



Ellern Mede Group
Annual Report 2024



Ellern Mede
specialists in eating disorders treatment

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1. Foreword from the Managing Director

2024 was a year of transformation, resilience, and recommitment for Ellern Mede Group. As we navigated a period of significant change, realigning our services, consolidating clinical models, and responding to evolving system need, we remained committed in our mission: to provide safe, compassionate, and specialist care for individuals living with eating disorders and complex mental health challenges.

This report reflects not only the outcomes we achieved, but the values that guided us: dignity, collaboration, and a deep belief in recovery. From reducing restrictive practices and embedding trauma-informed care, to amplifying the patient and family voice, our teams have worked tirelessly to deliver meaningful, person-centred care.

I am particularly proud of the strides we made in strengthening our safety culture, investing in our workforce, and expanding our commitment to co-production. The voices of lived experience, now embedded across our governance, training, and service design, have helped us see more clearly, listen more deeply, and act more purposefully.



As we look ahead to 2025, we do so with humility and ambition. We recognise the challenges: rising clinical complexity, workforce pressures, and the need for greater integration with community facing services. But we also see opportunity, to lead in complex care, to innovate with integrity, and to build services that are not only clinically excellent, but emotionally intelligent and system-aware.

To our staff, patients, families, and partners; thank you. Your courage, insight, and commitment continue to shape who we are and who we strive to become.

Together, we move forward, with purpose, with partnership and with hope.

Kate Majid
Managing Director- Ellern Mede Group

2. Executive summary

In 2024 we saw significant change, reflection and renewed purpose for Ellern Mede Group. Following a period of service realignment and clinical consolidation, we stayed anchored in our mission: to provide safe, compassionate and specialist care for individuals living with eating disorders and complex mental health needs. This year we continued to evolve, investing in our workforce, refining our care models and embedding a culture of listening, learning and recovery.

Key highlights from 2024 include:

Better outcomes and more coordinated care
A 22% reduction in average length of stay, earlier discharge planning, and improved outcome measures reflected real progress in both psychological and physical recovery across age groups.

Fewer restrictive interventions, more relational care
NG feeding under restraint fell by over 50%, supported by trauma-informed formulation, collaborative risk planning, and stronger authorisation processes.

Empowering patient voice
Our “Do I Feel Safe?” tool, co-produced safety materials, and dedicated lived experience roles enabled young people to shape their care in real time, reinforcing trust and therapeutic partnership.

Bringing families into the heart of care
Parent forums, emotion coaching, and co-production initiatives gave families a more active role in shaping service culture and decision-making.

A safer environment, built on learning
Incident numbers decreased, with no cases of serious harm reported. The rollout of PSIRF, stronger incident oversight, and better use of data supported a growing safety and learning culture.

Stronger governance, clearer standards
Governance structures continued to mature, with transparent reporting and QNIC/QED-aligned processes enhancing local accountability and clinical consistency.

Investing in the people who deliver care
Despite a reduction in headcount from 408 to 230 WTE, we invested in training, wellbeing, and inclusion, hosting staff away days, launching new roles and strengthening our focus on autism and diversity.

Positive culture and recognition
More than 100 formal compliments, over double the number received in 2023, reflected the compassion, skill, and dedication of our teams.

Sharing knowledge and strengthening partnerships
We also supported staff-led research into trauma-informed care and NG feeding ethics, with findings shared through our academic programme and wider networks. Our engagement with regulators and commissioners remained open and constructive, and we continued to align our work with national priorities.

Looking ahead to 2025, we remain mindful of the challenges: rising referral complexity, stretched community capacity and the need to protect workforce wellbeing. Our experience at Derby and Moorgate reminded us that sustainable services rely not only on clinical expertise, but also on trust, alignment and meaningful partnership with local systems and communities.

3. Ellern Mede Mission statement

Our mission is to support individuals in reclaiming their lives from eating disorders and complex mental health conditions. We walk alongside patients with care and commitment, building trusting relationships that empower recovery and long-term wellbeing.

We believe in seeing the whole person beyond the diagnosis, and in making a lasting difference, not only for patients, but for families, communities and the wider mental health landscape. Our goal is to provide sustainable care that delivers real value, clinically, socially, and economically.

As part of this mission, we are committed to:

- Providing inclusive, person-centred care that reduces health inequalities.
- Working collaboratively with families, partners and peers to promote recovery, prevention and resilience.
- Contributing to a more sustainable mental health system through early intervention, reduced dependency and investment in staff and service development.

Our vision is not only to support individuals in their recovery today, but to build the foundations for healthier futures— for people, families and the communities we serve.

4. Our services

Ellern Mede is a specialist provider of mental health care for children, adolescents, and young adults with complex needs.



Established over two decades ago as a single-site eating disorder service, we have since grown into a multi-site organisation offering stepped care, age-specific pathways and an evolving range of specialist services. While our roots remain in eating disorder treatment, our model continues to adapt in response to national priorities, system needs and the voices of those we serve.

In 2024, we suspended eating disorder services at Derby and Moorgate, consolidating provision at our core London sites. Ridgeway now delivers CAMHS care, while Barnet focuses on adult services. At year-end, Moorgate formally transitioned to Ellern Mede Queensway, a dedicated Complex Mental Health service.

Looking ahead to 2025, we remain committed to refining and expanding our offer, with a renewed strategic focus on complex care. The development of Ellern Mede Queensway was supported by collaborative planning with South Yorkshire and Bassetlaw partners, and we will continue to build strong local relationships to align our services with regional priorities and patient need.



Our Sites and Capacity in 2024

In 2024, our service locations provided a total of 60 inpatient eating disorder beds, including:

- 40 CAMHS eating disorder beds
- 20 Adult eating disorder beds

1. Ellern Mede Ridgeway
2. Ellern Mede Barnet
3. Ellern Mede Moorgate
4. Ellern Mede Derby



Our service locations:

Ellern Mede Ridgeway: (North London)
Provides 28 inpatient beds for children and young people aged 8–18 across three wards: Lask, Nunn, and The Cottage.

Ellern Mede Barnet: (North London)
Offers up to 14 inpatient beds across two main wards: Ash and Rowan, plus a step-down ward, The Annex. In 2024, Rowan Ward transitioned from CAMHS to Adult provision, meaning the site now provides care exclusively for adults aged 18 and over.

Ellern Mede Moorgate: (Rotherham, South Yorkshire)
Provided 12 inpatient beds across two wards: Aztec Ward (Adults, 18–25) and Inca Ward (CAMHS). The site continued eating disorder provision through 2024. As of January 2025, it transitioned to **Ellern Mede Queensway**, a Complex Mental Health service for adults aged 18 and over.

Ellern Mede Derby: (Derby, East Midlands)
Piloted a 6-bed CAMHS eating disorder unit for children and young people with severe and complex presentations. The service was suspended in early 2024 following a period of increased scrutiny and operational challenges. While there were no major regulatory concerns, it proved difficult to replicate the collaborative relationships and integrated approach established at our core sites. As a result, we made the decision to transfer the remaining patients and consolidate provision within our London services.

Education at Ellern Mede

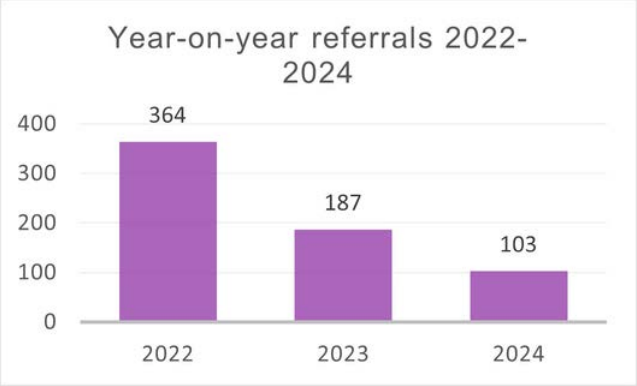
Education is provided to our patients on-site by Ofsted-rated ‘Outstanding’ school that supports the educational development of young people alongside their clinical recovery. Initially based at each site, education provision was consolidated at Ridgeway in 2024 in line with the centralisation of CAMHS services at Ridgeway.

As an independent special school, Ellern Mede School offers a flexible, personalised curriculum tailored to each student’s health needs, emotional profile, and academic ability. Teachers work closely with clinical teams, families and home schools to maintain progress and ensure a smooth transition back into mainstream or specialist education. Students are supported to work toward recognised qualifications and remain connected to their future goals throughout treatment.



5. Clinical activity

Referrals



In 2024, Ellern Mede received **103 referrals** for specialist inpatient eating disorder services, a notable decline from 187 in 2023 and 364 in 2022. There was a 43.5% decrease in CAMHS referrals, with a similar downward trend seen in adult services.

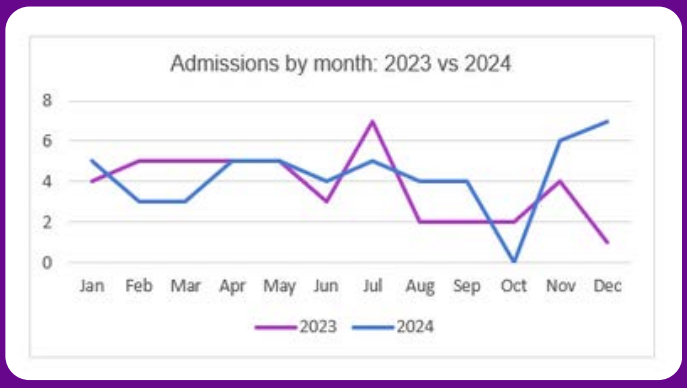
The reduction in referrals may have been partly due to the suspension of services at Ellern Mede Derby and temporary restriction of new admissions at Ellern Mede Moorgate. This may also reflect wider shifts across the mental health landscape. The surge in demand seen during and after the COVID-19 pandemic has begun to stabilise, while national and regional strategies have increasingly prioritised earlier, community-based interventions. In the London region, targeted investment in alternatives to admission, such community day patient and outpatient programmes has further expanded options outside of inpatient care.

We continue to receive referrals for acutely unwell and highly complex cases requiring urgent admission. In parallel, the inpatient landscape is being shaped by system-wide resource pressures and a strategic shift toward community-focused care, supported by Provider Collaboratives and Integrated Care Boards (ICBs).

