Royal College of Nursing response to Proposed Changes to the NHS Standard Contract for 2026/27

About the Royal College of Nursing

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 UK 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 patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

About this response

The RCN responded to the proposed changes to the NHS Standard Contract for 2026/27. Given the NHS Standard Contract's key role in outlining standards of care and setting aspects of performance standards for providers, the RCN sees this consultation as an opportunity to ensure that the NHS can meet population health needs and provide care at a high standard. The response was submitted through the Government Consultation Portal and the questions and the RCN responses are presented below.

7. National Quality Requirements – Cancer and Urgent Care

Proposed change:

In order to ensure alignment between Contract metrics and those set out in the Medium Term Planning Framework 2026/27 to 2028/29, we propose to update the following metrics to align with the wording and targets of the metrics set out in the Medium Term Planning Framework:

- % of service users waiting no more than 31 days from decision to treat to cancer treatment
- % of service users waiting no more than 62 days from GP referral to first cancer treatment
- % of A&E attendances where the service user was admitted, transferred or discharged within 4 hours
- Category 2 ambulance response times – mean time to arrive

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:

These updated waiting times for treatment and from first referral in line with national targets are welcomed, to safeguard timely care.

8. National Quality Requirements – Talking Therapies

Proposed change:

The Medium Term Planning Framework 2026/27 to 2028/29 includes targets for 2 Talking Therapies metrics that are not currently included in the Contract. We are therefore proposing to add these to the Mental Health section of the National Quality Requirements as follows:

- Talking therapies – 53% of adults and older adults receiving a course of treatment and achieving reliable recovery
- Talking therapies – 71% of adults and older adults receiving a course of treatment and achieving reliable improvement

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 Increased targets here are welcome however the framework and Standard Contract could go further in committing to waiting times on mental health. The RCN would like to see a commitment to the 4-week waiting time standard as defined in NHS England (2024) Implementation guidance on psychological therapies for severe mental health problems.

The RCN would also support the introduction of targets for talking therapies for children and young people, as introduced here for adults.

9. Local Quality Requirements

Proposed change:

There are a small number of metrics set out in the Medium-Term Planning Framework 2026/27 to 2028/29 which require the agreement of local improvement targets with NHS England to work towards longer term achievement of the previous standards. In order to ensure alignment with the Contract, we propose to require commissioners to enter in the Local Quality Requirements the targets agreed with NHS England for the following metrics as part of the annual planning round:

- % of service users waiting no longer than 18 weeks for treatment
- DM01 - % of service users waiting less than 6 weeks from referral for a diagnostic test
- % of A&E attendances where the service user was not admitted, transferred or discharged within 12 hours

In general, drafting in the Particulars cannot override the provisions of the Service Conditions, so to allow these targets to take effect, we propose to add a note to the National Quality Requirements at Annex A of the Service Conditions to give effect to the target as set out in the Local Quality Requirements. We also propose to clarify at SC3.1.1 that the National Quality Requirements may be amended in the Local Quality

Requirements where a different target has been agreed with NHS England during the annual planning round.

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 essential that these targets are managed in a way that avoids 'gaming the system' to artificially meet what these targets set out to achieve, such as implementing increased reporting requirements on ambulance handover delays. A&E must also ensure that people using their services with mental health issues are considered within the metrics too – regardless of the future establishment of mental health A&Es and 24/7 hubs, people will still present or be taken to A&E for assessment and treatment.

10. Equality Act 2010

Proposed change:

The Equality Act has been strengthened with further additions including Section 40A which creates a proactive preventive duty on sexual harassment. We therefore propose the addition of a reference to this section to the Provider's obligations in relation to the Equality Act at SC 13.3.

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 addition of this proactive preventative duty is welcome, employers must be clear on their obligations to protect staff from risk of assault, harassment or abuse. The Sexual Safety Charter (and associated assurance framework) should also be embedded within the standard contract.

Provision must also be included in the contract for the systemic collection, reporting and review of data relating to abuse of staff, disaggregated by protected characteristic. This will support transparency, accountability, and targeted interventions to address inequalities in staff safety and experience.

11. Health Inequalities Action Plan

Proposed change:

We provide a separate schedule in the Particulars – Schedule 2N – for the inclusion of a Health Inequalities Action Plan that sets out commissioner and provider actions to address Health Inequalities. We propose additions to the guidance included in the particulars of links to related information sources which might support construction of

the plan and of further guidance on language access. The schedule remains optional but we encourage commissioners and providers to use it where possible.

