Safer staffing: examples of best practice

Introduction

This collection of best practice examples accompanies the 'Safe and effective staffing for palliative care inpatient services' improvement resource published by Hospice UK in September 2025.

With thanks to the organisations who wrote and shared their work, these examples of best practice put the principles of the toolkit into practice. The content shared here covers approaches to decision-making on the medical and clinical establishment required for hospice services, particularly inpatient units. It also showcases a range of practical deployment tools that hospices are using to manage their staffing rotas and patient caseloads in real time.

Contact us

For more information about our workforce programmes, or to contribute further examples to this best practice listing, contact: clinical@hospiceuk.org

About Hospice UK

Hospice care eases the physical and emotional pain of death and dying. Letting people focus on living, right until the end. But too many people miss out on this essential care. Hospice UK fights for hospice care for all who need it, for now and forever.

Contents

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Establishment setting guides

Sue Ryder: Safer Nursing Care Tool (SNCT) Safe nurse staffing decision support tool

Organisation	Contacts
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Background

In 2016, the National Quality Board (NQB)[1] recommended that all NHS organisations use a triangulated approach to the annual setting and reviewing of ward establishments / staffing. This requires all NHS Trusts to apply professional judgement alongside reviewing patient and staff outcomes in conjunction with the recommended establishments provided by any evidence-based decision support tool.

The Safer Nursing Care Tool (SNCT) is an evidence-based safe nurse staffing decision support tool originally published in 2006 and updated in 2013 and 2023. The tool provides recommended establishments based on the patient care needs and when triangulated with professional judgement and patient / staff outcomes supports nurse directors to plan staffing requirements for adult inpatient wards in acute hospitals. The tool was endorsed by the National Institute for Health and Care Excellence (NICE) in 2014 which recommends that establishment reviews are carried out every six-months, this being a 30-day data collection (looking back over the last 24hours). These reviews are critical to ensuring that the right people, with the right skills, are in the right place at the right time. It provides the opportunity to evaluate staffing capacity and capability and to forecast the likely staffing requirements for the next financial year, based on the use of evidence-based tools, and a discussion with clinical team leaders.

Currently there is no equivalent evidence-based staffing tool for hospice care and these provider organisations fall outside the governance and reporting remit of NHS England. A Palliative Care Dependency Acuity tool was developed by Dr

[1] National Quality Board. Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. NQB; 2016

Keith Hurst, which was underpinned by data from 87 adult hospices in England. The research principles are based on those used to develop the SNCT.

This provides a staffing resource (multiplier) which when aligned to the dependency / acuity of each patient can support the establishment proposals for this specialist area. The dependency / acuity scale is simple to use and would take approximately 30 mins per 30 bed ward per day.

In 2021, Sue Ryder developed a partnership with an external consultant for the expertise in supporting the adoption and implementation of the Palliative Care Dependency Acuity tool across all their hospice inpatient units. The aim of this is to ensure that each of the hospices' inpatient units has an appropriate establishment of qualified and competent nurses and healthcare assistants, to provide safe and effective care to meet a patient's individual acuity and dependency care requirements.

Aim(s)

- To implement a clear framework on safe staffing standards across Sue Ryder to maintain safe and sustainable staffing levels at all their inpatient units within the hospice setting. This includes when and how clinical services review their budgeted establishment to ensure that their staffing levels meet the needs of users accessing Sue Ryder services.
- To use an evidence-based safe nurse staffing decision support framework and tool to ensure that each of the hospices' inpatient units has an appropriate establishment of qualified and competent nurses and healthcare assistants, to provide safe and effective care to meet the patient's individual acuity and dependency care requirements.
- To use the evidence-based framework to determine and set annual establishment budgets at each of the Sue Ryder inpatient units.
- To provide an escalation process to monitor and address clinical staffing risks.
- To use the data and information from the annual establishment reviews to set Quality Improvement Priorities for the coming year.
- Meet the expected regulatory framework compliance, such as the Care Quality Commission and the National Quality Board (NQB) staffing guidelines.

