

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

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

PCCP review next due 12/09/25

05-Sep-2025 09:32	Face to face consultation (NHS GG&C Mental Health Services) THOMSON, Sarah (Consultant)
Comment	medical review: Andrew said he's not feeling too good the auditory hallucinations are worse - intensity and new voices There's too many I can't deal with them all. His brother who used to abuse him is shouting and bawling. the voices are telling him to get into fights They're keeping him awake - at night it's terrible. he gets a sleep in the afternoon he can't hear cars go past which helps - advised to look up cars on youtube He's been seeing his brother and other people he doesn't know - visual hallucinations Drinking fizzy juice watched tv and this can be good but they talk through the tv sometimes Information given re adding olanzapine Conts to experience invol movements in legs - to the side when want to go stright. Pulled to the side -- can't walk straight. No restlessness. No falls, weakness, parasthesia, dizziness. Advised that he's been referred for respiratory testing Pass went ok but came back because panicked. Doesn't want another pass home he had good ec and a warm rapport, reduced speech, appears a little distressed, less restlessness, auditory and visual hallucinations, good insight Plan: add olanzapine 5mg nocte and 2.5mg prn, pass home if wants this, review notes, advice given re reducing sugar intake
05-Sep-2025 06:24	Face to face consultation (NHS GG&C Mental Health Services) DUFF, Jasmin (Staffnurse)
Procedure	Template: As required (PRN) - Psychotropic medication On psychotropic medication PRN Administered Date & Time: 05/09/2025 @ 0216am Route: Oral • Initiated by: Patient Request Reason for administration: Becoming increasingly more distressed by auditory hallucinations and unable to sleep. Restraint Required - No Lorazepam 2mg Date and Time: 0330am Patient review : Much Improved
05-Sep-2025 05:46	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 visible in his bedspace at the start of todays duty, stated he was hungry as he had slept most of the day, asked if he could order a takeaway however changed his mind with regards to this stating he had foods in his bespace, utilised the ward supper trolley. Andy left his bedspace to request 2mg Lorazepam PRN which has appeared to have a good settling effect. Andy has voiced he continues to struggle with his auditory halucinations, appears tortured at times. Seen to be asleep from 0030 and briefly awake to request PRN before being able to settle himself back to sleep, remains asleep at time of writing. No further update.
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-Sep-2025 23:36	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (StaffNurse)
Comment	PCCP locked and reported to the help desk team, incident number INC1690668.
04-Sep-2025 19:06	Face to face consultation (NHS GG&C Mental Health Services) KYLE, Hannah (HCSW)
Comment	O/E - blood pressure reading 143/102 mmHg • O/E - pulse rate 95 beats/min • O/E -

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

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

rate of respiration 17 /minute • Blood oxygen saturation 96 %
thermometer reading inaccurate.

04-Sep-2025 15:28	Progress notes (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: Andrew has been struggling throughout the day. On approach, eyes pin point, unable to give eye contact, fidgeting and visibly anxious and distressed. Reports things are getting worse, experiencing both visual and auditory hallucinations. Andy stated they keep telling him they are going to "chop him up". Recognises one of these people being his brother but unsure of anyone else. Seeking as required medication but having little effect, remains distressed by same. Trying to stay visible or sleep things off. Refused breakfast but did attend for lunch. Concordant with routine medication. No management issues at this time.
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
04-Sep-2025 07:10	Progress notes (NHS GG&C Mental Health Services) GREGORY, Kim (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: Andre spent a quiet evening in the day area. Enjoyed a takeaway for supper. Noted to be responding to unseen stimuli however does not appear distressed by thgis. Accepted medication as per Hepma. Has been awake since 06:00 and appears tired.
Additional	Legal Status: Informal
03-Sep-2025 16:03	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 - 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, facially bright and reactive on approach. Andy has not voiced any concerns regarding the auditory hallucinations he experiences this duty. Concordant with routine medication as per HEPMA. Andy due this depot injection this duty, yet to be administered at time of writing. Nil concerns regarding dietary intake. Andy has been polite and appropriate in conversation with staff and peers, engaging well. Nil else to note at this time.
Additional	Legal Status: Informal
03-Sep-2025 04:56	Face to face consultation (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (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: Andrew had a nap early in the shift and woke from this and telephoned the ward from his bedroom. Andrew stated he had fell asleep at home and was just going to stay there. Andrew was in actual fact in his bed on the ward and had woke from a dream. Andrew came to speak to nursing staff and was laughing appropriately at this, interacted well with staff and was facially bright. Visible in the day area for the evening after this. Accepting of nocte medication. Nil complaints from Andrew this shift about

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

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

voices. 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
02-Sep-2025 17:15	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 - can split this time up or take it all at once Continuous Intervention No Chronology Comment: Andy has been visible in the day area this duty, spending much of his time engaging well with peers. Andy has continued to voice to staff that the derogatory voices he experiences were really bothering him. Attended MDT this afternoon - see note below. Concordant with routine medication - utilising GTN spray when needed. Nil concerns regarding dietary intake. Nil else to note at this time.
Additional	Legal Status: Informal
02-Sep-2025 16:46	Progress notes (NHS GG&C Mental Health Services) MITCHELL, Martin (Jnr)
Comment	ECG satisfactory - QTc 435
02-Sep-2025 15:45	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, Dr Embry, Dr Clarke, Dr Mitchell Assessment: Not doing well voices are persistent - seems distressed and saddened by this not wanting to go out on pass as a result of how he's feeling had said to NS that he didn't want to go home as his brother was there - brother drinks and encourages Andrew to do same, Andrew finds it difficult to say no says brother doesn't understand mental health problems pharmacist has highlighted that current dose of clopixol depot is same as pre-admission dose of paliperidone - Andrew happy for depot to be increased to 350mg weekly reports no significant side effects since starting clopixol - legs are restless but have always been MSE: well kempt, well mannered, objectively seems slightly low, normal speech rate, volume and content, no FTD, ongoing hallucinations, good insight Time out status agreed: overnight pass if desired (1) Action 1 increase depot to 350mg weekly (1) Assigned to ward Dr (2) Action 2 monitor for side effects EPSE (2) Assigned to ward staff (3) Action 3 ECG (3) Assigned to ward dr (4) Action 4 overnight pass (4) Assigned to ward staff Risk / Potential safety issues including risk to restraint Auditory hallucination- commanding him to harm others Multidisciplinary review
Problem	[X]Paranoid schizophrenia (Review)
02-Sep-2025 14:09	Other note (NHS GG&C Mental Health Services) HENDERSON, Gemma (SpecialistClinicalPharmacist)
Comment	PHARMACIST ENTRY Venlafaxine increased to 300mg as per Dr Thomson.
02-Sep-2025 08:59	Face to face consultation (NHS GG&C Mental Health Services) CAMPBELL, Cam (CoreTrainee)
Comment	duty doc - dr campbell ct3 atsp due to cotton bud broken off in right ear examined with otoscope and visible in ear canal, removed with tweezers no damage to eardrum note however bleeding from ear canal and inflammation advised to no longer use ear buds plan- ward team to monitor for improvement
02-Sep-2025 06:24	Face to face consultation (Leverndale Hospital) FERGUSON, Allison (BankNurse)

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

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

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 approached staff at 06:00hrs stated he had been using a wooden earbud (given to him by peer [REDACTED]) earbud had snapped in his (R) ear, staff unable to see broken piece, duty doctor contacted and was able to remove same without issues small amount of blood after removal of broken earbud Andy advised not to put anything in ears and to alert staff if feeling any discomfort from his right ear
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-Sep-2025 05:11	Face to face consultation (Leverndale Hospital) FERGUSON, Allison (Bank 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 spent evening sitting in dayroom with peers remains quiet and solitary, pleasant when interacting with staff concordant with prescribed medication stated he was feeling better no further complaints of chest pains Andy reminded to alert staff if he was feeling unwell or had chest pain Andy ordered carry out meal shared same with peers retired to bed at midnight 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
01-Sep-2025 18:35	Face to face consultation (NHS GG&C Mental Health Services) ABDUL-QUAYUM, Usman (Doctor)
Comment	Duty Dr Andrew not responded well to co-codamol - doesn't seem to be helping his pain repeat obs were very similar to first set I saw earlier today taken 30/1000 of co-codamol today at 1700 - little effect on patient, was asking for more pain relief an hour later Plan: Add GTN spray Add naproxen 500mg BD with omeprazole 20mg OD for gastric cover
	Bloods came back FBC, UEs, CRP all NAD Trop <4 DDimer level 163 nanogram/ml no acute concerns
01-Sep-2025 16:36	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 visibly anxious on approach; unable to give eye contact, restless, ringing fingers etc. Reporting that "there is just too many of them" alluding to his auditory hallucinations. States that they are making threats to "do him in" and telling him he needs to "fight for survival". They are also making commands for Andy to harm himself. Andy denying any plans to hurt himself or others and denying any impulsivity at present but clearly troubled by these voices. Unable to utilise time out of the ward "feeling uneasy". Has been trying to sleep to have some peace but reports this is without success. Feels he ruined his weekend, was troubled when at home and slept for the majority of his time off the ward. Doesn't want to be reliant on PRN medication all the time, feeling fed up. In turn does

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

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

appear flat in mood but has stated he is able to keep himself safe. Accepted PRN but more hopeful of a long term plan.
Encouraged to approach staff whenever he is struggling.
Diet poor over today " hasn't attended for meals due to above. Will offer meals in day area if eases anxiety.
Concordant with routine medication.
At around 1500 Andrew approached staff stating he had chest pain " explained it to be tight and sharp. Observations obtained and duty doctor contacted.
Please await medical entry. Sent urgent bloods.
Andrew visible in day area to allow staff to keep a closer eye.

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

01-Sep-2025 16:29 Face to face consultation (NHS GG&C Mental Health Services) ABDUL-QUAYUM, Usman (Doctor)

Comment Duty Dr
Presenting complaint
4-hour history of severe right-sided chest pain, 9/10, sharp in nature, worst pain he has experienced. Not radiating to back, neck or shoulder. Mild transient radiation down arm earlier. Pain worse on movement.
Associated symptoms
No haemoptysis. No cough. No SOB. No systemic symptoms reported.
Observations
BP 166/78
HR 92 bpm
SpO2 97% RA
Temp 36.5°C
Pain score 9/10
Examination
Chest: clear, good bilateral air entry
CVS: HS I+II+0, no added sounds
Abdomen: soft, non-tender, bowel sounds present
Calves: soft, non-tender
Wells PE criteria
Clinical signs of DVT: negative
PE more likely than alternative diagnosis: negative
HR >100: negative
Immobilisation >3 days or surgery in past 4 weeks: negative
Previous DVT/PE: negative
Haemoptysis: negative
Malignancy: negative
Investigations
Bloods taken: FBC, U&Es, CRP, D-dimer, troponin
Management
Co-codamol 15/500mg PRN given for analgesia Observations to be monitored
Consider CXR if ongoing suspicion of pneumothorax or alternative pathology
Impression
Likely musculoskeletal chest pain given sharp nature and exacerbation with movement.
Wells score negative, PE less likely.
ACS remains a differential pending troponin results.
Pneumothorax also considered but less likely given examination findings of clear chest and equal air entry.

01-Sep-2025 06:00 Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann

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

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

	(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 in his bedspace at the start of tonights duty, appeared low in mood when visible to attend the ward treatment room for his medications. Accepting of all medications as per Hepma. Returned to his bedspace where he maintained a low profile for the rest of tonights duty,minimal engagement with nursing staff and peers. Seen to be asleep from 2330 hours and all subsequent hourly board checks. No further update at time of writing.
Additional	Legal Status: Informal
31-Aug-2025 13:19	Telephone call from a patient (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 contacted ward and spoke with writer. Asked if it would be possible to stay out on another nights pass, as he has his lawyer meeting him there tomorrow then would make his way back to ward. Advised that he had medication to last him and that pass was going 'ok', he was just chilling and it was 'nice and quiet'. Spoke with duty dr regarding same who is in agreement for Andrew to stay out another night. Andrew is aware he can contact ward with any concerns.
Additional	Legal Status: Informal
31-Aug-2025 04:58	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 remains on pass, nil contact with the ward at time of writing.
Additional	Legal Status: Informal
30-Aug-2025 17:48	Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea (MentalHealthAssistantPractitioner)
Comment	Template: Inpatient MDT Meeting Date: 30/08/25 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's presentation since last ward round remains unchanged. Andrew has been settled however still continues to voice that he has been 'bothered' by his auditory hallucinations and 'does not get a break from them'. Andrew does reach out to nursing staff at times often requiring PRN medication, Andrew continues to be guarded with explaining his auditory hallucinations and does not disclose what his auditory hallucinations have been saying to him reports this is not something he would like to disclose. Did state to nursing staff the voices are derogatory and stated 'i am not a violent person and i wont let the voices win'. Andrew continues to be visible on the ward, has been asking for nursing staff to lock his door when he is leaving due to another peer on the ward he is suspicious of. Andrew has been accepting of his routine medication and has been asking less for PRN medication and is utilising other distraction techniques to manage his symptoms at times. Andrew reports that he has good sleep hygiene and sleeps well over night, reports at times he can have broken sleep overnight due to auditory hallucinations but reports this is not often. Andrew has been out on an overnight pass over the weekend and has not made any contact to the ward. Prior to going out on pass Andrew had stated that he was looking forward to going

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

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

home. Good diet and fluid intake noted on the ward - eating meals from dining area and buying own supply of food while at tesco. Andrew continues to utilise unescorted time out of the ward, often goes to Tesco daily and returns in good order. Andrew continues to advise staff that he is keen to remain in hospital informally and reports feeling safe whilst in hospital.

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

O/E - height 172.72 cm Actual height

O/E - weight 133.0 kg

Kardex Attached: No On Hepma.

Depot: Zuclopenthixol 200mg

Depot last given: 27/08/2025

Depot next due: 03/09/2025

Multidisciplinary review

Assessment PRN Action taken: For review at MDT

30-Aug-2025 14:53 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 - 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 at time of writing.

Additional Legal Status: Informal

30-Aug-2025 04:50 Progress notes (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (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 remains on pass, nil contact with the ward this duty.

Additional Legal Status: Informal

29-Aug-2025 17:23 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 - 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 since leaving this morning.

Additional Legal Status: Informal

29-Aug-2025 12:47 Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (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 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? 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

29-Aug-2025 12:02	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: CRAFT - Risk Assessment Risk assessment When is this review taking place? Other, please state Overnight 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. 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.29/08/25 - 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 commenced28/08/25 - 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.Pass home.29/08/25 - pass from Ward 4B overnight has ward number to contact should any issues or concerns noted. 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. 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
29-Aug-2025 12:00	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Chronology Comment: Andy left to go on pass home at approx 09:30 this morning, was supplied with his pass medications.Andy facially bright and reactive when leaving the ward.

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

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

29-Aug-2025 05:39	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 in bed asleep at 19:30hrs. Staff made several attempts to call him for his routine medication but he was in a deep sleep and was a bit disorientated thinking he had had his medication. Staff eventually took his meds to him in bed and he accepted same and returned to sleep and slept overnight. No psychotic symptoms displayed
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. 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
28-Aug-2025 18:15	Face to face consultation (NHS GG&C Mental Health Services) GRIMLEY, Dee (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: Andy has been settled this duty spending long periods in the dayroom with staff and peers. Attended to personal care independently. Facially bright during interactions, continues to report derogatory voices but says "I am not a violent person and I won't let the voices win". Concordant with routine medication regime. Good diet and fluids witnessed. No new 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
28-Aug-2025 06:36	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 - can split this time up or take it all at once Continuous Intervention No Chronology Comment: Andy was visible at onset of shift. Facially bright and reactive upon approach. Continues to state he is experiencing auditory hallucinations. Enjoyed takeaway meal this evening. Compliant with routine medication as per hepma. Requested PRN medication around 0100am. Appeared to sleep well post medication. Awake in dayroom 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
27-Aug-2025 18:26	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Depot Administration Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 300mg Frequency: Weekly • Right Gluteal Next Due Date: 03/09/2025 Batch Number: 28535829

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

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

Expiry Date: 12/28
Presentation: Settled, happy to receive depot.
Side Effects of Concern: No side effects reported at time of administration.
Smoking / Alcohol / Drug Use: Nil noted
Levels of Activity: Walks on regular basis - obese
Diet: Good diet
Recommendations: Monitor for side effects, ongoing treatment
Depot administered by ST/N Grimley, supervised by SN Fortune.

27-Aug-2025 17:08	Face to face consultation (NHS GG&C Mental Health Services) GRIMLEY, Dee (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 has been settled this duty spending long periods in the dayroom sitting amongst staff and peers. Can look preoccupied at times but does not appear distressed from this. Concordant with medication as per HEPMA Consumed good diet and fluids and is ordering a takeaway for this evening. No new 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
27-Aug-2025 05:42	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 has been visible on ward since onset of shift. Spent majority of the evening in day room. Observed to be engaging well with select peers in dayroom. Did not appear overly pre-occupied nor distressed however upon approach continues to state he is experiencing auditory hallucinations. Encouraged to utilise PRN medication's if unable to cope with same. Nil PRN's requested. Engaging in spontaneous conversation with staff. Good dietary and fluid intake. Compliant with routine medication as per hepma. Appears to have slept well overnight, woke once for a jug of juice.
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
26-Aug-2025 16:18	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 - can split this time up or take it all at once Continuous Intervention No Chronology Comment: Andrew has been evident on the ward this duty, spending time within the day area and his room area. Reporting he is still hearing voices which are disturbing to him " would not elaborate on this other than he is struggling to deal with them. Appearing facially flat but reactive on approach. Andy accepting of all routine medication as per HEPMA this duty. Andrew has accepted good dietary and fluid intake this duty " eating meals within dining area of ward. Andrew has been requesting for his room door to be locked when he is out of it as he stated peer " is going into people's rooms " and he did not want to " risk " it. Engaging well with peers and nursing staff. Nil else 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
26-Aug-2025 16:12	Face to face consultation (NHS GG&C Mental Health Services) GRIMLEY, Dee

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

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

	(StudentNurse)
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. Overnight pass Friday 29th- Sunday 31st August 2025. 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: Immediately [REDACTED] If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - RELATIVE or CARER: Immediately contact Andy's brother [REDACTED] If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - POLICE: MISSING PERSON: Immediately if unable to make contact with Andy or N.O.K Patient in agreement with pass plan? Yes Person completing pass plan: Student Nurse Dee Grimley
26-Aug-2025 15:08	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 Saleemi (GPST2), Dr Thomson (cons), Natalie Maccuish (staffnurse), Dianne Grimley (student nurse), Patient Attended Yes Assessment: appropriately dressed, generally in high spirits just returned from walking group reports hallucination burden is 'sometimes alright and sometimes bad' - when its bad can last a couple of hours hallucinations are constant but not as distressed by them for periods throughout the day they worsen if he doesn't respond to them, says they command him but he doesn't act on them - says the voices want him to be violent will argue with them to try and appease them feels clopixol is having some effect as he has periods where he feels good - 'never felt good before' reports legs are still moving out to side as he walks - doesn't effect him walking too much, tolerable - keep under review for now due clopixol tomorrow - no change to meds PASS for friday - sunday adn can return if he wishes Time out status agreed: overnight pass if desired (1) Action 1 monitor leg symptoms (1) Assigned to ward dr (2) Action 2 pass friday - sunday (2) Assigned to NS NO Change to current medication Risk / Potential safety issues including risk to restraint Auditory hallucination- commanding him to harm others Multidisciplinary review
Problem	[X] Paranoid schizophrenia (Review)
26-Aug-2025 05:15	Face to face consultation (Leverndale Hospital) 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: Andy spent evening sitting in dayroom with peers remains quiet and solitary in behaviour 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

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

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

25-Aug-2025 18:09	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 has been visible on the ward this duty, spending time sitting in the ward communal area. Andy has been distressed by his auditory hallucinations he experiences today, visibly anxious at times and fidgety. Andy has been concordant with his routine medication as per HEPMA and nil concerns regarding dietary intake. Andy has utilised time off ward to go for a haircut and to get snacks. Nil else to note at this time.
Additional	Legal Status: Informal
25-Aug-2025 14:30	Face to face consultation (NHS GG&C Mental Health Services) CLARKE, Benjamin (FY2)
Comment	F2F IV with Andrew on his return from Time Out - he had popped along to Paisley Road West for a haircut Andrew is feeling ok today. He reports ongoing auditory hallucinations that are obviously causing him some constant, mild levels of anxiety. He had been on a nights pass on Friday night but returned to the ward on Saturday due to the persistent hallucinations. He describes hearing his brothers voice in particular, and noted that his brother used to abuse him when he was younger. He says he is not listening to the voices and trying to shut them out - he did not describe what his brothers voice was saying. He had poor EC during the IV with obvious distress being caused by his hallucinations. He continues to have abnormal movements of his face which have been fairly long standing. Plan - Dr Thomson to consider change of antipsychotic if continued non-improvement on current depot.
25-Aug-2025 06:08	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 - can split this time up or take it all at once Continuous Intervention No Chronology Comment: Andrew continues to struggle with auditory hallucinations. Visible in the day room but not interacting with peers. Accepting of nocte medication. Unsettled overnight struggling to stay asleep for long periods although not complaining about same. No other concerns to note at time of writing.
Additional	Legal Status: Informal
24-Aug-2025 16:39	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: No significant changes to current mental state. Andy reports he is feeling no change to his mental state. He continues to be troubled by auditory hallucinations. Reports nothing eases this for him. Hopeful that increase in depot is going to help him. Utilising time off the ward without issue or concern. Good diet and fluid intake. No management issues.
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
24-Aug-2025 14:12	Progress notes (NHS GG&C Mental Health Services) MITCHELL, Kellie (StudentNurse)
	Template: Inpatient chronology

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

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

Additional	O/E - blood pressure reading 156/90 mmHg • O/E - pulse rate 92 beats/min • Blood oxygen saturation 96 % • Baseline respiratory rate 16 /minute
24-Aug-2025 06:29	Progress notes (NHS GG&C Mental Health Services) LAMB, Michael (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 continues to respond to unseen stimuli, spent most of evening in his room , reactive during interactions, accepting of medication , sleep pattern broken, awake at several checks throughout night
Additional	Legal Status: Informal
23-Aug-2025 23:15	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. 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
23-Aug-2025 17:09	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 - can split this time up or take it all at once Continuous Intervention No Chronology Comment: Andrew had returned back to the ward early from passhe looked visibly tired and preoccupied, writer had asked if his pass did not go well he had stated yes , writer had asked if he was having bother with his auditory hallucinations he had stated yes , writer had asked if he wanted to talk about it he had stated "no" as he reports he was tired and wanted to go to bed.Andrew has kept a low profile since returning back to the ward sleeping on and off , had approached writer asking if he could order a chinese for dinner, and stated he "maybe would talk" after he has had something to eat.Andrew has spent some time in the day area around dinner time, engaging with peer [REDACTED] Nil concerns at time of writing.
Additional	Legal Status: Informal
23-Aug-2025 10:14	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
Comment	Template: Inpatient MDT Meeting Date: 26/08/25 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 Further discussion with Andy on 16/08, information leaflet given. Advanced Statement Completed No Summary of progress (SBAR) \ patient views Andrew's presentation since last ward round remains unchanged. Andrew has been settled however still continues to voice that he has been "bothered" by his auditory hallucinations and "does not get a break from them" . Andrew does reach out to nursing staff at times often requiring PRN

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

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

medication, does continue to be guarded in terms of explaining his auditory hallucinations and does not disclose what his auditory hallucinations have been saying to him. Andrew continues to be visible on the ward and has observed to be spending a lot of time with peer [REDACTED], which appears to have a positive outlook on him as it is offering him distraction and company on the ward, this relationship does appear to be appropriate. Andrew has been accepting of his routine medication and has been asking less for PRN medication and is utilising other distraction techniques to manage his symptoms at times. Andrew reports that he has good sleep hygiene and sleeps well over night. Andrew has been out on an overnight pass over the weekend and has not made any contact to the ward. Prior to going out on pass Andrew had stated that he was looking forward to going home and spending time with his dog. Good diet and fluid intake noted on the ward. Andrew continues to utilise unescorted time out of the ward, often goes to Tesco daily and returns in good order. Andrew had reported that he consumes a lot of fizzy drinks and states that he plans of "cutting down" on his daily intake of this. Andrew continues to advise staff that he is keen to remain in hospital informally and reports feeling safe whilst in hospital. Information from other agencies / AHP • Multidisciplinary review

23-Aug-2025 00:52	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: On pass from ward no contact made with the ward this duty.
Additional	Legal Status: Informal
23-Aug-2025 00:50	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (StaffNurse)
Comment	Template: CRAFT - Risk Assessment Risk assessment When is this review taking place? Other, please state Overnight pass from ward 4B 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. 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.

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

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

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

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.Pass home.22/08/25 - pass from Ward 4B overnight has ward number to contact should any issues or concerns noted.

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.

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

22-Aug-2025 17:47	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: Chronology Update/ 1:1 with Named Nurse Andy has been visible on the ward this duty, spending time in communal areas with peers. Appearing more facially bright this duty - noted to be engaging well with staff and peers. Agreed when writer highlighted this to Andy. Continues to voice restless legs, discussed same with Dr Thomson this afternoon.Andy has utilised time off ward appropriately this duty.Andy accepting of routine medication as per hepmaGood diet and fluid intake notedAs agreed at review, Andy granted 2 night pass home. Due to return Sunday evening. Andy happy with same however reported to writer he felt apprehensive about being back at home, worried about auditory hallucinations.
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-Aug-2025 14:22	Progress notes (NHS GG&C Mental Health Services) FEDERSPIEL, Lara (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: Medication checked and correctWriter phoned Andrew a taxi homeNo distress expressed and did not appear pre occupied in presentation
Additional	Legal Status: Informal
22-Aug-2025 11:25	Face to face consultation (NHS GG&C Mental Health Services) THOMSON, Sarah (Consultant)
Comment	medical review with Dr Mitchell GPST2 and Dr Clarke FY2: Andrew continues to experience distressing auditory hallucinations he's experiencing side-effects that his legs are moving out to the side when he walks he denies restlessness O/E there is no cogwheel rigidity At iv Andrew continues to be fidgety and guarded he want to go and see his dog O/N tonight he denies suicidal intent saying that he doesn't want the voices to win Plan: O/n pass today until sunday 24th with prn promethazine; if S/Es remain problematic and little benefit with clopixol depot then consider clozapine
22-Aug-2025 05:37	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
	Template: Inpatient chronology

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

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

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 evident around the ward this evening, sat out in the ward communal area. Andy utilised some TOW to go to local shops, returned without issue. Andy was concordant with evening medication without issue and had supper from own supply of food he bought from the shops. Andy retired to his bedspace and reported to staff that his sleep had been broken. Andy approached writer at 01:30 asking for PRN medication & to make it 'the strongest I can get'. Andy advised that the voices were really annoying and upsetting him tonight, writer gave him 2mg Lorazepam for same. Andy thankful for this and retired back to his bedspace. Andy appears to have been asleep at subsequent hourly checks since then.
Additional	Legal Status: Informal
21-Aug-2025 17:47	Progress notes (NHS GG&C Mental Health Services) HUGHES, Martin (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: Andrew visible around the ward since the early part of the morning. Interacting with select peers whilst in main ward and garden area. Had a long 1:1 with Named Nurse in the morning. Voicing that his auditory hallucinations continue and he sometimes finds this hard to deal with. Utilised time out with no apparent issues. Accepted good diet and fluids and all routine medication as per Hepma. Presentation unchanged at time of writing.
Additional	Legal Status: Informal
21-Aug-2025 12:02	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 discussed ongoing auditory hallucinations, these remain derogatory in nature and have subsequently resulted in Andy's mood worsening. Andy reports finding these voices distressing, reported to writer he found it "hard to be happy with them". Andy discussed trying to keep himself busy by watching tv and going to local shops, has be-friended peer [REDACTED] and reported to writer that this has helped his mood and motivation. Writer re-approached Andy's Advanced Statement, Andy advised he has not completed same at present however plans to complete this. Reported to writer "I want to make sure I get it all right", support offered to complete same which Andy was accepting of, advised he would approach writer when planning to complete this. Writer also keen to discuss recent depot increase. Andy reports no improvement in his mental state but aware his depot has only been increased to 300mg yesterday. Andy reports a "funny feeling" following his depot, when writer explored this further, Andy reports feeling like his legs are "moving without me telling them", telling writer "they carry me places on their own". Andy worried that 300mg may be too big a dose. Agreeable to discuss this with medical team during review tomorrow. Andy reports no other side effects relating to his depot. Andy reports he is sleeping well overnight, continues to be troubled by hallucinations however he is able to ignore them. Andy thanked writer for chat, 1:1 ended as Andy planning to use time out.
21-Aug-2025 06:36	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 - can split this time up or take it all at once Continuous Intervention No Chronology Comment: Andy had an outwardly settled evening this duty, appeared less preoccupied and did not voice any distress to staff. Andy spent much of his early evening sitting in the ward communal area with peers. Concordant with routine medications as per HEPMA. Ordered a takeaway for supper and shared same with peer [REDACTED]. Andy retired to his bedspace early and appears to have slept well overnight.

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

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

Additional	Legal Status: Informal
20-Aug-2025 17:34	Face to face consultation (NHS GG&C Mental Health Services) GRIMLEY, Dee (StudentNurse)
Comment	Template: Depot Administration Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 300g Frequency: Weekly • Left Gluteal Next Due Date: 27/08/25 Batch Number: 2835829 Expiry Date: 12/2028 Presentation: Settled, happy to receive depot Side Effects of Concern: No side effects reported at time of administration. Smoking / Alcohol / Drug Use: Nil noted Levels of Activity: Walks on regular basis - obese Diet: Good diet Recommendations: Monitor for side effects, ongoing treatment
20-Aug-2025 15:09	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 - can split this time up or take it all at once Continuous Intervention No Chronology Comment: Chronology Update/1:1 With Named Nurse Andy has kept a low but visible profile on the ward, spending time in communal areas with select peers. Continues to appear distracted and somewhat low in mood, reports this is due to ongoing auditory hallucinations which he continues to struggle with. Andy discussed returning from his pass a night early due to hallucinations, glad he has the support of the ward. Andy accepting of routine medication as per hepma. Good diet and fluid intake noted thus far. Utilising time off ward appropriately. 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
20-Aug-2025 11:12	Face to face consultation (NHS GG&C Mental Health Services) SALEEMI, Nida (DiT)
Comment	Respiratory referral emailed to Respiratory Secretary who will forward this on via SCGateway.
20-Aug-2025 11:01	Face to face consultation (NHS GG&C Mental Health Services) CLARKE, Benjamin (FY2)
Comment	ECG performed to check QTc prior to increase of depot dose QTc 435 - Normal No other sig. changes from previous
20-Aug-2025 05:35	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 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
19-Aug-2025 21:36	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

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

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

Continuous Intervention No

Chronology Comment: Andrew returned to ward at 21:00hrs (one night early) stated "he had been struggling with voices and wasn't getting any peace from them called a taxi and returned to the ward tonight as he could no longer cope at home" appeared distracted and pre occupied on return to ward settled quickly back into ward requested discretionary medication for agitation

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-Aug-2025 18:00 Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)

Assessment Template: **Patient Pass Plan**
Patient Pass Plan
Start Date: 19/08/2025
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. Day passes or O/N pass if Andy wants them - can be discussed at MDT.
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: Immediately [REDACTED]
If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - RELATIVE or CARER: Immediately contact Andy's brother [REDACTED]
If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - POLICE: MISSING PERSON: Immediately if unable to make contact with Andy or N.O.K
Patient in agreement with pass plan? Yes
Person completing pass plan: SN L Fortune

19-Aug-2025 17:20 Progress notes (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 at time of writing.

Additional Legal Status: Informal

19-Aug-2025 15:08 Other note (NHS GG&C Mental Health Services) HENDERSON, Gemma (SpecialistClinicalPharmacist)

Comment PHARMACIST ENTRY
Diazepam dosing adjusted to 2mg morning and 4mg night rather than 3mg twice daily to avoid splitting of tablets.
Zuclopenthixol depot increased from 200mg weekly to 300mg weekly as per Dr Thomson. This is now approximately equivalent to previous depot of 150mg paliperidone monthly. Please monitor for EPSE, sedation and overall adverse effects. Andrew still has paliperidone depot in background (which can last up to 6 months) so increased risk of adverse effects.

19-Aug-2025 05:36 Face to face consultation (Leverndale Hospital) 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 remains on pass no contact overnight

Additional Legal Status: Informal

18-Aug-2025 13:45 Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)

Template: **CRAFT - Risk Assessment**

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

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

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 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. 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. 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 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. Pass 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. 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-Aug-2025 13:42	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: Andrew left for pass around 12:30pm. Noted to have put a shirt and suit jacket on, stated he was going to meet his brother in a hotel. No further details provided. Provided with 2 days worth of medication. Due to return Wednesday evening.
Additional	Legal Status: Informal
18-Aug-2025 06:41	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)

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

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

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, polite and appropriate conversing with select peers. Andy appeared preoccupied and distressed at times throughout the evening, Andy requested PRN Promethazine for distress. Andy was concordant with evening medications as per HEPMA and had supper from tea trolley. Andy retired to his bedspace and had broken sleep overnight.
	Additional Legal Status: Informal
17-Aug-2025 17:21	Progress notes (NHS GG&C Mental Health Services) YOUNG, Katie (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: 1:1 INTERACTION WITH ALLOCATED NURSE/PROGRESS NOTES Andy has kept a visible but low profile this shift. Polite and appropriate towards staff and peers. Utilised time off ward to go for a walk to shops. Continues to appear visibly anxious- told writer he is still struggling with voices in his head. Sits in the day area to attempt distracting himself. Accepting of routine medications. Adequate diet and fluid intake. No further concerns at time of writing.
	Additional Legal Status: Informal
17-Aug-2025 06:07	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 - can split this time up or take it all at once Continuous Intervention No Chronology Comment: Andy has maintained a low and isolative profile on ward this duty. Pleasant during interactions however appearing visibly distressed due to auditory hallucinations. Andy appears to be getting little to no respite from hallucinations despite utilising available PRN's. Approaching staff on a needs met basis and engaging in superficial conversation. Adequate dietary and fluid intake. Compliant with routine medication. Retired to be early, broken sleep. Reports difficulty sleeping due to psychotic symptoms. Given support, thankful for same. Asleep 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
16-Aug-2025 23:34	Face to face consultation (NHS GG&C Mental Health Services) MACLENNAN, Jodi (StudentNurse)
Comment	Template: Inpatient FFN Nutritional assessment completed O/E - weight NOS 124 kg Admission Weight Previous weight 136.9 O/E - weight 133.0 kg Actual weight O/E - height 172.72 cm Actual height Body mass index 44.6 kg/m ² • Malnutrition universal screening tool - BMI score 0 Malnutrition universal screening tool - weight loss score 0 2.8% 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 Leaflet given please tick: NHSGGC Eat Well Look Good Feel Great Lose weight leaflet provided
16-Aug-2025 20:14	Face to face consultation (NHS GG&C Mental Health Services) MCCLEMENT, Lindsey (ChargeNurse)
	Template: As required (PRN) - Psychotropic medication

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

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

Procedure	On psychotropic medication PRN Administered Date & Time: 2013 Route: Oral • Initiated by: Patient Request Reason for administration: Becoming increasingly more distressed by auditory hallucinations. Restraint Required - No Other medication: Promethazine 50mg
16-Aug-2025 20:09	Face to face consultation (NHS GG&C Mental Health Services) 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. 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
16-Aug-2025 16:45	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: 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 appear distracted and preoccupied at times, continues to report auditory hallucinations. Andy accepting of routine medication as per hepma. Good diet and fluid intake noted thus far Utilised time off ward to go to tesco, returning without issue. Andy engaged well in 1:1 with writer in preparation for upcoming MDT. Andy reports he continues to experience auditory hallucinations daily, he denies hearing new voices however reports his hallucinations remain derogatory and commanding in nature. Andy reports he feels his symptoms improve slightly following his depot, but they return slowly. Writer discussed completing an Advanced Statement again with Andy (note was too unwell on admission), Andy keen for information surrounding same and feels he would be able to complete same. Writer has provided information to Andy, will re-visit tomorrow. Andy also requested that staff do not contact his brother at present, as his brother has just been discharged from hospital and Andy doesn't want to "give him more stress".
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-Aug-2025 13:44	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient MDT Meeting Date: 19/08/25 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 Further discussion with Andy on 16/08, information leaflet given.

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

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

Advanced Statement Completed No

Summary of progress (SBAR) \ patient views Andy's presentation remains largely unchanged on the ward since last review. He continues to report command hallucinations, has discussed feeling little benefit from his depot and does not feel the increased frequency has been beneficial. Andy reports his hallucinations lessen briefly following depot administration but return before next depot is due. Andy reports he has been trying to be more visible on the ward, reports he spends time in the day area in an attempt to distract himself from his hallucinations, with varied success. Has appeared preoccupied and distracted at times on the ward. Andy continues to voice that he has no plans to act on his command hallucinations, however continues to find them distressing. Andy has engaged well in ward and RT activities, reports feeling unmotivated at times. Andy remains concordant with routine medication - is keen to discuss PRN medication at MDT as Andy feels these are of little benefit to him. Good diet and fluid intake noted on the ward. Andy continues to use time off ward to go to local Tesco, note has overnight pass from 18/08-20/08. Andy advises he is keen to remain in hospital informally and reports feeling safe whilst in hospital.

Information from other agencies / AHP

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 133 kg

Weight loss 3.9kg loss

Kardex Attached: No On Hepma.

