

# Ellern Mede Moorgate

## Annual Report

### January 2020 – December 2020



## Table of Contents

<b>Our Service .....</b>	<b>3</b>
<b>Our Patients.....</b>	<b>4</b>
<b>Responding to our data.....</b>	<b>6</b>
<b>Building the Moorgate Team .....</b>	<b>7</b>
<b>Psychological Services at Moorgate .....</b>	<b>7</b>
<b>Occupational Therapy at Moorgate.....</b>	<b>11</b>
<b>Dietetic Services at Moorgate.....</b>	<b>12</b>
<b>Social Work Development at Moorgate.....</b>	<b>12</b>
<b>Education at Ellern Mede Moorgate .....</b>	<b>14</b>
<b>Safeguarding.....</b>	<b>15</b>
<b>Our Feedback.....</b>	<b>17</b>
<b>Our Goals for 2021 .....</b>	<b>19</b>



## Our Service

Ellern Mede Moorgate (Moorgate) is the third hospital to be developed as part of the Ellern Mede Group.

The service has been 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 was gradually building both its staff team and its patient caseload when progress in development was severely affected by the National Pandemic of COVID 19.

Our service like many others has struggled with the impact of the pandemic and these circumstances occurring whilst the service was still in its infancy.

The pandemic not only slowed the recruitment and development in the service but increased the demand for the beds available with higher numbers of acutely unwell young people requiring treatment.

It is a great testament to the team at Ellern Mede Moorgate that despite these challenges the team have achieved an excellent level of care to several extremely complex cases over the year.

This annual report provides an overview of the patients we have worked with during the period and the broad range of interventions we have been able to make available to them. This report will also outline our plans to further develop our service at Moorgate in 2021

## Our Patients

During the reporting period Ellern Mede Moorgate has admitted and treated 16 young people.

9 Young people have received services on Inca Ward our CAMHS service and 7 young people have received serves on Aztec Ward our Young Adult service

All admissions to Moorgate during the period were planned and there was an average waiting time of 100 days between referral and admission.

15 of the 16 patients treated in the service were spot purchase placements commissioned by NHS England or local Clinical Commissioning Groups during the period.

Over 78% of admissions (7 out of 9) for our CAMHS Ward were transfers from other care settings and referrals to our service were mostly based on the current care setting being unable to meet the needs of the young person or manage symptom behaviours. Only 2 young people were admitted directly from home.

For our young adult service 100% of admissions were from other care settings. Whilst a small proportion were from other care settings who were struggling to meet identified needs, it is noted that over 85% of admissions to our young adult ward were in response to the young person not being discharge ready but having reached the milestone of their 18<sup>th</sup> birthday.

Of the 16 young people we have treated, 15 have identified co-morbidities.

