

## Annual Report

January 2021 – December 2021



## Our Service

[Ellern Mede Moorgate](#) is specifically designed to assess and treat those with challenging and complex eating disorders, often with co-morbid mental health diagnoses, in a safe and therapeutic environment.

The service offers 12 beds over 2 wards, meeting the needs of CAMHS patients and young adults at the point of transition.

The service opened officially in October 2019 and throughout 2020 sought to build the team and the caseload whilst managing the challenges of the pandemic.

During 2021 the service has continued to develop and has focused on the following:

- Developing bespoke and individualised packages of care for young people with complex needs
- Establishing stronger links in the local health community, including provider collaboratives and social care organisations, to improve patient pathways
- Working with the Pathological Demand Avoidance (PDA) Society to ensure bespoke programmes for patients identified as having PDA as a feature of their presentation.

Reviews and inspections of the service during 2021 demonstrated the service's success in achieving the patient centred approach that is a core value within the Ellern Mede Group.

In June 2021 the service had its first full [inspection](#) from the Care Quality Commission (CQC) which rated the service as good in all domains and identified several areas of outstanding practise.

As the service has prioritised the focus on patient care, it has been extremely validating for the team that the CQC identified this as an area of outstanding practise, stating that ***"Staff were dedicated to thinking creatively about meeting the needs of the children and young people who used the service. For example, singing lessons for emotional regulation and several patients having pets in their bedrooms."***

In October 2021 the service was able to participate in its first QNIC Peer review. ***"Reviewers found the staff to be passionate, cohesive, and clearly dedicated in delivering young people's individualised care. Frontline staff described feeling privileged to work for the service, valuing the service's investment in the growth of a new team that supports each other very well."***

The service was also subject to a quality review from NHS England (NHSE) colleagues in November 2021. This process highlighted very positive service user feedback about the care they receive alongside the dedication of the staff team. The review noted ***"There was a sense of a culture of openness within the staff team which was also noted to support a flexible approach to care planning and individualised support."***

Throughout 2021 our team have worked hard to achieve positive outcomes for young people and maintain a focus on individualised care. The recognition of this work from inspections and reviews has provided welcome feedback on our teams work and patient centred approach.



Sharon Donaldson, Service Director North Region  
Ellern Mede Group

## Our Patients

During the period of the report Ellern Mede Moorgate has treated 15 young people.

Nine young people have received services on our CAMHS unit, Inca Ward. Six young people have received serves on our Young Adult unit, Aztec Ward.

All admissions to Moorgate were planned during the period and there was an average waiting time of 36 days between referral and admission.

All patients treated were spot purchase placements commissioned by NHSE England or local Clinical Commissioning Groups during the period.

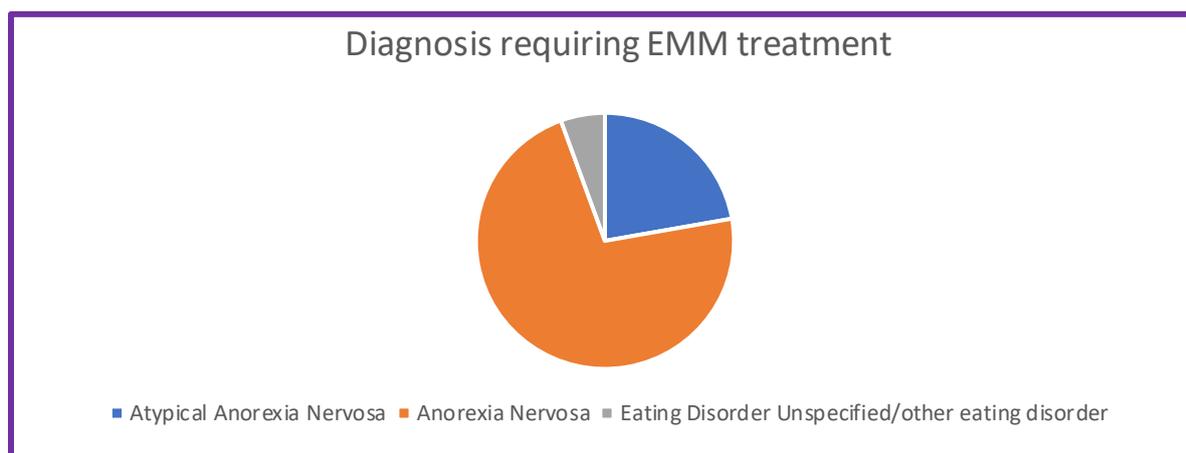
All admissions during the reporting period were from other care settings that were unable to meet the young person's needs.

During 2021 the service had two discharges and one transfer to another service provider.

