

Leaver Questionnaire / Procedure

This procedure outlines the process to receive feedback from employees who are moving roles within the Trust or leaving the Trust in order to ensure that the Trust continues to improve its practices.

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Which Relevant CQC Fundamental Standards?		

CONTRIBUTION LIST

Key individuals involved in developing the document

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Circulated to the following individuals for comments

Name
Directors / Heads of Service and Direct Reports
Operational HR Team
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Staffside
Workforce & Wellbeing Group

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	1 July 2012	New Process launched
2	28 Nov 2013	Replaced Equality monitoring form with the updated versions as advised by Equality team
3	2 June 2015	To include staff moving within the trust NOT only leavers Added NHS constitution checklist
4	3 February 2016	Amended address for Employee Services team and included survey monkey hyperlink.
5	16 November 2016	Amended categories on exit questionnaire.
6	14 June 2017	Amended reasons for leaving on exit questionnaire.
7	6 November 2018	Layout revision and amended categories on exit questionnaire
8	14 December 2018	- Changed title name from Exit Interview Procedure / Questionnaire to Leaver Questionnaire / Procedure - Rephrased wording in questionnaire to make it more understandable

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

Due Regard

The Trusts commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

Please refer to Appendix 3 which provides a detailed overview of the due regard undertaken in support of this activity.

Core Principles of the NHS Constitution

Core principles that apply to this policy are outlined in Appendix 4.

Definitions that apply to this Procedure

Leaver	An employee who is leaving the Trust and will no longer be employed by the Trust
Moving roles within the trust	An employee who is transferring to another post within the Trust
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none">• Removing or minimising disadvantages suffered by people due to their protected characteristics.• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

1.0 Summary of the Policy

The Leaver Questionnaire / Procedure applies to all staff employed by Leicestershire Partnership Trust (LPT) and is available to all staff moving roles within the trust or leaving the trust to provide feedback to enable the Trust to improve the working lives and retention of staff by learning from staff experience of working for the Trust.

2.0 Purpose and Scope

The purpose of this procedure is to:

- Fully determine the reasons why employees are leaving the organisation or moving within it;
- Utilise the information to inform changes in practice and bring out improvements as necessary;
- Bring to the attention of Senior Managers and Human Resources where there have been inappropriate practice to enable any remedial action to be taken

3.0 Introduction

LPT recognises the need to have a robust Leaver Questionnaire Procedure to receive feedback from all employees who are leaving the organisation or are moving roles within it, in order to ensure that the organisation continues to improve its practices.

The information gained from the Leaver Questionnaires can also be used to provide useful feedback in monitoring the effectiveness of recruitment and retention and may provide us with some of the underpinning knowledge we need, to assist us with our recruitment and retention strategies.

4.0 Duties within the Trust

4.1 Trust Board

- The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- The Strategic Workforce Group (SWG) has responsibility for adopting policies and protocols.
- The Workforce and Wellbeing Group (WWG) have a responsibility to oversee the implementation of the procedure, review the information collated by Human Resources and make recommendations.

4.2 Responsibility of Line Managers

- To ensure that all employees leaving or moving to another role within the organisation are aware of this procedure and have the opportunity to complete a Leaver Questionnaire or attend a leaver interview (where requested).
- To send an acknowledgement letter following receipt of a member of staff's resignation and to encourage staff to complete the online questionnaire (or hard copy) if they are moving roles within the Trust or leaving their current role in a timely manner.
- To give staff the option of requesting a face to face interview with them, an independent manager or a member of the HR team by contacting Human Resources.
- Where feedback has been of inappropriate practice, managers are responsible to enable any remedial action to be taken.

4.3 Responsibility of Staff

- Staff are encouraged to participate in the Leaver Questionnaire / Interview process.

4.4 Responsibility of Human Resources

- To collect, collate and analyse the information from the questionnaires received.
- To present the information on Leaver Questionnaires to the Workforce and Wellbeing Group (WWG).
- To monitor compliance with the procedure.

