ASCEND INDIVIDUAL CLINICIAN SURVEY

WELCOME | Thank you for contributing to ASCEND, the national workforce study for community paediatric home enteral tube feeding (HETF) services. This survey is for eligible dietitians and dietetic support workers contributing to these services. Each eligible clinician or support worker should complete one Individual Clinician Survey. A knowledgeable representative from each service should also complete one separate Service | Team Survey. Together, the responses will help inform evidence-based safer staffing and workload recommendations.

BEFORE YOU BEGIN | Please allow approximately 45 minutes if the required information is available; gathering it may take longer. Before starting, please read the Before You Begin guidance, Important Definitions and ASCEND Survey Privacy Notice. These explain what to prepare, how information will be used and how to provide accurate and comparable answers. Please: • use recorded information, such as a job plan, diary or activity record, wherever possible; • leave an answer blank if the information is unknown or unavailable; • enter 0 only when the correct value is zero; and • enter percentages without the % symbol.

CONFIDENTIAL LINKAGE CODE | Before starting, obtain the confidential base code agreed by your service and add your own unique numbered suffix—for example, [base code]-01, [base code]-02 and so on. The related Service | Team Survey should use the same base code followed by -TEAM. This allows Individual Clinician and Service | Team responses from the same service to be analysed together without asking for respondents' names or service names. The code must not contain your name or initials, a service or organisation name, location, postcode, email address, staff number or other directly identifying information. Please check the complete code carefully and keep it securely until the study closes. Neither ASCEND nor the BDA will hold a key connecting codes with named people or services.

SAVING AND EDITING YOUR RESPONSE | An unfinished response may not be retained if you close Microsoft Forms. If you need to return later, submit your current answers and immediately select Save my response to edit on the confirmation page, you may also print a copy of your submission at this stage. Keep your link securely. Please use it to return to and update your existing response rather than beginning another response. You will also be able to print or download a receipt of your submitted answers for your own records. The receipt, edit link and linkage code should not be shared with anyone who is not authorised to see your answers.

19th Sept 2026

Required | Participation and processing of data

The ASCEND project

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

PRIVACY AND CONFIDENTIALITY

The survey is configured for access without sign-in and does not ask for your name, email address, Microsoft account identity, employing organisation or service name as survey answers. Because ASCEND involves a small specialist workforce, a combination of answers—such as professional characteristics, broad geographical information, wellbeing responses or free text—could exceptionally allow a person or service to be recognised. The BDA and ASCEND will therefore treat all coded responses as confidential personal data and apply appropriate data-protection and security safeguards. Access to respondent-level information will be restricted to authorised people who need it to manage, validate or analyse ASCEND. Findings will be reported only in aggregated, disclosure-controlled form; individual respondents and services will not be named. Please do not enter names, initials, contact details, exact locations, service or organisation names, patient information, details of identifiable incidents, or anything else that could identify a person or service. Please read the **ASCEND Survey Privacy Notice** linked in the first question before continuing.

1

Consent to participate | Please read the ASCEND Survey Privacy Notice before deciding whether to continue. *

By selecting "I consent", I confirm that:
• I have read and understood the Survey Privacy Notice;
• I understand that participation is voluntary;
• I consent to the BDA and authorised organisations and people acting on its behalf collecting, storing, using and analysing my coded survey information for the specified ASCEND purposes;
• I understand that ASCEND does not ask for my name, email address, Microsoft account identity, employing organisation or service name, but that indirect identification cannot be ruled out completely;
• I understand that my coded response will be treated as confidential personal data and that findings will be reported
only in aggregated and disclosure-controlled form;
• I understand how I may amend or request withdrawal of my response and the practical limitations if I cannot provide
my confidential code or the information has already been irreversibly anonymised or incorporated into non identifiable aggregated outputs; and
• I will not enter information capable of identifying a patient, family member, colleague, respondent, service or organisation.