Depot: Zuclopenthixol 200mg

Depot last given: 13/08/25

Depot next due: 20/08/25

PRN medication reviewed and discussed: PRN Lorazepam 2mg not utilised since 12/08 PRN

Promethazine 50mg utilised on 14/08 @ 1115

Multidisciplinary review

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

Assessment PRN Action taken: For review at MDT

Additional Weight monitoring Current weight 133 kg equates to 20 st, 13 lb. A -3% loss from the previous reading (136.9kg, 10-Aug-2025). Based on the height entry (16-Aug-2025) a healthy weight is likely to be 55 - 75kg (8 st, 9 lb - 11 st, 11 lb)
Body mass index 44.58 kg/m² (calculation based on height entry 16-Aug-2025, NB prior to age 70 average height loss is 1cm per 10 years).

16-Aug-2025 06:51 Progress notes (NHS GG&C Mental Health Services) GREGORY, Kim (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: Quiet, settled evening for Andrew. Spent some time in the quiet room watching TV. Minimal interactions with others. No concerns over night.

Additional Legal Status: Informal

15-Aug-2025 13:23 Progress notes (Leverndale Hospital) YOUNG, Jemma (StaffNurse)

Template: **Inpatient chronology**

Comment Andrew engaging well with peer MB throughout the day.
He was unmotivated to attend RT bingo this morning however when asked by peer [REDACTED] if he wanted to go he happily came along.

Reported to enjoy same although didn't win anything.

Andrew concordant with prescribed medication.

Attended all meals as offered.

Andrew tolerated all physical health observations this morning - all within normal range although lower resps and bp than what appears his norm.

Andrew does not feel unwell in any way and has been observed walking and chatting with peers without issue.

Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once
Continuous Intervention No

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

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

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-Aug-2025 11:22	Progress notes (NHS GG&C Mental Health Services) YOUNG, Jemma (StaffNurse)
Comment	O/E - rate of respiration 12 /minute • Blood oxygen saturation 98 % • O/E - blood pressure reading 116/77 mmHg • O/E - pulse rate 75 beats/min • O/E - tympanic temperature 35.7 degrees C
15-Aug-2025 09:48	Face to face consultation (NHS GG&C Mental Health Services) THOMSON, Sarah (Consultant)
Comment	Medical review with Dr Saleemi GPST2: Andrew says he's alright although remains troubled by voices - talking about the abuse and 'I need to this...I need to do that' says there;'s a couple of new voices but can't understand what they're saying If don't answer then they just get louder and louder...they wake you up' He says they keep him awake and to start fights That's where the driving came in - it took them away. I've been in prison 15 years for driving Goes to Tesco for a meal deal. Legs get sore. Some SOB at night time Remembers getting an echo Does not act on command hallucinations little ec, fidgety, engages fairly well, speech reduced but otherwise normal, and hallucinations- a little better just after depot Not using all prns - discussed with Andrew Plan: advise from respiratory, pass home monday 18th to 20th, cont depot weekly
15-Aug-2025 06:34	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (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 appeared pre-occupied last night, Appears to continue to struggle with auditory hallucinations, Accepting of nocte medication. Appears to have slept well overnight and remains asleep at time of writing. no other concerns to note at time of writing.
Additional	Legal Status: Informal
14-Aug-2025 15:31	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 is feeling terrible due to the auditory hallucinations. Feels that things aren't getting any better and he is struggling to cope with same at present. Mood noted to be flatter today as a result. Pre-occupied and restless in day area, struggling to hold conversations but trying to stay visible for support. Disappointed that no changes were made at MDT on Tuesday. Was hoping that diazepam would have been increased, feels like he needs to speak with Dr Thomson again tomorrow. Good diet and fluid intake. Concordant with routine medication. No management issues at present time.
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

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

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

14-Aug-2025 14:37	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Comment	O/E - rate of respiration 24 /minute • O/E - blood pressure reading 139/87 mmHg • O/E - pulse rate 90 beats/min • Blood oxygen saturation 98 % • O/E - tympanic temperature 36.3 degrees C
14-Aug-2025 11:18	Face to face consultation (Leverndale Hospital) GORDON, Mags (ChargeNurse)
Procedure	Template: As required (PRN) - Psychotropic medication On psychotropic medication PRN Administered Date & Time: 1115hrs Route: Oral • Initiated by: Patient Request Reason for administration: having distressing auditory hallucinations - distraction techniques not helping Restraint Required - No Other medication: Promethazine 50mgs
14-Aug-2025 06:02	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 in the TV day area, appeared relaxed in presentation, talking with select peers, had supper, accepting of routine medications as per Hepma, asleep before utilising his routine Zopiclone, charted as so on Hepma. Polite and appropriate when engaging with nursing staff to have all nursing needs met, 1:1 with writer documented. Seen to be asleep at all routine hourly board checks. 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
14-Aug-2025 05:52	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: 1:1 outcome written in the role of associate nurse and chronological note Andy asked to speak with writer after the evening medication round, 1:1 held in PAC room, Andy spoke of how his brother [REDACTED] had sexually abused him after the death of his mother when he was only 8 years old, states he doesn't know why his brother felt this was acceptable, brother has now passed away. Andy then used his mobile phone to show screenshots of monies he has earned after selling his business and started "flipping houses" which has earned him his monies which he put in a fund he couldnt access until he was 40, states he has much of this money left as money doesnt mean anything to him voicing "look at me Caroline, look at how im dressed". Andy stated he remains in touch with his brother [REDACTED] who lives in England before speaking of his auditory hallucination which are 7 separate voices which are often command voices, states he finds it hard to quieten these voices and struggles not to believe what they say, states they tell him "his mother went to hell as did his father" states this is something he doesnt want to believe, spoke of his forensic history of driving cars without a license for over 30 years before being caught speeding, states he does not understand why his nursing team have reduced all his PRN medications, advised to ask his consultant, no real flow to Andys conversation, writer asked Andy if he had coping mechanisms in place and practiced any grounding technique which he stated he did, also stated he still hears from his psychologist who has always engaged with him. Andy thanked writer for taking time out to speak with him, Andy appeared less anxious than he had appeared prior to talking.
Additional Assessment	Legal Status: Informal Harm to Self: No Nil risk identified this duty Harm to Others: No Nil risk identified this duty

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

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

Harm from Others: No Nil risk identified this duty

13-Aug-2025 18:15	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: 200g Frequency: Weekly • Right Gluteal Next Due Date: 20/08/25 Batch Number: 2835829 Expiry Date: 12/2028 Presentation: Settled, happy to receive depot Side Effects of Concern: No side effects reported at time of administration. Smoking / Alcohol / Drug Use: Nil noted Levels of Activity: Walks on regular basis Diet: Good diet Recommendations: Monitor for side effects, ongoing treatment
13-Aug-2025 16:26	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (Nurse)
Comment	wWritten in the role of PACâ€¦ Andy attended relaxation and dealing with stress, Problem solving, noted not to write anything down but follows the paperwork, advised that he could speak to writer if there is something he needs going over. Declined afternoon activity, but appears more animated during conversation. Will invite along tomorrow session.
13-Aug-2025 16:07	Progress notes (NHS GG&C Mental Health Services) YOUNG, Katie (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: 1:1 INTERACTION WITH ALLOCATED NURSE/PROGRESS NOTES Andrew spent more time at bedspace than normal this shift. Appeared to be sleeping when staff checked room. Polite and appropriate upon interaction with staff and peers. Utilised time off ward to go for a walk to the shops. Accepting of routine medications as per hepma. Adequate diet and fluid intake. Andrew has voiced he is still dealing with the negative voices in his head. Appears visibly aggitated. Aware that he can talk to staff if needed. No further concerns noted.
Additional	Legal Status: Informal
13-Aug-2025 10:44	Face to face consultation (NHS GG&C Mental Health Services) SALEEMI, Nida (DiT)
Comment	ECG done as per plan from MDT yesterday. ECG- nsr, RATE- 78. qtc- 449. nil obv compared to prev. ECG. Andrew abck in room after attending the relaxation session. reports feelign tired as could not sleep last night. said the voices kept him up. Said new voives saying 'horrible things', did not want to discuss further- said would like to know me first over the next few days to be able to open up. Suggested if he wants to talk about it to just the staff know and someone can come back to speak to him- happy with this. Breathing concerns ntoed durign MDT yesterday, and raised esosinophils- reports bretahing cocnenrs ongoing since 5 years. gets breathless on walking and lying down. also feels wheezy if walsk a long distance. No prev. hx of asthma, non-smoker. Noted was referred to Resp in 2021 due to SOB and Right axis deviation on ECG and pulmonary disease pattern. However cannot see if ever seen by respiratory- did get CTPA and CXR in 2021 which have not comment of any pulmonary disease. Looks like attended for ECHo in 2022 (UHH) but cannot see the report for this. will discuss with consultant re. further investigations/? referral.
13-Aug-2025 06:07	Face to face consultation (NHS GG&C Mental Health Services) GRIMLEY, Dee (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 approached writer at onset of duty, reported his day was ok and when questioned on how it really was he replied "Shite". Andrew reports continuous

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

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

struggles with voices and feels he is suffering with the decrease of available PRN. Utilised time off ward to Tesco appropriately and returned in good order with a bottle of tango. Consumed supper with peers. New admission came in this evening and noted to know Andy from when they were incarcerated. Noted to be sleeping from midnight onwards and remains 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

12-Aug-2025 17:05 Progress notes (NHS GG&C Mental Health Services) YOUNG, Katie (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: 1:1 INTERACTION WITH ALLOCATED STAFF/PROGRESS NOTES Andy has been visible on ward throughout the shift. Spends time interacting with peers and staff. Andy utilised time off ward with peer [REDACTED], going for a walk and to tesco. Appears visibly anxious and distressed at times. Accepting of routine medications as per hepma. Adequate diet and fluid intake. Andy voiced to staff that he is still struggling with negative voices in his head. Continues to try and distract himself by sitting in the day area. Shared that he is comfortable speaking to staff if things worsen. No further concerns noted.

Additional Legal Status: Informal

12-Aug-2025 15:11 Face to face consultation (NHS GG&C Mental Health Services) SALEEMI, Nida (DiT)

Comment Template: **Inpatient MDT**

Information from other agencies / AHP

Staff in Attendance: Dr Thosmon, Nida (GPST), Ben (FY2), Taylor (NURSE), Student Nurse
Patient Attended Yes

Assessment: Discussion: Reports not good with hallucinations does watch Tv but hallucinations trouble sleep not the best, 'an hour there and there'- hallucinations waking him up does not want to see dog yet MSE: dressed in tshirt and trousers, trainers. appears well-kept constant fidgeting with hands, Ongoing hallucinations- have been a bit quiet compared to previous years occasional eye contact

Time out status agreed: day pass and overnight pass if he wants to

(1) Action 1 Awaiting OT assessment

(1) Assigned to OT

(2) Action 2 continue with current meds

(2) Assigned to all staff

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

Multidisciplinary review

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

12-Aug-2025 08:42 Progress notes (NHS GG&C Mental Health Services) YOUNG, Katie (StudentNurse)

Comment Template: **Inpatient MDT**

Meeting Date: 12/08/2025

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 provided although declined to complete at present.

Advanced Statement Completed No

Summary of progress (SBAR) \ patient views Andrew has reported not feeling good over the past few days. Continues to be troubled by auditory hallucinations. Appears visibly anxious and preoccupied at times. Andrew shared that he recognises two of the voices as his mum and brother but is unsure of the rest. The voices continue to order Andrew to harm people by stabbing them ect. Has good insight into mental health and said he will not use time out if he feels this way. Has no intention of harming others however the voices tell him he will go to hell if not. Struggling with decrease of diazepam however understands why this has

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

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

happened as he does not want to be addicted. Feels supported by staff- happy he is in hospital. Utilising PRN lorazepam. Accepting of routine medications as per hepma.
Adequate diet and fluid intake.
Information from other agencies / AHP • Multidisciplinary review

12-Aug-2025 06:13	Face to face consultation (NHS GG&C Mental Health Services) GLASGOW, Jacqueline (PsychiatricNurse)
	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 the majority of the evening within his bed space. Pleasant on approach. Accepting of all medication as per HEPMA. Requested PRN Promethazine 50mg for distressing auditory hallucinations. Retired to bed around 23.00 hrs. Appears to have slept well overnight.
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
11-Aug-2025 15:32	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: No significant changes in current presentation. Andrew continues to report he is struggling with ongoing auditory hallucinations. Voices continues to be derogatory and making demands for Andrew to hurt himself or others. Denying any plans to harm himself or others Feels like nothing is helping at present. Has spent the day in day area or utilising time to shops. Visibly anxious but trying to stay present around others to keep distracted. Good diet and fluid intake. Concordant with routine medication. No management issues.
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
11-Aug-2025 15:31	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Comment	O/E - blood pressure reading 136/82 mmHg • O/E - pulse rate 89 beats/min • Blood oxygen saturation 98 % • O/E - rate of respiration 22 /minute • O/E - tympanic temperature 36.5 degrees C
11-Aug-2025 14:57	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (Nurse)
Comment	Written in the role of PACâ€™s attended relaxation followed instruction and noted to relaxWard meeting/planning session, offered no complaints in care or environment Declined walk to shops and afternoon group working .However sat within the body of the group. Quiet at same but more animated when asked questions.
11-Aug-2025 12:02	Face to face consultation (Leverndale Hospital) GORDON, Mags (ChargeNurse)
	Template: As required (PRN) - Psychotropic medication
Procedure	On psychotropic medication PRN Administered Date & Time: 1111hrs Route: Oral • Initiated by: Patient Request Reason for administration: very agitated, auditory hallucinations are being very loud - distraction techniques not helping

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

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

Restraint Required - No
Other medication: Promethazine 50mgs
Date and Time: 1202hrs
Patient review: No Change

11-Aug-2025 06:23	Face to face consultation (Leverndale Hospital) 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: Andy spent early evening sitting in dayroom with peersremains quiet and pleasant in manner when interacting with staff and peersconcordant with prescribed medicationrequested discretionary medication for auditory halucinationsstated he cant a break from them Andy retired to bed at 23:00hrs 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
11-Aug-2025 01:41	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: 10/08/25@21:46hrs Route: Oral • Initiated by: Patient Request Reason for administration: auditory hallucinations causing distress Restraint Required - No Other medication: 50mgs Promethazine Date and Time: 10/08/25@ 22:45hrs Patient review : Much Improved
10-Aug-2025 18:03	Face to face consultation (NHS GG&C Mental Health Services) MCGREGOR, Maureen (SeniorChargeNurse)
Comment	Template: Inpatient FFN Nutritional assessment completed O/E - weight NOS 124 kg Admission Weight O/E - weight 136.9 kg Actual weight >32.0cm O/E - height 172.72 cm Actual height Body mass index 45.9 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 136.9 kg equates to 21 st, 8 lb. A 1% gain from the previous reading (135kg, 04-Aug-2025). Based on the height entry (10-Aug-2025) a healthy weight is likely to be 55 - 75kg (8 st, 9 lb - 11 st, 11 lb) Body mass index 45.89 kg/m2 (calculation based on height entry 10-Aug-2025, NB prior to age 70 average height loss is 1cm per 10 years).
10-Aug-2025 17:56	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Comment	O/E - blood pressure reading 138/85 mmHg • Blood oxygen saturation 96 % • O/E - rate of respiration 17 /minute • O/E - pulse rate 82 beats/min • O/E - tympanic temperature 35.9 degrees C
10-Aug-2025 16:51	Face to face consultation (NHS GG&C Mental Health Services) MCGREGOR, Maureen (SeniorChargeNurse)
Comment	Discussion held with team with regards to PUDRA risk assessment. As patient has no risk factors identified. It is appropriate for this risk assessment to be reviewed weekly instead

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

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

of daily as per policy. Should there be any identified changes with regards to the risk factors identified on the PUDRA, please revert back to daily until the risks can be fully understood / mitigated.

10-Aug-2025 16:29	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 Yes 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. 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 19/07/25 Andrew is currently on pass 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
10-Aug-2025 16:11	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 struggle with symptoms. Reports voices have been getting louder and bothering him more. They continue to make demands of Andy telling him to harm himself and others. When asked if they are becoming more forceful he stated " if I done everything they told me to do i wouldnâ€™t be here". Andy denies feeling suicidal or having any plans to harm himself currently. Reports he is hopeful that the depot works but in the meantime struggling. Feels that if his diazepam is increased it may hold him a bit longer. Has been visible in day area but sits away from others, visibly agitated. Good diet and fluid intake. Concordant with routine medication as well as utilising PRNs with little effect. No further issues to report at this time.
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
10-Aug-2025 13:56	Face to face consultation (Leverndale Hospital) GORDON, Mags (ChargeNurse)
Procedure	Template: As required (PRN) - Psychotropic medication On psychotropic medication PRN Administered Date & Time: 1354hrs Route: Oral • Initiated by: Patient Request Reason for administration: hearing voices which he is finding distressing - distraction techniques not helping Restraint Required - No Lorazepam 2mgs
10-Aug-2025 05:32	Face to face consultation (Leverndale Hospital) FERGUSON, Allison (BankNurse)
	Template: Inpatient chronology

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

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

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 early evening sitting in dayroom with peers quiet in behaviour, appears distracted at times minimal pleasant interaction with staff concordant with prescribed medication retired to bed at 22:30hrs 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

09-Aug-2025 15:43 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 - can split this time up or take it all at once Continuous Intervention No Chronology Comment: Andy has been evident on the ward this duty, spending much of his time in the ward communal area engaging with peers. Andy has been facially bright for much of the day, voiced to writer that he is 'feeling a bit better' today. Andy did request PRN Lorazepam at 12:00 for distress due to auditory hallucinations, same having settling effect. Andy has been concordant with prescribed medications as per HEPMA without issue. Nil concerns regarding dietary intake. Andy has not utilised any time off ward at time of writing, has spent time napping in the early afternoon. Nil else to note at this time.
Additional	Legal Status: Informal

09-Aug-2025 06:49 Progress notes (NHS GG&C Mental Health Services) LAMB, Michael (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: settled evening on ward, spent evening on his room, accepting of medication, continues to respond to unseen stimuli in his room, appears to have slept well overnight
Additional	Legal Status: Informal

08-Aug-2025 18:50 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 been visible on the ward this shift. During nursing 1:1 with allocated nurse - reported that he was having a 'shit' day due to auditory hallucinations, reported that they have been constant. They continue to command him to harm himself and others. Reported he is keen to continue with his depot to see if this helps to improve these, reporting that he has tried 'everything in the past' as he has been suffering for '30 odd years'. Reported that 'Diazepam used to help, although I built up a tolerance'. Appearing preoccupied and facially flat although does brighten up on approach. Visible in the day area reporting he spends time watching TV and engaging with peers in attempts to distract himself. Continues to utilise time out appropriately to Tesco. Adequate dietary and fluid intake. Compliant with routine medication as per HEPMA. Nil further concerns at time of writing.
Additional	Legal Status: Informal

08-Aug-2025 17:54 Progress notes (NHS GG&C Mental Health Services) THOMSON, Sarah (Consultant)

Comment	No benefit yet from increased frequency of depot Plan: if Andrew's mental state improves sufficiently over weekend then he could have an O/N pass or day pass to see his dog
---------	---

07-Aug-2025 18:03 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
---------	--

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

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

Continuous Intervention No • Chronology Comment:

1:1 INTERACTION WITH ALLOCATED NURSE / PROGRESS NOTES:

Andy reports he has been having a difficult day, followed on by "it's been a difficult few weeks".

Reports ongoing auditory hallucinations of a derogatory and commanding nature. Andy was keen to tell writer about these but adamant writer wasn't to tell anyone else.

He reports multiple voices, recognising 2 being his mum and brother, the rest he is unsure of.

They continue to order Andy to harm others and gave an example of stabbing people in the street, no one specific they just order him to do things.

Feels pressured by these and unsure if he would one day act on these with the pressure he feels is being put on him.

He advises that they threaten him if he doesn't do what they say they will take him to hell.

Andy did however state if he was feeling so bad he wouldn't use his time out or put himself in a position he could act on these. Has good insight.

Struggling with decreased in diazepam, stated they helped but understands why there has been a cut in dosage as he doesn't want to be addicted by them.

Reports he is happy that he is in hospital while medication is being changed, feels safe and supported in here and spoke highly of staff and medics.

Happy he is being trusted and supported during this difficult time.

Presentation on the ward has been unchanged, trying to stay visible as much as possible or noted to be sleeping.

Pleasant on approach but evidence of agitation when discussing above. Does appear pre-occupied on occasion.

Is open and honest about how he is feeling.

Concordant with routine medication.

Good diet and fluid intake.

No management issues.

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

07-Aug-2025 15:47 Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (Nurse)
Comment Written in the role of PAC.....Andy attended afternoon activity for short period, sat in outside of group but left after first game. Will invite along tomorrow.

07-Aug-2025 14:21 NHS GG&C Mental Health Services NEILLY, Susan (MedicalSecretary)
Document Administration (05-Aug-2025) MDT Notes (05-Aug-2025)

07-Aug-2025 05:39 Progress notes (Leverndale Hospital) KEEGAN, Sonia (SeniorPractitioner)
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 remained settled within ward this duty. No change within mental state, accepting of diet, fluids and medication as per hepma, he appears to have slept well overnight with no complaints offered to staff.

Additional Legal Status: Informal
Assessment At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide.
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

06-Aug-2025 18:45 Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment 1:1 WITH NAMED NURSE

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

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

Andy attended the treatment room to receive his depot medication.
Andy reports he is pleased his depot frequency has been changed to weekly and is hopeful this will reduce his auditory hallucinations.
Andy reports his auditory hallucinations have been "really bad" this week, reports he has been spending time in communal areas in an attempt to distract himself when he does not feel safe on his own.
Feels PRN medications are "not doing much", Andy reports they can "make the voices quieter" at times but this does not always work.
Andy reports feeling like his concentration is poor as a result of hallucinations, has tried to distract himself by watching tv but reports he feels the TV is "talking to" him.
Andy also alluded to keeping in contact with his previous forensic psychiatrist, reports they have kept in contact but did not discuss topic of conversation with writer.
Andy denied any concerns following his depot administration, thankful to writer for same.

06-Aug-2025 18:42	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Depot Administration Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 200g Frequency: Weekly • Left Gluteal Next Due Date: 13/08/25 Batch Number: 2835829 Expiry Date: 12/2028 Presentation: Settled, happy to receive depot. Hopeful it will reduce auditory hallucinations. Side Effects of Concern: No side effects reported at time of administration. Smoking / Alcohol / Drug Use: Nil noted Levels of Activity: Walks on regular basis Diet: Good diet Recommendations: Monitor for side effects, ongoing treatment
06-Aug-2025 17:50	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 settled on the ward this shift. Has kept a low but visible profile on the ward spending time between dayarea and bedspace. Utilised time out to shops, returned back in good order. Engaged well with pac nurse (please see entry below). Engaging well with staff and peers, pleasant throughout. Adequate dietary and fluid intake. Compliant with routine medication as per HEPMA. Nil concerns at time of writing.
Additional	Legal Status: Informal
06-Aug-2025 17:04	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (Nurse)
Comment	Template: Inpatient chronology Chronology Comment: Written in the role of PAC..... Andy attended relaxation noted to fall asleep during same, at dealing with stress 4 stress and behaviour, recognised his avoidance behaviours, going to busy places. Has not completed any homework but does participated in conversation during session. Staed he was worried about his brother in Ireland who was in hospital with leaking stents, given time to voice this and validated his concern. No further groups will invite along next session.
06-Aug-2025 09:22	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	PCCP updated within documents PCCP next due 13/08/25
06-Aug-2025 04:54	Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 90 minutes unescorted time off ward - can split this time up or take it all at once

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

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

Continuous Intervention No

Chronology Comment: Andrew has appear slightly more settled in presentation this evening from previous shift. Andrew continues to keep a self-isolative profile in his bed space for much of night duty. Has been polite and appropriate during brief interactions to have his needs met. Requested PRN promethazine early in the evening, repoting troubling auditory hallucinations. Accepted routine medication as per HEPMA. Andrew has not voiced any further distress to staff this duty. Retired to his bed space and appears to have slept well from around 0030hrs. No further concerns at time of writing.

Additional Legal Status: Informal

05-Aug-2025 17:32 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 has kept a visible profile on the ward this duty, spending time in communal areasMood continues to appear low, Andy appearing distracted at times and contributes this to ongoing auditory hallucinations. Andy accepting of routine medication as per hepmagood diet and fluid intake notedutilising time off ward appropriately Reviewed at MDT this afternoonNo 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

05-Aug-2025 14:38 Face to face consultation (NHS GG&C Mental Health Services) HENDERSON, Gemma (SpecialistClinicalPharmacist)

Comment PHARMACIST ENTRY

Medication changes actioned as independent prescriber under request of Dr Thomson:- aripiprazole discontinued, was on this for hyperprolactinaemia associated with paliperidone depot. For repeat prolactin level at end of month.- depot increased from fortnightly to weekly as was on equivalent of test dose weekly. Will now be 200mg every week rather than fortnightly. Monitor for EPSE. For repeat ECG.- diazepam reduction to be halted at present due to Andrew reporting worsening hallucinations and flat mood. To revisit at the end of the week.

05-Aug-2025 10:50 Face to face consultation (Leverndale Hospital) GORDON, Mags (ChargeNurse)

Procedure Template: **As required (PRN) - Psychotropic medication**

On psychotropic medication PRN Administered

Date & Time: 1020hrs

Route: Oral • Initiated by: Patient Request

Reason for administration: ongoing auditory hallucinations, been really bad last 3 days feels he is struggling and cannot handle them anymore

Restraint Required - No

Lorazepam 2mgs

Date and Time: 1050hrs

Patient review: No Change

05-Aug-2025 05:06 Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (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: Andrew has kept a low profile in his bed space for most of this duty. Has appeared visibly anxious and facially flat. Approached writer asking for PRN this evening after accepting prescribed medication. Duty Dr contacted who prescribed stat lorazepam 1mg. Andrew appeared extremely preoccupied, anxious ad agitated, maintaining poor eye contact and did not appear to want to disclose nature of auditory hallucinations that were troubling him. Was grateful for PRN medication given. Andrew did then appear to go to sleep and appears to have slept well overnight. No further concerns at time of writing.

Additional Legal Status: Informal

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

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

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-Aug-2025 00:28	Progress notes (NHS GG&C Mental Health Services) STOREY, Zuzanna (CorePsychiatryTrainee)
Comment	Duty- asked for a PRN option as patient distressed by auditory hallucinations I see that Andrew has recently had his PRNs reduced. He is on diazepam, lorazepam, zopiclone and promethazine. Nursing staff tell me he is vocalising distress and appears objectively upset. Talking to nursing staff has not helped much. STAT 1mg lorazepam prescribed. Patient told that this would be a one-off and would not be able to prescribe more tonight.
04-Aug-2025 18:35	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: Andrew reports he hasn't been feeling great today and reported it to be the worst day out of a run of bad days. Stated "they haven't left me alone all day" indicating his auditory hallucinations. Didn't go into detail about content but did state they were bad and that they were telling him to do things. PRN medication not having desired effect. Has been staying visible in ward area to keep occupied. Encourage to seek staff out if required. Good diet and fluid intake. Concordant with routine medication. No management issues.
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-Aug-2025 15:44	Face to face consultation (Leverndale Hospital) GORDON, Mags (ChargeNurse)
Procedure	Template: As required (PRN) - Psychotropic medication On psychotropic medication PRN Administered Date & Time: 1543hrs Route: Oral • Initiated by: Patient Request Reason for administration: auditory hallucinations continuing to cause him distress, again the distraction techniques not helping, feels he is struggling to deal with them Restraint Required - No Lorazepam 2mgs
04-Aug-2025 12:40	Face to face consultation (Leverndale Hospital) GORDON, Mags (ChargeNurse)
Procedure	Template: As required (PRN) - Psychotropic medication On psychotropic medication PRN Administered Date & Time: 1207hrs Route: Oral • Initiated by: Patient Request Reason for administration: ongoing auditory hallucinations which are causing him concern, distraction techniques not helping Restraint Required - No Other medication: Promethazine 50mgs Date and Time: 1240hrs Patient review: Slightly/Minimally Improved
04-Aug-2025 07:10	Multidisciplinary team meeting with patient (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
Comment	Template: Inpatient MDT Meeting Date: week beginning 4.8.25

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

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

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 provided although declined to complete at present.
Advanced Statement Completed No
Summary of progress (SBAR) \ patient views andrew presentation variable throughout week , continues to be trouble by voices, derogatory in manner, states been dealing with them for 30 years, utilised overnight pass 30/07/25, has presented as brighter in mood since overnight pass, visible brighter when talking about his dog, utilising time no shop , sleep pattern appears ok, accepting of medication,
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
O/E - weight 135 kg Actual weight
Kardex Attached: No On Hepma.
Depot: Zuclopenthixol 100mg Test Dose 23/7/25
Depot last given: 30/7/25
Depot next due: 2 weekly
PRN medication reviewed and discussed: Andrew continues to utilise PRN to the maximum daily.
Multidisciplinary review

Assessment PRN Action taken: For review at MDT

04-Aug-2025 06:53 Progress notes (NHS GG&C Mental Health Services) LAMB, Michael (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: settled evening on ward, spent evening in his room, has complained about the voices in his head , accepting of medication, reactive on approach, appears to have slept well overnight

Additional Legal Status: Informal

03-Aug-2025 16:10 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 - can split this time up or take it all at once
Continuous Intervention No
Chronology Comment: CHRONOLOGY UPDATE/ 1:1 WITH NAMED NURSE Andy has been visible on the ward this duty, spending time between his bedspace and the day area. Appearing more flat in presentation, reported his auditory hallucinations were "shite" today and this is affecting his mood. Any denied thoughts of DSH or suicide. Discussed new depot medication with writer, feels it is "too soon to see if it works" but is hopeful, denies any side effects from depot at present. Andy has accepted routine medication as per hepma. Utilising time off ward appropriately and without issue. Good diet and fluid intake thus far. Has attended to personal care independently 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-Aug-2025 11:49 Face to face consultation (NHS GG&C Mental Health Services) KYLE, Hannah (HCSW)

Template: **Inpatient FFN**

Comment Nutritional assessment completed
O/E - weight NOS 124 kg Admission Weight
O/E - weight 135 kg Actual weight
O/E - height 172.72 cm Actual height
Body mass index 45.3 kg/m2

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

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

03-Aug-2025 11:48	Face to face consultation (NHS GG&C Mental Health Services) KYLE, Hannah (HCSW)
Comment	O/E - blood pressure reading 126/92 mmHg • O/E - pulse rate 85 beats/min • O/E - rate of respiration 16 /minute • O/E - level of fever 35.6 degrees C • Blood oxygen saturation 95 % • O/E - weight 135 kg
03-Aug-2025 06:26	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
Comment	Template: Inpatient MDT Meeting Date: week beginning 4.8.25 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 provided although declined to complete at present. Advanced Statement Completed No Summary of progress (SBAR) \ patient views Andrew is unchanged in presentation - continues to experience voices and is agitated as a result. Food and fluid intake remains good. Compliant with medication regime. Appears to sleep well overnight. Went on home pass from 31st - 1st. Carer Views: Nil carer view. Information from other agencies / AHP 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 120.7 kg Actual weight Kardex Attached: No On Hepma. Depot: Zuclopenthixol 100mg Test Dose 23/7/25 Depot last given: 30/7/25 Depot next due: 2 weekly PRN medication reviewed and discussed: Andrew continues to utilise PRN to the maximum daily. Multidisciplinary review
03-Aug-2025 04:37	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: 03/08/2025 04:04 Route: Oral • Initiated by: Patient Request Reason for administration: agitation due to "the voices" Restraint Required - No Other medication: promethazine 50mg Date and Time: 03/08/2025 04:35 Patient review : Much Improved
03-Aug-2025 04:23	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 has spent most of the evening in his room and stated he was disturbed by the "voices" Requested and given PRN lorazepam stating that he felt agitated because of this Remained unsettled and attended for routine medication Approached staff again looking for PRN at 22:30hrs stating that the "voices" were causing him distress. Looked upset and perplexed. Given promethazine 50mgs at this time Remained unsettled and advised by staff at midnight that he was unable to get any more medication as he had reached his max. Andrew was advise to use distraction techniques until he was able to fall asleep, Andrew slept for a few hours overnight and approached staff stating the "voices" were upsetting him and causing him distress given prn promethazine at this time and returned to his room. Lying on his bed and remains awake but more relaxed at time of writing

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

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

Additional Assessment	Legal Status: Informal At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide. 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
03-Aug-2025 03:48	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: 02/08/2025 21:39 Route: Oral • Initiated by: Patient Request Reason for administration: agitation due to "the voices" Restraint Required - No Other medication: promethazine 50mg Date and Time: 02/08/2025 22:30 Patient review: Slightly/Minimally Improved
03-Aug-2025 03:47	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: 02/08/2025 19:59 Route: Oral • Initiated by: Patient Request Reason for administration: agitation due to "the voices" Restraint Required - No Lorazepam 2mgs Date and Time: 02/08/2025 Patient review: Slightly/Minimally Improved
02-Aug-2025 23:32	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 Yes 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. 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 19/07/25 Andrew is currently on pass 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
02-Aug-2025 15:57	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 has kept a low but visible profile on the ward this duty, spending large periods of time within his bedspace and minimal time in communal areas. Andy bright and reactive on approach, has not reported any auditory hallucinations this duty. Andy accepting of routine medication as per hepma. Good diet and fluid intake noted thus far. Utilising time off ward appropriately and without concern.No new issues to note

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

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

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-Aug-2025 06:11	Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (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 kept a low profile on the ward this duty in his bed space for majority of night duty with short periods of time sitting in day area watching TV. Has appeared settled in presentation. Interaction with staff has been minimal however Andrew has been polite during interactions, pleasant on approach. Poor eye contact maintained during interaction and Andrew has appeared preoccupied at times, however has not voiced experiencing any distressing voices this duty. Accepted prescribed medication as per HEPMA. Appears to have 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
01-Aug-2025 17:16	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: CHRONOLOGY UPDATE/ 1:1 WITH NAMED NURSE Andy has been visible on the ward this duty, spending time between his bedspace and communal areas of the ward. Appearing settled on approach, engaged in brief 1:1 with writer who noted his mental state appears to have improved, Andy agreed with same and reports feeling "less down". Andy reports he continues to experience auditory hallucinations however these are becoming less intense. Andy accepting of routine medication as per hepmaGood diet and fluid intake noted thus farUtilising time off ward appropriately and without issueNo 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
01-Aug-2025 16:22	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (Nurse)
Comment	Written in the role of PAC...Andy attended relaxation however does not follow instructions but sleeps during same at Dealing with Stress 2 stress and the body, noted to be falling asleep but would open his eyes and nood in agreement when he agreed with conversation, re stress and what he does when he gets stressed stated he watches the TV and listens to music. Sat with peers for a short while during manicure session was going on. No further groups will support with bus pass application.
01-Aug-2025 15:05	Face to face consultation (NHS GG&C Mental Health Services) THOMSON, Sarah (Consultant)
Comment	Medical review: Informal Andrew had a good pass at home as it was quiet. he saw his dog and brightened when speaaking about her he also wtched tv and turned it off when voices came through it he continues to move around at iv - these are writhing in nature however he they don't occur at other times so unlikely to be TD Some ec and a reasonable rapport he says the voices are a little less loud. He had his depot 2 days ago He says he only uses t/o to go to Tesco and he's happy with this

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

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

he doesn't want another O/N pass before MDT on 5th

01-Aug-2025 06:06	Progress notes (NHS GG&C Mental Health Services)	MCCALL, Charlotte (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: Andrew has kept a low profile on the ward this duty in his bed space for majority of the evening. Andrew has appeared preoccupied in presentation at times, slightly facially flat. Has interacted minimally on approach however has not voiced any anxieties or that he is has been experiencing any intrusive thoughts or derogatory auditory hallucinations. Andrew accepted prescribed medication as per HEPMA. No further concerns at time of writing.	
Additional	Legal Status: Informal	
31-Jul-2025 19:29	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: Andrew returned from pass in good order. Reported the pass went well and was in good spirits. Brothel was not at the house.	
Additional	Legal Status: Informal	
Assessment	Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty	
31-Jul-2025 16:26	Progress notes (NHS GG&C Mental Health Services)	FORTUNE, Laura (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 remains on pass, due to return to the ward this afternoon. Writer attempted to contact Andy via telephone however went to voicemail. Writer left voicemail and will try to contact Andy again.	
Additional	Legal Status: Informal	
31-Jul-2025 04:36	Progress notes (NHS GG&C Mental Health Services)	MCCALL, Charlotte (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: Andrew remains on pass, nil contact made to the ward overnight.	
Additional	Legal Status: Informal	
30-Jul-2025 16:53	Face to face consultation (NHS GG&C Mental Health Services)	GRIMLEY, Dee (StudentNurse)
	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 has been settled in presentation this duty, spending long periods in the day area. Mood and mental state remain the same. Andrew reports no rest from the derogatory voices. Andrew discussed overnight pass being utilised this evening and staff encouraged him to do so. Currently still on ward with plans to be picked up by friend round 1830 hours. Andrew has utilised time out to local shops appropriately and returned in good order. Concordant with routine medication regime. Accepted depot with no issues. No physical health 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	
30-Jul-2025 15:12	Face to face consultation (NHS GG&C Mental Health Services)	WHITE, Bernadette (Nurse)
Comment	Written in the role of PAC.....Andy attended relaxation and dealing with stress session 1, recognising how stress affects , his thoughts, feelings , physical and behaviour. Happy to	

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

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

write daily how stress affects his day to day and try relate it to "the vicious circle. Out for afternoon group . Will invite along tomorrow.

