



EOC Clinical Safety Plan (CSP) No Send Audit Procedure

Contents

1	Scope.....	2
2	Procedure.....	2
3	Definitions	6
4	Responsibilities	7
5	Education and Training.....	8
6	Audit and Review (evaluating effectiveness)	8
7	Associated Trust Documentation	8
8	References	8
9	Financial Checkpoint	9
10	Equality Analysis.....	9
	Appendix 1 – CSP User Guide	10
	Appendix 2 – Declared CSP Report.....	19
	Appendix 3 - No-Send Exception Criteria	20





1 Scope

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care.
- 1.2. This procedure defines the actions carried out by the Trusts Emergency Operation Centres (EOC) Practice Development Team when conducting a No Send Audit.
- 1.3. The EOC No Send Audit is an objective assessment of all incidents where a 'no send' outcome was reached. This assessment evaluates the decision making, Clinical Safety Plan status and clinical review for every call where a no send decision has been made. Any non-compliant audits are fed back to the appropriate staff.

2 Procedure

- 2.1. Cases that have been triaged to a C3 or C4 disposition and do not meet any of the No Send exclusion criteria will be advised of the no send decision by the Emergency Medical Advisor (EMA). This decision is then reviewed prior to the incident being closed.
- 2.2. The principle of the EOC No Send Audit Procedure is to assure the safety of cases which have been given the no send decision. To do this, the Trust reviews 300 incidents which have been closed as 'no send demand management' on the Computer Aided Dispatch system (CAD). If there are more than 300 incidents the ones to be audited will be randomly selected. These cases are audited against a risk based 'No Send Audit tool'.
- 2.3. The No Send Audit evaluates the risk to patients against a list of criteria, which will result in a final score for each case assessed. Any non-compliant No Send Audits are emailed to the clinician who closed the call and copied to their line manager. Any EMA issues are emailed to their EMA Team Leader (EMATL).

Identification of Staff to Carry out Audit

- 2.4. The No Send Audit evaluates the risk to patients against a list of criteria, which will result in a final score. The No Send Audit can be carried out by suitably trained members of staff, who must be capable of identifying clinical risks and concerns. They are not routinely carried out by a clinician; however the auditor will have clinical support if needed.





Identification of No Send Incidents

- 2.5. No Send incidents are identified within the online CAD (computer aided dispatch) by searching for the closure reason 'No Send Demand Management'. These cases are then uploaded onto the No Send Audit spreadsheet.
- 2.6. Only calls closed as no send are picked up for review. The data will be captured on a monthly basis prior to data cleansing taking place, with the aim of completing 100% of the required audits.

Criteria and Weighting

- 2.7. Audit criteria is based on the following elements:

Element	Weighting
Was this a Hear and Treat/HCP/hospital transfer calls?	0
Was Clinical Safety Plan (CSP) level 3 or 4 and no-send in place at the time of no send?	10
Were appropriate documentation and notes of CSP added to the CAD/NHS Pathways call record?	5
Is the patient's age identified or identifiable through NHS Pathways triage pathway – Infant, adult etc?	5
Was the incident reviewed within an hour by a clinician trained in CDSS?	5
Were any of the CSP exclusion criteria met following review?	10
Have there been any complaints/incidents raised relating to this incident at point of audit?	2.5
Did the Post review (up to 24 hours following initial call) identify any attendance to the same patient as a result of the No Send decision?	2.5
Total	40

Figure 1 – Element/Weighting table

- 2.8. **Was this a Hear and Treat/HCP/hospital transfer call? – Weighting = 0**
- 2.8.1. Identify whether the incident was a Health Care Professional (HCP) call/hospital transfer and would have not been accepted under CSP level 3.
- 2.8.2. This is weighted as 0 as we would not have sent a resource to this incident.
- 2.9. **Was CSP Level 3 or 4 and no-send in place at the time of no send – Weighting = 10**





