

# Safer Nursing Care Tool

## Professional Judgement Principles

Version 1.0



### VERSION HISTORY

Version	Date created	Brief Summary of Change
V0.1	19/02/26	First draft collated by Julie Tunney and Thomas Hill following the first Task and Finish Group (C&M Provider Collaborative).
V1.0	15/04/2026	Feedback from the professional judgement task and finish group was incorporated into the document. Document approved by Provider Collaborative/Chief Nurse meeting, March 2026.

# 1 The Safer Nursing Care Tool and Cheshire and Merseyside Professional Judgement Guidance

## 1.1 Safer Nursing Care Tool

The safer nursing care tool (SNCT) is a workforce tool designed to help users determine the level of nursing staff needed to provide safe patient care and adequately meet patients' needs.

The tool measures patient acuity, dependency and other factors to determine the total number of nurses at a ward level. SNCT has been approved by the National Institute for Health and Care Excellence (NICE) and is used by regulators to measure trusts against when making judgements about safe staffing in Key Lines of Enquiry. Healthcare leaders can complete the **Chief Nursing Officer Safer Staffing Fellowship Programme** to become experts in safe staffing and support embedding a sustainable, consistent approach to safer staffing in the NHS.

## 1.2 SNCT applications

SNCT has 2 primary use cases: to create a workforce baseline for long-term workforce planning and as a daily tool to identify areas where variation in patient needs and staffing factors requires dynamic changes to staffing levels.

### 1.2.1 Workforce planning

Chief Nurses (or equivalent) lead the SNCT process, ensuring that biannual assessments are completed across all relevant wards. As part of these reviews, organisations must triangulate SNCT outcomes, professional judgement and quality outcomes when determining the required establishment for areas. These assessments generate a recommended staffing establishment for each ward area. The outputs are reviewed alongside professional judgement and patient outcomes and are then approved through trust leadership boards. Where gaps are identified, actions can be taken to increase the workforce and support safe nurse-to-patient ratios.

The National Quality Board requires that Trust boards look at a standard set of supporting data when determining staffing establishment. Some organisations use a slightly expanded version, but the six core data items are:

1. SNCT results/acuity & dependency data
2. Staffing metrics
  - Fill rates, CHPPD, skill mix
3. Quality indicators
  - Falls, pressure ulcers, medication errors, delays in care
4. Workforce indicators
  - Sickness, turnover, vacancy rates and temporary staffing use
5. Patient experience feedback
  - Complaints, FFT themes, visiting feedback
6. Red flag events
  - Missed care, short staffing incidents, staffing-related safety concerns

There are versions of the SNCT designed for different care settings, including adult acute care, children and young persons, emergency departments, and mental health services.

### **1.2.2 Daily assessments**

SNCT principles are used daily to evaluate staffing levels and ensure they are appropriate for the current level of patient need. Local leaders, such as ward managers, matrons and other nursing managers, review the daily SNCT data, staffing numbers and skill mix. This data is used to identify any staffing risks and decide whether these risks can be managed locally or require escalation.

### **1.3 Professional Judgement**

Professional Judgement is a key factor in setting safe staffing levels and NHS England advocates a triangulated approach, using an evidence-based tool (SNCT), professional judgement and nurse-sensitive outcome measures. This involves challenging the calculated figure to ensure it is appropriate and reflects local factors and challenges which the SNCT may not be able to account for. The SNCT has a professional judgement framework which provides prompts to the reviewer to sense-check the outcome of their review. The data collected in reviews can be challenged, and action can be taken to rectify any staffing issues.

## 1.4 Cheshire and Merseyside Professional Judgement Guidelines

Cheshire and Merseyside Provider Collaborative (CMPC) has been invited to collaborate with the Chief Nursing Professional Group to produce the Cheshire and Merseyside Professional Judgement Guidance (PJG). The Cheshire and Merseyside PJG are based on information contained within the Safer Nursing Care Tool Professional Judgement Framework. This framework considers rostering, ward layout, patient turnover and other factors to support reviewers to sense check their conclusions in a structured way.

This guidance is intended to support staff who make short-term staffing decisions on individual wards. These principles should support all staff to identify staffing risks and justify escalation, particularly those who have not had formal SNCT training.

This document is intended to be used across all providers in Cheshire and Merseyside to standardise the application of professional judgement and deliver a uniform approach for our staff and patients.

