CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

How To Be An Active Bystander

Speaking Up Safely at CTMUHB

Speak up. Stand with. Stand up for.

Empowering NHS colleagues to act when it matters.





Housekeeping

Timing

60 minutes

Recorded Session

This session is being recorded until the Q&A

Psychological safety

Some content may land close to home. Leave the room if you need to.

Ground rules

What's shared here stays here. Challenge ideas, not people. It's okay to pass.

Email the **SUS Guardians** at: CTM.SUS@wales.nhs.uk
Call us (Voicemail service) at: 01443 443796

What you will take away

01 Describe

What an active bystander is, and why it matters for staff and patients in the NHS.

02 Understand

Why most of us freeze — and that this is a human response, not a personal failing.

03 Apply

The Five Ds framework — five ways to act, from very subtle to very direct.

04 Speak

Real words and phrases you can use in your setting, at your band, in your role.

What is an active bystander?

A Bystander

is anyone present when something happens.

A **passive bystander** sees, freezes, looks away, or tells themselves it isn't their business.

An **active bystander** notices, makes a deliberate choice, and acts safely — for themselves and for the person being harmed.

> ***Silence is never neutral.***
>
> It tells the person being harmed that what's happening is acceptable — and it tells the person doing harm that they can carry on.

Why we freeze



The Bystander Effect

The more people who witness an incident, the less likely any one person is to act.

We assume someone else will. We check others' faces for cues. We doubt our own reading. We fear looking foolish or making things worse.

This is called **diffusion of responsibility**. It is not a character flaw. It is how most human brains behave under social pressure.

THE KEY INSIGHT

Once one person acts, others are far more likely to follow.

You don't need to be the loudest voice in the room. You just need to be the first one.

This is happening in our service

1 in 6

CTM staff experienced harassment or bullying from their own manager in the last 12 months

17%

Experienced harassment or bullying from colleagues — the people they share a shift with

9.6%

Reported it themselves. 14% chose not to report at all. Some of that gap is the bystander gap.

25%

Of staff who were abused by patients did NOT report it. A quarter stayed silent.

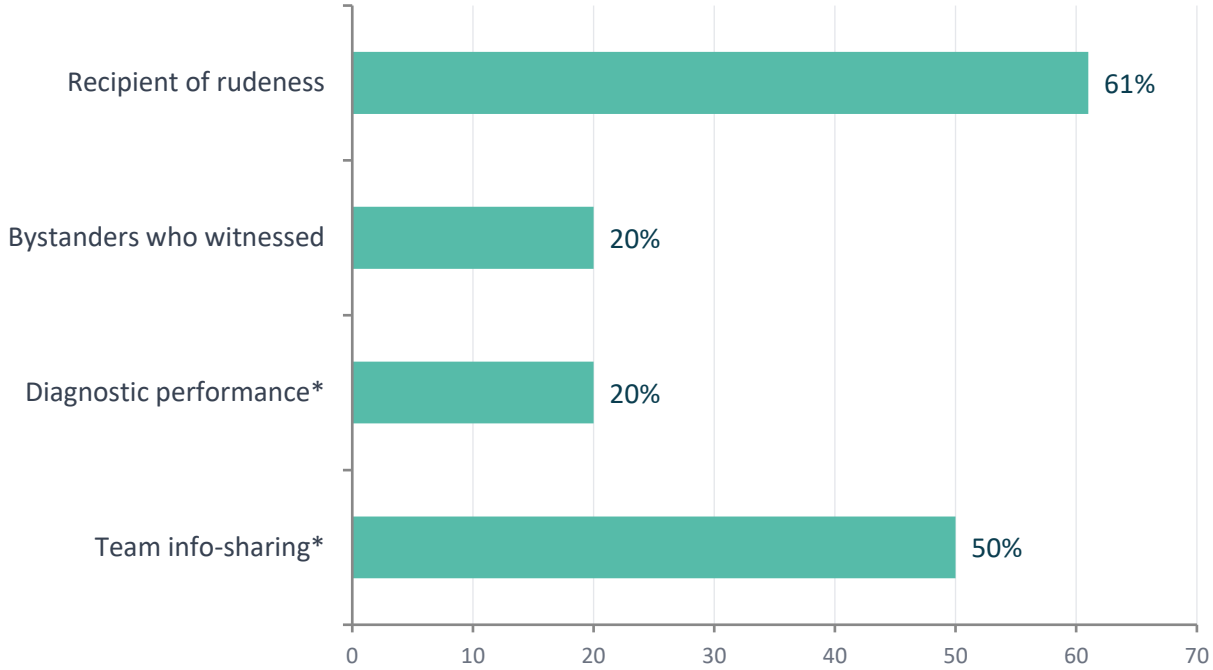
Source: 2025 NHS Wales Staff Survey — CTMUHB results

Some of the reporting gap is the bystander gap.

