

SHAW, Andrew (Mr)
Date of Birth: 21-Apr-1967

NHS GG&C Mental Health Services
CHI Number: 210 467 3933

SHAW, Andrew (Mr)

Date of Birth: **21-Apr-1967 (59y)**

Flat 1, 14 Hillhead Avenue, Rutherglen, Glasgow, G73 4NJ

CHI Number:	210 467 3933	Home Tel:	
Usual GP:	CANNING, John (Dr)	Work Tel:	07348133172
Patient Type:	Community Registered	Mobile Tel:	
Registered:	11-Dec-2020	Email:	
Language:	unknown	Dispensing:	No
Advocacy Needs:		Transport Needs:	

Problems

Active

18-Nov-2025	[X]Other reactions to severe stress
18-Nov-2025	[X]Mental and behav dis due to use of cocaine: harmful use
22-Jul-2025	[X]Paranoid schizophrenia
17-Aug-2020	[V]Other or unspecified general psychiatric examination

Significant Past

Minor Past

Medication

No Current Medication

Allergies

No allergies recorded.

Health Status

13-Nov-2025	Diastolic blood pressure	61	mmHg
09-Nov-2025	Body mass index	50.48	kg/m2
	(calculation based on height entry 09-Nov-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
09-Nov-2025	O/E - weight	150.6	kg
09-Nov-2025	O/E - height	172.72	cm
	Actual height		

Family History

02-Jul-2025	Family history	Nil
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Consultations

04-Jun-2026 15:21	Face to face consultation (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
	Template: Depot Administration	
Comment	Consultant: Dr McMillan	
	Diagnosis: Schizophrenia	
	Mental Health Status: Informal	• Drug: Zuclopenthixol decanoate

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Dose: 600mg
Frequency: 2 Weekly
Left Gluteal Check site for lumps
Next Due Date: 18/6/26

Presentation: Andy attended for depot which was administered as per kardex. He was praised for attending clinic as he has often DNA'd in past. He said that voices persist and he thinks that monthly depot would be better. I suggested that if symptoms were worse then perhaps weekly would in fact be more beneficial but he disagreed. Pleasant in manner and no obvious psychotic symptoms. Some agitation noted but this seemed better following depot when leaving. Enjoying CSW input and aware of our planned HV this week.

Risk: Denies any thoughts or plan of DSH or aggression.

Side Effects of Concern: Bumps on injection site, same noted.

Smoking / Alcohol / Drug Use: Sporadic cocaine use.

Levels of Activity: Spends majority of time at home. CSW will attempt to see weekly.

Diet: Has been trying to lose weight and buying Wiltshire farm meals.

Recommendations: To continue support from CPN and CSW

03-Jun-2026 13:00	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, Andy opened the door, welcomed writer in. He seemed pleasant in manor, shorts and long sleeved top on. He reports he was 'not up for going out today, cant be bothered'. Writer questioned, Andy voiced 'not feeling so good, fed up, I want monthly depot'. Writer explained this would not be possible due to his dose of medication, Andy became a bit disgruntled. He made himself a cup of tea, offered writer one, writer declined. Reports he did not sleep so well last night but had a sleep this morning. Carpet fitter did not show last week to measure floors, Andy made contact and has arranged they attend next week. He engaged in small conversation when questioned, denied any thoughts of DSH to him or others. Reports not been out but has been walking around to local shop and ordering take away evening meal. No contact with brother for a few days, no visit from friends, voiced 'happy to stay in', writer encouraged motivation, highlighting his enjoyment to get out to park with writer, Andy agreed with same. Andy then asked writer to take him into Buchanan St, writer informed this would be outside work roll, he reports he needs to get his (2nd) mobile phone repaired, writer suggested & encouraged he get the bus in, Andy accepted same. Writer reminded him that depot is due tomorrow and encouraged he attend EVRC, Andy agreed at this time. Agreed to appointment next week, informed Andy M Hume CPN will also be attending, Andy accepting of same. Next appointment 10/06/26, agreed to same. Follow-up appointment offered
27-May-2026 13:00	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged. Andy agreed to outing at park, unable to walk a distance but managed to sit on bench for 20 min before showing signs of agitation. He then voiced that there was 'too many people' and could we sit in the car. He managed another 10 min with open windows before asking to go home. He presented a little low in mood, denied any concerns. Enjoyed visit from friends last week as he does not see them on a regular basis. Enjoying his meals from 'wiltshire Farm delivery service, looking to get the bigger portion next time. Carpet guy due later in afternoon today to measure flooring, voiced that he will get a friend to paint before new carpet fitted. Did not voice any concerns with sleep, reports compliant with all medication, writer encouraged he continue as restlessness has reduced, Andy accepting of same. Discussed increase visit on weekly basis, writer will discuss same with M Hume CPN. No concerns raised at this time. Writer returned to base, Andy had called several times. Writer returned call, Andy reports he had appointment in to attend New Victoria Hospital for ECG, he asked if writer could assist and voiced it was for 1/6/26, due to other commitments he agreed for writer to call and rearrange appointment, appointment agreed for 1/7/26, Andy informed and accepting of same. Follow-up appointment offered
21-May-2026 13:53	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	D/W CSW McInness who will inform Andy next week about JV on 10/6.
21-May-2026 13:30	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)

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Comment

Templates: **Depot Administration, CRAFT - Risk Assessment**

Consultant: Dr McMillan

Diagnosis: Schizophrenia

Mental Health Status: Informal • Drug: Zuclopenthixol decanoate

Dose: 600mg

Frequency: 2 Weekly

Right Gluteal Check site for lumps

Next Due Date: 4/6/26

Presentation: Andy attended for depot which was administered as per kardex. Appeared well kempt and keen to get home as he has friend and his wife visiting later this afternoon. Denied any current symptoms and quite relaxed in manner. I explained that as we keep missing at clinci (he often DNAs) I will attempt to catch up with him at home monthly (HV 10/6 at 11am) but have encouraged him to continue depot clinic. Enjoying CSW input and seems to be a little more independent.

Risk: Denies any thoughts or plan of DSH or aggression.

Side Effects of Concern: Bumps on injection site, same noted.

Smoking / Alcohol / Drug Use: Sporadic cocaine use.

Levels of Activity: Spends majority of time at home. CSW will attempt to see weekly.

Diet: Has been trying to lose weight and buying Wiltshire farm meals.

Recommendations: To continue support from CPN and CSW

Risk assessment

When is this review taking place? Other, please state CPN review

Risk Assessment

What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? 21/5/26 Depot now 2 weekly. Engaging well with CSW but not always depot clinic. Denies current psychotic symptoms and no distress noted. Has friends visiting later today. Denied thoughts or plan of DSH or aggression. Appears to be a little more independent. 21/1/26 Reports increase in voice of God since yesterday morning saying he's evil although he knows he isn't. Denies any thoughts or plan of DSH or aggression. Denies drug use. Encouraged to take depot D/W Dr McMillan. 16/1/26 Andy denies any thoughts or plan of DSH or aggression but said he feels "the same" and voices persist. Has been attending, with encouragement for depot, but keen for it to be changed from weekly. Engaging well with CSW. 15/12/25 Andy reports he feels the same as pre admission. Denies drug use or thoughts/plans of DSH. Has been late for depot, advised against same. 28/11/25 Patient had not been concordant with medication whilst on pass support from crisis team. Patient received extra support to monitor concordance. 20/11/25 Denies thoughts or plan of DSH or aggression. No distress or agitation noted but Andy claims he feels no difference from meds or admission. Agreeable to weekly depot and CSW contact. Referred to Crisis Team for post-discharge support from 4B Leverndale Hospital following 4 and 1/2 month admission due to increase in psychotic symptoms and poor medication concordance. Andrew had expressed persecutory beliefs and command hallucinations instructing him to harm himself on admission. He is now established on 450mg Clopixol depot weekly. On Crisis review today, Andrew engaged reasonably well - answering all questions asked of him. Some evidence of agitation initially however was amenable with staff. States he has been concordant with medication since discharge and denied any illicit substance misuse, stating he cannot afford cocaine at present - staff re-iterated the health risks of cocaine use to Andrew. Denied any current perceptual abnormalities and no evidence of responding to internal stimuli. Denied any distressing or worrying thought content. Denied any thoughts of DSH and suicide and nil thoughts of harm to others. Andrew stated he was aware he needs to collect discharge medication from Leverndale today and plans to do so. He will be on 2x weekly dispensing of oral medication which the pharmacy will deliver.

What historical risk factors are there that it is important to be aware of? Polysubstance misuse - reported cocaine use whilst on pass from hospital. Forensic history for historic driving offences and assault and car theft - see forensic assessment 2020. Past prison sentences. Diagnosis paranoid schizophrenia and complex PTSD. History of command hallucinations instructing him to harm himself. Historic overdose and attempted hanging

in past. Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive.

What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland and limited social support (Currently has housemate who has been out of house with wife for past 4 nights (17/1/26) Friend group who use substances and Andrew does not appear motivated to cease cocaine use.

What factors are present that reduce risk? Agreeable to CPN/CSW input. 2 weekly Zuclopenthixol Decanoate depot injection - open to Eastvale CMHT with RMO and CPN input. States he feels able to contact duty/crisis/nhs24 when he requires support with his MH.

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? On-going substance misuse in the community. If Andrew is non concordant with medication or disengages with community MH input.

What is the clinical team going to do about it - In the next few days/between now and next appointment? Andy to attend depot clinic 2 weekly. Monthly CPN HV if not seen in clinic. Attend O/P reviews. CSW input weekly encouraging increased activities. Advise against drug use.

What is the clinical team going to do about it - In the next few months? O/P review. RMO will discuss with SW re input.

Are there any other considerations for risk management? Currently informal.

What should the service user/family/carers do if risky situations emerge? Andrew has been provided with the Crisis Team leaflet with all relevant contact numbers and has been provided with up-coming appointments in writing. He is agreeable to contact duty/crisis/nhs24 if he requires support.

Have all relevant professionals been informed of the risk management plan?
? EMIS., Dr McMillan.

21-May-2026 13:00	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, see notes. Appointment arranged for 29/05/26, accepting of same. Follow-up appointment offered
15-May-2026 16:29	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy has appt 21/5 at 1pm at depot clinic when I will review.
07-May-2026 16:01	Face to face consultation (NHS GG&C Mental Health Services) LAW, Margaret (StaffNurse)
Comment	Template: Depot Administration Consultant: Dr McMillan Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 600mg Frequency: 2 Weekly Left Gluteal Check site for lumps Next Due Date: 21/05/2026 Presentation: Andy attended for depot which was administered as per kardex. Nil concerns offered and very limited interactions given with writer. Next depot due on the 21/05/2026. Risk: Denies any thoughts or plan of DSH or aggression. Side Effects of Concern: Bumps on injection site, same noted. Smoking / Alcohol / Drug Use: Sporadic cocaine use. Levels of Activity: Spends majority of time at home. CSW will attempt to see weekly. Diet: Overweight, tends to buy takeaways. Encouraged to be more active but declined. Appears agitated, twitchy at times. Recommendations: To continue support from CPN and CSW
07-May-2026 13:30	Face to face consultation (Eastvale Resource Centre) MCINNES, Heather (HealthCareAssistant)
Comment	Accompanying HCP: LAW, Margaret (StaffNurse) Writer called Andy to remind he was due depot injection. Andy voiced 'not feeling so good, don't think I will make it down'. He asked if writer would pick him up to bring him down, writer informed was on depot duty, encouraged him to attend clinic. Andy did attend

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agitated and restlessness, not taken aripirazole, writer encouraged that he comply with prescription to get affect. Andy disgruntled but agreed. Depot medication administered as per kardex by M Law CPN. No other concerns raised at this time. Next depot due 21/05/26, accepting of same.

Follow-up appointment offered

06-May-2026 13:30	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged. Andy reports he forgot appointment. He was dressed and ready to go in 3 min. agreed to go for his regular greggs then onto Stewart field park. He engaged well in conversation and light humour. Reports on going voices but did not voice or appear distressed with same. Writer discussed his query on last visit , re sheltered accommodation, informed him that he is now discharged from MHO and should discuss with housing officer, Andy accepting of same. While out Andy became restless 'legs', voiced he had not taken medication. Writer encouraged he comply with prescribed meds, Andy accepting of same. His lodger has not been around for a number of weeks now, Andy happy with same, enjoying his own space. His brother has been admitted to hospital due to pneumonia, did not seem overly concerned, voiced that brother's wife would notify him if any changes. Managing to get out to local shops, arranged for new carpet on 27/05, managing house work, appeared rested, no complaints with same. Been to visit friend in Airdrie, denied drug use. Reminded of numbers to contact if needed, accepting of same. Agreed appointment 21/05/26 Follow-up appointment offered
29-Apr-2026 10:22	NHS GG&C Mental Health Services NEILLY, Susan (MedicalSecretary)
Document	Cardiology (10-Mar-2026) DNA Clinic Letter from Cardiology (10-Mar-2026)
22-Apr-2026 13:30	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V, agreed on community venue. Andy welcomed writer, was present in manor and outing venue. He continues to have jerky movements and restlessness, engaged in conversation and reactive to light humour. He had his birthday, said family and friend text him. Voiced previous conversation thoughts on sheltered housing, he is keen for this and feels it would prevent his brother continually send folk to stay with him, voiced he 'just want to be left in peace', his words. Writer agreed to mention to M Hume CPN and if he is still open to SW. At this time Andy remains stable, no concerns noted, no agitation voiced regard to hearing voices. Reports all is going well with cleaner, continues to walk to local shop. Agreed next visit 2/5/26, app sent for 6/5/26 Follow-up appointment offered • Follow-up appointment offered
21-Apr-2026 14:27	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Template: Depot Administration Consultant: Dr McMillan Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 600 Frequency: 2 Weekly Right Gluteal Check site for lumps Presentation: Andy attended for depot after attending for GP appt in health centre. Aware that depot was due last Thursday. Appeared a little agitated and jerky movements. Reports no change to voices since aripirazole added. Denies drug use. Denies any thoughts or plan of DSH or aggression. Reports not going out but "friend", arranged by brother, visits some nights to "keep an eye" on him. Looking forward to CSW visit tomorrow. Netx due at clinic on 7/5/26. Risk: Denies any thoughts or plan of DSH or aggression. Side Effects of Concern: Bumps on inj site, same noted. Smoking / Alcohol / Drug Use: Sporadic cocaine use. Levels of Activity: Spends majority of time at home. CSW will attempt to see weekly. Diet: Overweight, tends to buy takeaways. Encouraged to be more active but declined. Appears agitated, twitchy at times. Recommendations: To continue support from CPN and CSW
17-Apr-2026 11:58	Telephone call to a patient (NHS GG&C Mental Health Services) MCALLION, Caitlin (StaffNurse)

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Comment	DESK DUTY T/C to Andy after missing his appointment with duty nurse today at 10am, Andy advised he would attend on Monday at around 2:30 after his appointment in the health centre. Aware of upcoming appointment with HCSW H.McInnes on Wednesday and plans to engage with same. No acute changes or risks identified. Writer will forward into duty diary for the above time.
16-Apr-2026 14:02	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy DNA however from note yesterday Andy left message reporting he couldn't attend Thursday but would on Friday.
16-Apr-2026 09:16	Telephone call to a patient (NHS GG&C Mental Health Services) MCALLION, Caitlin (StaffNurse)
Comment	T/C to Andy to arrange appointment for depot administration tomorrow as requested. Appointment arranged for 10:00 with duty nurse. Andy accepting of same.
15-Apr-2026 11:00	Telephone call to a patient (Eastvale Resource Centre) MCINNES, Heather (HealthCareAssistant)
Comment	T/C. Writer made contact to arrange appointment with Andy for next week. He voiced that he was unwell, reports ongoing voices telling him to leave the house, denied any other symptoms. Writer informed that M Hume CPN has discussed meds with Dr McMillan, Andy asked if he would get diazepam, writer advised he discuss with CPN when he attend depot clinic on Thursday, Andy accepting of same. He reports poor sleep last night, 4hrs, throughout conversation Andy sounded a little disgruntled but keen to end call. Writer encouraged that he continue watching TV for distraction, reminded him to attend depot clinic tomorrow 16/04/26, Andy accepting of same. Agreed appointment with writer for 22/04/26. No concerns raised at this time. Message left yesterday from Andy 'cant make depot clinic Thur but would attend Frid. Informed CPN of message left as this was not voiced during T/C. Follow-up appointment offered
14-Apr-2026 10:14	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	D/W CSW McInness who had already called Andy this am and he was in bed. He said he had called yesterday for a chat. CSW McInness has kindly arranged to call him back later (thanks Heather) and remind about depot on Thursday.
14-Apr-2026 09:23	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Duty contact noted from yesterday, due to attend clinic on Thursday but I will call later today.
14-Apr-2026 09:15	Telephone call to a patient (Eastvale Resource Centre) MCINNES, Heather (HealthCareAssistant)
Comment	Return T/C to Andy, still in bed, he had called the day before looking to talk, sounded tired, writer suggested he sleep for now and would call back later in the day, Andy accepting of same. Writer tried to call at 4pm, no answer, will call again tomorrow. Follow-up appointment offered
13-Apr-2026 15:35	Telephone call from a patient (NHS GG&C Mental Health Services) JACK, Nicola (ChargeNurse)
Comment	Desk Duty Telephone call from patient requesting to speak to allocated CPN or HCA, who were not available. Offered duty service On initial call, presented distressed and agitated - stating that he is experiencing auditory hallucinations of a command nature telling him to go outside and fight - is concerned that he will act on same We discussed hx of same and previous interventions that have helped - he identified diazepam has helped Writer agreed to discuss with medical team - following from this, writer noted no medical staff available Returned call to Andrew who answered call pleasantly, showing no level of distress as on previous call. Explained that due to no medical staff and time, it would be unlikely that writer was unable to request diazepam for him. He immediately accepted same.

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Explained that his allocated CPN was back in the office tomm and we agreed that it would be best that he make contact with patient. He felt that he was able to wait until then. Andy was also made aware of contact, crisis numbers and is agreeable to using same if required.
Task sent to allocated CPN

02-Apr-2026 13:28	Face to face consultation (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	I spoke to Andy on his return to Eastvale after attending Gartnavel for physical checks. He explained that he has been told he has asthma and is due to see GP next week. I explained about additional aripiprazole 5mgs orally and he was happy with same. No obvious distress or reacting to external stimuli. Mood euthymic and denied any thoughts or plan of DSH or aggression. I will review at next clinic in 2 weeks.	
02-Apr-2026 13:20	Face to face consultation (Eastvale Resource Centre)	MCINNES, Heather (HealthCareAssistant)
Comment	Accompanying HCP: MCALLION, Caitlin (StaffNurse) Andy attended clinic for his routine depot injection, medication administered as per kardex by C Mcallion CPN, SN R High present. Seen M Hume CPN, no concerns raised at this time. Next depot due 16/04/26, accepting of same. Follow-up appointment offered	
02-Apr-2026 09:30	Face to face consultation (Patients Home)	MCINNES, Heather (HealthCareAssistant)
Comment	As arranged, writer picked Andy up from home to accompany him to Gartnavel OPA x2. Parked the car at train station and got train to Hyndland, Andy was appropriate in manner. There was noticeable irritation within legs but he remained patient through out. He has been diagnosed with asthma, appointment with GP on Wed 08/04/26. Agreed for writer to drop him in at EVRC for depot medication. Agreed writer will arrange another appointment on return from A/L, 1/52. Andy accepting of same. Follow-up appointment offered	
02-Apr-2026 09:29	Face to face consultation (NHS GG&C Mental Health Services)	MCMILLAN, Graham (Consultant)
Comment	DW Ch N Mark Hume re: breakthrough symptoms. I think, rather than moving back to weekly depot I can ask the GP to put in place 5mg aripiprazole od. Request sent to Gp.	
Document	Medication requested  Medication requested (02-Apr-2026)	
31-Mar-2026 14:36	Telephone call to a patient (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	Returned call to Andy after he left message requesting a callback for "a chat". He sounded a little agitated and admitted that voices persist. He agreed they may have worsened since reduction in depot to 2 weekly and was happy for me to discuss options with DrMcMillan (email sent). Reassured with effect and has CSW and depot clinic on Thursday. Aware how to contact services if required.	
24-Mar-2026 13:00	Telephone call to a patient (Eastvale Resource Centre)	MCINNES, Heather (HealthCareAssistant)
Comment	Message left from Andy looking for call back. Andy reports that he is struggling with MH at this time, when questioned Andy reports 'voices are none stop'. He denied taking any other drugs other than prescribed medication. He reports the voice telling him to go out, when asked for what he just said 'fight', no one in particular, reports no plans to leave the house. Writer encouraged he watch TV and use distractions at his time. The man that stays with him is due back from work around 7pm. Writer informed that next appointment, 2/4/26, was to assist him to Gartnavel hospital for OPA, Andy accepting of same. Writer agreed to call in a few days to remind of arrangements, Andy agreed to same. No concerns noted at this time. Discuss same with M Hume CPN Follow-up appointment offered	
19-Mar-2026 14:20	Face to face consultation (Eastvale Resource Centre)	MCINNES, Heather (HealthCareAssistant)
Comment	Accompanying HCP: ROSS, Nicole (SeniorChargeNurse) Andy attended clinic today for his routine depot injection, medication administered as per	

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kardex by N Ross CPN, R High SN present. Andy got taxi down, voiced his dislike attending EVRC, very disgruntled today. He did manage to get himself a sofa of market place, happy with same. Next due depot on 02/04/26, he also has OPA at Gartnavel hospital, writer will discuss with M Hume CPN to give depot out with clinic. No other concerns raised at this time.

Follow-up appointment offered

13-Mar-2026 12:00	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, Andy agreed to outing today, Stewartfield park. Andy presented bright , motivated and reactive in mood today, denied any distress, no concerns noted. Andy asked writer to assist him, 2x OPA at Gartnavel, appointments are back 2 back, xray and respiratory. Writer agreed to same but informed options for transport and agreed on park n ride, Andy accepting of same. Andy voiced that he got a quote to repair his sofa, writer suggested charity shops due to quote, Andy accepting of same. He also voiced that he needed to 'loss weight', writer suggested referral to dietician, Andy declined and voiced that he was looking to get Wiltshire Farm foods, writer encouraged same and suggested he cut down on fizzy juice, Andy grumbled at same. Mental health remains stable at this time, engaged in conversation and light humour, no issues voiced. Writer informed M Hume CPN of up coming OPA on 2\4\26. Follow-up appointment offered
12-Mar-2026 09:20	Telephone call to a patient (NHS GG&C Mental Health Services) MCINNES, Heather (HealthCareAssistant)
Comment	Message left from Andy, looking to renew bus pass. Writer contacted ST, renewal card been ordered, receive within 7 working days. Follow-up appointment offered
04-Mar-2026 11:51	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Template: Depot Administration Consultant: Dr McMillan Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 600 Frequency: 2 Weekly Left Gluteal Check site for lumps Next Due Date: 19/3/26 Presentation: Andy attended for depot after mix up with O/P review which he thought was this morning. Pleasnat and quite reactive today. No obvious distress and said he was "alright". Depot given on left side, no obvious lumps. Reports bumps on injection site previously and same noted (PLEASE CHECK WHEN AT CLINIC). Happy to take depot today. Risk: Denies any thoughts or plan of DSH or aggression. Side Effects of Concern: Bumps on inj site, same noted. Smoking / Alcohol / Drug Use: Sporadic cocaine use. Levels of Activity: Spends majority of time at home. CSW will attempt to see weekly. Diet: Overweight, tends to buy takeaways. Encouraged to be more active but declined. GP 6/3/26. Recommendations: To continue support from CPN and CSW
04-Mar-2026 11:45	Face to face consultation (Eastvale Resource Centre) MCINNES, Heather (HealthCareAssistant)
Comment	Attended for depot on 04/03/26, see notes. Follow-up appointment offered
04-Mar-2026 11:00	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as agreed to attend EVRC. see note from M Hume CPN below. Confirmed GP appointment for Fri 6/3/26, Andy aware of same. Arranged next appointment with writer for 13/03/26, accepting of same. Follow-up appointment offered
03-Mar-2026 12:00	Telephone call from a patient (NHS GG&C Mental Health Services) MCINNES, Heather (HealthCareAssistant)
Comment	T/C from Andy. Voice was up beat and cheerful, he asked if writer could assist him attend

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appointment with Dr McMillan tomorrow AM as he was 'skint'. Writer asked why he had no money, Andy voiced that he had got shopping and hired a cleaner to come, he was pleased with work carried out, he has arranged that she come every 2/52 at this time. Writer agreed to assist tomorrow as due to catch up and arrange to get him out of the house. No concerns was raised at this time.
Follow-up appointment offered

03-Mar-2026 10:56	Face to face consultation (NHS GG&C Mental Health Services) WILLS, Deborah (OT)
Comment	Goal - Initial consultation Activity - Face to face consultation at home, staff present Debi Wills-Watson band 6 OT, Lesley Miller, student OT Participation - Andrew attended appointment. Appeared euthymic of mood, with reactive affect. Environment clean and tidy. Andrew explained he had hired a cleaner who had been yesterday. Feels satisfied with the work carried out and plans to employ this service again on a routine basis. Activity discussed. Andrew stated he leaves his home once or twice per day to walk to the local shop to purchase juice and other items he may need. He stated he feels hyoervigilant and self-conscious when he is outside, and prefers to be indoors. Andrew declined to discuss potential groups or local community resources to increase his activity levels, stating he would feel to anxious and prefers his own company. ADLs discussed. Andrew stated he rarely cooks a meal for himself and relies on takeaways (chinese food) for his evening meal. Andrew stated he enjoys his evening meal, and usually always orders the same food. He can prepare afternoon snacks for himself, stated he can make cheese toasties. Does not drink water, instead drinks litres of carbonated juice. We discussed if Andrew had any inclination to be more health focused and reduce some of the calorific and sugar intake. He stated he was not worried about his dietary intake, and was happy with his current routine. Isolation discussed - Andrew stated he can feel lonely,a and often worries about what people are thinking about him or saying about him. He stated he can engage socially with some family and a friend, however prefers not to and likes to be safe in his home. Andrew did not go into detail about his social circumstances. Evaluation - Although there are aspects of Andrew's lifestyle which could improve, he is reluctant to make the necessary changes to his current routine. He was encouraged to consider adding in more exercise and a more balanced diet, however he stated he enjoyed his current dietary intake and did not have plans to change it. Andrew was encouraged to consider increasing his social activity, however he is resistant to the idea of engaging in groups or local community spaces, and stated he prefers his own company. At the moment there is no clear role for OT, and Andrew will be removed from the OT caseload. Debi Wills-Watson Specialist Occupational Therapist
20-Feb-2026 11:13	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Template: Depot Administration Consultant: Dr McMillan Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 600 Frequency: 2 Weekly • Right Gluteal Next Due Date: 5/3/26 Presentation: Andy attended day late for depot, brought by CSW McInness as she had appt with him today.Failry well kempt, fresh haircut.Reports he's "alright" and no obvious distress.Waiting for new iphone today.Encourged to attend clinic next time.Reports bumps on injection site and same noted (PLEASE CHECK WHEN AT CLINIC).Happy to take depot today. Risk: Denies any thoughts or plan of DSH or aggression. Side Effects of Concern: Bumps on inj site, same noted and advised to update at next clinci appt. Smoking / Alcohol / Drug Use: Sporadic cocaine use. Levels of Activity: Spends majority of time at home. CSW will attempt to see weekly.

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Diet: Overweight,tends to buy takeaways.Encouraged to be more active but declined.
Recommendations: To continue support from CPN and CSW

20-Feb-2026 10:30	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged. Andy voiced he arranged a new phone, looking to go out (greggs) then back home. Writer informed that he was to attend for depot, writer suggested assisting him to EVRC for same, Andy accepted. Andy reports he had a letter from GP, urgent appointment not needed, he has been instructed to call AM for an appointment, Andy voiced he would not be up early to arrange same. Writer suggested on return from A/L to arrange appointment with GP, Andy accepting of same. Seen by M Hume CPN for depot, please see note. Agreed to arrange app 2/52. Mood bright and reactive, no concerns noted at this time. Follow-up appointment offered
19-Feb-2026 14:55	Telephone call to a patient (NHS GG&C Mental Health Services) MCINNES, Heather (HealthCareAssistant)
Comment	Tc to Andy as he dna at his appointment time today in depot clinic, he said he forgot he was due his depot injection asked if he could come in tomorrow i advised him i would need to speak with his CPN Mark Hume as he is duty nurse tomorrow and i would need to check the diary he was accepting of same, writer discussed same with Mark he agreed tomorrow would be ok, writer called Andy back informed him tomorrow is fine he said he will be in at 1pm.
16-Feb-2026 10:22	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) ROSS, Nicole (SeniorChargeNurse)
Comment	Eastvale Screening Meeting Dr Malik (Clinical Psychologist), Debi Wills - Watson (Specialist OT), Madhu (Trainee Psychologist), Dr Phan (FY2), Jacqueline Taggart (Business Support), Nicole Ross (SCN) Referral discussed as received PLAN 1. For OT allocation
10-Feb-2026 15:18	Telephone call from a patient (NHS GG&C Mental Health Services) MCINNES, Heather (HealthCareAssistant)
Comment	T/C from patient, message left to cancel appointment today with writer. Writer called Andy, reports he had flu like symptoms. Reports mental health is stable at this time, raised no concerns. Agreed to meet with writer on the 20/02/26. Follow-up appointment offered
10-Feb-2026 12:15	NHS GG&C Mental Health Services NEILLY, Susan (MedicalSecretary)
Document	Letter from outside agency (21-Jan-2026) Letter from CARES re referral (21-Jan-2026)
10-Feb-2026 09:59	NHS GG&C Mental Health Services TAGGART, Jacqueline (TeamSecretary)
Document	Referral letter Internal Referral letter from Eastvale Adult Graham McMillan - Consultant (10-Feb-2026)
09-Feb-2026 12:02	NHS GG&C Mental Health Services CONWAY, Ashling (Secretary)
Document	Outpatient letter (05-Feb-2026) Outpatient letter - request for information from GP
09-Feb-2026 12:01	NHS GG&C Mental Health Services CONWAY, Ashling (Secretary)
Document	Outpatient letter (05-Feb-2026) Outpatient letter from Eastvale Adult Graham McMillan - Consultant (05-Feb-2026)
09-Feb-2026 12:01	NHS GG&C Mental Health Services CONWAY, Ashling (Secretary)
Document	ECG - general (05-Feb-2026) ECG request - general from Eastvale Adult Graham McMillan - Consultant (09-Feb-2026)
04-Feb-2026 09:40	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Template: Depot Administration Consultant: Dr McMillan Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 450mg Frequency: Weekly • Left Gluteal Next Due Date: 19/2/26 Presentation: Andy attended O/P clinci and was given depot as per kardex.After day his

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depot will be changed to 600mgs clopixol 2 weekly and he was in agreement with same. Pleased and reactive throughout. Denied any further money issues as brother has sent him "a few hundred". Out with CSW McInnes this morning and looking forward to same.

Risk: Denies any thoughts or plan of DSH or aggression.

Side Effects of Concern: Sore bumps at injection sites which he said had went down prior to attending.

Smoking / Alcohol / Drug Use: Sporadic cocaine use. 22/1/26 Pupils dilated but denied drug use. Keen to restart diazepam.

Levels of Activity: Spends majority of time at home. CSW will attempt to see weekly, he has appt tomorrow.

Diet: Overweight, tends to buy takeaways. Encouraged to be more active but declined.

Recommendations: To continue support from CPN and CSW

04-Feb-2026 09:38	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy attended for O/P appt. Given depot (clopixol 450mgs) and this will now be changed to 600mgs every 2 weeks. Andy in agreement with same. Pleased and reactive today. Going out with CSW McInnes this morning and looking forward to same. Depot next due at clinic on 19/2/26.
04-Feb-2026 09:34	Face to face consultation (Eastvale Resource Centre) MCMILLAN, Graham (Consultant)
Comment	OPc: pt attended Residual symptoms remain -internal voice attributed to God. Tells him what he has been doing in recent days. Usually not distressed by this but occasionally can say things to him such as "visit your mother's grave" which he finds upsetting. Continues very sedentary life style -drinking vast amount of full sugar coke /day. Relies on takeaways++ Overweight and described intermittent chest pain with SOB on exertion. Never uses GTN spray or inhalers. Encouraged to do so. I will write separate to GP to request cardiac risk update. In meantime CO significant injection site trauma and ongoing EPSE. Given minimal symptoms just now I will reduce his depot to 600mg fortnightly (currently 450mg weekly = reduction of 600mg/month in total). Happy for me to refer him to OT as first step in obtaining additional support at home via SW. Review OPC.
04-Feb-2026 09:15	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged to assist Andy to attend appointment with Dr McMillan at EVRC. Lodger opened door and informed writer that Andy had left for Dr Appointment. Writer arrived at base, Andy was present, reports that his brother had sent him money, he voiced that he had no recollection of speaking with writer and making arrangements for writer to pick him up from home, however he did remember appointment to attend community venue with writer after OPA with Dr McMillan, writer agreed to same. He reports he is happy with changes for depot 1/52, this will now be 2/52, he did voice that he would still like diazepam. He engaged well in conversation, reports he will go for hair cut and beard trim tomorrow. Reports that he had not slept last night, writer encouraged that he try get through today and have an early night, Andy agreed with same, discussed small jobs that could be carried out to help keep him awake. Andy confirmed that he discussed the gas bill with his brother, he voiced that his brother has instructed him not to pay gas bill. Writer informed him that he had an obligation, when he took on tenancy, that he should have informed the gas board he had taken over the account and that he may still be accountable for said bill. Andy did not respond to same. Andy voiced that if he has any questions he would discuss with his old forensic consultant, when asked if they still have contact Andy reports that they continue to text. At this time Andy has agreed to meet with writer next week appt sent for 10/02/26. Follow-up appointment offered
03-Feb-2026 15:20	Telephone call to a patient (Eastvale Resource Centre) MCINNES, Heather (HealthCareAssistant)
Comment	T/C. Writer has made several attempts to contact Andy since yesterday. He had called in on

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Friday 30/01 asking if writer could assist and pick him up from hoe to attend OPA with Dr Mcmillan on the 04/02/26.

Writer managed to contact him today to confirm pick up to attend OPA at EVRC, app arranged with writer afterwards, Andy accepting of same. Raised no concerns at this time. Follow-up appointment offered

03-Feb-2026 11:12	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Discussed at MDT, Andy will be seen tomorrow at O/P clinic by DrMcMillan who will discuss meds and OT assessment as suggested by SW.
29-Jan-2026 15:27	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Telephone call to Andy re depot. He was spontaneous and pleasant throughout call but explained that he wasn't keen on clopixol depot and "lump" on injection site. No psychotic symptoms voiced during call. Has got food bank package and happy with same. Agreeable to discuss meds with DrMcMillan at O/P review on Wednesday at 930. Andy thanked me for call. Aware he also has CSW McInness on Wednesday
29-Jan-2026 15:15	Administration note (NHS GG&C Mental Health Services) MA, Sze Lok (CPN)
Comment	Andrew DNA in depot clinic. Allocated CPN M Hume made aware of same.
27-Jan-2026 14:15	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, Andy forgot appointment, he asked writer give him 5 min to get ready, he was true to his word, asked we go to Gregg's. Any continues to voice he 'want off this depot', he reports about the lumps and not sleeping so good so looking to get back on diazepam. Writer noticed a pkt 6 iron brew, he reports that he drinks 10-13 cans a day, writer discussed risk to blood sugar, encouraged to see GP to have this checked. he engaged well in conversation, open to questions, he then asked for food bank voucher, writer enquired about finances, he reports he owes British Gas £5000. He reports that he hadn't changed name on gas bill. Writer agreed to arrange voucher for him, called to confirm, message left. Code: E45438000114. He was at ease in conversation, voiced that once he is 60yrs he is looking to move into sheltered housing, writer questioned why he felt this would be necessary, Andy voiced, 'I need it'. Writer encouraged that he go for a hair cut, Andy accepting of same. No concerns noted at this time, next appointment agreed for 4/02/26 as attending OPA at EVRC. Follow-up appointment offered
27-Jan-2026 09:19	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Discussed at MDT, DrMcMillan will discuss with SW re assessment.
23-Jan-2026 10:00	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged to encourage Andy out the house for short time. Andy opened door, still in night wear and just up from bed. He allowed writer in, there was a smell of smoke and ashtray and tobacco on the floor. Andy reports they were 'Dave's', the lodger, writer asked if he had not moved out and went back to marital home, Andy reports he only goes back a few nights a week. He declined to get out the house, clearly half sleeping, reports he did not get to bed until 03:30 in the morning. reports voices continue to cause distress, when asked to clarify he informed writer 'they just keep on shouting'. Writer questioned his diet as he continues to put weight on, he denied any change in diet. Due to his tiredness writer suggested to leave, agreed to keep appointment for Tue 27th, PM appointment, Andy accepting of same. Eyes half closed through out, no evident sign of distress. No concerns noted at this time. Follow-up appointment offered
22-Jan-2026 14:47	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Template: Depot Administration Andy attended at 1430 for depot. He was praised for attending and also spoke with CSW McInness and arranged for outing tomorrow. He reiterated that he feels little different from admission to hospital or depot and asked about restarting previous depot. He reports that "voice of God" happens sporadically. Pupils noted to be dilated and I asked if he had taken any substances which he denied. Andy denied thoughts or plan of DSH or aggression and was not obviously distressed. Tended to keep conversation to a minimum but was reasonably pleasant. Eye contact was poor. When receiving depot Andy said he felt that he needed to be

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" back on diazepam" as this had been stopped " a couple of weeks ago" after discharge. Advised I will update DrMcMillan and he will be seen at O/P on 4/2. Andy thanked me and left for taxi. He is aware of contact numbers and has appt with CSW tomorrow and depot next due 29/1.

Consultant: Dr McMillan

Diagnosis: Schizophrenia

Mental Health Status: Informal • Drug: Zuclopenthixol decanoate

Dose: 450mg

Frequency: Weekly • Right Gluteal

Next Due Date: 29/01/26

Presentation: Andy attended at 1430 for depot. He was praised for attending and also spoke with CSW McInnes and arranged for outing tomorrow. He reiterated that he feels little different from admission to hospital or depot and asked about restarting previous depot. He reports that "voice of God" happens sporadically. Pupils noted to be dilated and I asked if he had taken any substances which he denied. Andy denied thoughts or plan of DSH or aggression and was not obviously distressed. Tended to keep conversation to a minimum but was reasonably pleasant. Eye contact was poor. When receiving depot Andy said he felt that he needed to be " back on diazepam" as this had been stopped " a couple of weeks ago" after discharge. Advised I will update DrMcMillan and he will be seen at O/P on 4/2. Andy thanked me and left for taxi. He is aware of contact numbers and has appt with CSW tomorrow and depot next due 29/1.

Risk: Denies any thoughts or plan of DSH or aggression.

Side Effects of Concern: Sore bumps at injection sites which he said had went down prior to attending.

Smoking / Alcohol / Drug Use: Sporadic cocaine use. 22/1/26 Pupils dilated but denied drug use. Keen to restart diazepam.

Levels of Activity: Spends majority of time at home. CSW will attempt to see weekly, he has appt tomorrow.

Diet: Overweight, tends to buy takeaways. Encouraged to be more active but declined.

Recommendations: To continue support from CPN and CSW

21-Jan-2026 13:33

Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (Charge Nurse)

Template: **CRAFT - Risk Assessment**

Comment

D/W DrMcMillan who agreed that depot could be given tomorrow at Eastvale and he will discuss with SW regarding assessment for additional input. I called Andy back and he said he didn't want to take depot. I explained that he was an informal patient and this was his choice but we would encourage it. I asked if he would rather be seen by me in Eastvale instead of at clinic and he agreed to attend for depot tomorrow at " around 2". He said that voice was saying he was "evil" but he knows he isn't. Given opportunity to vent and some reassurance. I asked if he feels additional input may be useful and he was unsure but agreed for DrMcMillan to discuss with SW. Aware how to contact services-depot tomorrow, CSW Tuesday and O/P review 4/2.

Risk assessment

When is this review taking place? Other, please state CPN review

Risk Assessment

What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? 21/1/26 Reports increase in voice of God since yesterday morning saying he's evil although he knows he isn't. Denies any thoughts or plan of DSH or aggression. Denies drug use. Encouraged to take depot D/W DrMcMillan. 16/1/26 Andy denies any thoughts or plan of DSH or aggression but said he feels "the same" and voices persist. Has been attending, with encouragement for depot, but keen for it to be changed from weekly. Engaging well with CSW. 15/12/25 Andy reports he feels the same as pre admission. Denies drug use or thoughts/plans of DSH. Has been late for depot, advised against same. 28/11/25 Patient had not been concordant with medication whilst on pass support from crisis team. Patient received extra support to monitor concordance. 20/11/25 Denies thoughts or plan of DSH or aggression. No distress or agitation noted but Andy claims he feels no difference from meds or admission. Agreeable to weekly depot and CSW contact. Referred to Crisis Team for

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post-discharge support from 4B Leverndale Hospital following 4 and 1/2 month admission due to increase in psychotic symptoms and poor medication concordance. Andrew had expressed persecutory beliefs and command hallucinations instructing him to harm himself on admission. He is now established on 450mg Clopixol depot weekly. On Crisis review today, Andrew engaged reasonably well - answering all questions asked of him. Some evidence of agitation initially however was amenable with staff. States he has been concordant with medication since discharge and denied any illicit substance misuse, stating he cannot afford cocaine at present - staff re-iterated the health risks of cocaine use to Andrew. Denied any current perceptual abnormalities and no evidence of responding to internal stimuli. Denied any distressing or worrying thought content. Denied any thoughts of DSH and suicide and nil thoughts of harm to others. Andrew stated he was aware he needs to collect discharge medication from Leverndale today and plans to do so. He will be on 2x weekly dispensing of oral medication which the pharmacy will deliver.

