Patient Details			
Name	Andrew Shaw		
Date of Birth	21/04/1967		
Permanent Address	c/o Iona Ward, Beckford Lodge, Hamilton, ML3 0AL		
Telephone Number	01698 456212		
CHI Number	2104673933		
Sex	Male		
Occupation	Unemployed		
Marital Status	Single		
Religion	Christian		
Ethnic Origin (Standard Codes)	White/Scottish		
First Language	English		
Communication Assistance Required? (Yes/No)	No		
Hospital	Beckford Lodge		
Ward	Iona Ward		
Date of Admission	25/01/21		
Phone Number	01698 456212		
Responsible Local Authority	South Lanarkshire Council		
Responsible Health Board	NHS Lanarkshire		
Named Person	None		
Relationship to Patient			
Address			
Phone Number			
Next of Kin			
Relationship to Patient			
Address			
Phone Number			
Useful Contacts			
Designation:	Name:	Office Hours Contact Number	Out of Hours Contact Number
Key Worker/Care Coordinator	Katie Durcan	01698 456212	SEE TRAFFIC LIGHT PLAN
RMO	Dr Isobel Campbell	01698 456215	
MHO	Claire McCarrison	01355 597457	
General Practitioner	Dr Reddy	01698 456215	
Scottish Government	Restricted Patients Team	0131 244 2457	
CPA Coordinator	Admin Staff	01698 456215	

Legal Details	
Legal Status & Section	Treatment Order
Date of Conviction/Insanity Acquittal (if appropriate)	
Date order began	18/02/2021 – expires 17/08/21
Date of most recent statutory review	
Next 2-month statutory review period	
RMO details	Dr Isobel Campbell Consultant Forensic Psychiatrist
MHO details	Claire McCarrison
For Determinate Sentences Liberation date/ Parole Qualifying date	N/A
For Life Sentences Punishment part	N/A
Index Offence	
Details of Index Offence	ROAD TRAFFIC OFFENCE – ROAD TRAFFIC ACT 1988 S4(1)
Brief Statement	Drove vehicle when unfit to drive through drink or drugs
Subject to Requirements of other Legislation	
Notifiable under part 2, Sexual Offences Act 2003 (2) Yes / No *	No
If yes to above – Detail offence(s) and period of order *	N/A
Schedule 1 Notification Yes/ No *	No
MAPPA Status	
Is patient subject to MAPPA? (Yes/ No)	MAPPA
Local Office	Hamilton
MAPPA Coordinator Name	Kenny Dewar
Contact Number	01698 455459
MAPPA Level	

Driving Licence	
Does patient hold a current driving licence	No
If yes, have DVLA been informed of current status	N/A
Specify any restrictions in place	N/A

Compulsory Treatment Details				
Compulsory Measures authorised under Mental Health (Care and Treatment) (Scotland) Act 2003	Detained in Iona Ward, Beckford Lodge, Hamilton, ML3 0AL. Medical treatment in accordance with Part 16 of the Act			
Date of T2 / T3 Certificate	N/A – TO BE ARRANGED BY DR CAMPBELL			
Description of Treatments authorised by T2 or T3 certificates				
Conditions Set for Conditional Discharge				
Safeguarding Children				
Is the patient likely to have contact with own or other children?	No			
Child Protection Liaison Officer	Name		Contact No	
Outcome of Child Protection Case Review				
Safeguarding Adults at Risk				
Is the patient likely to have contact with an adult at risk of harm?	No			
Adult Protection Coordinator	Name		Contact No	
Outcome of Adult Protection Case Conference				
Advance Statement				
Does the patient have an Advance Statement?	No			

Details of those involved in CPA		
Name	**Contact Address**	**Telephone**
Dr Isobel Campbell	Consultant Forensic Psychiatrist, Iona Ward, Beckford Lodge, Hamilton	01698 456215
Katie Durcan	Primary Nurse, Iona Ward, Beckford Lodge, Hamilton	01698 456212
Claire McCarrison	MHO	01355 597457
Caroline Watson	Senior Charge Nurse, Iona Ward, Beckford Lodge, Hamilton	01698 456212
Dr Caroline Brodie	Psychology, Iona Ward, Beckford Lodge, Hamilton	01698 456215
Kevin Jamieson	Occupational Therapy, Iona Ward, Beckford Lodge, Hamilton	01698 456215
Restricted Patients Tea	The Scottish Government	0131 244 2546
Admin Staff – Iona Ward	Iona Ward, Beckford Lodge, Hamilton	01698 456215
Offender Management Unit	Police Scotland, Motherwell	01698 483201
Gerard Smith	MAPPA Manager, Caird House, Hamilton	01698 456248