30-Jul-2025 14:41	Face to face consultation (NHS GG&C Mental Health Services) GRIMLEY, Dee (StudentNurse)
Comment	Template: Depot Administration Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 200mg Frequency: 2 Weekly • Right Gluteal Next Due Date: 13/08/2025 Batch Number: 2809192 Expiry Date: 05/2027 Presentation: Settled at time of administartion and accepted depot without issue Smoking / Alcohol / Drug Use: Nil noted Levels of Activity: Walks on regular basis Diet: Good diet Recommendations: Monitor for side effects
30-Jul-2025 04:20	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 - can split this time up or take it all at once Continuous Intervention No Chronology Comment: Andrews presentation on the night duty has been settledHas been bright and jovial in manner, responding to and also engaging in light humour with staff on the wardHas been content watching tv with peers , not observed to be responding to unseen stimuli Had accepted his routine medication as per hepma , nil concerns with complianceHad brief interaction with writer stating that when he goes home he does not "get peace from the voices" , writer had suggested that he could try a day pass rather than an overnight to build on his confidence which he states he was open to trying , he had then spoke about how his forensic consultant still contacts him and is supportive of him when he is "struggling" , he states that this "brings him comfort" to him.Andrew had retired to his bedspace after having his PRN and has remained settled and asleep overnight only waking up once at 04:00hrs for a jug of juice.
Additional	Legal Status: Informal
29-Jul-2025 16:48	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 has voiced to staff that the voices have been particularly bothersome over the weekend and today, auditory hallucinations have been extremely derogatory.Andy not wishing to elaborate on the details of the voices, simply reiterating that he has been dealing with them for 30 years.Andy has been polite and appropriate in conversation with staff but keeping a more low profile on the ward, staying in his bedspace.Concordant with routine medications as per HEPMA - due depot injection tomorrow.Nil concerns regarding dietary intake.Andy attended MDT this afternoon, was granted an overnight pass this week. Pass medications have been ordered.See full MDT note below.Nil else to note at this time.
Additional	Legal Status: Informal
29-Jul-2025 16:46	Progress notes (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Assessment	Template: Patient Pass Plan Patient Pass Plan Start Date: 29/07/25 Detention Status: Informal Current Risk: Medium

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

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

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? Yes
If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - PATIENT: Immediately
If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - RELATIVE or CARER: Immediately if unable to contact Andy
If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - POLICE: MISSING PERSON: Immediately if unable to make contact with Andy or N.O.K
Patient in agreement with pass plan? Yes
Person completing pass plan: SN L Fortune / Dr Thomson

29-Jul-2025 15:55	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (Nurse)
Comment	Written in the role of PAC... Andy attended relaxation noted to follow instructions and appeared to relax, discussed Dealing with stress session starting tomorrow, going through workbook, agreed to same. Joined discussion group re what summer means?, spoke about his love for corgi cars then discussion turned to childhood games, quiet but joined in when asked by peers. At planning session happy to attend but made no suggestions. No further groups. Will invite along tomorrow.
29-Jul-2025 15:17	Face to face consultation (NHS GG&C Mental Health Services) GALLACHER, Louise (DiT)
Comment	Template: Inpatient MDT Information from other agencies / AHP Staff in Attendance: Dr Thomson cons, Dr Gallacher GPST1, Laura Fortune NS, Dee nursing student, Gemma Henderson pharmacist Patient Attended Yes Assessment: Went for overnight pass and came back very shortly after. Says went to his brothers and they were doing drugs so came back. Voices still very troubling. He has been expressing wishes for other passes. Has been out to local shops - went to paisley rd west Had test dose of clopixol last week - due first tx dose tomorrow. Good at approaching staff if getting distressed and asking for PRNs Andrew states did not have a good weekend. Keen to continue with current medications, appears to have some hope for this depot and the future Andrew asking for an overnight pass. Also will increase time out to 90 mins so he can have a bit more time to go to the shops at paisley rd west - advised to contact the ward if running late on way home. Time out status agreed: 90 mins unescorted - can split it or can have as a whole 1 overnight pass this week (1) Action 1 Reduce to diazepam 3mg BD, reduce aripiprazole to 5mg (1) Assigned to Gemma Henderson (2) Action 2 Pass plan update (2) Assigned to ward team (3) Action 3 continue current depot - due tomorrow (3) Assigned to ward team Multidisciplinary review
29-Jul-2025 06:06	Face to face consultation (Leverndale Hospital) FERGUSON, Allison (Bank Nurse)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No Chronology Comment: Andy spent short period sitting with peers in dayroom pleasant and reactive with staff and peers no psychotic symptoms noted or voiced concordant with prescribed medication retired to bed at 23:00hrs 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
28-Jul-2025 18:53	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor

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

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

	(StaffNurse)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No Chronology Comment: Andrew has been settled on the ward this shift. Visible spending time between his bedspace and dayarea. Utilising time out appropriately to Tesco and then Paisley rd west. Pleasant and polite during interactions with staff and peers. Has not voiced any psychotic symptoms although does appear preoccupied. Adequate dietary and fluid intake. Compliant with routine medication as per HEPMA.
Additional	Legal Status: Informal
28-Jul-2025 06:16	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No Chronology Comment: Andrews presentation on the night duty has been settledhas not voiced any distress with his auditory hallucinations or seen to be openly responding in communal areasHad engaged very briefly with staff on a needs met basis, pleasant and appropriate with thisAccepting of his routine medication as per hepma , nil concerns with complianceretired to his bedspace for midnight , has been asleep for most of the checks woke up for some juice and then retired back to his bedspace.
Additional	Legal Status: Informal
27-Jul-2025 16:42	Progress notes (NHS GG&C Mental Health Services) PALMER, Jon (StaffNurse)
Comment	Template: Inpatient MDT Meeting Date: 29/7/25 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 had to return early from his overnight pass, went to brothers house as he was worried about going home, brother and friends were smoking cannabis and so returned to the ward. Has appeared and stated that he is suffering badly from the voices at present and that they are telling him very bad thoings although unwilling to elaborate on same. Little PRN use. Compliant with all mmedication and accepted his test dose of copixol withoyt issue. Pleasant in all interactions just appears very trooubled at present. Little interaction with his peers. Very much akeeps himself to himself. Sleep pattern is variable dependent on voices. Takes good diet either from canteen or purchases himself. Appears to mange his money well. Nil other issues at the current time. Carer Views: Nil carer view. Information from other agencies / AHP Nil information. Physical Health No new physical health concerns to note Ongoing weekly NEWS2Compliant with weekly weights O/E - height 172.72 cm Actual height Kardex Attached: No On Hepma. Depot: Zuclopenthixol 100mg Test Dose Depot last given: 23/7/25 Depot next due: 29/7/25 Multidisciplinary review
27-Jul-2025 16:33	Progress notes (NHS GG&C Mental Health Services) PALMER, Jon (StaffNurse)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No Chronology Comment: Andrew has spent most of the day in his room apart from two trips to the shops. Accepting all routine medication, polite in conversation but not willing to engage in same for very long. Appears quite distracted in manner but when asked states he is ok. Not much interaction with peers but this is not unusual as ward is very loud at present. Nil else to report so far today.

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

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

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
27-Jul-2025 04:45	Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No Chronology Comment: Andrew has presented as distracted, low in mood and preoccupied this duty. Has kept a low profile in his bed space for duration of night duty aside from interacting with staff to have his needs met. Andrew approached staff this evening, voicing that he is feeling anxious and his auditory hallucinations were bothering him. Staff attempted to discuss content of hallucinations with Andrew however he was only able to disclose these were telling him "very bad things" and were of a derogatory manner. Andrew appeared visibly anxious, distracted, poor eye contact with staff. Andrew was encouraged to seek out staff further if he wishes to discuss mental state further, was appreciative of staff same. Andrew accepted prescribed medication as per HEPMA and requested PRN lorazepam to aid with unsettling voices. Appears to have slept well from around 0030hrs. No further concerns at time of writing.
Additional	Legal Status: Informal
26-Jul-2025 18:28	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No Chronology Comment: Andy has been visible around the ward this duty, spending time watching tv with peers. Andy has been polite and appropriate in conversation with staff, not voicing any concerns about the voices today. Concordant with routine medications as per HEPMA and nil concerns regarding dietary intake. Andy keen to have a day pass out, perhaps will go tomorrow if allowed. Nil else to note at this time.
Additional	Legal Status: Informal
26-Jul-2025 04:20	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No Chronology Comment: Andrews presentation on the night duty has been settled. He has kept a low profile spending most of his time within his allocated bedspace visible for a short spell after his routine medication where he spent time watching tv with peers. Accepting of his routine medication as per hepma, pleasant and appropriate in manner, facially bright during interaction. Retired to his bedspace for midnight, had woke up briefly requesting his mobile phone which he received and then went back to his bedspace. Nil concerns at time of writing.
Additional	Legal Status: Informal
25-Jul-2025 19:04	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No • Chronology Comment: Andrew returned from pass at around 18:45. Reported that he didn't want to stay out, he didn't like it. Disclosed that his brother and his friends were in the house "smoking stuff". Was happy to come back to the ward, feels safer here. Didn't however return with pass medication that was provided. Advised when possible to return them to the ward on next time out.
Additional	Legal Status: Informal

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

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

25-Jul-2025 15:14	Progress notes (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 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. 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. 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 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. Pass 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. What should the service user/family/carers do if risky situations emerge? Contact emergency services/team. Andy has been given Crisis Team contact information
25-Jul-2025 15:10	Progress notes (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
	Template: Inpatient chronology
Comment	Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No • Chronology Comment: 1:1 INTERACTION WITH ALLOCATED NURSE/PROGRESS NOTES: Andrew settled throughout the duration of the shift. Was keen to leave for overnight pass as soon as possible, was patient waiting on medication. Reviewed by medical team prior to pass, please see entry below. Andrew left in good order and due back tomorrow 26/07/2025 @ 1800hrs.
Additional	Legal Status: Informal

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

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

25-Jul-2025 11:12	Face to face consultation (NHS GG&C Mental Health Services) THOMSON, Sarah (Consultant)
Comment	medication review with Dr Maddineni: Andrew said that there wasn't as much shouting at the weekend (aud hallucinations). He's still hearing God speak - eg. to kill himself or start fights. His mum is a protective factor. 'I'm not a violent man but it pushes you' 'They tell me things nobody else knows...things they shouldn't know'. He finds this scary he says he feels safe on the ward c/o itchy legs - no rash evident has been watching the tv and attending the relaxation group he found his last pass home hard because his friends did cocaine in front of him so he left - he'll avoid them on this pass At iv Andrew is restless - moving arms a lot and looking around he had some ec. he appears low in mood, he describes ongoing auditory hallucinations with likely secondary delusional beliefs, speech reduced in amount Plan: O/N pass today, clopixol depot 200mg im every 2 weeks starting 29th July - increase slowly due to paliperidone still being in his system, venlafaxine will increase tomorrow to 225mg mane, start emollient for dry skin on legs
25-Jul-2025 05:00	Face to face consultation (Leverndale Hospital) FERGUSON, Allison (BankNurse)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No Chronology Comment: Andrew spent evening in his room using his phone pleasant and reactive with staff concordant with 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
24-Jul-2025 18:19	Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea (MentalHealthAssistantPractitioner)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No Chronology Comment: 1:1 interaction with writer/progress note. Andrew has been evident on the ward this duty, spending time within the day area interacting well with peers. Engaging well in PAC activities. Andrew received PRN this duty due to struggling with voices and reports this PRN helped with the voices. Andrew has been utilising Time off ward this duty unescorted, returned in good order with nil concerns. Interacting well with nursing staff, nil paranoid beliefs of delusional content voiced. Voicing he is worried about the change in his depot. As he was on his previous medication for a very long time he reports, staff advised Andrew this was the best for him and he was accepting of this. Andrew is reporting he is still having auditory hallucinations but is struggling less with these. Andrew has been accepting of all routine medication as per HEPMA. Nil else 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
24-Jul-2025 06:04	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No Chronology Comment: Andrew kept a low profile this duty mainly in his bedroom. Accepting of nocte medication. Nil complaints about voices this duty. Appears to have slept well overnight and remains asleep at time of writing. No new concerns to note at time of writing.

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

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

Additional	Legal Status: Informal
23-Jul-2025 18:47	Progress notes (NHS GG&C Mental Health Services) PALMER, Jon (StaffNurse)
Comment	Template: Depot Administration Consultant: Dr Thomson Diagnosis: Schizophrenia Mental Health Status: Informal • Drug: Zuclopenthixol decanoate Dose: 100mg Left Gluteal Next Due Date: Test Dose Batch Number: 2809192 Expiry Date: 05-2027 Presentation: Happy to accept test dose Smoking / Alcohol / Drug Use: Nil noted Levels of Activity: Walks on regular basis Diet: Good diet Recommendations: Monitor for side effects
23-Jul-2025 18:14	Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea (MentalHealthAssistantPractitioner)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No Chronology Comment: Andrew has been evident on the ward this duty. Spending time within the day area watching tv. Pacing about the ward. Andrew interacting well with peers and staff, approaching mostly on a needs only basis - polite and appropriate on interaction. Andrew has been appearing bright in mood. Reporting he is still having auditory hallucinations. Andrew has been accepting of all routine medications as per HEPMA - requesting PRN medication to help with voices. Andrew accepting all meals within the dining area with good fluid and dietary intake. Andrew due depot today which he was accepting of. - nil side effects reported from depot medication. Nil else 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
23-Jul-2025 06:59	Progress notes (NHS GG&C Mental Health Services) EJINIMA, Chizoba (StaffNurse)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No Chronology Comment: See previous entry re depot administration. Slept through out the shift. Staff checked in to see that he was breathing.
Additional	Legal Status: Informal
22-Jul-2025 23:16	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
Comment	DEPOT DUE Andrew was prescribed a STAT dose of Zuclopenthixol Decanoate 100mg (test dose). Andrew did not receive same due to unforeseen circumstances on the dayshift. Writer attempted to wake Andrew several times for his regular nocte medication - Andrew sound asleep. Writer has requested Duty Doctor to prescribe Andrews Depot for tomorrow 23rd July.
22-Jul-2025 18:26	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: Unlimited 30 minute intervals unescorted time out. Continuous Intervention No Chronology Comment: Andy has been struggling with command hallucinations this duty, reported to SN Irvine that they have been particularly bothersome this duty, voices saying they are going to harm his mum. Andy came into his MDT this afternoon unsettled, jerking movements, appearing poor concentration, and distracted, involuntary tongue movements.

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

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

Andy asked for another O/N pass in order to see his dog Rosie and to get his phone fixed, medical team agreeable to this. Pass medication has been ordered. Concordant with routine medications as per HEPMA & nil concerns regarding dietary intake. Andy now has an unlimited amount of 30 minute intervals of unescorted time off ward, happy with same. Andy has spent time in the day area with peers & appears to be able to engage well at times. Nil else to note at this time.

Additional Legal Status: Informal

22-Jul-2025 14:47 Face to face consultation (NHS GG&C Mental Health Services) MADDINENI, Sriharsha (Dr)

Comment Template: **Inpatient MDT**

Information from other agencies / AHP

Staff in Attendance: Dr Thomson, Dr Maddineni, Henderson, Rebecca, Ross OT, N. Ross (CPN), Fortune

Patient Attended Yes • Carer attended No • Continuous Intervention No

Assessment: MDT review: NS report: Voices are prominent, using PRN's. Didn't feel pass went well. Warmer with staff. Talking medications and more attending with ADL's. Discussed using lots of PRN use in MDT - aim to reduce aripiprazole and PRN's. Discussion around daily dispense on discharge. On review: Not good, the voices not settled. Discussed test dose of clopixol titration might be a little slower due to long half life of paliperidone. Feels has to get on with the voices. Sits in room or watches TV. Gets a voice from TV - goes to his room. Upsetting stuff. Doesn't tell anyone. Likes to go to the shop. Encourage going to the shops or going for a walk. Has been engaging with PAC nurse - quiz games. Would want another pass - day pass with taxi to see dog Rosie. Sleeping ok, voices at night. Encourage using of nursing support. MS still affected by auditory/ visual hallucinations. Speech normal, brightened when talking about dog. Insight retained. Plan: Slow titration of clopixol, 200mg next week. lorazepam 2mg only. 5mg diazepam am and reduce night time dose by 2mg. Stop PRN. Cont promethazine. Pass Fri night to Sat to fix phone and unlimited x30mins. Aim to reduce aripiprazole in due course. OT assessment in due course. Agreed for daily dispense on discharge.

Time out status agreed: Unlimited x30 mins, Fri night - Sat to fix phone.
(1) Action 1 Reduce lorazepam to 2mg in 24hrs
(1) Assigned to Henderson
(2) Action 2 Stop diazepam PRN and reduce night time diazepam by 2mg at a time
(2) Assigned to Henderson
(3) Action 3 Pass fri night - Sat and unlimited x30mins time out
(3) Assigned to MDT
(4) Action 4 OT assessment
(4) Assigned to Rebecca
(5) Action 5 Daily dispense
(5) Assigned to Henderson
Provisional discharge date: 12/8/25
Multidisciplinary review

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

22-Jul-2025 05:55 Progress notes (NHS GG&C Mental Health Services) MCKERRACHER, Janet (StaffBankNurseRMN)

Comment Template: **Inpatient chronology**

Time Out: 2 hours

Continuous Intervention No

Chronology Comment: Andrew was visible around the ward tonight and spent time in the dayroom and garden. Attended for routine medication and requested and given PRN lorazepam for agitation due to hearing "voices". Andrew settled soon after and retired to bed and noted to be sleeping from 10:30pm. Andrew slept for long spells overnight.

Additional Legal Status: Informal

Assessment At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide.

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.

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

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

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

22-Jul-2025 05:53	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: 21/07/2025 21:38 Route: Oral • Initiated by: Patient Request Reason for administration: agitation due to auditory hallucinations Restraint Required - No Lorazepam 2mgs Date and Time: 21/07/25 22:30 Patient review : Much Improved
21-Jul-2025 23:33	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
Comment	CARE PLAN REVIEW (unable to edit care plan in documents) THEME 1 - Physical Health. There have been no new concerns regarding Andrew's physical health over the last week. Andrew continues to be accepting of physical observations and weekly weights which have been non remarkable. Sleep hygiene remains good - Andrew is mainly sleeping well at night - one episode of what appeared to be sleepwalking, easily redirected back to bed. Personal Hygiene remains poor and staff continue to prompt Andrew regarding this. PRN medication has been utilised throughout the week with a limited effect. THEME 2 - Mental & Psychological Health Andrew continues to appear pre-occupied. Andrew continues to experience command hallucinations (voices telling Andrew to hurt others). Andrew continues to report he has no intentions of acting on what these voices command him to do. Andrew reported that he was experiencing these voices for '3 days solid.' Andrew continues to present as polite and pleasant when interacting with nursing staff, Tends to keep a low profile through the day and is slightly more visible at night watching TV in the day area. THEME 3 - Substance/Alcohol Use Andrew has not used illegal substances or alcohol over the last week. THEME 4 - Social Issues No reports of social issues. THEME 5 - Legislation/Legal Aspects of Care Andrew remains an informal patient. Andrew currently has 2 hours time out unescorted. THEME 6 - Spiritual Issues No change - no spiritual issues reported.
21-Jul-2025 16:01	Progress notes (NHS GG&C Mental Health Services) YOUNG, Katie (StudentNurse)
Comment	Template: Inpatient chronology Time Out: 2 hours Continuous Intervention No Chronology Comment: 1:1 INTERACTION WITH ALLOCATED NURSE/PROGRESS NOTES Andy has had a settled day. Pleasant and appropriate upon interaction with staff and peers. Spent some time in the day area chatting to peers and some time at his bedspace. Andy's mood appeared low when interacting with him. Accepting of routine medication as per hepma. Adequate diet and fluid intake. Utilised time off ward by going to the shops and going for a walk. Andy voiced that he was having a hard day and did not feel good. Andy said he wanted to sit in his room but felt comfortable to speak to staff if things got any worse. No further concerns at time of writing. Patient care record reviewed by clinical supervisor L. McClement CN

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

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

Additional	Legal Status: Informal
21-Jul-2025 05:46	Face to face consultation (Leverndale Hospital) FERGUSON, Allison (BankNurse)
Procedure	Template: As required (PRN) - Psychotropic medication On psychotropic medication PRN Administered Date & Time: 20/07/25@23:36hrs Route: Oral • Initiated by: Patient Request Reason for administration: intrusive auditory voices and anxiety Restraint Required - No Lorazepam 2mg Date and Time: 21/07/25@00:45hrs Patient review : Much Improved
21-Jul-2025 05:38	Face to face consultation (Leverndale Hospital) FERGUSON, Allison (BankNurse)
Comment	Template: Inpatient chronology Time Out: 2 hours Continuous Intervention No Chronology Comment: Andrew spent evening in his room listening to music and short period sitting in dayroom with peers concordant with prescribed medication quiet and solitary in behaviour requested discretionary medication for intrusive auditory voices and anxiety good effect from same 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
21-Jul-2025 00:06	Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)
Comment	Template: Inpatient MDT Meeting Date: 22/07/25 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 provided although declined to complete at present. Advanced Statement Completed No Summary of progress (SBAR) \ patient views Andrew's mental state has been variable this week. Evidence of Andrew responding to unseen stimuli, twitch remains evident. Andrew continues to report auditory and command hallucinations, reporting varying levels of distress in regards to same. On some days Andrew has appeared facially bright, jovial in conversation with staff, reporting hallucinations are less distressing. Other days Andrew has reported increasing hallucinations of a distressing nature, command hallucinations telling him to harm himself and stop taking medication. Has appeared more anxious and facially flat, when voices are troubling him, requesting PRN medication for same. Has been visible on the ward for short periods of time watching TV with peers however mostly keeping to himself in his bed space. Continues to interact appropriately and politely with staff, engaging in some superficial conversation and voicing his concerns to staff when prompted. Andrew has been utilising his TOW appropriately, returning in good order. Has participated in PAC activities on a couple of occasions this week. Andrew has reported sleep is variable, often sleeping throughout the night however when voices are troubling him has reported of waking up multiple times. Andrew utilised his overnight pass on 18/07, returned the following afternoon, reported his pass went well, returned with haircut and looking well presented. Stated that he took his phone to get fixed however shop assistant "messed him about" therefore his phone remains broken. Andrew has accepted routine medication as per HEPMA, has utilised PRN medication when needed. Nil concerns regarding dietary intake. No further concerns at time of writing. Information from other agencies / AHP 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 120.7 kg Actual weight

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

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

	Multidisciplinary review	
Additional	Weight monitoring Current weight 120.7 kg equates to 19 st, 0 lb. A 0% gain from the previous reading (120.7kg, 07-Jul-2025). Based on the height entry (21-Jul-2025) a healthy weight is likely to be 55 - 75kg (8 st, 9 lb - 11 st, 11 lb) Body mass index 40.46 kg/m2 (calculation based on height entry 21-Jul-2025, NB prior to age 70 average height loss is 1cm per 10 years).	
20-Jul-2025 16:34	Face to face consultation (NHS GG&C Mental Health Services) (StaffNurse)	BUCHANAN, Taylor
Comment	Template: Inpatient chronology Time Out: 2 hours Continuous Intervention No Chronology Comment: Progress note and nursing 1:1. Andrew has been visible on the ward this shift spending majority of his day in dayarea. Approached writer requesting PRN, advised to myself that he is feeling extremely anxious today. Continues to experience auditory and command hallucinations advising him to harm himself by stopping his medication. Reassurance given. Reported feeling overly tired and visible falling asleep in the dayarea this afternoon. Received PRN Diazepam 5mg for anxiety although advised he did not feel much benefit from same. Pleasant and polite when engaging with staff, appearing preoccupied throughout. Adeqaute dietary and fluid intake. Compliant with routine medication as per HEPMA.	
Additional	Legal Status: Informal	
20-Jul-2025 05:35	Face to face consultation (NHS GG&C Mental Health Services) (BankNurse)	FERGUSON, Allison
Comment	Template: Inpatient chronology Time Out: 2 hours Continuous Intervention No Chronology Comment: Andrew spent early evening watching a movie with peersquiet and solitary in behaviourconcordant with prescribed medicationretired to bed at 23:00hrs 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	
19-Jul-2025 18:19	Face to face consultation (NHS GG&C Mental Health Services) (StaffNurse)	BUCHANAN, Taylor
Comment	Template: Inpatient chronology Time Out: 2 hours Continuous Intervention No Chronology Comment: Andrew returned back from pass at approx 16:15pm. Attended to personal care returning back with fresh haircut and showered. Reported pass went ok although he took his phone to get fixed and the man 'messed' him about telling him to come back at 2 then 3 then 4 therefore phone remains broken. Writer offered to attempt to help Andrew fix his phone although he politely declined stating it 'it is about 10 years old'. Polite and pleasant when engaging with staff. Utilised some time out to Tesco, returned back in good order. Nil concerns at time of writing.	
Additional	Legal Status: Informal	
19-Jul-2025 06:47	Progress notes (NHS GG&C Mental Health Services) (StaffNurse)	SUMMERHILL, Natalie
Comment	Template: Inpatient chronology Time Out: 2 hours Continuous Intervention No Chronology Comment: Andrew remains on pass and has not contacted the ward this duty.	
Additional	Legal Status: Informal	
19-Jul-2025 03:23	Progress notes (NHS GG&C Mental Health Services) (StaffNurse)	MCCALL, Charlotte
Assessment	Template: Falls risk Assessment and Falls Interventions General Safety Precautions	

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

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

- 1 Have you documented mobility status in clinical record Yes
- 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. 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 19/07/25 Andrew is currently on pass
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

18-Jul-2025 16:02	Face to face consultation (NHS GG&C Mental Health Services) MADDINENI, Sriharsha (Dr)
Comment	Template: CRAFT - Risk Assessment Risk assessment • When is this review taking place? MDT Meeting - inpatient 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 stressor though brothers physical health could be contributign to thos. 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. 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. 30/6/25 Last drug use ?1 yr ago. 2/7/25 - as above 18/7 - as above remains valid What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland. 30/6/25 Brother has been in hospital in Ulster for several weeks with cardiac issues. 1/7 - no close family support apart from borther 18/7 - as above What factors are present that reduce risk? Agreeable to be seen by Crisis Team. Is medication concordant and is avoiding leaving house. 2/7 - agreeable to admission 18/7 - ongoing assessment, alternative depot. 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? Daily contact unless advised by MDT 2/7 - admission to hospital -

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

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

ongoing assessment 18/7 - ongoing assessment test of alternative depot next week.
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.
What should the service user/family/carers do if risky situations emerge? Contact emergency services/team. Andy has been given Crisis Team contact information

18-Jul-2025 12:44	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 2 hours Continuous Intervention No Chronology Comment: Andrew left the ward at approx 12:20pm for overnight pass. Medication checked and correct prior to leaving. Andrew left the ward in taxi advising he was going to home accommodation. Due back to ward 18/07/25.
Additional	Legal Status: Informal
18-Jul-2025 06:20	Progress notes (NHS GG&C Mental Health Services) SUMMERHILL, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 2 hours Continuous Intervention No Chronology Comment: Andrew kept a low profile this duty spending long periods in his bedroom. Accepting of nocte medication. Spoke with writer at medication round stating the voices were still bothering him constantly and that at times they wake him up. Writer urged Andrew to approach staff at any time if he wants a chat or requires additional medication - Andrew agreed to this and thanked writer. Appears to have slept well overnight and remain asleep at time of writing. No other concerns to note at time of writing.
Additional	Legal Status: Informal
17-Jul-2025 16:54	Face to face consultation (NHS GG&C Mental Health Services) MADDINENI, Sriharsha (Dr)
Comment	r/v with Dr Thomson Mentions upcoming pass does not think he needs as long. Is in contact with his brother. His friend is looking after his dog Talks about the voices been going on for a long time. New voice is god talking to him. Every day. Commandeering voice told him stop the venlafaxine. Doesn't think he is a violent person but been violent to self. Doesn't think he would act on these commandeering voices. Isolating. Always had diazepam/ lorazepam. 'being freaked out' with lorazepam. Makes him scared of loud noises. Using more PRNs Spoke to Dr Stevens about trialing a new medication - thinks it might help. Andrew keen to try something different Getting fed up of the voices. No plans to get behind the wheel. Knows if this is the case to call ward immediately MS - reporting ongoing auditory hallucinations. Seeming afflicted by them. Speech normal. Affect slightly blunted. Variable EC. Insight retained. Plan Start test dose of clopixol 100mg on 22/7 Proceed with pass. - will go see dog and get a hair cut. Will see friend Only needs a single night pass tomorrow. Feels two nights will be too much Blister pack or daily dispense or twice weekly dispense needs to be considered ahead of discharge. No change to lorazepam or diazepam prescription.
17-Jul-2025 15:29	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 2 hours Continuous Intervention No Chronology Comment: Andy has been visible around the ward this duty, sitting watching tv

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

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

with peers. Andy has appeared more facially bright this duty, more engaging with staff and has not made comment about the voices today. Concordant with routine medications as per HEPMA. Nil concerns regarding dietary intake. Andy looking forward to going on pass tomorrow - Sunday, pass medications have been ordered. Andy has stated that his dog is currently being looked after by his brother. Nil else to note at this time.

Additional Legal Status: Informal

17-Jul-2025 05:27 Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea
(MentalHealthAssistantPractitioner)

Template: **Inpatient chronology**

Comment Time Out: 2 hours

Continuous Intervention No

Chronology Comment: Evident on the ward this duty, spending time in day area watching TV. Evidence of responding to unseen stimuli this duty, and twitch remains evident not reporting this is distressing him. Reported to staff he is happy to be going on pass at weekend. Facially bright when speaking about this and smiling at staff appearing cheery. Interacting well with peers and staff. Accepting of all routine medication as per HEPMA. Retired to bed space at 11 pm and appears to have slept well overnight. Nil else 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

16-Jul-2025 16:29 Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura
(StaffNurse)

Template: **Inpatient chronology**

Comment Time Out: 2 hours

Continuous Intervention No

Chronology Comment: Andy has had a more settled day today, voiced to writer that the voices are less distressing to him at present. Andy has been engaging well in superficial conversation with staff & peers, engaged well in PAC game with PAC nurse Bernie & peers. Concordant with routine medications as per HEPMA without concern & nil requirement for PRN thus far. Nil concerns regarding dietary and fluid intake. Nil else to note at this time.

Additional Legal Status: Informal

16-Jul-2025 04:51 Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea
(MentalHealthAssistantPractitioner)

Template: **Inpatient chronology**

Comment Time Out: 2 hours

Continuous Intervention No

Chronology Comment: Andrew has been settled this duty, spent brief spell in day area watching tv with peers before retiring to bedspace at around half 8pm. Andrew reported nil issues this duty and did not speak to staff about any hallucinations he has been having, was not appearing flat or tearful like he was previous shift to this. Andrew attended treatment room for routine medication as per HEPMA - jovial with nursing staff engaging well. Returned to bedspace following medication and appears to have slept well overnight. Nil else 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

15-Jul-2025 17:44 Face to face consultation (Leverndale Hospital) GORDON, Mags (ChargeNurse)

Template: **Inpatient chronology**

Comment Time Out: 2 hours

Continuous Intervention No

Chronology Comment: Nursing 1-1: Andy quite upset initially this morning as he had been incontinent of urine. Andy has had a settled day around the ward area - spent short periods of time sitting in the dayroom otherwise has spent time in his bedroom. Pleasant during

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

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

interactions - not voicing any concerns or worries. Looking forward to getting time at home over the weekend.

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-Jul-2025 16:44 Face to face consultation (NHS GG&C Mental Health Services) MADDINENI, Sriharsha (Dr)

Comment Template: **Inpatient MDT**
Information from other agencies / AHP
Staff in Attendance: Dr Thomson, Maddineni, Palmer, Henderson, Wright and Ross
Patient Attended Yes
Assessment: MDT review: NS review: Stable no concerns using time out appropriately. Minimal engagement from notes. On review OK, voices ongoing for 30 yrs. New voice. Trying to distract himself even with group activities. Keen for a pass Fri to Sun, this should be OK. Usually calm down when in hospital. Not been doing relaxation with pac nurse. Supported by EVRC and crisis team. Keeps in touch with a lawyer and in contact with old forensic cons. Brother not well. MS Stable. Seeming distressed by the voices. Has insight, ongoing auditory hallucination. Plan Review by Dr Thomson tomorrow. Increase time out 2 hrs. Dr Thomson to liaise with Dr Stevens. Await notes
Time out status agreed: 2 hrs
(1) Action 1 Review of notes
(1) Assigned to Dr Thomson
(2) Action 2 Review 16/7
(2) Assigned to Dr Thomson
Multidisciplinary review

15-Jul-2025 05:50 Progress notes (NHS GG&C Mental Health Services) MCKERRACHER, Janet
(Staff Bank Nurse RMN)

Comment Template: **Inpatient chronology**
Time Out: 30 minutes unescorted
Continuous Intervention No
Chronology Comment: Andrew was settled on the ward tonight and spent time in the dayroom. No complaint re "voices" tonight. Attended for routine medication and retired to bed. Slept for long spells overnight and at one point around 2:30am he left his room and attempted to walk up the corridor naked and was redirected to his room by staff. Soon after again left his room holding a towel around his waist and attempted to go into the room next door to him and again redirected back to his room by staff. On both occasions Andrew appeared to be sleep walking. Remained in bed asleep for the rest of the night

Additional
Assessment Legal Status: Informal
At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide.
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

14-Jul-2025 18:44 Progress notes (NHS GG&C Mental Health Services) PALMER, Jon (Staff Nurse)

Comment Template: **Inpatient chronology**
Time Out: 30 minutes unescorted
Continuous Intervention No
Chronology Comment: Andrew remains quite isolatory in ward. Accepting routine medication and taking good diet. Would like to have a few days pass. Nil issues on the ward. Does still complain of voices but attempting to cope with same. Has refused prn for same today.

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

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

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

Harm from Others: No Nil risk identified this duty

14-Jul-2025 18:15	Progress notes (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 30 minutes unescorted Continuous Intervention No Chronology Comment: Andrew is keen to speak to his nursing team with regards to having pass time from the ward on Friday to allow him to check his flat and see his dog. Advised this request would be passed on. Accepting of this. No further update at time of writing.
Additional	Legal Status: Informal
14-Jul-2025 16:24	Face to face consultation (NHS GG&C Mental Health Services) WHITE, Bernadette (Nurse)
Comment	Written in the role of PAC....Andrew declining relaxation and planning session and afternoon activity today although sat in the outskirts of group offered no input. Will invite along tomorrow.
14-Jul-2025 06:32	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: 14/07/2025 03:23 Route: Oral • Initiated by: Patient Request Reason for administration: agitated due to auditory hallucinations Restraint Required - No Other medication: promethazine 25mgs Date and Time: 14/07/2025 04:30 Patient review : Much Improved sleeping
14-Jul-2025 06:31	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: 14/07/2025 02:02 Route: Oral • Initiated by: Patient Request Reason for administration: agitated due to auditory hallucinations Restraint Required - No Lorazepam 2mg Date and Time: 14/07/2025 03:00 Patient review: No Change
14-Jul-2025 06:27	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: 13/07/2025 21:50 Route: Oral • Initiated by: Patient Request Reason for administration: agitated due to auditory hallucinations Restraint Required - No Lorazepam 2mg Date and Time: 13/07/2025 22:30 Patient review: Slightly/Minimally Improved
14-Jul-2025 06:19	Progress notes (NHS GG&C Mental Health Services) MCKERRACHER, Janet (StaffBankNurseRMN)
Comment	Template: Inpatient chronology Time Out: 30 minutes unescorted Continuous Intervention No Chronology Comment: Andrew spent time in his room tonight only coming out for his medication and to have his phone charged. Stated to staff that he has been hearing voices for 3 days solid and he is trying his best not to act on it but reluctant to say what just saying that it is horrible thingsAndrew utilised prn x 3 overnight and remained awake for long spells.

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

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

Additional Assessment	Legal Status: Informal At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide. 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
14-Jul-2025 01:41	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 Yes 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. 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 None reported 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
13-Jul-2025 18:57	Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse) Template: Inpatient chronology
Comment	Time Out: 30 minutes unescorted Continuous Intervention No Chronology Comment: Andy has been visible throughout the day, spending time in the ward communal area. Andy has voiced to staff that the voices have been particularly bothersome today and the last 3 days, still derogatory in nature. Andy requested PRN Lorazepam this afternoon and was given same, with minimal reported settling effect. Concordant with routine medications as per HEPMA. Nil concerns regarding dietary intake. Polite and pleasant with staff, facially brighter in conversation. Andy has voiced that he would like an overnight pass next week Friday - Sunday. Nil else to note.
Additional	Legal Status: Informal
13-Jul-2025 05:44	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse) Template: Inpatient chronology
Comment	Time Out: 30 minutes unescorted Continuous Intervention No Chronology Comment: Andy kept a low profile on the ward this duty, keeping to his bedspace. Limited engagement with nursing staff, pleasant on approach. Continues to report auditory hallucinations, again did not wish to discuss this with writer. 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
13-Jul-2025 00:20	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse) Template: Inpatient MDT
Comment	Meeting Date: 15/07/25 Ward & Hospital Leverndale ward 4B Meeting Purpose: Review • Does carer wish to attend MDT No • Does patient wish to

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

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

attend MDT Yes • MHA Status: Informal
Information about advance statement provided and explained Information provided although declined to complete at present.
Advanced Statement Completed No
Summary of progress (SBAR) \ patient views Andy continues to keep a low but visible profile on the ward. Continues to spend short periods of time in communal areas, appearing preoccupied at these times. Continues to engage minimally with staff or peers, although interactions appear to be improving with nursing staff. Andy continues to report ongoing command hallucinations, remains reluctant to discuss this in-depth with nursing staff. reports he has no plans to act on his auditory hallucinations, continues to report these cause him distress. Has utilised PRN for same throughout the week but feels this has little effect. Andy continues to accept routine medication as per hepma, aware of discussion to change depot medication to Clopixol. Has not voiced any concerns to staff about same. Good diet and fluid intake noted this week. Andy has utilised time off ward to go to local shops, returning in good order. personal care remains poor, Andy reports he has no clean clothes and wishes to wait to shower until he has clean clothes. No concerns with sleep overnight, Andy sleeps well and has maintained a good sleeping pattern.
Carer Views: Nil this week, reports brother who resides in Ireland is still in hospital
Information from other agencies / AHP
Physical Health No new physical health concerns to note Ongoing weekly NEWS2 Compliant with weekly weights
O/E - height 172.72 cm Actual height
Kardex Attached: No On Hepma.
Depot: Zuclopenthixol 100mg Test Dose
Depot last given: Paliperidone 150mg last given 24/06/25
Depot next due: 22/07/25
PRN medication reviewed and discussed: Promethazine 25mg utilised on 09/07 x 2 & 12/07 Lorazepam 2mg utilised on 08/07 & 11/07
Multidisciplinary review

Assessment PRN Action taken: For review at MDT

12-Jul-2025 15:41 Face to face consultation (NHS GG&C Mental Health Services) FORTUNE, Laura (StaffNurse)

Template: **Inpatient chronology**
Comment Time Out: 30 minutes unescorted
Continuous Intervention No
Chronology Comment: Andy has been visible around the ward, sitting in the ward communal area however limited engagement with staff and peers. Appears to be observing for long periods of time. Andy continues to report that he is hearing auditory hallucinations which are derogatory in nature but not wishing to elaborate on same. Andy has been concordant with his routine medications as per HEPMA and nil concerns regarding dietary intake. Nil else to note at this time.

