Royal College of Nursing response to
Proposed changes to the NHS Standard Contract for 2024/25

With a membership of over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the United Kingdom and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes priorities for nursing and patient safety, works closely with wider professional bodies and trade unions, and lobbies governments and other bodies across the UK to develop, influence and implement policy that improves the quality of patient care.

The RCN welcomes the opportunity to propose changes to the provisions set out in the draft NHS Standard Contract for 2024/25.

The changes and our corresponding responses are set out below:

Care Quality Commission (CQC) "quality statements" *Service Condition 1.1-2 (FL) and 1.2 (SF) and Definitions*

Proposed change:
The Fundamental Standards of Care regulations set out core requirements for all providers, and the Contract already requires services to be provided in accordance with them. But the CQC has now published additional "quality statements" in support of the regulations. The quality statements show in more detail what is needed to deliver high quality care in each of the areas covered by the regulations. We propose to add a specific requirement for all providers to have regard to these quality statements. Service Condition 1.1-2 (FL) and 1.2 (SF) and Definitions

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:

Having regard to the quality statements will help to provide clarity and direct Providers to the expectations of the specific requirements to plan and deliver high quality care. This will also provide greater transparency for Providers, in terms of the type of evidence CQC will always look at for the statement in particular types of services. Inspector must hold clinical credibility, and focus on supporting staff through challenging circumstances.

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Fit and Proper Person Test for board members of NHS bodies *Service Condition 1.4 (FL only) and Definitions*

Proposed change:
NHSE has recently published a Fit and Proper Person Test Framework (FPPT) for board members of NHS organisations. The FPPT is designed to assess the appropriateness of an individual to effectively discharge their duties in the capacity of a board member. It takes into account the requirements of the Fundamental Standards of Care regulations, and of the CQC, in relation to directors being fit and proper persons to perform their roles. We propose to include requirements on providers which are Trusts to comply with the FPPT.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:
It is vital that the most senior leaders and decisionmakers have the right skills, knowledge and expertise to discharge their duties as a board member role. However, particularly with the recruitment and retention of non-executives, development pathways should be established, and existing opportunities promoted, to support individuals to meet the standards of FPPT.

NHS Complaint Standards *Service Condition 16.1 (FL and SF) and Definitions*

Proposed change:
The Contract already requires providers to have in place a proper policy for the management of complaints. The Parliamentary and Health Service Ombudsman has recently published NHS complaint standards. These set out a model complaint handling procedure and guidance describing how organisations providing NHS services should approach complaint handling. We propose to amend the Contract wording to require that each provider's complaints procedure must comply with the Ombudsman's standards.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:

The RCN agrees with this proposal. The review of complaints handling in and across the NHS is important for patient experience.

Before the Ombudsman investigates a complaint, the provider will have an opportunity to be made aware of the complaint, investigate, and reply to it. Requiring that each provider's complaints procedure must comply with Ombudsman's standards is good to ensure that the handling of concerns and complaints about patient care can align more closely. This will allow for a consistent approach to complaint handling across the NHS and avoid discrepancies between various procedures and standards.

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Cancer waiting times *Service Conditions Annex A (FL only)*

Proposed change:
Changes to national cancer waiting times standards, with effect from 1 October 2023, have been announced, and we now propose to amend the Contract accordingly. For 2024/25, the Contract will therefore include only: • the 28-day Faster Diagnosis Standard; • a single headline 31-day decision-to-treat to treatment standard; and • a single headline 62-day referral to treatment standard.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:
The RCN supports this proposal, as these targets act as a barometer for cancer services and meeting them is important for securing a better experience and outcomes for patients. Defining these terms would be useful for contractors to understand the requirements across the UK. Cancer Research UK (2023) recommend the definitions as: The 62-day standard states that patients should begin treatment within 62 days (2 months) of an urgent suspected cancer referral, with the aim to meet this standard for 85% of patients in England. The 31-day standard states that patients should begin treatment within 31 days of a decision to treat with the aim to meet this standard for 96% of patients in England. These targets have not been met in England since 2020.[1]