Despite these challenges, Ellern Mede remains committed to providing timely, specialist treatment for individuals with severe eating disorders and to working collaboratively with system partners to ensure patients receive the right care, at the right time, in the right setting.

Admissions

While overall referrals declined in 2024, **our number of admissions increased from 45 admissions in 2023 to 51 admissions in 2024**, the same figure recorded in 2022.



At Ridgeway, **Lask Ward experienced a 33.3% increase in admissions**, reflecting the continued high volume and complexity of CAMHS referrals. **Nunn Ward also saw a 19% rise in admission**s, likely driven by an increase in shorter admissions and a reduction in length of stay.

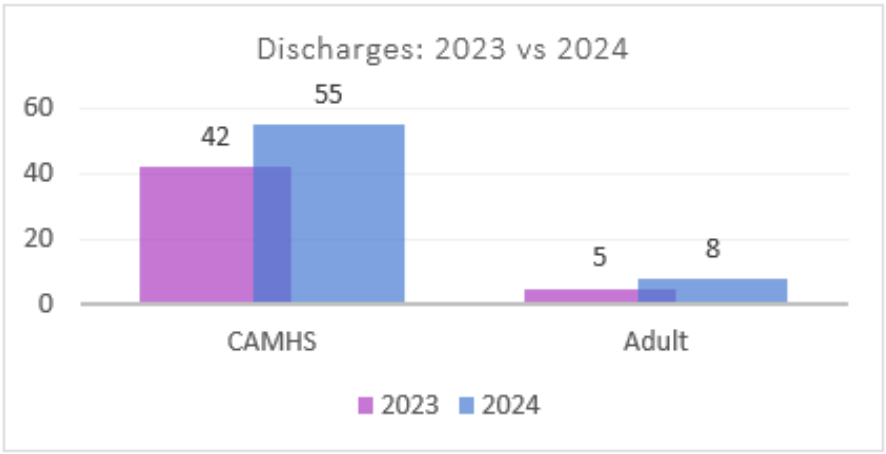
Adult admissions remained stable, with three admissions in 2024, matching the number seen in 2023.

CAMHS admissions at both Barnet and Moorgate increased from six to eight admissions in 2024.

53% of new admissions were detained under the MHA prior to admission. 25% had a diagnosis of autism and up to 55% had recorded autism traits.

Discharges

In 2024, we recorded an increase in discharges from 47 in 2023 to 63 in 2024, a 34% rise. This majority of this was driven by CAMHS services, where discharges rose from 42 to 55 (31% increase), reflecting improvements in patient flow and length of stay.

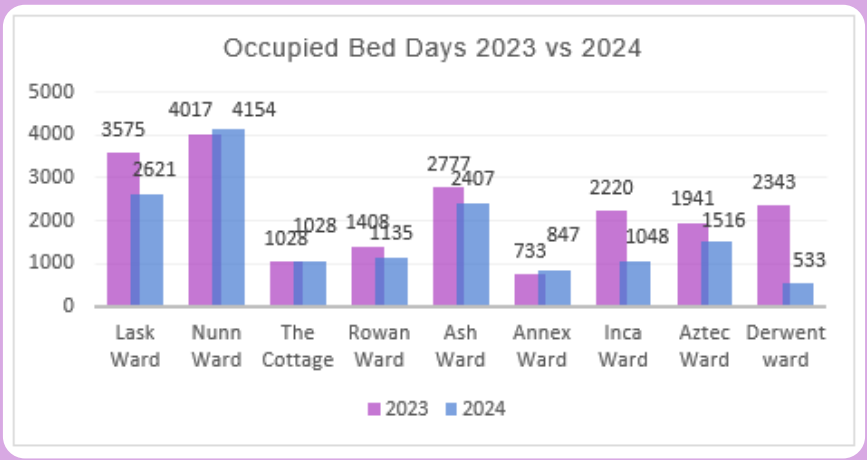


For adult services, discharges increased from 5 in 2023 to 8 in 2024, indicating a modest but positive shift in throughput.

Around **70% of patients were discharged back home,** with community follow-up in place. **89% of discharges were planned**, while 6 patients self-discharged against medical advice.

Occupied bed days

In 2024, Ellern Mede recorded a total of 15,289 Occupied Bed Days (OBDs) across the Group, a total occupancy of 68.9%. This was a decrease compared to 20,042 OBDs (91% occupancy) in 2023. This decline reflects service transitions (including the suspension of services at Derby and Moorgate), reduced use of prolonged inpatient care and improved discharge planning.

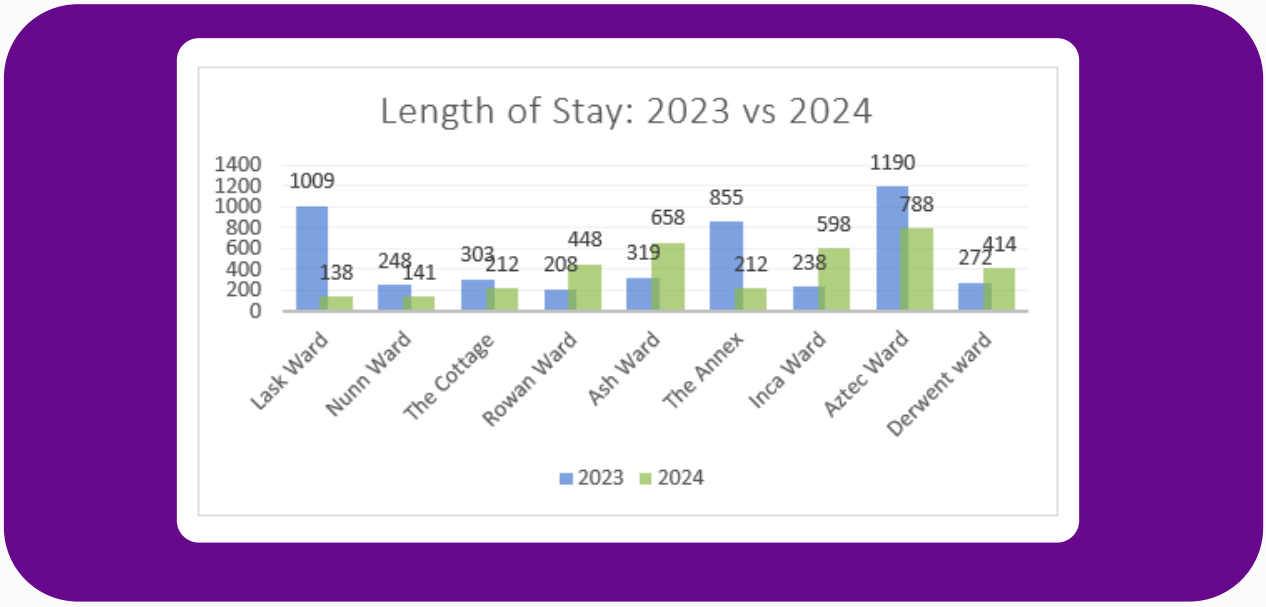


- Ellern Mede Ridgeway operated at 73% occupancy in 2024 and recorded a total of 7,419 OBDs. This was a notable decrease from 8,620 OBD (84% occupancy) in 2023.
    - Nunn Ward saw a slight increase, rising from 4,017 OBDs in 2023 to 4,154 in 2024.
    - Lask Ward experienced a notable reduction, with 954 fewer OBDs, most notably during the spring and early summer months (April–June).
- Ellern Mede Barnet operated at 86% occupancy in 2024, recording 4,389 OBDs in 2024. This was a decrease of 529 OBDs from 4,918 OBDs (96% occupancy) in 2023.

Due to service model changes at Moorgate (now Queensway) and Derby, year-on-year comparisons for these sites are not directly applicable. Both underwent significant transformation in 2024, including service suspension and reconfiguration, which impacted bed availability and activity levels.

Length of stay

The average length of stay (LOS) on discharge fell significantly in 2024 from 516 days in 2023 to 401 days, marking a key achievement in service improvement and pathway planning.



The most substantial progress was seen at **Ellern Mede Ridgeway**, where all three wards recorded reductions:

Lask Ward: ↓ 86%
Nunn Unit: ↓ 33%
The Cottage: ↓ 30%

This improvement reflects the impact of proactive discharge planning embedded at the pre-admission stage, with Ridgeway teams working closely with local partners to ensure early alignment on discharge goals. Community teams remained actively engaged throughout each admission, supporting timely and sustainable reintegration.

This progress is directly aligned with our 2024 organisational priority to reduce length of stay and to ensure that patients, including those with complex needs, are supported to take the next steps in their recovery journey, beyond inpatient care.

6. Clinical outcomes & effectiveness



Over the past four years, Ellern Mede Group has developed and embedded a robust, standardised system for collecting and reporting Routine Outcome Measures (ROMs) across all services. These validated tools are widely used in similar specialist settings and clinical research, enabling benchmarking and continuous improvement.

In 2024, **Ellern Mede's approach to outcome measurement gained recognition** when one of our partner Provider Collaboratives adopted our ROMs framework across its pathway. This decision reflected the quality and rigour of Ellern Mede's system and has helped promote consistency and continuity in outcome measurement across inpatient, day and community services.

Over the last year we saw improved outcomes despite rising complexity and resourcing pressures. Continued focus on post-weight restoration therapy and community partnerships will be essential to sustaining low re-admission rates and maximising recovery.

The table below summarises changes in key outcome measures across CAMHS and Adult services in 2024. These measures capture progress across a range of domains, including psychological symptoms, functional ability, and physical health.

Improvements were observed in all areas, reflecting the effectiveness of Ellern Mede's specialist treatment pathways.

The table is followed by a breakdown of results by service type (CAMHS and Adult) and outcome measure type, including brief explanations of what each tool assesses and whether higher or lower scores indicate improvement.