Additional Legal Status: Informal

12-Jul-2025 05:52 Progress notes (NHS GG&C Mental Health Services) MURRAY, Erin (StaffNurse)

Template: **Inpatient chronology**
Comment Time Out: 30 minutes unescorted
Continuous Intervention No
Chronology Comment: Andrew has maintained a low profile on the ward throughout shift. He has been pleasant on interaction however engagement minimal with staff and peers. Not voicing concerns regarding visual and auditory hallucinations throughout shift and has not utilised any PRN this shift. Concordant with routine medication as per HEPMA. Appears to have slept well overnight. No concerns at present.

Additional Legal Status: Informal

11-Jul-2025 16:44 Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)

Template: **Inpatient chronology**
Comment Time Out: 30 minutes unescorted
Continuous Intervention No • Chronology Comment:

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

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

1:1 INTERACTION WITH ALLOCATED NURSE/PROGRESS NOTES:

Andrew has been visible around ward area over the course of the day.

Has however sat at the side observe ring, limited engagement or interaction with staff or peers.

Reports ongoing auditory hallucinations of a derogatory nature but didn't go into any further detail about this.

Had requested diazepam but reports it had little effect.

Advised to stay visible and approach staff if he requires extra support which he has agreed to do.

Good diet and fluid intake.

Concordant with prescribed medication.

No management issues 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

11-Jul-2025 06:13 Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)

Comment Template: **Inpatient chronology**
Time Out: 30 minutes unescorted
Continuous Intervention No
Chronology Comment: Andrew remains largely unchanged on the ward this shift. Kept a low but visible profile spending majority of time in room although short periods in day area. Continues to appear preoccupied and reports ongoing hallucinations. Minimal interactions with staff and peers, although pleasant on approach. Compliant with routine medication as per HEPMA. Appears to have slept well overnight.

Additional Legal Status: Informal

10-Jul-2025 14:55 Progress notes (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)

Comment Template: **Inpatient chronology**
Time Out: 30 minutes unescorted
Continuous Intervention No • Chronology Comment:
Andrew continues to isolate in bed area, only leaving for meals.
On approach, guarded and superficial.
Appearing pre-occupied at times. Does report ongoing auditory hallucinations of a derogatory nature.
Has been having command hallucinations to harm others but hasn't acted on these.
Encourage to seek out nursing staff when feeling like this.
Good diet and fluid intake.
Concordant with prescribed medication.
No management issues at this time.

Additional
Assessment Legal Status: Informal
At risk of DSH - deliberate self harm Denying any thoughts of DSH or suicide.
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

10-Jul-2025 12:28 NHS GG&C Mental Health Services NEILLY, Susan (MedicalSecretary)
Document Administration (09-Jul-2025) Request for casenotes from Beckford Lodge (09-Jul-2025)

10-Jul-2025 10:24 Face to face consultation (NHS GG&C Mental Health Services) MADDINENI, Sriharsha (Dr)
Comment rv by Dr Gray
Informal.
Hearing voices all the time. 'horrible things'
Commandeering voices. such as telling to hit people. No running commentary.
No thoughts of ending life. Happy to be here.
Tried various medications but not zuclopenthixol.
Could try test dose 100mg on day paliperidone is due and stop the other depot.

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

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

ECG and bloods ok.
Discussed we cannot fully get rid of the voices as it is longstanding.
Discussed relying on nursing support.
MS
no change from previous. Ongoing hallucinations but not visibly distressed by them
Plan
Test dose clopixon on 22/07 instead of paliperidone at 100mg
Remain informal
Spoke with sp pharmacist Henderson, she will kindly review previous medications - patient when previously asked about clopixon stated he has it now saying he hasn't. Need clear medication history before making change.

10-Jul-2025 05:42	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 30 minutes unescorted Continuous Intervention No Chronology Comment: Andrew remains largely unchanged in presentation this shift. Continues to keep a self isolative profile spending his evening within bedspace. Minimal interactions with staff and peers, engaging mostly on needs met basis. Voiced to nursing staff during medication round that he continues to experience auditory hallucinations, requested PRN for same - Promethazine 25mg given. Compliant with routine medication as per HEPMA. Appears to have slept well overnight.
Additional	Legal Status: Informal
09-Jul-2025 18:55	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 30 minutes unescorted Continuous Intervention No Chronology Comment: Andrews presentation on the day duty remains unchanged continues to not offer much engagement with staff or peers, only when having his ward needs met. Still presents as being guarded, poor eye contact during brief conversations. Has been visible for brief spells spending time in the day area sitting beside the window looking outside. Has approached staff on few occasions asking for PRN lorazepam, had good effect. Accepting of routine medication as per hepma, nil side effects reported. Accepting of adequate dietary and fluid intake. Nil concerns at time of writing.
Additional	Legal Status: Informal
09-Jul-2025 12:02	Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea (MentalHealthAssistantPractitioner)
Assessment	Template: Inpatient chronology At risk of harming others Forensic History. Hx of physical assault and V&A.
09-Jul-2025 11:57	Face to face consultation (NHS GG&C Mental Health Services) MADDINENI, Sriharsha (Dr)
Comment	Spoke with Mr Shaw - continues to feel debilitated by voices and briefly mentioned about driving This is a risk for him if he does get behind the wheel. Suggested adding in PRN promethazine 25mg every 6 hrs. I have put in a titration schedule for the venlafaxine as below: 37.5mg till 11/7 then 112.5 from 12/7 till 18/7 on hepma. Then 187.5mg from 19/7 to 25/7. Then 225mg M/R from 26/7 ongoing. Amended original admission note to add more detail and removed history of sexual assault as the note in 2020 is incorrect. All offences relate to driving as per forensic note. Request also made for old paper notes and notes from beekford lodge regarding treatment especially between 2020 and 2024.
09-Jul-2025 05:25	Progress notes (NHS GG&C Mental Health Services) MCKERRACHER, Janet (StaffBankNurseRMN)
Comment	Template: Inpatient chronology Time Out: 30 minutes unescorted

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

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

Continuous Intervention No

Chronology Comment: Andrew spent time in his room and only approaching staff to have his needs met Pleasant and appropriate in manner and conversation during brief interactions with staff and continues to report auditory hallucinations but stated he is no distressed or upset by this Attended for routine medication and retired to bed Slept overnight

Additional Legal Status: Informal
Assessment At risk of DSH - deliberate self harm 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 sexual assault and V&A.
Harm to Others: No Nil risk identified this duty
Harm from Others: No Nil risk identified this duty

08-Jul-2025 17:43	Progress notes (NHS GG&C Mental Health Services) MACLENNAN, Jodi (StudentNurse)
Comment	Template: Inpatient chronology Time Out: 30 minutes unescorted Continuous Intervention No Chronology Comment: Andrew has had a settled day on the ward. Spent majority of day in bedspace, long periods of sleeping in bed observed. Kept a low profile on the ward, minimal interaction with staff and peers. Pleasant and appropriate on approach. Good dietary and fluid intake observed. Accepting of routine medication as per HEPMA. No further updates at time of writing
Additional	Legal Status: Informal
08-Jul-2025 05:50	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: 30 minutes unescorted Continuous Intervention No Chronology Comment: Andy kept a low but visible profile on the ward this evening, keeping to his bedspace for the majority of the night, only approaching to have needs met. Andy pleasant and appropriate during interactions with staff, continues to appear distracted at times. Continues to report "bad" auditory hallucinations, not willing to discuss this in depth with writer. 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
08-Jul-2025 02:38	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Noted urinalysis not obtained on admission, forwarded in diary to obtain when possible
08-Jul-2025 01:43	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	PCCP completed within documents PCCP review next due 14/07/25
07-Jul-2025 23:09	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient FFN Nutritional assessment completed O/E - weight NOS 124 kg Admission Weight Previous weight 124 O/E - weight 120.7 kg Actual weight O/E - height 172.72 cm Actual height Body mass index 40.5 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 • Leaflet given please tick: NHSGGC Eating to Feel Better leaflet provided • If BMI >25 Does the patient have any unwanted weight gain and BMI now in the overweight/obese category (>25) No Is patient on psychotropic medication that may affect their weight Yes, state name/s of

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

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

medication paliperidone 150mg depot
Leaflet given please tick: NHSGGC Eat Well Look Good Feel Great Lose weight leaflet provided

07-Jul-2025 22:48	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	1:1 ATTEMPTED WITH NAMED NURSE Writer approached Andy offering 1:1, same politely declined. Andy denied any new concerns he wished to raise with writer, reports ongoing auditory hallucinations which he did not wish to discuss at present. Offered Andy paperwork to complete getting To Know Me, had not completed this on admission - Andy declined to complete same stating he would "do this later"
07-Jul-2025 17:05	Face to face consultation (NHS GG&C Mental Health Services) MADDINENI, Sriharsha (Dr)
Comment	did not manage to get seen as part of MDT Will be seen either wednesday pm/ Thursday
07-Jul-2025 16:44	Progress notes (NHS GG&C Mental Health Services) MACLENNAN, Jodi (StudentNurse)
Comment	Template: Inpatient chronology Time Out: NIL Continuous Intervention No Chronology Comment: Andrew has had a settled day on the ward todayHas been visible in dayroom watching TVHas kept a low profile, minimal interaction with staff and peers however is pleasant and polite on approachUtilised time off the ward to local shops, returned in good orderAccepting of routine medication as per Hepma Attended dining room for mealtimes - good dietary and fluid intake observedNo further updates at time of writing Patient care record reviewed by clinical supervisor C Irvine
Additional	Legal Status: Informal
07-Jul-2025 06:16	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
Comment	Template: Inpatient chronology Time Out: NIL Continuous Intervention No Chronology Comment: Andrew has appeared settled on the ward this shift. Kept an extremely low profile, spending his evening within bedspace sleeping. Nursing staff attempted to wake Andrew for medication although unable to wake (was breathing). Remains asleep at time of writing.
Additional	Legal Status: Informal
06-Jul-2025 18:20	Progress notes (NHS GG&C Mental Health Services) MCCALL, Charlotte (StaffNurse)
Comment	Template: Inpatient chronology Time Out: NIL Continuous Intervention No Chronology Comment: Andrew has kept a low profile on the ward this duty. Appears to be distracted and preoccupied during interactions however has been polite towards staff. Has not been observed responding to unseen stimuli however has kept a very low profile for the day and refused 1:1 interaction, making it hard for staff to full determine mental state. Has utilised TOW to go to local shops, returning in good order. Accepted routine medication as per HEPMA. No further concerns at time of writing.
Additional	Legal Status: Informal
06-Jul-2025 05:48	Progress notes (NHS GG&C Mental Health Services) MCCHESENEY, Evelyn (StaffNurse)
Comment	Template: Inpatient chronology Andrew has spent much of the evening within his bedspace Appeared to be sitting in the dark at times throuhout the evening at desk in room Mental state hard to assess due to low profile Minimal engagement with staff and peers - however remained pleasant when asking for needs to be met Concordant with routine medication as per HEPMA

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

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

	Good level of diet and fluid consumed Appears to have slept overnight No other concerns Time Out: NIL Continuous Intervention No
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-Jul-2025 02:33	Face to face consultation (NHS GG&C Mental Health Services) BUCHANAN, Taylor (StaffNurse)
Comment	Template: Inpatient MDT Meeting Date: 08/07/25 Ward & Hospital Leverndale ward 4B Meeting Purpose: Initial • 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 provided although declined to complete at present. Advanced Statement Completed Yes Summary of progress (SBAR) \ patient views Andrew was admitted to ward 4B on 02/06/25 due to a deterioration in his mental state and varied compliance with medication over last couple of months. Since admission to ward 4B Andrew's presentation has been settled. Maintaining a low profile but visible profile on ward, spending brief spells in day room appearing preoccupied and distracted when attempting to watch TV or engage with staff. Continues to voice to nursing staff that he is experiencing auditory and command hallucinations which are not unusual for him although he is now hearing a new male voice which he believes is god. Andy also reported he has become more isolated as he is afraid he will harm someone as a result of the voices. Andy also reports this new voice tells him to harm himself, although will not disclose what the voice tells him to do. Andy stated he would not act on the voice at present but the voice is increasingly distressing. Has been utilising time off the ward to Tesco appropriately, returning back in good order. Adequate dietary and fluid intake. Compliant with routine medication as per HEPMA. Appears to sleep well overnight. Information from other agencies / AHP Physical Health Compliant with bloods and ECG upon admission. Compliant with NEWS2 and weights. O/E - height 172.72 cm Actual height O/E - weight 124 kg Actual weight Kardex Attached: No On Hepma. Depot: Paliperidone 150 mg Depot last given: 02/07/25 Depot next due: 30/07/25 PRN medication reviewed and discussed: Lorazepam 1mg tablets - 02/07/25, 05/07/25 Diazepam 5 mg Tablets - 05/07/25 Multidisciplinary review
Assessment	PRN Action taken: As above
05-Jul-2025 18:32	Progress notes (NHS GG&C Mental Health Services) PALMER, Jon (StaffNurse)
Comment	Template: Inpatient chronology Time Out: NIL Continuous Intervention No Chronology Comment: Andrew appearing nervous at times on ward today but appears to be fleeting. Visible around day area but quiet on the ward. Taking good diet and fluids on the ward. Utilised time to shops without issue. Compliant with all medication, pleasant on approach though limited interaction, nil else of note to report.
Additional Assessment	Legal Status: Informal At risk of DSH - deliberate self harm Auditory hallucinations telling him to harm himself

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

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

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

05-Jul-2025 10:01	Progress notes (NHS GG&C Mental Health Services) MACLENNAN, Jodi (StudentNurse)
Comment	O/E - rate of respiration 17 /minute • SpO2 - oxygen saturation at periphery 96 % • O/E - blood pressure reading 115/75 mmHg • O/E - pulse rate 70 beats/min • O/E - tympanic temperature 35.9 degrees C
05-Jul-2025 06:22	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: NIL Continuous Intervention No Chronology Comment: Andy continues to keep a low but visible profile on the ward, spending short periods in the day area - continues to appear distracted and preoccupied. Reported to staff the voiced are "really bad today", did not wish to discuss these with staff as he was "trying to ignore them" 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	At risk of DSH - deliberate self harm Auditory hallucinations telling him to harm himself Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
05-Jul-2025 01:09	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 Yes 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. 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 None reported 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
04-Jul-2025 18:24	Face to face consultation (NHS GG&C Mental Health Services) MACCUISH, Natalie (StaffNurse)
Comment	Template: Inpatient chronology Time Out: NIL Continuous Intervention No Chronology Comment: Andrews presentation on the day duty has been settled pleasant and appropriate in manner, blunt in affect at times Attempted to engage in 1:1 however Andrew had declined Has been visible for short spells throughout the day in the day area keeping himself to himself watching tv Had utilised unescorted time out of the ward by going to tesco, returning in good order. Accepting of routine medication as per hepma, nil concerns with compliance. Accepting of adequate dietary and fluid intake Nil concerns at time of writing.
Additional	Legal Status: Informal
04-Jul-2025 15:10	Face to face consultation (NHS GG&C Mental Health Services) IRVINE, Caroline Mann (StaffNurse)
Assessment	Template: Patient Pass Plan Patient Pass Plan Start Date: 04/07/2025

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

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

Detention Status: Informal
Current Risk: Medium
Type of Pass: Unescorted
Additional Conditions: 1x 30 mins
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: Immediately
If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - RELATIVE or CARER: Immediately if unable to contact Andy
If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - POLICE: MISSING PERSON: Immediately if unable to make contact with Andy or N.O.K
Patient in agreement with pass plan? Yes
Person completing pass plan: S/N Irvine / Dr Maddineni / Dr Grey

04-Jul-2025 13:28	Face to face consultation (NHS GG&C Mental Health Services)	MADDINENI, Sriharsha (Dr)
Comment	Reviewed by Dr Gray MS - responding to stimuli. Offering 2x 30mins but declined for 1 30ms Keep aripiprazole dose as is Re-titrate venlafaxine 37.5mg to start then 75mg at a time Ask or Janet or susan for paper notes	
04-Jul-2025 09:44	Face to face consultation (NHS GG&C Mental Health Services)	GALLAGHER, Sarah (StaffNurse)
Comment	Review with Dr Maddineni & SN Gallagher Nursing report: Maintaining a low profile but visible profile on ward. Spending brief spells in day room. Polite and appropriate during interactions, appears pre-occupied. Reporting to nursing staff that he continues to experience auditory hallucinations which are derogatory in nature. On review today: Spending time in own room as distractions due to multiple voices, in particular "gods" voice. Remain derogatory and commanding in nature. No explicit plan given to end life however distress with ongoing auditory hallucinations. Reports he has had them for 30 years and wishes for them to be gone. Very restless during interview which is normal for Andrew. Wishes to remain in hospital reports he feels safe on ward. Feels night time is the worst but not utilizing available PRN's. Encouraged to do so. Unclear what medications he has used in the past, this needs looked into. May need to request notes. Mental state: Speech remains normal rate in volume, does not appear evidently distressed by delusions however voices he is. Blunted in affect with minimal reactivity. No warmth nor humour in discussion. Plan: Remain informal, if wishes to leave would need consideration for MHA. Offered Diazepam 5mg at 1pm. Suggested 30 mins unesc TOW as informal. Will discuss with Dr Gray. Have discussed prolactin is raised in keeping with current medications. Discuss bone health long as main issue. Will keep medications as they are as per advice by Dr Gray. Further review next week.	
04-Jul-2025 05:38	Progress notes (NHS GG&C Mental Health Services)	MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: NIL Continuous Intervention No Chronology Comment: Andy kept a low but visible profile on the ward this evening, spending short spells watching tv before returning to his bedspace. Appearing distracted when in communal areas, continues to voice derogatory auditory hallucinations, trying to distract himself by watching tv. 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	At risk of DSH - deliberate self harm Auditory hallucinations telling him to harm himself Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty	

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

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

03-Jul-2025 19:28	Face to face consultation (NHS GG&C Mental Health Services) GALLAGHER, Sarah (StaffNurse)
Comment	Template: Inpatient chronology Time Out: NIL Continuous Intervention No Chronology Comment: 1:1 INTERACTION/PROGRESS NOTE: Andy has maintained a low profile this duty. Spent short periods in the dayroom. Appearing pre-occupied when watching TV. Stated to writer that he had settled into ward environment however continues to experience auditory hallucinations which are derogatory in nature. Would not disclose further information to writer, remains guarded when discussing mental state. Good dietary and fluid intake. Compliant with routine medication as per hepma. Nil concerns raised regarding DSH/suicidal ideation.
Additional Assessment	Legal Status: Informal At risk of DSH - deliberate self harm Auditory hallucinations telling him to harm himself At risk of harming others Forensic History. Hx of sexual assault and V&A. Harm from Others: No Nil risk identified this duty
03-Jul-2025 11:42	Face to face consultation (NHS GG&C Mental Health Services) MADDINENI, Sriharsha (Dr)
Comment	ECG - 3/7/25 SR HR 85. qTC 430. Keen for timeout explained review will be tomorrow where decisions regarding this will be made. However I can email Dr Gray in the interim but suspect answer will be the same HbA1c added on to FBC, prolactin still awaited. HbA1c normal 37. However prolactin 1582. Medications need clarified pt not clear what he is taking and when he last took
03-Jul-2025 05:44	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Inpatient chronology Time Out: NIL Continuous Intervention No Chronology Comment: Andy has kept a low and largely isolative profile on the ward this evening. Pleasant and appropriate during interactions with staff, Andy reports ongoing auditory hallucinations of who he believes is god, reports the voice is telling him to harm himself but he does not wish to do this - agreeable to approach 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 Assessment	Legal Status: Informal At risk of DSH - deliberate self harm Auditory hallucinations telling him to harm himself Harm to Others: No Nil risk identified this duty Harm from Others: No Nil risk identified this duty
03-Jul-2025	NHS GG&C Mental Health Services GORDON, Hamish (SeniorCrisisPractitioner)
Document	Letter sent to general practitioner GP Brief communication
02-Jul-2025 21:24	Face to face consultation (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	1:1 WITH NAMED NURSE Writer approached Andy to introduce self as named nurse, Andy pleasant during interaction and happy to engage with writer. Andy understanding of admission, acknowledges his mental state has deteriorated. Reports ongoing auditory hallucinations which are not unusual for him, but he is not hearing a new male voice which he believes is god. Andy also reported he has become more isolated as he is afraid he will harm someone as a result of the voices. Andy reports this new voice tells him to harm himself, he did not disclose what the voice tells him to do. Andy stated he would not act on the voice at present but the voice is increasingly distressing. Writer advised Andy of ward policy regarding harmful objects - Andy happy to have his aerosols stored in allocated box along with his phone charger and mouthwash. Andy advised he is keen to go to shops for snacks, advised to discuss this with his consultant which he was accepting of. Unable to discuss Advances Statement at this time due to current mental state, to be

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

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

revisited when mental state improving.
Andy advised he does not have a named person at present, reports his brother is N.O.K but does not wish for him to be a named person, again will revisit this.

02-Jul-2025 21:20	Progress notes (NHS GG&C Mental Health Services) MOORE, Lauren (StaffNurse)
Comment	Template: Safe and supportive observations chart Observation Level General • Discussed with patient? Yes Number of Staff Required 0 Name of Doctor Involved in Review Dr Maddeneni
02-Jul-2025 21:15	NHS GG&C Mental Health Services MUIR, Chelsea (MentalHealthAssistantPractitioner)
Document	Care plan 📄 Care plan from Leverndale - Ward 4b (02-Jul-2025)
02-Jul-2025 20:54	Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea (MentalHealthAssistantPractitioner)
Comment	Template: Person Centred Visiting I would like the following people to visit me Brother and his wife I do not want visits from the following people none specified I would like them to visit at no specific timings I would like to rest at Has not specified Will you have children visiting? No • Has the person centred visiting plan been discussed with patient Yes Has the person centred visiting plan been discussed with patient's relative No Does not want staff to contact relatives
02-Jul-2025 20:25	Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea (MentalHealthAssistantPractitioner)
Comment	Template: Inpatient chronology Time Out: NIL Continuous Intervention No Chronology Comment: Andrew has disclosed that he has been in contact with his previous consultant 'Dr Laura Stevens' over text messages, appears they have been texting everyday and he believes she helps him as 'she gives me a row whenever im doing something wrong'. Andrew showed staff the text messages and this appears to have been ongoing regularly since Decemeber 2024.
Additional	Legal Status: Informal
02-Jul-2025 20:06	Face to face consultation (NHS GG&C Mental Health Services) MAHMOOD, Ehsen (FY2)
Examination	Template: Inpatient Physical Examination Medical examinations/reports • Admission Physical Examination comments Grossly normal Chaperone Required: No • Neuro response: Alert General Impression / End of Bed examination Looks well Respiratory Examination Findings Chest clear O/E - heart sounds HS: I + II + 0 [D]Peripheral oedema Nil oedema Abdominal Examination Findings Abdomen SNT, no guarding, no rebound tenderness, bowel sounds present Neurological and Musculoskeletal examination findings Normal. No clinical evidence of Parkinsonism O/E - gait Normal O/E - cranial nerves CN II to CN XII grossly intact Upper Neurological Examination Normal tone/power/co-ordination/reflexes/sensation Lower Neurological Examination Normal tone/power/co-ordination/reflexes/sensation Antipsychotic naive: No • Possibility of Pregnancy: No If it is not possible to carry out full physical, ECG or bloods at admission the reason must be documented here: ECG attempted however unable to get a good trace as sticky pads unable to stick on. For re-attempt tonight or tomorrow
Additional	Urine drug screen requested: No • Bloods sent: Yes
02-Jul-2025 19:37	Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea (MentalHealthAssistantPractitioner)

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

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

Template: Falls risk Assessment and Falls Interventions	
Assessment	General Safety Precautions 1 Have you documented mobility status in clinical record Yes 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. 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 None reported 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
02-Jul-2025 19:34	Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea (MentalHealthAssistantPractitioner)
Assessment	Template: Patient Pass Plan Patient Pass Plan Start Date: 02/07/2025 Detention Status: Informal Current Risk: Medium Type of Pass: No Time Out 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: Immediately If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - RELATIVE or CARER: Immediately if unable to contact Andy If patient fails to return, or absconds from an escorted pass, then call the following at the specified times - POLICE: MISSING PERSON: Immediately if unable to make contact with Andy or N.O.K Patient in agreement with pass plan? Yes Person completing pass plan: C Muir
02-Jul-2025 19:13	Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea (MentalHealthAssistantPractitioner)
Comment	Template: Inpatient chronology Time Out: NIL Continuous Intervention No Chronology Comment: Andy arrived on the ward @approx.15.20pm was shown to his bed space and was shown around the ward. Accepting of admission process and duty doctor informed and is currently completing bloods and ECG.
Additional Assessment	Legal Status: Informal At risk of DSH - deliberate self harm Suicidal ideation, previous suicide attempt 3 years ago. Self neglect.Poor dietary and fluid intake. At risk of harming others Forensic History. Harm from Others: No Nil at present.
02-Jul-2025 18:19	Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)
Comment	Template: Inpatient FFN Nutritional assessment completed Hospital Leverndale Ward 4B Date of Admission 02/07/2025 Time of admission 16:00 Mental Health/long term condition/s or physiological need Yes, please state Paranoid Schizophrenia

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

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

Is there a risk of Refeeding syndrome? No
Physical Assistance Required
Independent with eating or drinking? Yes
Requires assistance with eating or drinking No
Difficulties with swallowing (if yes, specify reason/detail) No
Dysphagia No
Difficulties chewing certain foods/poor dental health No
Personal/dietary needs
Religious/ethnic/cultural/vegetarian/vegan dietary requirements No
Any food allergy/sensitivity No
Food/Fluid likes Independent, can choose own diet
Food/Fluid dislikes Independent, can choose own diet
Is there loose jewellery No
Is there loose clothing No
Specialised/Therapeutic diet requirement
Textured Modified Diet No
Prescribed Nutritional Support
Required No
O/E - weight NOS 124 kg Admission Weight
O/E - weight 124 kg Actual weight
O/E - height 172.72 cm Actual height
Body mass index 41.6 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
Multidisciplinary Nutrition Care Planning Notes
Overall Risk Score & weight Low Risk 124kg
Nutritional Action/s Plan of Care Weekly weights
Action discussed with patient/carer Yes
Review Date weekly

02-Jul-2025 18:16

Face to face consultation (NHS GG&C Mental Health Services) MUIR, Chelsea
(MentalHealthAssistantPractitioner)

Template: **SBAR V4**

Comment

Situation Informal admission of 58 year old male with a hx of Paranoid Schizophrenia, deterioration in mental state and varied compliance with medication over last couple of months.
Background Community team - Eastvale RCCPN - Mark HumeConsultant - Dr McMillanReferred by CPN due to increased in Psychotic symptoms and suicidal ideation.Seen by South Crisis for assessment on 01/07/25.Previously open to Forensic CMHT, transferred 2024 to Eastvale.Current medication: Vencarm XL 225mg once daily, Zopiclone 7.5mgs once at night, Diazepam 5mgs one BD, Lorazepam 1mg daily, Procyclidine 5mg tablets one TID, Aripiprazole 10mgs daily. Paliperidone 150mgs depot (monthly). Last issued 24/06/25.Previous Driving offences. Attempted to complete suicide via hanging 3 years ago.History of hospital admissions dating back to 1990s
Assessment Andrew reporting ongoing delusional beliefs and auditory hallucinations, regarding God and disciplines communicating with him and telling him to end his life. Reports high intensity to this experience and reported pre-occupied. Reports God is a new voice he is hearing and this is distressing to him. Disengaged from ADLS, not eating (toast yesterday and nothing since), has also declined food since arriving on ward and staff will encourage dietary intake and not attending to self care. Reports not sleeping and spending time on his sofa "thinking" as described. Reports no respite from this experience.States has been over-using medication, took 20mgs Diazepam yesterday and 3mgs Lorazepam, today 20mgs Diazepam and 4mgs Lorazepam at 0600hrs. Reports no effect. Did not appear sedated. Since admission has evident jerking and moving of hands and feet. Nil evidence of aggression or violence since admission. Since arriving on ward has not left bed space. Little engagement with staff.

Recommendation Admit to Ward 4B for a period of assessment. Informally. General observations.

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. Ongoing thoughts of ending life stemming from psychotic symptoms regarding hearing gods voice telling him to end his life. Describes no protective factors, lives alone and overusing lorazepam/diazepam prescriptions. Thoughts that if goes outside will harm others, therefore avoiding going outside. Reports that continues to have contact with a former consultant Dr L Stevens (forensic psychiatrist) via text message and showed writer phone with a "Laura Steven" contact added and messages. Requires further exploration.

Additional Admission to hospital Ward 4B

02-Jul-2025 18:03 Face to face consultation (Leverndale Hospital) MCCLEMENT, Lindsey (ChargeNurse)

Additional Template: **Inpatient chronology**

Accompanied by: Staff from CMHT

Admission Reason: 52 Therapeutic/clinical crisis • Admission Type: 19 Routine admission - type not known • Admission Referral from: 1 Mental health outpatients • Admission From: 11 Private Residence - living alone • O/E - height 172.72 cm • O/E - weight 124 kg Build: Large

Complexion/skin colour: White

Hair colour: Short/Grey. Has medium length beard

Eye colour: Blue

Dentures: Nil

Spectacles / contacts: Nil

Distinguishing Features: Nil that he reports

O/E - blood pressure reading 146/72 mmHg • O/E - pulse rate 91 beats/min

Body temperature reading 36.4

Blood oxygen saturation 98 % • Baseline respiratory rate 19 /minute

02-Jul-2025 16:46 Face to face consultation (NHS GG&C Mental Health Services) MADDINENI, Sriharsha (Dr)

Additional Template: **CRAFT - Risk Assessment**

Comment Risk assessment • When is this review taking place? MDT Meeting - inpatient

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 stressor though brothers physical health could be contributign to thos. 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. 30/6/25 Last drug use ?1 yr ago. 2/7/25 - as above What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland .30/6/25 Brother has been in

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

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

hospital in Ulster for several weeks with cardiac issues.1/7 - no close family support apart from borthor

What factors are present that reduce risk? Agreeable to be seen by Crisis Team. Is medication concordant and is avoiding leaving house.2/7 - agreeable to admission

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? Daily contact unless advised by MDT2/7 - admission to hospital - ongoing assessment

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.

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

02-Jul-2025 16:03

Face to face consultation (NHS GG&C Mental Health Services) MADDINENI, Sriharsha (Dr)

Template: **Adult MH Admission Assessment Template**

Assessment

Patient Demography

Legal Status Informal

[RFC] Reason for care : Communication special needs

Alerts

Alert note

Reason for Referral

Reason for referral Increasing delusions

Reason for attendance

Reason for attendance Referral from CPN to CRISIS.Last 48hrs poor sleep. Increase in auditory hallucinations. Normally stable and able to district self from them. However new voice of god now. Commanding to harm self and end self.No concrete plans to do so but feels 'if they are coming for me - they are coming for me, not going to fight it'. Denies voices are telling him to harm others.No concrete safety factors described.Feels voices are worse now than when was last in hospital.Feels desciples are following him. Worried about his food. Visual hallucinations denied but feels the voices are with him in the room and no face to describeUnable to state why they are worse now. States his brother is in hospital in Ireland with an infection needing a bypass.Struggling with personal care and ADL;sPoor appetite in general but last ate yesterday. Spending most of his time indoorUsing more PRN's lorazepam in last 48hrs and more diazepam in last 48hrs to drown the voicesStates mood 3/10. Worse in last 3 days due to voices.Happy to stay here in hospitalRecognise he is unwell.Doesnt know what we can do to get him better, states has tried different combinations before - not helped.Reports in contact with previous consultant via text. Have passed onto staff to look into

Reason for attendance (continued) According to forensic case letterdespite various trials of medications continued to voice hallucination and distressing voices. Though objectively made progressReportedly any stress would destabilise him, resorting to PRN use.Can seek isolation when stressedEnjoys being on the ward and previously raised concerns of degree of instutalisation accoridng to forensic letter.

Psychiatric history

H/O: psychiatric disorder Paranoid scizophrenia + PTSDPreviously subject to CTO 2021 to 2025.History of OD of various substances benzos + ectasyFirst presented to services 1997 at 18. IPCU in 1997 Hartwoodhill long admission. Admitted Gartnaval 2005, 2006 X2, 2007 ?Personality disorderCustody 2010-2011 then under forensics with a PD diagnosis2016 - Beckford lodge Spell of imprisonments2020 >hairyres psychotic > admitted Iona Ward remained 3 years..2024 referral to EVRC - under adult services. multiple admissions. Ranging from 2 months to 3yrsCPN Mark Hume-----Previous medications trialled2006 - trazodone + risperidone 4mg at night and 15mg risperidone depot fortnightly2007 - flupenthixol depot 40mg2020 - clozapine - stopped oversedation and autonomic depression2020 - 2023 - risperidone, paliperidone and haloperidol2024 - aripiprazole dose reduced from 15mg to 10mg - EPSE'sHas needed PRN procylidine through out these periods.

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

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

Medical History

Past medical history Nil

Current medication details

Medication Venlafaxine 225mg M/R daily - stopped taking for 1 month
Aripiprazole 10mg daily (dose reduced from 15mg due to EPSE)
Procyclidine 5mg TDS
Diazepam 5mg BD
Lorazepam 1mg daily
Paliperidone depot 150mg every month last given 2 weeks ago
intermittently using metformin last used a couple of weeks ago - doesn't wish to continue with this
Atorvastatin - doesn't wish to continue with this not taken for a few weeks
Tamsulocin 400mcg - doesn't wish to continue with this
Dispensing frequency Weekly dispense blister pack
Medication concordance Variable

Family History

Family history Nil

Personal History

Social/personal history Entries from Forensic letter
Lives alone - brother in close contact
Born in Bellshill, grew up in Hamilton
Mother died when he was 8, worked as a cleaner
Dad worked in steelworks, died of cancer a number of years ago.
Alcoholic. Domestic violence between parents resulting in mother's death. Victim of sexual assault when 10 by older brother. Brother that committed assault died by means of suicide. Two other older siblings. No family nearby or close friends
Brother friend stays in flat o/n
Stole brother's car when young and crashed it. Interest in vehicles since school. Did not do well in School, unemployed and no close friends

Substance Use

Pattern of use Intermittent cannabis use but nil recent

Forensic history

Forensic history Been under forensics in past. Low secure unit before transfer to EVR but patient states driving offences is what his offences are all from - not sexual assault
According to forensic letter >50 police offences related to driving
Theft of a vehicle, driving without insurance, fraudulent number plate, dangerous driving, assault to endangerment to life
Historical entry relating to severe injury + permanent disfigurement
Multiple periods of incarceration

Mental State Examination

Appearance Casually dressed, unkempt
Behaviour Frequent twitches, poor EC.
Mood & Affect Blunted affect, little humour
Speech Normal speech
Thought form Ongoing auditory hallucinations described. Not responding to ext stimuli
Thought content As above
Perceptions Ongoing auditory hallucinations, commandeering in nature. Crisis reported visual hallucinations described as well but pt denies this.
Cognition Not formally assessed
Insight Has insight recognises he is unwell. Recognises he needs help and willing to stay in hospital.

Additional Notes

Additional note

Mental health assessment

Clinical summary Paranoid schizophrenia - relapse

Initial treatment plan

Continuous Intervention No
Mental Health Act Status Informal
Time Out Nil pending consultant review

Immediate actions

HEPMA done
Physical examination Handed over to duty team
Relevant investigations Handed over to duty team
CRAFT Done

Legal Issues

Legal Issues Should not drive.