◯ I consent and wish to continue

◯ I do not consent and do not wish to continue

2

Please enter your confidential survey linkage code *

Use the base code agreed by your service followed by your own unique numerical suffix—for example, PURPLE-OTTER-01, PURPLE-OTTER-02 and so on. The related Service/Team Survey should use the same base code followed by TEAM—for example, PURPLE-OTTER-TEAM.This enables related Individual Clinician and Service/Team responses to be analysed together without asking for names or service names.
Please:
• agree your numerical suffix locally so that it is not the same as another respondent's suffix;
• check the complete code carefully;
• retain it securely until the study and applicable withdrawal period have ended; and
• do not include your name or initials, organisation or service name, location, postcode, email address, staff number
or other identifying information.
Neither ASCEND nor the BDA will hold a key connecting the code with a named person or service.

About you and your service

3

In which geographical region are you based? *

- ◯ Scotland
- ◯ Northern Ireland
- ◯ Republic of Ireland
- ◯ Wales
- ◯ North East
- ◯ North West
- ◯ Yorkshire
- ◯ East Midlands
- ◯ West Midlands
- ◯ South East
- ◯ East of England
- ◯ South West
- ◯ London
- ◯ Prefer not to say

4

What is your current Agenda for Change band (or equivalent grade) in this HETF role? Other pay framework/equivalent—please specify

If you practice in a country, nation or region that uses different grading/banding terminology (not Agenda for Change), please refer to the Important definitions supporting document.

- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ Not applicable
- ◯ Other

5

How long have you worked in dietetics or a dietetic support role in your career?

Please enter a number of years. 6 months of experience would be 0.5. This question refers to all your dietetic/dietetic supporting posts - not just paediatric HETF.

The value must be a number

6

How many months have you worked in this community paediatric HETF role?

e.g. 1 month = 1. This question is only asking about your HETF role.

The value must be a number

7

What is your total contracted FTE across all your roles (if multiple).

Enter your total contracted FTE (full time equivalent) across all roles. Include regular additional hours only where they form part of your contract; exclude overtime. This provides context where some of your contracted time relates to non-paediatric work or paediatric work outside HETF. Please enter a value with up to two decimal places.

The value must be a number

8

What is your contracted FTE allocated to community paediatric HETF only?

Please only enter numbers to two optional decimal places. 1WTE = 1FTE. Include paid regular additional hours only if contractually included; exclude overtime.

The value must be a number

9

What kind of post do you hold within the paediatric community home enteral feeding service?

- ◯ Substantive / permanent
- ◯ Fixed term
- ◯ Agency locum
- ◯ Secondment
- ◯ Bank
- ◯ Other

10

What type of transport do you use to carry out your home visits?

This question refers to your paediatric HETF work.

- ◯ Walk
- ◯ Bicycle
- ◯ Bus
- ◯ Car
- ◯ I do not undertake home visits
- ◯ Other

11

Do you offer any patient group sessions, drop-ins or similar?

Please include if you offer an alternative or similar service, in the Other section. This question refers to your paediatric HETF work.

- [ ] Yes
- [ ] No
- [ ] Other

12

During a recent, representative four-week period, what was your average return travel time (in minutes) per home-visit episode, including proportionate travel between consecutive visits? Please include any additional parking or walking time.

Please only enter a number, where 40 = 40 minutes, as an example. Enter 0 if none. Please leave blank if you don't have an answer. This question refers to your paediatric HETF work.

The value must be a number

13

At the time of completing this survey, what is your active attributable community paediatric HETF caseload?

Include and count patients for whom you hold sole responsibility as 1. Where responsibility for a patient is genuinely shared between clinicians, **apportion the patient according to the shared responsibility**. For example, a patient shared equally between two clinicians counts as 0.5 for each. Your final answer may therefore include decimals. Include patients who have been assessed, remain under treatment or review, have not been discharged, and for whom you retain responsibility for dietetic care.
Please leave the answer blank if you don't have an answer, use 0 if none.

The value must be a number

14

In an average, representative month, how many new patient referrals do you pick up?

This question only refers to your practice in paediatric HETF.

The value must be a number

15

In an average, representative month, how many patients do you discharge from your care?

This question only refers to your practice in paediatric HETF.

