Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE
AFTER ACTION REVIEWS

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Instigated by: **Date Instigated:**	Hilary Gledhill - Director Nursing, Allied Health and Social Work Professionals 26 April 2024
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Date of Next Review:	September 2027
Consultation:	Consultation with Clinical Leads and Clinical Network Groups
Ratified and Quality Checked by: **Date Ratified:**	Quality and Patient Safety Group 27 June 2024
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	Incident Reporting Policy & Procedure (N-038) Data Quality Policy (F-021) Freedom of Information Policy and Procedure (N-043) Caldicott and Data Protection Policy (N-027) Patient Safety Incident Response Policy Duty of Candour Policy Learning and Staff Development Policy (HR-019)

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*June 2024*	*New SOP. Approved at Quality and Patient Safety Group (QPaS) on 27 June 2024.*
1.1	*September 2024*	*Minor amend. Updated Appendix 1 to replace new After Action review Template in appendix 1 and minor change to section 3. Approved by Exec Lead sign-off (Hilary Gledhill – 26 September 2024).*

Contents

1. INTRODUCTION

Effective investigations enable the Trust to identify any risks within its activities and to take actions to reduce, prevent or mitigate those risks. Effective investigations also ensure learning from incidents can take place and that learning is shared to improve safety across all areas of the Trust.

Under the Patient Safety Incident Response Framework (PSIRF), the Trust can use several different tools to understand and learn from patient safety incidents, an AfterAction Review (AAR) is one of these tools.

Developed initially by the US Army, and supported by NHS England an AAR is designed to be used as soon as possible after a patient safety incident occurs. This Standard Operating Procedure (SOP) will describe how the Trust will utilise this methodology to ensure patient safety incidents responded to using this are done so swiftly, robustly and involve the people who can contribute to learning.

'*An AfterAction Review (AAR) is a method of evaluation that is used when outcomes of an activity or event, have been particularly successful or unsuccessful. It aims to capture learning from these tasks to avoid failure and promote success for the future'*
(Ref: NHS England learning-handbook-after-action-review.pdf (england.nhs.uk))

2. SCOPE

This SOP applies to all permanent (clinical and non-clinical) staff, locum, agency, bank and voluntary staff and students working within the Trust.

All Trust staff with responsibility for managing patient safety incidents must follow these procedures to ensure incidents are reviewed accordingly.

3. DUTIES AND RESPONSIBILITIES

Director of Nursing, Allied Health Professional (AHP) and Social Care Professionals/Medical Director
The Director of Nursing has overall responsibility for patient safety and both the Director of Nursing, and the Medical Director approve After Action Reviews as a methodology used within PSIRF.

The Director of Nursing will ensure the SOP is complied with and monitor through appropriate committees.

Deputy Director of Nursing, AHP and Social Care Professionals
The Deputy Director of Nursing can request an After Action Review.

The Deputy Director of Nursing, Allied Health and Social Care Professionals will approve the recommendation for an After Action Review from the daily huddle.

They will be available to support staff involved in the process both before and after.

The Governance and Patient Safety Team
Will provide advice, support and resources on the process and collate the documentation from the After Action Reviews.

They will collate themes and disseminate learning as agreed at Clinical Risk Management Group (CRMG).

Governance and Patient Safety Administrator
Will monitor and track that After Action reviews have been held as requested.

Will collate the documentation in from the review for oversight through CRMG.

Clinical leads
Will collaborate with the Patient Safety Team and ensure After Action Reviews are carried out within their division.

Ensure staff have access to appropriate support following a patient safety incident.

Ensure the learning is shared across their clinical areas and division.

Monitor actions arising from AAR and ensuring they are implemented.

Divisional General Managers
Will collaborate with the Patient Safety Team and ensure After Action Reviews are carried out within their division.

Ensure staff have access to appropriate support following a patient safety incident.

Ensure the learning is shared across their clinical areas and division.

