The ASCEND project

ASsessing paediatric **C**aseload Complexity
and **E**nteral **N**utrition **D**emand

ASCEND SURVEY GUIDANCE | Before you begin

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9th Sept 2026

BEFORE YOU BEGIN

Read this guidance together with the Important Definitions and the ASCEND Survey Privacy Notice. They explain who should respond, what to prepare, how responses are linked and protected, and how to save, amend or withdraw a response.

Participation at a glance

- Participation is voluntary. Choosing not to take part, or not to answer an optional question, will not affect your employment, professional standing, BDA membership or relationship with ASCEND.
- The surveys remain open until 30 November 2026. Operational updates will be published on the ASCEND website.
- Submit one Service | Team Survey for each participating service or operationally distinct team, and one Individual Clinician Survey for each eligible clinician or dietetic support worker.
- The surveys do not ask for patient-level clinical information. Provide only the service totals, categories and professional information requested.

Republic of Ireland participation

Participation is currently open to eligible contributors based in the United Kingdom, including Northern Ireland. We hope to include colleagues in the Republic of Ireland shortly, once the BDA has confirmed that all applicable Irish requirements have been met. Please check the ASCEND Updates page before responding or circulating a survey link in the Republic of Ireland.

Choosing the correct survey

ASCEND uses two linked surveys. Please check that you are completing the correct one:

1. **Service | Team Survey —** one response should be submitted on behalf of each community paediatric HETF service or operationally distinct team. It should be completed or coordinated by the most appropriate knowledgeable representative, who can obtain the requested information about workforce, caseload, demand, activity and the service-delivery model. The representative should be appropriately authorised or placed to submit the service-level information requested.
2. **Individual Clinician Survey —** one response should be submitted by every dietitian and dietetic support worker who contributes to community paediatric HETF care. Please answer about your own post, contracted HETF time, caseload, activity and workload rather than about the team as a whole.

Why both surveys and the safety indicators matter

ASCEND must consider service context, staffing, caseload, workload, demand, patient complexity and professional experience together. This triangulation is essential: staffing numbers or caseload totals alone cannot show whether a workload is safe or sustainable. Linked team and individual responses, including sufficiently complete safety-related information, are therefore needed to determine safer staffing, workload and caseload parameters.

Most safety indicators are derived from or aligned with the BDA's existing safe-staffing work; a limited number were developed specifically for ASCEND. The Individual Clinician Survey includes optional questions about work-related stress and feeling unwell because of work-related stress. These questions remain optional because they concern personal wellbeing, but sufficient responses are needed to understand how workload, staffing and caseload relate to safety.

Privacy, confidentiality and consent

The British Dietetic Association (BDA) is the data controller for ASCEND. Alia S. Torreadrado, ASCEND Data Analyst and Consultant trading as Claritas Data Lab, processes survey information on the BDA's behalf within controlled Microsoft 365 Business Premium arrangements. The ASCEND Survey Privacy Notice explains these arrangements in full.

The surveys are configured for access without sign-in and do not ask for your name, email address, Microsoft account identity, employing organisation or service name as survey answers. Related responses are connected using the confidential, non-identifying linkage code described in section 6. Neither ASCEND nor the BDA will hold a key translating the codes into named people or services, or attempt to identify contributors.

Absolute anonymity cannot be guaranteed. ASCEND involves a relatively small specialist workforce, and an unusual combination of professional, service, geographic or free-text information could exceptionally allow a person or service to be recognised by someone with relevant additional knowledge. Coded responses will therefore be treated as confidential personal data, access to respondent-level information will be restricted, and findings will be reported only in aggregated and disclosure-controlled form.

Before submitting, you will be asked to confirm that you have read the Survey Privacy Notice and consent to the stated processing of your coded response. The Individual Clinician Survey asks separately for explicit consent before presenting the optional wellbeing questions. Consent choices are required where applicable and are not preselected.

Preparing your information

Some questions require figures, percentages or information held by colleagues. Gathering the relevant information before starting should make completion easier and improve accuracy.