Diagnostic imaging reporting turnaround times *Service Condition 3.19 (FL) and 3.5 (SF) and Definitions*

Proposed change:
NHSE has recently published guidance on diagnostic imaging reporting turnaround times. Reporting turnaround time in imaging is the interval between an imaging examination and a verified report being made available to the referring clinician. Keeping turnaround times as short as possible is essential for the timely diagnosis and treatment of patients. The guidance states an overall expectation that no examination should take longer than four weeks to be reported and sets recommended requirements, at a more detailed level, for reporting timescales for different imaging categories and referral categories. We propose to add a new requirement to the Contract for providers of diagnostic imaging services to have regard to the guidance on turnaround times. Collaborative working between providers, through imaging networks, will be vital in delivering recommended turnaround times.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal

[1] Cancer Research UK (2023) *Cancer in the UK: Overview 2023* available at: https://www.cancerresearchuk.org/sites/default/files/cancer_in_the_uk_overview_2023.pdf

N/A – the proposal is not applicable to your organisation

Comments:
The RCN supports this proposal – reducing the turnaround time for diagnostics will support accurate and timely diagnosis for patients across the care continuum. This will promote timely treatment and care for individual patient need. Providing outlines of the different categories with referral criteria will be crucial to ensuring optimal turnaround times are achieved for good patient outcomes. Providing guidance as mentioned by the proposed change would be supported, this would allow relevant stakeholders, nurses and patients to be aware of the individual considerations depending on the type of imaging being requested. Again, whilst we agree with principle of reducing the turnaround, RCN would recommend thorough collaborative workings as workforce requirements need to be considered in every stage of the process.

Patient and Carer Race Equality Framework *Service Condition 13.11 (FL only) and Definitions*

Proposed change:
The Patient and Carer Race Equality Framework has now been published. It describes steps which providers of mental health services should take to improve the experience of care for racialised and ethnically and culturally diverse communities. We propose to include a new requirement in the Contract for providers of mental health services to implement the requirements of the Framework.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:
The RCN supports the proposal in principle, but notes there is a need for ongoing scrutiny and monitoring of the requirements of the Framework to ensure they continue to be fit for purpose, and to ensure they are being appropriately applied by trusts and providers. In the absence of proposed reforms to the Mental Health Act which were intended to support the Patient and Carer Race Equality Framework, it is important for NHSE to ensure that trusts and providers are delivering on their obligations under the PCREF and that continuing action is being taken to improve outcomes for patients and carers.

Maternity and neonatal services *Service Condition 3.11 (FL only) and Definitions*

Proposed change:
The current Contract requires providers of maternity and neonatal services to comply with the Saving Babies' Lives Care Bundle and the Perinatal Quality Surveillance Model; to have regard to NICE guideline NG4 (Safe midwifery staffing for maternity settings); and to implement the requirements of the Ockenden Review and the Independent Investigation into East Kent Maternity Services. All of these expectations are now built into the Three-year delivery plan

for maternity and neonatal services, published earlier this year. We therefore propose to replace the existing Contract wording with an overarching requirement on providers to implement in a timely manner the actions for providers set out in the delivery plan.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:
We believe that the health and care system must be underpinned by the latest evidence and guidance to enhance patient experience. However, any largescale changes to ways of working should incorporate clear workforce modelling or workforce impact assessments. This will help the system to determine the effects such changes may have on the function of service delivery and capabilities of staff.

