

CERTIFICATE OF CONSENT TO TREATMENT

FORM T2

NAME: ANDREW SHAW

DOB: 21/04/67

CHI NO: 2104673933

I confirm that I have consented to the treatment detailed in Form T2, as specified below:

1. one antipsychotic medication regular oral within BNF limit.
2. one anxiolytic (lorazepam) as required IM/oral for acute sedation within BNF limit
3. one antipsychotic medication (haloperidol) as required IM/oral for acute sedation within BNF limit
4. one hypnotic oral for nighttime insomnia as required
5. one antidepressant oral regular within BNF limit
6. one depot antipsychotic medication IM, regular, within BNF limit.

Total dose of 1 and 6 to be up 100% of BNF limit for one antipsychotic

SIGNATURE

PRINT NAME

DATE



ANDREW SHAW

18 Feb 2016

RMO SIGNATURE

PRINT NAME

DATE



REGAN JONATHAN

18/2/16

Certificate Of Consent To Treatment

T2

v6.1

Instructions

The following form is to be used:

where the patient's RMO, or a DMP, certifies that the patient is capable of consenting to treatment and is not refusing consent for treatments under:

A: section 237(3): electro-convulsive therapy (ECT), vagus nerve stimulation (VNS), or transcranial magnetic stimulation (TMS).

B: section 240(3): any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive; any other medicine given beyond a period of 2 months since the start of compulsory treatment; and provision, without consent of the patient and by artificial means, of nutrition to the patient

NOTE: where both A and B apply, two separate T2 forms are required

This form is prescribed by regulations made under the Mental Health (Care and Treatment) (Scotland) Act 2003. The use of any other form for the purpose for which this form has been prescribed is invalid.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in
BLOCK CAPITALS
and in BLACK or BLUE ink

For example

2 5 MARKET ST

Shade circles like this ->

Not like this ->



Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number

2 1 0 4 6 7 3 9 3 3

Surname

S H A W

First Name(s)

A N D R E W

Other / Known As

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

M R

Gender ☒ Male

☐ Female

DoB

dd / mm / yyyy

2 1 / 0 4 / 6 7

Patient's home
address

3 0 DOUGLAS DRIVE
EAST KILBRIDE

Postcode

G 7 5 8 J S

The patient is detained in, or under the management / care of:

Hospital

B E C K F O R D C L I N I C L O D G E

Ward / Clinic

I O N A W A R D

To be completed by the DMP or RMO

RMO Details (where certificate granted by the patient's RMO)

Surname J O N A T H A N
First Name R E G A N
Title D R GMC Number 4 3 5 0 3 0 7
Hospital B E C K F O R D L O D G E C L I N I C
Ward / Clinic (if appropriate) I O N A W A R D
Telephone No. 0 1 6 9 8 4 5 6 2 1 5
e-mail address

Approved under section 22 of the Act by:

Health Board NHS G R A M P I A N

☐ I am a child specialist; or ☐ I am NOT a child specialist (see notes)

DMP Details (where certificate granted by DMP)

Surname
First Name
Address
Postcode GMC Number

☐ I, the above DMP am a child specialist; or ☐ I, the above DMP am NOT a child specialist (see notes)

Patient's consent to treatment

I, the above named RMO or DMP confirm that:

- ☐ (a) the patient is capable of consenting to the treatment below;
- ☐ (b) the patient has consented in writing to the treatment listed on this certificate (see notes);
- ☐ (c) the giving of medical treatment to the patient is authorised by virtue of the Mental Health (Care and Treatment) (Scotland) Act 2003, or the Criminal Procedures (Scotland) Act 1995;
- ☐ (d) having regard to the likelihood of its alleviating, or preventing a deterioration in, the patient's condition, it is in the patient's best interests that the treatment should be given to the patient; and
- ☐ (e) a copy of the patient's consent in writing is attached.

Notes

Where the patient is under the age of 18, certification MUST be by either an RMO or a DMP who is a child specialist.
If consent to treatment has been withdrawn (in writing or otherwise,) then the certificate can not be given



Details Of Treatment

The treatment covered by this certificate is:

Treatment covered
by section 237☐ ECT under section 237(3)(a)☐ VNS or TMS (being treatments specified in regulations under section 237(3)(b))

OR

Treatment covered
by section 240☐ any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive☐ any other medicine given beyond a period of 2 months since the start of compulsory treatment☐ provision, without consent of the patient and by artificial means, of nutrition to the patient**Note: if treatments under sections 237 AND 240 are required, separate certificates must be completed**

The treatment was first given to the patient on

08 / 02 / 2016

Note: this is only required for medication beyond two months. The period of compulsory treatment should include any antecedent short term certificate or orders under the Criminal Procedure (Scotland) Act

Description of the treatment(s) including frequency and duration of treatment

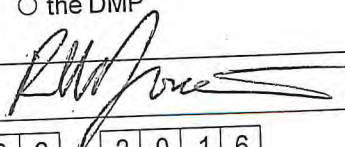
1. one antipsychotic medication regular oral (sulpiride) within BNF limit.
2. one anxiolytic (lorazepam) as required IM/oral for acute sedation within BNF limit
3. one antipsychotic medication (haloperidol) as required IM/oral for acute sedation within BNF limit
4. one hypnotic oral for nighttime insomnia as required
5. one antidepressant oral regular within BNF limit

Certification by RMO or DMP

Certified by

☒ the RMO ☐ the DMP

Signature

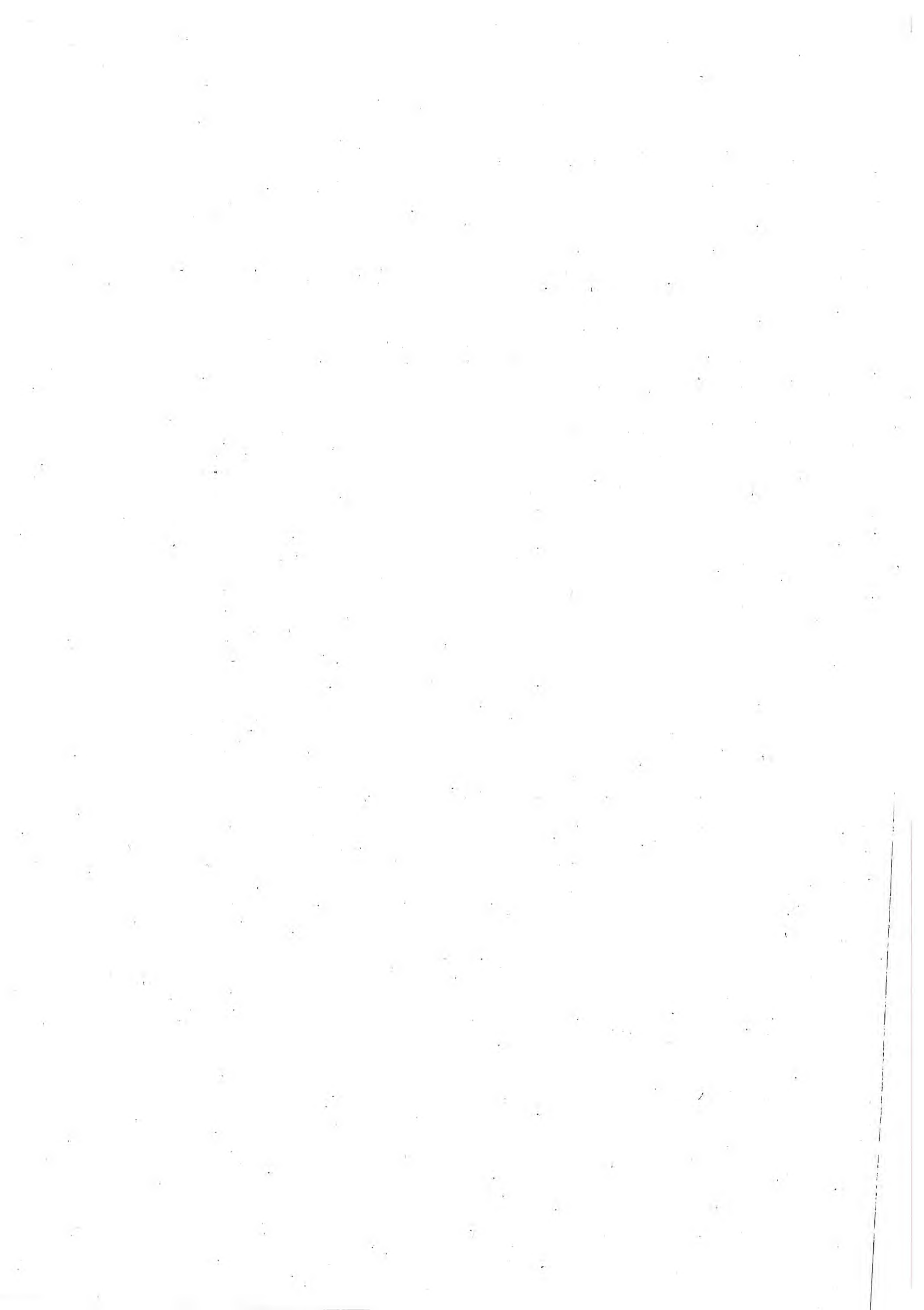


Date

09 / 02 / 2016

A copy of this form should be sent to the Mental Welfare Commission





**Lanarkshire Forensic Mental
Health Service**

ICP
Carluke Community Health Centre
Chapel Street
CARLUKE
ML8 4BA

Direct Line: 01555 777480 / 777481
Facsimile: 01555 777482

CERTIFICATE OF CONSENT TO TREATMENT
FORM T2

NAME: ANDREW SHAW

DOB: 21/4/67

CHI NO: 2104673933

I confirm that I have consented to the treatment detailed in Form T2, as specified below.

SIGNATURE

PRINT NAME

DATE


ANDREW SHAW
9 Feb 2016

SIGNATURE
RMO

DATE


9/2/16

Lanarkshire Forensic Mental
Health Service

IONA WARD
BECKFORD LODGE
CAIRD STREET
HAMILTON
ML3 0AL



Date: 8th February 2016
Our Ref: RJ/CB/P1518904
CHI No: 2104673933
Your Ref: --
Enquiries to: Carole Barclay
Direct Line: 01698 456215
Facsimile: 01698 456217

MENTAL WELFARE COMMISSION FOR SCOTLAND
THISTLE HOUSE
91 HAYMARKET TERRACE
EDINBURGH
EH12 5HE

To Whom It May Concern

Dear Sir / Madam

ANDREW MARTIN SHAW, C/O IONA WARD, BECKFORD LODGE
DOB: 21/04/67

It is important that the above named patient is made subject to the measures outlined in his RES1 form, namely safety and security in hospitals, for the following reasons:

Mr Shaw is currently psychotic, guarded, paranoid and with limited insight and vulnerable to the influences of others.

Yours faithfully

A handwritten signature in black ink, appearing to be 'RJ' or similar, written over a horizontal line.

Dr Regan Jonathan
Consultant Forensic Psychiatrist

Notification to the Mental Welfare Commission of the designation of a specified person

The following form is to be used:

to notify the Mental Welfare Commission of the designation of a specified person, in relation to restriction of correspondence, telephones, or other measures taken to ensure safety and security in hospitals. This notification is NOT required for patients in the State Hospital or the Orchard Clinic in relation to the implementation of safety and security measures.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in
BLOCK CAPITALS
and in BLACK or BLUE ink

For example

2 5 M A R K E T S T

Shade circles like this ->

Not like this ->



CHI Number

2 1 0 4 6 7 3 9 3 3

Surname

S H A W

First Name(s)

A N D R E W

Other / Known as

M A R T I N

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

M R

Gender ☒ Male

☐ Female

LoB

dd / mm / yyyy

2 1 / 0 4 / 0 9 6 7

The patient is detained under the care of:

Hospital

B E C K F O R D L O D G E

Ward / Clinic

I O N A W A R D

The patient's RMO is:

Surname

J O N A T H A N

First Name

R E G A N

Title

D O C T O R

GMC Number

4 3 5 0 3 0 7

Hospital

B E C K F O R D L O D G E

Ward / Clinic
(if appropriate)

I O N A W A R D

Approved under section 22 of the Act by:

Health Board

NHS

G R A M P I A N

The patient's RMO designated the patient as a specified person on:

Date

dd / mm / yyyy

0 8

/ 0 2

/ 2 0

1 6

The designation as a specified person is in relation to:

☐ Correspondence

☐ Use of Telephones

☒ Safety and Security in Hospitals

☒ The patient has been notified that s/he has been designated as a specified person; or

☐ it was the opinion of the RMO that it would be prejudicial to the patient's health or treatment to notify the patient that s/he has been designated as a specified person.

Notification completed by:

Surname

B A R C L A Y

First Name

C A R O L E

Job Title

F O R E N S I C S E C R E T A R Y

Signed

C Barclay

Date

dd / mm / yyyy

0 8

/ 0 2

/ 2 0

1 6

Admission of Part 8 / Part 11 Patient

v6.0

The following form is to be used:

where a patient is admitted to the care of a hospital following the making of an assessment order, a treatment order, an interim compulsion order, a compulsion order, a compulsion order and a restriction order, a hospital direction, a supervision and treatment order, a probation order with a requirement of treatment of mental condition or a transfer for treatment direction.

