current open conversations relate to the following areas:

- Leadership and Management
- Other

Responders utilise the system to foster confidence and trust with colleagues who raise concerns. In certain instances, it may be necessary for the colleague to disclose their identity for appropriate actions to be taken. This process can require a considerable amount of time and may not always be feasible, particularly in cases where psychological safety is compromised

The statistics show that the most popular day to start a conversation is a Thursday, with the most popular hour to start a conversation being 12am.



2.2 Direction of Travel by Category

The category of “Leadership and Management” recorded the highest number of concerns, representing a 100% increase compared with the previous 6-month period. This was followed by the universal “Other” category, with 6 concerns raised.

The next most frequently reported categories were “Discrimination” and “Patient Safety”, with 3 concerns each. Notably, there were no discrimination-related concerns in the previous 6-month period, making this increase particularly significant.

There have been decreases in the number of concerns across the following categories: “Benefits”, “Support Around Finances”, “Resources to do My Job”, “Values and Behaviours”, and “Bullying and Harassment”. While these reductions appear positive, it is important to note that themes relating to inappropriate behaviours were identified within the “Leadership and Management” and “Other” categories. This may help explain why fewer concerns were raised under these more specific categories.

Whilst many of the issues raised through the SUMMC agenda continue to be fairly straightforward and are resolved at the point of contact, there has been a notable increase in the number of more complex cases being brought forward.

We would like to express sincere thanks and appreciation to all colleagues who have supported progress on these matters. Gratitude is extended to several Deputy Directors and Executive Directors, all of whom have met with colleagues to assist in resolving speak up concerns.

2.3 Key Themes

While all conversations within the WiC platform remain strictly confidential, we can report on the overarching themes emerging as follows:

1. Workplace Roles and Conditions

- Health Care Support Workers (HCSW): issues around working from home/duties/compassion/code of conduct.
- Under grading of roles compared to other Health Boards/feeling of managers obstructing progression.
- Band discrimination and inequitable access to facilities and resources.

2. Management and Staffing

- Creation of new management posts while patient-facing staff numbers remain low.
- Job freezes impacting service delivery.
- Misconduct/poor management practices.

3. Workplace Culture and Wellbeing

- Bullying/stress/conflict resolution concerns.
- Staff feeling unheard/undervalued/considering leaving the organisation.
- Toxic environments/inappropriate behaviour/morale issues.
- Anxiety linked to organisational change processes (Organisational Change Policy (OCP))/unclear policies.

4. Equality and Inclusion

- Discrimination/favouritism in treatment of staff.
- Racism/breaches of national and organisational standards.

5. Operational and Resource Issues

- Transport and parking challenges (Bronglais Hospital (BGH), Withybush Hospital (WGH))/misuse of resources.
- Cover/capacity/demand/staffing shortages in certain directorates.
- Facilities concerns (e.g. toilets at WGH).
- Patient feeding and provisions.

6. Policies and Governance

- Confidentiality/respect/resolution policy concerns.
- Sickness culture and return-to-work interview practices.
- Pressure from reporting lines/unclear priorities.

7. Employment and Contracts

- Maternity leave/contract-related issues.
- Permanent appointment/interview processes.

Whilst theme analyses are useful for identifying recurring patterns and highlighting areas of concern, an ongoing challenge within this agenda is capturing and presenting meaningful narratives that demonstrate how the speak up process has facilitated change. The National Guardian's Office report emphasises the importance of such stories in embedding speaking up

as a core element of organisational culture. In response, the CWE Team continues to encourage staff to share their experiences so they can contribute to wider cultural development. Understandably, many individuals remain cautious and choose not to participate, however we are now able to share one such account.

The author of this paper was the responder to this concern, which provided an opportunity to explain how the colleague's story would be used. With this clarity, the colleague agreed and offered her narrative for inclusion. We are grateful for their willingness to share their experience:

"I recently used the Speak Up process to raise concerns about practice within the service, and I cannot overstate what a difference it made. Before this, I hadn't realised that such a supportive route even existed within the NHS. Discovering it felt reassuring in itself—because when you've tried every other avenue and nothing changes, knowing there is still a place to turn is incredibly important.

The process was simple to navigate, but what mattered most was the response. The responder contacted me immediately, and for the first time in over a year of trying to escalate my concerns through line management and service leads, I felt genuinely heard. His response came at a point where I was seriously thinking about leaving the Trust altogether. Without his support, I'm not sure I would have stayed.

