



Royal College
of Nursing
Scotland



**SAFE STAFFING
SAVES LIVES**

**NURSING UNDER
UNSUSTAINABLE
PRESSURES:**

**STAFFING FOR SAFE
AND EFFECTIVE
CARE IN SCOTLAND**



RCN Scotland Last Shift Survey

In March 2022, the Royal College of Nursing invited nursing and midwifery staff from across the UK to tell us about their experiences of the last time they were at work. The survey provides valuable insight into the realities of staffing levels across Scotland, and the impact on our members and the people they are caring for.

The survey was open to all nursing and midwifery staff working in different settings across the UK and addressed a number of issues relating to staffing levels. The response from staff working in Scotland was significant, more than 2,300 responded, accounting for 13% of total responses.

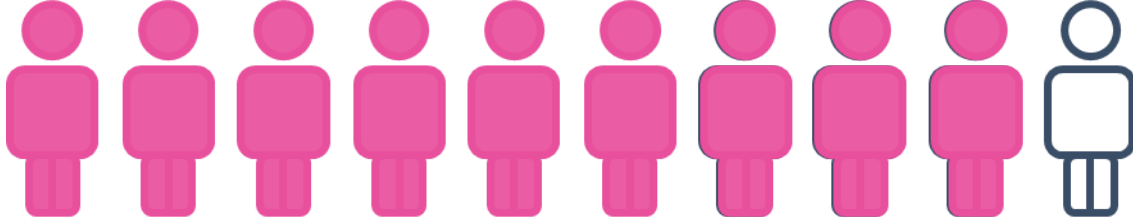
The survey also provided respondents with the opportunity to describe in their own words, the impact that staffing levels have had on them and those they care for. Some of these examples are set out within this report, to illustrate the impact of the survey responses.

The contents of this report are part of a growing body of evidence that we are facing a nursing workforce crisis in Scotland.

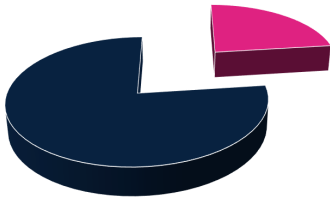
These findings follow the publication of RCN Scotland's first [Nursing Workforce in Scotland report](#), which makes ten recommendations to address and improve health and care staffing levels, including implementation of the Health and Care (Staffing) (Scotland) Act 2019. The RCN has also published its [Nursing Workforce Standards](#), which sets out what we want to see from those who deliver health and care services.

The [UK wide report](#) shows that pressure on the nursing workforce is a concern across all four nations and includes actions the RCN expects to see in every part of the UK.

Key findings for Scotland



Nearly 90% of respondents said the number of nursing staff on their last shift was not sufficient to meet all the needs of patients or service users



Less than a quarter of shifts had the planned number of registered nurses working (the lowest out of any country in the UK)



Nearly 70% of staff working in Scotland feel that patient care was compromised on their last shift, due to staffing levels (well above the UK average of 62%) and only 16% agreed that they had enough time to provide the level of care they would like

Key findings for Scotland

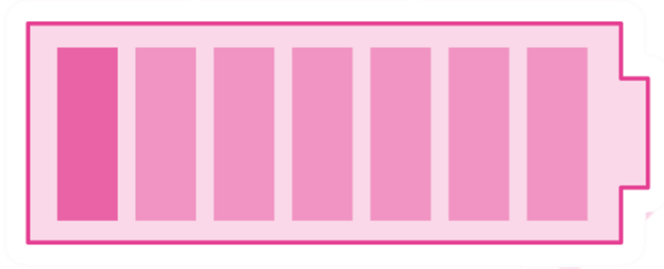


There is clear evidence that students and support staff are being used to fill staffing gaps (nearly half told us that students were being counted as staff, while more than a quarter said support staff were expected to perform the duties of registered staff during their last shift)

The essential leadership role of Senior Charge Nurses is not being protected with over 70% of respondents reporting that their Senior Charge Nurse was counted in the registered nurse numbers providing direct care to patients



Key findings for Scotland



Staff are risking burnout by covering for gaps in the workforce - around two thirds were unable to take their breaks and 62% worked additional time during their last shift



Staff in Scotland were most likely to state that during their last shift they “felt exhausted and negative” with 63% agreeing with this statement (compared to the UK wide figure of 54%)

Staffing levels

RCN Scotland's [Nursing Workforce in Scotland report](#) highlights how, despite rising numbers of nursing staff working in the NHS, there are nearly 6,700 WTE nursing and midwifery vacancies and the 'gap' between the number of Registered Nurses required to run services and the number actually in post has been rising steadily since 2015 to a record high level of over 4,500 WTE nurses. This report also shows that since 2014, there are nearly 1,000 fewer registered nurses in care homes for adults since 2014, a 19.0% decrease.