Monitor actions arising from AAR and ensuring they are implemented

Matron/Line Manager/Team Leader
As above.

Matron/Line manager/team leader is responsible for ensuring:
- Staff are familiar with this procedure and adhere to the instructions referred to.
- Staff attend training applicable to their role.
- The AAR is arranged and the relevant staff are involved.
- Consultation with patients and where applicable their families to advise of the action being taken and any learning which arises.
- Staff are given a copy of 'Navigating Difficult Events at Work' booklet.

Facilitator of the AAR
- Should create a safe and brave space where the staff involved in a recent patient safety incident feel able to speak up and share their recollections without feeling blamed.
- The facilitator keeps track of time and can play a role in recording centrally what emerged from the activity.
- Review of the notes / key points is completed at the end for further discussion.

The notes should then be captured by the team as part of a knowledge asset for them to be shared within the wider organisation.

4. SKILLS OF A FACILITATOR OF AFTER-ACTION REVIEWS AND GROUND RULES

After Action Reviews requires a facilitator who:

- Models the values of a just and learning culture.
- Has excellent active listening, emotional intelligence, and facilitation skills.
- Is confident they can support a multi-disciplinary team to openly reflect on what happened and why soon after a patient safety incident.
- Is inclusive and who will encourage everyone's voice and recollections to be shared, irrespective of their level of seniority, professional background and/or personality type (e.g., introvert or extrovert).
- Will calmly and respectfully shut down conversations of blame and who recognises and acts on non-verbal and verbal cues that staff members are struggling with the conversation.
- Can clearly communicate the AAR's aims.
- Is curious and open-minded, encouraging others to explore a work system.

The Ground Rules for managing an AAR are as follows:

- Active participation: it is important for everyone to participate.
- Everyone's views have equal value.
- **No blame**
- There are no right or wrong answers.
- Be open to new ideas.
- Be creative in proposing solutions to barriers.
- "Yes….and" rather than "either/or" thinking
- Consensus where possible, clarification where not
- Commitment to identifying opportunities for improvement and recommending possible improvement approaches.
- No record of the discussion will be distributed without the agreement of all participants.
- Quotes will not be attributed to individuals without permission.

5. GOVERNANCE ARRANGEMENTS

Corporate Safety Huddle

- Group undertakes reviews of all reported patient safety incidents submitted over the preceding 24 hours (Monday to Friday).
- Incident category and severity reviewed and amended if required in line with Learn From Patient Safety Events (LFPSE) guidance.

Clinical Risk Management Group (CRMG)

- Meets weekly to review all the Initial Incident Review (IIR) reports and After Action Reviews
- Reports to Quality and Patient Safety Group (QPAS) theming up areas of learning and actions.

Quality and Patient Safety Group (QPaS)

- Reports to the Quality Committee
- Ratifies closure of action plans
- Overseeing process and receives a bimonthly report on learning themes.

Quality Committee - Board Sub-Committee

- Receives assurances that effective systems are in place across the organisation in relation to patient safety.
- Encourages learning to take place from the consideration of themes arising from patient safety investigations.

6. PROCEDURES

An AAR is a means of identifying and documenting best practices and challenges demonstrated by the response to the event.

An AAR seeks to identify:

- Actions that need to be implemented immediately, to ensure better preparation for the next event.
- Medium and long-term actions needed to strengthen safe care delivery.

AAR should involve:

- A structured review of response activities.
- An exchange of ideas and an in-depth analysis of what happened.
- Identification of what can be addressed immediately.
- Identification of what can be done in the longer term to improve responses to the next event.

When should an After Action Review be undertaken?

An AAR should be used at any point where there has been an unexpected outcome – whether it be positive or negative. It is usually focused on task-based events, where low harm has occurred or no harm but the incident was classed as a near miss.

AAR should ideally be conducted 3 working days following the incident being reviewed at the daily Huddle. It is important to run your AAR whilst the team is still available and whilst memories are fresh.

The benefits of conducting an AAR are as follows.

