

SevernSide

Integrated Urgent Care

Clinical Navigation

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Contents

<i>Role of Clinical Navigator</i>	3
<i>Viewing and Monitoring the Patient Queue</i>	4
Watch list.....	4
<i>Validating Cases</i>	5
Adding text on to a case.....	5
<i>Tagging Cases</i>	5
What is a Priority Case.....	5
Cases involving Ears.....	6
What is Pharmacy First	6
Escalation Navigation.....	6
<i>Flexible Working</i>	7
Handover.....	7
<i>Standards for Clinical Navigators</i>	8
Training	8
Meetings.....	8
Qualification	8
Shifts covered	8
<i>Risk Score for Clinical Navigation</i>	8
<i>Change Register</i>	9

Clinical Navigation V6.5

Role of Clinical Navigator

The role of the Clinical Navigator (CN) is to actively monitor the IUC Advice Queue, increase patient safety and efficiency across the SevernSide service, working with the Clinical Co-ordinator, Shift Manager and other members of the Operations Team.

The CN will continually assess clinical acuity, deposition times and identify cases that may require additional support which may improve patient experience, safety, and quality of care. The role is particularly important during peak times and during escalation when volumes of case numbers are large and wait times are longer.

The Clinical Navigation role includes:

- Review cases on the queue to ensure that the priority / deposition assigned to the case is appropriate, using the information in the case summary.
- This may, in a small number of cases, include a review of other patient information such as, previous NHS pathways assessments, EMIS, or Connecting Care however this is not standard practice for navigation.
- Each case should be recorded as 'validated' in CLEO.
- A case may require escalation by attaching a priority tag. A priority tag will ensure a more rapid response from the Workflow and Capacity Coordinators (WACCs). They will allocate these cases first to clinicians to assess within their "My Work" queue.
- Identify appropriate cases and attach Pharmacy First Tags by following the [SOP Referring from OOHs to Community Pharmacy- Pharmacy First](#)
- Support case review and closure where the patient has declined further assessment when the ops team are trying to book a face-to-face assessment, and the original assessing clinician is not available.
- The CN should review the case and any associated clinical information to determine whether it is appropriate for closure without further assessment.
- This may include providing advice where the call handler or WACC is uncertain whether closure is suitable.
- Support case review and closure where the failed contact procedure has been met.
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- These cases should be allocated to the CN's 'My Work Queue for review.
- Create a "Watch List" of patients that carry clinical risk but are safe to be monitored as the given case deposition is appropriate but should be reviewed later in the shift and a priority tag considered if the patient is not allocated during their disposition time.
- Liaise closely with the WaCCs, Call Handlers (CH), Shift Manager (SM), Assistant Shift Manager (ASM) and Clinical Co-Ordinator (CC) to indicate the level of risk the service is holding, particularly in busy times.
- A table to articulate the level of risk is offered below to ensure consistency

Clinical Navigation V6.5

- Identifying cases which would benefit from early photo requests in accordance with the relevant SOP.
- These cases should have a 'Request Photo' tag applied by the CN.
- Assign appropriate identification tags to cases to better assist with allocation.
- Examples include Mental health, Medication Enquiry, EOL/Palliative, etc.
- Identify and flag duplicate cases to the ops team.
- Assisting the Operations Team with rare occurrences, such as emergencies on the clinical queue that require immediate clinical attention and cannot wait for a Priority Tag intervention.

Clinical Navigation should not:

- Intervene with clinical interventions (assessment or consultation directly with patients) in an ad-hoc fashion for cases on the IUC Advice queue.
- The CN should avoid direct contact with patients unless in the case of an emergency.

Viewing and Monitoring the Patient Queue

The IUC Advice queue shows all patients awaiting a telephone call back from a clinician, originating from NHS111, NHS on-line, Severnside Patient Line, Severnside Professional Line and the Mental Health Line.

- First, sequentially view cases by viewing them in case number order.
- Second, view the cases breaching their disposition (flagged as black) ensuring that breached cases remain appropriate to continue to wait.
- These cases will likely have received a safety call and so additional information in the cases should be reviewed to inform next step.
- Third, view cases by age – viewing elderly patients and very young patients to assess clinical risk, ensuring these cases have appropriate dispositions and are safe to continue to wait. This can be done using the 'Sort' function. Click on the column required to be sorted on the Cleo page i.e. age.

Watch list

The Clinical Navigator should consider holding a separate list of cases on paper for whom there is clinical concern but would benefit from additional information, such as a photo, prior to determining whether a priority tag is required. They may be cases which should be escalated if they breach their disposition time but may have been navigated early in patient journey with SevernSide.

This watch list should be reviewed regularly for updated information to inform whether priority tagging is required.



