Subject Access Request Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

Private

MMA Legal Ltd
23 Goodlass Road
Building B
Speke Liverpool
L24 9HJ

Date: 26th June 2026
Your Ref: 100857
Our Ref: SAR / ACCESS / CF
Enquiries to: Caroline
Direct Line: 0141 201 3380
Email: Caroline.Forsyth@ggc.scot.nhs.uk

Dear Sir / Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: Wesley Phillips D.O.B: 05/02/1982

Thank you for your recent request in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

GLASGOW ROYAL INFIRMARY RECORDS

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Subject Access Request Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☑		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
Lanarkshire
G31 2ER

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 24/12/2014

Consultant: Mr Rudy Crawford

CJ Johnstone
The Barony Practice
Northcroft Medical Centre
Paisley
Paisley
PA3 4AD

Dear CJ Johnstone

Re: **Phillips Wesley** DOB: **05/02/1982** CHI: **0502823496**
0/2 51 Thrushcraig Crescent
Paisley PA2 6PP

Attended on: **24/12/2014 at 12:01 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **3**

Presenting complaint
mental health

Nursing Assessment:
pt feeling suicidal, requesting to see psychiatrist. prev hx of self harm. pt moved to majors for observation

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Suicidal Ideation		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Suicidal for 2 weeks, no particular reason but taking heroin, and drinking heavily. Problems with housing and debt collectors after him. Discussed with CPN, they did not feel he needed to be seen and has follow up at the CAT East Renfrewshire. Has attended of his own doing, but left saying he will kill himself.

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Hannah Bell
Doctor

Copies to:

1. CJ Johnstone (GP)

School Address:

CHI: 0502823496

Glasgow Royal Infirmary

CPR.

Total Att: **20**

12 Mth Att: **4**

Title: **MR**

PHILLIPS **Wesley**

DOB: **05/02/1982** Age: **32y** Sex: **Male**

0/2 51 Thrushcraig Crescent

Paisley
Renfrewshire
PA2 6PP

Next of kin: **UNKNOWN, CHRISTINE**
Relationship: **Mother**

GP: **CJ Johnstone**
0141 889 3732

TR14029676

Attendance Date: **24/12/2014** Arrival Time: **12:01**

Registration Time: **12:01** Date of Incident: **24/12/2014**

Major Incident Desc:

Reason for Attendance: **mental health**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **24/12/2014 12:14** Nurse name:

Temp	**36.1**	C
HR	**68**	bpm
BP	**140/75**	mmHg
MAP	**96.67**	mmHg
RR	**16**	bpm
SpO2	**96**	%
Oxygen		%

BM	**3.4**	mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	**4**
Motor	**6**
Verbal	**5**
Total	**15**

Pupils Right		Pupils Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **pt feeling suicidal, requesting to see psychiatrist. prev hx of self harm. pt moved to majors for observation**

0502823496 05/02/1982 PHILLIPS Wesley
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0502823496 05/02/1982 PHILLIPS Wesley

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	Clinical Notes
	Seen By Dr H. Bell. — Time Seen 1245
24/12/14	32 ♂
	PC/ Suicidal
	- Feeling suicidal for 2/52
	Out of prison 9/52 ago - staying with his Dad as debt collectors are 'after him'. Now fallen out with Dad.
	Taking heroin + diazepam + 1L vodka/day.
	No other family or friends
	Wants to jump in front of a bus or hang himself.
	Not taking his medication (Citalopram + Amisulpride)
	PMHx => Personality Disorder
	O/E
	Denies hallucinations/paranoia
	Eye contact (N)
	Suicidal ideation - but attended own will
	Imp
	Alcohol/Drugs/suicidal - crisis team input

D/W CRN - DNA appt next; Needs to access CAT; Can't remember we; Does not need to be seen; - explained to patient; - he left saying he will kill himself

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

Glasgow Emergency Departments
Mental Health Triage and Risk Assessment

this side to be completed by triage nurse

name Wesley Phillips
DoB
CHI 0502823496

1. Triage observations

document physiological measurements

GCS	BM	HR	BP	RR	SaO^2	Temp
15	3.4	68	140/75.	16	96(A)	36.1

accompanied by...

name, relationship, particular concerns

Blue Jeans
White trainers
Blue Jumper
Brown hair.

briefly describe patients attending alone (they may leave before assessment)

2. Outline of presentation

tick all those categories which apply and provide a brief summary

overdose – will require medical assessment	
self-injury – will require wound management	
other mental health presentation	✓

Feeling suicidal

3. Initial presentation, appearance and behaviour

respond yes or no to each question

Is the patient violent, aggressive or threatening?	Yes		(No)
Is the patient obviously distressed, markedly anxious or highly aroused?		Yes	(No)
Is the patient quiet and withdrawn?		Yes	(No)
Do you think the patient is behaving inappropriately to their situation?		Yes	(No)
Do you think the patient presents an immediate risk to you, to others, or to themselves?	Yes		(No)
Do you think the patient is likely to abscond prior to assessment?	Yes		(No)
Do you think the patient's presentation suggests either delusions or hallucinations?*	Yes		(No)
Do you think the patient's presentation suggests they feel their actions are being controlled?	Yes		(No)
Are you aware of a history of violence or self harm?		(Yes)	No
Are you aware of a history of mental health problems or psychiatric illness?		(Yes)	No