- 2.9.1. Identify whether the Trust was in CSP level 3 or 4 no-send at the time the no send was delivered.
- 2.9.2. This is weighted as 10 as we should not be 'No Sending' on any incidents unless we are in CSP 3 or 4 no-send.
- 2.10 **Was appropriate documentation and notes of CSP added to the CAD/NHS Pathways call record? Weighting = 5**
- 2.10.1 Identify whether appropriate notation has been added to the CAD and/or the NHS Pathways (NHSP) record.
- 2.10.2 The notes added should make it clear that the incident met the criteria for a 'No Send' under CSP, the patient had accepted the no send and will make their own way to hospital.
- 2.10.3 This is weighted as 5, as although notes should be added, the call may meet the criteria for a 'no send'.
- 2.10.4 If there are no notes (including in the Dispatch Instructions field) marking 6.9 should be considered as it is unclear if the patient has accepted the no send and will make their own way to hospital.
- 2.11 **Is the patient's age identified or identifiable through NHS Pathways triage pathway – Infant, Adult etc? – Weighting = 5**
- 2.11.1 This is to identify whether the patient met the age exclusion criteria for CSP no send. This can be picked up from the age field on the CAD screen or if not recorded there it can be found from the NHSP triage screen.
- 2.11.2 This can be picked up from the age field from the CAD screen or if not recorded there it can be found from the NHSP triage screen
- 2.11.3 This is weighted as 5 as the patients aged under 2 or over 75 are excluded from CSP no send.
- 2.12 **Was the incident reviewed within an hour? – Weighting = 5**
- 2.12.1 This is to identify whether there was a delay in review following the No Send being delivered by the EMA and being accepted by the caller.
- 2.12.2 This has been weighted as 5 due to the potential delay in patient care as a result of the incident waiting for a review.
- 2.13 **Was the incident reviewed against the CSP Exclusion and were any of the criteria met? – Weighting = 10**





- 2.13.1 This identifies whether the staff member undertaking the review checked to see whether the incident met any of the agreed exclusion criteria for no send.
- 2.13.2 When the incidents are being reviewed by it should be documented that they have reviewed the incident in line with the CSP exclusion criteria.
- 2.13.3 This enables the auditor to identify any exclusion criteria which may have been missed by the reviewer at the time the no send was delivered in the EOC.
- 2.13.4 This is weighted at 10 so the importance of the review and recognition of the exclusion criteria is reflected in the audit.
- 2.14 **Have there been any complaints/incidents raised relating to this incident at point of audit? – Weighting = 2.5**
- 2.14.1 This identifies whether there have been any complaints received from the public or other services relating to this incident.
- 2.14.2 It will also allow the auditor to identify whether any internal incidents have been raised relating to this incident.
- 2.14.3 Identifying these will enable the Trust to investigate fully and understand whether the no send formed part of the complaint or incident.
- 2.14.4 This is weighted at 2.5 as we need to understand what impact no send may be having on complaints and incidents. It is marked at 2.5 rather than 5 as it is unfair to penalise a clinician for an otherwise compliant audit for something out of their control, patient complaint about the delay, crew, etc.
- 2.15 **Did the post review (up to 24 hours following initial call) identify a re-attendance to the same patient as a result of the 'No Send' decision? – Weighting = 2.5**
- 2.15.1 This identifies whether the Trust has received further contact regarding the same patient.
- 2.15.2 This is weighted at 2.5 to reflect the possibility of a patient deteriorating following a no send decision. It is marked at 2.5 rather than 5 as it is unfair to penalise the viewer for an otherwise compliant audit if the patient deteriorates and calls in again.





Criteria weighting and scoring

- 2.16 The CSP audit is scored out of a possible 55 with 8 different criteria making up the score.
- 2.17 Each of the 10 criteria are scored either 2.5, 5 or 10 depending on the level of risk within each given criteria.
- 2.18 A score of 10 or more results in a non-compliant CSP no send audit. The non-compliant audit is emailed to the clinician and their manager.
- 2.19 If there is an issue with the EMA's handling of the call, i.e, they advise a patient in the exclusion criteria to make their own way, an email is sent to their EMATL detailing the issue & requesting it be fed back to the EMA.

Auditor notes

- 2.20 Auditor notes may be added to the right-hand columns on the audit tool as free text.
- 2.21 The audit tool is only completed for non-compliant audits, which are uploaded to the relevant team's folder after being emailed as detailed in 7.3
- 2.22 Compliant and partially compliant audits are entered directly onto the audit tracker, allowing for trend analysis.

