**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 Manager  Care Inspectorate  Mobile : 07870 983 463  [cistrategicteamnotification@careinspectorate.gov.scot](mailto:cistrategicteamnotification@careinspectorate.gov.scot) | *Our administrative contact is:*  Danielle Lanigan  Care Inspectorate  Princes Gate  60 Castle Street  Hamilton  ML3 8BU  Tel: 0141 843 6843  Mobile: 07970 405 093 |