





The Moment That Matters: Speaking Up to Protect Patients

An interactive HCPC standards workshop

- Why speaking up matters
- What the standards require (2024 update)
- Practical tools (SBAR, CUS, escalation)
- Scenarios, pitfalls, and safeguards

Learning Objectives

By the end of session, you will be able to:

- State your **HCPC duty** to report concerns (Std **7.1–7.7**) and duty of candour (Std **8**).
- Use **SBAR** and **CUS/Two-Challenge** to raise concerns clearly and respectfully.
- Follow the **escalation ladder** (local → FTSU Guardian → external) and understand **whistleblowing protections**.
- Apply standards in **time-pressured clinical scenarios** (sharps safety; patient identification under IR(ME)R).



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Seconds to Decide

You're a student in a busy ward corridor. A nurse starts IV antibiotics; you're sure the record shows a **severe allergy**.
No senior staff are nearby.

What would you do?

Why Speaking Up Matters

- **Safety impact:** Communication failures are a leading contributor to patient harm; structured handovers reduce risk.
- **Culture gap:** In the **NHS Staff Survey 2023**, **71.3%** staff felt secure raising concerns, but only **56.8%** thought their organisation would address them → **follow-up** matters.
- **HCPC expectation:** Speaking up is a **professional duty**, not optional.



Why Speaking Up Matters

- **HCPC Standard 7.1:**
“You must report any concerns about the safety or wellbeing of service users promptly and appropriately.”
- **HCPC Standard 7.4:**
“You must make sure that the safety and wellbeing of service users always comes before any professional or other loyalties.”
- **Student Guidance:**
Put the safety and wellbeing of service users before any personal concerns (e.g., assessments, marks, employment prospects).



Why Speaking Up Matters

“Only by speaking up can we bring about change, but I hope real change in behaviour happens, rather than just tick boxing.”



HCPC Standards: Your Duty to Speak Up

Speaking up is not optional — it is a professional duty.

- **Standard 7 – Report Concerns About Safety**
- **7.1** – You must report any concerns about the safety or wellbeing of service users promptly and appropriately.
- **7.2** – You must support and encourage others to report concerns and not prevent anyone from raising them.
- **7.3** – You must take appropriate action if you have concerns about the safety or wellbeing of children or vulnerable adults.
- **7.4** – You must put the safety and wellbeing of service users before any professional or other loyalties.
- **7.5** – You must raise concerns regarding colleagues if you witness bullying, harassment or intimidation of a service user, carer, or colleague.
- **7.6** – You must follow up concerns you have reported and escalate them if necessary.
- **7.7** – You must acknowledge and act on concerns raised to you.
- **Standard 8 – Duty of Candour**
- **8.1** – You must be open, honest and candid when something goes wrong, and take action to put matters right.

SBAR

S – Situation: What's happening now?

B – Background: What led up to this?

A – Assessment: What do I think the problem is?

R – Recommendation:
What should happen next?

Keep it **brief, factual, specific**; use **check-backs** to confirm understanding.



CUS Words

CUS (assertive phrase):

- “I’m Concerned ...” → “I’m **Uncomfortable** ...” → “This is a **Safety** issue.”

Two-Challenge Rule: Voice the concern **twice**; if unresolved, **escalate** to a more senior person.

- Use **neutral, professional language**; focus on **risk** and **next action**.



Escalation Ladder

- **Step 1 — Direct (if safe):** Speak to the person involved.
Step 2 — Local: Supervisor/practice educator/clinical lead; follow local **policy**.
Step 3 — FTSU Guardian: Independent route inside the organisation.
Step 4 — External (Whistleblowing): HCPC (prescribed person for registrants), NHS England routes, or the **National Guardian's Office** guidance.
- *Under the Public Interest Disclosure Act 1998, you are legally protected when raising concerns in good faith*



Scenario 1

You're on placement in theatre recovery.

You notice the sharps bin is overfilled and the lid is open.

Staff are walking past without noticing.



Scenario 2

You're assisting in X-ray.
Senior radiographer skips ID
check: "It's fine, I know them."
Patient overhears and looks
uneasy



Adapting Approaches to the Situation

Right approach, right time, right place

- **Private first**, then escalate in public spaces if risk is immediate.
- Match your **assertiveness** to **risk level** (use CUS/Two-Challenge).
- Consider **power dynamics**; invite a colleague/educator if needed.
- Always **document** and **follow up**.

3 KEY VARIABLES TO CONSIDER



Urgency

- Immediate risk
- Ongoing issue



Audience

- Peer
- Senior
- Manager
- External



Environment

- Private
- Team setting
- Formal process

Potential Pitfalls & How to Avoid Them

Pitfalls

- Delaying action until harm occurs
 - Making it personal
- Escalating too soon/too late
 - Failing to document
- Speaking without full facts
- Ignoring concerns raised to you

Avoid

- Act **promptly & proportionately** (7.1, 7.4)
 - Keep language **neutral & factual**
 - Use **SBAR/CUS**
 - Choose the **right time & place**
 - **Log** concerns and **follow up** (7.6)
- **Acknowledge & act** when concerns are raised to you (7.7)

Recap & Commitments

Remember:

- **Speak up early** (Std 7.1)
- **Put safety before loyalties** (7.4)
- **Follow up & escalate** (7.6)
- **Be open & candid** when things go wrong (Std 8)

Your next steps:

- Save the **SBAR** template and **CUS** prompts in your notes.
- Find your organisation's **FTSU Guardian** contact.
- Add a one-line **personal commitment** to speaking up.





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References

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