For the Service | Team Survey, it may be helpful to have access to:

It may be helpful to have access to:

- broad geographical coverage and population or localities served, without entering the service or organisation name;
- staff numbers and full-time equivalent (FTE) contributing to paediatric HETF care, by role and pay band or equivalent clinical level;
- substantive, non-substantive and vacant HETF staffing information;
- the current active HETF caseload and its age profile and principal enteral-feeding route;
- referral, discharge, waiting-list, review and other service-demand information for the period specified in each question;
- care pathways, governance involvement and additional educational, safeguarding or social-care support;
- clinics, home visits, remote delivery and other care settings;
- external teams, agencies, homecare providers and suppliers with which the HETF team routinely coordinates care; and
- records or reports describing changes in caseload, complexity, staffing or demand.

The coordinating respondent may consult clinical, operational, administrative, workforce or business-intelligence colleagues. Provide totals or categories only; do not enter colleagues' names or unnecessary personal information.

For the Individual Clinician Survey, it may be helpful to have access to:

It may be helpful to have access to:

- your job plan, contracted hours and full-time equivalent (FTE);
- the proportion or number of contracted hours allocated to paediatric HETF work;
- your current active attributable HETF caseload;
- a representative diary, calendar or activity record;
- new, review and additional patient-specific liaison contacts or episodes during the period specified;
- average time associated with contacts, patient-specific liaison and travel;
- any additional paid or unpaid hours worked;
- the allocation of HETF working time across the survey activity categories, including travel;
- information about home or remote working and clinical or practice supervision; and
- information needed to estimate the proportions of new and review patients in the High, Medium and Low categories of the BDA Universal Dietetic Patient Complexity Tool.

Read the Important Definitions before calculating answers. In particular, check the ASCEND definitions of active caseload, FTE, patient contact, IPA DCC, non-IPA DCC, travel and patient complexity. Follow the reference period stated in each question; one period does not apply to the whole survey.

Confidential survey linkage code

To analyse each Service | Team Survey alongside Individual Clinician Surveys from the same service—without collecting the service name—all respondents from that service should use the same confidential base code.

The team representative should agree a memorable, non-identifying base code and share it securely with eligible colleagues. Each respondent then adds a different suffix:

Survey	Code format
Service | Team Survey	[base code]-TEAM
Individual Clinician Survey	[base code]-01, -02, -03, and so on

Example: PURPLE-OTTER-TEAM, PURPLE-OTTER-01 and PURPLE-OTTER-02.

The shared base code enables matching for analysis. Different suffixes distinguish individual submissions and help ASCEND manage corrections or duplicates.

> **Keep the code non-identifying**
>
> Do not use a name or initials, patient information, a service or organisation name, email address, postcode, staff number, exact location or other identifying information. Do not use the same suffix as a colleague. ASCEND will not hold a list linking codes to named services or people.

Record and retain your complete code securely until the relevant correction and withdrawal period has ended. The code does not save, reopen or give access to a Microsoft Forms response; it is a backup identifier that may help ASCEND locate a submission without asking for your name.

Providing accurate and complete answers

Use recorded information wherever reasonably possible. If an exact figure is unavailable and the question permits an estimate, provide your best reasonable estimate and identify it as an estimate where requested. Do not guess where the information can reasonably be checked.

Check that percentage groups add to 100% where instructed, and follow the question-specific directions about whether travel is included or recorded separately to avoid double counting.

Every question contributes to ASCEND's aims. Some questions are optional so that you can proceed if information is unavailable or you prefer not to answer. Missing information may nevertheless reduce ASCEND's ability to examine service demand, workforce capacity, workload, patient complexity and safety together, and may weaken the resulting recommendations. Please answer as fully and accurately as reasonably possible.

If information is not known, not routinely recorded or cannot reasonably be obtained, use "Unknown", "Not recorded" or the closest equivalent where provided, or leave the question blank where permitted. Do not enter 0 unless the true value is zero.