CARE AND TREATMENT PLAN
Compulsory measures: 1. Medical treatment in accordance with Part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003. 2. Detention in Iona/Gigha Ward, Beckford Lodge, Hamilton
Date of Certificate T2/T3? TO BE ARRANGED
RECORDED MATTERS AS DETERMINED BY THE TRIBUNAL: N/A

PROBLEMS / NEEDS:
1. Psychotic Illness
2. History of childhood trauma
3. History of potentially life threatening suicide attempts
4. Long history of institutional care
5. History of benzodiazepine dependence
6. History of disengagement from mental health services
7. Two outstanding court cases
8. Poor diet associated with morbid obesity

STRENGTHS:
1. Degree of resilience
2. Current openness for engagement and support
3. Motivated to change
4. Retention of information from psychological sessions
5. Willingness to practice grounding strategies
6. Warm and compassionate personality when engaging with fellow peers and staff. Able to build relationships with peers and staff.
7. Seeks support from staff

CARE AND TREATMENT PLAN OBJECTIVES

*** = Violence Risk Factor**

Issue/Problem	* Y/ N	Intervention (or management strategies required) and date it was originally set	Name of staff responsible
Objective 1: Address mental health issues			
Psychotic Illness		Management of medication and monitoring of symptoms and side effects	MDT
Trauma		CBT for psychosis with a trauma informed approach. Grounding strategies and psycho-education will be focus initially.	Psychology
Substance Misuse Problems		Input to be considered when felt appropriate	Psychology
Objective 2: Address physical health and health promotion issues			
Morbid Obesity		BMI currently 41.8 - Refer to a Dietician for nutritional advice in an attempt to help to lose weight	MDT
		Annual physical health checks and other physical health monitoring as required	MDT
		Gradual encouragement of gentle movement to increase level of fitness	MDT / OT
Objective 3: Address any cultural, spiritual or diversity issues (including disability access if relevant)			
To be confirmed			Nursing Staff
Objective 4: Address offence-related therapeutic issues			
Maladaptive coping strategies		Work to be undertaken to consider triggers to offending and offence related maladaptive coping strategies	Psychology
Risk Assessment		HCR20 Risk Assessment to be completed and updated annually	MDT
Objective 5: Address Forensic Rehabilitation			
Structured Activities		Encourage participation to provide structure to daily routine and diversion from psychotic phenomena.	OT
Functional Skills		AMPS to be carried out – good level of self-care noted	OT
Leisure Pursuits		To explore what activities may be of interest and alternative to cars	OT / Nursing

Objective 6: Address any family issues			
Family Contact		Encourage contact with family and friends – continue to monitor family interactions	MDT

Objective 7: Address other social care issues			
Housing		Not applicable at the current time	
Benefits		Ensure correct benefits are being received	MHO
Community Supports		Not applicable at the current time	

Objective 8: Address daily living functions			
Ongoing assessment		Ongoing assessment with regards to structured daytime activities, leisure activities and level of functioning	MDT

Objective 9: Develop / review future plans			
Legal Status		Currently appropriately detained under a Treatment Order (Section 52M) – to be reviewed at appropriate junctures.	RMO / MHO
Court		Decision to be made if able to attend any further court appearances.	RMO

RECORD OF PATIENT VIEW OF OBJECTIVES

Andrew did not attend today's CPA Meeting. In general he has been keen to engage in his treatment plan and has demonstrated an ability to retain and use information and techniques discussed during psychological work. He will also speak to nursing staff about concerns regarding his physical health, mental health and medication.

