



Royal College  
of Nursing  
Scotland

# LAST SHIFT SURVEY



## Briefing

## Introduction

Every two years, the RCN conducts a major UK-wide survey of members. The Last Shift Survey asks respondents what the staffing levels were like the last time they were at work, how those staffing levels impacted on them, the care they were able to provide, and the impact of this on patients, service users and clients they care for.

The latest survey ran for 5 weeks during March and April 2026 and was open to all RCN members providing direct patient care across health and care settings.

**Over 1,400 members in Scotland responded.**



## Key findings from the Last Shift Survey in Scotland

When asked how they would describe staffing levels on their last shift:



**25%** said they were **well below** what was needed and described them as **unsafe** with care significantly compromised and a **high risk of harm** to patients (above the UK wide figure of 20%)



A further **47%** said they were **below** what was needed, with risk managed but some **compromises** to care and pressure on staff

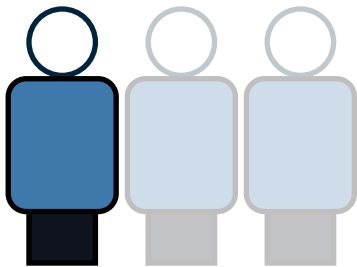


Only **8%** said staffing levels were **optimal**, with care needs fully met, standards exceeded and all staff breaks taken

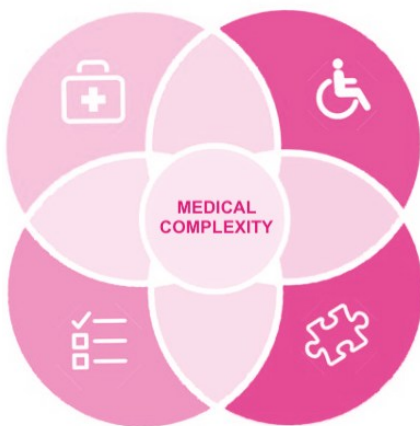
## Key findings from the Last Shift Survey in Scotland



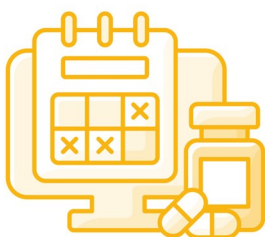
Over half of nursing staff (51%) felt that care was compromised during their last shift (above the UK wide figure of 44%)



**75%** of those said that a **lack of registered nurses** was a key reason that care was compromised



Other key factors were a **lack of nursing support workers** (selected by **67%**) and patients having more severe or complex medical conditions - or requiring **higher levels of care** and support - than planned (selected by **45%**)



**High staff sickness absence levels** were also a key reason (selected by **41%**)

## Key findings from the Last Shift Survey in Scotland



**76%** of nursing staff report regularly needing to make difficult decisions about prioritising care due to **limited time and resources**



**82%** of nursing staff report that clinical complexity has **increased** over the last two years

This is all having a damaging impact on staff wellbeing with **80%** finishing their last shift feeling emotionally exhausted



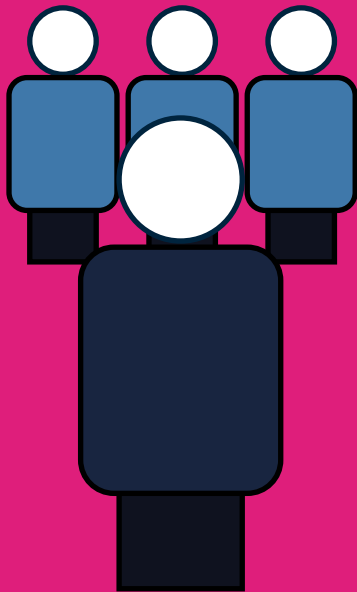
**58%** were **unable to take the breaks** that they were supposed to take



Just under half (**44%**) of respondents worked **additional time**

## Key findings from the Last Shift Survey in Scotland

Education standards require that students hold supernumerary status while learning on clinical placement; this means they should not be counted in the numbers of nursing staff providing care to patients. Almost one third (32%) of respondents with students present on their last shift said the students did not have supernumerary status and were being counted as staff. Only 59% said students present held supernumerary status.



Only around one in four respondents told us the lead nurse held supernumerary status on their last shift (27%). The RCN is clear that the role of the senior nurse should be protected, as they need space and dedicated time to be able to manage the team, make decisions and deal with situations that may arise, and therefore should not be counted within the staffing numbers for that shift.

### **Bold action needed**

With nursing staff in Scotland reporting that there is a high risk of harm to patients because staffing levels are well below what it needed, it's clear we need bold action from the Scottish government. We cannot afford complacency.

These findings follow publication of RCN Scotland's annual Nursing Workforce in Scotland report<sup>i</sup>, which shows that, while the nursing workforce has grown, the gap between planned and actual staffing remains with little adjustment to account for the continued increases in demand for services and the challenges of delivering ever more complex care to an ageing, sicker population, with multiple conditions.

The price of unsafe staffing is too high. Patient care, and outcomes, are put at unacceptable risk when there are too few registered nurses to deliver nursing care safely. An increase in a registered nurse's workload by one patient increases the likelihood of an inpatient dying by 7%<sup>ii</sup>. Evidence consistently shows that inadequate nurse staffing is associated with poorer patient outcomes, including preventable complications, increased risk of death, higher rates of falls, medication errors and hospital readmissions. Harms to staff include burnout, occupational injury and lower job satisfaction.

When patients can't access safe care in the community, conditions worsen, and they end up in hospital where workforce shortages are just as severe. This vicious cycle fails staff and patients – it can't go on.

Too often staffing decisions are based on affordability rather than need, yet this is a false economy. Recent economic analysis in the NHS suggests that investing in better nurse to patient ratios is likely to be highly cost effective and may lead to net cost savings due to reduced length of stay and readmissions as well as reduced staff sickness.

**The evidence could not be clearer – when there are enough nursing staff, with the right skills, in any care setting, patients are safer.**

We are calling for the Scottish government to show it is committed to valuing nursing properly with the following action:

- **Fully implementing the recommendations from the Ministerial Nursing and Midwifery Taskforce** to tackle nursing retention and recruitment challenges. Implementation of the 44 recommendations in the taskforce report must be top of the new Scottish government's agenda, because, before the election period, progress has been slow and frustrating.
- **The introduction of mandatory minimum registered nurse-to-patient ratios** for all health and care settings, to protect patients and staff from harm caused by low registered nurse staffing levels.
- **Development of a long-term workforce plan**, based on a robust assessment of increasing need and Scotland's ageing population.

## References:

- i. The Nursing Workforce in Scotland 2026 | Royal College of Nursing Scotland
- ii. Registered nurse staffing levels for patient safety, care quality and cost effectiveness | Royal College of Nursing 2025



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