The value must be a number

Safe staffing and wellbeing

Staffing, activity, caseload and complexity figures cannot establish on their own whether a workload is safe. ASCEND must
consider them alongside clinicians' experiences of workload safety, including work-related stress and ill health, to determine the conditions associated with safe workload, safe caseload and safe staffing.
Most of these safety indicators are derived from or aligned with the BDA's existing safe-staffing work, with a limited number
developed specifically for ASCEND.
Sufficient safety-indicator information is necessary for ASCEND to meet its principal aims. However, questions specifically
concerning your personal experience of work-related stress or feeling unwell are optional and subject to the separate explicit-consent choice below.
Your coded answers will be kept confidential, access will be restricted and no individual respondent or service will be named
in published findings.

16

Do you feel that your waiting list is manageable and you can generally attend to new referrals and reviews within a clinically appropriate time frame?

- ◯ Yes
- ◯ Often
- ◯ Sometimes
- ◯ No
- ◯ Other

17

Does your workload mean that you need to regularly work over and above your contracted hours?

This question refers to your paediatric HETF work.

- ◯ Yes
- ◯ No

18

If you regularly work overtime, please advise us whether your overtime is generally:

This question refers to your paediatric HETF work.

- ◯ Paid
- ◯ Taken as time in lieu (TOIL)
- ◯ Neither paid nor TOIL
- ◯ Other

19

On average, how many additional HETF hours do you work per week over and above your contracted hours?

We will calculate this as a % of your contracted working hours. Please use whole numbers with additional decimal places, if required. Please enter 0, if none.

The value must be a number

20

Which activities most often accounted for this additional work? Select up to three.

This question refers to your work as a paediatric community home enteral feeding professional.

Please select at most 3 options.

- [ ] Seeing patients
- [ ] Patient-related administration/records as distinct from general paperwork
- [ ] General catching up with paperwork
- [ ] Management duties
- [ ] CPD
- [ ] Service development work
- [ ] Work-related travel
- [ ] Other

21

Is the time available for your HETF patient contacts usually sufficient to complete the assessment/review, treatment and associated patient-attributable work required?

- ◯ Yes
- ◯ No
- ◯ It varies
- ◯ Other

22

How consistently do you receive the practice, clinical or professional supervision expected for your role?

This may be described in your nation or Ireland as practice supervision, clinical supervision or professional supervision. It means formal, planned professional support and reflective learning relating to your practice. Do not include routine line management or appraisal unless it contains a separately identified supervision component.

- ◯ Yes, always
- ◯ Usually
- ◯ Sometimes
- ◯ Rarely
- ◯ Never
- ◯ Other

23

Why do you not currently receive regular practice/clinical/professional supervision? Select all that apply.

This may be described in your nation or Ireland as practice supervision, clinical supervision or professional supervision. It means formal, planned professional support and reflective learning relating to your practice. Do not include routine line management or appraisal unless it contains a separately identified supervision component.

- ☐ Insufficient time because of workload or service pressures
- ☐ Sessions are frequently cancelled or postponed
- ☐ Insufficient staffing or vacancies
- ☐ Supervision is not included in my job plan
- ☐ No suitable supervisor is available
- ☐ Supervision usually occurs only when I request it
- ☐ No supervisor with relevant specialist knowledge is available
- ☐ Other

24

How often are staff at your band/grade expected to receive practice, clinical or professional supervision?

This may be described in your nation or Ireland as practice supervision, clinical supervision or professional supervision. It means formal, planned professional support and reflective learning relating to your practice. Do not include routine line management or appraisal unless it contains a separately identified supervision component.

- ◯ once a month
- ◯ once every 6 weeks
- ◯ once every two months
- ◯ once every 2 to 3 months
- ◯ less frequently than the above options
- ◯ Other

25

Looking at staffing levels, please indicate your agreement to the following statements, as they pertain to your post

All questions relate to your community paediatric home enteral feeding

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
I feel that I have enough time to provide the level of care I would like	◯	◯	◯	◯	◯
I feel that I am providing the quality of care that I should be providing for patients / service users	◯	◯	◯	◯	◯
I am happy with the skill mix within our team	◯	◯	◯	◯	◯
We have a sufficient number of staff within our team	◯	◯	◯	◯	◯
I feel that my current workload is safe	◯	◯	◯	◯	◯

26

Do you feel that your workload is excessive?

