Royal College of Nursing Scotland

RCN Scotland briefing:

Programme for Government 2026-27

THE GLOVES ARE OFF
It's time to value nursing properly
Because Scotland's health depends on it.

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RCN Scotland briefing: Programme for Government 2026-27

This parliamentary session, RCN Scotland is calling for nursing to be recognised as an investment, rather than viewed as a cost.

The evidence couldn't be clearer. When there are enough nursing staff, with the right skills, in any care setting – patients are safer.

Every 10% increase in the number of registered nurses, is associated with a 7% drop in risk of death.

Yet, too often, staffing decisions are based on affordability rather than need. This is a false economy; the price of unsafe staffing is high, and this must be recognised as part of efforts to put our health and care services on a sustainable footing.

Patients are put at unacceptable risk when there are too few registered nurses to deliver nursing care safely. 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. An increase in a registered nurses' workload by one patient increases the likelihood of an inpatient dying by 7%[i]. Meanwhile, harms to staff include burnout, occupational injury, and lower job satisfaction.

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.

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 patients and is hugely inefficient – it can't go on.

RCN Scotland priorities for the Programme for Government

Don't waste the opportunity provided by the Nursing and Midwifery Taskforce

- It is true that the nursing workforce has grown in recent years. But focusing on this fact fails to acknowledge that the gap between planned and actual staffing remains; at no point has the NHS in Scotland employed the number of nursing staff it says it needs. And there has been 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.
- There is a major problem with retention within nursing, and the proportion of early and middle career nurses leaving the profession has increased markedly. Over 3,000 registered nurses left NHS Scotland in each of the last two years, and those leaving aged 20-49 account for more than half of all NHS nurse leavers[ii].
- Meanwhile, over the last four years, thousands fewer students have begun nursing degrees than were originally planned in the targets set by Scottish government. To help address this, **Ministers must quickly implement the SNP manifesto commitment to provide a cost-of-living increase to the nursing student bursary "by at least inflation in each remaining year of the parliament."**
- Sickness absence among nursing staff continues to increase in many NHS boards. At 8.3% from April to December 2025, the nursing sickness absence rate was more than double the NHS Scotland absence target (4%)[iii]. This is a vicious cycle as high sickness absence puts further pressure on staff, negatively impacting patient care and staff wellbeing.
- Meanwhile, in 2025-26, NHS Scotland used the equivalent of 7,320 WTE agency and bank nursing and midwifery staff at a cost of £425m[iv]. This WTE figure for bank and agency use across Scotland is bigger than the permanent nursing workforce in most boards; it's equivalent to the nursing workforce of an extra medium sized health board.
- In 2023 the Scottish government recognised the pressing need to address the nursing retention and recruitment crisis and established the Nursing and Midwifery Taskforce. Key stakeholders, including RCN Scotland, spent over two years listening to frontline staff and developing a comprehensive set of recommendations to improve retention, culture and staff wellbeing and to attract new nurses.
- **The Taskforce did its job, yet almost two years later implementation has barely gotten underway, and the Taskforce is yet to make any meaningful difference to nursing staff.** The Taskforce recommendations are an opportunity to make real improvements for the nursing profession but, instead, there is now a danger that this ends up being yet another report that gathers dust on a shelf in St Andrew's House without making any impact.

RCN Scotland priorities for the Programme for Government

Measure and eradicate care in inappropriate places (corridor care)

- Corridor care is a symptom of a health and care system that has failed to respond to the growing and changing needs of the population. What was once an emergency measure, for exceptional circumstances, has now become normalised all year round. It's unsafe and undignified, and health and care leaders still lack a complete picture of the problem.
- We declared a corridor care emergency over two years ago, and our members have spoken up time and time again about the impact overcrowding is having on their ability to provide safe care and on their wellbeing.
- In the absence of data on corridor care, A&E waits of over 12 hours are an indicator of the capacity challenges in our hospitals. Over the course of 2025, 77,735 people waited over 12 hours in Scotland's A&Es. In the first 6 months of 2026, the figure stands at 46,525, indicating that the total for this year will be significantly higher. More people waited for more than 12 hours in June 2026 (6,292) than in the whole of 2019 (5,562)[v].
- Care in inappropriate places and overcrowding is not limited to A&E but affects areas throughout Scotland's hospitals. A new flow plan is not going to have the required impact without sustained investment in a whole-system solution. With almost 2,000 hospital beds per day continuing to be occupied by patients' whose discharge has been delayed[vi], it's simply not possible to address corridor care and hospital overcrowding without ensuring that Scotland's hospital bed base is sufficient to meet increasing demand, and sustained action to increase capacity in community and care home settings.
- While the Scottish government has committed to "eliminate non-standard care areas," there is a need to measure the problem to know the scale of the challenge and whether measures put in place to deal with it are making any improvements.
- Scotland is now trailing behind England in the publication of data on corridor care. In England data has been available since May, and shows a monthly average, as well as daily submission, broken down by Trust[vii].
- **We're calling for the Scottish government to publish accurate data, alongside a fully funded action plan and timeline for eradication**, including how they intend to increase hospital staffing and beds, as well as increase capacity in community services and social care in a sustainable way.

