**Initial Case Review notification – Adults**

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| **For completion by representative of Adult Protection Committee or mandated sub-group** |
| **Date** |  |
| **Name** |  |
| **Position** |  |
| **Email Address** |  |
| **Telephone No** |  |
| **Adult Protection Committee area** |  |
| **ICR information** |
| **Adult identifier**Note – only redacted information with no identifiable information  |  |
| **Gender of adult** | [ ] Male [ ] Female[ ] Non-binary[ ] Not disclosed  |
| **Age of adult at decision to carry out an ICR** | [ ] 16 – 17[ ] 18- 24[ ] 25-34[ ] 35-44[ ] 45-54[ ] 54-64[ ] 65-74[ ] 75-84[ ] 85-94[ ] 95+ |
| **Primary type of Harm** | [ ] Financial[ ] Psychological[ ] Self Harm[ ] Physical[ ] Sexual [ ] Neglect[ ] Other  (Please detail) |
| **Any other applicable harm** | [ ] Financial[ ] Psychological[ ] Self Harm[ ] Physical[ ] Sexual [ ] Neglect[ ] Other  (Please detail) |
| ***Reason for decision to carry out an ICR****Please provide a brief summary of the rationale to undertake an ICR: this may include a bullet point summation of pertinent conversations, and would include other courses of actions considered and discounted. Max 200 words* |  |
| **Date of review report** |  |
| **Brief summary of ICR findings***This should be the ‘headlines’ from the ICR report & also detail the agencies to which the particular findings apply. Max 200 words* |  |
| **Date of case review group meeting**  |  |
| **Options considered by case review group***This may be in relation to immediate actions, or recommendations that precede any further case review processes. Further, if a Significant Case Review has not been recommended/ pursued, it would be helpful to note any other processes that will be pursued as an outcome of the ICR. Max 200 words* |  |
| **Case review group’s recommendation and rationale to proceed or not to SCR***Please provide a brief summary (perhaps in bullet point) of the recommendations, and supporting rationale, made by the Case Review Group to the Adult Protection Committee Max 200 words* |  |
| **Date of case review group’s recommendation** |  |
| **Date Adult Protection Committee notified of case review group’s recommendation** |  |
| **Note of discussion by Adult Protection Committee***Please provide a brief summary (perhaps in bullet point) of the discussion & resultant recommendation of the Adult Protection Committee regarding the findings of the ICR, actions to be taken as an outcome, and recommendations to the Chief Officers Group Max 200 words.* |  |
| **Adult Protection Committee’s decision(s) and rationale**  |  |
| **Date of Adult Protection Committee Decision(s)** |  |
| **Note of any comments by /discussion with chief officers***Please provide a brief summary (perhaps in bullet point) of the discussion & resultant decision of the Chief Officer's Group regarding the findings of the ICR, and actions to be taken as an outcome – including whether there will be progression to a Significant Case Review. Max 200 words* |  |
| **Date of chief officers’ final decision** |  |
| **If not proceeding to SCR, any improvement actions identified and arrangements for oversight and implementation**  |  |

**Adult Protection Committees should note the word version is to support the development of the submission. The submission should however be returned though the online tool -** [**Initial Case Review notification - Adults**](https://forms.office.com/Pages/ResponsePage.aspx?id=Y1hH29mw4ke3P4nADYUedI0DoUQJ5iZBr7rpZLhJhupUMzlGVE1MVzMwQzU2V0owODQ5WERYQkFJOCQlQCN0PWcu)

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| **Care Inspectorate Contact Details** |
| Kirsteen Maclennan Service ManagerCare InspectorateMobile : 07870 983 463cistrategicteamnotification@careinspectorate.gov.scot | *Our administrative contact is:*Danielle Lanigan Care InspectoratePrinces Gate60 Castle StreetHamiltonML3 8BUTel: 0141 843 6843Mobile: 07970 405 093  |