*Delusions; false but firmly held views and ideas. Hallucinations; false external stimuli (e.g. visual or vocal) the patient thinks are real

any responses in the first column → **High Risk**

4. Triage Risk Assessment

indicate an initial category of risk by circling one and selecting one or more risks

High / Moderate / Low risk

of self-harm/violence/absconding in department

other patients can be categorized as... **Moderate Risk**

unless all responses are in the third column → **Low Risk**

Triage Category	3.	high risk – supervised *and* in the department moderate risk – supervised *or* in the department low risk – can be asked to wait if necessary

5. Immediate management

print toxbase information and in paracetamol overdose, document 4 hour time for sample

Patient location, supervised by...	Majors.		
blood sample time?		toxbase information printed?	

print name LISA WILSON

signature _____

date 24/12/14 time 1213.

Emergency Department Mental Health Assessment

this side to be completed by medical staff

outline of current presentation and precipitating factors

previous mental health problems, self harm, addictions, medication etc

other relevant information; relationships, finances, employment, housing, physical health, childcare etc

Appearance	Behaviour	Speech
Mood	Thought	Insight

Is the patient a carer for a child or dependent adult?	Y/N
Is there a child protection concern?	Y/N

Risk assessment

based on clinical assessment, indicate a category of risk of a further episode of self-harm in the short term (<8 hrs) considering any protective as well as precipitating factors

High / Moderate / Low

negative responses in the 4 categories highlighted may allow patients to be categorised as low risk

Suicide Risk Factors (yes/no/unknown)			
male gender	y	n	u
age <18 or >65	y	n	u
depression	y	n	u
alcohol or drug use	y	n	u
separated, widowed, divorced	y	n	u
suicide plan/concealment	y	n	u
evidence of psychosis	y	n	u
ongoing suicial intent	y	n	u
lack of social support	y	n	u
chronic physical illness/pain	y	n	u
family history of suicide	y	n	u
family concern about risk	y	n	u
disengaged/poor compliance	y	n	u
unemployed or retired	y	n	u
access to lethal means of harm	y	n	u
previous violent methods	y	n	u
history of self-harm/overdose	y	n	u
previous psychiatric treatment	y	n	u
current psychiatric treatment	y	n	u
current use of benzodiazepines	y	n	u

Summary and plan for further assessment

referral to liaison psychiatry, duty doctor, CPN service, CMHT, GP, addiction services, etc

Summary

Service referred to	time of referral

for patients awaiting assessment, indicate where they should wait, and who will supervise them; for patients to be transferred, indicate means of travel and anyone who will accompany them; for other outcomes, indicate the follow-up plan and name and relationship of the carers informed of this plan.

print name _____

signature _____

date _____ time _____

CHI: 0502823496

Glasgow Royal Infirmary

16

Total Att: 16

12 Mth Att: 1

Title: MR

PHILLIPS **Wesley**

DOB: **05/02/1982** Age: **31y** Sex: **Male**

0/2 51 Thrushcraig Crescent
Paisley
Renfrewshire
PA2 6PP

Next of kin: **UNKNOWN, CHRISTINE**
Relationship: **Mother**

GP: **CJ Johnstone**
0141 889 3732

Attendance Date: **24/12/2013** Arrival Time: **17:42**

Registration Time: **17:42** Date of Incident: **21/12/2013**

Major Incident Desc:

Reason for Attendance: **mental health prob ?**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **2** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **24/12/2013 17:59** Nurse name: **Nurse Rhona Ferguson**

Temp	**36.1**	C
HR	**89**	bpm
BP	**119/72**	mmHg
MAP	**87.67**	mmHg
RR	**18**	bpm
SpO2	**96**	%
Oxygen		%

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	**4**
Motor	**6**
Verbal	**5**
Total	**15**

Pupils Right		Pupils Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: **Feeling depressed ove last week states having suicidal thoughts, tried to throw imself in front of a car earlier-no injuries sustained- also hearing voices saying people are going to kill him.. hx of personality disorder attends psychiatrist every 6 wks, no CPN. patient alone. cat 2 as high risk on mental health risk assessment. taken to main dep for supervision**

0502823496 05/02/1982 PHILLIPS Wesley
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To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	Clinical Notes
24/12/13	Seen By M. Murchie — Time Seen 18:15

Pt states has been hearing voices for 3/52
- voices pervasive & paranoid
- told him people are out to kill him, so he had better kill himself first.

Has been feeling suicidal for last 1/52.
- tried to kill self today by jumping infront of car
- passer by pulled him out of way.
- states that if allowed (H) would try to kill self.
- known to addiction services & on methadone & subutex.

