ASCEND SURVEY GUIDANCE

CONTENTS

BEFORE YOU BEGIN

The surveys | Please make sure that you have checked the survey you are completing is the correct one. There should be one survey completed on behalf of the community paediatric team and one completed by each clinician and support assistant caring for patients.

The Service | Team Survey (left button on the survey web page) should be completed by a team representative who can provide information about your service's staffing, caseload, workload, and service delivery model. There should be one team survey provided per team/service.

The Individual Clinician Survey (right button on the survey web page) is intended for all clinicians and their clinical support assistants to complete individually. Each clinician and support assistant should submit their own survey - one individual survey per person.

Your answers | To help us produce robust and meaningful analysis and recommendations, we would be grateful if you could **refer to your service data, rather than relying on memory or estimates.**

Every response contributes to the evidence base. By providing accurate, complete and consistent information, you are helping to generate meaningful insights that will inform future workforce planning, service development and the delivery of high-quality care for children and young people.

Please only submit your answers on a desktop or laptop. Neither the surveys nor the website cater to mobile phone entries.

Completeness | Many questions within the survey have intentionally not been marked as mandatory (*). This allows respondents to move through the survey flexibly, completing questions for which information is readily available first if preferred, and return to more detailed sections at a later stage.

Whilst this approach is intended to make survey completion easier, all questions have been included because the information they collect is important to the aims of the ASCEND project. Missing responses can reduce our ability to fully understand variations in service provision, workforce capacity and patient complexity, and may limit the strength of the insights generated from the study, minimising their influence.

We recognise that some of the information requested may not be easily at hand. However, the data that are most challenging to access are often those that reveal important differences between services and contribute most significantly to understanding current practice. We therefore encourage respondents to complete as many questions as possible and to provide the most accurate information available.

Moving back and forth | The survey allows you to move back and forth through the survey, as long as the questions with an asterisk (*) have been completed. As mentioned earlier, these have been minimised to maximise your freedom, comfort and autonomy throughout the survey. You can press the 'back' and 'next' buttons at the bottom of the survey page to do this.

Support | We are committed to making participation in the ASCEND project as straightforward and supportive as possible. Your feedback is invaluable and helps us continually improve our guidance, resources and website.

If you have any questions, experience any difficulties, or have suggestions for improvement, please don't hesitate to contact the ASCEND team by email or telephone. Please see our Contacts and Update pages.

Saving and submitting | Submitting your survey, whether you have completed it or not, will save a copy of your survey and your answers. It will save a copy on your system as well as the ASCEND system. However, this also means that you can reopen your submission and amend or add further answers that overwrite your previous entries and submit it again. This can be helpful if you would prefer to complete the survey in parts, when you can find the time, or if you have some answers at hand and prefer to complete others once you have the information more easily available.

Code name | At the end of the survey, you will be offered to create a code name. This is a back-up measure to enable you to remain anonymous whilst still be able to overwrite/access your survey entries if something goes wrong. In such a case, you need only phone us and tell us your code name and we will help fix the problem. Please use a memorable code word and keep it safe and accessible throughout the project.

IMPORTANT DEFINITIONS

Please read these definitions carefully before completing the survey. They are essential for ensuring that all questions are interpreted consistently and that the data collected is accurate and comparable across services.

These definitions are listed in alphabetical order.

Caseload: For this survey, we follow the same definitions as the BDA's 2024 Safe Staffing and Safe Workload Guidance.

A caseload is the number of patients for which 1.0 FTE dietitian is carrying responsibility at any one point in time. This will include all cases which have been assessed and are under treatment/review and have not been discharged and for which the dietitian has a duty of care. In some situations, there will also be a potential caseload which includes the population of patients for whom the dietitian carries some degree of reviewing responsibility in terms of identification of problems and providing input if required (for example, patients in a Care Home setting) but who are not being treated at the current time. **Caseload can be expressed as a number of patients or care episodes, or hours of dietetic time to manage the patient population.**

Dietetic activities and job plans: For this survey, we follow the same definitions as the BDA's 2024 Safe Staffing and Safe Workload Guidance.

These have been re-categorised to match the Job Planning Activity Classification for AHPs (1)

'Direct Clinical Care' (DCC) which is divided into two main areas

- individual patients' attributable **(IPA) DCC** (all the time spent with individuals and all the associated activities required for that patient (including typing up notes, writing GP letters etc.) Individual patient contacts may be face to face or remotely via telephone or video consultation
- non-individual patient attributable **(non-IPA) DCC** such as MDT meetings, communication with other health care professionals, developing resource materials for patients.
- **Supporting Professional Activities (SPA)** such as clinical service management, staff training, student training, CPD, practice supervision, clinical governance activities, department meetings and appraisals
- **additional responsibilities (ANR)** which are usually Trust wide appointed roles
- **External Duties (ED)** are externally funded e.g. education, teaching, research
- **Travel**; for example, between sites or home visits is included as a separate section within each of the areas given above

EHCP: stands for **Education, Health and Care Plan**. It is a statutory legal document in England for children and young people (up to age 25, in some circumstances) who have **special educational needs and disabilities (SEND)** and require support beyond what a school or college would normally provide. This includes needs for education, health and care sectors.

