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He referred to police as the "Police soldiers" and believed that they acted at the behest of his voices. He reported delusions of reference from the television and radio and believed that his thoughts could be read and altered. He reported numerous paranoid delusions and he continued to report auditory hallucinations in the 2nd and 3rd person.

He reported that he had been experiencing voices for many years and that he wanted to get rid of it, as well as of the chip that was in his head. He believed that it had been inserted into his head so as to control him. He asked me numerous times to remove it from his head.

He said that he had moved to his current accommodation to get away from his criminal friends who were always wanting something from him. He complained about his landlady, who he appeared to find meddlesome and interfering. He said that he was happy where he was away from other people.

His engagement and general presentation improved towards the end of the assessment period. Subjectively he said that he felt more relaxed. He was less tearful, more coherent and was able to provide a more coherent account of himself. His account of events on the day of his arrest was still vague.

He said that he has been unable to trust people and doctors and therefore found it difficult to engage consistently and comply with his medication.

Mental state examination

Mr Shaw's presentation changed over the course of his admission. Initially, he was extremely distressed and tearful and was unable to provide a coherent account of himself. This improved somewhat towards the end of his admission. He avoided any consistent eye contact with his gaze never fixed but wandering around the room. It did not appear that he was experiencing any hallucinations. He was otherwise reasonably kempt.

His affect was reactive and congruent. His mood was generally labile and low during interviews. He had frequent bouts of tearfulness. He was not clinically depressed. His speech was normal rate and volume. He tended to ramble and digress and but when pressed, was able to provide a more coherent account of himself. He was not thought disordered. He was preoccupied with his account of his voices and paranoid beliefs and would provide long accounts of these. He described having a few voices, both male and female in the 2nd and 3rd person, ie talking to him and talking about him. He said that they would make derogatory comments and give instructions to hurt himself and others; he said that he had no intentions to act on these. He did not believe that there was any other person responsible for the voices, other than the voices. He referred to one voice as "the gaffer", also called Steven Murdoch. He did not have any thoughts of harm to himself or others.

He expressed paranoid delusions and felt pursued by the voices. He also felt the Police were part of the "army" that was in pursuit of him. He also had delusions of reference from the television and radio, as well as bizarre beliefs that there was a chip implanted in his head which he wanted to have removed, and the presence of aliens amongst us.

He had partial insight into his mental illness.

Summary

Based on his significant history of childhood sexual abuse, dysfunctional parenting and poor attachment experiences, and observation on the ward showing no signs of psychosis, Mr Shaw most likely has a primary personality disorder, significant emotionally unstable personality disorder with psychotic features.

Plan

I am planning to offer Mr Shaw a brief follow up at my clinic before referring him to an appropriate service.

Yours sincerely



Dr Regan Jonathan

Locum Forensic Consultant Psychiatrist

The information contained within this document is private and confidential and should not be disclosed, amended or copied to a third party without consultation with, and consent of, the author or deputy/head of department.

**Lanarkshire Forensic Mental
Health Service**

**IONA WARD
BECKFORD LODGE
CAIRD STREET
HAMILTON
ML3 0AL**

Date: 29/02/2016
Our Ref: 2104673933
CHI No:
Your Ref:
Enquiries to:
Direct Line: 01698 456215
Fax. No.: 01698 456217

Procurator Fiscal Depute
Crown Office & Procurator Fiscal
1 Love Street
PAISLEY
PA3 2DA

COURT REPORT FOR ANDREW SHAW

**Andrew Shaw DOB 21-04-1967
30 Douglas Drive, East Kilbride, G75 8JS**

This report is prepared for the purpose of the Section 52(D) Assessment for the above named person who is due to appear in Sheriff Court on 1/3/2016.

Mr Shaw is currently an inpatient in Iona Ward, Beckford Lodge, detained under Section 52D of the (Criminal Procedures) (Scotland) Act 1995 as amended by the Mental Health (Care and Treatment) (Scotland) Act 2003.

He is facing a number of motor related charges. These include:

- Failing to stop at traffic light
- Speeding and dangerous driving
- Driving whilst disqualified
- Driving without insurance
- Resetting of motor vehicle

In preparation of this report, I have had access to the following:

1. Mr Shaw's clinical psychiatric notes from NHS Lanarkshire
2. A copy of the Prosecution report and Summary of Evidence

3. Interviews with Mr Shaw in Iona Ward, Hamilton
4. Discussion with his current Mental Health Officer, Ann-Marie Cain

Mr Shaw is aware that I am preparing this report for the court. He appears to understand this and has consented to the preparation of this report.

PERSONAL AND HISTORY

Mr Shaw reports that he was resident at his current address for the past 9 months because he wanted to escape from previous associates and friends who were harassing him. He has never been married and has no children. He is in receipt of social benefits and reports that he also sells cars for friends and other associates from time to time. He reported that he has been in a long term relationship with a Moira Duggan for the past 35 years, but that they have never lived together. He initially told me that he has a 28 year old daughter but it later transpired that this woman was the daughter of a friend who has since died. The woman reported that he often makes unsolicited contact with her.

He was born in Bellshill and raised in Hamilton by his parents. He had 3 older brothers who were 15, 17 and 18 years older than him. He reported good relationships with all except with brother Duncan (15 years older) who he said sexually and physically abused him. He refused to give any details. He said that his father drank a lot and was abusive to his mother but that he was "not a bad man" and that they had a happy marriage. He was also blamed by his older brother for the death of his mother.

His mother was a cleaner and his father worked in the steelworks. He was very close to his mother. She died at the age of 45 years when he was 8. He said that he was neglected by his father who was frequently intoxicated after this. At the age of 12 years, he was placed in Geilsland list D school. He denied any abuse but reported that he was felt afraid for his safety from the other boys. He said that they were occupied with many activities and did not receive any schooling. This is where he was allowed to learn to drive motor cars, after learning on tractors on a big estate.

He came into contact with police and social services from a young age due to his criminal behavior which including truanting, stealing and car related offences. He claimed that the first car he stole was his brother's and that this was in retaliation for abusing him.

His father died from lung cancer. Mr Shaw previously had good contact with his close and extended family. This seems to have dissipated over the years to the present where he has no contact with any family members.

In the past few years he appears to have led an itinerant lifestyle staying with various family members and friends for varying periods.

PSYCHIATRIC HISTORY

Mr Shaw has had extensive contact with mental health services from a young age since 1995 and has held various diagnoses which have included psychogenic psychosis, paranoid schizophrenia, personality disorder and post traumatic stress disorder.

It was felt that childhood sexual abuse played a significant part in the genesis of his dysfunctional behaviour and the repeat offending related to motor vehicles. The repeat stealing of motor vehicles and other driving offences provided a sense of emotional comfort to Mr Shaw in times of distress. He has had previous court disposals to hospital following driving offences and was followed up by the Lanarkshire forensic team for many years, and in particular by Dr Campbell. His engagement with mental health services broke down when Dr Campbell changed employment.