5.0 How the Procedure Operates

5.1 After receiving a letter of resignation of an employee either leaving the Trust or moving to another role within the Trust, the line manager must send an acknowledgement letter (**Appendix 1**). This letter makes reference to encouraging staff to complete the leaver questionnaire.

5.2 The line manager must make the employee aware of this procedure and their options regarding completing a Leaver Questionnaire. This includes completing the questionnaire online, a hard copy or a face to face interview with their line manager, independent person or with Human Resources.

5.3 In the first instance line managers should encourage employees to complete the Leaver questionnaire online via <https://www.surveymonkey.co.uk/r/lptleavers>

- 5.4 Should online access not be available or limited, the employee may complete Leaver Questionnaire which can be requested from Human Resources. Please ensure the correct questionnaire is accessed (**Appendix 2a – Leaving the Trust and Appendix 2b – Moving within the Trust**). This should be sent directly to Human Resources upon completion.
- 5.5 An employee may request a face to face leaver interview with their line manager, an independent manager or a member of the HR team. Where this is the case, the employee or their line manager should contact HR to facilitate the process.
- 5.6 Where the employee has opted to attend an interview with a manager or HR, it is not the responsibility of the interviewer to respond to any issues raised during the interview. The information collected should be submitted by the interviewer to HR for analysis.
- 5.7 A further prompt is included on the change of circumstances form and the termination form to remind employees to complete the Leaver Questionnaire if they have not done so already.
- 5.8 If an employee declines to participate in the process, the line manager should ascertain the reason, explain the aims of the procedure and encourage them to participate.
- 5.9 Where an employee needs assistance in completing the questionnaire or attending an interview as a result of their disability, reasonable adjustments must be made in order for them to fully participate in the process. The Equalities Team can be contacted for further advice.

6.0 Training Needs

- 6.1 There is no training requirement identified within this procedure.

7.0 Monitoring Compliance and Effectiveness

Criteria	Measurable	Frequency	Reporting to	Action Plan/Monitoring
Number of completed leaver questionnaires	Monitor the increase in leaver questionnaires	Annual	Workforce and Well Being Group	Deputy Head of HR and OD

8.0 Analysis, Monitoring and Storing of information

- 8.1 All questionnaire responses will be recorded, analysed and monitored by Human Resources.
- 8.2 Information collected will be reported to the Workforce and Wellbeing Group (WWG)

- 8.3 Trends both in terms of areas of good practice and improvement will be identified to inform changes in practice.
- 8.4 Where particular trends or concerns are identified in an area, the HR representative will meet with the senior manager of the area to discuss these.
- 8.5 Where concerns reported by the employee in their leaver questionnaire or during their interview is of a serious nature and warrants action against an individual/group of individuals, HR should liaise with the senior manager (if appropriate) of the area to consider appropriate course of action. This may include instigating another procedure such as Disciplinary, Dignity at Work etc. The employee raising the concern will be kept fully informed of this course of action.
- 8.6 The online leaver questionnaire is to be managed by Human Resources and copies of the printable version maintained (electronically or manually). No copies of the printable leaver questionnaire should be retained by anyone else or in the employee's personal file.

9.0 Standards / Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission registration standards (outcome 14) <i>Supporting Workers</i> (21) of the Health & Social Care Act (2008) (Regulated Activities Regulations 2010 CQC essential standards)	The trust maintains compliance with CQC registration standards, this policy supports outcome standards 14

10.0 Dissemination and Implementation

- 10.1 The policy is approved by the Leicestershire Partnership NHS Trust Workforce and Wellbeing Group and is accepted as a Trust wide policy. This policy will be disseminated immediately throughout the Trust following ratification.
- 10.2 The dissemination and implementation process is:
 - Line Manager will convey the contents of this policy to their staff
 - Staff will be made aware of this policy using existing staff newsletters and team briefings
 - The Policy will be published and made available on the Intranet.

