2 How TAPS works

The aim of the TAPS programme is to improve safety through action learning. This is underpinned by relevant knowledge delivered to teams at the front line of care. The TAPS programme combines a training module (taken individually by all participants) with team activity to address a priority safety issue within practice.

Teams are supported to identify a local priority for patient safety, develop solutions and measure improvement. Furthermore, bringing participants together from across a local healthcare economy facilitates a valuable opportunity for joint organisational initiatives.

The action learning will involve an orientation meeting, pre-course work and three multi-professional workshops over a period of 20 weeks. The first workshop will provide knowledge in patient safety and improvement methods. Teams are tasked to identify threats to patient safety and design measurable interventions to address these threats. Two subsequent half day workshops provide a collaborative approach to reviewing progress, monitoring change and sharing lessons.

Figure 1 shows the programme structure and outline.

2.1 How learning is linked to organisational priorities

The personal support of Chief Executives from each of the participating organisations, and the involvement of clinical governance leads in selecting and supporting teams to take part in the programme, ensures that the work reflects the highest priority safety concerns of the organisations involved.

The teams are expected to present a plan for sustaining their work to the executive team at the end of the programme, and the clinical governance leads will facilitate this.

2.2 How learning is linked to regional and national priorities for training and education in patient safety

The TAPS programme is one element within a raft of training and education initiatives in patient safety. The inclusion of junior doctors and their supervisors within the TAPS teams provides an opportunity to link the training of new doctors with improved safer practice within workplace teams.

In addition, the postgraduate dean has identified regional priorities for safer practice that the TAPS teams have access to.

2.3 Programme delivery and support

The programme is delivered and supported by improvement coaches who are experienced in the application of quality improvement methods across multi-professional teams within multi-organisational health and social care contexts.

The workshop agendas provide a balance between expert teaching sessions, dedicated time within teams to apply the methods and develop action plans, and time to review and learn from other teams on the programme.

An improvement coach is assigned to support each team over the course of the 20 weeks. In addition to time at workshops, this includes telephone and email support plus one or two team visits.

A dedicated website allows teams to build up their own safety improvement project case study and to view progress of other teams within the same collaborative programme.

2.4 **Team membership**

This programme is aimed at qualified health professionals and other members of the healthcare team who have direct contact with patients. The team represents a ward, unit or practice, who together deliver care to a particular group of patients or clients.

The programme will be supported by the clinical governance lead in each of the participating Trusts. The team of 4-6 will include:

- Up to two junior doctors and their direct supervisor/mentor
- Up to two registered nurses/midwives/health visitors
- Where appropriate - one from the following disciplines – pharmacy, physiotherapy, radiography/ radiotherapy, dietetics, occupational therapy, psychology
- Where appropriate – one from other vital groups – e.g. team or unit manager, practice manager, receptionist, operating department practitioner, technical assistants, support workers, healthcare assistants
- Where appropriate – a patient or patient representative

2.5 **Learning outcomes**

By the end of this programme participants and specialty teams should be able to:

- Work collaboratively to address a known threat to patient safety
- Analyse the role of human factors and systems failures in promoting patient safety
- Identify and appraise the interventions that are available to improve safety
- Identify and access appropriate resources to overcome barriers to implementation of the intervention
- Choose an appropriate means of evaluating improvement
- Measure the impact of the chosen patient safety intervention
- Critically appraise what has been achieved through the programme including their own learning and the effectiveness of the team
- Develop a plan for long-term sustainability of any improvement

Clinical governance leads and healthcare organisations should be able to:

- Facilitate teams in the development and testing of an intervention that is in line with organisational priorities
- Provide appropriate support and resources to facilitate an intervention and its measurement
- Understand what their teams have achieved as part of the programme
- Collaborate with teams and clinical governance leads to implement a sustainability plan (incorporating quality assurance mechanisms and dissemination of learning across an organisation(s))

