ASCEND SERVICE | TEAM SURVEY

WELCOME | Thank you for contributing to ASCEND, the national workforce study for community paediatric home enteral tube feeding (HETF) services. This survey should be completed once for each eligible service by an appropriate, knowledgeable representative who can provide or coordinate the requested information. Eligible dietitians and dietetic support workers should also complete separate Individual Clinician Surveys. Together, the responses will help inform evidence-based safer staffing and workload recommendations.
BEFORE YOU BEGIN | Please allow approximately 45 minutes to one hour if the required information is available; gathering it may take longer. Please read the Before You Begin guidance and Important Definitions before starting. Use recorded service information 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 | Agree a confidential base code for your service and share it securely with eligible colleagues. Use [base code]-TEAM for this survey. Colleagues completing Individual Clinician Surveys should use the same base code followed by their own numbered suffix—for example, [base code]-01, -02 and so on. The code must not contain a name, initials, service or organisation name, location, postcode, email address, staff number or other directly identifying information. Please check it carefully and keep it securely until the study closes.
SAVING AND PRIVACY | An unfinished response may not be retained if Microsoft Forms is closed. If you need to return later, submit your current answers and immediately select Save my response to edit on the confirmation page. Keep the saved edit link and linkage code securely and use the link to update the existing response rather than starting another one. Responses will be treated as confidential and findings reported only in aggregated and disclosure-controlled form. Please do not enter information that could identify a person or service. Full information is provided in the ASCEND Survey Privacy Notice linked in the first question.
9th Sept 2026

Required participation, consent and representative confirmation

The ASCEND project

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

1

Consent to participate and confirmation of authority | Please confirm the following before continuing:
Please read the ASCEND Survey Privacy Notice before deciding whether to continue. *

By selecting "I consent and confirm", I confirm that:
• I have read and understood the Survey Privacy Notice;
• I consent to the BDA and authorised organisations and people acting on its behalf collecting, storing, using and analysing this coded response for the specified ASCEND purposes;
• I am suitably informed about the service information requested and am authorised or appropriately placed to submit one coordinated response for the relevant team or service;
• where necessary, I have consulted appropriate colleagues to provide accurate aggregate information;
• I am not providing consent on behalf of individual colleagues or disclosing their identifiable personal information;
• I understand that ASCEND does not ask for my name, email address, Microsoft account identity, organisation or service name, but that indirect identification cannot be ruled out completely;
• I understand that the coded response will be treated as confidential and findings will be reported only in aggregated and disclosure-controlled form;
• I understand how the response may be amended or withdrawn using its confidential code, subject to the limitations explained in the Survey Privacy Notice; and
• I will not enter information capable of identifying a patient, family member, individual member of staff, respondent, service or organisation.

◯ I consent and confirm that I am authorised or appropriately placed to submit this response

◯ I do not consent or cannot provide the required confirmation

2

Service/Team confidential linkage-code question | Please enter the confidential Service/Team Survey linkage code *

Use the non-identifying base code agreed by your service followed by TEAM—for example, PURPLE-OTTER-TEAM.
Individual clinicians completing the related Individual Clinician Survey should use the same base code followed by their own unique numerical suffix—for example, PURPLE-OTTER-01, PURPLE-OTTER-02 and so on.
This enables related Service/Team and Individual Clinician responses to be analysed together without asking for names or service names.
Please:
• check the complete code carefully;
• retain it securely until the study and applicable withdrawal period have ended; and
• do not include a person's 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 your service

This section asks about the geographical context and type of area served by your community paediatric HETF 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

Tell us about the type of geographic area you serve, including areas supported through service level agreements (SLAs)

This question only relates to your paediatric community home enteral feeding service

- ◯ Urban
- ◯ Rural
- ◯ Mixed urban and rural
- ◯ Other

Workforce & staffing

This section asks about the workforce currently available to the service, including FTE, headcount, temporary staffing and vacancies. Please use staffing records wherever possible. Report filled FTE separately from vacant FTE and distinguish FTE from the number of individual staff.