In our face-to-face meeting, my responder truly listened. He understood how emotionally taxing and isolating it can feel to raise concerns, especially when you've tried repeatedly and feel dismissed. He validated my experience, every part of it, and that alone lifted a huge weight. He then talked through several options to help move things forward, including supporting me to speak directly with decision-makers. Having him beside me in that meeting gave me the confidence to present everything clearly and honestly.

While the solutions to the issues I raised are still developing My responder's commitment to promoting these values is evident, and it's especially appreciated at a time when many service leads and team leads are stretched thin with operational pressures.

I can already see the right conversations beginning to happen—conversations about building a genuine learning culture, fostering an environment where people can challenge and be challenged respectfully, strengthening inclusion, and looking at how we support staff more compassionately. There have been significant improvements. I am unsure what messages were cascaded, but my Service Lead has implemented measures to support shared risk within the team and has placed greater emphasis on staff wellbeing. In addition, the Multi-Disciplinary Teams (MDT) process is being strengthened.

At an individual level, adjustments have been made to support my neurodivergence, and I have experienced a marked increase in the level of support provided.

Many colleagues suggested that it is difficult to raise concerns and remain in post, but I hope this serves as an example of how speaking up can lead to positive change when people are willing to listen.

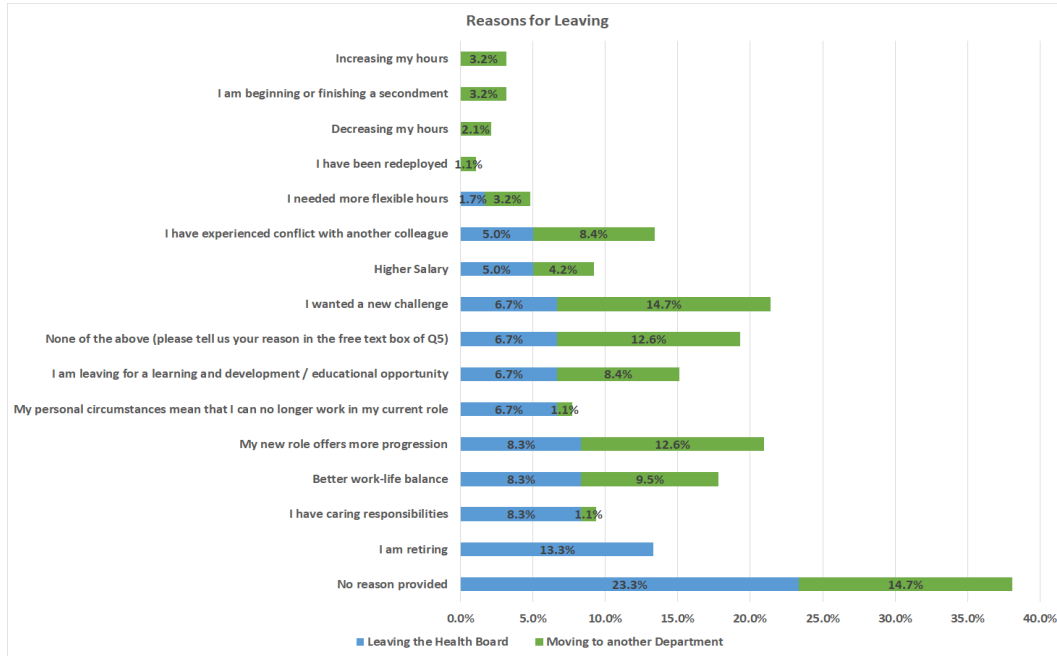
The Speak Up programme is, in my view, invaluable. It plays a vital role in keeping staff within the organisation and in promoting safer, more transparent practice. Most importantly, it ensures that staff voices are not only heard, but taken seriously in shaping decisions that affect both colleagues and the people we care for."

3.0 Exit Interviews

Exit interviews also play a vital role in promoting a speak-up culture in healthcare as they offer a safe and structured opportunity for staff to share honest feedback, often uncovering systemic issues that may not surface through other channels. They reinforce psychological safety by demonstrating that the organisation values openness, even at the point of departure, and help identify cultural barriers that prevent staff from speaking up earlier. Insights gained can highlight

risks to patient safety, inform improvements in leadership and organisational practices and drive continuous learning, ensuring that concerns are acted upon and trust in the speak up agenda is strengthened.

Between July and December 2025, 155 exit surveys were completed, with 95 respondents moving department within the Health Board and 60 leaving the organisation.