Fit notes *Service Condition 11.12 and Definitions (FL only)*

Proposed change:
The Contract includes a provision requiring providers to issue fit notes to patients where needed. Changes under the Health and Care Act 2022 now allow fit notes to be issued to patients by doctors, nurses, physiotherapists, pharmacists and occupational therapists, rather than only by doctors. Government Fit Note Guidance has been updated accordingly. There is also a new requirement, under DAPB4011: eMED3 (fit notes) in Secondary Care, for fit notes to be issued to patients electronically as the default. We propose to update the Contract wording accordingly, removing the existing references to medical staff as the only relevant staff group and expanding the Contract definition of Fit Note Guidance to include DAPB4011. Fit note training for staff is available via eLearning for healthcare.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:

The RCN supports this proposal, and we collaborated on both the Fit note training and guidance. The inclusion of nurses as a profession being able to authorise fit notes is vital for workforce development and improving patient outcomes. Updating the contract would serve to recognise the work of the nursing workforce in completing fit notes across multiple clinical settings. There will need to be appropriate adjustments to IT infrastructure to achieve this proposed change.

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Antibiotic usage *Service Condition 21.3 and Definitions (FL only)*

Proposed change:
The Contract has for some years included a provision requiring Trusts to use all reasonable endeavours to reduce their broad-spectrum (UK Watch and Reserve category) antibiotic usage by a specific percentage each year, in accordance with the overall target reduction set out in the UK five-year action plan for antimicrobial resistance 2019 to 2024. This existing five-year plan is now coming to an end, and the Contract provisions need to be revised. A new national action plan is expected to be published early in 2024 and is likely to continue to focus on reducing use of broad-spectrum antibiotics. For 2024/25, given that the detailed requirements of the new national action plan have not yet been confirmed, we therefore propose to amend the Contract wording to require each Trust to use all reasonable endeavours, consistent with good practice, to minimise its broad-spectrum antibiotic usage, in accordance with the requirements of the new national action plan when published. We will then consider reintroducing specific percentage targets for annual reductions into the Contract for 2025/26 onwards.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:

The RCN is supportive of this proposal and we do not have any concerns.

Emergency Preparedness, Resilience and Response (EPRR) *Service Condition 30.2-7 (FL) and 30.2-4 (SF) General Condition 28.1 (FL and SF) and Definitions*

Proposed change:
Recognising the status of ICBs as category 1 responders under the Civil Contingencies Act 2004, we propose to update the provisions relating to EPRR in the full-length version of the Contract, so that providers are specifically required to: • have in place an Incident Response Plan and provide a copy of this to the commissioner; and • have in place a Business Continuity Plan, an Exercising Plan and a Commander Training Plan and provide a copy of these to the commissioner on request. We also propose to strengthen the requirements in the Contract for notification to the commissioner of activation of the provider's Incident Response Plan or Business Continuity Plan, of actual disruption to service and of material risks to imminent disruption of Commissioner Requested Services. We have added wording to make it clear that the EPRR requirements operate in parallel with the Force Majeure regime (General Condition 28), and neither qualifies the other. (The shorter-form version of the Contract will continue to contain lighter-touch EPRR provisions.)

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:

Our view is that there is a need to add a requirement for structured systems to support the provision and use of respiratory protective equipment including fit testing. Our suggestion is that the following wording is used:

- *FFP3 resilience principles*
- *A core priority for both NHS trusts and the DHSC is to ensure FFP3 resilience at both the national and organisation level for any future new variant of concern, or another respiratory virus that may lead to an epidemic or a pandemic.'*
- *To support this requirement, guidance notes in the form of FFP3 resilience principles have been developed by the Department of Health and Social Care for acute clinical settings where FFP3s are used.*

Patient Safety Incident Response Framework *Service Condition 33.2-3 (FL) and 33.2 (SF)*

Proposed change:
The current Contract wording requires commissioner and provider to agree a local implementation date, during 2023/24, for the Patient Safety Incident Response Framework (PSIRF). By 1 April 2024, PSIRF should have been adopted by all providers, so we propose to delete the reference to the agreement of an implementation date – and to the NHS Serious Incident Framework, which will no longer apply.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:

The RCN is supportive of this proposal as the document reference and implementation date referred to no longer apply, deleting any reference to it is appropriate to ensure clarity and reduce any associated risks around misunderstanding.