Dr Isobel Campbell
Locum Consultant Forensic Psychiatrist

Relevant risk factors

Diagnosis of personality disorder.
History of psychotic illness and depressive illness.
History of self-harm
Past attempts of suicide,
Recent suicidal attempt/ ideation in prison.
Extensive Forensic offending history

The following CONTINGENCY ACTIONS should be followed by whoever first has it brought to their attention:

RELAPSE INDICATORS	CONTINGENCY ACTIONS
GREEN **Mental Health** • No evidence of psychotic or depressive symptoms • Consistent engagement with service providers • No aggression or hostility evident • Demonstrates some insight into his mental illness • Positive attitude towards his recovery • Behaviours and interactions with others give no cause for concern **Alcohol / Drug Misuse** • No evidence of drugs of abuse • Clear drugs of abuse screens **Violence** • No evidence of threats or aggression • No thoughts of harm to self or others **Disengagement** • Compliant with treatment plan • Keeps appointments • Interacting appropriately with service providers • Remains motivated towards recovery • Engages well with ward based activities and OT groups • Engages with psychological therapies	• Continue current treatment • Inpatient status

AMBER **Mental Health** • Prolonged periods of anxiety, suspiciousness, paranoia, withdrawal. • Voicing paranoid delusional ideation • Voicing intent to harm others • Evidence of hallucinations • Non-compliance with medication • Non-compliance with treatment programme • Elevated mood over a period of 48-72 hours • Family members expressing concern in relation to exhibiting unusual behaviour or speech **Alcohol / Drug Misuse** • Refusal to undertake drugs of abuse screen • Evidence of having consumed drugs / alcohol • Association with known substance abusers • Impaired physical coordination and slurring of speech as a result of suspected alcohol / drug consumption **Violence** • Threatening [covertly] / aggressive behaviour • Reporting command hallucinations • Breakdown in family relationships • Evidence of plans to harm others **Disengagement** • Missed appointments / isolation / non compliance / avoidance. • Persistent refusal to actively engage with care providers in assessment process **Escorted/ unescorted leave from ward.** • Failure to return from unescorted leave at agreed times. • Resistance to returning to the ward with staff when being escorted in the community. • Challenging and/or obstructive behavior. • Non compliance with agreed activity plan when on leave. • Absconding.	• Communicate to all members of clinical team & consider urgent CPA review • Inform RMO, Dr Isobel Campbell, on 01698 456215 within 24 hours • Inform MHO, Claire McCarrison, 01355 597457on within 24 hours • Contact levels with all services to be increased / decreased in response to his presentation and associated risks • Inform Senior charge nurse or charge nurse • Increase 1;1 interactions • Ensure compliance with prescribed medications • Monitor and assess general presentation and interactions with staff and peers • Follow and adhere to NHS guidelines re: PRN medication if necessary • Observation level to be increased if necessary • Risk assess visits from family members • Suspend unescorted suspension of detention until discussed with RMO/ MDT. • Consider communicating concerns to Scottish Government, Mental Health division (restricted patients) 0131 556 8400. **Escorted/ unescorted leave from ward.** • Any incidents of violence/ aggression during staff escorted leave will be immediately reported to police Scotland (999) via ward mobile then to ward base. • Where patient absconds during staff escort then escorting staff member (via ward mobile) will report this to police Scotland (999). NHS Lanarkshire missing patient protocol and individual traffic light contingency plan will be implemented thereafter. • All agencies involved in escorting patient in the community will be appraised of above contingency and ensure they have a means of communicating any issues immediately (mobile). • Any concerning reports received regarding patient's conduct while on unescorted leave should be communicated as per above within/ without office hours guidelines and/or police Scotland (999) depending upon assessment of the circumstances. • Failure to return from planned leave and/or other absconding will result in NHS Lanarkshire missing patient policy being implemented with police Scotland being (101) contacted in the first instance.

RED

Mental Health
- Persistent expression of delusional ideation
- Expression of command hallucinations to harm
- Non compliance with medication

Alcohol / Drug Misuse
- Decompensation via drug / alcohol abuse.
- Positive drug / alcohol screen
- Appears intoxicated

Violence
- Direct threats of harm / violence
- Acts of violence
- Carrying weapons

Disengagement
- Continued refusal to attend therapeutic interventions
- Refusal to allow access of / or engage with appropriate service personnel.