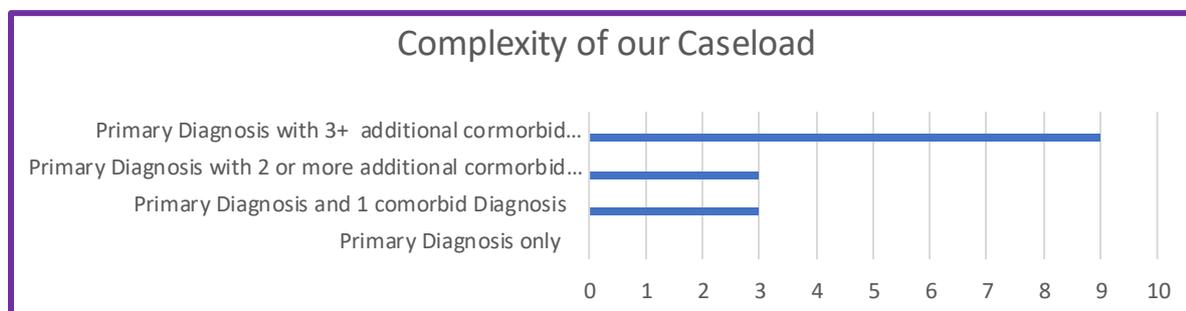
The average length of stay in 2021 was 508 days

Throughout the reporting period the service has operated at full capacity.

All patients who are referred to the service have an eating disorder that requires treatment

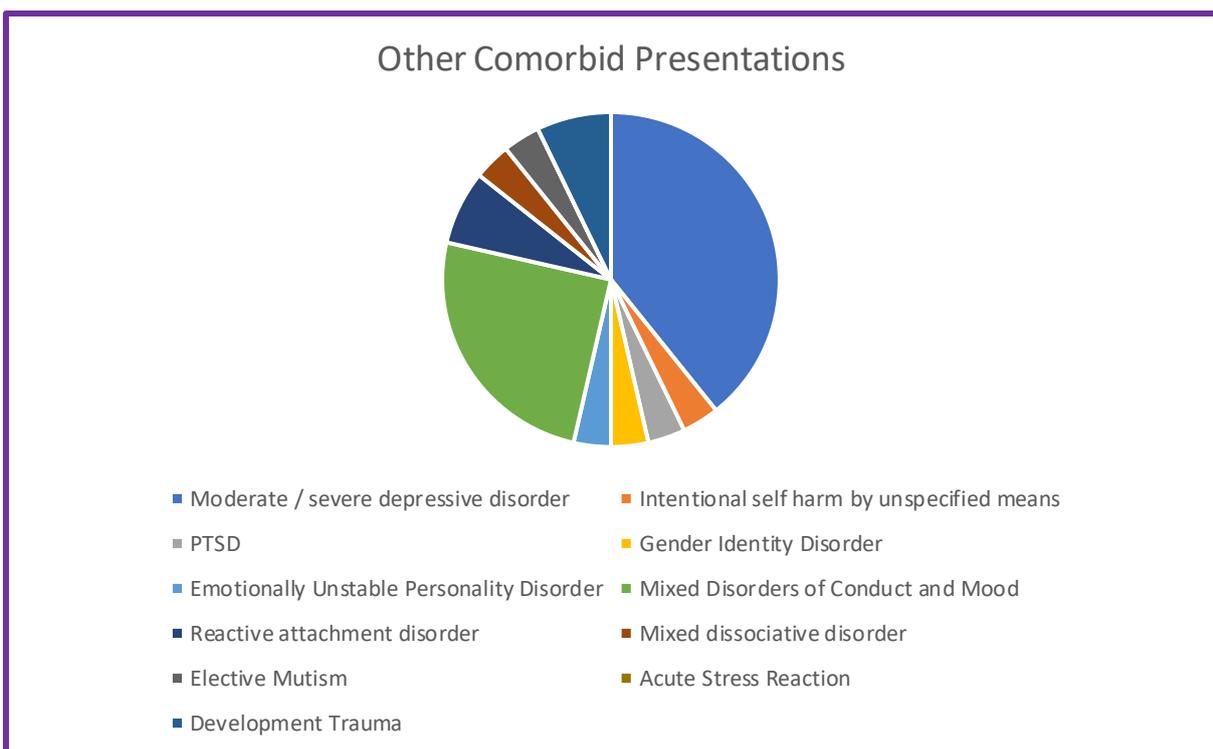
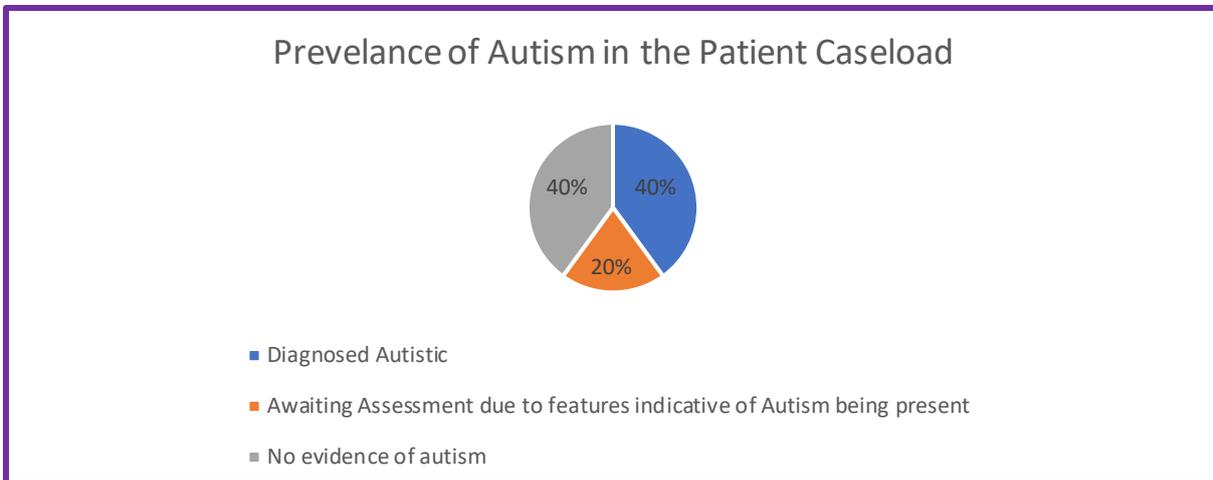