What historical risk factors are there that it is important to be aware of? Polysubstance misuse - reported cocaine use whilst on pass from hospital. Forensic history for historic driving offences and assault and car theft - see forensic assessment 2020. Past prison sentences. Diagnosis paranoid schizophrenia and complex PTSD. History of command hallucinations instructing him to harm himself. Historic overdose and attempted hanging in past. Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive.

What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland and limited social support (Currently has housemate who has been out of house with wife for past 4 nights (17/1/26) Friend group who use substances and Andrew does not appear motivated to cease cocaine use.

What factors are present that reduce risk? Agreeable to CPN/CSW input. Weekly Zuclopenthixol Decanoate depot injection - open to Eastvale CMHT with RMO and CPN input. Keen for depot meds to be changed from weekly. States he feels able to contact duty/crisis/nhs24 when he requires support with his MH.

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? On-going substance misuse in the community. If Andrew is non concordant with medication or disengages with community MH input.

What is the clinical team going to do about it - In the next few days/between now and next appointment? Andy to attend depot clinic weekly where he will be reviewed by CPN. CSW input weekly encouraging increased activities. Advise against drug use.

What is the clinical team going to do about it - In the next few months? O/P review. RMO will discuss with SW re input.

Are there any other considerations for risk management? Currently informal.

What should the service user/family/carers do if risky situations emerge? Andrew has been provided with the Crisis Team leaflet with all relevant contact numbers and has been provided with up-coming appointments in writing. He is agreeable to contact duty/crisis/nhs24 if he requires support.

Have all relevant professionals been informed of the risk management plan?
? EMIS., DrMcMillan.

21-Jan-2026 13:24

Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)

Comment

Returned call to Andy after message left earlier. Call answered promptly with a pleasant help but changed when I identified myself and Andy said he had been feeling "worse" since yesterday morning with no obvious trigger. Reports he has been taking meds and denied any illegal drug use. Reports he had "God talking to me again" but displayed insight and recognised this wasn't happening. I suggested that depot change may not be useful at present and he agreed that he would take clopixol again this week. I asked if any other stressors or changes and he initially denied but then said that temp flat mate has been staying with his wife and therefore Andy at home alone more. Reports he hasn't been out. I suggested using distraction and keeping busy but Andy didn't seem particularly enthused. Denied any thought or plan of DSH or aggression and happy for me to discuss with DrMcMillan.

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20-Jan-2026 10:28	Face to face consultation (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	MDT updated on Andy's concerns and request.	
19-Jan-2026 13:00	Administration note (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	Email sent to DrMcMillan re Andy's request for depot to be changed from weekly and lumps on injection sites.	
16-Jan-2026 11:58	Face to face consultation (Eastvale Resource Centre)	HUME, Mark (ChargeNurse)
Comment	Template: CRAFT - Risk Assessment I spoke with Andy when in for depot. Keen to have depot less frequently and again spoke about small lumps from injection site. Reports that voices are "just the same" but no obvious distress. Had taxi called and keen to get back home. Denied any thoughts or plan of DSH or aggression and happy for me to discuss depot with DrMcMillan next week and contact him. Aware how to contact services if needed and keen to continue engaging with CSW McInness which he said he enjoyed. Risk assessment When is this review taking place? Other, please state CPN review Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? 16/1/26 Andy denies any thoughts or plan of DSH or aggression but said he feels "the same" and voices persist. Has been attending , with encouragement for depot, but keen for it to be changed from weekly. Engaging well with CSW. 15/12/25 Andy reports he feels the same as pre admission. Denies drug use or thoughts/plans of DSH. Has been late for depot, advised against same. 28/11/25 Patient had not been concordant with medication whilst on pass support from crisis team. Patient received extra support to monitor concordance 20/11/25 Denies thoughts or plan of DSH or aggression. No distress or agitation noted but Andy claims he feels no difference from meds or admission. Agreeable to weekly depot and CSW contact. Referred to Crisis Team for post-discharge support from 4B Leverndale Hospital following 4 and 1/2 month admission due to increase in psychotic symptoms and poor medication concordance. Andrew had expressed persecutory beliefs and command hallucinations instructing him to harm himself on admission. He is now established on 450mg Clopixol depot weekly. On Crisis review today, Andrew engaged reasonably well - answering all questions asked of him. Some evidence of agitation initially however was amenable with staff. States he has been concordant with medication since discharge and denied any illicit substance misuse, stating he cannot afford cocaine at present - staff re-iterated the health risks of cocaine use to Andrew. Denied any current perceptual abnormalities and no evidence of responding to internal stimuli. Denied any distressing or worrying thought content. Denied any thoughts of DSH and suicide and nil thoughts of harm to others. Andrew stated he was aware he needs to collect discharge medication from Leverndale today and plans to do so. He will be on 2x weekly dispensing of oral medication which the pharmacy will deliver. What historical risk factors are there that it is important to be aware of? Polysubstance misuse - reported cocaine use whilst on pass from hospital. Forensic history for historic driving offences and assault and car theft - see forensic assessment 2020. Past prison sentences. Diagnosis paranoid schizophrenia and complex PTSD. History of command hallucinations instructing him to harm himself. Historic overdose and attempted hanging in past. Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive. What are the obstacles to risk management/what risks cannot be changed? Isolated apart from brother and sister in law in Northern Ireland and limited social support (Currently has housemate 15/12/25) Friend group who use substances and Andrew does not appear motivated to cease cocaine use. What factors are present that reduce risk? Agreeable to CPN/CSW input. Weekly Zuclopenthixol Decanoate depot injection - open to Eastvale CMHT with RMO and CPN input. Keen for depot meds to be changed from weekly. States he feels able to contact duty/crisis/nhs24 when he requires support with his MH. Risk Management Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? On-going substance misuse in the community. If Andrew	

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is non concordant with medication or disengages with community MH input.
What is the clinical team going to do about it - In the next few days/between now and next appointment? Andy to attend depot clinic weekly where he will be reviewed by CPN.CSW input weekly encouraging increased activities.Advise against drug use.
What is the clinical team going to do about it - In the next few months? O/P review.
Are there any other considerations for risk management ? Currently informal.
What should the service user/family/carers do if risky situations emerge ? Andrew has been provided with the Crisis Team leaflet with all relevant contact numbers and has been provided with up-coming appointments in writing. He is agreeable to contact duty/crisis/nhs24 if he requires support.
Have all relevant professionals been informed of the risk management plan ? EMIS.

16-Jan-2026 11:32	Face to face consultation (NHS GG&C Mental Health Services) LAW, Margaret (StaffNurse)
Comment	Template: Depot Administration Consultant: Dr McMillan Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 450mg Frequency: Weekly • Left Gluteal Next Due Date: 23/01/26 Presentation: Andrew was quite brittle and did not offer much in terms of engagement as he was keen to leave as he had a taxi waiting for him. Risk: Denies any thoughts or plan of DSH or aggression. Side Effects of Concern: Sore bumps at injection sites, no further concerns raised. Smoking / Alcohol / Drug Use: Sporadic cocaine use. Levels of Activity: Spends majority of time at home. CSW will attempt to see weekly. Diet: Overweight Recommendations: To continue support from CPN and CSW
15-Jan-2026 16:55	Telephone call from a patient (Eastvale Resource Centre) HUME, Mark (ChargeNurse)
Comment	Andy left message for callback.I called and he said he would attend tomorrow for depot but had noticed lump on injection site and was keen for depot to be changed from weekly.I advised to attend tomorrow and I will discuss options with DrMcMillan next week.Andy happy with same.
15-Jan-2026 14:50	Face to face consultation (NHS GG&C Mental Health Services) HUGHES, Josephine (HealthCareAssistant)
Comment	Entered By: MCINNES, Heather (HealthCareAssistant) Tc to Andy as he DNA for his weekly depot injection, he reports he is not feeling well today but will come in tomorrow between 10-10:30am, CPN Mark Hume aware of same.
13-Jan-2026 11:30	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged. Andy welcomed writer in, he was just out of bed, writer asked if he was not up for outing, Andy jumped of the sofa and was dressed in 3min, asked to go to Greggs, writer agreed. Andy managed to get his order, agreed to sit for chat. Writer noticed difficulties with his breathing, suggested referral to dietician, Andy declined, voiced it was his chest and not weight, writer informed that his weight would be contributing factor. Writer suggested he go see his GP, also suggested vapour rub that may help at this time with congestion. He engaged in small conversation, reactive to light humour. States his mental health is stable but will not attend for his depot medication, request that he go onto monthly depot injection as injection site has become very 'lumpy', his wards, writer encouraged that he continue with depot until Dr App. Writer agreed to inform M Hume CPN of same. Appointment set with Dr McMillan early February, writer suggested he wait till then and discuss with Dr McMillan, he also voiced disgruntle of not having diazepam but accepting of same.. He reports that he sleeps a lot but was up until after 3am watching a movie. He reports that he is able to make himself meals and does his food shopping at Island. He asked if writer would drop him off at the local shop, he then changed his mind and voiced that he would walk down himself later to get out of the house, writer asked if he benefited from our outing, Andy agreed and appeared motivated. As Andy left the car he voiced he would see writer on Friday, believe this would be for his depot. No concerns raised at this time, appointment agreed for 27/01/26.

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Follow-up appointment offered

13-Jan-2026 09:45	NHS GG&C Mental Health Services NEILLY, Susan (MedicalSecretary)
Document	Clinical letter (25-Nov-2025) Post Discharge Clinical letter (25-Nov-2025)
08-Jan-2026 15:36	Telephone call to a patient (NHS GG&C Mental Health Services) MCINNES, Heather (HealthCareAssistant)
Comment	T/C to remind Andy his depot medication was due and expected to attend EVRC for same. Andy reports that he has not ben out the house for the past week and declined to attend clinic today, voiced that he would attend EVRC tomorrow AM for depot. M Hume CPN aware of same. No concerns raised at this time. Follow-up appointment offered
05-Jan-2026 13:24	NHS GG&C Mental Health Services MCWADE, Elizabeth Dorothy (MedicalSecretary)
Document	Medication administration (25-Nov-2025) Depot Prescription and administration record from Eastvale Adult Nursing (05-Jan-2026)
29-Dec-2025 12:40	Face to face consultation (NHS GG&C Mental Health Services) MA, Sze Lok (CPN)
Comment	Template: Depot Administration Duty Consultant: Dr McMillan Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 450mg Frequency: Weekly • Left Gluteal Next Due Date: 08/01/26 (appointment card posted) Presentation: Was dressed appropriately with clean and tidy clothing. Mild body odour noted but not signs of self-neglect observed. Appeared a bit anxious but settled in general. Reported he phoned his brother following phone call from duty nurse, said his brother said he had to attend for his depot injection. Stated it was mainly his anxiety keeping him to leave home. Verbal appraisal and reassurance offered. Was encouraged to contact CMHT for extra support if needed. Risk: Denies any thoughts or plan of DSH or aggression. Side Effects of Concern: Denied any major side effects when asked directly Recommendations: to continue support from CPN and CSW
29-Dec-2025 12:04	Telephone call to a patient (NHS GG&C Mental Health Services) MA, Sze Lok (CPN)
Comment	Duty T/C to Andrew as he DNA for his depot injection as arranged by his allocated CPN. Sounded a bit hoarse on the phone, conversed well in general. He stated he could not make it and stated "everybody knows I can't leave my house" when duty nurse try to explore the reason behind. Stated it was his mental health keeping him from leaving home but no immediate concern offered. . When asked about his previous attendance for depot injection on 15/12/25, he stated his brother took him to CMHT on that day. Stated his brother stays in Ireland and unable to support him in long term. Risk of deterioration from non-concordance to treatment was advised. He was encouraged to discuss with his allocated CPN for further arrangement regarding his depot injection, he agreed same. He was encouraged to attend CMHT for his depot if he feels better and to contact us in case of any deterioration, he accepted same. Discussed with CSW H McInnes who kindly agreed to give him a call tomorrow and to see if he agrees to attend CMHT with Heather's assistance. Dr. McMillan was made aware of the situation. Allocated CPN M Hume was tasked.
24-Dec-2025 12:11	Telephone call from a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C from Andy reporting he cant attend for depot today as unwell. sounded a little hoarse initially but this became less evidnet as he was talking more..Reports he still has "voices" and feels there has been little change.Encourged to increase activities and use distarction.Intends having quiet Christmas.I encouraged him to attend for depot and he agreed to on Monday at 11am.Aware of emergency numbers if required.Due to have catch up with CSW McInness and I will request she make contact if possible.DrMcMillan updated

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and in agreement with plan.

23-Dec-2025 16:59	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy to remind him about depot tomorrow morning which he has agreed to attend.
17-Dec-2025 13:30	Face to face consultation (Other - Community) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, Andy was still in his bed when writer arrived, he went to his room and got quickly dressed, he asked to go for a run to get out of the house, writer agreed to same. Walking he struggled with his breathing, slightly spiffily. Encouraged to see GP. Andy reports that Dr Thomson suggested he look at his diet to reduce weight, writer agreed with same and discussed risk to heart. we discussed areas to work on but Andy not keen for this. He voiced that he has pain in knee's & legs, he feels this is due to medication reduction, writer suggested this would be contributed due to his weight, Andy neither agreed or disagreed to same. His mood was pleasant, engaged in small conversation. Denied any cocaine use at this time, voiced no concerns. Intends to spend xmas on his own, declined offer to group xmas lunch. Writer reminded him of next depot, 24/12/25, Andy accepting of same. Agreed for writer to catch up week of 29/12/25. No concerns at this time. Follow-up appointment offered
15-Dec-2025 11:17	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Templates: Depot Administration, CRAFT - Risk Assessment Consultant: Dr McMillan Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 450mg Frequency: Weekly • Right Gluteal Next Due Date: 24/12/25 Presentation: Andy attended for depot after reminder call today. He is 4 days late (weekly) and strongly advised to attend weekly. He will be next due on 24/12/25. Appeared a little agitated today, keen to get away as he had taxi waiting. Reports he feels "the same". Denies cocaine use. Agreeable to see CSW on Wednesday afternoon (has appt card). Reports he will spend Xmas alone as housemate will be at family, intends getting turkey dinner. Risk: Denies any thpughts or plan of DSH or aggression. Side Effects of Concern: Appeared a little more agitated to day and reports he has cold symptoms. Smoking / Alcohol / Drug Use: Sporadic cocaine use. Denied today when questioned. Levels of Activity: Spends majority of time at home. CSW will attempty to see weekly. Diet: Overweight Recommendations: Monitor for side effects and symptomsd. Encourage incrazed activity but seems reluctant. Risk assessment When is this review taking place? Other, please state CPN review Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? 15/12/25 Andy reports he feel sthe same as pre admission. Denies drug use or thoughts/plans of DSH. Has been late for depot, advsied against same. 28/11/25 Patient had not been concordant with medication whilst on pass support from crisis team. Patient received extra support to monitor concordance 20/11/25 Denies thoughts or planof DSH or aggression. No distress or agitation noted but Andy claims he feels no difference form meds or admission. Agreeablel to weekly depot and CSW contact. Referred to Crisis Team for post-discharge support from 4B Leverndale Hospital following 4 and 1/2 month admission due to increase in psychotic symptoms and poor medication concordance. Andrew had expressed persecutory beliefs and command hallucinations instructing him to harm himself on admission. He is now established on 450mg Clopixol depot weekly. On Crisis review today, Andrew engaged reasonably well - answering all questions asked of him. Some evidence of agitation initially however was amenable with staff. States he has been concordant with medication since discharge and denied any illicit substance misuse,

stating he cannot afford cocaine at present - staff re-iterated the health risks of cocaine use to Andrew. Denied any current perceptual abnormalities and no evidence of responding to internal stimuli. Denied any distressing or worrying thought content. Denied any thoughts of DSH and suicide and nil thoughts of harm to others. Andrew stated he was aware he needs to collect discharge medication from Leverndale today and plans to do so. He will be on 2x weekly dispensing of oral medication which the pharmacy will deliver.

What historical risk factors are there that it is important to be aware of? Polysubstance misuse - reported cocaine use whilst on pass from hospital. Forensic history for historic driving offences and assault and car theft - see forensic assessment 2020. Past prison sentences. Diagnosis paranoid schizophrenia and complex PTSD. History of command hallucinations instructing him to harm himself. Historic overdose and attempted hanging in past. Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive.

What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland and limited social support (Currently has housemate 15/12/25) Friend group who use substances and Andrew does not appear motivated to cease cocaine use.

What factors are present that reduce risk? Agreeable to CPN/CSW input. Weekly Zuclopenthixol Decanoate depot injection - open to Eastvale CMHT with RMO and CPN input. Currently agreeable with treatment plan. States he feels able to contact duty/crisis/nhs24 when he requires support with his MH.

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? On-going substance misuse in the community. If Andrew is non concordant with medication or disengages with community MH input.

What is the clinical team going to do about it - In the next few days/between now and next appointment? Andy to attend depot clinic weekly where he will be reviewed by CPN. CSW input weekly encouraging increased activities. Advise against drug use.

What is the clinical team going to do about it - In the next few months? O/P review.

Are there any other considerations for risk management? Currently informal.

What should the service user/family/carers do if risky situations emerge? Andrew has been provided with the Crisis Team leaflet with all relevant contact numbers and has been provided with up-coming appointments in writing. He is agreeable to contact duty/crisis/nhs24 if he requires support.

Have all relevant professionals been informed of the risk management plan? EMIS.

15-Dec-2025 10:57	Telephone call from a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy called back, advised to attend for depot and agreeable to same.
15-Dec-2025 10:37	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy to remind about depot, no reply or facility to leave message. Has been sent reminder letter for clinic this week. If DNA Thursday will require HV.
12-Dec-2025 16:00	NHS GG&C Mental Health Services BRADLEY, Audrey (Admin)
Document	Letter sent to patient DNA Depot Letter sent to patient from Eastvale Adult Nursing (12-Dec-2025)
11-Dec-2025 13:19	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy to remind him of depot but reports he hasn't been unwell physically this week and can't attend - didn't elaborate when asked just said he hadn't been out. Pleasant in manner and no psychotic symptoms voiced, background noise evident? tv.. Depot arranged for Monday at 1030 in Eastvale. Andy happy with same.
02-Dec-2025 09:51	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Template: Depot Administration Consultant: Dr McMillan Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate

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Dose: 450mg
Frequency: Weekly • Right Gluteal
Next Due Date: 11/12/25
Presentation: Reports he feels little difference from admission. He said that voices persist but didn't appear distracted and was able to attend Eastvale for depot. Denies being out much but able to get taxi today. Denies any drug use. Denies any thoughts or plan of DSH or aggression. Expects to have a quiet Christmas with friend and have takeaway. Agreeable to see CSW this week, depot next due 11/12 and I will see him then. Aware how to contact team if needed.
Risk: Denies any thoughts or plan of DSH or aggression.
Side Effects of Concern: Appeared relaxed and no obvious side effects.
Smoking / Alcohol / Drug Use: Sporadic cocaine use.
Levels of Activity: Spends majority of time at home.
Diet: Overweight
Recommendations: Monitor for side effects and symptoms. Encourage increased activity but seems reluctant.

01-Dec-2025 10:06	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	DUTY-Discharge form Crisis noted, due to attend for depot tomorrow.
01-Dec-2025 09:51	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy, pleasant in manner and reports feeling physically better. He has agreed to attend Eastvale tomorrow at 10am.
28-Nov-2025 12:39	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Physical ill health noted from Crisis notes, I will call on Monday to arrange depot at Eastvale.
28-Nov-2025 12:36	Administration note (NHS GG&C Mental Health Services) SLATER, Jamie (ChargeNurse)
Comment	DESK DUTY Andy DNA depot clinic yesterday and had said he would attend at 11am today instead. He DNA gain. I see from previous entry that he has advised crisis team he has loose stools. Allocated CPN M Hume informed of DNA.
28-Nov-2025 12:25	Telephone call to a patient (NHS GG&C Mental Health Services) BROLLY, Christopher (StaffNurse)
Comment	south crisis team Patient unable to attend for appointment today as he has loose stools. Writer called patient and he advised that he is concordant with medication and no drug or alcohol use. Patient reports ongoing auditory hallucinations, but these are manageable and long standing. No other psychotic symptoms reported by No thoughts of dsh or suicidal ideation at this time. Patient reports mood as normal and sleeping well. Patient aware of discharge and no issues or concerns noted. Patient is aware he can still contact crisis or ooh if required. Writer has emailed patients cpn and duty to inform of discharge from crisis caseload. Patients gp sent brief by team also.
28-Nov-2025 11:47	NHS GG&C Mental Health Services BRADLEY, Audrey (Admin)
Document	Letter sent to patient DNA Depot Letter sent to patient from Eastvale Adult Nursing (28-Nov-2025)
28-Nov-2025	NHS GG&C Mental Health Services BROLLY, Christopher (StaffNurse)
Document	Letter sent to general practitioner GP Brief communication
27-Nov-2025 16:43	Telephone call to a patient (NHS GG&C Mental Health Services) BROLLY, Christopher (StaffNurse)
Comment	SOUTH CRISIS TEAM Writer spoke to patient and advised that I will review him tomorrow at eastvale after his depot. Discussed that if everything is ok will look at discharging him with agreement from cmht. Patient accepting of this.
27-Nov-2025 15:23	Telephone call to a patient (NHS GG&C Mental Health Services) MA, Sze Lok (CPN)
Comment	T/C to Andrew as he DNA his depot clinic appointment. Stated he was unable to attend

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today, did not offer any reason. He agreed to attend tomorrow at 11:00 tomorrow. Same to be given by duty nurse.

27-Nov-2025 15:19	Face to face consultation (NHS GG&C Mental Health Services) BROLLY, Christopher (StaffNurse)
Comment	SOUTH CRISIS TEAM Writer and CP Davidson visited patient at home today as arranged. Patient had pjs on and hadn't attended to his personal care needs yet. He advised that he had not long woken up. Patient had taken his medication for this morning and his dosette box was correct. No thoughts of dsh or suicidal ideation noted. Patient continues to live off takeaways and drinking soft drinks. He advised that his appetite remains good. No anxiety or agitation noted. Patient continues to experience auditory hallucination, but finds that these are manageable and he is able to distract himself with tv. Patient does not leave the house unless going for his depot. No paranoia or delusional thoughts or beliefs noted. His friend continues to reside at his home until he can find accommodation. No drug or alcohol use noted. Patient home was warm and tidy. Patient made aware of CPN has tried to contact him. Patient agreeable to further appointment tomorrow with staff. Patient has agreed to contact services if anything changes or risk changes.
27-Nov-2025 13:24	Face to face consultation (NHS GG&C Mental Health Services) BROLLY, Christopher (StaffNurse)
Comment	Template: CRAFT - Risk Assessment Risk assessment • When is this review taking place? Transition of care Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? 28/11/25 Patient had not been concordant with medication whilst on pass support from crisis team. Patient received extra support to monitor concordance 20/11/25 Denies thoughts or plan of DSH or aggression. No distress or agitation noted but Andy claims he feels no difference from meds or admission. Agreeable to weekly depot and CSW contact. Referred to Crisis Team for post-discharge support from 4B Leverndale Hospital following 4 and 1/2 month admission due to increase in psychotic symptoms and poor medication concordance. Andrew had expressed persecutory beliefs and command hallucinations instructing him to harm himself on admission. He is now established on 450mg Clopexol depot weekly. On Crisis review today, Andrew engaged reasonably well - answering all questions asked of him. Some evidence of agitation initially however was amenable with staff. States he has been concordant with medication since discharge and denied any illicit substance misuse, stating he cannot afford cocaine at present - staff re-iterated the health risks of cocaine use to Andrew. Denied any current perceptual abnormalities and no evidence of responding to internal stimuli. Denied any distressing or worrying thought content. Denied any thoughts of DSH and suicide and nil thoughts of harm to others. Andrew stated he was aware he needs to collect discharge medication from Leverndale today and plans to do so. He will be on 2x weekly dispensing of oral medication which the pharmacy will deliver. What historical risk factors are there that it is important to be aware of? (28-Nov-2025) Polysubstance misuse - reported cocaine use whilst on pass from hospital. Forensic history for historic driving offences and assault and car theft - see forensic assessment 2020. Past prison sentences. Diagnosis paranoid schizophrenia and complex PTSD. History of command hallucinations instructing him to harm himself. Historic overdose and attempted hanging in past. Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive. What are the obstacles to risk management/what risks can't be changed? (28-Nov-2025) Isolated apart from brother and sister in law in Northern Ireland and limited social support. Friend group who use substances and Andrew does not appear motivated to cease cocaine use. What factors are present that reduce risk? (28-Nov-2025) Agreeable to Crisis follow up post-discharge. Weekly Zuclopenthixol Decanoate depot injection - open to Eastvale CMHT with RMO and CPN input. Currently agreeable with treatment plan. States he feels

able to contact duty/crisis/nhs24 when he requires support with his MH.

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? (28-Nov-2025) On-going substance misuse in the community. If Andrew is non concordant with medication or disengages with community MH input.

What is the clinical team going to do about it - In the next few days/between now and next appointment? Patient care returned back to cmht. Patient has upcoming appointment with cpn and depot clinic

What is the clinical team going to do about it - In the next few months? Remains open to CMHT - weekly depot clinic, CPN input and medic review with Dr Thomson 04/02/26.

Crisis have provided Andrew with these appointments in writing.

Are there any other considerations for risk management ? (28-Nov-2025) Currently informal.

What should the service user/family/carers do if risky situations emerge ? Andrew has been provided with the Crisis Team leaflet with all relevant contact numbers and has been provided with up-coming appointments in writing. He is agreeable to contact duty/crisis/nhs24 if he requires support. Andrew has declined for Crisis to contact any relatives/friends and has declined for information to be shared. patient aware he has been discharged and care returned to cmht. Aware how to contact services ooh

Have all relevant professionals been informed of the risk management plan ? (28-Nov-2025) Yes - see EMIS.

27-Nov-2025 10:21	NHS GG&C Mental Health Services NEILLY, Susan (MedicalSecretary)
Document	Discharge letter sent to general practitioner 📧 FINAL Discharge letter sent to general practitioner (27-Nov-2025)
26-Nov-2025 10:00	Telephone call to a patient (NHS GG&C Mental Health Services) MCINNES, Heather (HealthCareAssistant)
Comment	T/C to Andy, prompt reminder for appointment today. No answer, message left. DNA appointment. Writer will rearrange when he attends for depot medication tomorrow. Follow-up appointment offered
25-Nov-2025 18:13	Face to face consultation (NHS GG&C Mental Health Services) BROLLY, Christopher (StaffNurse)
Comment	SOUTH CRISIS TEAM Writer called patient and offered appointment at his home on thursday at 1130. Patient accepting of this and will contact staff if required
25-Nov-2025 13:59	NHS GG&C Mental Health Services NEILLY, Susan (MedicalSecretary)
Document	Prescription request 📧 Prescription request sent to GP (25-Nov-2025)
25-Nov-2025 11:00	Face to face consultation (Florence Street Resource Centre) DAVIDSON, Ross (CrisisPractitioner)
	Duration: 10 mins
Comment	Accompanying HCP: BROLLY, Christopher (StaffNurse) SOUTH CRISIS Writer and C/P Brolley attended Andrew address this morning and allowed C/Ps into his address, flat remains tidy and well kemp't. Andrew appeared to have attended to personal hygiene and his other ADL, stated his appetite has been "good" . reports compliance with medication and medication checked by clinician when attending appointment. no issues noted. Reports to continue having voices however no worse than normal and is able to manage same with no issues and is aware to make contact with CRISIS or Eastvale if symptoms get worse than at present, Andy agreeable to same. Appeared less agitated from last visit yesterday and less repetitive movement evidence during visit also. No voicing of paranoid idea around medication and stated that he will continue to take medication as prescribed at present. Engaging well in conversation with practitioners in attendance however when discussing friend that is currently stay with Andy appeared to become increasing hostile stating "I pay the rent so what does it matter and why does everyone care so much". writer offered some reassurance with regards to same which Andy is accepting same. Andy did state that his

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friend would be moving out in the next few weeks.
stated that appointment with Dr this morning went well and no issues were raised during same. Aware of outcome from Eastvale MDT this morning and is aware of transfer of care towards end of week if medication compliance continues.
Voice no concerns with regards to thoughts of DSH or SI during the visit and is aware of contact details for services if he was to require same.
PLAN - phone call this evening to discuss further appointment

25-Nov-2025 09:34	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	post discharge clinic review via NEARME Andrew at home, says been spending most of his time at home in doors. Watching TV and eating takeaways friend is still living with him but is moving out next week - friend's daughter no longer there, but visits once or twice per week Overall Andrews mental state largely unchanged from prior to discharge - voices ongoing but tolerable and finding it easier to deal with them euthymic but can have down days when voices are particularly bad No chest pain since discharge, breathing is good, physical health overall stable - still awaiting input from cardio and respiratory NOTE input from CRISIS - non-compliance with medications over the weekend Andrew says this was due to fears the medication had been tampered with, blister pack was unexpected and he was suspicious of this this was discussed with Dr McMillan via CRISIS and Andrew agreeing to take medications as prescribed in pack - new blister pack to be delivered today Andrew reassured by explanation of blister pack and saying he will comply with prescribed meds - I have reiterated that if he has ongoing paranoid or anxious thoughts he can contact CMHT no cocaine use since discharge, CARES yet to make contact but referral has been made Andrew appeared his usual self, euthymic, mostly one word answers to questions, not voicing concerns / fears, no delusional thinking although note paranoia around blister pack - resolved with reassurance, ongoing auditory hallucinations are manageable, retains insight and cognition intact Plan: I will write prescription request to GP to advise wean lorazepam 0.5mg every 2 weeks and then aim to wean diazepam in similar fashion thereafter ongoing CRISIS and CPN input - await input from CARES, respiratory and cardiology
25-Nov-2025 09:30	Multidisciplinary team meeting without patient (Stewart Centre) DAVIDSON, Ross (CrisisPractitioner)
Comment	Template: MH Community MDT Template Reason for patient being presented at MDT Meeting: Crisis Feedback Clinical Summary (SBAR): SBAR DATED 24/11/25 Legal Status: Informal Feedback presented by: Ross Davidson Summary of discussion and decisions taken/actions/outcomes required (include who action has been allocated to): Discharge on Friday if no changes to presentation and medication compliance is appropriate. Allocated CPN and Medic. Discussed at appointment today friend is still staying with Andrew at present Stratification: Amber (Moderate risk) • PIFU Considered? No Meeting outcomes discussed with: Patient At appointment today
25-Nov-2025 09:10	Telephone call to a patient (NHS GG&C Mental Health Services) JENKINS, Abigail (CrisisPractitioner)
Comment	SOUTH CRISIS: Called Andy to confirm that post discharge appointment would be over the phone. He was accepting of same. Had just woken up so was groggy but reported no new concerns during phone call.
24-Nov-2025 17:26	Telephone call to a patient (Florence Street Resource Centre) DAVIDSON, Ross (CrisisPractitioner)
Comment	SOUTH CRISIS Phone call to Andy to make aware of appointment tomorrow. Andy accepting of same and voiced no concerns tomorrow.

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C/P A.Jenkins will make contact with Eastvale tomorrow to clarify if appointment is F2F or Telephone and will phone Andy to confirm same. Andy accepting of same.
PLAN - for review tomorrow with writer and C/P C.Brolly @ 1100hrs

24-Nov-2025 13:31	Discussion with colleague (NHS GG&C Mental Health Services) MOWAT, Wendy (SeniorCrisisPractitioner)
Comment	South Crisis Team T/C from CP R.Davidson to advise that staff have went out to review Andrew today and established Andrew has not taken his medication in 2 days due to being paranoid. CP R.Davidson asking if Andrew can restart his medication. Advised i would discuss with Eastvale CMHT medic and get back to him. T/C to Dr McMillan, explained the situation. Dr McMillan advised it is ok for Andrew to restart his medication despite missing 2 days worth. Called CP R.Davidson back to advise of same. Discussion had regarding taking away excess medication from days Andrew has missed. New blisterpack will be delivered tomorrow. CP R.Davidson advised Andrew has cited he will take his medication.
24-Nov-2025 13:30	Face to face consultation (NHS GG&C Mental Health Services) JENKINS, Abigail (CrisisPractitioner)
Comment	Template: SBAR V4 Situation Referred to Crisis Team for post-discharge support following a 4 and 1/2 month informal admission to ward 4B, Leverndale Hospital due to increase in psychotic symptoms and varied medication compliance. Background Diagnosis of Paranoid Schizophrenia and PTSD. Open to Eastvale RC - has follow up medic review with Dr Thomson arranged 25/11/25 and open to CPN and depot clinic (prescribed Clopixol 450mg weekly depot). Referred to CARES on discharge. Historic polysubstance misuse and recent cocaine use while on pass from hospital. Previously open to Forensic CMHT, transferred 2024 to Eastvale. History of hospital admissions dating back to 1990s. Historic suicide attempts by attempted hanging and overdose. Assessment Home visit by Crisis practioners R Davidson and A Jenkins. Andrew answered the door comfortably dressed in shorts and a tshirt and personal hygeine appeared to be attended to. House sparsely decorated but hygienic and neat. Andrew was amenable to the visit and conversed well with practitioners but appeared to be restless and mildly preoccupied. Fidgeting and making repetitive movements with fingers although Andrew reports this is normal for him. Stated the voices were strong today, that they were being derogatory and giving commands but he was able to ignore them. Reported poor sleep and did show signs of tiredness in presentation. When checking medication to ascertain concordance it became clear that Andrew had not taken his medication over the weekend. He confessed this was due to paranoia about what may be in his medicine as he was not used to them being dispensed in a dosette box. After contact with Eastvale it was confirmed that it was safe for him to recommence medications and Andrew was agreeable to same after reassurance. Took morning and lunch time dose with supervision of practitioners. New blister pack will be delivered on 25/11/25 and Andrew assured he would be compliant with medications going forward. Reports he has been spending time watching television and has been in regular contact with sister in law and previous forensic RMO. Plans to visit family in Northern Ireland for Christmas and is looking forward to same. No suicidal ideation or intentions to self harm expressed during visit. Recommendation Ongoing crisis input at present to monitor medication compliance. Discharge from Crisis at latter end of week after discussion with CPN if concordant with medication. Risk Illicit substance and alcohol misuse - recent cocaine use whilst on passHistoric non concordance with medicationPrevious forensice history related to driving offenses.Historic command hallucinations and suicide attempt by overdose and attempted hanging
Additional	Follow-up outpatient appointment Appointment Outcome:
24-Nov-2025 13:15	Face to face consultation (Patients Home) DAVIDSON, Ross (CrisisPractitioner) Duration: 30 mins
Comment	Accompanying HCP: JENKINS, Abigail (CrisisPractitioner) SOUTH CRISIS Andrew was visited at home by writer and C/P A.Jenkins. Agreeable to appointment and

allowed C/Ps into flat. Andrew appeared to have attended to his ADL and attended to personal hygiene, reports to have been attending to his own dietary and fluid intake throughout the weekend.

Writer asked Andrew about his medication compliance and allowed writer to look at his blister pack, writer was aware that Saturdays and Sundays medication hadn't been administered over the weekend, Andrew stated that he had been increasing paranoid about his medication stated he felt as if his medication had been tampered with. Andrew also stated that he wasn't aware of his medication being administered in a blister pack and this has been increasing his paranoia towards his medication leading to his non-compliance over the weekend.

Writer made contact with Eastvale to discuss Andrew's non-compliance of his medication agreeable to reinstate medication after discussion with Dr McMillian. Andrew agreeable to same and reassurance given with regards to medication and the blister pack and explanation around the blister pack given to Andrew.

Andrew stated he has been watching the TV since last visit and hasn't left the flat since last visit either, writer noted that Andrew had been restless throughout the appointment however Andrew had sated this is his "normal" and wasn't any worse than what he would usually experience.

Andrew stated that he has had regular contact from his brother ex wife and this has been a good support for Andrew, stated that he has also had regular contact from his Forensic RMO within Lanarkshire and last spoke with same on Friday.

Voiced no concerns with regards to SI or DSH voiced during visit.

Stated that he has plans to go to his brother for christmas and is looking forward to same.

Agreeable to further appointment tomorrow and aware of CRISIS nad OOH numbers. Aware of post discharge review with Dr Thompson tomorrow @ 09030.

PLAN - Review again tomorrow afternoon

PLAN - Phone call this evening to make aware of same and prompt medication compliance

21-Nov-2025 14:04	Telephone call to a patient (NHS GG&C Mental Health Services) GORDON, Hamish (SeniorCrisisPractitioner)
Comment	South Crisis: T/C to Andy, offered appointment for 1330hrs 24/11/25 w/ Hamish Gordon SCP and Ross Davidson CP. Andy accepting of appointment, however, line the cut out. Attempted to call back, no answer. Will attempt again later today to confirm.
21-Nov-2025 12:30	Telephone call from a patient (Eastvale Resource Centre) MCINNES, Heather (HealthCareAssistant)
Comment	Andy called to ask writer for GP number, reports that he was to contact them regards to repeat prescription, number given and Andy will contact surgery. No concerns noted at this time. App set for 26/11/25 Follow-up appointment offered
21-Nov-2025 12:00	Face to face consultation (NHS GG&C Mental Health Services) GORDON, Hamish (SeniorCrisisPractitioner)
Comment	South Crisis: Review at Home 1200hrs. Reviewed by Hamish Gordon SCP and Chris Brolly CP. Medication: Reports concordance with prescribed medication. Attended for Depot yesterday 20/11/2025 as per EMIS entry. Presenting Circumstances: Andy stated he had just woken up, he was dressed in t-shirt and shorts. Andy reported no concerns since last Crisis review 19/11/2025. Andy reports has mainly been at home and watching TV. Mood/MSE: Objectively euthymic, reactive, EPSEs event/restless at times. Unable to recall had met writer before admission. Stated that he does feel a slight improvement since his admission, however offered little

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expansion on this.

No evidence of responding to unknown stimuli or voicing of delusional symptoms. When discussed auditory hallucinations, Andy stated he always has them as described however maintain that he feels a slight improvement in his mental state from admission-discharge. No distress reported/observed.

Appetite/Sleep:

No issues highlighted, however, Andy reports tends to eat sweet/sour chicken from a takeaway every night, multiple cans of Irn Bru around the flat and chocolate wrappers.

Drugs/Alcohol:

No drugs/alcohol.

Risk:

Denies suicidal ideation. No change highlighted.

Plan

1. Initially discussed possible discharge, however, this was writer error as notes detail discharge from inpatient care on 18/11/2025, requires further discussion with Eastvale MDT following 7-days post-discharge support for ongoing monitoring/review.

2. Further call to Andy following appointment to confirm review on Monday 24/11/2025.

20-Nov-2025 14:47	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy was seen at depot clinic after discharge from ward (see note). No obvious agitation or distress but reports no change since meds change and admission. Didn't appear to be reacting to any external stimuli and no delusional content voiced. Reports he took cocaine earlier in week, balse in manner towards same. Mood euthymic. Denies any thoughts or plan of DSH or aggression. Living with friend at home. Agreeable to attend weekly for depot and CSW will make contact to encourage activity. Aware how to contact services if required.
20-Nov-2025 14:41	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Templates: Depot Administration, CRAFT - Risk Assessment Consultant: Dr McMillan Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 450mg Frequency: Weekly • Left Gluteal Next Due Date: 27/11/25 Presentation: Appeared a little tired and had to be phoned to remind him about depot at clinic. No evidence of distress but said he feels the same as pre admission. Claims voices persist, no agitation noted. Didn't appear to be reacting to stimuli. Happy he has friend of brother staying with him, he is apparently looking for own tenancy but gets on with Andy. Reminded to avoid illegal drugs but fairly balse in manner. Agreeable to attend depot next week and encouraged to attend CSW appt at Eastvale on Wednesday. Risk: Denies any thoughts or plan of DSH or aggression. Admits to "a couple of lines" of cocaine earlier in week when visiting friend in Airdrie. Balse re same. Side Effects of Concern: Appeared relaxed and no obvious side effects. Smoking / Alcohol / Drug Use: Sporadic cocaine use. Levels of Activity: Spends majority of time at home. Diet: Overweight Recommendations: Monitor for side effects and symptoms. Encourage increased activity but seems reluctant. Risk assessment When is this review taking place? Transition of care Depot clinic/CPN Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? 20/11/25 Denies thoughts or plan of DSH or aggression. No distress or agitation noted but Andy claims he feels no difference from meds or admission. Agreeable to weekly depot and CSW contact. Referred to Crisis Team for post-discharge support from 4B Leverndale Hospital following 4 and 1/2 month admission due to increase in psychotic symptoms and poor medication concordance. Andrew had expressed persecutory beliefs and command hallucinations instructing him to harm himself on admission. He is now established on 450mg Clopixol depot weekly. On Crisis review today, Andrew engaged reasonably well - answering all questions asked of

him. Some evidence of agitation initially however was amenable with staff. States he has been concordant with medication since discharge and denied any illicit substance misuse, stating he cannot afford cocaine at present - staff re-iterated the health risks of cocaine use to Andrew. Denied any current perceptual abnormalities and no evidence of responding to internal stimuli. Denied any distressing or worrying thought content. Denied any thoughts of DSH and suicide and nil thoughts of harm to others. Andrew stated he was aware he needs to collect discharge medication from Leverndale today and plans to do so. He will be on 2x weekly dispensing of oral medication which the pharmacy will deliver.