- Ensures critical thinking around the event, assessing the underlying factors that led to contributed to the patient safety incident.
- Builds consensus on issues for follow-up. Because team members work together during an AAR to identify challenges and best practices, the review creates consensus around actions necessary to prevent the next event and improve the next response.
- Allows documentation of lessons learned. AAR enable quick identification and documentation of lessons that can be applied to future events. This means team members can apply those lessons straight away.
- Allows cross-sectoral learning.

The flowchart below outlines the AAR procedure:

Datix

- Patient Safety Incident identified and is reported on the Trust risk reporting system (DATIX) by an individual staff member.

Team Huddle

- The team meets to review and quality assure all incidents submitted for their area to ensure appropriate action has been undertaken and considers if the incident would be appropriate for an AAR.

Daily Huddle

- The Daily Huddle with senior representatives from all divisions and the corporate patient safety team reviews the incident and recommends that an AAR is completed.

DDoN

- Reviews the recommendation from the Daily Huddle and approves an AAR or requests an IIR.

Team Leader / Ward Manager

- Convenes a AAR within 3 working days following the incident being reviewed at the Daily Huddle.
- Arranges for staff to participate in the AAR.
- Facilitates the AAR.
- Ensures the notes from the AAR are written and returned to the Patient Safety Governance Team within 5 working days of the AAR being held.
- Ensures learning is shared with the service / team.

Clinical Lead / General Manager

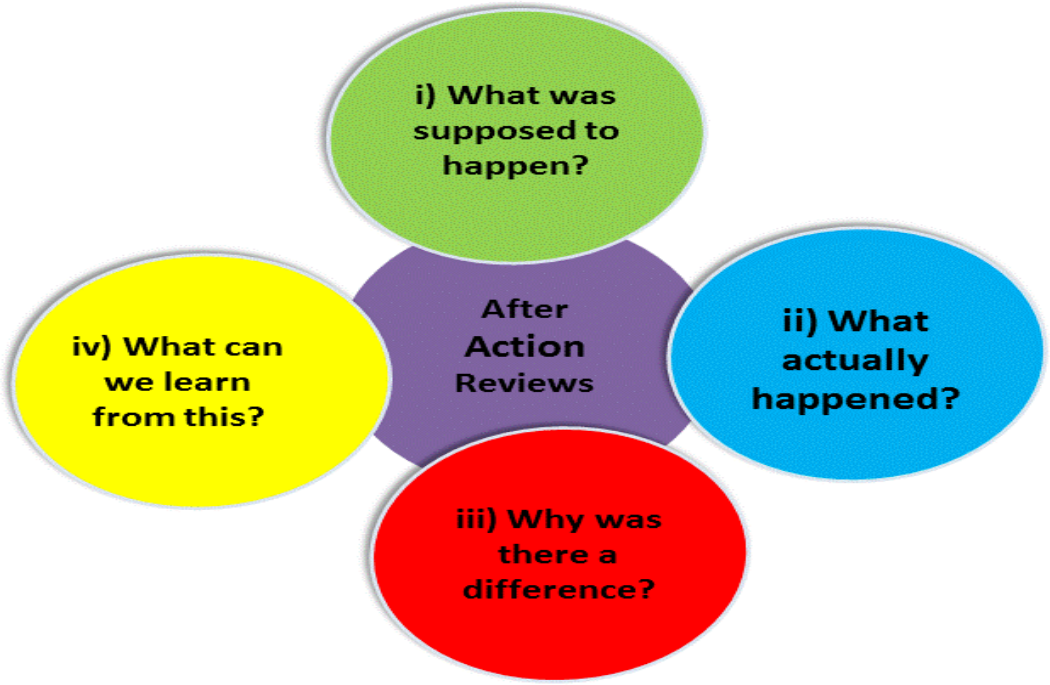
- Support the AAR being held.
- Monitors that the AAR is held and is inclusive of the relevant staff.
- Ensures the record of the AAR is shared with CRMG.