Measure	CAMHS Avg. Change	Adult Avg. Change
EDE-Q	↓ 2.9 points	↓ 1.45 points
HoNOS/HoNOSCA	↓ 5 points	↓ 2 points
CGAS / GAF	↑ 17.3 points	↑ 17 points
WfH / BMI	↑ 15%	↑ 3.4 BMI points

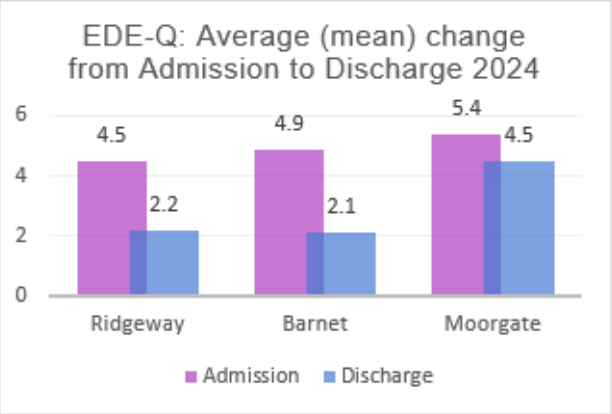
Children and Young People Services (CAMHS) Outcomes

Ellern Mede collects a broad range of outcome measures across its services. While this report does not cover the full dataset, it provides an overview of the following core routine outcome measures for CAMHS services:

- EDE-Q (Eating Disorder Examination Questionnaire)
- HoNOSCA (Health of the Nation Outcome Scales for Children and Adolescents)
- CGAS (Children's Global Assessment Scale)
- Weight for Height (WfH)

EDE-Q scores – CAMHS Services

The Eating Disorder Examination Questionnaire (EDE-Q) is a validated self-report tool that measures eating disorder symptoms across four key domains: restraint, eating concern, weight concern, and shape concern. Scores range from 0 to 6, with higher scores indicating more severe psychopathology. A reduction in score from admission to discharge reflects clinical improvement.



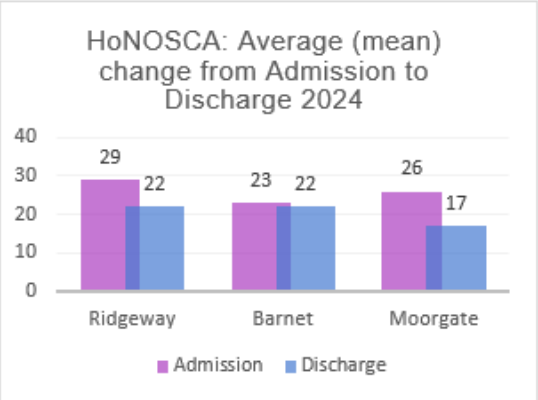
In 2024, **Ellern Mede patients demonstrated significant reductions in EDE-Q scores across CAMHS services**, with an average reduction by 2.9 points. These improvements reflect the effectiveness of our specialist treatment in reducing core eating disorder symptoms and promoting psychological recovery.





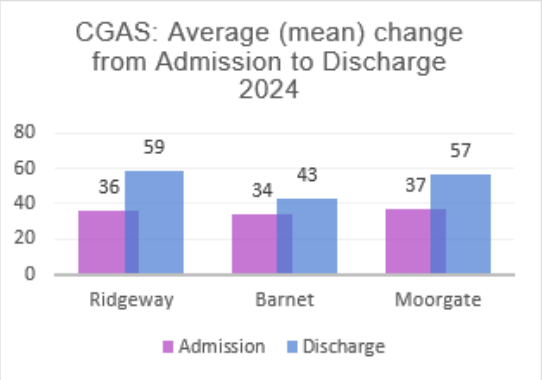
Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) scores – CAMHS Services

HoNOSCA is a clinician-rated tool that measures mental health difficulties in children and adolescents across areas such as behaviour, emotions, relationships, and functioning. Scores range from 0 to 4 on each item, **a lower score indicates fewer or less severe problems.** At Ellern Mede, it is used at admission and discharge to track clinical progress.



In 2024, **patients showed an average reduction of 7 points**, reflecting a meaningful improvement in overall functioning.

Children's Global Assessment Scale (CGAS) scores – CAMHS Services



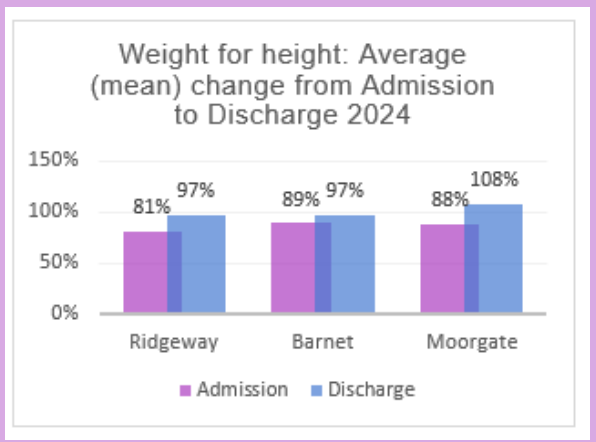
CGAS is a clinician-rated tool that provides an overall score of a young person's psychological, social, and school functioning on a scale from 1 to 100, where **higher scores indicate better functioning**. It is used to assess global improvement from admission to discharge.

In 2024, patients showed an **average increase of 17.3 points**, indicating a significant improvement in overall wellbeing and daily functioning.

Weight for height – CAMHS Services

Weight for Height (WfH) is a key physical health indicator used in CAMHS eating disorder treatment to assess nutritional status in children and young people. It compares a patient's weight to the expected weight for their height and age, expressed as a percentage.

In 2024, CAMHS patients showed an **average increase of 15 percentage points** from admission to discharge, reflecting meaningful progress in physical recovery and nutritional rehabilitation.

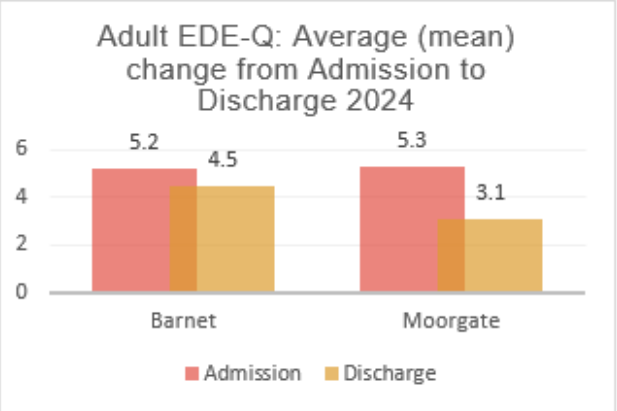


Adult Services Outcomes

As with CAMHS, outcome measures are used in adult services to monitor change throughout the admission and recovery pathway. The following data provides an overview of key routine outcome measures used in our adult services, capturing changes in mental health, functional ability, and physical recovery across the care pathway:

- EDE-Q (Eating Disorder Examination Questionnaire)
- HoNOS (Health of the Nation Outcome Scales)
- GAF (Global Assessment of Functioning scale)
- BMI (Body Mass Index)

EDE-Q – Adult Services

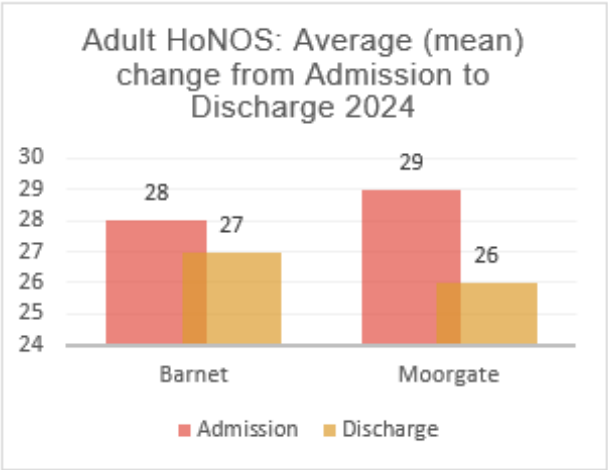


Similarly to our CAMHS services, **EDE-Q scores** are used within our adult pathway to track changes in eating disorder symptoms over the course of treatment. In 2024, adults showed an **average reduction of 1.45 points** from admission to discharge, reflecting meaningful improvement in symptom severity and response to specialist intervention.

Health of the Nation Outcome Scales (HoNOS) – Adult Services

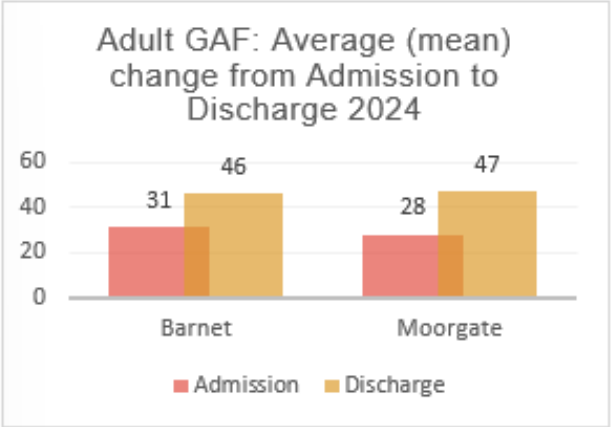
HoNOS is a clinician-rated tool used to assess a range of mental health and social functioning domains in adult patients. **Lower scores indicate fewer or less severe difficulties.**

In 2024, adults receiving care at Ellern Mede showed an **average improvement of 2 points** on HoNOS scores between admission and discharge, reflecting measurable progress in mental health and functional outcomes during inpatient treatment.





Global Assessment of Functioning (GAF) – Adult Services



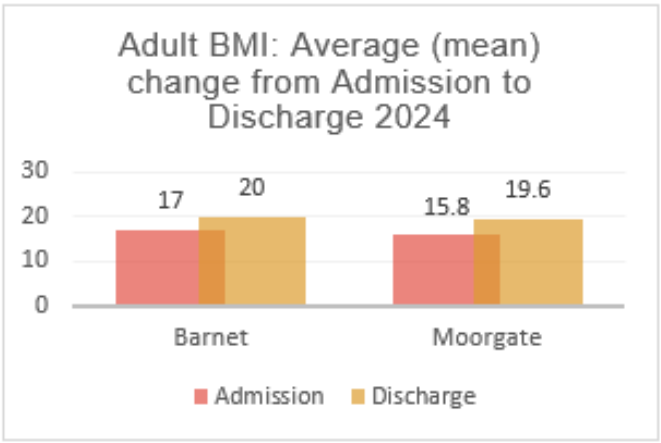
The **GAF** scale is used to assess an individual's overall psychological, social, and occupational functioning. Scores range from 0 to 100, with **higher scores indicating better overall functioning.**

In 2024, adults receiving treatment at Ellern Mede showed an **average improvement of 17 points**, demonstrating significant gains in stability, engagement, and day-to-day functioning during their admission.

Body Mass Index – Adult Services

BMI is a key physical health measure used to monitor nutritional rehabilitation in adults with eating disorders. It is routinely recorded at admission and discharge.