Only 44% of staff feel they get feedback after reporting an incident. 88.8% feel trusted to do their job — the goodwill is there. What's missing is the confidence that speaking up leads to change. That's what we're building today.

Civility saves lives

Cognitive impact of workplace rudeness



** Drop observed in NICU simulation teams exposed to a single mildly rude comment (Riskin & Erez, 2015)*

This is a patient safety issue.

A single rude comment to a medical team reduced diagnostic and procedural performance by around 20%, and cut information-sharing by up to 50%.

Every time a colleague is belittled in silence, the whole team — and every patient in their care — pays a price.

The Francis Report into Mid Staffordshire made this plain. Staff tried to speak up. They were ignored or punished. Hundreds of patients suffered.

Sources: Porath (2009); Riskin & Erez (2015); Francis Report, 2013.

Who we stand up for

Not one group — many, overlapping groups.

International recruits

Still learning workplace codes — unsure what they're allowed to push back on.

Bank and agency staff

Who fear not being booked again if they raise concerns.

Students and Staff in training

Being assessed by the people whose behaviour they might need to challenge.

Patients with dementia

Learning disabilities, or severe mental illness — who can't always say what's happening.

Patients with language needs

And those afraid of authority due to earlier experiences.

Domestic, porter, catering staff

Often invisible in the conversations we call "the team".

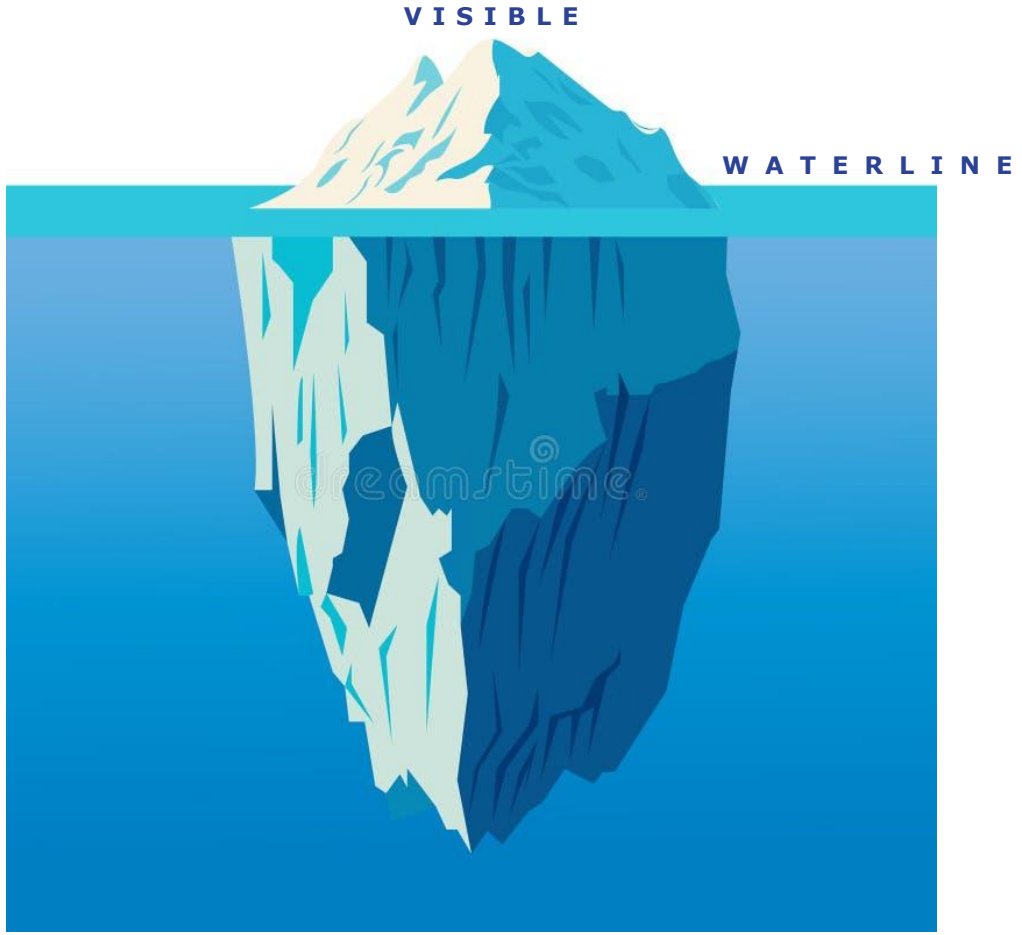
Colleagues carrying hidden weight

Bereavement, divorce, diagnosis — you can't see it from the outside.

