

Safe Staffing Safe Workload Questionnaire

All BDA members who were employed in the NHS in 2015 were invited to complete the following survey. This formed the basis for Safe Staffing Safe Workload Guidance



The Association of UK Dietitians

BDA Safe Caseload and Safe Staffing 2015 Individual Clinicians Survey

Welcome to The BDA's Safe Caseload Safe Staffing Survey 2015

The Francis Inquiry and the Berwick reports outlined ways in which the NHS can improve care. Both reports raised the issue of staffing levels and attention to this remains high among the public, front line NHS staff and at national policy level. In a post Francis era, the drive to improve the fundamentals of care and quality comes at a time when the NHS is under substantial financial pressures.

In light of this, the BDA is working on a Safe Caseload and Safe Staffing project in recognition of the need for members to have an evidenced based resource to support workforce planning and local decision making. It is hoped that this work will link in with other documents highlighting safe staffing levels for other NHS professionals.

This questionnaire is to be completed by any BDA members(Dietitians or Dietetic Support Workers) who are employed by the NHS or who deliver against NHS contracts.

Thank you for taking the time to complete this short survey about safe staffing and safe caseload. It should take up to 20 minutes to complete.

You will be required to give information about your current workload and the amount of time you spend carrying out patient focussed activity and non-patient focussed activities. You will also be asked about how many new and follow-up direct contacts you have each week in both one-one and group settings. You may wish to reflect on this before completing the questionnaire.

If you work in a split post, please complete the questionnaire for just one of these posts initially. At the end you will have the opportunity to complete the questionnaire again for your other post.

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1. Where are you based?
Acute hospital
Community
2. Do you mainly work with adults or children?
Adults
Children
3. Is your work mainly with inpatients or outpatients?
Outpatients
Both



4. What pay band are you employed on?

- 2
 3
 4
 5
 6
 7
 8a
- 0 8b
- ─ 8c
- 08 (
- 9

5. For how many hours are you employed in (your main or only) post per week? (please choose nearest)

- 0.1 W.T.E (3.75 hours)
- 0.2 W.T.E (7.5 hours)
- 0.3 W.T.E (11.75 hours)
- 0.4 W.T.E (15 hours)
- 0.5 W.T.E (18.75 hours)
- 0.6 W.T.E (22.5 hours)
- 0.7 W.T.E (26.25 hours)
- 0.8 W.T.E (30 hours)
- 0.9 W.T.E (33.75hours)
 - 1.0 W.T.E (37.5 hours)

6. Does your workload require you to work over and above your contracted hours?
Yes
Νο



A range of activities are carried out by the Dietetic workforce; all are important in ensuring a high quality service. To ensure consistency across NHS professions, we are using terminology from NHS England in the table below. The table shows how dietetic activities can be defined; as patient focused "care contact time" (which includes both direct and indirect patient activities) and other dietetic activities which are non-patient focused. We have aligned the definition of direct patient contact with that of the NHS Benchmarking Network.

	Type of activity	Definition
PATIENT FOCUSSED ACTIVITY (Care Contact Time)	Direct Patient Contact	Any intervention or group of interventions that relates to a specific person's clinical care provided by the Dietetics service, this includes direct contact with a patient or their representative - usually face to face and including all the associated activities such as note writing etc. Contact method includes face to face, telephone, email, skype
	Indirect Patient Activity	Time spent in all other patient focussed activities that do not involve direct communication with the patient or their representative. This includes IADT meetings, case conferences, telephone conversations with other care professionals and all other patient related documentation.
	Self Focussed Activity	Activities for own CPD eg practice supervision, 1:1 and appraisal meetings, mandatory training, own training, journal clubs
OTHER DIETETIC ACTIVITIES	Staff Focussed Activity	Activities to support and develop other staff eg to develop and provide training for dietetic staff and students and to other health care professionals. Includes supervision and feedback as required.
	Service Focussed Activity	Team and departmental meetings, clinical governance (including audit), service development, service and staff management duties, non-patient related administration
ALL OTHER T	IME (unproductive time)	Travel, waiting times eg for colleagues, IT failure

DIRECT PATIENT	
CONTACT (%)	
NDIRECT PATIENT ACTIVITY (%)	
SELF FOCUSSED ACTIVITY (%)	
STAFF FOCUSSED ACTIVITY (%)	
SERVICE FOCUSSED ACTIVITY (%)	
ALL OTHER ACTIVITIES %)	
10. If you do additior nours? Please selec	nal UNPAID hours, what is the main activity that you do outside of your contracted t 1 answer.
DIRECT PATIENT (
	ΓΑCTIVITY
SELF FOCUSSED	ACTIVITY
) ACTIVITY
DTHER (Please give det	ails)



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11. The following questions relate to DIRECT PATIENT contacts only (includes face-face, email, skype, telephone (as per previous table). Please put a 0 (zero) if you do not see any. On average...

How many NEW INPATIENTS do you see per week?

How many FOLLOW UP INPATIENTS do you see per week?

How many NEW OUTPATIENTS do you see per week (excluding group sessions)?

How many FOLLOW UP OUTPATIENTS do you see per week (excluding group sessions)?

How many group sessions do you do per week?

How many patients do you see per group session?



12. Do you feel that your current workload is safe?

◯ YES

NO



 Patients not seen in a timely manner Adverse impact on clinical outcomes Poor patient experience/ satisfaction Unable to fully complete documentation Reduced opportunities for MDT working (e.g. missing phone calls/ meetings/ case conferences) Lack of opportunity for CPD (including own training/ journal club/ appraisal/ peer review/ supervision e.t.c) Poor health at work (e.g. regular tiredness, stress or sickness)
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Poor health at work (e.g. regular tiredness, stress or sickness)
Unable to take mandatory training
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
Very little or no audit undertaken
Limited guideline and policy development or updating of resources
Unable to deliver sufficient training to others
Unable to complete activities
Frequent complaints
Unacceptable number of clinical incidents or near misses
Failing Audits
Being asked to work outside scope of practice
Other (please specify)

14. Thank you for completing the questionnaire. Please leave any further comments here:



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15. If you wish to be entered into the prize draw for a chance to win one of 3 fantastic prizes (A Manual of Dietetic Practice, A CED course of your choice or vouchers) please leave your name and email address here. Please note that your name and email address will only be used for the prize draw and the data supplied in your answers will be treated anonymously.

If you work in a split post and wish to complete the questionnaire for your other post please use this link https://www.surveymonkey.com/s/BDA2015SCSS

Thank you for participating.

Further news from the BDA's Safe Caseload and Safe Staffing Project will be published in Members Monthly, Circulate, Dietetics Today and at www.bda.uk.com