

Nursing, AHP and Psychological Therapy Notes

Sheet Number:

Instructions for use:

- Please use these notes sheets continuously, writing in chronological order and ensuring that the date, time (24 hour clock) signature and designation are detailed for all staff involved in the care of the patient. If separate professional notes are held elsewhere, staff should still write a summary of their contact below.

Date/Time (24 hour clock)	Nursing, Allied Health Professional, Psychological Therapy and Other Professional Notes	Discipline/ Designation
1-3-16 0600	Andrew accepted supper and nocte medications before retiring to bed. Good sleep gained overnight with no concerns raised. No change to risk review.	S/A Deurcar
1235	Andrew was up and active early this dnty. Collected by G4s to go to court at 0720 hours. Phone call received from Koonas work to advise Andrew was bailed to his home address and call was transferred to Dr Jonathan so he could advise when follow up Andrew would receive.	BLG
1/3/16 15 ⁰⁰ Hours	Andrew's Disposal Address is 30 Deodar Drive, East Timburi, CTS 455 Stair 1. Also Liaise with Dr Jonathan Re Disposal Letter to CTP	



Patient name:	CHI number:
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CHI number: _____

[illegible]

Patient name: **Andrew Shaw**
 PIMS/CHI number: **2104673933**
 NHS Lanarkshire Mental Health Services
 Generic Integrated Care Pathway
Initial Risk Assessment

- This assessment uses colour coding to categorise risk at 4 levels: Green = Low Risk, Yellow = Medium Risk, Amber = High Risk, Red = High Risk
- See back page for Guide to Completing the Risk Assessment

Initial Assessment Date: **5/2/16** Time: **09:00** (24 hr clock)

Factors to be considered when undertaking an initial assessment, or if there is a change in clinical presentation of a person with a suspected mental health problem:
 • Has a physical cause for the problem(s) been ruled out?
 • Has drug and/or alcohol intoxication been ruled out as a cause?
 • Is the person physically well enough (e.g. not sedated, intoxicated, vomiting or in pain) to undertake an interview with mental health staff?
 • Is the person's violent or aggressive behaviour a factor which requires to be managed?
 • Is there a known mental health or learning disability history for background assessment and care planning information, including any current Staying Well Plans and other coping mechanisms?
 • Is there an alert for this patient on the patient information system, e.g. PIMS?
 • Is there any legislation relevant to the treatment of this patient? For example, Adults with Incapacity Act (2000), Adult Support and Protection (Scotland) Act 2007, Mental Health (Care and Treatment) (Scotland) Act 2003, Lasting Power of Attorney, etc.

Please circle appropriate letter in box (R = Red, A = Amber, Y = Yellow, G = Green, DK = Don't Know)
Q1 Background History and Presentation
 1A Why is the person presenting now? What recent event(s) triggered this presentation?
 Please give details: Andrew is a 49 year old man transferred from how Moss Prison under an Assessment order (S20). Presenting with psychotic symptoms. Andrew voiced that he believed people are after him and disclosed he experienced auditory hallucinations.
 1B Is the person socially isolated?
 Yes No DK
 Y G DK

1C What is the person's level of social support? (i.e. partner/significant other, family, friends)
 Please give details: He has a relationship which he has maintained for 35 years but has never lived with her and hasn't seen her for weeks. He has a 28 year old daughter and 2 grandchildren whom he has little contact with. He has little contact with two landlady who he met 8 months ago.
 1D Does the person have major financial, housing or accommodation problems?
 Y G DK

1E Does the person have a history of violence or previous use of weapons?
 Y G DK
 1F Does the person have a history of self harm?
 Y G DK
 1G Does the person have a history of suicidal behaviours/thoughts/intent/plans?
 Y G DK
 1H Does the person have a history of mental health problems or cognitive impairment?
 Y G DK
 1I Does the person have a history of alcohol or drug use?
 Y G DK

No. If yes to any of the above, please give details:
 1H He has been seen by forensic services prior to court appearance in the past.
 2! Admits to taking cocaine regularly.
 1G History of attempts at harming himself - overdose.