The person already quiet

Who hasn't spoken for three meetings. Notice. Make space.

There is no "low-level"



Above the waterline

Physical violence · sexual assault · overt racist abuse · formal complaints · the incidents that make the headlines and the Staff Survey.

Below the waterline

Microaggressions - Eye-rolling when a colleague speaks · interrupting the same person in every meeting · mimicking an accent · The "joke" everyone laughs at while one person goes quiet · always giving the hardest patients to the same staff member · the mispronounced name, month after month.

There is no low-level racism, no low-level sexism, no low-level bullying. Only early signals of a culture that will eventually produce the serious stuff above.

The Bystander Effect



AS YOU WATCH

Take Note of

Who stops?

Who walks past?

What changes when one person acts?

Video: 3 min 35 sec · Group discussion follows on the next slide


BBIES
A MANGER

What stops us from stepping in?

In your groups — 10 minutes. Talk about the video and then bring it back to your workplace. Which of these do you recognise in yourself?

FEAR OF EMBARRASSMENT

- "What if I'm calling it wrong?"
- "People will think I'm overreacting"
- "I don't want to make a scene on the ward/office"
- "Maybe I'm the only one who thinks that's bad"
- "Maybe I'm making incorrect assumptions"
- "Nobody else seems bothered"

FEAR OF CONSEQUENCES · DIFFUSION

- "I don't want them to turn on me"
- "What if no one has my back?"
- "I know the person — it's awkward"
- "Someone else will deal with it"
- "I'm late / in a rush / haven't got time"
- "I'll call them out if I see it again"

Which of these have you said to yourself at work? Not which ones other people have — which ones you recognise in yourself.

The Five Ds

Five options, not one heroic choice. Pick the one that matches the situation, your role, and how safe you feel.

D — DIRECT



Name it. Now.

D — DISTRACT



Interrupt. Divert.

D — DELEGATE



Get the right person.

D — DELAY



Turn up afterwards.

D — DOCUMENT



Build the record.

Direct

DIRECT

Name it. Calmly.

WHEN TO USE

When you feel safe, the person doing harm can hear you, and you're not in the middle of a clinical emergency. Short, calm, no lecture.

NHS EXAMPLE

A senior clinician criticises a staff in training harshly in front of the team and the patient. You say: "Can we pause for a second? I don't think this is the right moment for that feedback. Let's finish the round and pick this up in the office." - intervene calmly in the moment

A patient makes a dismissive comment about a colleague's accent or background. You step in: "That kind of comment is not acceptable here. This is your nurse today, and you are in safe hands." You are not defending competence. You are defending dignity.

SAY IT OUT LOUD

"That's not okay." · "We don't speak about colleagues that way here." · "Let's pick this up off the ward."

Distract



WHEN TO USE

When a direct response might escalate things, when you're in a lower band or less senior role than the person behaving badly or when you just need to buy the affected person breathing room.

NHS EXAMPLE

A healthcare assistant is being leaned on by an aggressive visitor in the corridor. You walk up: "Sorry to interrupt — I've got a query from pharmacy I really need your eye on. Have you got a minute?"

In the staff room, a colleague starts making a joke at the expense of another team member's background or identity. You can see the person it's aimed at going quiet. You jump in: "Oh, before I forget — did anyone see the rota change for next week? I think there's an error." The joke stops without escalation. You've interrupted the harm — and you can still follow up later using another D.

SAY IT OUT LOUD

"Sorry to interrupt — can I borrow you for a second?" · "Before I forget…" · "Can I grab you for something quickly?"

Delegate

D

DELEGATE

Get the right person.

WHEN TO USE

When the situation is more serious than you can safely handle alone, when a manager or professional needs to be involved, or when the power gap makes direct action unsafe.

NHS EXAMPLE

You're on a bank contract and witness a pattern — a senior colleague regularly makes belittling comments about another team member's background or identity. Speaking up directly feels risky — your shifts could be cut. You take this to the Speaking Up Safely Guardian, whose role is independent and confidential.