3.1 Analysis of Reasons for Leaving and Internal Movement

- Most common reason for leaving:
 - Retirement: 13.3%
 - Caring responsibilities, better work-life balance and career progression: each at 8.3%.
- Reasons for internal movement:
 - Seeking a new challenge: 14.7%
 - Career progression: 12.6%
 - Other reasons: 12.6% of movers and 6.7% of leavers



3.2 Key Insights from Leavers and Interval Movements

Leadership and Management Issues

The most frequently cited reason for leaving or moving was related to leadership and management concerns for leavers (30.8%) and movers (24.3%).

“I felt that I had to leave due to the way senior management treated me and my colleagues. I had to seek alternative employment and go down from a Band X to a Band X due to being treated unfairly and disgustingly.”

Mental Health, Wellbeing and Burnout

Second most common reason for movers (21.6%), although less for leavers (7.7%).

“I found my old department had taken a toll on my mental health and found the anxieties I was experiencing in work began to creep into my general life. I was very burnt out and considering I was at the start of my career, I didn’t want to start hating the career I worked so hard for.”

“Culture problems in the team have been toxic – it has worn me down a bit and I don’t trust management anymore. I don’t feel valued.”

“It was incredibly stressful, very little support from the supervisors, and a toxic work environment filled with cliques and interdepartmental arguments.”

Health and Retirement (Leavers)

Second most common reason for leavers (26.9%), followed by career progression opportunities.

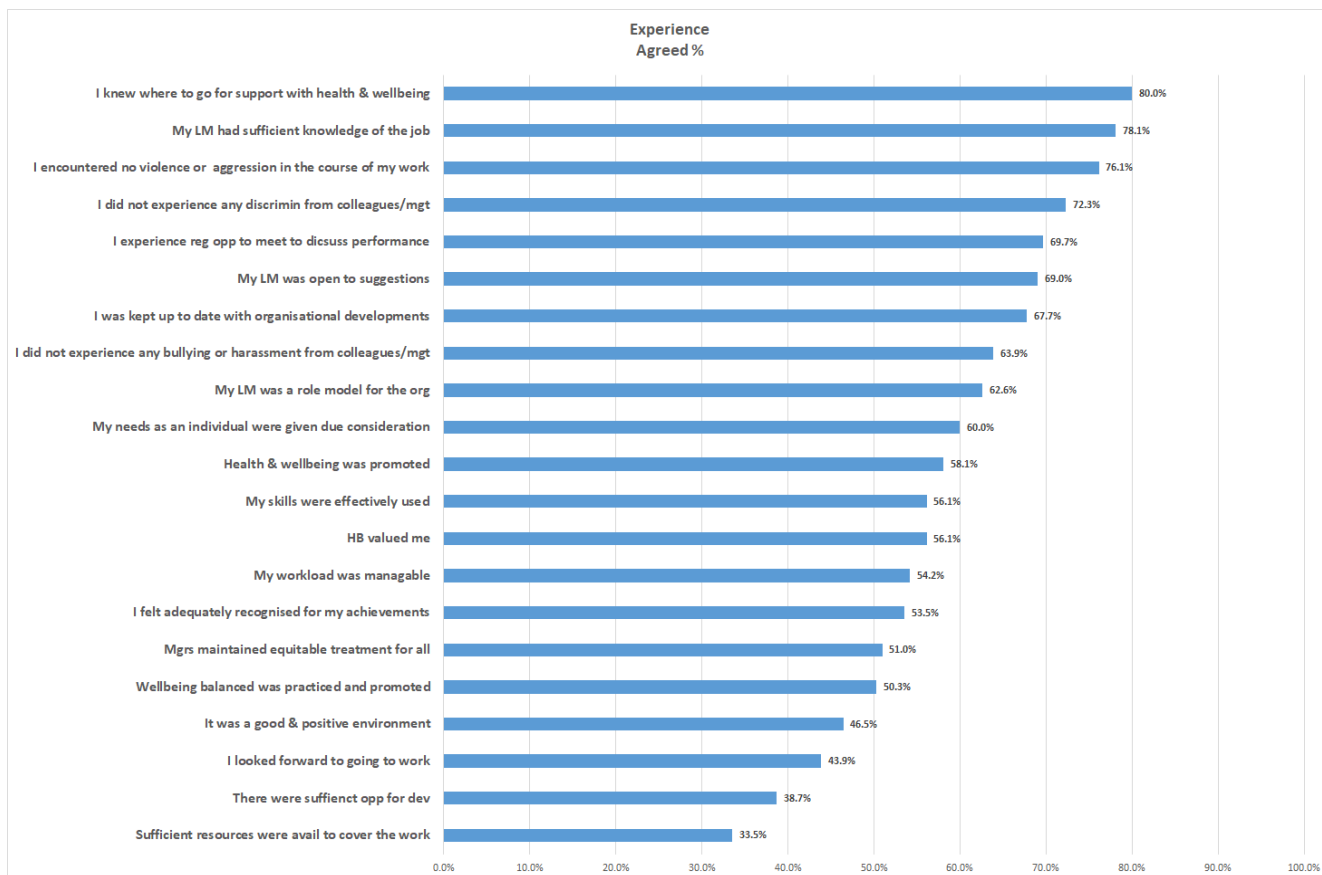
“Been in my role for 2 years, feel as though I am no longer learning any new skills or acquiring any new knowledge, wishing to gain further experience for the XXXX doctorate.”