A task and finish group was established at the request of the Chief Nursing professional group, with representation from:

- Bridgewater Community Healthcare NHSFT
- Cheshire and Merseyside Provider Collaborative
- Clatterbridge Cancer Centre NHSFT
- Countess of Chester NHSFT
- East Cheshire NHST
- Liverpool University Hospitals NHSFT
- Mersey Care NHSFT
- Merseyside and West Lancashire Teaching Hospitals NHSFT
- The Walton Centre NHSFT
- Warrington and Halton Teaching Hospitals NHSFT

The guidance has been produced based on evidence within the SNCT principles, the views of the Chief Nursing/CMPC group, and the recommendations of the professional Judgement task and finish group.

## 2 Daily Professional Judgement Guidance in Daily Assessments

### 2.1 Measurement accuracy & Use of Tools

#### 2.1.1 Is acuity being measured correctly?

The SNCT is only accurate and valid if applied correctly; accuracy depends on the reliability of the measurements, not the tool itself.

Without proper training, both random errors and systemic bias can creep into the data. Staff must be trained, assessed for competence, and periodically retested.

#### 2.1.2 Limits of Measurement Tools

Acuity and dependency tools guide staffing but can't capture the complexity of individual patient needs. If the suggested staffing level seems wrong, there may be other factors that haven't been accounted for.

### 2.2 Professional Judgement & Interpretation of Data

Professional judgement is the systematic application of clinical expertise, contextual knowledge, and risk assessment to interpret evidence-based staffing tools and determine safe staffing requirements.

Professional judgement can be applied by:

- Ward / Department leaders
- Matrons
- Site Managers
- Divisional Nurses
- Deputy / Chief Nurses

#### 2.2.1 Clinical Expertise Matters

Nurses should utilise their experience and knowledge of patient needs, ward dynamics and clinical risk to interpret acuity data, rather than accept it at face value.

#### 2.2.2 Context Influences Staffing Needs

Acuity scores don't always account for factors such as patient turnover, safeguarding needs, end-of-life care and behavioural and cognitive challenges.

These factors can impact staffing requirements but aren't accounted for when measuring acuity. It is important to assess these factors when professional judgement is used to interpret acuity data in safer staffing reviews. If acuity data does not feel clinically correct, articulate why and document this.

Staffing decisions should also consider physical care, emotional and psychological support, communication needs, family involvement and complexity of interventions. Patients requiring enhanced observation, mental health support, or complex communication needs often require more RN time than SNCT categories suggest.

### 2.2.3 Data is a guide, Safety Takes Priority

SNCT provides a staffing baseline. Professional judgement should be used to adjust staffing up or down based on clinical risk observations and feedback. If a risk is identified, then escalation is appropriate. The entire clinical team should be involved in these decisions.

### 2.2.4 The Wider Clinical Team

You should account for the contribution, availability and skill mix of AHPs on your ward, including student nurses, healthcare assistants, nursing associates, physiotherapists, occupational therapists, pharmacists and other allied health professionals. Having a range of allied health professionals can support nurses and reduce nursing staffing requirements.

### 2.2.5 Dynamic Assessment

Patient needs change throughout a shift. Professional judgement supports continuous reassessment rather than relying on a single snapshot.

## 2.3 Rostering & Staffing Processes

### 2.3.1 Is the staffing shortfall clear?

Is there a clear staff shortage due to increased acuity and dependency? Have factors such as sickness contributed to a decreased workforce? Can you quantify the shortfall?

### 2.3.2 Are staff rostered within trust policy?

Have you accounted for the correct daily demand and ensured that rostering is completed in line with trust policy?

### 2.3.3 Rostering Issues

Even with adequate staffing, if rostering is not done effectively, this can create shortages on days when demand and acuity are higher.

### 2.3.4 Is staffing flexible?

Are staff able to swap shifts to redistribute staff from within the same week? Are there unused hours within the roster that could be used to mitigate staffing gaps/concerns?

## 2.4 Additional Care Needs and Operational Pressures

### 2.4.1 Have you accounted for additional care needs?

Is 1-to-1 care, bay tagging and other additional care rostered in your ward? If so, when was this last reviewed? Patients receiving enhanced supervision should be reviewed and assessed daily to determine whether additional care is still required.

