The Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act)

Non-provision of Recorded Matter

CTO10 | **Part A Reference**

This box is for the use of the Mental Health Tribunal for Scotland only.

Instructions v7.1

The following form is to be used:

where a patient is subject to a compulsory treatment order which specifies one or more recorded matter(s), and where it appears to the patient's RMO that the recorded matter(s) is(are) not being provided, the RMO shall make a reference to the Mental Health Tribunal for Scotland using the following form.

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

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

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

For example

2	5		M	A	R	K	E	T		S	T

Shade circles like this -> ●

Not like this -> ⊗ ✓

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

Patient Details

CHI Number

Surname

First Name (s)

Other / Known As

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

Title

DoB
dd / mm / yyyy

Gender

○ Male ○ Female ○ Prefers not to say ○ Not listed

If not listed, please specify

Patient's home address

Postcode

<< Please enter NF1 1AB if no fixed abode

Correspondence address for the patient is:

○ Home address noted above

○ Detention hospital/ward (enter in text box)

○ Other address (enter in text box)

PART 1 : REFERENCE OF NON PROVISION

To be completed by RMO

RMO Details

Surname

First Name

Title

GMC Number

Hospital

Hospital address

Postcode

Telephone No.

e-mail address

Approved under section 22 of the Act by:

Health Board **NHS**

CTO Details

The compulsory treatment order was first made on: Date / /

The order will cease to authorise the measures specified at midnight at the end of: Date / /

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

Hospital

Ward/ unit/ clinic

PART 1 : REFERENCE OF NON PROVISION

To be completed by RMO

Reasons for Reference

I believe that the following recorded matter(s) is(are) not being provided for the reasons stated:

1	

Care Plans

○ I have enclosed a copy of the patient's care plan as first prepared under section 76 (1) of the Act and a copy of any such care plan as amended by virtue of section 76 (3) or (4) (a).

Patient's Mental Disorder

The type(s) of mental disorder that I consider the patient has is/are:-

			Primary ICD 11 Code
Mental illness	○ Yes	○ No	
Personality disorder	○ Yes	○ No	
Learning disability	○ Yes	○ No	

Please enter primary ICD 11 diagnosis code for each disorder present.

Click here for ICD11 Coding Tool

Consultation - MHO

Surname

First Name

Title

Address

Postcode

Telephone No.

e-mail address

Local Authority

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc (the word "Council" may be omitted)

PART 1 : REFERENCE OF NON PROVISION (cont) **To be completed by RMO**

Consultation - other persons

I have consulted such other persons, listed below (including addresses) that I considered appropriate regarding the non-provision of the recorded matter(s).

2	

Attachments

I have included with this reference the following attachments:

3	

Named Person Details

○ The patient does not have a named person

○ The patient does have a named person - details below

Surname

First Name

Title

Address

Postcode

Telephone

e-mail address

PART 1 : REFERENCE OF NON PROVISION (cont) **To be completed by RMO**

Advance Statement

A ○ As far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.

OR

B ○ As far as I am aware the patient has not made an advance statement under the terms of section 275 of the Act.

If the patient has an Advance Statement, please ensure it is enclosed with this reference.

Primary Carer, Advocacy Worker, Welfare Attorney, Welfare Guardian

Please enter full names and addresses, including contact telephone numbers and email addresses where known.

Patient's primary carer (if any)

Patient's advocacy worker where applicable

Patient's welfare attorney where applicable (See note)

Patient's welfare guardian where applicable (See note)

Notes

"Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.

"Guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person.

Contact Details Of Others Relevant to the Application

Please provide the names and addresses (including telephone numbers and email addresses) of others who may be relevant to this application, where not available elsewhere on this form or the Mental Health Reports, and whom the Mental Health Tribunal for Scotland may wish to hear evidence from, for example: the patient's GP. Also record any others who should be invited to the hearing.

PART 1 : REFERENCE OF NON PROVISION (cont) **To be completed by RMO**

Curator Ad Litem

If, in your view, the patient requires a Curator Ad Litem, please indicate this here and give your reasons.

PART 2 **To be completed by RMO**

Record Of Notifications Made

Notice should be given as soon as practicable after the requirement to make the reference arose and, in any event, before making the reference.

Notification to the Mental Welfare Commission: Copies of the reference should NOT be sent as notification. A copy of the letter sent to the patient is sufficient for this purpose.

Notice was given to the following parties of the reference being made to the Mental Health Tribunal for Scotland -

○ the patient

○ the patient's named person (if any)

○ any guardian of the patient (see notes on page 5)

○ any welfare attorney of the patient (see notes on page 5)

○ the patient's MHO

○ the Mental Welfare Commission

Signature / Date

Signed
by the RMO

0.00

Date
dd / mm / yyyy

/ /

Name, address, telephone number and email address of contact at Medical Records

The Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act)

Non-provision of Recorded Matter

CTO10 | **Part B Determination**

This box is for the use of the Mental Health Tribunal for Scotland only.

Instructions v7.1

The following form is to be used:

by the Mental Health Tribunal for Scotland to record the determination of the reference made by the RMO under section 96 of the Act.