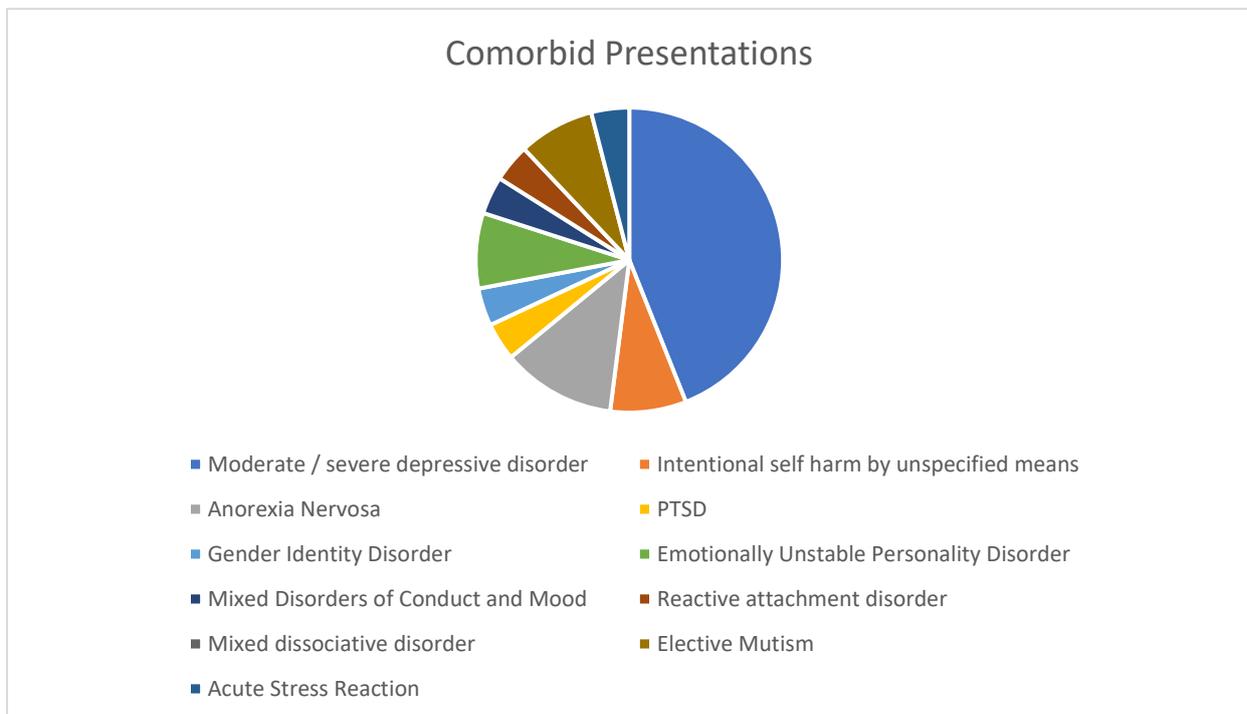
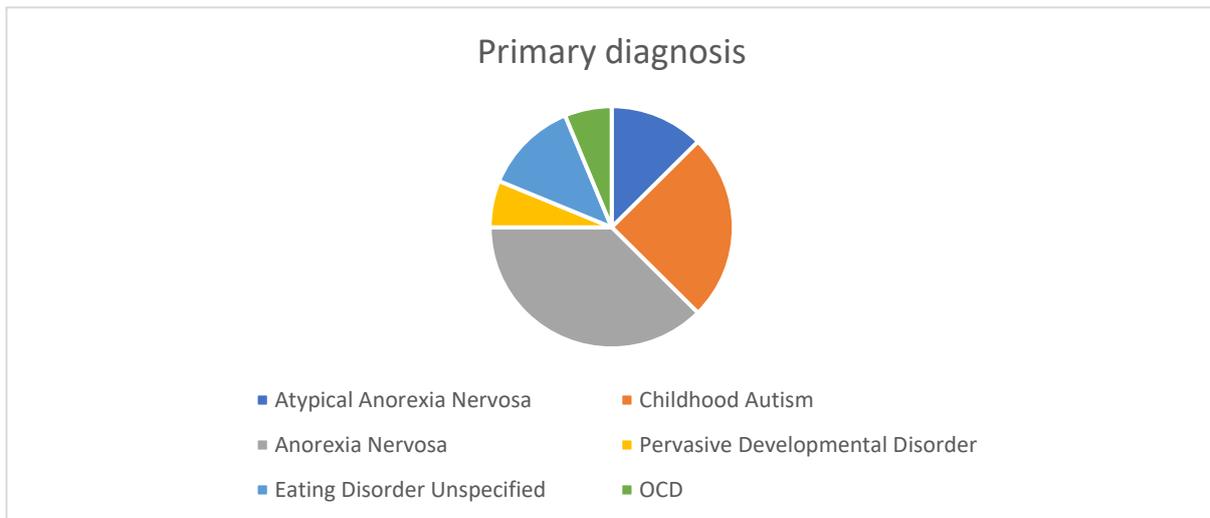
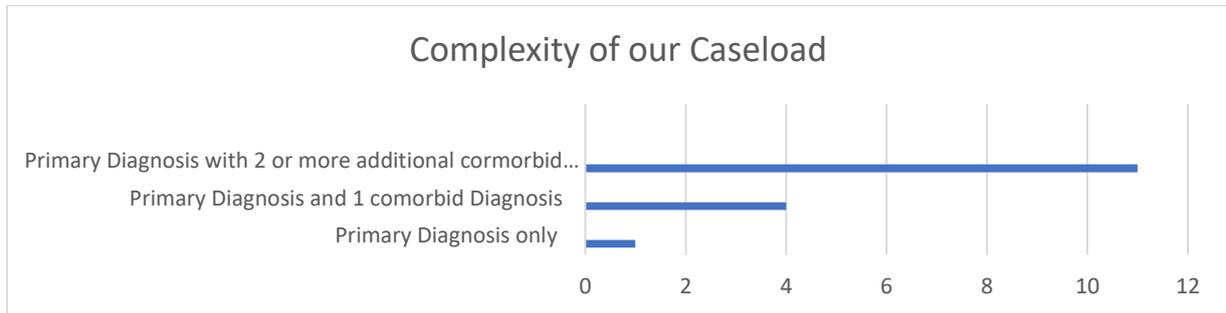
Of the 16 young people admitted to the service, 14 (87.5%) required nasogastric feeding as part of their treatment process and 10 young people (62.5%) required restraint to facilitate safe feeding.