All patients treated have a comorbidity that reduces their ability to access treatment.



Of the 15 young people we have treated all have identified co-morbidities the majority having more than 3 additional diagnoses.

Autism has been a significant feature of our patient group. This led to the development of our Autism Lead Nurse role. The team have undertaken training on Autism and Eating Disorders and have also had focussed training on Pathological Demand Avoidance. In response to our data the service is developing both an Autism Pathway and Policy.



Many of the presentations nursed with in the unit have identified difficulties with emotional regulation.

Of the 15 young people admitted to the service all required nasogastric feeding as part of their treatment process and 13 young people (86.6%) required restraint to facilitate safe feeding.

Feeding under restraint accounts for over 72% of all incidents in the service. During the reporting period the service safely delivered 4909 planned resistive feeds with 0 incidents of misplaced tubes.

## Psychological Services and Outcomes

During the reporting period the psychology service has worked hard to develop the clinical processes, the interventions we offer, and the range of outcome measures we use. Routine Outcome Measurement is collected from our young people on admission and discharge. These demonstrate that our discharge patients made significant improvements on all measures.

### Neuropsychological assessments

In the period under review the psychology team have developed their capacity for formal cognitive assessments and are now able to offer full cognitive assessment using the Wechsler Scales. This has enabled the full assessment of one individual during the review period and led to a diagnosis of 'Learning Disability' being identified, which has enabled the Educational Health and Care Plan (EHCP) process, to more fully account for this individual's needs.

### Clinical Formulation

The team continues to refine the process by which we ensure each young person has a detailed Bio-Psycho-Social Multi-Disciplinary Team (MDT) formulation in place. This ensures there is a comprehensive collaborative understanding of each individual's presentation and that an individualised treatment approach can be effectively planned. The plan is to support the roll out of this process across the group to ensure parity of care in each of our sites.

### Individual Therapeutic Interventions

Every young person at Ellern Mede Moorgate continues to receive individual support throughout their admission. The nature of this support will be guided by their clinical formulation and may include psychoeducation, provision of a supportive reflective space, Cognitive Behavioural Therapy – based Interventions, Integrative psychotherapeutic approaches or other interventions, as appropriate to the individual.

### Cognitive remediation Therapy (CRT) and Cognitive Remediation and Emotion Skills Therapy (CREST)

The psychology team continue to develop our processes to enable access to CRT/CREST for our patients, where it is clinically indicated. This plan will continue over the next year.

### Group Based Interventions

The group-based programme adopts a developmental understanding of the impact of eating disorders.

We acknowledge the importance of collaborative involvement from our patients. We aim to creatively engage and support them in a holistic way to facilitate a return to better functioning. We, and our young people, feel confident that the content for each group is relevant. We continuously gather formative feedback and outcome data.

The 'Managing Minds' group has included psychoeducation around various topics including, for example, coping with stigma, stress management, anxiety and anger management. This group has specific focus on managing anxiety, mood or emotional regulation; and a symptom-specific areas such as managing body image and self-concept.



Dr Jenny Nicholson  
Consultant Clinical  
Psychologist, Ellern Mede  
Moorgate

### Results of evaluation of groups in 2021

During this review period two modules – Anxiety and Body Image – were covered in the group setting. Those group members who attended regularly were provided with an evaluation form to assess the group format and the perceived helpfulness of the session content.

Group Name	Session Content Helpfulness		
	Unhelpful	Neutral	Helpful
Anxiety			100%
Body image		50%	50%

Group Format	Unhelpful	Neutral	Helpful
		50%	50%



### Review of Group Programme for 2022

The feedback indicated that group participants, while benefiting from the groups, nevertheless found it somewhat difficult to access psychological support in a group format. All the participants found the Anxiety Group helpful. Half the group found the Body Image group to be helpful.