All answers should relate to your community paediatric home enteral feeding role

- ◯ Yes
- ◯ No

27

Explicit consent for optional wellbeing information | The following optional questions concern your experience of work-related stress and whether you have felt unwell because of work-related stress. If your coded response could be linked indirectly to you, these answers may constitute special-category health information. They will be used only for the specified ASCEND purposes, with restricted access and aggregated, disclosure-controlled
reporting.
Do you explicitly consent to the BDA and authorised organisations and people acting on its behalf processing any answers
you choose to provide to these optional wellbeing questions, as explained in the ASCEND Survey Privacy Notice *

- ◯ Yes, I explicitly consent and wish to view the optional wellbeing questions
- ◯ No, I do not consent and wish to skip the optional wellbeing questions

28

Would you describe any work-related stress you experience as episodic or chronic?

All answers should relate to your community paediatric home enteral feeding role

- ◯ Episodic
- ◯ Chronic
- ◯ I do not experience work-related stress

29

Have you felt unwell due to work-related stress within the last 12 months?

- ◯ Yes
- ◯ No

30

Do you feel that you have the freedom to speak up if you see things going wrong in your community paediatric HETF service?

- ◯ Yes
- ◯ No

31

If you have any concerns regarding your workload, what are your main concerns?

All your answers should relate to your community paediatric home enteral feeding. Please select up to 6 options as your top concerns.

Please select at most 6 options.

- [ ] Patients not seen in a timely manner
- [ ] Adverse impact on patients' clinical outcomes
- [ ] Poor patient experience/satisfaction
- [ ] Unable to fully complete patient related documentation
- [ ] Reduced opportunities for MDT working (e.g. missing phone calls/meetings/ case conferences)
- [ ] Lack of opportunity to develop self (CPD) in work time
- [ ] Insufficient time for practice/clinical supervision or appraisals
- [ ] Struggle to find time to undertake mandatory training
- [ ] Too much clinical work to manage properly
- [ ] Insufficient time to spend with students on their clinical placements
- [ ] Being asked to work outside scope of practice
- [ ] Poor health at work (e.g. regular tiredness, stress or sickness)
- [ ] High staff turnover/increased use of bank or agency staff
- [ ] High vacancy rate and lack of back fill
- [ ] Low staff morale
- [ ] Concerns regarding workload raised by staff
- [ ] Frequent complaints
- [ ] Failing to meet audit standards
- [ ] Unacceptable number of clinical incidents or near misses
- [ ] Lack of opportunity for service development
- [ ] I have no concerns related to my workload
- [ ] Other

32

Which aspects of your community paediatric HETF work create additional demands or pressures that may not be captured by caseload size or recorded clinical contacts alone?

ASCEND is seeking to build a more tailored understanding of the additional demands and pressures experienced by staff working in community paediatric HETF services. The options below are initial examples identified by the project team and are not intended to be exhaustive - they may not even be the most important. Please select all that apply to your work.
The next question provides an opportunity to describe other factors or experiences we have not included. We would be very grateful for your contribution to developing a more comprehensive picture that this specialist field can continue to build upon.

- [ ] Identifying and coordinating the team around the child or young person, including clarifying roles and responsibilities
- [ ] Limited understanding of the dietitian's role among other professionals or agencies involved in the patient's care
- [ ] Locating, contacting or repeatedly following up external professionals (for information or care planning)
- [ ] Resolving professional, organisational or geographical boundaries of responsibility, handover, transfer, appropriate referral
- [ ] Delayed, incomplete or inaccessible information from other services, organisations or care settings
- [ ] Reliance on parents or carers to communicate clinical information between services
- [ ] Gathering clinical, nutritional and psychosocial information needed for assessment, treatment planning and monitoring
- [ ] Identifying recent events or changes that may have implications for the child or young person's care plan
- [ ] Arranging or contributing to multidisciplinary or multiagency meetings;
- [ ] Language, cultural or communication factors affecting rapport, shared understanding or agreement on care plans
- [ ] Navigating inconsistent information or unclear transition arrangements between services or care settings
- [ ] Travel, geographical dispersion, home visiting or lone working
- [ ] Safeguarding concerns or wider family and social complexity
- [ ] Urgent, unplanned or frequently interrupted work
- [ ] None

33

What other aspects of community paediatric HETF work create additional demands or pressures that were not captured in the previous question?

