



The ASCEND project

ASsessing paediatric Caseload Complexity
and Enteral Nutrition Demand

Survey Privacy Notice | Individual clinician and Team | Service surveys

Document-control field

Details

Document title	ASCEND Survey Privacy Notice
Purpose	To explain clearly how information submitted through the ASCEND surveys will be collected, used, protected, retained and disclosed, and to inform respondents about their choices and data-protection rights.
Intended audience	Prospective and participating respondents to the ASCEND Individual Clinician Survey and Service/Team Survey, together with authorised BDA reviewers and ASCEND project leads.
Information classification	Public-facing privacy information. To be published on the ASCEND website and linked from both surveys following BDA approval.
Data controller	British Dietetic Association (BDA)
Document owner	British Dietetic Association (BDA)
Prepared by	Alia S. Torreadrado, ASCEND Data Analyst and Consultant
Status	Draft for BDA approval
Version	ASCEND Survey privacy notice version - final
Date prepared	2 nd September 2026
Supersedes	Earlier working drafts of the ASCEND Survey Privacy Notice
BDA decision	Approved
Approved by	Approved by Carlena Porbert-Baulch, BDA Volunteer manager
Approval date	8 th Sept 2026
Conditions or actions attached to approval	Not necessary
Effective date	The date on which the approved notice is published and linked from the ASCEND surveys

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Details

Next review

Before participation from the Republic of Ireland is enabled; and whenever a material change is made to the surveys, lawful basis, processing arrangements, recipients, retention arrangements or respondents' rights.

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1. About this notice and ASCEND

This notice explains how information provided through the ASCEND Individual Clinician Survey and Service | Team Survey will be collected, used, protected, retained and reported, and the choices and rights available to respondents.

ASCEND has been commissioned by the BDA Paediatric Specialist Group (PSG) and Dietitians Interested in Special Children (DISC), and is funded by the British Dietetic Association (BDA). It aims to develop evidence-based safer staffing, workload and caseload guidance for community paediatric dietetic services supporting children and young people who require home enteral tube feeding (HETF).

2. Who is responsible for the information?

The British Dietetic Association is the data controller for ASCEND:

British Dietetic Association
3rd Floor, Interchange Place
151-165 Edmund Street
Birmingham B3 2TA
United Kingdom
ICO registration number: Z8245571

Alia S. Torreadrado, trading as Claritas Data Lab, is the commissioned ASCEND Data Analyst and acts as a processor on the BDA's documented instructions. Claritas Data Lab is a trading name, not a separate legal entity. Authorised ASCEND clinical leads support project governance and interpretation but do not have routine access to respondent-level survey data unless the BDA expressly authorises it.

This notice supplements the BDA Website Privacy Policy: [BDA privacy policy](#)

Alia and the project team can be reached for any queries:

[The ASCEND project](#)

Projects@Claritas-datalab.com

T 0748 006 45 75

3. Who may take part?

The Individual Clinician Survey is for eligible dietitians and dietetic support workers who contribute to community paediatric HETF (home enteral tube feeding) services. It should normally be completed once by each eligible individual clinician.

The Service | Team Survey should be completed once for each participating service by an appropriate, knowledgeable representative who is authorised to provide or coordinate the requested service information.

Participation is voluntary. Choosing not to participate, or not to answer an optional question, will not affect employment, professional membership or access to BDA services.

4. What information do the surveys collect?

Depending on the survey and the respondent's role, ASCEND collects coded information about:

- professional role, career level or pay band and working arrangements;

- staffing establishment, filled posts, vacancies and non-substantive staffing;
- caseload, referrals, discharges, contacts, activity and consultation time;
- patient complexity and caseload composition, without patient-identifiable information;
- allocation of working time, travel, direct clinical care and other professional activity;
- service configuration, pathways, liaison, governance and additional support requirements;
- workload pressures, supervision, speaking up, wellbeing and safety indicators; and
- broad geographic information required for study management, representation and interpretation.

The surveys are configured not to request or record respondents' names, email addresses or Microsoft account identities. They do not ask for a home address, employing organisation, service name or individual staff contact details.

5. Information that must be entered

Respondents must not enter names, initials, contact details, exact locations, employing organisations, service names, patient or family information, identifiable incidents, NHS/CHI/HSC or other health-service numbers, or other information that could identify a person or service.