11.0 References and Bibilography

- <https://www.surveymonkey.co.uk/r/lptleavers>

Template letter and Leaver Questionnaire to be sent by manager to the leaving employee on receipt of resignation

Date

Private and Confidential

Name

Address 1

Address 2

Address 3

Postcode

Dear [name]

Acknowledgement of Resignation

Thank you for your letter dated [date] informing me of your wish to resign from your post as [job title] with Leicestershire Partnership NHS Trust.

I acknowledge receipt of your resignation letter and confirm that taking into account your notice period of [X Weeks], your last day of employment with the Trust will be [date].

Choose one of the following sentences as applicable:

As you have used up all of your pro rata annual leave entitlement, your last working day and last day of employment will be the same.

As you have exceeded your pro rata annual leave entitlement for this year, the extra number of [X Hours] taken will be deducted from your final salary payment.

As you have [X Hours] annual leave remaining, your last working day will be [date] and your last day of employment will be [date].

As an organisation we are very keen to understand your experience of working in the Trust and your reasons for leaving or moving to another role within the Trust. Your comments will help us to highlight areas of good practice and areas to be improved on in order to put appropriate measures in place to improve the working lives of our staff. I would therefore be very grateful if you could take a few minutes to complete a leaver questionnaire.

The information gathered, along with other feedback from staff, will enable the Trust to identify and share areas of good practice and make improvements to the working lives of our staff.

The leaver questionnaire is available online via:
<https://www.surveymonkey.co.uk/r/lptleavers>

Alternatively you can request a face to face interview with me, an independent manager or a member of the HR team by contacting Human Resources on 0116 295 7520.

Please be aware that the information you provide in the exit questionnaire will be treated in the strictest confidence.

Finally, I wish to thank you for your service to Leicestershire Partnership NHS Trust and express our best wishes to you for the future.

If you have any queries regarding the leaver's questionnaire or its process, please contact the Human Resources department on 0116 295 7520.

Yours sincerely

Name and Job Title of the Line Manager

Copy in personal file

LEAVER QUESTIONNAIRE (Staff moving within the Trust)

A hard copy of the Questionnaire should only be completed if staff do not have access to the Survey Monkey link

<https://www.surveymonkey.co.uk/r/lptleavers>

Thank you for completing this Questionnaire. The aim of the Leaver Questionnaire is to help us improve the working lives and retention of staff by learning from your experience of working for the Trust - what was good and what could have been better. The information gathered, along with other feedback from staff, will enable the Trust to identify and share areas of good practice and make improvements to the working lives of our staff.

To ensure we can act effectively on your feedback, we would prefer it if you could include your name – however this is optional. We assure you that any information you provide will be used sensitively and in confidence.

Alternatively you can request a face to face interview with your manager, an independent person or a member of the HR team by contacting Human Resources on 0116 295 7520.

Name (optional)	Job Title	Pay Band
Base	Division	Leaving Date
Service	Line Manager (optional)	

Please respond to all questions and comment where appropriate:

1. Are you moving to another post within the Trust?

Yes No

If no, please complete alternative Leaver Questionnaire for 'Leaving the Trust'

2. What have you enjoyed most up to this stage during your employment with the Trust? Rate your top 3 by placing 1, 2 and 3 in the boxes below

Communication Flexibility Job Content Location/ Environment Patient/ Public Contact

Training/ Development Pay/ Benefits Support from Manager Support from Colleagues

Other (Please Specify)

3. What have you enjoyed least during your employment with the Trust?

Rate your top 3 by placing 1, 2 and 3 in the boxes below

Communication	<input type="text"/>	Flexibility	<input type="text"/>	Job Content	<input type="text"/>	Location/ Environment	<input type="text"/>	Patient/ Public Contact	<input type="text"/>
Training/ Development	<input type="text"/>	Pay/ Benefits	<input type="text"/>	Support from Manager	<input type="text"/>	Support from Colleagues	<input type="text"/>	Work Pressure	<input type="text"/>

