NHS Foundation Trust

**Appendix 2** 

## In-patient Nurse Report for the \* Mental Health Tribunal / \* Managers Panel meeting to be held on (insert date)

\*Please delete as applicable

The content of this report is a requirement of the October 2013 Practice Direction First-Tier Tribunal – Statements and Reports in Mental Health Cases

The report must be up-to-date, specifically prepared for the tribunal and have numbered paragraphs and pages. It should be signed and dated. The sources of information for the events and incidents described must be made clear. This report should not recite the details of medical records, or be an addendum to (or reproduce extensive details from) previous reports, although the patient's current nursing plan should be attached. In relation to the patient's current in-patient episode, the report must briefly describe the patient's current mental health presentation:

| Full Name of Patient:   |  |
|---|--|
| Date of Birth and Age:  |  |
| Legal Status: (e.g. married, single)  |  |
| Address of Ward and Hospital:   |  |
| Date of admission to hospital:  |  |
| Address at time of admission:   |  |
| MHA Status and Date of Section:   |  |
| Responsible Clinician:  |  |
| Care Coordinator:   |  |
| Name and designation of author of the report:   |  |
| Patient's First Language:<br>Interpreter required: (yes/no)   |  |
| If the patient is deaf: Are the services<br>of a British Sign Language or Relay<br>interpreter required? (yes/no) |  |
| Name and address of any person who<br>plays a significant part in the patients<br>care: (not professionally)      |  |
| Details of any involvement of an IMHA:  |  |

Sources of information; the sources of information for the events and incidents described in your report must be made clear.

- 1. Please state whether there are any factors that might affect the patient's understanding or ability to cope with a hearing, and whether there are any adjustments that the tribunal may consider in order to deal with the case fairly and justly;
- 2. Please describe the nature of nursing care (the patients current nursing plan should be attached) and medication currently being made available;
- 3. Please state the level of observation to which the patient is currently subject;
- 4. Please state whether the patient has contact with relatives, friends or other patients, the nature of the interaction, and what community support the patient has;
- 5. Please describe the strengths or positive factors relating to the patient;
- 6. Please provide a summary of the patient's current progress, engagement with nursing staff, behaviour, cooperation, activities, self-care and insight;
- 7. Please provide dates and information on any occasions on which the patient has been absent without leave whilst liable to be detained, or occasions when the patient has failed to return as and when required, after having been granted leave;
- 8. Please give your opinion on the patient's understanding of, compliance with, and likely future willingness to accept any prescribed medication or treatment for mental disorder that is or might be made available;
- 9. Please give details of any incidents in hospital where the patient has harmed themselves or others, or threatened harm, or damaged property, or threatened damage;

- 10. Please give details on any occasions on which the patient has been secluded or restrained, including the reasons why such seclusion or restraint was necessary;
- 11. Please give your opinion on whether (in Section 2 cases) detention in hospital, or (in all other cases) the provision of medical treatment in hospital, is justified or necessary in the interests of the patient's health or safety, or for the protection of others;
- 12. Please give your opinion on whether the patient, if discharged from hospital, would be likely to act in a manner dangerous to themselves or others;
- 13. Please describe whether, and if so how, any risks could be managed effectively in the community, including the use of any lawful conditions or recall powers;

14. Please provide any recommendations to the tribunal, with reasons.

| Signed:<br>(*See note below) |  |
|------------------------------|--|
| Date:                        |  |

\*As this report will be submitted to the Tribunal electronically by secure email please ensure your name is typed into the signature box

NB: The authors of reports should have personally met and be familiar with the patient. If an existing report becomes out-of-date, or if the status or the circumstances of the patient change after the reports have been written but before the tribunal hearing takes place (e.g. if a patient is discharged, or is recalled), the author of the report should then send to the tribunal an addendum addressing the up-to-date situation and, where necessary, the new applicable statutory criteria.