Based on this feedback which indicates these types of groups may not be appropriate for some of our patient group, the group programme is currently under review. We expect to continue with some delivery in group format. We expect this will focus on other therapeutic activity and social development programmes.



## Occupational Therapy

Occupational therapy provision has involved providing the Adult / Adolescent Sensory History Self-Report (AASH) questionnaire (May-Benson, 2015) to assess potential sensory needs of the young people. Following the assessment, the young person is given a report accompanied by a Sensory Pen Portrait. A pen picture is a descriptive portrait of a young person, produced by the young person in collaboration with a clinician. It highlights the main sensory needs of the young person.

### **Interoception – ability of a patient to respond appropriately to internal signals in their body**

We complete an initial assessment of the young person's interoceptive needs, followed by therapy sessions focusing on interoceptive activity. The sessions have focused on increasing the young person's ability to recognise and attach meaning to body signals in order to move from co-regulation to self-regulation.

### **Self-Soothing**

Other sensory interventions have involved creating sensory self sooth items such as stress balls, therapy putty, worry boxes, glitter bottles and musical instruments from varying materials. Sensory items have been ordered for the young people including a compression blanket to provide deep pressure input. Other items have included a scented diffuser, tactile fidgets, a handheld massager, kinetic sand, and therapy balls of varying size. Information from the sensory reports have been used to inform the Patient Involvement in Least Restrictive Interventions Management Plan (PILRIMP) for each patient as well as sensory preferences for holds during feeds.



For some of the young people Occupational Therapy sessions have focused on increasing confidence in the community. Sessions have involved practising using public transport including the local buses and trains. Community outings have supported the young people to visit the local library, parks, and shopping centres. Community support has also involved supporting the young people to increase their confidence with social eating in local café's.

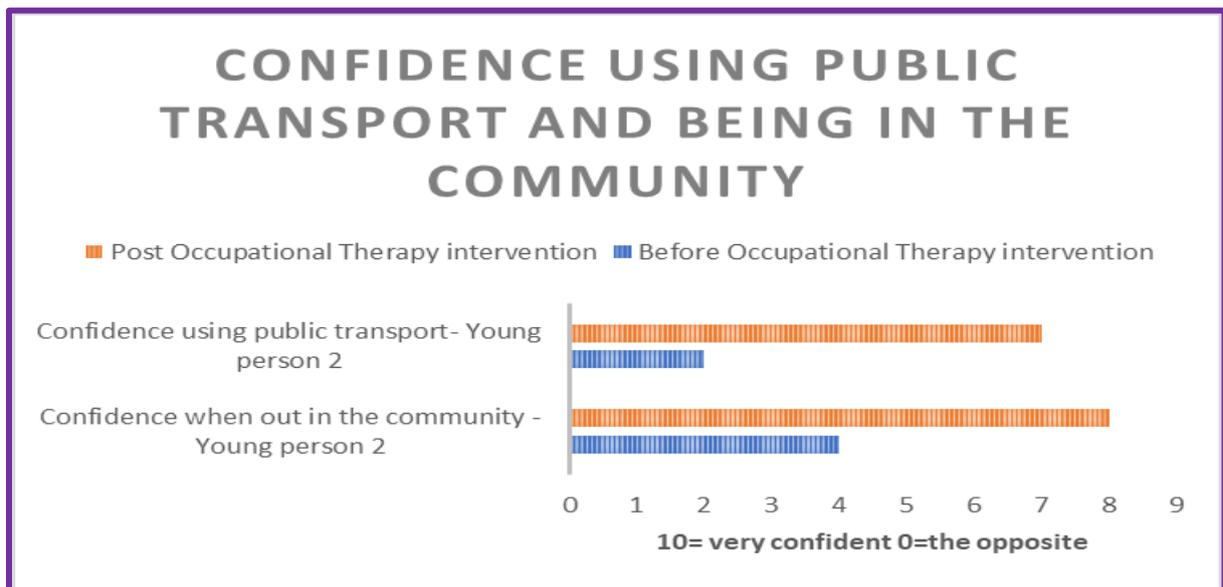
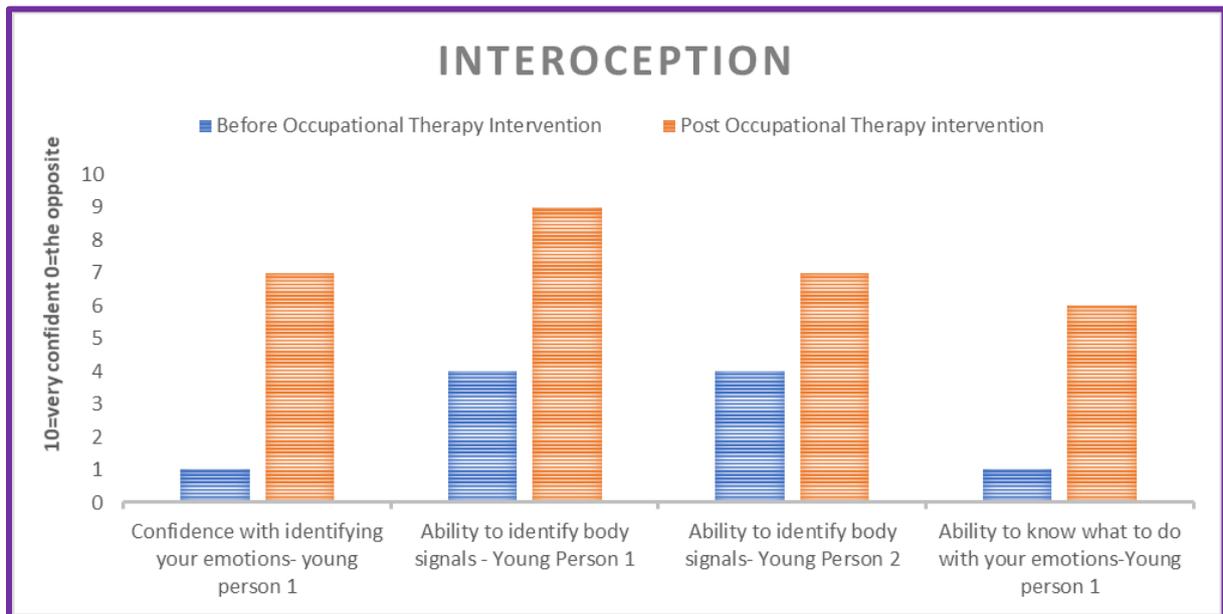
Occupational Therapy provision has supported some of the young people with self-care. For example, a washing and dressing assessment was necessary for one of the young people with dyspraxia. Support following this has involved writing prompt sheets for the staff to support the young person to increase their ability to self-care independently. Structured timetables with a balance between self-care, productivity and leisure have been completed within sessions to support the young people to engage in a consistent routine.

