National Audit of Eating Disorders

Staffing Survey Guidance 2026

In 2026, we are taking a more in-depth look at staffing within teams. This guidance has been provided to assist your team in completing the Staffing Survey for NAED, which covers questions relating to workforce, referrals, caseloads, inpatient beds, contacts, and budget.

This survey should be completed at a **team level**. One survey should be completed **per team**, as identified in the **NAED Team ID** listed in the email with the link to the Staffing Survey.

The Staffing Survey should be submitted by **Thursday 12 March 2026**.

Data obtained through this survey will be collated in a Staffing Report that will be published in late 2026. A timeline for the Staffing Report is available on our website.

Based on feedback, we have included a column for your notes. Please note, this is to help you gather and document the information required for your team prior to entering it into the online survey. This document should **not** be sent to the NAED Team.

Some questions are only applicable depending on what type of eating disorder service you provide, these are highlighted in **orange** throughout the guidance document. You will only be asked the questions relevant to your eating disorder service type in the online Staffing Survey.

Quick Links to Guidance on Each Section in the Staffing Survey

If you have any questions about this survey, please contact the NAED team at NAED@rcpsych.ac.uk.

	Section 1: Team Information		
	Question	**Guidance**	**Notes**
1	Service name.	Please spell out your service name in full.	
2	Team name.	Please spell out your team name in full.	
3	Please enter your Team ID. (This can be found in the email we sent containing the link to this form e.g. NAED0020CCYP).	The NAED Team ID is a unique identifier for your team in the audit, allocated by the NAED team. **This can be found in the email we sent containing the link to this form.** Identifiers should be in the format NAEDXXXXXYYYYY (e.g. NAED00101CCYP). Please note that the number of 'Y' will vary between teams. If you are unsure of this identifier, please contact the team at NAED@rcpsych.ac.uk.	
4	Trust name.	Please spell out your Trust name in full.	
5	Is your team affiliated with a provider collaborative, if so, which one?		
6	Integrated Care Board (ICB) name.	Please select your ICB from the drop-down list.	
7	Region.	Please select your region from the drop-down list.	
8	Please provide the **name(s)** of the individual(s) who oversee or coordinate MHSDS submissions at your organisation (this may be a Data Lead, Information Manager, or another role in your organisation).	The information from this question will be used to support the NAED in the transition to the patient level audit in Summer 2026 where we will be using routine data submissions.	

9	Please provide the **email(s)** of the individual(s) who oversee or coordinate MHSDS submissions at your organisation (this may be a Data Lead, Information Manager, or another role in your organisation).	The information from this question will be used to support the NAED in the transition to the patient level audit in Summer 2026 where we will be using routine data submissions.	
10	What Electronic Patient Records (EPR) system does your team use?	Some EPR system examples include Rio, SystemOne and Epic. The information from this question will be used to support the NAED in the transition to the patient level audit in Summer 2026 where we will be using routine data submissions.	
11	What is the primary service your team provides? (Please ensure you only select the service type for the team being completed in this form).	Please select from the following options: • Community • Inpatient • Day patient • Intensive Community • Outreach Service If the service your team provides does not fit into one of the options, please contact the team at NAED@rcpsych.ac.uk.	
12	What age group does your team provide this service to?	Please select from the following options: • CYP 0-17 years • CYP 0-25 years • Adult 18+ • All ages • Other (please specify)	