Free-text questions carry an additional warning. If potentially identifying information is entered inadvertently, it will be removed or redacted as soon as reasonably practicable after it is identified and before analysis or publication.

6. Confidential code linkage

Members of the same service use an agreed service code word, together with a different number chosen by each individual respondent as a suffix. This allows ASCEND to connect the appropriate individual and team information without requesting the service name or respondent's name.

The code must not contain a personal name, initials, organisation, service name, postcode, email address, staff number or another identifying value. Neither ASCEND nor the BDA will hold a key translating the codes into named people or services or attempt to identify contributors.

Respondents should keep their full code and any Microsoft Forms response or edit link securely. The code may be needed to find, amend or withdraw a submission without providing a name.

7. Identifiability and confidential treatment

Identification of an individual respondent is considered remote. Nevertheless, ASCEND involves a small specialist workforce and an exceptional combination of professional, service, geographic, wellbeing or free-text information could potentially permit indirect identification.

As an additional safeguard, the BDA and ASCEND will treat coded survey responses as confidential personal data and apply the UK GDPR, Data Protection Act 2018 and associated security and disclosure-control protections. Where EU law applies (Republic of Ireland), the corresponding EU GDPR protections will be applied.

8. Wellbeing and safety-indicator information

The Individual Clinician Survey includes optional questions about work-related stress and whether the respondent has felt unwell because of work-related stress. Most of these indicators derive from the BDA's earlier safe-staffing survey, with a limited number developed specifically for ASCEND.

These questions are important because ASCEND must triangulate staffing, caseload, workload, service demand and professional-experience information with safety indicators. Without the safety indicators, the study's ability

to determine the conditions associated with safer or less safe workloads and to develop evidence-based staffing and caseload recommendations would be materially limited.

Because a coded response could potentially relate to an indirectly identifiable person, these answers will be treated as special-category health information and given the additional protections described in this notice. The questions remain optional.

9. Why the information is used

ASCEND will use survey information to:

- describe community paediatric HETF workforce and service provision;
- analyse workload, capacity, caseload, demand, complexity and safety indicators;
- triangulate related information to identify conditions associated with safer or less safe service provision;
- compare findings with relevant BDA benchmarks where methodologically appropriate;
- develop evidence-based staffing, workload and caseload recommendations; and
- produce disclosure-controlled reports, publications, presentations and professional guidance.

The information will not and would be unable to be used to assess the performance of a named clinician or service, or for automated decision-making producing legal or similarly significant effects.

10. Consent and legal grounds

Because ASCEND is applying personal-data protections as an additional precaution, the surveys use a universal voluntary participation and consent approach for eligible UK respondents and, subject to the condition below, respondents in the Republic of Ireland.

The proposed legal grounds are:

Article 6(1)(a) of the UK GDPR and, where the EU GDPR applies, Article 6(1)(a) of the EU GDPR: consent to processing coded survey information for the specified ASCEND purposes.

Article 9(2)(a) of the UK GDPR and, where the EU GDPR applies, Article 9(2)(a) of the EU GDPR: explicit consent to processing optional answers that could constitute personal data concerning health.

The required opening consent question records the respondent's informed choice to take part. Consent can be withheld by not submitting the survey and may subsequently be withdrawn as explained below. Withdrawal does not affect processing that was lawful before withdrawal.

11. Republic of Ireland

For respondents in the Republic of Ireland, relevant law includes the EU GDPR, the Irish Data Protection Act 2018 and, if ASCEND falls within their scope, the Irish Health Research Regulations 2018, as amended.

Those Regulations define health research broadly and may require both explicit consent and approval by an eligible research ethics committee where personal data are processed for health research. ASCEND has sought clarification from the Irish Data Protection Commission authority about whether those requirements apply to this non-clinical workforce survey.

Republic of Ireland participation will not be enabled until the BDA and ASCEND have documented a satisfactory basis for doing so. If prior ethics approval is required, Irish participation will be deferred until approval has been obtained. Respondents in the remainder of the study may continue during that period.

If Irish participation is enabled, coded responses will be transferred to and stored in the United Kingdom. The European Commission renewed its GDPR adequacy decision for the United Kingdom on 19 December 2025,

permitting personal-data transfers from the EEA to the UK without an additional transfer mechanism while that decision remains in force.