Patient name: Andy Shaw

CHI/PIMS number: 2104673933

Q2 Appearance, Behaviour and General Observations (NB. Risk can vary for different patient groups)

	Yes	No	DK
2A Does the person pose an immediate risk to self, you or others (including family/carers)?	☒ R	☒ G	☐ DK
2B Is the person displaying a high level of disturbed behaviour that suggests psychosis and/or immediate (i.e. within the next few minutes or hours) risk?	☒ R	☒ G	☐ DK
2C Does the person have any immediate (i.e. within the next few minutes or hours) plans to harm self or others?	☒ R	☒ G	☐ DK
2D Does the person have a risk of wandering?	☒ R	☒ G	☐ DK
2E Is there a risk to child(ren) or child protection issues?	☒ R	☒ G	☐ DK
2F Does the person pose a fire risk (accidental or deliberate)?	☒ R	☒ G	☐ DK
2G Is the person unusually or excessively quiet and withdrawn and/or un-cooperative?	☒ R	☒ G	☐ DK
2H Does the person have any physical impairments/medical risks/recent or steady decline in physical health?	☒ A	☒ G	☐ DK
2i Does the person have a risk of falls?	☒ A	☒ G	☐ DK
2J Does the person appear to be suffering from neglect (including not eating/drinking enough)?	☒ A	☒ G	☐ DK
2K Does the person appear to be experiencing any delusions or hallucinations?	☒ A	☒ G	☐ DK
2L Is the person at risk due to being disoriented?	☒ A	☒ G	☐ DK
2M Is the person aggressive (including verbal aggression) and/or threatening?	☒ A	☒ G	☐ DK
2N Is the person obviously distressed, markedly anxious or highly aroused?	☒ A	☒ G	☐ DK
2O Is the person behaving inappropriately to the situation?	☒ A	☒ G	☐ DK
2P Does the person pose a risk of absconding?	☒ A	☒ G	☐ DK
2Q Does the person have a communication difficulty?	☒ A	☒ G	☐ DK
2R Is the person vulnerable to harm from other people?	☒ A	☒ G	☐ DK
2S Is the person vulnerable to harm due to their environment?	☒ A	☒ G	☐ DK
2T Has the person's social and life skills diminished resulting in increased dependence or disability?	☒ A	☒ G	☐ DK
2U Is there a risk with the person's medication, e.g. poor compliance, over compliance?	☒ A	☒ G	☐ DK
2V Does the person pose a risk driving?	☒ A	☒ G	☐ DK
2W Is the person pre-occupied or easily distracted?	☒ A	☒ G	☐ DK
2X Other risk? (If yes specify and state level of risk)	☒ Y	☒ G	☐ DK
No. If yes to any of the above, please give details:		☒ G	☐ DK

29. Quiet although states this is his personality.
 2K Reports to be experiencing auditory hallucinations although could not elaborate.
 2U Has admitted to stop taking his prescribed medication

Q3 Suicide Risk Screen (as per Lanarkshire Suicide Assessment and Treatment Pathway)

Greater number of positive responses suggests greater level of risk. Tick all those that apply.		Yes	No	DK
Initial Risk Screen only	3A Does the person have a family history of suicide?	☐	☒	☐
	3B Does the person suffer from chronic physical illness or pain?	☐	☒	☐
	3C Does the person have a mental illness/disorder?	☐	☒	☐
	3D Does the person have a lack of social support?	☐	☒	☐
	3E Has the person experienced a significant life event, e.g. separated, divorced, bereavement or interpersonal dispute?	☒	☐	☐
	3F Is the person male?	☒	☐	☐
	3G Is the person unemployed or retired?	☒	☐	☐
	3H Is the person experiencing financial hardship, especially for the first time?	☒	☐	☐
	3i Has the person stopped their psychiatric treatment?	☐	☒	☐
	3J Is the person's family concerned about them?	☐	☒	☐
3K Has the person disengaged from services?	☐	☒	☐	
3L Has the person ever thought of doing something to harm him/her self? (If yes, see Q1F)	☒	☐	☐	
3M Does the person feel that life isn't worth living?	☒	☐	☐	
3N Is the person currently thinking about taking their own life?	☐	☒	☐	
3O Does the person have a specific suicide plan? (If yes, give details below)	☐	☒	☐	
3P Does the person have access to lethal means of harm? (If yes, give details below)	☐	☒	☐	
3Q Has the person been drinking alcohol today?	☐	☒	☐	
3R Has the person been misusing drugs today?	☐	☒	☐	
What category of Suicide Risk have you identified?				