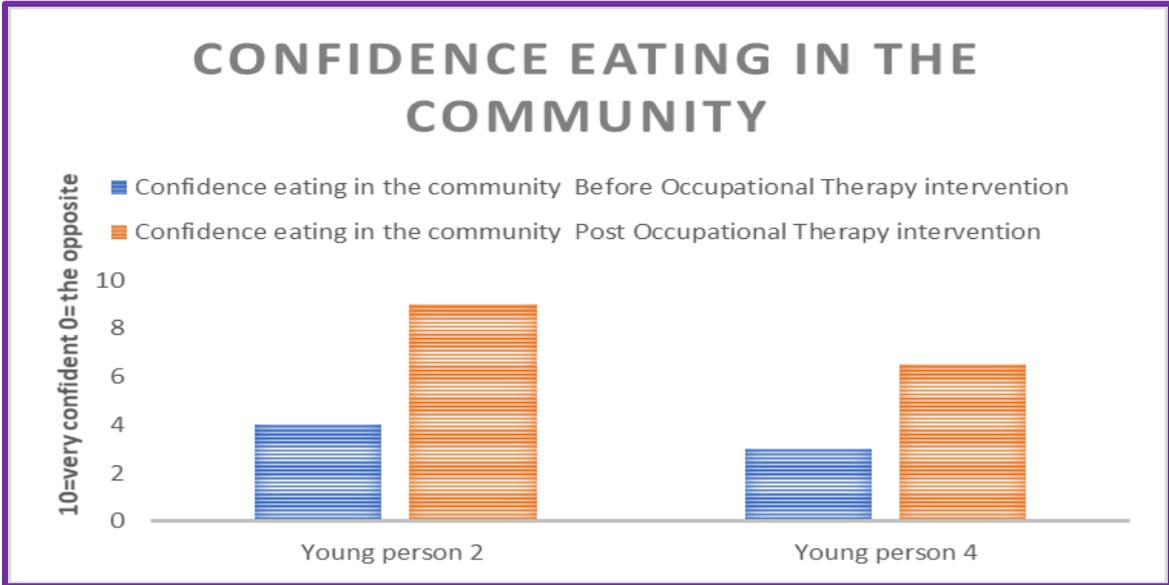
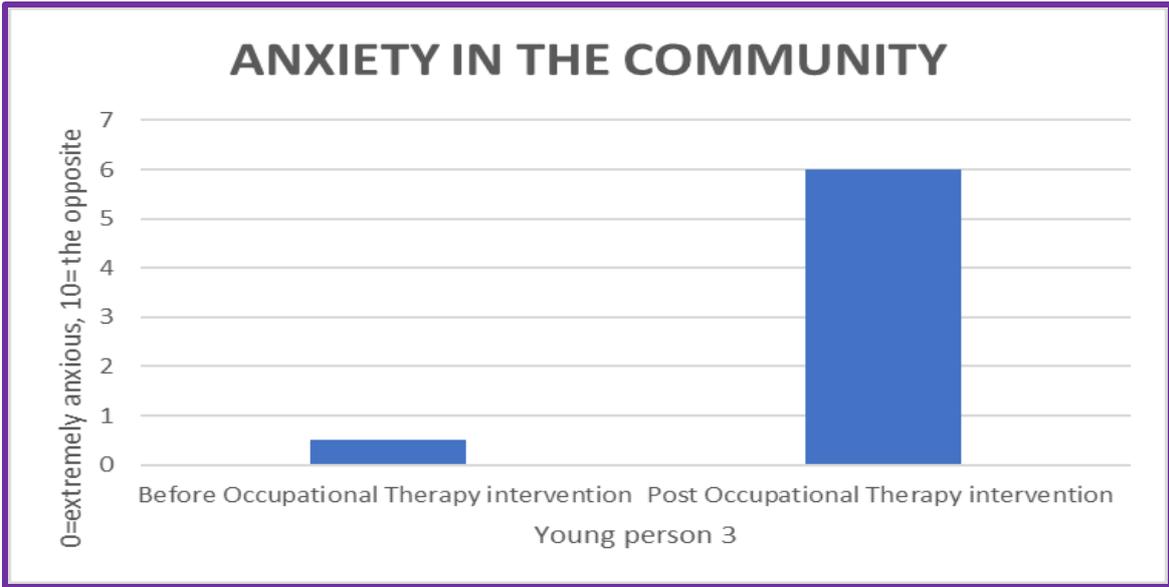
Graded exposure work within Occupational Therapy sessions has involved supporting the young people to practically manage their anxiety by increasing the time spent in anxiety provoking situations and recognising their anxiety will naturally reduce over time.