Please describe any other factors that add time pressure, practical or physical demands, cognitive load, or emotional or psychological strain. Where possible, tell us briefly how they affect your work, workload or wellbeing. You may also use this space to expand on an option selected above or suggest a clearer or more accurate way of describing it. Please do not include names or other details that could identify a child, family, colleague or service. If you have nothing further to add, please enter **"None." Please do not include names, initials, contact details, exact locations, organisation or service names, patient information, details of identifiable incidents, or any other information—or combination of information—that could identify a child, family member, colleague, professional, respondent or service.**

34

Can you give us some examples of factors that you personally find protective or helpful in terms of workload, work related stress or morale?

This could be anything that comes to mind, including subjective factors such as working relationships, or protected time, or mobile working technology, flexible working hours, etc.
Please do not include names, initials, contact details, exact locations, service or organisation names, patient information, details of identifiable incidents, or any other information—or combination of information—that could identify a child, family member, colleague, professional, respondent or service.
Please do not include names, initials, contact details, exact locations, organisation or service names, patient information, details of identifiable incidents, or any other information—or combination of information—that could
identify a child, family member, colleague, professional, respondent or service.

Clinical activity, contact time and delivery

35

In an average, representative month, how many **new** individual patient-attributable (IPA) contacts do you provide for community paediatric HETF patients?

Community paediatric home enteral feeding. Please enter 0 if none. See the resource Important Definitions. Count each new patient contact as one package of care. Include any associated preparation, documentation, correspondence and patient-specific liaison within that episode; do not count these activities as additional contacts. Include contacts with a parent/carer acting on behalf of the child or young person.

The value must be a number

36

In an average, representative month, how many **review** individual patient-attributable (IPA) contacts do you provide for community paediatric HETF patients?

Community paediatric home enteral feeding. Please enter 0 if none. See the resource Important Definitions. Count each review contact as one package of care. Include any associated preparation, documentation, correspondence and patient-specific liaison within that episode; do not count these activities as additional contacts. Include contacts with a parent/carer acting on behalf of the child or young person.

The value must be a number

37

On average, how many minutes of Individual Patient-Attributable Direct Clinical Care (IPA DCC) do you spend on each **new** patient contact? **(exclude associated travel)**

Please only use numbers. Include all IPA DCC associated with the contact, including preparation, assessment/intervention, documentation, correspondence and patient-specific liaison forming part of that episode of care (e.g. tube feed orders, specialist tube feeding nurse liaison). Exclude travel and patient-specific liaison occurring separately between contact episodes. This question only refers to your paediatric HETF work.

The value must be a number

38

On average, how many minutes of **travel time** are associated with each **new** patient contact?

Please include travel time only; do not include any Individual Patient-Attributable Direct Clinical Care (IPA DCC) reported in the previous question. Include contacts requiring no travel when calculating the average. Enter 0 where no travel is associated with the contact. When you calculate the average, please calculate 0 for appointments that don't require travel. This question only refers to your paediatric HETF work.

The value must be a number

39

On average, how many minutes of Individual Patient-Attributable Direct Clinical Care (IPA DCC) do you spend on each **review** patient contact? **(exclude associated travel)**

Please only use numbers. Include all IPA DCC associated with the contact, including preparation, assessment/intervention, documentation, correspondence and patient-specific liaison forming part of that episode of care (inlcuding tube feeding orders or liaison with specialist tube feeding nurse). Exclude travel and patient-specific liaison occurring separately between contact episodes. This question only refers to your paediatric HETF work.

The value must be a number

40

On average, how many minutes of **travel time** are associated with each **review** patient contact?