In the reporting period the service has had 3 discharges and 2 transfers to other service provisions with an average length of stay of 155 days.

Aztec Ward has had 1 discharge, – Inca Ward has had 2 discharges and 2 transfers to our London site enabling the young person to be closer to their family. It is noted that the 2 discharged patients on Inca ward were the 2 patients who were admitted to the unit from home and in the younger age range of patients admitted to the service.



Many of the young people referred for treatment at Moorgate have more than one diagnosis and high level needs. The high level of need within in our patient group is evidenced within the diagnostic data below.



Our service collates outcome data and one of the measures completed routinely is the Children's Global Assessment Scale (CGAS), adapted from the Global Assessment Scale for adults, is a rating of functioning aimed at children and young people aged 6-17 years old.

The child or young person is given a single score between 1 and 100, based on a clinician's assessment of a range of aspects related to a child's psychological and social functioning. The score will put them in one of ten categories that range from 'extremely impaired' (1-10) to 'doing very well' (91-100). The CGAS data collected by the service during the reporting period demonstrated a mean score of 28 within our patient group indicating severe problems. Data collated ranged from 19-39.

## Responding to Our Data

As a newly opened service our data set is still minimal, however one theme indicated from the data collected is the growing number of patients in our cohort with diagnosis of Autism or Autism traits that require further assessment. This represents over 50% of the patient caseload.

All of our young people who have a diagnosis of Autism have had Care, Education and Treatment Reviews undertaken however for many timescales of meetings being held immediately post admission have been affected by challenges of staffing during the pandemic.

In response to the clinical need identified we have developed a Specialist Autism Lead nursing role to support the care of this patient group and established local links to ensure the provision of Speech and Language Therapy to our patient group

Our lead Nurse role will ensure the service has access to up-to-date research on treatment outcomes and approaches for individuals with ASD and AN. The lead nurse is developing links with a range of networks to ensure our bespoke treatment options are well informed.

The post holder is trained in both ADI-R and ADOS-2 and able to work alongside our psychologist in ensuring appropriate assessments and support to care planning.

Additionally, the lead nurse has supported staff development, creating a training package that builds on the induction training that every member of staff receives when they arrive at Ellern Mede to improve knowledge around how ASD presents in females compared to males and how ASD impacts on ED.

Over the forthcoming year it is planned that the lead nurse will further develop systems and processes to deliver individual training as patient needs dictate to ensure the specifics required to achieve tailored approaches is fully supported.

## **Building the Moorgate Team**

The service has developed the team alongside a process of gradually increasing the patient caseload.

At the beginning of the year the service had a small core of nursing and medical staffing but relied heavily on the support of staff across the group as well as sessional and locum support to achieve aspects of care. As the service developed, we have been able to successfully recruit and have during the reporting period established a full multi-disciplinary team as well as significantly building the nursing workforce.

Medical staffing within the service was also substantially increased with the appointment Child and Adolescent Psychiatrist based in the team and leading care across the site. The service also has access to a Specialty Doctor based and robust medical on-call system

In addition to recruiting our substantive posts the service has been able to ensure access to Speech and Language Therapy and Physiotherapy to meet care needs.

The developments in our clinical team and provision are outlined within this report.

## **Psychological Services at Moorgate**

The psychological services at Moorgate have grown significantly during the reporting period. At the start of the year the service relied heavily on our colleagues in London to share resources and visit regularly to provide individual work to our patients. The service had secured a limited amount of sessional family therapy time.