Do not use this form:

following a transfer of a patient from another hospital where previously admitted under any of the above orders

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the record.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in
BLOCK CAPITALS
and in BLACK or BLUE ink

For example

2 5 M A R K E T S T

Shade circles like this -> ☒
Not like this -> ☐

II Number

2 1 0 4 6 7 3 9 3 3

Surname

S H A W

First Name (s)

A N D R E W

Other / Known As

M A R T I N

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

M R

Gender ☒ Male

☐ Female

DoB

dd / mm / yyyy

2 1 / 0 4 / 1 9 6 7

Patient's home
address

N O F I X E D A B O D E

Postcode

Admission date

0 4 / 0 2 / 2 0 1 6

from court / prison / hospital to the care of:

Hospital

B E C K F O R D L O D G E

Ward / Clinic

I O N A W A R D

☐ This is NOT the hospital specified within the order/direction

☒ The patient is being detained in the above named hospital

☐ The patient is being treated in the community

The hospital named above is situated within:

Local Authority

S O U T H L A N A R K S H I R E C O U N C I L

eg Glasgow City, City of Edinburgh, Highlands, Scottish Borders, etc. The word "Council" may be omitted

The statutory provision under which the order or direction was made, is:

Patients with 'restricted' status although not subject to a restriction order

- ☒ Assessment order (section 52D of the 1995 Act)
- ☐ Extension to assessment order (section 52G of the 1995 Act)
- ☐ Treatment order (section 52M of the 1995 Act)
- ☐ Interim compulsion order (section 53(2) of the 1995 Act)
- ☐ Extension to interim compulsion order (Section 53B of the 1995 Act)
- ☐ Hospital direction (section 59A of the 1995 Act)
- ☐ Transfer for treatment direction (section 136 of the 2003 Act)

Patients subject to a restriction order

- ☐ Compulsion order (section 57A (2)) and a restriction order (section 59 of the 1995 Act)
- ☐ Compulsion order (section 57(2)(a)) and a restriction order (section 57(2)(b) of the 1995 Act)

Non-restricted patients

- ☐ Committal to hospital (section 200 of the 1995 Act)
- ☐ Temporary compulsion order (section 54(1)(c) of the 1995 Act)
- ☐ Compulsion order (section 57(2)(a) of the 1995 Act)
- ☐ Compulsion order (section 57A (2) of the 1995 Act)
- ☐ Probation order (section 230 of the 1995 Act)

Surname

J O N A T H A N

First Name

R E G A N

Title

D O C T O R

GMC No:

4 3 5 0 3 0 7

Hospital

B E C K F O R D L O D G E

Ward / Clinic
(if appropriate)

I O N A W A R D

Telephone No.

0 1 6 9 8 4 5 6 2 1 5

e-mail address

Approved under section 22 of the Act by:

Health Board

NHS

G R A M P I A N

☒ The hospital managers have fulfilled their obligations under section 260 of the Act.

Completed by

C A R O L E B A R C L A Y

Job Title

M E D I C A L S E C R E T A R Y

Signed

Carole Barclay

Date

0 5 / 0 2 / 2 0 1 6

A copy of this form and the relevant order/direction should be sent to the Mental Welfare Commission
Copies should also be sent to the Scottish Ministers for patients subject to a restriction order, or with restricted status

Under the Criminal Procedure (Scotland) Act 1995, Section 52D

Sheriff Court: PAISLEY
SHERIFF: R.D.M FIFE
DATE: 3rd February 2016
ACCUSED: ANDREW MARTIN SHAW
DATE OF BIRTH: 21/04/1967

SCS CASE NO: SCS/2016-010634
LOCAL CASE NO: PAI/2016-000278
PF REF NO: PA16000660-001
POLICE REF NO: PSPGC01690116
SCRO NO: S539430/84J

The Court on a Petition at the instance of the Procurator Fiscal, charging the accused with:

- 1 -RTA0198800360128-ROAD TRAFFIC ACT 1988 S36(1)
- 2 -RTA0198800020000-ROAD TRAFFIC ACT 1988 S2
- 3 -RTA0198801031B00-ROAD TRAFFIC ACT 1988 S103(1)(B)
- 4 -RTA0198801430105-ROAD TRAFFIC ACT 1988 S143(1)& (2)
- 5 -ORES0000000000000-RESET

The Court, on the motion of the Prosecutor *okudo*.
Having considered the written report of Dr Wong, a medical practitioner, and being satisfied that there are reasonable grounds for believing that the accused has a mental disorder, that it is necessary to detain the accused in hospital to assess whether the conditions mentioned in Section 52D(7) of the Criminal Procedure (Scotland) Act 1995 are met in respect of the accused, and that if the Order were not made there would be significant risk to the health, safety, or welfare of the accused or a significant risk to the safety of any other person, that a hospital suitable for the assessment of the accused is available before the expiry of 7 days from this date, and that it would not be reasonably practical to carry out the assessment unless this order is made, and, being satisfied that it is appropriate, having regard to the matters specified in Section 52D(4) of the Criminal Procedure (Scotland) 1995,

Made an Assessment Order in terms of Section 52D of the said Act and Ordered the accused to be detained in Beckford Lodge , and adjourned the diet without plea until 1st March 2016 at 10:00AM in PAISLEY, Sheriff Court House, St James Street, Paisley, PA3 2HW and assigned 1st March 2016 at 10:00AM as an Assessment Order Review Hearing

Granted Warrant to Officers of Law to convey the offender to said Hospital forthwith and for his detention therein, for a period of 28 days beginning with this date, and for the giving of medical treatment to the accused in accordance with Part 16 of the Mental Health (Care and Treatment)(Scotland) Act 2003.

Further, where the court will be asked to consider the making of a Compulsion Order or a Hospital Direction, Orders a report be prepared in terms of Section 57C or 59B respectively, of the said Act.



Ann McNeill
Clerk of Court

ASSESSMENT ORDER
MEDICAL REPORT IN RESPECT OF PERSON AWAITING TRIAL OR SENTENCE
Section 52D(2)(a) of the Criminal Procedure (Scotland) Act 1995

Note: This form is to be used at the first examination of a person who is not in prison custody, prior to an application for an Assessment Order being made to the court

PERSONAL DETAILS
(If unknown, please state unknown)

SURNAME:

SHAW

FIRST NAME:

ANDREW

OTHER / KNOWN AS:

MARTIN

TITLE:

MR

DATE OF BIRTH:

21/4/67

HOME ADDRESS:

80 DOUGLAS DRIVE

EAST KILBRIDE

G75 8J5

CHARGE / ~~CONVICTION~~
(delete where not applicable)

- 1) Fail to comply with red light 2) Dangerous driving 3) Driving while disqualified 4) Drive - drive with no insurance 5) Re-est

MEDICAL PRACTITIONER DETAILS

SURNAME:

OKUDO

FIRST NAME:

UNOMA

PROFESSIONAL ADDRESS:

ROSBANK CLINIC

133 BALORNOCK ROAD

GLASGOW G21 3UC

GMC NUMBER

7072589

SUMMARY OF RELEVANT HISTORY

Mr Shaw has had previous contact with Forensic Mental Health services in Glasgow. Records show that he has been treated for depressive and psychotic symptoms in the past. His prescribed medication have included oral and depot antipsychotics, and antidepressants. It appears that he ^{care} was transferred to his local community mental health team in 2012, but has not engaged with them.

My nursing colleague Chris O'Brien was asked to assess him, as court staff were concerned about his mental state. During the initial assessment, Mr Shaw presented as looking perplexed, frightened and distressed. My colleague noted that he appeared to be responding to external stimuli (unseen). He also voiced paranoid ideation.

During my interview, I found Mr Shaw to be guarded and wouldn't give much by way of history. He did admit to hearing 6-7 voices (auditory hallucinations) constantly. He mentioned that these voices had increased in intensity over the past 2 months. These voices, he said, were instructing him not to speak to myself and my colleague. At certain points, he would speak/nurture to himself and then say things like "I haven't done anything".

He spoke about wanting the wires to go ahead. However, he said that he would not go to hospital because the medication "did not work" in the past. He would not volunteer any more information.

Mr Shaw was casually dressed and casually well kept. He appeared dishevelled and tired at several points in the interview. There was evidence of psychomotor agitation. He would not speak much and appeared guarded. There was no evidence of thought disorder. He appeared to speak to himself at times and I wondered if he was responding to auditory hallucinations, which he admitted to hearing. There were some paranoid beliefs coming through in his speech, such as the belief that the wires were coming to get him. He told me that he would not consider taking medications as he believed that they do not work.

Given his presentation, there is enough evidence to suspect an ongoing psychotic process. I believe that Mr Shaw would benefit from further assessment as an inpatient.

ASSESSMENT ORDER
SECTION 52D(2)(a) CRIMINAL PROCEDURE (SCOTLAND) ACT 1995

OPINION

I am of the opinion that an Assessment Order should be made in respect of

ANDREW MARTIN SHAW

I have reasonable grounds for believing that *he/she has a mental disorder in terms of section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

(Give a brief description below of the salient features of the person's mental state)

Mr Shaw presents with features suggestive of ongoing psychosis including paranoid ideation, auditory hallucinations and associated distress.

I have reasonable grounds for believing that it is necessary to detain *him/her in hospital to assess whether the following conditions are met:

- that *he/she has a mental disorder
- that medical treatment which would be likely to prevent the mental disorder worsening, or alleviate any of the symptoms or effects of the disorder; is available for *him/her; and
- that if *he/she were not provided with such medical treatment there would be a significant risk to *his/her health, safety or welfare or to the safety of any other person.

I consider that it would not be reasonably practicable to carry out this assessment unless an Assessment Order were made.

*(*delete where not applicable)*

I consider that _____ Hospital is suitable for the purpose of assessing whether the conditions mentioned above are met in respect of the above named person.

(State whether the hospital named has agreed to admit the person in the event of an Assessment Order being made and the proposed date of admission)

I have reasonable grounds for believing that, were an Assessment Order not made, there would be a significant risk to the health, safety or welfare of the above named person or a significant risk to the safety of any other person.

This report is given on soul and conscience. I confirm that I am not related to the above named person and I have no pecuniary interest in his/her admission to hospital.

Signature:

Alfredo

Designation:

Designation: *ST4 in Forensic Pathology*

Qualifications:

Qualifications: MBChB MRCPsych

Date:

Date: 27th January 2016

Note: For an Assessment Order to be made only one medical report is required from a registered medical practitioner who does not need to be approved in terms of section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 ("the 2003 Act").

Within 28 days of an Assessment Order being made the patient's RMO must report back to the court in terms of section 52G(1) of the Criminal Procedure (Scotland) Act 1995 ("the 1995 Act"). RMOs should submit their report using the form "AO Review" so that it is with the court no later than by close of business on the day prior to the last working day of the court prior to the expiry of the 28 day period. This also applies where the RMO is requesting a 7 day extension to the Assessment Order in terms of section 52G(4) of the 1995 Act. The appropriate "last working day" on which the case will call in court will be specified in the Assessment Order.

Where an RMO is recommending that a Treatment Order be made they should arrange for a second opinion because the court will require two medical reports. One of the reports must be from a medical practitioner who is approved under section 22 of the 2003 Act.

F.19

NOTICE OF PREVIOUS CONVICTIONS APPLYING TO ANDREW MARTIN SHAW

In the event of your being convicted of the charge(s) in the Complaint it is intended to place before the Court the following previous conviction(s) applying to you.

RECORD 5539430/84J SHAW/ANDREW/MARTIN

DOB 21/04/1967

OTHER NAMES
SHAW/ANDREW/JAMES
THOMPSON/ANDREW/JAMES
SHAW/ANDREW
THOMPSON/ANDREW
HANTON/KENNETH

ALIAS DATE OF BIRTH
19/04/1967
21/04/1970
04/02/1983

ADDRESS 25/01/2016 30, DOUGLAS DRIVE
EAST KILBRIDE

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
16/06/1982	HAMILTON : SHERIFF SUMMARY 1. THEFT BY HOUSEBREAKING & OPENING LOCKFAST PLACES 2. BAIL ETC (SCOTLAND) ACT 1980 SECTION 3(1)	CHG(S) 1-2 RESIDENTIAL TRAINING 2 YEARS	SQB025005/82

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
23/08/1982	HAMILTON : SHERIFF SUMMARY 1. TAKE AWAY MOTOR VEHICLE 2. ROAD TRAFFIC ACT 1972 SECTION 99(B) 3. ROAD TRAFFIC ACT 1972 SECTION 143(1) 4. TAKE AWAY MOTOR VEHICLE 5. ROAD TRAFFIC ACT 1972 SECTION 99(B) 6. ROAD TRAFFIC ACT 1972 SECTION 143(1) 7. THEFT BY HOUSEBREAKING (2 CHGS)	CHG(S) 1-3 SENTENCE DEFERRED, TO 18/10/1983, THEN, BORSTAL TRAINING, LICENCE ENDORSED, DISQUALIFIED 4 YEARS, EACH CHARGE CHG(S) 4-6 SENTENCE DEFERRED, TO 18/10/1983, THEN, BORSTAL TRAINING, LICENCE ENDORSED, DISQUALIFIED 4 YEARS, EACH CHARGE CHG(S) 7 SENTENCE DEFERRED, TO 18/10/1983, THEN, BORSTAL TRAINING, EACH CHARGE	SQB016005/82

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
23/08/1982	HAMILTON : SHERIFF SUMMARY 1. TAKE AWAY MOTOR VEHICLE (2 CHGS) 2. THEFT 3. ATTEMPTED THEFT	CHG(S) 1 SENTENCE DEFERRED, TO 18/10/1983, THEN, ADMONISHED, DISQUALIFIED 4 YEARS, EACH CHARGE CHG(S) 2-3 SENTENCE DEFERRED, TO 18/10/1983, THEN, BORSTAL TRAINING	SQA002904/82

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
23/08/1982	HAMILTON : SHERIFF SUMMARY 1. TAKE AWAY MOTOR VEHICLE 2. THEFT	CHG(S) 1 SENTENCE DEFERRED, TO 18/10/1983, THEN, BORSTAL TRAINING, DISQUALIFIED 4 YEARS CHG(S) 2 SENTENCE DEFERRED, TO 18/10/1983, THEN, BORSTAL TRAINING	SQB105410/82

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
12/08/1983	KILMARNOCK : SHSR, INDICT. S.102 1. THEFT OF MOTOR VEHICLE	CHG(S) 1 ADMONISHED	

F.19

NOTICE OF PREVIOUS CONVICTIONS APPLYING TO ANDREW MARTIN SHAW

In the event of your being convicted of the charge(s) in the Complaint it is intended to place before the Court the following previous conviction(s) applying to you.