What historical risk factors are there that it is important to be aware of? Polysubstance misuse - reported cocaine use whilst on pass from hospital. Forensic history for historic driving offences and assault and car theft - see forensic assessment 2020. Past prison sentences. Diagnosis paranoid schizophrenia and complex PTSD. History of command hallucinations instructing him to harm himself. Historic overdose and attempted hanging in past. Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive.

What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland and limited social support. Friend group who use substances and Andrew does not appear motivated to cease cocaine use. What factors are present that reduce risk? Agreeable to Crisis follow up post-discharge. Weekly Zuclopenthixol Decanoate depot injection - open to Eastvale CMHT with RMO and CPN input. Currently agreeable with treatment plan. States he feels able to contact duty/crisis/nhs24 when he requires support with his MH.

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? On-going substance misuse in the community. If Andrew is non concordant with medication or disengages with community MH input.

What is the clinical team going to do about it - In the next few days/between now and next appointment? On-going Crisis review over the next week for post-discharge support. Andrew has declined for daily visits - appointment for Friday organised. Liaise with MDT regarding presentation and ongoing care. Depot next due 27/11/25. Has CSW appt 26/11 at Eastvale. Aware how to contact services. Advised to avoid illegal drugs and take meds as prescribed.

What is the clinical team going to do about it - In the next few months? Remains open to CMHT - weekly depot clinic, CPN input and medic review with Dr Thomson 25/11/25.

Crisis have provided Andrew with these appointments in writing.

Are there any other considerations for risk management? Currently informal.

What should the service user/family/carers do if risky situations emerge? Andrew has been provided with the Crisis Team leaflet with all relevant contact numbers and has been provided with up-coming appointments in writing. He is agreeable to contact duty/crisis/nhs24 if he requires support. Andrew has declined for Crisis to contact any relatives/friends and has declined for information to be shared.

Have all relevant professionals been informed of the risk management plan? Yes - see EMIS.

Document	Mental health care plan status  SSA Careplan
19-Nov-2025 19:24	Face to face consultation (NHS GG&C Mental Health Services) GLASGOW, Jacqueline (PsychiatricNurse)
Comment	Andrew attended Ward 4B at 19:15hrs to collect his discharge medication. Also provided with items that he had left in his box within the sluice. Appeared in good spirits. Nil distress noted, or concerns voiced. Aware of upcoming depot appointment.
19-Nov-2025 17:10	Telephone call to a patient (NHS GG&C Mental Health Services) BELL, Stuart (SeniorCrisisPractitioner)
Comment	South crisis. TC to Andrew to offer follow up appointment. I asked Andrew if he had been to collect his medication from the ward, he said he hadn't but he was waiting to go at 6pm with a friend who was going to give him a lift to collect them. Accepting of crisis team appointment on Friday at 12 noon

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19-Nov-2025 14:12	Other note (NHS GG&C Mental Health Services) HENDERSON, Gemma (SpecialistClinicalPharmacist)
Comment	PHARMACIST ENTRY Agreed with community pharmacy and GP, Andrew for twice weekly delivery of medications. Next due for delivery Friday from community pharmacy. Has been supplied with medications to last until Friday lunchtime from leverndale dispensary and then community pharmacy will continue twice weekly dispense thereafter. I note there may have been supply of medications from the trolley to allow early discharge yesterday - please ensure Andrew does not have excess stock as he has been made twice weekly dispense and should therefore only have enough medications until Friday lunch. The community pharmacy will deliver medications on Friday to last until Tuesday.
19-Nov-2025 13:44	Face to face consultation (Florence Street Resource Centre) HENDERSON, Emma (SnrCrisisPractitioner)
Comment	Template: SBAR V4 Situation Referred to Crisis Team for post-discharge support following a 4 and 1/2 month informal admission to ward 4B, Leverndale Hospital due to increase in psychotic symptoms and varied medication compliance. Background Diagnosis of Paranoid Schizophrenia and PTSD. Open to Eastvale RC - has follow up medic review with Dr Thomson arranged 25/11/25 and open to CPN and depot clinic (prescribed Clopixol 450mg weekly depot). Referred to CARES on discharge. Historic polysubstance misuse and recent cocaine use while on pass from hospital. Previously open to Forensic CMHT, transferred 2024 to Eastvale. History of hospital admissions dating back to 1990s. Historic suicide attempts by attempted hanging and overdose. Assessment Home visit by SCP's S.Bell and E.Henderson. Andrew was not expecting staff as Crisis had been unable to make contact with him via telephone, however he invited staff in without issue. Andrew reports that he has a new mobile number and provided this for his records to be updated. Andrew answered the door wearing only shorts and looked half-asleep however he quickly got dressed. Some evidence of agitation noted initially however Andrew was amenable, reactive and engaged reasonably well. Reports that first night at home following discharge has gone well and denied any immediate concerns. States sleep is slightly disturbed and attributed this to the transition home from hospital. States he has food in the house and will likely have a takeaway later. Denied any auditory or visual hallucinations or any distressing/worrying thought content. No objective evidence of responding to internal stimuli. Denied thoughts of DSH or suicide and nil thoughts of harm to others. Andrew is aware that he is required to attend Leverndale for his medication today and states he plans to do so this afternoon. States he has been concordant with prescribed medications. Denied any use of illicit substances since discharge. States he can not financially afford cocaine at present - health risks of using cocaine reiterated to Andrew. Smell of cannabis noted in house, can not rule out this is due to roommates use?. States his friend who is a mechanic is living with him at present and this is short-term, denies any concerns with this. Reports his friend works long hours and is usually out of the house all day. Andrew has a Doberman dog, states the dog is staying with a friend until the weekend. Andrew was agreeable to Crisis input and stated he was happy people were checking-in with him since discharge. Recommendation Further Crisis review on Friday - time to be confirmed and Andrew contacted regarding this Crisis provided written copy of Andrew's depot appt tomorrow and medic appt with Dr Thomson next week. Encouraged Andrew to attend Leverndale to collect medication today - states he plans to. Andrew has the contact numbers for Crisis and states he will contact crisis/nhs24 if required. Risk Illicit substance and alcohol misuse - recent cocaine use whilst on pass Historic non concordance with medication Previous forensice history related to driving offenses. Historic command hallucinations and suicide attempt by overdose and attempted hanging
Additional	Follow-up outpatient appointment Appointment Outcome:
19-Nov-2025 13:30	Face to face consultation (NHS GG&C Mental Health Services) HENDERSON, Emma (SnrCrisisPractitioner)
Comment	Template: CRAFT - Risk Assessment Risk assessment

When is this review taking place? Transition of care Crisis appointment, post-discharge support

Risk Assessment

What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Referred to Crisis Team for post-discharge support from 4B Leverndale Hospital following 4 and 1/2 month admission due to increase in psychotic symptoms and poor medication concordance. Andrew had expressed persecutory beliefs and command hallucinations instructing him to harm himself on admission. He is now established on 450mg Clopixon depot weekly. On Crisis review today, Andrew engaged reasonably well - answering all questions asked of him. Some evidence of agitation initially however was amenable with staff. States he has been concordant with medication since discharge and denied any illicit substance misuse, stating he cannot afford cocaine at present - staff re-iterated the health risks of cocaine use to Andrew. Denied any current perceptual abnormalities and no evidence of responding to internal stimuli. Denied any distressing or worrying thought content. Denied any thoughts of DSH and suicide and nil thoughts of harm to others. Andrew stated he was aware he needs to collect discharge medication from Leverndale today and plans to do so. He will be on 2x weekly dispensing of oral medication which the pharmacy will deliver.

What historical risk factors are there that it is important to be aware of? Polysubstance misuse - reported cocaine use whilst on pass from hospital. Forensic history for historic driving offences and assault and car theft - see forensic assessment 2020. Past prison sentences. Diagnosis paranoid schizophrenia and complex PTSD. History of command hallucinations instructing him to harm himself. Historic overdose and attempted hanging in past. Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive.

What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland and limited social support. Friend group who use substances and Andrew does not appear motivated to cease cocaine use. What factors are present that reduce risk? Agreeable to Crisis follow up post-discharge. Weekly Zuclopenthixol Decanoate depot injection - open to Eastvale CMHT with RMO and CPN input. Currently agreeable with treatment plan. States he feels able to contact duty/crisis/nhs24 when he requires support with his MH.

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? On-going substance misuse in the community. If Andrew is non concordant with medication or disengages with community MH input.

What is the clinical team going to do about it - In the next few days/between now and next appointment? On-going Crisis review over the next week for post-discharge support. Andrew has declined for daily visits - appointment for Friday organised. Liaise with MDT regarding presentation and ongoing care.

What is the clinical team going to do about it - In the next few months? Remains open to CMHT - weekly depot clinic, CPN input and medic review with Dr Thomson 25/11/25. Crisis have provided Andrew with these appointments in writing.

Are there any other considerations for risk management? Currently informal.

What should the service user/family/carers do if risky situations emerge? Andrew has been provided with the Crisis Team leaflet with all relevant contact numbers and has been provided with up-coming appointments in writing. He is agreeable to contact duty/crisis/nhs24 if he requires support. Andrew has declined for Crisis to contact any relatives/friends and has declined for information to be shared.

Have all relevant professionals been informed of the risk management plan? Yes - see EMIS.

19-Nov-2025 12:08	NHS GG&C Mental Health Services	MCQUEEN, Lauren (Clerical Officer)
Document	Discharge letter sent to general practitioner (18-Nov-2025) Immediate Discharge letter sent to general practitioner from Inpatient - Leverndale Hospital (18-Nov-2025)	
19-Nov-2025 11:43	Telephone call to a patient (Florence Street Resource Centre)	HENDERSON, Emma (SnrCrisisPractitioner)
Comment	South Crisis Team	

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T/C to Andrew to try and confirm appt today at 12.30 - no answer, straight to voicemail.
Crisis will attempt cold call today as planned.

19-Nov-2025	NHS GG&C Mental Health Services	HENDERSON, Emma (SnrCrisisPractitioner)
Document	Mental health assessment - Adult Mental Health Brief Assessment Tool	
19-Nov-2025	NHS GG&C Mental Health Services	HENDERSON, Emma (SnrCrisisPractitioner)
Document	Care plan - Person Centred Care Plan	
18-Nov-2025 18:32	Telephone call to a patient (NHS GG&C Mental Health Services)	MOWAT, Wendy (SeniorCrisisPractitioner)
Comment	South Crisis Team T/C again to Andrew this evening Phone continues to go straight to voicemail Plan: cold call tomorrow.	
18-Nov-2025 17:25	Telephone call to a patient (NHS GG&C Mental Health Services)	MOWAT, Wendy (SeniorCrisisPractitioner)
Comment	South Crisis Team Attempted further T/C to Andrew this evening to offer appointment for tomorrow. Phone continues to ring to voicemail Called ward 4B to enquire if Andrew was still there. Staff Nurse Taylor advised Andrew had left already, is due back tomorrow to pick up medication. Taylor advised if we are struggling we can call the ward and pass on appointment to the staff to give to Andrew. Will try again later	
18-Nov-2025 16:29	Telephone call to a patient (NHS GG&C Mental Health Services)	MOWAT, Wendy (SeniorCrisisPractitioner)
Comment	South Crisis Team T/C to Andrew this afternoon to offer appointment for tomorrow Phone rang to voicemail. Message left asking to contact the team.	
18-Nov-2025 16:10	Progress notes (NHS GG&C Mental Health Services)	MCCALL, Charlotte (StaffNurse)
Additional	Template: Inpatient chronology Discharge Type: 11 Discharge from NHS inpatient care • Discharge to: 12 Private residence - living with relatives or friends • Type of psychiatric care provided: 1 Assessment • Type of psychiatric care provided: 7 Medication • Arrangement for Aftercare: 1 GP • Arrangement for Aftercare: 3 Community care team • Arrangement for Aftercare: 7 Social work • Arrangement for Aftercare: 8 Other • Transfer from / Transfer to same NHS board: 4D Psychiatry (except for patient on pass)	
18-Nov-2025 15:57	Face to face consultation (NHS GG&C Mental Health Services)	CLARKE, Benjamin (FY2)
Comment	Template: CRAFT - Risk Assessment Risk assessment • When is this review taking place? Transition of care Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Ongoing commanding auditory hallucinations - Andy cites he has no intention on acting on these and that they are not as loud or distressing as previously. Poor social circle - associates with friends who take drugs and alcohol. Recent cocaine use whilst on passes home What historical risk factors are there that it is important to be aware of? Poly drug use, psychotic illness, forensic history, previous DSH and attempted hanging. Forensic history, spent some years in Beckford Lodge. Hx - Diagnosis paranoid schizophrenia and complex PTSD. Previous polydrug use. Transfer from forensic team to Eastvale in 2024 (had spell in Beckford and on Community based Compulsion Order). Long forensic history of ten involving road traffic offences. Numerous jail sentences. Voices can tell him to harm himself, overdose and attempted hanging in past. Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive. What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland. Friend group who use substances. Does appear to lack insight currently that cocaine use is harmful to himself -	

repeatedly using whilst on pass
What factors are present that reduce risk? Agreeable to support and interacts well with care teams Weekly Zuclopenthixol Decanoate depot injection. Good insight as to when he needs support. Knows to contact CRISIS/NHS24 when feeling unsafe or too unsettled at home. Nil violence or aggression since admission in July 2025

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Drug use, disengagement, increase in symptoms and auditory hallucinations. Worsening physical health

What is the clinical team going to do about it - In the next few days/between now and next appointment? Discharge home with CRISIS support and Eastvale team follow up (includes CPN and post discharge clinic)

What is the clinical team going to do about it - In the next few months? Continue to monitor mood and mental state. Outpatient reviews. CARES referral on discharge

Are there any other considerations for risk management? No

What should the service user/family/carers do if risky situations emerge? Contact emergency services/CRISIS/NHS24/CPN

Have all relevant professionals been informed of the risk management plan? Yes - via EMIS

18-Nov-2025 15:52	Administration note (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	Returned call to ward staff re depot clinic appt-advised for Andy to attend Eastvale, Thursday at 1315.	
18-Nov-2025 15:38	Progress notes (NHS GG&C Mental Health Services)	MCCALL, Charlotte (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy returned to the ward this morning to be reviewed by medical team. Appeared mostly settled, was visible on the ward in the communal areas. Attended MDT this afternoon and Andy has now been discharged. Andy appearing happy with same. Waited on the ward for some time for medication to be dispensed from pharmacy and arrive to the ward, however Andy then became somewhat impatient and asked to leave the ward without full supply of medication. Appeared slightly agitated and very keen to return home, reporting he has left his dog at home. Ward staff dispensed medication for 5pm and 10pm today and tomorrow morning. Andy to return to the ward before lunch tomorrow to receive full discharge medication. Andy then left ward quite abruptly however appeared grateful that staff were able to facilitate him leaving this afternoon. Andy left in taxi. Reported he is going to his home address. Did not report and concerns to staff prior to leaving ward. Staff contacted Eastvale resource centre who advised Andy should attend at 13:15 this Thursday to receive depot. Information to be passed to Andy when he returns to the ward tomorrow. Crisis contacted to make aware of Andy's discharge.	
Additional	Legal Status: Informal	
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty	
18-Nov-2025 15:36	Discussion with colleague (NHS GG&C Mental Health Services)	HAMILL, Diane (SeniorCrisisPractitioner)
Comment	CRISIS TEAM ENTRY Being discharged today. See Sbar and craft of same date for details. Plan - t/c pm to offer crisis ax tomorrow.	
18-Nov-2025 14:14	Face to face consultation (NHS GG&C Mental Health Services)	CLARKE, Benjamin (FY2)
Comment	Template: SBAR V4 Situation 58Y M w known paranoid schizophrenia and harmful cocaine use to be discharged from ward 4b with crisis support. Background Long history of forensic involvement on the background of substance misuse and driving offences. Andrew has a diagnosis of schizophrenia with complex PTSD and was referred to CRISIS prior to admission by CPN due to poor sleep, increased auditory hallucinations of the voice of God commanding him to harm self and others. Informal	

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admission arranged. Andrew described feeling that Gods disciples were following him and that his auditory hallucinations were worse than on his previous hospital admission. Says he does not wish to harm himself or others but is fearful he will act on the commands. Significant stress related to brother and his respective health issues. Andrew has had a difficult home situation with others using his flat as a party venue and a place to stay - Andrew informs us that this is due to stop next week. Assessment Andrew has been uptitrated on a clopixol depot during admission (to 450mg weekly now) and although initially had a poor response has turned a corner. He is brighter and more reactive and describes a reduction in the intensity of the voices in his head. Andrew has had passes in which he has used cocaine and this was usually associated with a fluctuation in his mental state. He is still using and will be referred to CARES on discharge. He will attend depot clinic this Thursday and will be for twice weekly dispensing of his benzodiazepines and zopiclone. He is for weaning in the community of his lorazepam. Recommendation For crisis input to ensure compliance with medication and support with moving back to difficult home situation. Risk Previous convictions for multiple driving offences. Reports has had no Police involvement for 4 years. Denies any hx of violent offending (requires confirmation). Previously open to Forensic Mental Health Services. Has history of voices telling him to self harm and kill himself. Describes no protective factors, lives alone and overusing lorazepam/diazepam prescriptions - for weaning of these in community. Risk of harm from harmful cocaine and alcohol use - advised of these risks

18-Nov-2025 13:59	Face to face consultation (NHS GG&C Mental Health Services) CLARKE, Benjamin (FY2)
Comment	Template: Inpatient MDT Information from other agencies / AHP Staff in Attendance: Dr Thomson (Consultant), Dr Mitchell (GPST2), Dr Clarke (FY2), Anoushka (Med Student), Gemma Henderson (pharmacist), Donna Milligan (CRISIS), Abbi Jenkins (CRISIS), Taylor (SN), Rebecca (OT) Patient Attended Yes Assessment: Looks brighter today. Less agitated and more engaged in conversation. Appropriate behaviour. Reports voices are improved over last week or so - 'maybe it's the depot kicking in'. Mood is ok Andrew reports pass went well. Man staying in his flat is leaving next week. Watched tv and had takeaways. Reported ongoing sleep disturbance. Did use cocaine over pass and advised of the health risks of this. Has used GTN spray and felt a benefit from this. Andrew has open referral to cardiology, respiratory and weight management clinics. Diagnosis for discharge letter - schizophrenia and harmful cocaine use (1) Action 1 For discharge today w CRISIS input. (1) Assigned to Ward team (2) Action 2 To change metformin to MR to help with stomach upset and reduce lorazepam by 0.5mg every two weeks, daily dispense (2) Assigned to Gemma Henderson to arrange with local pharmacy (3) Action 3 Post discharge clinic next Tuesday (3) Assigned to Ward doctors (4) Action 4 CARES referral (4) Assigned to Ward doctors Name of any new medication prescribed: Metformin MR prescribed and discussed Medication Discussion with patient: Yes by whom and when: Risk / Potential safety issues including risk to restraint Auditory hallucination- commanding him to harm others, harmful use of illicit substances in particular cocaine Multidisciplinary review
18-Nov-2025 13:00	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) MILLIGAN, Donna (SeniorCrisisPractitioner)
Comment	Writer and Crisis Practitioner Abbi Jenkins attended Dr Thomson, 4B, MDT Requires daily dispensing of Lorazepam, Diazepam and Zopiclone Pharmacist will liaise with local chemist to arrange same Remainder of meds to be weekly dispensed Apparently Andrew's phone is fixed His plan we believe is to return to his own flat on discharge Dr Thomson discussed that problems/issues Andrew has with individuals here, his brother

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in Ireland sends someone he is connected with to assist Andrew
To attend Eastvale for depot on Thursday
Plan:- await further communication from ward re discharge plan
Crisis will also check notes as already on Crisis caseload
Follow-up appointment offered

18-Nov-2025 06:56	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
	Template: Inpatient chronology
Comment	Continuous Intervention No Chronology Comment: Andy remains on pass and has not contacted the ward overnight.
Additional	Legal Status: Informal
17-Nov-2025 17:49	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
	Template: Inpatient chronology
Comment	Chronology Comment: Andy has contacted the ward and advised that he wont be back tonight due to having diahorrea. Andy has been advised to contact the ward in the morning prior to return to let staff know how he is. States he has enough medication for overnight.
17-Nov-2025 16:09	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Andy remains on pass, due to return to the ward this evening No contact made with the ward at time of writing.
17-Nov-2025 15:16	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
	Template: Patient Pass Plan
Assessment	Patient Pass Plan Start Date: 20/10/2025 Detention Status: Informal Current Risk: Medium Type of Pass: Unescorted Additional Conditions: 90 minutes unescorted time out - Andy can split this time or take it all at once.Can have overnight passes when discussed at MDT. Can patient be considered as "Absent" if they fail to return? No If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - PATIENT: ASAP - attempt to contact patient - contact NOK - Check sign-in/out Book - Hospital Grounds Search - Inform CNO - Joint Action Form Completion - Contact Police Scotland 101 If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - RELATIVE or CARER: ASAP - attempt to contact patient - contact NOK - Check sign-in/out Book - Hospital Grounds Search - Inform CNO - Joint Action Form Completion - Contact Police Scotland 101 If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - POLICE: MISSING PERSON: ASAP - attempt to contact patient - contact NOK - Check sign-in/out Book - Hospital Grounds Search - Inform CNO - Joint Action Form Completion - Contact Police Scotland 101 Patient in agreement with pass plan? Yes Person completing pass plan: SN L Moore
17-Nov-2025 11:32	Face to face consultation (Florence Street Resource Centre) HENDERSON, Emma (SnrCrisisPractitioner)
Comment	South Crisis Team Home visit as planned with S.Bell and E.Henderson. Andrew invited staff in without issue. Engaged reasonably well in visit and rapport established. House appeared in good order. Andrew stated that his pass has gone well and denied any immediate concerns. Stated his sleep has been "a bit on and off" but that this has not been a major issue. Eating well. Reports he has been concordant with medication and is remembering to take this as

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prescribed.

Advised Andrew that Crisis have liaised with ward 4B and that he is to return from pass to the ward today. Andrew appeared slightly irritated by this as he reports that he believed he was on pass until Thursday 20/11/25 however he was agreeable to return to the ward today.

No immediate concerns at present. Crisis will await Andrew's return to 4B before discharge from Crisis caseload.

17-Nov-2025 06:40	Face to face consultation (Leverndale Hospital) FERGUSON, Allison (BankNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew remains on pass no contact made overnight
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
16-Nov-2025 17:14	Progress notes (NHS GG&C Mental Health Services) LLOYD, Stacey (MHAssistantPractitioner)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew remains on pass, no contact made with the ward this duty. Patient care record reviewed by clinical supervisor L.McClement C/N
Additional	Legal Status: Informal
16-Nov-2025 07:27	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy remains on pass, nil contact with the ward overnight.
Additional	Legal Status: Informal
15-Nov-2025 23:45	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
Assessment	Template: Falls risk Assessment and Falls Interventions General Safety Precautions 1 Have you documented mobility status in clinical record Independent - fully mobile 2 Have you completed a moving and handling assessment (if appropriate) Yes 3. Check walking aid (if required) is in reach and in use N/A 4. Check call bell is in reach and working. Andy aware of how to work call bell 5. Provide and document alternative measures if patient is unable to use call bell N/A 6. Check footwear is safe (refer to NHSGGC Footwear guidance) Yes 7. If glasses are worn, check they are available and in use N/A 8. If hearing aid/s are worn, check they are working and in use N/A Risk Assessment 1. Has the patient fallen in the last 6 months - including during this admission? Yes 05/10/2025 - unwitnessed fall from bed to floor. 2. Does the patient have cognitive impairment or a possible delirium? No 3. Does the patient attempt to walk alone although unsteady or unsafe? No 4. Does the patient or their relative have a fear or anxiety of the patient falling? No 5. Based on your clinical judgement, is this patient at high risk of falling? No
15-Nov-2025 16:12	Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy remains on pass. Crisis made contact to the ward this morning - see note below. Crisis reported Andy believes he is due to return to the ward on Thursday.

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Staff informed Criss staff that Andy should return to the ward on Monday. Crisis also passed over that Andy's phone is not currently working, is getting fixed and Andy should be contactable on mobile number from tomorrow. Andy has not made any contact to the ward this duty.

Additional Legal Status: Informal

15-Nov-2025 11:45

Comment

15-Nov-2025 11:00

Comment

Face to face consultation (NHS GG&C Mental Health Services) MOWAT, Wendy (SeniorCrisisPractitioner)

Accompanying HCP: BELL, Stuart (SeniorCrisisPractitioner)

South Crisis Team

Cold call to Andrew's address this morning following being unable to get Andrew on the phone.

Andrew allowed clinicians entry. House appeared in order. Appeared relatively well kempt.

No evidence of formal thought disorder. No evidence of responding to unseen stimuli.

Andrew reported to have been relaxing since coming out of hospital. Spent much of the time at home. Did manage to go to the shops without any issues.

Advised Andrew we were trying to get him on the phone, therefore we thought we would stop by and make sure he was ok. Andrew said his phone was broken and he had put it into a phone shop in Rutherglen to be fixed. Is likely to get this back today.

Advised Andrew we were concerned about him as we were unable to get him and we thought his brother picked him up from the ward. Explained we called what we thought was his brothers number and transpired to be sister in law [REDACTED]. Andrew advised it was not his brother who picked him up. Cites his brother stays in Ireland and remains there at present.

Andrew advised speaking to [REDACTED] was ok and he understood we were concerned.

Asked Andrew if he had told anyone he was going to stay in Hamilton at [REDACTED]

[REDACTED]. Andrew disputed this and cited no one stays there and he wouldn't have said this. Enquired how Andrew was feeling mentally. Cites he is doing ok. Reports to have spent a lot of time in hospital and is aware he cannot stay there forever. However, does not feel completely ready for discharge yet.

Andrew said his medication has been changed by Dr Thomson. Reports to be remaining concordant with medication and has been taking his medication ok whilst on pass.

Enquired how Andrew felt his mood was at present. Andrew cited this was low at present.

However, denied experiencing any thoughts of DSH or suicidal thoughts.

Reports to be "fed up" with hearing voices. Reports to have heard them for 40 years. Did not elaborate on content of voices.

Reports sleep has been ok.

Appetite is ok.

Reports flat mate continues to stay with him.

Denied any use of alcohol or drugs. Cites he does not drink alcohol. Encouraged to refrain from drug use.

Advised Andrew we were asked to support him on pass. Andrew said he thought he was discharged. Advised Andrew he was on pass and we believe he is due back on Monday.

Andrew said he believes he was due back on Thursday. Advised we will clarify with the ward. Asked if he was due back on Monday would he go back. Andrew said he would.

Offered further home visit on Monday at 11am to check in and inform Andrew if he is due back at the ward or not.

Encouraged Andrew to go and pick up his phone to ensure he has access to supports if required. Provided Andrew with our number.

Called ward 4B spoke to Charlotte on return to office. [REDACTED]

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[REDACTED] However, no concerns whilst on pass at present. Charlotte advised Andrew is due back to the ward on Monday. Crisis will reiterate this to Andrew at visit on Monday.
Plan: H/V Monday at 11am.

15-Nov-2025 06:09	Progress notes (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy remains on pass, nil contact made with the ward this duty. Staff have continued to try and contact Andy via mobile however nil answer.
Additional	Legal Status: Informal
14-Nov-2025 20:59	Telephone call to a patient (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Writer attempted to make contact with Andy via mobile on both documented phone numbers for Andy however nil contact made. One phone number allowed for writer to leave a voicemail & the other rang out - voicemail left asking Andy to call the ward as soon as he can.
14-Nov-2025 20:18	Progress notes (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	[REDACTED]
14-Nov-2025 20:00	Progress notes (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Writer made telephone call to 101 to ask for a welfare check on Andy at 19:45. Information given over to Police Scotland including both Andy's home address in Rutherglen and the supposed home address he said he would be residing at in Hamilton. Police are aware that it has recently come to light that this address in [REDACTED] is not currently known to Andy or his family. 101 operator advised that since Andy's whereabouts are currently unknown and nobody has been able to make contact with him, they will conduct a welfare check but also Andy is being classed as a missing person. Police Incident Number: 3167 141125.
14-Nov-2025 19:10	Discussion with colleague (NHS GG&C Mental Health Services) MOWAT, Wendy (SeniorCrisisPractitioner)
Comment	South Crisis Team T/C to Ward 4B, spoke to Charlotte. [REDACTED] Due to being unable to get Andrew on the phone and concerns below, Charlotte will request a police welfare check. Crisis will await update
14-Nov-2025 18:45	Telephone call to relative/carer (NHS GG&C Mental Health Services) MOWAT, Wendy (SeniorCrisisPractitioner)
Comment	South Crisis Team Attempted T/C to Andrew this evening, phone rang to voicemail. [REDACTED]

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14-Nov-2025 16:50	Discussion with colleague (NHS GG&C Mental Health Services) MOWAT, Wendy (SeniorCrisisPractitioner)
Comment	South Crisis Team T/C from Taylor Buchanan Staff Nurse at ward 4B Leverndale. Advised Andrew was meant to be referred to crisis for pass support from yesterday 13/11 - 17/11 with a view to discharge on 18/11, however no phone call was made to crisis. Taylor asking if we can make contact with Andrew and establish if he would engage with crisis or if we would offer phone contact. Advised Taylor we would require to see Andrew face to face. Asked if Taylor could call Andrew and ask if he would come and see us, (staying with brother in Hamilton). Taylor called back and advised she has not managed to get Andrew or his brother (brothers number is incorrect on EMIS). Advised Taylor i will put him on, try and call Andrew and offer to come and see us. However, if he does not want to come and see us, we will pass the care back to the ward staff. Taylor accepting of same. SBAR and CRAFT completed 2 days ago. Plan: T/C this evening to offer appointment for this weekend
14-Nov-2025 16:48	Inbound Referral (NHS GG&C Mental Health Services) MOWAT, Wendy (SeniorCrisisPractitioner)
Referral	Referral to mental health crisis team From: Inpatient - Leverndale Hospital
14-Nov-2025 16:30	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
	Entered By: GLASGOW, Jacqueline (PsychiatricNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy remains on pass, nil contact made to ward this shift. Noted that there had been nil emis updates from CRISIS whilst Andy has been on pass, writer contacted CRISIS who confirmed they had not receive phone call referral. This has now been made and CRISIS will attempt to contact Andy tonight. Andy is currently staying with brother whilst on pass. Crisis have advised they would not be able to attend Hamilton to visit Andy therefore Andy would need to attend Florence St, if Andy is not agreeable to same, Crisis will contact ward to make staff aware.

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Additional	Legal Status: Informal
14-Nov-2025 06:14	Progress notes (NHS GG&C Mental Health Services) YOUNG, Katie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew went out on pass at the commencement of shift. Has not made any contact with the ward since. No noted concerns at time of writing.
Additional	Legal Status: Informal
13-Nov-2025 15:54	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Andy has advised he will be staying with his brother at: [REDACTED]
13-Nov-2025 15:24	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Chronology Update/ 1-1 With Named Nurse Andy has been visible on the ward this duty, spending time in communal areas. Andy continues to appear distracted by auditory hallucinations on the ward, Andy has voiced that he continues to experience them and they are particularly bad today Andy has been pleasant and appropriate during interactions with staff, looking forward to going on pass to visit his brother who is in Glasgow at the moment. Andy reported he is not keen to return home for his pass, and so will be staying at his brother's address (writer will document same) Andy advised his friend is still living in his home, Andy discussed feeling guilty about asking his friend to leave as he does not want to make him or his daughter homeless, but understands he must prioritise himself. Andy has accepted routine medication as per hepmaGood diet and fluid intake noted thus farNo new issues to note at present
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
13-Nov-2025 14:50	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	phonecall to cardiology secretaries to enquire re cardio referral - is on the urgent clinic waiting list - approx 6 weeks wait, has about three weeks left until appointed. Cardio secretaries will contact Andy via phone to make aware of appt as well as sending out to address.
13-Nov-2025 13:46	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: CRAFT - Risk Assessment Risk assessment When is this review taking place? Other, please state Pass with crisis support Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Ongoing commanding auditory hallucinations - Andy cites he has no intention on acting on these and that they are not as loud or distressing as previouslyPoor social circle - associates with friends who take drugs and alcohol.Recent cocaine use whilst on passes home What historical risk factors are there that it is important to be aware of? Poly drug use, psychotic illness, forensic history,previous DSH and ?attempted hanging.Forensic history, spent some years in Beckford Lodge.Hx - Diagnosis paranoid schizophrenia and complex PTSD.Previous polydrug use.Transfer from forensic team to Eastvale in 2024 (had spell in Beckford and on Community based Compulsion Order).Long forensic history of ten involving road traffic offences. Numerous jail sentences.Voices can tell him to harm himself,overdose and attempted hanging in past.Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive.

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What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland. Friend group who use substances.

What factors are present that reduce risk? Agreeable to informal admission. Weekly Zuclopenthixol Decanoate depot injection. Good insight as to when he needs support. Able to return to the ward when feeling unsafe or too unsettled at home. Brother currently home in Glasgow visiting Nil violence or aggression since admission in July 2025

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Drug use, disengagement, increase in symptoms.

What is the clinical team going to do about it - In the next few days/between now and next appointment? Ongoing assessment by nursing and medical teams Weekly Clopixol depot Passes home Provisional discharge date of 18/11

What is the clinical team going to do about it - In the next few months? Continue to monitor mood and mental state. Ongoing passes home. Weekly MDT review.

Are there any other considerations for risk management? Informal inpatient admission Drug screen pre and post passes.

What should the service user/family/carers do if risky situations emerge? Contact emergency services/ward staff.

Have all relevant professionals been informed of the risk management plan? on Emis yes

13-Nov-2025 13:09

Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (Staff Nurse)

Template: **SBAR Referral**

Comment

Crisis Referral

(Crisis) Situation Referral to crisis team for support whilst utilising pass home from hospital. Andy going on pass from 13/11-17/11 prior to discharge on 18/11

(Crisis) Background Andy is a 58 year old gentleman with a diagnosis of Schizophrenia and PTSD. Admitted to ward 4B informally in July 2025 due to worsening symptoms and an increase in auditory hallucinations Andy experiences derogatory command hallucinations, often telling him to harm himself or others - Andy has voiced he has no intention of acting on these commands and he finds them highly distressing to hear. Previous overdoses and attempting hanging. Andy has voiced he does not plan to act on his command hallucinations and has a very supportive family. Previous forensic history - all driving related offences Andy has a history of inpatient admissions to forensic services from 1997 onwards, has also had multiple admissions to IPCU in Gartnavel. More recently Andy was admitted to Beckford Lodge (forensics) in 2016 and a 3 year admission to Iona ward in Haymiers Andy's care was transferred from forensic services to Eastvale CMHT in 2024 and has received CPN input since. Extensive history of cocaine use both in the community and whilst on pass from hospital

(Crisis) Assessment Andy continues to report auditory hallucinations on the ward. He reports he is able to manage these although they remain distressing for him. Andy reports he has no plans to act on his command hallucinations as he does not want to put his family or medical staff through that. Andy engages well with nursing and medical teams on the ward, pleasant and appropriate during interactions. Andy is able to openly discuss his symptoms and will seek support if required. Andy is currently prescribed Clopixol 450mg weekly - Andy is accepting of this and all other prescribed medications. Andy has had previous overnight passes to his home, concerns have been raised that Andy's friend has been living in his flat with their 2 year old daughter (Andy reporting his friend is currently homeless) and have been consuming cocaine whilst Andy has been on pass. Andy advised he has asked his friend to move out of the home but feels guilty over making him and his daughter homeless. Andy reports no issues with sleep overnight. Andy previously had episodes of sleepwalking when on Clopixol tablets however this has ceased since tablets have been stopped. Andy is aware of crisis referral, happy to engage with services. MEDICATION: Procyklidine 5mg TDS Lorazepam 1.5mg OD Diazepam 2mg OD AM Diazepam 4mg OD PM Venlafaxine 300mg MR OD Atorvastatin 20mg OD Omeprazole 20mg OD Amlodipine 10mg OD Zopiclone 3.75mg OD Isorbide mononitrate 20mg BD Metformin 500mg BD

(Crisis) Recommendation telephone contact this evening

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Responsible Clinician Post Discharge Dr Thomson

13-Nov-2025 12:53	Face to face consultation (NHS GG&C Mental Health Services) (StudentNurse)	FITZPATRICK, Amie
	Template: Physical Health Assessment	
Assessment	Physical Health Conditions Physical health assessment	
Examination	Observations Systolic blood pressure 116 mmHg Diastolic blood pressure 61 mmHg O/E - pulse rate 85 beats/min O/E - pulse rhythm regular O/E - tympanic temperature 35.9 degrees C Baseline respiratory rate 19 /minute Baseline SpO2 (oxygen saturation at periphery) 95 % National Early Warning Score - Royal College of Physicians 2	
Comment	Patient care record reviewed by clinical supervisor SN L Moore	
13-Nov-2025 05:49	Face to face consultation (NHS GG&C Mental Health Services) (StaffNurse)	GALLAGHER, Sarah
	Template: Inpatient chronology	
Comment	Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy has appeared flat since onset of shift. Reported to writer that he was "shite" due to ongoing auditory hulloclinations. Requested PRN however was maxed out. Agreed to distract himself by sitting in dayroom. Did not appear overly distressed, some engagement with peers. Enjoyed a takeaway meal this evening. Compliant with routine medication as per hepma. Poor sleep overnight, woke for juice on a couple of occasions. Patient care record reviewed by clinical supervisor : Michelle Carberry RMN	
Additional	Legal Status: Informal	
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty	
12-Nov-2025 17:33	Progress notes (NHS GG&C Mental Health Services)	MITCHELL, Kellie (StaffNurse)
	Template: Inpatient chronology	
Comment	Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy been visible on the ward since start of duty, looking flat in presentation. It was reported that Andy was incontinent through the night by night staff at handover. Writer had brief 1-1 chat with Andy who reported he was "sick of what's going on in his head", claiming he is trying to move around and keep himself distracted. Andy also voiced feeling anxiety about being discharged, claiming he does not feel ready. Andy spent most of today's duty in dayroom watching TV. Good dietary intake. Concordant with routine medication as per HEPMA. Depot received today. Andy reports not sleeping well due to auditory hallucinations. Andy is unkempt and malodorous despite prompts from staff. Nil new concerns at time of writing.	
Additional	Legal Status: Informal	
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty	
12-Nov-2025 17:11	Face to face consultation (NHS GG&C Mental Health Services) (PACNurse)	WHITE, Bernadette
Comment	Andy attending relaxation and afternoon session of Bingo today managed to follow one game then left for his room. Looking forward to pass tomorrow. No further sessions.	
12-Nov-2025 15:32	Progress notes (NHS GG&C Mental Health Services)	MITCHELL, Kellie (StaffNurse)

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Comment	Template: Depot Administration Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate • Frequency: Weekly Next Due Date: 19/11/25 Batch Number: 2834363 Expiry Date: 02/29 Presentation: Settled, happy to receive depot. Risk: nil at time of administration Side Effects of Concern: when asked none highlighted Smoking / Alcohol / Drug Use: Nil Levels of Activity: Walks on regular basis - obese Diet: Adequate diet Recommendations: Monitor for side effects, ongoing treatment
12-Nov-2025 05:12	Face to face consultation (NHS GG&C Mental Health Services) GALLAGHER, Sarah (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy has been visible on ward since onset of shift. Appeared slightly brighter in mood, engaged in light humor with staff. staff noted that he was extremely malodorous. Andy reports that it was coming from his trainers, reports that he was going to take them home to wash. Good dietary and fluid intake. Compliant with routine medication as per hepma. Nil concerns raised regarding psychotic symptoms. Broken sleep due to being incontinent of urine. Supported with fresh sheets etc.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
11-Nov-2025 16:48	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy has kept a low but visible profile on the ward this duty, spending time in the day area however not engaging with staff or peers. Andy reports his mood continues to be low as a result of auditory hallucinations. Andy accepting of routine medication as per hepma Good diet and fluid intake noted thus far - Andy reporting he is keen to manage his dietary intake due to recent weight gain Attended MDT this afternoon as noted below No new issues to note
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
11-Nov-2025 15:58	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (PACNurse)
Comment	Andy on return from shops ask to attend relaxation, noted to follow initial instructions but fell asleep during session. Joined afternoon activity to show support he said, but found it hard to concentrate. stayed for full session and left as soon as game ended. Will invite along tomorrow session.
11-Nov-2025 15:41	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	Template: Inpatient MDT Information from other agencies / AHP Staff in Attendance: Dr Mitchell (GPST2), Dr Thomson (consultant), Lauren Moore (nurse), Amie Fitzpatrick (student nurse), Ross Davidson (CRISIS), [REDACTED]

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Patient Attended Yes

Assessment: - Ongoing symptoms and sporadic cocaine use when out on PASS - 450mg IM weekly- Plan to discharge next Tuesday, clarify if CPN on discharge "refer if not- Wean loraz by 0.5mg every fortnight, starting 2 weeks after dischargevoices are ongoing and bad todaydemonstrating sense of humour in conversation, smiling at timesdiscussed chest pain - last episode last week, reiterated that cocaine use highly dangerous feels overall mental health improved since admission - able to go out and about now DC date set next tuesday will be discharged to depot clinic and will have CPN input
Time out status agreed: 2 nights out with CRISIS support
Risk / Potential safety issues including risk to restraint Auditory hallucination- commanding him to harm others, harmful use of illicit substances,
Multidisciplinary review

Problem **[X]Paranoid schizophrenia (Review)**

11-Nov-2025 12:06	Face to face consultation (NHS GG&C Mental Health Services) FITZPATRICK, Amie (StudentNurse)
Assessment	Template: Physical Health Assessment Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 148 mmHg Diastolic blood pressure 92 mmHg O/E - pulse rate 83 beats/min O/E - tympanic temperature 36.1 degrees C Baseline respiratory rate 20 /minute Baseline SpO2 (oxygen saturation at periphery) 92 % National Early Warning Score - Royal College of Physicians 2
Comment	Patient care record reviewed by clinical supervisor SN L Moore
11-Nov-2025 05:10	Progress notes (NHS GG&C Mental Health Services) GALLAGHER, Sarah (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy has been evident since onset of shift. Sat in dayroom most of evening, minimal interaction with peers. Approaching staff on a needs met basis. Slightly flat in mood. Good dietary and fluid intake. Appears to have a broken sleep overnight, reports he is struggling to cope with "voices". Given PRN lorazepam overnight to aid with sleep. Asleep at time of writing.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
10-Nov-2025 18:16	Progress notes (NHS GG&C Mental Health Services) PALMER, Jon (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew has appeared relatively bright in mood today, noted to be engaging well with his peers, enjoying a laugh and a joke. Has used his time out to go to the shops. Looking out of breath on return. Took part in ward meeting. Taking good diet and drinking plenty fluids. Personal care reasonable. Currently watching tv with peers. Has just approached nursing staff asking for prn but nil distress noted to advised to use distaction techniques at present. Andrew will approach staff later if still required .
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
10-Nov-2025 16:50	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette

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	(PACNurse)
Comment	Andy approached writer to ask what was on today. Advised of relaxation and ward meeting. Attended relaxation noted to follow some instructions and fall asleep. States he still feels tired all the time. Joined ward meeting offered no complaints re ward or staff. Was informed manager would be discussing smoking cessation on ward and grounds and any questions to be handed into writer for discussion at same. Stayed for short while then left to go on his bed. No further session, will invite along tomorrow.
10-Nov-2025 06:47	Progress notes (NHS GG&C Mental Health Services) YOUNG, Katie (StaffNurse)
	Template: Inpatient chronology
Comment	Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: 1:1 INTERACTION WITH ALLOCATED NURSE/PROGRESS NOTES Andy had a settled evening on the ward. Appeared flat in presentation- appeared more quiet than normal. Did not voice any concerns to staff. Accepting of routine medications as per hepma. Appears to have slept well overnight- woke up at 4.00 asking for a drink however went back to bed after this. No noted concerns at time of writing.
Additional	Legal Status: Informal
09-Nov-2025 15:04	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
	Template: Inpatient chronology
Comment	Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Chronology Update/ Nursing 1-1 Andy has been visible on the ward this duty, spending time in communal areas of the ward. Limited engagement with staff or peers, Andy appearing distracted on approach however becomes brighter during interaction. Andy continues to report his mental state is poor - reports ongoing auditory hallucinations. Andy accepting of routine medication as per hepma. Good diet and fluid intake noted thus far. No new issues to note.
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
09-Nov-2025 11:23	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
	Template: Inpatient MDT
Comment	Meeting Date: 12/11/2025 Ward & Hospital Ward 4b, Leverndale Meeting Purpose: Review Does carer wish to attend MDT No No family input Does patient wish to attend MDT Yes • MHA Status: Informal Information about advance statement provided and explained Information given, Andrew does not wish to complete at current time. Advanced Statement Completed No Summary of progress (SBAR) \ patient views No significant changes to Andy's mental state this week. Andy continues to report auditory hallucinations which are derogatory in nature - Andy reports these have lessened somewhat but remain prominent. Andy continues to appear distracted during interactions and discussed finding it difficult to engage with ward activities as a result. Andy continues to engage well with nursing staff, no new concerns raised by Andy. Andy continues to accept routine medication as per hepma, accepting of weekly depot. Andy remains hopeful this will improve his symptoms. Good diet and fluid intake noted on the ward. Andy continues to utilise time off ward appropriately, reporting intermittent chest pains at times. No concerns with sleep overnight Andy has voiced he does not wish to have overnight passes whilst his friend is staying in his home, as he feels

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this may increase his risk of using illicit substances.
Carer Views: No carer input at this time.
Information from other agencies / AHP
Physical Health Andy continues to report intermittent chest pains - ongoing cardiology investigations Andy accepting of daily NEWS2 - no issues arisen from this Awaiting input from weight management team
O/E - height 172.72 cm Actual height
O/E - weight 150.6 kg • Weight gain
Kardex Attached: No On Hepma/pass medications
Depot: Zuclopenthixol 450mgs
Depot last given: 05/11/25
Depot next due: 12/11/25
Multidisciplinary review

Additional Weight monitoring Current weight 150.6 kg equates to 23 st, 10 lb. A 0% gain from the previous reading (149.9kg, 02-Nov-2025). Based on the height entry (09-Nov-2025) a healthy weight is likely to be 55 - 75kg (8 st, 9 lb - 11 st, 11 lb)
Body mass index 50.48 kg/m2 (calculation based on height entry 09-Nov-2025, NB prior to age 70 average height loss is 1cm per 10 years).