Section 2: Workforce			
Question		**Guidance**	**Notes**
1	Please indicate the Whole Time Equivalent (WTE) staff your eating disorder team **received funding for this financial year** (01/04/2025 to 31/03/2026). • Consultant Psychiatrists • Resident Psychiatrists • Consultant Psychologists • Psychologists and Psychotherapists (including clinical psychologists, counselling psychologists, psychotherapists and CBT therapists) • Assistant Psychologists or Higher Assistant Psychologists • Consultant Paediatricians • Specialty Doctors • Consultant Nurses • General Nurses • Mental Health Nurses • Children's Nurses • Consultant in another medical specialty (e.g. GP, Consultant Dietitian) • Dietitians	**This question aims to understand the staffing complement of your team.** Whole Time Equivalent (WTE) (or Full-Time Equivalent (FTE)) is a standardised measure of the workload of an employed person and allows for the total workforce workload to be expressed in an equivalent number of full-time staff. 1.0 WTE equates to full-time work of 37.5 hours per week, a WTE of 0.5 would equate to 18.75 hours per week. **WTE is calculated by total actual hours worked, divided by total full-time hours (37.5).** For example, if you have one full-time Consultant Psychiatrist who works 37.5 hours a week. That person is 1 WTE. If you have two part-time Consultant Psychiatrists who each work 18.75 hours a week (WTE=0.5), together they also make up 1 WTE. Please enter the WTE staffing your team received funding for this financial year. This funding allocated to WTE staff should be entered per staffing category. Please ensure the number you enter **includes** both filled and vacant posts. Where possible please use the predefined staffing categories. If there is a new staff role that does not fit into	

	- Home Treatment Specialists - Physician Assistants - Healthcare Assistants - Occupational Therapists - Social Workers - Youth Workers - Family or Systemic Therapists - Peer Support Workers - Administrative Staff - Chefs / Food Service Staff - Other (please enter the staff type followed by WTE)	these categories, please describe and provide their WTE in the 'other' category. **If you are not funded for any staff members within the profession listed, enter 0.** **If you do not know the WTE staff your team received funding for, please enter 'unknown'.** Please see the Staffing Matrix at the end of this document to help you plan your response to questions 1 – 3, if needed.	
2	Please indicate the Whole Time Equivalent (WTE) staff **in post on permanent and fixed-term contracts** in your eating disorder team **today**.	**This question aims to understand how many people in your team are directly employed by your organisation.** Whole Time Equivalent (WTE) (or Full-Time Equivalent (FTE)) is a standardised measure of the workload of an employed person and allows for the total workforce workload to be expressed in an equivalent number of full-time staff. 1.0 WTE equates to full-time work of 37.5 hours per week, a WTE of 0.5 would equate to 18.75 hours per week. **WTE is calculated by total actual hours worked, divided by total full-time hours (37.5).** For example, if you have one full-time Consultant Psychiatrist who works 37.5 hours a week. That person is 1 WTE.	

If you have two part-time Consultant Psychiatrists who each work 18.75 hours a week (WTE=0.5), together they also make up 1 WTE.

Staff in post: the number of people in your team directly employed by your organisation, either on permanent or fixed-term contracts. See definitions below.

'Permanent' staff refers to team members that are employed on a permanent contract directly with your organisation. This may also be referred to as an 'ongoing' contract, with no fixed end-date.

'Fixed-term' staff refers to team members that are employed on a fixed-term contract directly with your organisation. These contracts have an end date.

Where possible please use the predefined staffing categories. If there is a new staff role that does not fit into these categories, please describe and provide their WTE in the 'other' category.

If you do not have any staff members within the profession listed, enter 0.

If you do not know the WTE staff in post on permanent and fixed-term contracts, please enter 'unknown'.

Please see the Staffing Table at the end of this document to help you plan your response to questions 1 – 3, if needed.

| 3 | Please indicate the Whole Time Equivalent (WTE) of **NHS bank and/or agency staff** in your eating disorder team **today**. | **This question aims to understand how many people in your team are employed through the NHS bank or an agency.**

Whole Time Equivalent (WTE) (or Full-Time Equivalent (FTE)) is a standardised measure of the workload of an employed person and allows for the total workforce workload to be expressed in an equivalent number of full-time staff. 1.0 WTE equates to full-time work of 37.5 hours per week, a WTE of 0.5 would equate to 18.75 hours per week.

WTE is calculated by total actual hours worked, divided by total full-time hours (37.5).

For example, if you have one full-time Consultant Psychiatrist who works 37.5 hours a week. That person is 1 WTE.

If you have two part-time Consultant Psychiatrists who each work 18.75 hours a week (WTE=0.5), together they also make up 1 WTE.