Occupational Therapy Groups have focused on self-regulation using the senses. The groups have involved engaging the young people in a range of sensory strategies and discussions around sensory

preferences. The Exploring the Environment Group has involved designing and making positive changes to the unit including creating a tree of hope for the activity room.

Occupational Therapy outcomes are measured using solution-focused scaling questions. The data compares the results from before and after Occupational Therapy work. Four young people were able to answer the solution-focused questions. One young person declined to answer the questions and several young people were unable to answer the questions.





A real highlight during the reporting period has been creating the Occupational Therapy pathway and supporting the young people to increase their interoception awareness through helping them make sense of their own body signals and emotions.

## Dietetic Services at Ellern Mede Moorgate

During 2021 the dietetic team expanded with our Lead Dietitian supported by a full-time dietetic assistant. We further developed this team's work which already included monitoring and supporting a very complex caseload, to include several additional areas.

- The provision of a dietetic component to training for key staff
- Support to parents in preparing for home leaves
- Helping patients on resistive NG feeding to oral eating
- Involvement with colleagues in group interventions



Oliver Street, Lead Dietitian,  
Ellern Mede Group

Supporting parents to prepare for home leave has included discussing the patient's home menus and providing snack bags from the centre's kitchen to aid continuity of care across the week. The team provide close liaison to parents in managing home leave as well as pre and post leave support in managing eating at home for the young people.

The dietetic team have played a key role in helping patients struggling with chronic presentation to move successfully from resistive NG feeding to oral management of a normal diet

In addition to providing individual patient support, the dietetic team provide group interventions alongside colleagues in the service. For example, social snack, enabling young people to eat with peers in the community, and the breakfast club which takes place in the hospital site.

The dietetic team produce a monthly Weight Audit. During 2021 we were able to achieve successful weight restoration for ten patients.

The dietetic team continue to provide a wide range of support to the wider team which includes delivering mealtime management training for new and existing staff. Additionally, the team have created resources to support the development of dietetic knowledge within the nursing team. Each ward now has a quick reference folder for managing meals, snacks, and weights. The dining room rules have also been reviewed and made easier for staff and patients to follow.

The dietetic team have also supported the recruitment and training of two new chefs for the service.

## Social Work

During 2021, the social work role within Ellern Mede has become more established within the multi-disciplinary team. Social Work has helped through a combination of therapeutic and transitional work with young people, their families and carers. The social work department has now taken on University Students.

We will continue to support student placements in 2022. Social Workers have provided post-discharge support to ensure the young person and their family experience a smooth transition back into the community. This work has been met with positive feedback from services and families. The social work team will continue to build strong connections with community services all over the country.