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

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

Examination	Medical examinations/reports
02-Jul-2025 15:35	Inbound Referral (NHS GG&C Mental Health Services) MUIR, Chelsea (MentalHealthAssistantPractitioner)
Referral	Emergency hospital admission From: SL Eastvale Adult CMHT
02-Jul-2025 15:00	Face to face consultation (NHS GG&C Mental Health Services) MCCAFFREY, Cheryl (CrisisPractitioner)
Comment	Template: CRAFT - Risk Assessment Risk assessment When is this review taking place? Transition of care Crisis informal admission 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? Andrew has a diagnosis of paranoid schizophrenia and complex PTSD. Has a history of polysubstance drug use. Previous 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 but reside in Ireland - brother has currently been unwell and usually speaks every few days. Stephen is experiencing auditory hallucinations who he believes to be god telling him that he has had enough time on earth and was time to be with him. States that he has thoughts of hanging himself. Evidence of self neglect. Reports to over using Lorazepam and Diazepam for at least two days - Reports to taking 4 x 1mg Lorazepam and 4 x 5mg Diazepam with no therapeutic benefit to levels of agitation being experienced. Reports to visual hallucinations of gods disciples. Has not been leaving his home due to fear that he could potentially harm somebody which he does not want to do. Reports to being in contact with former Forensic Consult who he has text communications with - unknown if this is evidence of psychotic symptoms or genuine- Crisis were able to see text conversations in mobileregardingg this - further investigation required - Information pass on duringhandoverr to ward staff and duty doctor at ward 4b. Visibly agitated throughout appointment. Constant rubbing and scratching of hands and circle movements of feet. unable to settle which was adding to Andrews distress. What historical risk factors are there that it is important to be aware of? History of drug use, psychotic illness, forensic history, previous DSH and attempted hanging. 30/6/25 Last drug use ? 1 yr ago. Has partial insight into illness Believes to be in contact via text messages with Dr Laura Stevens. Messages were shown to Crisis clinicians but unable to determine at that time if this was in fact true - further investigation required Self neglect Over use of medication - potential overdose risk What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland. Brother has been in hospital in Ulster for several weeks with cardiac issues. Did not disclose any other close family support apart from brother What factors are present that reduce risk? Agreeable to informal hospital admission Admits that he is unwell at the moment 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? Has been admitted to ward 4b for ongoing assessment 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. What should the service user/family/carers do if risky situations emerge ? Contact emergency services/team. Have all relevant professionals been informed of the risk management plan ? on Emis yes
02-Jul-2025 13:00	Face to face consultation (NHS GG&C Mental Health Services) GORDON, Hamish (SeniorCrisisPractitioner)

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

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

Template: SBAR V4	
Comment	Situation 58 year old male with a hx of Paranoid Schizophrenia on South East Crisis caseload. Reviewed today by H. Gordon SCP and C. McCaffrey CP. Background Community team - Eastvale RCCPN - Mark Hume Consultant - Dr McMillan Referred by CPN due to increased in Psychotic symptoms and suicidal ideation. Seen by South Crisis for assessment on 01/07/25. Previously open to Forensic CMHT, transferred 2024 to Eastvale. Current medication: Vencarm XL 225mg once daily, Zopiclone 7.5mgs once at night, Diazepam 5mgs one BD, Lorazepam 1mg daily, Procyclidine 5mg tablets one TID, Aripiprazole 10mgs daily. Paliperidone 150mgs depot (monthly). Last issued 24/06/25. Assessment - Andrew described ongoing delusional beliefs and auditory hallucinations, regarding God and disciplines communicating with him and telling him to end his life. Reports high intensity to this experience and reported pre-occupied. - Disengaged from ADLS, not eating (toast yesterday) and not attending to self care. Reports not sleeping and spending time on his sofa "thinking" as described. Reports no respite from this experience. Reports fearful that if goes outside he may harm someone, therefore avoiding. - States has been over-using medication, took 20mgs Diazepam yesterday and 3mgs Lorazepam, today 20mgs Diazepam and 4mgs Lorazepam at 0600hrs. Reports no effect. Did not appear sedated. Throughout appointment evident jerking and moving of hands and feet ?EPSES/agitation. No evidence of hostility or aggression. Recommendation Agreeable to Informal Admission 4B Leverndale. Discussed with bed manager and handover to duty doctor. Transported to ward 4B. 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. Ongoing thoughts of ending life stemming from psychotic symptoms regarding hearing gods voice telling him to end his life. Describes no protective factors, lives alone and overusing lorazepam/diazepam prescriptions. Thoughts that if goes outside will harm others, therefore avoiding going outside. Reports that continues to have contact with a former consultant Dr L Stevens (forensic psychiatrist) via text message and showed writer phone with a "Laura Steven" contact added and messages. Requires further exploration.
Additional	Admission to hospital Appointment Outcome:
02-Jul-2025 10:22	Administration note (NHS GG&C Mental Health Services) BOYLE, Elizabeth (Clerical Officer)
	Template: Armed Forces
Comment	No, Not Known / Not Applicable (03-Jul-2025)
02-Jul-2025	NHS GG&C Mental Health Services MUIR, Chelsea (Mental Health Assistant Practitioner)
Document	Forms - miscellaneous ☑ Moving and Handling
01-Jul-2025 19:08	Telephone call from a patient (Rossdale Resource Centre) SOMERVILLE, Nicola (Senior Crisis Practitioner)
Comment	South Crisis Return call from Andrew, advised crisis colleagues had attempted to contact him to arrange an appointment for tomorrow at 1pm which he accepted. Plan- Home visit on the 02/07/25 at 1pm.
01-Jul-2025 19:05	Telephone call to a patient (NHS GG&C Mental Health Services) BROLLY, Christopher (Staff Nurse)
Comment	SOUTH CRISIS TEAM Writer called patient with no answer. Left message offering appointment tomorrow at 1pm in his home.
01-Jul-2025 16:56	Telephone call from a patient (Florence Street Resource Centre) MCALOON, Lesley (Crisis Practitioner)
Comment	T/C from Andrew at 16:54 stating that his voices were getting louder, telling him to hurt himself. He did not appear distressed by this. Writer listened with an empathetic ear, discussed positive coping and distraction techniques. Andrew voiced that he will take diazepam and go for a shower as he finds this beneficial. He denied harm to others, denied suicidal intent and voiced that he is challenging the voices and not DSH. He

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

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

agreed to contact Crisis/OOH/NHS24 should his thoughts intensify.

01-Jul-2025 11:00	Face to face consultation (NHS GG&C Mental Health Services) OHARA, Chanel (SNRCrisisPractitioner)
Comment	South crisis team Attended today for H/V as planned for pupose of initial ax. Writer and SCP F. Downie in attendance. Please see BAT and CRAFT for details of assessment. Daily contact at present due to presentation and nature of psychotic symptoms / suicidal ideation. This can be reviewed at each contact. Given contact details for crisis team; agreed to contact if required. Plan: H/V tomorrow @ 1pm Follow-up appointment offered
01-Jul-2025 11:00	Face to face consultation (NHS GG&C Mental Health Services) DOWNIE, Fraser (SeniorCrisisPractitioner)
Comment	Accompanying HCP: OHARA, Chanel (SNRCrisisPractitioner) 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? 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." 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.30/6/25 Last drug use ?1 yr ago. What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland .30/6/25 Brother has been in hospital in Ulster for several weeks with cardiac issues. What factors are present that reduce risk? Agreeable to be seen by Crisis Team. Is medication concordant and is avoiding leaving house. 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? Daily contact unless advised by MDT 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. What should the service user/family/carers do if risky situations emerge ? Contact emefrgemcy services/team. Andy has been given Crisis Team contact information Have all relevant professionals been informed of the risk management plan ? via MDT
01-Jul-2025 09:30	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) MILLIGAN, Donna (SeniorCrisisPractitioner)

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

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

Comment	Discussed Andy briefly this morning with CMHT colleagues at MDT Shared verbal background and current information from Dr McMillan and CPN M Hume with colleague C O'Hara due to assess today Will liaise further with Eastvale as appropriate Follow-up appointment offered
01-Jul-2025	NHS GG&C Mental Health Services OHARA, Chanel (SNRCrisisPractitioner)
Document	Mental health assessment - Adult Mental Health Brief Assessment Tool
30-Jun-2025 18:01	Telephone call from a patient (NHS GG&C Mental Health Services) REILLY, Louise (CrisisPractitioner)
Comment	South Crisis: T/c from Andy who was checking if he was still due to be phoned this evening. Writer reassured that he was due to be contacted, and that staff were working through the evenings clinical activity. Initial appt given for tomorrow - 11am at home. Andy agreeable to same. Nil immediate concerns identified at time of call. Agreed to contact services in meantime if further support required. Plan - initial crisis ax tomorrow 01/07 @ 11am.
30-Jun-2025 15:32	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Visited Andy again in afternoon as agreed. Remained agitated but calmed as visit progressed. Has had some food. Admits that he hasn't got diazepam for tonight as he has used due script tomorrow. Reports "voice" persists but intends staying at home today and assures me he will keep himself safe. Reassured with effect. Reminded, as discussed at earlier visit, that Crisis would be involved in the short term for visits instead of me and agreeable.
30-Jun-2025 13:46	Discussion with other professional (NHS GG&C Mental Health Services) MCALOON, Lesley (CrisisPractitioner)
Comment	T/C Crisis Referral from CPN Mark Hume Eastvale RRC. Andrew Shaw is a 58yr old male with a diagnosis of Paranoid schizophrenia and complex PTSD with pseudo hallucination. Increased auditory hallucination, stating he fears that god will come to his house. He states that god is telling him to attack the Devil's disciples however, Andrew reports he does not know who they are therefore, he has not left the house. Forensic history due to driving offences 2 person home visit. Will not attend base. Contact consultant if non engagement. Agreed to Crisis referral. Crisis to monitor mood and Mental State.
30-Jun-2025 13:42	Inbound Referral (NHS GG&C Mental Health Services) MCALOON, Lesley (CrisisPractitioner)
Referral	Referral to mental health crisis team From: SL Eastvale Adult CMHT
30-Jun-2025 13:35	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Template: CRAFT - Risk Assessment Situation-HV to Andy after he had called on 2 occasions this morning reporting he was struggling with mental health. He had also called GP surgery. I spoke to him prior to visit and he said that he was worried about God coming to his door. He said that he had felt like this since Friday morning and could identify no trigger. During visit he was agitated (not unusual) and said that he hasn't slept over weekend. He said he had heard God telling him he had to kill the devil's disciples (who he doesn't know) and was staying at home to avoid getting into trouble (usual presentation is that he hears voices but "lives with it"). He didn't appear to be reacting to external stimuli during conversation. Was previously on Compulsion Order from 2021 to 2025 (driving offences) which was recently revoked. Had small decrease in oral aripiprazole 2 weeks ago. Visited for depot last week when no issues noted. Reports he has been taking meds as prescribed and denied any illegal drug use. Background-Born and brought up locally. Victim of CSA. Brother who is supportive lives in Northern Ireland (currently in hospital). Lives alone, no friends or family local. Tends to isolate himself. Psych contact dating back to IPCU at Hartwood in 1997-numerous

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

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

admissions. Diagnosis currently paranoid schizophrenia and complex PTSD. Transfer from forensic Jan 2024-had been in Beckford Lodge. History of drug use, last used cocaine ?1 yr ago. Numerous driving offences in past and previously stole cars. Reported in past that he preferred being detained-this was revoked ?last month. Denies alcohol use, reports he is taking meds as prescribed but previously tended to overuse benzos. Current meds include paliperidone 150mgs monthly, efexor 225mgs, diazepam 5mgs bd, lorazepam 1mg, procyclidine 5mgs tid and aripirazole 10mgs.

Assessment-Appeared agitated and, as usual doesn't offer much in conversation, however accepted tea and toast. Explained that he had been experiencing voice of God since Friday morning and was worried he would visit him. Also said he had been told to kill devils disciples but doesn't want to get into trouble or harm anyone so stays in flat. No aggression towards staff. Reports sleep poor over weekend and appetite less (ready meals in fridge). Reports anxiety at symptoms. Denies any plan to harm himself or others but voices encouraging to kill devils disciples. Didn't appear to be reacting to external stimuli during visit. Mood lower than usual and anxious. Concentration fair and could follow conversation. Motivation lowered as normal. No contact with anyone over weekend and can become lonely. Tends not to elaborate much on symptoms. Doesn't want extra meds and thinks that admission may be useful.

Recommendation-I spoke with Consultant, DrMcMillan who advised that closer monitoring from Crisis team over next week or 2 may be useful to give us a better picture of Andy. Andy informed of same and agreeable to engage. Aware of emergency contact numbers. Has level of insight and doesn't want to be unwell. Telephone referral made to Crisis for call tonight and HV with 2 staff tomorrow (Andy won't attend Eastvale and I or CSW visit unaccompanied usually).

Risk assessment • When is this review taking place? Risk increasing

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. 22/3/24 Increase in psychotic symptoms-has used prn meds-next script Tuesday but has regular meds. Keen to be seen next week as unable to attend today. 28/3/24 Seen by CPN and consultant this week. Voices persist but not as distressing and deny and thoughts or plan of DSH or aggression. 30/6/24 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. 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. 30/6/25 Last drug use ?1 yr ago.

What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law in Northern Ireland. 30/6/25 Brother has been in hospital in Ulster for several weeks with cardiac issues.

What factors are present that reduce risk? Engaging with services (happy for more contact), taking meds, support from brother and sister in law and contacts if needed. Avoiding drug use.

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? CPN will visit again today (30/6). He has been referred to Crisis service following discussion with RMO (DrMcMillan). Andy encouraged to stay at home, take meds as prescribed and attempt to remain busy/use distraction. Received depot last week-no change to oral meds following D/W RMO.

What is the clinical team going to do about it - In the next few months? Crisis input.

Are there any other considerations for risk management? Community Compulsion Order

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

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

revoked recently.
What should the service user/family/carers do if risky situations emerge ? Contact
emefergency services/team.
Have all relevant professionals been informed of the risk management plan ? D/W
DrMcMillan.

24-Jun-2025 12:27	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy where he was given depot as per kardex (paliperidone 150mgs left DG).He was pleasnat and apparite in manner.Reports he has been out at shops without issue.Less agitated today, denies any concenrs re meds.Denies illegal drug use.Brother remains in hospital in Northern Ireland with cardiac issues, has had contact via phone.Hopes to get Sky tv soon as he enjoys movies.Has arranged for cleaner to visit on Friday.Aware CSW McInness is off and that he can contact me or team,declined contact before next depot due on 29/7.
10-Jun-2025 11:52	Face to face consultation (NHS GG&C Mental Health Services) MCMILLAN, Graham (Consultant)
Comment	DW Ch N Mark Hume. Pt is showing persistent objective evidence of marked EPSE. I have suggested reducing his aripiprazole to 10mg/day and increasing his procyclidine to 5mg tid. Remainson depot. Ultimately if his mental state remains unchanged over the next two months, we could potentially withdraw the aripiprazole altogether.
Document	Prescription sent to pharmacy 📄 Prescription sent to pharmacy (10-Jun-2025)
10-Jun-2025 11:39	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy after call earlier.He was pleasnat,appropriate and cooperative.Appeared a little agitated (leg movements and pill rolling) but mood euthymic and quite chatty.Reports "voices" persist but he is "used to them",not distressed.Spoke about brither who is in hospital in Northern Ireland with chest infection.Friend of brother continues to visit sporadically and enjoys same.Andy said he goes out if required but is content at home.Denies any illegal drug use.Reports he continues to text old Psychiatrist which he finds is reassuring.Encouraged to contact own team.Flat tidier today and he said that he had cleaned up but has also arranged for cleaner to attend on 21/6.I spoke with DrMcMillan re agitation and restlessness and he has agree dto reduce aripirazole to 10mgs and increase procyclidien to 5mgs tid.Andy next die for depot in 2 weeks and reminded he can contact me before if needed.
10-Jun-2025 10:08	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy for update (CSW currently off) but no reply.Message left reminding him about depot in 2 weeks but advising he can contact me before if needed.
03-Jun-2025 09:24	Telephone call to a patient (Eastvale Resource Centre) JACK, Nicola (ChargeNurse)
Comment	Telephone call to pt to cancel appoint today with HMcl HCA due to sick leave -left voicemail
29-May-2025 09:20	Telephone call to a patient (NHS GG&C Mental Health Services) DEVLIN, Emma (StaffNurse)
Comment	DESK DUTY Telephone call to Andrew this morning to cancel appointment today with HCA H.McInnes due to absence. Andrew's phone went to voicemail, message left advising of same however advised if support is required to contact the CMHT and ask for his allocated CPN or duty nurse.
27-May-2025 13:00	Face to face consultation (NHS GG&C Mental Health Services) LAW, Margaret (StaffNurse)
Comment	HV to Andy where he was given depot as per kardex.He was failry relaxed and pleasnat in manner but reported little change to mental state.Was watching tv (with sound up) when I arrived.I asked about getting out and he said "not much" but admitted he had been to council offices last week for new door fob, barbers and out when I called for depot.Friend of brother visits sporadically and he finds this useful.Happy to go out with CSW McInness next week and I will give dpeot on 24/6.Aware he can contact team if needed before.
21-May-2025 15:28	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Message left on mobile that I will attend Tuesday for depot.

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

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

21-May-2025 12:05	Telephone call from a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy returned call and said he was out. Reports he's "fine" and getting out more due to good weather. I suggested I could attend later today but Andy requested next week, which I will arrange. Reminded he can contact me if needed and has CSW appt ?next week.
21-May-2025 12:02	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy for depot but no reply. Call to mobile ,no reply but message left. If no response today I will visit next week. (I seen Andy at Cambuslang yesterday and he appeared settled, hopefully he's getting out a bit more as suggested).
20-May-2025 15:42	NHS GG&C Mental Health Services MASON, Angela (MedicalSecretary)
Document	Clinical letter (19-May-2025) Letter to the Mental Health Tribunal (19-May-2025)
15-May-2025 10:00	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, Andy not feeling up to getting out today. He invited writer in. He was wearing shorts and jumper, put socks on as his feet were cold. He seemed a little sleepy, he reports running out of his medication the previous day, he however managed to sleep through the night for 10hs, medication due to get delivered tomorrow. He reports no change with symptoms, on going voices but denied any distress. He has been managing to walk to the local shop, writer encouraged same. Old TV still there in the box to get disposed off, place a bit untidy and needing hovered, writer suggested he distract himself and hover and try get out for some air, Andy agreed to same. He voiced getting carpet cleaned but may get his brother to buy a new carpet. Andy was able to engage in conversation, no concerns at this time. Agreed to appointment 2/52 Follow-up appointment offered
08-May-2025 12:32	Telephone call from a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy returned call, pleansat and appropriate throughout call. Enquired about appt text he received for next week and reassured it is for CSW. Reports he has been well and no issues with meds. Brother's friend has popped in a few times and Andy describes him as "nice guy" and has no problem with him although would prefer if brother didn't arrange additional support. Mood bright and happy to see CSW next week and CPN 21/5. Encouraged to get out and continues to consider GROW73 option.
08-May-2025 11:53	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy for update but no reply. Noted that he had input from CSW last week and engaged well. Depot due 21/5.
02-May-2025 09:30	Face to face consultation (Other - Community) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, agreed on community venue. Andy presented bright in mood, chatty and reactive to humour today, clean shaved, few dribbles down his jumper but presentable. He had came straight out of his flat so writer was unable to see home environment, Andy reports that he has managed to clean up a bit, voiced plant to paint to try cover the smell of smoke. He reports that his brother called, he would like Andy to visit him in Ireland, Andy considering same maybe over the summer months. His brother also sent a guy to stay at Andy's for a few night, Andy said the guy was Indian and that he was going to work for his brother, guy has now left. Writer discussed that he should maybe talk with his brother regards to him sending people to stay in his home, Andy voiced 'I don't mind, he just worries about me', writer reassured him that he has regular contact with staff and aware of all numbers to contact if needed, Andy agreeable to same. He reports no concerns with medication, sleep has improved a little as managing medication a little better. He continues to use fast food service which he has noticed the price increase, writer suggested some home cooking, discussed going for weekly shopping, writer offered to assist, Andy agreed to consider same. At this time Andy remains mentally stable, no concerns raised. Follow-up appointment offered
23-Apr-2025 11:26	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy where he was given depot as per kardex. He had just woke up and admitted he was sleepy after taking meds last night, reports he took as prescribed. Pleasnat in manner

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

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

and denied any issues, fairly chatty and spoke about brother and ex lodger. Reports he has been out "a few times" and looking forward to CSW input next week. I suggested GROW73 as he enjoys the outdoors but non committal. I will call in 2 weeks and next HV for depot is 21/5/25. Aware how to contact team if needed and no concerns voiced regarding detention being revoked.

15-Apr-2025 11:30	Face to face consultation (Other - Community)	MCINNES, Heather (HealthCareAssistant)
Comment	H/V, outing arranged for today, Andy was ready to go but allowed writer to enter flat. The flat was a bit untidy, floor rather messy with feathers, reports that he had not been sleeping so well the past few nights, feathers from his quilt. Writer encouraged that he clean the flat, Andy reports his hover was in the repair shop. Andy asked if he could pick up his medication from pharmacy as we pass on the way to the park, writer accepting of same. Andy presented animated in mood, engaged well in conversation and reactive to humour. He reports that he had run out of sleeping meds, writer encouraged he try spread them out a little more to encourage a sleep pattern, Andy accepting of same. His brother continues to check in on him, the family friend who had been staying with him for a bit had popped round to collect some of her belongings, he reports that she paid back the money that she had borrowed to help with her move. He voiced that he is content to have the flat back to himself, denied feeling lonely, mood has been stable. He voiced that while he was under the treatment order that he felt this encouraged him to 'want to do better' in self care. Writer discussed the support that he has in place and suggested small steps that he can take to improve same, Andy accepting of same. Not been to visit friends in Airdrie at this time. Raised no concerns raised at this time, informed Andy depot due next week, writer arranged appointment for week after on the 29/04/25, accepting of same. Follow-up appointment offered	
10-Apr-2025 12:26	Administration note (NHS GG&C Mental Health Services)	MASON, Angela (MedicalSecretary)
Comment	Email received from [REDACTED] Pharmacy hub to inform Dr McMillan of updated medication. Advised that Andrew's lorazepam is now 2mg in the morning and the patient is also on zopiclone 7.5mg at night. Dr McMillan informed.	
09-Apr-2025 12:26	NHS GG&C Mental Health Services	MASON, Angela (MedicalSecretary)
Document	Outpatient letter (08-Apr-2025) Outpatient letter from Eastvale Adult Graham McMillan - Consultant (08-Apr-2025)	
08-Apr-2025 11:35	Face to face consultation (Eastvale Resource Centre)	MCMILLAN, Graham (Consultant)
Comment	OPC: HV with MHO [REDACTED] Pt aware of illness and how this affects him -mainly hearing voices which he states he is now very used to. Able to tell us previous risk profile -car offences when unwell, recognises benefit of medication and remaining engaged with services. Main risk remain vulnerability to being taken advantage of by others and intermittent cocaine use. Keen to remain engaged and DW MHO no further requirement for CO. Plan: 1. Revoke CO and arrange FU via OPC. 2. No change to current meds for now.	
08-Apr-2025	NHS GG&C Mental Health Services	MCKINNEY, Elizabeth (LocalityAdministrator)
Document	Mental health admin. NOS (08-Apr-2025) REV2-Revocation of Compulsion Order sent to Caird House as they hold the papers	
07-Apr-2025 13:20	Telephone call from a patient (Eastvale Resource Centre)	MCINNES, Heather (HealthCareAssistant)
Comment	Andy returned T/C to writer. He reports that he has not been going out, arranged for his shopping to be delivered. He voiced no concerns through out short conversation, writer informed him of Appointment tomorrow with Dr McMillan and [REDACTED] MHO, this will be at his home, Andy accepting of same. He agreed to get out next week with writer, appointment arranged for 15/04/25,	

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

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

appointment card posted today.
Follow-up appointment offered

04-Apr-2025 10:06	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy, no reply but message left informing him of HV by DrMcMillan and MHO on Tuesday morning.
01-Apr-2025 12:02	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV arranged for DrMcMillan and MHO for next Tuesday morning for review.
01-Apr-2025 10:57	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy after request to rearrange O/P appointment but no reply. I will inform DrMcMillan.
01-Apr-2025 09:40	Clinic note (NHS GG&C Mental Health Services) ARMSTRONG, Ashleigh (CPN)
Comment	Desk Duty Duty nurse aware of contact. CPN tasked to advise of same. Nil further role for duty nurse.
31-Mar-2025 17:30	Telephone call from a patient (Florence Street Resource Centre) GORDON, Hamish (SeniorCrisisPractitioner)
Comment	South Crisis: Call from Andrew. Looking to re-arrange appointment tomorrow 01/04/24 at 1230hrs. Advised to contact Eastvale in the morning, open at 0900hrs. No further concerns highlighted. Task sent to Eastvale to update re contact this evening. No further role for South Crisis this evening.
31-Mar-2025 17:30	Inbound Referral (NHS GG&C Mental Health Services) GORDON, Hamish (SeniorCrisisPractitioner)
Referral	Referral to mental health crisis team
19-Mar-2025 10:45	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy (with StN Eduardo) where he was given depot as per kardex. He was pleasant in manner but didn't offer much in conversation. Denies any current concerns and reports "voices" have been less. Has received phone back after losing on bus 2 weeks ago but not keys or bank card. Remains agreeable, somewhat unenthusiastically, to HnH visit and I will discuss with CSW McInnes on her return. Depot next due 23/3 but I will contact for update in 2 weeks. Andy aware how to contact team if required.
18-Mar-2025 15:42	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	MHO [REDACTED] visited today. Andy more animated and talkative and agreed that he becomes bored and lonely at flat himself. He has agreed to consider HnH if CSW will accompany him. [REDACTED] will contact HnH re schedule.
14-Mar-2025 15:53	Telephone call from a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy called for "achat", he said that "voices" were worse today. He had been at shop earlier and bought steak pie for dinner but hasn't done anything else, or spoken to anyone since I visited. I encouraged him to watch tv, get and consider local supports that we could assist with and he agreed "I need to do something because it's not helping just staying in". I praised his abilities last week when dealing with bank and reminded him of his abilities but also stressed that we require his participation. Andy asked about O/P review and was informed that SW will visit Tuesday, I'll see Wednesday for depot and DrMcMillan on 1/4. He thanked me for contact and will consider what activities he may try over weekend prior to visit next week.
14-Mar-2025 15:42	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Called Andy again but no reply after I missed another call from him. I spoke with MHO [REDACTED] who is visiting next week to ascertain if any SW services provide social support/activities but not currently. I will visit next week for depot and suggest, again, local groups that may help Andy increase social contact and activity.

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

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

14-Mar-2025 12:33	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Returned call to Andy after he left message requesting callback but no reply.
11-Mar-2025 15:37	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy today, pleasant in manner and not obviously distressed or anxious. Reports little change in mental state. Happy that [REDACTED] has moved out and intends getting cleaner to tidy flat for £60. Denies any issues with neighbours. Reports he has been eating well and spending time in flat, strongly encouraged to increase activity levels but seems reluctant. Depot due next week.
10-Mar-2025 11:47	Telephone call from a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy returned call, pleasant and appropriate but wanted "a chat". Reports he got new phone but hasn't contacted bus depot re old one-, advised to call them. Had "ok" weekend but spent at flat. Reports "voices" persist but "no different". More talkative than usual, encouraged to go out or increase activity levels but said he has sore knee, doesn't like going to GP but strongly encouraged. Has HV tomorrow and happy with same.
10-Mar-2025 11:38	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy called to update number with reception and requested I call him back. I called but no reply. He has new number so I assume he didn't get old phone back on Friday after losing on bus.
07-Mar-2025 12:00	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy turned up unexpectedly at Eastvale today requesting assistance as he had lost phone, keys and bank card on bus. He had been at Glasgow earlier and has since visited bus depot and left details. He has spare key to get into flat but needed to cancel cards. He was given access to phone and was noted to be very capable and confident discussing issues with bank. He requested lift home which I provided and he thanked me for same. Intends returning to bus depot if belongings found later- hopes to arrange money transfer with bank. Not sedated or obvious distress or psychotic symptoms (out with annoyance at losing belongings). He said that he is happy lodger has left and has arranged for a cleaner. Depot next due 19/3 and he has MHO appt 18/3. Aware he can contact me if required.
04-Mar-2025 14:46	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Call to Andy re CSW appt on Thursday being cancelled. He was quite chatty today and said that he "put out" lodger last Wednesday but "had to give her £150 to get rid of her, but its money well spent". Happy he has flat to himself and waiting for assistance with cleaning room which he said is "a mess". Didn't voice any psychotic symptoms during call and said "I'm just getting on with it Mark". Happy for HV next week and advised he will have O/P review with DrMcMillan on 1/4. Aware how to contact me if required.
04-Mar-2025 10:46	Telephone call to a patient (NHS GG&C Mental Health Services) BROWN, Nichola (CPN)
Comment	CPN-Desk Duty T/C to Andy in order to cancel scheduled appt with HCSW Heather McInnes on 06/03/25 due to unforeseen circumstances. However there was no answer, writer left voice message advising of the above and that Heather will establish contact upon her return to office in order to arrange further appt. Writer encouraged Andy to contact services should he require support out with same.
26-Feb-2025 14:30	Telephone call from a patient (Eastvale Resource Centre) MCINNES, Heather (HealthCareAssistant)
Comment	T/C from Andy, voiced that he had paid money to [REDACTED] to leave, he was asking for a food bank voucher. Writer arranged same and informed him where to collect. Writer discussed same with [REDACTED] MHO. Mental health remains stable at this time. next appointment to arrange Follow-up appointment offered
25-Feb-2025 13:50	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV with CSW McInnes after Andy called and requested same. Sounded tired during call and admitted he had used "a few" of his lorazepam/diazepam earlier when they had been

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

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

delivered. When we visited he appeared tired but said that he couldn't sleep and used meds to reduce "voices". Didn't appear to be reacting to same but said that they have been worse recently and tend to say "bad things". Unclear how many benzos he has been using over past week but said that he hasn't had any for a few days??? Can be inconsistent with answers. Andy has insight and denied any plan or intent to harm himself or others. Denies any drug use. Flat appeared a bit tidier and he said that he had cleaned up, expects lodger to leave on Wednesday. Enjoys going out with CSW McInnes and have appt next Thursday. Encouraged to be more active but declined, has had contact with brother and sister in law but no one else. Reacts well to reassurance and seems to enjoy company of staff but encouraged to look at other options/social activities that may benefit him. Intends watching tv and trying to rest this afternoon. I will call next Tuesday but he is aware how to contact services if required.

25-Feb-2025 11:32	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy left another message requesting callback which I did but no reply. Message left advising he could call me back and if unavailable speak to CSW McInnes.
24-Feb-2025 14:36	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy had left message with reception requesting callback-I called but no reply. I will try again tomorrow.
19-Feb-2025 13:00	Face to face consultation (Other - Community) MCINNES, Heather (HealthCareAssistant)
Comment	H/V, Andy was dressed, he invited writer in while he put shoes on. The house was in such disarray. We agreed on community venue for tea. In the car there was a noticeable stale smell between cannabis, tobacco and urine, Andy's personal care was clean and tidy. He voiced that [REDACTED] and her daughter are due to move out in a few weeks, he said she is moving to Pollock with her mother. Andy reports he is happy with same and would like to get some order back in his home. He reports no concerns with his mental health, no issues with medication delivery from pharmacy, sleeping well. Friends not been to visit but regular contact by phone. He voiced that he will text Dr Steven, reports regular contact through text. No concerns raised at this time, agreed next appointment 2/52, writer will post. Follow-up appointment offered
18-Feb-2025 14:35	Face to face consultation (Eastvale Resource Centre) SLATER, Jamie (ChargeNurse)
Comment	Home visit for depot in absence of CPN M Hume due to annual leave. Andy was in, had forgotten that Mark wouldn't be coming but was fine with me visiting instead. He had a female friend and a small dog visiting who stayed in the living room whilst we conducted visit in bedroom. Andy voiced no complaints or concerns, was entirely settled, pleasant and easygoing in manner. Depot given as per card without issue, next due 4/52, same to be administered and arranged by M Hume (CPN). Andy aware of contacts in an emergency if required. Follow-up appointment offered
11-Feb-2025 10:08	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy, quite spontaneous during call and appropriate. Speech not quiet or slowed down as is often the case. He was informed that C/N Slater will give depot next Tuesday at approx 2pm and was happy with same. Aware of CSW input the week after and I will see at next depot on 18/3. Andy aware how to contact me if needed.
07-Feb-2025 10:00	Face to face consultation (Other - Community) MCINNES, Heather (HealthCareAssistant)
Comment	H/V. As agreed a community venue was agreed. Andy had called the previous day to change his appointment, he had also voiced that there was an issue with pharmacy to deliver medication, (no driver). Writer agreed to change appointment to today. Andy asked to stop at pharmacy as we pass for him to collect medication, writer accepting of same. He reports that he continues to remain stable albeit on going voices. He reports that he is happy to stay in doors and this is his coping technique. Writer did not access his flat this time, Andy voiced that he has given [REDACTED] a month to

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

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

find other accommodation, this was 2 weeks ago. He has also informed his brother of same but not disclosed the smell of smoke or untidiness of his flat.
He voiced that he would clean the flat himself and get it painted once she leaves He would like his own 'space' back to himself. Not had any friends visit lately.
He denied any concerns at this time, sleep continues to be poor, not had lorazepam all week.
agreed for writer to post appointment for 2/52.
Follow-up appointment offered

21-Jan-2025 10:30	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy's flat where he was given depot as per kardex.Flat rather untidy (Xmas tree still up) and Andy seems frustrtaed regarding this.Denies any drug use.He explained that [REDACTED] is still staying with him but he intends telling her later today that she will have to find a new place.Denies any change in "voices" but not distressed during visit and a bit more talkative than before.Hasnt been out vut said that Xmas was "ok" and that he enjoyed time out with CSW McInness.Encourged to increase activity, discuss [REDACTED] with sister in law (her friend) if needed and engage with CSW who will arramhe another outing.Depot next due 18/2 but Andy aware he cancontact team before if needed.
10-Jan-2025 10:00	Face to face consultation (Other - Community) MCINNES, Heather (HealthCareAssistant)
Comment	H/V, agreed on community venue. Andy presented relaxed, home environment continues to become more untidy and cluttered, strong smell of smoke and cannabis. Andy reports that he remains well at this time, voiced that he struggled a few weeks ago, kept himself in his room, denied any distress with the voices. Writer discussed the condition of his flat and if this affects him, he voiced that [REDACTED] is looking to move soon. He does not like the smell of the smoke/cannabis, as for the clutter he reports he leaves this to [REDACTED] Old T/V still there. Denied any other visitors to the flat, no concerns with sleep. He remained pleasant through questions, reactive to light humour. No concerns noted at this time. Agreed for writer to forwad appointment for 2/52. Follow-up appointment offered
30-Dec-2024 15:10	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy had left message requesting callback,I called but no reply.
24-Dec-2024 14:19	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy where he was given depot as per kardex.Appeared t have just awoke.Friend continues to stay with him and dog barking in spare room.Little conversation initiated by Andy and reports little change in mental health.Denies having anyone visiting or pestering him at flat.Has been watching new tv (old one not removed yet).Reports he hasn't been out much but intends doing so with CSW at next visit.Depot next due 21/1/25.
11-Dec-2024 10:30	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, Andy had been sleeping when writer arrived, happy for writer to go in for a chat. He grabbed himself a jumper as he was only wearing his trousers. He asked that writer sit , offered tea, writer declined but suggested he have one. He reports that he has had no more visitors, voiced that both 'inject drugs' his word. writer queried if they do this in his flat, he was adamant this would not be allowed. He reports there are times he will give them money if he has any, voiced that he cannot not open the door or pretend no one is home to tell them not to come back, he felt this would be rude and voiced that he feels sorry for them. Writer discouraged that he continue with same. Writer believes that he will not change said situation. He reports that he has been struggling a little with mental health, reports 'just getting on with it'. He does find the valium helps but not wishing to be on long term, he has used all his monthly script and not due until next month,Jan25. He voiced that he still has weekly dispensed of lorazepam and this helps with sleep. Normal bed hours from 10:30 till 4-5AM, Andy unable to sleep longer. Writer discussed his thoughts on distractions or things he could do to occupied him Andy unable to identify anything other than cars being of interest, he voiced that this is not an option for him. Reports that he is finding it helpful with [REDACTED] and her daughter being there, finds the daughter very cheeky to the extent that he intervned the other night, daughter accepted

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

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

his input.

Reports that he is managing his finances at this time, only contacts his brother when needed like TV. Not keen to depend on his brother as he has had to go into hospital again for heart valve.

Mood brightened as writer was there, engaged well in light conversation, no change in mental health. Agreed for writer to forward another appointment by post.

No concerns raised. due to see Dr Stevens next week before she goes on mat leave, andy voiced he will find this heard, writer offered reassurance, Andy accepting of same.