Please include travel time only; do not include any Individual Patient-Attributable Direct Clinical Care (IPA DCC) reported in the previous question. Include contacts requiring no travel when calculating the average. When you calculate the average, please calculate 0 for appointments that don't require travel. This question only refers to your paediatric HETF work.

41

In an average, representative week, how many additional patient-specific liaison episodes do you undertake with healthcare professionals or other agencies outside the package of care associated with new or review patient contacts?

This may include patient-specific case conferences; telephone or video liaison about care plans; feed-order coordination; or discussions with tube feed specialist nurses, social workers, safeguarding or 'raising a concern' matters, other healthcare professionals or senior colleagues for clinical advice. Enter 0 if none. This question only refers to your paediatric HETF work.

The value must be a number

42

On average, how many minutes do you spend on each additional patient-specific liaison episode as described above?

This may be for individual patient attributable case conference meetings, telephone or videocalls to link care plans with other HCPs or social workers or chase up tube feed related matters like feed orders or discussions with a specialist nurse or social worker or other allied healthcare professionals, even discussion with seniors in the team for advice. Please enter 0 if none. This question only refers to your paediatric HETF work.

The value must be a number

43

On average, how many minutes of travel are associated with each additional patient-specific liaison episode described above?

Include contacts requiring no travel when calculating the average. Enter 0 where no travel is associated with the contact. This may refer to case conference meeting travel, picking up urgent feeds or pumps, for example. When you calculate the average, please calculate 0 for appointments that don't require travel. This question only refers to your paediatric HETF work.

The value must be a number

44

What percentage of your individual HETF consultations are delivered remotely by telephone or video?

Please enter 0 if none. Please don't include the % unit, just the number, e.g. 100% = 100.

The value must be a number

45

In an average, representative year, how much time (in hours) do you spend working on and contributing to tube feeding company contracts and service reviews

Please just include the number of hours. Please add 0 if you are not involved in contracting or service reviews of tube feeding company systems. Please leave blank if you are not able to answer.
Please also include this time within the appropriate BDA activity category when completing the later working-time allocation section. It should form part of that overall allocation, not be added on top of the 100% total.

The value must be a number

46

On average, what % of your HETF contracted hours do you work from home?

Please enter 0 if none. Please don't include the % unit, just the number, e.g. 100% = 100.

The value must be a number

Allocation of contracted HETF working time

Travel can account for a substantial proportion of community working time, so it is recorded separately within each BDA activity category to ensure that it is neither lost nor double-counted when assessing workload and staffing capacity. To ensure that its effect on service capacity can be fully understood, the BDA job-planning activities categories below are each divided into: **A)** time spent undertaking the activity itself, excluding travel; and **B)** work-related travel undertaken to support that activity. Please enter each portion of your contracted community paediatric HETF working time once only. The ten percentages in this section, including the five travel percentages, should total 100%. Please use your job plan, diary or recent activity records wherever possible. Do not include your normal commute between home and your usual contractual work base. Allocate each journey according to its principal purpose. If one journey supports more than one activity, divide the travel between the relevant categories or activities using your best evidence-based estimate. Do not record the same travel time more than once.

47

IPA DCC activity, **excluding travel** | What percentage of your contracted community paediatric HETF working time is spent undertaking Individual Patient-Attributable Direct Clinical Care (IPA DCC), excluding travel? Please calculate this as a % of total contracted hours that you work in an average, representative week.

Include time spent with individual patients and all work attributable to an individual patient, including preparation, documentation, correspondence and patient-specific liaison with healthcare professionals or other agencies as part of this episode of care. Include additional patient-specific liaison occurring between patient contact episodes such as with other professionals, agencies or external providers (e.g. feed companies). Do not include travel. Please refer to the Definitions supporting document for help. Please exclude the % unit, eg. 100 % =100.

The value must be a number

48

Travel (only) associated with IPA DCC | What percentage of your contracted community paediatric HETF working time is spent travelling to undertake IPA DCC? Please calculate this as a % of total contracted hours that you work in an average, representative week.

Include travel to or between individual patient contacts in homes, schools, clinics, hospitals and other community settings. You can refer to the survey guide for definitions.