Education - the child's special educational needs and the educational provision required.

Health - any health needs related to the SEND and the health services required (e.g. dietetics, speech and language therapy, physiotherapy, occupational therapy, community paediatrics).

Care - social care needs and the support required.

HETF: Home enteral tube feeding. For the purposes of this survey, this refers to children and young people receiving nutrition, hydration and/or medication via an enteral feeding tube in the community, including gastrostomy, gastrojejunostomy, jejunostomy or nasogastric tubes. **Please include** children who are preparing for home enteral feeding, currently receiving home enteral feeding, or transitioning from home enteral feeding where they remain under the care of your community paediatric dietetic service.

Patient complexity: For this survey, we follow the same definitions as the BDA's 2024 Safe Staffing and Safe Workload Guidance.

There are several definitions of patient complexity; though a "complex patient" is commonly defined as patients with complex care needs requiring more time and effort than the average patient. Patient complexity is important in delivering safe caseload management. Complexity is based on patient's' needs and intervention types, rather than how difficult the dietitian personally found the task. For example, differing bands of dietitians and assistants working in specialist areas are likely to feel more competent to assess more complex patients in that specific area compared with other colleagues.

Patient contacts: For this survey, we follow the same definitions as the BDA's 2024 Safe Staffing and Safe Workload Guidance.

Defined simply as a direct patient contact is a contact between a healthcare professional and a patient including proxy contact which is between a healthcare professional and another person on behalf of a patient e.g., parent, carer.

In practice, a patient contact may be defined as the package of dietetic care for that individual per session or appointment which would include all relevant aspects of time associated for that individual per session - either in a one to one or in a group setting. The setting may be face to face or via remote delivery. The length of time expected for a patient contact needs to be sufficient to allow for data collection, dietetic assessment and intervention, liaison with relevant health care professionals and subsequent writing up in notes including electronic documentation. A contact may be categorised as an initial /new contact (the first contact between the patient and the dietetic service) or a review /follow-up contact (all subsequent contacts for that same referral or episode of care).

SEND: Special Educational needs and disabilities. For the purposes of this survey, SEND refers to children and young people (CYP) who have recognised special educational needs and/or disabilities that require additional educational, health and/or social care support, whether or not they have an Education, Health and Care Plan (EHCP). This includes children whose nutritional care is provided as part of the management of their SEND-related needs.

Workload: For this survey, we follow the same definitions as the BDA's 2024 Safe Staffing and Safe Workload Guidance.

A professional workload is that work which can be carried out by 1.0 FTE dietitian. In total it comprises a variety of dietetic activities which together constitute the professional dietetic role. In most cases it will include work inherent in a defined clinical situation or caseload.

Workload safety: For this survey, we follow the same definitions as the BDA's 2024 Safe Staffing and Safe Workload Guidance.

Assessing when practice moves from safe to unsafe is a complex and subjective process with multiple factors to consider. Under the HCPC Standards of Proficiency, dietitians are required by law to manage their own workload and resources and practice safely and effectively. They have a duty as HCPC registrants under the Standards of Conduct Performance and Ethics to manage risk and report concerns about safety. The following are key components of such an assessment and are explained in more detail in the BDA document 'Workload Management' (2017) which will be updated in 2024/25.

1. benchmarking

2. practice supervision

3. good practice

4. job description/contract of employment

5. risk assessment

6. complexity New to the assessment of workload safety is patient complexity. A patient complexity tool has been developed and has been used in the 2023 Safe Staffing, Safe Workload survey for the first time.

Reference to workload safety in the remainder of this document is based on the perceptions of individual clinicians rather than verified entities that have been assessed based on the components above. Nonetheless, there is a significant value in clinician concerns that can be indicative of system failure with potential impact on patient safety. Whilst this document reports on workload activities and perceptions of safety, the sister document 'Workload Management' provides direction on how to address the problem of a workload that has been assessed as unsafe and provides guidance on protecting the staff member from having to manage an unsafe caseload. To this end the workload management guidance provides advice from a professional, ethical and employment relations standpoint.

A further BDA endorsed document providing guidance on estimating patient complexity which should help with placing dietetic staff with the correct skill set and clinical time allocation to undertake their caseload safely, is expected to be published in 2024 following validation throughout the UK in a variety of different clinical settings.

