

Safewards

Submission date 29/08/2012	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 29/08/2012	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 20/11/2017	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

11269

Study information

Scientific Title

Safewards: a trial of an intervention to reduce conflict and containment in acute inpatient psychiatry

Acronym

Safewards

Study objectives

When people are very mentally ill and on an acute psychiatric ward, they can sometimes behave in disturbed and unpredictable ways, doing things that they would not usually do. Some of those behaviours are unsafe or even seriously risky, either to patients or those around them, for example being angry and aggressive to others, or trying to harm themselves. We call all these things together conflict. In attempting to cope with or prevent such events, staff may use containment methods, such as restraint, or extra medication.

Our research team has been investigating the ways staff can act so as to produce an environment which will reduce the frequency of these events, and make wards safer places. We have two ideas about how to do this.

The first is about generating physical wellbeing amongst the staff. A healthy and energetic staff group will be more able to devote time and effort to good patient care. Promoting physical health amongst the staff will enable them to do more effectively what they already know how to do: look after the patients to the best of their ability. Good quality care from the staff will reduce conflict with patients and the need for containment. The second idea is to establish structure, change the words and language staff use, improve mutual regard and build alliances between patients and staff. This trial is about testing these interventions, to see which one works best.

Ethics approval required

Old ethics approval format

Ethics approval(s)

ref: 11/LO/0798

Study design

Randomised interventional process of care trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Quality of life

Participant information sheet

Not available in web format, please use the contact details to request a patient information sheet

Health condition(s) or problem(s) studied

Severe Mental illness

Interventions

Organisational. Optimising structure, thinking carefully about the words and language nurses use, and enhancing mutual regard between staff and patients. Staff wellbeing. Promoting physical health will enable staff to look after patients to the best of their ability.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

Rates of conflict and containment measured at 6 months

Secondary outcome measures

No secondary outcome measures

Overall study start date

05/12/2011

Completion date

31/07/2013

Eligibility**Key inclusion criteria**

1. Acute psychiatric wards defined as those that primarily serve acutely mentally disordered adults, taking admissions mainly directly from the community
2. Specifically to include admission wards, assessment wards, triage wards, treatment wards, pre-discharge wards, extra or intensive care; in so far as these wards provide whole or part of the acute care pathway for those temporarily admitted directly from the community
3. Wards to be included regardless of the gender of patients to which they provide a service, whether male, female or mixed, and regardless of the ward's door locking policy
4. Male and female participants
5. Aged 18 - 65 years

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Upper age limit

65 Years

Sex

Both

Target number of participants

300

Key exclusion criteria

1. Wards with other specialist functions (e.g. forensic, long term care, older people, child and adolescent)
2. Wards with major planned changes during the trial (e.g. reconfiguration of catchment areas or patient populations, refurbishment, managerial restructuring)
3. Wards where two or more of the following apply:
 - 3.1. An acting ward manager, no ward manager in post, or cover from ward manager primarily responsible for another ward; unless the local organisational structure is that of one ward manager having responsibility for two wards
 - 3.2. A locum consultant psychiatrist, where that post is the identified sole consultant responsible for inpatient care
 - 3.3. Nursing vacancy rates above 30% (9.5% of acute wards in 2005)

Date of first enrolment

05/12/2011

Date of final enrolment

31/07/2013

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

King's College London

London

United Kingdom

SE5 8AF

Sponsor information

Organisation

King's College London (UK)

Sponsor details

16 De Crespigny Park
London
England
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SE5 8AF

Sponsor type

University/education

Website

<http://www.kcl.ac.uk/>

ROR

<https://ror.org/0220mzb33>

Funder(s)**Funder type**

Government

Funder Name

National Institute for Health Research [NIHR] ref: RP-PG-0707-10081

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications**Publication and dissemination plan**

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/09/2015		Yes	No
Other publications	quality of intervention delivery	17/11/2017		Yes	No