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

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

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

For example

2	5		M	A	R	K	E	T		S	T

Shade circles like this ->

Not like this ->

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Patient Details

CHI Number

Surname

First Name (s)

Other / Known As

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

Title

DoB
dd / mm / yyyy

Gender

○ Male ○ Female ○ Prefers not to say ○ Not listed

If not listed, please specify

Patient's home address

Postcode

<< Please enter NF1 1AB if no fixed abode

PART 3 : ORDER UNDER SECTION 104

To be completed by Mental Health Tribunal for Scotland

Date Reference received

The section 96 reference was received by the Mental Health Tribunal for Scotland on Date ☐☐ / ☐☐ / ☐☐☐☐

Hearing Details

A hearing to consider the above application was heard on Date ☐☐ / ☐☐ / ☐☐☐☐

Before the following Tribunal members -

Convener

Medical

General

Hearing Address

Postcode

Before determining the application, the Mental Health Tribunal for Scotland afforded the persons mentioned in section 103 (6) of the Act the opportunity to: make representations (whether orally or in writing); and leading, or producing evidence. Please shade.

	Attended hearing	Gave evidence
Patient	○	○
Patient's Named Person	○	○
Guardian of the patient	○	○
Welfare Attorney of patient	○	○
Patient's MHO	○	○
Patient's RMO	○	○
Patient's primary carer	○	○
Curator Ad Litem	○	○

List below any other persons appearing to the Tribunal to have an interest and indicate if they attended the hearing and if they gave evidence

1	

TRIBUNAL DETERMINATION under SECTION 104

Shade appropriate option

A: shade where - VARYING THE ORDER

○ The Mental Health Tribunal for Scotland authorises the variation of the order to which the reference relates by modifying:

(i) the measures authorised
(ii) any recorded matter,

B: shade where - REVOKING THE ORDER

○ The Mental Health Tribunal for Scotland revokes the order to which the reference relates.

C: shade where - MAKING NO ORDER

○ The Mental Health Tribunal for Scotland makes no order with respect to this reference

PART 3 : ORDER UNDER SECTION 104 (cont) **To be completed by Mental Health Tribunal for Scotland**

PART 2a - Measures Authorised

Complete this side for ***all measures authorised prior to this reference***

Complete this side for ***all measures authorised*** after this Tribunal hearing

○ (a) the patient's detention in the following specified: ○

hospital

hospital unit (if applicable)

○ (b) giving the patient medical treatment in accordance with Part 16 of the Act ○

○ (c) requiring the patient to attend on: specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment (including associated travel where appropriate), as detailed below. If the Tribunal specifies a matter then that matter should be inserted in the box below. If the Tribunal leaves that matter to be as directed by the RMO, then the box below should be left blank. ○

2

○ (d) requiring the patient to attend: on specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving community care services, relevant services or any treatment care or service (including associated travel where appropriate), as detailed below. If the Tribunal specifies a matter then that matter should be inserted in the box below. If the Tribunal leaves that matter to be as directed by the RMO, then the box below should be left blank. ○

3

○ (e) requiring the patient to reside at a specified place, as detailed below. If this measure is authorised then the Tribunal **must** write in the box below the address of the specified place; that address cannot be as "directed by the RMO". ○

4

○ (f) requiring the patient to allow any of the following parties to visit the patient in the place where the patient resides. Those parties are: ○

○ patient's MHO ○ patient's RMO ○ any person responsible for providing medical treatment, community care services, relevant services or any treatment, care or services to the patient who is authorised for this purpose by the patient's RMO.

○ (g) requiring the patient to obtain the approval of the MHO to any proposed change of address ○

○ (h) requiring the patient to inform the MHO of any change of address before the change of address takes effect ○

Where the order authorises measures other than the detention of the patient in hospital, the managers of the following hospital will have responsibility for appointing the patient's RMO.

Hospital

PART 3 : ORDER UNDER SECTION 104 (cont) **To be completed by Mental Health Tribunal for Scotland**

Part 3b: Recorded Matter

Complete A or B as appropriate

A The Mental Health Tribunal for Scotland wishes to specify as recorded matters within this order the following medical treatment, community care services, relevant services, other treatment care or service.
(Note: this must include ALL recorded matters appropriate to the order, and not just those that have been varied):

5	

OR

B ○ The Tribunal does not specify any recorded matters in this compulsory treatment order.

○ The above position is a variation from the recorded matter specified in the previous order.

PART 3 : ORDER UNDER SECTION 104 (cont) **To be completed by Mental Health Tribunal for Scotland**

Advance Statement (only complete if the patient remains subject to the order)

Complete A or B or C as appropriate

A ○ As far as is practicable to ascertain, the patient does not have an advance statement under S275 of the Act.

OR

B ○ As far as is practicable to ascertain: the patient has made and not withdrawn an advance statement under S275 of the Act; and the patient's current/proposed care and treatment are NOT in conflict with any wishes specified in that advance statement.

OR

C ○ The patient has made and not withdrawn an advance statement under S275 of the Act. This advance statement IS in conflict with current/proposed care and treatment authorised by measures in this order. Please record in the box below:

- The date of the advance statement(s).
- Details of treatment that is in conflict with the advance statement and how.
- Where the conflict with the advance statement concerns treatment the patient specified wishes to receive, that they are not receiving, please provide details of this.
- Reasons for authorising measures that allow this treatment to be given/not given, despite the conflict with the advance statement, with reference to the Principles of the Act.

6	

Where the treatment is in conflict with the advance statement, a record of the above has been sent to:

○ the patient ○ the patient's welfare attorney

○ the patient's named person (if any) ○ the patient's guardian

○ the Mental Welfare Commission (a copy of this form and any other record which has been sent to the patient/ others)

Signature/Date

Signed
by the Convener

Date
dd / mm / yyyy