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
21/01/1985	GLASGOW : SHERIFF AND JURY 1. ROAD TRAFFIC ACT 1972 SECTION 175 (2 CHGS) 2. ASSAULT	CHG(S) 1 SENTENCE DEFERRED, TO 27/02/1985, THEN, DETENTION YOUNG OFFENDERS INSTITUTE 3 MONTHS, EACH CHARGE, DISQUALIFIED 1 YEAR, EACH CHARGE, LICENCE ENDORSED, EACH CHARGE CHG(S) 2 SENTENCE DEFERRED, TO 27/02/1985, THEN, IMPRISONMENT 3 MONTHS	SFA024908/84 SFA028908/84

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
02/05/1985	HAMILTON : SHER.INDICT.S.102 1. THEFT OF MOTOR VEHICLE 2. THEFT OF MOTOR VEHICLE 3. BAIL ETC (SCOTLAND) ACT 1980 SECTION 3(1)	CHG(S) 1 DETENTION CENTRE 3 MONTHS, LICENCE ENDORSED, DISQUALIFIED 5 YEARS CHG(S) 2 DETENTION CENTRE 6 MONTHS, LICENCE ENDORSED, DISQUALIFIED 5 YEARS CHG(S) 3 DETENTION CENTRE 3 MONTHS	SQ8013002/85

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
26/06/1986	HAMILTON : SHERIFF AND JURY 1. THEFT OF MOTOR VEHICLE (2 CHGS)	CHG(S) 1 SENTENCE DEFERRED, TO 30/06/1986, THEN, DETENTION YOUNG OFFENDERS INSTITUTE 2 YEARS	SQ8020203/86

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
11/01/1989	HAMILTON : SHERIFF SUMMARY 1. THEFT BY OPENING LOCKFAST PLACES	CHG(S) 1 IMPRISONMENT 6 MONTHS	SQB047208/88FF

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
11/01/1989	HAMILTON : SHERIFF SUMMARY 1. ROAD TRAFFIC ACT 1972 SECTION 3 2. BAIL ETC (SCOTLAND) ACT 1980 SECTION 3(1) (B) 3. BAIL ETC (SCOTLAND) ACT 1980 SECTION 3(1) (B) 4. ROAD TRAFFIC ACT 1972 SECTION 99(B) 5. ROAD TRAFFIC ACT 1972 SECTION 143(1)	CHG(S) 1 FINE £150, DISQUALIFIED 3 MONTHS CHG(S) 2 IMPRISONMENT 3 MONTHS CHG(S) 3 IMPRISONMENT 3 MONTHS, CONCURRENT CHG(S) 4 IMPRISONMENT 3 MONTHS, DISQUALIFIED 5 YEARS CHG(S) 5 FINE £100, DISQUALIFIED 1 YEAR	SQB053612/88

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
11/01/1989	HAMILTON : SHERIFF SUMMARY 1. ROAD TRAFFIC ACT 1972 SECTION 175	CHG(S) 1 IMPRISONMENT 3 MONTHS, DISQUALIFIED 6 MONTHS	SQB011109/88

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
28/06/1989	GLASGOW : SHERIFF SUMMARY 1. THEFT OF MOTOR VEHICLE 2. VEHICLES (EXCISE) ACT YEARS, LICENCE ENDORSED	CHG(S) 1 IMPRISONMENT 6 MONTHS, DISQUALIFIED 5 YEARS	SFB071106/89FF SFC019406/89

F.19

NOTICE OF PREVIOUS CONVICTIONS APPLYING TO ANDREW MARTIN SHAW

In the event of your being convicted of the charge(s) in the Complaint it is intended to place before the Court the following previous conviction(s) applying to you.

1971 SECTION 26(1) (C) (2) CHG(S) 2 ADMONISHED, EACH
CHG(S)
3. ROAD TRAFFIC ACT 1972 CHG(S) 3 ADMONISHED,
SECTION 143(1) & (2) DISQUALIFIED 2 YEARS,
4. OPENING LOCKFAST LICENCE ENDORSED
PLACES WITH INTENT CHG(S) 4 IMPRISONMENT 6
MONTHS

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
04/07/1989	HAMILTON : SHERIFF SUBJURY	1. THEFT OF MOTOR VEHICLE	CHG(S) 1 IMPRISONMENT 3 MONTHS
			SQB104904/88F SQB106002/88F

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
14/02/1990	HAMILTON : SHERIFF AND JURY	1. RESET 2. THEFT OF MOTOR VEHICLE 3. ROAD TRAFFIC ACT 1988 SECTION 2 4. ROAD TRAFFIC ACT 1988 SECTION 103(1) (B) 5. ROAD TRAFFIC ACT 1988 SECTION 143(1)	CHG(S) 1-5 PROBATION 18 MONTHS, CHG 2, LICENCE ENDORSED, CHG 3, DISQUALIFIED 4 YEARS, LICENCE ENDORSED, CHG 4, LICENCE ENDORSED, CHG 5, LICENCE ENDORSED
			SQB209511/89

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
12/09/1990	HAMILTON : SHERIFF AND JURY	1. THEFT OF MOTOR VEHICLE (4 CHGS) 2. THEFT BY OPENING LOCKFAST PLACES (2 CHGS) 3. BAIL ETC (SCOTLAND) ACT 1990 SECTION 3(1) (B)	CHG(S) 1-3 SENTENCE DEFERRED, TO 17/03/1990, THEN, IMPRISONMENT 18 MONTHS, TO DATE FROM 15/05/1990 CHG(S) 1 DISQUALIFIED 2 YEARS
			SDC014805/90FP SQB019005/90FP SQB016803/90 SQB047403/90 SQB041403/90 SQB020405/90 SEB029404/90 SDC207305/90 SPC018903/90

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
23/10/1990	HAMILTON : SHERIFF AND JURY	1. BREACH OF PROBATION CONVICTED OF ORIGINAL OFFENCE	CHG(S) 1 IMPRISONMENT 6 MONTHS CHG(S) 2,4 IMPRISONMENT 12 MONTHS, EACH CHARGE, CONCURRENT, CONSECUTIVE TO CURRENT, APPEAL LODGED ON 06/11/1990 CHG(S) 2,4 APPEAL DISMISSED ON 01/02/1991 CHG(S) 3,5 ADMONISHED, EACH CHARGE
			SQB209511/89

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
02/10/1991	AYR : SHERIFF AND JURY	1. THEFT OF MOTOR VEHICLE 2. ROAD TRAFFIC ACT 1988 SECTION 103(1) (B) 3. ROAD TRAFFIC ACT 1988 SECTION 143(1) & (2) 4. ATTEMPT TO PERVERT THE COURSE OF JUSTICE	CHG(S) 1-4 SENTENCE DEFERRED, TO 28/10/1992, THAN CHG(S) 1-2 IMPRISONMENT 1 YEAR, EACH CHARGE, DISQUALIFIED 10 YEARS, EACH CHARGE CHG(S) 3 ADMONISHED, LICENCE ENDORSED CHG(S) 4 IMPRISONMENT 1 YEAR
			SRA043608/91TF

F.19

NOTICE OF PREVIOUS CONVICTIONS APPLYING TO ANDREW MARTIN SHAW

In the event of your being convicted of the charge(s) in the Complaint it is intended to place before the Court the following previous conviction(s) applying to you.

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.	
05/12/1991	FORFAR : SHER.INDICT.S.102	1. ATTEMPT TO PERVERT THE COURSE OF JUSTICE	CHG(S) 1 FLED GUILTY, SENTENCE DEFERRED, TO 12/12/1991, THEN CHG(S) 1 IMPRISONMENT 3 MONTHS, CONSECUTIVE TO CURRENT	TS71338/91

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.	
06/05/1992	AYRDAIRIE ; SHER.INDICT.S.102	1. ROAD TRAFFIC ACT 1968 SECTION 103(1) (B) 2. ATTEMPT TO PERVERT THE COURSE OF JUSTICE 3. ROAD TRAFFIC ACT 1968 SECTION 143(1) & (2)	CHG(S) 1 IMPRISONMENT 15 MONTHS, DISQUALIFIED 1 YEAR, LICENCE ENDORSED CHG(S) 2 IMPRISONMENT 3 MONTHS, CONSECUTIVE, TO DATE FROM 15/04/1992 CHG(S) 3 ADMONISHED, LICENCE ENDORSED CHG(S) 1 APPEAL LODGED ON 20/07/1992, THEN, ON 10/11/1992, SENTENCE VARIED, ON APPEAL TO, IMPRISONMENT 12 MONTHS	SHA026104/92FP

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.	
03/08/1992	HAMILTON : SHERIFF AND JURY	1. THEFT OF MOTOR VEHICLE (4 CHGS) 2. RESET	CHG(S) 1 IMPRISONMENT 3 YEARS CHG(S) 2 IMPRISONMENT 12 MONTHS, CONCURRENT CHG(S) 1-2 TO DATE FROM 30/04/1992 CHG(S) 1-2 APPEAL LODGED ON 14/08/1992, THEN, APPEAL DISMISSED ON 10/11/1992	SQB071203/92FP SKB044603/92 SQB025504/92 SQB008804/92 SQB102804/92

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.	
06/12/1995	HAMILTON : SHERIFF AND JURY	1. THEFT OF MOTOR VEHICLE 2. ROAD TRAFFIC ACT 1968 SECTION 103(1) (B) 3. ROAD TRAFFIC ACT 1968 SECTION 143(1) & (2)	CHG(S) 1 PROBATION 2 YEARS, CONDITION OF PROBATION 2 YEARS TO ATTEND FOR TREATMENT AS ADVISED CHG(S) 2-3 SENTENCE DEFERRED TO 09/10/1998, THEN CHG(S) 2 ADMONISHED, DISQUALIFIED 5 YEARS CHG(S) 3 ADMONISHED, DISQUALIFIED 2 YEARS	SQA017106/95FP SQB016705/95FP SECC009506/95

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.	
16/01/1996	GLASGOW : SHERIFF AND JURY	1. ROAD TRAFFIC ACT 1968 SECTION 103(1) (B) 2. BAIL ETC (SCOTLAND) ACT 1980 SECTION 3(1) (B) 3. BAIL ETC (SCOTLAND) ACT 1980 SECTION 3(1) (B) (2 CHGS) 4. ROAD TRAFFIC ACT 1968 SECTION 143(1)	CHG(S) 1-4 SENTENCE DEFERRED TO 22/02/1996, THEN CHG(S) 1 IMPRISONMENT 12 MONTHS, DISQUALIFIED 10 YEARS, LICENCE ENDORSED CHG(S) 2 IMPRISONMENT 2 MONTHS CHG(S) 3 IMPRISONMENT 1 MONTH, EACH CHARGE, CONCURRENT CHG(S) 1-3 CONSECUTIVE CHG(S) 4 ADMONISHED, DISQUALIFIED 10 YEARS, LICENCE ENDORSED	SFB704207/95

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NOTICE OF PREVIOUS CONVICTIONS APPLYING TO ANDREW MARTIN SHAW

In the event of your being convicted of the charge(s) in the Complaint it is intended to place before the Court the following previous conviction(s) applying to you.

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
15/02/1996	HAMILTON : SHERIFF SUREMAY 1. THEFT BY HOUSEBREAKING 2. BAIL ETC (SCOTLAND) ACT 1980 SECTION 3(1) (B) (3 CHGS)	CHG(S) 1 IMPRISONMENT 4 MONTHS CHG(S) 2 IMPRISONMENT 1 MONTH, CUMULO, TO DATE FROM 10/01/1996 CHG(S) 1-2 APPEAL LODGED ON 22/02/1996, THEN, APPEAL DISMISSED ON 28/01/1997	SQB020401/96

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
03/04/1997	GREENOCK : SHERIFF AND JURY 1. ROAD TRAFFIC ACT 1988 SECTION 103(1) (B) 2. ROAD TRAFFIC ACT 1988 SECTION 143(1) & (2)	CHG(S) 1-2 PROBATION 3 YEARS, CONDITION OF PROBATION 3 YEARS ATTEND FOR PSYCHIATRIC TREATMENT AS REQUIRED CHG(S) 1 DISQUALIFIED 10 YEARS, LICENCE ENDORSED CHG(S) 2 DISQUALIFIED 1 YEAR, LICENCE ENDORSED	SKR012410/96

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
28/04/1997	HAMILTON : SHERIFF AND JURY 1. ROAD TRAFFIC ACT 1988 SECTION 103(1) (B) (2) CHGS) 2. ROAD TRAFFIC ACT 1988 SECTION 143(1) & (2) (2) CHGS) 3. BAIL ETC (SCOTLAND) ACT 1980 SECTION 3(1) (B)	CHG(S) 1-3 SENTENCE DEFERRED TO 09/10/1998, THEN CHG(S) 1 ADMONISHED, AGGRAVATION BY COMMITTING OFFENCE WHILE ON BAIL, EACH CHARGE, NO SEPARATE PENALTY, EACH CHARGE, DISQUALIFIED 4 YEARS, EACH CHARGE CHG(S) 2 ADMONISHED, AGGRAVATION BY COMMITTING OFFENCE WHILE ON BAIL, EACH CHARGE, NO SEPARATE PENALTY, EACH CHARGE, DISQUALIFIED 2 YEARS, EACH CHARGE CHG(S) 3 ADMONISHED	SQB040401/97 SQB040501/97

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
03/11/1997	LANARK : SHERIFF AND JURY 1. RESET 2. ROAD TRAFFIC ACT 1988 SECTION 103(1) (B) 3. ROAD TRAFFIC ACT 1988 SECTION 143(1) & (2) 4. BAIL ETC (SCOTLAND) ACT 1980 SECTION 3(1) (B) (2 CHGS)	CHG(S) 1-4 SENTENCE DEFERRED TO 26/08/1999, THEN, ADMONISHED, EACH CHARGE CHG(S) 2-3 DISQUALIFIED 6 MONTHS, EACH CHARGE, LICENCE ENDORSED, EACH CHARGE	SQC017210/96 SQB054110/96 SQC016910/96

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
09/10/1998	HAMILTON : SHERIFF AND JURY 1. ROAD TRAFFIC ACT 1988 SECTION 103(1) (B) 2. BAIL ETC (SCOTLAND) ACT 1980 SECTION 3(1) (B) 3. ROAD TRAFFIC ACT 1988 SECTION 143(1) & (2)	CHG(S) 1 ADMONISHED, AGGRAVATION BY COMMITTING OFFENCE WHILE ON BAIL, NO SEPARATE PENALTY, DISQUALIFIED 7 YEARS CHG(S) 2 ADMONISHED CHG(S) 3 ADMONISHED, AGGRAVATION BY COMMITTING OFFENCE WHILE ON BAIL, NO SEPARATE PENALTY, DISQUALIFIED 3 YEARS	SQB007705/97FF

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NOTICE OF PREVIOUS CONVICTIONS APPLYING TO ANDREW MARTIN SHAW

In the event of your being convicted of the charge(s) in the Complaint it is intended to place before the Court the following previous conviction(s) applying to you.