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 inclusion of links to related information sources is helpful and should support commissioners and providers in developing their Health Inequalities Action Plans. However, tackling health inequalities must be treated as a strategic priority with the recognition that health inequalities are shaped by factors beyond the health service alone. Action Plans should be mandatory and informed by collaboration between local authorities and health systems. This should be supported by a national, cross-departmental strategy for tackling health inequalities.

The principles of Core20PLUS5 (prioritising planning and resourcing for the most vulnerable communities disproportionately affected by certain health conditions) should remain central to tackling health inequalities and the learning from Core20PLUS5 must inform this work and be integrated into Health Inequalities Action Plans (Schedule 2N).

12. Martha's Rule

Proposed change:

In 2024/25, NHS England completed a pilot at 143 sites of the implementation of Martha's Rule. Martha's Rule is a patient safety initiative developed following the death of Martha Mills, and other cases related to management of deterioration, to support the early detection of patient deterioration by ensuring the concerns of patients, families, carers and staff are listened to and acted upon. Central to Martha's Rule is the right for patients, families and carers to request a rapid review if they are worried that their or their loved one's condition is getting worse and their concerns are not being responded to. Early evidence from the pilot suggested that the implementation of Martha's Rule in pilot sites has saved lives and therefore we are now proposing to add to the Contract a requirement for NHS Trusts and Foundation Trusts to implement the three core components of Martha's Rule by 31 March 2027 - https://www.england.nhs.uk/patient-safety/marthas-rule/.

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. However, successful implementation of the three core components of Martha's Rule by 2027 will depend on appropriate resourcing and workforce planning. Safe and effective nursing staffing levels are vital to ensure that patients and families can access timely second opinions when concerns are raised.

It is also essential to recognise the link between escalation processes and health inequalities. Evidence shows that patients from marginalised or disadvantaged communities often face barriers to raising concerns or having them acted upon. [1]

NHS England must align this requirement with the 10 Year Workforce Plan and provide clear guidance on how the workforce will be supported to meet these obligations, ensuring that there are enough professionals with capacity to provide a second opinion when called upon to do so. For Martha's Rule to be properly embedded it must be fully resourced. It must not become an additional burden on already overstretched teams, potentially widening health inequalities where the rule fails to be implemented effectively.

13. System Collaboration

Proposed change:

We have included in the Contract for some time, requirements for the Parties to collaborate on a Joint System Plan and Integrated Care Strategy. As these terms are no longer in use and in 2026/27 there will be a return to financial planning at an organisation rather than system level, we propose amending this requirement to require the parties to collaborate in the achievement of financial balance, without destabilising the financial position of any other organisation.

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 proposed change towards organisational-level financial planning, this will provide clarity on contractual obligations and reinforce accountability at an organisational level for increased integrated working. However, improved system level support and collaboration are also required to drive this change and this requirement must not result in weakened system-level collaboration. The contract must also explicitly encourage system-level collaboration (at ICS level) on achieving greater integration and improved population health.

14. Outlier Management

Proposed change:

NHS England is currently working on a new Outlier management process which is likely to be implemented for 2026/27 and reported nationally. We therefore propose to add a requirement to SC 26 (Clinical Networks, National Audit Programmes and Approved Research Studies) requiring providers to engage in national outlier management processes as set out in the HQIP-NCAPOP Outlier Guidance.

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

[1] NHS Race & Health Observatory (2024) Briefing from NHSRHO Roundtable available at: https://www.nhsrho.org/wp-content/uploads/2025/01/NHSRHO-Worries-and-Concerns-Briefing.pdf

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

Comments:

15. Antimicrobial Usage

Proposed change:

Following the publication last year of the updated National Action Plan for Antimicrobial Resistance, there has been a change in targets under the plan to focus on reducing the overall consumption of antibiotics and increasing the proportion of antibiotic consumption comprised of the World Health Organisation (WHO) Access Category of antibiotics. We therefore propose to reword the requirement under SC 21.3 to reflect these changes and added a definition for the WHO Access Category, details of which can be found at:

https://www.gov.uk/government/publications/uk-aware-antibiotic-classification/uk-access-watch-reserve-and-other-classification-for-antibiotics-uk-aware-antibiotic-classification

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 the rewording of this requirement to reflect the UK Government's alignment with the WHO global approach to tackling Antimicrobial Resistance.

16. Local Policies

Proposed change:

In order to ensure good communication between commissioner and provider, we have taken the opportunity to review the wording on Local Policies to make clear that commissioners and providers should always share policies that have an impact on the delivery of the Contract without waiting for a request and that such policies should be deemed to be incorporated into the contract on receipt.

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; communication of local policies is key to ensuring the transition of funding and services to community provision.