5

How many Band 3 dietetic support staff (FTE) provide care for children and young people receiving home enteral tube feeding (HETF) within your community paediatric service?

Please enter your answer as a number up to two decimal places, if required. For definitions, e.g. 'FTE' please click on Important Definitions document. 1 FTE = 1 WTE (whole time equivalent). 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.

The value must be a number

6

How many Band 4 dietetic support staff (FTE) provide care for children and young people receiving home enteral tube feeding (HETF) within your community paediatric service?

Please enter your answer as a number which can include decimal places. 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.

The value must be a number

7

How many Band 5 dietitians (FTE) provide care for children and young people receiving home enteral tube feeding (HETF) within your community paediatric service?

Please enter your answer as a number which can include decimal places. 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.

The value must be a number

8

How many Band 6 dietitians (FTE) provide care for children and young people receiving home enteral tube feeding (HETF) within your community paediatric service?

Please enter your answer as a number which can include decimal places. 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.

The value must be a number

9

How many Band 7 dietitians (FTE) provide care for children and young people receiving home enteral tube feeding (HETF) within your community paediatric service?

Please enter your answer as a number which can include decimal places. 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.

The value must be a number

10

How many Band 8 dietitians (FTE) provide care for children and young people receiving home enteral tube feeding (HETF) within your community paediatric service?

Please enter your answer as a number which can include decimal places. 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.

The value must be a number

11

At the time of completing this survey, what is the total FTE currently contributing to the community paediatric HETF service?

Include all dietitians and dietetic support workers currently contributing to HETF care, including temporary/non-substantive staff. Exclude vacant FTE. Please enter your answer as a number which can include decimal places.

The value must be a number

12

At the time of completing this survey, how many individual dietitians and dietetic support workers contribute to this community paediatric HETF service?

Count each person once (head count), regardless of their FTE allocation. For example, two people each contributing 0.5 FTE should be reported as **2**.

The value must be a number

13

At the time of completing this survey, how much of the current HETF staffing is provided through non-substantive or temporary arrangements? Please enter the FTE.

Include bank, locum, agency and fixed-term arrangements as defined in the ASCEND Definitions. Only enter 0 if none.

The value must be a number

14

At the time of completing this survey, how many approved HETF FTE are currently vacant?

The value must be a number

15

During the past 12 months, what was the greatest total HETF vacancy FTE at any one time?

The value must be a number

16

If your team has experienced any clinical vacancies over the last year, which bandings/grades has this affected?

You can enter multiple bands/grades, as required. This question only relates to your paediatric community home enteral feeding service. 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.

- [ ] band 3 (or equivalent grade)
- [ ] band 4 (or equivalent grade)
- [ ] band 5 (or equivalent grade)
- [ ] band 6 (or equivalent grade)
- [ ] band 7 (or equivalent grade)
- [ ] band 8a (or equivalent grade)

17

Based on your team's knowledge, which factors contributed to clinical HETF posts becoming vacant or remaining unfilled during the past 12 months?

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, individual member of staff, professional, respondent or service.

Service demand and access

This section asks about service demand, patient flow and access to timely care. The questions use different reference periods, so please check whether each asks about the current position or the preceding 12 months. Please use service records wherever possible.

18

At the time of completing this survey, how many children and young people are on the active caseload of your community paediatric HETF service?

Please use the BDA definition for caseload in your Important Definitions supporting document. Include all children and young people who have been assessed, remain under treatment or review, have not been discharged and for whom the service retains responsibility for dietetic care. Include those reviewed intermittently or only when required if the service continues to hold responsibility for their care. Exclude referrals awaiting their first assessment. Please provide an exact count from service records wherever possible. If an exact count is unavailable, enter the best documented estimate derived from available service information.

The value must be a number

19

During the past 12 months, what was the average waiting time, in working days, from acceptance (or discharge, whichever comes latest) of a new HETF referral to the first patient contact?