We asked those with knowledge of both planned and actual staffing levels to tell us how many staff were on their last shift, and how this compared to the planned numbers. This is known as the planned 'establishment' and should reflect the appropriate numbers and mix of skilled staff to meet the needs of patients in that service, and the expected severity of patients' illness or condition (known as 'acuity').

- Across Scotland, only 23% of shifts had 100% of the planned registered nurses on shift and 34% had the planned number of nursing support staff on shift.
- From responses we received, there is evidence that this shortfall in registered nursing staff is more acute in Scotland than in any other country in the UK.

"One day I walked into my shift, and I was told everyone who was supposed to be on that same shift had phoned in sick and I was on my own in the entire floor. I can't describe how I felt end of that shift, emotional, physically and the feeling of letting the service users down for not meeting their needs, no breaks. With covid this has been the new normal in the health sector, inadequate staffing. Something should be done about the staff shortage and fast otherwise nurses will be forced to leave one by one and the few remaining will die of stress and burnout."

Registered nurse, care home, Scotland

"Recently, our insufficient staffing meant that patient care, health and wellbeing suffered - unquestionably. There have been scenarios where nurses who are from different DN teams have been visiting our patients for a number of visits due to skill-mix/staffing number issues, and on some occasions, this has meant that for instance, required dressings such as compression bandaging have not been re-requested and so patients have gone on to be without that therapy."

Community staff nurse, NHS, Scotland



Filling gaps in staffing

All students undertaking pre-registration nursing and midwifery programmes are required by the Nursing and Midwifery Council (NMC) to have supernumerary status while on clinical practice placements. This means that they must be additional to the workforce requirement and not counted as part of the workforce required to provide patient care.

The RCN Nursing Workforce Standards state that each team or service that delivers nursing care will have a registered nurse lead. The RCN is clear that the role of this senior nurse should be protected, as they need space and dedicated time to be able to manage the team, have an overview of the clinical area to support staff to make decisions and deal with situations that may arise.

Similarly, the RCN's Workforce Standards state that nursing staff must work within their scope of practice and competencies and while nursing support staff can work under the delegation of Registered Nurses, they must not be expected to perform the duties of registered staff.

Despite these clear rules, the nursing workforce crisis is clearly putting pressure on students and support workers to fill the gaps that exist, putting both the students, staff and patients at risk.

- 46% of respondents said that students on their last shift were being counted as staff and 28% said they were concerned that support staff were being expected to perform the duties of registered staff.
- 72% of respondents said their senior charge nurse was counted in the numbers providing direct patient care for that shift.
- Only 18% of nursing staff from Scotland said they felt they were provided with appropriate supervision and support.

The Health and Care (Staffing) (Scotland) Act 2019 places a duty on health and care providers to ensure there are suitably qualified and competent staff working in the right numbers and restates that nursing students are not to be counted in determining staffing level requirements.

"As a student nurse, when staffing levels have been bad I have been expected to fill the gap of a nurse. As the ward was short staffed there was very little support while doing this and I felt very overwhelmed. This is not a one off/every once in a while situation."

Student nurse, NHS hospital, adult acute ward, Scotland



Impact on patients, residents and service users

Nursing staff in Scotland are clearly concerned about the impact the workforce crisis is now having on those accessing services.

- 86% of respondents said that the actual number of nursing staff was insufficient to meet the needs and dependency of patients or services users safely .
- Meanwhile, 69% said that patient care was compromised due to staffing, which is higher than the UK wide response (of 62%).
- When asked the reasons care was compromised, the most common reasons given by respondents from Scotland was not enough registered nurses or support staff, increased patient acuity and high sickness and staff absences.
- Nearly half (45%) of respondents said that due to a lack of time, they had to leave necessary care undone.