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
12/12/2000	HAMILTON : SHERIFF AND JURY	1. ROAD TRAFFIC ACT 1998 SECTION 103(1) (B) 2. ROAD TRAFFIC ACT 1998 SECTION 143(1) & (2)	CHG(S) 1-2 PROBATION 1 YEAR, DISQUALIFIED 2 YEARS, EACH CHARGE, LICENCE ENDORSED, EACH CHARGE, RESTRICTION OF LIBERTY ORDER 6 MONTHS THAT HE SHALL REMAIN WITHIN 52 KENNILWORTH CRESCENT BETWEEN 8.30PM-7.30AM DAILY

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
24/06/2002	HAMILTON : SHERIFF SUMMARY	1. ROAD TRAFFIC ACT 1998 SECTION 103(1) (B) 2. ROAD TRAFFIC ACT 1998 SECTION 2 3. ROAD TRAFFIC ACT 1998 SECTION 103(1) (B) 4. ROAD TRAFFIC ACT 1998 SECTION 143(1) & (2) (2) CHG(S)	CHG(S) 1 IMPRISONMENT 9 MONTHS, PROPORTION FOR BAIL AGGRAVATION BEING 3 MONTHS, DISQUALIFIED 10 YEARS, RESIT DRIVING TEST CHG(S) 2 IMPRISONMENT 9 MONTHS, CONCURRENT, PROPORTION FOR BAIL AGGRAVATION BEING 3 MONTHS, DISQUALIFIED 10 YEARS, RESIT DRIVING TEST CHG(S) 3 IMPRISONMENT 6 MONTHS, CONSECUTIVE, DISQUALIFIED 10 YEARS, RESIT DRIVING TEST CHG(S) 4 ADMONISHED, EACH CHARGE, LICENCE ENDORSED, EACH CHARGE

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
07/09/2005	GLASGOW : SHERIFF AND JURY	1. FRAUD 2. ATTEMPT TO PERVERT THE COURSE OF JUSTICE 3. ASSAULT TO INJURY & PERMANENT DISFIGUREMENT 4. CRIMINAL LAW (CONSOLIDATION) (SCOTLAND) ACT 1995 SECTION 52(1)&(3) 5. CRIMINAL LAW (CONSOLIDATION) (SCOTLAND) ACT 1995 SECTION 52(1)&(3)	CHG(S) 1 IMPRISONMENT 12 MONTHS CHG(S) 2 IMPRISONMENT 3 MONTHS CHG(S) 1-2 CONCURRENT CHG(S) 3 IMPRISONMENT 9 MONTHS, CONSECUTIVE CHG(S) 4 IMPRISONMENT 2 MONTHS, CONSECUTIVE CHG(S) 5 IMPRISONMENT 2 MONTHS, CONSECUTIVE CHG(S) 1-5 TO DATE FROM 25/05/2005

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
04/02/2008	GLASGOW & STRATHKELVIN : SHERIFF	1. ROAD TRAFFIC ACT 1998 SECTION 103(1) (B) 2. ROAD TRAFFIC ACT 1998 SECTION 143(1) & (2)	CHG(S) 1 IMPRISONMENT 6 MONTHS, DISQUALIFIED 7 YEARS, LICENCE ENDORSED, CHG(S) 2 ADMONISHED

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
22/12/2010	GLASGOW & STRATHKELVIN : SHERIFF	1. ROAD TRAFFIC ACT 1998 SECTION 103(1) (B) AGG-BAIL 2. ROAD TRAFFIC ACT 1998 SECTION 143(1) & (2) AGG-BAIL 3. ATTEMPT TO PERVERT	CHG(S) 1 IMPRISONMENT 70 DAYS, DISQUALIFIED 15 YEARS, LICENCE ENDORSED CHG(S) 2 ADMONISHED, DISQUALIFIED 1 YEARS, LICENCE ENDORSED CHG(S) 3 ADMONISHED

F.19

NOTICE OF PREVIOUS CONVICTIONS APPLYING TO ANDREW MARTIN SHAW

In the event of your being convicted of the charge(s) in the Complaint it is intended to place before the Court the following previous conviction(s) applying to you.

THE COURSE OF JUSTICE
AGG: BAIL

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.	
15/02/2011	HAMILTON : SHERIFF	1. ROAD TRAFFIC ACT 1988 SECTION 103(1) (A) 2. ROAD TRAFFIC ACT 1988 SECTION 143(1) & (2)	CHG(S) 1-2 SENTENCE DEFERRED, TO 01/03/2011, SENTENCE DEFERRED, TO 07/03/2011 CHG(S) 1 IMPRISONMENT 215 DAYS, DISQUALIFIED 10 YEARS, LICENCE ENDORSED CHG(S) 2 ADMONISHED, DISQUALIFIED 1 YEARS, LICENCE ENDORSED	PSRQB067704/10F

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.	
25/02/2011	GLASGOW & STRATHKELVIN : SHERIFF	1. ROAD TRAFFIC ACT 1988 SECTION 4(1) AGG: BAIL 2. ROAD TRAFFIC ACT 1988 SECTION 103(1) (B) AGG: BAIL 3. ROAD TRAFFIC ACT 1988 SECTION 143(1) & (2) AGG: BAIL	CHG(S) 1-3 SENTENCE DEFERRED, TO 04/03/2011 CHG(S) 1 IMPRISONMENT 4 MONTHS, LICENCE ENDORSED CHG(S) 2 IMPRISONMENT 9 MONTHS, DISQUALIFIED 20 YEARS, LICENCE ENDORSED CHG(S) 3 ADMONISHED, LICENCE ENDORSED	ESPAC028301/11

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.	
23/12/2011	GLASGOW & STRATHKELVIN : SHERIFF	1. ROAD TRAFFIC ACT 1988 SECTION 2 2. ROAD TRAFFIC ACT 1988 SECTION 103(1) (B) 3. ROAD TRAFFIC ACT 1988 SECTION 143(1) & (2)	CHG(S) 1 IMPRISONMENT 6 MONTHS, DISQUALIFIED 20 YEARS, LICENCE ENDORSED CHG(S) 2 IMPRISONMENT 12 MONTHS, DISQUALIFIED 20 YEARS, LICENCE ENDORSED CHG(S) 3 ADMONISHED, LICENCE ENDORSED CHG(S) 1-3 APPEAL LODGED ON 22/11/2012, THEN, APPEAL ABANDONED ON 09/01/2013	PSPE036212/11F

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.	
03/02/2012	HAMILTON : SHERIFF SUMMARY	1. FORGERY & COUNTERFEITING ACT 1981 SECTION 15(1) (A)	CHG(S) 1 IMPRISONMENT 12 MONTHS	ESPNE042002/10

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.	
29/08/2012	GLASGOW CITY : JP	1. ROAD TRAFFIC ACT 1988 SECTION 103(1) (B) 2. ROAD TRAFFIC ACT 1988 SECTION 143(1) & (2)	CHG(S) 1 IMPRISONMENT 6 MONTHS, DISQUALIFIED 10 YEARS, LICENCE ENDORSED CHG(S) 2 ADMONISHED, LICENCE ENDORSED	PSPEC008808/12

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.	
11/06/2013	GLASGOW : SHERIFF AND JURY	1. FRAUDULENT SCHEME AGG: BAIL	CHG(S) 1 IMPRISONMENT 31 MONTHS	PSPE0046512/12 PSPE002601/13 PSPE013601/13 PSPE019402/13

F.19

**NOTICE OF PREVIOUS CONVICTIONS APPLYING TO
ANDREW MARTIN SHAW**

In the event of your being convicted of the charge(s) in the Complaint it is intended to place before the Court the following previous conviction(s) applying to you.

DATE	COURT - PLACE & TYPE CRIME/OFFENCE	DISPOSAL	CASE REF. NO.
13/06/2013	PAISLEY : SHERIFF	1. ROAD TRAFFIC ACT 1988 CHG(S) 1 IMPRISONMENT 12 MONTHS, DISQUALIFIED 10 YEARS, LICENCE ENDORSED	PSPG000712/11
	SECTION 103(1) (B)		
	2. ROAD TRAFFIC ACT 1988 CHG(S) 2 ADMONISHED, LICENCE		
	SECTION 143(1) & (2)		
	2. CRIMINAL PROCEDURE ENDORSED		
	(SCOTLAND) ACT 1995 CHG(S) 2 ADMONISHED		
	SECTION 27(1) (A)		

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CONVICTED ON 11.06.13 AT GLASGOW SHERIFF & JURY COURT; RELEASED ON 09.12.14
FROM H.M. PRISON BARLINWAT; EXPIRY OF SENTENCE 17.09.16

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SUMMARY OF EVIDENCE

Summary Of Evidence

Event Description

On Sunday 27th December 2015 a silver Vauxhall Astra motor vehicle with the VRM of SA10KHJ was stolen by unknown persons from Parsonage Square in Glasgow.

The vehicle would appear to have been stolen without the use of any of the owners keys, and was winched on to the back of an unbadged Recovery truck.

The vehicle was reported as stolen, Police crime report number PSPBA04631215 refers.

At 1010 hours on Monday 25th January 2016 the Police witnesses Pollock and Henderson were on uniform mobile patrol in a marked Road Policing vehicle. At this time they were traveling west on Eastwoodmains Road, Clarkston, Glasgow.

The Police witnesses were aware of a silver Vauxhall Astra motor vehicle that was traveling slightly ahead of them and in the same direction of travel. They noted the VRM to be 268MPC as the Police witness Pollock had just typed the VRM in to his PDA for a routine check.

On the said vehicles approach to the traffic signals, at the junction with Seres Road, the signals changed to red, prior to its arrival. On arriving at the traffic signals, the Police witnesses observed as the Astra vehicle was driven across the clearly marked stop line and thereafter turned left in to Seres Road.

At this time the Police witnesses could clearly see that there was only one person within this vehicle.

On observing the drivers failure to comply with a red traffic signal, PC Henderson activated the Police vehicles blue lights and siren and also travelled through the red signal and into Seres Road.

At this time they observed the Astra had accelerated dramatically and literally kicking up dust as it pulled away into the distance. Police witnesses immediately pursued the motor vehicle noting it had forced oncoming vehicles into the side of the road and was travelling at speeds in the region of 80mph on the road that is restricted to 30mph.

The stated motor vehicle thereafter turned right onto Burnside Gardens where the witness Raine observed it as it nearly lost control negotiating the bend. It continued along Burnside Gardens, passing an elderly female walking a dog on the nearside footway, and also nearly in to the path of an oncoming vehicle, thereafter reaching speeds of approximately 50-60mph. It thereafter turned right into Lomondside Avenue and thereafter an immediate right turn into Dumgoyne Place followed by another immediate left turn in to Campsie Gardens. The stated motor vehicle had failed to give way at any of these junctions, cutting across all corners at speed and in an aggressive and dangerous manner. Had any other persons been approaching these junctions, whether in a vehicle, on a pedal cycle or on foot, they would have been placed at significant danger. The vehicle was being driven in a manner far from what would be expected of a careful and competent driver.

The vehicle continued to be driven at high speed and in this dangerous manner, and whilst on Campsie Gardens there was a pedestrian to the nearside who was clearly distressed by the situation. As a result the Police vehicle temporarily reduced speed.

The said vehicle turned right into Cathkin Drive.

Upon the Police vehicle arriving at this junction, the Astra vehicle had taken one of many other possible junctions and therefore out of sight of the Police witnesses.

Literally a couple of minutes later, the Police witnesses Pollock and Henderson located the motor vehicle parked and secured (drivers window was down slightly) in a driveway of a house in Quarrybrae Avenue, albeit it is accessed from Kilpatrick Gardens.

SUMMARY OF EVIDENCE

Police witness Pollock completed the vehicle check on the VRM displayed, which referred to a Porsche motor vehicle, not an Astra.

The witness Arrol attended and spoke to police witnesses on their arrival informing them that the one and only occupant, a male, had exited from the driver's door and made off towards Burnside Gardens and headed in the direction of Seres Road.

He described the male (accused) as fairly short in height, of very heavy build and was wearing a grey top and grey jogging trousers.

A short time later the witness Raine and Smith observed the now accused as he approached their business premises, from the general direction of Burnside Gardens. He thereafter entered their jewellers shop. The male appeared to be out of breath and was sweating.

He informed them he was interested in a chain, however, as they attempted to progress his enquiry, he became increasingly vague about his requirements.