Location, Commute and Work-Life Balance (Movers)

Third most common reason for movers (16.2%), alongside team culture and conflict (also 16.2%).

“Past role – unacceptable/unachievable workload, high volume of stress in past position. 18+ calls a day was not unusual in a 10-hour shift – handover, lunch, travel time not accounted for. Due to level of work expected, I felt quality of care was being compromised and I was not prepared to continue to work like that. High volume of weekend working required per team member, impacting quality of life.”

The graph below presents the positive experience indicators captured through exit interviews. Encouragingly, 80% of colleagues reported knowing where to access wellbeing support, 78% felt their line manager had sufficient knowledge and 76% experienced no violence or aggression in the workplace. While these findings are positive, the percentages remain below the organisation’s aspirational standards, indicating further scope for improvement. The lowest-scoring areas related to having adequate resources to perform the role, opportunities for development and colleagues feeling positive about coming to work.



3.3 Suggestions for Improvement

Theme analyses were undertaken for the free text question in exit interviews which asks for three bullet points in relation to how the Health Board could improve. The table below defines how often each theme was noted in the improvement question.

Theme	Count
Leadership & Management (direction, ownership, compassion)	47
Communication & Engagement (incl. meetings, listening)	38
Training, CPD & Development / Induction	32
Staffing & Resourcing / Workload	24
Patient care, Pathways & Service quality	22
Digital / IT systems & data	20
Pay, Banding & Reward	18
Wellbeing & Psychological Safety / Feeling valued	18
Facilities, Estates & Environment (incl. parking)	15
Policies, Processes & Governance	13
Work-life & Flexibility (incl. WFH, scheduling)	12
Equity, Inclusion, Respect & Behaviours	11
Safety / Lone working / Risk	10

Staff feedback highlighted several cross-cutting themes relating to leadership, communication, development, and the working environment. Colleagues expressed a desire for more compassionate and supportive leadership, greater managerial visibility, and clearer ownership of decision-making. Improved communication was identified as essential, with staff seeking more inclusive engagement, opportunities to contribute to relevant discussions, and stronger foundations for psychological safety. Feedback also emphasised the need for enhanced induction processes, better access to clinical supervision, and consistent support for continuing professional development and recognition of achievements.

Workload, staffing and operational pressures were recurring concerns, particularly in areas such as district nursing where increasing complexity, rising demand and limited managerial support were reported to be adversely affecting work life balance and staff morale. Staff also identified opportunities to strengthen patient pathways, improve operational guidance and build more cohesive team cultures.

Practical and infrastructural issues were raised, including the need for improved IT systems, appropriate clinical environments, parking for community staff, and clearer governance processes that enable innovation. Wellbeing and psychological safety were prominent themes, with calls for dedicated wellbeing spaces, equitable treatment, respectful team behaviours and a more consistent demonstration of organisational values at all levels.

Collectively, these insights reflect a workforce that is committed to delivering high-quality care, but requires improved support, clearer structures and a more inclusive and psychologically safe environment to sustain that commitment.

Anonymous exit interviews are widely recognised as a useful tool for gathering workforce intelligence, particularly in identifying cultural and organisational issues. Research indicates that anonymity can increase honesty and reduce fear of retaliation, leading to more candid feedback (Society for Human Resource Management, 2022; Chartered Institute of Personnel and Development, 2023). However, their validity has limitations. The absence of identifiable data restricts the ability to contextualise responses by department, role, or tenure, which can reduce actionability. Additionally, feedback may be skewed by negative experiences, as employees leaving under adverse circumstances are more likely to respond.

Best practice recommends triangulating anonymous exit data with other sources, such as engagement surveys, grievance data and turnover metrics, to ensure a balanced and accurate picture of workforce trends.

The advantages and limitations of exit interviews have been outlined above. While the potential value of this workforce intelligence is significant, the organisation continues to face challenges in securing staff participation, whether individuals are leaving the organisation or transferring internally. Additionally, completed interviews frequently lack identifiable data, limiting the depth of analysis.