4. Which factors influenced your decision to pursue a new role within the Trust?

Rate your top 3 by placing 1, 2 and 3 in the boxes below

<input type="checkbox"/> Career development/progression	<input type="checkbox"/> Location of workplace
<input type="checkbox"/> Work/life balance	<input type="checkbox"/> Stress levels of workplace
<input type="checkbox"/> Salary	<input type="checkbox"/> Hours of work (less)
<input type="checkbox"/> More contact with public/patients	<input type="checkbox"/> Hours of work (more)
<input type="checkbox"/> Less contact with public/patients	<input type="checkbox"/> Relationship with colleagues
<input type="checkbox"/> Bullying and/or harassment from manager	<input type="checkbox"/> Relationship with manager
<input type="checkbox"/> Staffing levels	<input type="checkbox"/> Bullying and/or harassment from colleagues
	<input type="checkbox"/> Workload
	<input type="checkbox"/> Management of Change

Please expand on your answer below

**5. What would you like to see improved in the Trust?
Please rank your top 3 by placing 1, 2 and 3 in the boxes below**

<input type="checkbox"/> Encourage better team work <input type="checkbox"/> Develop supportive line managers <input type="checkbox"/> Create a healthy work/life balance <input type="checkbox"/> Review salaries Provide better benefits for employees (e.g. flu jab) <input type="checkbox"/> Train employees well and give them plenty of opportunities for them to develop <input type="checkbox"/> Establish a close working relationship between senior management and the rest of the workforce	<input type="checkbox"/> Maintain a healthy, safe work environment for all employees with all the equipment they need <input type="checkbox"/> Support employees in times of difficulty (e.g. stress) <input type="checkbox"/> Give plenty of opportunities for career development across all staff <input type="checkbox"/> Maintain effective communication with plenty of opportunities for feedback. <input type="checkbox"/> Provide more opportunity for staff to deliver effective patient care.
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Please expand on your answer below

6. Any other feedback?

Thank you for completing this questionnaire

**Please return the completed questionnaire to:
Human Resources
170 Penn Lloyd Building
County Hall
Glenfield
Leicester
LE3 8TH**

Equality Monitoring Form (strictly confidential)

This form can be provided in large print, Braille formats, and different languages on request. Additionally, an interpreting service is available to those who require it. Please refer to the contact details given below.

For any questions or feedback regarding this form please contact the Equality and Human Rights Team either by phone: 0116 295 7680 or e-mail: equalities@leicspart.nhs.uk

Leicestershire Partnership NHS Trust recognises and actively promotes the benefits of diversity and is committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose described above and will not be passed on to any third parties.

Data Protection Statement - All information will be kept strictly confidential and in accordance with the Data Protection Act 1998 and associated protocols.

Please tick (✓) the relevant box following each question.

What is your Postcode? The first part of your postcode, this may be three or four letters/numbers (for example, LE6 or LE11). This information will help us to understand where services may need to be directed (we will not be able to identify your address from this information).

First part of post code

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 Prefer not to say

What is your Date of Birth?

M	M	Y	Y	Y	Y
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 Prefer not to say

What is your Gender / Sex?

Male Female Prefer not to say

Do you live and work, or intend to live and work, in a gender other than that assigned at birth?

Yes No Prefer not to say

Please choose one option that best describes how you think of yourself:

Heterosexual / Straight Gay Other
 Bisexual Lesbian Prefer not to say

Please choose one option that best describes your relationship status:

Married / Civil partnership Widowed / Surviving civil partner Single
 Divorced / Dissolved civil partnership Living with partner Other
 Separated, but still legally married or in a civil partnership In a relationship Prefer not to say

Are you pregnant or on maternity leave?

Yes No Prefer not to say

Do you look after, or give any help or support to family members, friends, neighbours or others?

- Yes No Prefer not to say

If “Yes”, please can you tell us why those that you help or support require assistance?