These witnesses found him and his behaviour suspicious. At this time he informed them his name was Mr S. Murdoch and provided a mobile number of 07468437012 which the witness Raine noted on a piece of paper. After several minutes he elected to leave the shop and was observed by two local divisional Police officers (to be confirmed) as he had attended at the nearby medical centre. The staff had no previous knowledge of him.

On initially being approached by Police he informed them he had recently taken a taxi from the East Kilbride area to the Redhurst Hotel on Eastwoodmains Road via Kelvin Cabs and thereafter walked up to the jewellers shop. Kelvin cabs were thereafter contacted and were able to confirm they had no such hire.

Police witnesses Pollock and Henderson attended at this location. Background checks revealed that the now accused was documented as being disqualified from driving until the year 2093, which is technically a life time ban.

Given the accuseds distinctive similarities in the description provided and his untoward behaviour at this nearby location, he was informed he was being detained in terms of section 14 Criminal Procedures Scotland Act 1995 in relation to theft of a motor vehicle and various Road Traffic Act 1988 offences. He understood this and made no comment.

The accused was conveyed to Aikenhead Road Police Office where the relevant detention and SARF forms were completed.

Police witnesses Pollock and Henderson requested the assistance of DS Semple to carry out a tape recorded and visually recorded interview in relation to this incident.

Initially, the accused denied having been in the said vehicle. However, during the course of this interview, the now accused admitted having been within the said Astra motor vehicle, but not as a driver, purely as a front seat passenger. Further to this he was able to confirm its initial direction of travel, after first being sighted by the Police on Eastwoodmains Road. He stated he was not aware that the vehicle had been reported stolen or that it was bearing false plates. He stated that a friend gave him the vehicle. He refused to divulge any details about this friend.

He was subsequently cautioned and charged as libelled, making no reply to any of the charges. He was informed he would be detained in custody pending his appearance at Paisley Sheriff Court on Tuesday 26th January 2016.

The vehicle was seized for a Scenes of Crime examination to be carried out.

Locus Description

The loci of this incident are the streets of Eastwoodmains Road, Seres Road, Burnside Gardens, Lomondside Ave, Dumbgoyne Place, Campsie Gardens and Kilpatrick Gardens in Clarkston, East Renfrewshire. These streets are located within a densely populated area which is over looked by private dwellings and retail premises with most streets having parked vehicles adjacent to each footway. At the time it was daylight, dry and weather was fine. There are sections of traffic calming to slow vehicles, as nearby is a small park which is regularly frequented by parents with

SUMMARY OF EVIDENCE

small children and dog walkers. At the time of the incident it was moderately busy with both vehicular and pedestrian traffic. A speed limit of 30mph is in place for the roads mentioned.

Interview

The now accused was interviewed under audio and visually recorded conditions.

Initially, the accused denied having been in the said vehicle. However, during the course of this interview, the now accused admitted having been within the said Astra motor vehicle, but not as a driver, purely as a front seat passenger. Further to this he was able to confirm its initial direction of travel, after first being sighted by the Police on Eastwoodmains Road. He stated he was not aware that the vehicle had been reported stolen or that it was bearing false plates. He stated that a friend gave him the vehicle. He refused to divulge any details about this friend.

Caution/Charge

The now accused was cautioned and charged as libelled by Police witness Pollock in the presence of Police witness Semple and Henderson.

He made no reply to any of the charges.

Mental Health Services Integrated Care Pathway



Inpatient Assessment and Treatment

* ¹ Hospital and Ward: <u>HM 20</u>	² Admission Date: <u>09/07/16</u>	Admission Time: <u>23:45</u> (24 hour clock)
Estimated discharge date: <u> </u> / <u> </u> / <u> </u>	³ Actual discharge date: <u> </u> / <u> </u> / <u> </u>	

Patient Details

Preferred name: ANDREW

Patient name: ANDREW

Address: 2104673933
21/04/1967 M
SHAW Andrew
30 Douglas Drive
East Kilbride 31)
Glasgow

Postcode: G75 8JS

Address type:

CHI number:

PIMS number:

Patient phone number ☐ N/A

Day Time: (or mobile)

Evening: (or mobile)

Date of Birth: Age:

☐ Male ☐ Female

General Practitioner name and details:
DR WYLIE
MUNTER HEALTH CENTRE

☐ GP informed of referral (if required)

Contact Person (Next of Kin/Key Holder)

Name: CAROLANN MCNAB

Relationship: LAW LADY

Address: 10 STRATHMIGLAW
COURT E.C.

Postcode:

Date of Birth: ☐ Male ☒ Female

Phone: Day Time: (or mobile)

Evening: (or mobile)

Patient consents to inform of admission? ☐ Yes ☐ No

Alternative Contact Person (Next of Kin/Key Holder)

Name:

Relationship:

Address:

Postcode:

Date of Birth: ☐ Male ☐ Female

Phone: Day Time: (or mobile)

Evening: (or mobile)

Patient consents to inform of admission? ☐ Yes ☐ No

Ethnic Status:

White:

☒ A British

☐ B Irish

☐ C Any other white background

Mixed:

☐ D White and Black background

☐ E White and Black African

☐ F White and Asian

☐ G Any other mixed background

Asian or Asian British:

☐ H Indian

☐ J Pakistani

☐ K Bangladeshi

☐ L Any other Asian background

Black or Black British:

☐ M Caribbean

☐ N African

☐ P Any other Black background

Other Ethnic Groups:

☐ R Chinese

☐ S Any other ethnic group

☐ Z Not stated

Known allergies?

If yes, give details and see Medication Section

Physical Health Alerts?

If yes, give details

Admission Details

Source of Referral: ☒ GP ☐ NHS 24

☐ Emergency Dept. ☐ Out of Hours Service

☐ Police ☐ Consultant Psychiatrist

☒ Other: (specify) MNAT

Referrer name and contact details:

ONCALL DOCTOR + MNAT

Previous Psychiatric Contact:

☐ No ☐ Community ☒ Inpatient ☐ Outpatient

⁴ Does the patient consent to information being shared? ☐ Yes ☐ No

If YES, complete Consent to Share Information

If NO, review date: / /

Record need to frequently review consent status in Outcomes Plan

Legal Status on Admission: ☐ Formal ☐ Informal

Please note: Legal status may change.

For most up to date legal status see Legislation Section

Named Nurse/Lead Professional:

Consultant:

DR CHEKURI

If applicable give details: (also see P14, 31, 55)

⁵ Named Person: ☐ nominated ☐ default ☐ N/A

Advocate: ☐ N/A

Guardianship/Power of Attorney/AWI: ☐ N/A

Social Worker: ☐ N/A

Complex case management? ☐ Yes ☐ N/A

Patient on SPARRA register? ☐ Yes ☐ N/A

Care Programme Approach? ☐ Yes ☐ N/A

Advance Statement available? ☐ Yes ☐ N/A

MEDICINE PRESCRIPTION FORM

MEDICINES RECONCILIATION		ONCE ONLY AND PREMEDICATION DRUGS							
		DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
Medicines Reconciled on Admission YES ☐									
Date / / Name (Print)									
Discharge Prescription Prepared & Reconciled YES ☐									
Date / / Name (Print)									
Date and time this form prepared: Sheet No. 2nd Prescription in use									
/ / Time: YES ☐ NO ☐									
COMMUNITY PHARMACY INFORMATION									
Name Tel No.									
Address									
Patient consent to share discharge information YES ☐ NO ☐									
Print & Sign									
PATIENT DETAILS									
Hospital Number: 2104673a33									
DOB: 21/4/67									
Date of Admission: 9/7/16									
Consultants Name: Chekuri									
Height: Weight:									
Surface area: 20									
Ward:									



Parenteral Drugs : Regular Prescription		DATE <u>11</u> MONTH <u>4</u>															
THROMBOPROPHYLAXIS ASSESSMENT		RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)															
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y/N																	
ARE ANTIEMOLISM STOCKINGS INDICATED? Y/N																	
SIGNATURE OF ASSESSOR																	
ARE ANTIEMOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1600 DRUG ROUND WITH Y OR N																	
IV ANTIBIOTIC ASSESSMENT		RECORD OF IV ANTIBIOTIC ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED FOR IV EVERY 24 HRS)															
IS IV ANTIBIOTIC INDICATED? (SEE IVOST POLICY) Y/N																	
SIGNATURE OF ASSESSOR																	
Parenteral Drugs : Regular Prescription																	
BEFORE ADMISSION ☐	NEW DOSE ☐	NEW MEDICATION ☐	A	DRUG	DOSE	ROUTE	DATE	DATE								Patient's Own Medicine For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.	
			25mg	1m	9/7/16	STOPPED											
				PRESCRIBER (PRINT & SIGN)		KUMAR		INITIALS:									
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY													
				every 2 weeks due 14/7/16													
				INDICATION e.g. ANTIBIOTICS													
BEFORE ADMISSION ☐	NEW DOSE ☐	NEW MEDICATION ☐	B	DRUG	DOSE	ROUTE	DATE	DATE								Patient's Own Medicine For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.	
							STOPPED										
				PRESCRIBER (PRINT & SIGN)				INITIALS:									
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY													
				INDICATION e.g. ANTIBIOTICS													
BEFORE ADMISSION ☐	NEW DOSE ☐	NEW MEDICATION ☐	C	DRUG	DOSE	ROUTE	DATE	DATE								Patient's Own Medicine For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.	
							STOPPED										
				PRESCRIBER (PRINT & SIGN)				INITIALS:									
				ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY													
				INDICATION e.g. ANTIBIOTICS													

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

		DATE		MONTH		Patient's Own Medicine	
		Other time		0700-0900		For Use Y/N	
		1200-1400		1600-1800		Qty:	
		2200-2400		Other time		Date:	
						Assessed by:	
						Ordered from Pharm.	
D BEFORE ADMINISTRATION ☐ NEW DOSE ☐ NEW MEDICATION ☐	DRUG	DOSE	ROUTE	DATE	DATE	DATE	DATE
	PRESCRIBER (PRINT & SIGN)		DATE		INITIALS:		
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						
	INDICATION e.g. ANTIBIOTICS						
	STOPPED						
E BEFORE ADMINISTRATION ☐ NEW DOSE ☐ NEW MEDICATION ☐	DRUG	DOSE	ROUTE	DATE	DATE	DATE	DATE
	PRESCRIBER (PRINT & SIGN)		DATE		INITIALS:		
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						
	INDICATION e.g. ANTIBIOTICS						
	STOPPED						
F BEFORE ADMINISTRATION ☐ NEW DOSE ☐ NEW MEDICATION ☐	DRUG	DOSE	ROUTE	DATE	DATE	DATE	DATE
	PRESCRIBER (PRINT & SIGN)		DATE		INITIALS:		
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						
	INDICATION e.g. ANTIBIOTICS						
	STOPPED						
G BEFORE ADMINISTRATION ☐ NEW DOSE ☐ NEW MEDICATION ☐	DRUG	DOSE	ROUTE	DATE	DATE	DATE	DATE
	PRESCRIBER (PRINT & SIGN)		DATE		INITIALS:		
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						
	INDICATION e.g. ANTIBIOTICS						
	STOPPED						

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Parenteral Drugs: Regular Prescription

DATE MONTH										Patient's Own Medicine									
D DRUG BEFORE ADMISSION ☐ DOSE ROUTE DATE DATE: STOPPED INITIALS: NEW DOSE ☐ PRESCRIBER (PRINT & SIGN) 1200-1400 NEW MEDICATION ☐ ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY 1600-1800 INDICATION e.g. ANTIBIOTICS 2200-2400 Other time										For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.									
E DRUG BEFORE ADMISSION ☐ DOSE ROUTE DATE DATE: STOPPED INITIALS: NEW DOSE ☐ PRESCRIBER (PRINT & SIGN) 1200-1400 NEW MEDICATION ☐ ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY 1600-1800 INDICATION e.g. ANTIBIOTICS 2200-2400 Other time										For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.									
F DRUG BEFORE ADMISSION ☐ DOSE ROUTE DATE DATE: STOPPED INITIALS: NEW DOSE ☐ PRESCRIBER (PRINT & SIGN) 1200-1400 NEW MEDICATION ☐ ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY 1600-1800 INDICATION e.g. ANTIBIOTICS 2200-2400 Other time										For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.									
G DRUG BEFORE ADMISSION ☐ DOSE ROUTE DATE DATE: STOPPED INITIALS: NEW DOSE ☐ PRESCRIBER (PRINT & SIGN) 1200-1400 NEW MEDICATION ☐ ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY 1600-1800 INDICATION e.g. ANTIBIOTICS 2200-2400 Other time										For Use Y/N Qty: Date: Assessed by: Ordered from Pharm.									