Over the course of the reporting period our small team has gradually developed. This now comprises of a Consultant Clinical Psychologist, an Assistant Psychologist and increased Family Therapist provision ; which has significantly increased our therapy support potential

The development of our team has resulted in a wider range and scope of psychological interventions being available to young people in our care and improved support to our staff team.

### **Our Psychological Interventions**

#### Outcome measurement

Routine Outcome Measurement is collected on admission and discharge in line with company policy. These measures currently are:

#### **Inca ward – CAMHS Service**

EDE-Q (Eating Disorder Examination Questionnaire)  
MSCARED (Motivational stages of change)  
RCADS (Revised Children’s Anxiety and Depression Scale)  
ChOCI (Children’s Obsessive Compulsive Index)  
PQ-LES-Q (Paediatric Quality of Life questionnaire)  
YP-CORE (Young Persons- Clinical Outcomes in Routine Evaluation)  
SDQ (Strengths and Difficulties Questionnaire)  
AQ (Autism Quotient)

#### **Aztec Ward – Young Adult Service**

EDE-Q (Eating Disorder Examination Questionnaire)

DASS-21 (Depression Anxiety and Stress Scale)  
OCI-R (Obsessive Compulsive Index - Revised)  
CORE-10 (Clinical Outcomes in Routine Evaluation)  
AQ-10 (Autism Quotient)

### Neuropsychological assessments

The psychology team is undertaking work to deliver broad-based cognitive assessment to each young person on admission. This will be in line with the assessments used in other parts of the group and support the team in developing a comprehensive formulation of a young person's needs and difficulties as well guiding treatment approaches, we may offer.

### Clinical Formulation

The team have developed systems to ensure that each young person has a detailed Bio-Pscho-Social MDT formulation in place in order to ensure there is a comprehensive collaborative understanding of each individual's presentation and in order to ensure that an individualised treatment approach can be effectively planned. Part of this assessment includes a detailed developmental history and psycho-social history completed with parents.

On completing this type of formulation for each of our existing patients we will seek to ensure that each new admission has a formulation of their presentation as part of their admission process.

### Individual Therapeutic Interventions

Every young person at Ellern Mede Moorgate receives 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 protocolised interventions, as appropriate to the individual.

### Cognitive remediation Therapy/CREST

The psychology team are developing systems to access to CRT/CREST for our patients, where it is clinically indicated by the formulation. This plan will be further progressed over the next year.



### Group Based Interventions

The group-based program was piloted towards the end of the year. The program is based on a recognition that eating disorders develop at a critically sensitive time for young people and have a significant impact on all strands of their development. This includes physical and psychological wellbeing, social, relational and emotional development. Difficulties in these areas can be

compounded when inpatient care necessitates removing young people from their family or carer's, community and social contexts.

In adopting this developmental understanding of the impact of eating disorders we aim for all aspects of an inpatient stay to be striving towards supporting the individual to return to a level of functioning that allows them to fulfil their developmental potential whilst promoting a level of connectedness with family and community life outside of the illness and hospital setting.

Our therapy groups are underpinned by an acknowledgment of the importance of collaborative involvement from our patients. In this way we aim to creatively engage and support them in a holistic way to facilitate a return to better functioning. This helps us and our young people to feel confident that the content for each group is relevant and enables us to gather formative feedback and outcome data.

Our group therapy program aims to support our young people in developing their skills in the four key areas of

- Managing minds
- Managing bodies
- Managing the environment
- Managing relationships

Whilst it is envisaged that there will be common themes shared by all groups, each group will specifically focus on one area. Healthy adolescent and early adult development will underpin all.

The 'Managing Minds' group is facilitated by the psychology team and whilst the content of the group is guided by the patient group within it, we also aim to ensure we promote the psychological and emotional wellbeing of our young people. It may include psychoeducation around various topics (including, for example; coping with stigma, stress management, anxiety and anger management) and will have specific focus on topic areas such as managing anxiety, mood or emotional regulation; or a symptom specific area such as managing body image or self-concept.

#### Family Therapy and parental support

Each young person admitted is offered a regular family therapy intervention with our family therapist. Additionally, where indicated; the psychology team offers parenting support and family work around specific issues.