Please remember this is only within your home paediatric enteral feeding service

The value must be a number

20

What percentage of accepted HETF referrals are currently waiting longer than the service's agreed or clinically intended timeframe for first contact (where clinical care can take place)?

Please enter a number 1 to 100. No units are required

The value must be a number

21

What is the range of waiting days between HETF patient appointments?

Please remember this is only within your home paediatric enteral feeding service.

22

What percentage of patients on the active HETF caseload are currently overdue for their planned or clinically intended dietetic review?

Please enter a number 0 to 100. No units are required. If none, please enter 0. If you can't answer, please leave blank.

The value must be a number

23

What are the most common reasons for delays in patient care?

You may enter multiple options, but ignore uncommon ones, please. This question only relates to your paediatric community home enteral feeding service.

- [ ] Insufficient staffing/vacancies
- [ ] Demand exceeding available capacity
- [ ] Increased patient complexity
- [ ] Travel/geographical pressures
- [ ] Patient/family availability
- [ ] Delays involving another service or organisation
- [ ] Access to clinic/appointment capacity
- [ ] Administrative or system-related delays
- [ ] Challenges presented by working through Feeding order systems and tube feed companies (e.g. time consuming, technical challenges, contracting and contract reviewing)
- [ ] Not known
- [ ] No delays
- [ ] Other

24

During the past 12 months, how many new community paediatric HETF referrals were accepted by your service?

Count each new referral episode once. Please use service records where available. Enter 0 if none; leave blank if the information is unavailable.

The value must be a number

25

During the past 12 months, how many HETF patients were discharged from or transferred out of your service, such that the service no longer retained responsibility for their HETF dietetic care?

Enter 0 if none; leave blank if the information is unavailable.

The value must be a number

26

At the time of completing this survey, how many accepted HETF referrals are awaiting their first dietetic assessment/contact?

Do not include these patients in the active caseload reported earlier. Enter 0 if none.

The value must be a number

Service delivery, interfaces, governance and safety

This section asks how HETF care is delivered and about the wider services, systems and governance processes involved. These factors can add coordination requirements, affect available capacity and contribute to understanding service safety.

27

In which of the following venues do you deliver patient care?

Only mark the relevant venues. This question only relates to your paediatric community home enteral feeding service.

- [ ] Schools or other educational setting
- [ ] Community or outpatient clinics
- [ ] Child or young person's home
- [ ] Online or telephone care
- [ ] Other

28

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 only relates to your paediatric community home enteral feeding service.

- ◯ Yes
- ◯ No
- ◯ Other

29

Approximately how many different external services does your paediatric HETF team routinely liaise with to coordinate care for its HETF caseload?

Count each distinct service only once, rather than individual professionals or teams. Include other dietetic teams or services, as well as relevant health, education, social care and voluntary/independent-sector services. "External" means external to your paediatric HETF team; the team or service may be within the same employing organisation, but of a different discipline or across borders but still fulfilling the same service. Count operationally distinct services, not individual professionals. Do not duplicate the same service solely because commissioning, funding or administrative boundaries differ. It's the service they provide that is counted. Please see the Definitions supporting document for further explanation and examples.

The value must be a number

30

Please enter the number of special schools your service works with

This question only relates to your paediatric community home enteral feeding service.

The value must be a number

31

Please enter the number of acute hospitals the service works with (excluding tertiary services)

This question only relates to your paediatric community home enteral feeding service.

The value must be a number

32

Please enter the number of tertiary level hospitals and specialist centres your service works with

This question only relates to your paediatric community home enteral feeding service.

The value must be a number

33

Does your community paediatric HETF team have access to shared digital patient records with the following services?

	yes	no	partly
GP surgeries	◯	◯	◯
community teams	◯	◯	◯
tertiary services	◯	◯	◯
local district general hospital	◯	◯	◯
tube feeding companies	◯	◯	◯

34

Does your service have a documented care pathway for children and young people receiving home enteral tube feeding?

A documented care pathway means an agreed written process covering referral or transfer into the service, assessment, ongoing review and discharge or transition.