He has also been under the care of Glasgow forensic services and Lanarkshire Adult Psychiatry services, but engagement with him proved difficult and he was frequently non-compliant with treatment.

He has previous admissions to hospital where has presented in similar distress. He also has one previous overdose.

FORENSIC HISTORY

He has numerous charges mostly related to motor car offences. In all he has had about 39 court appearances. Charges have included, housebreaking, theft, theft of motor vehicle, resetting of motor vehicles, motor traffic offences, breach of bail, fraud, attempts to pervert the course of justice, assault, assault to injury and permanent disfigurement, forgery and counterfeit. He does not appear to have any offences related to weapons.

He has spent several custodial periods, a large part of his adult life, in prison. His motor vehicle offending is related to his mental illness and emotional distress and serves as means relieving the stress around these. His last conviction was in June 2013 for road traffic offences and he was released in December 2014.

DRUG AND ALCOHOL HISTORY

He reported that he uses illicit drugs to try and block the voices. Previous to his admission he was using cocaine 3 to 4 times per week, as well as valium but does not believe that the valium was effective.

ACCOUNT OF CHARGES AND PROGRESS IN IONA WARD, BECKFORD LODGE

There was never any objective evidence of psychosis observed on the ward by nursing staff. Reports were that his interaction with other patients and visitors, whilst unobtrusively observed, were appropriate. When discussing his symptoms with staff, he

would become distressed, tearful and agitated, sometimes rocking to and fro in a regressive manner whilst talking. He would talk about his delusional beliefs relating to aliens, voices and various people and armies pursuing him with harmful intent. He made frequent references to the "chip" implanted in his brain.

He declined to engage with staff and other patients in activities on the ward and tended to isolate himself from others in his room.

This pattern of engagement continued throughout the assessment period.

He reported the following at varied times throughout his admission. He said that he has suffered from voices from a young age and that they (the voices) were responsible for the deaths of his parents, his friend and Dr Campbell his previous consultant. He believed that Dr Campbell was killed [by the voices] because he had revealed too much to her. He said that his interaction with visitors and other patients appeared to be normal because he wasn't prepared to talk to them about anything substantive and that this was left to staff who asked him tougher questions.

He referred to police as the "Police soldiers" and believed that they acted at the behest of his voices. He reported delusions of reference from the television and radio and believed that his thoughts could be read and altered. He reported numerous paranoid delusions and he continued to report auditory hallucinations in the 2nd and 3rd person.

He reported that he had been experiencing voices for many years and that he wanted to get rid of it, as well as of the chip that was in his head. He believed that it had been inserted into his head so as to control him. He asked me numerous times to remove it from his head.

He said that he had moved to his current accommodation to get away from his criminal friends who were always wanting something from him. He complained about his landlady, who he appeared to find meddlesome and interfering. He said that he was happy where he was away from other people.

His engagement and general presentation improved towards the end of the assessment period. Subjectively he said that he felt more relaxed. He was less tearful, more coherent and was able to provide a more coherent account of himself. His account of events on the day of his arrest was still vague.

He said that he has been unable to trust people and doctors and therefore found it difficult to engage consistently and comply with his medication.

CHARGES

He generally maintained that he was unaware that the vehicle he was driving was stolen. He alleged that it was given to him by a friend to sell. He said that driving was the only means of relief from the voices because they can't get to him or control him

when he is a vehicle. He spoke about trying to get away from the voices, ie driving away from the voices which he described as constant harassment. He denied speeding and dangerous driving, saying that it is something he wouldn't do.

He realised that he had a life-long driving ban but said that he felt compelled to drive, that he "needed to do" to get relief and that it was not just a "want".

He alleged that he was not aware of the presence of the Police, and that they were in pursuit of him. The first time that he became aware of them was when he exited from the doctor's practice. He claimed not to remember leaving the car after the police were chasing him. He could recall going to the jewellers. He said that he went to the doctors' to get relief from the voices but then left. He couldn't say why he left without waiting if he could see the doctor. When he left the practice he became aware of the "army" [the police] being after him.

He claimed not to remember much more detail.

MENTAL STATE ON EXAMINATION

Mr Shaw's presentation changed over the course of his admission. Initially, he was extremely distressed and tearful and was unable to provide a coherent account of himself. This improved somewhat towards the end of his admission. He avoided any consistent eye contact with his gaze never fixed but wandering around the room. It did not appear that he was experiencing any hallucinations. He was otherwise reasonably kempt.

His affect was reactive and congruent. His mood was generally labile and low during interviews. He had frequent bouts of tearfulness. He was not clinically depressed. His speech was normal rate and volume. He tended to ramble and digress and but when pressed, was able to provide a more coherent account of himself. He was not thought disordered. He was preoccupied with his account of his voices and paranoid beliefs and would provide long accounts of these. He described having a few voices, both male and female in the 2nd and 3rd person, ie talking to him and talking about him. He said that they would make derogatory comments and give instructions to hurt himself and others; he said that he had no intentions to act on these. He did not believe that there was any other person responsible for the voices, other than the voices. He referred to one voice as "the gaffer", also called Steven Murdoch. He did not have any thoughts of harm to himself or others.

He expressed paranoid delusions and felt pursued by the voices. He also felt the Police were part of the "army" that was in pursuit of him. He also had delusions of reference from the television and radio, as well as bizarre beliefs that there was a chip implanted in his head which he wanted to have removed, and the presence of aliens amongst us.

He had partial insight into his mental illness.

OPINION AND RECOMMENDATIONS

1. Mr Shaw is a complex individual and has a long history of contact with mental health services and during this time he has had varied opinions as to his diagnosis which has encompassed personality disorder, schizophrenia and post traumatic disorder. He suffers from a mental disorder as defined by the Mental Health (Care and Treatment) (Scotland) Act 2003, namely a Disorder of adult personality and behavior. This is related to the severe psychological abuse suffered during his childhood which has continued to significantly impact upon his life as an adult.
2. Mr Shaw's account of the index offences is vague. I believe that he was suffering from a psychotic episode at the time of the index offence and it is plausible that this is the reason for his vague recollection. I do not believe that he is being deliberately deceitful in his recollection of events on the day of his arrest. His landlady did provide me with testimony that did in part corroborate his version: viz that weeks prior to his arrest, she had noticed a change in his behaviour. He was texting her numerous times during the night hours, he seemed to be "always on the go" and he frequently did not make sense during conversations.
3. Mr Shaw has improved to the point where he is fit to stand trial and offer a plea.
4. It is my opinion that Mr Shaw was suffering from psychotic episode at the time of the index offence and that he was acting in response to delusional beliefs and was under severe psychological stress which was affecting his judgement and insight as to the consequences of his actions. I therefore do not feel that he can be held criminally responsible for his actions relating to the charges.
5. Mr Shaw's mental health has improved and he does not require further admission to hospital and I am therefore not making a recommendation for a disposal for treatment in hospital.
6. Mr Shaw has however shown a willingness to re-engage with psychiatric services. If he were remanded to prison, I will make the necessary referral to enable him to continue with this engagement. If he is released, I will offer follow up to ensure that he is referred to the appropriate mental health service in the community.