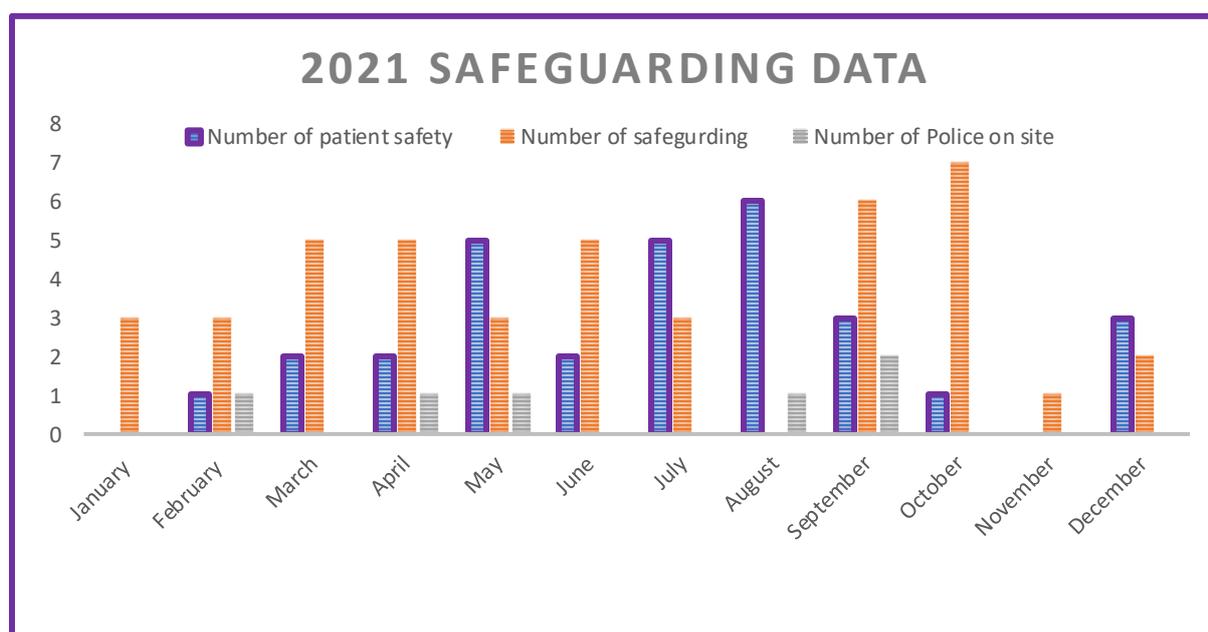


Natasha Cutts Social Worker and Safeguarding Lead

## Safeguarding

Throughout 2021, the safeguarding committee at Ellern Mede Moorgate increased awareness of safeguarding concerns across the service. We aimed to strengthen our safeguarding process. We have worked to create an open environment where staff and patients feel able to freely report their concerns, to give them an assurance that their concerns will be taken seriously and will be investigated where appropriate. As a result, we have seen an increased level of internal reporting which is reflected in the data below.

All staff who join the service have level 3 safeguarding training as part of their induction process and senior staff have been provided with level 4 safeguarding training. We have also made strong links with the local authority throughout 2021, especially with the Local Authority Designated Officer (LADO) who has joined our safeguarding committee meetings bi-monthly. This supports transparency and open discussion regarding all internal concerns that have been reported.



In total, we received 73 internal safeguarding reports concerning a range of issues. For example, related to police attending the site, patients reporting historical trauma or current concerns of abuse and or neglect, Accident and Emergency attendance. We recognise that Ellern Mede Moorgate has a highly complex caseload.

During 2021, we identified two main themes in the safeguarding data. These included professional boundaries and staff conduct when carrying out observations. We have responded to these concerns with a specialist training package delivered by internal and external members with specific expertise such as Attachment Theory, Professional Boundaries, Safeguarding Practice and Supervision, Serious Incident Review Discussions and other relevant topic areas. These training days have been delivered in a venue off site. The training has allowed the team to gain knowledge and skills that they now use in everyday practice.

As is evidenced on the data, we saw a decline in reported safeguarding concerns over the summer period when this was delivered. Further, there were no concerns reported in August 2021.

The training is planned to continue in 2022 as they have been very beneficial to the staff team.

## Education

As a mental health in-patient hospital, we see education as a key part of the therapeutic process. Our curriculum supports the vision of progress, inclusion, and empowerment by giving students the opportunity to learn and develop in a supportive and creative environment. It is much more than preparing students to pass exams. We aim to meet the needs and aspirations of all our students.

All students can study a rich and broad curriculum which is personalised to meet their needs and target the gaps in their learning that may have come about due to their circumstances. Our priority is to follow the child's home school subject curriculum to support successful reintegration. Where circumstances do not permit this, we implement our own curriculum. All our students can enrich their core of academic subjects with languages, humanities and creative subjects including art and music. We believe that our community of children should not be disadvantaged by missing out on developing rich cultural capital.

### Curriculum

The curriculum has been designed to address the gaps in learning that occur because of the trauma our students have, and are, experiencing. We seek to strengthen their personal, emotional, and academic skills. Classes are small; divided into key stages. We cover multi syllabi. The curriculum for individual students is heavily personalised, considering their academic ability, emotional wellbeing, physical ability to cope with the demands of learning, and mental health. The approach is framed in our belief that every student under our care can access a curriculum that connects them back to education. This year we have developed our curriculum maps at KS3,4 and 5 to ensure that we are offering a rich and broad range of studies for our pupils. We have continued to keep strong links with the home schools and ensured that we are teaching in line with the pupils' cohort. This means that when the pupils reintegrate back into their home school, we can ensure a smooth transition.