In 2024, adults showed an **average increase of 3.4 BMI points**, reflecting significant progress in physical recovery and alignment with healthy weight restoration goals.



Advancing Outcome-driven care

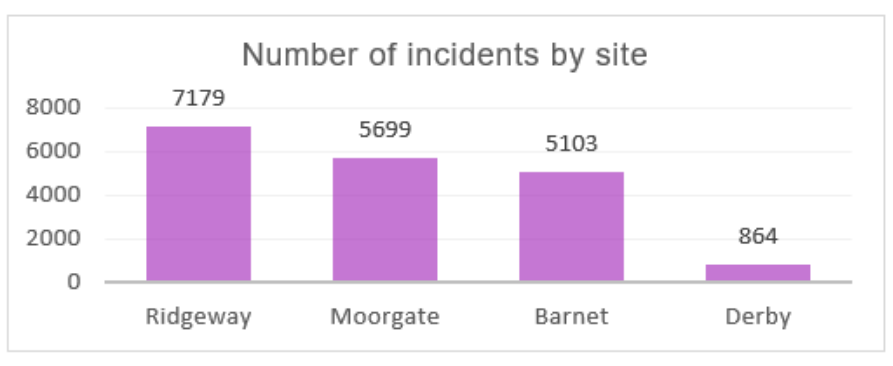
Taken together, these outcome trends demonstrate the clinical effectiveness of Ellern Mede's specialist care model in delivering meaningful improvements in both psychological and physical health across age groups.

Looking ahead, Ellern Mede is keen to deepen the clinical value of outcome measurement by embedding patient-defined goals more explicitly into our formulation and care planning processes. This includes expanding the use of goal-based outcomes alongside existing ROMs, ensuring that progress is also measured by what matters most to the individual. Our future focus will also include improved post-discharge tracking, enhanced integration of outcome data into governance and closer alignment with system partners to promote shared understanding of recovery.

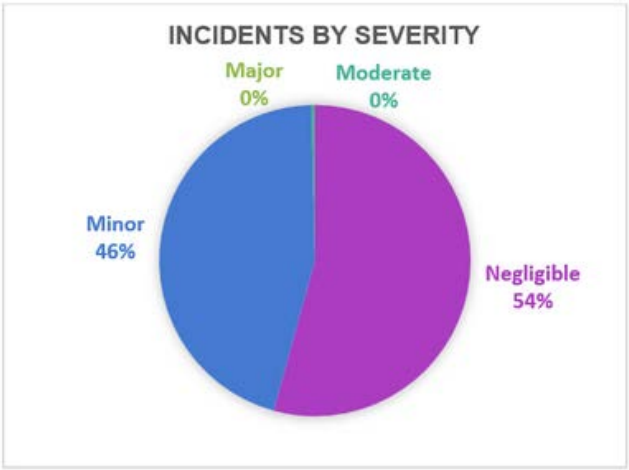
7. Incidents, Patient safety and Safeguarding

Incidents reported

In 2024 we saw a 19.2% reduction in the number of incidents reported via our internal Incident reporting system EMIMS, from 23,318 in 2023 to 18,851 in 2024. This would have been partly due to the reduction in Occupied bed days in 2024.



The majority of incidents related to planned NG feeding interventions (67%), followed by self-harm incidents (30%). 54% of incidents were graded as 'Negligible', 45% were graded 'Minor' and less than 1% were graded as 'Moderate' or 'Major'. Of the 3 incidents recorded as major, two related to self-harm and one to a patient absconding. There was no serious harm as a result of any incidents.



Notifiable incidents

There were 76 Notifiable incidents reported in 2024, which was a slight increase from 72 in 2023. The majority of notifiable incidents related to safeguarding concerns (43%), followed by notifications of patients attending A&E (36%) either due to illness or injury. The reasons for the increase were unclear— this may reflect an increase in complexity of admissions and/or a lower threshold for reporting safeguarding concerns to the local authority.

Zero Serious Harm

We are proud to report **no incidents resulting in serious harm** across any Ellern Mede sites in 2024. A small number of moderate harm incidents occurred and were reviewed through a PSIRF-informed process.

PSIRF Implementation and Development

In 2024, Ellern Mede strengthened its safety and learning culture through **transparent systems, co-production, and reflective practice**. The implementation of the **Patient Safety Incident Response Framework (PSIRF)** marked a shift toward a more compassionate, system-focused approach to safety improvement.

Our PSIRF policy and plan, initially drafted in 2023, were further developed throughout 2024, laying the foundation for a more structured and proportionate learning response to incidents. A key milestone was hosting our first **stakeholder PSIRF event**, which brought together colleagues and partners across the system to explore how the framework would shape our safety culture.

While core components were still being embedded, work began to define response types, clarify roles, and strengthen governance mechanisms, including the planning of regular **Patient Safety & Risk Management meetings** and structured review pathways.

Staff also received **targeted PSIRF training and coaching** to support a shift from blame to learning, helping embed PSIRF principles in daily practice.

PSIRF stakeholder events

In 2024, we also held a series of **PSIRF Stakeholder Engagement Events** across multiple sites, including Finchley, Chesterfield, and Moorgate. These events brought together staff, families, commissioners, and external stakeholders to share information about our PSIRF rollout, hear directly from service users and carers, and invite open dialogue about safety, safeguarding, and organisational learning. Feedback was positive, with attendees noting improved understanding of incident data, increased transparency, and reassurance about how PSIRF will work in practice at Ellern Mede.



As part of our ongoing work to strengthen transparency and build confidence in our safety systems, we hosted a **Shared Learning Event in November 2024** with Barnet Local Authority. The event brought together clinicians, safeguarding leads, and the LADO team to explore how safeguarding and PSIRF intersect in the context of high-risk eating disorder care. Presentations from Ellern Mede professionals offered real-life insights into the complexity of our patient cohort and the practical realities of delivering safe, trauma-informed care. The local authority shared updated safeguarding protocols, helping to align expectations and reinforce our shared commitment to learning. The event was well received, with feedback noting increased understanding, stronger assurance, and an appetite for further collaboration.

Learning from Incidents



In 2024, meaningful learning continued to emerge from lower-level incidents, near misses, and safety reviews, reinforcing our commitment to proactive improvement. Lessons learned were shared across the organisation through monthly 'Lessons Learnt' bulletins, bi-weekly safety forums, and targeted team huddles.

Key developments included:

- Timian champions regularly reviewing team communication and techniques for planned restraints
- Proactive risk management with more consistent use of tailored, trauma-informed risk formulations to guide personalised care
- Increased frequency of debriefs and SWARM huddles following incidents, promoting reflection and shared responsibility
- Introduction of After Action Reviews and Joint reflective space sessions to foster collaboration and shared learning
- Enhanced environmental checks across sites to address safety risks pre-emptively

'You Said, We Did' - Responding to Feedback

You said: "Restrictions felt unclear."
We did: Co-produced a Patient Safety Leaflet in accessible language.

You said: “Patients are not always involved in decisions.”

We did: Introduced Do I feel safe?, a patient-led safety review tool.

You said: “Incident follow-up was inconsistent.”

We did: Developed a new parent/carer communication protocol with an allocated ‘Engager’ role for timely, compassionate responses.

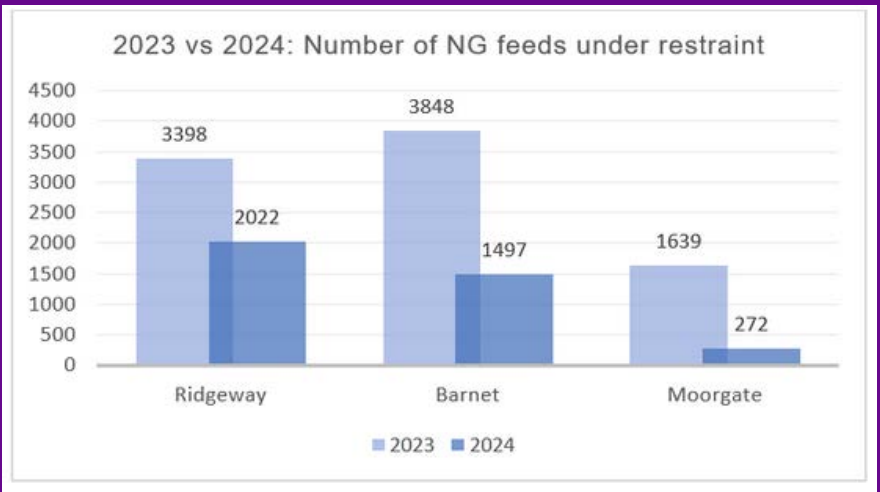
In 2024, Ellern Mede’s safety journey was defined by low harm, stronger listening, and a growing culture of shared responsibility. Our work continues in 2025 with full PSIRF implementation, deeper reflection, and collaboration with the people we serve.

8. Reducing restrictive practices & Promoting relational care

Significant Reduction in NG Feeds Under Restraint

The chart below highlights a marked year-on-year reduction in nasogastric (NG) feeds delivered under restraint across all Ellern Mede sites:

- Ridgeway: ↓ 41% (from 3,398 to 2,022)
- Barnet: ↓ 61% (from 3,848 to 1,497)
- Moorgate: ↓ 83% (from 1,639 to 272)

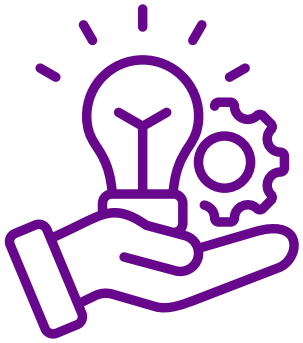


These reductions reflect a sustained focus on decreasing restrictive practices through early intervention, collaborative care planning, patient involvement, and trauma-informed approaches. At Moorgate, lower occupancy contributed to the overall reduction, but proportionally, improvements in clinical practice and de-escalation were evident across all sites.

This data demonstrates our commitment to reducing distressing interventions, improving patient experience, and promoting dignity in care.

Delivering Our Restrictive Practices Strategy (2023–2025)

In 2024, Ellern Mede made significant progress in delivering on its Reducing Restrictive Practices Strategy 2023–2025. Our work focused on minimising the use of interventions such as NG feeding under restraint, while embedding trauma-informed, personalised, and co-produced approaches to care.