09-Nov-2025 11:22 Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)

Comment PCCP reviewed within documents
PCCP next due 16/11/25

09-Nov-2025 06:42 Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)

Template: **Inpatient chronology**
Time Out: 90 minutes unescorted time off ward
Continuous Intervention No
Chronology Comment: Andy was visible in the day room this duty watching TV with peers. Appeared settled in mood and manner and nil complaints regarding voices. Pleasant and appropriate in all interactions with nursing staff. Accepting of nocte medication. Appears to have slept well overnight and remains asleep at time of writing. No new concerns to note at time of writing.

Additional Legal Status: Informal

08-Nov-2025 22:34 Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)

Template: **Falls risk Assessment and Falls Interventions**
Assessment General Safety Precautions
1 Have you documented mobility status in clinical record Independent - fully mobile
2 Have you completed a moving and handling assessment (if appropriate) Yes
3. Check walking aid (if required) is in reach and in use N/A
4. Check call bell is in reach and working. Andy aware of how to work call bell
5. Provide and document alternative measures if patient is unable to use call bell N/A
6. Check footwear is safe (refer to NHSGGC Footwear guidance) Yes
7. If glasses are worn, check they are available and in use N/A
8. If hearing aid/s are worn, check they are working and in use N/A
Risk Assessment
1. Has the patient fallen in the last 6 months - including during this admission?
Yes 05/10/2025 - unwitnessed fall from bed to floor.
2. Does the patient have cognitive impairment or a possible delirium? No
3. Does the patient attempt to walk alone although unsteady or unsafe? No
4. Does the patient or their relative have a fear or anxiety of the patient falling? No
5. Based on your clinical judgement, is this patient at high risk of falling? No

08-Nov-2025 17:59 Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)

Template: **Inpatient chronology**
Comment Time Out: 90 minutes unescorted time off ward
Continuous Intervention No
Chronology Comment: Andy has kept a low profile on the ward this shift, spending large

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periods of time within bedspace appearing to be napping throughout the day at during board checks. Appearing facially flat and slightly guarded in regards to mental state during nursing 1:1 with allocated nurse. Appearing indecisive regarding utilising passes, stating he is unsure if he wants to go on pass although is fed up on the ward. Nil complaints of psychotic symptoms although difficult to fully assess due to self isolative behaviours. Adequate dietary and fluid intake. Compliant with routine medication as per HEPMA. Nil concerns at time of writing.

Additional Legal Status: Informal

08-Nov-2025 05:45 Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)

Template: **Inpatient chronology**

Comment Time Out: 90 minutes unescorted time off ward

Continuous Intervention No

Chronology Comment: Andrew has appeared settled in mood and manner this duty. Nil complaints regarding psychotic symptoms. Visible in the day area for most of the evening. Accepting of nocte medication. Appears to have slept well overnight and awake at 0530 appearing settled in his bedroom. No new concerns to note at time of writing.

Additional Legal Status: Informal

07-Nov-2025 18:33 Progress notes (NHS GG&C Mental Health Services) CARBERRY, Michelle (RMN)

Template: **Inpatient chronology**

Comment Time Out: 90 minutes unescorted time off ward

Continuous Intervention No

Chronology Comment: Andrew has been visible on the ward throughout this shift, spending time in the day area watching television. He reported struggling with auditory hallucinations today and appeared flat in affect, utilised PRN which Andy reported, "helped a little". Andrew also reported poor sleep overnight and presented as tired during the day. He made use of his time out to visit local shops to purchase supplies and returned without issue. He remained compliant with his prescribed medication as per HEPMA and did not raise any additional concerns at the time of writing.

Additional Legal Status: Informal

Assessment Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

07-Nov-2025 14:10 Progress notes (NHS GG&C Mental Health Services) BELLO, Jibrin (HCSW)

Examination Template: **Inpatient Physical Examination**

Medical examinations/reports

Body temperature reading 35.7

O/E - pulse rate 73 beats/min • O/E - blood pressure reading 129/75 mmHg • O/E - respiratory rate 16 /minute • Baseline SpO2 (oxygen saturation at periphery) 94 %

07-Nov-2025 11:01 Face to face consultation (NHS GG&C Mental Health Services) EKPE, Friday (HCSW)

Examination Template: **Inpatient Physical Examination**

Medical examinations/reports

Body temperature reading 36.7

O/E - pulse rate 83 beats/min • O/E - blood pressure reading 107/74 mmHg • O/E - respiratory rate 18 /minute

07-Nov-2025 10:00 Face to face consultation (NHS GG&C Mental Health Services) THOMSON, Sarah (Consultant)

Comment medical review with dr Mitchell GPST2:

Andrew describes a couple of difficult days with hearing voices

At iv he had poor ec and O low mood

He engaged reasonably but speech remains decreased in amount.

he acknowledges he's concerned about his brother who's due an operation

He doesn't want a pass - his Irish friends are still in Glasgow (they go back next week?) - and

he doesn't want to be tempted to use illicit drugs

Encouraged to tell the nurses if he experiecnest chest pain

Plan: now on clopixol depot 450mg im weekly

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07-Nov-2025 05:19	Face to face consultation (NHS GG&C Mental Health Services) GALLAGHER, Sarah (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew has been visible on ward this duty. Spent time in the dayroom, appearing facially flat and low in mood. Nil spontaneous conversation with staff or peers. Writer attempted to evoke some form of interaction however Andy answered with vague responses. Good dietary and fluid intake. Compliant with routine medication as per hepma. Nil overt psychotic symptoms evident. Appears to have slept since around 0200am.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
06-Nov-2025 16:20	Face to face consultation (NHS GG&C Mental Health Services) FITZPATRICK, Amie (StudentNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy has been visible in the day areas throughout duty. Andy was seen having small chat with peers. When writer spoke with andy he appeared preoccupied but raised no concerns of psychotic symptoms. Just that he felt "tired but okay". Andy states he feels "safe on the ward" when asked about recent request for no passes. Diet and fluids adequate. Accepting of meds as per HEPMA. Nil else to report. Patient care record reviewed by clinical supervisor : Michelle Carberry RMN
Additional	Legal Status: Informal
06-Nov-2025 14:40	Face to face consultation (NHS GG&C Mental Health Services) FITZPATRICK, Amie (StudentNurse)
Assessment	Template: Physical Health Assessment Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 144 mmHg Diastolic blood pressure 87 mmHg O/E - pulse rate 74 beats/min O/E - tympanic temperature 35.8 degrees C Baseline respiratory rate 18 /minute Baseline SpO2 (oxygen saturation at periphery) 95 % National Early Warning Score - Royal College of Physicians 2
Comment	Patient care record reviewed by clinical supervisor : Michelle Carberry RMN
06-Nov-2025 13:54	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	ECG obtained - QTc 423ms, nil change to morphology, nil of concern reports further chest pain this morning on return from shops - sharp and stabbing in nature, anterior chest, short lived NEWS unremarkable - BP 144/87, HR 74
06-Nov-2025 05:43	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy was visible around the ward communal area this duty, engaged well with staff and peers. Andy did not voice any concerns to staff this duty, nil evidence of being pre-occupied or flat in affect. Accepted evening medications as per HEPMA without issues. Accepted supper from tea trolley and Andy retired to his

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	bedspace. Appears to have slept well overnight.
Additional	Legal Status: Informal
05-Nov-2025 17:33	Progress notes (NHS GG&C Mental Health Services) LLOYD, Stacey (MHAssistantPractitioner)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew has been visible on the ward this duty. Spending periods of time within the day area watching television. Reports struggling with voices today, appears flat in affect. Reports a poor sleep overnight and appears tired. Utilised time out off the ward to the local shops to buy supplies. Accepting of all routine medications as per hepma. Not offering any concerns at time of writing. Patient care record reviewed by clinical supervisor : Michelle Carberry RMN
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
05-Nov-2025 13:08	Progress notes (NHS GG&C Mental Health Services) CARBERRY, Michelle (RMN)
Comment	Template: Depot Administration Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 450mg Frequency: Weekly • Right Gluteal Next Due Date: 12/11/25 Batch Number: 2834363 Expiry Date: 02/29 Presentation: Settled, happy to receive depot. Risk: nil at time of administration Side Effects of Concern: when asked none highlighted Smoking / Alcohol / Drug Use: Nil Levels of Activity: Walks on regular basis - obese Diet: Good diet Recommendations: Monitor for side effects, ongoing treatment
05-Nov-2025 06:42	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy was visible around the ward communal area this duty, spending time chatting to staff and peers. Andy attended treatment room for his evening medications as per HEPMA without issue and spoke to writer about how he wants to wait until his mental state improves and he can stay out on pass the entire allocated time without having to come back to the ward. Andy had adequate supper intake from tea trolley and retired to his bedspace early. Andy appears to have slept well overnight.
Additional	Legal Status: Informal
04-Nov-2025 17:09	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Chronology Update/1-1 Nursing Interaction Andy has been visible on the ward this duty, spending time in communal areas, appearing facially bright on approach, continues to report auditory hallucinations. Andy has engaged well with peers and in PAC activities this duty, playing bingo and utilising time off ward with AS to go for coffee. Andy accepting of routine medication as per hepma Good diet and fluid intake noted

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	Reviewed at MDT as noted below No new issues to note
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
04-Nov-2025 16:14	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (PACNurse)
Comment	Andy attended afternoon session of bingo to help with distraction from "his head" managed the same for first game then left there after.
04-Nov-2025 15:39	Other note (NHS GG&C Mental Health Services) HENDERSON, Gemma (SpecialistClinicalPharmacist)
Comment	PHARMACIST ENTRY Zuclopenthixol decanoate depot increased from 400mg to 450mg weekly. For ECG and then repeat after 1-2 weeks of 450mg. Metformin increased from 500mg once daily to 500mg twice daily. Monitor for any GI side effects and then can increase to 500mg/1000mg after a week.
04-Nov-2025 14:59	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	Template: Inpatient MDT Information from other agencies / AHP Staff in Attendance: Dr Thomson (consultant), Dr Mitchell (GPST2), Lauren Moore (staff nurse), Amy Fitzpatrick (student nurse), Natalie Cunnell (CRISIS), Gemma Henderson (pharmacist), Nicole Ross (nurse team leader, CMHT) Patient Attended Yes Assessment: Discussion prior to meeting:- 400mg IM weekly, still taking cocaine on PASS, good days and bad days - Friend with 2 year old daughter staying in flat, child and family SW aware, friend planning to move out - Reports mental state the same, ongoing hallucinations, objectively some improvement - ?sleep walking again "came out room, told staff toilet blocked- increase depot to 450mg, increase metformin, has been referred to weight management - plan for gradual reduction in BZDs in communityAndrew reports not good, doesn't feel good - ongoing hallucinationssays PASS was ok, brother back in irelandAndrew ok with depot to go up to 450mgno cocaine on this PASSfriend still living at Andrews house - says he doesn't have anywhere to go, so hasn't told him to leave yet Time out status agreed: doesn't want one currently, but can have 3 nights if desires (1) Action 1 ECG (1) Assigned to ward dr (2) Action 2 increase depot and metformin Multidisciplinary review
Problem	[X]Paranoid schizophrenia (Review)
04-Nov-2025 11:49	Face to face consultation (NHS GG&C Mental Health Services) FITZPATRICK, Amie (StudentNurse)
Assessment	Template: Physical Health Assessment Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 137 mmHg Diastolic blood pressure 106 mmHg O/E - pulse rate 80 beats/min O/E - tympanic temperature 35.9 degrees C Baseline respiratory rate 20 /minute Baseline SpO2 (oxygen saturation at periphery) 97 % National Early Warning Score - Royal College of Physicians 1
Comment	Patient care record reviewed by clinical supervisor S/N K.MITCHELL
04-Nov-2025 06:28	Progress notes (NHS GG&C Mental Health Services) YOUNG, Katie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward

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Continuous Intervention No

Chronology Comment: 1:1 INTERACTION WITH ALLOCATED NURSE/PROGRESS NOTES Andy was visible in the day area at the onset of shift. Polite and appropriate upon interaction. Andy continues to appear distracted at times. During a security check an empty packet of lemsip tablets were found in his room. Andy voiced he was unaware he wasn't allowed these in his room and said he hadn't taken any since the day previous. Retired to bed at around 00.00 and appears to have slept well overnight. Andy came to the nurses station at around 5.00 stating that his toilet door was locked. Staff reminded Andy that there is no toilet door and he said he had got mixed up. Appears to have been sleep walking. No further concerns at time of writing.

Additional Legal Status: Informal

03-Nov-2025 15:22 Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)

Comment Template: **Inpatient chronology**

Time Out: 90 minutes unescorted time off ward

Continuous Intervention No

Chronology Comment: Chronology Update/ 1-1 Nursing Interaction Andy has kept a low but visible profile on the ward this duty, spending time in communal areas. Andy continues to present as distracted and pre-occupied, however brightens on approach. Engaging well with nursing staff, continues to report auditory hallucinations to staff Andy accepting of routine medication as per hepma And has attended to personal care independently this duty Good diet and fluid intake noted thus far No new issues to note

Additional Legal Status: Informal

Assessment Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

03-Nov-2025 05:47 Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)

Comment Template: **Inpatient chronology**

Time Out: 90 minutes unescorted time off ward

Continuous Intervention No

Chronology Comment: Andrew has been visible for periods of this duty in the communal areas of the ward watching TV with peers. Has been polite and appropriate during brief interactions with staff. Minimal interactions with peers. Andrew has not appeared distressed on the ward this duty, continues to present as reoccupied and distracted at times, saying he is "doing ok" slightly flat facially, however has not voiced any concerns about his mental state. Andrew accepted prescribed medication as per HEPMA. Retiring to be shortly after and appearing to be asleep from around 2200hrs, waking on one occasion to ask for a drink before going back to bed. No further concerns at time of writing.

Additional Legal Status: Informal

Assessment Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

02-Nov-2025 17:31 Progress notes (NHS GG&C Mental Health Services) LLOYD, Stacey (MHAssistantPractitioner)

Assessment Template: **Physical Health Assessment**

Physical Health Conditions

Physical health assessment

Examination Observations

Systolic blood pressure 147 mmHg

Diastolic blood pressure 94 mmHg

O/E - height 172.72 cm Actual height

O/E - weight 149.9 kg

O/E - pulse rate 86 beats/min

O/E - pulse rhythm regular

O/E - tympanic temperature 36.2 degrees C

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Baseline respiratory rate 19 /minute
Baseline SpO2 (oxygen saturation at periphery) 95 %
Body mass index 50.2 kg/m2
Body mass index 40+ - severely obese

Comment Patient care record reviewed by clinical supervisor SN L Moore

02-Nov-2025 14:49 Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)

Comment Template: **Inpatient chronology**

Time Out: 90 minutes unescorted time off ward
Continuous Intervention No
Chronology Comment: Chronology Update/ 1-1 Nursing Interaction Andy has kept a low but visible profile on the ward, spending time in communal areas of the ward. Andy appearing brighter during interactions with staff, reports he is "doing alright" and feels his mood has been better today. Andy continues to appear pre-occupied at times however no distress evident, Andy continues to report auditory hallucinations however reports these have lessened slightly. Andy reports he is keen to discuss his weight at upcoming MDT - feels his weight is having a detrimental effect on his breathing and his weight has increased significantly since admission. Andy accepting of routine medication as per hepma Good diet and fluid intake noted thus far Utilising time off ward appropriately, returning in good order

Additional Legal Status: Informal

Assessment Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

02-Nov-2025 12:57 Progress notes (NHS GG&C Mental Health Services) LLOYD, Stacey (MHAssistantPractitioner)

Comment Template: **Inpatient MDT**

Meeting Date: wb 03/11/25
Ward & Hospital Ward 4b, Leverndale
Meeting Purpose: Review
Does carer wish to attend MDT No No family input
Does patient wish to attend MDT Yes • MHA Status: Informal
Information about advance statement provided and explained Information given, Andrew does not wish to complete at current time.
Advanced Statement Completed No
Summary of progress (SBAR) \ patient views Andrew describes his mental state as "bad" reports multiple voices of derogatory nature calling him a "fat bastard" and telling him to "kill people". Andrew is able to recognise these voices aren't real however cause him a lot of distress. Andrew feels it takes a lot for him not to act upon what the voices are saying to him. Andrew feels he tries to distract himself by sitting in the day are watching TV, however the voices start to come through the TV. Andrew is hopeful that when his depot is at max does he will feel some relief from the voices. Andrew has been out on pass recently, however returned early. Conflicting accounts as to early return, reports that it was due to Sunday service bus operation and then told another member of staff that it was because of a friend staying with at his house and he "just wants his house back". Andrew reports a poor sleep pattern overnight, reports no episodes of sleep walking overnight in the past week. Andrew reports a good diet and fluid intake. Remains overweight and has been referred for weight management support.
Carer Views: No carer input at this time.
Information from other agencies / AHP
Physical Health Oral zuclopenthixol stopped due to sleep walking and nocturnal enuresis - since stop no further issues noted. Andrew is reporting however poor sleep now, unable to sleep while in the ward. QTx high at 459.
O/E - height 172.72 cm Actual height
O/E - weight 149.9 kg • Weight loss
Kardex Attached: No On Hepma/pass medications
Depot: Zuclopenthixol 400mgs
Depot last given: 29/10/2025

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Depot next due: 05/11/2025
PRN medication reviewed and discussed: lorazepam utilised 25/10/2025
Multidisciplinary review
Patient care record reviewed by clinical supervisor SN L Moore

Examination Body mass index 50.2 kg/m2
Assessment PRN Action taken: For review at MDT

02-Nov-2025 05:16	Face to face consultation (Leverndale Hospital) FERGUSON, Allison (BankNurse)
	Template: Inpatient chronology
Comment	Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy spent evening between his bedroom and dayroom quiet in behaviour minimal interactions with staff or peers enjoyed light supper concordant with prescribed medication retired to bed and appears to have slept throughout the night
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
02-Nov-2025	Face to face consultation (NHS GG&C Mental Health Services) LLOYD, Stacey (MHAssistantPractitioner)
Document	Review of mental health care plan ➡ Care plan from Leverndale - Ward 4b (02-Jul-2025)
Comment	Patient care record reviewed by clinical supervisor : Michelle Carberry RMN
01-Nov-2025 16:58	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
	Template: Inpatient chronology
Comment	Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy returned from pass at approx. 1330 this afternoon. Andy reports he returned to the ward early due to the Sunday bus times, however also cited he did not want to be alone in his flat. Since his return, Andy has spent his time in the day area, noted to be sleeping for periods whilst in the day area. Andy reporting his pass was "shite". Andy also reports his friend is staying at his property however has asked him to leave. Andy reporting that he "just wants his house back". Andy continues to appear slightly pre-occupied at times, and continues to report auditory hallucinations. No further issues to note at present.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
01-Nov-2025 07:11	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
	Template: Falls risk Assessment and Falls Interventions
Assessment	General Safety Precautions 1 Have you documented mobility status in clinical record Independent - fully mobile 2 Have you completed a moving and handling assessment (if appropriate) Yes 3. Check walking aid (if required) is in reach and in use N/A 4. Check call bell is in reach and working. Andy aware of how to work call bell 5. Provide and document alternative measures if patient is unable to use call bell N/A 6. Check footwear is safe (refer to NHS GGC Footwear guidance) Yes 7. If glasses are worn, check they are available and in use N/A 8. If hearing aid/s are worn, check they are working and in use N/A Risk Assessment 1. Has the patient fallen in the last 6 months - including during this admission? Yes 05/10/2025 - unwitnessed fall from bed to floor. 2. Does the patient have cognitive impairment or a possible delirium? No 3. Does the patient attempt to walk alone although unsteady or unsafe? No

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4. Does the patient or their relative have a fear or anxiety of the patient falling? No
5. Based on your clinical judgement, is this patient at high risk of falling? No

01-Nov-2025 03:33	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew remains on pass and has not contacted the ward this duty.
Additional	Legal Status: Informal
31-Oct-2025 17:39	Face to face consultation (Leverndale Hospital) MCPHERSON, Gabrielle (MHAssistantPractitioner)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew remains on pass. No contact has been made to ward this duty. Due to return 02/11. No further concerns at time of report.
Additional	Legal Status: Informal
31-Oct-2025 12:03	Progress notes (NHS GG&C Mental Health Services) CARBERRY, Michelle (RMN)
Comment	Template: Inpatient chronology Chronology Comment: Andy is currently on pass, PCCP due to for review today, this has been forwarded on for when Andy has returned from pass. This allows staff to gain an accurate assessment of his mood and mental state and assess how passes have went.
31-Oct-2025 06:37	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew remains out on pass. No contact has been made to the ward overnight. Due to return back to the ward on 02/11/25
Additional	Legal Status: Informal
30-Oct-2025 16:43	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy remains on pass with no contact made to the ward this duty. No further update at time of writing.
Additional	Legal Status: Informal
30-Oct-2025 03:10	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew remains out on pass. Has made no contact to the ward overnight. Is due to return on Sunday 02/11/25
Additional	Legal Status: Informal
29-Oct-2025 16:07	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (PACNurse)
Comment	Andy attended relaxation fell asleep during same, noted to be less restless during same, no further session as he was waiting to go on pass. Will invite along next week session.
29-Oct-2025 14:45	Progress notes (NHS GG&C Mental Health Services) CARBERRY, Michelle (RMN)
Comment	Template: CRAFT - Risk Assessment Risk assessment When is this review taking place? Transition of care Pass home 29/10 - 02/11 Risk Assessment

What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Ongoing persecutory beliefs but does report some improvement. Has reported voices aren't as loud and believe depot to be making an improvement to mental state. Poor social circle - associates with friends who take drugs and alcohol.

What historical risk factors are there that it is important to be aware of? Poly drug use, psychotic illness, forensic history, previous DSH and attempted hanging. Forensic history, spent some years in Beckford Lodge. Hx - Diagnosis paranoid schizophrenia and complex PTSD. Previous polydrug use. Transfer from forensic team (had spell in Beckford and on Community based Compulsion Order). Long forensic history of ten involving road traffic offences but also assaults in past. Numerous jail sentences. Voices can tell him to harm himself, overdose and attempted hanging in past. Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive.

What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland. Friend group who use substances.

What factors are present that reduce risk? Agreeable to informal admission. Weekly Zuclopenthixol Decanoate depot injection. Good insight as to when he needs support. Able to return to the ward when feeling unsafe or too unsettled at home.

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Drug use, disengagement, increase in symptoms.

What is the clinical team going to do about it - In the next few days/between now and next appointment? Ongoing assessment. Depot. Passes home.

What is the clinical team going to do about it - In the next few months? Continue to monitor mood and mental state. Ongoing passes home. Weekly MDT review.

Are there any other considerations for risk management? Informal inpatient admission. Drug screen pre and post passes.

What should the service user/family/carers do if risky situations emerge? Contact emergency services/ward staff.

Have all relevant professionals been informed of the risk management plan? on Emis yes

29-Oct-2025 14:11

Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (Staff Nurse)

Comment

Template: **Inpatient chronology**

Time Out: 90 minutes unescorted time off ward

Continuous Intervention No

Chronology Comment: Andrew left the ward at approx 13:00pm after receiving depot injection. Advised he was getting a taxi to his home. Medication checked and correct. Due back from pass Sunday 02/11/25. Andrew aware he can contact ward if any concerns, issues or worries whilst out.

Additional

Legal Status: Informal

29-Oct-2025 13:14

Progress notes (NHS GG&C Mental Health Services) MITCHELL, Kellie (Staff Nurse)

Comment

Template: **Depot Administration**

Consultant: Dr Thomson

Diagnosis: Schizophrenia

Mental Health Status: Informal • Drug: Zuclopenthixol decanoate

Dose: 400mg

Frequency: Weekly • Left Gluteal

Next Due Date: 05/11/25

Batch Number: 2831845

Expiry Date: 10/28

Presentation: Settled, happy to receive depot.

Risk: nil at time of administration

Side Effects of Concern: when asked none highlighted

Smoking / Alcohol / Drug Use: Nil

Levels of Activity: Walks on regular basis - obese

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Diet: Good diet
Recommendations: Monitor for side effects, ongoing treatment

29-Oct-2025 12:19	Face to face consultation (NHS GG&C Mental Health Services)	CLARKE, Benjamin (FY2)
Comment	Referral weight management service Hi there, I am one of the doctors referring in Andrew Shaw 2104673933 Height - 173cm Weight - 151kg BMI - 50.5kg/m² Non-smoker Intermittent recreational drug use (primarily cocaine) Co-morbidities - hypertension, treatment resistant schizophrenia, suspected impaired lung function secondary to obesity, hypercholesterolaemia Andrew struggles with his weight with mobilisation and lying down. He reports breathlessness particularly on lying flat and we will consider referral into the respiratory sleep team as an adjunct to weight loss therapy. Andrew has treatment resistant schizophrenia and is currently being titrated on an antipsychotic depot - with long term antipsychotic use obviously affecting his metabolic profile. If any further information is required please do get back in touch Dr Ben Clarke Thanks, Ben. he is now on the waiting list for the Specialist Weight Management Service. Just to make you aware, there is a 15 month wait time at present. Kind Regards [REDACTED] Thanks [REDACTED] Given his significant co-morbid schizophrenia is there any chance of this waiting time being reduced or is the team's clinical availability fairly set in stone? BW Ben I can add him to our exceptions list to see if he can be extradited. They have meeting's once a month, and I will let you know their decision [REDACTED]	
29-Oct-2025 04:49	Face to face consultation (Leverndale Hospital)	FERGUSON, Allison (Bank Nurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy spent early evening sitting with peers in dayroom quiet and solitary in behaviour looking forward to time out of ward concordant with prescribed medication, retired to bed after Noted to be walking down corridor looking for toilet on one occasion redirected by staff back to his room Andy appears to have slept for long periods overnight	
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty	
28-Oct-2025 16:15	Face to face consultation (NHS GG&C Mental Health Services)	CLARKE, Benjamin (FY2)
Comment	Template: Inpatient MDT Information from other agencies / AHP Staff in Attendance: Dr Thomson, Dr Clarke Patient Attended Yes Assessment: Andrew reports not doing well today - too many voices. Mood objectively low. Visibly looks more agitated. Is engaged in conversation and discussing concerns appropriately. No delusional beliefs noted in conversation. Had one line of cocaine on his pass over weekend - with his brother and his friends. Advised this will likely worsen his mental state. Reports no side effects from ISMN - no overt hypotension For 400mg depot tomorrow - need to consider increase following this. Keen for pass from tomorrow to saturday - brother leave for ireland on saturday. (1) Action 1 Depot mane - consider dose increase following this (1) Assigned to NS + Dr Thomson (2) Action 2 Consider titration of ISMN and ensure has inhaler and GTN spray available for pass (2) Assigned to Ward doctors + pharmacy (3) Action 3 ECG mane (3) Assigned to Ward doctors (4) Action 4 Pass over next few days (4) Assigned to Ward doctors Multidisciplinary review	
28-Oct-2025 16:05	Face to face consultation (NHS GG&C Mental Health Services)	FITZPATRICK, Amie

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	(StudentNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy has been present from onset of duty and no changes in presentation. He has spent long periods of time in the day area however dozing off and states he "feels fine just tired". No depth on mood or mental state on asking, patient bright and reactive when spoken to. Writer had a conversation with Andy during daily observations about sleeping on top of his covers, he stated "sleeping under makes him feel trapped and suffocated" but on asking, no further comment into mood or mental state other than "I feel okay". Andy enjoys his walks to tesco as he feels it "gives him purpose for the day". Fluid and Diet adequate. Andy was accepting of meds as per HEPMA. Nil else to report. Patient care record reviewed by clinical supervisor : Michelle Carberry RMN
Additional	Legal Status: Informal
28-Oct-2025 13:05	Face to face consultation (NHS GG&C Mental Health Services) FITZPATRICK, Amie (StudentNurse)
Assessment	Template: Physical Health Assessment Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 148 mmHg Diastolic blood pressure 95 mmHg O/E - pulse rate 86 beats/min Baseline respiratory rate 20 /minute Baseline SpO2 (oxygen saturation at periphery) 95 % National Early Warning Score - Royal College of Physicians 1
Comment	Patient care record reviewed by clinical supervisor : Michelle Carberry RMN
28-Oct-2025 13:02	Face to face consultation (NHS GG&C Mental Health Services) FITZPATRICK, Amie (StudentNurse)
Assessment	Template: Physical Health Assessment Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 108 mmHg Diastolic blood pressure 78 mmHg O/E - pulse rate 98 beats/min O/E - tympanic temperature 36.5 degrees C Baseline respiratory rate 20 /minute Baseline SpO2 (oxygen saturation at periphery) 94 % National Early Warning Score - Royal College of Physicians 3
Comment	Nursing staff aware and Observations retaken. Patient care record reviewed by clinical supervisor : Michelle Carberry RMN
28-Oct-2025 13:00	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) MILLIGAN, Donna (SeniorCrisisPractitioner)
Comment	Discussed today with writer and crisis practitioner [REDACTED] No plan for discharge currently
28-Oct-2025 08:43	Group consultation (NHS GG&C Mental Health Services) CARBERRY, Michelle (RMN)
Comment	Template: Inpatient MDT Meeting Date: 28/10/25 Ward & Hospital Ward 4b, Leverndale Meeting Purpose: Review Does carer wish to attend MDT No No family input Does patient wish to attend MDT Yes • MHA Status: Informal Information about advance statement provided and explained Information given, Andrew

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does not wish to complete at current time.

Advanced Statement Completed No

Summary of progress (SBAR) \ patient views Cardiac concerns: Andy continues to experience intermittent exertional chest pain. Pain is variable in nature and occasionally radiates across the chest and right arm, sometimes associated with shortness of breath. Cardiology review ongoing: referred for Exercise Tolerance Test (ETT) Compliant with prescribed medications, including depot injection. No other new physical health concerns noted. Andy remains stable and largely unchanged in mental state, maintaining a low but visible profile on the ward. Continues to experience ongoing auditory hallucinations of a derogatory nature, which fluctuate in intensity. At times reports being able to cope with these; on other occasions they have led him to cut short passes and return early to the ward. Typically settled, though occasionally low and anxious. Displays preoccupation and distraction consistent with ongoing psychotic symptoms. Participates in relaxation, art, and bingo groups when encouraged. Sometimes struggles to maintain concentration or becomes restless due to environmental factors or voices. Maintains close contact with family, particularly his brother. Andy expresses concern for his brother's health, which has occasionally increased his anxiety. Time out / passes: Utilises time off the ward appropriately, often to visit family or attend to daily activities such as shopping. Sociable with select peers and staff when stable, using humour appropriately.

Information from other agencies / AHP

O/E - height 172.72 cm Actual height

O/E - weight 150.2 kg • Weight - No Change

Kardex Attached: No On Hepma/pass medications

Multidisciplinary review

Examination Body mass index 50.3 kg/m2

28-Oct-2025 05:42 Face to face consultation (NHS GG&C Mental Health Services) FERGUSON, Allison (BankNurse)

Comment Template: **Inpatient chronology**

Time Out: 90 minutes unescorted time off ward

Continuous Intervention No

Chronology Comment: Andy sleeping from early evening refused to attend for 22:00hrs medication appears to have slept throughout the night

Additional Legal Status: Informal

Assessment Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

27-Oct-2025 18:52 Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)

Comment Template: **Inpatient chronology**

Time Out: 90 minutes unescorted time off ward

Continuous Intervention No

Chronology Comment: Andrew remains largely unchanged in presentation. Continues to keep a low but visible profile spending time between dayarea and bedspace. Continues to appear preoccupied and distracted at times although nil outward signs of distress. Continues to voice auditory hallucinations of a derogatory nature. Noted to be falling asleep during dayshift in dayarea. Utilising time out appropriately. Adequate dietary and fluid intake. Compliant with routine medication as per HEPMA.

Additional Legal Status: Informal

27-Oct-2025 15:46 Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (PACNurse)

Comment Andy approached writer re relaxation attended same note to follow some instructions today did fall asleep at session and noted to be dosing off at planning session, feels its his medication. Participated in afternoon activity of Bingo again noted to be dosing at times. Declined ward exercise group. No further sessions. Andy continues to attend PAC based activities when invited. Will invite along tomorrow.

27-Oct-2025 12:49 Face to face consultation (NHS GG&C Mental Health Services) FITZPATRICK, Amie

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	(StudentNurse)
	Template: Physical Health Assessment
Assessment	Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 127 mmHg Diastolic blood pressure 81 mmHg O/E - pulse rate 97 beats/min O/E - tympanic temperature 35.9 degrees C Baseline respiratory rate 20 /minute Baseline SpO2 (oxygen saturation at periphery) 95 % National Early Warning Score - Royal College of Physicians 2
Comment	Patient care record reviewed by clinical supervisor : Michelle Carberry RMN
27-Oct-2025 04:52	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
	Template: Inpatient chronology
Comment	Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy appeared slightly low in mood this duty. Visible in the day area but not really interacting with peers or watching TV. Appears slightly preoccupied. Accepting of nocte medication. Appears to have slept well overnight and remains asleep at time of writing. No new concerns to note at time of writing.
Additional	Legal Status: Informal
26-Oct-2025 17:40	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
	Template: Inpatient chronology
Comment	Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy has appeared settled on the ward this shift. Bright and pleasant when engaging with staff and select peers. Visible spending time in the day area watching TV. Continues to preoccupied at times, continues to report ongoing auditory hallucinations. Utilised time off the ward to Tesco, returned back in good order. Adequate dietary and fluid intake. Compliant with routine medication as per HEPMA. Nil concerns at time of writing.
Additional	Legal Status: Informal
26-Oct-2025 05:57	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
	Template: Inpatient chronology
Comment	Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy appeared settled this duty in mood and manner, Pleasant and appropriate in all interactions with staff. Accepting of nocte medication, Appears to have slept well overnight and remains asleep at time of writing. No new concerns to note at time of writing,.
Additional	Legal Status: Informal
26-Oct-2025 05:04	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
	Template: Falls risk Assessment and Falls Interventions
Assessment	General Safety Precautions 1 Have you documented mobility status in clinical record Independent - fully mobile 2 Have you completed a moving and handling assessment (if appropriate) Yes 3. Check walking aid (if required) is in reach and in use N/A 4. Check call bell is in reach and working. Andy aware of how to work call bell 5. Provide and document alternative measures if patient is unable to use call bell N/A 6. Check footwear is safe (refer to NHSGGC Footwear guidance) Yes 7. If glasses are worn, check they are available and in use N/A 8. If hearing aid/s are worn, check they are working and in use N/A Risk Assessment

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1. Has the patient fallen in the last 6 months - including during this admission?
Yes 05/10/2025 - unwitnessed fall from bed to floor.
2. Does the patient have cognitive impairment or a possible delirium? No
3. Does the patient attempt to walk alone although unsteady or unsafe? No
4. Does the patient or their relative have a fear or anxiety of the patient falling? No
5. Based on your clinical judgement, is this patient at high risk of falling? No

25-Oct-2025 19:05	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Follow on note. Andy has been settled since returning back to ward. Visible spending time between bedspace and dayarea. Utilising time off ward appropriately to Tesco. Bright and pleasant when engaging with nursing staff and select peers. Adequate dietary and fluid intake. Compliant with routine medication as per HEPMA. Nil concerns at time of writing.
Additional	Legal Status: Informal
25-Oct-2025 13:34	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew returned from pass at approx 13:00pm advising that he came back early as he was struggling with 'voices', denies any illicit substance misuse.
Additional	Legal Status: Informal
25-Oct-2025 06:42	Face to face consultation (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew remains on home pass and has not made contact with the ward this duty.
Additional	Legal Status: Informal
24-Oct-2025 13:34	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No • Chronology Comment: Andrew remains on pass at time of writing. No contact made with the ward.
Additional	Legal Status: Informal
24-Oct-2025 03:42	Progress notes (NHS GG&C Mental Health Services) MCKERRACHER, Janet (StaffBankNurseRMN)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew remains on pass and has made no contact with the ward overnight
Additional	Legal Status: Informal
Assessment	At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide despite auditory hallucinations telling him to harm himself. Risk of alcohol and drug misuse Harm to Self: No Nil risk identified this duty At risk of harming others Forensic History. Hx of physical assault and V&A. Auditory hallucinations telling him to harm others. Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty

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23-Oct-2025 16:36	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (PACNurse)
Comment	Andy attended relaxation stayed full session no restlessness and appeared to relax. Joined writer and peers at RT art , accepted refreshment didn't last long at task, was worried about not being able to get money due to bank card being cancelled as he states that someone had taken money off for a dating site. New card being sent out, writer took Andy to patient affairs where he asked about transferring money to hospital account till card came, was given hospital details. No further groups .
23-Oct-2025 15:28	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Document	To whom it may concern letter written 23-Oct-2025 To whom it may concern letter written (23-Oct-2025)
Comment	Cardiology referral
23-Oct-2025 15:07	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No • Chronology Comment: Andrew left for pass at around 14:30. Had been in good spirits throughout the shift, jovial and bright. Was keen to get home and see his dog, admitted the voices were shouting at him today and a bit much but was able to cope with same. Medication supplied for a 4 night pass. Andrew due back 26/10/2025.
Additional	Legal Status: Informal
23-Oct-2025 14:06	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	advised on ETT request by cons cardiologist to arrange clinic appt instead. Referral sent to ask how this should be done and if we should commence ISMN response: Agree to start him on ISMN currently and can be referred to cardiology clinic via his GP, alternatively if you can dictate a letter to cardiology consultants at QE to book him into a clinic, both options reasonable.AS ST7 I will dictate letter to cardiology and have prescribed ISMN 20mg BD
23-Oct-2025 13:14	Progress notes (NHS GG&C Mental Health Services) GALLAGHER, Sarah (StaffNurse)
Comment	Template: CRAFT - Risk Assessment Risk assessment When is this review taking place? Other, please state Overnight pass from 23/10 - 26/10 Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Ongoing persecutory beliefs but does report some improvement. Has reported voices aren't as loud and believe depot to be making an improvement to mental state.Poor social circle - associates with friends who take drugs and alcohol. What historical risk factors are there that it is important to be aware of? Poly drug use, psychotic illness, forensic history,previous DSH and ?attempted hanging.Forensic history, spent some years in Beckford Lodge.Hx - Diagnosis paranoid schizophrenia and complex PTSD.Previous polydrug use.Transfer from forensic team (had spell in Beckford and on Community based Compulsion Order).Long forensic history of ten involving road traffic offences but also assaults in past.Numerous jail sentences.Voices can tell him to harm himself,overdose and attempted hanging in past.Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive. What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland.Friend group who use substances. What factors are present that reduce risk? Agreeable to informal admission.Weekly Zuclopenthixol Decanoate depot injection.Good insight as to when he needs support.Able to return to the ward when feeling unsafe or too unsettled at home.