What category of Suicide Risk have you identified?

☐ G ☒ Y ☐ A ☐ R

Please give reasons and rationale for your decision:

3C. Remains under assessment.
 3O. Doesn't appear to have meaningful relationships
 3E. Sentenced with custodial sentence
 3K. He has disengaged in the past
 3L. He has had suicidal thoughts in the past

Patient name: Andrew Shaw CHI/PIMS number: 2104673933

Q4A Initial Formulation of Assessment/Key Problems/Issues

Describes psychotic symptoms and agitation, history of cocaine/alcohol harmful use. Previous history of important treatment and forensic history of automobile offences.

Q4B What is the Overall Level of Risk - taking into account probability?

1 or more of red, amber or yellow items denotes the overall risk category and suggested interventions. See Risk Assessment Action Matrix.

Low Risk Medium Risk Medium/High Risk High Risk

Additional Information from other assessors:

Signature:

Designation:

Q4C Action Plan and Outcomes (see Risk Assessment Action Matrix)

Actioned by:

Please describe all immediate actions and interventions required following assessment, including level of observation, relevant legislation, details of referral to other team(s), telephone calls/advice, discharge/transfer or follow-up plans:

General observations.
- If whereabouts unknown initiate missing persons procedures.
- Continued detained under S20 assessment order.
- He is subject to RES 1 (Specified Reasons) measures.
- Green status within Scottish Patient Safety Brief.
- Regular 1:1 interactions, to allow Andrew to discuss any concerns/worries and to allow assessment of his mental health.
- Ensure concordance with prescribed medications.
- Encourage participation with OT/Ward based activities.

Q4D Revised Risk Rating (following actions identified)

Low Risk Medium Risk Medium/High Risk High Risk

Action Plan Agreed by: ☐ MDT ☐ Other: (specify)

Initial Assessment Completed by:

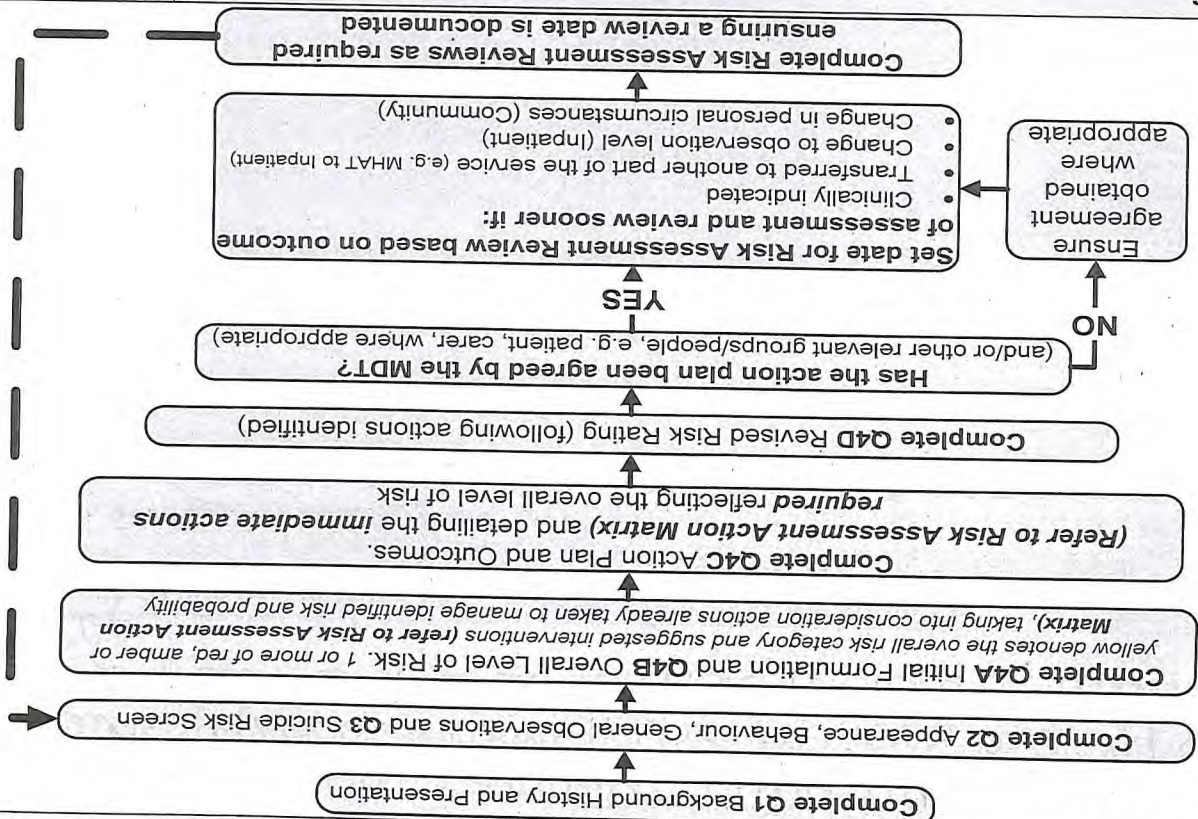
Designation:

Next Review Date:

Patient name:

CHI/PIMS number:

Guide to Completing the Risk Assessment



Notes

Time/Signature

or attach addressograph label here

Nursing, AHP and Psychological Therapy Notes

CARIE PLAN EVALUATION (1) Sheet Number:

Instructions for use:

- Please use these notes sheets continuously, writing in chronological order and ensuring that the date, time (24 hour clock) signature and designation are detailed for all staff involved in the care of the patient. If separate professional notes are held elsewhere, staff should still write a summary of their contact below.

Date/Time (24 hour clock)	Nursing, Allied Health Professional, Psychological Therapy and Other Professional Notes	Discipline/ Designation
26/2/16 20 ⁰⁰ Hours	ANDREW'S CARE PLAN REVIEW AND SAM'S REMAINS RELEVANT ANDREW CONTINUED DETAINED WITHIN IONA WARD FOR A PERIOD OF ASSESSMENT. PRESENTLY HE IS ENGAGING WITH 1:1 INTERVIEWS TO ASSESS AND IDENTIFY PROBLEMS AND NEEDS. RISK ASSESSMENTS CARRIED OUT TO ASSESS POTENTIAL DIFFICULTIES. ANDREW ALSO SUBJECT TO SECURITY PRISON PROTOCOL AND HAS BEEN COMPLAINT WITH ALL ASPECTS. ROUTINE AND RANDOM DRUGS OF ABUSE SCREENING ALSO CARRIED OUT. PHYSICAL ASPECTS OF ANDREW'S CARE ALSO MONITORED. NEXT DUE 26/3/16	



Patient name: _____

CHI number: _____

[illegible]

Shaw, Andrew
DOB: 21/04/1967 Male
No Fixed Abode

Investigations

NF1 1AB
PiMS P1518904

[illegible]

Patient name: _____ **PIMS/CHI number:** _____

Patient name: _____ **PIMS/CHI number:** _____

Investigations

[illegible]

Shaw, Andrew
DOB: 21/04/1967 Male
No Fixed Abode

Urinalysis

NF1 1AB
PiMS P1518904

[illegible]

[illegible]