17 Contract Management

Proposed change:

It has been suggested on a number of occasions in our annual Contract consultations that the provisions for Contract Management at General Condition 9 are overly long and complex, especially since we have removed the separate provisions on management of information breaches. We have therefore taken the opportunity this year to propose some changes which would simplify the application of the Conditions as follows:

- To make clear what actions the commissioner may take if the provider does not engage with the process
- To align the remedies for failure to engage with the remedies for breach to remove any perverse financial incentive for non-engagement
- To reduce the timeframe for the process by allowing a Joint Investigation to be agreed and begun at the first meeting
- To remove the requirement to provide Exception Reports and instead clarify that the intended content of Exception Reports can be included in the Remedial Action Plan and therefore to remove Exception Report from GC17 and the definition of Suspension Event.

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:

18. SDIP – UK Standard for Microbiology Investigations

Proposed change:

There is currently variation in service delivery and outcomes for blood culture pathway across the NHS in England and this SDIP for acute providers aims to improve patient outcomes and Anti-Microbial Stewardship benefits and deliver the expectations of the Five-year National Action Plan for AMR 2024-29. The SDIP should set out the steps that providers will take to ensure full and ongoing compliance with the UK Standard for Microbiology Investigations Syndromic 12 by no later than 31st March 2027. Full details are included in our Contract Technical 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:

19. SDIP - C. difficile infection ascertainment

Proposed change:

Compliance with the national guidance on diarrhoea sampling and CDI testing is currently variable across acute trusts. This SDIP has been developed to support improvement in compliance with the UK Standard for Microbiology Investigations –

Investigation of faecal specimens for Clostridioides difficile. SDIPs should set targets for each provider to achieve compliance with the national guidance requirements by 31 March 2027. Full details are included in our Contract Technical 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:

20. Flex-Freeze Variance and DQIP

Proposed change:

As timely, high quality data for NHS services is a critical focus of the 10 Year Health Plan, this year we are proposing to add to the Contract a requirement for providers to have no more than 2% variance in activity recorded and coded at first (flex) and final (freeze) reconciliation dates.

As not all providers will currently be compliant with those requirements we are also proposing to require commissioners to agree a DQIP for providers who are not compliant with the Service Condition.

Commissioners would be required to review the current variation between flex and freeze data at their providers, compared to the required targets. Where providers are not meeting the targets set out in the Service Conditions, commissioners and providers should then draft a DQIP for inclusion in their contract, setting out the steps that providers will take to work towards meeting those targets by the end of 2026/27.

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:

21 Violence Prevention and Reduction Standard

Proposed change:

To support the implementation of the non-pay commitments agreed between the government and the NHS Staff Council in May 2023, NHS Staff Council joint statement on 2023 non-pay commitments | NHS Employers, and to reinforce a system-wide commitment to violence prevention and staff safety, we are proposing a change to the requirement to use all reasonable endeavours to implement the Violence Prevention and Reduction Standard. The proposal is to make it mandatory to implement the Standard for all NHS Trusts and Foundation Trusts to ensure consistency across NHS providers as part of the phased delivery plan over the next two years.

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 mandatory implementation of the Violence Prevention and Reduction Standard, the nursing workforce is entitled to work in healthy and safe environments to protect their physical and psychological health and safety.[2]

22. Safeguarding Children and Adults

Proposed change:

We have reviewed the provisions of SC 32 on Safeguarding Children and Adults and propose the following changes:

- Add at SC32.1.3 a requirement for providers to proactively take steps to prevent abuse by responding early to risk factors or indications of abuse or neglect. This is intended to ensure that providers do not simply report signs of abuse but take steps to ensure that they can identify early warning signs and indicators
- Remove the reference to the Care Act regulations at SC32.3 as this is covered by the reference to the Act itself
- Add a requirement to include domestic abuse in safeguarding programmes at SC32.5.

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:

23. Mental Capacity Act – Learning Disability

Proposed change:

We propose adding to the contract a new requirement on providers of acute care to comply with the guidance on the implementation of MCA that NHSE published in June 2025 at NHS England » Guidance to support implementation of the Mental Capacity Act in providers of acute care for adults with a learning disability. In particular, NHS England requires providers to use the forms included within the guidance to help capture capacity assessment and best interest assessments. This is guidance that NHSE has produced and published about the implementation of the MCA for providers of acute care and follows on from the HSSIB investigation into the care of people with a learning disability in acute settings. The forms will assist staff in providers to comply with the MCA following the lessons on record-keeping and decision-making identified in cases such as AMDC v AG & Anor [2020] EWCOP 58.