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Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Drug use, disengagement, increase in symptoms.
What is the clinical team going to do about it - In the next few days/between now and next appointment? Ongoing assessment. Depot. Passes home.
What is the clinical team going to do about it - In the next few months? N/A
Are there any other considerations for risk management? Community Compulsion Order revoked recently. Informal inpatient admission. Drug screen pre and post passes.
What should the service user/family/carers do if risky situations emerge? Contact emergency services/ward staff.
Have all relevant professionals been informed of the risk management plan? on Emis yes

23-Oct-2025 06:15	Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew has appeared settled on the ward this duty. Has been visible in the day area interacting with select peers. Andrew has been polite and appropriate during conversations with staff, appearing slightly distracted at times however has not been observed responding to unseen stimuli and Andrew has not voiced any concerns regarding his mental state or mood this duty. Andrew was noted to have come out his bed space at approx. 0200hrs this morning and went into the bed space of peer directly across from him. Andrew appeared confused and may have been sleeping walking. Redirected to bed space and back into bed. Appears to have slept well since overnight. Accepted routine medication as per HEPMA. No further concerns at time of writing.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
22-Oct-2025 18:45	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy has been visible around the ward communal area this duty, facially bright and offering humour with staff. Andy has not voiced any concerns regarding his mood or mental state but has voiced that he is concerned about his brother & the possibility of further passes soon. Andy has been concordant with his routine medication as per HEPMA. Accepted his depot injection this afternoon without issue. Andy has utilised time off ward this duty & returned in good order. Nil else to note at this time.
Additional	Legal Status: Informal
22-Oct-2025 16:02	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (PACNurse)
Comment	Andy attended relaxation visible more relaxed today during same. Agreed to attend RT creative cafe with writer and peers, initially working on his own task but became quiet restless stating to many people however writer asked if it was the fellow peer who was responding openly and was consistently conversing with him agreed it was accepted redirection and encouraged to concentrate on his task, did so for a time afterwards but returned to ward. No further session declining walk pleasant with same.
22-Oct-2025 12:52	Progress notes (NHS GG&C Mental Health Services) CARBERRY, Michelle (RMN)
Comment	Template: Depot Administration Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 400mg Frequency: Weekly • Right Gluteal Next Due Date: 29/10/25

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Batch Number: 2815771
Expiry Date: 09/27
Presentation: Settled, happy to receive depot.
Risk: nil at time of administration
Side Effects of Concern: when asked none highlighted
Smoking / Alcohol / Drug Use: Nil
Levels of Activity: Walks on regular basis - obese
Diet: Good diet
Recommendations: Monitor for side effects, ongoing treatment

22-Oct-2025 05:29	Face to face consultation (NHS GG&C Mental Health Services) HENDERSON, Scott (BankStaffNurse) Entered By: HENDERSON, Scott (ChargeNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Returned from using time out this evening approx 2130hrs. Nil issues identified on his return. Holding appropriate conversation with nursing staff. Concordant with routine medications. Accepted supper. Nil change in mental state to report. Awakened at approx 0400hrs requesting PRN meds for agitation which was provided. Appears asleep at time of writing.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
21-Oct-2025 18:33	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Andy approached nursing staff this evening, visibly anxious and agitated, pacing ward corridor. Andy requesting additional time off ward, when prompted to discuss this, Andy advised his brother had 'took a turn' and he was concerned for his health. Note Andy has recently disclosed his brother has had a blockage removed and is awaiting 2 stents being fitted. Andy very keen to use time off ward to visit his brother, advised he planned to spend 4 hours time out and return to the ward tonight. Discussed with nursing team, given circumstances and informal status, it was collectively agreed Andy could have up to four hours time out. Andy is aware he is to return to the ward at 2230. Has been provided with ward phone number should he be running late.
21-Oct-2025 16:04	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Chronology Update/ 1-1 nursing interaction Andy has been visible on the ward this duty, spending time in communal areas of the ward. Continues to appear preoccupied and distracted at times, however pleasant and appropriate on approach, offering humour at times. Andy continues to report auditory hallucinations to staff, reported to writer these have not lessened in intensity. Andy accepting of routine medication as per hepma. Good diet and fluid intake noted thus far. Reviewed at MDT as noted below. Utilising time off ward appropriately and without issue.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
21-Oct-2025 15:58	Face to face consultation (NHS GG&C Mental Health Services) FITZPATRICK, Amie (StudentNurse) Template: Physical Health Assessment

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Date of Birth: 21-Apr-1967

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Assessment	Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 147 mmHg Diastolic blood pressure 99 mmHg O/E - pulse rate 91 beats/min O/E - tympanic temperature 36.7 degrees C Baseline respiratory rate 15 /minute Baseline SpO2 (oxygen saturation at periphery) 94 % National Early Warning Score - Royal College of Physicians 2
Comment	Patient care record reviewed by clinical supervisor :Michelle Carberry RMN
21-Oct-2025 15:03	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	I have attempted to contact cardiac physiology at GGH to discuss ETT - number: [REDACTED] [REDACTED] lead physiologist is not in today can try again on Thursday
21-Oct-2025 14:58	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	ECG updated - Qtc 404ms, no dynamic change, no acute ischaemic changes Advice from cardiology: This sounds like he may be having coronary spasms intermittently while using cocaine, I am not sure a stress test will be of much yield here. are these episodes always associated with cocaine use? Can he exercise on traedmill? if can exercise then please speak with cardiac physiologist team at Gartnavel if can facilitate ETT, this can be done on modified Bruce protocol if he struggles. let us know once performed and will assess the results.Alternate way will be to start him on small dose nitrate like ISMN 20mg BD and see if that will reduce the frequency of chest pain. Response (me): He hasn't used cocaine in over three weeks and is still experiencing episodes. Pain is always exertional, never occurs at rest and can vary in nature - heavy / sharp / stabbing etc. He is able to exert himself without pain at times also. He describes them being pleuritic in nature when they occur - worse on deep inspiration. During one episode a month ago he said it was worse when lying flat and relieved by sitting forward. He was given 2 weeks of ibuprofen and colchicine at this time for suspected pericarditis - bloods and ecg all normal, no fever, no viral symptoms. I had stopped these after two weeks as I felt this particular episode was more related to cocaine use. Picture is a bit unclear given variable and intermittent nature.Would it be appropriate to commence ISMN whilst awaiting ETT? Are patients ok to do the ETT whilst on nitrates? Would an ECHO be of any value to assess for effusion? Thanks again for your help, it's much appreciated Reponse (cardio): Thanks,If the physiology team can perform ETT then would be better off ISMN till ETT done. I recommended it as alternate to Ett. The story pretty much sounds like coronary spasms so nitrate would be helpful. But exercise test would give us information on evidence of ischemia.Don't think Echo would add much unless audible murmurs or features of heart failure which I don't think he has.Best [REDACTED]
21-Oct-2025 13:08	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	bloods and ECG to be updated today
21-Oct-2025 13:06	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	Andrew tells me he had further chest pain on saturday whilst out on PASS carrying shopping home and had sudden onset heavy R sided chest pain radiating across to L chest and to R arm, SOB associated didn't stop to rest - carried on and chest pain persisted eventually went away 2 hours later nil chest pain since then can exert self without chest pain at times Brother has had PCI - mum died 42 years old of MI never smoked I will refer cardiology for advice and request urgent stress test in meantime - ?IHD nature of pain is atypical and not reliably occurring on exertion but there are significant risk

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factors and family history

21-Oct-2025 12:18	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	Template: Inpatient MDT Information from other agencies / AHP Staff in Attendance: Dr Devlin (cons), Dr Mitchell (GPST2), Lauren Moore (staffnurse), Amy Fitzpatrick (student nurse) Patient Attended Yes Assessment: Note reports of chest pain again on saturday - see Dr Mitchell separate note Andrew presents in person - well dressed and well kempt- says things are alright today - voices are still the same, unchanged- says voices vary between shouting / whispering etc, content of what they say is still unpleasant - says no possibility of the voices coming from own mind, thinks they must be external Concerning story of chest pain + significant FH + risk factors for referral to cardiology no changes to medication currently until this has been reviewed Andy asking for a pass - discussed that cardiology may want to arrange investigation over the next few days and this should be prioritised andy happy to wait until heard back from them before we arrange pass Time out status agreed: 90 minutes unescorted and overnight pass available - wait until cardiology have arranged investigation before goes away for the day (1) Action 1 refer cardiology (1) Assigned to ward dr (2) Action 2 arrange day pass after cardio input (2) Assigned to ward NS Risk / Potential safety issues including risk to restraint Auditory hallucination- commanding him to harm others, harmful use of illicit substances, Multidisciplinary review
21-Oct-2025 05:32	Progress notes (NHS GG&C Mental Health Services) HOOD, Stephanie (Nurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Chronology Comment: Andrew kept a low profile this duty with residing in space for majority of shift- approached nursing staff around 04;00 requesting lorazepam 2mg as reports distress from hearing voices- given at his request and appeared to be effective as did not seek further support after same- taken all medication as per hepma and reports no physical complaints when asked by writer when administering his medication Appears to have slept well overnight Offerign nil acute mental, mood or physical concerns overnight
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
20-Oct-2025 19:07	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Assessment	Template: Patient Pass Plan Patient Pass Plan Start Date: 20/10/2025 Detention Status: Informal Current Risk: Medium Type of Pass: Unescorted Additional Conditions: 90 minutes unescorted time out - Andy can split this time or take it all at once. Can have overnight passes when discussed at MDT. Can patient be considered as "Absent" if they fail to return? No If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - PATIENT: ASAP - attempt to contact patient - contact NOK - Check sign-in/out Book - Hospital Grounds Search - Inform CNO - Joint Action Form Completion - Contact Police Scotland 101 If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - RELATIVE or CARER: ASAP - attempt to contact patient - contact NOK - Check sign-in/out Book - Hospital Grounds Search - Inform CNO - Joint Action Form Completion - Contact Police Scotland 101

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If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - POLICE: MISSING PERSON: ASAP - attempt to contact patient - contact NOK - Check sign-in/out Book - Hospital Grounds Search - Inform CNO - Joint Action Form Completion - Contact Police Scotland 101
Patient in agreement with pass plan? Yes
Person completing pass plan: SN L Fortune

20-Oct-2025 16:20	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy returned from pass at approx 1430. Andy reports his pass went poorly, he reports feeling overly anxious about his brother who is awaiting 2 stents being fitted and has also had a blockage removed. Andy continues to report auditory hallucinations to staff, Andy reports these are lessening but remain evident. Andy discussed he is "learning to live" with his hallucinations. Andy has been settled on return to the ward, spending time in communal areas watching tv. Andy has utilised time off ward appropriately - returning with chocolates for staff & patients. No new issues to note at time of writing.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
19-Oct-2025 15:43	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy remains on pass, nil contact made with ward this duty.
Additional	Legal Status: Informal
19-Oct-2025 05:31	Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew remains on pass. No contact made to the ward this duty.
Additional	Legal Status: Informal
18-Oct-2025 13:47	Progress notes (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Comment	Template: Inpatient MDT Meeting Date: 21/10/2025 Ward & Hospital Ward 4b, Leverndale Meeting Purpose: Review Does carer wish to attend MDT No No family input Does patient wish to attend MDT Yes • MHA Status: Informal Information about advance statement provided and explained Information given, Andrew does not wish to complete at current time. Advanced Statement Completed No • Summary of progress (SBAR) \ patient views Andrews presentation has fluctuated over the course of the week. Mostly settled however has had periods where he has been irritable and verbally challenging with staff. Has apologised for same quickly after - worried about brother who has recently undergone heart surgery. Staff have noted Andrew has been facially flat on occasion but has brightened up on approach. Dip more likely to be due to social circumstances with brother at present time. Reported to medical state he is feeling a small difference with medication - voices arent as loud. Pass 14th - 15th - Called ward at 2am on the 15th and sounded intoxicated by denying

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same.

Pass 17th - 20th - UPDATE: Andy reports his pass went poorly. He continues to report auditory hallucinations, feels these have lessened slightly. Andy discussing he is "learning to live" with his hallucinations. Andy cites his main concern as his brother, who has recently had a blockage removed and is currently awaiting 2 stents being fitted. Andy has not reported any further sleepwalking incidents since discontinuing Clopixol tablets.

Carer Views:

Andy does not wish for staff to contact his brother at present.

Brother currently undergone surgery on his heart.

Information from other agencies / AHP No other information to be passed on at present, no interaction with other AHP's. AP1 been put in place due to housing circumstances.

Physical Health Oral zuclopenthixol stopped due to sleep walking and nocturnal enuresis - since stop no further issues noted. Andrew is reporting however poor sleep now, unable to sleep while in the ward. QTc high at 459.

Started on metformin as U&E's returned to normal.

Kardex Attached: No On Hepma/pass medications

Depot: Zuclopenthixol 400mgs

Depot last given: 15/10/2025

Depot next due: 22/10/2025

PRN medication reviewed and discussed: lorazepam utilised 17/10/2025

Multidisciplinary review

Assessment PRN Action taken: For review at MDT

18-Oct-2025 12:47 Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)

Template: **Inpatient chronology**

Comment Time Out: 90 minutes unescorted time off ward
Continuous Intervention No • Chronology Comment:
Andrew remains out on pass.
No contact made with the ward.
Due to return Monday 20/10/2025.

Additional Legal Status: Informal

18-Oct-2025 05:17 Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)

Comment Andrew remains on pass, no contact made to the ward overnight.

17-Oct-2025 14:52 Face to face consultation (NHS GG&C Mental Health Services) CLARKE, Benjamin (FY2)

Comment Dr Clarke - ECG performed for QTc monitoring. QTc 459 today. Highest it has been however does usually sit around 450. Will ask ward team to repeat on Tuesday 21/10.

17-Oct-2025 13:10 Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)

Template: **CRAFT - Risk Assessment**

Comment Risk assessment

When is this review taking place? Other, please state Pass
Risk Assessment

What do the clinical team, service user and family/carers think the key risks are at the moment, please describe these in detail? Ongoing persecutory beliefs but does report some improvement. Has reported voices aren't as loud and believe depot to be making an improvement to mental state. Poor social circle - associates with friends who take drugs and alcohol.

What historical risk factors are there that it is important to be aware of? Poly drug use, psychotic illness, forensic history, previous DSH and attempted hanging. Forensic history, spent some years in Beckford Lodge. Hx - Diagnosis paranoid schizophrenia and complex PTSD. Previous polydrug use. Transfer from forensic team (had spell in Beckford and on Community based Compulsion Order). Long forensic history of ten involving road traffic offences but also assaults in past. Numerous jail sentences. Voices can tell him to harm himself, overdose and attempted hanging in past. Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive.

What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland. Friend group who use

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substances.

What factors are present that reduce risk? Agreeable to informal admission. Weekly Zuclopenthixol Decanoate depot injection. Good insight as to when he needs support. Able to return to the ward when feeling unsafe or too unsettled at home.

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Drug use, disengagement, increase in symptoms.

What is the clinical team going to do about it - In the next few days/between now and next appointment? Ongoing assessment. Depot. Passes home.

What is the clinical team going to do about it - In the next few months? N/A

Are there any other considerations for risk management? Community Compulsion Order revoked recently. Informal inpatient admission. Drug screen pre and post passes.

What should the service user/family/carers do if risky situations emerge? Contact emergency services/ward staff.

Have all relevant professionals been informed of the risk management plan? on Emis yes

17-Oct-2025 13:08	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No • Chronology Comment: Andrew left for weekend pass in good order. Medication supplied from 17/10 - 20/10. Andrew in good spirits prior to leaving, had no specific plans for over the weekend. Mental state reviewed by consultant prior to leaving, please see entry below.
Additional	Legal Status: Informal
17-Oct-2025 13:07	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Assessment	Template: Falls risk Assessment and Falls Interventions General Safety Precautions 1 Have you documented mobility status in clinical record Independent - fully mobile 2 Have you completed a moving and handling assessment (if appropriate) Yes 3. Check walking aid (if required) is in reach and in use N/A 4. Check call bell is in reach and working. Andy aware of how to work call bell 5. Provide and document alternative measures if patient is unable to use call bell N/A 6. Check footwear is safe (refer to NHSGGC Footwear guidance) Yes 7. If glasses are worn, check they are available and in use N/A 8. If hearing aid/s are worn, check they are working and in use N/A Risk Assessment 1. Has the patient fallen in the last 6 months - including during this admission? Yes 05/10/2025 - unwitnessed fall from bed to floor. 2. Does the patient have cognitive impairment or a possible delirium? No 3. Does the patient attempt to walk alone although unsteady or unsafe? No 4. Does the patient or their relative have a fear or anxiety of the patient falling? No 5. Based on your clinical judgement, is this patient at high risk of falling? No
17-Oct-2025 08:55	Face to face consultation (NHS GG&C Mental Health Services) THOMSON, Sarah (Consultant)
Comment	medical review: Andrew says he's feeling a little better == the voices aren't as loud. he thinks this is due to the depot - he's had his first dose of clopixol 400mg im Discussion re recent lack of cocaine may have also benefitted him he had good ec and a warm rapport, he brightened a little Auditory hallucinations continue U+Es normal and now started metformin for weight gain not yet used inhaler Plan: O/N pass today until monday 20th; can have a further pass next weekend if MS allows; aim for discharge in 2 to 3 weeks time; UDS on return from pass; ecg next week
17-Oct-2025 05:53	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
	Template: Inpatient chronology

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Comment	Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Nil overt change to Andy's mood or mental state this evening, he has appeared flat in affect however brightened up facially when approached by staff. Andy sat in the ward communal area for a while and attended treatment room for his evening medications. Andy was polite and appropriate in all known interactions with staff and peers. Adequate supper intake from trolley. Andy appears to have slept well overnight, nil known sleep walking.
Additional	Legal Status: Informal
17-Oct-2025	NHS GG&C Mental Health Services CARBERRY, Michelle (RMN)
Document	Review of mental health care plan → Care plan from Leverndale - Ward 4b (02-Jul-2025)
16-Oct-2025 18:25	Face to face consultation (Leverndale Hospital) MCPHERSON, Gabrielle (MHAssistantPractitioner)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: 1-1 Associated nursing notes/chronology: Andrew early to rise this duty. Appears to have attended to some aspects of personal care needs. Appears facially flat in mood however pleasant throughout interactions with nursing staff. Does not appear to be openly responding to unseen stimuli however appears distressed at times. Andrew reports difficulty sleeping within ward setting, emotional support given around same. Andrew reports he would like to continue with overnight passes however states "don't seem to be getting any better". Reassurance given around same. Andrew accepting of same. Andrew has been visible at times around communal areas of the ward, however appears to sleep for periods on chair. Andrew reports to writer his preference to be around peers and staff other than relaxing within side room. No concerns around same. Andrew has accepted good diet and fluid intake. Accepting of all px medications as per hepma. No further concerns at time of report.
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
16-Oct-2025 15:47	Face to face consultation (NHS GG&C Mental Health Services) CLARKE, Benjamin (FY2)
Comment	Andrew is happy to try a reduced dose of night zopiclone to assess whether this helps reduce the frequency of his sleep walking and night time confusion.
16-Oct-2025 13:12	Face to face consultation (Leverndale Hospital) MCPHERSON, Gabrielle (MHAssistantPractitioner)
Additional	Template: Inpatient chronology O/E - height 172.72 cm Actual height O/E - weight 150.2 kg • O/E - blood pressure reading 122/78 mmHg • O/E - pulse rate 86 beats/min Body temperature reading 35.2 Blood oxygen saturation 97 % • Baseline respiratory rate 17 /minute
16-Oct-2025 05:15	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy had an outwardly settled evening on the ward, spent much of his evening within his allocated bedspace however. On approach from staff, Andy was bright in affect and voiced nil new concerns regarding his mood or mental state. Andy was concordant with his evening medications as per HEPMA without issue and had supper from tea trolley. Andy retired back to his bedspace and appears to have slept well overnight, nil instances of sleep walking.
Additional	Legal Status: Informal

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15-Oct-2025 17:58	Progress notes (NHS GG&C Mental Health Services)	GALLAGHER, Sarah (StaffNurse)
Assessment	Template: Urinalysis test strip Urinalysis Test Strips Drugs of Abuse Negative For all illicit substances. Positive for benzos which he is prescribed.	
15-Oct-2025 17:52	Progress notes (NHS GG&C Mental Health Services)	GALLAGHER, Sarah (StaffNurse)
Comment	Template: Depot Administration Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 400mg Frequency: Weekly • Left Gluteal Next Due Date: 22/10/2025 Batch Number: 2835830 Expiry Date: 12/2028 Presentation: Settled, happy to receive depot. Risk: nil Side Effects of Concern: when asked none highlighted Smoking / Alcohol / Drug Use: Negative UDS on 15/10/25 Levels of Activity: Walks on regular basis - obese Diet: Good diet Recommendations: Monitor for side effects, ongoing treatment	
15-Oct-2025 15:13	Progress notes (NHS GG&C Mental Health Services)	SUMMERHILL, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew is due to return to the ward at 6pm today. Andrew called the ward at 1510 hours today stating he has lost his bankcard and wants the hospital to pay for his taxi to return to the ward. Writer advised Andrew he could go into the bank with identification and withdraw money in the absence of his bankcard and he could also report his bankcard as lost. Andrew happy with this advice and confirmed he will try that. Writer has advised Andrew if he has any problems or is still stuck at home with no money then he should call the ward back - Andrew in agreement with same.	
Additional	Legal Status: Informal	
15-Oct-2025 14:17	Progress notes (NHS GG&C Mental Health Services)	CUSTODIO, Jericho (StudentNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew still on pass. Has made contact with the ward. Patient care record reviewed by clinical supervisor SN K.Mitchell	
Additional	Legal Status: Informal	
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty	
15-Oct-2025 05:42	Face to face consultation (NHS GG&C Mental Health Services)	MACCUISH, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew had made contact at 02:00hrs stating to writer that he will be returning back to the ward at 09:00am , Andrew has sounded slightly intoxicated on the phone slurring his words however Andrew denied any alcohol misuse stating " i don't drink" , writer had stated that it was fine to return back to the ward whenever he wanted to in the morning. There was no further conversation after this, Andrew stating that he was going back to bed.	

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Additional	Legal Status: Informal
14-Oct-2025 18:29	Progress notes (NHS GG&C Mental Health Services) CARBERRY, Michelle (RMN)
Comment	Template: CRAFT - Risk Assessment Risk assessment When is this review taking place? Other, please state Overnight pass 14/10- 15/10 Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Ongoing persecutory beliefs but does report some improvement. Poor social circle - associate with friends who take drugs in alcohol. What historical risk factors are there that it is important to be aware of? Poly drug use, psychotic illness, forensic history, previous DSH and attempted hanging. Forensic history, spent some years in Beckford Lodge. Hx - Diagnosis paranoid schizophrenia and complex PTSD. Previous polydrug use. Transfer from forensic team (had spell in Beckford and on Community based Compulsion Order). Long forensic history of ten involving road traffic offences but also assaults in past. Numerous jail sentences. Voices can tell him to harm himself, overdose and attempted hanging in past. Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive. What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland. What factors are present that reduce risk? Agreeable to informal admission. Weekly Zuclopenthixol Decanoate depot injection. Good insight as to when he needs support Risk Management Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Drug use, disengagement, increase in symptoms. What is the clinical team going to do about it - In the next few days/between now and next appointment? Ongoing assessment. Depot. Passes home. What is the clinical team going to do about it - In the next few months? N/A Are there any other considerations for risk management? Community Compulsion Order revoked recently. Inpatient admission. Drug screen pre and post passes. What should the service user/family/carers do if risky situations emerge? Contact emergency services/ward staff. Have all relevant professionals been informed of the risk management plan? on Emis yes
14-Oct-2025 18:12	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (Staff Nurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: 1:1 with Andy as staff nurse and chronological note. Andy was visible at the start of today's duty sitting in the TV day area, Andy approached writer at the nursing station to ask about his pass, advised to speak with his nursing team due to his current physical presentation, Andy became quite irritated and annoyed with regards to this stating "i'll just leave anyway", brittle towards nursing staff and CN Gordon. Andy attended an appointment in one of the ward interview rooms however he had to pause this to speak with CN Gordon as he wanted to apologise for his outburst towards her. Andy voiced he wanted to go home on pass to see his brother who was over from Ireland due to currently being in poor health, advised this could of been his approach when speaking with nursing staff initially, Andy accepting of this advice. Andy's brother [REDACTED] has to undergo an operation to unblock a heart valve which he states he fears he will die from, Andy appeared slightly upset when speaking of this. Settled in the TV day area for the remainder of time on the ward before going out on pass. Good food and fluid intake this duty, accepting of all medications as per Hepma. No contact made to the ward since leaving. No further update at time of writing.
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty

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14-Oct-2025 16:06	Face to face consultation (NHS GG&C Mental Health Services)	ABDALLA, Israa (FY2)
Comment	Duty doctor Israa Abdalla FY2 Blood results 14/10/2025 - FBC, U&Es, LFTs, CRP and bone profile all normal Suggests alternative cause for behavioural disturbance	
14-Oct-2025 15:37	Progress notes (Leverndale Hospital)	WILKINSON, Helen (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew left for an overnight pass to his home at 15.00hrs approx. He had his pass medications with him and appeared settled and appropriate. Andrew is due back tomorrow afternoon. No concerns.	
Additional	Legal Status: Informal	
14-Oct-2025 15:02	Face to face consultation (NHS GG&C Mental Health Services)	HENDERSON, Gemma (SpecialistClinicalPharmacist)
Comment	PHARMACIST ENTRY Oral zuclopenthixol stopped in light of recent adverse effects (sleepwalking and nocturnal enuresis) and second dose of increased depot dose due tomorrow. Oral zuclopenthixol can always be re-introduced. Andrew to be re-started on metformin for antipsychotic related weight gain. Had been on before but appears to have been stopped in March. U&Es within range, awaiting HbA1c to be taken tomorrow. Re-started at 500mg for 1 week and will review next week in MDT. If tolerated can increase to 500mg twice daily for 1 week, then 500mg/1000mg 1 week then 1000mg twice daily. Recent nocturnal enuresis could also be from oversedation during night, medical staff to review medications which could be sedating at night.	
14-Oct-2025 14:46	Face to face consultation (NHS GG&C Mental Health Services)	CLARKE, Benjamin (FY2)
Comment	Template: Inpatient MDT Information from other agencies / AHP Staff in Attendance: Dr Thomson, Dr Clarke, Dr Saleemi, Gemma Henderson (Pharmacy), Kellie (SN), Gladys (med student) Patient Attended Yes Assessment: Feeling better today. Looks brighter and more engaged in conversation. Good EC during IV. Dressed appropriately. No thought disorders described today. Orientated to time and place. Reports voices are much the same however does report break in voices for 30 mins this morning. Andrew keen for overnight pass tonight. Discussed re-starting metformin to encourage weight loss. Brother is waiting coronary stenting procedure - this has worried Andrew Time out status agreed: 90 minutes unescorted and overnight pass available (1) Action 1 Stop clonixol tablets given ongoing sleepwalking (1) Assigned to Gemma Henderson (2) Action 2 Recheck HBA1c (2) Assigned to Dr Clarke (3) Action 3 Consider echo (3) Assigned to Ward team (4) Action 4 Repeat ECG (4) Assigned to Dr Clarke (5) Action 5 Discuss reduce zopiclone dose (5) Assigned to Dr Clarke Name of any new medication prescribed: Metformin Medication Discussion with patient: Yes by whom and when: Risk / Potential safety issues including risk to restraint Auditory hallucination- commanding him to harm others, harmful use of illicit substances, Multidisciplinary review	
14-Oct-2025 10:44	Progress notes (NHS GG&C Mental Health Services)	CUSTODIO, Jericho (StudentNurse)
	Template: Physical Health Assessment	

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Assessment	Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 142 mmHg Diastolic blood pressure 86 mmHg O/E - pulse rate 88 beats/min O/E - tympanic temperature 36.6 degrees C Baseline respiratory rate 16 /minute Baseline SpO2 (oxygen saturation at periphery) 94 %
Comment	Patient care record reviewed by clinical supervisor S/N C Irvine
14-Oct-2025 08:05	Progress notes (NHS GG&C Mental Health Services) EZEOKÉ, Emmanuel (StudentNurse)
	Template: Inpatient chronology
Comment	Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: This note is written in retrospect to yesterday 13/10/2025. Andrew appeared facially tired, but orientated in presentation. Andrew reported mentally he feels 'crazy', when asked to elaborate, he mentioned it's due to the voices, he reports hearing 20 voices, and is receiving derogatory slander from same. He notes that he just copes with them and he 'is not going to let them win'. Physically on the day shift Andrew noted no physical issues, reported that he is sleep walking less as of late. Physical observations on day shift were taken, andrew was receptive of same, no issues reported. Andrew noted that when he goes out on pass today, he will go to his friends house and 'take some lines'. Andrew advised against same. Andrew was concordant with his routine medication as per hepma. Maintained adequate fluid and dietary intake throughout yeaterday. Spent majority of his day in the day area with peers. Utilised some free time off the ward to the shop, returned in good order. Reported no issues to staff throughout the day. Patient care record reviewed by clinical supervisor S/N C Irvine
Additional	Legal Status: Informal
14-Oct-2025 07:51	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (StaffNurse)
	Template: Inpatient chronology
Comment	Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Writer obtained a urine sample due to Andy's presentation during night shift duty. Writer will check results later in todays duty.
Additional	Legal Status: Informal
14-Oct-2025 07:49	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (StaffNurse)
	Template: Urinalysis test strip
Assessment	Urinalysis Test Strips Bilirubin Neg Urobilinogen Norm Ketones Neg Norm Protein Neg Blood Neg Nitrite Neg pH 5 Sp Gravity 1.005 Leukocytes Neg Drugs of Abuse Positive BZO only (prescribed)
14-Oct-2025 04:58	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	Duty Doc: ATSP - confusion + disorientation NS noticed Andy walking in to other peoples rooms, doesn't seem to be aware he's doing it, didn't know the day of week when asked, asking for Dr Loudon etc seems confused and disorientated

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NEWS 0 - afebrile, normotensive, HR normal
note recent history of sleepwalking / bed wetting - last wet the bed 2 nights ago
also recently reduced regular lorazepam from 2mg to 1.5mg
recent fall 4th October - fell out of bed? lacerated abdomen on bed frame, says hit head
also over L side
no headache currently, some mild neck and upper back pain, no vomiting / photophobia
no focal infective Sx - although on doxycycline for abdominal wound
OE: gait normal, power 5/5, PEARL, CN intact, full ROM C spine, some pain at end of flexion
no tremor, no sweating or agitation
abdominal wound looks ok, no surrounding cellulitis
thinks its thursday, got DOB, year, month, location correct
impression: ?SE of increased clopixol - bed wetting and nocturnal confusion
day team to update bloods and consider CT brain given recent fall + possible head injury

14-Oct-2025 03:51	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrews presentation on the night duty has been settledcontinues to appear to be overly sedated and disorientated at times which staff have been concerned over. Andrew was visible for a short spell in the day area , looking tired , and not engaging much with anyone on the night duty Had attended the treatment room and had stated that he doesnot feel that his antibiotics have made an improvement yet however will continue treatment for this.Andrew had retired to his bedspace shortly after this and had remained settled and asleep howeverhad woke up around 03:30hrs and had to be redirected back to his bedspace as he was going into another patients room, Andrew had then came back down to the ward shortly after asking for "dr loudon" to get him a drink of water. appearing to be disorientated. This was giving to him and he went back to his bedspace where he has remained settled since.
Additional	Legal Status: Informal
13-Oct-2025 16:33	Progress notes (NHS GG&C Mental Health Services) EZEOKÉ, Emmanuel (StudentNurse)
Assessment	Template: Physical Health Assessment Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 134 mmHg Diastolic blood pressure 81 mmHg O/E - pulse rate 99 beats/min O/E - pulse rhythm regular O/E - tympanic temperature 36.7 degrees C Baseline respiratory rate 18 /minute Baseline SpO2 (oxygen saturation at periphery) 96 %
Comment	Patient care record reviewed by clinical supervisor S/N C Irvine
13-Oct-2025 14:21	Other note (NHS GG&C Mental Health Services) HENDERSON, Gemma (SpecialistClinicalPharmacist)
Comment	PHARMACIST ENTRY Note stat dose of doxycycline not administered 11/10 therefore I have amended stop date of prescription to ensure Andrew receives full 5 day course. Will now end 16/10 night rather than 16/10 morning. Please consider daily blood pressure with new increased dose amlodipine if possible. Monitor closely for ankle oedema as can be side effect of amlodipine.
13-Oct-2025 04:55	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No

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Chronology Comment: Andrews presentation on the night duty was settled staff unable to fully assess current mood and mental state due to being asleep for most of the duty was prompted to attend for his routine medication, slightly disorientated when he woke up walking in the wrong direction for his medication accepted his routine medication as per hepma and then went back to sleep had woke up at 04:30hrs due to ward activity, went back to sleep after this and has remained within bedspace since Nil concerns at time of writing

Patient care record reviewed by clinical supervisor SN Gallagher

Additional Legal Status: Informal

12-Oct-2025 20:07 Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (Staff Nurse)

Template: **Inpatient chronology**
Time Out: 90 minutes unescorted time off ward
Continuous Intervention No
Chronology Comment: Andrew has been mainly settled in mood and manner today. Appeared low in mood at times although reactive on approach. Pleasant and reactive on approach. Good food and fluid intake this duty. Andrew has been visible in the day room interacting well with staff and peers. No new concerns to note at time of writing.

Additional Legal Status: Informal

12-Oct-2025 19:54 Progress notes (NHS GG&C Mental Health Services) MCKERRACHER, Janet (Staff Bank Nurse RMN)

Template: **Inpatient MDT**
Meeting Date: 14/10/2025
Ward & Hospital Ward 4B Leverndale Hospital
Meeting Purpose: Review • Does carer wish to attend MDT No • Does patient wish to attend MDT Yes • MHA Status: Informal
Information about advance statement provided and explained Information given, Andrew does not wish to complete at current time.
Summary of progress (SBAR) \ patient views Andrew has been spending time in the day room and watching TV for long periods most days. Continues to report low mood, looks less distracted but continues voice he is experiencing auditory hallucinations Utilising timeout to the local shops appropriately Mix up about his pass home agreed at last MDT that Andrew would go home Friday - Sunday although Andrew disputed this and stated the plan was for Tuesday to Thursday 14th-16th therefore remained in the ward over the weekend Complaining of chest pain earlier in the week with hypertension. Amlodipine increased to 10mgs. Physical recordings charted and BP within normal limits. Painful abdominal wound and noted to be infected and antibiotics commenced Adequate diet and fluid intake Sleeping overnight and no more sleepwalking episodes
Carer Views: Andy does not wish for staff to contact his brother at present.
Information from other agencies / AHP
Physical Health No new physical health concerns to note Ongoing weekly NEWS2 Compliant with weekly weights Antibiotics due to infected abdominal wound
O/E - height 172.72 cm Actual height
O/E - weight 150.2 kg • Weight - No Change
Kardex Attached: No On Hepma/pass medications
Depot: Zuclopenthixol 400mgs
Depot last given: 08/10/2025
Depot next due: 15/10/2025
PRN medication reviewed and discussed: nil lorazepam used Paracetamol used daily
Multidisciplinary review

Assessment PRN Action taken: For review at MDT

12-Oct-2025 05:20 Face to face consultation (NHS GG&C Mental Health Services) GRIMLEY, Diane (Mental Health Assistant Practitioner)

Template: **Inpatient chronology**
Time Out: 90 minutes unescorted time off ward
Continuous Intervention No
Chronology Comment: NIGHT DUTY ENTRY Andy was visible in dayroom at onset of shift.

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Told writer he was not going on pass this evening, said he felt bored sometimes whilst out on pass. Andy did not show any signs of agitation this evening and did not report struggling with voices. He approached writer to show wound on abdomen as it was red and aggravated. Duty Dr came to review Andy and prescribed stat dose of Doxycycline, Andy was asleep by the time the medication was prescribed on HEPMA so staff to administer when he wakes. Concordant with routine medication. Good diet and fluid intake consumed. Settled to sleep at 2300 hours and has slept well overnight.

Additional
Assessment

Legal Status: Informal
Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

12-Oct-2025 02:19 Face to face consultation (NHS GG&C Mental Health Services) MCGREGOR, Maureen (SeniorChargeNurse)

Assessment

Template: **Falls risk Assessment and Falls Interventions**
General Safety Precautions

- 1 Have you documented mobility status in clinical record Independent - fully mobile
- 2 Have you completed a moving and handling assessment (if appropriate) Yes
3. Check walking aid (if required) is in reach and in use N/A
4. Check call bell is in reach and working. Andy aware of how to work call bell
5. Provide and document alternative measures if patient is unable to use call bell N/A
6. Check footwear is safe (refer to NHSGGC Footwear guidance) Yes
7. If glasses are worn, check they are available and in use N/A
8. If hearing aid/s are worn, check they are working and in use N/A

Risk Assessment

1. Has the patient fallen in the last 6 months - including during this admission?
Yes 05/10/2025 - Potential unwitnessed fall from bed to floor.
2. Does the patient have cognitive impairment or a possible delirium? No
3. Does the patient attempt to walk alone although unsteady or unsafe? No
4. Does the patient or their relative have a fear or anxiety of the patient falling? No
5. Based on your clinical judgement, is this patient at high risk of falling? No

11-Oct-2025 23:50 Face to face consultation (NHS GG&C Mental Health Services) ARMSTRONG, Caroline (FY2)

Comment

Duty Doctor
ATSP Abdominal Wound
Fell off bed 5th October. Cut left side of abdomen on sharp edge of bed. Wound still tender today and noticed redness around wound. Systemically well. Temp, BP and HR within normal limits.
OE: Wound on abdomen, left lateral to umbilica, approx 3 inches across. Area of surrounding erythema, tender to palpate. Wound dry but appears sloughy and small amount of clear fluid discharged on gentle palpation. approx one inch of scabbing over on most medial edge.
penicillin allergic (although unsure of reaction when taking penicillin)
Imp: mildly infected wound
Plan: Po Doxycycline 100mg 12 hrly for 5 days as per guidelines

11-Oct-2025 23:32 Progress notes (NHS GG&C Mental Health Services) GRIMLEY, Diane (MentalHealthAssistantPractitioner)

Comment

Template: **Inpatient chronology**
Chronology Comment: Duty Dr paged to review Andy as he has approached staff concerned about a wound on his left hand side abdomen. Wound looks aggravated and red, Andy concerned regarding same.