Actions

Individual staff were identified at each local service to attend Safe Staffing Training, with annual refresher courses on Patient Acuity Tools and the Professional Judgement Framework. These refresher courses are designed to update staff on

the latest methods for assessing patient acuity and applying the 'Professional Judgement Framework' in care planning. The training includes hands-on practice with acuity tools, helping staff accurately assess and prioritise patient needs. It also reinforces the use of professional judgement in decision-making, ensuring that staff are confident in adapting their care approaches based on evolving patient conditions and care priorities.

Sue Ryder has implemented Annual Establishment Reviews, this includes clinical establishment reviews that take place during the months of May and September using the evidence-based Palliative Care Dependency Acuity tool and framework, which includes:

- Patient acuity and dependency data.
- Quality indicators.
- Patient feedback.
- Nursing red flags.

The collected data is analysed by the external safe staffing consultant, using the evidenced-based Palliative Care Dependency Acuity tool. This data is then shared with the individual services in preparation for the Professional Judgement Discussion meetings.

The professional judgement discussion takes place in the month of November, following the two data collections to inform budget establishment and skill mix for safe staffing levels. A summary of the two data collections is produced as an annual report by the external staff staffing consultant for each individual service. This report shows a triangulation of all the data collected to inform the recommended establishment. The outcome of this discussion is to agree the recommended establishment, skill mix and budgets for safe staffing. This outcome informs the annual Sue Ryder Safe Staffing Board Assurance Report which is presented to the Board for approval. The report provides a summary of the triangulated data with any recommendations for changes to establishment skill mix and / or budgets, and quality improvements initiatives and outcomes.

In addition to the Annual Establishment Reviews, safe staffing is monitored as part of the Daily Operational Staffing Reviews. The nurse in charge is responsible for reviewing and taking appropriate action for nursing staffing levels at the start of a shift for both the actual shift and oncoming shift. Each of the individual services are responsible for completing the daily safe staffing document by 9:30am where there is clear guidance on management and escalation processes for safe staffing.

Outcomes

Implementing this evidence-based safe nurse staffing decision support framework and tool provides assurance that each of the hospices' inpatient units has an

appropriate establishment of qualified and competent nurses and healthcare assistants, to provide safe and effective care to meet a patient's individual acuity and dependency care requirements.

The outcomes of the data collection, analysis and professional judgement discussions have determined quality improvement initiatives that have improved safe and effective care delivery. Some of these initiatives include exploring e-Rostering Systems, implementation of the National Safe Staffing Policy, reviewing referral sources and the role of the admission and discharge co-ordinator and ensuring the current uplift for mandatory and statutory training hours remains appropriate and that staff are rostered appropriately to meet mandatory and statutory training requirements.

In addition, this process and procedure allows the organisation to evidence the requirements for meeting the expected regulatory framework compliance, such as the Care Quality Commission and the National Quality Board (NQB) staffing guidelines.

Key enablers

- Keith Hurst Palliative Care Dependency Acuity Tool.
- External safe staffing consultant.
- Internal safe staffing lead.
- Internal safe staffing policy.
- Staff training.

Key challenges

Some of the challenges identified include:

- Implementation of evidenced-based establishment figures. Ways in which this has been overcome involve clear communication and collaboration with finance colleagues and budget holders, ensuring that there is a clear agreed process for replacing roles and utilising this information in budget setting and forecasts.
- To gain high amounts of both patient and staff safety survey responses during the data collection months. Ways in which this has been overcome include using QR codes for staff and / or patients / carers to scan, and utilising the volunteer role to support patients / carers in completing the surveys. An increase in feedback responses has been achieved at some of Sue Ryder's services following this change in practice.

Conclusions and next steps

The safe staffing methodology has had a positive impact on providing high quality, safe and effective care to the people who access Sue Ryder hospice inpatient services. By using this evidence-based tool, they have been able to ensure that services have the required and appropriate staff to meet the acuity and dependency needs of the people who access our specialist services.