D/w psych => will admit to ward 3 parkhead.

M Murchie

Pt states had dog bite 3/52 => wound clean & mostly healed. up to date with tetanus => no booster required

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

Emergency Department
Mental Health Triage and Risk Assessment

NHS Greater Glasgow and Clyde

Emergency Department Triage
This side to be completed by triage nurse

Patient Name Wesley Phillips
DoB 05/02/82 CHI 0502823496

Triage Observations
Document physiological measurements

GCS	BM	HR	BP	RR	SaO_2	Temp
15		89	119/72	18	96%	36·1

Accompanied by...
Name, relationship, particular concerns

Grey T-shirt, turquoise puma logo black trousers, black shoes. Green jacket blue Rangers cap brown hair stubbled

Or describe the patient's physical appearance/clothing if attending alone as they may leave before assessment

Is the patient a young person in foster care or in a residential care placement? Yes/No

Is the patient a carer for a child or for a dependent adult? Yes/No

Is there a child protection concern or concern for an adult at risk? Yes/No

Outline of Presentation
Tick all those categories which apply and provide a brief summary

Overdose – will require medical assessment		
Self-Injury - will require wound management		
Other Mental Health Presentation	✓	suicidal thoughts

Initial Presentation, Appearance and Behaviour
Respond yes or no to each question, in any order which seems appropriate

Is the patient violent, aggressive or threatening?	Yes		(No)
Is the patient obviously distressed, markedly anxious or highly aroused?		Yes	(No)
Is the patient quiet and withdrawn?		Yes	(No)
Do you think the patient is behaving inappropriately to their situation?		Yes	(No)
Do you think the patient presents an immediate risk to you, to others, or to themselves?	Yes		(No)
Do you think the patient is likely to abscond prior to assessment?	Yes		(No)
Do you think the patient's presentation suggests either delusions or hallucinations?*	(Yes)		No
Do you think the patient's presentation suggests they feel their actions are being controlled?	Yes		No
Are you aware of a history of mental health problems or psychiatric illness?		(Yes)	No
Are you aware of a history of violence or self harm?		(Yes)	No
Is the patient currently expressing suicidal thoughts	(Yes)		No

*Delusions; false but firmly held views and ideas. Hallucinations; false external stimuli (e.g. visual or vocal) the patient thinks are real

Triage Risk Assessment
Indicate an initial category of risk by circling one and selecting one or more risks

High/Moderate/Low Risk

of self-harm/violence/absconding in department

Triage Category		
		high risk – supervised *and* in the department
		moderate risk – supervised *or* in the department
		low risk – can be asked to wait if necessary

Any responses in the first column

0502823496
PHILLIPS M
Wesley 05/02/1982
0/2 51 Thrushcraig Crescent
Paisley, Renfrewshire
PA2 6PP

Low Risk

Immediate Management
Print toxbase information, and in paracetamol overdose, document 4 hour time for sample

Patient location, supervised by...	on seat in front of porters.		
Blood sample time?		Toxbase Information Printed?	

Print Name R Ferguson

Signature RF

Date 24.12.13 Time 1805

Emergency Department Mental Health Assessment

This side to be completed by medical staff

Outline of current presentation and precipitating factors

Previous mental health problems, self harm, addictions, medication etc

Other relevant information; relationships, finances, employment, housing, physical health, childcare etc

Appearance	Behaviour	Speech
Mood	Thought	Insight

Risk Assessment

Based on clinical assessment, indicate a category of risk of a further episode of self-harm in the short term – 48 hrs – considering any protective as well as precipitating factors

High/Moderate/Low

Summary and Plan for Further Assessment

Referral to liaison psychiatry, duty doctor, CPN service, CMHT, GP, addiction services, SW, etc

Summary

Service Referred to	Time of Referral

Discharge

Indicate the follow-up plan, advice given, and identities of others informed of the decision

Follow up and advice	Carer informed

Name and Designation of Consultant or Middle-Grade Involved in Reviewing Patient	

Risk Factors (yes/no/unknown)

male gender	y	n	u
age >18 and <65	y	n	u
depression	y	n	u
alcohol or drug use	y	n	u
separated, widowed, divorced	y	n	u
suicide plan/concealment	y	n	u
evidence of psychosis	y	n	u
ongoing suicial intent	y	n	u
lack of social support	y	n	u
chronic physical illness/pain	y	n	u
family history of suicide	y	n	u
family concerned about risk	y	n	u
disengaged/poor compliance	y	n	u
unemployed or retired	y	n	u
access to lethal means of harm	y	n	u
previous violent methods	y	n	u
history of self harm/overdose	y	n	u
previous psychiatric treatment	y	n	u
current psychiatric treatment	y	n	u
current use of benzodiazepines	y	n	u

If young people in foster or residential care are assessed, their social work team should be informed, (via standby SW if out-of-hours), *and* correspondence given to carers present.

Print Name _____

Signature _____

Date & Time _____