What sort of Patient Safety Incidents are suitable for an AfterAction Review?

After Action Reviews is a helpful tool to use to for an incident where urgent action and rapid learning is required to secure immediate patient safety such as:

- An infection control incident e.g. Trust apportioned Healthcare Associated Infection (HCAI). A medication error.
- A problem with a system that resulted in an appointment not booked / inputted correctly resulting in missed appointment / service offer to an individual patient.
- An estates / environmental issue which impacted on patient safety.
- An emergency planning issue arose resulting in swift action being required.

(note this list is not exhaustive)
The After Action Review considers the following:



The template to record the AAR is contained in Appendix A.

7. PATIENT AND FAMILY INVOLVEMENT

The Trust seeks to promote a culture of openness, which is a pre-requisite for improving patient safety and the quality of healthcare systems. For further information, please refer to the Trust Duty of Candour Policy which can be accessed at this link.

The facilitator of an AAR should have discussed with the patient affected by the incident the action to be taken to undertake a rapid review to elicit learning will be held. The facilitator asks for any areas they wish to be considered as part of this. The facilitator should feed these into the AAR and feedback the outcome/ learning from the review to the patient.

8. TRAINING

All staff in the Trust are required to undertake Patient Safety Level 1a mandatory for all staff from November 2024.

Board Members and Senior Leads are required to complete Patient Safety Level 1b mandatory for all Board members and Senior Leads.

All facilitators should have the skills outlined above in section 4.

9. REFERENCES

NHS England learning-handbook-after-action-review.pdf (england.nhs.uk)

Navigating Difficult Events at Work
Incident Reporting Policy & Procedure (N-038) Data Quality Policy (F-021) Freedom of Information Policy and Procedure (N-043) Caldicott and Data Protection Policy (N-027)
Patient Safety Incident Response Policy
Duty of Candour Policy
Learning and Staff Development Policy (HR-019)

Highlighting the benefits of an After Action Review (who.int)

After action review | Knowledge and Library Services (hee.nhs.uk)

KM-Framework-Postcards-AAR-2019.pdf (library.nhs.uk)

APPENDIX A: AAR SUMMARY REPORT TEMPLATE

Click the link below to access the AAR Summary Report Template:

AAR Summary Report Template

APPENDIX B: EQUALITY IMPACT ASSESSMENT

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: After Action Reviews (SOP24-022)
2. EIA Reviewer (name, job title, base and contact details): Kate Baxendale - Deputy Director of Nursing, Allied Health and Social Work Professionals
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

Main Aims of the Document, Process or Service
An After Action Review (AAR) is a method of evaluation that is used when outcomes of an activity or event, have been particularly successful or unsuccessful. It aims to capture learning from these tasks to avoid failure and promote success for the future.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	There is no evidence that this protected characteristic would be adversely affected by implementing this SOP.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	There is no evidence that this protected characteristic would be adversely affected by implementing this SOP.
Sex	Men/Male Women/Female	Low	There is no evidence that this protected characteristic would be adversely affected by implementing this SOP.
Marriage/Civil Partnership		Low	There is no evidence that this protected characteristic would be adversely affected by implementing this SOP.
Pregnancy/ Maternity		Low	There is no evidence that this protected characteristic would be adversely affected by implementing this SOP.
Race	Colour Nationality Ethnic/national origins	Low	There is no evidence that this protected characteristic would be adversely affected by implementing this SOP.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	There is no evidence that this protected characteristic would be adversely affected by implementing this SOP.
Sexual Orientation	Lesbian Gay men Bisexual	Low	There is no evidence that this protected characteristic would be adversely affected by implementing this SOP.
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	There is no evidence that this protected characteristic would be adversely affected by implementing this SOP.

Summary

Please describe the main points/actions arising from your assessment that supports your decision. See evidence to support equality impact score above.	
EIA Reviewer: Kate Baxendale	
Date completed: 27 June 2024	Signature: K. Baxendale