This report is given on soul and conscience. I am not related to the accused and have no pecuniary interest in the disposal by the court. I am a registered medical practitioner approved by NHS Grampian under the terms of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 as having special experience in the diagnosis or treatment of mental disorder.

Yours sincerely



Dr Regan Jonathan
Consultant Forensic Psychiatrist.

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CHI 2104673933
Shaw, Andrew
DOB: 21/04/1967 Male
No Fixed Abode
NF1 1AB
PIMS P1518904

HS 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: 4 / 2 / 16

Time: 16 : 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: Admitted via Court. Believed to be suffering from a mental disorder. Presenting with paranoid ideation and claims to be suffering from auditory hallucinations. Presents as being agitated / distressed times. Keeps referring to them coming to get him.
1B Is the person socially isolated?
Yes No DK
1C What is the person's level of social support? (i.e. partner/significant other, family, friends)
Please give details: Don't want family members involved. Expressed his fear that they would be placed in danger if so. Has a friend who he can contact to pick up items from his home address.

1D Does the person have major financial, housing or accommodation problems?
1E Does the person have a history of violence or previous use of weapons?
1F Does the person have a history of self harm?
1G Does the person have a history of suicidal behaviours/thoughts/intent/plans?
1H Does the person have a history of mental health problems or cognitive impairment?
1I Does the person have a history of alcohol or drug use?
No. If yes to any of the above, please give details:

1X Has had previous contact with mental health services in Glasgow and was previously in contact at Gartnavel General Hospital. Has received medication in the past for depression and psychotic symptoms.
1Y He claims to have attempted to harm himself in the past.

Patient name: Andrew Shaw

CHI/PIMS number: 2104673923/518404

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

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

If yes to any of the above, please give details:

2B Appears to be responding to external stimuli. Expressing paranoid ideation. As above. Wood at times during conversation. Constantly rubbing his hands, looking around.

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

Initial Risk Screen only

What category of Suicide Risk have you identified?

Please give reasons and rationale for your decision:

Isn't expressing any intent to harm himself at this moment in time.

(G) A Y R

Patient name: ANDREW SMITH CHI/PIMS number: 2104673403/16.8904

Q4A Initial Formulation of Assessment/Key Problems/Issues
Appear to be experiencing acute psychotic symptoms / delusions, hallucinations. Expressing paranoid ideation, claims to be hearing auditory hallucination.

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: ConRosh/Nursing staff
All Disciplines involved in care
Nursing staff.
ConRosh/Nursing staff
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:
1. Placed on constant observation. General observations.
2. Ongoing assessment of mental health.
3. Utmost medication provided.
4. Observe for signs of hallucinations / delusions, symptoms of mental illness and record results.
5. For transfer to IPCU in ward when bed becomes available.
6. Utilise 1:1 observations.
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: P. Long
Designation: RMN
Next Review Date: 04 / 03 / 2015.

96% R1A R214.

BP 130/77 hr66.

T37.4

ALERT.

NEWS O.

22:40 SH.



2104673933

21/04/1967

SHAW

30 Douglas Drive

East Kilbride

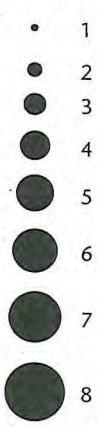
Glasgow

M

Andrew

G75 8JS

Patient name:										CHI number:												
Head Injury Observations																						
Glasgow Coma Scale (GCS)	Date:																					
	Time:																					
	Frequency:																					
	Frequency change initials:																					
EYES Open	Spontaneous	4																				Eyes closed by swelling = C
	To Speech	3																				
	To Pain	2																				
	None	1																				
Best VERBAL Response	Orientated	5																				Endo-tracheal tube or Trach-eostomy = T
	Confused	4																				
	Inappropriate words	3																				
	Incomprehensible sounds	2																				
	None	1																				
Best MOTOR Response	Obeys commands	6																				Usually record the best arm response
	Localise pain	5																				
	Withdrawal	4																				
	Flexion to pain	3																				
	Extension to pain	2																				
	None	1																				
TOTAL: (/15)																						

 Pupil Scale (mm)	Pupils	Right	Size																				S sluggish + reacts - no reaction C eyes closed	
		Left	Size																					
	LIMB MOVEMENT	ARMS		Normal power																				Record right (R) and left (L) separately if there is a difference between the two sides
				Mild weakness																				
				Severe weakness																				
				Spastic flexion																				
				Extension																				
				No response																				
		LEGS		Normal power																				
				Mild weakness																				
			Severe weakness																					
			Extension																					
			No response																					
Initials:																								

National Early Warning Score (NEWS) Actions and Escalation			
Delirium Acute Change - Complete 4AT - inform Nurse in Charge - escalate to Medical staff/HECT			
NEWS 0 - Refer Observation Policy first 48 hours of admission - Minimum 12 hourly observations	NEWS 1 - 4 Inform Nurse in Charge - Lower risk - Respond within 60 mins - ABC - Minimum 4 hourly observations	NEWS ≥5 or 3 in one parameter Inform Nurse in Charge - Medium risk - Urgent assessment doctor/HECT - Respond within 30 mins - ABC - reassess - Start Fluid Balance - Minimum hourly observations	NEWS ≥7 Inform Nurse in Charge - High risk - Senior doctor/HECT assess - Urgent attendance - ABC - reassess - Continuous monitoring - Consider 2222 call - Consider critical care - Document escalation plan
Refer to Clinical Observation Policy			

CHI no
First name Andrew DOB / /
Last name Shaw Sex: ☐ M ☐ F
Address
.....
.....
or attach addressograph label here

😊 0 = No pain
😊 1 = Mild pain
😊 2 = Moderate pain
😊 3 = Severe pain
😊 4 = Excruciating/
Worst pain
imaginable

Hospital:
Ward:

NEWS Chart

Record head injury observations over page
See over page for NEWS Actions

Date	17/4	18/4	19/4	20/4	21/4	22/4	23/4	24/4	25/4	26/4	27/4								
Time	08:30	13:30	21:05	21:15	09:20	09:30	08:58	09:20	09:40										
Frequency	09:00																		
Frequency change initials																			
Respiratory Rate (enter number)																			
≥25										3									≥25
21-24										2									21-24
12-20	18	17	27	27	18	19	18	17	17										12-20
9-11										1									9-11
≤8										3									≤8
Complete only ONE SpO2 section based on target saturations. Ensure oxygen is prescribed on Prescription Form																			
SpO2 Target	≥96	98	96	98	98	97	100	96											≥96
☐ 94-98%	94-95				94	94		95	1	A									94-95
Initials:	92-93								2										92-93
	≤91								3										≤91
SpO2 Target	≥88																		≥88
☐ 88-92%	84-87								1	W									84-87
Initials:	81-83								2										81-83
	≤80								3										≤80
Inspired O2	%								2										%
Air (insert 'A')		A				A	A		0										
Temperature (record with a dot • and join with a line -)	39°								2										39°
	38°								1										38°
	37°	36.7	36.5	37	36.5	36.4	36.2	36.2		L									37°
	36°								1										36°
	35°								3										35°
Pulse Rate (record with a dot • and join with a line -)	150								3										150
	140								3										140
	130								3										130
	120								2										120
	110								2										110
	100								1										100
	90								1										90
	80	70	74	74	70	62	69	76											80
	70																		70
	60																		60
	50																		50
	40																		40
NEW SCORE uses Systolic BP	230								3										230
	220								3										220
	210																		210
	200																		200
	190																		190
	180																		180
	170																		170
	160																		160
	150																		150
	140																		140
	130																		130
	120																		120
	110																		110
	100																		100
	90																		90
	80																		80
	70																		70
	60																		60
	50																		50
Blood Pressure (Mark as shown)	120																		120
	110																		110
	100																		100
	90																		90
	80																		80
	70																		70
	60																		60
	50																		50
Conscious Level	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Alert
	V / P / U																		V / P / U
NEWS TOTAL (with all obs)		0	0		0	1	2	0	0	1									
Fluid Bal? Yes/No																			
Blood Sugar (BM)																			
Pain Score																			
Delirium- acute change? Yes/No																			
NEWS Escalated? Yes/No/HACP																			
Initials		RM			U	RM	U	RM	U	RM									



Patient name:										CHI number:										
Head Injury Observations																				
Glasgow Coma Scale (GCS)	Date:																			
	Time:																			
	Frequency:																			
	Frequency change initials:																			
EYES Open	Spontaneous	4																		Eyes closed by swelling = C
	To Speech	3																		
	To Pain	2																		
	None	1																		
Best VERBAL Response	Orientated	5																		Endo-tracheal tube or Trach-eostomy = T
	Confused	4																		
	Inappropriate words	3																		
	Incomprehensible sounds	2																		
	None	1																		
Best MOTOR Response	Obeys commands	6																		Usually record the best arm response
	Localise pain	5																		
	Withdrawal	4																		
	Flexion to pain	3																		
	Extension to pain	2																		
	None	1																		
TOTAL: (/15)																				
 Pupil Scale (mm)	Pupils	Right	Size																	S sluggish + reacts - no reaction C eyes closed
		Left	Size																	
	L I M B M O V E M E N T	A R M S	Normal power																	Record right (R) and left (L) separately if there is a difference between the two sides
			Mild weakness																	
			Severe weakness																	
			Spastic flexion																	
			Extension																	
		L E G S	No response																	
			Normal power																	
			Mild weakness																	
Severe weakness																				
Extension																				
		No response																		
Initials:																				

National Early Warning Score (NEWS) Actions and Escalation			
Delirium Acute Change - Complete 4AT - inform Nurse in Charge - escalate to Medical staff/HECT			
NEWS 0 - Refer Observation Policy first 48 hours of admission - Minimum 12 hourly observations	NEWS 1 - 4 Inform Nurse in Charge - Lower risk - Respond within 60 mins - ABC - Minimum 4 hourly observations	NEWS ≥5 or 3 in one parameter Inform Nurse in Charge - Medium risk - Urgent assessment doctor/HECT - Respond within 30 mins - ABC - reassess - Start Fluid Balance - Minimum hourly observations	NEWS ≥7 Inform Nurse in Charge - High risk - Senior doctor/HECT assess - Urgent attendance - ABC - reassess - Continuous monitoring - Consider 2222 call - Consider critical care - Document escalation plan
Refer to Clinical Observation Policy			

Normal sinus rhythm
Right axis deviation
Septal infarct, age undetermined
Abnormal ECG

Heart rate 72 bpm
PR interval 144 ms
QRS duration 78 ms
QT/QTc 378/413 ms
P-R-T axes 13 150 46

Technician: CHLOE

Referred by:

Unconfirmed



2104673933
21/04/1967
CHAM
30 Douglas Drive
East Kilbride
Glasgow

M
Andrew

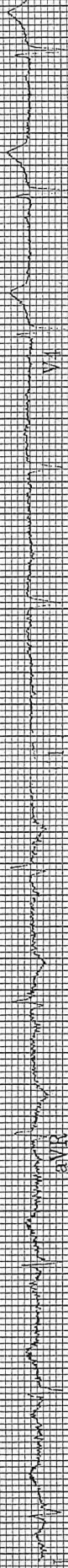
G75 8JS

Chest tightness

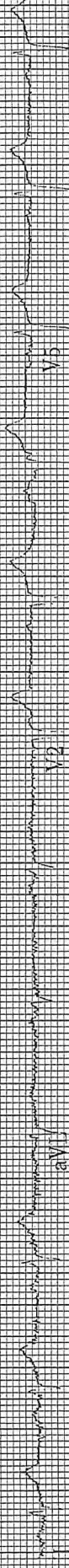
No changes from prior

ECGs

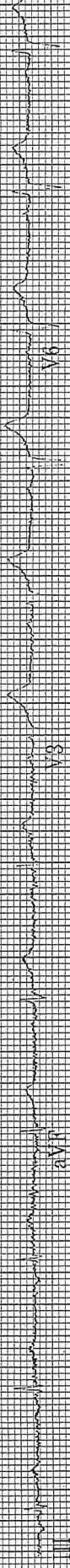
Chloe



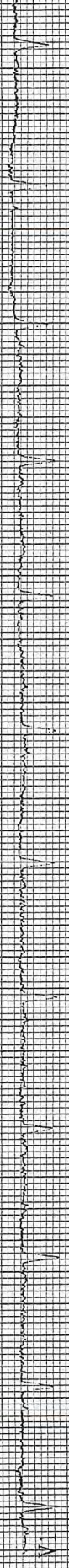
aVR



aVL



aVF



V1

HENDERSON 2518

Normal sinus rhythm

70 bpm

Male Caucasian

PR interval 146 ms
QRS duration 90 ms
QT/QTc 408/451 ms
PR axes 0 82 60

Technician: HENDERSON

Unconfirmed

Referred by:



MAC55-010A

4 by 2.5s + 1 rhythm id

10.0 mm/mV

25.0 mm/s

100 Hz

12SL™ v24 LHD



100 mm/mV

MOUNT SHEET

BIOCHEMISTRY

4	14
3	13
2	12
1	11
0	10
9	9
8	8
7	7



NHS Lanarkshire Clinical Laboratories
Hairmyres - 01355 585000

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 2104673933	SHAW Andrew	21/04/1967	M	0094462166
NHSL No:				

Requesting clinician	Requesting Location	copy to Address
NOT GIVEN	HM Ward 19	

Clinical History
chest tightness and pain

Results relate to blood unless otherwise specified

Troponin T	<10 ng/L	0 - 14
Comment	MI is defined by typical symptoms and/or ECG changes, together with a significant rise or fall in Troponin T. <20% change - not suggestive of acute event; 20-99% change - significant change, evaluate for causes of chronic. Elevation >100% change - consistent with acute MI. (Female <11ng/L, Male <15ng/L).	