With the increased family therapy time available within the service, all young people and their families can access family therapy. During the pandemic we have continued to provide sessions via modes such as Teams.



## **Our Support to the team**

### Supervision

The psychology team can offer individual and group supervision to members of the team as requested.

### Debrief

Over the 2020 period the psychology team has been offering debrief sessions to individuals and groups of staff members who have been involved in managing difficult incidents. We would plan to continue to offer this, as well as aiming to support the provision of routine debrief within the structure of the nursing shift system over the next year.

### Reflective practice

Reflective practice opportunity has been provided in an ad-hoc way over the 2020 period since Dr Nicholson joined the team in September. The future plan is for this to be incorporated into the timetable at Moorgate in order that a regular and predictable reflective practice group can be offered. It is anticipated that this will include an element of team formulation.

### Teaching and Training

A teaching program is being developed for delivery in 2021 which will aim to ensure that we are equipping the team in line with the T4 IAPT program and in a way that is responsive to the team training need. The current plan is for this to be a 'whole team training' approach with incorporated reflective practice opportunities.

## Occupational Therapy at Moorgate



At the start of the year the service was able to provide a small amount of occupational therapy support through part time locum cover. This role enabled the service to provide some sensory assessment work with our patients and individual support focused on anxiety management.

As our caseload has grown and due to the nature of our patient group the service at Moorgate and the Ellern Mede Group have been committed to further developing our occupational therapy provision both across the organisation and locally within the MDT.

This focus has achieved the recruitment of a group lead for Occupational therapy who although based in our London service has supported the team in Moorgate in building the team to now include an activity coordinator role as well as a substantive full time occupational therapist at Moorgate.

From September 2020, the focus has been on providing a clear structure inclusive of activities and therapeutic groups.

All the young people in Ellern Mede Moorgate have received support from the Occupational Therapist. The support has been varied to meet the young person's needs and included; sensory assessments, interception support, creating strategies to self-regulate and self-soothe, graded exposure work in the community, accessing community resources, social eating, anxiety and stress management, exploration of meaningful activity, physical activity and relaxation. Physical activities are provided by a trained fitness instructor. The young people have had access to a pet therapy dog and beautician throughout the year apart from the periods during lockdown.

There has been an increase in group work and assessments since November 2020. A group programme has been established and the Occupational Therapist leads the 'Exploring the environment' group.

This group has explored the sensory elements to being in hospital and explored strategies to support self-regulation in hospital and the community. The group is currently thinking about how to make the ward environment welcoming and a place to gain hope and motivation for recovery.

Future development within the Occupational Therapy service is aimed at building our ability to provide specialist assessment for interception work.

This will be very useful particularly for the young people with comorbidities with Autism. The ability to support the young people to move from coregulating to self-regulating will be an important step in the transition back into the community.

## **Dietetic Services at Ellern Mede Moorgate**

Dietetic services are a key cornerstone of eating disorder treatment and at Ellern Mede due to the complex nature and varying communication styles of our patient group dietetic plans are carefully constructed and bespoke.

To achieve the approach our dietetic provision includes individual consultations for young people, group psychoeducation for young people as well as support to the nursing team.

During 2020 the dietetic approach used within the service has led to successful weight restoration or maintenance of a safe weight for 100% of the patient treated.

Over 2021 the dietetic service will be expanding to include some dietetic assistant time which will focus on supporting young people to make menu choices and begin to take more control of their eating behaviours

## **Social Work Development at Ellern Mede Moorgate**

Ellern Mede Moorgate was initially supported to deliver social work interventions through the resources in our London team with social work staff spending 1 – 2 days per week on the Moorgate site.

The social work support for the young people who were receiving care and treatment at Moorgate initially focused on developing good relationships with staff and patients, supporting patients to be empowered and involved in their care at Moorgate.

On establishing a full time Lead Social Worker role for the service at Moorgate we have increased the provision and social work input.

The main areas of focus for the social work role have been around developing good therapeutic relationships with our patients and families in order to gain an understanding of what the specific needs are and both how we can meet them as a service and beyond discharge.

Developing an understanding of the local services was key to ensuring our patients and families had the most support available to them.