- Long-term physical or mental-ill-health / disability Problems related to old age Prefer not to say
 Other, please describe:

Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months?

- Yes No Prefer not to say

If “Yes”, please can you tell us which health conditions or illnesses limit your day-to-day activities (Please select all that apply)

- Vision Ability to concentrate, learn or understand (learning disability / difficulty) Stamina or breathing difficulty or fatigue
 Hearing Mental ill-health Other, please describe:
 Mobility Social or behavioural issues Prefer not to say
 Dexterity Memory

Please choose one option that best describes your Ethnic Group or Background:

White

- English / Welsh / Scottish / Northern Irish / British
 Irish
 Gypsy or Irish Traveller
 Any other White background, please describe:

Asian/Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background, please describe:
 Prefer not to say

Black / African / Caribbean / Black British

- African
 Caribbean
 Any other Black / African / Caribbean background, please describe:

Mixed/multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed / multiple ethnic background, please describe:

Other ethnic group

- Arab
 Any other ethnic group, please describe:

Please choose one option that best describes your religion or belief?

- Baha'i Hindu Sikh
 Buddhist Jain Prefer not to say
 Christian (including Church of England, Catholic, Protestant, and all other Christian denominations) Jewish Any other religion, please describe:
 Muslim No religion

Please choose your preferred language option for communicating and interpreting information:

- Arabic Hindi
 Bengali Mandarin Chinese
 British Sign Language Panjabi
 English Polish
 Gujarati Portuguese

Thank you for your participation in this questionnaire. Your input has contributed to the continued and refined improvement of the working lives of the staff at the Trust and therefore the quality of patient care they can give.

EXIT QUESTIONNAIRE (Leaving the Trust)

A hard copy of the Questionnaire should only be completed if staff do not have access to the Survey Monkey link <https://www.surveymonkey.co.uk/r/lptleavers>

The aim of the Leaver Questionnaire is to help us improve the working lives and retention of staff by learning from your experience of working for the Trust - what was good and what could have been better. The information gathered, along with other feedback from staff, will enable the Trust to identify and share areas of good practice and make improvements to the working lives of our staff.

To ensure we can act effectively on your feedback, we would prefer it if you could include your name – however this is optional. We assure you that any information you provide will be used sensitively and in confidence.

Alternatively you can request a face to face interview with your manager, an independent person or a member of the HR team by contacting Human Resources on 0116 295 7520.

Name (optional)	Job Title	Pay Band
Base	Division	Leaving Date
Service	Line Manager (optional)	

Please respond to **ALL** questions and comment where appropriate:

7. Are you leaving the Trust?

Yes No

If no, please complete alternative Leaver Questionnaire for 'Staff moving within the Trust'

8. What has been the best thing about working for the Trust? Rate your top 3 by placing 1, 2 and 3 in the boxes below

Communication	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>	Job Content	<input type="checkbox"/>	Location/ Environment	<input type="checkbox"/>	Patient/ Public Contact	<input type="checkbox"/>
Training/ Development	<input type="checkbox"/>	Pay/ Benefits	<input type="checkbox"/>	Support from Manager	<input type="checkbox"/>	Support from Colleagues	<input type="checkbox"/>		

9. What have you enjoyed least during your employment with the Trust? Rate your top 3 by placing 1, 2 and 3 in the boxes below

Communication	<input type="text"/>	Flexibility	<input type="text"/>	Job Content	<input type="text"/>	Location/ Environment	<input type="text"/>	Patient/ Public Contact	<input type="text"/>
Training/ Development	<input type="text"/>	Pay/ Benefits	<input type="text"/>	Support from Manager	<input type="text"/>	Support from Colleagues	<input type="text"/>	Work Pressure	<input type="text"/>
Nothing specific	<input type="text"/>								

10. Would you please prioritise your top three reasons for leaving the Trust by placing 1, 2 and 3 in the boxes below (skip to question 5 if moving to another role within the Trust).