NHS bank and agency staffing refers to team members that are employed on a short-term or as-needed basis.

• **NHS bank work:** staff that are employed on a flexible, as-needed basis.

• **Agency work:** a flexible working arrangement where a worker is employed via an agency and performs work for your team. The agency typically manages HR administration and employee pay (employees are | |

		paid directly by the agency, not their workplace/host organisation).	
		Where possible please use the predefined staffing categories. If there is a new staff role that does not fit into these categories, please describe and provide their WTE in the 'other' category.	
		If you do not have any staff members within the profession listed, enter 0.	
		If you do not know the WTE staff in your eating disorder team on NHS bank or agency contracts, please enter 'unknown'.	
		Please see the Staffing Table at the end of this document to help you plan your response to questions 1 – 3, if needed.	
4	How many staff members have **left** your team in **the past 12 months**?	Please enter the number of permanent and fixed-term staff employed directly by your service who have **left** your team in the past 12 months. Please note this **does not** include NHS bank and agency staff.	
5	How many staff members have **joined** your team in **the past 12 months**?	Please enter the number of permanent and fixed-term staff employed directly by your service who have **joined** your team in the past 12 months. Please note this **does not** include NHS bank and agency staff.	

6	The PCREF states that staffing should reflect the ethnic diversity of the population served. To what extent do you agree that the ethnic diversity of your clinical staff reflects that of the population served?	This question aims to understand whether your workforce is reflective of the community it supports and relates to the Advancing mental health equalities strategy and the Patient and Carer Race Equality Framework (PCREF) Please select from the following options: • Strongly disagree • Disagree • Neutral • Agree • Strongly agree Where possible, please use ethnicity data from the Office for National Statistics (ONS) and your service data to address this question.	
7	If you would like to add further explanation to your answer above, please do so below (optional).	This is a free text box where you can elaborate on your answer to the above question or add further context about the diversity of your team. This question is optional.	

Section 3: Referrals			
	Question	**Guidance**	**Notes**
1	How many patients with eating disorders were referred to your team in **the past 12 months**?	Please enter the number of patient referrals your team has received over the past 12 months. This should be the past 12 months from the day you are completing this survey. For example, if you are completing this survey on 26/02/2026, please indicate the number of patient referrals you received between 26/02/2025 – 26/02/2026.	
2	Of the patients with eating disorders referred to your team in **the past 12 months**, how many are NHS-funded patients?	Please enter the number of **NHS-funded** patient referrals your team has received over the past 12 months. This should be the past 12 months from the day you are completing this survey. For example, if you are completing this survey on 26/02/2026, please indicate the number of patient referrals you received between 26/02/2025 – 26/02/2026.	
Section 3: Referrals (Question for inpatient teams only)			
3	How long on average (in days) do patients with eating disorders wait between referral and admission to your ward/unit?	This question aims to capture how long patients wait, on average, between being referred and being admitted to an inpatient unit/ward.	

Section 4: Caseloads			
	Question	**Guidance**	**Notes**
	Section 4: Caseloads (Questions for <mark>community, intensive community, day patient and outreach teams only</mark>)		
1	How many patients with eating disorders are on your team's caseload **today**? (i.e. open to your team).	Please enter the number of patients that are on the caseload of your eating disorder team at the time of completing this survey. Your caseload is the total number of patients that your eating disorder team is responsible for managing, treating, and supporting. This also **includes**: • People who are waiting for assessment • People who are waiting for treatment after assessment	
2	Of the patients on your team's caseload **today**, how many require three or more contacts per week from your team?	This question aims to understand the complexity of patients being managed. For intensive services this may be the entire caseload; for community teams it may only be a small proportion of the caseload.	
3	Of the patients on your team's caseload **today**, how many are currently admitted to an acute medical or paediatric ward (not psychiatric)?	This question aims to understand how many patients are acutely unwell and need inreach input from the ED service.	