Next steps include exploring safe staffing tools for community services and medical teams with future plans for allied health professionals as well.

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Cheshire & Merseyside Strategic Clinical Network (SCN): principles for providing safe medical / nursing staffing

Hospice	Contact
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Background

The North West Coast NHS Clinical Network, Cheshire & Merseyside Palliative & End of Life Care (PEoLC) programme considered hospice sustainability prior to the COVID-19 pandemic. This was in response to concerns raised by hospice chief executives and the report from the discovery phase of the Future Vision Programme, sponsored through Hospice UK.

The Future Vision scoping reflected both the challenges for hospices in funding clinical care that is increasingly complex, without the ability to negotiate additional NHS funding, and the significant variation between services being described by commissioners.

The Hospice UK Future Vison report suggested one principle to consider for sustaining hospice services, which was to take a transformative approach to statutory funding. Hospices receive statutory funding via a grant allocation. The average contribution to hospice running costs across Cheshire and Merseyside is 28%. Hospices are reliant on charitable funding to provide all services, including core medical and nursing costs.

The impact of the pandemic on hospices in not being able to host charitable fundraising events, further highlighted the vulnerability of the current funding model. Without Government intervention, through additional Treasury funding, it was predicted that 42 of the 128 hospice beds across Cheshire and Merseyside would have been lost to the system. At July 2025 there are 100 adult hospice beds.

Aim(s)

In 2021 a project was established to build on the Cheshire and Merseyside PEoLC Clinical Network Service Descriptor for Specialist Palliative Care (2020) to:

- Specify and agree core components of clinical care to be provided by a specialist palliative care adult hospice.

- Describe the principles for providing safe medical staffing to deliver core clinical care within a specialist palliative care adult hospice.
- Describe the principles for providing safe nursing staffing to deliver core clinical care within a specialist palliative care adult hospice.
- Consider a framework for the statutory commissioning of core medical and nursing staffing within specialist palliative care adult hospices across Cheshire and Merseyside.

Actions

A costed model, based on mid-point NHS salaries with on costs and NHS appropriate on-call and Out of Hours payments was modelled applying the recommended staffing levels set out in the reports above for a 10 bed inpatient unit. This included average overhead costs from all the hospices for buildings / utilities, housekeeping, catering, pharmacy, etc.

Results

From audited account analysis work which was done alongside the costed model, we could easily identify core NHS funding, the overall funding gap for sustainability, the inequity in NHS core funding across our adult hospices and the sector risks. We produced an inpatient unit bed cost per day including all overheads giving a currency to progress negotiation with the ICB. Given the Cheshire and Merseyside ICB's significantly challenging financial position 2023/24 onward, a moderated proposal was put forward to the ICB to invest over a six-year period – this was rejected by the ICB with a commitment to work with the sector from 2025/26 on a Hospice Review Programme.

The Cheshire and Merseyside Hospice Provider Collaborative raised the sector's profile significantly through this period. We also produced inpatient unit data analysis reports and a catalogue of services to support a bid for additional funding.

Key enablers

The collaborative employed a programme lead who was able to dedicate time and effort to pulling together all the information needed and producing a report to the ICB with the sector's proposals set out. This raised the profile of the hospices with the ICB.

The NHS NW Coast Clinical Network's recommended staffing report provided the basis for the engagement with the ICB around funding.

Key challenges

The ICB's significantly challenging financial position prevented any additional NHS funding being provided to the sector, although the ICB are now consistently applying annual inflationary increases to the hospices and have committed to work with the hospices in Cheshire and Merseyside on the Hospice Review Programme.

Conclusions

We are underway with the ICB's Hospice Review Programme – the costed model seems to have been accepted as a unit bed cost. A hospice service specification is being drawn up with engagement of the Hospice Project Lead working in partnership with commissioners. A palliative and end of life care population based needs assessment is also being developed which will support future demand planning and a roadmap to what hospice services are needed in Cheshire and Merseyside and how these are funded.