<input type="checkbox"/> Access to training and development <input type="checkbox"/> Career development/change <input type="checkbox"/> Carer to family member <input type="checkbox"/> Childcare needs <input type="checkbox"/> Further education/study <input type="checkbox"/> Ill-health <input type="checkbox"/> Promotional opportunity elsewhere <input type="checkbox"/> Retirement <input type="checkbox"/> Relocating <input type="checkbox"/> Benefits/terms & conditions <input type="checkbox"/> Car parking <input type="checkbox"/> Hours of working inflexible <input type="checkbox"/> Hours of working (not enough) <input type="checkbox"/> Hours of working (too much) <input type="checkbox"/> Increased workload <input type="checkbox"/> Not enough recognition for work undertaken <input type="checkbox"/> Not having the tools to do the job	<input type="checkbox"/> Job satisfaction <input type="checkbox"/> Levels of responsibility <input type="checkbox"/> Night duty <input type="checkbox"/> No opportunity for career progression <input type="checkbox"/> Not enough support/guidance <input type="checkbox"/> Personality clash with colleagues <input type="checkbox"/> Redundancy <input type="checkbox"/> Salary levels <input type="checkbox"/> Staff morale <input type="checkbox"/> Staffing levels <input type="checkbox"/> Stressful work environment <input type="checkbox"/> Style of management/attitudes <input type="checkbox"/> Travel to/from work <input type="checkbox"/> Working practices <input type="checkbox"/> Bullying and/or harassment from colleagues <input type="checkbox"/> Bullying and/or harassment from manager
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Any comments?

11. What would you like to see improved in the Trust. Please rank your top 3 by placing 1, 2 and 3 in the boxes below.

<input type="checkbox"/> Encourage better team work	<input type="checkbox"/> Maintain a healthy, safe work environment for all employees with all the equipment they need
<input type="checkbox"/> Develop supportive line managers	<input type="checkbox"/> Support employees in times of difficulty (e.g. stress)
<input type="checkbox"/> Create a healthy work/life balance	<input type="checkbox"/> Give plenty of opportunities for career development across all staff
<input type="checkbox"/> Establish fair salaries across the workforce	<input type="checkbox"/> Maintain effective communication with plenty of opportunities for feedback.
<input type="checkbox"/> Provide better benefits for employees (e.g. flu jab)	<input type="checkbox"/> Provide more opportunity for staff to deliver effective patient care
<input type="checkbox"/> Train employees well and give them plenty of opportunities for them to develop	
<input type="checkbox"/> Establish a close working relationship between senior management and the rest of the workforce	

Please expand on your answer below

12. What is the one thing that would have made you stay?

Thank you for completing this questionnaire

**Please return the completed questionnaire to:
Human Resources
170 Penn Lloyd Building
County Hall
Glenfield
Leicester
LE3 8TH**

Equality Monitoring Form (strictly confidential)

This form can be provided in large print, Braille formats, and different languages on request. Additionally, an interpreting service is available to those who require it. Please refer to the contact details given below.

For any questions or feedback regarding this form please contact the Equality and Human Rights Team either by phone: 0116 295 7680 or e-mail: equalities@leicspart.nhs.uk

Leicestershire Partnership NHS Trust recognises and actively promotes the benefits of diversity and is committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose described above and will not be passed on to any third parties.

Data Protection Statement - All information will be kept strictly confidential and in accordance with the Data Protection Act 1998 and associated protocols.

Please tick (✓) the relevant box following each question.

What is your Postcode? The first part of your postcode, this may be three or four letters/numbers (for example, LE6 or LE11). This information will help us to understand where services may need to be directed (we will not be able to identify your address from this information).

First part of post code

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 Prefer not to say

What is your Date of Birth?

M	M	Y	Y	Y	Y
---	---	---	---	---	---

 Prefer not to say

What is your Gender / Sex?

Male Female Prefer not to say

Do you live and work, or intend to live and work, in a gender other than that assigned at birth?