4	Of the patients in **active treatment today**, how many are diagnosed with: • Anorexia Nervosa • Atypical Anorexia Nervosa • Bulimia Nervosa • Atypical Bulimia Nervosa • Binge Eating Disorder • Avoidant Restrictive Food Intake Disorder (ARFID) • Purging Disorder • Night Eating Syndrome • Other Specified Feeding or Eating Disorder (OSFED)	Of the number of patients on your caseload at the time of completing this survey, how many patients with each eating disorder diagnosis, are in active treatment? This question seeks to capture patients that have both been assessed and are receiving therapy / treatment. This would **exclude:** • Patients that have received an assessment but are on a waitlist to receive therapy. • Patients that are being monitored for risk and are not actively receiving therapy.	

4.1	Of these patients in active treatment **today,** and diagnosed with **Anorexia Nervosa**, how many are receiving NICE-concordant therapy?	The National Institute for Health and Care Excellence (NICE) recommended therapies for **Anorexia Nervosa** are:
		
		Adults
		• Individual Cognitive Behavioural Therapy for Eating Disorders (CBT-ED)
		• Maudsley Anorexia Nervosa Treatment for Adults (MANTRA)
		• Specialist Supportive Clinical Management (SSCM)
		• **If others unsuitable:**
		   o Eating Disorder Focused Focal Psychodynamic Therapy (FPT)
		
		Children & Young People
		• Family Therapy for Eating Disorders (FT-ED)
		• **If FT-ED unsuitable:**
		   o CBT-ED
		   o Adolescent-focused psychotherapy for Anorexia Nervosa (AFP-AN)	

4.2	Of these patients in active treatment **today**, and diagnosed with **Bulimia Nervosa**, how many are receiving NICE-concordant therapy?	The NICE recommended therapies for **Bulimia Nervosa** are:
		
		Adults
		• Guided self-help
		• **If guided self-help unsuitable:**
		   ○ CBT-ED
		
		Children & Young People
		• FT-ED
		• **If FT-ED unsuitable:**
		   ○ CBT-ED	

4.3	Of these patients in active treatment **today,** and diagnosed with **Binge Eating Disorder**, how many are receiving NICE-concordant therapy?	The NICE recommended therapies for **Binge Eating Disorder** are:
		
		Adults
		• Guided self-help
		• **If guided self-help unsuitable:**
		   ○ Group CBT-ED
		
		Children & Young People
		
		• Guided self-help
		• **If guided self-help unsuitable:**
		   ○ Group CBT-ED	

4.4	Of these patients in active treatment **today**, and diagnosed with **Other Specified Feeding or Eating Disorder (OSFED)**, how many are receiving NICE-concordant therapy?	This question aims to capture patients in active treatment receiving a NICE concordant therapy who have a diagnosed eating disorder but do not meet full criteria for Anorexia Nervosa, Bulimia Nervosa or Binge Eating Disorder. It **excludes** patients with ARFID, who sit outside the scope of NICE guidance.	
Section 4: Caseloads (Questions for <mark>inpatient teams only</mark>)			
1	How many patients with eating disorders are on your team's caseload **today**?	Your caseload is the total number of patients that your eating disorder team is responsible for managing, treating, and supporting. This **includes** people who are on home leave and other forms of step-down care.	
2	Of the patients with eating disorders on your team's caseload, how many would you describe as requiring additional staff input in the management of their care? (e.g. due to needing 1:1 care)	This question aims to capture patients that require extra staff capacity in the management of their care. For example, extra staff could be needed due to patients requiring 1:1 care, nasogastric tube feeding or physical restraint.	

	Section 5: Inpatient Beds		
	Section 5: Inpatient Beds (Questions for <mark>inpatient teams only</mark>)		
	Question	**Guidance**	**Notes**
1	How many beds do you have on your inpatient ward/unit **today**?	Please enter the total number of beds on your inpatient ward/unit. This number should reflect all beds in your inpatient service, not just eating disorder specific beds.	
2	Of these beds, how many are currently occupied by patients with eating disorders?	Of the total number of inpatient beds you indicated above, how many of these beds are currently occupied by patients with eating disorders. Please note: this question is being asked because not all CYP inpatient care services are eating disorder specific.	
3	Do you have a fixed amount of beds assigned by gender on your ward/unit?	Please select from the following options: • Yes (we have a fixed allocation of beds by gender) • No (our allocation of beds is assigned based on need)	
4	If yes, please provide the number of beds assigned by gender.	Please provide the number of beds assigned by gender: • Any gender (including non-binary and gender-diverse people) • Males • Females	
5	If no, please provide the number of beds assigned by gender on your ward/unit **today**.	Please provide the number of beds assigned by gender on your ward today: • Any gender (including non-binary and gender-diverse people) • Males • Females	

