

After Action Review (AAR)	
Incident Reference:	
Date of incident:	
Type of incident:	
Date of AAR:	
AAR Facilitator:	
Division:	
Teams involved in incident (please detail all teams):	
Report author:	
Job Title:	
Submission due date:	
Approval	
Name:	
Job Title:	
Divisional Approval Date:	

**- CONFIDENTIAL -**

In order to protect patient confidentiality, this report is not for publication or onward circulation without the written permission of the Tavistock and Portman NHS Foundation Trust

Notes;

- An AAR should be used at any point where there has been an unexpected outcome – whether it be positive or negative.
- The facilitator should introduce the session and aim to create a space where everyone feels comfortable to openly and honestly share their views and experiences. A prerequisite of an AAR is that everyone feels they can equally contribute without fear
- The *group should aim to understand the differences between the intended and actual outcomes and what can be learned – should the outcomes be avoided or aimed for in the future*

Event Details	
1. Brief description of incident	
2. Detection of incident	
3. Actual Severity	
4. Actual Effect on patient or service	
5. Duty of Candour Status	
AAR Details	
6. Attendees	
7. Process & Scope	
<b>8. What was expected to happen?</b>	
<i>Define together what the intended outcome was as 'what was meant to happen'</i>	
<b>9. What actually occurred?</b>	
<i>Define what actually happened and whether this contributed to either the success or failure of the task – identifying those who are responsible for them</i>	
<b>10. What did not work well?</b>	
<b>11. What worked well?</b>	

<b>12. What can be learned?</b>	
<b>13. What impact has this had on staff/what consideration has been given to staff wellbeing?</b>	
<b>14. Agreement on next steps</b> <i>Define actions and/or recommendations</i>	
<b>15. Arrangements for signing learning:</b>	<b>Sign off:</b>
	<b>Name:</b>
	<b>Signed:</b>
	<b>Job title:</b>

DRAFT

DRAFT

DRAFT

DRAFT

**Action Plan**

**Do not forget to share the draft with the teams involved to agree recommendations and develop SMART actions.**

**The action plan below needs to be in place before the review group meeting to review**

<b>Recommendation</b> <i>(This is the numbered recommendation as it appears in the report.)</i>	<b>Action</b> <i>(This is the action recommended to meet the recommendation)</i>	<b>Lead</b> <i>(A named lead responsible for each action)</i>	<b>Expected completion date</b>	<b>Completion date</b>	<b>Evidence of completion</b> <i>(Minutes of staff meetings, memos issued, training records, new policy, new equipment acquired etc.)</i>