- ◯ Yes, documented and currently in use
- ◯ Partly — some elements are not documented or current
- ◯ A pathway is currently being developed/reviewed
- ◯ No documented pathway
- ◯ Not known
- ◯ Other

35

Please provide any additional information about your service's care pathways that would help us understand the context of your responses.

Paediatric enteral home feeding patients only, please. 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, individual member of staff, professional, respondent or service.

36

In an average, representative year, how many hours (taking account of all staff involvement) does your service spend working on Tube feeding company contracting or service reviews?

Please just enter the number of hours, without units. This question only relates to your paediatric community home enteral feeding service.

The value must be a number

37

Does your community paediatric HETF team currently contribute to any of the following formal planning, coordination or review processes for children and young people on its caseload?

Please choose as many as apply

- [ ] Formal education, additional-learning or special-educational-needs planning—for example: an EHC Plan in England; IDP in Wales; CSP or other ASN planning in Scotland; Statement of SEN in Northern Ireland or similar in the Republic of Ireland
- [ ] Safeguarding or child-protection assessment, planning or review
- [ ] Other formal multi-agency care-planning or case-review processes
- [ ] Child-death or sudden unexpected death review processes, under the relevant national or local arrangements
- [ ] Early additional support such as Early Help, Child in Need, Child protection plans
- [ ] Not known
- [ ] None
- [ ] Other

38

Approximately what percentage of children and young people on the active HETF caseload currently require involvement from the dietetic team in one or more of the governance processes described above?

Paediatric enteral home feeding patients. Count each child or young person once, even if more than one governance process applies. Enter a percentage from 0 to 100.

The value must be a number

39

During the past 12 months, how many HETF-related patient safety incidents or near misses were recorded by your service?

Please enter 0 if none, please leave blank if not known.

The value must be a number

Patient population & complexity

This section asks about the composition and complexity of the current active HETF caseload. Please use the active caseload reported earlier as the denominator unless a question states otherwise. Where categories are intended to total 100%, classify each patient once only.

40

At the time of completing this survey, and looking at the team's current active caseload, what proportion of these patients are defined as showing high complexity scores as per the Universal Dietetic Patient Complexity Tool (UDPCT), V11?

Please enter a percentage value without the %. Please ensure all three team caseload complexity % add to 100 together

The value must be a number

41

At the time of completing this survey, and looking at the team's current active caseload, what proportion of these patients are defined as showing medium complexity scores as per the Universal Dietetic Patient Complexity Tool (UDPCT), V11?

Please enter a percentage value without the %. Please ensure all three team caseload complexity % add to 100 together

The value must be a number

42

At the time of completing this survey, and looking at the team's current active caseload, what proportion of these patients are defined as showing low complexity scores as per the Universal Dietetic Patient Complexity Tool (UDPCT), V11?

Please enter a percentage value without the %. Please ensure all three team caseload complexity % add to 100 together

The value must be a number

43

What percentage of the active HETF caseload is aged under 1 year of age

The 11 age-group percentages should total 100%.

The value must be a number

44

What percentage of the active HETF caseload is aged 1 to 2 years of age

The 11 age-group percentages should total 100%.

The value must be a number

45

What percentage of the active HETF caseload is aged 3 to 4 years of age

The 11 age-group percentages should total 100%.

The value must be a number

46

What percentage of the active HETF caseload is aged 5 to 6 years of age

The 11 age-group percentages should total 100%.

The value must be a number

47

What percentage of the active HETF caseload is aged 7 to 8 years of age

The 11 age-group percentages should total 100%.

The value must be a number

48

What percentage of the active HETF caseload is aged 9 to 10 years of age

The 11 age-group percentages should total 100%.

The value must be a number

49

What percentage of the active HETF caseload is aged 11 to 12 years of age

The 11 age-group percentages should total 100%.

The value must be a number

50

What percentage of the active HETF caseload is aged 13 to 14 years of age

The 11 age-group percentages should total 100%.