Specimen Collected	Specimen Receipt	Report Printed	Authorised	page 2/2
19/09/20 00H00M	19/09/20 21H51M	20/09/20 07H30M	Auto	

25/08/20 22H00M	25/08/20 23H04M	26/08/20 07H30M	Auto
25/08/20 22H00M	25/08/20 23H04M	26/08/20 07H30M	Auto



NHS Lanarkshire Clinical Laboratories
Haempheres - 01355 585000

Patient ID Number
CHI No: 2104673933

Patient Name
SHAW Andrew

Requesting clinician Requesting Location
HM Ward 19

NOT GIVEN
Clinical History
chest tightness and pain

Results relate to blood unless otherwise specified

CRP	140	mmol/L	133	-	146
Albumin	4.6	mmol/L	3.5	-	5.3
Bilirubin Total	102	mmol/L	95	-	108
ALT	4.1	mmol/L	22	-	29
ALP	84	mmol/L	2.5	-	7.8
EGFR	>59	mmol/L	60	-	120
Creatinine	46	mmol/L	1.73	-	55
Urea	112	mmol/L	5	-	130
Bicarbonate	6	mmol/L	30	-	20
Chloride	44	mmol/L	0	-	50
Potassium	<6	mmol/L	35	-	6
Sodium		mmol/L		-	

Specimen Collected
19/09/20 00H00M

Specimen Receipt
19/09/20 21H51M

Report Printed
20/09/20 07H30M

Authorised
Auto

25/08/20 22H00M

25/08/20 23H04M

26/08/20 0/H30M

Auto

25/08/20 22H00M

25/08/20 23H04M

26/08/20 0/H30M

Auto



NHS Lanarkshire Clinical Laboratories
Haemlyres - 01355 585000

Patient ID Number CHI No: 2104673933
Patient Name SHAW Andrew
Date of Birth 21/04/1967 Sex M Lab Number 0084515468

Requesting clinician Requesting Location HM Ward 20
NOT GIVEN
copy to Address

Clinical History

Results relate to blood unless otherwise specified

Thyroid Biochemistry
Free T4
TSH

16.5
1.74
pmol/L
mU/L
12.0
0.27
-
-
22.0
4.20

CA

Specimen Collected	25/08/20 22H00M	Specimen Receipt	25/08/20 23H04M	Report Printed	26/08/20 07H31M	Authorised	Auto
Specimen Collected	25/08/20 22H00M	Specimen Receipt	25/08/20 23H04M	Report Printed	26/08/20 07H31M	Authorised	Auto
Specimen Collected	25/08/20 22H00M	Specimen Receipt	25/08/20 23H04M	Report Printed	26/08/20 07H31M	Authorised	Auto



NHS Lanarkshire Clinical Laboratories
Halimyrres - 01355 585000

Patient ID Number SHAW Andrew
CHI No: 2104673933
NHSL No: 21/04/1967
Date of Birth Sex M
Lab Number 0084515468

Requesting clinician Requesting Location
NOT GIVEN HM Ward 20
Clinical History
copy to Address

Results relate to blood unless otherwise specified

Albumin	g/L	42	35	-	50
Adjusted calcium	mmol/L	2.33	2.20	-	2.60
Magnesium	mmol/L	0.83	0.70	-	1.00
Phosphate	mmol/L	1.02	0.80	-	1.50
Iron	umol/L	8	12	-	31
Transferrin	g/L	2.6	2.0	-	4.0
Transferrin saturation	%	13.7	0.0	-	50.0

CA

Specimen Collected 25/08/20 22H00M Specimen Receipt 25/08/20 23H04M Report Printed 26/08/20 07H30M Authorised Auto
25/08/20 22H00M 25/08/20 23H04M 26/08/20 07H30M Auto



NHS Lanarkshire Clinical Laboratories
Halmyres - 01355 585000

Patient ID Number SHAW Andrew
CHI No: 2104673933
NHS No: 21/04/1967
Date of Birth Sex M
Lab Number 0084515468

Requesting clinician Requesting Location HM ward 20
NOT GIVEN
copy to Address

Clinical History

Results relate to blood unless otherwise specified

Biochemistry (Routine)

143	mmol/L	133	-	146
4.4	mmol/L	3.5	-	5.3
102	mmol/L	95	-	108
28	mmol/L	22	-	29
4.1	mmol/L	2.5	-	7.8
90	umol/L	60	-	120
>59	ml/min/1.73m ²	>59	-	
38	U/L	5	-	55
95	U/L	30	-	130
11	umol/L	0	-	20
42	g/L	35	-	50
5.0	mmol/L	3.0	-	6.0
5.6	mmol/L	0.0	-	5.0
1.80	mmol/L	0.00	-	2.30
0.73	mmol/L	0.90	-	1.80
4.1	mmol/L	0.0	-	3.0
7.7	mg/L	0.0	-	5.0
9		0	-	6

Specimen Collected 25/08/20 22H00M

Report Printed 26/08/20 07H30M

Authorised Auto

MOUNT SHEET

HAEMATOLOGY

4	14
3	13
2	12
1	11
0	10
	9
	8
	7
	6



NHS Lanarkshire Clinical Laboratories
Hairmyres - 01355 585000

Patient ID Number CHI No: 2104673933 Patient Name SHAW Andrew Date of Birth 21/04/1967 Sex M Lab Number 0094462166

Requesting clinician NOT GIVEN Requesting Location HM Ward 19 copy to Address

Clinical History
chest tightness and pain

Haematology

Haematology

Full Blood Count

Haemoglobin	17.9	g/dL	13.5	-	18.0
Platelets	232	x 10 ⁹ /L	140	-	450
WBC	10.9	x 10 ⁹ /L	4.0	-	11.0
MCV	87.1	fL	80.0	-	100.0
MCH	29.2	pg	27.0	-	32.0
MCHC	33.6	g/dL	32.0	-	36.0
RBC	6.12	x 10 ¹² /L	4.50	-	6.50
HCT	0.533	L/L	0.400	-	0.540
RDW	13.5	%	11.0	-	16.0
Neutrophils	7.3	x 10 ⁹ /L	2.0	-	7.5
Lymphocytes	1.9	x 10 ⁹ /L	1.0	-	4.0
Monocytes	1.3	x 10 ⁹ /L	0.2	-	0.8
Eosophils	0.3	x 10 ⁹ /L	0.0	-	0.4
Basophils	0.1	x 10 ⁹ /L	0.0	-	0.1

Specimen Collected 19/09/20 00H00M Specimen Receipt 19/09/20 21H51M Report Printed 20/09/20 07H30M Authorised H wenningt page 1/1

25/08/20 22H00M 25/08/20 23H04M 26/08/20 07H30M H wenningt

25/08/20 22H00M 25/08/20 23H04M 26/08/20 07H30M Auto



NHS Lanarkshire Clinical Laboratories
Halimyyres - 01355 585000

Patient ID Number SHAW Andrew
CHI No: 2104673933
NHSL No:
Date of Birth 21/04/1967 Sex M Lab Number 0084515468