3 Definitions

- 3.1. CAD (Computer Aided Dispatch) - The CAD is the system used to record all data related to 999 and urgent requests of the Trust for ambulance assistance. It is primarily used by Emergency Operations Centre (EOC) staff to assess, prioritise and, if necessary, dispatch ambulance crews to 999 calls.
- 3.2. CDSS (Clinical Decision Support Software) – CDSS is the generic term used to describe the triage software supporting the EOC clinicians with their decision making while carrying out telephone triage.
- 3.3. EMA Emergency Medical Advisor is the member of staff who takes the original 999 call and carries out an assessment using the NHS Pathways Triage System
- 3.4. EOC (Emergency Operations Centre) - The Emergency Operations Centre (EOC) receives and triages 999 calls from members of the public as well as other emergency services. It provides advice and dispatches





an ambulance service to the scene as appropriate. The EOC also provides assessment and treatment advice to callers who do not need an ambulance response. The EOC also manages requests by healthcare professionals to convey people either from the community into hospital or between hospitals. It also receives and triages 999 calls relating to major incidents, and other major emergencies, and dispatches the appropriate response as a Category 1 provider under the Civil Contingencies Act 2004 (Part 1).

- 3.5. Hear & Treat 'Hear & Treat' is the telephone advice that callers who do not have serious or life-threatening conditions receive from an ambulance service after calling 999. They may receive advice on how to care for themselves or where they might go to receive assistance.
- 3.6. No Send 'No send' is the term used to describe the decision not to send an ambulance response to a patient when the Trust is at times of high demand.
- 3.7. CSP (Clinical Safety Plan) is the plan used by the Trust to determine what actions need to be taken when demand is increasing and decreasing. There are 4 levels within the current surge plan ranging from level 1 (Business as Usual) to level 4 (the Trust is experiencing extremely high demand).

4 Responsibilities

- 4.1. The **Chief Executive Officer** has overall responsibility for this procedure.
- 4.2. The **Medical Director** has responsibility for matters relating to clinical governance relating to this procedure.
- 4.3. The **Director of Operations** is responsible for the strategic operation of this procedure.
- 4.4. The **Associate Director for Quality & Compliance (medical)** is responsible for ensuring the full implementation of this procedure across the Trust's EOCs. The Associate Director for Quality & Compliance (medical) is also responsible for the full implementation, monitoring, auditing and review of this procedure.
- 4.5. **Operational Manager Clinical** are responsible for ensuring the full implementation of this procedure across their Trust EOC and their Clinical Team. The OMC is also responsible for the full implementation, monitoring, auditing and review of this procedure at their EOC.





- 4.6. **All EOC Clinical, Leadership Teams and Practice Development Teams** must ensure they are familiar with the content and implementation of this procedure and their responsibilities contained within.

5 Education and Training

- 5.1. Training will be provided by a suitably experienced member of staff from within the EOC Practice Development Team.
- 5.2. See Appendix 1 CSP User Guide which is used as the training tool.
- 5.3. The staff completing the audits will have regular peer review sessions to ensure competency on the role.

6 Audit and Review (evaluating effectiveness)

- 6.1. Audit and review of CSP No Send Audit procedure is the responsibility of EOC Practice Development Managers, who report to the Head of Health Informatics and Records.
- 6.2. All procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 6.3. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 6.4. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 6.5. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

7 Associated Trust Documentation

- 7.1. Clinical Safety Plan
- 7.2. Training Guideline: How to Complete No Send Audits

8 References

- 8.1. NHS Digital – NHS Pathways (<https://digital.nhs.uk/services/nhs-pathways#summary>)





9 Financial Checkpoint

- 9.1. This document has been confirmed by Finance to have no unbudgeted financial implications.

10 Equality Analysis

- 10.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 10.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature, then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.



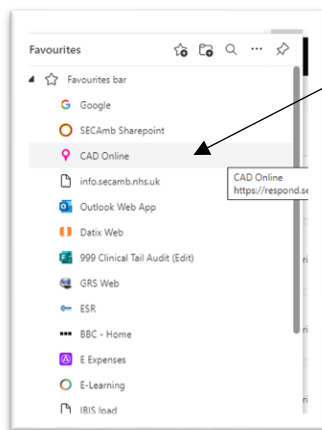


Appendix 1 – CSP User Guide

The first section of this document details the programmes needed and how to open them prior to commencing an audit. It also includes where and how to get cases to audit.

Open two Microsoft Edge windows

Go to favourites and open CAD online, or click here [CAD Online Login \(secamb.nhs.uk\)](https://secamb.nhs.uk)



Welcome to CAD Online

Please enter your username and password below:

Login

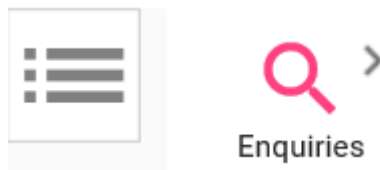
Username:

Password:

[Forgot Password?](#)

Enter your details and login. If necessary, change the database. You will have to enter your login details again.