How TAPS works: programme structure and outline

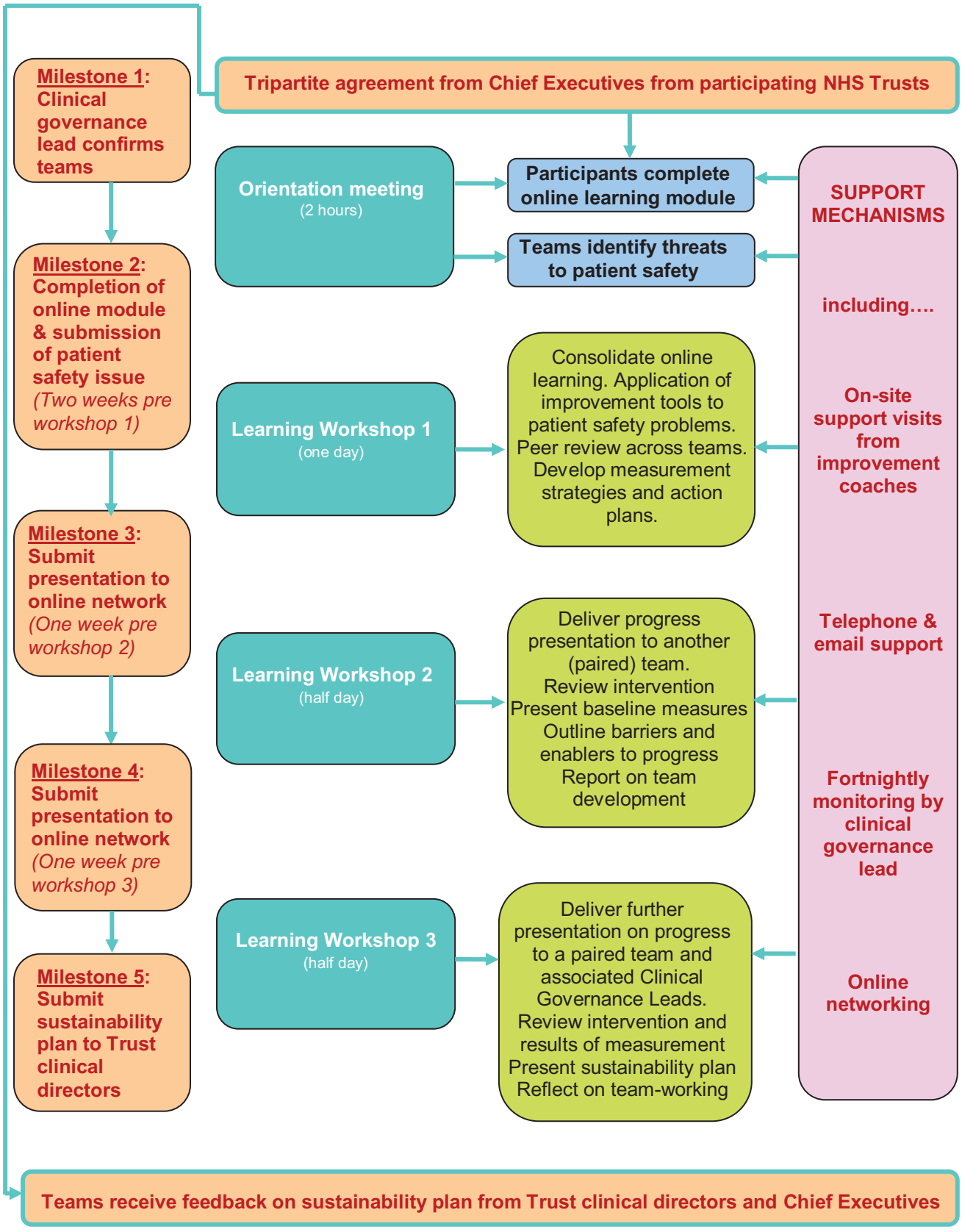

Figure 1: TAPS programme structure and outline