You're a ward clerk and see a patient being handled roughly during personal care. This is a safeguarding concern. Delegate upwards — nurse in charge, matron, safeguarding lead.

SAY IT OUT LOUD

"I need to raise this with [role]." · "I'm going to speak to the Guardian about this." · "Can you come and help?"

Delay

D

DELAY

Turn up afterwards.

WHEN TO USE

When you froze, when the moment moved too fast, when you were mid-procedure, when it ended before you gathered yourself. Being an active bystander doesn't require perfect timing.

NHS EXAMPLE

A patient has been verbally abusive to a colleague. You were busy and didn't hear it happen. Later, you find them in the office, sit down, and say: "I heard what happened earlier. That was completely out of order. How are you doing?"

You're not asking them to prove it happened. You're not explaining it away. You're telling them: I noticed, it wasn't acceptable, and you are not alone. 25% of CTM staff who were abused by patients did not report it. Your check-in might be the moment they decide to.

SAY IT OUT LOUD

"I saw what happened. Are you alright?" · "I didn't know what to say in the moment, but that wasn't on. How are you?"

Document

D

DOCUMENT

Build the record.

WHEN TO USE

After an incident, and especially when you are noticing a pattern. A single incident can be dismissed. A logged pattern can't. Written record only — do not film or photograph patients or staff.

NHS EXAMPLE

Over several months, you notice a pattern — a colleague is consistently dismissed in meetings: interrupted, talked over, their contributions ignored or credited to someone else. None of it is sackable alone. You keep a dated, factual log. When that colleague raises a formal concern, your log becomes independent evidence of a pattern, not a one-off.

What to record: what happened, where, when (date and time), who was present, what was said.
Where: Datix · Work in Confidence (anonymous) · a dated personal note · a timestamped email to yourself.

SAY IT OUT LOUD

"I think this needs to go on Datix." · "Would it help if I wrote down what I saw?" · "I'm going to put this on record."

Supporting the person affected

The moment is short. The support is long.

DO

Ask, don't assume.

"Do you want to talk, or leave it for now?" Follow their lead.

Believe them.

Don't interrogate whether it really happened. If they say it hurt, it hurt.

Validate.

"That wasn't okay. You didn't deserve that. Your reaction makes sense."

Offer options, not orders.

SUS Guardian, union, a day off, a quiet word — their call, you back it.

Keep it confidential.

Their experience is not Monday-morning gossip.

AVOID

"Toughen up."

Never. This is the hardest door to come back through.

Explaining it away.

"Oh, he's just like that" tells the person it's their job to absorb it.

Launching a complaint they didn't ask for.

Their story, their pace, their choices.

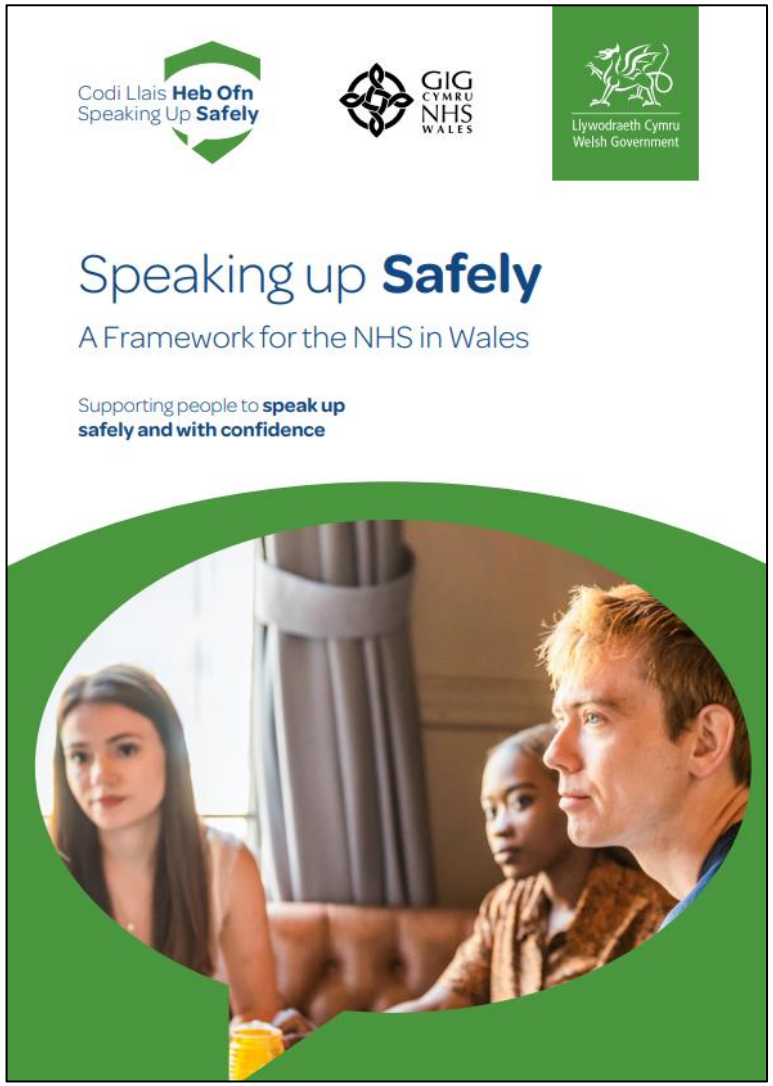
Making it about you.