The value must be a number

51

What percentage of the active HETF caseload is aged 15 to 16 years of age

The 11 age-group percentages should total 100%.

The value must be a number

52

What percentage of the active HETF caseload is aged 17 to 18 years of age

The 11 age-group percentages should total 100%.

The value must be a number

53

What percentage of the active HETF caseload is aged 19 and above years of age

The 11 age-group percentages should total 100%.

The value must be a number

Please check the percentages entered for the eleven age groups above. Do they total 100%?

If the total is not 100%, please amend the age-group percentages before continuing.

- ◯ Yes—the total is 100%
- ◯ No—I need to review and amend my answers

Dietetic care | enteral and oral routes

Classify each patient once according to their current principal HETF category. Please do not double count patients, there is a separate category for patients using tubes for water or medication only. Some patients under your care may be on oral intake alone whilst waiting to have a tube placed or replaced and this is a separate category ASCEND includes. The five percentages should total 100%. This question only relates to your paediatric community home enteral feeding service.

55

Thinking about the enteral feeding routes your patients use, what % use nasogastric feeding?

Paediatric home enteral feeding. Please aim for the % in this section of questions to add to 100% of your team's caseload. **Please exclude tubes used only for medication/fluids.** Only use numbers 0 to 100, no units are required. It doesn't matter if the patient is also eating and/or drinking.

The value must be a number

56

Thinking about the enteral feeding routes your patients use, what % use gastrostomy feeding?

Paediatric home enteral feeding. Please aim for the % in this section of questions to add to 100% of your team's caseload. **Please exclude tubes used only for medication/fluids.** Only use numbers 0 to 100, no units are required. It doesn't matter if the patient is also eating and/or drinking.

The value must be a number

57

Thinking about the enteral feeding routes your patients use, what % use jejunostomy or gastrojejunal feeding?

Paediatric home enteral feeding. Please aim for the % in this section of questions to add to 100% of your team's caseload. **Please exclude tubes used only for medication/fluids.** Only use numbers 0 to 100, no units are required. It doesn't matter if the patient is also eating and/or drinking.

The value must be a number

58

Thinking about the routes of nutritional intake your patients use, what % use oral intake **only (and require no tube feeding dietetic support)**, with or without oral nutrition support, for example, either because the patient is waiting for tube placement at the start or the end to their tube feeding journey (handing over dietetic care)?

Paediatric home enteral feeding team caseload. Please aim for the % in this section of questions to add to 100% of your team caseload.

The value must be a number

59

What % of your patients only use a tube for medication and/or fluids?

Only use numbers 0 to 100, no units are required. This question only relates to your paediatric community home enteral feeding service.

The value must be a number

60

Please check the percentages entered for the five tube and oral feeding groups mentioned above. Do they total 100%?

If the total is not 100%, please amend the tube feeding and oral percentages of patients before continuing.

- ◯ Yes—the total is 100%
- ◯ No—I need to review and amend my answers

Future planning and final comments

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.

61

Please describe any important changes in service demand, patient complexity or staffing capacity over the past five years that would provide context for your responses. This question only relates to your paediatric community home enteral feeding service.

Paediatric community enteral home feeding patients. For example:

- changing referral rates and service demand;
- patient complexity;
- changes in consultation time;
- patient turnover and new-to-follow-up ratios;
- changes in workload and staffing capacity
- 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, individual member of staff, professional, respondent or service.

62

Please share with us what strategies your team applies to gain and maintain full staffing

This question only relates to your paediatric community home enteral feeding 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, individual member of staff, professional, respondent or service.

63

Anything else you would like to comment or feedback on that you feel is relevant or we should consider? Please include any details that may offer context to some of your answers.

This question only relates to your paediatric community home enteral feeding 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, individual member of staff, professional, respondent or service.

Thank you very much for your interest and contributions towards the ASCEND project.

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 link option securely and use it to update the existing response rather than beginning another response.It would be sensible to also print or download a copy of the submitted answers for your records.
Do not share the receipt, confidential linkage code or edit link with anyone who is not authorised to see the response.

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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