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescription										DATE MONTH	Patient's Own Medicine																																								
OXYGEN (Refer to NHSL Oxygen Policy) Circle target oxygen saturation 88-92% 94-98% Other _____											For Use Y/N																																								
Starting device / flow rate _____ PRN / Continuous (Refer to O ₂ guidelines) Tick here if saturation not needed ☐ (Saturation is indicated in almost all cases except for palliative terminal care) PRESCRIBERS SIGNATURE / PRINT NAME _____											Qty:																																								
STOP DATE											Date:																																								
PHARM											Assessed by:																																								
DATE											Ordered from Pharm.																																								
<table border="1"> <thead> <tr> <th colspan="2">H</th> <th colspan="2">DRUG</th> <th colspan="2">DATE:</th> </tr> <tr> <th>BEFORE ADMISSION</th> <th>DOSE</th> <th>ROUTE</th> <th>DATE</th> <th>DATE</th> <th>INITIALS:</th> </tr> </thead> <tbody> <tr> <td>☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NEW DOSE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NEW MEDICATION</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											H		DRUG		DATE:		BEFORE ADMISSION	DOSE	ROUTE	DATE	DATE	INITIALS:	☐						NEW DOSE						NEW MEDICATION						For Use Y/N										
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ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY INDICATION & DURATION INTENDED e.g. ANTIBIOTICS											Ordered from Pharm.																																								

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Oral and Other Drugs: Regular Prescription

Oral and Other Drugs: Regular Prescription										DATE MONTH		Patient's Own Medicine	
BEFORE ADMISSION ☐	K	DRUG	DOSE	ROUTE	DATE	DATE:	STOPPED INITIALS:	Other time					For Use Y/N
NEW DOSE ☐		PREScriBER (PRINT & SIGN)						0700-0900					Date:
NEW MEDICATION ☐		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						1200-1400					Assessed by:
		INDICATION & DURATION INTENDED e.g. ANTIBIOTICS						1600-1800					Ordered from Pharm.
								2200-2400					
								Other time					
BEFORE ADMISSION ☐	L	DRUG	DOSE	ROUTE	DATE	DATE:	STOPPED INITIALS:	Other time					For Use Y/N
NEW DOSE ☐		PREScriBER (PRINT & SIGN)						0700-0900					Date:
NEW MEDICATION ☐		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						1200-1400					Assessed by:
		INDICATION & DURATION INTENDED e.g. ANTIBIOTICS						1600-1800					Ordered from Pharm.
								2200-2400					
								Other time					
BEFORE ADMISSION ☐	M	DRUG	DOSE	ROUTE	DATE	DATE:	STOPPED INITIALS:	Other time					For Use Y/N
NEW DOSE ☐		PREScriBER (PRINT & SIGN)						0700-0900					Date:
NEW MEDICATION ☐		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						1200-1400					Assessed by:
		INDICATION & DURATION INTENDED e.g. ANTIBIOTICS						1600-1800					Ordered from Pharm.
								2200-2400					
								Other time					
BEFORE ADMISSION ☐	N	DRUG	DOSE	ROUTE	DATE	DATE:	STOPPED INITIALS:	Other time					For Use Y/N
NEW DOSE ☐		PREScriBER (PRINT & SIGN)						0700-0900					Date:
NEW MEDICATION ☐		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY						1200-1400					Assessed by:
		INDICATION & DURATION INTENDED e.g. ANTIBIOTICS						1600-1800					Ordered from Pharm.
								2200-2400					
								Other time					

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

All Routes: As Required Prescriptions									
BEFORE ADMISSION	☐	JJ	DRUG	Symptomatic Relief	DATE:	STOPPED	INITIALS:		
NEW DOSE	☐	DOSE	ROUTE	INDICATION					
NEW	☐	As per protocol							
NEW MEDICATION	☐	PRESCRIBER (PRINT & SIGN)		MAX. FREQ.	DATE:				
		~~Dr. [Signature]~~ Kumar P N		1000mg PO	9/7/16				
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY									
BEFORE ADMISSION	☐	KK	DRUG	Diazepam	DATE:	STOPPED	INITIALS:		
NEW DOSE	☐	DOSE	ROUTE	INDICATION					
NEW	☐	2mg	PO	Agitation					
NEW MEDICATION	☐	PRESCRIBER (PRINT & SIGN)		MAX. FREQ.	DATE:				
		~~Dr. [Signature]~~ Kumar		TDS	9/7/16				
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY									
BEFORE ADMISSION	☐	LL	DRUG	Zepidone	DATE:	STOPPED	INITIALS:		
NEW DOSE	☐	DOSE	ROUTE	INDICATION					
NEW	☐	3.75mg	PO	Insomnia					
NEW MEDICATION	☐	PRESCRIBER (PRINT & SIGN)		MAX. FREQ.	DATE:				
		~~Dr. [Signature]~~ Kumar		As needed	9/7/16				
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY									
BEFORE ADMISSION	☐	MM	DRUG		DATE:	STOPPED	INITIALS:		
NEW DOSE	☐	DOSE	ROUTE	INDICATION					
NEW	☐	PRESCRIBER (PRINT & SIGN)		MAX. FREQ.	DATE:				
NEW MEDICATION	☐								
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY									

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Mental Health Services Integrated Care Pathway

Inpatient Assessment and Treatment



* ¹ Hospital and Ward: <u>IONA WARD, Beckford Lodge.</u>	² Admission Date: <u>4 / 2 / 16</u>	Admission Time: <u>14 : 00</u> (24 hour clock)
Estimated discharge date: <u> </u> / <u> </u> / <u> </u>	³ Actual discharge date: <u> </u> / <u> </u> / <u> </u>	

Patient Details	
Preferred name: <u>MARTIN.</u>	
Patient name:	
Address:	CHI 2104673933
	Shaw, Andrew
	DOB: 21/04/1967 Male
Postcode:	No Fixed Abode
Address type:	NF1 1AB
CHI number:	PIMS P1518904
PIMS number:	
Patient phone number	☐ N/A
Day Time: (or mobile)	
Evening: (or mobile)	
Date of Birth:	Age: <u>49.</u>
☒ Male ☐ Female	
General Practitioner name and details: <u>DR CAMERON,</u> <u>KIDSFAY MEDICAL PRACTICE,</u> <u>12 KIDSFAY COURT, GL14 9SS</u>	
☒ GP informed of referral (if required)	

Contact Person (Next of Kin/Key Holder)	
Name: <u>KELLYANNE FULTON</u>	
Relationship: <u>DAUGHTER</u>	
Address: <u>3 LIVELY PLACE</u> <u>BLANTYRE</u>	
Postcode: <u>G72 9LA</u>	
Date of Birth:	☐ Male ☒ Female
Phone: Day Time: (or mobile)	<u>01698 824643</u>
Evening: (or mobile)	
Patient consents to inform of admission? ☐ Yes ☐ No	
Alternative Contact Person (Next of Kin/Key Holder)	
Name:	
Relationship:	
Address:	
Postcode:	
Date of Birth:	☐ Male ☐ Female
Phone: Day Time: (or mobile)	
Evening: (or mobile)	
Patient consents to inform of admission? ☐ Yes ☐ No	

Ethnic Status:	
White:	Asian or Asian British:
☐ A British	☐ H Indian
☐ B Irish	☐ J Pakistani
☐ C Any other white background	☐ K Bangladeshi
Mixed:	☐ L Any other Asian background
☐ D White and Black background	Black or Black British:
☐ E White and Black African	☐ M Caribbean
☐ F White and Asian	☐ N African
☐ G Any other mixed background	☐ P Any other Black background
	Other Ethnic Groups:
	☐ R Chinese
	☐ S Any other ethnic group
	☐ Z Not stated

Known allergies?	☒ Yes ☐ No
If yes, give details and see Medication Section <u>PENICILLIN</u>	
Physical Health Alerts?	☐ Yes ☒ No
If yes, give details	

Admission Details	
Source of Referral:	☐ GP ☐ NHS 24
☐ Emergency Dept.	☐ Out of Hours Service
☐ Police	☐ Consultant Psychiatrist
☐ Other: (specify)	
Referrer name and contact details:	
Previous Psychiatric Contact:	
☐ No ☐ Community ☒ Inpatient ☒ Outpatient	
⁴ Does the patient consent to information being shared? ☒ Yes ☐ No	
If YES, complete Consent to Share Information	
If NO, review date: <u> </u> / <u> </u> / <u> </u>	
Record need to frequently review consent status in Outcomes Plan	
Legal Status on Admission: ☒ Formal ☐ Informal	
Please note: Legal status may change.	
For most up to date legal status see Legislation Section	

Named Nurse/Lead Professional: <u>STEPHANIE JORDAN STACY STEWART</u>	
Consultant: <u>DR CHUBB DR JONITAN</u>	
If applicable give details: (also see P14, 31, 55)	
⁵ Named Person: ☐ nominated ☐ default ☐ N/A	
Advocate:	☐ N/A
Guardianship/Power of Attorney/AWI:	☐ N/A
Social Worker:	☐ N/A
Complex case management?	☐ Yes ☐ N/A
Patient on SPARRA register?	☐ Yes ☐ N/A
Care Programme Approach?	☐ Yes ☐ N/A
Advance Statement available?	☐ Yes ☐ N/A

NHS Lanarkshire Mental Health Services
Generic Integrated Care Pathway (Inpatient)

Guidance for Implementation of Care Standards by Profession

The ICP is about “**Doing the right thing, at the right time, by the right person**”. This guidance gives details on actions, timescales and the professionals or groups responsible.

Care Standards and Timescales	Professional(s) and People Responsible
On Admission:	
• Patient orientated to ward environment • Patient informed of Named Nurse • Date of initial meeting of patient and Named Nurse arranged • Consent to Share Information discussed and completed • Patient's wishes re involvement of relatives/carers recorded • Date of initial meeting of carer and Named Nurse arranged if appropriate • Patient given verbal and written information (as appropriate) regarding: Observation Status, Rights under the Mental Health Act, Rights under Data Protection, Rights to Advocacy, Named Nurse system, Ward Information, Spiritual Care • Patient entered in admission book, fire chart, board, midnight returns • Patient's clothing and possessions recorded and countersigned and policy explained • Case notes requested if patient known to service • Case notes received if appropriate • Patient introduced to Acute Inpatient Worker (acute hospitals) • Patient asked if requires referral to Advocacy	Ward Staff. PH 4/2 PH 4/2 PH 4/2 me 4/2 PH 4/2 PH 4/2 Pre 14/2
Within 3 hours:	
• Medical staff informed of admission	Ward Staff ✓ 4/2
• Clinical Global Impression completed	Doctor/Registered Nurse
• 'As required' medication prescribed	Doctor ✓ 4/2
Within 6 hours:	
• Waterlow Pressure Area Risk Assessment completed	Registered Nurse ✓ 4/2
Within 12 hours:	
• Medical Physical Examination completed	Doctor Bradley 4/2
Within 24 hours:	
• Routine bloods taken	Registered Nurse
• Urinalysis completed	Registered Nurse
• MUST Nutritional Assessment completed	Registered Nurse ✓ 4/2
• Falls Risk Assessment (if patient over 65 or history of falls)	Registered Nurse
• Patient's prescription checked for accuracy with GP	Doctor/Pharmacist
Within 72 hours:	
• Assessment Information documented • Multidisciplinary Mental Health Core Assessment completed • Risk Assessment completed with date for review • Outcomes Plan agreed	Doctor/Registered Nurse/AHP/Psychology/ Patient/Carer PH 4/2

Patient name:	PIMS/CHI number:
----------------------	-------------------------

Care Standards and Timescales	Professional(s) and People Responsible
7 Days/Ongoing Reviews/MDT Meetings:	
• Review of Outcomes Plan	Multidisciplinary Team (MDT)
• Review of Risk Assessment	MDT
• Holistic assessment of need	MDT
• Review of medication	Doctor
• Consider needs for Discharge Planning	MDT
• Set and review Estimated Discharge Date	MDT
• Consider referral to CMHT	MDT
• Outcome measure scores to obtain a baseline to allow progress to be monitored	MDT
• Clinical Global Impression review	Doctor/Registered Nurse
• Establish discharge criteria	MDT
• Patient involvement	MDT, Patient
• Carer involvement	MDT, Carer
• Acute Inpatient Forum Worker involvement (if applicable)	MDT, Inpatient Worker
• Consider diagnosis (ICD 10)	Consultant
• Weight monitoring/Physical health review (if appropriate)	MDT/CMHT/GP
• Recovery Planning/Staying Well Plan	MDT
• Consider passes	MDT
• Consider suitability for early discharge	MDT

Pre-Discharge Meeting:	
• Patient involvement	Named Nurse, Patient
• Carer involvement	Named Nurse, Carer
• Establish community links pre-discharge	Ward Staff
• Establish contact with CMHT	Named Nurse/MDT
• Pharmacy informed	Registered Nurse
• Social work to support benefit applications/housing	MHO/Social Work
• Engage with relevant agencies	MDT
• Clearly identify timescales	MDT
• Consider weekend pass	MDT
• Start to prepare discharge letter	Doctor

Discharge Meeting/Transfer of Care:	
• MDT meeting arranged – all members to attend	Named Nurse/MDT
• Patient informed	Named Nurse
• Carer informed	Named Nurse
• Pharmacy informed	Registered Nurse
• CMHT informed	Named Nurse/MDT
• Community agencies involved	Named Nurse
• Discharge Summary completed and given to patient and other relevant parties	Ward Staff
• GP letter finalised	Doctor

Shaw, Andrew

DOB: 21/04/1967 Male

No Fixed Abode

NF1 1AB

PiMS P1518904

NHS Lanarkshire Mental Health Services
Generic Integrated Care Pathway (Inpatient)

Signature Sheet

Instructions for use:

- All professionals must sign below prior to writing in the ICP documentation
- If you are no longer involved in the care of this patient please enter 'End Date' in last column

[illegible]

[illegible]

Mental Health Services Integrated Care Pathway



Inpatient Assessment and Treatment

* ¹ Hospital and Ward: BECKFORD LODGE IONA WARD	² Admission Date: 04/02/16	Admission Time: 14:00 (24 hour clock)
Estimated discharge date: 04/03/16	³ Actual discharge date: ___/___/___	

Patient Details	
Prr	
PaCHI 2104673933	
Ad Shaw, Andrew	
DOB: 21/04/1967 Male	
No Fixed Abode	
Po	(patient label)
Ad NF1 1AB	
PiMS P1518904	
CHI number: 2104673933	
PIMS number:	
Patient phone number	☐ N/A
Day Time: (or mobile)	
Evening: (or mobile)	
Date of Birth: 21-04-67 Age: 48	
☒ Male ☐ Female	
General Practitioner name and details: DR SHAW	
☐ GP informed of referral (if required)	

Ethnic Status:	Asian or Asian British:
White:	☐ H Indian
☒ A British	☐ J Pakistani
☐ B Irish	☐ K Bangladeshi
☐ C Any other white background	☐ L Any other Asian background
Mixed:	Black or Black British:
☐ D White and Black background	☐ M Caribbean
☐ E White and Black African	☐ N African
☐ F White and Asian	☐ P Any other Black background
☐ G Any other mixed background	Other Ethnic Groups:
	☐ R Chinese
	☐ S Any other ethnic group
	☐ Z Not stated