Escorted/ unescorted leave from ward.
- Failure to return from unescorted leave at agreed times.
- Resistance to returning to the ward with staff when being escorted in the community.
- Challenging and/or obstructive behavior while on escort.
- Non compliance with agreed activity plan when on leave.
- Absconding.

WITHIN WORKING HOURS
- Inform Scottish Government Mental Health Division within 24 hours on 0131 556 8400 and follow Memorandum of Procedure on Restricted Patients – MOP 2005
- Inform RMO, Dr Isobel Campbell, on 01698 456215 within 24 hours
- Inform MHO, Claire McCarrison on 01355 597457 within 24 hours
- Suspend suspension of detention until discussed with RMO/ MDT.
- Assess for increase in observation status.

OUTWITH WORKING HOURS:
- Contact Duty Consultant via duty rota held at Monklands Hospital on 01236 748748
- Inform Scottish Government Mental Health Division within 24 hours on 0131 556 8400 and follow Memorandum of Procedure on Restricted Patients – MOP 2005
- Contact Department of Social Work standby service for South Lanarkshire on 0800 678 3282 / or North Lanarkshire on 0800 121 4114 immediately
- Suspend suspension of detention until discussed with RMO/ MDT.
- Assess for increase in observation status.

Escorted / unescorted leave
- Refusal to return to the ward from unescorted leave will be reported to police Scotland (emergency 999) in the first instance and where necessary NHS Lanarkshire missing patients' protocol implemented thereafter.
- Any incidents of violence/ aggression during staff escorted leave will be immediately reported to police Scotland (ward mobile) then to ward base.
- Where patient absconds during staff escort then escorting staff member (via ward mobile) will report this to police Scotland (999). NHS Lanarkshire missing patient protocol and individual traffic light contingency plan will be implemented thereafter.
- All agencies involved in escorting patient in the community will be appraised of above contingency and ensure they have a means of communicating any issues immediately (mobile).
- Any concerning reports received regarding patient's conduct while on unescorted leave should be communicated as per above within/ without office hours guidelines and/or police Scotland (999) depending upon assessment of the circumstances.
- Failure to return from planned leave and/or other absconding will result in NHS Lanarkshire missing patient policy being implemented with police Scotland being (101) contacted in the first instance.

RISK SUMMARY (continued)		
Victim Considerations		
	Yes/No	**Details**
Is/are there specific person(s) whom the patient poses a risk to?	No	
Does the patient pose a potential risk to certain types of people? (e.g. children, women, vulnerable adults)	No	
Monitoring & Supervision Requirements		
In Hospital	Nursing observation level	General
	Restrictions regarding contact with staff	As per ward protocol
	Restrictions regarding access to indoor areas	As per ward protocol
	Restrictions regarding access to outdoor areas	As previously agreed with MAPPA and the Scottish Government
	Restrictions on telephone use and letters	As per ward protocol
	Room searches	As per ward protocol
	Personal searches	As per ward protocol
	Alcohol/drug testing	As per ward protocol
	Access to sharps & other utensils	As per ward protocol
	Visitors	As per ward protocol
	Other hospital requirements	None
In the Community	Escort requirements	As agreed by MAPPA and the Scottish Government
	Special considerations for staff visiting patient	Not applicable
	Special consideration for out-patient appointments	As agreed by MAPPA and the Scottish Government
	Alcohol/drug testing	As per ward protocol
	Other community requirements	Not applicable

CASE CONFERENCE / CPA MEETING
TREATMENT PLAN REVIEW

Clinical Team	Present		Present
RMO – Dr Isobel Campbell	√	Housing – N/A	
Staff Grade / SHO – N/A		Social Worker / MHO – Claire McCarrison	√
Admin Staff – Carole Barclay	√	FCPN – N/A	
Psychologist – Dr Caroline Brodie	√	Support Worker – N/A	
Nursing Staff – SN Sophie McCulloch	√	Patient – Andrew Shaw	X
Key Worker –		NOK / Named Person – N/A	
OT – Kevin Jamieson	X	Other – SN Chris Morrison	√