To improve compliance, the organisation has opted to keep exit interviews voluntary and confidential. However, this approach restricts the ability to undertake detailed analysis, meaning that only high-level themes can be generated. This remains a substantial challenge and may indicate broader issues relating to psychological safety within the organisation.

4.0 Interpretation of Current Speak Up Data

Analysis of activity since the launch of the SUMMC agenda shows a consistent rise in the number of concerns submitted through the WiC platform. Most of these have been resolved informally at first contact, which may indicate several underlying cultural factors:

- **Persistent Organisational Mistrust:** findings from the 2024 staff survey highlight continuing apprehension about the safety and reliability of speaking up, suggesting that past experiences and established cultural norms may still be discouraging open disclosure.
- **Limited Visibility of the SUMMC Identity:** despite ongoing communications, understanding of the SUMMC agenda and its processes does not yet appear to be fully embedded across the organisation.

In addition to these trends, as noted above, a small number of the speak up cases received have been highly complex in nature which have required escalation to senior leaders. Each case led to positive outcomes, including the establishment of targeted meetings and dedicated follow-up discussions. This demonstrates the organisation's willingness to engage openly with more challenging issues and reinforces the value of escalating concerns when appropriate.

Workforce-related concerns continue to represent most cases raised through the speak up initiative. Many of these issues are straightforward and can be addressed through signposting, supportive conversations, coaching and collaboration with Workforce and Organisation Development (WOD) teams to support appropriate action or resolution. Organisation Development (OD) teams have consistently reinforced the importance of raising concerns through development programmes and interventions, contributing to an increased awareness of available mechanisms for workforce matters.

Uptake of the mechanisms for raising clinical concerns has been slower. While only a small number of clinical issues have been reported, all have been successfully resolved through The Voices Network, demonstrating the system's effectiveness when utilised. There is now a clear opportunity for clinical teams to reflect on how they actively promote and reinforce the importance of speaking up in clinical contexts. Addressing fear, clarifying misconceptions about potential repercussions and strengthening psychological safety remain essential.

Clinical teams are also encouraged to evaluate how they create and maintain effective feedback loops that demonstrate the actions taken in response to concerns. Normalising these conversations and visibly closing the loop are crucial in building trust, transparency and continuous improvement.

Overall, these insights highlight the need for ongoing cultural development and targeted educational activity. Strengthening the visibility and clarity of the SUMMC identity, will be central to building trust, improving psychological safety and embedding a healthier organisational culture around speaking up.

5.0 Continuous Improvement

5.1 Leadership

The previous bi-annual paper identified the need for greater leadership maturity within the organisation, as well as the critical role of effective role-modelling. The recent, subtle increase in more complex speak up cases, and their subsequent escalation to senior leaders, signals encouraging progress in this direction. Staff have reported feeling heard at a deeper and more meaningful level, which is a positive indicator of developing organisational maturity across HDdUHB.

To sustain this progress, leaders must visibly demonstrate openness to appropriate questioning, constructive challenge, and feedback. This should be modelled consistently and championed from the top, forming a core component of the leadership agenda. Strengthening these behaviours will further embed trust, enhance psychological safety and reinforce a culture where speaking up is viewed as both valued and integral to continuous improvement.

5.2 Communication

It has become evident that understanding of the SUMMC agenda and its associated mechanisms has been inconsistent across the organisation. This has been influenced in part

by the need to prioritise other significant communication campaigns, including the Staff Survey and the Sexual Safety agenda. While these priorities have naturally affected the frequency and prominence of messaging about SUMMC, efforts have been made to strengthen alignment across these programmes.

The communication strategy for the Staff Survey intentionally incorporated SUMMC messaging to reinforce the connection between staff voice, organisational listening and psychological safety. Similarly, the CWE Team has integrated speak up principles into the Sexual Safety agenda, ensuring that the link between raising concerns, personal safety and organisational accountability is visible and reinforced. This cross-agenda alignment provides an important opportunity to improve clarity, deepen engagement and promote a more unified understanding of the mechanisms available for staff to raise concerns.

The CWE Team is developing an annual communication strategy to support the SUMMC agenda and related priorities. The strategy will provide ongoing messaging to reinforce staff awareness of the agenda, the mechanisms available, and the importance of speaking up to improve workforce experience and patient care. Where agendas intersect, clear links will be made to the Speak Up framework to strengthen coherence and understanding.