Requesting clinician Requesting Location HM Ward 20
NOT GIVEN
copy to Address

Clinical History

Haematology

Coagulation Screen	12.9	secs	9.0	-	13.0
Prothrombin Time	1.20	secs	0.82	-	1.18
Prothrombin Time Ratio	34.7	secs	23.0	-	31.0
Partial Thromboplastin Time	1.30	secs	0.85	-	1.13
Partial Thromboplastin Time Ratio	4.00	g/L	1.50	-	4.50
Fibrinogen	46	mmol/mol	20	-	42
IFCC HbA1c	HbA1c Reference Range: Normal Results =<42, Incr				
Note	Risk of Developing Diabetes 43-47, Diabetes Mell				
Serum Ferritin	283.7	ng/mL	28.0	-	285.0
B12/Folate	342.1	pg/mL	197.0	-	771.0
Serum B12	4.78	ng/mL	3.90	-	26.80
Serum Folate					

CH

Specimen Collected 25/08/20 22H00M

Specimen Receipt 25/08/20 23H04M

Report Printed 26/08/20 07H30M

Authorised H wenningit

Auto

26/08/20 07H30M

25/08/20 23H04M

25/08/20 22H00M



NHS Tamariskshire Clinical Laboratories Halmymres - 01355 585000

Patient ID Number	Patient Name	Date of Birth	Sex	Lab Number
CHI No: 2104673933	SHAW Andrew	21/04/1967	M	0084515468

Requesting clinician Requesting Location HM Ward 20 NOT GIVEN

Clinical History

Hematology

Haematology
Full Blood Count

Haemoglobin	.....
Platelets	.....
WBC	.....
MCV	.....
MCH	.....
MCHC	.....
RBC	.....
HCT	.....
RDW	.....
Neutrophils	.....
Lymphocytes	.....
Monocytes	.....
Eosophils	.....
Basophills	.....

Erythrocyte Sedimentation Rate

mm/h ²	1	30
15.9	13.5	18.0
24.2	14.0	45.0
10.6	4.0	11.0
88.2	80.0	100.0
29.3	27.0	32.0
33.3	32.0	36.0
54.2	4.50	6.50
0.478	0.400	0.540
13.4	11.0	16.0
6.9	2.0	7.5
2.3	1.0	4.0
1.0	0.2	0.8
0.3	0.0	0.4
0.1	0.0	0.1

Pain Score

 0 = No pain

 1 = Mild pain

 2 = Moderate pain

 3 = Severe pain

 4 = Excruciating/
Worst pain
imaginable

NHS
Lanarkshire

**Record head injury observations
as required on page 2**

0	1	2	3

Patient Name:

CHI Number:

Head Injury Observations

Glasgow Coma Scale		Date:														
		Time:														
		Frequency:														
Frequency change initials:																
EYES Open	Spontaneous	4													Eyes closed by swelling = C	
	To Speech	3														
	To Pain	2														
	None	1														
Best VERBAL Response	Orientated	5													Endo-tracheal tube or Trach-eostomy = T	
	Confused	4														
	Inappropriate words	3														
	Incomprehensible sounds	2														
	None	1														
Best MOTOR Response	Obeys commands	6													Usually record the best arm response	
	Localise pain	5														
	Withdrawal	4														
	Flexion to pain	3														
	Extension to pain	2														
	None	1														
TOTAL:																
• 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 Pupil Scale (mm)	PUPILS	Right	Size													S sluggish + reacts - no reaction C eyes closed
		Left	Size													
	LIMBS MOVEMENT ARMS LEGS	Normal power													Record right (R) and left (L) separately if there is a difference between the two sides	
		Mild weakness														
Severe weakness																
Spastic flexion																
Extension																
No response																
Normal power																
Mild weakness																
Severe weakness																
Extension																
No response																
Initials																

NHS LANARKSHIRE MEWS FLOW CHART ALL ADULT INPATIENT AREAS

MEWS 1/2
Lower Risk: Minimum 4 Hourly Obs

Inform Nurse in Charge:

- ABC assessment
- Appropriate interventions
- Decide frequency of MEWS
- Consider Fluid Balance

MEWS 3/4
Medium Risk: Minimum Hourly Obs

Inform Nurse in Charge:

- Immediate observations
- ABC assessment
- Appropriate interventions
- Decide frequency of MEWS in 1 hour
- Commence Fluid Balance

MEWS >5
High Risk: Minimum 30 Minute Obs

Inform Nurse in Charge & Senior Doctor/ HECT urgent attendance:

- ABC assessment
- Initiate treatment
- Consider continous monitoring/ assessment
- Consider critical care referral
- Document escalation bundle

**PERI ARREST
CALL 2222**

If MEWS 3:

- Re-assess/review treatment minimum hourly
- Re-assess frequency of MEWS
- Consider help and support

If MEWS 4:

- Inform FY2 or above/HECT attend within one hour
- Re-assess/review treatment minimum hourly
- Document escalation bundle

If MEWS 4 for 3 hours:

- Patient should enter high risk category
- Inform Senior Doctor immediately

MOUNT SHEET

↑ 13	
↑ 12	
↑ 11	
↑ 10	
↑ 9	
↑ 8	
↑ 7	
↑ 6	
↑ 5	
↑ 4	
↑ 3	

MOUNT



NHS Lanarkshire Clinical Laboratories

Haematology, Hairmyres - 01355584312



Accredited Medical Laboratory
Reference No: 0733

Patient ID Number 104673933	Surname SHAW	Forename Andrew	Date of Birth 21/04/1967	Sex Male	Lab Number 163591384
Requesting Clinician NOT GIVEN	Requesting Location: HM Ward 20	Copy to Address			
Clinical History PSYCHOTIC EPISODE					

Results relate to blood unless otherwise stated

Hb	15.9	g/dL	(13.5-18.0)	WBC	12.9 H	$\times 10^9/L$	(4.0-11.0)
PLT	279	$\times 10^9/L$	(140-450)				
MCV	89.4	fL	(80.0-100.0)	Neutrophils	8.0 H	$\times 10^9/L$	(2.0-7.5)
RBC	5.47	$\times 10^{12}/L$	(4.50-6.50)	Lymphocytes	3.2	$\times 10^9/L$	(1.0-4.0)
HCT	0.489	L/L	(0.400-0.540)	Monocytes	1.2 H	$\times 10^9/L$	(0.2-0.8)
MCH	29.1	pg	(27.0-32.0)	Eosinophils	0.4	$\times 10^9/L$	(0.0-0.4)
MCHC	32.5	g/dL	(32.0-36.0)	Basophils	0.1	$\times 10^9/L$	(0.0-0.1)
RDW	13.1	%	(11.0-16.0)				
				NRBC's	0.01	$\times 10^9/L$	



MOUNT SHEET

BIOCHEMISTRY

4	14
3	13
2	12
1	11
0	10
	9
	8
	7
	6
	5



NHS Lanarkshire Clinical Laboratories

Hairmyres -

Patient ID Number 104673933	Surname SHAW	Forename Andrew	Date of Birth 21/04/1967	Sex Male	Lab Number 163591384
Requesting Clinician NOT GIVEN	Requesting Location: HM Ward 20	Copy to Address			
Clinical History PSYCHOTIC EPISODE					

Results relate to blood unless otherwise stated

Laboratory Comment:

PLU: Reference Range quoted for Glucose is based on a fasting sample.