### Direct therapeutic work

Our social work role provides direct therapeutic work with all patients at Ellern Mede Moorgate using social work-based theories and interventions. This could be working on self-esteem, childhood abuse and neglect, family relationships, gender identity, social relationships, attachment difficulties, moving towards independence and accessing support beyond hospital.

### Group based work

The Managing Relationships Group is a social work led group that is run on a weekly basis and offered to all patients. This group-based programme is designed specifically for our patient group to reflect on how relationships are impacted by battling an eating disorder and being within a hospital environment. This group programme covers subjects such as; social and peer relationships, family relationships, friendships, healthy and unhealthy relationships, assertive communication, self-esteem, work based on sex education and LGBTQ+.



### Parent and family support

A significant part of the social work role involves getting to know the parents, carers and families of our young people. By building strong relationships with families, we get to know what the needs are and how they can change over time. Parents have often felt disempowered by their child's eating disorder, feeling ill-equipped to look after them when they go back into the community. It is important that parents receive support to empower them to feel an equal part of the care team.

As a result of the pandemic parent groups that had been developed earlier in the year had been paused and in November 2020, a monthly parents' support group using Zoom. This is facilitated by the services family therapist and social worker. Our parents engaged very well in this support and this will continue into 2021.

### Local services

An important part of the social work role has been to access local services both local to Ellern Mede Moorgate and the young person's local area so that an effective discharge plan can be built to the patient's needs. We have built connections with our local social services, schools and SEN services, local Police team and therapeutic services such as a local therapy swimming pool. It is important that we continue to build relationships with services in order to work collaboratively and effectively for the young person's recovery.

## Education at Ellern Mede Moorgate

This past year at Ellern Mede School, Moorgate, has been a busy one. The Covid-19 Pandemic has obviously played a large part in everyone's daily lives and it has certainly made changes to the way we work and the way our students access their lessons. It has been a learning curve for us and proved that, as a team, we have been able to overcome many problems and continue with effective teaching and learning at Moorgate School.

In September, Moorgate School employed an Administrative Assistant / Higher Level Teaching Assistant. This allowed us to become much more organised in terms of communication and has developed our skills in terms of recording, analysing and sharing information across all 3 sites. Thanks to our Admin Assistant, we are a much more efficient and organised centre. Our HLTA is now on hand to assist during our lessons which has been vital as we have several students each studying different texts and topics, so her knowledge and expertise has enabled lessons to run much more smoothly. Upon admission of a primary aged student, the knowledge, experience and patience of the HLTA allowed the pupil to make a lot of progress in Literacy and Maths whilst at EMM.

We have also managed to extend the curriculum further through the employment of a Geography and History specialist. He has brought a host of fresh ideas to the school and is an excellent team player. His lessons are divided between our GCSE pupils on site and to pupils in Ridgeway and Barnet. He has also developed a Health and Social work course, and this has proved to be very popular. This teacher will now be acting as a Key Teacher to support our pupils further.

An adult pupil at Moorgate continues to study Law, Business Studies and Sociology. Our A Level tutors also make links with pupils at EMB and EMR via Zoom, so we have been able to share their expertise with our other centres and their patients. Our tutors are highly thought of and offer excellent teaching and learning experiences. As EMM has several post-18 patients, we have implemented an adult timetable across the centre, where we can offer General Studies or more subject specific lessons depending upon demand. This needs developing further over the next year and we will consider how we can improve educational and therapeutic lessons amongst our post-18's.

In November 2020, our first examinations took place; with us being the Host Centre. The pupil sat the AQA GCSE triple Science examinations and we have just had confirmation of her results – Biology, level 9, Chemistry, level 8 and Physics, level 9. This is testament to the hard work of the pupil and highlights how important Education and studies are at Ellern Mede. The drive and determination of our patients is often reflected in the work produced in class and the exam results they achieve.

This year we have applied to become an Examination Centre in our own right. We have been assessed by JCQ and look forward to a decision being made shortly. We would relish the opportunity to work as an exam centre for our own pupils. Although the examinations will look different this year due to the Covid-19 Pandemic, we will enter pupils (with us acting as a Host Centre) for AQA English Literature and Language, Edexcel English Language, History, Geography, Science and Mathematics.