Follow-up appointment offered

04-Dec-2024 13:17	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	[REDACTED]
04-Dec-2024 11:15	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, Andy not dressed to go out today as he had a visitor come at 09:30 this morning. Andy introduced a male around 25-30yrs of age, [REDACTED], well mannered, he offered to go into the room while writer talked with Andy. No risk evident. Andy reports that he has known the guy for a lot of years, he is friend with his mother, they live in Cumbernauld and his mother dropped him at Andy's early. He reports that [REDACTED] has ADHD and an alcohol problem. There was a bottle of vodka, nearly empty, Andy reports that he does not take alcohol, no evidence to disbelieve Andy. He reports that he manages this for [REDACTED] as he would drink it all at once. The home environment is a bit disorganised, however he has the new TV set up, the box is still there with the old one in it. He voiced that it would cost him £50 to be uplifted by council. Writer suggested that he ask [REDACTED] to take it to the dump as she has the car and its free. Andy reports that it was [REDACTED] who talked with the other male and informed him not to come back, Andy voiced that he would not return. He reports that [REDACTED] will continue to live with him at this time as she is fleeing abuse from her husband. There has been no contact with is brother at this time. Andy was dressed in casual shorts and t-shirt, engaged with conversation and questions, reactive to small, appropriately reactive to light humour.. He reports he is able to sleep through the night due to the zopiclone but reports it makes him a bit drowsy in the mornings, reports no change in mental health, on going voices but voiced 'just have to get on with it', writer asked if he becomes agitated or distressed with same, Andy voiced 'I just go to my bed', this seems to be the way he manages at these times. He asked if writer could arrange an appointment for next week to go out for coffee, writer agreed to same. No concerns at this time Follow-up appointment offered • Patient care record reviewed by clinical supervisor
29-Nov-2024 15:29	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Emails form MHO [REDACTED] who visited this week and DrSteven who intends visiting again in 2 weeks before transferring to DrMcMillan. [REDACTED] noted that a neighbour [REDACTED] was in Andy's property and has moved into scatter flat above. Andy feels he doesn't take hint when he wants him to leave but denies any issues with thim eg drug use or threatened. Andy said he feels sorry for him, was advised to not answer door or [REDACTED] (friend who has been stayimg with him and is now apprently completing forms to move in) may suggest to [REDACTED] about boundaries. Andy had informed MHO that he was happy with [REDACTED] staying and enjoyed company. Her 16 yr old daughter visits sporadically. [REDACTED] is friend of his sister in law. Andy had said that his anxiety and "voices" had been worse. DrSteven's email said that she has advised him to stop prn haloperidol and that benzos will ne given weekly due to his overuse [REDACTED] [REDACTED]
20-Nov-2024 11:15	Face to face consultation (Other - Community) MCINNES, Heather (HealthCareAssistant)
Comment	H/V, agreed to attend community venue, arrived at venue and Andy received a message from [REDACTED] (lodger), she was heading out and Andy had no keys. agreed to go back to

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

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

collect them.

Andy presented a little sedated, reports that he was not long up out of bed, he did brighten as session went on. Limited conversation but was pleasant in manner when questioned. New TV was sitting, still in the box albeit open, he voiced that he would try tonight and a friend has agreed to come over tomorrow to set up for him.

Writer discussed routines and structure within his days 2 day, Andy not keen for usual distraction methods but agreed that structure within his day would be beneficial, writer discussed small house work, focus on one room at a time, Andy accepting of same. Has agreed to get out with writer 2/52

Medication was delivered yesterday, reports that his sleep pattern has improved at this time, reports no changes in mental state. No plans for [REDACTED] and her daughter to leave at this time, reports that he has become used to them within his space. No concerns raised at this time.

Follow-up appointment offered

19-Nov-2024 11:37	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy with St N (Rebecca). Andy had just woke up when we arrived. Family member ? and dog still staying with him, he reports they are leaving this weekend (he has now said this several times). Difficult to explore as person in room next door. I will ask CSW McInnes to discuss at outing tomorrow. Reports little change, no obvious distress but conversation minimal. Reports he seen Dr Steven last week and ? diazepam now weekly?? as he had been overusing when monthly scripts. Aware that cre will be transferred to Eastvale consultant. Reports he hasn't been out and still doesn't have tv as distraction at home, claims it is due this week. Declined any additional input at the moment but happy for CSW and next CPN visit arranged for 24/12 when depot due. I will call for update in 2/3 weeks.
14-Nov-2024 13:55	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Returned call to Andy after message left with reception requesting callback. He sounded tired but denied same. Speech a little slurred and he admitted he had taken 2 lorazepam 30 minutes ago. He said that he continues to have person staying with him and is unsure when they are leaving. "Voices" persist but no major change. Denies any thoughts or plan of DSH or aggression. I suggested HV tomorrow but he declined as seeing Forensic Consultant. Depot due next week as well as CSW outing and encouraged to consider what he wants to do with session. TV remains broken but expects new one on Monday which he feels will be useful.
13-Nov-2024 12:00	Telephone call to a patient (Eastvale Resource Centre) MCINNES, Heather (HealthCareAssistant)
Comment	T/C. Andy reports that he had a better sleep last night, all sorted with his medication. TV due to get delivered on Monday. Reports no concerns with neighbours. Agree to appointment with writer on 20/11/24 Follow-up appointment offered
12-Nov-2024 14:00	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	M Hume CPN asked writer to return call to Andy. Andy reports that he has not been sleeping well, not able to get his medication as pharmacy driver is on A/L. He reports that the voices have been intense, no diazepam left, denied any substance misuse. His brother has ordered a TV for him, delivery on Monday. Writer called pharmacy, confirm no driver and meds there for Andy, writer agreed to collect meds and hand into Andy, both accepting of same. Meds dropped in, writer will follow up tomorrow, Andy accepting of same. Follow-up appointment offered
07-Nov-2024 11:00	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, Andy was asleep when writer arrived, writer suggested walk be arranged for a later date, Andy agreed to same. He was accepting of writer into his home, home environment not in the same order as previous visits. His visitors are due to return to their own tenancy, Andy looking forward to his own space albeit he feels he will miss the company. He reports he has been concordant with medication as prescribed, continues to have difficulty sleeping at night. Writer discussed a daily plan\ structure to aid a better sleep

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

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

pattern, Andy accepting of same.
Ongoing voices, no plans to act on same, no issues with neighbours at this time.
Small screen TV in place, not connected as yet, writer enquired previous discussion to buy a new TV, Andy not keen to spend money on same, writer accepting of same.
At this time Andy remains mentally stable, no concerns noted, agreed visit on 20/11/24
Follow-up appointment offered

05-Nov-2024 10:34	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy for update, reports sleeping has improved slightly when taking zopiclone "1 or 2 tablets"-reminded to take prescribed dose. Pleasant in manner, not active and friend leaving at weekend. Looking forward to having flat to himself again. TV still not working and hasn't ordered new one, given option of discussing with CSW and potentially buying during outing. Denies any noise issues from neighbour. Reports "voices" persist but "just getting on with it". Reminded he has CSW visit on Thursday and encouraged to go out which he has agreed to. Depot due 19/11.
30-Oct-2024 13:15	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, apologised for running later than expected, Andy presented a little sedated, he reports that he had taken diazepam. Ongoing voices telling him to hurt people, not acting on this and reports why he keeps himself in doors. He was pleasant in manner, mood stable at this time, reports not sleeping much at night but managing to rest through the day. No distress noted, unable to identify any distractions to use at this time, just looking to sleep, writer accepting to let him sleep at this time. Agreed to H/V next week to try short walk. Compliant with all medication, denied any substance misuse. No concerns at this time. Discussed with M Hume CPN. Follow-up appointment offered
29-Oct-2024 11:30	Telephone call to a patient (Eastvale Resource Centre) MCINNES, Heather (HealthCareAssistant)
Comment	Return T/C as asked by M Hume CPN. Andy reports that he called in due to 'the voices', he wanted to chat. Andy reports that he has not slept since Friday, feeling tired. Friend that is living with him at this time was out at work. Writer encouraged that he walk the dog, Andy not keen at this time. He reports no thoughts of self harm, has food in the house. We discussed distractions but Andy voiced 'they don't work'. He reports that he had went to visit his friend in Airdrie last week, denied any substance misuse. Agreed to meet with writer tomorrow for short walk enabling him to get out of the house. Reports no concerns with medication, plans to go and sleep now. Discussed same with M Hume CPN. Follow-up appointment offered
29-Oct-2024 09:00	Multidisciplinary team meeting without patient (Eastvale Resource Centre) TAGGART, Jacqueline (TeamSecretary)
Comment	Discussed at MDT assigned to Heather McInnes, HCA
28-Oct-2024 10:49	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) ROSS, Nicole (SeniorChargeNurse)
Comment	Eastvale CMHT Screening Meeting Dr MacIntyre (Consultant Clinical Psychologist), Dr McMillan (Consultant Psychiatrist), N. Ross (SCN), J. Taggart (Business Support) Referral discussed as received PLAN 1. CPN seeking HCSW Allocate to H. McInnes
25-Oct-2024 11:47	NHS GG&C Mental Health Services TAGGART, Jacqueline (TeamSecretary)
Document	Referral letter Internal Referral letter from Eastvale Adult Nursing (25-Oct-2024)
25-Oct-2024 11:30	Telephone call to a patient (NHS GG&C Mental Health Services) MCINNES, Heather (HealthCareAssistant)
Comment	T/C, no answer. Message left informing Andy of change in appointment for 28/10 to 30/10/24. Writer will

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

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

try to make contact on Monday AM to confirm same.
Follow-up appointment offered

22-Oct-2024 11:00	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy with St N (Rebecca).He was given depot as per kardex.When we initially arrived Andy had just awoke and we gave him 5 minutes to get dressed.He explained that he hadn't slept well due to music being played (noticeable both in his flat and outside) from scatter flat 2 above him.He said new tenants had moved in 2 days ago.He was advised to contact council if ongoing issue.His cousin, and her French bulldog, are still visiting him and he said he enjoys the company and has been taking dog out.He wasn't very talkative today and when directly questioned said that voices have been worse recently.Agreeable to continue engaging with CSW and looking forward to meeting next week.Denied any issues with meds.Agreed to T/C in 2 weeks and visit if required.Reminded he can contact team if needed and SW (MHO) updated.
16-Oct-2024 13:30	Face to face consultation (Other - Community) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, Andrew asked to go for a drive today, writer suggested Stewartfield loch for short walk, Andy accepting of same. He was pleasant in manor, home environment acceptable but not as maintained as previous visits. He voiced that he had another fall, he has smashed his T/V, denied taking any substance as this happened on return from his friends. He has informed Dr Steven and a health check has been discussed. He reports that a friend has arranged to bring him a T/V later today. He was just waiting for someone to come and give him a quote to clean his flat before leaving. The quote was very high, that was his second, the quote has gone from £100 - £300. He reports that he has been saving money to buy a rug, writer enquired what he spent his previous savings on, Andy was unsure of where he spent this money. Sister in Law's friend and her daughter are still living with him at this time, he reports that he has been enjoying the company, he voiced that he had to attend housing for a meeting, questioning him on cars arriving through the night and the people living in his flat. He has informed them that he is in his bed by 10pm and that friends are the due to mental health issues at this time. While walking Andy was relaxed, he voiced that his feet have cleared, writer suggested regular walks for future appointment, Andy accepting of same. No concerns raised, next appointment 28/10/24 Follow-up appointment offered
09-Oct-2024 15:18	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C but no reply, has appt next week with CSW.
08-Oct-2024 12:17	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy for catch up but no reply.He has appt with CSW next week and depot due 22/10.
02-Oct-2024 14:46	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Email from MHO [REDACTED] who visited yesterday.Reports Andy said he has had no voices for past few weeks and mood ok.Denies any difference from stopping haloperidol but remains on benzos.No further issues with people visiting him and he has been looking after French Bulldog which he has been enjoying.
02-Oct-2024 11:30	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, Andy not dressed to go out today, he reports that he has blisters on his feet, he has picked at dry skin, writer encouraged that he soak his feet to ensure they stay clean, Andy accepting of same and voiced that he has a bath daily. He was more open to small conversation, reactive to light humour. He reports that he has now stopped haloperidol and feels no change. No more dizziness. There was a strong smell of cannabis, writer questioned him on same, he reports that his sister in law's friend was staying for a week, brother arranged this, and that she is the one who smokes, he voiced that he does not smoke or like the smell, writer accepting of no smell of smoke on Andy. He voiced that he has been saving money, plans to avoid going to his regular outings for

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

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

other substance, drugs. His brother encourages same and suggested he spend the money on his home, Andy voiced that he doesn't want the argument with him and accepting of same. He has reduced his take away meals and now does his online shopping, he reports that he has been making his own meals and seems to be managing this.

No concerns raised at this time.

Next appointment 16/10/24, accepting of same.

Follow-up appointment offered

24-Sep-2024 15:20	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	CSW McInness has arranged to see on 2/10 so CPN contact unnecessary unless change in presentation. I will contact week beginning 7/10.
19-Sep-2024 10:00	Face to face consultation (Other - Community) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arrange to accompany and encourage Andy to get out of the house for a while. Andy had fallen asleep again, he quickly changed and agreed to community venue. Andy continues to be flat in mood however he was reactive to light humour. His right eye was blood shot and weeping, writer suggested he bathe his eye and if no change in a few days contact his GP or pharmacy, Andy accepting of same. He reports no concerns with medication, ongoing tiredness. Sister in law out visiting friends. reports that no one has been at his door. He voiced that he had been out a walk and that his feet were 'sore'. Writer encouraged he continue with short walks to build this up, Andy accepting of same. He has agreed to continue meeting to encourage his independence, Next appointment 02/10/24. At this time Andy remains stable, no concerns raised. Follow-up appointment offered
17-Sep-2024 11:30	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy where depot was administered as per kardex. Next deu on 22/10/24. Andy was pleasant in manner and a bit more talkative today. I noted a dog toy in living room and he said that sister in law is staying with her French Bulldog for 1 week. He is enjoying having company. He reports no further contact from associates of previous neighbour since Friday (sis in law arrived Friday). He said he doesn't want them in his home and he got fed up with them and prefers to be alone. He has reduced haloperidol with no increase in symptoms. Denies any further dizzy spells. Appeared restless and said he takes procyclidine when needed, reminded to take as prescribed. Denies any thoughts or plan of DSH or aggression. Denies any issues with sleep or appetite. Looking forward to CSW input and advised to consider what he would like to do when out, also hopes to get out with sis in law before she returns to Norn Ireland. I will contact in 2 weeks.
13-Sep-2024 14:39	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy after message left. Denies further dizzy spells but admits to stress over flat and unwanted visitors. Hesitant at times when speaking but reassured with effect. Intends staying in over weekend and ignoring any callers. Denied any thoughts or plan of DSH or aggression during call and happy to see CSW McInness on Tuesday. Denies any change to symptoms or concerns regarding meds changes by Dr Steven. Aware how to contact services if needed. Andy thanked me for call.
13-Sep-2024 13:15	Telephone call to a patient (Eastvale Resource Centre) MCINNES, Heather (HealthCareAssistant)
Comment	T/C to Andy as requested by M Hume CPN due to ongoing calls from Andy. Andy voiced that he was just looking for a chat. He reports that he continues to have dizzy spells when standing, no more falls. His speech was slightly slurred, he denied taking any substances or alcohol. Writer discussed some movements to help reduce dizziness and encouraged he see his GP, Andy not keen to attend GP at this time. Andy was then quick to end call and voiced that he was just going to sleep now. Agreed for writer to attend next weeks appointment. No concerns raised. Follow-up appointment offered
12-Sep-2024 09:41	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Email update form forensic Consultant, Dr Steven - I wanted to update you on the last 48

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

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

hours with Andrew Shaw. He contacted me yesterday in a bit of a panic stating he needs to move tenancy and can't stay there any longer. He had allowed a male upstairs neighbour into his flat previously and this male kept visiting him. This male has now moved tenancy but his friends keep coming round and ringing Andy's doorbell, seeking to come into his flat and to ask him for money/cigarettes. I think Andy realises this was a mistake and now "just wants peace". However, they have continued coming to his door, ring his buzzer at all times of night and if he ignores them they chap his window. He has not been able to ignore them so far and I have counselled him to do this as they will soon lose interest. I don't think this situation has helped with his paranoia and the voices. He stated he wants a move before he "does something". He has no planning or intent to harm anyone but was trying to highlight how frustrated he feels by this. I have contacted his previous housing officers to ask for advice how to apply for a move of tenancy if he wants to go ahead and do this and have copied you in [REDACTED]. I also think if we encourage him to ignore the visitors they will stop and peace will be resumed. Meanwhile, he stated he plans to look for private let flats in the Rutherglen area. Additionally, today I received a phone call from Andy stating that for the last week he feels his legs shakey when he stands up and he gets dizzy and lightheaded. He denied any additional physical symptoms, no chest pain, no SOB/cough/cold, no fever, no headaches. I suspect it is likely to be postural hypotension caused by his medication. He isn't the best historian when I am asking which tablets he has taken regularly and what may have changed in the last week: He had decided not to use diazepam for 2 days now due to this dizzy feeling but it is no better. He is keen to try to reduce his diazepam and we agreed that he will take this once daily for now with a view to further reduction in a couple weeks. He also hasn't been taking tamsulosin for some time but re-started it this week for some unexplained reason. (I note BNF indicates dizziness is a common side effect and hypotension less commonly so suspect this to be the culprit) He has not taken haloperidol now for one week at my request to see if this could be discontinued (I intend to ask the GP to action this request) Aripiprazole commonly causes dose related hypotension but this was increased several weeks ago now and the issue appeared in the last week. Therefore, I have asked him to stop taking tamsulosin and reduce diazepam to once daily over the next week and I will review him. I plan to ask the GP to discontinue tamsulosin, haloperidol and to reduce the diazepam. Apologies for the long email but I wanted to keep you all in the loop and will also document my contacts in a letter. I will get a formal transfer letter sorted soon too. Happy to discuss this if helpful. Regards, Laura

09-Sep-2024 13:30	Face to face consultation (Patients Home) MCINNES, Heather (HealthCareAssistant)
Comment	H/V as arranged, Andy was welcoming and invited writer into his home, he reports that he was unable to go out today due a fall and dizziness. He was appropriately dressed and ready to go out. There was a dent and crack in the wall where he had fallen and hit his head, he reports no injury to his body or head. He voiced that he has been having bad dizzy turns all weekend but this morning was the first he had fallen, he also mentioned that his consultant had suggested he stop his haloperidol medication last week, writer asked if he had been using the diazepam, he reports 'just when I feel the need'. He agreed for writer to take BP which was 112/74 P 88, Writer encouraged that he contact his consultant and consider GP appointment, Andy agreed and planned to contact his consultant this afternoon. Writer encouraged that he drink fluids and rest at this time. He reports no concern with sleep or appetite at this time, home environment clean, washing machine on at this time. Writer agreed to rearrange appointment until next week 19th Sept, Andy accepting of same. No other concerns raised at this time, remains mentally stable. Discussed same with M Hume CPN. Follow-up appointment offered • Patient care record reviewed by clinical supervisor
05-Sep-2024 09:30	Telephone call to a patient (Eastvale Resource Centre) MCINNES, Heather (HealthCareAssistant)
Comment	T/C as Andy did not open the door for writer on the 4th Sept. Andy voiced that he was in his bed and had forgotten, he apologised for missing his appointment and asked if writer could rearrange. Appointment agreed for 09/09/24 at 13:30. M Hume CPN aware of same Follow-up appointment offered

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

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

03-Sep-2024 12:42	Face to face consultation (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	Email sent to team involved re CSW, DrSteven feels this would be useful. I visited Andy with CSW McInnes and he again agreed to engage. He was given appt for tomorrow when he will go out for walk (he has apparently been going out for a walk weekly with friend [REDACTED]). Andy was pleasant and not overtly anxious or distressed. Didn't converse much but accepts that additional social input would be helpful, advised to consider what he would like to do eg tesco, walk, cafe. CSW will attempt to see fortnightly.	
03-Sep-2024 11:30	Face to face consultation (Patients Home)	MCINNES, Heather (HealthCareAssistant)
Comment	Accompanying HCP: HUME, Mark (ChargeNurse) H/V, see other writer's notes Follow-up appointment offered	
30-Aug-2024 15:56	Administration note (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	MHO, [REDACTED] updated with recent contact.	
28-Aug-2024 14:15	Face to face consultation (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	Andy called and asked if I would visit as he has been struggling over past few days. When I arrived he was pleasant but didn't offer much in conversation. No obvious distress but appeared sedated and admitted he had taken 3 lorazepam tablets. He said that there had been no change in symptoms but he felt "worse". When I asked him to elaborate he admitted that he was becoming increasingly bored at home himself and he conceded that additional contact or other input may be useful. He denied any thoughts or plan of DSH or aggression. He said that sleep has been poor and that he hadn't eaten today. He called DrSteven yesterday and she apparently told him she would visit next week. He said he spoke to sister in law over weekend and that his brother is due to go into hospital in Northern Ireland later this week. Andy agreeable to CSW visiting and I will arrange for CSW McInnes to attend with me next week. He has agreed to consider going out to local shop or cafe. I encouraged him to have some food after I leave and watch tv that he finds relaxing. Andy happy with plan [REDACTED]	
20-Aug-2024 12:52	Face to face consultation (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	HV to Andy where he was given depot as per kardex. Pleasant in manner and no obvious distress. Reports he is "fine" and has been out locally to shops with no problem. Continues with meds and feels these are useful. Not sure when he's due to see DrSteven again but expects visit soon. Agreeable to HV in 2 weeks and depot next due 17/9/24.	
07-Aug-2024 11:45	Face to face consultation (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	Visited at home after call to confirm appt earlier. Andy was pleasant and cooperative. Appeared fairly settled and denied any major issues. Reports "voices" persist and "will never go away" but not distressed. Watching tv (with volume on) when I arrived. Has been out at local shops on a couple of occasions without incident. Reports he was seen by DrSteven last month and is continuing with lorazepam (script for all meds on Tuesday apart from diazepam which he gets on Saturdays). Denies any drug use. Happy to be seen in 2 weeks when depot due but aware how to contact me if required.	
23-Jul-2024 12:10	Face to face consultation (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	HV to Andy where he was given depot as per kardex. He was fairly relaxed today and was watching Police show on tv (with sound on) when I arrived. Reports he is "not bad", denies any issues with sleep or appetite. Admits he continues to use lorazepam over first few days of getting script and then diazepam when needed (he said he uses all meds throughout week). Due to see DrSteven today. Denies any issues with depot. Andy chatted about broadband and tv deal he has got as well as contact with brother and neighbour in appropriate manner. He said he has been out for "a wee walk" a couple of times but is quite happy at home. Denies any illegal drug use. Agreeable to contact in 2 weeks and depot next due 20/8. Andy aware how to contact me if needed.	
09-Jul-2024 13:43	Face to face consultation (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	HV to Andy as arranged. He was pleasant and appropriate today. Not overtly agitated and reports he's "not bad". He said that he has been using diazepam as required (?prescribed bd) and although helpful doesn't feel valium is the answer. Still taking 2 mgs lorazepam daily?? Watching tv with volume on when I visited (brother had encouraged him to listen to programmes and no issues so far). Reports voices are "the same". Neighbour pops in	

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

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

regularly at request of brother. He has had Virgin broadband installed and awaiting tv package. Attended Beckford Lodge for ECG recently. Aware that CPA is upcoming (TBA) and that care will be transferred. Unsure when next appt with Dr Steven is. I have agreed to visit on 23/7 for depot and Andy happy with same.

08-Jul-2024 10:49	Telephone call from a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C from Andy, pleasnat and appropriate. Reports he's been "alright" and feels meds are useful-"I'm only taking the extra when I need it". Agreeable to visit tomorrow.
08-Jul-2024 10:15	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy but no reply. Message left and I will try again later in week. I left office number if he wants to return call.
21-Jun-2024 13:23	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	[REDACTED]
18-Jun-2024 12:47	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy, with StN (Fraser), where he was given dept as per kardex. He had a friend in and therefore visit was failry brief. He was pleasnat and said he was "alright", less agitated than before. Reports he hasn't taken diazepam but has used lorazepam 1mg today. He said he has visit from Psychiatrist arranged for this afternoon. Agreeable to T/C 8/7 and depot next due 23/7. Andy awaer that I will be on leave for a few weeeeksover next month and can contact team if needed.
11-Jun-2024 14:45	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy's flat. He was pleasnat but agitated and restless. Police interceptors on tv but volume off as usual. Andy spoke about agitation and benzos use, he said he contacted Dr Steven at end of last week and he has been prescribed diazepam 5mgs bd?? as well as prn haloperidol and lorazepam. He received lorazepam today but not diazepam and said that pharmacy are clarifying scrip with Dr Sreven. He said that he used lorazepam last week by Thursday (as before) and then feels agitated over weekend. Again advised to take as prescribed. He had taken lorazepam 2mgs prior to my arraival and he said it hadnt taken effect as yet. He spoke about past and wanting to stay away from trouble, he admits he has always been a loner. He feels that he is happy in his flat and that transition from hospital has been useful but difficult. He continues to have contact with brother and sister in law in Northern Ireland but said he doesn't want to put too much pressure on them as they have their own worries (brother had triple by pass). He spoke briefly about time in NI and how he wanted to avoid "the gangsters" he knew years ago. He denied any thoughts or plan of DSH or aggresion and happy for HV for depot next week. Denies any drug use. Admits "voices" persist and keeps volume doen on tv to avoid same-apperas to have some insight. Andy appeared reassured by visit and I will see him again on Tuesday. Declined additional services to assist in gettong out more.
11-Jun-2024 10:18	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	MDT updated with recent contact.
10-Jun-2024 11:37	Telephone call from a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy called for a chat and explaine dthat he has been "strugglong" over weekend. He said that he hasn't had lorazepam since Thursday-I had suggested he take daily instead of all early in week. He decsribed feeling anxious, he said he spoke and texted Dr Steven on Friday and his benzos will be changed from lorazepam to diazepam 5mgs bd from tomorrow. Andy aware of HV tomorrow and happy with same. He was reassured with effect and thanked me

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

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

for taking call.

04-Jun-2024 15:04	Administration note (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	Update from MHO [REDACTED] that Andy had called looking for some company and a possible visit earlier. He spoke about "voices" but admitted they were no different from before. [REDACTED] offered Andy appt at base but he declined. Andy apparently had visit from Forensic Consultant this morning and was advised to keep busy and use meds as prescribed. He informed MHO that he had taken several lorazepam to aid sleep last night and had been awakened when Psychiatrist attended.	
04-Jun-2024 12:18	NHS GG&C Mental Health Services	MCWADE, Elizabeth Dorothy (MedicalSecretary)
Document	Letter sent to consultant [REDACTED] Letter sent to consultant forensic psychiatrist from Eastvale Adult Nursing (04-Jun-2024)	
04-Jun-2024 10:37	Administration note (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	Andy's lorazepam use discussed with DrMcMillan and we felt that it would be worthwhile highlighting to forensic consultant therefore letter sent re same.	
03-Jun-2024 12:43	Telephone call to a patient (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	T/C to Andy for update, he sounded a little anxious and admitted he had run out of lorazepam last week again and contact Forensic Consultant who apparently arranged additional script but he hasn't received it. He said he called pharmacy today and hopes it will be delivered later today. He's due to get regular script tomorrow and encouraged to use as prescribed to avoid issues each weekend after he has ran out of benzos. Andy denied any new issues and was happy to be contacted again next week. He said that he was happy with outcome from court regarding charges (see note below).	
31-May-2024 14:42	Administration note (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	Informed by MHO that Andy attended court and no further proceedings will take place-he remains under Compulsion Order.	
21-May-2024 12:26	Face to face consultation (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	I visited Andy at home and gave depot as per kardex. He appeared agitated but explained that he hasn't had lorazepam prn since Friday. He said that he often overuses and then is left without for a few days when he becomes more anxious. He said that he has discussed with DrSteven last night and is waiting for regular prescription (including lorazepam) meds to be delivered today. Andy reminded that he should take as prescribed and dangers of using benzos. Denied any thought or plan of DSH or aggression. Pleasant and appropriate, reports he has court in Paisley on Friday and will be able to travel unaccompanied by train (MHO updated). I have arranged to contact in 2 weeks and depot next due 18/6. Andy aware how to contact services if required.	
21-May-2024 10:40	Telephone call from a patient (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	Andy called requesting depot at home as he is struggling to go out. He was pleasant and cooperative throughout. He said he had spoken with Dr Steven last night who had reassured him but made no changes to meds. He feels that he will benefit from depot and I have arranged to visit after lunch.	
20-May-2024 13:45	Face to face consultation (NHS GG&C Mental Health Services)	HUME, Mark (ChargeNurse)
Comment	T/C from Andy requesting HV as he has been "struggling" over weekend, happy to wait for appt tomorrow but I popped out with CSW McInnes. Andy agitated but pleasant in manner. Reports he has been in all weekend, upstairs flat is scatter flat and has been noisy. Denies cocaine use but admits to drinking up to 6 cans of energy drink-advised against same. Feels that when depot is due he struggles although said that "I can be good for a few weeks then feel bad again". Denies any thoughts or plan of DSH or aggression. No contact with family over weekend. Voices persist but, as before has insight. CSW McInnes suggested going out or meeting regularly but Andy declined. He reports he's taking meds and feels that he needs depot and will attend for this tomorrow at 1330. MHO [REDACTED] will attempt to see if possible. Andy encouraged to try and use distraction or see neighbour (who may visit later) and thanked me for visit.	
10-May-2024 10:03	Telephone call to a patient (NHS GG&C Mental Health Services)	HUME, Mark

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

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

(ChargeNurse)	
Comment	T/C to Andy, pleasant, appropriate and spontaneous during call. Reports he's "alright". I enquired about police contact a few weeks ago and he said he has to appear 24/7 (message left for MHO). He spoke briefly about cocaine use and was reminded of danger to mental health but was adamant "I'm only using it a wee bit and not going over the score" - admits to use at friends a couple of times per month. Aware of upcoming depot (21/5) but happy for HV on Wednesday morning.
30-Apr-2024 11:53	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	D/W MHO [REDACTED], who visited Andy with Dr Steve, forensic consultant today. Andy explained that he was arrested due to charge (reset-handling stolen goods) from 3 years ago. He admitted that he uses cocaine twice monthly and had been to see friend last week, when due depot, to use. He was encouraged to attend for depot and engaged but has declined additional social support. Dr Steven had said that Andy's brother has allegedly links with organised crime in Ulster and that Andy prefers to keep low profile to avoid being involved with anyone who is aware of brother [REDACTED] said that Dr Steven was apparently going to increase lorazepam however we have no note of this from medic as yet. Andy also apparently has flat in London and brother, informally, manages his money. Transfer of care should be finalised by June to our consultant.
29-Apr-2024 10:30	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	[REDACTED] message left for MHO. Nurse has already left message for RMO who is based in forensic service at Lanarkshire.
28-Apr-2024 20:49	Face to face consultation (NHS GG&C Mental Health Services) STRANG, Craig (PoliceCustody)
Comment	[REDACTED]
25-Apr-2024 13:40	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy where he was given depot as per kardex. He appeared fairly relaxed and was having lunch of Chinese meal. He said that he had just returned from overnight at friends in Coatbridge. TV on (old film) and volume up with no signs of distress. Pleasant in manner and thanked me for attending. Advised depot next due 21/5 but I will make contact in 2 weeks. Andy reminded he has MHO/psychiatrist visit soon and aware he can contact me if needed. MHO updated.

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

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

25-Apr-2024 09:29	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to Andy re depot.He sad that he is unavailable this morning.I suggested he attend for depot but prefers receiving at home.I will again encourage to attend Eastvale in future but will visit and give this afternoon.
24-Apr-2024 16:05	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy failed to attend for depot.I will call to suggest new appt tomorrow morning.
23-Apr-2024 14:10	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Call to Andy to remnd about depot today.He was pleansat in manner but when reminded he said "I'm no well",I enquired if it was mental or physical and he said "a bit of both".TV on in background.I suggested he attend tomorrow and he has agreed for 3pm appt.
23-Apr-2024 10:25	Telephone call to a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to remind Andy about depot today but line engaged.
12-Apr-2024 11:30	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV with StN Francis.Andy greeted us at front door,it was noticable that locks had been changed and he explaiend thst he had lost keys yesterday when at Rutherglen and had arranged for them to be changed.He was less agitated today than previously but leg movement remianed when sitting down.He had tv on (police interceptors) but didnt appear upset or distressed.He reports symptoms are as before.He siad that he had spoken witholder brother in Northern Ireland this morning.More talkative than before and tried to show me pics of brothers dairy farm,reports brother is involved in "politics" in Ulster and he would be keen for Andy to live with him and wife but Andy would rather not at presnet.He said that farm is relaxing and that he wouldn't need to get involved in politics due to "mental health issues" but would rather stay in Rutherglen.Andy said that he would consider going out with CSW for coffee locally and I will discuss referral.I enquired about lost lorazepam and he said that he found it under pillow and had been taking as prescribed.Complained of dry mouth,encourged to drink water instead of fizzy juice.Andy gave me depot,which had been delivered by chemist, and he will be given this at next appt on 23/4 at 2pm in Eastvale.Aware how to contact me if needed.
11-Apr-2024 09:31	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	D/W MHO [REDACTED] who had attempted to contact DrSteven yesterday but had been put through to ?jnr Doc on call who seemed unsure why they would be contact [REDACTED] advised that DrSteven remained RMO,doctor checked and Andy is not prescribed olanzapine [REDACTED] spoke with Andy who clarified that it was lorazepam he had apprently lost.Andy said that he no longer felt he required script and [REDACTED] requested to doctor that DrSteven be updated.
10-Apr-2024 12:25	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Informed by MHO [REDACTED] that SW care being transferred to him.He had visited today with previous MHO.Andy had said he had lost ??olanzapine yesterday [REDACTED] has kindly agreed to contact Consultant,DrLaura Steven at Beckford Lodge [REDACTED] to infomr of same.
28-Mar-2024 11:26	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Assessment	Template: CRAFT - Risk Assessment Risk assessment • When is this review taking place? Risk decreasing 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 traffiuc offences but also assaults in past.Numerous jail sentences.Voices can tell him to hram himself,overdose and attempted hanging in past.Describes thoughts of DSH on occasion but doesnt want to die and contacts family (brother and sister in law) who are supportive.22/3/24 Increase in psychotic symptoms-has used prn meds-next scrip Tuesday but has regualr meds.Keen to be seen next week as unable to attend

today.28/3/24 Seen by CPN and consulant this week.Voices persist but not as distressing and denyig and thoughts or plan of DSH or aggrssion.
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.
What are the obstacles to risk management/what risks canâ€™t be changed? Isolated aprt from brother and sister in law.
What factors are present that reduce risk? Engaging with services (happy for more con tact), taking meds, support from brother and sister in law and contacts if needed.Avoiding drug use.

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? CPN HV 11/4.DrSteven (Forensic Consultant) remoians RMO.Increase CPN contact to frotnightly (more frequent if needed) giving Andy opportunity to discuss concenrs and hopes.Andy has nightly contact with sister in law and speaks with brther every few nights.Fells able to confiode in them.Continue with depot (monthly) and oral meds.Andy aware of emergency numbers and agreeable to use.Provided with Crisis number again tiday (22/3/24)DrMcMiallan and SCN Ross updated.
What is the clinical team going to do about it - In the next few months? Forensici consultat will review.Professionals to liase.Suggest social activities??OT referral??
Are there any other considerations for risk management ? Community Compulsion Order.
What should the service user/family/carers do if risky situations emerge ? Contact emefrgemcy services/team.

Have all relevant professionals been informed of the risk management plan
? DrMcMillan/SCN Ross updated.

28-Mar-2024 11:20	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy attended early for appointmet that he thought was at clinic (was due to have HV).There was little change in presenation although he did speak a bit more about past and explained that he hadspent 27 years in numerous jails due to driving offences.He said that he continues to hear voices which can be tiring and lead to him falling asleep.He contnues to use lorazepam more than 1 mg per day.He conformed that he had visit from DrSteven (forensic Consultamt) on Monday but couldn't elaborate outwith reporting she will visit hm "informally".I have had no contact from Consultant re visit.Declined any additional engagemnt outwith appts and said he prefers his "own company".OT could be considered in future if he is willing.Reports he has no plans for weekend outwith watching tv.Can contact sister in law/brother and aware of OOH servivce if needed.DrMcMillan and SCN Ross updated.Next HV arranged for 11/4 at 1130 am and he was provided with appt card to avoid confusion.
26-Mar-2024 10:28	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Team updated at MDT.DrMcMillan had been contacted by DrSteven from Forensic who will remian involved until May 2024 due to compulsion order.
25-Mar-2024 15:51	NHS GG&C Mental Health Services MCWADE, Elizabeth Dorothy (MedicalSecretary)
Document	Clinical letter Cover letter for summary of assessment from Eastvale Adult Nursing (25-Mar-2024)
25-Mar-2024 12:41	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to Andy's with StN Frances.As we arrived he was gettinginto taxi,he apologised and explained that he was going out for "2 minutes" and offered us flat keys which we declined.When he returned he appeared failry relaxed and explained that he had to go to post office to pay Â£34 for council tax.When Andy sat down he appeared more agitated and foot and hand were moving.He said that he had used 7 day supply of lorazepam within 4 days last week in attempt to sedate himself.He said voices persist but no thought sor plan of DSH or aggrsion.Declined OT input at presnt and doesn't want to socialise anympre than he currently does.Has final O/P review at home by forensic consultant [REDACTED] today and intends discussing meds.Reassured regarding transfer over to DrMcMillan.I had appt arranged for Thursday and Andy keen for this so will be seen then.DrMcMillan updated.

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

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

25-Mar-2024 09:24	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	OOH contact noted,has HV arranged for today.DrMcMillan updated and has kindly agreed to arneg O/P review.
22-Mar-2024 17:46	Telephone call from a patient (NHS GG&C Mental Health Services) BRUCE, Jade (AssociateCrisisPractitioner)
Comment	South crisis entry T/c from Andrew this evening after being advised he could call by his CPN today No real changes from earlier conversation with CPN Andrew reports struggling with voices which he states have worsened recently and progressively worsened throughtot the day. He did not want to share what they were saying but stated they were being nasty about everyone and this was a new thing recently Andrew advised to try distract himself from voices. Initially hesitant to do so but eventually agreed to try Due home visit by CPN on Monday and aware of crisis opening times and NHS24 if needs further support this weekend No further role for crisis at this time Will taske CMHT Care record reviewed by clinical supervisor - K McIlwraith
22-Mar-2024 17:40	Inbound Referral (NHS GG&C Mental Health Services) BRUCE, Jade (AssociateCrisisPractitioner)
Referral	Referral to mental health crisis team
22-Mar-2024 15:49	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	T/C to MHO [REDACTED] for update form SW point of view and to ascertain if Andy will be transferred to local team but no reply or facility to leave message.
22-Mar-2024 15:41	Telephone call from a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Assessment	Template: CRAFT - Risk Assessment Risk assessment • When is this review taking place? Risk increasinig 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 traffiuc offences but also assaults in past.Numerous jail sentences.Voices can tell him to hram himself,overdose and attempted hanging in past.Describes thoughts of DSH on occasion but doesnt want to die and contacts family (brother and sister in law) who are supportive.22/3/24 Increase in psychotic symptoms-has used prn meds-next scrip Tuesday but has regualr meds.Keen to be seen next week as unable to attend today. 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. What are the obstacles to risk management/what risks canâ€™t be changed? Isolated apt from brother and sister in law. What factors are present that reduce risk? Engaging with services (happy for more con tact), taking meds, support from brother and sister in lawa and contacts if needed.Avoiding drug use. 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? CPN HV 25/3 at midday.D/W meds with DrMcMillan.Increase CPN contact to frotnightly (more frequent if needed) giving Andy opportunity to discsuss concens and hopes.Andy has nightly contact with sister in law and speaks with brther every few nights.Fells able to confiode in them.Continue with depot (monthly) and oral meds.Andy aware of emergency numbers and agreeable to use.Provided with Crisis number again tiday (22/3/24) What is the clinical team going to do about it - In the next few months? Arrange O/P review.Professionals to liase.Suggest social activities??OT referral??