6	How many eating disorder admissions were there to your team's ward/unit in **the past 12 months**?	Please enter the number of eating disorder admissions to your inpatient ward/unit over the past 12 months. This should be 12 months from the day you are completing this survey. For example, if you are completing this survey on 15/02/2026, please indicate the number of eating disorder admissions from 15/02/2025 - 15/02/2026.	
7	What was the average inpatient length of stay (in days) for eating disorder beds on your ward/unit in **the past 12 months**?	Please enter the average inpatient length of stay (in days) over the past 12 months. This should be the past 12 months from the day you are completing this survey. For example, if you are completing this survey on 15/02/2026, please indicate the number of eating disorder admissions from 15/02/2025 - 15/02/2026.	
8	In your team's experience, how often do patients with eating disorders travel outside their local area to access your service?	This question aims to understand the extent to which patients with eating disorders are travelling a considerable distance away from their permanent place of residence to access inpatient care. Because they are receiving inpatient care outside their local area, this can disrupt their ability to visit their home, friends and family (and have visitations) while they are receiving care.	
9	Of the patients on your ward/unit **today**, what is the furthest distance a patient with an eating disorder has travelled to access your team's service? (to the nearest mile)	This should be measured from a patient's permanent place of residence to your service's address. • Note: The figure entered should be **to the nearest mile**. For example, if a patient travels 51.2 miles to access your service, you should enter 51 miles.	

Section 5: Contacts			
Section 5: Contacts (Question for community, intensive community, day patient, and outreach teams only)			
Question		**Guidance**	**Notes**
1	How many patient contacts were delivered by your eating disorder team **today**?	Patient contacts are any interactions (e.g. in-person appointments, phone appointments or home visits) between a patient (or their representative/carer) and a member of your team for the provision of healthcare.	
Section 6: Team Budget			
1	Please state the total budget allocated to your eating disorder team's service – inclusive of all overheads – **this financial year** (01/04/2025 to 31/03/2026)	Please enter the **total budget** allocated to your eating disorder team's service this financial year. This should **include** your overheads. For example, staff pay, medication and consumables, IT systems and facilities.	
Section 7: Additional Comments			
1	Do you have any additional comments about the information submitted and/or the survey?		

Staffing Matrix			
This table relates to **Section 2: Multidisciplinary Team Composition**. If needed, please use this table to help plan your responses to questions 1 – 3.			
Staff Disciplines	**The WTE staff your eating disorder team received funding for this financial year (01/04/2025 to 31/03/2026)**	**The WTE staff in post, on permanent and fixed-term contracts in your eating disorder team today**	**The WTE NHS bank and/or agency staff in your eating disorder team today**
Consultant Psychiatrists			
Resident Psychiatrists			
Consultant Psychologists			
Psychologists and Psychotherapists (including clinical psychologists, counselling psychologists, psychotherapists and CBT therapists)			
Assistant Psychologists or Higher Assistant Psychologists			
Consultant Paediatricians			
Specialty Doctors			
Consultant Nurses			
General Nurses			
Mental Health Nurses			
Children's Nurses			

Consultant in another medical specialty (e.g. GP, Consultant Dietician)			
Dietitians			
Home Treatment Specialists			
Physician Assistants			
Healthcare Assistants			
Occupational Therapists			
Social Workers			
Youth Workers			
Family or Systemic Therapists			
Peer Support Workers			
Administrative Staff			
Chefs / Food Service Staff			
Other (please enter the staff type followed by WTE)			