



Adult Social Care and Health

Internal Management Review Practice Guidance

Version 1.1

Version: 1.1 FOI Status: Controlled	Derbyshire County Council – Adult Social Care & Health Internal Management Review Practice Guidance	Originally issued: January 2023 Issued: November 2023 Review due: November 2024 Author: Safeguarding, Quality and Compliance
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If you would like to make any comments, amendments, additions etc. please email ASCH.adultcare.policy@derbyshire.gov.uk

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1. Introduction

An internal management review (IMR) is an **internal process** Adult Social Care (ASC) can use when things have not gone as well as they could or an opportunity to identify good practice. This guidance must be read in conjunction with the [Internal Management Review Policy](#).

The outcome of an IMR will inform future learning, improvements to processes, decision making, identify potential gaps in service or service failure and take steps to proactively resolve them. This learning is then cascaded to other relevant parties.

If other agencies are involved, then the operational service manager needs to consider whether a [learning review](#) or a [safeguarding adult review](#) referral is required.

This document provides the process that must be followed when carrying out an IMR.

2. Completing an IMR

The IMR must follow the report format in ([Appendix A](#)), and a chronology should be used if the timeframe is over an extended period ([Appendix B](#)). Once Appendix A and B are complete, please send to the quality team email ASCH.IMR@derbyshire.gov.uk who will then send you a unique reference number and will request that you complete an Internal theme form.

A separate action plan should be completed in line with the recommendations from the IMR report, and when all actions have been completed the summary of the IMR must be completed, these are ([Appendix C](#)). When this is complete the lead group manager should sign to confirm that all actions are complete, and no further action is needed.

Internal Management Review Report Form ([Appendix A](#))

It is important the reasons for the IMR have been clearly identified. Once these have been established the person conducting the IMR will arrange for appropriate contact to relevant ASC colleagues be made, to ascertain the series of events that lead to the IMR.

The IMR will reflect everyone’s contribution taking the utmost care to ensure confidentiality is maintained.

All areas of the form must be completed:

1. Service Information

Service information must have all relevant information completed.

2. Time Period

It is important to identify the timeframe that relate to the IMR.

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3. Team involved

Name of other professionals involved and the name of the organisation they work for.

4. Background

Provide an overview of the reason for the IMR, including the roles/relationship of the different parties involved. Make sure that important information is included, for example:

- information about the person including relevant health conditions, include assessed care provision and needs, etc.
- Key dates related to the incident

5. Details of incident

A breakdown of events must be provided here. Where there are several events to document and detail, the chronology at [Appendix B](#) will be completed and referred to in this section.

6. Observations of best practice, learning and development

Analysis of the information from background information, details of incident and chronology.

7. Recommendations

Following the completion of section 5, recommendations of change must be provided in this section of the report template. Once this has been completed it must be emailed to ASCH.IMR@derbyshire.gov.uk.

3. Action Plan

The action plan ([Appendix C](#)) must be completed to track and monitor actions identified.

The action plan will provide:

- clear actions with target dates for completion
- named individuals responsible for each action
- improvement/development recommendations
- learning opportunities and how these will be shared and implemented
- how impact of the actions will be measured

4. Closing Summary

At the point where all actions have been addressed the closing summary must be completed using [Appendix C](#) by the lead group manager.

This must summarise the actions completed and any residual risk. Clear expected outcomes for those receiving care and support must be included within the summary. Any additional quality

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assurance work required must be detailed and also include evidence of impact of the action plan on practice.

Steps for Completion

1. Complete Internal Management Review (IMR) Report ([Appendix A](#))
2. Complete Chronology of Significant Events (if appropriate) ([Appendix B](#))
3. Complete themes and learning form
4. Email Appendix A and B documents to <mailto:asch.imr@derbyshire.gov.uk> (You will receive a reply with a unique reference number)
5. Complete actions on Action Plan ([Appendix C](#))
6. Complete Internal Management Review (IMR) Closing Summary ([Appendix C](#))
7. Email: Appendix C to asch.imr@derbyshire.gov.uk

A good IMR will:

- follow the correct process
- involve all the appropriate ASC colleagues
- support the 'no blame' culture
- have a completed summary of the IMR once all actions have been completed by lead group manager

5. Quality Assurance Oversight

The IMR report ([Appendix A](#)) and [Appendices B](#) will be passed to the quality team (asch.imr@derbyshire.gov.uk) who will record details of the IMR.

The quality team will then pass the IMR onto the relevant group manager for quality & compliance and group manager for safeguarding quality assurance to notify them of the open IMR.

The group manager for quality & compliance and group manager for safeguarding quality assurance will have oversight of the IMR documentation and liaise with the person submitting. Any points for clarification will be addressed at this stage.

The action plan and closing summary ([Appendix C](#)) must be submitted to the quality team for the IMR to be closed.

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Author History

Approval and Authorisation History

Authored by	safeguarding, quality and compliance team	January 2023
Approved by DMT		January 2023

Change History

Version	Date	Name	Reason
Version 1	Jan 2023	safeguarding, quality and compliance team	New guidance
Version 1.1	Nov 2023	safeguarding, quality and compliance team	Minor updates