Admission Details	
Source of Referral:	☐ GP ☐ NHS 24
☐ Emergency Dept.	☐ Out of Hours Service
☒ Police	☐ Consultant Psychiatrist
☐ Other: (specify)	

Referrer name and contact details:

Previous Psychiatric Contact:
☐ No ☒ Community ☒ Inpatient ☐ Outpatient

⁴ Does the patient consent to information being shared? ☒ Yes ☐ No
If YES, complete Consent to Share Information
If NO, review date: ___/___/___
Record need to frequently review consent status in Outcomes Plan

Legal Status on Admission: ☒ Formal ☐ Informal
Please note: Legal status may change.
For most up to date legal status see Legislation Section

Contact Person (Next of Kin/Key Holder) Name: JIM FRIGL Relationship: LAWYER Address: 44 CALTON PLACE GLASGOW Postcode: G5 9TW Date of Birth: ☒ Male ☐ Female Phone: Day Time: (or mobile) 0141 420 1234 Evening: (or mobile) Patient consents to inform of referral? ☒ Yes ☐ No
--

Alternative Contact Person (Next of Kin/Key Holder) Name: N/A Relationship: Address: Postcode: Date of Birth: ☐ Male ☐ Female Phone: Day Time: (or mobile) Evening: (or mobile) Patient consents to inform of referral? ☐ Yes ☐ No
--

Known allergies? ☒ Yes ☐ No If yes, give details and see Medication Section PENICILLIN

Physical Health Alerts? ☒ Yes ☒ No If yes, give details

Named Nurse/Lead Professional: STACEY STEWART
--

Consultant: DR JONATHAN
--

If applicable give details: (also see P14, 27, 55) ⁵ Named Person: ☐ nominated ☐ default ☐ N/A

Advocate: TBC ☐ N/A

Guardianship/Power of Attorney/AWI: ☐ N/A
--

Social Worker: FBC ☐ N/A ANN MARIE CAINE
--

Complex case management?	☐ Yes ☐ N/A
Patient on SPARRA register?	☐ Yes ☐ N/A
Care Programme Approach?	☐ Yes ☐ N/A
Advance Statement available?	☐ Yes ☒ N/A

*Please complete the questions marked with the symbol "P" on the Variance Form on the back page.

NHS Lanarkshire Mental Health Services
Generic Integrated Care Pathway (Inpatient)

Assessment Information

Marital Status:		Living Arrangements:		Yes	No
Married	☐	With spouse/partner	☐	☒	
Single	☐	With parents	☐	☒	
Separated	☒	Alone	☒	☐	
Other	☐	Other	☐	☒	
Does not wish to answer	☐	Does not wish to answer	☐	☐	
		With dependent children (if yes, see Children/Dependents section)	☐	☒	

Physical Description:		
Height:	Weight:	Build: HEAVY/OBESIS
Eye Colour: BUE	Hair Colour: GREY/DARK	Complexion: PALE
Distinguishing features: (Tattoos, scars, piercings, etc.) NONE.		
Impairment – are there any issues? If yes, describe, e.g. visual, hearing, communication, etc.)		Yes ☐ No ☒
Mobility – are there any issues? If yes, describe, e.g. transferring, stairs, etc.)		Yes ☐ No ☒

Accommodation issues?	Yes ☐ No ☒
If yes, give details, e.g. concerns re building fabric, physical security, equipment and adaptations, etc.	
Accommodation type: (e.g. mainstream housing, care home)	
Dwelling type: (e.g. flat)	
Tenure type: (e.g. owner, tenant)	
Landlord details: (if applicable)	

Employment Issues?	Yes ☐ No ☐
If yes, give details, e.g. health or social care issues which would inhibit seeking/retaining employment	
National Insurance number: (if required)	
If not in paid employment would the patient be interested in finding out more about employment opportunities? Yes ☐ No ☐	
Education, training and lifelong learning – are there any issues? If yes, describe: Yes ☐ No ☐	

Patient has spiritual needs or belongs to any spiritual or religious groups?	Yes ☐ No ☒
If yes, specify any requirements	

Preferred Language/Communication method:
(Specify if interpreter services are required – refer to Language Identification Chart if necessary)
ENGLISH

Patient name:

PIMS/CHI number:

Is there any potential conflict with key relationships? (e.g. patient and main carer)

Yes ☐ No ☐

If yes, specify and give details on Outcomes Plan:

Diet and Nutrition: (complete as applicable)

MUST Score: (Malnutrition Universal Screening Tool)

Low Risk ☐ Medium Risk ☐ High Risk ☐

Body Mass Index (BMI) Score:

Dietetic referral required? Yes ☐ No ☐

If yes, date referred:

Special dietary requirements? Yes ☐ No ☐

Special equipment needed? Yes ☐ No ☐

Physical difficulties to eat/drink? Yes ☐ No ☐

Assistance required? Yes ☐ No ☐

Food allergies identified? Yes ☐ No ☐

Food likes/dislikes? Yes ☐ No ☐

Drink likes/dislikes? Yes ☐ No ☐

Social/environmental mealtime requirements? Yes ☐ No ☐

Cultural/ethical/religious mealtime requirements? Yes ☐ No ☐

Caffeine consumption per day: (coffee, tea, Irn Bru, Red Bull, etc.)

Details:

Alcohol, Smoking and Drugs:

Do you smoke? Yes ☐ No ☐

Would you like to stop smoking? Yes ☐ No ☐

If yes, see Nicotine Addiction ICP

For inpatient service only:

If no, do you want NRT for relief of withdrawal symptoms? Yes ☐ No ☐

If yes, see Nicotine Addiction ICP

If no, advise that help is available if they change their mind.

Have you ever smoked? Yes ☐ No ☐

If yes, how long is it since you had your last cigarette?

Days _____ Weeks _____ Months _____

If yes see Nicotine Addiction ICP

Patient advised re No Smoking Policy? Yes ☐ No ☐

Alcohol units per week:

FAST score:

(Alcohol screening tool)

Drug use? (If yes, please give details) Yes ☐ No ☐

Referral to LAADS? Yes ☐ No ☐

If yes, date referral made:

Suitable for Brief Intervention? Yes ☐ No ☐

If yes, details:

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Shaw, Andrew

DOB: 21/04/1967 Male

No Fixed Abode

NF1 1AB

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NHS Lanarkshire Mental Health Services
Generic Integrated Care Pathway (Inpatient)

History of Engagement with Services/Associated Professionals

Agency	Contact in last 12 mths	Contact details (agency, address, day/evening phone number)	Date last seen	Notified if current
Health Clinics/Services				
Adult Learning Disabilities	☐			☐
Care Programme Approach	☐			☐
Clozapine Clinic	☐			☐
Child and Adolescent Mental Health Service	☐			☐
Day Hospital	☐			☐
Depot Clinic	☐			☐
Eating Disorder Team	☐			☐
Forensic service	☐			☐
Lanarkshire Alcohol and Drug Service (LAADS)	☐			☐
Lithium Clinic	☐			☐
Old Age Psychiatry	☐			☐
Perinatal Glasgow Regional Services	☐			☐
Other: (specify)	☐			☐
Health Professionals:				
Community Psychiatric Nurse	☐			☐
Counsellors	☐			☐
Health Visitor	☐			☐
Occupational Therapy	☐			☐
Psychiatrist	☐			☐
Psychology	☐			☐
Psychotherapy	☐			☐
Spiritual and Religious Care Services	☐			☐
Other: (specify)	☐			☐
Local Authority Services:				
Child Protection Team	☐			☐
Council Officer (Adult Support and Protection)	☐			☐
Criminal Justice	☐			☐
Housing Officer	☐			☐
Mental Health Officer	☐			☐
Police Liaison Officer	☐			☐
Social Work/Case Manager	☐			☐
Other: (specify)	☐			☐
Other Agencies:				
Advocacy	☐			☐
Voluntary Services	☐			☐
Volunteer agencies	☐			☐
Other: (specify)	☐			☐
Name and Signature of Assessor:			Date and Time: (use 24 hour clock)	

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Shaw, Andrew
 DOB: 21/04/1967 Male
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NHS Lanarkshire Mental Health Services
 Generic Integrated Care Pathway (Inpatient)

Medical Physical Examination

To be completed by medical staff if required

Physical Health Assessment required?

Yes ☐ No ☐

Relevant medical history/physical disabilities:

Are there any current relevant health issues?
 If yes, give details of issues and source of information)

Yes ☐ No ☐

Has the patient attended any clinic/outpatient/treatment centre in last 12 months?
 If yes, give details, conditions, source of information)

Yes ☐ No ☐

If unknown or not assessed, detail any action taken to identify any attendance at a clinic/outpatient or treatment centre:

NOTE: if history indicates, please perform a detailed examination of the relevant system.

General Appearance (Gross signs, State of nutrition, Bruises and Marks, etc)

Cardiovascular System

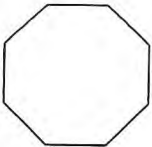
Pulse
 BP
 Apex
 Heart Sounds

Abnormal Findings:

Respiratory System

Trachea
 Resp. Rate
 Expansion
 Breath sounds
 Air Entry
 Percussion
 Nodes

Abnormal Findings:

Patient name:		PIMS/CHI number:	
GIT			
Tongue Abdomen Liver		Abnormal Findings: 	
Nervous System			
Gait Gross Neurological Signs Involuntary Movements Pupils (PERLA) Cranial Nerves		Abnormal Findings	
Reflexes			
Upper Limb Lower Limb	Right B T BR K A Plantar	Left B T BR K A Plantar	
Summary			
Name and Signature of Assessor:		Date and Time: (use 24 hour clock)	

No Fixed Abode

NF1 1AB

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NHS Lanarkshire Mental Health Services
Generic Integrated Care Pathway (Inpatient)

Sheet number:

Observation and Engagement Status

To be completed by medical, nursing and other staff as appropriate

[illegible]

Screening/Assessment Tools

Please indicate below any assessment tools used, adding in any not detailed:

Area	Screening/Assessment Tool	Date
Generic Mental Health	☐ Clinical Global Impression	
	☐ Health of the Nation Outcome Scales (HoNOS)	
	☐ CORE	
	☐ My View (updated AVON Mental Health Measure)	
	☐ Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	
Bipolar Disorder	☐ Montgomery-Asberg Depression Rating Scale (MADRS)	
	☐ Mood Disorder Questionnaire	
	☐ Young Mania Rating Scale (YMRS)	
Borderline Personality Disorder	☐ CORE	
	☐ Personality Disorder Questionnaire (PDQ)	
	☐ Personality Structure Questionnaire (PSQ)	
Dementia	☐ Addenbrookes Cognitive Examination (ACE R)	
	☐ Clock (5 point scoring) – (part of the General Practitioner Assessment of Cognition (GPCOG))	
	☐ Doloplus 2 Scale	
	☐ Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE)	
	☐ Mini Mental State Examination (MMSE) (with license)	
	☐ Neuropsychiatric Inventory Questionnaire (NPI-Q)	
	☐ Geriatric Depression Scale (GDS)	
Depression	☐ Geriatric Depression Scale (GDS)	
	☐ Hospital Anxiety and Depression Scale (HADS) (with license)	
	☐ Patient Health Questionnaire (PHQ 9)	
	☐ GAD-7 Anxiety	
Schizophrenia	☐ Assessment of Motor and Process Skills (AMPS)	
	☐ Comprehensive Assessment of At-Risk Mental States (CAARMS)	
	☐ Glasgow Antipsychotic Side-effect Scale (GASS)	
	☐ Historical, Clinical, Risk Management-20 (HCR-20)	
	☐ Liverpool University Neuroleptic Side-Effect Rating Scale (LUNSERS)	
Other Mental Health	☐  Lanarkshire Suicide Assessment and Treatment Pathway	
	☐ Edinburgh Postnatal Depression Scale (EPDS)	
	☐ Occupational Therapy Assessments	
	☐ Camberwell Assessment of Need – Forensic Version	

Patient name:	PIMS/CHI number:
----------------------	-------------------------

Area	Screening/Assessment Tool	Date
Non Mental Health	☐ FAST (Alcohol Screening Questionnaire)	
	☐ Falls Risk Assessment Score (FRASE) – <i>to be used with anyone over 65yrs or with a history of falls</i>	
	☐ Malnutrition Universal Screening Tool (MUST)	
	☐ Modified Waterlow Pressure Area Risk Assessment	
	☐ Moving and Handling Risk Assessment	
	☐ Revised Elderly Persons Disability Scale (REPDS)	
	☐ Spiritual Care Assessment	
Other (specify)		

NHS Lanarkshire

(Modified) Waterlow

Pressure Area Risk Assessment Chart

Hospital: Hairmyres ☐ Monklands ☐ Wishaw ☐Other: (specify) DEYFORD LODGENATVNS
SCOTLAND

CHI 2104673933

Hospi Shaw, Andrew

Patier DOB: 21/04/1967 Male

Addre No Fixed Abode

Postco NF1 1AB

Date c PiMS P1518904

More than one score/category can be used:

10+ = 'At Risk': 15+ = 'High Risk': 20+ = 'Very High Risk'

Ward:

Sheet No:

Undertake and document risk assessment within 6 hours of admission or on first home visit.

Reassess if there is a change in the individual's condition and repeat regularly according to local protocol.