11-Oct-2025 18:18 Face to face consultation (NHS GG&C Mental Health Services) O'HAGAN, Anne (BankNurse)

Additional

Template: **Inpatient chronology**
O/E - weight 150.2 kg • O/E - blood pressure reading 134/83 mmHg • O/E - pulse rate 98 beats/min
Body temperature reading 36.1

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Blood oxygen saturation 92 % • Baseline respiratory rate 17 /minute

11-Oct-2025 18:11	Face to face consultation (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: 1:1 INTERACTION WITH ALLOCATED NURSE/NURSING NOTE Andy has kept a low profile on the ward today. Used time out the shops and returned in good order. Andy has accepted all routine medication this duty. Eating and drinking without concern. Andy has been visible in the dayroom, he appears low in mood and flat in affect. Spent a short time chatting with writer - superficial conversation only - not about mood and mental state - writer will try again tomorrow. No new concerns to note at time of writing.
Additional	Legal Status: Informal
11-Oct-2025 05:25	Face to face consultation (Leverndale Hospital) FERGUSON, Allison (BankNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy all evening in his room lying in bed minimal interaction with staff concordant with prescribed medication appears to have slept throughout the night
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
10-Oct-2025 18:33	Progress notes (NHS GG&C Mental Health Services) YOUNG, Katie (MHAssistantPractitioner)
Comment	O/E - pulse rate 76 beats/min • O/E - rate of respiration 14 /minute • Baseline SpO2 (oxygen saturation at periphery) 92 % • O/E - blood pressure reading 121/68 mmHg • O/E - tympanic temperature 36.2 degrees C
10-Oct-2025 17:49	Progress notes (NHS GG&C Mental Health Services) CARBERRY, Michelle (RMN)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy has been visible on the ward throughout this duty, spending time in communal areas and engaging appropriately with peers and staff. He presents brighter in mood compared to previous shifts; however, he continues to report experiencing low mood. Andy expressed concerns regarding his physical health, specifically chest and back pain. He was receptive to reassurance that the medical team is aware of and monitoring his physical wellbeing, and that staff will continue to observe and provide support as required. Andy has not appeared distracted or preoccupied during this shift. He was scheduled for a weekend pass but chose not to, instead requesting to take his pass during the week. Andy remains compliant with prescribed medication as per the HEPMA plan. His dietary and fluid intake have been good throughout the shift.
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
10-Oct-2025 15:07	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	[REDACTED] Discussed with Dr Thomson - plan to reduce lorazepam by 0.5mg every two weeks and then

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diazepam to be weaned thereafter - this will likely need to be communciated to GP on discharge
lorazepam reduced to 1.5mg OD from 2mg

10-Oct-2025 14:19	Face to face consultation (NHS GG&C Mental Health Services) THOMSON, Sarah (Consultant)
Comment	medical review with Dr Saleemi GPST2 and dr Thomson Consultant: some sleepwalking c/o SOB - O2 sats dipped this morning and came up again 'Not feeling good...starting to feel alright'. he doesn't want to get back in with usual group - worried re using illicit drugs. Doesn't really feel safe...you can't say no'. If say he's not joining them 'I'll get cut off'. 'I go half an hour and then go home again'. Discussion re their unhelpful influence and importance of healthy structure to week. 'I need to try and stay away from them'. Voices come and go - 'the ones that are shouting go away...' voices say things like 'fat bastard....come with us...' Sometimes tell him to be violent to others and harm himself spends time looking at cars online At iv appears more SOB, some ec. Engagement reasonable. speech normal. Mood appears low. Conts to experience auditory hallucinations he doesn't want a weekend pass he doesn't want referred to SW wrt support regarding friends discussed sleep walking - if conts stop clopixol tablets imp: asthma/COPD? - SOB and raised eosinophils Plan: trial salbutamol inhaler; awaiting respiratory lx
10-Oct-2025 13:35	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	email sent to CARES for advice regarding regular diazepam prescription in context of history of polysubstance misuse
10-Oct-2025 11:36	Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	review of ?pericarditis - 25th Sep Andrew tells me had severe sharp anterior chest pain, mainly over R side chest, worse on inspiration and lying flat, no radiation, lasted a few days he thinks no prodromal illness / viral symptoms, no fevers history of cocaine use when out on pass around this time nil pain since then bloods NAD, inf markers normal, trop normal, no ischaemic or pericarditic ECG changes - on ECG 25th Sep and 3rd Oct has had 2 weeks of ibuprofen + colchicine HS I + II + 0, regular, no pericardial rub, no peripheral oedema lung fields clear, no creps or wheeze Note HTN recently - systolic up to 170 at times, recently commenced 5mg amlodipine OD sats dipping to 92% on occasion, come back up spontaneously Andy denies wheeze / chest tightness but sometimes feels breathing is heavy ?OHS - awaiting spirometry ?asthma Unclear cause of chest pain 2 weeks ago, several differentials - no clear evidence of pericarditis plan: increase amlodipine to 10mg OD, stop colchicine + ibuprofen, monitor BP + sats, if hypoxic / chest pain for duty Dr review
10-Oct-2025 06:48	Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrew has appeared settled this duty. Has been visible on the ward for periods of time watching the football with peers. Andrew has been polite and appropriate during interactions with staff, has not appeared overtly distressed and has not voiced experiencing any auditory hallucinations that bother him. Andrew's blood pressure was noted to be high during day shift and again this evening - see readings

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below. Duty Dr contacted, see below note. Andrew's blood pressure re-checked at 0230hrs. Andrew was awake at the time in bed space and accepting of observations being recorded. Blood pressure reduced to more normal level. Andrew stated he was "looking at cars for sale" on his phone when staff approached his room in early hours of the morning. Woke a couple of times throughout the night however overall appears to have slept well. No further concerns at this time.

Additional
Assessment Legal Status: Informal
Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

10-Oct-2025 03:03 Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)

Comment O/E - blood pressure reading 147/88 mmHg
.
Blood pressure rechecked at 02:30 after receiving STAT dose Amlodipine 5mg @22:30.

09-Oct-2025 22:27 Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)

Comment Writer noted that Andy's blood pressure had been slightly high during dayshift therefore writer obtained another set of vitals @21:20.
.
O/E - blood pressure reading 171/100 mmHg
.
Baseline SpO2 (oxygen saturation at periphery) 97 %
.
O/E - pulse rate 88 beats/min
.
O/E - tympanic temperature 36.6 degrees C
.
Andy not complaining of any physical health ailments, reports feeling 'same as usual'.
Writer advised duty doctor of hypertension & duty doc asked for Andy's blood pressure to be rechecked in an hour.
At 22:20 write rechecked Andy's blood pressure:
.
O/E - blood pressure reading 155/87 mmHg
.
Duty doctor paged ward back and asked for update, writer informed her of Andy's more recent blood pressure.
Duty doctor has prescribed Andy a STAT dose 5mg Amlodipine for this evening.
Writer will give Andy same.

09-Oct-2025 16:30 Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)

Comment Template: **Inpatient chronology**
Time Out: 90 minutes unescorted time off ward
Continuous Intervention No
Chronology Comment: CHRONOLOGY UPDATE/ 1:1 WITH ALLOCATED NURSE Andy has been visible on the ward this duty, spending time in communal areas. Appearing brighter than previous shifts, however continues to report low mood to staff. Andy has not appeared distracted or preoccupied this duty, however continues to report ongoing hallucinations. Andy discussed ongoing concerns with recent sleepwalking episodes, feels an increase in anxiety before going to bed as a result. Andy has utilised time off ward to go to tesco, returning in good order. Accepting of routine medication as per hepma Good diet and fluid intake noted thus far No further issues to note

Additional
Assessment Legal Status: Informal
Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

09-Oct-2025 16:19 Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette

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	(PACNurse)
Comment	Andrew attended relaxation and window art session conversing with peers, declined walk but participated fully in afternoon session of stop the bus managing to complete all questions independantly bright and reactive during same. Will invite along next session
09-Oct-2025 11:31	Progress notes (NHS GG&C Mental Health Services) CUSTODIO, Jericho (StudentNurse)
	Template: Physical Health Assessment
Assessment	Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 146 mmHg Diastolic blood pressure 101 mmHg O/E - pulse rate 79 beats/min O/E - tympanic temperature 36.4 degrees C Baseline respiratory rate 17 /minute Baseline SpO2 (oxygen saturation at periphery) 98 %
09-Oct-2025 04:38	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
	Template: Inpatient chronology
Comment	Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy had an outwardly settled evening on the ward, spent time in the ward communal area spending time with peers & watching tv. Andy appeared more relaxed this evening, was facially brighter and did not voice any distress due to auditory hallucinations. Attended treatment room for his evening medications and Andy was concordant with same. Good dietary intake at supper. Andy retired to his bedspace and has continued to sleep walk again this duty, he tried to walk into another patient's bedspace and voiced he was looking for the toilet. Staff gently redirected Andy back to his bedspace & he has appeared to get to sleep thereafter.
Additional	Legal Status: Informal
08-Oct-2025 17:29	Progress notes (NHS GG&C Mental Health Services) CUSTODIO, Jericho (StudentNurse)
	Template: Depot Administration
Comment	Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 400mg Frequency: Weekly • Right Gluteal Next Due Date: 15/10/25 Batch Number: 2835830 Expiry Date: 12/2028 Presentation: Settled, happy to receive depot. Risk: nil Side Effects of Concern: when asked none highlighted Smoking / Alcohol / Drug Use: Recent alcohol use and cocaine use - testing positive on UDS Levels of Activity: Walks on regular basis - obese Diet: Good diet Recommendations: Monitor for side effects, ongoing treatment Patient care record reviewed by clinical supervisor SN L Moore
08-Oct-2025 16:14	Progress notes (NHS GG&C Mental Health Services) CUSTODIO, Jericho (StudentNurse)
	Template: Physical Health Assessment
Assessment	Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 157 mmHg Diastolic blood pressure 87 mmHg O/E - pulse rate 76 beats/min O/E - tympanic temperature 36.2 degrees C

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	Baseline respiratory rate 17 /minute Baseline SpO2 (oxygen saturation at periphery) 94 %
Comment	Patient care record reviewed by clinical supervisor SN L Moore
08-Oct-2025 15:23	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy has kept a low profile on the ward this duty, Spending much of his time within his bedspace and short spells in the day area. Andy continues to report low mood as a result of auditory hallucinations, continues to find these distressing. Engaged in brief 1:1 with writer as noted below. Andy accepting of routine medication as per hepma - due to receive depot this evening. Adequate diet and fluid intake noted thus far Andy does not appear to have attended to personal care this duty No new issues to note
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
08-Oct-2025 13:04	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	1:1 WITH NAMED NURSE Writer approached Andy to advise of depot due today. Andy initially appearing quite confused about this, told writer his depot was due monthly and was not due for another few weeks. Reminded Andy that his depot was weekly, Andy appeared to accept this. Andy aware his depot has been increased and is due today. Andy reports no significant changes to his mental state, reports ongoing hallucinations which remain derogatory in nature. Andy raised concerns that he has been sleep walking overnight, something he has not previously experienced. Andy discussed feeling "scared to sleep" as a result of sleepwalking. Andy also reported that he has been incontinent of urine more frequently, Andy feels this may be due to Zuclopenthixol tablets. Keen to discuss this at MDT. Andy also keen to discuss his upcoming pass with Dr Thomson (agreed Fri-Sun), Andy is keen to request this is changed to Tues-Thurs, plans to raise this at review on Friday.
08-Oct-2025 05:25	Face to face consultation (Leverndale Hospital) FERGUSON, Allison (BankNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy spent early evening sitting in dayroom enjoyed light supper concordant with prescribed medication retired to bed at 23:00hrs slept for short periods overnight came out his room on multiple occasions appeared to be confused stood at garden door looking for the toilet on one occasion redirected back to bedroom Andy has slept for short periods overnight
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
07-Oct-2025 17:40	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: CHRONOLOGY UPDATE/ 1:1 WITH NAMED NURSE Andy has been visible on the ward this duty, spending time in communal areas of the ward. Continues to

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appear distracted at times, mood appearing low but improves on interaction. Andy continues to voice auditory hallucinations to staff - feels no improvement in these Discussed plans to remain abstinent from cocaine, discussed how this has previously helped reduce symptoms but aware this is detrimental long term. Andy accepting of routine medication as per hepma Good diet and fluid intake noted on the ward Personal care continues to appear poor on the ward reviewed at MDT as noted below No new issues to note

Additional
Assessment

Legal Status: Informal

Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

07-Oct-2025 15:19 Face to face consultation (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)

Comment

Template: **Inpatient MDT**

Information from other agencies / AHP

Staff in Attendance: Dr Thomson (cons), Dr Saleemi (GPST2), Ross Davidson (Crisis), Lauren Moore (staff nurse), Rebecca Eltringham (OT),

Patient Attended Yes • Carer attended No • Continuous Intervention No

Assessment: - Schizophrenia, self-sabotaging on ward, cocaine use on pass â€œ SW aware-Friend and friends 2 year old daughter staying at flat- UDS negative on most recent PASS, returned early- Sleepwalking, had unwitnessed fall overnight - PDD â€œ next two weeks says not doing so good, says phoned SW after most recent pass and 'they're not interested who stays there (at the flat)' says he doesn't like where he stays - 'horrible scheme' seems to have insight into dangers of using cocaine in context of current issues - 'ill not be doing it again' on longterm BZDs - lorazepam and diazepam - ward Dr to liaise with addictions re this - Andrew in agreement reports auditory hallucinations largely unchanged with switch to clopixol, denies side effects with clopixol - issue with legs resolved reluctant to engage with addictions / cocaine anonymous requested time out friday - sunday, agreed plan - increase clopixol + venlafaxine, out Friday to Sunday, liaise with addictions re BZDs Note - had 12 days colchicine now for ?pericarditis, not c/o chest pain, normal looking ECG on 3rd October, negative troponins, end date set for colchicine - for 14 days total.

Time out status agreed: 90 minutes unescorted and overnight pass available, out friday - sunday

(1) Action 1 liaise with addictions re BZD use

(1) Assigned to ward Dr

(2) Action 2 increase clopixol and venlafaxine

(2) Assigned to ward Dr

(3) Action 3 discharge planning

(3) Assigned to MDT

Name of any new medication prescribed: Increased zuclopenthixol depot and venlafaxine - discussed w Andrew

Risk / Potential safety issues including risk to restraint Auditory hallucination- commanding him to harm others, harmful use of illicit substances, Multidisciplinary review

Problem

[X] Paranoid schizophrenia (Review)

07-Oct-2025 04:51 Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (Staff Nurse)

Comment

Template: **Inpatient chronology**

Time Out: 90 minutes unescorted time off ward

Continuous Intervention No

Chronology Comment: Andy was visible at commencement of night duty, spent time sitting in the ward communal area with peers. Andy was facially bright and engaging well in appropriate humour with staff. Andy was concordant with his evening medications as per HEPMA without issue and accepted STAT Amlodipine 5mg. Andy accepted supper from tea trolley and retired to his bedspace. Andy has again been sleep walking this duty, he came out of his bedspace at approx 01:25 and tried to walk into another peers bedspace. Staff intervened and asked Andy what he was doing, it was then apparent that he was sleep walking, stated that he was 'going into Glasgow for a piss'. Staff redirected Andy back into his bedspace where he has remained for the rest of the evening.

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O/E - blood pressure reading 168/90 mmHg • Baseline SpO2 (oxygen saturation at periphery) 95 % • O/E - pulse rate 88 beats/min • O/E - tympanic temperature 36.6 degrees C • O/E - rate of respiration 20 /minute

Additional Legal Status: Informal

06-Oct-2025 20:26	Face to face consultation (NHS GG&C Mental Health Services) CLARKE, Benjamin (FY2)
Comment	Duty doctor Note Andrew's BP has been high throughout the day sitting around 180 systolic. On reviewing previous BP measurements Andrew's BP does tend to sit about 140 systolic and can often reach up to around 160-180. I think given his severe mental health issue, obesity and high BP it is prudent to start him on regular antihypertensive. Plan - for 5mg STAT followed by 5mg OD amlodipine. Can consider up-titrating as necessary
06-Oct-2025 18:31	Progress notes (NHS GG&C Mental Health Services) YOUNG, Katie (MHAAssistantPractitioner)
Comment	Paged duty doctor as Andrews blood pressure sitting at 180/101. Duty doctor recommends Andrews blood pressure is taken 4 hourly overnight. If any escalation nursing staff will contact duty again.
06-Oct-2025 17:48	Face to face consultation (NHS GG&C Mental Health Services) CLARKE, Benjamin (FY2)
Comment	Duty doctor - NS note Andrew has been struggling significantly this afternoon with voices and is more agitated than usual. Have agreed to give an extra 1mg dose lorazepam STAT and for NS to monitor for signs of oversedation.
06-Oct-2025 17:14	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: 1:1 INTERACTION WITH ALLOCATED NURSE Andrew appeared settled in mood and manner early in the shift. Good food and fluid intake. Around teatime Andrew appeared agitated and informed writer he was really struggling to cope with the voices. Writer checked PRN to find Andrew was currently maxed out. (Andrew has a max of 2mg PRN Lorazepam in 24 hours). Writer paged Duty Doctor who has kindly prescribed 1mg STAT Lorazepam. Andrew engaged well in a 1:1 with writer. Andrew spoke at length about how distressing the voices were and how they are relentless. Andrew spoke of his medication not working and mentioned that a long time ago Chlopromazine worked well in making the voices quieter. Andrew said he would be willing to try this medication again. Andrew has accepted his routine medication today. Andrew has been forgetful today stating that he gave staff his phone to charge (which he didn't and he later found this in his bedroom). No new concerns to note at time of writing.
Additional	Legal Status: Informal
06-Oct-2025 13:15	Progress notes (NHS GG&C Mental Health Services) CUSTODIO, Jericho (StudentNurse)
Assessment	Template: Physical Health Assessment Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 171 mmHg Diastolic blood pressure 106 mmHg O/E - pulse rate 98 beats/min O/E - tympanic temperature 37.0 degrees C Baseline respiratory rate 18 /minute Baseline SpO2 (oxygen saturation at periphery) 94 %
Comment	Patient care record reviewed by clinical supervisor : Michelle Carberry RMN
06-Oct-2025 13:00	Progress notes (NHS GG&C Mental Health Services) CUSTODIO, Jericho (StudentNurse)
Assessment	Template: Physical Health Assessment Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 203 mmHg

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Diastolic blood pressure 104 mmHg
O/E - pulse rate 99 beats/min
O/E - tympanic temperature 37.0 degrees C
Baseline respiratory rate 20 /minute
Baseline SpO2 (oxygen saturation at periphery) 94 %

Comment Patient care record reviewed by clinical supervisor : Michelle Carberry RMN

06-Oct-2025 12:14 Face to face consultation (NHS GG&C Mental Health Services) MACEY-MILLER, Elaine
(SpecialistOccupationalTherapist)

Procedure Template: **OT Activities**
Other occupational therapy treatment/intervention occupational therapy
Andrew has completed an initial assessment and no further occupational therapy
intervention required at this time, he is therefore discharged from OT.

06-Oct-2025 11:30 Face to face consultation (NHS GG&C Mental Health Services) CHURCH, Christopher
(Physiotherapist)

Comment Physiotherapy
S/ Pt consented to PT Ax at 11.30 following fall over weekend.
Pt reports rolling in bed and falling out the bed - hitting head on wall.
Review by duty doc and has an abrasion on his abdomen and some neck pain likely
muscular will nil other symptoms.
O/ Pt UTS in day room. Nil clinical risks
Large body habitus. BMI 50.5
Full AROM in neck with some pain in extension and R side flexion/rotation
Some tendernes on palpation over R uppertraps and SCM - 2/10 VAS
Gait Ax indep unaided - mob 30m to room // reciprocal, WBOS, leaning back slightly for
balance
Tinneti Ax 25/28 // deficits are Sternal nudge Self-corrected correct but slightly unsteady.
Has some trunk sway and holds out arms with WBOS when walking.
Rx/ Gait Ax
Neck Ax
Advised hourly AROM exes to prevent neck getting stiff
A/ Pt reviewed post fall and mobilising indep unaided. Not a falls risk - Balance only slightly
affect due to High BMI.
Mild neck muscle strain due to fall out of bed. ROM not affected and advised to keep this
moving with exes.
P/ Encouraged to take part in exercise groups in hospital and pt declined. Advised can self
refer or ask N/S if he changes his mind.
Nil further PT input required at this time.

06-Oct-2025 06:07 Face to face consultation (NHS GG&C Mental Health Services) MCKERRACHER, Janet
(StaffBankNurseRMN)

Procedure Template: **As required (PRN) - Psychotropic medication**
On psychotropic medication PRN Administered
Date & Time: 06/10/2025 04:24
Route: Oral • Initiated by: Patient Request
Reason for administration: agitation and restlessness due to "hearing vioces"
Restraint Required - No
Lorazepam 2mg
Date and Time: 06/10/2025 05:30
Patient review : Much Improved

06-Oct-2025 05:59 Face to face consultation (NHS GG&C Mental Health Services) MCKERRACHER, Janet
(StaffBankNurseRMN)

Comment Template: **Inpatient chronology**
Time Out: 90 minutes unescorted time off ward
Continuous Intervention No
Chronology Comment: Andrew was settled on the ward and spent his time lying on top of
his bed Attended for routine medication and was polite and appropriate during interactions
with staff No psychotic symptoms voiced or evident Andrew had supper and returned to his
bed At midnight appeared to be sleep walking and came up to the dayroom looking for the

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toilet Returned to bed and slept At 04:20hrs approached staff in an agitated states preoccupied and requesting PRN stating he is disturbed by the "voices" give lorazepam 2mg Returned to bed but remained awake thereafter

Additional Legal Status: Informal
Assessment At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide despite auditory hallucinations telling him to harm himself. Risk of alcohol and drug misuse
Harm to Self: No Nil risk identified this duty
At risk of harming others Forensic History. Hx of physical assault and V&A. Auditory hallucinations telling him to harm others.
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

05-Oct-2025 17:57 Progress notes (NHS GG&C Mental Health Services) JEYAKRISHNAN, Thaneswaran (JnrDoctor)

Comment Duty doctor prescribed Lorazepam 2mg stat for agitations as advised by staff nurse monitor in ward for safety awareness post administration

05-Oct-2025 17:28 Progress notes (NHS GG&C Mental Health Services) CARBERRY, Michelle (RMN)

Comment Template: **Inpatient chronology**

Time Out: 90 minutes unescorted time off ward
Continuous Intervention No

Chronology Comment: Andy has maintained a low profile this duty. Mainly remaining within his bed space area throughout the day. Pleasant on approach however interactions have been minimal. Andrew asked if he was to go back on pass during the week, he was under the impression he would go on pass Mon-Fri next week. There does not appear to be any documentation on EMIS regarding this however did advise Andrew we could discuss with medical team on Monday to clarify. Andrew was accepting of this. Andrew spent some time in communal area watching TV later in the afternoon. Quiet overall in mood and manner. Discussed getting to know me documentation, Andy accepted the paperwork stating he would complete himself later in the evening. Attending dining room for meals. Adequate intake observed. Accepting of routine medications as per hepma.

Additional Legal Status: Informal
Assessment Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

05-Oct-2025 06:16 Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)

Comment Template: **Record of reportable incidents**

Significant event reported [REDACTED] - Andrew reported an unwitnessed fall from his bed to the floor. Details and note below.

05-Oct-2025 05:31 Face to face consultation (NHS GG&C Mental Health Services) ELSADIK-ISMAIL, Ghada (ST1)

Comment Duty doctor -ATSP for neck pain
Handover NS- peer reported that it sounded like Andy had fallen in his room- Andy denied falling /head injury reports neck pain which did not respond to pcm
Andy telling me that he was sitting at the edge of his bed trying to get off mattress by rolling to the side he thinks that he rolled too far and hit Lt side of his abdomen of the sharp edge of bed while falling to the floor ?hitting Rt side of his head to the wall
he reports headache but not able to describe it , denies any visual disturbance , confusion, dizziness , limb weakness , nausea/vomiting
O/E BP 134/80 , PR 109 , O2 94% on RA , T 36. GCS 15/15 , speech normal - PEARL b/l , gait normal .mild tenderness at Lt side of neck on palpation
imp: likely muscular neck pain
plan: monitor closely, worsening advise given to patient and NS , regular analgesia - patient on regular 600mg ibuprofen and PRN pCM 1g (last dose @3am)

05-Oct-2025 03:26 Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)

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Template: Falls risk Assessment and Falls Interventions	
Assessment	General Safety Precautions 1 Have you documented mobility status in clinical record Independent - fully mobile 2 Have you completed a moving and handling assessment (if appropriate) Yes 3. Check walking aid (if required) is in reach and in use N/A 4. Check call bell is in reach and working. Andy aware of how to work call bell 5. Provide and document alternative measures if patient is unable to use call bell N/A 6. Check footwear is safe (refer to NHSGGC Footwear guidance) Yes 7. If glasses are worn, check they are available and in use N/A 8. If hearing aid/s are worn, check they are working and in use N/A Risk Assessment 1. Has the patient fallen in the last 6 months - including during this admission? Yes 05/10/2025 - Potential unwitnessed fall from bed to floor. 2. Does the patient have cognitive impairment or a possible delirium? No 3. Does the patient attempt to walk alone although unsteady or unsafe? No 4. Does the patient or their relative have a fear or anxiety of the patient falling? No 5. Based on your clinical judgement, is this patient at high risk of falling? No
05-Oct-2025 03:24	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy was visible at start of nightshift, sitting in the ward communal area & appeared preoccupied. When staff approached him Andy reported he felt "okay" and better to be back in the ward. Andy was concordant with his evening medications as per HEPMA and accepted supper from tea trolley. Andy retired to his bedspace early and at approx. 00:10 peer [REDACTED] reported to staff that it sounded like Andy had fallen in his bedspace. Writer attended Andy's bedspace and found Andy sitting on his bed appearing in pain. Andy reported that he had been sitting on his bed and had rolled to get off the mattress, but he unfortunately rolled too far and hit his stomach of the sharp edge of the bed. Andy denies falling onto the floor but reports that he has pain in his stomach where he hit it off the edge and pain in his neck under his ear. Staff suspect that Andy rolled out of bed and landed on the floor, however Andy denying same when asked. Writer obtained vital signs and as follows: BP- 134/80BPM " 109SP02 " 94%Temp " 36.7RR " 19Writer contacted duty doctor to make them aware of same and asked them to review Andy due to his pain. At time of writing duty medics have not yet reviewed Andy. Andy approached staff at 02:50 asking for pain relief, PRN Paracetamol given. Andy now rating the pain in his neck an 8/10, reporting that it is a constant pain that feels dull. Staff will keep a closer eye on Andy overnight.
Additional	Legal Status: Informal
04-Oct-2025 23:37	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient MDT Meeting Date: 07/10/2025 Ward & Hospital Ward 4B Leverndale Hospital Meeting Purpose: Review • Does carer wish to attend MDT No • Does patient wish to attend MDT Yes • MHA Status: Informal • Advanced Statement Completed No Summary of progress (SBAR) \ patient views Andy has presented as facially flat throughout the week & has been voicing to staff that he is struggling with auditory hallucinations and is 'fed up of them'. Andy had discussion with SCN McGregor 03/10 regarding the AP1 that has been put in place expressing concern following a visit from Social Work regarding the AP1. SCN McGregor and Andy explored the rationale behind the referral, particularly the risk of Andy losing his housing benefits due to his friend residing at the property without permission from the housing association. Andy disclosed that he continues to cover all utility bills despite being in hospital, and that his friend has not made any financial contributions during this time. Andy stated his intention to speak with his friend over the weekend to request that they seek alternative accommodation. Andy went on pass 03/10

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and was due to return 05/10, however Andy came back to the ward early on 04/10. Andy reported that he returned back to the ward early because his 'mates were sniffing coke'. Andy also stated that he returned from pass early due to social work attending his home to voice concerns that his friend [REDACTED] and his [REDACTED] child are staying in Andy's home. Andy stated [REDACTED] does not do drug's in Andy's home nor is he a drug dealer. Andy did voice that another friend of his [REDACTED] was doing cocaine while Andy was at [REDACTED] home today, therefore Andy left and returned to the ward early as he was tempted to do cocaine. A urine sample was obtained on return from pass and UDS was negative for all except Benzodiazepines which he is prescribed, negative for cocaine. Andy has been concordant with his routine medications as per HEPMA and nil concerns regarding dietary intake. Andy reports that his sleep hygiene is still variable and poor at times due to the auditory hallucinations he experiences.

Information from other agencies / AHP • Multidisciplinary review

Carer Views: Andy does not wish for staff to contact his brother at present.

Physical Health No new physical health concerns to note Ongoing weekly NEWS2 Compliant with weekly weights

O/E - height 172.72 cm Actual height

O/E - weight 150.8 kg Actual weight

Weight gain

Kardex Attached: No On Hepma/pass medications

Depot: Zuclopenthixol 350mg

Depot last given: 01/10/2025

Depot next due: 08/10/2025

PRN medication reviewed and discussed: As per HEPMA

Assessment PRN Action taken: For review at MDT

04-Oct-2025 18:58 Progress notes (NHS GG&C Mental Health Services) EZEOKE, Emmanuel (StudentNurse)

Template: **Urinalysis test strip**

Assessment Urinalysis Test Strips

Drugs of Abuse Negative Positive for Benzos, but is prescribed these. Negative for everything else

04-Oct-2025 18:47 Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)

Comment During 1:1 interaction with staff this evening Andy stated that he returned from pass early due to social work attending his home to voice concerns that his friend [REDACTED] and his [REDACTED] child are staying in Andy's home. Andy stated [REDACTED] does not do drug's in Andy's home nor is he a drug dealer. Andy did voice that another friend of his [REDACTED] was doing cocaine while Andy was at [REDACTED] home today, therefore Andy left and returned to the ward early as he was tempted to do cocaine. Andy has been asked to give UDS, results to follow.

04-Oct-2025 18:19 Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)

Template: **Inpatient chronology**

Comment Time Out: Overnight pass 03/10/25-05/10/25

Continuous Intervention No

Chronology Comment: Andy returned back early from staff this afternoon - see note below. Since retruning from pass Andy has been visible on the ward. Has been polite and appropriate when interacting with staff, engaging in some light humour with staff. Has not appeared overly distressed in presentation and has not appeared under the influence of illicit substances. Accepted routine medication as per HEPMA. Has attended for dinner on the ward. No further concerns at time of writing.

Additional Legal Status: Informal

Assessment Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

04-Oct-2025 17:03 Progress notes (NHS GG&C Mental Health Services) EZEOKE, Emmanuel (StudentNurse)

Template: **Physical Health Assessment**

Assessment Physical Health Conditions

Physical health assessment

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Examination	Observations Systolic blood pressure 174 mmHg Diastolic blood pressure 89 mmHg O/E - pulse rate 98 beats/min O/E - pulse rhythm regular O/E - tympanic temperature 36.4 degrees C Baseline respiratory rate 20 /minute Blood oxygen saturation - on oxygen 96 %
04-Oct-2025 16:50	Progress notes (NHS GG&C Mental Health Services) EZEKE, Emmanuel (StudentNurse)
Comment	Template: Inpatient FFN Nutritional assessment completed O/E - weight NOS 124 kg Admission Weight Previous weight 136.9 O/E - weight 150.8 kg Actual weight O/E - height 172.72 cm Actual height Body mass index 50.5 kg/m2 • Malnutrition universal screening tool - BMI score 0 • Malnutrition universal screening tool - weight loss score 0 • Malnutrition universal screening tool-acute disease effect score 0 • Malnutrition universal screening tool score 0 /6 • If BMI >25 Does the patient have any unwanted weight gain and BMI now in the overweight/obese category (>25) Yes Is patient on psychotropic medication that may affect their weight Yes, state name/s of medication Depot
Additional	Weight monitoring Current weight 150.8 kg equates to 23 st, 10 lb. A 4% gain from the previous reading (145.1kg, 21-Sep-2025). Based on the height entry (04-Oct-2025) a healthy weight is likely to be 55 - 75kg (8 st, 9 lb - 11 st, 11 lb) Body mass index 50.55 kg/m2 (calculation based on height entry 04-Oct-2025, NB prior to age 70 average height loss is 1cm per 10 years).
04-Oct-2025 16:29	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
Comment	EARLY RETURN FROM HOME PASS Andrew returned to the ward unannounced early from pass. He was due to return 5th October. Writer checked in on Andrew and asked why he had returned early. Andrew stated 'my mates were sniffing coke' so I just came back.
04-Oct-2025 08:04	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: Overnight pass 03/10/25-05/10/25 Continuous Intervention No Chronology Comment: Andy remains on pass, nil contact with the ward overnight.
Additional	Legal Status: Informal
03-Oct-2025 18:18	Progress notes (NHS GG&C Mental Health Services) GALLAGHER, Sarah (StaffNurse)
Comment	Template: Inpatient chronology Time Out: Overnight pass 03/10/25-05/10/25 Continuous Intervention No Chronology Comment: Andrew left ward to go on overnight pass until 05/10/25 at around 16:30pm today. Left via taxi to return to home address. Keen to get home and becoming frustrated that taxi's were taking too long. Mental state appeared unchanged prior to pass. settled in presentation spent the majority of the day watching TV in dayroom and engaging with select peers. Given pass medication which was checked. Compliant with routine medication as per hepma. Nil concerns raised this duty.
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
03-Oct-2025 15:25	Face to face consultation (NHS GG&C Mental Health Services) CLARKE, Benjamin (FY2)

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Comment	ECG performed - sinus rhythm, QTc 440
03-Oct-2025 15:01	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Comment	Template: CRAFT - Risk Assessment Risk assessment When is this review taking place? Other, please state Pass Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Hx - Diagnosis paranoid schizophrenia and complex PTSD.Previous polydrug use.Transfer from forensic team (had spell in Beckford and on Community based Compulsion Order).Long forensic history of ten involving road traffic offences but also assaults in past.Numerous jail sentences.Voices can tell him to harm himself,overdose and attempted hanging in past.Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive.Current:Ongoing persecutory beliefs but does report some improvementDrugs and alcohol misuse.Feels medication is causing sleep walking and bed wetting.Poor social circle - associaite with friends who take drugs in alcohol.AP1 in place at present due to friend living in house and not contributing as well as a 2 year old living in Andrews house with homeless friend at weekends. What historical risk factors are there that it is important to be aware of? Poly drug use, psychotic illness, forensic history,previous DSH and ?attempted hanging. Forensic history, spent some years in Beckford Lodge. What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland . What factors are present that reduce risk? Agreeable to informal admission.Weekly Zuclopenthixol Decanoate depot injection.Good insight as to when he needs support Risk Management Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Drug use, disengagement, increase in symptoms. What is the clinical team going to do about it - In the next few days/between now and next appointment? Ongoing assessment.Depot.Passes home. What is the clinical team going to do about it - In the next few months? N/A Are there any other considerations for risk management ? Community Compulsion Order revoked recently.Inpatient admissionDrug screen pre and post passes. What should the service user/family/carers do if risky situations emerge ? Contact emergency services/team. Andy has been given Crisis Team contact information Have all relevant professionals been informed of the risk management plan ? on Emis yes
03-Oct-2025 11:38	Face to face consultation (NHS GG&C Mental Health Services) MCGREGOR, Maureen (SeniorChargeNurse)
Comment	Nursing 1-1 Andy approached writer expressing concern following a visit from Social Work regarding the AP1 referral. We explored the rationale behind the referral, particularly the risk of Andy losing his housing benefits due to his friend residing at the property without permission from the Housing Association.Andy disclosed that he continues to cover all utility bills despite being in hospital, and that his friend has not made any financial contributions during this time. Andy stated his intention to speak with his friend over the weekend to request that they seek alternative accommodation. He plans to update staff upon his return on Sunday. Plan: Andy to have a conversation with his friend regarding housing arrangements.Staff to follow up with Andy on Sunday for an update.
03-Oct-2025 09:44	Progress notes (NHS GG&C Mental Health Services) YOUNG, Katie (MHAssistantPractitioner)
Assessment	Template: Urinalysis test strip Urinalysis Test Strips Drugs of Abuse Positive Cocaine
03-Oct-2025 05:41	Progress notes (NHS GG&C Mental Health Services) GIFFIN, Amy (StaffNurse)
	Template: As required (PRN) - Psychotropic medication

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Procedure	On psychotropic medication PRN Administered Date & Time: 03/10/2025 Route: Oral • Initiated by: Patient Request Reason for administration: patient reports unable to sleep due to voices Restraint Required - No Lorazepam 2m lorazepam oral Date and Time: 05:45 Patient review : Much Improved
03-Oct-2025 05:30	Progress notes (NHS GG&C Mental Health Services) GIFFIN, Amy (StaffNurse)
Comment	Template: Inpatient chronology Continuous Intervention No Chronology Comment: Andrew had a settled evening on the on the ward visible in communal areasshared takeaway with peers accepting of routine medication as per hepma retired to bed around 2300 Andrew has been displaying drug seeking behaviours overnight Reports voices bothering him, did not appear agitated or distressed by same however felt he required 2mg lorazepamAndrew then asked for paracetamol 1gram for pain and simple linctus for cough and sore throat less than an hour since medication administered Andrew appeared an nursing station asking for more lorazepam explained to Andrew that there was nothing else he could get and to try and get back to sleep.at time of writing appears asleep. nothing else to add at time of writing
Additional	Legal Status: Informal
02-Oct-2025 16:03	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andrews presentation on the day duty has been settledpleasant and appropriate in manner, although presents flat in affect Writer had engaged in a brief 1:1 with Andrew, he had stated that he is feeling "fed up with the voices" and is hoping that his depot is increased and will help reduce his auditory hallucinations, writer advised that these changes may take place if ECG on friday is ok and after referal for his echo. Andrew was accepting of same. Writer had counselled Andrew on his dietary and fluid intake of eating sweet treats and fizzy juice , Andrew stating that he is "trying". Andrew has been noted to be going on and off the ward today going to tesco frquently , engaged in light humour over this stating that he has " a fancy woman named mars bar", noted to not be going to tesco and only going out for a few minutes which staff will continue to monitor.Andrew has been accepting of his routine medication nil concerns with compliance - no side effects reported.Has been accepting of adequate dietary and fluid althouhg councelled on this early about having healthier eating habbits.Been visible in the day area spending time with peers content engaging with staff and peers on ward.Nil concerns at time of writing.
Additional	Legal Status: Informal
02-Oct-2025 05:39	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward Continuous Intervention No Chronology Comment: Andy kept a low profile on the ward this evening, spending time in the day area watching tvLittle engagement noted with staff or peers, Appearing low in mood, Reported his mood as being "shite", facially distracted at times - continues to report auditory hallucinations to staff. Andy accepting of routine medication as per hepmaRetired to bed and appears to have slept well overnight No new issues to note
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
02-Oct-2025 04:38	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)

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Assessment	Template: Patient Pass Plan Patient Pass Plan Start Date: 26.08.25 Detention Status: Informal Current Risk: Medium Type of Pass: Unescorted Additional Conditions: 90 minutes unescorted time out - Andy can split this time or take it all at once. Can patient be considered as "Absent" if they fail to return? No If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - PATIENT: ASAP - attempt to contact patient - contact NOK - Check sign-in/out Book - Hospital Grounds Search - Inform CNO - Joint Action Form Completion - Contact Police Scotland 101 If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - RELATIVE or CARER: ASAP - attempt to contact patient - contact NOK - Check sign-in/out Book - Hospital Grounds Search - Inform CNO - Joint Action Form Completion - Contact Police Scotland 101 If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - POLICE: MISSING PERSON: ASAP - attempt to contact patient - contact NOK - Check sign-in/out Book - Hospital Grounds Search - Inform CNO - Joint Action Form Completion - Contact Police Scotland 101 Patient in agreement with pass plan? Yes Person completing pass plan: SN L Moore
01-Oct-2025 18:59	Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea (MentalHealthAssistantPractitioner) Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Andrew has been visible on the ward this duty, spending time on the couch. Reporting he is feeling physically unwell, thinks he is coming down with the cold. Andrew accepted depot injection this duty with nil concerns. Accepted good dietary and fluid intake this duty, Accepted all routine medication as per HEPMA this duty. Reporting he is still struggling with mental state but is managing throughout the day. Nil else to note Additional Legal Status: Informal
01-Oct-2025 16:16	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (Nurse) Comment Writtemn in the role of PAC.....Andy attended relaxation and morning session of SMHAF project working on his own task. Joined in afternoon for short while to complete is box. More animated and conversing with peers. No further session Will invite along tomorrow
01-Oct-2025 13:06	Progress notes (NHS GG&C Mental Health Services) CARBERRY, Michelle (RMN) Template: Depot Administration Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 350mg Frequency: Weekly • Left Gluteal Next Due Date: 08/10/25 Batch Number: 2835830 Expiry Date: 12-2028 Presentation: Settled, happy to receive depot. Risk: nil Side Effects of Concern: when asked none highlighted Levels of Activity: Walks on regular basis - obese Diet: Good diet Recommendations: Monitor for side effects, ongoing treatment
01-Oct-2025 06:20	Face to face consultation (Leverndale Hospital) FERGUSON, Allison (BankNurse) Template: Inpatient chronology

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Comment	Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Andrew spent evening between his room and dayroom shared carry out meal with peers concordant with prescribed medication retired to bed at 23:00hrs appears to have slept throughout the night
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
30-Sep-2025 17:11	Progress notes (NHS GG&C Mental Health Services) EZEOKÉ, Emmanuel (Student Nurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Andrew has appeared facially fatigued and flat throughout the course of the day. Mentally Andrew states he is not doing well, and he continues to hear voices. He states the voices say derogatory things about his him, his family, further states he finds it hard to concentrate as a result of the voices. reports he feels 'flat'. Reports he is 'fed up' with 'everything', he advises that his mental health will 'choose to change' in its due course. Physically Andrew reports no issues apart from his sleep. He states that he doesn't get much sleep during the night and he has began to sleep walk, when waking up from sleep during the night. Has been concordant with his routine medication as per hepma. Maintained adequate dietary and fluid intake throughout the day. Spent his day between the day area with fellow peers and his bedspace. Advises that he is happy with the care that he is receiving from staff and has no issues or concerns to note.
Additional	Legal Status: Informal
30-Sep-2025 16:38	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (Nurse)
Comment	Written in the role of PAC.. Andy attended relaxation and morning art session for SMHAF working on his own task more animated and talking freely in group. No further session today Will invite along tomorrow to complete task.
30-Sep-2025 15:41	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (Staff Nurse)
Comment	Template: Inpatient MDT Information from other agencies / AHP Staff in Attendance: Dr Thomson, SN Natalie Maccuish Patient Attended Yes • Carer attended No • Continuous Intervention No Assessment: Andrew states that his pass did not go well, states that he went back to his own flat where his friend was present although did not have his daughter there. Andrew stated that the auditory hallucinations were constant, and feels that it "always takes something to trigger or the worst ones" although cannot think of what had triggered this over the weekend. Andrew has denied taking illicit substances at the weekend, is aware that it can make it feel better at the time however reports that it makes him feel worse after it. Andrew admits to taking cocaine on his previous weekend pass. Reports that he has been taking his clonidine at home although is making him feel "knocked out". Andrew reports that he stayed out the full length of his pass at 3 nights. No changes to routine medication - ECG on friday 03/10/25, referral for Echo. (1) Action 1 No changes to medication (2) Action 2 ECG on friday 03/10/25 with referral for Echo (3) Action 3 Encourage overnight/day passes back home (4) Action 4 Obtain UDS when returning back from passes. Multidisciplinary review
30-Sep-2025 15:35	Group consultation (NHS GG&C Mental Health Services) NISBET, Mhairi (Clinical Psychologist)
Comment	Template: Psychological Therapies HEAT Target CT Psychological therapy summary report

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	Inpatient Clinical Psychology - what is real and what is not group - session three Andy did not attend the group. plan: discharge from group.
Procedure	Cognitive behavioural therapy CBT Comments: CBT informed group 'what is real and what is not'
30-Sep-2025 12:30	Progress notes (NHS GG&C Mental Health Services) CUSTODIO, Jericho (StudentNurse)
	Template: Physical Health Assessment
Assessment	Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 139 mmHg Diastolic blood pressure 89 mmHg O/E - pulse rate 97 beats/min O/E - tympanic temperature 36.2 degrees C Baseline respiratory rate 16 /minute Baseline SpO2 (oxygen saturation at periphery) 94 %
30-Sep-2025 05:40	Face to face consultation (NHS GG&C Mental Health Services) FERGUSON, Allison (BankNurse)
	Template: Inpatient chronology
Comment	Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Andy sleeping from early evening wakened and accepted prescribed medication appears to have slept throughout the night
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
29-Sep-2025 17:59	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (StaffNurse)
	Template: As required (PRN) - Psychotropic medication
Procedure	On psychotropic medication PRN Administered Date & Time: 29/09/25 Route: Oral • Initiated by: Patient Request Reason for administration: agitation from intrusive voices Restraint Required - No Lorazepam 2mg Date and Time: 29/09/25 Patient review : Much Improved
29-Sep-2025 17:55	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (StaffNurse)
	Template: Inpatient chronology
Comment	Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Settled on the ward since his return to the ward setting, attended the off ward dining area for dinner, polite and appropriate when engaging with nursing staff to have his nursing needs met. States he is continuing to struggle with his auditory hallucinations requested PRN for same. Utilised 2mg Lorazepam for this. No further update at time of writing.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
29-Sep-2025 16:03	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann

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	(StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Andy returned from pass at 3pm from pass in good order, appeared facially bright and cheery in presentation, however upon speaking with Andy he stated his pass didn't go that well, spoke of how his friend stays with him sometimes and also his child, states his friend works thought so he has a lot of time to himself. Andy states he was troubled as always by his auditory hallucinations, however managed to maintain his pass, attended to his personal hygiene routine, ate well and was able to cope, on his return to the ward he sat in the tv day area and also lay down on his bed for a short period of time. States he feels someone has been in his room and states a jumper is missing. No further update at time of writing.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
29-Sep-2025 06:25	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Andy remains on pass. No contact with the ward overnight
28-Sep-2025 15:19	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Remains on pass no contact made to the ward this duty, no futher update.
Additional	Legal Status: Informal
28-Sep-2025 10:28	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (StaffNurse)
Comment	Template: Inpatient MDT Meeting Date: 30/09/25 Ward & Hospital Leverndale Ward 4B Meeting Purpose: Review • Does carer wish to attend MDT No • Does patient wish to attend MDT Yes • MHA Status: Informal Information about advance statement provided and explained Information given, Andrew does not wish to complete at current time. Advanced Statement Completed No Summary of progress (SBAR) \ patient views Andrew is currently utilising his pass time from the ward setting and is due to return on Monday 29th of September, Andrew has contacted the ward with regards to a mobile phone he has left charging, appears overly anxious with regards to this however he has been accepting of verbal reassurance with regards to this. When asked Andrew has stated his pass is going well and has been relaxing at his flat. States he has been sleeping well and eating regularly, aware he is due to return to the ward on Monday. No further contact made to the ward at time of writing. Information from other agencies / AHP Kardex Attached: No On Hepma/pass medications Multidisciplinary review
28-Sep-2025 04:15	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Andy remains on pass, nil contact with the ward overnight.