5.3 Speak Up Guardians

The Speak Up Guardians (SUG) continue to be underutilised as a route for raising concerns. Although a small number of clinical issues have been submitted through the platform and resolved successfully, providing some reassurance that staff understand the Guardians' purpose, overall engagement remains low. The CWE Team recognises that further work is required to embed the Guardians as a credible and meaningful mechanism through which staff can raise concerns or offer ideas.

At present, the SUG profiles are available on the SUMMC webpages, however additional communication and visibility-building activity will be prioritised throughout 2026 to strengthen awareness of who they are and the support they provide. The team is also mindful of the current capacity constraints, with a limited number of Guardians in place and an uneven geographical distribution across the Health Board. Guardians are currently heavily concentrated in Carmarthenshire, and there is a clear need to increase representation in the other two counties.

A small number of staff have applied for SUG roles, however following initial discussions with their line managers, permission for them to undertake the role has been declined. This is despite assurances that involvement as a Guardian can be carefully managed, including limiting the number of cases allocated to everyone to ensure that participation does not adversely impact their substantive duties. This challenge highlights an ongoing need to strengthen understanding among managers of the Guardian role, its value to the organisation and the minimal operational burden associated with participation when appropriately supported.

To address this, a recruitment campaign is planned for March/April 2026. A proposed role design to support this recruitment drive is included in Appendix 1. Expanding the Guardian network and ensuring broader geographical coverage will be essential to improving accessibility, encouraging engagement, and strengthening the visibility and effectiveness of the speak up mechanisms. This campaign will include a new training programme, development of a speak up reflection network for all SUGs and WiC responders.

5.4 Other Proposed Initiatives

Initiatives aimed at strengthening psychological safety within the organisation, as outlined in the previous paper, included:

- **Development of a Standardised Meeting Narrative**
A draft script has been created for use in virtual meetings to reinforce the organisation's core values of respect, openness, and transparency. Its purpose is to normalise positive challenge, encourage inclusive dialogue and support healthier team dynamics. This draft is included within this paper for feedback (see Appendix 2).
- **Establishment of a Leadership Peer Network**
A proposed support network for leaders to build confidence in their decision making, particularly when their leadership is questioned or challenged. This initiative is yet to be developed, however remains a priority in fostering a more resilient and psychologically safe leadership culture.
- **Collaborative Measurement Framework**
A joint initiative between the Patient Safety and OD teams to design a set of metrics capable of identifying and evaluating correlations between patient safety concerns and workforce-related issues. This work is yet to be progressed, however is expected to provide a more integrated understanding of organisational risk and cultural indicators.
- **Speak Up Support Toolkit**
A practical resource intended to help colleagues articulate concerns more confidently and constructively. The toolkit will provide suggested language, example scripts and supportive phrasing to help staff navigate honest conversations with managers, peers or senior leaders. Its aim is to reduce hesitancy, build confidence and promote more open, timely dialogue across all levels of the organisation, with clarity and respect at the forefront. The long-term intention is to normalise these behaviours and embed them within everyday practice. Completion of this toolkit is expected by September 2026.

Storytelling

The OD Team will continue to strengthen the communication strategy with an increased emphasis on storytelling as a means of fostering cultural change. Sharing real-life staff narratives that demonstrate how speaking up has led to tangible improvements can help demystify the process, dispel misconceptions, and build trust in the agenda. This remains an ongoing initiative, guided by the need to protect the psychological safety of individuals who choose to share their experiences. However, the team is finding it increasingly challenging to secure staff willing to participate, which highlights continued cultural hesitancy and the need for further work to build confidence across the workforce.

6.0 Listening and Learning Sub-Committee

Listening to People Regulations 2026

The *Listening to People Regulations 2026* introduce a significant shift in how health organisations engage with patients, carers, families and the wider public. These reforms strengthen the expectation that services actively listen, communicate transparently, and focus on resolving concerns early, well before they escalate into formal complaints. The overarching aim is to place peoples' lived experiences at the centre of care, ensuring that feedback leads to learning, improvement, and more compassionate interactions.

A key change within the regulatory framework is the increase in the financial limit for the redress process from £25,000 to £50,000. This reflects the system's commitment to fairer and

more responsive handling of harm-related cases. Beyond this, the Regulations emphasise that only matters requiring a formal route should progress through the statutory process. Individuals should instead be able to access information, support and guidance without the burden of entering a complaints system, particularly those experiencing distress, such as people who are recently bereaved.

The shift required is not merely procedural, it is cultural. Organisations must adopt practices grounded in active listening, proactive communication, and person-centred behaviour at every level. Supporting this shift are strengthened investigation methodologies that align with an integrated investigation framework and a consistently applied concerns management model. Updated tools, proportionate approaches and intelligent reporting mechanisms aim to ensure learning is meaningful and embedded. The use of After-Action Reviews will further reinforce psychological safety, shared learning, and reflective practice within teams.