P1518904

Shaw

Andrew

VHS Lanarkshire Mental Health Services
Generic Integrated Care Pathway

CHI 2104673933

Continuity of Care/Discharge Summary

Person's preferred name: ANDREW SHAW
 Phone number:
☒ ¹⁴ Advance Statement made? ☐ Yes ☒ No
 If yes, date recorded:
 Legal Status: DETAINED
 Review date: 1/3/16

Lead Professional: DR DONATHAN
 Address: 10th WARD, BIRMINGHAM LANCET
 Telephone number: 01698 456212
 Named Person: HELVANDE FULTON
 Address: 3 LILLY PLACE, BLANTYRE, G72 7LA
 Telephone number: 01698 824643

People Involved in Care/Interventions			
Name	Roles and Responsibilities	Address	Contact No.
<u>DR DONATHAN</u>	<u>RMO</u>	<u>BIRMINGHAM LANCET</u>	<u>01698 456212</u>
<u>AND MARIE CAIN</u>	<u>MHO</u>		

Aims of Admission	Met	Unmet	Comment	Lead Person
<u>ASSESS MENTAL HEALTH</u>	☒	☐		<u>DR DONATHAN</u>
	☐	☐		
	☐	☐		
	☐	☐		

Medication on Discharge	8am	1pm	6pm	10pm	Medication on Discharge	8am	1pm	6pm	10pm
<u>RISPERIDONE 4MG</u>				☒					
<u>RISPERIDONE CONSTA 25MG</u>	<u>15mg</u>	<u>10mg</u>	<u>10mg</u>	<u>10mg</u>					

Staying Well Plan	Actioned by: (include patient responsibilities)

Patient name: ADAM SMAN	PIMS/CHI number: 2104673933
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Relapse Management Plan (this includes missed appointments or changes to planned interventions)	
List any relapse indicators that would require immediate action or response:	What would be the response:

Known Risk Indicators (tick those that apply or state others)	
☐ Risk to self: self harm, alcohol, drugs, self neglect, absconding, etc. ☐ Risk to others: violence, specific threat directed towards an identified individual or non-specific risk ☐ Environmental: one person visit or two, seen at clinic or public place	Other: (specify)

Risk Management Plan	
Identify the action that should be taken:	By whom:
N/A	

Action to be taken in the event that the relative/carer is no longer able to provide care:
N/A

Action to be taken in the event of unplanned absence of the Lead Professional:
N/A

The person who has agreed to provide care in the absence of the Lead Professional:	
Name: N/A	Telephone number: N/A

Patient or Carer Comments:
N/A

Discharge Summary completed by: (PRINT NAME) DAVID BRISQIS	Patient's Signature: Adam Br...
Signature: David Br...	Date: 11/3/16 C.M. Se...

Continuity of Care/Discharge Summary Copies To:	
Patient: ☒ accepted ☐ declined ☐ Carer (with patient agreement) ☐ Community Team ☒ Consultant ☐ Designated MHO ☐ GP	☐ Independent Advocate ☐ Lead Professional ☐ Named Person ☐ Social Services ☐ Other: (specify)

For general information and advice on mental health matters contact: NHS24 on 08454 24 24 24 and Elament website on www.lanarkshirementalhealth.org.uk

CHI/PIMS No:

(or attach patient label)

[illegible]

CHI 2104673933
Shaw, Andrew
DOB: 21/04/1967 Male
No Fixed Abode

VHS Lanarkshire Mental Health Services
Generic Integrated Care Pathway

NF1 1AB
PiMS P1518904

Referrals

Referred to	Date Referred	Referred by

Patient name: (or attach label)	NHS Lanarkshire Mental Health Services Generic Integrated Care Pathway
PIMS/CHI number:	Mental Health Legislation/ Public Protection

Mental Health Care and Treatment (Scotland) Act: Legal Status

Voluntary/ Subject to an Order	Type of Order, Emergency, Short, CTO	Date and Time Commenced	Detention Pathway Commenced	Signature and Designation