Learn From Patient Safety Events Service *Service Condition 33.4 (FL only) and Definitions*

Proposed change:

In terms of reporting serious incidents, providers are expected to transition during 2023/24 from using the National Reporting and Learning System to using the Learn From Patient Safety Events Service (LFPSE). We propose to amend the Contract so that the requirement from 1 April 2024 is to report via LFPSE.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:
This appears to be a positive move. However, there needs continue to be national monitoring, learning and alerting.

Patient Safety Specialists *Service Condition 33.9 (FL only)*

Proposed change:
The Contract requires the provider to designate one or more Patient Safety Specialists. NHSE has recently commissioned an independent evaluation of the implementation of the Patient Safety Specialist role, and this has uncovered some unwarranted variation across providers, meaning that the role of these Specialists is not uniformly effective. We propose to strengthen the Contract requirement in response, so that it requires providers to designate Patient Safety Specialists in accordance with NHSE's Identifying Patient Safety Specialists guidance.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:
We are aware that Providers experience a number of challenges that impact on patient safety. A designated Patient Safety Specialist would help to ensure there is someone with an overarching view of safety across the Provider organisation to effectively identify, monitor and advise on patient and service user risks. In addition, a designated specialist may offer a solution to the fragmented and complex nature in the approach to patient safety.

NHS Equality, Diversity, and Inclusion Improvement Plan *Service Condition 13.6 Particulars Schedule 6A Definitions (FL only)*

Proposed change:

The current Contract requires each Trust to • publish a five-year action plan on black, Asian and minority ethnic representation among its senior staff and in its board, reflecting the targets set out in the NHS Model Employer Strategy, and publish regular reports on its progress; and • publish separate action plans and progress reports in relation to the Workforce Race Equality Standard (WRES) and the Workforce Disability

Equality Standard (WDES). The Trust-level targets set in the Model Employer Strategy are now out of date, and NHSE has now published the NHS Equality, Diversity, and Inclusion Improvement Plan (EDI Plan). The EDI Plan aims to address prejudice and discrimination across the NHS workforce in relation to any of the protected characteristics covered in the Equality Act 2010. The EDI Plan sets out six high-impact actions which NHS organisations must take and contains specific success metrics against which they must monitor their progress, including WRES and WDES indicators. Up-to-date data on each metric for every Trust is automatically included in the Model Health System, allowing benchmarking of performance. In this context, we propose to merge the three current separate Contract provisions (Model Employer Strategy, WRES, WDES) into one single updated requirement, under which Trusts must implement the high-impact actions set out in the EDI Plan and measure their progress against the success metrics set out in the EDI Plan, WRES and WDES.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:
The RCN supports the proposal in principle but notes there is a need for ongoing scrutiny and monitoring to ensure the Trusts are implementing the actions of the EDI Plan and progress is being measured against the success metrics.

If the targets set in the Model Employer Strategy are now out of date, it is good to move these into a more updated requirement and streamline separate provisions into one. We also support that Trusts must implement the actions set out in the EDI plan and measure their progress against various indicators.

Mandatory staff training on learning disability and autism *General Condition 5.5 (FL) and 5.4 (SF) and Definitions*

Proposed change:

The Health and Care Act 2022 makes provision for mandatory training on learning disability and autism for all staff. The Department of Health and Social Care has recently completed a consultation on a draft code of practice to govern the provision of such training and is expected to publish the final version shortly. The CQC has also updated its guidance for providers in this area. We therefore propose to add a requirement to the Contract for providers to ensure that all staff receive training on learning disability and autism appropriate to their role, in accordance with the code of practice when published in final form and having regard to DHSC's, CQC's and NHSE's recommendation of the Oliver McGowan Mandatory Training on Learning Disability and Autism as the "preferred and recommended" training package.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:

Inclusion of mandatory training on learning disabilities and autism for all staff as part of this update is welcomed, but not necessary as this is a statutory requirement that all providers will be monitored against the Care Quality Commission regulation.

Many existing providers of support for autistic people and people with learning disabilities will already have training in place that meets or exceeds the code of practice and the Oliver McGowan Training. The contract should not specify that the Oliver McGowan Training is their preferred choice in the contract as this has been stated elsewhere and providers need to demonstrate they are meeting the code and are CQC compliant.