12. Who can access this information

During collection and analysis, routine access to respondent-level survey data is restricted to the commissioned Data Analyst. Access may be provided to specifically authorised BDA personnel where required for controller oversight, security, handover or another documented project purpose. Access permissions are limited, reviewed and protected by individual accounts and multi-factor authentication.

Microsoft provides Microsoft Forms and the Microsoft 365 Business Premium environment as a contracted technology provider. Microsoft and its authorised subprocessors may process limited service and diagnostic information under the applicable contractual and privacy arrangements. ASCEND will not sell survey information or disclose it for advertising or marketing.

13. Storage and security

Survey responses and project working files are held within the controlled Microsoft 365 Business Premium environment used for ASCEND. Safeguards include encryption in transit and at rest, multi-factor authentication, restricted permissions, audit and security controls, current software protection and secure working practices required by the BDA Data Security Policy.

Respondent-level information will not be placed on the public ASCEND website or within the public Power BI report. Public reporting will use separate aggregate and disclosure-controlled information.

Any suspected loss, unauthorised access or other personal-data breach will be escalated promptly to the BDA for assessment and management under its incident procedures.

14. Reporting and disclosure control

Findings will be reported only in aggregate and disclosure-controlled form. ASCEND will not name respondents or services, publish confidential linkage codes, quote potentially identifying free text, or publish unsafe small numbers or combinations of information.

Any interim public Power BI report will use a separate semantic model containing only approved aggregated information and no respondent-level records.

15. Retention, handover and deletion

Coded respondent-level information will be retained through data collection, validation, analysis, reporting and the period reasonably required to support the authorised ASCEND outputs. At project completion, the agreed project record will be transferred securely to the BDA.

Following confirmed handover, working copies held by the Data Analyst and the ASCEND project will be securely deleted unless the BDA gives a documented instruction requiring specified records to be retained. The BDA will retain the project record only for the period required by its approved records-retention arrangements and for purposes such as governance, audit, validation and responding to legitimate questions about the published work. At the end of that period, respondent-level information will be securely deleted or irreversibly anonymised.

16. Editing and withdrawing a response

Microsoft Forms can provide an edit link after submission, if applied correctly (see supporting survey guidance) and a printed record of submission. Respondents should retain this securely if they wish to review or update their answers during the data-collection period. A replacement submission may also be made using the same confidential linkage code where the survey instructions permit it.

A respondent may ask ASCEND to withdraw their coded response before it has been irreversibly anonymised or incorporated into aggregate outputs from which it cannot reasonably be removed. The respondent does not have to provide their name but must normally provide the complete linkage code. A request may be made by telephone with caller identification withheld. Email and SMS are not anonymous because they normally disclose an address or telephone number.

Without the complete linkage code, ASCEND may be unable to identify the correct submission. The respondent may choose to provide limited (non-sensitive) answers from their submission to assist a search, but will not be asked to disclose their identity. Any limitations on removal will be explained. A minimal record of the withdrawal action may be retained where necessary to demonstrate compliance.

17. Your data protection rights

Depending on the circumstances, respondents may have rights to be informed, access personal data, correct inaccurate information, request erasure or restriction, receive applicable data in a portable format, withdraw consent and complain to a supervisory authority. These rights are not absolute.

Because ASCEND does not collect names or maintain a code-to-identity key, the BDA may be unable to identify a response for the purpose of a rights request unless the complete linkage code is supplied. The BDA is not required to collect additional identifying information solely to identify a respondent.

18. Contacts and complaints

ASCEND project contact

Email: projects@claritas-datalab.com

Telephone: 07480 064575

BDA data-protection enquiries

Email: info@bda.uk.com

Address: British Dietetic Association, 3rd Floor, Interchange Place, 151-165 Edmund Street, Birmingham B3 2TA

UK complaints: [Information Commissioner's Office](#)

Republic of Ireland complaints: [Data Protection Commission](#)

19. Changes to this notice

The current version and date will be made available with the surveys. The notice will be reviewed if the surveys, purposes, legal position, technology providers, access, retention, reporting or UK/Irish requirements materially change. Where appropriate, respondents will be informed before materially different processing begins.

20. Further information

- [UK GDPR guidance - Information Commissioner's Office](#)
- [EU General Data Protection Regulation - EUR-Lex](#)
- [Irish Health Research Regulations 2018 - Irish Statute Book](#)

- [European Commission adequacy decisions](#)