Your shock, your anger — save them for later, with someone else.

Forgetting them tomorrow.

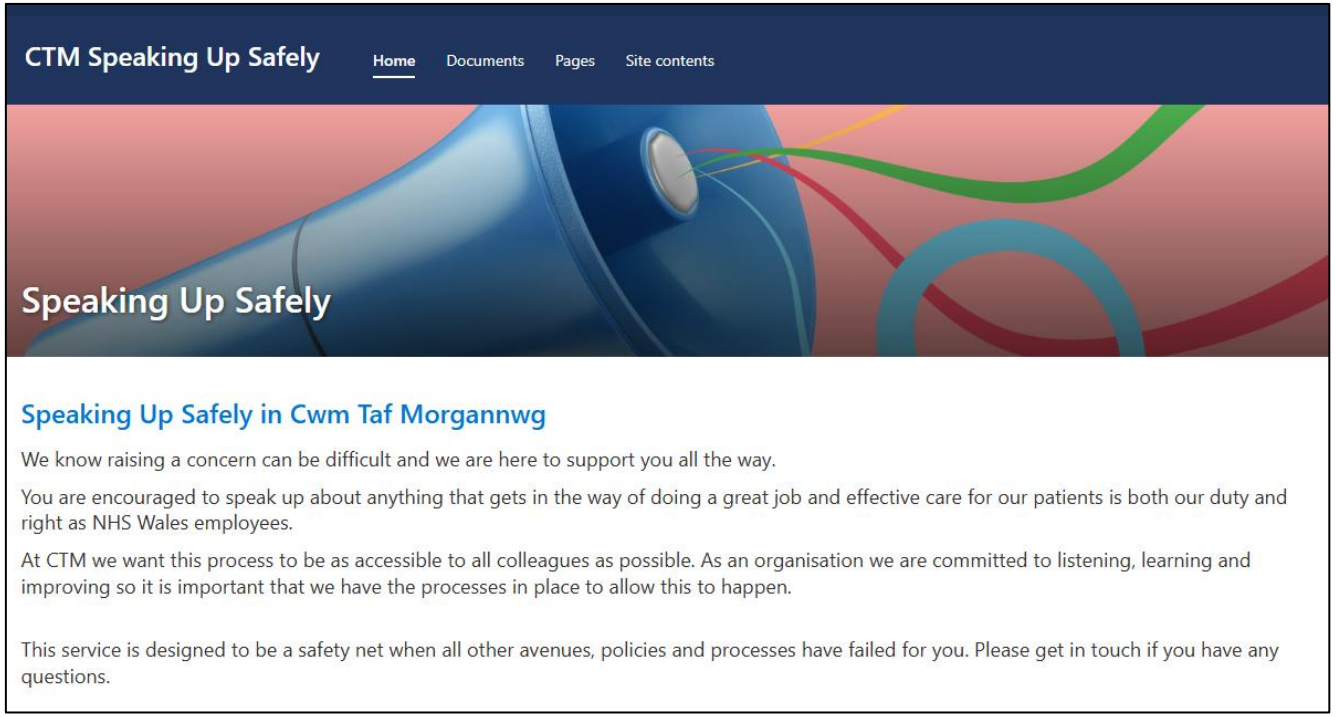
Check in again in a week. And a month.

Codi Llais Heb Ofn
Speaking Up Safely



WHAT THEY'LL COVER

What Speaking Up Safely looks like in practice at CTM. How they can support you after witnessing or experiencing discriminatory behaviour. What happens when you make contact — and what doesn't.