Adults with Incapacity Act (2000)	Yes	No
Has the patient previously been declared incapable in relation to the Adults with Incapacity Act (2000)?	☐	☐
If yes, does the patient have: (tick all that apply)		
☐ An appointed legal guardian		
☐ Appointeeship		
☐ Power of Attorney (Welfare)		
☐ Power of Attorney (Financial)		
☐ AWI Part 4 (Management of Residents Funds) (if yes, complete Patient Finances section in Finance Section)		
If yes, give details and obtain copies of all relevant documentation:		
If NO, should this patient be considered as appropriate for assessment? (please comment)	☐	☐

Criminal Procedures Act	Yes	No
Is the patient subject to the Criminal Procedures Act?	☐	☐
If yes, appropriate Criminal Procedures Act documentation completed?	☐	☐

Patient name:	PIMS/CHI number:
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Public Protection

Adult Support and Protection (Scotland) Act 2007	Yes No
Is the patient subject to Adult Support and Protection Messaging? If yes, please give details:	☐ ☐
If no, is a referral required?	☐ ☐
If yes, date referred: ____ / ____ / ____	

Child Protection Messaging	Yes No
Are there any dependent children subject to Child Protection Messaging? If yes, please give details:	☐ ☐

Multi Agency Public Protection Arrangements (MAPPA)	Yes No
Does the patient's history suggest it would be appropriate to contact the local/area MAPPA office? If yes RMO contacted to make decision and action.	☐ ☐
Are there any risks posed? If yes, action required:	☐ ☐

MAPPA documentation should not be filed in the ICP folder

Other relevant information

Assessor: (Print name)	Signature:	Date and Time: (24 hour clock)
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CHI 2104673933

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

Shaw, Andrew
DOB: 21/04/1967 Male
No Fixed Abode

NF1 1AB
PiMS P1518904

Referrals

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

Referred to	Date Referred	Referred by

Patient name:

PIMS/CHI number:

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

Referred to	Date Referred	Referred by

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

CHI 2104673933

Shaw, Andrew
DOB: 21/04/1967 Male
No Fixed Abode

Children and Dependents

NF1 1AB
PiMS P1518904

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

Patient with Dependent Child under 1 year/Pregnant:

Is patient female and pregnant? Yes ☐ No ☐

If yes, specify Obstetrician and Midwife:

Maternity Services notified of admission? Yes ☐ N/A ☐

Does patient have a child under 1 year old in her custody? Yes ☐ No ☐

If yes, meets criteria for joint admission to Mother and Baby Unit (Tertiary Care)? Yes ☐ No ☐

If yes, and mother agrees to transfer → arrange transfer.

Other Dependent Children

Does the patient have any other dependent children? Yes ☐ No ☐

If yes, please give details of the current care/support arrangements (include details of patient/child relationship, current statutory/voluntary agency involvement)

Child Details – please give details for all dependent children

Child's name	Date of Birth	Age	Parental Responsibility?	Responsible Person's Name and contact details
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	

Children in Care

Does the patient have any children in care? Yes ☐ No ☐

If yes, please give details:

Patient name:

PIMS/CHI number:

Is there an Advance Directive regarding children?
If yes, please give details:

Yes ☐ No ☐

Arrangements for Visiting required?
If yes, please give details:

Yes ☐ No ☐

Risk assessment required regarding contact with children when on pass?
If yes, please give details:

Yes ☐ No ☐

Carers

Is the patient a carer for other adults?
If yes, what arrangements are required?

Yes ☐ No ☐

Social Work support for carers required?
If yes, please give details:

Yes ☐ No ☐

Patients with Other Dependents and Pets:

Does the patient have other dependents and/or pets?