The Covid-19 Pandemic brought changes to our teaching; however, we have managed to keep all pupil timetables the same throughout. Our staff have taught via Zoom and we have also managed to have a skeleton staffing on site which has helped us to keep abreast of day-to-day situations. No members of our teaching staff had a positive COVID-19 test and we have all now received our initial COVID-19 vaccination.

Over the past 12 months we have been successful in 2 EHCP applications for our pupils at EMM.

During the past year we have made stronger links between the school and the Clinical Team. MDT meetings allow us to be part of the whole team which is vital for us in our role as Educators. We continue to make very strong links with parents and with the pupils' home schools.



***Examples of artwork created by young people in our school***

We would like to develop further at EMM school by

- Thinking of ways to involve pupils in more practical lessons, such as Science experiments. This would improve their understanding and be an enjoyable experience for them.
- Have whole staff training based on teaching pupils with ASD and how we can implement techniques to improve teaching and learning for those pupils at our centre. We have an ASD Nurse Specialist on site to help us achieve a greater understanding of ASD and the role it plays in patients with Eating Disorders.
- Look at extending our curriculum further by employing an Art / Music teacher to offer GCSE and A Level studies, along with more therapeutic lessons to aid recovery.
- Develop our PSHE and Careers schemes of work.
- Develop timetables for our post-18 patients.

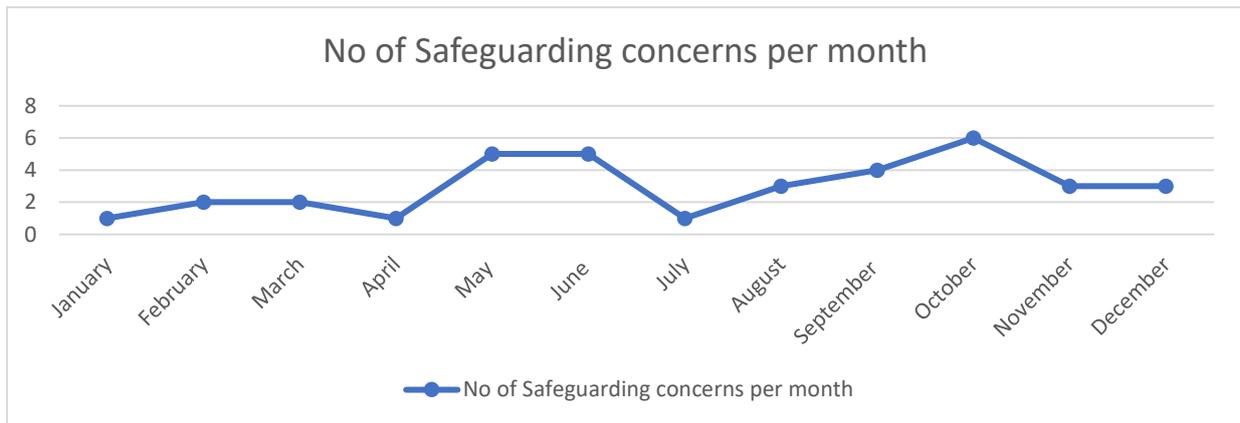
## **Safeguarding**

In addition to therapeutic engagement, the social worker role provides ongoing support and monitoring to ensure effective safeguarding processes are conducted across the service. As a newly formed team establishing strong safeguarding practise has been a priority for our service.

A summary of safeguarding practise in the period is included below:

Over the year we have delivered a range of training to increase our team awareness and improve practise. All staff joining the service have level 3 safeguarding training as part of the induction process. We have established a monthly safeguarding committee that reports to the group safeguarding committee

A summary of our safeguarding concerns and themes is below:



As awareness has grown and developed and our caseload of young people being admitted increased, we have seen an increase in the concerns being raised by our staff team. The service raised 36 safeguarding concerns over the course of the year.

This is a positive indication of the team's application of guidance to raise concerns no matter how small.

During 2020 we identified 2 key themes in our data – The first of these being self harm that required hospital attention occurring whilst the patient was on enhanced observation. 40% of the self harm incidents requiring hospital attention related to 1 young person and 70% of the incidents happened within the first 6 months of the year. In response to the data a local observation refresher package was devised and delivered to our staff.

The second key theme was allegations against staff members. 78% of these (7 out of 9) were related to allegations of harm occurring during incident management / restraint.

