Safe and effective staffing for palliative care inpatient services: key principles

This standalone summary is designed to act as an aide memoire in support of safe and effective staffing for palliative care inpatient units for adults and children within independent hospices and NHS hospitals. The key principles outlined here are expanded upon in the main resource: Casey A. Safe and effective staffing for palliative care inpatient services: an improvement resource.

Right Staff

The Board of Directors should carry out a full and detailed strategic workforce review using evidence-based workforce planning tools at least annually, aligned to the business planning process.

Robust training, education and data quality oversight is required of such tools to ensure valid and reliable data outputs.

The monitoring of local patient quality and safety outcomes are essential when setting and reviewing staffing.

The application of professional judgement is vital and must be informed by the clinical leaders who provide the conceptual knowledge of the unit.

Staffing establishments should include a realistic headroom to allow for the efficient and responsible management of planned and unplanned leave and absences.



Right Skills

The skill mix required to deliver care safely and effectively within the resources available, should be integral to operational, business planning and establishment setting.

The composition of the care team should be determined locally, informed by patient case mix/acuity and dependency, decision support tools, evidence reviews and professional judgement.

Skill mix changes e.g., new roles/new ways of working within roles, should be subject to a Quality Impact Assessment with executive sign off and reported to the Board monthly.

Clinical team must be appropriately trained to be effective in their roles, identified by a comprehensive training needs analysis.

Unit clinical managers should be allocated locally agreed time for their managerial and supervisory role that reflect both administrative work and clinical leadership with appropriate impact assessment and analysis.

Staff should feel valued at all stages of their career; support to get off to a good start, opportunities for progression, and support when approaching retirement age to allow staff to use their skills and experiences.





Measure and Improve

Organisations should have a local quality dashboard that is reviewed monthly and includes unit level data on patient and staff outcomes, budgeted establishment, expenditure to date, and temporary staffing use to inform assurance and decision making for safe and effective staffing.

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Staffing red flags raised should be investigated, responded to and resolved where possible to maintain safety in line with local escalation plans, and reported to and reviewed at monthly quality and safety meetings.

The Board should review both positive and negative feedback from patients and staff to support local learning and improvement.



Staff should be deployed effectively taking account of unit layout, patient acuity and dependency, phase of illness, visibility of patients, and respond to dynamic changes and patient complexity within daily workloads.

Escalation policies and contingency plans for when staffing capacity and capability fall short of what is needed for safe, effective and compassionate care should be in place.

Robust governance systems to support effective use of temporary staffing solutions and best practice standards should be in place.

Rosters should be published and available for staff six to eight weeks in advance to provide a positive work life balance.

Staff should take breaks during the shift rather than at the beginning or end of a shift. This reduces risks of fatigue and errors while safeguarding staff health and wellbeing.

All employees are legally entitled to ask for a flexible working arrangement, from their first day of employment.

Based upon the expectations set out by the National Quality Board in: Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. NQB; 2016

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