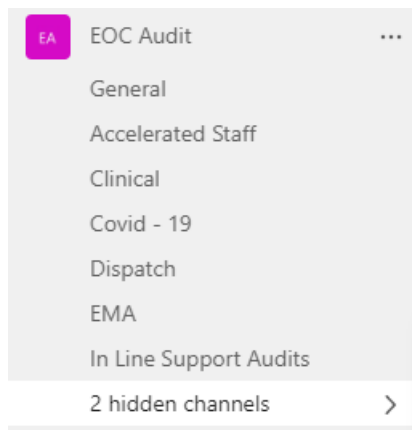
Click on the menu on the left then enquiries.



Open Teams in the second window. Open another tab & select Info from corporate favourites, or click here [Reports Menu \(secamb.nhs.uk\)](https://secamb.nhs.uk)

- Select Clinical Tail Audits and No-Send Audits

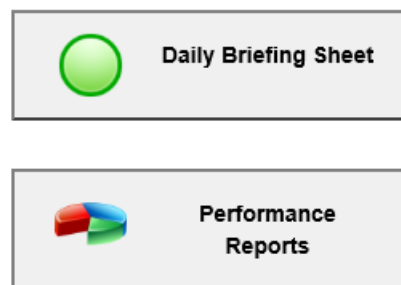
If Clinical Tail Audits & No-Send Audits aren't displayed click on '2 hidden channels' which will display them.



- Select CSP No-Send Audits
- Download latest CSP Audit Sheet from Teams
- Open relevant month's tracker
- Go to Transfer Sheet tab & click on the next CAD ref to be audited which will open another Info tab.

If Info doesn't open automatically:
Open another Info tab manually.
Click Performance Reports.

South East Coast Ambulance Service NHS Foundation Trust
Management Information Systems - Main Menu



Scroll down to near the bottom of the page, enter long CAD No in Specific Incident & click Locate now

Ringback Completed	<input type="checkbox"/>
General Broadcast Completed	<input type="checkbox"/>
Specific incident	<input type="text"/> Locate now

(ddmmyy-IncidentNo)



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EOC CSP No Send Audit Procedure draft V2
February 2025

Page 11 of 21

Chair: Usman Khan CEO: Simon Weldon



- Open call in CAD online.

How to complete the audit

The audit sheet only needs to be completed for non-compliant audits. For compliant & partially compliant audits enter the details directly onto the audit tracker.

Fill in the details on the header sheet (audit date auto-fills).

There are nine questions to answer, they are:

1. Was this an HCP/hospital transfer call? This should be self-evident from the comments.
2. Was CSP level 3 or 4 no-send in place at the time of No-Send?

Calls are not routinely no-send at levels 3 and 4, this needs to be confirmed before marking question 2.

The EMATLs maintain a spreadsheet detailing when no-send is and is not in place. This spreadsheet can be found on Teams in the EMA sub-folder of the EOC Audit folder. It is titled CSP Level and N Send.

See appendix 2 - Declared CSP Report

3. Were appropriate documentation and notes of CSP added to the CAD/NHS Pathways call record?

The CSP level & whether the patient has accepted the no-send should be noted.

If the relevant notes aren't showing check the Pathways Summary on live CAD as CAD online doesn't show notes entered directly into Pathways.

- 4- Is the patient's age identified or identifiable through NHS Pathways triage Pathway - Infant, adult etc?

Patient demographics are usually noted on CAD online

- 5- Was the incident reviewed within an hour?

Click Call Audit on CAD online.

Scroll to when the EMA closed the call & the person reviewing opened it.





10/03/2023 08:19:59	[REDACTED]	CADCOX163	Viewed - ** Call record opened **
10/03/2023 08:15:57	[REDACTED]	CADCRW167	Viewed - ** Call record closed (ReadOnly) **
10/03/2023 08:14:51	[REDACTED]	CADCRW169	Viewed - ** Call record closed **

The difference should be within an hour. In this instance the EMA closed the call at 08:14 & the reviewer opened it at 08:19.

6 - Were any of the exclusion criteria met following review?

See appendix 3 CSP Exclusion Criteria. The full CSP document is in the CSP No-Send Audits folder on Teams or by clicking here [Clinical Safety Plan.docx](#)

8- Have there been any complaints/incidents raised relating to this incident at point of audit?

This would be noted with the call notes.

9 - Did the Post review (up to 24 hours following initial call) any attendance to the same patient as a result of No-Send?

