

#### **4.0 INDIVIDUAL MANAGEMENT REVIEWS - to analyse individual agency performance**

IMRs are intended as a means of enabling organisations to reflect and critically analyse their involvement with key individuals in a case under consideration, identifying good practice and areas where systems, processes, individual and group practice could be enhanced.

IMRs can be used a tool to contribute to a full Safeguarding Adults SCR (as described in the SCR section) or as a tool for single agency improvement where it is felt that one agency would benefit from undertaking an IMR to improve its own performance and for further development.

The Safeguarding Adults review group, having analysed the information on an initial case review request form, can request a single agency to undertaken an IMR and action plan. This process may be used where it is obvious that only a single agency has been involved in the case, and where there will be learning from undertaking an IMR.

The single agency method can be used as part of a “desk-top” review involving the individuals involved in the case and can be a relatively short piece of work which is not resource intensive. It is important that individuals who are asked to write IMRs as either a single agency tool or for a full SCR have the relevant skills to undertake this task. They should also be given support, access to all the relevant files and dedicated time to complete the task to timescale. They should also where possible be independent from the case being reviewed.

The IMR and action plan would be presented to the Safeguarding adults review group and updates provided on implementation of the action plan.

As this is a simple desk-top exercise about an agency’s individual performance it is not necessary to involve the adult at risk.

The IMR template which is usually used as part of the SCR process can be used which is attached as **Appendix 7**, along with some supplementary guidance.

#### **5.0 MULTI-AGENCY COMBINED CHRONOLOGY**

Chronologies are important tools that are particularly useful when combined across agencies. This enables a group of agencies to identify gaps in communication, shared decision-making and risk assessment. As such the combined chronology can be used to help agencies analyse and reflect on their work with an individual or group of individuals and make recommendations for change.

Developing a chronology of events is a useful way of achieving an overview of a case or situation and considering the areas for development or change. With a multi-agency combined chronology this perspective is greatly enhanced and enables identification of two important areas i) gaps in service provision and therefore opportunities for development, and ii) missed opportunities for communication between agencies.

A Safeguarding Adults review can use a combined chronology, with a focussed timescale of consideration to enable lead practitioners and managers to reflect on a case within a facilitated workshop setting and develop timely recommendations for change.

The starting point is that all agencies involved in the case are required to produce a single-agency chronology using **Appendix 8b**. The single agency chronologies need to be completed by those

people involved in the case, and can be completed as a simple desk-top exercise. These single chronologies are then collated by a nominated individual (this can be a senior administrator) to form the combined chronology. This first step is relatively minimal in terms of the single agencies time and resources.

The second stage is to hold a one-off workshop or review to analyse the combined chronology and identify the missed opportunities, learning areas and any other issues which need addressing and develop action plans as appropriate for each agency. This second stage may benefit from a facilitator.

The combined chronology and action plans would be presented to the Safeguarding Adults Review group and updates provided on implementation of the action plans.

As with the individual IMRs, as this is about looking at the agency's performance and areas for change, it is not necessary to involve the adult at risk.