The value must be a number

49

Non-IPA DCC activity, excluding travel | What percentage of your contracted community paediatric HETF working time is spent undertaking Non-Individual Patient-Attributable Direct Clinical Care (non-IPA DCC), excluding travel? Please calculate this as a % of total contracted hours that you work in an average, representative week.

Include clinical activity that is not attributable to an individual patient, such as general or formal MDT activity, service-wide clinical liaison and development of generic patient resources. Do not include patient-specific liaison recorded as IPA DCC or any travel. You can refer to the Definitions supporting document to help.

The value must be a number

50

Travel associated with non-IPA DCC | What percentage of your contracted community paediatric HETF working time is spent travelling to undertake non-IPA DCC? Please calculate this as a % of total contracted hours that you work in an average, representative week.

Include travel undertaken for general MDT meetings, service-wide clinical liaison or other non-individual patient-attributable clinical activities. You can refer to the survey guide for definitions.

The value must be a number

51

SPA activity, excluding travel | What percentage of your contracted community paediatric HETF working time is spent undertaking Supporting Professional Activities (SPA), excluding travel? Please calculate this as a % of total contracted hours that you work in an average, representative week.

Include clinical service management, staff or student training, continuing professional development, practice supervision, clinical governance, departmental meetings and appraisals or tube feeding contract reviews or planning meetings. Do not include travel in this answer. You can refer to the survey guide for definitions.

The value must be a number

52

Travel associated with SPA | What percentage of your contracted community paediatric HETF working time is spent travelling to undertake SPA? Please calculate this as a % of total contracted hours that you work in an average, representative week.

Include travel undertaken for training, supervision, governance, management or other supporting professional activities or tube feeding contract reviews or planning meetings. You can refer to the survey guide for definitions.

The value must be a number

53

ANR activity, excluding travel | What percentage of your contracted community paediatric HETF working time is spent undertaking Additional Responsibilities (ANR), excluding travel? Please calculate this as a % of total contracted hours that you work in an average, representative week.

Include formally agreed responsibilities that extend beyond your usual community paediatric HETF role. Do not include travel in this answer. You can refer to the survey guide for definitions. Include only ANR time that forms part of the HETF FTE reported earlier; otherwise enter 0.

The value must be a number

54

Travel associated with ANR | What percentage of your contracted community paediatric HETF working time is spent travelling to undertake Additional Responsibilities? Please calculate this as a % of total contracted hours that you work in an average, representative week.

Enter 0 if you have no ANR-related travel. You can refer to the survey guides for definitions.

The value must be a number

55

ED activity, excluding travel | What percentage of your contracted community paediatric HETF working time is spent undertaking External Duties (ED), excluding travel? Please calculate this as a % of total contracted hours that you work in an average, representative week.

Include externally funded duties, such as external education, teaching or research. Do not include travel in this answer. You can refer to the survey guide for definitions. Include only ED time that forms part of the HETF FTE reported earlier; otherwise enter 0.

The value must be a number

56

Travel associated with ED | What percentage of your contracted community paediatric HETF working time is spent travelling to undertake External Duties? Please calculate this as a % of total contracted hours that you work in an average, representative week.

Enter 0 if you have no ED-related travel. You can refer to the survey guide for definitions.

The value must be a number

57

Total check | Please enter the combined total of the percentages above, within this section. This calculation should represent a % of your total contracted hours that you work in an average, representative week.

Your total should be 100%. If it is not, please review your answers before continuing.

The number must equal 100

Understanding work complexity

Community paediatric home enteral feeding.

58

Considering the **new** patients you see in an average month, what percentage would you estimate are of **high** complexity according to the BDA's Complexity Tool, UDPCT V11?

Community paediatric home enteral feeding. You can access the complexity tool here. Please remember that this question is NOT about how difficult or challenging you found their treatment per se. **Across the three questions about complexity (high, medium, low) regarding new patients, your percentages should total 100%.**

59

Considering the **new** patients you see in an average month, what percentage would you estimate are of **medium** complexity according to the BDA's Complexity Tool, UDPCT V11?