Open a second Info tab & click on Reports as above.
Click on Date & select Date Values of day of call & day after

Date	Area	MPDS	Pathways	Other	Grouping	My Reports
Output Columns Selection: <input type="radio"/> PreARP <input checked="" type="radio"/> ARP						
Date Type <input checked="" type="radio"/> Date Range <input type="radio"/> Date Range (with time range) <input type="radio"/> Date and time range		Date Values Start Date: 10/03/2023 00:00:00 End Date: 11/03/2023 23:59:59				






Copy address from demographics on CAD online. It's best to use only part of the address, e.g., 'Nexus House', 'Gatwick Road', etc. As this will give a more accurate result.

Click on Other & copy the address into the Source Address box. Scroll to the bottom of the page & click Generate report next to the green arrow. This will generate the screen below; I deliberately used a common road name to generate a lot of 'hits'.





Report options **Date : Between 10 Mar 2023 and 11 Mar 2023** ← **Road name & date range**
Source Address : london road

Grouping	 Calls (i)	 Cat1 Resp- onses (i)	 Cat1T Resp- onses (i)	 Cat2 Resp- onses (i)	 Cat3 Resp- onses (i)
Unknown	3	1	1	0	0
Brighton and Hove City	2	0	0	2	0
East Sussex	2	0	0	1	0
Hampshire	2	0	0	0	0
Kent	25	3	1	10	5
Surrey	16	0	0	5	3
West Sussex	1	0	0	0	0
Totals	51	4	2	18	8

Click on the No next to area of the call you are auditing.

This brings up a list of all the calls & their outcomes. If we have sent to the same address within 24 hours, click the incident to see if it is the same patient. It might be necessary to open the call in CAD online to get exact demographics.

Incident No	Date/Time	Daily Call ID	Address	Problem Nature	Reporting Priority	Cancel Reason	Assign -> Mobile
44271539	10/03/2023 01:50:38	235	[REDACTED] London Road	RTC - Roll Over	Cat2	Response	00:00:04
44284103	11/03/2023 23:46:52	6968	[REDACTED] London Road [REDACTED]	Breathing Problems	Cat5	Refer To 111/OOH	00:00:00

Number of records : 2

Even if not marked the details need to be noted in the Notes column of the CSP No Send Log tab.

Save non-compliant audits as a PDF file & upload to Teams once it has been emailed to the clinician and their manager.

The naming convention for the audits is: clinician name long CAD ref date of call, e.g., Joe Bloggs 12345678 11.06.2023



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Updating monthly spreadsheet

For non-compliant audits

- Select Update tab on audit spreadsheet.
- Row two will auto-populate the relevant information.
- Highlight & copy this.
- Go to the monthly audit tracker on Teams.
- Right click the next available row & paste values (folder symbol with 123).
- The call you have just completed will turn grey on the Transfer Sheet.
- Click the next one & continue.
-

For compliant & partially compliant audits enter the details directly onto the tracker,

Emailing non-compliant audits:

Only non-compliant audits are sent at the end of the day to the clinician & their CSN.

To find the relevant CSN:

- Enter the reviewers name into the To box on Outlook.
- Hover over their name & a dropdown box will open showing their manager.
- Update the tracker to show that the audit has been emailed.

Uploading Audits to Teams

- Navigate to CSP No-Send Audits on Teams.
- Open Completed CSP Audits.
- Open relevant year & month.
- Click Upload & select file(s) to upload or drag them from your desktop.

Downloading calls to audit (this may have to be several times a month if we are auditing in month).

- Select Performance Reports on Info.
- Click on date & select entire month.
- Click Other & select No Send Management Demand Management in Cancel Reason.





Cancel Reason Clear

- Deceased
- Error
- No Pt Contact
- No Pt Found
- No Send - Demand Managem**
- Passed To Another Ambulanc
- Refer To 111/OOH
- Refer To A&E
- Refer To GP
- Refer To HCP
- Refer To Specific Service

- Click Generate report at the bottom of the screen, which generates the screen on the next page.

Report options Date : Between 01 Apr 202
Cancel Reasons : No Sen

Grouping	Calls (i)	Cat1 Resp- onses (i)	on
Surrey	33	0	
Unknown	18	0	
Hampshire	9	0	
Medway	6	0	
West Sussex	39	0	
Brighton and Hove City	17	0	
East Sussex	19	0	
Kent	53	0	
Totals	194	0	

Drilldown target

[Return to main menu](#)

- Click on Totals which loads the full details of all calls.
- At the bottom of the report select Incident Number & Date/Time call received.
- Click Change Columns.