REPORTS

PSYCHIATRY

Mr Shaw was admitted to Iona Ward from HMP Barlinnie under Section 52(D) of the Criminal Procedure (Scotland) Act 1995 on 25/01/21. He was remanded to HMP Barlinnie after allegedly committing various road traffic offences. Soon after being remanded it became apparent that his mental health was extremely poor. He was seen by Dr Melanie Baker Consultant Forensic Psychiatrist who had previous knowledge of him. She assessed him as floridly psychotic and sought to arrange his transfer to hospital for further assessment and treatment. Additional restrictive measures were necessary in prison to maintain his safety since he had been found to have placed a ligature around his neck in an attempt to hang himself. Mr Shaw has a long history of contact with both general adult psychiatric services and forensic mental health services both in Glasgow and Lanarkshire. He has a considerable trauma history with multiple adverse childhood events.

The diagnosis has historically been considered to be mixed personality disorder and he was an in-patient in Beckford Lodge in 2016 under similar circumstances. On this occasion Andrew Shaw was floridly psychotic. He was overwhelmed by auditory hallucinations and tactile hallucinations. He was weepy and distressed, wringing his hands constantly and avoiding eye contact. He had delusions with both persecutory and religious content. He was nursed on intensive observations because of the high risk of suicide. Initially he was reluctant to accept medication but after discussion with Dr Campbell he agreed to accept a small dose of Risperidone orally.

He has consistently described auditory, visual, tactile and olfactory hallucinations at night. These appear directly related to past trauma. However, he also had tactile hallucinations in particular feeling the nails of the crucifixion in his hands and the crown of thorns on his head. He was preoccupied with religious themes but his conversation around these was so disorganised it was difficult to follow.

NURSING

Andrew is a 53-year-old gentleman with a diagnosis of mixed personality disorder with psychotic episodes. Andrew was transferred to Iona Ward on 25/01/21 on an Assessment Order from HMP Barlinnie following concerns regarding Andrew's mental health. Andrew had been experiencing low mood and suicidal ideation as well as auditory/ visual hallucinations of a persecutory nature. These hallucinations were also noted to be of a command nature.

Andrew is now subject to a Treatment Order under the Criminal Procedure (Scotland) Act 1995 and as such is also subject to Res 1 legislation under Mental Health Care and Treatment (Scotland) Act 2003- Safety and Security in Hospital. Res 1 legislation includes random personal/room searches and DOA samples in the form of oral fluid tests. No contraband or positive sample results noted since admission.

Upon admission Andrew required a period of enhanced observations due to potential risk of attempted suicide or self-harm. Andrew continued to experience auditory hallucinations of a persecutory nature including command hallucinations and on one occasion inserted parts of a pen in to his ear in an attempt to stop these. Andrew was initially non-compliant with anti-psychotic medication however has since established a medication regime which he has been compliant with. Since concordance with medication regime there has been a marked improvement Andrew's mental health and was subsequently reduced to General observations on 04/03/21. During recent 1:1 interactions with staff Andrew has reported that he continues to experience auditory hallucinations, has spoken of their being multiple voices and that these worsen at night. Andrew has reported of feeling that his mood can fluctuate day to day however feels able to seek support from staff at these times and denies experiencing any suicidal ideation or thoughts of self-harm at this time.

Andrew has also begun to engage with psychology and has regular meetings via iPad. Andrew has shown enthusiasm to engage with psychology work and has spoken of feeling ready to open up about his past. Andrew has been practicing grounding strategies to utilise when auditory hallucinations become overwhelming.

Andrew has coped well with being on general observations. Andrew engages well during regular 1:1 interaction's and has been able to develop therapeutic relationships with nursing staff. Nursing staff continue to encourage structure and routine to Andrew's day as he can often spend long periods of time asleep due to possessing a fractured sleep pattern at night time. Andrew has reported of auditory hallucinations being worse at night and will utilise PRN medication to alleviate symptoms of agitation at this time.

PHYSICAL HEALTH

In regards to physical health, Andrew has recently suffered from an infection in his testicle. GP advised a course of antibiotics to help clear up infection. Andrew has also been prescribed pain relief. Nursing staff continue to monitor same. He is very overweight and is in the morbidly obese range. He previously has been regarded as pre-diabetic although bloods following admission were slightly better.

MHO / SOCIAL WORK

No report submitted prior to today's meeting.

