

SOS Inpatients: a pilot study of enhanced support, openness and supervision for staff working on adult mental health wards

Submission date 03/09/2010	Recruitment status No longer recruiting	☐ Prospectively registered
Registration date 17/03/2011	Overall study status Completed	☐ Protocol
Last Edited 17/05/2017	Condition category Mental and Behavioural Disorders	☐ Statistical analysis plan
		☐ Results
		☐ Individual participant data
		☐ Record updated in last year

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

Study information

Scientific Title

A pilot randomised controlled trial of enhanced support, openness and supervision for staff working on adult mental health wards

Acronym

SOS

Study objectives

Primary hypothesis:

One year after randomisation, staff working on mental health wards that receive interventions aimed at enhancing support, openness and supervision for staff will experience lower levels of burnout than those working on wards that do not.

Secondary hypothesis:

One year after randomisation, levels of staff turnover, staff sickness and use of agency staff will be lower on mental health wards that receive interventions aimed at enhancing support, openness and supervision for staff than on wards that do not.

Tertiary hypothesis:

One year after randomisation, the number of untoward incidents as recorded by incident report forms, will be lower on wards where staff receive enhanced support and supervision compared to wards that do not.

Ethics approval required

Old ethics approval format

Ethics approval(s)

West London Research Ethics Committee 2, 20/09/2010, ref:10/H0711/62

Primary study design

Interventional

Study design

Pilot randomised controlled trial

Study type(s)

Quality of life

Health condition(s) or problem(s) studied

Mental health

Interventions

A modified cognitive analytic therapy approach to clinical supervision for ward staff in groups. Entitled 'Sharing, Openness and Supervision', this aims to change ward culture so that morale is improved with a positive effect on patient care.

The treatment arm will comprise one group per week of 1.5 hours clinical supervision for the ward team including staff members from all disciplines and from the ward leadership including at least one of ward manager, consultant and modern matron. Registered will be taken to record attendance and fidelity to this model. The clinical supervision groups will be run according to a Cognitive Analytic Therapy approach, adapted to this context.

Please note that there is only one treatment arm; the control arm is not active. The duration of the intervention will be one year and data on job satisfaction will be collected from ward staff at the beginning and end of the year. There will be no follow up after the end of the intervention, but routine ward data on incidents, recruitment and retention and sickness is routinely collected and may be analysed at a future point if appropriate.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Staff-level data:

All staff who make up the ward establishment, from a list supplied by the ward manager, will be approached. For these staff data collection will be completed on baseline measures prior to randomisation, using:

1. Maslach Burnout Inventory: a 15-item measure to assess emotional exhaustion, depersonalisation and personal accomplishment
2. Job Content Questionnaire: a 34-item measure to assess job-related stress
3. Basic demographic data: including age, gender and number of hours worked. We will collect this using a proforma specifically designed for the study.

Key secondary outcome(s)

The following data will be collected from the ward and Trust databases:

1. Untoward incidents:
 - 1.1. Total number of untoward clinical incidents on the ward including medication errors and near-misses in the 6 months prior to randomisation (March - August 2010)
2. Level of severity of clinical untoward incidents rated according to the IR1 form 5-point severity rating scale in the 6 months prior to randomisation
2. Staff costs (6 months prior to randomisation):
 - 2.1. Agency and locum usage
 - 2.2. Turnover of staff
 - 2.3. Sickness rates among ward staff
 - 2.4. Suspensions, disciplinarys

Completion date

31/03/2012

Eligibility**Key inclusion criteria**

Staff working on acute open mental health wards in the London Borough of Kensington and Chelsea: St Charles Hospital and the South Kensington and Chelsea Centre for Mental Health.

Data will not be collected from patients at any point during the course of the study.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

Does not meet inclusion criteria

Date of first enrolment

01/11/2010

Date of final enrolment

31/03/2012

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre

CNWL Trust Head of Arts Therapies

London

United Kingdom

W9 2NW

Sponsor information**Organisation**

Central and North West London NHS Foundation Trust (UK)

ROR

<https://ror.org/05drfg619>

Funder(s)**Funder type**

Government

Funder Name

Central and North West London NHS Foundation Trust (UK) - Innovation Fund

Results and Publications

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?
HRA research summary			28/06/2023	No	No