Clinical Navigation V6.5

If cases remain on the CN's watch list at the end of their shift and additional information remains unavailable a priority tag should be automatically added.

Validating Cases

When a CN reviews a case, this must be “validated” as the CN reviews each case. Please refer to the Cleo User Guide for Clinical Navigation. If cases are open by Call Handlers or Clinicians, this action is not immediately possible. The CN should return to this case when the colleague has ‘come out’ to ensure it is validated.

Validation is an electronic stamp that denotes that the case has been reviewed by the CN, and the case is suitable to remain on the queue as given without additional action.

A validation entry of a green flag  appears on the Event List for each case once validation is completed. Case Validation can be done multiple times during a shift as the CN role is continually assessing and monitoring the queue and it may be necessary to re-validate cases that have breached case depositions later in the shift. The number on the green flag sequentially increases denoting the number of validation actions i.e. two episodes of validation would be denoted as .

If other tagging action is taken (e.g. Priority Tag, Photo Request), validation marking is not required as this tagging action is also recorded in the Event List and serves to mark that the case has been reviewed.

Adding text on to a case

In a small number of cases, it may be relevant when validating or escalating a case to add text on to case, adding relevant clinical details that may help the clinicians on the advice queue. In this instance, follow instructions for Comfort Call where text can be added to a case. Please refer to Cleo Clinical Navigator User Guide.

This may include to note safeguarding concerns or give specific instructions regarding the request for a photo where this may be ambiguous from the notes provided by NHS111.

Tagging Cases

The Clinical Navigator can add a ‘priority case’ tag. This will make the case visible to operational colleagues so they can allocate these cases as a priority to the next available clinician via their ‘My Work’ queue.

What is a Priority Case

A priority case tag can be added to cases for the following reasons:

- If the allocated deposition for a case is deemed inappropriate and clinically unsafe
- If the time frame based on the deposition has exceeded and a further wait is deemed clinically unsafe.

Clinical Navigation V6.5

- If the case record contains information that increases the acuity and clinical risk of the case
- If there are concerning features highlighted on the case record following safety calling
- If a patient case denotes a difficult patient journey and experience
- Strategic prioritising of home visits / base visits in view of pending shift resource, this must be in agreement with the shift manager

Cases involving Ears

All cases that involve a clinical presentation of an ear will be offered a direct face-to-face examination by the operations team and not be part of the telephone triage process unless a patient requests this. This forms part of a suite of measures to facilitate Effective Consultation work and escalation measures. All ear case numbers will be highlighted to the Operations team while clinical navigating.

What is Pharmacy First

This is a pathway that is implemented in primary and secondary care for cases of low acuity that are not urgent and can be managed at Pharmacy. Please refer to SOP [Referring from OOHs to Community Pharmacy- Pharmacy First](#).

Escalation Navigation

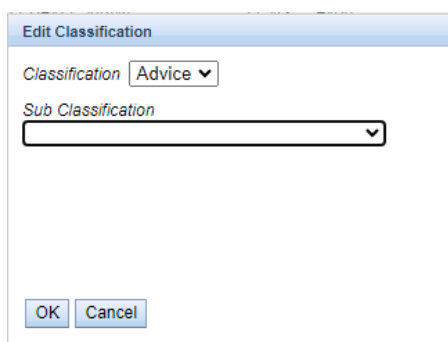
This forms part of the SevenSide Escalation Plan and is initiated by the Shift Manager. During extreme escalation, the CN may be asked to identify appropriate cases that are suitable to wait for a clinical assessment with their own GP the next day.

The following function within Cleo needs to be used for this:

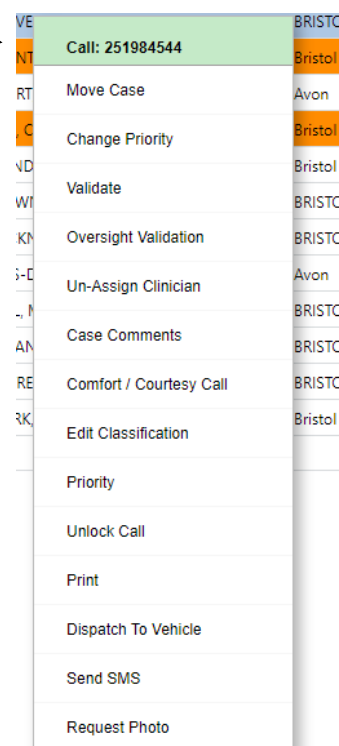
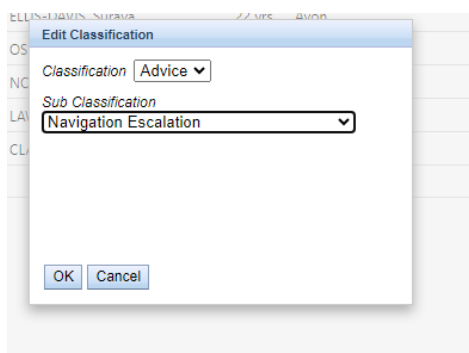
Clinical Navigation V6.5

1) Right click on a case and the following menu appears

2) Select 'Edit Classification'



3) Select 'Navigation Escalation'



The case will then be identified for the Operations team for Navigation Escalation and contact.