NHS Long Term Workforce Plan *General Condition 5.7 (FL) and 5.5 (SF)*

Proposed change:

General Condition 5.7 already sets out a requirement on each provider to work with NHSE and with local system partners in the development and delivery of healthcare workforce plans and in the planning and provision of education and training for healthcare workers. We propose to update this provision so that it makes specific reference to providers supporting implementation of the NHS Long Term Workforce Plan published this summer.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:

While the RCN welcomes increased interactivity between providers, Integrated Care Systems and NHSE, we are concerned that requiring reference to the Long Term Workforce Plan is an insufficient measure to ensure that Integrated Care Systems are carrying out adequate planning regarding workforce and the provision of education and training.

There is at present a lack of transparency relating to the roles and responsibilities of ICSs in delivering against the education and training objectives as set out in various policy guidance. There is also a lack of clarity regarding the delivery of regional workforce plans, and many ICSs are already referring to the Long Term Workforce Plan without a robust local plan underpinning this.

There is a lack of clarity in the role of the ICS in planning for training and education, and although there is a requirement on ICSs to work with local organisations to develop the "one workforce"[2] approach there is not clear role delineation between the ICS and the other parts of the system such as regional NHS England (formally HEE) offices, employers and Education Institutions.

[2] NHS England (2021) Integrated Care Systems: Design Framework available at: https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf

In addition to supporting the Long Term Workforce Plan, ICSs should be supported by national workforce planning based on projected workforce needs, as well as national initiatives to improve the supply of health and care staff, such as funding for tuition fees and living costs for students. We also recommend that, beyond requiring reference, NHS England should provide a delivery plan for the Long Term Workforce Plan setting out specific roles and responsibilities by local and national bodies, and how delivery and accountability will be monitored and reported on.

Agency rules *Service Condition 39.8 and Definitions (FL only)*

Proposed change:

NHSE has published updated "agency rules", which set out requirements for certain Trusts to: • assist ICBs to comply with system-level ceilings for total agency expenditure; • procure all agency staff at or below the price caps; and • only use approved framework agreements to procure all agency staff. We propose to include new wording in the Contract to give effect to the agency rules. The rules must be complied with by: • all NHS Trusts; • NHS Foundation Trusts receiving interim support from the Department of Health and Social Care; and • NHS Foundation Trusts in breach of their licence for financial reasons, whereas other NHS Foundation Trusts must have regard to the rules.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:

The RCN agrees with the proposed change.

Patient choice legislation and guidance *Service Condition 6.1, 6.10, 6.13-14, 29.2, 29.19 (FL) Service Condition 6.1-3 (SF) and Definitions*

Proposed change:

The right for patients to choose their healthcare provider is currently enabled through two sets of regulations – the Procurement, Patient Choice and Competition regulations and the Standing Rules regulations. Amendments currently before Parliament and due to take effect on 1 January 2024 will simplify the position, so that a unified patient choice regime is set out in revised Standing Rules regulations. In this context, we propose to strengthen the provisions of the Contract to require compliance with "Patient Choice Legislation and Guidance", defined to include: • the revised Standing Rules regulations once approved; • the NHS Choice Framework; and • further guidance now published by NHSE in support of the updated Standing Rules.

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:
Promotion of patient choice is warmly welcomed. Consideration and provision needs to be made for people who do not have capacity to make choices, and where there are known risks regarding the patient making choices about their care. Adequate safeguards must be put in place in these situations, including reference to Deprivation of Liberty Safeguards and mental capacity assessments and mutually agreed processes for determining what is in the patient's best interest and reflects their preferences as much as possible.