Specimen Collected 09/07/2016 23:45

Specimen Receipt 09/07/2016 23:45

Reported 10/07/2016 07:30

Reprinted

Last Authorised by LIMS

Sodium	139	mmol/L	(133-146)
Potassium	4.2	mmol/L	(3.5-5.3)
Chloride	99	mmol/L	(95-108)
Bicarbonate	28	mmol/L	(22-29)
Urea	3.0	mmol/L	(2.5-7.5)
Creatinine	85	umol/L	(60-110)
EGFR	>59	ml/min/1.73m ²	(>59)
ALT	26	U/L	(5-55)
ALP	71	U/L	(30-130)
Bilirubin Total	3	umol/L	(0-21)
Albumin	42	g/L	(35-50)
Fasting	?		
Glucose	5.5	mmol/L	(3.0-6.0)
CRP	<6	mg/L	(0-6)
Albumin	42	g/L	(35-50)
Adj. Calcium	2.19	mmol/L	(2.20-2.60)

[Signature]

Magnesium 0.86 mmol/L

Results relate to blood unless otherwise stated

CLINICAL HISTORY
PSYCHOTIC EPISODE

Patient ID Number 2104673933
Requesting Clinician NOT GIVEN
Suriname SHAW

Requesting Location: HM Ward 20

Forename Andrew
Copy to Address

Date of Birth 21/04/1967

Sex Male

L 16

Care, Treatment & Safety Plan

Name: Andrew Shaw

CHI:

Ward: 10A

Patient involved (Tick if 'yes' or record reasons if 'no') ☐ _____

Nature of need for increased intervention: Risk to self

① Continuous

Intervention frequency required (Please mark) Low ☐ ☒ Frequent

Review period:

Engagement activities:

Prescribed activity or contact (including time)	Non-invasive or direct & details if required	Environment & details if required	Desired outcome/rationale & details of intervention.	Patient's view on this activity or contact & details of intervention.	Review: Efficacy in reducing symptoms	Signature
27/11/21 0900 - 1000 Breakfast	Non Invasive	Within Sideroom	To reduce risk to self. To maintain healthy diet	Appears to be enjoying breakfast and voicing no paranoid ideation	Appears restless and responding to auditory hallucinations	AM
1000 - 1100 Constant observation relaxing in room	Non Invasive	Within Sideroom	To reduce risk of suicide & self harm	Appears to be enjoying the view from window relaxing on bed	responding to auditory & visual hallucinations	
1100 - 1200	Non Invasive	Within Sideroom	To reduce risk of self harm and suicide	Appears settled. Spending time looking out of window, chatting on bed.	Appears agitated. Is responding to visual hallucinations and reports persistent auditory phenomena	
1200 - 1300						

Non-invasive or Direct: _____

Prescribed activities/interventions or contacts:

Patients view on these activities:



REGULAR PRESCRIPTIONS											COMMENTS ON DISCREPANCIES
DATE	0800	1000	1200	1400	1600	1800	2000	2200	2400	OTHER	
30/4/16										PC 56 v 01 06/2018. Given R side	

Hunter Health Centre - Hainmyren

IONA WARD - BECKFORD LODGE

DETENTION NOTIFICATION SLIP

PATIENT:	ANDREW MARTIN SHAW
DOB / CHI NO:	2104673933
PIMS NO:	P1518904
NAMED PERSON:	TBC
MHO:	ANN MARIE CAIN
RMO:	DR REGAN JONATHAN

SECTION APPLIED

Mental Health (Care and Treatment) (Scotland) Act 2003		
Emergency Detention Certificate:	EDC	
Short Term Detention Certificate:	STDC	
Interim Compulsory Treatment Order:	ICTO	
Compulsory Treatment Order:	CTO	
	Community Based CTO	
	Hospital Based CTO	

Criminal Procedure (Scotland) Act 1995		
Assessment Order:	AO	✓
Treatment Order:	TO	
Temporary Compulsion Order:	TCO	
Interim Compulsion Order:	ICO	
Compulsion Order:	CO	
Compulsion Order / Restriction Order:	CORO	
Transfer for Treatment – Section 136		

Effective From:	03/02/16
Expires:	01/03/16
2 nd 6 Months Expires:	ALLOWED TO EXPIRE / REVOKED BY COURT 01/03/16
Annual Expiry Date:	

T2 / T3 Expires:	T2 Expires 08/02/19
------------------	---------------------

Specified Person (RES1) Expires:	08/08/16
----------------------------------	----------

Advance Statement Dated:	NONE
--------------------------	------

PLEASE DISPLAY PROMINENTLY AT FRONT OF PATIENT RECORD

IONA WARD - BECKFORD LODGE

DETENTION NOTIFICATION SLIP

PATIENT:	ANDREW MARTIN SHAW
DOB / CHI NO:	2104673933
PIMS NO:	P1518904
NAMED PERSON:	TBC
MHO:	ANN MARIE CAIN
RMO:	DR REGAN JONATHAN

SECTION APPLIED

Mental Health (Care and Treatment) (Scotland) Act 2003	
Emergency Detention Certificate:	EDC
Short Term Detention Certificate:	STDC
Interim Compulsory Treatment Order:	ICTO
Compulsory Treatment Order:	CTO
	Community Based CTO
	Hospital Based CTO

Criminal Procedure (Scotland) Act 1995	
Assessment Order:	AO
Treatment Order:	TO
Temporary Compulsion Order:	TCO
Interim Compulsion Order:	ICO
Compulsion Order:	CO
Compulsion Order / Restriction Order:	CORO
Transfer for Treatment – Section 136	

Effective From:	03/02/16
Expires:	01/03/16
2 nd 6 Months Expires:	
Annual Expiry Date:	

T2 / T3 Expires:	T2 Expires 08/02/19
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Specified Person (RES1) Expires:	08/08/16
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Advance Statement Dated:	NONE
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PLEASE DISPLAY PROMINENTLY AT FRONT OF PATIENT RECORD

IONA WARD - BECKFORD LODGE

DETENTION NOTIFICATION SLIP

PATIENT:	ANDREW MARTIN SHAW
DOB / CHI NO:	2104673933
PIMS NO:	P1518904
NAMED PERSON:	ANN MARIE CAIN
MHO:	TBC
RMO:	DR REGAN JONATHAN

SECTION APPLIED

Mental Health (Care and Treatment) (Scotland) Act 2003		
Emergency Detention Certificate:	EDC	
Short Term Detention Certificate:	STDC	
Interim Compulsory Treatment Order:	ICTO	
Compulsory Treatment	Community Based CTO	
Order: CTO	Hospital Based CTO	