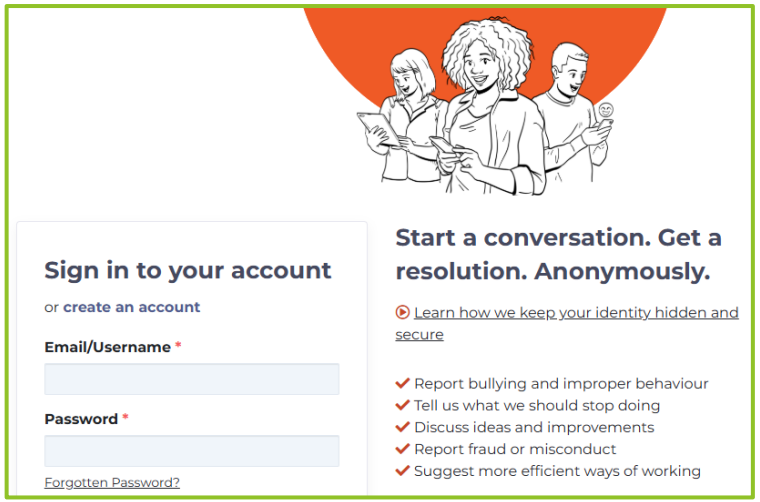


Speaking Up Safely at CTMUHB: How to access us

Work In Confidence platform.

- This is available on Sharepoint, accessed via the QR code, or via the internet at Sign Up | WorkInConfidence
  Staff can choose to raise a concern openly or anonymously.
- You can create an account with a work or personal email address and will require a registration code as follows: CTMSUS
- Email-less / Anonymous registration can be accessed by using the link: Sign Up | WorkInConfidence
- Working In Confidence can be accessed via your phone, tablet or PC – anywhere and anytime.

Work In Confidence



Calling us (Voicemail service) at: 01443 443796

Emailing the SUS Guardians at: CTM.SUS@wales.nhs.uk

Information on SharePoint: CTM Speaking Up Safely - Home

After a discriminatory incident

Being an active bystander doesn't stop at the words you say. It extends to making sure the incident is recorded.

INTERNAL

Datix

Log every discriminatory incident. You can report without naming the patient — the goal is to document that a team member was subjected to discriminatory behaviour.

ANONYMOUS

Work in Confidence

Anonymous online platform. Report bullying, harassment, or discrimination without giving your name. Available via the CTM intranet.

FORMAL

People Services

For formal guidance, grievance processes, and staff support. Contact them if you need help navigating the next steps.

HATE CRIME

Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice, based on a person's disability or perceived disability; race or perceived race; or religion or perceived religion; or sexual orientation or perceived sexual orientation or transgender identity or perceived transgender identity.

South Wales Police

101 (non-emergency) · 999 (emergency)

Victim Support Wales

0300 3031 982

Wales third-party hate crime reporting

You are not expected to do this alone

Confidential

Line Manager

Your line manager should be your first point of contact where appropriate.

Wellbeing

Employee Wellbeing

Access to Our Employee Wellbeing Team, VIVUP and Canopy. Confidential and free — if it's affecting your wellbeing, use it.

Anonymous

Speaking Up Safely Guardians

Independent, confidential, outside the management chain. You've just met one of them.

Guidance

People Services & EDI

Guidance on formal processes, grievance routes, and referrals. Reach out — we'll point you the right way.

Community

CTM'S Staff Networks

Peer support and a listening ear for staff members. Safe space, collective voice.

Union Support

Trade unions

RCN, BMA, Unison, GMB, Unite. Your rep is there for you — use them.

Save this slide. Take a photo. Know the routes before you need them.

Thank you!

See something.
Say something.
Do something.
Stand with someone.

*That's what an **active bystander** does.*

Resources & References

- **CTM Speaking Up Safely — SharePoint page**
  CTM SharePoint (internal link)
- **Work in Confidence — anonymous reporting**
  workinconfidence.com
- **Employee Wellbeing Service**
  ctmuhb.nhs.wales/staff/employeewellbeing
- **Civility Saves Lives**
  civilitysaveslives.com
- **Contacting People Services**
  People Services Access Update Poster
- **Right to Be — The 5Ds of bystander intervention**
  righttobe.org/guides/bystander-intervention-training
- **Victim Support Wales — hate crime reporting: 0300 3031 982**
  victimsupport.org.uk
- **NHS Staff Survey 2025 CTM results**
  nhsstaffsurveys.com – CTM results

Session by Michael · EDI Practitioner, CTMUHB ·
I'll stay for 15 minutes afterwards for private conversations.



ctmuhb.nhs.wales