

SevernSide

Integrated Urgent Care

Clinical Navigation

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Role of Clinical Navigator

The role of the Clinical Navigator (CN) is to actively monitor the IUC Advice Queue, increase patient safety and improve efficiency across the Severnside service. Working closely 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 to 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.
 - 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.
- Identify cases that are generally low acuity and would have better patient care, care journey and outcomes if re-directed to services that are better able to meet their needs.
 - This may include dental cases, dog bites, sprains and fractures or catheters.
- 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
- 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.

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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.

Commented [RS1]: Currently as it stands this is strictly speaking not true as a CN I signpost dental, dressing, blunt trauma, burns, catheters, dog bites as most appropriate

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. A combination of filters, search function and sequentially arranging headings in Cleo can be used to sort the queue.

The suggested order to view and validate cases is as follows.

- Filter to exclude mental health.
- Filter to show all unvalidated cases
- All breach cases – sequentially arranging the breach heading
 - These would have a red breach time ensuring that breached cases remain appropriate to continue to wait.
 - These cases will have received a safety call or a text so additional information in the cases should be reviewed to inform next step.
- Then, view cases by age – sequentially arranging the age heading - view elderly patients and very young patients to assess clinical risk, ensuring these cases have appropriate depositions 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. Note that infants with weeks and months are not sorted this way currently and may need a search on 'week' and 'month'.
- It may be appropriate to re-validate cases to continually reassess risk at appropriate time frames

Watch list

The Clinical Navigator should consider holding a separate list of cases on paper for whom there is clinical concern. These 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.


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 action must be "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.

Please refer to the Cleo User Guide for Clinical Navigation.

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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 .

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. Please refer to Cleo Clinical Navigator User Guide.

This may include to note safeguarding concerns, additional information from NHS pathways, additional instructions for Pharmacy First candidates or give specific instructions regarding the request for a photo where this may be ambiguous from the notes provided by NHS111.

Cases that are better served elsewhere in the healthcare system, in terms of a patient journey and outcomes, such as the Dental Service, UTC, Minor Injuries or Community Nursing can have this written on validation text to ensure that Operations team understand the criteria where it may be acceptable to re-direct. For example, a dog bite with an open wound will need a wound clean, dressing, antibiotics and possible tetanus which may be redirected to the UTC or MIU. Patients will be given the choice to stay on the queue with clear options for care.

Tagging Cases

Priority Tagging

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.
- 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

Medication Enquiries

Whilst navigating the queue, the CN may come across cases that are medication related. These can be tagged for the attention of the pharmacist on shift.

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Requesting Photos

Whilst navigating the queue, the CN may come across cases that would benefit from additional information such as a photo. This tag will flag to the Operations team to instigate the Request Photo process.

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](#).

Identifying potential cases to redirect

The Clinical Navigator may identify a handful of cases through the day where the GPOOH service is unable to best meet their needs. This may be dental, dog bites, catheters, sprains or possible fractures. These cases can be written down similar to watch list. The CN must ensure that clear guidance is stated in the Validation Text box to ensure the reasons for redirection would be better for patient care and outcomes. Once this is done, hand the identified case numbers to the Operations Team member.

The Ops Team will then contact the patient and redirect the patient to the relevant service. This will include confirmation that the patient is calling for an issue as per NHS111 case notes. Any further concerns or symptoms will be noted by the Ops Team and may need a further clinical OOH assessment.

The patient has the option to stay on the OOH queue if they prefer.

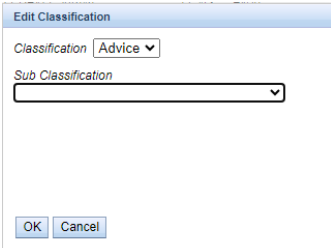
Escalation Navigation

This forms part of the SevernSide 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.

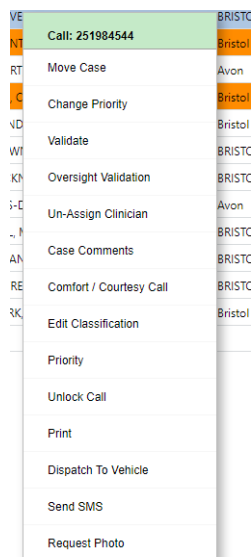
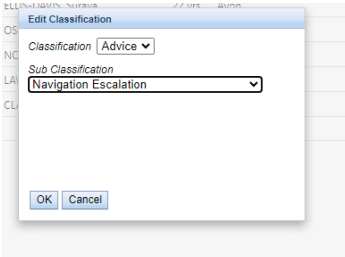
The following function within Cleo needs to be used for this:

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- 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

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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	8-12 only	Yes
Sunday	Yes	As required
Bank Holidays	Yes	Yes

Commented [RS2]: To be reviewed in sdip

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

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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
6.6	14/04/2026	Renuka Suriyaarachchi	Walk through SOP and general updates Case redirection