The service provides care for a highly complex caseload many of whom require resistive feeding. The concerns raised relate to 0.2% of the restraints conducted in the period indicating a very high level skill in managing challenging physical interventions.

Due to the highly complex nature of our caseload the service has had regular support from external consultants to ensure best practise. The consultancy service has provided the following support:

- Regular reviews of restraint practise
- Specific consultation and to think about the management of challenging behaviour with our caseload.
- Conducting a detailed analysis to help inform our service development.
- Additional training to support the care of highly resistive patients training and support were necessary and helped

Over the course the year we have regularly and routinely circulated our lessons learned. Some of the key lessons for our team in 2020 have been focussed around the importance of skilled observations, dynamic risk assessment and the importance of maintaining boundaries.

## Our Feedback

Throughout the year the service has engaged parents and young people in thinking about service improvements and obtaining their feedback through events.

These events have led to some changes in service delivery for example the group programme developed initiated by young people along with the service planning to develop a sensory room for each ward.

In October 2020, the service undertook its first **annual patient survey**.

Our patients all agreed the areas below were very positive aspects about our service:

- Our staff are friendly and appropriate
- Our hospital is clean and well maintained
- They get to contribute to the activities that are planned
- They have someone in the hospital that they can talk to about questions or worries

Our patients identified that areas for improvement could include:

- How they are involved in planning goals and discharge planning
- How they are involved in decisions about care and treatment
- How they contribute to decisions about the service

During the pandemic, our service adjusted the format for ward round meetings to limit the number of people present. As we move into 2021, we will need to consider adjustments to our format as we are aware that COVID restrictions may have contributed to young people feeling less involved.

Further exploration of the areas has also identified that sometimes young people have interpreted it as not being involved in the decision when the clinical team does not agree the request. This has been particularly relevant where clinical discussions focus on weight or nutritional intake.

During the reporting period the service has participated in service reviews with key stakeholders which has included undertaking a quality review with NHS England Specialised Commissioning which provided the following feedback:

- Staff treat the young people with respect and dignity
- Staff are supportive
- Staff are available
- Support is personalised to needs and diagnosis.
- Our team felt these were significant achievements in the time the service has been open.

The service was also able to obtain feedback through participating in a Transitional Monitoring Process with the Care Quality Commission (CQC) and a Mental Health Act review was also conducted by the CQC at the end of the reporting period. Patients and their relatives' feedback to the CQC included the following:

Patients advised the CQC that:

- Care plans are highly individualised to their needs and they had a lot of input into their development.

- Their restraint care plan was discussed with them soon after admission and was changed in response to their input. “Staff know how to restrain without hurting, all staff know how to do it.”
- “The consultant is supportive. They make time to speak to patients and are the first one to make changes if they think that they are needed.

The review also identified that “ All patients we spoke with felt safe on the ward”

Relatives told the CQC that:

- The hospital was “amazing”, and care was person-centred.
- They felt confident that their relative was safe in the hospital.
- The WhatsApp group for parents was very useful in keeping them up to date with the latest COVID-19 news and hospital activities.

Communication was generally good, but it was sometimes difficult to get hold of staff when phoning. Sometimes things were not passed on and sometimes the received message was not the same as the original message.

The service plans to continue to develop our collaborative work with young people and their families over the forthcoming year.



## Our Goals for 2021

Ellern Mede Moorgate has made good progress in 2020 despite the challenges of the pandemic.

As we move forward in 2021 our goals for the year ahead will include:

- Consolidating our clinical team. We will undertake a skills analysis to ensure we maximise the expertise within the service and identify any gaps in provision that may exist to ensure we address these and achieve the greatest benefits for our patient group.
- Further developing our systems for assessment, care planning and formulation to ensure our approaches are efficient, effective, and patient centred.
- To continue to build on collaborative working with patients and their families to improve communication and engage in regular service development discussions to create a culture of continuous improvement in the service.
- Developing the team. We will continue to build the skills, knowledge, and competence of our staff team, through regular workshops, supervision, and reflective practise



***A safe place where young people recover from even  
the most serious of eating disorders***

Ellern Mede Moorgate  
136 Moorgate Road  
Rotherham  
South Yorkshire S60 3AZ  
**Reception: 020 3981 7252**