PSYCHOLOGY

Since being admitted to Iona Ward, I have been completing an initial psychological assessment with Mr Shaw, safety and stabilisation and team formulation, with the aim of undertaking a CBT intervention for psychosis, from a trauma informed approach. Based on the formulation, I began meeting with Mr Shaw twice weekly from 24.02.21, in order to slowly build a therapeutic relationship, engage him in a gradual assessment process and introduce safety and stabilisation to each session to establish safety early on.

Mr Shaw presented with a significant trauma history and severe distress from auditory and visual hallucinations, including suicidal ideation. At the moment, the main focus has been helping him with strategies to cope with his distress, and sharing these with the staff team, so they can be practised with him between sessions. Mr Shaw has engaged extremely well in sessions however has been visually distressed, and at times experiencing psychosis during sessions. He reports using the grounding strategies between sessions to find relief from anxiety, overwhelming distress and voices, as well as help with sleep.

Mr Shaw's previous psychological input has been extremely limited, with two sessions seventeen years ago. Psychological assessment and formulation is ongoing and the main focus will continue to be establishing safety, reducing distress and psycho-education, ensuring he is well enough to manage and respond to a CBT intervention.

OCCUPATIONAL THERAPY

So far during this admission Mr Shaw has had minimal contact with Occupational Therapy. This has been limited to brief interactions. However, the quality of these interactions indicate that he appears less agitated than at admission. Occupational Therapy has participated in a recent team formulation which acknowledges that Mr Shaw finds difficulty establishing relationships with strangers, particularly males. For this reason, therapist will remain ready to offer intervention when deemed most beneficial by the clinical team.

COMMUNITY RMO / FCPN

Not applicable at the current time.

RELEVANT DISCUSSION

Dr Campbell thanked everyone for attending today's CPA Meeting and a round of introductions were made.

Dr Campbell advised that she had been contacted by the Police who wished to interview Andrew regarding potential charges. Dr Campbell noted that whilst Andrew has made some progress since admission to Iona Ward, he remains an extremely vulnerable man whose mental state is fragile and who can rapidly decompensate. That level of distress was associated with a serious suicide attempt while he was in custody. Staff will continue to discuss with Andrew when he feels that he could cope with the obvious stressors of police interviews and Court appearances. His mental state still fluctuates markedly and he can decompensate rapidly in the absence of any obvious trigger.

With regards to relationships with others, Dr Brodie noted that Andy speaks fondly of two friends, one male and one female, who are very protective. He has positive appropriate relationships with other peers on the ward and is able to set boundaries. It was noted that he expresses a genuine interest in the wellbeing of other peers and staff members.

Andrew's weight and levels of physical fitness were discussed. It was noted that his BMI is currently 41.8 so he will be encouraged to increase his exercise and decrease his calorie intake. OT staff to explore occupational patterns and any interests Andrew may have in pursuing leisure activities. Nursing staff to make a referral to the Dietician.

Nursing staff to discuss with Andy any needs regarding cultural, spiritual or diversity issues that he may have.

Andrew did not attend today's meeting.

Next CPA Meeting: Date to be confirmed.

Dr Isobel Campbell
Locum Consultant Forensic Psychiatrist

PRE CPA DISCUSSION
DATE 18/03/21

No Pre CPA Meeting held.

Dr Isobel Campbell
Locum Consultant Forensic Psychiatrist

Patient Views (To be completed by key worker on receipt of minutes and kept in notes)	
Patient Comments on Care Plan (If no comment made – please state)	
Staff signature:	
Patients signature:	
Date of discussion:	
The Care Programme has been verbally agreed by those concerned	
Patient	Andrew Shaw
RMO	Dr Campbell
MHO	Ms McCarrison
Care Coordinator (on behalf of all consulted)	
Arrangements for next CPA	
Date	TBC
Time	TBC
Venue	VIA MICROSOFT TEAMS

Copy of details from **ADVANCE STATEMENT** made under the Mental Health (Care &Treatment) (Scotland) Act 2003	
Name of person making this statement:	
1. I would like to receive the following treatments:	
2. I would not like to receive the following treatments:	
3. Details of witness:	
Full name of witness:	
Address of witness:	
Designation of witness:	
The following is a list of the names of everyone who has a copy of this statement:	