Flexible Working

The Clinical Navigator is essential to maintaining clinical safety in the service, particularly during busy periods. However, there may be times when the queue becomes more manageable with good flow through the service and no or very few cases breaching timeframes. During these times it may be appropriate for the Clinical Navigator role to do a Clinical role for the duration or some of the shift. Please manage this with the Shift Manager making the boundaries between the two roles clear with colleagues and yourself.

To aid the close working relationship between the Shift Manager, Clinical Co-coordinator and Clinical Navigator, the role must be done in Osprey Court. In exceptional circumstances a remote clinical navigation shift may be agreed.

Seating of Clinical Navigator

To aid live conversations and patient flow with Call Handlers and Workflow and Capacity Co-ordinators, the Clinical Navigator will sit with Operations Team.

Handover

At the end of a busy shift, to maintain a safe service once the CN has finished the last task, they should carry out a final review of the IUC Advice queue. During this review, the CN could consider identifying the next few patients to be called. This will support the overnight teams in

Clinical Navigation V6.5

prioritising call backs. Alternatively, the watch list should be used to indicate case which need tagging before the end of the CN shift

Standards for Clinical Navigators

Training

New Clinical Navigators must complete a weekend “paired” shift with an experienced Clinical Navigator. Further support can be offered if necessary.

Meetings

Meetings will be organised through the year as required. All CNs are strongly advised to attend these sessions as it is a forum to ensure consistency within the CN process and enables changes in the clinical / operational process to be communicated. This enables Severnside to support CNs in holding risk within the queue and ensure patient safety.

Qualification

Clinical Navigators must be Clinical Practitioners with significant experience in the IUC service and must hold a prescribing qualification. The role is primarily filled by Lead and Deputy Lead Clinical Practitioners, Head of Nursing and AHPs and the Director of Nursing, AHPs and Governance. Where there remains an important gap, the shift can be filled with alternative clinical practitioners who have received the relevant training. This should not be the standard practice.

Those operating in this shift attract their usual rate, not an elevated rate of pay.

Shifts covered

The CN role will be available in the rota as per the table below. As required shifts can be filled at the discretion of the operational leads planning for that weekend.

Day	AM (0800-1500)	PM (1500-2300)
Saturday	As required	Yes
Sunday	Yes	As required
Bank Holidays	Yes	Yes

Risk Score for Clinical Navigation

This fluid score is based on clinical judgement following review of all clinical cases on the queue.

It is dependent on many factors and considerations. For example;

- the presentation of the cases
- the weight of acuity of cases
- the numbers on the case load affecting the ability / agility to navigate
- the number of black cases as this indicates volumes of cases breaching times
- age profile of the queue
- case types for example considering an outbreak of a disease
- the number on the ‘watch list’ which gives an indication of cases for concern

Clinical Navigation V6.5

The level of risk could be articulated as one of the below. These are given as examples and no single factor should be considered in isolation.

Low	Medium	High
This would be appropriate where there are minimal breaches, all cases are navigated and all those with concerning presentations have been priority tagged and allocated.	This would be appropriate where the navigator has reviewed all cases but has found a moderate number of cases requiring priority tagging or 'watching'. Although these cases may be well managed the volume of priority cases and breaches could lead to some concern regarding risk. Equally if there are a large number of extreme ages on the queue experiencing delays.	This would be appropriate where there is a high volume of cases requiring priority tagging which means they are not all allocated, in combination with large volumes of breached cases. Worsening calls could also be high and there may be extreme of age which are not receiving timely review.

Change Register

Version	Date	Author	Change
5.0	28/02/2023	Renuka Suriyaarachchi	Updated following SI RCA identified learning
6.0	26/07/2024	Rhys Hancock, Lucy Grinnell & Renuka Suriyaarachchi	Updated following service operation changes to expand the CN role and recognise allocation practices.
6.1	17/01/2025	Renuka Suriyaarachchi	Pharmacy First process included
6.2	10/07/2025	Renuka Suriyaarachchi	Cleo process referred to in Cleo User Guide and Adastra removed
6.3	10/10.2025	Renuka Suriyaarachchi	Validation, navigation escalation, meetings
6.4	30/10/2025	Renuka Suriyaarachchi	New process for Pharmacy First 6 hour cases and Ear cases
6.5	16/01/2025	Renuka Suriyaarachchi	Sort function in queue and seating arrangements