Yes No Prefer not to say

Please choose one option that best describes how you think of yourself:

Heterosexual / Straight Gay Other
 Bisexual Lesbian Prefer not to say

Please choose one option that best describes your relationship status:

Married / Civil partnership Widowed / Surviving civil partner Single
 Divorced / Dissolved civil partnership Living with partner Other
 Separated, but still legally married or in a civil partnership In a relationship Prefer not to say

Are you pregnant or on maternity leave?

Yes No Prefer not to say

Do you look after, or give any help or support to family members, friends, neighbours or others?

- Yes No Prefer not to say

If "Yes", please can you tell us why those that you help or support require assistance?

- Long-term physical or mental-ill-health / disability Problems related to old age Prefer not to say
 Other, please describe:

Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months?

- Yes No Prefer not to say

If "Yes", please can you tell us which health conditions or illnesses limit your day-to-day activities (Please select all that apply)

- Vision Ability to concentrate, learn or understand (learning disability / difficulty) Stamina or breathing difficulty or fatigue
 Hearing Mobility Dexterity Memory Mental ill-health Social or behavioural issues Other, please describe:
 Prefer not to say

Please choose one option that best describes your Ethnic Group or Background:

White

- English / Welsh / Scottish / Northern Irish / British
 Irish
 Gypsy or Irish Traveller
 Any other White background, please describe:

Asian/Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background, please describe:
 Prefer not to say

Black / African / Caribbean / Black British

- African
 Caribbean
 Any other Black / African / Caribbean background, please describe:

Mixed/multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed / multiple ethnic background, please describe:

Other ethnic group

- Arab
 Any other ethnic group, please describe:

Please choose one option that best describes your religion or belief?

- Baha'i Hindu Sikh
 Buddhist Jain Prefer not to say
 Christian (including Church of England, Catholic, Protestant, and all other Christian denominations) Jewish Any other religion, please describe:
 Muslim No religion

Please choose your preferred language option for communicating and interpreting information:

- Arabic Hindi
 Bengali Mandarin Chinese
 British Sign Language Panjabi
 English Polish
 Gujarati Portuguese

Thank you for your participation in this questionnaire, your input has contributed to the continued and refined improvement of the working lives of the staff at the Trust and therefore the quality of patient care they can give.



Due Regard Screening Template

Section 1			
Name of activity/proposal	Leaver Questionnaire / Procedure/		
Date Screening commenced	6 November 2018		
Directorate / Service carrying out the assessment	Workforce and Organisational Development/Human Resources		
Name and role of person undertaking this Due Regard (Equality Analysis)	Kully Kaur, Senior HR Advisor		
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: The Leaver Questionnaire / Procedure is available to all staff moving roles within the trust or leaving the trust to provide feedback to enable the Trust improve the working lives and retention of staff by learning from staff experience of working for the Trust.			
OBJECTIVES: To bring the policy up to date ensure it provides clear guidance to managers and staff on the Leaver Questionnaire / Procedure.			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	Yes, positive impact on all protected characteristics as this policy applies to all staff.		
Disability	As above		
Gender reassignment	As above		
Marriage & Civil Partnership	As above		
Pregnancy & Maternity	As above		
Race	As above		
Religion and Belief	As above		
Sex	As above		
Sexual Orientation	As above		
Other equality groups?	As above		
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	X
Section 4			

If this proposal is low risk please give evidence or justification for how you reached this decision:

As the Trust has only enhanced the procedure to include those staff that are moving within the Trust as well as leavers.

Sign off that this proposal is low risk and does not require a full Equality Analysis

Head of Service Signed

Larry D BA

Date

8.1.2019

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.

The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	X
Support and value its staff	X
Work together with others to ensure a seamless service for patients	X
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Leaver Questionnaire / Procedure	
Completed by:	Kully Kaur	
Job title	Senior HR Advisor	Date 08/11/2018
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk</p> <p>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:	Kully Kaur	
Date of approval	08/11/2018	