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

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

Are there any other considerations for risk management ? Community Compulsion Order.
What should the service user/family/carers do if risky situations emerge ? Contact
emefergency services/team.
Have all relevant professionals been informed of the risk management plan ? DrMcMillan to
be updated.

22-Mar-2024 15:35	Telephone call from a patient (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy called and asked if he could see me today.I suggested he attend helath center which he agreed to.He siad "I havent ben feeling well" and admitted that voices had been upsetting but didn't elaborate.He called 30 minutes later and explained that he couldn't attend but would like seen on Monday which I agreed to (HV midday).He spoke about "voices" but denied any drug use, thoughts of suicide or aggresion.He admitted he had used all his prn lorazepam and haloperidol as well as zopiclone but had regular meds available- next delivery Tuesday.He said he intended trying to relax and then contacting brother/sister in law later.Given opportunity to chat and reassured with some effect.Provided with OOH number and assures me he will use if needed.We discussed possibility of meds review and increasing activity levels which he felt may be useful.He was happy with HV on Monday.
19-Mar-2024 14:57	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Andy attended for depot which was given as per kardex.He appeared relaxed and was superfically pleasant to both me and student nurse.He said that voices persist but didn't appear distressed.Contact with family for support continues.Denies any issues at home although sleep remains 4/5 hours.Denies any thought sor plan of DSH or aggresion.Court case postponed until 5/4.Aware of HV next week and depot next due 23/4.
04-Mar-2024 14:10	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Document	Mental health assessment (22-Mar-2024) SSA - Summary of Assessment and initial intervention plan
04-Mar-2024 14:10	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	HV to see Andy with StN Frances.Andy smiled and greeted us at door before ushering us in.Flat was fairly sparse but tidy.He appeared agitated and foot and hand moving throughout interview.He was more talkative than previous meetings.He was watching Police Interceptors on tv which he said he enjoys,he listens in silence due to hearing voices through tv.This is long term issues.He said that voices persist and that they can be distressing although he would "miss them if they went away after 40 years".No obvious delusional ideas, reports he prefers his own company and tends not to go out unless necessary.Sleep ing 4/5 hours with zopiclone, appetite fine,concentration and motivation changeable.Denies current thoughts or plan of DSH or aggresion,reports that he contacted brother a few weeks ago when voices were worse and thoughts of DSH were more frequent-he arranged for friedn to stay a few nights which Andy felt reassured by.Reports he doenst want to die and agreeable to engage, would be happy with more contact.Speaks to sister in law nightly and brother every few nights.Remains on compulsion order [REDACTED] but Andy has been told he's being transfreed to loacl team SW.Cant attend 18/3 due to court but will attend on 19/3/24 at 2pm and I ill visit again on 28/3/24 at 11am.Andy aware he can contact before if needed.
04-Mar-2024 14:10	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Assessment	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? 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 traffiuc offences but also assaults in past.Numerous jail sentences.Voices can tell him to hram himself,overdose and attempted hanging in past.Describes thoughts of DSH on occasion but doesnt want to die and contacts family (brother and sister in law) who are supportive. What historical risk factors are there that it is important to be aware of? Poly drug use,

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

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

psychotic illness, forensic history, previous DSH and attempted hanging.
What are the obstacles to risk management/what risks can't be changed? Isolated apart from brother and sister in law.
What factors are present that reduce risk? Engaging with services (happy for more contact), taking meds, support from brother and sister in law and contacts if needed. Avoiding drug use.

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? Increase CPN contact to fortnightly (more frequent if needed) giving Andy opportunity to discuss concerns and hopes. Andy has nightly contact with sister in law and speaks with brother every few nights. Feels able to confide in them. Continue with depot (monthly) and oral meds. Andy aware of emergency numbers and agreeable to use.
What is the clinical team going to do about it - In the next few months? Arrange O/P review. Professionals to liaise. Suggest social activities??
Are there any other considerations for risk management? Community Compulsion Order.
What should the service user/family/carers do if risky situations emerge? Contact emergency services/team.

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

19-Feb-2024 15:18	Face to face consultation (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	I met briefly with Andy prior to depot being administered. He was agreeable to HV on 4/3/24 in pm, reminded he can contact CMHT beforehand if required.
19-Feb-2024 15:00	Face to face consultation (NHS GG&C Mental Health Services) BRENNEN, Michael (StaffNurse)
Comment	Andy attended Eastvale today for his depot injection, depot administered by writer with no concerns andy offered limited engagement, he states he was struggling with his voices, although could not elaborate on this at time of appointment, Andy became very agitated and requested to leave, writer informed Andy that Mark will be taking over his care as Writer will no longer be within this service at time of next depot injection, he was accepting of this. depot next due 18/03/2024
15-Feb-2024 16:12	Telephone call to a patient (NHS GG&C Mental Health Services) BRENNEN, Michael (StaffNurse)
Comment	Call to Andrew for follow up appointment and depot appointment, Andrew offered limited engagement as writer had woke him from a sleep. he states he was doing ok but he was happy to meet on Monday 19/02/2024, depot injection will be administered at this time too. writer informed CPN Mark Hume of appointment as he will attend.
05-Feb-2024 15:20	Telephone call to a patient (NHS GG&C Mental Health Services) BRENNEN, Michael (StaffNurse)
Comment	Writer attempted to contact Andrew as follow up appointment, no answer to call and no message left, writer will attempt contact again in due course.
28-Jan-2024 14:14	Telephone call from a patient (Florence Street Resource Centre) HAMILL, Diane (SeniorCrisisPractitioner)
Comment	CRISIS TEAM ENTRY Call returned to Mr Shaw following request from MHAU/NHS24. He reports experiencing auditory hallucinations today, these are long standing. He has overused PRN Lorazepam and now has none left. He had contacted NHS24 to request further prescription for same. Discussed other coping strategies and Advice offered re distraction and activity. Mr Shaw agreed to try to focus on a television programme. Agreed he will call back if necessary.

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

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

No issues of immediate concern identified during call.
Discharged - treatment completed

28-Jan-2024 14:10	Inbound Referral (NHS GG&C Mental Health Services) HAMILL, Diane (SeniorCrisisPractitioner)
Referral	Referral to mental health crisis team
28-Jan-2024 14:04	Telephone encounter (Leverndale - MHAU) SIMPSON, Carol (MentalHealthAssistantPractitioner)
Comment	NHS 24 referral received regarding Andrew. As Andrew is currently open to Eastvale CMHT the referral was passed to the South Crisis Team. No further input from the MHAU at this time.
28-Jan-2024 13:44	Inbound Referral (NHS GG&C Mental Health Services) SIMPSON, Carol (MentalHealthAssistantPractitioner)
Referral	Referral to mental health team From: GGC RS - NHS 24 (mental health hub)
Document	Referral to mental health team ➡ Referral to mental health team from GGC RS - NHS 24 (mental health hub) (28-Jan-2024) Forms - miscellaneous ➡ MHAU Telephone Referral
19-Jan-2024 14:35	Face to face consultation (Eastvale Resource Centre) BRENNEN, Michael (StaffNurse)
Comment	andrew attended eastvale today to have his depot injection administered, this was administered by writer with no concerns, Andrew a dressed appropriately, he engaged well although appeared very anxious, he states he doesn't like change but he know he needs to engaged with writer. Andrew states he has had a difficult week due to the voice although he is on top of them now, no thoughts of DSH or suicide. he states he has not touched may illicit drugs as it is to expensive, he has not been going out much, just keeping busy watching tv. follow up appointment offered writer will contact Andrew in 2 weeks by phone to assist with building relationships no concerns at time of writingg, Andrew is aware contact numbers should he require and he is agreeable to use same.
15-Jan-2024 14:00	Telephone call from a patient (NHS GG&C Mental Health Services) BRENNEN, Michael (StaffNurse)
Comment	Andy returned call to writer, he stated he has been struggling last couple days with his voices an this is why did not attend appointment today. Andy has agreed to appointment to friday 19/01/2024 no thoughts of suicide or DSH he is utilising coping techniques to good affect.
15-Jan-2024 10:36	Telephone call from a patient (NHS GG&C Mental Health Services) BRENNEN, Michael (StaffNurse)
Comment	Andrew called to cancel appointment (depot injection), no reason given and wanted to reschedule, Unfortunately writer was on another appointment and could not speak to Andrew, there was no contact number for Andrew either, so writer contacted FCMHT for this information, and to inform them that Andrew did not attend. writer then contacted Andrew with number provided, no answer, message left asking to return call, phone may be turned off as phone rang once before diverting to answer phone this was first appointment with new CPN/CMHT new appointment will be sent out to Andrew. discussed with Dr McMillan
08-Jan-2024 09:00	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) TAGGART, Jacqueline (TeamSecretary)
Comment	Discussed at Screening / Allocation meeting Monday, 8th January 2024. Per Dr McMillan awaiting Hamilton CMHT discuss again 15.01.24
04-Jan-2024 16:00	NHS GG&C Mental Health Services BRADLEY, Audrey (Admin)
Document	Mental health admin. NOS ➡ (07-Mar-2022) T3B form

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

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

04-Jan-2024 15:51	NHS GG&C Mental Health Services	BRADLEY, Audrey (Admin)
Document	Forms - miscellaneous 📄 Community Depot Prescription and Administration Record from Eastvale Adult Nursing (04-Jan-2024)	
29-Dec-2023	NHS GG&C Mental Health Services	BRENNEN, Michael (StaffNurse)
Document	Mental health care plan status 📄 SSA Careplan Dec 23	
14-Dec-2023 14:06	Face to face consultation (NHS GG&C Mental Health Services)	BRENNEN, Michael (StaffNurse)
Comment	Andrew attended Eastvale today, he was accompanied by FCPN Maxine and student nurse Megan student nurse administered depot with no concerns Andrew offered limited engagement but did state he was not looking forward to moving over to Evrc, reassurance offered to Andrew. Andrew is hopeful that he will spent two weeks with his brother in Ireland over the festive period., no concerns with medication- remains concordant no concerns at time of writing follow up appointent offered 4/52, maxine has now withdrawn from Andrew care and he is now open to writer.	
11-Dec-2023 10:01	NHS GG&C Mental Health Services	MASON, Angela (MedicalSecretary)
Document	Clinical letter 📄 (29-Nov-2023) Clinical letter from dr Laura Stevens - Consultant (29-Nov-2023)	
16-Nov-2023 10:00	Face to face consultation (NHS GG&C Mental Health Services)	BRENNEN, Michael (StaffNurse)
Comment	Andrew attended eastvale, with FCPN Maxine and student nurse Megan, Dr Mcmillan was also present at time of appointment to carry out a review, Andrew offered limited engagement/conversation thoughput. student nurse administered depot, supervised by Maxine. follow up appointment offered by Maxine who will liase with writer regarding next appointment.	
19-Oct-2023 09:25	Face to face consultation (NHS GG&C Mental Health Services)	BRENNEN, Michael (StaffNurse)
Comment	written in retrospect writer did not attend Andrew's last depot injection appointment, due to being on annual leave. Depot was administered by Maxine FCPN at EVRC follow up appointment 16/11/2023	
26-Sep-2023 15:17	NHS GG&C Mental Health Services	MASON, Angela (MedicalSecretary)
Document	Other report 📄 Other report Beckford Lodge (26-Sep-2023)	
21-Sep-2023 11:04	Face to face consultation (NHS GG&C Mental Health Services)	MCMILLAN, Graham (Consultant)
Comment	Met with Mr Shaw along with Michael Brennen and Maxine (forensic CPN) to introduce myself. Told me that he continues to hear voices telling him to drive cars. Has two remaining offences to answer for (3 years old) which precede his time in forensic in-pt stay. No new ofences since he was released from forensic ward. These bothr apparently relate to driving without a licence. First is due to be heard on 20th october 2023 and the other one "next year at some point". His solicitor has told him the copurt is likely to recommend a non-custodial sentence and simply to remain on his CO. Recieves monthly paliperidone depot and feels that this allows him to resist the voices more easily. Appears to have a child-like fascination with cars when asked about them. Feels health is okay -has pre-diabetes possibly and takes meds for that. Does not seem to need any additional support in the community and manages his own meds. Only contact outwith services is his brother in NI CPA due next week 26th I will request that forensic services continue to have responsibility for his care until the	

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

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

agreed TF date in January and that they now begin to lessen their contacts with Mr Shaw to better reflect how things will be post transfer. i.e. Monthl CPN contact and 3 monthly OPC contact. This will test whether a coimunity based treatment plan will actually work in practice.

21-Sep-2023 10:00	Face to face consultation (NHS GG&C Mental Health Services) BRENNEN, Michael (StaffNurse)
Comment	Following on from meeting with Dr McMillan, writer, Maxine (FCPN) and Andrew attended the treatment room to allow Maxine to administer Andrews depot. no concerns Regarding the same. Andrew again offered little in conversation although did answer when asked questions. Writer will liase with Maxine to arrange follow up depot, which will again be carried out in EVRC treatment room.
23-Aug-2023 14:00	Face to face consultation (NHS GG&C Mental Health Services) BRENNEN, Michael (StaffNurse)
Comment	writer met with Maxine to be introduce to Andrew, Andrew offered little engagement, he states he does not like changes, Maxine administered Depot. Andrew keeps all him medication in his home, writer informed Andrew that next Depot would be administered at Evrc, He was accepting of this,he was also informed that writer could only offer monthly engagement. he is currently weekly moving to fortnightly, with both CPN, Andrew did not appear very happy about this. next appointment to be arranged, Dr McMillan was informed of visit. Andrew reports he is due in court on friday, writer is unclear what this is for.
22-Aug-2023 15:00	Administration note (NHS GG&C Mental Health Services) BRENNEN, Michael (StaffNurse)
Comment	writer contact Maxine today to duscuss appointment with Andrew, writer requested that the appointments be at eastvale resource, writer agreed that first introduction could take place at Andrews home, maxine states she will sort a clinic visit after this. Dr McMILLAN informed of same.
01-Aug-2023 15:20	Face to face consultation (NHS GG&C Mental Health Services) BRENNEN, Michael (StaffNurse)
Comment	Call received from Maxine FCPN regarding joint contact with Andrew, writer agreed to meet Maxine and Andrew monthly to administer depot, writer also stated that would be frequency of visits that could be facilitated. Maxine has suggested that Andrew could be transferred over to Eastvale CMHT before January however, Writer stated it was agreed by consultants that this would be January and therefore writer will not be taking over care and treatment until then. date and time agreed for appointemnt 23/08/2023 11am. joint visit with Maxine.
01-Aug-2023 10:51	Administration note (NHS GG&C Mental Health Services) HUME, Mark (ChargeNurse)
Comment	Discussion between DrMcMillan,S/N Brennan and I regarding plan of transfer from Forensic to Eastvale over next 6 months.Forensic feel that building relationship with Andrew will improve chances of succesful discharge.CPN will attend Forensic CPN appointments (offer Eastvale to allow myself and DrMcMillan to attend) monthly in effort to build therapeutic relationship,Dr McMillan intends something simillar with Forensic consultant appointments.Forensic team remain responsible for risk assessment and care plan until transfer is agreed and completed.SN Brennan will make contact with Forensic CPN to arrange JV for later in month.Please ensure any issues discussed with Dr McMillan re transfer as this needs to be agreed by consultant.
26-Jul-2023 09:47	NHS GG&C Mental Health Services MASON, Angela (MedicalSecretary)
Document	Additional information ➡ Additional information from Beckford Lodge
26-Jul-2023 09:46	NHS GG&C Mental Health Services MASON, Angela (MedicalSecretary)
Document	Additional information ➡ Additional information from Beckford Lodge
26-Jul-2023 09:42	NHS GG&C Mental Health Services MASON, Angela (MedicalSecretary)
Document	Additional information ➡ Additional information from Beckford Lodge (26-Jul-2023)
25-Jul-2023 14:46	NHS GG&C Mental Health Services ANDERSON, Stacey (ClinicalSecretary)

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

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

Document	Clinical letter ➊ Clinical letter from Eastvale Adult Graham McMillan - Consultant (25-Jul-2023)
25-Jul-2023 11:56	Inbound Referral (NHS GG&C Mental Health Services) CHALMERS, Mandy (LocalityAdministrator)
Referral	Referral to community mental health team From: Forensic CMHT Glasgow
25-Jul-2023 09:00	Multidisciplinary team meeting without patient (Eastvale Resource Centre) TAGGART, Jacqueline (TeamSecretary)
Comment	Discussed at MDT assigned to medical and Nursing CPN Michael Brennen
17-Jul-2023 09:25	NHS GG&C Mental Health Services MASON, Angela (MedicalSecretary)
Document	Letter received ➋ Letter received from Forensic Becford Lodge (17-Jul-2023)
27-Jun-2023 09:00	Multidisciplinary team meeting without patient (Eastvale Resource Centre) TAGGART, Jacqueline (TeamSecretary)
Comment	Discussed at MDT assigned to Michael Brennen to attend CPA
13-Jun-2023 14:00	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) LEE, Shelley (ForensicMedicalSecretary)
Comment	The team agreed that patient didn't meet criteria for the team and Dr Laurence Tuddenham (Consultant Forensic Psychiatrist) sent letter to Dr Laura Steven on 07/06/23 to relay same. Dr Steven replied to say she would need to escalate the case. No further correspondence received.
07-Jun-2023 15:06	Inbound Referral (NHS GG&C Mental Health Services) MOONEY, Yvonne (ClericalOfficer)
Referral	Referral to community mental health team From: Stobhill Hospital
07-Jun-2023 14:55	NHS GG&C Mental Health Services SMITH, Vanessa (MedicalSecretary)
Document	Referral letter ➌ Rejection Letter - Forensic CMHT Glasgow
06-Jun-2023 15:38	NHS GG&C Mental Health Services SMITH, Vanessa (MedicalSecretary)
Document	Email encounter ➍ Email - Forensic CMHT Glasgow
06-Jun-2023 14:00	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) LEE, Shelley (ForensicMedicalSecretary)
Comment	Referral received from Dr Laura Steven Consultant Forensic Psychiatrist for consideration for follow up in the community. Currently in Iona Ward and is receiving treatment for Paranoid Schizophrenia and Complex PTSD. Allocated tenancy in Rutherglen. Unclear why admitted to Lanarkshire hospitals. He was in Barlinnie. Dr Siva Appan (Consultant Forensic Psychiatrist) discussed email from Dr Laura Steven. On 7 overnights to his tenancy with a discharge date of 12/06/23. No current support package in place. Referral rejected by Eastvale. Discussion around risk especially in relation to him driving a car. The team agreed that patient didn't meet criteria for the team and Dr Laurence Tuddenham (Consultant Forensic Psychiatrist). will write back to the referrer to relay same.
02-Jun-2023	NHS GG&C Mental Health Services MOONEY, Yvonne (ClericalOfficer)
Document	Request form or letter sent by mail/email ➎ Request form or letter sent by mail/email from Stobhill Hospital (02-Jun-2023)
01-Jun-2023 12:08	NHS GG&C Mental Health Services BRADLEY, Audrey (Admin)
Document	Referral rejected ➏ Referral rejected from Eastvale Adult Graham McMillan - Consultant (01-Jun-2023)
18-May-2023 13:59	NHS GG&C Mental Health Services MCCLINTON, Clair (ClericalOfficer)
Document	Data transferred from other system ➐ Data transferred from other system (18-May-2023)
18-May-2023 13:14	NHS GG&C Mental Health Services MCCLINTON, Clair (ClericalOfficer)
Document	Request form or letter sent by mail/email ➑ Request form or letter sent by mail/email from Lanarkshire Forensic Medical Servic (18-May-2023)
18-May-2023 13:14	Inbound Referral (NHS GG&C Mental Health Services) MCCLINTON, Clair (ClericalOfficer)
Referral	Referral to community mental health team From: Lanarkshire Forensic Medical Servic
19-Jan-2021 10:00	Face to face consultation (HMP Barlinnie) BAKER, Melanie (ForensicPsychiatrist) Entered By: LAUDER, Rhona (MedicalSecretary)
Comment	Seen in psychiatry clinic
Document	Clinical letter ➒ (22-Jan-2021) 2104673933 22.01.21 Barlinnie Review letter from Forensic

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

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

Prison Assessment Melanie Baker - Consultant (22-Jan-2021)

12-Jan-2021 10:00	Face to face consultation (HMP Barlinnie) BAKER, Melanie (ForensicPsychiatrist) Entered By: LAUDER, Rhona (MedicalSecretary)
Comment	Seen in psychiatry clinic
Document	Clinical letter 2104673933 12.01.21 Barlinnie Clinical letter from Forensic Prison Assessment Melanie Baker - Consultant (12-Jan-2021)
24-Dec-2020 08:24	Inbound Referral (NHS GG&C Mental Health Services) WEST, June (CPNBand6)
Referral	Referral to mental health team From: GGC RS - Police
24-Dec-2020 08:10	Third party consultation (CCFH - West Glasgow Community Centre for Health) WEST, June (CPNBand6)
Comment	[REDACTED]
16-Dec-2020 13:03	NHS GG&C Mental Health Services YASEEN, Mariam (ClericalOfficer)
Document	Referral letter 16-Dec-2020 Referral letter from Leverndale Hospital (16-Dec-2020)
16-Dec-2020 13:03	Inbound Referral (NHS GG&C Mental Health Services) YASEEN, Mariam (ClericalOfficer)
Referral	Forensic psychiatry referral From: Leverndale Hospital
15-Dec-2020 09:10	Face to face consultation (HMP Barlinnie) BAKER, Melanie (ForensicPsychiatrist) Entered By: LAUDER, Rhona (MedicalSecretary)
Comment	Seen in psychiatry clinic
Document	Referral letter 21.04673933 15.12.20 Clinical & Referral letter from Dr. M Baker, Forensic Prison Assessment - Consultant (15-Dec-2020)
11-Dec-2020 09:22	Inbound Referral (NHS GG&C Mental Health Services) GREENE, Marianne (Administrator)
Referral	Referral to forensic psychiatrist (08-Dec-2020 09:21) From: HMP Barlinnie
08-Dec-2020 09:00	Face to face consultation (HMP Barlinnie) BAKER, Melanie (ForensicPsychiatrist) Entered By: LAUDER, Rhona (MedicalSecretary)
Comment	Seen in psychiatry clinic
Document	Clinical letter 2104673933 08.12.20 Dr. Baker Barlinnie Clinical letter from Forensic Prison Assessment Melanie Baker - Consultant (08-Dec-2020)
01-Dec-2020 16:55	NHS GG&C Mental Health Services LOGAN, Pauline (MedicalSecretary)
Document	Letter sent to general practitioner (18-Nov-2020) Medical Letter sent to general practitioner from Adult Mental Health Liaison Service (18-Nov-2020)
20-Nov-2020 12:40	Discussion with other professional (NHS GG&C Mental Health Services) FARMER, Scott (NurseTeamLead)
Comment	Contact from Dr Fortis, FY1, Ward 8C. Enquiring about further review prior to discharge from hospital as now medically fit. Advised that Dr Swifts entry advises that he can be discharged from hospital once medically fit and that she had relayed this information to the ward. No further concerns about his mental health that requires review. Will now be discharged from hospital.
18-Nov-2020 16:14	Face to face consultation (NHS GG&C Mental Health Services) SWIFT, Pamela (Dr)
Assessment	Template: CRAFT - Risk Assessment Risk assessment Other, please state: Psych Liaison Harm to Self: Unknown At risk of harming others Harm to Others: Yes Driving whilst intoxicated Harm to Children: Unknown • Harm from Self Neglect: Unknown • Harm from Others: Unknown • Falls: Unknown • Harm related to Cognitive Impairment: No • Poor physical health: No Ran away Absconding: Yes
18-Nov-2020 15:35	Face to face consultation (NHS GG&C Mental Health Services) SWIFT, Pamela (Dr)
Comment	Dr Swift ST 5 " I killed Jesus." " I betrayed GOD" Known to Forensic Team- Anti-social PD, polysubstance misuse-cocaine, benzo;s, alcohol

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

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

Staff report that he has thoughts of harming/killing members of the medical team. Involved in a car chase - found to be intoxicated with alcohol, cocaine and benzo's. Started on GMAWS.
MSE- 2 policeman outside his door.
Overweight, dressed in a hospital gown, poor engagement, intermittent eye contact, appeared agitated by flicking his fingers, moving his tongue from side to side, looked up at the ceiling a few times but no real evidence of responding to external stimuli.
S-spontaneous but not plentiful. He would not elaborate on what he had said about letting god down
M-subj- didn't answer, obj-difficult to assess.
T-No thought disorder. some hint of grandiosity and religious ideas but he would not discuss this any further.
P- Reports he is hearing god-however will not elaborate on this. Not obviously responding to external stimuli
c-would not answer what country or what year it was. Thought he was in a holding cell.
I- He is aware that there are 2 policeman outside his door.
imp- I did not feel that this was a typical delirious or psychotic presentation and that there was a strong feeling that he was malingering. I discussed his case with Dr Oto who felt that he should be discharged as soon as he is medically fit.
plan- I will feed this back to the ward.

18-Nov-2020 14:19	NHS GG&C Mental Health Services	FRIEL, Carol (MHAdmin)
Document	Inpatient nursing note (17-Nov-2020) Inpatient nursing note from Glasgow City - Acute Liaison Service (17-Nov-2020)	
17-Nov-2020 16:23	NHS GG&C Mental Health Services	STEWART, Scott (MedicalSecretary)
Document	Referral letter (17-Nov-2020) Referral letter from GGC RS QEUEH - Inpatients (17-Nov-2020)	
17-Nov-2020 16:21	Inbound Referral (NHS GG&C Mental Health Services)	STEWART, Scott (MedicalSecretary)
Referral	Referral to mental health team From: GGC RS QEUEH - Inpatients	
17-Nov-2020 16:21	Administration note (NHS GG&C Mental Health Services)	STEWART, Scott (MedicalSecretary)
Comment	Template: Psychological Therapies HEAT Target CT Psychological therapy summary report	
Examination	Not suitable for psychological therapies	
17-Nov-2020 13:59	Face to face consultation (Queen Elizabeth University Hospital)	CHARLESTON, Pamela (ADRSSeniorNurse)
Comment	see nursing notes 17/11/20 . Patient in Police custody. Patient admitted to the QEUEH on the 15/11/20 due to Intoxicated driver, to return to police cells following discharge. . impression ? Pneumothorax, ? Pulmonary Embolism. Toxicology , Positive cocaine, positive benzodiazepines. Negative alcohol level. Unable to fully assess due to clinical condition / mental health. He reports to taking 20-30 white Street Diazepam daily , cocaine and amphetamines. He did not expand on this , He appeared distressed saying that every one was shouting at him and no one was doing anything about it. Plan agreed with Jude Morris consultant ward 8C. 1. As per page 22 of Hospital Guidelines for problematic drug users , Give 10 mgs Diazepam x 3 daily. 2. Patient has been referred to Psychiatry for further assessment and advice regarding management. 3. re-refer if required. 4. Patient Discharged.	
17-Nov-2020 13:21	Inbound Referral (NHS GG&C Mental Health Services)	KINNIBURGH, Alexander (ADRAdmin)
Referral	Referred for addictions assessment From: GGC RS QEUEH - Inpatients	
08-Sep-2020 10:05	NHS GG&C Mental Health Services	STEWART, Scott (MedicalSecretary)
Document	Letter sent to general practitioner (24-Aug-2020) Medical letter sent to general practitioner from Glasgow Liaison Psychiatric Services (24-Aug-2020)	
25-Aug-2020 17:32		
Comment		

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

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

25-Aug-2020 16:06	Progress notes (NHS GG&C Mental Health Services) LEIGHTON, Emma (SpecialtyDoctor)
Comment	E Leighton Specialty Doctor, liaison psychiatry QEUH. Asked to call Dr Kim Herbert, core psychiatry doctor based in Hairmyres hospital regarding Mr Shaw. Gave Dr Herbert background information from recent liaison psychiatry review within QEUH.
25-Aug-2020 14:22	NHS GG&C Mental Health Services LOGAN, Pauline (MedicalSecretary)
Document	Letter sent to general practitioner [REDACTED] (18-Aug-2020) Medical Letter sent to general practitioner from Glasgow Liaison Psychiatric Services (18-Aug-2020)
25-Aug-2020 13:15	[REDACTED]
Comment	[REDACTED]

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

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

24-Aug-2020 10:30	Face to face consultation (Queen Elizabeth University Hospital) BURNEL, Adam (Consultant)
Comment	Template: CRAFT - Risk Assessment Review on ward 10c at QEUH. Ward had called earlier this am to say he was now fit from a surgical point of view. Discussion with attendant police officers and ward charge nurse. Nursing staff impression is that Mr Shaw has improved over the weekend. He has been up more and attempting to attend to ADLs. He has been able to take diet and fluids. PT has been ongoing. There have been no incidents over the weekend. At interview Mr Shaw was attired in hospital clothing and sitting up in bed. Much in his mental state was as I had seen on Friday. He did give more eye contact and there was some spontaneous speech. Again he was agitated whilst sitting but no abnormal movements. Speech still showed significant latency although this was more variable today. Speech was still quiet although more voluble than it had been. He described hearing "voices" for many years. Not 3rd party, but content unclear other than he found it upsetting most of the time although not always. He said he also saw his dead mum at times which he found comforting. He made reference to religious thought content naming Jesus and Allah although I could not determine in what context. He said that he did not want help, but also that he wanted to be with the police as they would help him. He answered questions about orientation incompletely. He knew he was in hospital and that he was in Glasgow. He knew it was 2020, but seemed to indicate he thought it was November as christmas was coming. He made reference to taking "drugs, drugs, drugs" but whether recently or not I could not discern. [REDACTED] I indicated to ward charge nurse that from psychiatric perspective I would be admitting were he not in police custody. I discussed Mr McLean's current presentation with the attendant police officers in terms of risk based on his behaviour over the last few days. I discussed the case with Mr Gordon McNellis CPN with the Forensic service who is on call for courts assessments tomorrow. Discharge from Liaison Psychiatry.
Assessment	Risk assessment • Transition of Care • Harm to Self: No • Harm to Others: No • Harm to Children: No At risk for self neglect Harm from Self Neglect: Yes: Mr Shaw's current level of an=normal mental state would mean he would not be capable of adequate self care. Harm from Others: Unknown Mr Shaw hinted at interview that he is involved with people who may wish him harm. It is not clear if this relates to delusional thinking, reality or both. Falls: No Harm related to Cognitive Impairment: Unknown Mr Shaw's mental state abnormalities may be due to cognitive and other effects of substance withdrawal and/or intoxication [RFC] Physical health problems or physically unwell appears obese and daily cocaine use for long time. Absconding: No There has been no attempts to abscond during this admission a. Please summarise previous risk history with dates, severity and context. Are there any situations associated with increased risk? admitted to QEUH after BIBP having been driving under the influence of cocaine and other illicit substances leading to a RTA. Sustained left ankle fracture- conservative management. Under review with addictions liaison and on opiate withdrawal regime. Urine drug screen positive for cocaine, amphetamines, methamphetamines and opiates. Reports daily voice hearing and visual hallucinations of seeing his mother- for years with no recent change. Retains insight these experiences are not real however distressed by them. Daily cocaine use. Currently disorientated to time and partially orientated only to time. Fluctuating consciousness. Likely delirium in context of substance withdrawal. Clearly at increased risk when under influence of illicit drugs. b. What are the principal risks? What are the current risk factors? What are the protective factors? risk of harm to others by misadventure. Risk of harm to self by misadventure. Risk of intoxication and impaired decision making. Risk factors: currently in acute substance withdrawal. Protective factors: under rv from addictions liaison and on opiate withdrawal regime. Agreeable to treatment plan. Service user view of risks Appears largely unaware Family / carer view of risks not contacted

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

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

- a. Safety Plan ongoing addictions liaison review. Discharge from liaison psychiatry and ask ward to re-refer when completed withdrawal regime. update 24/08/2020: now medically fit for discharge from in patient team point of view. Will go to custody and then court tomorrow: Forensic CPN informed.
- b. Risk management plan identify actions and timescale as above
Note of other professionals and teams and copies sent to: ward 10c staff, police scotland, GLPS staff, Forensic CPN service

21-Aug-2020 16:00	Face to face consultation (Queen Elizabeth University Hospital) BURNEL, Adam (Consultant)
Comment	REview on ward 10C at QEUH. Discussion with attending police officers, staff nurse involved and x2 physiotherapists who had seen him today. MSE is floridly abnormal. Eye contact is variable between fleeting but intense contact to his avoiding gaze or shutting his eyes. He was somewhat agitated. He sat throughout the interview but rubbed his hands and picked at his fingers repeatedly. Overall he seemed very tense. Prevailing affect of anxiety, perplexity and a little suspiciousness was unreactive. He teared up on a few occasions with little obvious external provocation. He was never aggressive or hostile. Speech showed significant latency and was generally quiet, sometimes a whisper and of limited content. He verbalised but not always in clear connection to what questions had been asked. His behaviour was potentially in keeping with his hallucinating. I could not get sufficient access to his thinking to be able to elicit delusional ideation or other evidence of hallucinatory phenomena. I was not able to tell if he was orientated. [REDACTED] In discussion with those other professionals above who had seen him today I gained the impression that his mental state was consistently abnormal as I have described. I noted ADRS have commenced on reducing diazepam. Mr McLean's MSE is clearly abnormal and he appears to be psychotic. It is not yet clear if this is a relapse into a previously quiescent psychotic illness, a continuing adverse response to illicit substances or withdrawal phenomena. I made no changes to the current management. I have said to ward staff that our team will review him next week. No change to risk status.
21-Aug-2020 09:30	Face to face consultation (Queen Elizabeth University Hospital) DOWNS, Stephen (ADRSAAddictionNurse)
Comment	Template: Acute Addictions Liaison Consultation Comment: Reviewed today as planned. Unable to participate in assessment. Suggested to continue on reducing dose of diazepam. Ward have guidelines in Kardex. Not requiring regular dihydrocodeine for opiate withdrawal. Has had a couple of PRN doses. Patient will be discharged to police custody once medically fit. Suggested to re-refer back to liaison if any additional support will be required prior to discharge.
20-Aug-2020 16:00	Telephone follow-up (NHS GG&C Mental Health Services) LEIGHTON, Emma (CorePsychiatry)
Comment	E Leighton, Specialty doctor in liaison psychiatry. Called ward 10C and spoke with junior doctor looking after Andrew Shaw to discuss re-referral to liaison psychiatry. Andrew continues on an inpatient detox. No longer on regular dihydrocodeine for opiate withdrawal but continues on regular diazepam for benzodiazepine withdrawal. Andrew continues to present as disorientated with fluctuating presentation and response to visual hallucinations, in keeping with delirium. Agitation levels reported to have settled over last 2 days. He will be under review by physiotherapy tomorrow with possible discharge from PT after this. Plan: Explained that presentation continues to fit with likely delirium in context of acute withdrawal, and whilst detox ongoing it will be difficult to assess for any underlying mental health disorder. D/w Dr Cogan consultant psychiatrist. Advised our team would make contact with ward 10c tomorrow and if completed detox can consider further review at

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

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

that point.