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Additional	Legal Status: Informal
27-Sep-2025 16:24	Progress notes (NHS GG&C Mental Health Services) CUSTODIO, Jericho (StudentNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Andy remains on pass. No contacts have been made.
Additional	Legal Status: Informal
27-Sep-2025 06:00	Face to face consultation (NHS GG&C Mental Health Services) FERGUSON, Allison (BankNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Andy remains on pass ,no contact overnight
Additional	Legal Status: Informal
27-Sep-2025 02:25	Progress notes (NHS GG&C Mental Health Services) MCCHESENEY, Evelyn (StaffNurse)
Comment	PCCP Reviewed Next Review Due: 04/10/25
26-Sep-2025 19:15	Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea (MentalHealthAssistantPractitioner)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Andy left ward @11:00am with pass medication which was checked by nursing staff. Has not made any contact with ward since leaving.
Additional	Legal Status: Informal
26-Sep-2025 18:30	Face to face consultation (NHS GG&C Mental Health Services) THOMSON, Sarah (Consultant)
Comment	medical review this morning: Andrew was assessed for chest pain yesterday - troponin normal and nil acutely concerning on ecg - he's been started on colchicine short term Andrew is keen to go on his pass home His MS appears better on the ward - he is less agitated and appears more comfortable around the ward at iv he appears more confident, less agitated, preoccupied and distressed he conts to hear auditory hallucinations nad appears to agree these are more manageable counselled re staying off alcohol and illicit drugs he says that he finds th clopixon tablets strong - agreeable to reduce this on his return from pass plan: O/N pass today until 29th; consider discharge after discussion with social work if house situation is sorted (friend and sometimes friend's 2 year old daughter stays - Andrew feels obliged to stay elsewhere when she's staying with her father)
26-Sep-2025 14:25	Other note (NHS GG&C Mental Health Services) HENDERSON, Gemma (SpecialistClinicalPharmacist)
Comment	PHARMACIST ENTRY Note Andrew prescribed medications for acute pericarditis. Colchicine is unlicensed for the treatment of acute pericarditis and usually comes under request of cardiology. I have contacted duty doctor to review this/contact cardiology to ensure approved use as no NHSGGC guidelines for this.
26-Sep-2025 13:24	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Assessment	Template: Falls risk Assessment and Falls Interventions General Safety Precautions 1 Have you documented mobility status in clinical record Independent - fully mobile

2. Have you completed a moving and handling assessment (if appropriate) Yes
3. Check walking aid (if required) is in reach and in use N/A
4. Check call bell is in reach and working. Andy aware of how to work call bell
5. Provide and document alternative measures if patient is unable to use call bell N/A
6. Check footwear is safe (refer to NHSGGC Footwear guidance) Yes
7. If glasses are worn, check they are available and in use N/A
8. If hearing aid/s are worn, check they are working and in use N/A

Risk Assessment

1. Has the patient fallen in the last 6 months - including during this admission? No
2. Does the patient have cognitive impairment or a possible delirium? No
3. Does the patient attempt to walk alone although unsteady or unsafe? No
4. Does the patient or their relative have a fear or anxiety of the patient falling? No
5. Based on your clinical judgement, is this patient at high risk of falling? No

26-Sep-2025 11:12 Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)

Template: CRAFT - Risk Assessment

Comment Risk assessment

When is this review taking place? Other, please state Pass

Risk Assessment

What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Hx - Diagnosis paranoid schizophrenia and complex PTSD. Previous polydrug use. Transfer from forensic team (had spell in Beckford and on Community based Compulsion Order). Long forensic history of ten involving road traffic offences but also assaults in past. Numerous jail sentences. Voices can tell him to harm himself, overdose and attempted hanging in past. Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive. Current: Ongoing persecutory beliefs but does report some improvement. Drugs and alcohol misuse. Feels medication is causing sleep walking and bed wetting. Poor social circle - associate with friends who take drugs in alcohol. AP1 been put in due to 2 year old living in Andrews house with homeless friend.

What historical risk factors are there that it is important to be aware of? Poly drug use, psychotic illness, forensic history, previous DSH and attempted hanging. Forensic history, spent some years in Beckford Lodge.

What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland.

What factors are present that reduce risk? Agreeable to informal admission. Weekly Zuclopenthixol Decanoate depot injection. Good insight as to when he needs support

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Drug use, disengagement, increase in symptoms.

What is the clinical team going to do about it - In the next few days/between now and next appointment? Ongoing assessment. Depot. Passes home.

What is the clinical team going to do about it - In the next few months? N/A

Are there any other considerations for risk management? Community Compulsion Order revoked recently. Inpatient admission

What should the service user/family/carers do if risky situations emerge? Contact emergency services/team. Andy has been given Crisis Team contact information

Have all relevant professionals been informed of the risk management plan? on Emis yes

26-Sep-2025 11:08 Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)

Template: Inpatient chronology

Comment Time Out: 90 minutes unescorted time off ward - weekend pass available from Friday 26/09 - Monday 29/09 this week

Continuous Intervention No • Chronology Comment:

Andrew left for pass following seeing medical team.

Worried about clonidine tablets not being reduced today due to no stock. Worried about sleep walking and urinating the bed but happy to wait until Monday for reduction.

Has advised that he won't be touching drugs or alcohol while out on pass. Plans to watch films and keep busy. Will be going back to his own flat.

Left in good order with medication supplied.

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	Due back Monday 29/09.
Additional	Legal Status: Informal
26-Sep-2025 10:00	Group consultation (NHS GG&C Mental Health Services) NISBET, Mhairi (ClinicalPsychologist)
Comment	Inpatient Clinical Psychology - What is real and what is not group - session two Andy did not attend the session today. invite to session three on 30.09.25 at 2pm.
26-Sep-2025 05:16	Face to face consultation (Leverndale Hospital) FERGUSON, Allison (BankNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Andrew spent evening sitting in dayroom with peers after being reviewed by duty doctor no further complaints of chest pain concordant with prescribed medicationretired to his room at 23:00hrs slept short period wakened and was disorientated to time believing he was to see his consultantadvised of time and returned to bed appears to have slept throughout the night
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
25-Sep-2025 23:11	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Assessment	Template: Physical Health Assessment Physical Health Conditions Physical health assessment
Examination	Observations Systolic blood pressure 157 mmHg Diastolic blood pressure 88 mmHg O/E - pulse rate 99 beats/min O/E - tympanic temperature 36.2 degrees C Baseline respiratory rate 19 /minute Baseline SpO2 (oxygen saturation at periphery) 94 %
Comment	At commencement of night duty, Andy reported to writer that he was experiencing chest pain, rating it a 10/10 in severity. Andy stated that he had been experiencing the chest pain for approx 4 hours but did not inform dayshift staff. Andy was panting harshly and appeared in pain, writer took him to treatment and obtained vital signs. Andy reported that the pain was worse when he lay down. After obtaining observations, writer contacted duty doctor and doc reviewed. See note below for r/v. Duty doc prescribed STAT dose 400mg Ibuprofen - same given to Andy. Writer has ordered Colchicine 500mcg from pharmacy. Staff will monitor Andy closely and have advised Andy to approach staff sooner and report any chest pain he may have in the future.
25-Sep-2025 20:37	Face to face consultation (NHS GG&C Mental Health Services) ISMAHEL, Hassan (Doctor)
Comment	Hassan Ismahel FY2 Duty Dr - ATSP re Chest pain 4h history of sharp, stabbing central chest pain. Primarily at lower sternum. Radiates to right chest wall. Started when sitting on sofa watching TV. Increased SOB. No pain on LHS of chest. No palpitations. Associated nausea. Worsened lying flat. Relieved by sitting up and leaning forward. 10/10 severity O/E - increased work of breathing. HS I+II+0. Chest clear. Calves snt. No pitting oedema to legs. ECG - NSR. HR 87. QTc 430 imp: very convincing picture of acute pericarditis

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Plan:

- bloods + trop taken, will hand over to night duty dr to chase

Pharmacological management as per ESC guidelines:

- Ibuprofen 600mg TDS for 2 weeks + PPI- Colchicine 0.5mg BD for 3 months

If lack of response after at least 1 week of therapy, cardiology trackcare referral for consideration of echo

25-Sep-2025 16:35	Progress notes (NHS GG&C Mental Health Services)	MCCALL, Charlotte (StaffNurse)
Comment	AP1 form completed for the following reasons: Andrew currently has a friend staying in his property who is believed to be homeless. The person in question is caring for his 2 year old child in Andrew's property. Andrew has therefore had to stay at various friends homes whilst on pass from the hospital. Ongoing recreational drug and alcohol use carried out at these properties which Andrew has been partaking in. Usure if drug/alcohol use being carried out at Andrew's property around young child. Andrew potentially does not have anywhere to go as a place of safety on pass/after discharge due to the presence of other's staying in his property, leading Andrew to stay with others who he is engaging in illicit drug use and alcohol with - further impacting his mental state.	
25-Sep-2025 16:20	Face to face consultation (Leverndale Hospital)	MCCLEMENT, Lindsey (ChargeNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No • Chronology Comment: Andy has appeared much more relaxed around ward area today, sleeping on and off in day area. Eye contact good, chatty with staff and peers and bright in no. There has been no physical signs of anxiety present. Has not approached staff to disclose any auditory hallucinations that are causing distress today. Did report he was feeling overall "fed up" but other than this uncomplaining. Has utilised time off the ward today with peer MP, returned in good order. Good diet and fluid intake. Concordant with routine medication. No management issues to report at this time.	
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty	
25-Sep-2025 05:43	Face to face consultation (NHS GG&C Mental Health Services)	GRIMLEY, Diane (MentalHealthAssistantPractitioner)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: NIGHT DUTY ENTRY Andrew was sitting out in dayroom at onset of duty, reported having a "rubbish day". No overt signs of agitation witnessed. Andy settled to settled to sleep 0130 hours. Approached Nursing station at 0230 hours saying "my toilet is not working, I need to use the toilet" and walked up the ward to the foyer and utilised the public bathrooms. Staff escorted Andy there and back to ensure his safety as it wasn't clear if he was awake or sleep walking. Staff checked toilet in Andy's room and was in perfect working order. Concordant with routine medication regime. Good diet and fluid intake at supper time. Remains asleep at time of writing. Patient care record reviewed by clinical supervisor SN L Moore	
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty	

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Harm from Others: No Nil risk identified this duty

24-Sep-2025 20:06	Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)
Comment	Template: Depot Administration Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 350mg Frequency: Weekly • Right Gluteal Next Due Date: 01/10/25 Batch Number: 2835830 Expiry Date: 12-2028 Presentation: Settled, happy to receive depot. Risk: nil Side Effects of Concern: when asked none highlighted Smoking / Alcohol / Drug Use: Recent alcohol use and cocaine use - testing positive on UDS Levels of Activity: Walks on regular basis - obese Diet: Good diet Recommendations: Monitor for side effects, ongoing treatment
24-Sep-2025 18:32	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Andrews presentation on the day duty has been settledPleasant and appropriate in manner, although staff were suspicious that Andrew was under the influence of illicit substances since returning back from utilising time out to tesco.UDS was obtained and Andrew still has a strong positive line for cocaine, Andrew denies this and states this is from his previous passAndrew has been visible for most of the day spending time in the day area or in garden area.Has been accepting of his routine medication as per hepma , also had his depot injection - nil side effects reported Has been accepting of adequate dietary and fluid intake - Ordered a take-away for his dinner shared this with [REDACTED] Nil concerns at time of writing.
Additional	Legal Status: Informal
24-Sep-2025 13:01	Discussion with colleague (NHS GG&C Mental Health Services) SALEEMI, Nida (DiT)
Comment	advice from endocrinology regarding prolactin level: "Hi Dr Saleemi thanks for your email.In this instance, the patient's actual prolactin level is 544mU/L which is not very elevated at all - could be drug related or due to stress but I certainly wouldn't expect him to have any symptoms or sequelae from this. Macroprolactin is a biologically inactive immunoglobulin-bound-prolactin (macroprolactin) that can cross react in the prolactin assay causing false hyperprolactinaemia. Macroprolactin levels usually don't change much so I would expect that you could reintroduce any drugs felt to be necessary from a psychiatry standpoint for this patient and monitor in the usual fashion - if prolactin rising significantly i.e. >1600 then follow your usual investigation pathway or get in touch with us for advice at that point.BWDr Triona McClementsST6 Diabetes and Endocrinology"
24-Sep-2025 05:48	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - weekend pass available from friday 26/09 - monday 29/09 this week Continuous Intervention No Chronology Comment: Andy was visible at commencement of shift spending time in the dayarea. Continues to voice he is struggling with auditory hallucinations, utilising PRN for same. Appearing very forgetful at times, approaching nursing staff on 2 occasssions for his phone off of charge. Each time these have been in his bedspace on his deck where he was sitting.Minimal interactions with nursing staff although pleasant on approach. Declined

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nursing 1:1 this shift despite appearing distressed and distracted at times. Compliant with routine medication as per HEPMA. Broken sleep overnight.

Additional Legal Status: Informal

23-Sep-2025 17:06 Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)

Comment Template: **Inpatient chronology**

Time Out: 90 minutes unescorted time off ward - weekend pass available from Friday 26/09 - Monday 29/09 this week

Continuous Intervention No

Chronology Comment: Andrew has appeared mostly settled on the ward this duty. Has been visible in the day area and garden of the ward. Keeping a quiet profile, interacting with peers minimally however has been polite on approach with staff. Andrew has appeared distracted at times however has been able to follow train of conversation well. Often presenting as facially flat however Andrew has not appeared overly distressed. Andrew attended MDT this afternoon. Stated he is still struggling a lot with auditory hallucinations and that these are "too much" at this current time. Andrew has stated he does not believe his PRN medication is helping him currently however has been accepting of being commenced on regular zuclopenthixol tablets with the hope this may decrease psychotic symptoms. Andrew has utilised time off the ward to local shops, returning in good order. Accepting routine medication as per HEPMA and requesting PRN lorazepam this morning for agitation. Nil concerns regarding dietary intake. No further concerns at time of writing.

Additional Legal Status: Informal

Assessment Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

23-Sep-2025 15:20 Face to face consultation (NHS GG&C Mental Health Services) CLARKE, Benjamin (FY2)

Comment Template: **Inpatient MDT**

Information from other agencies / AHP

Staff in Attendance: Dr Thomson, Charlotte CN, Dr Saleemi, Dr Clarke, Jennifer Med Student
Patient Attended Yes

Assessment: Using cocaine and alcohol over weekend whilst on pass "ended up at a house in Airdrie as his homeless friend was staying in his house with his 2 year old child, meaning he could not return for clothes. Andrew is allowing his friend to stay in house as he is homeless " risk of losing tenancy. It transpires that multiple people are staying in his house. He has been using drugs and alcohol on previous passes. Andrew notes that nobody uses illicit substance in his house. Ongoing significant auditory hallucinations " Andrew justified cocaine use as takes away his voices. Remains in contact with his previous forensic consultant " consultant has not contacted Dr Thomson. Poor sleep whilst on ward, utilising PRN medications. Depot increased recently, plan to switch PRN oral antipsychotic to regular oral antipsychotic to top up his anti-psychotic total dose. QTc was 457 on 22/09. Ward doctors will ensure ECG follow up.

Time out status agreed: 90 minutes unescorted and overnight pass available, for pass Friday to Monday this week

(1) Action 1 Discuss social situation w Andrew and consider SW referral

(1) Assigned to Ward nursing staff

(2) Action 2 Increase zuclopenthixol tablets dose and repeat ECG

(2) Assigned to Ward doctors

(3) Action 3 Refer to addictions team

(3) Assigned to Ward doctors

(4) Action 4 For pass this weekend Friday to Monday

(4) Assigned to Ward staff

Name of any new medication prescribed: Increased zuclopenthixol tablet dose - discussed w Andrew

Medication Discussion with patient: Yes by whom and when:

Risk / Potential safety issues including risk to restraint Auditory hallucination- commanding him to harm others

Multidisciplinary review

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23-Sep-2025 14:00	Group consultation (NHS GG&C Mental Health Services) NISBET, Mhairi (ClinicalPsychologist)
Comment	Template: Psychological Therapies HEAT Target CT Psychological therapy summary report Inpatient Clinical Psychology - What is real and what is not - group session one Andrew attended the group. He was a quieter group member but he did share some of his experiences when the group discussion centred around normalising unusual experiences. Once his peers had started discussing voices, Andrew stated that he has heard voices for 30 years. He said they can be very loud and shout and say derogatory things to him which he finds difficult. Andrew looked tired/uncomfortable at times during the session and got up to use the toilet twice. He left the group slightly early after around 40 minutes, stating he just felt he had to return to the ward. writer will check in with him at the start of the next session to discuss further. plan: attend session two on friday 26.09.25 at 10am.
Examination	Suitable for psychological therapies Suitability comments: suitable to engage with psychology group
Procedure	Cognitive behavioural therapy CBT Comments: CBT informed group 'what is real and what is not'
23-Sep-2025 13:41	Other note (NHS GG&C Mental Health Services) HENDERSON, Gemma (SpecialistClinicalPharmacist)
Comment	PHARMACIST ENTRY Zuclopenthixol 10mg up to three times daily switched from prn to regular as per Dr Thomson. This is approximately equivalent to an additional 100mg of depot zuclopenthixol (already on 350mg weekly so approx 450mg weekly). This will help guide if Andrew requires higher dose of weekly depot. Note Andrew's ECG is borderline prolonged (457ms), for men we would want his QTc to be less than 450ms. The cocaine use over weekend may be contributing to prolonged QTc. QTc to be closely monitored with introduction of oral.
23-Sep-2025 13:00	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) MILLIGAN, Donna (SeniorCrisisPractitioner)
Comment	Discussed today at ward MDT 4B with writer and Crisis Practitioner R Davidson No plan for discharge as yet - may be next week At weekend whilst on pass may have taken Cocaine - different accounts offered by Andrew - tested positive on ward There was a friend's 2 yr old child present in his home at weekend - nursing staff intend discussing with social work Crisis will offer post discharge input when referred by ward Follow-up appointment offered
23-Sep-2025 05:02	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andy was visible on the ward at commencement of shift. Utilised time out to shop, returned back in good order. Andy approached nursing staff requesting PRN, on approach to Andy's room he was visibly distressed, looking down at floor and hands were restless. Received PRN Zuclopethixol, advised he feels very little benefit from this stating 'I am a big guy, a little tablet does'nt help me much'. Reported a more settling effect from Lorazepam - this does not stop the voices although helps with agitation. Reported very little sleep overnight prior to PRN, stated he has just been lying in the dark, reminded to raise hand so staff are aware that he is awake - did do this at next board check. Complaint with routine medication as per HEPMA.
Additional	Legal Status: Informal
22-Sep-2025 15:24	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
	Template: Inpatient chronology

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Comment	Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No • Chronology Comment: 1:1 INTERACTION WITH ALLOCATED NURSE / PROGRESS NOTES: Andrew has been struggling throughout the duration of the day. Seeking PRN on several occasions throughout the day. Andy reports that the voice are bad today, they won't leave him alone. They are saying things like he is a grass and calling him other names. He reports that they are making demands and causing increased distress. Objectively does appear agitated and distress; unable to sit still, ringing hands and unable to give eye contact. Did manage to visit restart with PAC nurse this afternoon, did appear very restless prior to going. Please await entry from PAC nurse on presentation while there. Continues to utilise time off the ward without issue. Good diet and fluid intake. No management issues to report at time of writing.
Additional	Legal Status: Informal
Assessment	At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide despite auditory hallucinations telling him to harm himself. Risk of alcohol and drug misuse Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
22-Sep-2025 11:55	Face to face consultation (NHS GG&C Mental Health Services) CLARKE, Benjamin (FY2)
Comment	ECG performed - QTc 457. Not sig. increase from previous but continues to be above normal range. Will d/w Gemma pharmacist tomorrow at MDT Note NS have documented Andrew had admitted to taking cocaine over the weekend on his pass. Andrew says he only took "two lines" and why is everyone making a big deal out of it. He says taking the drugs makes the voices go away. UDS was +ve for cocaine. NS also suspect he was drinking alcohol however Andrew denies this. Andy also reports the 2 year old daughter of a friend was in his house over the weekend - Lyndsey CN feels a social work referral will likely need put in place given this significant issues Andrew is having on pass Will discuss in MDT tomorrow
22-Sep-2025 06:04	Face to face consultation (NHS GG&C Mental Health Services) FERGUSON, Allison (BankNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andrew spent early evening sitting in dayroom concordant with prescribed medication retired to bed at 23:00hrs slept for short period wakened requested discretionary medication (see entry below)this had nil effect requested further discretionary medication for intrusive voices causing him to be distressed and agitated walking around his room hitting his head with his hands discretionary medication given this had slight settling effect Andy remains awake at time of writing
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
22-Sep-2025 06:00	Face to face consultation (NHS GG&C Mental Health Services) FERGUSON, Allison (BankNurse)
Procedure	Template: As required (PRN) - Psychotropic medication On psychotropic medication PRN Administered Date & Time: 22/09/25@05:05hrs Route: Oral • Initiated by: Patient Request Reason for administration: agitation from intrusive voices Restraint Required - No Other medication: 10mgs Zuclopenthixol Date and Time: 22/09/25@06:00hrs Patient review: Slightly/Minimally Improved

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22-Sep-2025 05:58	Face to face consultation (NHS GG&C Mental Health Services) (BankNurse)	FERGUSON, Allison
Procedure	Template: As required (PRN) - Psychotropic medication On psychotropic medication PRN Administered Date & Time: 22/09/25@03:54hrs Route: Oral • Initiated by: Patient Request Reason for administration: intrusive voices causing distress Restraint Required - No Lorazepam 2mgs Date and Time: 22/09/25@ 04:50hrs Patient review: No Change	
22-Sep-2025 03:55	Face to face consultation (NHS GG&C Mental Health Services) (StaffNurse)	BUCHANAN, Taylor
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Nursing 1:1 with allocated nurse Andy approached nursing staff requesting PRN. Writer took this to Andy's room where he reported the 'voices are particularly bad tonight' visible tears in his eyes. Andy reported that he has been woken up on numerous occasions due to same, reporting that the voices have now increased to 10, that he can now hear his brother. Reporting that all the voices are of a derogatory nature calling him a 'fat bastard' and telling him to harm himself or others in order to make the voices stop. Andy reported the only 'nice voice' he hears is his mums although the other voices tell him they are going to do 'bad things' to her. Admitted to taking cocaine whilst on pass, advising this was the only thing that helps hallucinations, although they 'come back with avenges therefore it is a never ending cycle'. Reassurance given and reminded to approach nursing staff when he is struggling.	
Additional	Legal Status: Informal	
21-Sep-2025 18:30	Face to face consultation (Leverndale Hospital)	MCCLEMENT, Lindsey (ChargeNurse)
Comment	Template: Inpatient chronology Chronology Comment: Discussed UDS finding with Andrew, initially denied same. He then reported it was from two weeks ago but later admitted. Stated he took 2 lines of cocaine while out. Did not spend his pass at home, he was in Airdrie at a friends house.	
21-Sep-2025 18:29	Face to face consultation (Leverndale Hospital)	MCCLEMENT, Lindsey (ChargeNurse)
Assessment	Template: Urinalysis test strip Urinalysis Test Strips Drugs of Abuse Positive Cocaine	
21-Sep-2025 16:57	Face to face consultation (Leverndale Hospital)	MCCLEMENT, Lindsey (ChargeNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: 1:1 INTERACTION WITH ALLOCATED NURSE / PROGRESS NOTES: Prior to interaction with writer Andy had a conversation with HCSW Hamilton earlier in day and disclosed that he had been drinking alcohol and "taking lines" while out on pass. Writer was keen to explore this during interaction but Andy immediately denied this stating that he was only joking with the nurse and asked if none of us could take a joke. Writer advised this wouldn't normally be something that you would joke about. Andy also denied friends ever drinking or taking drugs in the flat, appeared offended asking did I just think his house was a drug den. Reminded of times where he has told staff this has been happening and he returned from pass due to same. Andy still denied this stating that it's not in his home its in other friends house this happens. During this conversation Andy told writer his friend that has been living in the house for 4 months also has his 2 year old child staying there at the weekends. Andy added to this so do you think we would take drugs in front of a child?	

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When asked what they do in his house then he stated they just visit and watch tv, completely denying and retracting anything that he has ever said about these friends and his flat.

Andy also added that he is still in contact with his forensic psychiatrist and she would be "caring at him" if he touched drugs.

We moved on to mental state, Andy reports this hasn't changed much. Has ongoing auditory hallucinations of a derogatory nature.

He reported that he will never get peace from them and he just needs to accept that these are never going to go away. Denied any thoughts of self harm or suicide.

Feels the voices get worse when he doesn't answer them as they get louder.

Does feel a bit more relaxed, put this down to the consultant here not asking as in depth questions as previous medical staff which puts him at ease more. Doesn't feel he is being "grilled" here.

Objectively does appear more relaxed and less distressed than previously.

Has slept on and off throughout the day, took advantage of a longer lie this morning due to poor sleep overnight.

Diet and fluid intake remains good.

Concordant with routine medication.

No management issues.

Plan:

- UDS to be obtained
- To refer to OT for home visit to clarify what is going on in the flat. Senior staff on ward happy to co-visit with OT's

Additional Assessment
Legal Status: Informal
At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide despite auditory hallucinations telling him to harm himself. Risk of alcohol and drug misuse
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

21-Sep-2025 12:27 Face to face consultation (NHS GG&C Mental Health Services) KYLE, Hannah (HCSW)

Comment
Template: **Inpatient FFN**
Nutritional assessment completed
O/E - weight NOS 124 kg Admission Weight
O/E - weight 145.1 kg Actual weight
O/E - height 172.72 cm Actual height
Body mass index 48.6 kg/m2

21-Sep-2025 10:36 Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)

Comment
Template: **Inpatient MDT**
Meeting Date: 16/09/25
Ward & Hospital Leverndale ward 4B
Meeting Purpose: Review • Does carer wish to attend MDT No • Does patient wish to attend MDT Yes • MHA Status: Informal
Information about advance statement provided and explained Information given, Andrew does not wish to complete at current time.
Advanced Statement Completed No
Summary of progress (SBAR) \ patient views Since last Review Andrew has presented as being settled on the ward. Andrew still continues to seek out 1:1's and states that "the voices have been terrible", when asked to talk about the nature of the auditory hallucinations Andrew states that they are commanding him to "murder people" however reports that he would never act on this. When asked if Andrew is familiar with any of the voices, he states that there are at least 20 and only one voice he is familiar with which is his brother's voice. Andrew had stated that he would be understanding if he was a "bad person" however he is "good person and I don't like what they say to me". Andrew had stated a way that he previously managed his auditory hallucinations was by taking illicit substances however reports that this is something he has been staying away from. Andrew has since utilised an overnight pass home and on returning he had stated that his pass home was "terrible", Andrew has stated that he has friends

staying in his house who are taking drugs and had disclosed earlier in the week during a 1:1 that his ex-partner was staying in his house which is why he was not able to go home and get clean clothes resulting in him having to go out and buy more, When asked if he can encourage his friends to leave he states that he "can't". Andrew has stated that he has regular contact with his previous forensic consultant who helps him throughout the day when he is finding things difficult although doesn't want to be a "nuisance" as she is on maternity leave at the moment. Andrew reports that he is not getting much sleep overnight and often wakes up due to his auditory hallucinations and feels that he never "gets a break" and wants his medical team to review his medication to find something that will make a difference to his mental state. Andrew has good dietary and fluid intake and remains to be compliant with his routine medication.

UPDATE;

Andy stated he had been taking alcohol and drugs while out but later stated it was a joke. Denies ever saying that his friends taking drugs or alcohol in his house, "its not a drug den" Friend who is living there also has a 2 year old staying there at the weekends as he shares custody.

Information from other agencies / AHP Requires OT home visit to get accurate information about the house.

Multidisciplinary review

21-Sep-2025 05:41	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andrew was asleep at commencement of shift. Woke for a cup of tea and his routine medication before returning to bedspace. Minimal interactions with staff, advised pass was terrible during medication round, appearing facially flat throughout. Appears to have slept well overnight from early on in shift.
Additional	Legal Status: Informal
20-Sep-2025 16:19	Progress notes (NHS GG&C Mental Health Services) KERR, Sophie (StaffNurse)
Comment	Template: Inpatient chronology Andrew returned from pass this afternoon in good spirits. Mood appeared bright on return. Maintained a low profile on the ward since his return. Accepting of food and fluids. No further issues or concerns to note at this time. Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
20-Sep-2025 06:46	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Andy remains on pass. No contact with the ward overnight
20-Sep-2025 00:56	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
Assessment	Template: Falls risk Assessment and Falls Interventions General Safety Precautions 1 Have you documented mobility status in clinical record Independent - fully mobile 2 Have you completed a moving and handling assessment (if appropriate) Yes 3. Check walking aid (if required) is in reach and in use N/A 4. Check call bell is in reach and working. Andy aware of how to work call bell 5. Provide and document alternative measures if patient is unable to use call bell N/A 6. Check footwear is safe (refer to NHSGGC Footwear guidance) Yes 7. If glasses are worn, check they are available and in use N/A 8. If hearing aid/s are worn, check they are working and in use N/A

Risk Assessment

1. Has the patient fallen in the last 6 months - including during this admission? No
2. Does the patient have cognitive impairment or a possible delirium? No
3. Does the patient attempt to walk alone although unsteady or unsafe? No
4. Does the patient or their relative have a fear or anxiety of the patient falling? No
5. Based on your clinical judgement, is this patient at high risk of falling? No

19-Sep-2025 17:52	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andy remains on pass, nil contact with the ward this duty.
Additional	Legal Status: Informal
19-Sep-2025 06:09	Face to face consultation (NHS GG&C Mental Health Services) MASORE, Clence (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Remains on pass. No contact has been made during the night shift.
Additional	Legal Status: Informal
19-Sep-2025 03:07	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	PCCP review completed within documents PCCP review next due 26/09/25 Unable to discuss care plan review with Andy, as currently using 2 night pass home
18-Sep-2025 10:09	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Comment	Template: CRAFT - Risk Assessment Risk assessment When is this review taking place? Other, please state Pass Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Diagnosis paranoid schizophrenia and complex PTSD. Previous polydrug use. Transfer from forensic team (had spell in Beckford and on Community based Compulsion Order). Long forensic history of ten involving road traffic offences but also assaults in past. Numerous jail sentences. Voices can tell him to harm himself, overdose and attempted hanging in past. Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive. 30/6/25 Reports hearing God's voice - worried he will visit him and encourage him to kill devils disciples. Staying at home as he doesn't want to get into trouble. Denies wanting to harm himself or others but anxious re symptoms. Seems keen on admission but agreeable to Crisis to monitor situation. 1/07/25 - As per 30/06/25 Andy describes that believes God or other people are going to cause him harm. He has no intention of leaving house as this would put himself at risk, but thinks people will cause him harm in his own home. No evidence that this is reality and consistent with psychotic diagnosis. Has thoughts of suicide and suggests he would attempt to hanging himself. He has no specific plan around this and could not come up with a means to hang himself. He reports that he has no ropes in house. Also risk of not appropriately meeting his dietary needs. "Im just going to have a cup of tea today." 2/7/25 - risk of substance misuse though denies any recent use. Historic suicide and DSH and with commanding hallucinations risk amplified. Unclear stressors though brothers physical health could be contribution to this. 18/7/25 - tends to self isolate in response to stressors, risk of substance misuse. Risk of DSH, suicide due to commandeering hallucinations, remains informal in hospital, wanting help and feels safe in hospital. Risk increases and signs of severe illness if has urge to get behind the wheel. 25/07/2025 - No changes from above as advised by medical team prior to pass. 18/08/2025 - No changes noted to risk above. Ongoing auditory hallucinations which cause distress due to nature of content. 29/08/25 - Andy continues to voice persecutory auditory hallucinations which cause him upset and distress. 11/09/2025 -

Andrew continues to voice distress from persecutory hallucinations both auditory and visual. Andrew reported that he is able to keep himself safe and has no plans to act on commands. Was unsure if he would act on others but agreed he was safe to go out on pass and would return to the ward if he is too overwhelmed 18/09/2025 - Ongoing persecutory hallucinations causing distress however has been prescribed oral clopixol to take as required to help with same. Apprehensive leaving for pass, worried friends will be in the house taking drugs. Has reported that if things get too much he will return to the ward - good insight as to when he needs support.

What historical risk factors are there that it is important to be aware of? Poly drug use, psychotic illness, forensic history, previous DSH and attempted hanging. Forensic history, spent some years in Beckford Lodge.

What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland.

What factors are present that reduce risk? Agreeable to informal admission. Weekly Zuclopenthixol Decanoate depot injection. Good insight as to when he needs support

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Drug use, disengagement, increase in symptoms.

What is the clinical team going to do about it - In the next few days/between now and next appointment? Ongoing assessment. Depot. Passes home.

What is the clinical team going to do about it - In the next few months? N/A

Are there any other considerations for risk management? Community Compulsion Order revoked recently. Inpatient admission

What should the service user/family/carers do if risky situations emerge? Contact emergency services/team. Andy has been given Crisis Team contact information

Have all relevant professionals been informed of the risk management plan? on Emis yes

18-Sep-2025 10:07

Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (Charge Nurse)

Comment

Template: **Inpatient chronology**

Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once.

Continuous Intervention No • Chronology Comment:

Andy left for overnight pass at around 9am, was keen to leave as early as possible.

Apprehensive about pass, worried if his friends come to the house they will be taking drugs again.

Andy stated if this happens he will just return.

Encouraged to not let his friends in, tell them he isn't up for people visiting but he reported that he couldn't do that.

Support offered and encouraged to call if he is struggling.

Pass medication supplied until Saturday.

Additional

Legal Status: Informal

18-Sep-2025 07:07

Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (Staff Nurse)

Comment

Template: **Inpatient chronology**

Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once.

Continuous Intervention No

Chronology Comment: *1:1 with nursing staff *Andrew had asked if he could have 1:1 with writer. Andrew had stated that "the voices have been terrible", writer asked if Andrew felt comfortable in being able to talk about what they were saying as writer understands that Andrew can be guarded about this. Andrew had stated that the voices have been telling him "to murder people" however states that he would never act on this. Andrew had stated "i would understand if i was a bad person and done bad things but im not and i dont like what they say to me", writer had asked how many voices that he hears, andrew had stated that it is around 20 voices and is only familiar with one which is his brothers voice. Andrew had stated the only thing that gives him respite from the voices is when he takes cocaine however realises that when this wears off it makes him feel worse and has stated this is why he returns back from pass early as he wants to avoid engaging in illicit substances. Andrew had then stated that he is unable to go back home to get clothes as his ex partner is there and cannot go back, writer asked if there was anything nursing staff could do to

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help he said no, he also stated to writer that he didn't want to talk about that yet and would address this another day. Andrew had stated that he finds it difficult to trust people which is why he finds it hard to reach out to nursing staff however had stated that he trusts writer and would like to have more 1:1s when writer is on shift stating that this could help him. Andrew states that he isn't sure if his depot is working as he is unaware if any of his medication is and he has suffered 20 years of it and is tired now and cannot get a sleep at night. Andrew had stated that he still speaks with his forensic consultant as he sometimes sends her a text message and this helps him throughout the day however does not want to do this at the moment as she is off on maternity leave and doesn't want to be a "nonsense". Andrew had stated that he was going to utilise time out today and go and buy him new clothes. Writer had asked how Andrew manages daily tasks in the community, he states that he finds it hard but knows that he can return back to the ward when the auditory hallucinations become too distressing.

Additional Legal Status: Informal

18-Sep-2025 05:25 Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)

Template: **Inpatient chronology**

Comment Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No
Chronology Comment: Andy was visible on the ward this duty, spending time in communal areas with peers. Continues to present as pre-occupied and distracted on the ward, however facially bright when engaging with staff. Andy accepting of routine medication as per hepmaRetired to bed and appears to have slept well overnight No new issues to note

Additional Legal Status: Informal

Assessment Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

17-Sep-2025 16:36 Progress notes (NHS GG&C Mental Health Services) CUSTODIO, Jericho (StudentNurse)

Template: **Inpatient chronology**

Comment O/E - blood pressure reading 152/101 mmHg • O/E - pulse rate 78 beats/min • O/E - tympanic temperature 35.8 degrees C • O/E - rate of respiration 16 /minute • Blood oxygen saturation (calculated) 94 %
Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No
Chronology Comment: Patient agreeable to 1:1 interaction with writer. Appears the same in presentation. States he's "alright", however still hears voices in his head. Stayed visible in the dayroom all day, interacting with other patients as well as keeping to himself. Attended relaxation session. Has been up since 3:30am, but states sleep is okay. Did not attend breakfast, but accepted lunch. No suicidal ideations. Medication: Accepted medication per HEPMA, in addition to requesting PRN Lorazepam 2mg. Accepted weekly depot and agreed for writer to administer.
States he doesn't feel great physically.
No further concerns raised at time of documentation.