Key achievements include:

- **Marked reductions in NG feeding under restraint**, supported by strengthened NG authorisation processes, earlier review points, and stricter weight-for-height monitoring
- **Integration of patient and carer voice** into the formulation process and safety planning, aligned with the PILRMP model (Patient Inclusion in Least Restrictive Management Planning)
- **Trauma-informed** and Positive Behavioural Support (PBS) interventions, including RAID (Reinforce Appropriate, Implode Disruptive) ladders, behavioural activation plans, and person-centred risk formulations

- **Enhanced data visibility through EMIMS**, our centralised electronic reporting system, supported by new Power BI dashboards that allow teams and leaders to monitor incident trends, restrictive practices, and learning themes in real time
- **Timian champions**, reviewing planned restraints and supporting safe, relational care
- **Introduction of Autism Champions**, helping teams tailor care for neurodiverse patients and reduce sensory/environmental triggers linked to distress
- **Patient-led reviews**, including the Do I feel safe? safety review, and new structured debriefs and reflective forums for staff and patients

These efforts reflect a shift toward **earlier intervention, co-produced care, and recovery-focused practice**, in line with national best practice and CQC-recognised models. As we enter the final year of this strategy in 2025, our focus will be on consolidating gains, embedding best practice across sites, and strengthening relational care — especially for patients with complex needs and neurodevelopmental conditions.

Embedding a formulation-led risk management approach



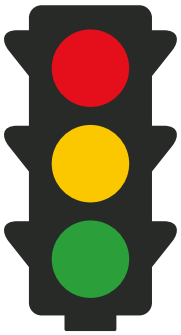
In 2024, we strengthened and embedded a collaborative **formulation-led framework**, now central to the patient journey. The process begins pre-admission, with a comprehensive formulation meeting held within the first six weeks and co-authored with patients, carers, and the MDT.

These formulations:

- Identify biopsychosocial and neurodevelopmental needs
- Guide treatment goals, risk management, and discharge planning
- Inform care for eating disorders and co-morbidities
- Embed family and patient voice from the outset

This personalised, trauma-informed approach has been **praised by commissioners as a potential blueprint for wider system adoption,** due to its early intervention focus, collaborative ethos, and adaptability to complex patient needs.

Formulations also underpin **RAID-informed traffic light systems**, enabling teams to anticipate and respond to distress behaviours with positive risk-taking, safer meal support, and gradual transitions away from restrictive practices.



The **NG feeding authorisation process** is now fully embedded within this framework. NG feeding is no longer considered a default option but instead guided by clinical thresholds (e.g. weight-for-height), the individual's formulation, and shared decision-making with patients and families. This approach has led to **earlier reviews of NG use**, reduced reliance on restrictive feeding, and a more conservative, trauma-informed nutritional strategy.

Implementation of a RAID approach

Ellern Mede continues to prioritise compassionate, least-restrictive approaches in managing behaviours of concern. A key element in this has been the implementation of the **RAID approach**, a positive behavioural support model that stands for **Reinforce Appropriate, Implode Disruptive** behaviours. RAID focuses on proactively reinforcing helpful, recovery-supporting behaviours, while reducing the attention given to behaviours that sabotage progress or escalate risk.

Within our eating disorder services, RAID has been used to great effect in **supporting young people through ambivalence and resistance**, which often arises when the eating disorder undermines insight and motivation. As one of our psychologists summarised:

> "In complex situations where resistance, aggression or self-harm emerge, RAID helps us break down overwhelming goals into smaller, achievable steps that still feel meaningful and rewarding to the young person."

> "Rather than pushing a narrow medical view of recovery, we use RAID to help young people reconnect with what matters to them personally, redefining recovery in ways that feel real, motivating and empowering."

This approach is used alongside psychological formulation and in collaboration with the patient to ensure that strategies are tailored, ethical, and system-aware.

> "RAID has been an innovative and powerful tool — not just in promoting behavioural change, but in helping our patients rediscover a sense of purpose and agency in their journey."

Reflective practice

We introduced **joint reflective forums** across sites, bringing staff and patients together to explore ward dynamics, strengthen therapeutic trust, and support shared ownership of recovery. These, alongside formulation and RAID-based planning, have contributed to a more **relational, psychologically safe ward environment.**

In 2025, we will:

- Continue embedding reflective practice and co-production
- Strengthen relational approaches that reduce distress and risk
- Share learning across sites to ensure consistency
- Maintain and build on our significant reductions in restrictive interventions

9. Service user experience

Patient satisfaction survey 2024



Our 2024 Patient Satisfaction Survey showed encouraging progress in how young people experience their care at Ellern Mede. With an overall satisfaction score of **67% across the group**, this marks a **9% improvement from the previous year**, reinforcing our commitment to compassionate, collaborative recovery.

Ellern Mede Barnet stood out with an impressive **81% satisfaction rate,** up from 62% in 2023. This growth reflects significant investments in therapeutic support, ward environment, and leadership visibility.

Key highlights:

- Social and Personal Needs scored highest at 74%, with young people reporting good access to outdoor space, family contact, and technology in line with care plans.
- Environment and Facilities were rated 71%, with praise for clean, comfortable, and personalisable spaces.
- Mealtimes improved substantially, rising from 45% in 2023 to 63%, reflecting progress in dietetic input and supportive staff approaches.

Patient Voice:

“This is the most supportive hospital I’ve been in.”



A special shoutout to our **Ellern Mede Barnet Hospital Manager**, Yetty Agunbiade who received a lot of appreciation from patients:

“I love the way Yetty says good morning to all the patients in the morning.”

“Thank you, Yetty, for all you do for us”

“We enjoy your walkabout Yetty.”

This feedback reinforces the value of warmth, consistency, and relational care at the heart of our services. Areas for further focus include refining patient admission packs, strengthening therapy consistency, and improving opportunities for collaborative decision-making through community meetings and care planning sessions.

10. Lived experience

Reflections from our Expert by experience

In 2024, we strengthened our commitment to this principle by appointing a dedicated Expert by Experience, Hope Virgo. In this role, she supports former service users to have a meaningful voice in shaping our services. This ensures we continue to listen to and learn from those with direct experience of our care. The following reflections highlight the power of shared experience in driving recovery-focused, compassionate practice.



“Lived experience is essential to improving outcomes, bringing in the often marginalised and unheard voices that cannot be replicated by clinicians.”

Our Expert by experience, Hope Virgo, shared her reflections on the work she’s undertaken since joining Ellern Mede in 2024:

A Transformational year of partnership

When I was given the chance to work at Ellen Mede Group as the Expert by Experience I was delighted to have the opportunity to work with a hospital, and those affected by eating disorders to ensure that people are getting the best possible care.

Over the last year I have worked closely across Barnet and Ridgeway and have had the absolute privilege of meet so many people. I began by speaking to carers, ex patients and current patients to clearly understand their experiences of treatment. To identify where they felt things needed to improve and what their experiences have been (both positive and negative).

Having campaigned on eating disorder services for nearly a decade, it was exciting to work with a hospital that was so keen to make change happen. A hospital that was keen to learn from where things had gone wrong, and to look to improve whether that be through updating policies, changing culture – but ultimately were open to hearing where patients were at so that they could improve their experiences.

Embedding Lived Experience

I have had the chance to review policies and protocols and make sure that procedures will work for people affected by eating disorders. I've heard many inspiring stories of recovery from those at Ellen Mede and supported sites to look at restrictive practices.

Lived experience is essential to improving outcomes bringing in the often marginalised and unheard voices that cannot be replicated by clinicians. We know that incorporating lived experience into treatment is better for the patients and helps them to feel understood.

Looking ahead
I am excited about the next year with Ellern Mede – we have exciting plans to develop training, toolkits and more structured work with patients.

Personal Reflections from a former Service user

"Throughout my admission at Ellern Mede I formed close connections with ward staff, MDT staff and teachers who helped me build confidence in myself. It was a difficult journey in Ellern Mede but I always had people there to support me. I had a lot of ups and downs but I worked hard to be discharged and get back to life.

I'm now in year 12 doing maths, physics and further maths A levels, I'm looking at unis and enjoying time with friends and family. I lost myself to illness and spent two years in Ellern Mede fighting to find myself. Now I'm finally enjoying my future".



11. Family experience

Parent & Carer Satisfaction Survey



Our 2024 Parent & Carer Satisfaction Survey reported an **overall satisfaction score of 74%**, an increase of **9 percentage points** compared to the previous year. Ellern Mede Barnet achieved an exceptional **97% satisfaction rate**, representing a dramatic 35-point increase. Uptake was lower than previous years with only 8 parents responding in total.

Survey highlights:

· Environment (79%), Admission (78%), and Treatment and Care (74%) were rated most positively across the group.
· Parent/Carer Involvement rose to 73%, reflecting better inclusion in MDT and CPA processes.
· Family Support increased to 72%, with improved access to family therapy and parent groups.







Family voice:

· “Joined up, individualised, competent, professional, empathic continuity in their care.”

“The HCA's are exceptional-really make an effort to connect with my daughter and build trusting relationships, which help her to overcome her challenges.”

“Reception staff are always helpful. Activities coordinators are great”.

“Listening to my daughter and [ensuring] that she has input into her care.”

“[Ellern Mede Barnet team] Work cohesively, responsibly, professionally and provide individualised care for their patients”.

While the overall trend was positive, feedback also highlighted the need to continue improving communication, ensure concerns are addressed promptly, and provide more clarity and consistency in information before and during admission.

These insights are already informing targeted actions at site level, including parent group development, staff communication training, and refreshed onboarding materials. In line with our quality priorities, we remain committed to partnering with families as allies in care.

A Parent's Reflection

Bella's* family bravely shared their experience of navigating their daughter's severe eating disorder, which began when she was just nine years old. Despite a difficult and protracted journey through local services and hospital admissions, Bella was eventually referred to Ellern Mede. Her mother described the decision to send her 10-year-old daughter out of the country for treatment as "heart-breaking and surreal", but ultimately, a turning point in her recovery.

Bella's family described the care at Ellern Mede as "phenomenal" and said the support they received was "above and beyond any job description." It was a long journey, but today, Bella is thriving at secondary school and has returned to the sports she loves. Her story, like many others, is a powerful reminder that recovery is possible, and that family involvement is essential every step of the way.

"Ellern Mede saved Bella's* life. The care and love they shared with our family was over and above any job description. They will forever hold a place in my heart."