Sex									
Male	1								
Female	2								
Age									
14 - 49	1								
50 - 64	2								
65 - 74	3								
75 - 80	4								
81+	5								
Build/Weight for Height (BMI = weight in Kg/height in m ²)									
Average - BMI 20 - 24.9	0								
Above average - BMI 25 - 29.9	1								
Obese - BMI >30	2	2	1						
Below average - BMI <20	3								
Continence									
Complete/catheterised	0	0	0						
Incontinent urine	1								
Incontinent faeces	2								
Doubly incontinent (urine and faeces)	3								
Skin Type - Visual Risk Area									
Healthy	0	0	0						
Tissue paper (thin/fragile)	1								
Dry (appears flaky)	1								
Oedematous (puffy)	1								
Clammy (moist to touch/pyrexia)	1								
Discoloured (bruising/mottled)	2								
Broken (established ulcer)	3								
Mobility									
Fully mobile	0	0	0						
Restless/fidgety	1								
Apathetic (sedated/depressed/reluctant to move)	2								
Restricted (restricted by severe pain or disease)	3								
Bedbound (unconscious/unable to change position/traction)	4								
Chair bound (unable to leave chair without assistance)	5								
Nutritional Element									
Unplanned weight loss in past 3-6 months (<5%=0, 5-10%=1, >10%=2)	0-2	0	0						
BMI >20 = 0, BMI 18.5-20 = 1, BMI <18.5 = 2	0-2	0	0						
Patient acutely ill or no nutritional intake >5 days	2								
Special Risks - Tissue Malnutrition									
Multiple organ failure/terminal cachexia	8								
Single organ failure, e.g. cardiac, renal, respiratory	5								
Peripheral vascular disease	5								
Anaemia = Hb <8	2								
Smoking	1								
Special Risks - Neurological Deficit									
Diabetes/MS/CVA/motor/sensory/paraplegia (Max 6)	4-6								
Special Risks - Surgery/Trauma									
On table >6 hours	8								
Orthopaedic/below waist/spinal (up to 48 hours post-op)	5								
On table >2 hours (up to 48 hours post-op)	5								
Special Risks - Medication									
Cytotoxic, anti-inflammatory, long term/high dose steroid (Max 4)	4								
TOTAL SCORE		3	2						
Date		4/2	26/2						
Initials		AM	AS						
Time		16:46	20:00						

Ensure plan of care is implemented /reviewed for all identified areas of concern

www.tissueviabilityonline.com

NHS Lanarkshire (Modified) Waterlow Pressure Area Risk Assessment Chart Hospital: Hairmyres ☐ Monklands ☐ Wishaw ☐ Other: (specify) _____		NATVNS SCOTLAND		Hospital/CHI number: Patient name: Address: Postcode: Date of birth: (or attach patient label)		NHS Quality Improvement Scotland NHS Lanarkshire	
More than one score/category can be used: 10+ = 'At Risk': 15+ = 'High Risk': 20+ = 'Very High Risk'				Ward:		Sheet No:	
Undertake and document risk assessment within 6 hours of admission or on first home visit. Reassess if there is a change in the individual's condition and repeat regularly according to local protocol.							
Sex							
Male	1						
Female	2						
Age							
14 – 49	1						
50 – 64	2						
65 – 74	3						
75 – 80	4						
81+	5						
Build/Weight for Height (BMI = weight in Kg/height in m ²)							
Average - BMI 20 – 24.9	0						
Above average - BMI 25 – 29.9	1						
Obese - BMI >30	2						
Below average - BMI <20	3						
Continence							
Complete/catheterised	0						
Incontinent urine	1						
Incontinent faeces	2						
Doubly incontinent (urine and faeces)	3						
Skin Type – Visual Risk Area							
Healthy	0						
Tissue paper (thin/fragile)	1						
Dry (appears flaky)	1						
Oedematous (puffy)	1						
Clammy (moist to touch/pyrexia)	1						
Discoloured (bruising/mottled)	2						
Broken (established ulcer)	3						
Mobility							
Fully mobile	0						
Restless/fidgety	1						
Apathetic (sedated/depressed/reluctant to move)	2						
Restricted (restricted by severe pain or disease)	3						
Bedbound (unconscious/unable to change position/traction)	4						
Chair bound (unable to leave chair without assistance)	5						
Nutritional Element							
Unplanned weight loss in past 3-6 months (<5%=0, 5-10%=1, >10%=2)	0-2						
BMI >20 = 0, BMI 18.5-20 = 1, BMI <18.5 = 2	0-2						
Patient acutely ill or no nutritional intake >5 days	2						
Special Risks – Tissue Malnutrition							
Multiple organ failure/terminal cachexia	8						
Single organ failure, e.g. cardiac, renal, respiratory	5						
Peripheral vascular disease	5						
Anaemia = Hb <8	2						
Smoking	1						
Special Risks – Neurological Deficit							
Diabetes/MS/CVA/motor/sensory/paraplegia (Max 6)	4-6						
Special Risks – Surgery/Trauma							
On table >6 hours	8						
Orthopaedic/below waist/spinal (up to 48 hours post-op)	5						
On table >2 hours (up to 48 hours post-op)	5						
Special Risks - Medication							
Cytotoxic, anti-inflammatory, long term/high dose steroid (Max 4)	4						
TOTAL SCORE							
Date							
Initials							
Time							
Ensure plan of care is implemented /reviewed for all identified areas of concern							

CHI 2104673933

Shaw, Andrew

DOB: 21/04/1967 Male

No Fixed Abode

NF1 1AB

PIMS P1518904

Hospital: ☐ Hairmyres ☐ Monklands ☐ Wishaw☐ Other (specify):

Malnutrition Universal Screening Tool (MUST) with Nutrition Profile

Ward:

Date of Admission:/...../.....

- Please complete for every patient within 24 hours of admission
- Reassessment will take place weekly or as per risk score
- Complete the Nutrition Profile on the next page if appropriate

Date of Assessment	4/2/16	26/2/16					
WEIGHT (kg)	131.65	134.65					
HEIGHT (m)	1.74	1.74					
B.M.I. = $\frac{\text{Weight Kgs}}{\text{Height (m)}^2}$	$\frac{131.65}{1.74^2}$	44.5					
STEP 1: BMI Score							
BMI kg/m ² Score							
>20 (>30 Obese) = 0	0	0					
18.5 - 20 = 1							
<18.5 = 2							
STEP 2: Unplanned weight loss in past 3-6 months							
% Score							
<5 = 0	0	0					
5 - 10 = 1							
>10 = 2							
STEP 3: Acute Disease Effect Score							
If patient is acutely ill and there has been or is likely to be no nutritional intake for >5 days	0	0					
Score = 2							
STEP 4: Overall risk of malnutrition							
Add scores to calculate overall risk of malnutrition	0	0					
TOTAL SCORE							
Signature	0	0					

STEP 5: Management Guidelines

0 Low Risk Routine Clinical Care	1 Medium Risk Observe Could be at risk, try the following actions	2 or more High Risk Treat
♦ Repeat screening Hospital - Weekly Community- Monthly	♦ Minimize any potential causes of poor appetite eg. oral infection, missing dentures, constipation, dehydration. ♦ Provide help and advice on food choices, eating and drinking. ♦ Initiate 3 day food record chart if intake has been poor for two or more days. ♦ Encourage snacks. ♦ Follow poor appetite/food fortification advice. ♦ Repeat screening weekly	♦ Refer to dietitian for assessment and nutritional support (<i>unless detrimental or no benefit is expected from nutritional support</i>). ♦ Commence all relevant actions from medium risk guidelines. ♦ Monitor and review care plan. ♦ Repeat screening weekly

Nutrition Profile

Patient's eating and drinking likes and dislikes:
(including appetite and/or NBM status)

Does the patient have special dietary requirements?
(e.g. vegetarian; texture modified diet and fluids; halal; kosher)

Yes ☐

No ☐

If yes, give details:

Are there any contributing factors that may affect food intake?
(such as *physical*, e.g. swallowing difficulties, *physiological*, e.g. nausea, *psychological*, e.g. dementia, *social* or *environmental*)

Yes ☐

No ☐

If yes, give details:

Does the patient have any food allergies?

Yes ☐

No ☐

If yes, give details:

Is there a need for equipment and/or assistance with eating and drinking?

Yes ☐

No ☐

If yes, give details:

Profile completed by: (print name)

Signature:

Date:

FORM MATH15T-4338017

Score: 56 Mild

The Liverpool University Neuroleptic Side Effect Rating Scale (LUNSERS)¹

Questionnaire

The following scale is intended to be self-administered. Please indicate how much you have experienced each of the following symptoms in the last month by ticking a box for each of the 51 items.

Name: ANDREW SHAW

Date: 26/2/16

	Not at all (0)	Very little (1)	A little (2)	Quite a lot (3)	Very much (4)
1. Rash			✓		
2. Difficulty staying awake during the day				✓	
3. Runny nose	✓				
4. Increased dreaming				✓	
5. Headaches	✓				
6. Dry mouth				✓	
7. Swollen or tender chest	✓				
8. Chilblains	✓				
9. Difficulty in concentrating				✓	
10. Constipation	✓				
11. Hair-loss	✓				
12. Urine darker than usual				✓	
13. Period problems	✓				
14. Tension	✓				
15. Dizziness	✓				
16. Feeling sick	✓				
17. Increased sex drive	✓				
18. Tiredness				✓	
19. Muscle stiffness	✓				
20. Palpitations	✓				
21. Difficulty in remembering things				✓	
22. Losing weight	✓				
23. Lack of emotions	✓				
24. Difficulty in achieving climax	✓				
25. Weak fingernails	✓				

Score: 35

BRIEF PSYCHIATRIC RATING SCALE (BPRS)

Patient Name ANDREW SHAN

Today's Date 26/2/16

Please enter the score for the term that best describes the patient's condition.

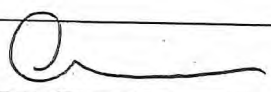
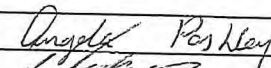
0 = Not assessed, 1 = Not present, 2 = Very mild, 3 = Mild, 4 = Moderate, 5 = Moderately severe, 6 = Severe, 7 = Extremely severe

Score

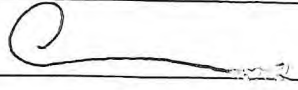
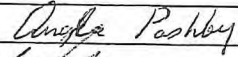
1	1. SOMATIC CONCERN Preoccupation with physical health, fear of physical illness, hypochondriasis.
4	2. ANXIETY Worry, fear, over-concern for present or future, uneasiness.
1	3. EMOTIONAL WITHDRAWAL Lack of spontaneous interaction, isolation deficiency in relating to others.
1	4. CONCEPTUAL DISORGANIZATION Thought processes confused, disconnected, disorganized, disrupted.
1	5. GUILT FEELINGS Self-blame, shame, remorse for past behavior.
1	6. TENSION Physical and motor manifestations of nervousness, over-activation.
3	7. MANNERISMS AND POSTURING Peculiar, bizarre, unnatural motor behavior (not including tic).
1	8. GRANDIOSITY Exaggerated self-opinion, arrogance, conviction of unusual power or abilities.
4	9. DEPRESSIVE MOOD Sorrow, sadness, despondency, pessimism.
1	10. HOSTILITY Animosity, contempt, belligerence, disdain for others.
4	11. SUSPICIOUSNESS Mistrust, belief others harbor malicious or discriminatory intent.
6	12. HALLUCINATORY BEHAVIOR Perceptions without normal external stimulus correspondence.
2	13. MOTOR RETARDATION Slowed, weakened movements or speech, reduced body tone.
1	14. UNCOOPERATIVENESS Resistance, guardedness, rejection of authority.
1	15. UNUSUAL THOUGHT CONTENT Unusual, odd, strange, bizarre thought content.
1	16. BLUNTED AFFECT Reduced emotional tone, reduction in formal intensity of feelings, flatness.
1	17. EXCITEMENT Heightened emotional tone, agitation, increased reactivity.
1	18. DISORIENTATION Confusion or lack of proper association for person, place or time.

Mental Health Forensic inpatient service Implementation of Specified Person Restrictions - SAFETY & SECURITY IN HOSPITAL - SEARCH OF SPECIFIED PERSON	Patient Name: CHI No: 2104673933
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Patient's RMO	DR JONATHAN
Patient's RMO has designated the patient as a specified person relation to safety and security in hospitals (RES 1) on	8 th FEBRUARY 2016. (Date)

Date and time	19/2/16
Nurse in charge	ADRIAN WALKER.
Reason for search	ROUTINE
Patient consent to search	Yes/No (delete as appropriate) 
If No, consent for search provided by RMO	
Details of the search - (Shade the appropriate area)	☒ Rub down - search of the specified person ☒ Checking the contents of the pockets without the removal of clothing except a coat or jacket ☒ Search of room
Where the search took place -	
Signatures of staff present (one of same gender as patient)	Nurse 1:  Nurse 2: 
Outcome of Search -	NIL FOUND

Date and time	
Nurse in charge	
Reason for search	
Patient consent to search	Yes/No (delete as appropriate) Signature of Patient:
If No, consent for search provided by RMO	
Details of the search - (Shade the appropriate area)	☐ Rub down - search of the specified person ☐ Checking the contents of the pockets without the removal of clothing except a coat or jacket ☐ Search of room
Where the search took place -	
Signatures of staff present (one of same gender as patient)	Nurse 1: Nurse 2:
Outcome of Search -	

Date and time	19/2/16
Nurse in charge	ADRIAN WALKER
Reason for sample	ROUTINE D.O.A.
Patient consent to sample	(Yes/No (delete as appropriate)) Signature of Patient: 
Details of the sample (Shade the appropriate area)	☒ Urine sample for drugs of abuse screen ☐ Alcohol breath test
Where the sampling took place	En suite Bedroom 1.
Signatures of staff present (one of same gender as patient)	Nurse 1:  Nurse 2: 
Outcome of sample	

Date and time	
Nurse in charge	
Reason for sample	
Patient consent to sample	Yes/No (delete as appropriate) Signature of Patient:
Details of the search - (Shade the appropriate area)	☐ Urine sample for drugs of abuse screen ☐ Alcohol breath test
Where the sampling took place	
Signatures of staff present (one of same gender as patient)	Nurse 1: Nurse 2:
Outcome of sample -	