### 2.4.2 Patient Turnover and Flow

High admission/discharge activity increases workload even if acuity appears low.

### 2.4.3 Seasonal and Operational Pressures

Winter pressures, outbreaks, and surges in acuity require dynamic staffing adjustments beyond SNCT outputs.

#### **2.4.4 Professional Accountability**

Decisions must be documented, reasoned, and defensible. Professional judgement should be used to justify deviations from SNCT recommendations when needed for safety.

#### **2.4.5 Accountability and Transparency**

Professional judgement must be reasoned, documented and defensible. This supports governance, audit and safe staffing assurance. You should have at least a daily meeting, with additional meetings when managing high risks, where you can discuss shortfalls and agree if additional staff are needed or escalation is required.

#### **2.4.6 Escalation**

Do you have a clear escalation process and clear timescales for response to staffing escalations? To whom should you escalate additional staffing requests? How should escalations be handled? How are requests justified?

There should be clearly understood minimum expectations for documenting the reason for additional staffing requests. Additionally, there should be clear guidance outlining actions that should be taken when additional staff cannot be provided to mitigate staffing gaps and concerns.

Risks and concerns should always be escalated and documented, even when additional staffing can't be provided.

### 3 Principles of Professional Judgement – Annual

#### 3.1.1 Enough Data Must Be Collected to Get a Stable Estimate

To account for daily variation, patient acuity data must be collected over a period of 30 days. SNCT includes a precision tool that can help judge whether a dataset is large enough, if the dataset is limited or variable, treat the recommended establishment with caution.

#### 3.1.2 Changes in Ward Layout or Patient Mix

Shifts in patient types or physical layout can alter staffing needs when compared to previous SNCT assessments. Staffing levels should be reviewed when changes occur, not just when reviews are due.

#### 3.1.3 Temporary Staffing and Instability

High levels of bank/locum nursing staff can create inefficiencies in a ward. High turnover or sickness may indicate that current staffing levels do not reflect the requirements. Wards in this situation may need targeted support to stabilise.

#### 3.1.4 The Standard 22% Uplift May Not Fit Every Ward

SNCT includes a built-in 22% uplift for leave and training, but some wards need more. Factors such as staff age profile, parental leave, sickness rates, or speciality-specific study leave can increase uplift requirements. A mismatch here can lead to understaffing even if the establishment appears correct.

Students, new starters, and internationally recruited nurses require protected supervision time. Staffing requirements should be adjusted to maintain safety and development.

These apply across all categories and should be explicitly included in a system-level review.

#### 3.1.5 Comparing Recommendations to Reality

Use the current establishment as a baseline: is the new recommendation drastically different?

Consider whether the existing establishment was originally based on acuity and reflect on recent service changes, incidents, harms and red flags, delays in care, patient and staff experience feedback, and early warning indicators such as missed breaks.

#### 3.1.6 Ward Layout and Environment

Single rooms, long corridors and other layouts can increase staffing requirements as observations become more time-consuming. Professional judgement should adjust staffing accordingly.

## 4 Appendix A – Daily Safer Nursing Care Tool Checklist

### Professional Judgement & Interpretation of Data

- Have you considered patient needs, ward dynamics and clinical risk and are you assessing patients' needs using a recognised acuity tool?
- Have you considered individual safeguarding needs, patients receiving end of life care and those with behavioural or cognitive challenges
- Have you considered all types of care including physical care, emotional and psychological support, communication needs, family involvement and complexity of interventions?
- Have you considered additional roles outside of the daily establishment?

### Rostering & Staffing Processes

- Are you aware of the reason for the shortfall, is it due to sickness/absence or vacancy or another factor and are you able to demonstrate this?
- Is the roster managed within the realms of the trust policy on a shift-by-shift basis
- Are staff able to swap shifts to redistribute staff from within the same week?

### Additional Care Needs and Operational Pressures

- Is 1-to-1 care, bay tagging and other additional care rostered in your ward? If so, when was this last reviewed? Is it still required?
- Are admissions and discharges higher than usual on the shift and if so, have you included this change?
- Are there any ward outbreaks or surges in activity on the shift and have you considered this change?
- Once you have applied professional judgment on the shift are you able to evidence and justify your analysis
- Are you able to attend a daily staffing meeting where you can share the outcomes and actions required once that you have applied professional judgement using this guide.
- Is this information clearly documented included escalation and actions agreed