Additional Legal Status: Informal

17-Sep-2025 16:14 Face to face consultation (NHS GG&C Mental Health Services) MACEY-MILLER, Elaine (SpecialistOccupationalTherapist)

Template: **OT Activities**

Assessment OT Initial Assessment occupational therapy initial assessment
Met Andrew on the ward today, introduced self and role and Andrew agreeable to completing initial assessment and preparing cup of tea in OT kitchen. Andrew presented as bright and alert throughout the assessment today, was able to answer all questions and engage in discussion about his functional ability and activities of daily living with good insight. Andrew noted that his main concerns regarding returning home was his housing officer and that he feels she has been 'harrassing him'. He advised that he was due to go on pass from tomorrow until Saturday and during this he planned to visit the housing office and speak to them about the possibility of swapping housing officer.
Andrew reports no functional concerns at home, he prefers to eat ready meals and will

make use of a microwave and an air fryer. He usually visits his local Iceland for his shopping on a weekly basis and is aware of his benefits being in receipt of Â£770 per month. Andrew reported that he would previously struggle for money at times when he was using cocaine, however he had not used this in 5-6 months and is motivated to continue this as he feels he would be letting down his forensic psychiatrist if he returned to this. Andrew reports that his bills are via direct debit and he has no outstanding debts. Andrew states his property is in good condition and he has all white goods, he was able to demonstrate good problem solving around this that if they were not to work he would contact universal credit for support around this.

Andrew reports that he is fairly isolated, however prefers to keep to his own company. He is agreeable to considering 1:1 support in the community, e.g. via the CMHT and reports that he previously had support from a HCSW through the CMHT to access the community for social participation.

Andrew was able to prepare a cup of tea independently with no concerns noted.

Plan: OT will liaise with consultant regarding outcome of assessment. Recommendation would be for Andrew to be linked in with CMHT for 1:1 support which he would be interested in. No other functional concerns to note and no further OT requirements at this time. Full initial assessment to be uploaded to emis.

17-Sep-2025 15:44	Progress notes (NHS GG&C Mental Health Services) CUSTODIO, Jericho (StudentNurse)
	Accompanying HCP: SUMMERHILL, Natalie (StaffNurse)
	Template: Depot Administration
Comment	Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 350mg Frequency: Weekly • Left Gluteal Next Due Date: 24/09/25 Batch Number: 2835830 Expiry Date: 12-2028 Presentation: Settled, happy to receive depot. Risk: nil Side Effects of Concern: when asked none highlighted Smoking / Alcohol / Drug Use: Nil noted Levels of Activity: Walks on regular basis - obese Diet: Good diet Recommendations: Monitor for side effects, ongoing treatment
17-Sep-2025 15:30	Face to face consultation (NHS GG&C Mental Health Services) NISBET, Mhairi (ClinicalPsychologist)
Comment	Inpatient Clinical Psychology - screening appointment for upcoming 'What is real, what is not' group Present: writer Andy and Nicola McGuire (trainee clinical psychologist) Met with andy on the ward after staff identified him as someone that could benefit from upcoming psychology group. Writer provided written and verbal information around the group context and who it is aimed at. Andy said he would like to attend. He said he had engaged with psychology previously in the past and it had been helpful. Andy had just had his depot medication and so asked to complete the outcome measures independently at a different time. writer agreed to collect at the end of the week/start of next week. plan: session 1 starts on Tuesday 23rd of Sept at 2pm.
17-Sep-2025 14:28	Face to face consultation (NHS GG&C Mental Health Services) MACEY-MILLER, Elaine (SpecialistOccupationalTherapist)
	Template: OT Initial Assessment
Assessment	Present at Assessment Andrew (patient), Elaine Macey-Miller (specialist OT) Location of Assessment OT AAU Kitchen Reason for Referral to occupational therapy For review of functioning to support discharge to home environment. Mental Health Status Informal Has the role of the OT been explained? Yes • Consent Given? Yes

Background

Background Andrew is a 58 year old man with a diagnosis of schizophrenia, PTSD and a past forensic history. According to his admission documentation and from Andrew himself, he noticed an increase in command hallucinations which were telling him to harm himself and end his life. Andrew was seen by his CPN who referred him to crisis and he was thereafter agreeable to an informal admission to Leverndale Hospital. Andrew has a history of inpatient admissions to forensic services, commencing in 1997, in which he had a lengthy admission to Hartwoodhill. Andrew has also had multiple admissions to IPCU at Gartnavel Hospital. More recently, in 2021, Andrew experienced an admission to Beckford Lodge (forensic services) and a 3 year admission to Iona ward at Haymires. His care was transferred from forensic services to Eastvale CMHT in 2024, where he has received CPN input since. There is no known history of occupational therapy input via documentation, during these admissions, however Andrew did advise that he had received occupational therapy input many years ago when in Haymires hospital during his lengthy admission. Andrew advised that he has an extensive history of cocaine use and that this is something he was still engaging in until his admission. Andrew reports he is now keen to stay away from this due to feeling that he would let his forensic psychiatrist down.

Mental Health during Assessment

Mental Health during Assessment Andrew presented as well kempt during the assessment with appropriate eye contact. Rate and volume of speech was appropriate throughout and the content of conversation was appropriate, with no delusional thoughts or psychosis evident. Andrew was able to maintain good concentration and attention throughout for a period of around 45 minutes. He demonstrated a good level of insight into his abilities and challenges in regards to activities of daily living. Andrew was motivated to engage in the session and to prepare a cup of tea following this. He presented as polite throughout. No concerns with stamina or energy level. Andrew demonstrated a good level of insight into his current mental state and of that prior to his admission. He advised that he continues to experience auditory hallucinations and that this is something he has lived with for a long time. When OT enquired into managing these, Andrew advised he usually 'talks back' and this is what helps most. He advised that he is able to contain this to the safety of his own home and that he can manage this within the community without responding.

Reported Occupational Performance

Reported Occupational Performance Andrew demonstrated a good level of insight into his current occupational performance and engagement in activities of daily living. He advised that he manages all ADLs independently with no concerns and was able to talk through each area in detail. He was able to advise specifically how much he receives in benefits on a monthly basis and that he has direct debit set up for all bills. He advised that he has never had a problem with arrears. Andrew described a typical daily routine as getting up early, as he does not sleep well, usually around 5.30am. He would mostly spend time on his phone or watch the TV. He would access the local shops via taxi for his shopping and noted that he had been 'trying buses' to get to/from shopping. Andrew reports making use of an air fryer to prepare his meals, usually food items from Iceland such as frozen meals, sausages etc. He will also often use the microwave. In terms of personal care, Andrew noted that he would attend to his personal care by showering every other day, which he was now doing on the ward independently. He noted that he has a shower over the bath and able to transfer in/out of this with no issues. Andrew noted that he is fairly isolated and prefers to keep to his own company. He advised that he previously had input on a 1:1 basis from HCSW in the CMHT who would meet with him within the community for coffee. Andrew would be interested in this recommencing as he does feel that he can often be isolated. He reports that he often has a 'visitor' who will visit in the evenings and that housing are aware of this.

Environment

Environment Andrew resides in a 2 bedded flat, which he pays for the second bedroom within Rutherglen and is a housing association property. Andrew has resided here for 3 years and advised that it is in good condition and has all white goods in working order. He advised that he will often contact universal credit advisors to if he requires support with

white goods.

Problem Areas/Risk Factors

Problem Areas/Risk Factors Andrew has a history of substance misuse, which he reports feeling motivated to abstain from in recent months, however he is at risk of returning to this behaviour. Andrew is at risk of isolation within the community. He reports that he spends much of his time alone and that he would be interested in engaging in 1:1 with HCSW.

Evaluation

Occupational therapy assessment Andrew is a man with an extensive forensic history and multiple previous inpatient admissions, some for a number of years. He reports that he has experienced a period of acute illness, in which his auditory hallucinations became command hallucinations, which were pushing him to harm himself. Andrew has advised that since his admission these have remained, however settled and he now feels able to manage these independently, reporting that his coping skills revolve around responding to the hallucinations, however he is able to contain this within the safety of his home. Andrew reports that he manages all activities of daily living independently, with no concerns around his skills. His main concern at present is around being isolated in the community.

Occupational Therapy Plan and Recommendations

Occupational therapy treatment planning No further OT required at present. Andrew would benefit from 1:1 support to reduce his isolation in the community, which he has advised he would engage with as he previously found this beneficial.

Outcome of assessment discussed with service user and/or carer? Yes

17-Sep-2025 05:55	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once Continuous Intervention No Chronology Comment: Andy was visible on the ward at commencement of night duty, sitting in ward communal area with peer PG. Andy asked for PRN medication at start of the evening, he was visibly fidgety and appeared preoccupied. Writer encouraged Andy to try new PRN Zuclopenthixol to help with the voices, Andy did same. Andy later on attended treatment room again for his routine evening medications and reported to writer that he did not feel much effect from the Zuclopenthixol PRN. Writer encouraged Andy to keep trying the tablets should he need them, Andy happy with this plan. Accepting of evening medication as per HEPMA and nil concerns regarding dietary intake. Andy appears to have slept well overnight, awoke at approx 05:40 for juice and then went back to bed.
Additional	Legal Status: Informal
16-Sep-2025 17:49	Face to face consultation (Leverndale Hospital) GORDON, Mags (ChargeNurse)
Assessment	Template: Patient Pass Plan Patient Pass Plan Detention Status: Informal Current Risk: Medium Type of Pass: Unescorted Additional Conditions: 90 minutes unescorted time out - Andy can split this time or take it all at once. Pass Thursday to Saturday Can patient be considered as "Absent" if they fail to return? Yes If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - PATIENT: ASAP - attempt to contact patient - contact NOK - Check sign-in/out Book - Hospital Grounds Search - Inform CNO - Joint Action Form Completion - Contact Police Scotland 101 If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - RELATIVE or CARER: ASAP - attempt to contact patient - contact NOK - Check sign-in/out Book - Hospital Grounds Search - Inform CNO - Joint Action Form Completion - Contact Police Scotland 101 If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - POLICE: MISSING PERSON: ASAP - attempt to contact patient - contact

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NOK - Check sign-in/out Book - Hospital Grounds Search - Inform CNO - Joint Action Form
Completion - Contact Police Scotland 101
Patient in agreement with pass plan? Yes
Person completing pass plan: M Gordon

16-Sep-2025 16:20	Face to face consultation (Leverndale Hospital) GORDON, Mags (ChargeNurse)
Comment	Template: Inpatient MDT Information from other agencies / AHP Staff in Attendance: Dr Thomson & Mags Gordon CN Patient Attended Yes • Carer attended No • Continuous Intervention No Assessment: Feels that some days are good and some days are really bad. A good day is the voices are not all shouting at once - can feel when he wakes up what sort of a day he is going to have. Can still hear them talking all the time - some days they are not as annoying. Still feeling his legs are moving to the side - feels he does move - not fast or jerky - feels he just moves to the side - not shaking at night in his bed. Wants to keep going on with the depot to see if it does help with the voices. Olanzapine discontinued - commenced on Zuclopenthixol tablets prn advised to ask for these if needing them so we can work out if the depot needs to be increased by what amount. Brother has taken his dog over to Ireland - happy that it is being looked after - he does face time her as he does miss her. Would like another pass this week - would like to go out Thursday to Saturday. Time out status agreed: 90 minutes unescorted and pass from Thursday to Saturday (1) Action 1 Olanzapine discontinued (1) Assigned to Dr Thomson (2) Action 2 Prescribed Zuclopenthixol tablets prn (2) Assigned to Dr Thomson and nursing staff (3) Action 3 Pass from Thursday to Saturday (3) Assigned to Nursing staff Name of any new medication prescribed: Zuclopenthixol tablets Medication Discussion with patient: Yes by whom and when: Dr Thomson Medication Literature given: Yes record by whom and when Mags Gordon Patient consents to plan of care: Yes • Multidisciplinary review
16-Sep-2025 16:01	Progress notes (NHS GG&C Mental Health Services) CUSTODIO, Jericho (StudentNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once Continuous Intervention No Chronology Comment: Andrew appears settled on the ward, spending time in the day room. Did not accept breakfast or lunch, and plans to not have dinner. Compliant with medication and watched TV all day. States mood is fine. No other concerns raised at time of documentation. O/E - blood pressure reading 139/83 mmHg • O/E - pulse rate 80 beats/min • O/E - tympanic temperature 36.6 degrees C • O/E - rate of respiration 17 /minute • Blood oxygen saturation (calculated) 96 %
Additional	Legal Status: Informal
16-Sep-2025 05:22	Progress notes (NHS GG&C Mental Health Services) MCKERRACHER, Janet (StaffBankNurseRMN)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andrew was settled on the ward and spent time in the dayroom. Bright and reactive and chatted with staff. Uncomplaining and attended for routine medication. Has supper and retired to bed by midnight. Slept for long spells overnight.
Additional	Legal Status: Informal
Assessment	At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide despite auditory hallucinations telling him to harm himself. Harm to Self: No Nil risk identified this duty At risk of harming others Forensic History. Hx of physical assault and V&A. Auditory hallucinations telling him to harm others.

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Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

15-Sep-2025 16:41	Face to face consultation (NHS GG&C Mental Health Services) MCCLEMENT, Lindsey (ChargeNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: 1:1 PROGRESS NOTES: Andy continues to experience auditory hallucinations which cause distress. However today Andy reports he is so so, not presenting as agitated or distressed as previous days. Appears to have a good relationship with peer [REDACTED] and has been sitting out socialising with her throughout the course of the day. Having company appears to reduce anxiety levels for Andy. Was jovial with staff in afternoon, not as pre-occupied by hallucinations. Concordant with routine medication. Good diet and fluid intake. Missed breakfast as has been sleeping longer in the mornings ?due to olanzapine at night. Voicing no immediate concerns at present. Denying any thoughts of self harm or harm to others.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
15-Sep-2025 16:15	Laboratory result (NHS GG&C Mental Health Services) SALEEMI, Nida (DiT)
Comment	Chasing bloods- U&es, LFTs, Tfts- normal. Total cholesterol- 6.4. Prolactin levels- 1366 (prev. level in July- 1582). Macroprolactin awaited- will discuss with pharmacist/Consultant at MDT tomorrow Commence atorvastatin 20mg and repeat lipid profile and lfts in 2-3months
15-Sep-2025 11:25	Face to face consultation (NHS GG&C Mental Health Services) SALEEMI, Nida (DiT)
Comment	email from pharmacist (Gemma) : "- could we get a repeat prolactin level for him? Last checked in July and elevated but no longer on paliperidone depot so hoping this has come down.- I have noticed his blood pressure has been quite elevated and wonder whether you could review? Also not sure whether within our scope but I've calculated his QRISK score to be 13.1% and wonder whether a statin should be started?- could his prn co-codamol (which is a non-formulary strength) be switched to paracetamol alone or stepped down to co-codamol 8/500?- for an ECG this week" Prolactin level and pre-statin treatment bloods taken today. Statin therapy discussed with Andrew- happy to commence this, no questions. Will commence once baseline bloods back. Will need Repeat LFTs in 2-3 months will change co-codamol rx as above- not used any co-codamol since the 10/9/25- have changed to PRN paracetamol- monitor pain response and titre as appropriate ECG today- NSR- rate 79. Qtc (454- prev. 459), nil obv. new change compared to previous. Plan to discuss Qtc at MDT tomorrow Andrew had just woken up from sleep, sleepy and tired. reported feeling okay, still the same, no change in the voice, is sleeping better, pass went well. said did not do much when on pass, did see his dog who is currently with brother. Nil concerns voiced.
15-Sep-2025 05:45	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andy was visible on the ward this evening, spending time with peer PG. Facially bright on approach, continues to appear preoccupied at times but less distressed than previously. Andy continues to report auditory hallucinations to staff, reports these have not improved Andy accepting of routine medication as per

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	hepmaRetired to bed and appears to have slept well overnight No new issues to note
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
14-Sep-2025 18:38	Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)
Comment	Template: Inpatient MDT Meeting Date: 16/09/25 Ward & Hospital Leverndale ward 4B Meeting Purpose: Review • Does carer wish to attend MDT No • Does patient wish to attend MDT Yes • MHA Status: Informal • Advanced Statement Completed No Summary of progress (SBAR) \ patient views Andrew has been mostly settled on the ward this week however his mental state remains variable. On some days Andrew has been more settled, reporting an improvement in his mental state and that he feels an improvement since commencing on olanzapine, states he is sleeping better however Andrew continues to have days where he is more distressed, reporting his symptoms have not improved. Andrew has appeared distracted and preoccupied at times, agitated and almost tearful on occasion, requesting PRN for auditory hallucinations. Andrew continues to report command hallucinations which are extremely distressing. Has accepted some reassurance from staff however continues to find it difficult at times to go into full depth regarding the nature of his hallucinations. Despite this, Andrew was keen to go out on pass on 11/09. Did contact the ward on the day he was due to return to ask if he could stay out another night to allow him to get the bus back with peer [REDACTED] the following day however he was informed he would need to return to the ward to receive extra medication and for this to be okâ€™d by duty Dr therefore Andy decided to return to the ward on the day planned. Reported his pass went well however has since reported he is still struggling with hallucinations. Andrew has accepted all routine medication as per HEPMA. Nil concerns regarding dietary intake. No further concerns at time of writing. Information from other agencies / AHP O/E - height 172.72 cm Actual height O/E - weight 139.2 kg Actual weight Multidisciplinary review
14-Sep-2025 17:17	Face to face consultation (NHS GG&C Mental Health Services) KYLE, Hannah (HCSW)
Comment	Template: Inpatient FFN Nutritional assessment completed O/E - weight NOS 124 kg Admission Weight O/E - weight 139.2 kg Actual weight O/E - height 172.72 cm Actual height Body mass index 46.7 kg/m2
14-Sep-2025 17:11	Face to face consultation (NHS GG&C Mental Health Services) KYLE, Hannah (HCSW)
Comment	O/E - blood pressure reading 148/89 mmHg • O/E - pulse rate 80 beats/min • O/E - rate of respiration 13 /minute • O/E - level of fever 36.8 degrees C • Blood oxygen saturation 97 %
14-Sep-2025 14:34	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: 1:1 INTERACTION WITH ALLOCATED NURSE/ PROGRESS NOTES:Andy continues to report he isnâ€™t feeling great.Auditory hallucinations remain, Andy reports these have not reduced at all and remains as frequent and as intense as they have been.Objectively doesnâ€™t appear as anxious or distracted but Andrew reports otherwise.Has spent the day isolated in bedroom area, minimal engagement or visibility in the ward.Attended for lunch but refused breakfast.Remains dishevelled, requiring a shave and a change of clothes. Minimal attention shown to personal care.Seemed to perk up later in afternoon when peer PG returned from pass.Concordant with routine medication.No management issues at this time.

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Additional Assessment	Legal Status: Informal At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide despite auditory hallucinations telling him to harm himself. At risk of harming others Forensic History. Hx of physical assault and V&A. Auditory hallucinations telling him to harm others. Harm from Others: No Nil risk identified this duty
14-Sep-2025 05:42	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andy kept a low profile on the ward this duty, spending his time within his bedspace. Minimal engagement with nursing staff, reported enjoying his pass but did not discuss this in depth. Continues to appear pre-occupied, difficult to fully assess due to isolative behaviours Andy accepting of routine medication as per hepma Retired to bed and appears to have slept well overnight No new issues to note
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
13-Sep-2025 17:27	Progress notes (NHS GG&C Mental Health Services) HOWIE, Jennifer (NursingAuxiliary)
Comment	Template: Inpatient chronology Chronology Comment: Andrew phoned the ward this morning to see if he could stay out on pass for an extra night. He was informed by nursing staff that he would need more of his medication, and that the duty doctor would have to be contacted to review Andrew and approve an extra night. Andrew was understanding of this and therefore Andrew returned to the ward this afternoon. Andrew was bright on arrival back to the ward, and told nursing staff that he enjoyed his pass, saying that he enjoyed the "peace and quiet to watch TV". Andrew remains bright and there are nil concerns regarding his pass.
13-Sep-2025 06:25	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Andy remains on pass, no contact with the ward overnight Andy due to return to the ward 13/09
12-Sep-2025 23:22	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Assessment	Template: Falls risk Assessment and Falls Interventions General Safety Precautions 1 Have you documented mobility status in clinical record Independent - fully mobile 2 Have you completed a moving and handling assessment (if appropriate) Yes 3. Check walking aid (if required) is in reach and in use N/A 4. Check call bell is in reach and working. Andy aware of how to work call bell 5. Provide and document alternative measures if patient is unable to use call bell N/A 6. Check footwear is safe (refer to NHSGGC Footwear guidance) Yes 7. If glasses are worn, check they are available and in use N/A 8. If hearing aid/s are worn, check they are working and in use N/A Risk Assessment 1. Has the patient fallen in the last 6 months - including during this admission? No 2. Does the patient have cognitive impairment or a possible delirium? No 3. Does the patient attempt to walk alone although unsteady or unsafe? No 4. Does the patient or their relative have a fear or anxiety of the patient falling? No 5. Based on your clinical judgement, is this patient at high risk of falling? No
12-Sep-2025 20:46	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	PCCP review completed within documents Unable to discuss care plan with Andy as utilising pass home PCCP review next due 19/09/25
12-Sep-2025 17:48	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
Comment	Andy remains out on pass. No contact has been made to the ward. Due to return 13/09/25

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12-Sep-2025 06:05	Progress notes (NHS GG&C Mental Health Services) MCKERRACHER, Janet (StaffBankNurseRMN)
	Template: Inpatient chronology
Comment	Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andrew remains on pass and has made no contact with the ward overnight
Additional	Legal Status: Informal
Assessment	At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide despite auditory hallucinations telling him to harm himself. Harm to Self: No Nil risk identified this duty At risk of harming others Forensic History. Hx of physical assault and V&A. Auditory hallucinations telling him to harm others. Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
11-Sep-2025 12:14	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
	Template: CRAFT - Risk Assessment
Comment	Risk assessment When is this review taking place? Other, please state Pass Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Diagnosis paranoid schizophrenia and complex PTSD.Previous polydrug use.Transfer from forensic team (had spell in Beckford and on Community based Compulsion Order).Long forensic history of ten involving road traffic offences but also assaults in past.Numerous jail sentences.Voices can tell him to harm himself,overdose and attempted hanging in past.Describes thoughts of DSH on occasion but doesn't want to die and contacts family (brother and sister in law) who are supportive.30/6/25 Reports hearing God's voice-worried he will visit him and encourage him to kill devils disciples.Staying at home as he doesn't want to get into trouble.Denies wanting to harm himself or others but anxious re symptoms.Seems keen on admission but agreeable to Crisis to monitor situation.1/07/25- As per 30/06/25 Andy describes that believes God or other people are going to cause him harm. He has no intention of leaving house as this would put himself at risk, but thinks people will cause him harm in his own home. No evidence that this is reality and consistent with psychotic diagnosis. Has thoughts of suicide and suggests he would attempt to hanging himself. He has no specific plan around this and could not come up with a means to hang himself. He reports that he has no ropes in house.Also risk of not appropriately meeting his dietary needs. " Im just going to have a cup of tea today."2/7/25 - risk of substance misuse though denies any recent use. Historic suicide and DSH and with commanding hallucinations risk amplified. Unclear stressors though brothers physcial health could be contribution to this.18/7/25 - tends to self isolate in response to stressors, risk of substance misuse. Risk of DSH, suicide due to commandeering hallucinations, remains informal in hospital, wanting help and feels safe in hospital. Risk increases and signs of severe illness if has urge to get behind the wheel.25/07/2025 - No changes from above as advised by medical team prior to pass.18/08/2025 - No changes noted to risk above. Ongoing auditory hallucinations which cause distress due to nature of content.29/08/25 - Andy continues to voice persecutory auditory hallucinations which cause him upset and distress.11/09/2025 - Andrew continues to voice distress from persecutory hallucinations both auditory and visual. Andrew reported that he is able to keep himself safe and has no plans to act on commands. Was unsure if he would act on others but agreed he was safe to go out on pass and would return to the ward if he is too overwhelmed What historical risk factors are there that it is important to be aware of? Poly drug use, psychotic illness, forensic history,previous DSH and ?attempted hanging. Forensic history, spent some years in Beckford Lodge. What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland . What factors are present that reduce risk? Agreeable to informal admission.Depot

commenced Weekly 300mg Zuclopenthixol Decanoate depot injection.

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Drug use, disengagement, increase in symptoms.
What is the clinical team going to do about it - In the next few days/between now and next appointment? Ongoing assessment. Depot. Passes home.
What is the clinical team going to do about it - In the next few months? N/A
Are there any other considerations for risk management? Community Compulsion Order revoked recently. Inpatient admission
What should the service user/family/carers do if risky situations emerge? Contact emergency services/team. Andy has been given Crisis Team contact information
Have all relevant professionals been informed of the risk management plan? on Emis yes

11-Sep-2025 10:07	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andy was settled on the ward at the start of today's duty, sat with select peers in the TV day area, utilised the ward tea trolley before attending the treatment room for his routine medications as per Hepma, attended off ward dining area for breakfast, good food and fluid intake, pass medications checked and given to Andy as he left the ward. Advised he can contact the ward at any time during this pass. No further update at time of writing. Due back from pass Saturday 13/09/2025 late afternoon. Patient care record reviewed by clinical supervisor L.McClement
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
11-Sep-2025 09:50	Face to face consultation (NHS GG&C Mental Health Services) KYLE, Hannah (HCSW)
Comment	O/E - blood pressure reading 152/96 mmHg • O/E - pulse rate 97 beats/min • O/E - level of fever 35.6 degrees C • Blood oxygen saturation 96 % • O/E - rate of respiration 14 /minute
11-Sep-2025 05:45	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andy has appeared settled on the ward this shift. Visible spending time with peer [REDACTED] in the day area and at couch at the bottom of their corridor. Utilised time off the ward to Tesco for juice, returned back in good order. Bright and reactive on approach from staff and while engaging with staff and select peers. Compliant with routine medication as per HEPMA. Appears to have slept well overnight.
Additional	Legal Status: Informal
10-Sep-2025 18:00	Progress notes (NHS GG&C Mental Health Services) O'HAGAN, Anne (ChargeNurse)
Comment	Template: Depot Administration Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 350 mgs Frequency: Weekly • Right Gluteal Next Due Date: 17/09/2025 Batch Number: 2833627 Expiry Date: 10/2028 Presentation: Settled, happy to receive depot. Side Effects of Concern: No side effects reported at time of administration.

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Smoking / Alcohol / Drug Use: Nil noted
Levels of Activity: Walks on regular basis - obese
Diet: Good diet
Recommendations: Monitor for side effects, ongoing treatment

10-Sep-2025 16:45	Progress notes (NHS GG&C Mental Health Services) O'HAGAN, Anne (ChargeNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: WRITTEN IN ROLE OF BANK NURSECHRONOLOGICAL NOTE/NURSING INTERVENTIONAndrew has had a settled day on the ward. He has been visible in communal areas of the ward. Appears distracted at times however Andrew's mood appears bright and reactive on approach and he has been engaging well with others. Andrew said he feels hopeful that the new combination of medication that he is on will help him however he reports that he continues to hear voices 24 hours a day. Andrew also reports side effects to his medication and said that he has wobbly legs, dry mouth and experiences occasional incontinence. Andrew is looking forward to going on pass tomorrow which has been agreed by medical staff. Pass medication has been ordered from pharmacy. No new concerns.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
10-Sep-2025 10:22	Face to face consultation (NHS GG&C Mental Health Services) SALEEMI, Nida (DiT)
Comment	Went to update ECG today- Sinus tachy with rate- 101. difficult ECG as stickering kept coming off and poor trace. QTC 459 (have emailed Pharmacist for advice) Andrew appeared with pleasant this am, well kempt, sitting in communal TV area, smiled when I approached. Asked if he could go on a pass thursday to monday. Looking back at previously MDT plans has had a pass from friday to Sunday and Dr Thomson's handover plan advised he can have O/N pass. Discussed duration of pass with Andrew- happy to go on thursday and come back on saturday instead- Aware can contact ward at anytime if struggling whilst on pass and come back. Reported feeling okay today, not feeling as breathlessness
10-Sep-2025 05:27	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andrew has been visible on the ward this shift spending time watching TV in the dayarea with peers. Appearing extremely preoccupied and distracted on the ward. Approached nursing station at approx 05:00, looking physically distressed, agitated and almost tearful requesting PRN. Continues to report constant auditory and command hallucinations, appearing unable to fall into deep sleep due to same. Compliant with routine medication as per HEPMA. Accepting of fluids approaching staff for jugs of orange juice rather than his fizzy juice.
Additional	Legal Status: Informal
10-Sep-2025 05:04	Progress notes (NHS GG&C Mental Health Services) MCCHESENEY, Evelyn (StaffNurse)
Procedure	Template: As required (PRN) - Psychotropic medication On psychotropic medication PRN Administered Date & Time: 10/09/25 & 05:05 Route: Oral • Initiated by: Patient Request Reason for administration: Distress secondary to psychotic symptoms Restraint Required - No Olanzapine 2.5
09-Sep-2025 17:26	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
	Template: Inpatient chronology

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Comment	Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andrews presentation on the day duty has been settled pleasant and appropriate in manner, facially animated upon approach When asked how Andrew has been feeling he states that he is "so and so", he states that he has been feeling slightly better whilst commencing recently on olanzapine, states that he has been sleeping better Has been accepting his routine medication as per hepma, nil concerns with compliance - nil side effects reported Had stated to writer that he "needs to cut back on fizzy juice", encouraged to try sugar free to help to start with, which he is accepting of same Has been accepting of adequate dietary and fluid intake - nil concerns with same Has utilised unescorted time out today - returning in good order. Has been visible for other spells throughout the day spending time in the day area with peers. Nil concerns at time of writing.
Additional	Legal Status: Informal
09-Sep-2025 16:18	Face to face consultation (NHS GG&C Mental Health Services) SALEEMI, Nida (DiT)
Comment	weekly review Andrew appears well kempt. good eye contact through out. reports ongoing hallucinations (saying 'horrible' things which he did not want to repeat. said gets worse if he does not respond to them. Not acting on what the voices are telling him to do). reported low mood but knows depot will take some time to work. Said olanzapine has helped with sleep. appeared pleasant and smiled appropriately Has been sign out for walks to the shop-managing these fine. nil new concerns reported Does not want to go on a pass at present Plan: access beekford lodge notes- noted Dr Thomsons handover noted state no mood stabiliser mentioned in beekford lodge notes and consideration for lithium if no benefit with clopixol. Continue with current medication at present ECG tomorrow
09-Sep-2025 05:48	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (Staff Nurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andy was visible on the ward this evening, spending time in communal areas of the ward watching tv. Continues to appear preoccupied and distracted on the ward. Reports his mood has been low this evening as is struggling with hallucinations. Andy accepting of routine medication as per hepma. Andy retired to bed and appears to have slept well overnight No new issues to note
Additional	Legal Status: Informal
Assessment	Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
08-Sep-2025 16:31	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (Charge Nurse)
Comment	O/E - rate of respiration 22 /minute • Blood oxygen saturation 94 % • O/E - blood pressure reading 142/86 mmHg • O/E - pulse rate 91 beats/min
08-Sep-2025 15:37	Progress notes (Leverndale Hospital) MCCLEMENT, Lindsey (Charge Nurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No • Chronology Comment: 1:1 INTERACTION WITH ALLOCATED NURSE/PROGRESS NOTES: Andy keen for chat with writer today. Believes the medication (depot) isn't working, although hallucinations aren't as frequent the medication hasn't made a difference to how he is feeling or intensity of what he is hearing. Andy disclosed he is still in contact with his forensic psychiatrists despite her being on maternity leave and she has advised Andy waits it out until up at maximum dosage. Andy reluctant about this and feels things should have worked quicker than this. Did report the introduction to olanzapine has helped with sleep but again hasn't reduced his hallucinations. He reports the content of these are unchanged, they remain derogatory and violent. They

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continue to harm himself and others.
He has reported he wouldn't harm himself but unsure if he would harm anyone else.
Feels when he is off the ward everyone is staring at him, he feels unsafe but states he has to get out to get his juice.
Keen for more changes to be made to medication at MDT tomorrow "aware Dr Thomson is off.
Visibly Andy remains anxious and pre-occupied but is visible in day area, reports he feels safe and comfortable here.
Has been attending for meals, diet good.
Continues to lack motivation to attend to personal care, he reports "people with mental illness need to be told when to shower" . Encouraged to attend to his needs today and perhaps get a shave.
Concordant with routine medication.
Nothing further to report at time of writing.

Additional Legal Status: Informal
Assessment At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide despite auditory hallucinations telling him to harm himself.
At risk of harming others Forensic History. Hx of physical assault and V&A. Auditory hallucinations telling him to harm others.
Harm from Others: No Nil risk identified this duty

08-Sep-2025 05:32 Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)

Template: **Inpatient chronology**
Comment Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once.
Continuous Intervention No
Chronology Comment: Andy spent his evening in the day area watching tv and chatting with peers. Continues to appear pre-occupied and distracted on the ward, Continues to report auditory hallucinations to nursing staff. Andy accepting of routine medication as per hepma Retired to bed and appears to have slept well overnight. No new issues to note

Additional Legal Status: Informal
Assessment Harm to Self: No Nil risk identified this duty
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

07-Sep-2025 15:24 Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)

Template: **Inpatient chronology**
Comment Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once.
Continuous Intervention No • Chronology Comment:
1:1 INTERACTION WITH ALLOCATED NURSE/ PROGRESS NOTES:
Andy continues to present pre-occupied and agitated.
He continues to report the same ongoing issues, hallucinations overwhelming and struggling to disengage from them.
Little to no effect noted from medication / PRN.
Andy did report that the olanzapine has helped him sleep better at night but it hasn't reduced the hallucinations.
Did not disclose too much with content of these, just kept saying it's the same stuff.
Is hopeful that the increased in his depot titration will help.
Has managed to utilise some time to the shops today without incident.
Concordant with routine medication.
Diet and fluid intake adequate.
No further issues to report at time of writing.

Additional Legal Status: Informal
Assessment At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide despite auditory hallucinations telling him to harm himself.
At risk of harming others Forensic History. Hx of physical assault and V&A. Auditory hallucinations telling him to harm others.
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

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07-Sep-2025 12:24	Face to face consultation (NHS GG&C Mental Health Services) KYLE, Hannah (HCSW)
Comment	O/E - blood pressure reading 149/87 mmHg • O/E - pulse rate 79 beats/min • O/E - rate of respiration 14 /minute • O/E - level of fever 35.3 degrees C • Blood oxygen saturation 95 %
07-Sep-2025 05:05	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andrew was off ward at the start of todays duty, returned to the ward in good order, Andy spoke with writer who advised him to attend to his personal hygiene due to being malodourous, Andy was accepting of this advice and was assisted with toiletries and towels to facilitate this, Andy later thanked writer stating he was feeling better for attending to his personal care needs, appeared well kempt when sitting in the TV day area sitting with fellow peers watching a film. Andy asked writer to order him a chinese meal which was also facilitated, seen to share this with fellow patient [REDACTED]. Polite and appropriate when engaging with nursing staff to have his nursing needs met, good food and fluid this duty, seen to return to his bedspace where he has been seen to be sleeping from 0030 hour and all subsequent hourly board checks however awake briefly to obtain his phone from charge. Mood appeared to be uplifted tonight with the company of fellow peer [REDACTED]. Continues to voice auditory hallucinations and having a sore back however he has stated this was usual for him. Accepting of all medications as per Hepma. No further update at time of writing.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
06-Sep-2025 17:48	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andy has kept a low but visible profile on the ward this duty, spending time between the day area and his bedspace. Continues to appear distracted on approach, reports ongoing auditory hallucinations which are impacting his mood. Engaged in 1:1 with writer as noted below Andy accepting of routine medication as per hepma Good diet and fluid intake noted Andy has not attended to personal care this duty despite encouragement from staff No new issues to note.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
06-Sep-2025 13:54	Face to face consultation (NHS GG&C Mental Health Services) KYLE, Hannah (HCSW)
Comment	Template: Inpatient FFN Nutritional assessment completed O/E - weight NOS 124 kg Admission Weight O/E - weight 145.2 kg Actual weight O/E - height 172.72 cm Actual height Body mass index 48.7 kg/m2
06-Sep-2025 13:52	Face to face consultation (NHS GG&C Mental Health Services) KYLE, Hannah (HCSW)
Comment	O/E - blood pressure reading 152/100 mmHg • O/E - pulse rate 89 beats/min • O/E - rate of respiration 14 /minute • O/E - level of fever 35.2 degrees C • Blood oxygen saturation 93 % • O/E - weight 145.2 kg
Additional	Weight monitoring Current weight 145.2 kg equates to 22 st, 12 lb. A 9% gain from the previous reading (133.0kg, 30-Aug-2025). Based on the height entry (30-Aug-2025) a

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healthy weight is likely to be 55 - 75kg (8 st, 9 lb - 11 st, 11 lb)
Body mass index 48.67 kg/m² (calculation based on height entry 30-Aug-2025, NB prior to age 70 average height loss is 1cm per 10 years).

06-Sep-2025 13:47	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient MDT Meeting Date: 09/09/25 Ward & Hospital Leverndale ward 4B Meeting Purpose: Review • Does carer wish to attend MDT No • Does patient wish to attend MDT Yes • MHA Status: Informal Information about advance statement provided and explained Information given, Andrew does not wish to complete at current time. Advanced Statement Completed No Summary of progress (SBAR) \ patient views Andy's mental state remains largely unchanged this week. He continues to report auditory hallucinations which are derogatory in nature. Reports hearing a new voice, does not recognise the voice. Also discussed feeling like the voices communicate via the tv at times and so will isolate within his bedspace. Andy does not feel any improvement from depot medication - information leaflet given on Olanzapine. Andy remains concordant with routine medication, denies side effects relating to same. Andy has not experienced urinary incontinence since commencing Clopixol. Good diet and fluid intake noted on the ward. Andy continues to utilise time off ward to go to local shops, remains happy with 90 minutes. Andy continues to have a varied sleep pattern, reports hallucinations are worse at night. Personal care remains poor despite staff encouragement. Carer Views: Andy does not wish for staff to contact his brother at present. Information from other agencies / AHP Physical Health No new physical health concerns to note Ongoing weekly NEWS2Compliant with weekly weights O/E - height 172.72 cm Actual height Weight gain Kardex Attached: No On Hepma. Depot: Zuclopenthixol 350mg Depot last given: 03/09/25 Depot next due: 10/09/2025 PRN medication reviewed and discussed: Promethazine 50mg: 02/09 @ 1240, 04/09 @ 1105 & 1755 Lorazepam 2mg: 05/09 @ 0215 & 2325 Co-codamol 15/500 x 2 tabs: 03/09 @ 1120, 05/09 @ 1020 & 1545 Multidisciplinary review
Assessment	PRN Action taken: For review at MDT
06-Sep-2025 13:20	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	1:1 With Named Nurse Writer approached Andy offering 1:1, Andy accepting of same. Andy reported to writer he has been commenced on Olanzapine, recalls discussing this with Dr Thomson however cannot remember much of the information. Writer has provided Andy with a patient info leaflet on Olanzapine to keep for reference. Andy reports no improvement in psychotic symptoms. He reports he continues to experience auditory hallucinations which are derogatory in nature. Andy also reports hearing a new voice - he does not know the new voice and again reports this voice is derogatory. Andy discussed his hallucinations "knowing everything I've done and everything I'm going to do". Andy discussed gaining some respite from his hallucinations when he is in quieter places, and when it is louder "the voices creep back in". Andy also noted that sometimes he feels "the voices speak through the tv". Discussed current depot dose and frequency - Andy feels there has been no improvement in his mental state since commencing the depot. Feels the depot being weekly is "too much" for him.

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Explained rationale for increasing depot medication, Andy aware and agreeing of this. Andy reports that previous urinary incontinence has subsided now, feels this may have been his body adjusting to new medication.

Andy reports he is still in contact with his brother, finds this difficult as his brother "doesn't really get" mental health and Andy's diagnosis. Andy has declined for staff to contact his brother, advising he would like to speak with him on his own terms.

Andy advised he is happy to remain in hospital, reporting he feels safe. Discussed Advanced Statement again, Andy does not feel he is able to complete this at present but will approach staff when ready to.

06-Sep-2025 09:40	Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)
Assessment	Template: Falls risk Assessment and Falls Interventions General Safety Precautions 1 Have you documented mobility status in clinical record Independent - fully mobile 2 Have you completed a moving and handling assessment (if appropriate) Yes 3. Check walking aid (if required) is in reach and in use N/A 4. Check call bell is in reach and working. Andy aware of how to work call bell 5. Provide and document alternative measures if patient is unable to use call bell N/A 6. Check footwear is safe (refer to NHSGGC Footwear guidance) Yes 7. If glasses are worn, check they are available and in use N/A 8. If hearing aid/s are worn, check they are working and in use N/A Risk Assessment 1. Has the patient fallen in the last 6 months - including during this admission? No 2. Does the patient have cognitive impairment or a possible delirium? No 3. Does the patient attempt to walk alone although unsteady or unsafe? No 4. Does the patient or their relative have a fear or anxiety of the patient falling? No 5. Based on your clinical judgement, is this patient at high risk of falling? No
06-Sep-2025 05:49	Progress notes (NHS GG&C Mental Health Services) GALLAGHER, Sarah (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andy displaying isolative behaviours since onset of shift. Andy appeared facially flat and pre-occupied. Engaged in some superficial conversation however slightly dismissive of conversation. Good dietary and fluid intake from supper trolley. Noted to be drinking a lot of fluids, nursing staff will monitor same. Compliant with routine medication as per hepma. Appears to have broken sleep overnight.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
05-Sep-2025 15:48	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once. Continuous Intervention No Chronology Comment: Andy has been visible on the ward this duty, spending time in communal areas. Appearing slightly flat during interactions - reported to writer that he is struggling with auditory hallucinations, but feels spending time in the day area helps to distract him from these. Andy accepting of routine medications as per hepma, has utilised Co-codamol for pain with good effect. Good diet and fluid intake noted thus far. Andy has utilised time off ward appropriately this duty. No new issues to note
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
05-Sep-2025 12:54	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	PCCP review completed.