“As a critical care nurse who worked throughout the pandemic under immensely challenging conditions, where staffing levels were at an all-time crisis and continue to be today... I ended up facing crippling anxiety and got diagnosed with PTSD due to worries surrounding unsafe staffing levels/compromised patient care due to inexperienced staff and/or unsafe patient to staff ratios. If these issues are not addressed, more and more nurses will leave the profession due to burn out, and patient care will continue to be compromised. The care we are expected to give has to be recognised in the pay we receive.”

Registered nurse, NHS Hospital, Scotland

“I am embarrassed at not being able to carry out the care I would expect for myself. I want to do more but end up using my own spare time to catch up on admin etc. Patient demand is too high for the current staffing levels. I am considering emigrating to a country who provide better health care and have already begun my application.”

Community Staff Nurse, NHS, Scotland



Impact on nursing staff

As well as impacting on care and the delivery of services, the impact of not having enough staff in Scotland is putting unsustainable pressure on staff and affecting wellbeing. Not only is patient safety and quality of care compromised when nursing staff have to work longer shifts, fatigue can also result in 'burnout', impacting upon staff retention and on the existing shortage.

- 63% of respondents from Scotland told us that during their last shift they were unable to take the breaks they were supposed to take
- 62% worked additional time, telling us that this will be, in the vast majority of cases, unpaid.
- Respondents from Scotland were more likely than any other part of the UK to agree with the statement "I felt exhausted and I felt negative" (with 63% saying the agree compared to 54% across the UK) and more likely to say they felt demoralised during their last shift (59% agreed, compared to 51% UK wide).

"Lack of appropriate staff to provide care means no breaks at times and staff caring for patients that they are not qualified to care for."

Staff Nurse, NHS hospital, Scotland



"I personally am feeling for the first time in my six-year career as a registered nurse that I may not be able to continue- I absolutely love my job, but I'm so heartbroken by the fact that I know I can't provide care as I would like to right now, that I'm no longer sure that I can carry on myself without physically and mentally burning out myself. I'm worried about the future for myself, my colleagues and most of all for my patients and their loved ones. "

Community staff nurse, NHS, Scotland

Raising concerns

It is vital that all nursing staff feel able and supported to raise concerns relating to staffing levels or patient care being compromised. Staff being supported to raise concerns is about safeguarding and protecting both staff and patients, supporting learning from a situation and making improvements.

The Health and Care (Staffing) (Scotland) Act 2019, if implemented, would strengthen the ability of staff to raise concerns and would require Health Boards to enter into a dialogue with staff about what steps were being taken to address their concerns.

- While most respondents from Scotland (69%) said that they were able to raise a concern where they felt there were not enough staff or patient care was compromised, only 35% said that any action was taken to address the issue.

“Concerns between staff are just whispers and hushed talks in utility rooms, because everyone is too scared to come forward and raise a concern. In the past, those brave few who have come forward with concerns have been meet with an insincere “I’m sorry you feel that way” and “we acknowledge your struggles and are trying our best to help”. However nothing changes and we carry on, doing our job, feeling anxious, unheard, exhausted, underpaid and waiting for something to change.”

Staff nurse, NHS hospital, Scotland



Urgent Action Needed

These findings paint a concerning picture of the impact staffing levels are having on services and the workforce themselves. Despite repeated attempts by Scottish government and others to address these challenges, nursing vacancies in the NHS in Scotland are at record high levels. And as these findings show, staff in Scotland are more likely, than other countries of the UK, to be working in shifts that are understaffed, more likely to feel this was compromising patient care and most likely to say that due to a lack of time, they had to leave necessary care undone.

With longstanding workforce pressures that existed before the pandemic being made worse, things need to change. The [RCN's Nursing Under Unsustainable Pressures report](#) sets out expectations for governments across the UK to address the nursing workforce challenges and improve workforce planning including to adopt and apply the [RCN Nursing Workforce Standards](#).

In our first [Nursing Workforce in Scotland Report](#), published recently, RCN Scotland set out ten recommendations for urgent action which should be taken now, this includes a clear timetable for implementation of the Health and Care (Staffing) (Scotland) Act, fair pay, good employment terms and safe working conditions for nursing staff wherever they work and improved data collection and workforce planning to ensure a health and care nursing workforce that can meet the needs of the population.



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