Parent of former patient Bella*— Ellern Mede Ridgeway



Bella's mum shared this poem which is a powerful reflection on the emotional journey towards recovery as a family together with the Ellern Mede team:

A parent's poem

We watched as she slowly took you away
We watched as you were taken from us a little more each day
We watched her take away the fun
We watched her take away your spirit
We watched her take away your dreams
Where did you go?
What did she say to you?
She took you hostage and took away all your choices.
We held you as she attacked you and us
We held you as she put a distance between us no one could have imagined
But then it changed
Slowly, ever so slowly she began to shrink
She released her grip
And we began to see you
We began to see a smile
We began to see you
We began to see hope
We began to see freedom
We began to see you
As she slipped further away
Your freedom came back
Your spirit came back
You came back.



12. Feedback and complaints

Complaints and concerns

In 2024, Ellern Mede recorded a total of 33 complaints and concerns across all service sites, including Ellern Mede Derby and step-down services. All were logged in accordance with our complaints policy and reviewed through governance channels. While none were explicitly labelled as “formal complaints,” several met the formal threshold and were managed accordingly.

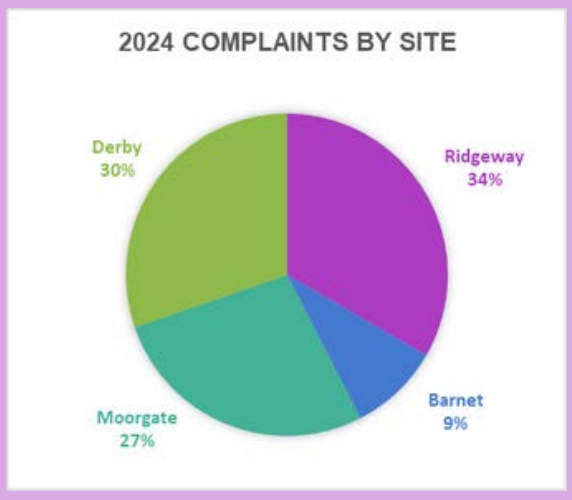
This represents a **38% reduction from 2023** (53 logged issues in 2023), reflecting improvements in communication, transparency, and local issue resolution.

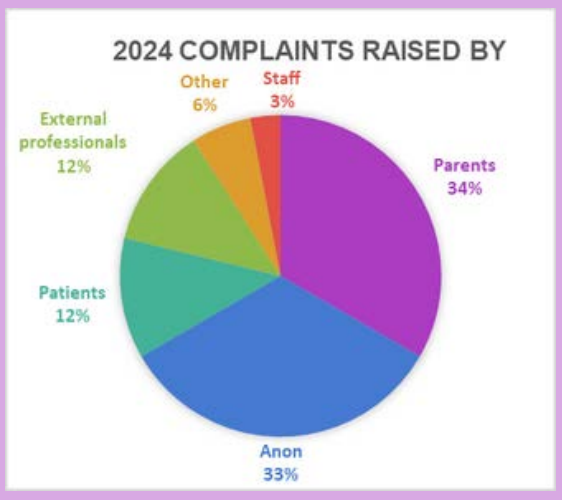
Year-on-Year Summary

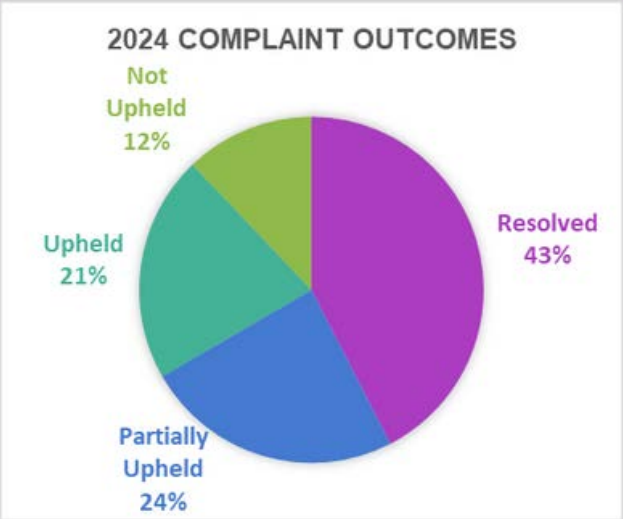
Year	Formal Complaints	Concerns	Total Logged	Ombudsman Referrals
2023	7	46	53	0
2024	0 ↓	33 ↓	33 ↓	0

Complaints summary

33 concerns and complaints were raised in total across the Group. 11 were raised in relation to Ridgeway, 10 in relation to Moorgate, 9 regarding Derby and 3 related to Barnet. The majority of concerns/complaints were raised by parents or anonymously via CQC. 14 concerns were addressed and resolved without a formal investigation required, 8 were investigated and upheld, 7 were partially upheld and 4 were not upheld. All complaints and concerns were responded to with an average response and closure time of 11 days. Complaints logs are reviewed by each hospital monthly within Clinical Governance meetings.







Key themes and learning

- Issues raised most frequently included:
- Communication between teams, families and external professionals
- Disagreements over clinical decisions or treatment planning
- Feeding protocols, risk management and restrictive practices
- Environmental concerns, particularly in cases raised anonymously via the CQC

In many cases, learning led to specific service changes such as:

- Changes to ward routines and schedules
- Reinforced communication protocols with families and professionals
- Clearer authorisation processes for restrictive interventions
- Reinforced our Reflective practice sessions and Speak up process to promote an open learning culture where staff feel confident to raise concerns.

Compliments and Positive feedback

In 2024, Ellern Mede recorded a total of **103 compliments** across all sites, more than double the number received in 2023 (**110% increase**). This feedback came from patients, families, and professionals via emails, cards, verbal comments and formal letters, highlighting the dedication and compassion of our multidisciplinary teams.

Site	2023 Compliments	2024 Compliments	Change
Ridgeway	20	42	↑ +22
Barnet	18	19	↑ +1
Queensway	7	24	↑ +17
Derby	4	18	↑ +14

Examples of Feedback:



- Compliments from case managers and external professionals highlighting collaborative working and clear communication.
- Multiple hand-written cards and emails at discharge expressing appreciation for the care and commitment shown by staff.

From a parent (card):
"We admire your perseverance and appreciate that our daughter is blessed to have such a kind-hearted and soft-spoken psychologist... We are finally beginning to see improvements and look forward to continued miracles with your help."

From a father during a session:
"Ellern Mede culture is open and honest – transparent working. The team include the family in the journey and promote therapeutic relationships, which is an experience we haven't found before in the NHS."

From a patient's family after discharge:
"You have not only literally saved her life, you are making possible a life that she has not led for many years — one in which she can feel happiness and has some sort of belief in the future."

From parents of a new patient:
"[Our daughter] was a completely different girl this afternoon. She seems a lot more positive... These steps do make a difference and we appreciate them very much."

From a discharged patient:
"Thank you for supporting me through my journey. I've made amazing connections with many of you. I'll miss you all so much."

From a commissioner about a departing staff member:
"We will really miss your skill, expertise, compassion and professionalism. A real loss to EMB and to us as commissioners."

Compliments were shared with teams and celebrated in governance forums and recognition events, reinforcing a positive and appreciative safety culture.

13. Patient Inclusion: Reflections from our Patient Inclusion lead



In 2024, we introduced a new Group Patient Inclusion Lead role as part of our commitment to co-production and recovery-oriented practice. Shannon Scott took on the post and has since worked across the organisation to embed patient voice into decision-making, training, and service improvement. Previously Shannon worked for several years as a Therapeutic Support Worker based at our Moorgate site. Here, she reflects on her experience of the Patient inclusion role so far:

Starting the role
Since taking on the role of Patient Inclusion Lead, my work has centred on embedding lived experience perspectives across our programmes and culture. In 2024, I focused on developing practical tools and processes to ensure patient voice is meaningfully included at every stage – from planning through to evaluation. This included co-designing training resources, facilitating reducing restrictive practice sessions with teams, and supporting colleagues to build confidence in working alongside our expert by experience.

Impact
The role has exceeded my expectations in terms of impact. While I anticipated challenges in shifting ways of working, I've been encouraged by how open colleagues are to embracing patient inclusion and how it enhances both decision-making and service quality. There are challenges to the role don't get me wrong. However, there have been moments of learning, especially around navigating power dynamics in co-production, but these have only deepened my commitment to the work.

Looking ahead
During 2025 and looking ahead to 2026, I hope to build on this foundation by continuing to update and co-produce a patient inclusion framework with our expert by experience and staff, ensuring a clear, organisation-wide approach. I also aim to strengthen evaluation of inclusion activities to evidence the difference they make for patients and services. Longer term, I would love to see the role evolve to have a bigger influence across the teams and I'm hoping this can be achieved by attending more training events and networking.

Overall, working at EMG has reinforced my belief that meaningful inclusion is not just about involving people, but about rebalancing power and creating services rooted in what matters most to patients. It remains a privilege to lead this work.

14. Our People: Workforce strategy & development

In 2024, Ellern Mede's work was made possible by a diverse and committed team of **over 235 professionals**, working together to deliver safe, effective and recovery-focused care.

Our people include:



- Clinical teams: Over 175 clinical team members, including Consultant psychiatrists, psychologists, psychotherapists, nurses, healthcare assistants (HCAs), therapeutic support workers, occupational therapists, dietitians, family therapists, activity coordinators, ward managers and more.
- Operational and support functions: 37 support team members including, administrative staff, maintenance and estates, catering, housekeeping and facilities teams
- Leadership and Corporate team: 25 professionals, including Senior Management Team (SMT), Governance, compliance and data team, Referrals and contracts team, HR, recruitment, finance, and IT support.

Each member of our team contributes to the culture of care, whether through direct clinical work, operational support or strategic leadership. As our services evolve, we remain committed to nurturing a values-led, compassionate workforce that upholds our principles of dignity, safety, collaboration, and transformation.

Workforce restructure and staff support

In 2024, Ellern Mede underwent a significant workforce restructure, with total staffing reducing from 408 WTE in 2023 to 230 WTE. This reduction was primarily due to the closure and consolidation of services, resulting in several staff redundancies.

We recognise the impact of these structural changes on individuals and teams and took steps to support affected staff through clear communication, transition planning and access to wellbeing resources.

Despite these challenges, we renewed our focus on equipping our core workforce, investing in development, training and psychological support to ensure continued resilience and high-quality care delivery.