Supporting documents

Key Principles for Medical Staffing in Hospice Based Specialist Palliative Care Units: Cheshire & Merseyside (NHS North west coast strategic clinical network: Cheshire & Merseyside: Final version November 2022)
https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2023/06/Key-Principles-to-support-Medical-Staffing-Establishment-FINAL.pdf

Principles for providing safe nursing staffing to deliver core clinical care within a specialist palliative care adult hospice (NHS North west coast strategic clinical network: Cheshire & Merseyside. Final version November 2022)
https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2023/06/Principles-for-providing-safe-nursing-staffing-in-SPC-Hospices.pdf

Staff deployment tools

North Devon Hospice: Safe Staffing Toolkit

Navigating safety in the face of increasing acuity

Hospice	Contacts
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Background

North Devon Hospice delivers specialist palliative care services to individuals in the North Devon community. Although the hospice operates within a clinical and commissioning context distinct from that of the National Health Service, it remains subject to the broader national recommendations on patient safety. Recognising the relevance of findings from national reviews and system-wide analyses, the hospice sought to integrate key lessons into its own practice.

In response to the growing complexity of patient needs and the imperative for evidence-based workforce planning, North Devon Hospice has developed a bespoke Safe Staffing Toolkit. Integrating Allocate SafeCare, this initiative was designed to enhance both patient safety and workforce efficiency across the hospice's services. This case study outlines the development, implementation, and outcomes of the toolkit, illustrating its contribution to safer and more responsive staffing practices in the hospice setting.

Aim(s)

Initiated in 2019, the project identified a critical gap in the availability of standardised, evidence-based tools for measuring safe staffing in hospice environments. In response, the hospice developed a bespoke toolkit incorporating care hours per patient day (CHPPD), patient acuity levels and relevant clinical outcome measures. This tool enables the quantification of

required care hours based on patient acuity and facilitates comparison with the staffing hours available, thereby supporting safe and effective staffing.

Actions

The development of the toolkit was a collaborative effort, involving clinical stakeholders and drawing on established measures from the Outcome Assessment and Complexity Collaborative (OACC), including Phase of Illness, the Integrated Palliative care Outcome Scale (IPOS), and the Australia-modified Karnofsky Performance Scale (AKPS). Patient acuity is assessed and recorded on a daily basis. When combined with rostered nursing hours, the system generates a utilisation score that informs decisions around admissions and caseload management.

The toolkit was designed to be applicable across multiple services, including the inpatient unit, Hospice to Home service, and the Community Nurse Specialist Team. While the core framework - comprising consistent levels and descriptors - is uniform across teams, each service is supported by detailed, tailored guidance to reflect the nuances of their specific contexts. The toolkit is utilised both in real-time and over the medium to long term to monitor caseloads, track patient acuity trends, and assess workforce utilisation.

Outcomes

The implementation of the Safe Staffing Toolkit has led to several positive outcomes:

- **Enhanced patient safety** Aligning staffing levels with patient acuity has improved the appropriateness of admissions, reducing the risk of adverse events. The toolkit has enabled clinical teams to effectively communicate service demand internally and within the broader healthcare system, supporting more informed clinical decisions.
- **Evidence-based decision making** The system has provided a robust framework for evidencing staff concerns related to workload and patient safety. Data collected has shown increasing patient acuity over time, directly influencing investment in the nursing workforce.
- **Empowerment and psychological safety** The toolkit has supported a culture in which staff feel empowered to raise concerns about service pressures. Quantitative data serves to validate professional judgement, positively impacting morale, stress levels, and overall wellbeing.