If yes, please give details of the current care/support arrangements (include details of relationship, current statutory/voluntary agency involvement)

Yes ☐ No ☐

Further Information

Name and Signature of Assessor:

Date and Time: (use 24 hour clock)

CHI 2104673933

Shaw, Andrew

DOB: 21/04/1967 Male

No Fixed Abode

NF1 1AB

PiMS P1518904

NHS Lanarkshire Mental Health Services
Generic Integrated Care Pathway (Inpatient)**Mental Health Legislation/
Public Protection***To be completed by medical, nursing and other staff as appropriate***Mental Health Care and Treatment (Scotland) Act: Legal Status**

Voluntary/ Subject to an Order	Type of Order, Emergency, Short, CTO	Date and Time Commenced	Detention Pathway Commenced	Signature and Designation

Adults with Incapacity Act (2000)

Has the patient previously been assessed in relation to the Adults with Incapacity Act (2000)? If YES, please give details: Yes ☐ No ☐

If NO, should this patient be considered as appropriate for assessment? (please comment) Yes ☐ No ☐

Criminal Procedures Act

Is the patient subject to the Criminal Procedures Act? Yes ☐ No ☐

If yes, appropriate Criminal Procedures Act documentation completed? Yes ☐ No ☐

Other

Patient name:

PIMS/CHI number:

Public Protection

Adult Support and Protection (Scotland) Act 2007

Is the patient subject to Adult Support and Protection Messaging?

Yes ☐ No ☐

If yes, please give details:

Child Protection Messaging

Are there any dependent children subject to Child Protection Messaging?

Yes ☐ No ☐

If yes, please give details:

Multi Agency Public Protection Arrangements (MAPPA) – MAPPA documentation should not be filed in the ICP folder

Does the patient's history suggest it would be appropriate to contact the local/area MAPPA office? Yes ☐ No ☐

If yes give details:

Are there any risks posed?

Yes ☐ No ☐

If yes, action required:

Name and Signature of Assessor:

Date and Time: (use 24 hour clock)

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) Reset

MEDICAL PRACTITIONER DETAILS

SURNAME:

OKUDO

FIRST NAME:

UNOMA

PROFESSIONAL ADDRESS:

ROXBANK CLINIC

133 BALORNOCK ROAD

GLASGOW G21 8UC

GMC NUMBER

7072589

SUMMARY OF RELEVANT HISTORY

Mr Shaw has had previous contact with Firenzie 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 Oliver 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/mumble to himself and then say things like "I haven't done anything".

He spoke about wanting the voices 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 distressed and cried 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 voices 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 suggest 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)*

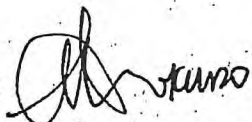
I consider that _____ Hospital is suitable for the purpose of assessing whether the conditions mentioned above are met in respect of the above named person.

(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:



Designation:

ST4 in Forensic Psychiatry

Qualifications:

MRChB MRCPsych

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.

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

CHI 2104673933

Shaw, Andrew

DOB: 21/04/1967 Male

No Fixed Abode

Finance

NF1 1AB

PiMS P1518904

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

Benefits

Does the patient have any issues relating to benefits?

Yes ☐ No ☐

If yes, please give details:

Actions required?

Yes ☐ No ☐

If yes, please give details:

Debt

Does the patient have any issues relating to debt?

Yes ☐ No ☐

If yes, please give details:

Actions required?

Yes ☐ No ☐

If yes, please give details:

Financial Health (also see Core Mental Health Assessment re appointed legal guardians))

Does this patient require finances to be managed by the hospital (under Part 4 of the Adults with Incapacity Act 2000)?

Yes ☐ No ☐

If yes, detail any actions required:

Does the patient have any other issues relating to financial health?

Yes ☐ No ☐

If yes, please give details:

Actions required?

Yes ☐ No ☐

If yes, please give details:

Has the patient been offered an income maximisation assessment?

