**Adult Learning Review Outcome Electronic Notification Form**

This electronic notification form is to be completed at the point when the outcome of the Learning Review is known, and all governance processes have been completed.

Learning Review decision notifications should be submitted here: [Learning Review outcome notification form](https://careinspectoratecloud.sharepoint.com/%3Aw%3A/s/StrategicScrutiny/Efylkn9pvZ9ChBiynRfYj8QBRi1n8MgNhXpSt8T_oF20bQ?e=MZTaJs)

**Section 1: Contact details**

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| 1.1  | Date of notification  |
| 1.2 | Name of the person submitting the notification |
| 1.3  | Position |
| 1.4 | Email address |
| 1.5 | Telephone number  |
| 1.6  | Adult Protection Committee Area  |

**Section 2: Adult’s Information**

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| 2.1 |  Adult identifier (For example: Adult D) |
| 2.2 | Was the care inspectorate advised of the Learning Review at the start of the process?***If answer was yes branch off to section 4 if it was no, then need to complete all remaining questions in section 2 and section 3 (highlighted in red)*** |
| 2.3 | Gender of adult |
| 2.4 | Age of adult when Learning Review referral made  |
| 2.5 | Primary type of harm*Select one from pick list*  |
| 2.6 | Any other applicable type of harm*Select all that apply from pick list* |
| 2.7 | What is/was the adult’s ethnicity? |
| 2.8 | Primary case type*Select one from pick list* |
| 2.9 | Primary location of harm*Select one from pick list*  |
| 2.10 | Has the adult died? |
| 2.10.1 | If yes, please advise on date of death |
| 2.11 | Outline what is/was the nature of the adult’s situation*Relevant background information including key risks and supports* |
| 2.12 | Was the adult referred under Adult Support and Protection (Scotland) Act 2007 during the time period being considered? |
| 2.13 | Was the adult supported under Adult Support and Protection (Scotland) Act 2007 during the time period being considered?*Support includes inquiry, investigation, case conference and protection planning* |
| 2.13.1 | If yes, please provide further details*This should include information about stages of the process and application of the three-point test/criteria*  |
| 2.14 | Were there concerns related to the adult's decision-making capacity? |
| 2.14.1 | If yes, please provide further details |
|  2.15  | Was the adult subject to Adults with Incapacity (Scotland) Act 2000 or the Mental Health (Care & Treatment) (Scotland) Act 2003 during the time period being considered?  |
| 2.15.1  | If yes, please provide further details |
| 2.16 | Did the adult have an unpaid carer? |
| 2.17 | During the time period considered did the adult receive support that included a commissioned service? |
| 2.17.1 | Please select all type of services that apply |

**Section 3: Learning Review notification information**

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| 3.1 | Date APC received referral for case to be considered for Learning Review |
| 3.2 | What are the locally agreed timescales for carrying out a Learning Review? (From referral to Learning Review decision to Learning Review outcome) |
| 3.3 | Date Learning Review commenced  |
| 3.4 | What was the membership of the review group? Name, organisation and designation |
| 3.5 | Reason for decision to carry out a Learning Review*Please provide* *a brief summary of the criteria behind the decision to undertake a Learning Review: this may include a bullet point summation of pertinent conversations and would include other courses of actions considered and discounted.*  |

**Section 4: Learning Review process and outcome (to be completed for all notifications)**

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| 4.1 | Date of review report*Please forward an anonymised copy of the report to the Care Inspectorate* |
| 4.2 | Brief summary of Learning Review findings*This should be the ‘headlines’ from the Learning Review report & also detail the agencies to which the* *particular findings apply* |
| 4.3 | Have areas of good practice been identified? |
| 4.4.1 | If yes, briefly describe the areas of good practice identified |
| 4.5 | Describe the areas for improvement and how these will be addressed and monitored |
| 4.6 | Date of review group meeting  |
| 4.7 | Are you aware of any parallel review processes completed or on-going relating to this case? e.g., criminal proceedings, Fatal Accident Inquiry, disciplinary proceedings, significant adverse events. |
| 4.7.1 | If yes, please provide further details  |
| 4.8 | Date of case review group’s recommendation |
| 4.9 | Date Adult Protection Committee notified of the review group’s recommendation |
| 4.10 | 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 review groups recommendations regarding a Learning Review, actions to be taken as an outcome, and recommendations to the Chief Officers Group*  |
| 4.11 | Adult Protection Committee’s decision(s) and rationale |
| 4.12 | Date of Adult Protection Committee decision (s) |
| 4.13 | 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 Learning Review, and actions to be taken as an outcome*  |
| 4.14 | Date of chief officers’ final decision |
| 4.15 | Please detail improvement actions identified and arrangements for oversight and implementation |