Incident Number	Change Columns Hold down Ctrl key when changing column selection
Date/Time call received	
Daily Call ID	
Source address	
Postcode	
Problem Nature	

- This lists the Incident No & Date/Time for all calls.
- Highlight & copy the entire list.





- Select Transfer Sheet on the relevant month's audit tracker.
- Right click cell B1 & select Paste (select the clipboard with a paintbrush to keep the source formatting).
- This can only be done on the desktop version of Excel, not the Teams copy.





Appendix 2 – Declared CSP Report.

Click on the Power BI link [Declared CSP Report - Power BI](#)

Select the date range here. It will not accept a to date that is before the from date & vice versa.



Slide mouse to determine CSP level at time of call

Change zoom level here.



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EOC CSP No Send Audit Procedure draft V2
February 2025

Page 19 of 21

Chair: Usman Khan CEO: Simon Weldon



Appendix 3 - No-Send Exception Criteria

SECamb 'No Send' Exception Criteria – CSP Level 3

The following are not included within the C3 & C4 'no-send' at CSP Level 3, and therefore should be given the ambulance disposition as normal.

Any patient:

- under the age of 2 years
- aged 75 years and above
- who is on the floor following a fall and is alone (any age)
- exposed to adverse weather (e.g., extremes of hot/cold, heavy rain or snow)
- where you are unable to assess them first or second party
- with a particular course of action
- who has been advised to call 999 by a Health Care Professional
- with Addison's Disease, adrenal insufficiency or steroid dependent
- who has undergone chemotherapy treatment within 4 months
- with a Patient Specific Instruction (PSI) as indicated on a CAD At-Risk marker
- experiencing an apparent acute psychiatric/mental health illness
- chest and upper back pain

ANY PATIENT NOT INCLUDED WITHIN THE ABOVE EXCEPTION CRITERIA SHOULD BE ADVISED TO SELF-CONVEY TO THEIR NEAREST EMERGENCY DEPARTMENT.

IF REFUSED OR UNABLE – TRANSFER TO CLINICAL DESK FOR CALL BACK

The following should be transferred to the clinical desk for further assessment at CSP Level 3.

Any patient:

- who is on the floor following a fall, however, is not alone (under the age of 75 years)
- seen face-to-face within the previous 2 hours by an HCP or member of SECamb staff.

SECamb 'No Send' Exception Criteria – CSP Level 4

The following are not included within the C3 & C4 'no-send' at CSP Level 4, and therefore should be given the ambulance disposition as normal.

Any patient:

- Under the age of 1 year



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EOC CSP No Send Audit Procedure draft V2
February 2025

Page 20 of 21

Chair: Usman Khan CEO: Simon Weldon



- Aged 80 years and above
- who is on the floor following a fall and is alone (any age)
- exposed to adverse weather (e.g. extremes of hot/cold, heavy rain or snow)
- where you are unable to assess them first or second party
- who is actively harming themselves or has an intent to harm themselves.

ANY PATIENT NOT INCLUDED WITHIN THE ABOVE EXCEPTION CRITERIA SHOULD BE ADVISED TO SELF-CONVEY TO THEIR NEAREST EMERGENCY DEPARTMENT.

IF REFUSED OR UNABLE – TRANSFER TO CLINICAL DESK FOR CALL BACK

The following should be transferred to the clinical desk for further assessment at CSP Level 4.

Any patient:

- aged 1 year, and under 2 years
- aged 75 to 79 years
- who is on the floor following a fall, however, is not alone (any age)
- with a particular course of action
- who has been advised to call 999 by a Health Care Professional
- with Addison's Disease, adrenal insufficiency or steroid dependent
- who has undergone chemotherapy treatment within 4 months
- with a Patient Specific Instruction (PSI) as indicated on a CAD At-Risk marker
- experiencing an apparent acute psychiatric/mental health illness
- chest and upper pain

CLINICAL CALL BACK SHOULD BE UNDERTAKEN WITHIN 1 HOUR. CSN TO MONITOR. IF CALL BACKS ARE EXCEEDING >1 HOUR – THESE CRITERIA TO GO BACK INTO EXCEPTIONS.

The Clinical Safety Plan (including no-send exceptions) can be found on Teams in the following folder EOC Audit > Clinical Tail Audits and No-Send Audits > CSP No-Send Audits or by clicking here [Clinical Safety Plan.docx](#)