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:

[2] RCN Nursing Workforce Standards available at: https://www.rcn.org.uk/Professional-Development/Nursing-Workforce-Standards

The RCN agree in principle to the proposed requirement. The guidance and associated forms will help strengthen compliance with the Mental Capacity Act (MCA) and improve record-keeping and decision-making, which is welcome.

However, we would suggest reviewing the scope and terminology. The MCA applies to all adults where there is reason to question capacity, not only those diagnosed with a learning disability. It may be more appropriate to frame this requirement as applying to all adults in acute care where capacity may be in doubt, while still recognising the particular vulnerabilities highlighted by the HSSIB investigation.

24. Nitrous Oxide Toolkit

Proposed change:

NHS England has published a Nitrous Oxide Toolkit together with UCL Partners to help NHS Trusts reduce waste from piped nitrous oxide and nitrous oxide/oxygen mixture gas delivery systems. As the Nitrous Oxide Toolkit covers some items previously set out separately in the Contract, we therefore propose an amendment to the Green NHS provisions to reference the toolkit.

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:

25. Capital Investment

Proposed change:

To ensure the effective use of capital investment in carbonisation projects, we propose to add a new requirement for NHS Trusts and Foundation Trusts to deliver the allocated capital investment and develop business cases where appropriate.

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:

26. Aligned Payment and Incentive Changes

Proposed change:

The 2026/27 NHS Payment Scheme consultation proposes some changes to the way that Urgent Care and Radiotherapy are funded which will alter the composition of the fixed payment and also requires some adjustments to the fixed payment following work on deconstructing block payments. We have therefore proposed some amendments to

Schedule 3 of the Particulars to reflect the way in which these changes would be entered into a contract.

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:

ACTIVITY MANAGEMENT Qs 27 - 29

Proposed change:

For the 2025/26 Contract, we made a number of amendments to support commissioners in the management of activity funded on a variable basis. As these provisions were new for commissioners, we also introduced an escalation process to support providers who felt that commissioners were not following our Technical Guidance when applying their new powers. Now that these processes are more embedded and widely understood, and in response to feedback from providers and commissioners which was not supportive of the escalation process, we propose to remove the escalation process from the Contract for 2026/27 but to strengthen the requirement for commissioners to comply with our Technical 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:

30 NHS England would welcome further suggestions for improving the Contract. Please add any further comments you may have here

Corridor Care (Care in Non-Designated Clinical Spaces)

We strongly recommend that the NHS Standard Contract include mandatory requirements for reporting corridor care, which is used to describe care given in any non-designated clinical space, across all settings and services, not just hospital corridors. The Government's 2025 commitment to publish data on corridor care for transparency is welcome, though the timeframe for this is unclear and originally was going to be Spring 2025. All emergency departments and wards should formally measure and report on corridor care. Every instance of care delivered in a non-clinical or temporary escalation area must be collected and published nationally.

NHS England's recently published guidance provides steps to mitigate the impact, it does not go far enough in offering a plan towards eradication of corridor care. Alongside guidance on dealing with the impact, nursing staff want to see a fully funded action plan setting out eradication. This starts with real investment in beds, the nursing workforce in

hospitals and the community, and crucially, long-overdue action to boost capacity in social care to improve discharge.

Service providers who hold publicly funded contracts to collect and publish provider-level data about every instance in which care has been delivered in a non-clinical setting or temporary escalation area, even if the same setting is being used regularly. This should be mandated within the NHS Standard Contract.

Data reporting on instances of corridor care (treatment of patients in hospital corridors, cupboards and other unsuitable spaces), now collated centrally by NHS England, should be published by the government on a regular basis. The collection of this data will allow both service commissioners and national decision makers to identify trends, solutions and mitigate risks to patient safety. This will help make progress towards eradicating the practice. “Chair Care” lasting over one day should be established as a “Never Event” within the Standard Contract, with a requirement for providers to publish data on every instance.

Neighbourhood Health

As the Government moves toward establishing a neighbourhood health service, the NHS Standard Contract should require providers to demonstrate that their workforce is supported and equipped to deliver care in line with shifting national priorities. This should include requiring providers to undertake local assessments of workforce readiness, recent RCN survey findings indicate that 8 in 10 community and primary care nurses do not feel confident that the current workforce is equipped for the shift from hospital to community.

Nurse to Patient Ratios

The NHS Standard Contract should include a requirement for providers to implement mandatory, evidence-based nurse-to-patient ratios to ensure safe and effective care. This requirement should be grounded in the substantial body of evidence that demonstrates that inadequate nurse staffing is consistently associated with poorer patient outcomes, including increased mortality, complications, and avoidable harm (e.g., Shin et al., 2018; Aiken et al., 2014).