> **Why personal safety questions matter**
>
> Workforce experience helps show whether workload pressures affect professional wellbeing or the safety and sustainability of care. These questions are optional because they concern personal experience; however, without enough responses ASCEND may not be able to determine reliably the workloads and staffing arrangements associated with safer care.

Protecting people and services in free-text answers

Describe themes or circumstances without identifying anyone. Do not enter:

- names, initials, contact details, staff numbers or health-service identification numbers;
- exact locations, organisation names or service names;
- patient or family information;
- details of identifiable incidents; or
- combinations of information that could identify a person or service.

If identifying information is entered inadvertently, ASCEND will exclude or redact it from the working analytical dataset wherever practicable. Potentially identifying free text will not be quoted or published.

Using the survey

For the best experience, use a desktop or laptop. The questions, definitions and calculations are easier to view, complete and check on a larger screen. A phone or tablet can be used to familiarise yourself with the website and supporting materials; where possible, return on a desktop or laptop before entering, reviewing and submitting your response.

Use the Back and Next buttons at the bottom of each survey page to review earlier sections. Microsoft Forms will not allow you to move past or submit the survey without answering a question marked with an asterisk (*).

Saving, submitting and editing your response

Microsoft Forms does not provide ASCEND with a conventional named user account through which you can retrieve a response. When you first submit, use the options shown on the confirmation page to retain access and keep a copy.

1. Complete the required questions and submit the information currently available.
2. Immediately select “Save my response to edit”, where displayed after submission.
3. Save the resulting edit link securely and retain your complete confidential linkage code. You may also print or save a copy of your submission from the confirmation page.
4. Use the edit link to return to and update the same response before the survey closes on 30 November 2026.
5. After making changes, submit the updated response again so that the amendments are recorded.

Please update the existing response rather than starting a second one. If you lose the edit link and need to resubmit, use the same confidential linkage code and notify the ASCEND team so that the duplicate can be managed. You do not need to provide your name. The survey can be completed in stages as time and access to information permit.

Correcting or withdrawing a response

You may correct your response using the saved edit link while the survey remains open. You may also ask ASCEND to correct or withdraw a locatable response before formal study publication and before it has been irreversibly anonymised or incorporated into non-identifiable aggregated findings.

You may contact ASCEND without giving your name, including by telephone with your number withheld if you prefer. You will normally need to provide your complete confidential linkage code so that the correct response can be located safely.

If you no longer have the full code, ASCEND may make reasonable efforts to locate the response using limited information that you choose to provide, such as part of the code, the broad geographical category or selected answers. Those details could themselves make the response more identifiable, and ASCEND cannot guarantee that it can locate a response without sufficient distinguishing information. Withdrawal does not affect processing that took place lawfully before the request.

Before final submission

Please check that:

- you have completed the correct survey;
- the Service | Team Survey respondent is appropriately authorised or placed to submit the requested service information;
- all required questions and consent choices are complete;
- figures use the requested units and reference periods;
- FTE values and percentages have been calculated correctly, and percentage groups total 100% where instructed;
- travel has not been counted twice and estimates are identified where requested;
- the linkage code follows the agreed format and contains no identifying information;
- free text contains no names, patient or family information, service names or other identifying details; and
- you are ready to retain the edit link, linkage code and submission record securely.

What happens to the findings

Respondent-level survey information will be available only to people authorised to manage, validate and analyse ASCEND. Clinical Leads will ordinarily receive aggregated or otherwise controlled information rather than unrestricted respondent-level responses.

ASCEND will not name individual respondents or services in published findings. Public outputs will be aggregated and checked for disclosure risk. Small numbers and unusual combinations will be combined, suppressed, withheld or otherwise controlled where necessary. Confidential linkage codes and free-text responses will not be published.

Support and updates

We want participation in ASCEND to be as straightforward as possible. If you have a question, encounter a technical problem, need clarification, or need help correcting or withdrawing a response, contact the ASCEND team using the details on the ASCEND Contact page.

Important clarifications and operational updates will be published on the ASCEND Updates page. Please check that page before completing a survey, particularly if you downloaded this guidance earlier.