- **Optimising skill mix** Integration with the hospice's Nurse Proficiency Platform on the inpatient unit allows for precise identification of the appropriate skill level required to address staffing shortfalls.
- **Consistent communication** The adoption of a standardised language and approach across services has improved inter-team communication and mutual understanding of patient acuity.
- **Organisational assurance** Staffing data is triangulated with nurse-sensitive indicators and admissions data. In addition, safe staffing data is used in combination with occupancy levels to give an indication of the business of the inpatient unit. Alongside other key performance indicators (KPIs), safe care data for all clinical teams is included in the organisation's strategic KPIs, providing assurance at Board level.

Key enablers

The project revealed several critical insights:

- **Stakeholder engagement** Early and continued involvement of clinical staff was vital to ensure the toolkit's relevance, usability, and adoption across services.
- **Continuous improvement** Ongoing review of utilisation data enabled timely interventions and the refinement of the toolkit, ensuring consistency and responsiveness.
- **Adaptability** Flexibility in the toolkit has allowed for recalibration to account for evolving patient conditions and service requirements.

Conclusions

The development and implementation of a bespoke Safe Staffing Toolkit at North Devon Hospice represents a significant advancement in the application of evidence-based workforce deployment within palliative care. By tailoring the approach to its unique context, the hospice has enhanced patient safety, optimised resource allocation, and fostered a culture of transparency, safety and continuous improvement. The initiative offers a model for other hospices and specialist care providers seeking to embed safe staffing principles into practice.

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Hospiscare: Escalation in Activity Tool (HEAT)

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Background

The Hospiscare Escalation in Activity Tool (HEAT) was developed in response to:

- COVID-19.
- An increase in referrals / complexities.
- Recruitment challenges.
- Ability to be agile and responsive.
- Remaining safe.

Aim(s)

We needed the tool to:

- Ensure clinical safety and effective patient care at all times.
- Support timely decision-making around implementing actions to balance pressure and demand and ensure safe patient care.
- Have leadership structures in place to manage demand and associated actions, in and out of hours.
- Safeguard the wellbeing and capacity of teams throughout periods of heightened activity.
- Reduce the HEAT level at the earliest opportunity.

Actions

Development of a clinical risk matrix incorporating safe staffing, dependency measures and referral pressures.

The aim was then to design an online tool, accessible to all clinical teams to be able to input data daily, with the aim of triangulating these daily factors and giving a score. This score then is interpreted into a RAG rating. This means that the Clinical Director and senior team have an effective way of measuring our 'busyness' and can quickly mobilise changes to ensure patient safety by the middle of the morning. The tool also gives us an external language, as aligns with NHS operational pressure escalation levels understood by external colleagues. This enables our teams to effectively articulate the pressure within our service on any given day.

The tool was developed between the Clinical Director and the hospice's Digital Lead. The Vantage platform hosts the tool.

Outcomes

- There are daily reports via email to identify the safety of the hospice's clinical service, highlighting pressure points. There are monthly and quarterly dashboards for quality and monitoring purposes. Shared with clinical teams, governance committee and the Board. Data collection includes, complexity and dependency data and trends of patients, staffing data, referral and pressure of calls into the hospice's co-ordination centre.
- Care Quality Commission evidence report. Used in recent inspection, the tool provided easy access to evidence on how we covered staffing issues etc. HEAT is a well embedded operational and strategic tool and culturally accepted by teams.

Key enablers

- Teams were brought into the development of the tool.
- The project utilised skills of wider organisational colleagues, i.e. IT.

Key challenges

Occasionally we need to prompt someone to complete their element. The tool uses data from SystmOne which does not update at the weekends and therefore this tool can only be used Monday-Friday.

Conclusion

This tool has revolutionised the hospice's clinical safety. It can be used on a day-to-day basis to mobilise staff where needed. HEAT has been used to make strategic decisions around referral management, developing model of care, etc. It has also been used to support business cases and clearly identifies pressure points across the service.

Next steps

The tool was designed approximately four years ago, post COVID-19 and clinical demands have increased since this time. This means that there is an annual review of the matrix to ensure it is still applicable. An inpatient dependency marker has been added to the tool. Hospiscare continue to present at webinars for peers across the hospice sector, and publish this work for the benefit of wider audiences.