Criminal Procedure (Scotland) Act 1995		
Assessment Order:	AO	✓
Treatment Order:	TO	
Temporary Compulsion Order:	TCO	
Interim Compulsion Order:	ICO	
Compulsion Order:	CO	
Compulsion Order / Restriction Order:	CORO	
Transfer for Treatment – Section 136		

Effective From:	03/02/16
Expires:	01/03/16
2nd 6 Months Expires:	
Annual Expiry Date:	

T2 / T3 Expires:	T2 Expires 08/02/19
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Specified Person (RES1) Expires:	TBC 08/08/16
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Advance Statement Dated:	TBC
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PLEASE DISPLAY PROMINENTLY AT FRONT OF PATIENT RECORD

IONA WARD - BECKFORD LODGE

DETENTION NOTIFICATION SLIP

PATIENT:	ANDREW MARTIN SHAW
DOB / CHI NO:	2104673933
PIMS NO:	P1518904
NAMED PERSON:	TBC
MHO:	TBC
RMO:	DR REGAN JONATHAN

SECTION APPLIED

Mental Health (Care and Treatment) (Scotland) Act 2003		
Emergency Detention Certificate:	EDC	
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Interim Compulsory Treatment Order:	ICTO	
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Assessment Order:	AO	√
Treatment Order:	TO	
Temporary Compulsion Order:	TCO	
Interim Compulsion Order:	ICO	
Compulsion Order:	CO	
Compulsion Order / Restriction Order:	CORO	
Transfer for Treatment – Section 136		

Effective From:	03/02/16
Expires:	01/03/16
2nd 6 Months Expires:	
Annual Expiry Date:	

T2 / T3 Expires:	T2 Expires 08/02/2019
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Specified Person (RES1) Expires:	TBC
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Advance Statement Dated:	TBC
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PLEASE DISPLAY PROMINENTLY AT FRONT OF PATIENT RECORD

IONA WARD - BECKFORD LODGE

DETENTION NOTIFICATION SLIP

PATIENT:	ANDREW MARTIN SHAW
DOB / CHI NO:	2104673933
PIMS NO:	P1518904
NAMED PERSON:	TBC
MHO:	TBC
RMO:	DR REGAN JONATHAN

SECTION APPLIED

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Emergency Detention Certificate:	EDC	
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Compulsion Order:	CO	
Compulsion Order / Restriction Order:	CORO	
Transfer for Treatment – Section 136		

Effective From:	03/02/16
Expires:	01/03/16
2nd 6 Months Expires:	
Annual Expiry Date:	

T2 / T3 Expires:	TBC
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Specified Person (RES1) Expires:	TBC
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Advance Statement Dated:	TBC
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PLEASE DISPLAY PROMINENTLY AT FRONT OF PATIENT RECORD.

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

Dr Ian Dewar
Principal Medical Officer
Scottish Government
Mental Health Division
Branch 3 St. Andrew's House
Regent Road
EDINBURGH
EH1 3DG

Dear Dr Dewar

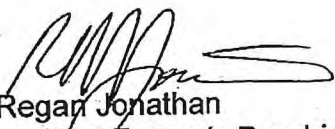
ANDREW MARTIN SHAW, C/O IONA WARD, BECKFORD LODGE
DOB: 21/04/67

I can confirm that the above was admitted to Iona Ward, Beckford Lodge, on 4th February 2016 under terms of and Assessment Order, Section 52D, of the Criminal Procedure (Scotland) Act 1995, as amended by the Mental Health (Care and Treatment) (Scotland) Act 2003.

I write to request that permission be granted for Mr Shaw to attend court appearances and any urgent clinical appointments.

I will keep you advised of any subsequent changes in his status.

Yours sincerely


Dr Regan Jonathan
Consultant Forensic Psychiatrist

**YOUR RIGHTS UNDER
THE MENTAL HEALTH (CARE AND TREATMENT)(SCOTLAND) ACT 2003**

ASSESSMENT ORDERS

Name of Patient	ANDREW SHAW
Name of Responsible Medical Officer	DR R JONATHAN
Start Date	03/02/16
Due for renewal	01/03/16

You have been admitted to this hospital on the order of a court, following the advice of an Approved Medical Practitioner, under the Criminal Procedure (Scotland) Act 1995. This is because you have a mental disorder and it is important that you get medical care and treatment that will stop your condition getting worse, or help to treat some of your symptoms.

You must not leave the hospital unless a doctor tells you that you can. If you try to leave before then, the staff can stop you. If you do leave you can be brought back. You can be held in this way because Mental Health (Care and Treatment)(Scotland) Act 2003 which states that a patient admitted on a hospital order should be treated in the same way as a patient admitted on an application for admission under a Assessment Order (AO) of the Act.

Your doctor will explain to you the reasons for any treatment you will receive. This will also be explained to your named person. You can be given some treatment, including medication, without your consent. However the doctor must take into consideration your wishes about treatment including any wishes that you may have expressed in an advance statement. A leaflet called "Consent to Treatment" explains more about when you can be treated against your will and is available on the ward.

You have a right of appeal to the court under section 60 of the Criminal Procedure (Scotland) Act 1995. If you want to be discharged from the Assessment order you, or your named person, have the right to appeal. To do this you must write to the

Mental Health Tribunal for Scotland
1st Floor
Bothwell House
Hamilton Business Park
Caird Park, Hamilton
ML3 0QA
Telephone: 01698 390000.

You may want to seek legal advice from a solicitor who can advise you about your rights. You should be entitled to legal aid, which would cover the cost of advice and having a solicitor to act for you at any hearing.

Iona Ward, Beckford Lodge, Hamilton, ML3 0AL

All of the staff involved in your care and treatment are guided by principles set out in mental health law. The principles say that you should be given the information and support you need to be involved in decisions about your care and treatment, that any treatment you get gives you the most benefit and that your freedom is restricted only as much as is necessary.

You have the right to access independent advocacy services and information on how to contact your local service is available from ward staff. An independent advocate can give you support and help you to express your own views about your care and treatment. A leaflet called "A guide to independent advocacy" is available on the ward.

You can send and receive letters and phone calls. In exceptional circumstances these may be restricted. If this is the case, your doctor must tell you this in writing. If your doctor believes that you might be at risk of harming yourself or another person he or she can prevent you from having items that could cause harm. In exceptional circumstances you, or your personal possessions, can be searched to make sure you don't have anything harmful.

The Mental Welfare Commission is an independent organisation working to safeguard the rights and welfare of everyone with a mental illness, learning disability or other mental disorder. Its duties are set out in mental health law. You can contact the Commission if you have concerns about your rights or care and treatment.

Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
EDINBURGH
EH12 5HE
Service user and carer freephone 0800 389 6809 or 0131 313 8777
www.mwscot.org.uk

If there is anything you do not understand or you would like to discuss further, please ask the nurse in charge, the doctor or the social worker on your ward. If you are not satisfied with your care in hospital you should write to

Chief Executive
NHS Lanarkshire – Primary Care Division
Kirklands Hospital
Fallside Road
BOTHWELL
G71 8BB

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 -ORES000000000000-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