PRIVACY NOTICE

ABOUT THE ASCEND PROJECT

The ASCEND project has been commissioned by the BDA Paediatric Specialist Group (PSG) and Dietitians Interested in Special Children (DISC). It is funded by the British Dietetic Association (BDA) to support the development of evidence-based safer staffing guidance for community paediatric dietetic services providing care for children and young people requiring home enteral tube feeding (HETF).

The project builds upon the BDA **Safe Staffing and Safe Workload (2024)** framework by collecting specialist workforce information to better understand staffing requirements, workload pressures and service delivery within community paediatric enteral feeding dietetic services.

WHAT INFORMATION WILL BE COLLECTED?

The survey collects information relating to workforce planning and service delivery, including:

- workforce establishment (WTE/FTE);
- staffing structure and pay bands;
- vacancies;
- workload and activity;
- caseload composition;
- average patient contacts and consultation times;
- workload pressures;
- service configuration;
- home and remote working arrangements;
- governance and service characteristics.

The survey also collects limited service-identifiable information to enable analysis and communication throughout the project, including:

- NHS organisation/service name;
- service address;
- generic team or service email address.

No names or contact details of individual members of staff are collected.

Individual workforce information is collected only in anonymised form (for example, NHS pay band or code name) and cannot be used to identify individual clinicians.

The project **does not collect any patient-identifiable information**.

PURPOSE OF PROCESSING

The information collected will be used solely for:

- workforce analysis;
- workload modelling;
- development of evidence-based safer staffing recommendations;
- interpretation of the BDA Safe Staffing framework for community paediatric enteral feeding dietetic services;
- project reporting and dissemination.

Information will **not** be used to assess the performance of individual clinicians.

Published reports will present aggregated findings only.

DATA CONTROLLER

The **British Dietetic Association (BDA)** is the Data Controller for the ASCEND project.

The ASCEND project team processes information on behalf of the BDA in accordance with agreed project governance arrangements.

LAWFUL BASIS

The lawful basis for processing under the UK General Data Protection Regulation (UK GDPR) is:

Article 6(1)(f) – Legitimate Interests

Processing is necessary to support professional workforce planning, service improvement and the development of evidence-based guidance for community paediatric dietetic services.

HOW YOUR INFORMATION WILL BE COLLECTED AND STORED

Project information will initially be accessed via a website, using the BDA's subdomain. The domain is hosted through a BDA-approved UK server. The data will be stored within the project's secure Microsoft 365 Business Premium environment, configured specifically for ASCEND and approved by the British Dietetic Association for project use.

Security measures include:

- encrypted data transmission;
- secure cloud storage;
- role-based access controls;
- multi-factor authentication;
- automatic audit logging;
- restricted access to authorised project personnel only.

The project repository is used solely for the purposes of delivering the ASCEND project. Project information will be stored and processed within the United Kingdom and will not be transferred outside the UK without appropriate safeguards.

WHO WILL HAVE ACCESS?

Access to project information is limited to authorised members of the ASCEND project team who require access to fulfil their project responsibilities.

Access permissions are regularly reviewed and all system access is automatically logged.

Information will not be shared outside the project team except:

- with the British Dietetic Association as Data Controller;
- where required by law;
- where anonymised or aggregated findings are published.

Project information will be stored and processed within the United Kingdom and will not be transferred outside the UK without appropriate safeguards.

DATA RETENTION

Project information will be retained only for the period necessary to complete the ASCEND project, including analysis, reporting and agreed dissemination activities.

Following completion of the project:

- all datasets, reports, analytical outputs and supporting documentation will be transferred securely to the British Dietetic Association;
- all local working copies of project data held within the secure temporary project environment will be securely deleted in accordance with recognised information governance and data security standards.

The project analyst may retain analytical code, scripts and reusable project infrastructure only.

No project datasets or respondent information will be retained by the project analyst following project completion.

Project information will be stored and processed within the United Kingdom and will not be transferred outside the UK without appropriate safeguards.

PARTICIPATION

Participation in this survey is voluntary.

Before submitting the survey, respondents will be asked to confirm that they have read and understood this Privacy Notice. It will not be possible to join the ASCEND project work without this.

Respondents should only provide information they are authorised to share on behalf of their organisation.

YOUR RIGHTS

Under the UK GDPR you have the right, where applicable, to:

- request access to your personal data;
- request correction of inaccurate information;
- request restriction of processing;
- object to processing where appropriate;
- lodge a complaint with the Information Commissioner's Office (ICO).

FURTHER INFORMATION

If you have any questions about this project or how your information will be processed, please contact:

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