The Regulations also place a strong emphasis on communication standards and inclusive practice. Staff across all services are expected to demonstrate compassionate communication skills and an ability to work sensitively with vulnerable groups and individuals with protected characteristics, including those with mental health needs, learning disabilities, neurodiversity, children and young people, and older adults. Communication must be accessible, free of jargon and written at an average reading age of fourteen to ensure that information is easily understood.

Taken together, the Listening to People Regulations 2026 represent a major step forward in designing a system that responds to peoples' needs with empathy, clarity, and accountability. By empowering staff, strengthening processes, and valuing early resolution, the new framework aims to build a culture in which listening is not a procedural requirement but a core professional responsibility. The challenge ahead lies in ensuring that these expectations are consistently implemented across services, with robust mechanisms for learning, responsiveness, and continuous improvement.

The principles behind the Listening to People Regulations 2026 and the organisations speak up arrangements are fundamentally connected. Both frameworks aim to create a culture in which individuals feel safe, supported, and empowered to voice concerns, whether those concerns are about patient experience, quality of care, workplace behaviours, safety or organisational culture. While the Regulations focus primarily on improving how we listen and respond to patients, carers, and families, SUMMC extends these values to the workforce. Together, they form a coherent system for early intervention, compassionate communication and organisational learning.

In practice, this alignment means that speak up is not an add-on or parallel system; it is an essential enabler of the Listening to People agenda. Together they reinforce a culture where speaking, listening, acknowledging, and acting are embedded as everyday behaviours. Both frameworks focus on preventing harm, responding early, reducing escalation and building trust across the whole health system. By strengthening speak up and embedding its principles in leadership, management, and team behaviours, HDdUHB will be better positioned to meet both the spirit and the operational requirements of the 2026 Regulations.

7.0 Conclusion

The ongoing importance of cultivating a culture in which speaking up is both encouraged and psychologically safe is consistently reinforced across the healthcare evidence base. HDdUHB continues to make steady progress in embedding a framework where raising concerns is understood as a cultural norm and is recognised as a vital contributor to learning, improvement

and high-quality care. Establishing such a culture requires not only clear mechanisms, as well as sustained leadership commitment, coherent messaging, and an environment where staff feel confident that their concerns will be met with respect, transparency, and meaningful action.

Across NHS Wales, SUMMC is gaining increasing prominence as a fundamental component of organisational culture and governance. However, national, and international learning demonstrates that embedding these practices within everyday behaviours is inherently complex and typically evolves over a prolonged period. There is currently no definitive best-practice model to guide this work, therefore organisations must adopt a tailored and adaptive approach that reflects their unique history, workforce composition and system pressures.

HDdUHB remains firmly committed to advancing this agenda. It is recognised that progress will not always be linear, and that periods of challenge, resistance or slippage are an expected feature of transformational cultural change. What matters is the organisation's ability to respond constructively by reflecting on learning, adjusting its approach, and maintaining clarity of purpose. Continued attention to leadership behaviours, communication, feedback loops and psychological safety will be essential in ensuring that staff feel supported, valued, and able to speak up without fear. Sustaining momentum will require collective ownership across all directorates and professions.

The organisation remains committed to advancing this agenda, acknowledging that progress may be uneven and that setbacks are an inherent part of transformational change. To navigate these challenges effectively, HDdUHB must continue to reflect, review, and evolve its approach, ensuring that the environment remains safe, inclusive, and conducive to staff flourishing.

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the update provided within this paper regarding speak up and
- **RECEIVE ASSURANCE** from the continued progress outlined. The organisation recognises that further work is needed to ensure the consistent and sustainable embedding of a speak up culture across all operational areas.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed),	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.6 Ensure robust mechanisms are in place to deliver effective staff engagement in accordance with the Health Board's values and behaviour framework.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 2 Financial recovery and route map
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	<p>CIPD (2023) <i>Employee Engagement and Retention Strategies</i>. Available at: https://www.cipd.co.uk</p> <p>SHRM (2022) <i>How to Conduct Effective Exit Interviews</i>. Available at: https://www.shrm.org</p> <p>NHS Employers (2023) <i>Improving Staff Retention</i>. Available at: https://www.nhsemployers.org</p> <p>NHS Shared Business Services (2023) <i>Exit Interview Service Case Study</i>. Available at: https://www.sbs.nhs.uk</p>
Rhestr Termau: Glossary of Terms:	<p>Hywel Dda University Health Board (HDd UHB)</p> <p>Speak Up, Make Meaningful Change (SUMMC)</p> <p>Work In Confidence (WiC) system</p> <p>Speak Up Safely Champions (SUSC) programme</p> <p>Speak Up Guardians (SUG)</p> <p>Workforce and Organisational Development (WOD)</p> <p>Organisation Development (OD)</p>
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	None arising for this paper.
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Ansawdd / Gofal Claf: Quality / Patient Care:	None arising for this paper.
Gweithlu: Workforce:	None arising for this paper.
Risg: Risk:	None arising for this paper.
Cyfreithiol: Legal:	None arising for this paper.
Enw Da: Reputational:	None arising for this paper.
Gyfrinachedd: Privacy:	None arising for this paper.
Cydraddoldeb: Equality:	None arising for this paper.