Community paediatric home enteral feeding. You can access the complexity tool here. Please remember that this question is NOT about how difficult or challenging you found their treatment per se. **Across the three questions about complexity (high, medium, low) regarding new patients, your percentages should total 100%.**

60

Considering the **new** patients you see in an average month, what percentage would you estimate are of **low** complexity according to the BDA's Complexity Tool, UDPCT V11?

Community paediatric home enteral feeding. You can access the complexity tool here. Please remember that this question is NOT about how difficult or challenging you found their treatment per se. **Across the three questions about complexity (high, medium, low) regarding new patients, your percentages should total 100%.**

61

Considering the **review** patients you see in an average month, what percentage would you estimate are of **high** complexity according to the BDA's Complexity Tool, UDPCT V11?

Community paediatric home enteral feeding. You can access the complexity tool here. Please remember that this question is NOT about how difficult or challenging you found their treatment per se. **Across the three questions about complexity (high, medium, low) regarding review patients, your percentages should total 100%.**

62

Considering the **review** patients you see in an average month, what percentage would you estimate are of **medium** complexity according to the BDA's Complexity Tool, UDPCT V11?

Community paediatric home enteral feeding. You can access the complexity tool here. Please remember that this question is NOT about how difficult or challenging you found their treatment per se. **Across the three questions about complexity (high, medium, low) regarding review patients, your percentages should total 100%.**

63

Considering the **review** patients you see in an average month, what percentage would you estimate are of **low** complexity according to the BDA's Complexity Tool, UDPCT V11?

Community paediatric home enteral feeding. You can access the complexity tool here. Please remember that this question is NOT about how difficult or challenging you found their treatment per se. **Across the three questions about complexity (high, medium, low) regarding review patients, your percentages should total 100%.**

64

What percentage of children and young people on your active HETF caseload have recognised additional or special educational needs and/or disabilities under the relevant framework in their nation?

This includes, where applicable:

- **England:** Special Educational Needs and Disabilities (SEND), including an Education, Health and Care (EHC) Plan, Early Help, Child in Need
- **Wales:** Additional Learning Needs (ALN), including an Individual Development Plan (IDP)
- **Scotland:** Additional Support Needs (ASN), including a Co-ordinated Support Plan (CSP)
- **Northern Ireland:** Special Educational Needs (SEN), including a Statement of Special Educational Needs
- **Republic of Ireland:** Special Educational Needs (SEN), under the relevant educational support framework

Enter a percentage from 0–100.

The value must be a number

Final comments

Community paediatric home enteral feeding.

65

If there are recurring features of highly complex HETF cases that substantially increase workload and are not adequately captured by the UDPCT, please describe them here. Please don't include unique, identifiable, examples.

Please do not include names, initials, contact details, exact locations, organisation or service names, patient information, details of identifiable incidents, or any other information—or combination of information—that could
identify a child, family member, colleague, professional, respondent or service.

66

Would you like to describe a typical highly complex patient case under your care?

Community paediatric home enteral feeding. Please describe only general characteristics or circumstances. Do not describe a unique case or include details that could enable the child, family, professionals or service to be recognised.

67

Anything else you would like to comment or feedback on that you feel is relevant or we should consider? Please include any information that you feel might help provide context to some of your answers.

Please do not include names, initials, contact details, exact locations, service or organisation names, patient information, details of identifiable incidents, or any other information—or combination of information—that could identify a child, family member, colleague, professional, respondent or service.

Thank you for contributing to ASCEND

Thank you for the time and care you have taken to complete the survey. Your contribution will help develop evidence-based safer staffing and workload recommendations for community paediatric HETF services. An unfinished response may not be retained if you close Microsoft Forms.
If you need to return later, submit your current answers and select the option to save your response for editing on the confirmation page. Keep the resulting edit option securely and use it to update your existing response rather than beginning another response. You may also print or download a copy of your submitted answers for your own records. Do not share your receipt, confidential linkage code or edit link with anyone who is not authorised to see your answers.

Thank you for considering ASCEND

You have chosen not to continue. No survey information will be requested. Please select **Submit** to close the Form. No further action is required.

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