Training and Professional development

- Continued roll-out of Anna Freud Tier 4 Team training, including Core and Leadership modules
- Launch of Oliver McGowan training across services to improve understanding of autism and learning disabilities
- Use of the Ellern Mede Educational Fund to support individual development and accredited training pathways
- Support for staff to attend and present at external conferences and CPD events



Academic Programme

Ellern Mede's 2024–2025 academic programme featured 8 sessions, fostering reflective practice, professional learning and patient-centred insight. Delivered by a mix of internal specialists and guest contributors, the programme encouraged deeper understanding of complex clinical presentations, trauma-informed care, and the power of lived experience.

Session Highlights:

- "Outcome Data Review: 2021–2023" (Feb 2024)
- "A Parent Perspective on Communication Improvement with the Service" (Feb 2024)
- "The Technicolour Yawn" – complex case presentation (Mar 2024)
- "Social Work Theory in Eating Disorder Care" (May 2024)
- "Case Presentation: Complex Eating Disorder Inpatient" (Jun 2024)
- "Case Presentation: Complex Eating Disorder Inpatient (Part 2)" (Sep 2024)
- "When Two Bodies Meet in the Therapy Room" (Sep 2024)
- "Emotion Coaching for Parents" (Oct 2024)

These sessions supported shared learning across disciplines and highlighted our ongoing commitment to collaborative, recovery-oriented care.

Health and Wellbeing Support

- Access to Occupational Health, Hepatitis B vaccinations, Flu jabs, Eye test vouchers, and other clinical health provisions
- Ongoing access to the Employee Assistance Programme (EAP) for free, confidential mental health and financial wellbeing support
- Reflective practice groups led by psychologists and family therapists, supporting team wellbeing and cohesion. Staff report these sessions improve communication, understanding of complex cases, and reduce burnout risk.
- Emphasis on psychological safety and protected time for supervision and reflective practice.



Staff Engagement and Recognition

- Monthly Extra Mile award nominated by colleagues, patients and families in recognition of hard work and commitment. Colleagues are awarded with a £50 Amazon voucher
- Celebrate and Connect events resumed, including the Summer Edition with activities across sites
- Annual Christmas Party held on 19 December 2024, attended by staff from all sites
- Two Barnet Away Days (21 June and 12 July) provided protected time for team-building, reflection, and shared vision planning
- Local initiatives such as team lunches, wellbeing treats, and birthday recognition continued across sites.

These initiatives reflect Ellern Mede's wider commitment to building a culture of value, belonging, and clinical excellence — one where staff can thrive and grow in their roles.

15. Staff experience

Staff survey 2024-25

In 2024–25, Ellern Mede's Staff satisfaction survey received responses from 118 team members, reflecting a 47% participation rate across sites. The survey explored experiences in four key domains: organisational purpose and values, learning and development, employment experience and support and reward systems.

The overall satisfaction rate for the group in 24-25 was 70% and a slight decrease in satisfaction rate of 2% overall compared to last year's results. There were small variations in satisfaction rate across the Group, as seen in the chart below.





Site-based satisfaction varied, with Barnet scoring highest at 75%, followed by Ridgeway at 69%. Moorgate scored 62% (down 1% from the previous year), while Derby was not included due to its service suspension. Central support services scored 67%.



Staff reported strong alignment with the organisation's mission, staff were strongly satisfied that Ellern Mede's purpose reflected their own values (84%) and felt proud to work here (80%). Trust in line managers remained high (78%), and staff generally felt supported by colleagues (78%) and confident that concerns raised by patients and carers were appropriately handled (79%).

In terms of learning and development, most staff felt they had access to the training needed to fulfil their roles (76%). However, fewer were confident about opportunities for professional growth (63%) or broader career development support (66%).

Staff indicated they were moderately satisfied that they could report concerns and these would be handled appropriately (69%).Staff gave moderate ratings to job clarity (76%), workload balance (71%), and team structure (66%). While staff indicated they felt moderately protected from discrimination (71%), and from aggression or violence from patients (69%), there were calls for stronger support for psychological safety and wellbeing.

Support and reward was the lowest-scoring area (61%), with concerns raised around pay, recognition, and benefit packages. Among respondents who expressed a clear view, 41% indicated that they had considered or applied for jobs elsewhere in the past 12 months.

Despite these challenges, staff continued to highlight strong teamwork, compassionate care, and local leadership as key strengths, particularly at Barnet and Ridgeway. Staff also noted improved morale, a supportive team culture, and growing patient focus as positives.
In response, Ellern Mede's Senior Management Team has committed to several actions:

- Benchmarking pay and benefits
- Enhancing staff recognition and leadership visibility
- Strengthening wellbeing, retention, and professional development strategies

These insights will directly inform our 2025 workforce and culture priorities, as we work to ensure that staff feel supported, safe and valued across all roles and sites.

Speak up!

Ellern Mede remains committed to fostering an open, transparent culture where staff feel safe to raise concerns. Our Freedom to Speak Up (FTSU) Guardian provides confidential support via email, phone, and in-person visits, with awareness embedded into staff induction, handovers, and internal communications.



In 2024, four Speak Up contacts logged across the organisation, including two from Ridgeway, and one each from Barnet, Moorgate. This was as slight reduction from the four concerns/contacts in 2023. While numbers remain low, this is not unusual for smaller organisations. No serious concerns were raised.

Themes included flexible working, appraisals and communication.

We recognise that confidence in raising issues is key to a safe culture. In 2025, we aim to strengthen this offer by:

- Introducing local Speak Up Champions at each hospital
- Increasing visibility of the Guardian role
- Continuing monthly newsletter updates and anonymised learning

This work aligns with our strategy to promote psychological safety and ensure all staff feel heard and supported.

16. Audits & Research

Local Audits

Ellern Mede's local audit programme is structured around the QNIC (Quality Network for Inpatient CAMHS) and QED (Quality Eating Disorder Service Standards) frameworks, ensuring consistent, evidence-based quality assurance across our inpatient services. Each site undertakes regular self-assessment audits against these standards, supported by site-level quality leads and reviewed through our Clinical Governance framework.

In 2024, all sites maintained internal auditing processes aligned with these standards. Ellern Mede Ridgeway remained an active member of the QNIC network and completed a formal peer review during the year. Other sites did not participate in external peer review cycles due to their transition away from CAMHS provision. Nonetheless, internal audits continued at Barnet and Moorgate, in line with QED-aligned standards for adult eating disorder care.

Looking ahead, Ellern Mede plans for all services to join or re-join the appropriate national quality networks and participate in peer benchmarking. Sites will continue auditing against QNIC and QED standards, with adjustments to reflect their evolving service models — including the planned development of complex mental health provision at Moorgate.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | QNIC QUALITY NETWORK FOR INPATIENT CAMHS

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | QED QUALITY NETWORK FOR EATING DISORDERS

National Audit Participation

In line with our commitment to wider benchmarking and sector learning, Ellern Mede participated in the National Audit of Eating Disorder Services (NAEDS), contributing outcome data and service insights to support national improvements in care.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS | NAED NATIONAL AUDIT OF EATING DISORDERS

Research & Development



Ellern Mede continues to contribute to academic research and knowledge-building in the field of eating disorders through its growing Research and Development programme, led by Consultant Clinical Psychologist David Viljoen. In 2024, this work became more embedded across the organisation, linking closely with our internal Academic Programme and reflective forums to ensure that emerging insights inform clinical care, training, and service improvement.

As part of this commitment, Ellern Mede supported two MSc research projects in partnership with UCL students, both addressing ethically complex and under-explored aspects of treatment. Findings were presented within our academic meeting series and have directly informed internal discussion and trauma-informed care development. We remain committed to disseminating future learning and contributing to the wider professional dialogue in this space.



NG Feeding Cessation Study (2024–2025)

In 2024, Ellern Mede initiated a new research project coordinated by one of our doctors, Dr Mattew Maicoo, exploring clinical approaches to pausing or withholding nasogastric (NG) feeding in cases where patients are at or near a healthy weight. This work emerged from internal reflection and external scrutiny regarding the prolonged use of NG feeding under restraint, and formed part of our wider strategy to reduce restrictive practices and promote trauma-informed care.

Preliminary learning was gathered through clinical case studies during the year. In 2025, this topic will be further developed through a formal MSc research project, exploring clinician experiences and decision-making around NG feeding cessation. The findings are expected to support internal policy refinement and contribute to wider professional dialogue on ethical, person-centred approaches to feeding in eating disorder care.

Dr Matthew Maicoo shared his insights and reflections on the clinical study so far:

The reason for starting the study

The use of NG tube feeding under restraint is common in some patients with severe eating disorders, often for prolonged periods. We wanted to explore whether a less restrictive, more therapeutic approach could be safe and effective, while still managing medical risk.



What it entailed

We trialled delaying NG tube feeding in patients who stopped eating, and in some cases, paused NG feeding for those receiving it under restraint. MEED guidelines were used to monitor risk and red flags. NG authorisation forms were completed regularly to ensure ongoing clinical review. Care planning was done in collaboration with patients, families, and community teams.

What we found

The results were mixed. Some patients began eating independently with therapeutic support, while most required NG feeding to be restarted. Postponing NG feeding sometimes allowed for deeper therapeutic input and understanding of triggers. Regular review helped avoid defaulting to NG feeding unnecessarily.

Looking ahead

This project reinforced the value of collaborative, personalised care. It highlighted that NG feeding decisions are complex and must balance physical risk with psychological formulation. Taking time to understand the “why” behind food refusal can make a real difference.

Formal audit/research would help evaluate outcomes more clearly. Involving patients and families in care planning remains vital. I’m sure the MSc student’s research project will be valuable and informative.

MSc Research projects in 2024

Palliative Care in Anorexia Nervosa

Cecil, A. (MSc Eating Disorders and Clinical Nutrition, Aug 2024)

A scoping review examined the ethical and clinical arguments for and against palliative care in longstanding anorexia nervosa. Drawing on 35 publications, the study identified key themes including treatment futility, harm reduction, and autonomy, alongside concerns about diagnostic clarity and stigma. The review concluded that while active recovery should remain the default pathway, a small subset of patients may require tailored approaches, and clearer clinical guidance is needed.