Speak Up, Make Meaningful Change (SUMMC) is Hywel Dda University Health Board’s dedicated identity for promoting a culture of openness and psychological safety. We are committed to creating an environment where all staff feel empowered to raise ideas that enhance patient care, or to speak out about any concerns - regardless of their scale or nature.

To support this, we have implemented both anonymous and face-to-face mechanisms for staff to share feedback, suggestions, or concerns. A vital component of this framework is our network of Speak Up Guardians, who are available to be contacted directly or via the Work in Confidence platform. They provide a safe and supportive route for staff to raise ideas or concerns in confidence.

Purpose

The Speak Up Guardian will act as a confidential, impartial, and independent point of contact for all Hywel Dda University Health Board staff, providing a safe space to raise concerns about anything that gets in the way of providing good care. The purpose of the role is to support staff in raising concerns through the Speak Up, Make Meaningful Change agenda, and to ensure that the organisation listens and learns from the issues raised.

Position in the Organisation

The Speak Up Guardian is an additional responsibility within an existing role. The postholder is accountable to the Head of Culture and Workforce Experience. The role will operate with a high degree of independence and impartiality to provide a trusted resource for all staff.

Key Responsibilities

- **Confidential support:** To provide confidential and impartial advice to staff who wish to speak up, protecting their identity where requested and ensuring their concerns are handled sensitively, including through the use of the Work In Confidence (WIC) system.
- **Case management:** To accurately record, manage, and track concerns raised by staff, ensuring appropriate follow-up and action, in line with Health Board policies.
- **Specialised concern handling:** To be the designated responder for concerns related to their area of speciality on the WIC platform.
- **Escalation:** To escalate high-level concerns that cannot be resolved at the initial stage to the Voices Network, a multidisciplinary group of senior leaders, ensuring the defined escalation protocol and timescales are followed.
- **Reporting and analysis:** To work with the Culture and Workforce Experience team to provide anonymised and aggregated reports on the concerns raised, identifying trends and systemic issues to drive organisational learning and improvement.
- **Promoting the role:** To be visible and proactive in promoting the Speak Up Guardian role and the SUMMC agenda, ensuring all staff are aware of this route to raise concerns.

Time Commitment

The role is an additional responsibility within an existing post and requires a dedicated time commitment, typically ranging from [2-4 hours per week](#), depending on the volume of cases. This time should be protected by the individual's line manager to allow for the effective fulfilment of the duties.

Support and Development

Guardians will receive a full induction and ongoing training. They will be supported by a senior leader and will have access to a network of other guardians for peer support and shared learning.

Essential Attributes

- A clear understanding of the guardian's role and its boundaries, including when and how to escalate concerns.
- A strong understanding of the healthcare landscape, including the values of Hywel Dda, the NHS, and the importance of patient safety and quality of care. The ability to understand and work within the local policies, procedures and governance structures of Hywel Dda University Health Board.
- A guardian must be a credible and respected member of staff who can build trust across all levels and professional groups within the health board.
- The ability to listen actively, build trust, and communicate effectively with people at all levels of the organisation.
- A commitment to acting without bias and maintaining confidentiality and professional integrity at all times.
- The emotional resilience to handle sensitive and challenging situations, combined with a compassionate and supportive approach.
- The ability to analyse complex issues and work collaboratively to find solutions that promote a positive culture and address concerns.



Before we begin...

In Hywel Dda, we value openness and respect. Meetings should be professional spaces where people feel able to contribute, be listened to, and heard. We will not all agree, and that is part of healthy discussion and decision making!

- Listen without interrupting
- Give everyone time to speak
- Challenge ideas rather than individuals
- Keep language respectful and constructive
- Be mindful of how our tone comes across



If something feels inappropriate or uncomfortable, you can raise it during or after the meeting