RCN Scotland priorities for the Programme for Government

Boost recruitment and retention by implementing the SNP manifesto commitment to improve career progression for nurses

- Career progression for nursing roles has fallen behind when compared to midwives and Allied Health Profession (AHP) staff. Band 5 staff make up the largest proportion of the nursing workforce (40%). By comparison, while midwives and AHPs also start their careers at band 5, they progress to band 6 after a period of development and consolidation of clinical skills. As a result, only 10% of the midwifery and 14% of the AHP workforce are paid at band 5.
- Nursing also deserves a career structure that supports clear progression, and we very much welcome the SNP manifesto commitment to "improve pathways to progression from band 5 to band 6 for nurses."
- **We're calling for the introduction of automatic progression from band 5 to band 6 for nurses, following a period of consolidated learning/preceptorship. While band 5 is the point at which newly qualified nurses join Agenda for Change upon registration, the RCN's position is that nursing is a band 6 profession.** This is the career model already in place for midwives and paramedics. We are engaging with the Scottish government to ensure it moves quickly to implement this manifesto commitment.
- Whilst pay is only one element of the complex web which runs through the recruitment and retention crisis, we strongly believe that providing career progression, and parity with other healthcare professions, will attract more people into the nursing profession and boost retention of experienced nurses.

Staffing for safe and effective care – the need for nurse-to-patient ratios

- Despite Scotland's safe staffing legislation (the Health and Care (Staffing) Act 2019) coming into force in 2024, nursing shortages continue to have a damaging impact, with many nurses caring for unsafe numbers of patients, in turn causing overwhelming pressure and burnout. We have significant concerns that the nursing workforce planning tools, mandated for use in the Health and Care (Staffing) Act, are not fit for purpose.
- In a recent survey asking RCN Scotland members about their last shift at work[viii]:
    - ◊ 25% said staffing levels were well below what was needed and described them as unsafe with care significantly compromised and a high risk of harm to patients. A further 47% said they were below what was needed, with risk managed but some compromises to care and pressure on staff.

- Over half of nursing staff (51%) felt that care was compromised during their last shift.
- 76% of nursing staff report regularly needing to make difficult decisions about prioritising care due to limited time and resources

- 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.
- The evidence couldn't be clearer. When there are enough nursing staff, with the right skills, in any care setting, patients are safer. An increase in a registered nurses' workload by one patient increases the likelihood of an inpatient dying by 7%[ix]. **We are campaigning for 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.
- Neither the Scottish government's Health and Social Care Service Renewal Framework or the Population Health Framework include a comprehensive workforce plan setting out how the Scottish government intends to put in place the sustainable nursing workforce needed to meet their ambitions. **A priority for the Scottish government must be the development of a long-term workforce plan**, based on a robust assessment of increasing need and Scotland's ageing population.

The need to invest in community services and prevention

- There is widespread agreement about the urgent need to increase provision of services in the community and to focus on prevention and early intervention. But this has been talked about for years, and there is a persistent implementation gap between policy ambition and delivery on the ground.
- For example, the workforce trends within district nursing, health visiting and school nursing services are all at odds with this policy direction. As is the nursing workforce trends within care homes.
- District nurses are fundamental to the Scottish government's plans to shift the balance of care, caring for patients with complex health needs in their own home as well as delivering preventative care and supporting long-term conditions and palliative patients. However, there has been a decline in the number of registered nurses being supported to complete the specialist qualification in district nursing since 2020. NHS Board data indicates that only 24% of registered nurses within district nursing teams hold the SPQ qualification designed to equip them with the additional knowledge and

Board data indicates that only 24% of registered nurses within district nursing teams hold the SPQ qualification designed to equip them with the additional knowledge and skills to manage complex caseloads[x].

- Since 2020 the registered nursing workforce in health visiting teams has fallen by 7% and, despite a Scottish government commitment to maintain or annually increase numbers of registered nurses undertaking the specialist qualification in health visiting, data provided by NHS boards highlights that the numbers have been in decline since 2022. There is a similar trend in school nursing with the numbers declining since 2022 and reduced investment in supporting nurses to complete the specialist school nursing qualification[xi].
- This failure to invest in Scotland's community nursing teams is at odds with the policy ambition to provide more care in the community and increase prevention.
- Fulfilling the Scottish government's objective of providing more care in the community also includes social care. Evidence shows that clinical complexity among care home residents is rising sharply. As residents' complexity of clinical need increases, the skill and availability of the registered nursing workforce employed within care homes becomes ever more important. However, registered nurse numbers in care homes have fallen by around 24% over the last 10 years[xii].
- Given the workforce trends outlined above, we are calling for **investment in registered nurses in community services. Strengthening Scotland's community nursing workforce is one of the best investments the Scottish government could make.**
- We're also calling for funding for the social care sector that recognises the need to **significantly increase the number of registered nurses employed directly within care homes**. Achieving parity of pay, terms and conditions for nursing staff working in social care and the third sector is also vital for addressing recruitment and retention difficulties in these services.
- **A sustainable funding model for hospices and palliative care is also needed**. To increase access to these vital services and help address current high levels of unmet need.

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