Patient Experience of NG Feeding at Normal Weight

Jordan, L. (MSc Eating Disorders and Clinical Nutrition, Nov 2024)

This qualitative study explored the lived experiences of six discharged patients who underwent nasogastric tube (NGT) feeding under restraint while at a normal weight. Thematic analysis revealed both life-saving benefits and significant psychological trauma. Key themes included distress during restraint, difficulties with weaning, peer culture around NG use, and inconsistent transition support. The study raised critical questions around clinical justification, trauma-informed care, and the need for structured de-escalation plans to minimise harm.

17. Regulatory ratings & engagement

CQC inspections in 2024



In 2024, Ellern Mede Group underwent two formal CQC inspections at **Ellern Mede Moorgate (now Queensway)** and **Ellern Mede Barnet**. Both sites were awarded a rating of “Good”, marking a significant milestone in the group’s ongoing commitment to quality improvement and regulatory alignment.

Ellern Mede Barnet

Inspection dates: 26 - 27 March 2024

Outcome: Rated "Good" across all five key domains: Safe, Effective, Caring, Responsive, and Well-led

Progress since 2022:

- Improved staffing levels and patient engagement
- Safer medicines management and enhanced post-rapid tranquilisation monitoring
- Stronger implementation of therapeutic models and governance oversight

"Staff supported patients to understand and manage their care and treatment, and provided safe, person-centred care in line with national guidance." — CQC, 2024

Ellern Mede Moorgate (Now Queensway)

Inspection dates: 18 - 21 November 2024

Outcome: Rated "Good"; successfully exited Special Measures

Key strengths:

- Effective use of psychological therapies and physical health monitoring
- Kind, respectful and compassionate staff interactions
- Clear evidence of reduced restrictive practices and improved leave planning

"Young people shared that there are some amazing staff members and what makes them good is that they listen and are understanding." — CQC report

These regulatory outcomes reflect the organisation's efforts to embed a learning culture, reduce restrictive practices, and strengthen safety systems, while ensuring patient voice and experience remain central to care delivery.



Data Protection and Information Governance

Ellern Mede successfully met the standards set out in the NHS Data Security and Protection Toolkit (DSPT) in 2024, evidencing compliance with national requirements for data protection, confidentiality, and cyber resilience. We remain fully registered with the Information Commissioner's Office (ICO) and comply with the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018.

This reflects our commitment to protecting patient and staff information, maintaining high standards of information governance and promoting a culture of digital and data security across all services.





18. Quality Improvement

In 2024, Ellern Mede Group delivered its most embedded and responsive Quality Improvement (QI) programme to date. Guided by five strategic priorities from our Annual Work Plan and informed by findings from the NHSE-led Peer Review in November 2024, our QI work focused on strengthening compassionate care, collaborative culture, patient voice, and clinical governance across all services.

Learning from our NHSE-led Peer Review

- In November 2024, Ellern Mede took part in a formal Peer Review led by the NHS England London Quality Team, involving reviewers from across the region. The process included:
- A full-day site visit to Ridgeway
- Pre-submission of self-assessment documents
- Interviews and feedback sessions with staff, young people, and family members
- Multidisciplinary peer involvement, including clinical and quality leads from other providers

The Peer Review provided a valuable opportunity to reflect on progress, share good practice, and align more closely with national standards and system priorities.

In their feedback letter, the NHSE Quality Team commended Ellern Mede's 'excellent and important engagement', stating:

"I was impressed with the dedication of the EMG teams to getting this right, putting patients at the centre of each conversation'the impact is not just in the direct delivery of care but also in supporting system improvement, innovation, patient and staff well-being"

They also highlighted the strong engagement of both Executive and frontline teams, and praised the impact of lived experience involvement in shaping service change. The review directly informed our 2025 priorities and reinforced key strengths, including a compassionate culture, visible leadership, and the use of real-time patient feedback. It also guided specific improvement work in care planning, governance consistency, and access to therapeutic activity, all of which were integrated into our QI framework.

While recognising the compassion and dedication of frontline teams, the review identified several areas for development:

- Inconsistent use of formulation and care planning across disciplines
- Limited clarity in some clinical pathways, including NG feeding and autism
- The complexity and comorbidity of many patients raised questions about diagnostic clarity. In some cases, it was unclear whether an eating disorder remained the appropriate primary diagnosis. This prompted further reflection and contributed to the clinical model transition at Moorgate now Queensway
- Gaps in documentation and oversight of rapid tranquilisation and observation protocols
- A need to increase access to meaningful therapeutic activity
- Variable governance structures and accountability at site level

All of these areas were addressed through targeted action plans and incorporated into our broader QI framework and Work Plan for 2024.



Progress against 2024 Work Plan

1. Proactive Discharge planning & Reduced length of stay

- Introduced pre-admission MDT reviews with early identification of barriers and community liaison
- Embedded co-authored formulations within two to six weeks to guide treatment goals and discharge planning
- Made discharge planning a standing item at all MDT and CPA discussions

Result: A reduced average length of stay and smoother, more coordinated transitions to community care.

2. Reducing Restrictive practices & Improving Patient safety

- Updated our Reducing Restrictive Practice Strategy 2024–2026, including a trauma-informed NG Feeding Authorisation Form (NGAF) and a collaborative NG weaning protocol
- Embedded the RAID approach (Reinforce Appropriate, Implode Disruptive) and Positive Behaviour Support (PBS) into formulations, handovers, observations, and debriefs for behaviours that challenge.
- Fully implemented PSIRF, including tiered learning responses and improved thematic reviews
- Launched patient-led “Do I Feel Safe?” reviews and co-produced safety leaflets
- Strengthened incident analysis using EMIMS and Power BI dashboards

Observation Reduction QI Project (in partnership with NCEL Provider Collaborative)

- Introduced clearer criteria and positive risk-taking tools for managing enhanced observations
- Reduced the number of patients under observation from 12 to 15 per day in 2023 to just 3 to 4 by the end of 2024

Result: Increased patient autonomy, fewer restrictive interventions, and more therapeutic ward environments.

3. Enhancing Parent & Carer involvement

- Held regular Parent meetings and feedback opportunities at each site
- Delivered emotion coaching and reflective groups
- Invited Parent/carer contributions to academic sessions
- Amplified the voice of lived experience through the Expert by Experience and Patient Inclusion Lead roles

Result: More collaborative relationships and family-informed care pathways.

5. Expanding and strengthening our team

- Introduced new roles, including Autism Lead, Autism Champions, Timian Champions, Expert by Experience, and Patient Inclusion Lead
- Improved onboarding processes for both agency and permanent staff
- Increased access to specialist training and CPD through our Educational Fund
- Celebrated staff culture through away days, Celebrate & Connect events, and Extra Mile Awards
- Result: A more skilled, valued, and motivated workforce, ready to meet the evolving needs of our patients.

Looking Ahead

2024 demonstrated that when we listen, reflect, and take action together, we can make meaningful and sustained improvement. The integration of lived experience, strengthened systems oversight, and interdisciplinary collaboration is already positively shaping our care and culture across Ellern Mede.

Our QI journey continues in 2025, building on this momentum with humility, focus and ambition.

19. Future prospects and priorities for 2025

Building on the progress made in 2024, Ellern Mede entered 2025 with renewed focus and a clear vision. As we continue to evolve beyond our origins as a specialist eating disorder provider, our priorities reflect both our deep clinical roots and our growing ambition to lead in complex mental health care.

Key Challenges for 2025

- Increasing severity and complexity of inpatient referrals, alongside a reduction in lower-intensity or shorter-stay cases
- Systemic constraints on community capacity, affecting discharge planning and step-down pathways
- Workforce retention and wellbeing, especially in the context of service transitions and rising clinical complexity
- Embedding cultural consistency and shared practice across sites following recent restructuring

Ellern Mede is committed to addressing these challenges collaboratively — and with the same transparency, care, and ambition that have underpinned our progress to date.

Key Priorities in 2025

In 2025, Ellern Mede will continue to strengthen core services, expand our specialist offer, and build on the learning from 2024. Our focus remains on co-production, innovation and workforce development, ensuring that patients, families, staff and system partners shape our journey together.

The priorities below reflect our clinical experience, quality improvement work and the voices of those we serve. They are not just goals, but aim to reflect the values we put into practice, including our commitment to making a positive contribution to the wider communities and systems we work within.

Our priorities are grouped under six strategic goals:

1. Expand and diversify our services

- Build partnerships to support the development of outpatient and day patient pathways
- Develop complex care services and strengthen regional collaboration, including with South Yorkshire ICB, to align specialist pathways with local system needs
- Adapt service models to reflect the increasing complexity of referrals and reduce reliance on inpatient care through stepped, recovery-oriented support
- Improve transitional care and aftercare through enhanced step-down planning and stronger links with community services

2. Strengthen Governance, Reporting and Quality assurance

- Improve data quality and the intelligent use of outcome and incident data
- Enhance governance structures for site-level accountability and cross-site consistency
- Adapt Governance and Quality arrangements for complex care services
- Demonstrate governance maturity through structured annual reporting and planning cycles

3. Embed a strong learning and safety culture

- Fully embed PSIRF across all sites and teams
- Support psychologically safe team-based reflection and learning
- Deliver targeted staff and stakeholder engagement around patient safety

4. Enhance staff wellbeing, development and inclusion

- Invest in structured wellbeing initiatives, supervision and psychological safety
- Support career progression and retention through development pathways
- Expand inclusion roles and representation across sites

5. Strengthen co-production and lived experience
Embed carer feedback and lived experience across service design and quality assurance

- Expand use of recovery-oriented tools such as Goal based outcomes, RAID ladders and “Do I Feel Safe?” reviews
- Involve patients and families in shaping PSIRF learning and safety improvement

6. Promote innovation and complex care expertise

- Support applied research in areas such as trauma, neurodivergence and disordered eating
- Tailor clinical approaches to reflect rising acuity and the needs of patients with complex needs
- Develop Ellern Mede’s national leadership role in complex mental health care
- Share learning through Academic meetings, publications, conferences and partnership forums

Closing reflections

As we move into 2025 and beyond, our direction is clear. Ellern Mede remains committed to providing safe, compassionate and specialist care, grounded in an open learning culture, strengthened by partnership and shaped by the voices of those we serve.

We know that meaningful change is built not only on outcomes and strategy, but on relationships, trust and the shared belief that recovery is always possible.

Thank you to all who have shared in and helped shape this journey.



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Please note: Some names and identifying details have been changed or removed in this report to protect the privacy of individuals and their families.