Emma Heeley, Head of School, Ellern Mede Moorgate School.



## **Staffing**

To ensure quality teaching and learning, we have employed new staff in the core subjects of Maths, English and Science. The pupils have also benefited from an Art teacher being employed for 2 days per week and we have seen high quality pieces of art from our pupils.

We have made links with universities to enable Post Graduate Certificate in Education (PGCE) students to join us for their enrichment placements. Our setting allows trainees to learn much more about pupils with social, emotional and mental health (SEMH) and other needs

## **Exams and further education**

We celebrated much success in the Summer 2021 exam series! We were extremely proud of the excellent levels our pupils achieved, but also the drive and determination they showed. We saw pupils meet targets or attain above and beyond what they and we expected.

We worked with some students to ensure that they secured college places at their chosen educational setting.

## **School Staff training**

Much school staff training has taken place this year. Staff have followed courses in child protection in education, safeguarding young people, designated safeguarding lead training, fire safety in education, wellbeing for children with English as an additional language (EAL), online safety, Prevent lead, Quality Network in Inpatient CAMHS (QNIC) training and much more. We have also developed our continuous professional development (CPD) programme, as well as the performance management cycle. This ensures that staff are meeting their targets and are gaining the skills required to work effectively with the pupils at Ellern Mede Moorgate School. We have worked closely with our autism nurse specialist and with our school Special Educational Needs Co-ordinator (SENCo), where we have received excellent training on working with pupils with autism/ SEN and have developed our knowledge of the EHCP process and the annual reviews.

## **Ofsted**

In December 2021 Ellern Mede Moorgate School had a visit from OFSTED with the report published in February 2022. We achieved a grading of 'Good' and were given areas we needed to improve upon. With this in mind, we created an action plan and a new school development plan to address any issues. These include –

- Develop our careers provision
- Develop literacy provision as a whole school responsibility
- Develop cultural capital experiences
- Develop and embed a new Personal, Social, Health and Economic (PSHE) programme
- Put support in place for staff wellbeing and mental health
- Implement the training, support and development needed to complete roles effectively .



## Support to Parents

During 2021-2022, Family Therapy has continued to be offered to all patients and their families at EMM using both face-to-face and on-line mediums to facilitate ease of access. Weekend appointments are also offered in recognition of the difficulty that some families have in attending appointments during busy working weeks.

Parents are also invited to attend our Parents Support Group, facilitated by our Family Therapist, and held one evening per month. We are now into our second year of running this group which has been very well received by patient's parents.

The group has covered a wide range of topics over the year. The agenda is parent-led and responds to challenges and struggles those parents in the group may be experiencing.



## Our Feedback

Our annual survey in 2021 has helped us to identify some of the things we do well and some areas for further development.

Comments from parents and young people on what the service does well include the following:

*“Nursing staff are amazing. Without them I do not know where we would be.”*

*“Everyone is just so friendly.”*

*“Develop trust with patients, supporting and allowing them to work towards recovery in an individual way at their own pace.”*

*“A true holistic approach for each individual child which meets their needs....as opposed to the standard treatment”*

*“School is great”*

*“I think you do everything very well”*

*“All staff, without exception are knowledgeable, welcoming, and very caring towards the young people. All of the therapists are excellent. Communication is brilliant via the MDT report received each week and the WhatsApp group.”*

*“MDT are really supportive”*



Patients enjoy creating art work as a therapeutic activity.

Areas for development that parents and young people have identified include the following:

About our kitchen and the fresh food that we prepare daily:

*“More consistency between different chefs”*

About how we all share information between staff and patients:

*“Communication”*

About the speed in delivery of reports after weekly Multi-Disciplinary Team ward meetings where each patient’s progress is reviewed with the latest information:

*“MDT reports – sometimes are late and don’t have all the information up to date”*

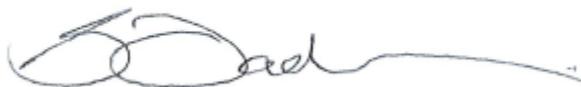
We are addressing these areas for improvement in 2022 and look forward to reporting on them in due course.

## **Our Goals for 2022**

Ellern Mede Moorgate delivered high quality individual care throughout 2021. Our goals for the 2022 year include:

- To continue to build on collaborative working with patients and their families to improve communication and improve systems for updating families.
- Developing our Adult Education provision and opportunities available for work-based experience to our adult population.
- To continue to build on the patient centred approaches by developing “best practise forums” with the Ellern Mede Derby team focusing on innovations and outcomes.
- Further developing meal specifications to achieve catering consistency between all chefs.
- Further development of our Autism Pathway including service user led training

Thank you to all staff, patients and parents whose involvement has helped us to work successfully in 2021.



Sharon Donaldson, Service Director, North Region, Ellern Mede Group