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Patient pocket money

There is a similar provision in the Contract which requires a provider to administer any "patient pocket money" to which a patient is entitled and invoice its commissioner, monthly, for any sums disbursed. Our understanding is that "patient pocket money" may be paid to certain individuals (those transferred from prison and detained in hospital under the Mental Health Act), but that the arrangements are at the discretion of the commissioner, rather than being an entitlement for patients. In addition, the existing requirement for separate monthly invoicing appears unnecessarily burdensome. We therefore propose to remove the current provision from the Contract. Commissioners who wish to do so can still arrange for the payment of pocket money to relevant patients as part of the local terms of their contracts. We would encourage them to treat the financial amounts involved as part of the overall price for the contract, as this will eliminate any need for burdensome separate invoicing.

Service Condition 36.28 (FL only)

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:

We are supportive of this proposal, based on the information supplied. We agree that the processes in place to provide patient pocket money should be as flexible as possible to all people quicker access to their funds. However, safeguards should remain in place to ensure vulnerable individuals are not at risk of exploitation.

E-prescribing systems for chemotherapy -

One of the National Quality Requirements in the Contract is for relevant providers to implement an effective e-prescribing system for chemotherapy. This was introduced into the Contract in 2017, to promote the transition to e-prescribing, and we believe that it can now reasonably be deleted. Use of e-prescribing remains a contractual obligation for providers of chemotherapy services under the relevant service specifications in their contracts. Service Conditions Annex A Green NHS The Contract covers "green NHS" issues at Service Condition 18. We propose to remove a number of very detailed requirements for 2024/25, on the basis that implementation should by now be a matter of "business as usual" and because some of them can now be better captured through a single generic reference to NHSE's newly-published Net Zero travel and transport strategy.

Service Condition 18.2-3 and Definitions

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:

The RCN agrees that in the interests of sustainability, single reference to NHSE strategy seems appropriate for this proposal.

Early Intervention in Psychosis Scoring Matrix

The NHS Mental Health Implementation Plan 2019/20 – 2023/24 set a target for providers to achieve compliance with level 3 of the Early Intervention in Psychosis Scoring Matrix effective treatment domain by 2023/24. The most recent national audit shows that (of provider teams audited) around two thirds are now achieving level 3, with the remainder still only at level 2. The Contract currently requires providers to deliver level 2 performance, and we now propose to amend this to level 3 for 2024/25, to reflect the ambition set out in the Implementation Plan.

Service Condition 3.13 (FL only)

Yes – your organisation supports the proposal
No – your organisation does not support the proposal
N/A – the proposal is not applicable to your organisation

Comments:

It is vital that the postcode lottery for effective preventive care and early intervention is ended. Given the information that suggests the majority of organisations are meeting level 3 standards, we agree that this benchmark should become embedded in the new contract.

Other comments

RCN workforce standards

The RCN Workforce Standards are a blueprint for tackling nursing staff shortages across the UK. They support the nursing workforce to be safe and effective. They set the standards for high quality, evidence-based patient/service user care in all health and care settings in the UK, working with each nation's legislation. Evidence and experience have shown that having the right number of nursing staff, with the right skills, in the right place, at the right time improves health outcomes, the quality of care delivered, and patient/service user safety.

The RCN Workforce Standards can be used:

- As a self-evaluation tool to identify training, learning and development needs by any member of the nursing workforce.

- To standardise what is offered to nursing workforce and departments by a manager, matron, or team leader.
- To give floor-to-board assurance that support interventions are available and accessible to all the nursing workforce by a nurse director.
- As a tool for all nurses, nursing support workers and students to use as a benchmark for their workplace

Provisions should be made within contracting decision making to enable the use of the RCN Workforce Standards in all types of health and care settings.

Violence Reduction

The RCN is concerned that there is currently no mention of the violence reduction standard within the standard contract. The NHS Violence reduction standard states the following:

All NHS commissioners and all providers of NHS-funded services – referred to in this document as NHS organisations – operating under the NHS Standard Contract should have regard to the violence prevention and reduction standard, and are required to review their status against it and provide board assurance that they have been met it twice a year.

The 2024-2025 contract must include the need for Trusts to comply with the violence reduction standard. Early indications from work to implement the non-pay element around violence reduction within the NHS England 2023 pay deal is indicating that not all Trusts are implementing the standard.