Yes ☐ No ☐

If no, please give reasons:

PLEASE DO NOT PUT A PATIENT IDENTIFICATION LABEL ON THIS PAGE

NHS Lanarkshire Mental Health Services: Outcomes Based Variance Analysis Form

Generic Mental Health ICP (Inpatient)

Please complete this form by transferring information from the questions marked with the symbol ' / ' throughout this document to the matching questions below. **PLEASE USE BLOCK CAPITALS.**

1. Hospital and Ward:	Airbles Colville ☐ Cleland Parkside North ☐ Coathill Glen Orchy ☐ Monklands Ward 25 ☐ Wishaw Ward 2 ☐	Beckford Iona Ward ☐ Cleland Parkside South ☐ Hairmyres Ward 19 ☐ Udston Brandon ☐ Wishaw Ward 3 ☐	Beckford Rehabilitation ☐ Coathill Glencairn ☐ Hairmyres Ward 20 ☐ Udston Clyde ☐	Caird House ☐ Coathill Glen Nevis ☐ Monklands Ward 24 ☐ Wishaw Ward 1 ☐
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	Yes	No	
2. If 'Consent to Share Information' NOT given by patient, has a review date been recorded? Lanarkshire Information Sharing Protocol, Obtaining Consent Good Practice Guidance, January 2011	☐	☐	If not recorded, please give reason: ☐
3. Does the patient have a Named Person? Part 17 Chapter 1 Mental Health (Care and Treatment Scotland) Act 2003	☐	☐	If no, reason: ☐ Not applicable/patient does not wish to have one ☐ Other: (please specify)
4. Were the details of and reasons for unsuitability of alternatives to admission recorded? Section 1, Admissions to Adult Mental Health Inpatient Services, March 2009	☐	☐	If no, please give reason: ☐
5. Has the Lanarkshire Suicide Assessment and Treatment Pathway been commenced if indicated? NHS Lanarkshire Policy, Dec 2006	☐	☐ Not Indicated ☐	If no, reason: ☐ Unable to due to patient condition ☐ Other: (please specify)
6. Has the Care Programme Approach (CPA) been considered for this patient? Section 275-276 Mental Health (Care and Treatment Scotland) Act 2003	☐	☐	If no, reason: ☐ Not applicable ☐ Other: (please specify)
7. Has a Risk Assessment been completed and any actions incorporated into the Outcomes Plan? Section 2, Admissions to Adult Mental Health Inpatient Services, March 2009	☐	☐	If no, reason: ☐ Unable to due to patient condition ☐ Other: (please specify)
8. Has MyRAP or other Recovery Plan been discussed? Section 4, Admissions to Adult Mental Health Inpatient Services, March 2009	☐	☐	If no, reason: ☐ Unable to due to patient condition ☐ Patient declined ☐ Other: (please specify)
9. Has the patient been advised regarding the development of an Advance Statement? Section 1, Admissions to Adult Mental Health Inpatient Services, March 2009	☐	☐	If no, reason: ☐ Unable to due to patient condition ☐ Patient already has an Advance Statement ☐ Not applicable ☐ Other: (please specify)
10. Was the patient (and other appropriate parties) given a Discharge Summary? Section 6, Admissions to Adult Mental Health Inpatient Services, March 2009	☐	☐	If no, reason: ☐ Unable to due to patient condition ☐ Patient declined ☐ Other: (please specify)
Completed by: (PRINT NAME)		Signature:	
		Date:	

On discharge please send completed forms to: Clinical Quality Team (Mental Health), Netherton House, Wishaw General Hospital, 50 Netherton Street, Wishaw, ML2 0DZ. Phone: 01698 366553



SECTION 14 CARER INFORMATION

THIS SECTION WILL HOLD ALL CARER INFORMATION INLINE WITH TRIANGLE OF CARE EXPECTATIONS. IT SHOULD BE NOTED THAT THIRD PARTY CONFIDENTIAL INFORMATION WILL BE STORED HERE AND SHOULD BE REMOVED AS APPROPRIATE

- 1. DISCLOSURE OF CARE**
- 2. FAMILY CONTACT INFORMATION**
- 3. RECORD OF CARER CONTACT / NAMED PERSON INFORMATION**
- 4. CARER ASSESSMENT / PLAN
(THIRD PARTY CONFIDENTIAL)**