20-Aug-2020 12:00	NHS GG&C Mental Health Services	WRIGHT, Pauline (MedicalSecretary)
Document	Referral letter  Referral letter from GGC RS Queen Elizabeth University Hospital TO AMHLS (20-Aug-2020)	
20-Aug-2020 11:57	Inbound Referral (NHS GG&C Mental Health Services)	WRIGHT, Pauline (MedicalSecretary)
Referral	Referral to mental health team From: GGC RS QEUEH - Inpatients	
20-Aug-2020 11:55	Administration note (NHS GG&C Mental Health Services)	WRIGHT, Pauline (MedicalSecretary)
Comment	Template: Psychological Therapies HEAT Target CT Psychological therapy summary report	
Examination	Not suitable for psychological therapies	
19-Aug-2020 09:00	Face to face consultation (Queen Elizabeth University Hospital)	POUTNEY, Anne Marie (ADRSSeniorNurse)
Comment	Reviewed patient - seen by psychiatry yesterday Remains very difficult to assess patient direct. When asked recently if he has been taking any illicit Diazepam he said he doesn't like it, when asked again if he has taken it recently stated: "they make me take it but I don't like it" Reported taking illicit - blues daily recently, unable to confirm definite amounts. Stated never used heroin and never injected, but then stated "they injected me" no evidence of any injection sites. Stated they have injected unknown substances into his toes. Patient appears more distressed today, stating that the voices were now shouting. Overall appears more detached in his manner. Suggested: 1 Utilise p.22 of Hospital Guidelines for Drug Misusers in Acute Hospital - consider lower starting dose of 10mg Diazepam three times daily. 2 Advised medical staff patient itching abdominal area throughout assessment - suggested consider if this may be reaction to codeine. 3 Suggested to only administer dihydrocodeine for opiate withdrawals if patient scores 5 or greater on SOWS and if medically suitable 4 I have suggested to medical and nursing staff that they should contact psychiatric liaison if patients psychotic symptoms become more severe or he is more distressed. 5 We shall review management on Friday.	
18-Aug-2020 12:31	Progress notes (NHS GG&C Mental Health Services)	LEIGHTON, Emma (CorePsychiatry)
Comment	E Leighton, specialty doctor liaison psychiatry. Discussed case with Dr Colgan, consultant liaison psychiatrist. Plan to ask ward to re-refer to liaison psychiatry following completion of inpatient detox as not possible to assess for underlying mental health difficulty currently. I have handed this over to the FY1 on the ward.	
18-Aug-2020 12:13	Face to face consultation (NHS GG&C Mental Health Services)	LEIGHTON, Emma (CorePsychiatry)
Assessment	Template: CRAFT - Risk Assessment Risk assessment Other, please state: Liaison psychiatry assessment Harm to Self: No Harm to Others: Unknown Brought in by police after RTA when he was driving under the influence of illicit substances therefore put others at risk of harm through dangerous driving. No thoughts or intent to harm others expressed. Harm to Children: No • Harm from Self Neglect: No Harm from Others: No States he lives with 6 men who are part of a drugs ring and that he often feels coerced into "doing what they tell me". No detail exactly regarding this. No clear history of deliberate harm from others towards him. Falls: No • Harm related to Cognitive Impairment: No [RFC] Physical health problems or physically unwell appears obese and daily cocaine use for long time. Absconding: No a. Please summarise previous risk history with dates, severity and context. Are there any	

situations associated with increased risk? admitted to QEUH after BIBP having been driving under the influence of cocaine and other illicit substances leading to a RTA. Sustained left ankle fracture- conservative management. Under review with addictions liaison and on opiate withdrawal regime. Urine drug screen positive for cocaine, amphetamines, methamphetamines and opiates. Reports daily voice hearing and visual hallucinations of seeing his mother- for years with no recent change. Retains insight these experiences are not real however distressed by them. Daily cocaine use. Currently disorientated to time and partially orientated only to time. Fluctuating consciousness. Likely delirium in context of substance withdrawal. Clearly at increased risk when under influence of illicit drugs.

b. What are the principal risks? What are the current risk factors? What are the protective factors? risk of harm to others by misadventure. Risk of harm to self by misadventure. Risk of intoxication and impaired decision making. Risk factors: currently in acute substance withdrawal. Protective factors: under rv from addictions liaison and on opiate withdrawal regime. Agreeable to treatment plan.

Service user view of risks difficult to assess- no clear view on risks obtained due to confusional state.

Family / carer view of risks nil available.

a. Safety Plan ongoing addictions liaison review. Discharge from liaison psychiatry and ask ward to re-refer when completed withdrawal regime.

b. Risk management plan identify actions and timescale as above

Note of other professionals and teams and copies sent to: GP, ward 10C staff QEUH

18-Aug-2020 11:36

Face to face consultation (NHS GG&C Mental Health Services) LEIGHTON, Emma (CorePsychiatry)

Comment

Liaison psychiatry assessment. Dr Leighton, specialty doctor liaison psychiatry. 53 y/o man admitted 10/08/20 following RTA- BIBP, will be discharged to police custody, was driving under the influence of illicit substances (cocaine)

-

BG: historical diagnosis of schizophrenia from 2011/2012. Previously seen by forensic psychiatry and was on risperdal cnsa depot in 2012/2013 however has not been on antipsychotic medication for many years. Documented in clinic letters from 2012/2013 that psychotic symptoms were not convincing therefore Dx possibly disputed/unclear. No documented contact with mental health services since 2013.

No significant medical history known.

-

History from staff nurse looking after him. She states he has seemed "vague" and disorientated since arriving on ward 10c 15/08/20. However nil agitation noted. Compliant with treatment plan. E&D and sleeping ok.

Urine drug screen +ve for cocaine, amphetamines, methamphetamines and opioids.

Note has been reviewed by addictions liaison with further review planned. Continues on dihydrocodeine 60mg QDS for opiate withdrawal.

-

Seen at bedside.

Police officers sitting outside room- no history from police of disrupted/agitated or aggressive behaviour. They advised he has remained in his room and they have had no contact with him today.

-

On MSE, Andrew appears obese, unkempt, scratching himself frequently, breathing through pursed lips, tearful at times without clear precipitant, pupils equal and of normal diameter, distracted and no eye contact, appears slightly agitated. Speech mumbled, incoherent at times and fairly monosyllabic. Mood objectively anxious, subjectively reports low mood, labile affect. Nil FTD. Denies any thoughts of suicide or self harm and denies any homicidal thoughts. Nil delusional ideation. Guarded, hesitant and vague answers given therefore difficult to obtain any detail re-thought content. Describes persistent visual hallucination of his deceased mother (died many years ago) however no objective evidence of response to external stimulus. Also describes "voices in my head" present "for years" with no change over last 5 years. Disorientated to time and partially orientated to place (eg knows he is in a hospital in Glasgow but does not know name of hospital), orientated to person. Attributes voice hearing to perceived diagnosis of schizophrenia. However does not recognise

negative impact of daily drug use on mental state.

-

Recalls reason for admission- "I crashed a car". Understands he has been charged. States he uses cocaine daily- unable to provide further detail. Denies alcohol or cannabis use. Blames cocaine and other substance misuse on the "bad people" he lives with. States he lives with 6 other men and he often feels "scared" because these men are part of a drug ring. However he denies selling drugs. Also blames driving under the influence on these men he lives with.

Receives DLA and denies financial stressors. Lives in council flat and reports living with 6 other men as mentioned.

No known FH. Only family is brother who lives in Ireland and he has no contact with. His mum passed away many years ago.

Reports voices in his head "for years". States they worsened 5 years ago- when his mum died. States they "shout and scream" but no further detail obtained. Has not sought help for this in the past other than psychiatric contact in 2012/2013- no reason given for disengaging with f/u. Retains insight that these voices are not real- likely pseudohallucinatory however difficult to assess.

-

Impression: likely delirium in context of illicit substance withdrawal.

Possible psychotic symptoms however these are longstanding and he has full insight into these experiences- therefore likely pseudohallucinatory.

Low mood and tearfulness in context of daily illicit substance misuse and current cocaine/opiate withdrawal. Possible underlying mood disturbance but not possible to fully assess at present given acute confusional state.

-

Plan: no changes to management at present. Ongoing addictions liaison review. Liaison psychiatry will review again later in the week- further assessment needed.

17-Aug-2020 16:12	NHS GG&C Mental Health Services	WRIGHT, Pauline (MedicalSecretary)
Document	Referral letter  Referral letter from GGC RS Queen Elizabeth University Hospital TO GLPS (17-Aug-2020)	
17-Aug-2020 16:09	Inbound Referral (NHS GG&C Mental Health Services)	WRIGHT, Pauline (MedicalSecretary)
Referral	Referral to mental health team From: GGC RS QEUEH - Inpatients	
17-Aug-2020 16:00	Administration note (NHS GG&C Mental Health Services)	WRIGHT, Pauline (MedicalSecretary)
Comment	Template: Psychological Therapies HEAT Target CT	
Examination	Psychological therapy summary report	
	Not suitable for psychological therapies	
17-Aug-2020 10:30	Face to face consultation (Queen Elizabeth University Hospital)	POUTNEY, Anne Marie (ADRSSeniorNurse)
Comment	Unreliable full assessment today as patient disorientated and appears to be hallucinating (visual) - same documented by ward staff in patients medical notes Police remain in attendance outside patients room - ward staff have contacted patients lawyer on his behalf Polytrauma following car crash - was not patients own car Patient stated that he uses cocaine daily - this is funded by "doing whatever he is asked by them" - expanded on this being a group of males, of Asian ethnicity whom he lives with. He stated that he has not lived in his East Kilbride address for the last 4 years. Stated he has been living with this group of males in 'Paisley Road -in Govan' for the last 4 years. He stated that these same males has spiked his tea with the drugs that were noted on his urine test. (Positive for cocaine, amphetamines, methamphetamines, opioids and benzodiazepines). He said that these same men then put him in the car because he had gotten into an argument with them, as he refused to do something they had asked him. We discussed the fact that it was quite a substantial amount of substances to have been put in his tea without him noticing. Patient appeared very guarded and did not wish to give details - advised him that he should discuss with the police if he feels he may have been at risk or vulnerable to harm. Reluctant	

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

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

to do so at present.

On further questioning he stated that he had been diagnosed with Schizophrenia at the age of 22 years old, by a Psychiatrist by the name of [REDACTED], who is now retired - he could not tell me the name of the Mental Health Hospital or CMHT she was attached to. He stated that he has not seen any other Mental Health Specialists since then, as he is distrustful.

Reports he has been experiencing auditory and visual hallucinations for years, but very vague, guarded about any details of same.

No family - except for his brother who lives in Ireland and he has little contact with him.

No clear evidence of any clinical signs of substance withdrawal and reports on regular substance of choice is cocaine.

Suggestion:

1 Refer to Hospital Liaison Psychiatry

2 We shall review in 2 days time - following psychiatric review, to review and discuss with patient if there is any role for addiction support.

14-Aug-2020 11:30	Face to face consultation (Queen Elizabeth University Hospital) JOHNSTON, Emma (SeniorAddictionLiaisonNurse)
Comment	This patient did not consent to the sharing of this information
14-Aug-2020 11:21	Inbound Referral (NHS GG&C Mental Health Services) FRIEL, Carol (MHAdmin)
Referral	Referral to mental health team From: GGC RS QEUH - Inpatients
14-Aug-2020	NHS GG&C Mental Health Services MADDEN, Anna (Admin)
Document	Inpatient nursing note ➡ Inpatient nursing note from Glasgow City - Acute Liaison Service (14-Aug-2020)

Values and Investigations

21-May-2026	Risk assessment		
21-Jan-2026	Risk assessment		
16-Jan-2026	Risk assessment		
15-Dec-2025	Risk assessment		
27-Nov-2025	Risk assessment		
20-Nov-2025	Risk assessment		
19-Nov-2025	Risk assessment		
18-Nov-2025	Risk assessment		
13-Nov-2025	Risk assessment		
13-Nov-2025	National Early Warning Score - Royal College of Physicians	2	
13-Nov-2025	Baseline SpO2 (oxygen saturation at periphery)	95	%
13-Nov-2025	Baseline respiratory rate	19	/minute
13-Nov-2025	O/E - tympanic temperature	35.9	degrees C
13-Nov-2025	O/E - pulse rate	85	beats/min
13-Nov-2025	Diastolic blood pressure	61	mmHg
13-Nov-2025	Systolic blood pressure	116	mmHg
11-Nov-2025	National Early Warning Score - Royal College of Physicians	2	
11-Nov-2025	Baseline SpO2 (oxygen saturation at periphery)	92	%
11-Nov-2025	Baseline respiratory rate	20	/minute
11-Nov-2025	O/E - tympanic temperature	36.1	degrees C
11-Nov-2025	O/E - pulse rate	83	beats/min
11-Nov-2025	Diastolic blood pressure	92	mmHg
11-Nov-2025	Systolic blood pressure	148	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		
07-Nov-2025	Baseline SpO2 (oxygen saturation at periphery)	94	%

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

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

07-Nov-2025	O/E - respiratory rate	16	/minute
07-Nov-2025	O/E - blood pressure reading	129/75	mmHg
07-Nov-2025	O/E - pulse rate	73	beats/min
07-Nov-2025	O/E - respiratory rate	18	/minute
07-Nov-2025	O/E - blood pressure reading	107/74	mmHg
07-Nov-2025	O/E - pulse rate	83	beats/min
06-Nov-2025	National Early Warning Score - Royal College of Physicians	2	
06-Nov-2025	Baseline SpO2 (oxygen saturation at periphery)	95	%
06-Nov-2025	Baseline respiratory rate	18	/minute
06-Nov-2025	O/E - tympanic temperature	35.8	degrees C
06-Nov-2025	O/E - pulse rate	74	beats/min
06-Nov-2025	Diastolic blood pressure	87	mmHg
06-Nov-2025	Systolic blood pressure	144	mmHg
04-Nov-2025	National Early Warning Score - Royal College of Physicians	1	
04-Nov-2025	Baseline SpO2 (oxygen saturation at periphery)	97	%
04-Nov-2025	Baseline respiratory rate	20	/minute
04-Nov-2025	O/E - tympanic temperature	35.9	degrees C
04-Nov-2025	O/E - pulse rate	80	beats/min
04-Nov-2025	Diastolic blood pressure	106	mmHg
04-Nov-2025	Systolic blood pressure	137	mmHg
02-Nov-2025	Body mass index 40+ - severely obese		
02-Nov-2025	Body mass index	50.2	kg/m2
02-Nov-2025	Baseline SpO2 (oxygen saturation at periphery)	95	%
02-Nov-2025	Baseline respiratory rate	19	/minute
02-Nov-2025	O/E - tympanic temperature	36.2	degrees C
02-Nov-2025	O/E - pulse rate	86	beats/min
02-Nov-2025	O/E - weight	149.9	kg
02-Nov-2025	O/E - height	172.72	cm
	Actual height		
02-Nov-2025	Diastolic blood pressure	94	mmHg
02-Nov-2025	Systolic blood pressure	147	mmHg
02-Nov-2025	Body mass index	50.25	kg/m2
	(calculation based on height entry 02-Nov-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
02-Nov-2025	Body mass index	50.2	kg/m2
02-Nov-2025	O/E - weight	149.9	kg
02-Nov-2025	O/E - height	172.72	cm
	Actual height		
29-Oct-2025	Risk assessment		
28-Oct-2025	National Early Warning Score - Royal College of Physicians	1	
28-Oct-2025	Baseline SpO2 (oxygen saturation at periphery)	95	%
28-Oct-2025	Baseline respiratory rate	20	/minute
28-Oct-2025	O/E - pulse rate	86	beats/min
28-Oct-2025	Diastolic blood pressure	95	mmHg
28-Oct-2025	Systolic blood pressure	148	mmHg
28-Oct-2025	National Early Warning Score - Royal College of Physicians	3	
28-Oct-2025	Baseline SpO2 (oxygen saturation at periphery)	94	%
28-Oct-2025	Baseline respiratory rate	20	/minute
28-Oct-2025	O/E - tympanic temperature	36.5	degrees C
28-Oct-2025	O/E - pulse rate	98	beats/min
28-Oct-2025	Diastolic blood pressure	78	mmHg
28-Oct-2025	Systolic blood pressure	108	mmHg
28-Oct-2025	Body mass index	50.35	kg/m2
	(calculation based on height entry 28-Oct-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
28-Oct-2025	Body mass index	50.3	kg/m2

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

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

28-Oct-2025	O/E - weight	150.2	kg
28-Oct-2025	O/E - height	172.72	cm
	Actual height		
27-Oct-2025	National Early Warning Score - Royal College of Physicians	2	
27-Oct-2025	Baseline SpO2 (oxygen saturation at periphery)	95	%
27-Oct-2025	Baseline respiratory rate	20	/minute
27-Oct-2025	O/E - tympanic temperature	35.9	degrees C
27-Oct-2025	O/E - pulse rate	97	beats/min
27-Oct-2025	Diastolic blood pressure	81	mmHg
27-Oct-2025	Systolic blood pressure	127	mmHg
26-Oct-2025	Body mass index	50.82	kg/m2
	(calculation based on height entry 26-Oct-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
23-Oct-2025	Risk assessment		
21-Oct-2025	National Early Warning Score - Royal College of Physicians	2	
21-Oct-2025	Baseline SpO2 (oxygen saturation at periphery)	94	%
21-Oct-2025	Baseline respiratory rate	15	/minute
21-Oct-2025	O/E - tympanic temperature	36.7	degrees C
21-Oct-2025	O/E - pulse rate	91	beats/min
21-Oct-2025	Diastolic blood pressure	99	mmHg
21-Oct-2025	Systolic blood pressure	147	mmHg
17-Oct-2025	Risk assessment		
16-Oct-2025	Body mass index	50.35	kg/m2
	(calculation based on height entry 16-Oct-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
16-Oct-2025	Baseline respiratory rate	17	/minute
16-Oct-2025	Blood oxygen saturation	97	%
16-Oct-2025	O/E - pulse rate	86	beats/min
16-Oct-2025	O/E - blood pressure reading	122/78	mmHg
16-Oct-2025	O/E - weight	150.2	kg
16-Oct-2025	O/E - height	172.72	cm
	Actual height		
14-Oct-2025	Risk assessment		
14-Oct-2025	Baseline SpO2 (oxygen saturation at periphery)	94	%
14-Oct-2025	Baseline respiratory rate	16	/minute
14-Oct-2025	O/E - tympanic temperature	36.6	degrees C
14-Oct-2025	O/E - pulse rate	88	beats/min
14-Oct-2025	Diastolic blood pressure	86	mmHg
14-Oct-2025	Systolic blood pressure	142	mmHg
13-Oct-2025	Baseline SpO2 (oxygen saturation at periphery)	96	%
13-Oct-2025	Baseline respiratory rate	18	/minute
13-Oct-2025	O/E - tympanic temperature	36.7	degrees C
13-Oct-2025	O/E - pulse rate	99	beats/min
13-Oct-2025	Diastolic blood pressure	81	mmHg
13-Oct-2025	Systolic blood pressure	134	mmHg
12-Oct-2025	O/E - weight	150.2	kg
12-Oct-2025	O/E - height	172.72	cm
	Actual height		
11-Oct-2025	Body mass index	50.35	kg/m2
	(calculation based on height entry 04-Oct-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
11-Oct-2025	Baseline respiratory rate	17	/minute
11-Oct-2025	Blood oxygen saturation	92	%
11-Oct-2025	O/E - pulse rate	98	beats/min
11-Oct-2025	O/E - blood pressure reading	134/83	mmHg
11-Oct-2025	O/E - weight	150.2	kg
10-Oct-2025	O/E - tympanic temperature	36.2	degrees C
10-Oct-2025	O/E - blood pressure reading	121/68	mmHg
10-Oct-2025	Baseline SpO2 (oxygen saturation at periphery)	92	%

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

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

10-Oct-2025	O/E - rate of respiration	14	/minute
10-Oct-2025	O/E - pulse rate	76	beats/min
10-Oct-2025	O/E - blood pressure reading	147/88	mmHg
09-Oct-2025	O/E - blood pressure reading	155/87	mmHg
09-Oct-2025	O/E - tympanic temperature	36.6	degrees C
09-Oct-2025	O/E - pulse rate	88	beats/min
09-Oct-2025	Baseline SpO2 (oxygen saturation at periphery)	97	%
09-Oct-2025	O/E - blood pressure reading	171/100	mmHg
09-Oct-2025	Baseline SpO2 (oxygen saturation at periphery)	98	%
09-Oct-2025	Baseline respiratory rate	17	/minute
09-Oct-2025	O/E - tympanic temperature	36.4	degrees C
09-Oct-2025	O/E - pulse rate	79	beats/min
09-Oct-2025	Diastolic blood pressure	101	mmHg
09-Oct-2025	Systolic blood pressure	146	mmHg
08-Oct-2025	Baseline SpO2 (oxygen saturation at periphery)	94	%
08-Oct-2025	Baseline respiratory rate	17	/minute
08-Oct-2025	O/E - tympanic temperature	36.2	degrees C
08-Oct-2025	O/E - pulse rate	76	beats/min
08-Oct-2025	Diastolic blood pressure	87	mmHg
08-Oct-2025	Systolic blood pressure	157	mmHg
07-Oct-2025	O/E - rate of respiration	20	/minute
07-Oct-2025	O/E - tympanic temperature	36.6	degrees C
07-Oct-2025	O/E - pulse rate	88	beats/min
07-Oct-2025	Baseline SpO2 (oxygen saturation at periphery)	95	%
07-Oct-2025	O/E - blood pressure reading	168/90	mmHg
06-Oct-2025	O/E - tympanic temperature	37	degrees C
06-Oct-2025	O/E - pulse rate	98	beats/min
06-Oct-2025	Diastolic blood pressure	106	mmHg
06-Oct-2025	O/E - tympanic temperature	37	degrees C
06-Oct-2025	O/E - pulse rate	99	beats/min
06-Oct-2025	Baseline SpO2 (oxygen saturation at periphery)	94	%
06-Oct-2025	Baseline respiratory rate	18	/minute
06-Oct-2025	Systolic blood pressure	171	mmHg
06-Oct-2025	Baseline SpO2 (oxygen saturation at periphery)	94	%
06-Oct-2025	Baseline respiratory rate	20	/minute
06-Oct-2025	Diastolic blood pressure	104	mmHg
06-Oct-2025	Systolic blood pressure	203	mmHg
04-Oct-2025	O/E - weight	150.8	kg
04-Oct-2025	Actual weight		
	O/E - height	172.72	cm
04-Oct-2025	Actual height		
	Blood oxygen saturation - on oxygen	96	%
04-Oct-2025	Baseline respiratory rate	20	/minute
04-Oct-2025	O/E - tympanic temperature	36.4	degrees C
04-Oct-2025	O/E - pulse rate	98	beats/min
04-Oct-2025	Diastolic blood pressure	89	mmHg
04-Oct-2025	Systolic blood pressure	174	mmHg
04-Oct-2025	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	Malnutrition universal screening tool score	0	/6
04-Oct-2025	Malnutrition universal screening tool-acute disease effect score	0	
04-Oct-2025	Malnutrition universal screening tool - weight loss score	0	
04-Oct-2025	Malnutrition universal screening tool - BMI score	0	
04-Oct-2025	Body mass index	50.5	kg/m2
04-Oct-2025	O/E - height	172.72	cm
	Actual height		

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

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

04-Oct-2025	O/E - weight	150.8	kg
	Actual weight		
04-Oct-2025	O/E - weight NOS	124	kg
	Admission Weight		
04-Oct-2025	Nutritional assessment completed		
03-Oct-2025	Risk assessment		
30-Sep-2025	Baseline SpO2 (oxygen saturation at periphery)	94	%
30-Sep-2025	Baseline respiratory rate	16	/minute
30-Sep-2025	O/E - tympanic temperature	36.2	degrees C
30-Sep-2025	O/E - pulse rate	97	beats/min
30-Sep-2025	Diastolic blood pressure	89	mmHg
30-Sep-2025	Systolic blood pressure	139	mmHg
26-Sep-2025	Risk assessment		
25-Sep-2025	Baseline SpO2 (oxygen saturation at periphery)	94	%
25-Sep-2025	Baseline respiratory rate	19	/minute
25-Sep-2025	O/E - tympanic temperature	36.2	degrees C
25-Sep-2025	O/E - pulse rate	99	beats/min
25-Sep-2025	Diastolic blood pressure	88	mmHg
25-Sep-2025	Systolic blood pressure	157	mmHg
21-Sep-2025	Body mass index	48.6	kg/m2
21-Sep-2025	O/E - height	172.72	cm
	Actual height		
21-Sep-2025	O/E - weight	145.1	kg
	Actual weight		
21-Sep-2025	O/E - weight NOS	124	kg
	Admission Weight		
21-Sep-2025	Nutritional assessment completed		
18-Sep-2025	Risk assessment		
17-Sep-2025	Blood oxygen saturation (calculated)	94	%
17-Sep-2025	O/E - rate of respiration	16	/minute
17-Sep-2025	O/E - tympanic temperature	35.8	degrees C
17-Sep-2025	O/E - pulse rate	78	beats/min
17-Sep-2025	O/E - blood pressure reading	152/101	mmHg
16-Sep-2025	Blood oxygen saturation (calculated)	96	%
16-Sep-2025	O/E - rate of respiration	17	/minute
16-Sep-2025	O/E - tympanic temperature	36.6	degrees C
16-Sep-2025	O/E - pulse rate	80	beats/min
16-Sep-2025	O/E - blood pressure reading	139/83	mmHg
14-Sep-2025	O/E - weight	139.2	kg
	Actual weight		
14-Sep-2025	O/E - height	172.72	cm
	Actual height		
14-Sep-2025	Body mass index	46.66	kg/m2
	(calculation based on height entry 14-Sep-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
14-Sep-2025	Body mass index	46.7	kg/m2
14-Sep-2025	O/E - height	172.72	cm
	Actual height		
14-Sep-2025	O/E - weight	139.2	kg
	Actual weight		
14-Sep-2025	O/E - weight NOS	124	kg
	Admission Weight		
14-Sep-2025	Nutritional assessment completed		
14-Sep-2025	Blood oxygen saturation	97	%
14-Sep-2025	O/E - level of fever	36.8	degrees C
14-Sep-2025	O/E - rate of respiration	13	/minute
14-Sep-2025	O/E - pulse rate	80	beats/min
14-Sep-2025	O/E - blood pressure reading	148/89	mmHg
11-Sep-2025	Risk assessment		

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

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

11-Sep-2025	O/E - rate of respiration	14	/minute
11-Sep-2025	Blood oxygen saturation	96	%
11-Sep-2025	O/E - level of fever	35.6	degrees C
11-Sep-2025	O/E - pulse rate	97	beats/min
11-Sep-2025	O/E - blood pressure reading	152/96	mmHg
08-Sep-2025	O/E - pulse rate	91	beats/min
08-Sep-2025	O/E - blood pressure reading	142/86	mmHg
08-Sep-2025	Blood oxygen saturation	94	%
08-Sep-2025	O/E - rate of respiration	22	/minute
07-Sep-2025	Blood oxygen saturation	95	%
07-Sep-2025	O/E - level of fever	35.3	degrees C
07-Sep-2025	O/E - rate of respiration	14	/minute
07-Sep-2025	O/E - pulse rate	79	beats/min
07-Sep-2025	O/E - blood pressure reading	149/87	mmHg
06-Sep-2025	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	Body mass index	48.7	kg/m2
06-Sep-2025	O/E - height	172.72	cm
	Actual height		
06-Sep-2025	O/E - weight	145.2	kg
	Actual weight		
06-Sep-2025	O/E - weight NOS	124	kg
	Admission Weight		
06-Sep-2025	Nutritional assessment completed		
06-Sep-2025	O/E - weight	145.2	kg
06-Sep-2025	Blood oxygen saturation	93	%
06-Sep-2025	O/E - level of fever	35.2	degrees C
06-Sep-2025	O/E - rate of respiration	14	/minute
06-Sep-2025	O/E - pulse rate	89	beats/min
06-Sep-2025	O/E - blood pressure reading	152/100	mmHg
06-Sep-2025	O/E - height	172.72	cm
	Actual height		
04-Sep-2025	Blood oxygen saturation	96	%
04-Sep-2025	O/E - rate of respiration	17	/minute
04-Sep-2025	O/E - pulse rate	95	beats/min
04-Sep-2025	O/E - blood pressure reading	143/102	mmHg
01-Sep-2025	DDimer level	163	nanogram/ml
30-Aug-2025	Body mass index	44.58	kg/m2
	(calculation based on height entry 30-Aug-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
30-Aug-2025	O/E - weight	133	kg
30-Aug-2025	O/E - height	172.72	cm
	Actual height		
29-Aug-2025	Risk assessment		
24-Aug-2025	Baseline respiratory rate	16	/minute
24-Aug-2025	Blood oxygen saturation	96	%
24-Aug-2025	O/E - pulse rate	92	beats/min
24-Aug-2025	O/E - blood pressure reading	156/90	mmHg
23-Aug-2025	Risk assessment		
18-Aug-2025	Risk assessment		
16-Aug-2025	Malnutrition universal screening tool score	0	/6
16-Aug-2025	Malnutrition universal screening tool-acute disease effect score	0	
16-Aug-2025	Malnutrition universal screening tool - weight loss score	0	
	2.8%		
16-Aug-2025	Malnutrition universal screening tool - BMI score	0	
16-Aug-2025	Body mass index	44.6	kg/m2
16-Aug-2025	O/E - height	172.72	cm

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

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

16-Aug-2025	Actual height		
	O/E - weight	133	kg
	Actual weight		
16-Aug-2025	O/E - weight NOS	124	kg
	Admission Weight		
16-Aug-2025	Nutritional assessment completed		
16-Aug-2025	Body mass index	44.58	kg/m2
	(calculation based on height entry 16-Aug-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
16-Aug-2025	O/E - weight	133	kg
16-Aug-2025	O/E - height	172.72	cm
	Actual height		
15-Aug-2025	O/E - tympanic temperature	35.7	degrees C
15-Aug-2025	O/E - pulse rate	75	beats/min
15-Aug-2025	O/E - blood pressure reading	116/77	mmHg
15-Aug-2025	Blood oxygen saturation	98	%
15-Aug-2025	O/E - rate of respiration	12	/minute
14-Aug-2025	O/E - tympanic temperature	36.3	degrees C
14-Aug-2025	Blood oxygen saturation	98	%
14-Aug-2025	O/E - pulse rate	90	beats/min
14-Aug-2025	O/E - blood pressure reading	139/87	mmHg
14-Aug-2025	O/E - rate of respiration	24	/minute
11-Aug-2025	O/E - tympanic temperature	36.5	degrees C
11-Aug-2025	O/E - rate of respiration	22	/minute
11-Aug-2025	Blood oxygen saturation	98	%
11-Aug-2025	O/E - pulse rate	89	beats/min
11-Aug-2025	O/E - blood pressure reading	136/82	mmHg
10-Aug-2025	Body mass index	45.89	kg/m2
	(calculation based on height entry 10-Aug-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
10-Aug-2025	Malnutrition universal screening tool score	0	/6
10-Aug-2025	Malnutrition universal screening tool-acute disease effect score	0	
10-Aug-2025	Malnutrition universal screening tool - weight loss score	0	
10-Aug-2025	Malnutrition universal screening tool - BMI score	0	
10-Aug-2025	Body mass index	45.9	kg/m2
10-Aug-2025	O/E - height	172.72	cm
	Actual height		
10-Aug-2025	O/E - weight	136.9	kg
	Actual weight		
10-Aug-2025	O/E - weight NOS	124	kg
	Admission Weight		
10-Aug-2025	Nutritional assessment completed		
10-Aug-2025	O/E - tympanic temperature	35.9	degrees C
10-Aug-2025	O/E - pulse rate	82	beats/min
10-Aug-2025	O/E - rate of respiration	17	/minute
10-Aug-2025	Blood oxygen saturation	96	%
10-Aug-2025	O/E - blood pressure reading	138/85	mmHg
04-Aug-2025	Body mass index	45.25	kg/m2
	(calculation based on height entry 04-Aug-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
04-Aug-2025	O/E - weight	135	kg
	Actual weight		
04-Aug-2025	O/E - height	172.72	cm
	Actual height		
03-Aug-2025	Body mass index	45.3	kg/m2
03-Aug-2025	O/E - height	172.72	cm
	Actual height		
03-Aug-2025	O/E - weight	135	kg
	Actual weight		

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

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

03-Aug-2025	O/E - weight NOS	124	kg
	Admission Weight		
03-Aug-2025	Nutritional assessment completed		
03-Aug-2025	O/E - weight	135	kg
03-Aug-2025	Blood oxygen saturation	95	%
03-Aug-2025	O/E - level of fever	35.6	degrees C
03-Aug-2025	O/E - rate of respiration	16	/minute
03-Aug-2025	O/E - pulse rate	85	beats/min
03-Aug-2025	O/E - blood pressure reading	126/92	mmHg
03-Aug-2025	Body mass index	40.46	kg/m2
	(calculation based on height entry 03-Aug-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
03-Aug-2025	O/E - weight	120.7	kg
	Actual weight		
03-Aug-2025	O/E - height	172.72	cm
	Actual height		
27-Jul-2025	O/E - height	172.72	cm
	Actual height		
25-Jul-2025	Risk assessment		
21-Jul-2025	Body mass index	40.46	kg/m2
	(calculation based on height entry 21-Jul-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
21-Jul-2025	O/E - weight	120.7	kg
	Actual weight		
21-Jul-2025	O/E - height	172.72	cm
	Actual height		
18-Jul-2025	Risk assessment		
13-Jul-2025	O/E - height	172.72	cm
	Actual height		
07-Jul-2025	Body mass index	40.46	kg/m2
	(calculation based on height entry 07-Jul-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
07-Jul-2025	Malnutrition universal screening tool score	0	/6
07-Jul-2025	Malnutrition universal screening tool-acute disease effect score	0	
07-Jul-2025	Malnutrition universal screening tool - weight loss score	0	
07-Jul-2025	Malnutrition universal screening tool - BMI score	0	
07-Jul-2025	Body mass index	40.5	kg/m2
07-Jul-2025	O/E - height	172.72	cm
	Actual height		
07-Jul-2025	O/E - weight	120.7	kg
	Actual weight		
07-Jul-2025	O/E - weight NOS	124	kg
	Admission Weight		
07-Jul-2025	Nutritional assessment completed		
06-Jul-2025	Body mass index	41.57	kg/m2
	(calculation based on height entry 06-Jul-2025, NB prior to age 70 average height loss is 1cm per 10 years).		
06-Jul-2025	O/E - weight	124	kg
	Actual weight		
06-Jul-2025	O/E - height	172.72	cm
	Actual height		
05-Jul-2025	O/E - tympanic temperature	35.9	degrees C
05-Jul-2025	O/E - pulse rate	70	beats/min
05-Jul-2025	O/E - blood pressure reading	115/75	mmHg
05-Jul-2025	SpO2 - oxygen saturation at periphery	96	%
05-Jul-2025	O/E - rate of respiration	17	/minute
02-Jul-2025	Risk assessment		
02-Jul-2025	Malnutrition universal screening tool score	0	/6
02-Jul-2025	Malnutrition universal screening tool-acute disease effect score	0	

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

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

02-Jul-2025	Malnutrition universal screening tool - weight loss score	0	
02-Jul-2025	Malnutrition universal screening tool - BMI score	0	
02-Jul-2025	Body mass index	41.6	kg/m2
02-Jul-2025	O/E - height	172.72	cm
	Actual height		
02-Jul-2025	O/E - weight	124	kg
	Actual weight		
02-Jul-2025	O/E - weight NOS	124	kg
	Admission Weight		
02-Jul-2025	Nutritional assessment completed		
02-Jul-2025	Baseline respiratory rate	19	/minute
02-Jul-2025	Blood oxygen saturation	98	%
02-Jul-2025	O/E - pulse rate	91	beats/min
02-Jul-2025	O/E - blood pressure reading	146/72	mmHg
02-Jul-2025	O/E - weight	124	kg
02-Jul-2025	O/E - height	172.72	cm
02-Jul-2025	Risk assessment		
01-Jul-2025	Risk assessment		
30-Jun-2025	Risk assessment		
28-Mar-2024	Risk assessment		
22-Mar-2024	Risk assessment		
04-Mar-2024	Risk assessment		
18-Nov-2020	Risk assessment		
24-Aug-2020	Risk assessment		
18-Aug-2020	Risk assessment		

Referrals

Date	Term	Details	Clinician	Status
14-Nov-2025	! Referral to mental health crisis team	FROM: Inpatient - Leverndale Hospital	MOWAT, Wendy (SeniorCrisisPractitioner)	Ended
02-Jul-2025	! Emergency hospital admission	FROM: SL Eastvale Adult CMHT	MCQUEEN, Lauren (ClericalOfficer)	Ended
30-Jun-2025	! Referral to mental health crisis team	FROM: SL Eastvale Adult CMHT	MCALOON, Lesley (CrisisPractitioner)	Ended
31-Mar-2025	! Referral to mental health crisis team		GORDON, Hamish (SeniorCrisisPractitioner)	Ended
22-Mar-2024	! Referral to mental health crisis team		BRUCE, Jade (AssociateCrisisPractitioner)	Ended
28-Jan-2024	! Referral to mental health crisis team		HAMILL, Diane (SeniorCrisisPractitioner)	Ended
28-Jan-2024	! Referral to mental health team	FROM: GGC RS - NHS 24 (mental health hub)	SIMPSON, Carol (MentalHealthAssistantPractitioner)	Ended
25-Jul-2023	Referral to community mental health team	FROM: Forensic CMHT Glasgow	CHALMERS, Mandy (LocalityAdministrator)	Active
07-Jun-2023	Referral to community mental health team	FROM: Stobhill Hospital	MOONEY, Yvonne (ClericalOfficer)	Rejected
18-May-2023	Referral to community mental health team	FROM: Lanarkshire Forensic Medical Servic	MCCLINTON, Clair (ClericalOfficer)	Ended
24-Dec-2020	! Referral to mental health team	FROM: GGC RS - Police	WEST, June (CPNBand6)	Ended
16-Dec-2020	Forensic psychiatry referral	FROM: Leverndale Hospital	YASEEN, Mariam (ClericalOfficer)	Rejected
08-Dec-2020	Referral to forensic psychiatrist	FROM: HMP Barlinnie	GILCHRIST, Dianne (IMT)	Ended
17-Nov-2020	Referral to mental health team	FROM: GGC RS QEUH - Inpatients	STEWART, Scott (MedicalSecretary)	Ended

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

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

17-Nov-2020	! Referred for addictions assessment	FROM: GGC RS QEUEH - Inpatients	TANNER, Anne (ADRSAdmin)	Ended
20-Aug-2020	Referral to mental health team	FROM: GGC RS QEUEH - Inpatients	WRIGHT, Pauline (MedicalSecretary)	Ended
17-Aug-2020	Referral to mental health team	FROM: GGC RS QEUEH - Inpatients	WRIGHT, Pauline (MedicalSecretary)	Ended
14-Aug-2020	! Referral to mental health team	FROM: GGC RS QEUEH - Inpatients	FRIEL, Carol (MHAdmin)	Ended

Care plans