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Evaluating the Legacy Mentor role introduced across North-East & Yorkshire

A report to NHS England North East & Yorkshire

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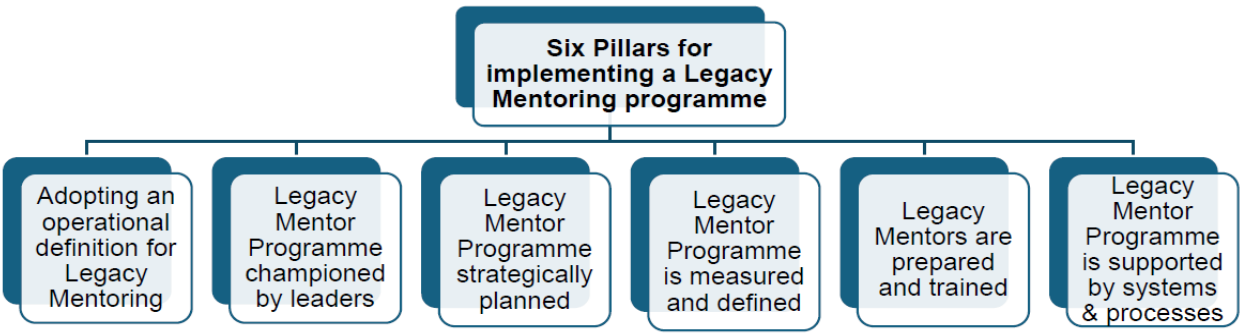
Executive Summary

This project was commissioned to provide an evaluation of implementing the Legacy Mentor role across North East and Yorkshire (NEY). A phased approach was taken to the implementation of Legacy Mentors, using a two-part funded pilot. The priority focus for the Legacy Mentor pilot role was the support of new registrants, the workforce group identified by NHS England NEY as at risk of leaving the role and profession during the first two years of registration. The first phase of the Legacy Mentor pilot was undertaken within secondary care, with subsequent implementation of Legacy Mentors within primary care and Local Authority/Social Care. This evaluation focuses on both phases of the Legacy Mentor pilot aiming to provide transferable learning for implementation in secondary care, primary care and Local Authority/Social Care locally, regionally and nationally.

An action research approach was used and, to provide a structure to guide the action research, the principles of the Donabedian approach (1988) were adapted and included: (1) Planning & Preparation (2) Process and Actions (3) Observation of outputs and outcomes for initiatives and the final stage including (4) Reflection and next steps. Data were gathered during three action research group meetings held with Legacy Mentors over a six-month period, and thematically analysed.

Recommendations are presented as a framework comprising 6 pillars for implementing and evaluating sustainable legacy mentoring programmes by systems and across organisations. This framework can be used to inform the development of an evidence-base to secure long-term resourcing and to enable the longitudinal evaluation of outcomes and impact. Further explanation of this framework is provided in Section 6.0.



The project was undertaken by a research team from the Health and Wellbeing Academy at the University of Huddersfield.

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1.0 Introduction/Background

Globally, as health and social care undergoes constant change with restructuring and advancements in care delivery, recruitment to, and retention of, the healthcare workforce are critical priorities. All countries of the World Health Organisation (WHO) European Region (63 countries) are identified as facing significant challenges with their health and care workforce with personnel shortages, insufficient recruitment and retention, migration of qualified workers, unattractive working conditions and poor access to continuing professional development (CPD) opportunities reported as blighting health systems (WHO, 2022).

Nurses account for a half of the global healthcare workforce and their shortage poses the single biggest challenge for many healthcare systems (Pressley and Garside, 2022). With estimated global vacancies of 5.9 million (World Health Organisation 2020), the International Council of Nurses (ICN) (2021) projects that over 13 million nurses worldwide are required to bridge the gap in the nursing shortage by 2030. Global patterns estimate that one out of six nurses are expected to retire in the next 10 years, and to match leavers with joiners, while simultaneously filling the existing vacancy position, the number of nurse graduates must increase by an average of 8% per year up until 2030 (State of the World's Nursing (SOWN), 2020). Balancing the supply from domestic nursing programmes with leavers, such as nurse graduates who fail to maintain employment, nurses who decide to work outside the health sector, retirements and migration abroad highlights a challenge that exceeds the sole reliance on replenishing the current supply pipelines of nurses (Pressley and Garside, 2022; Ryan et al., 2019; State of the World's Nursing (SOWN), 2020). Part of the solution lies in retaining nurses already working within healthcare systems. The implementation of effective strategies to retain existing staff is a critical factor in counterbalancing the demand–supply equation (Theucksuban et al., 2022; Van den Heede et al., 2013).To achieve sustained success in improving nurse retention, The International Centre on Nurse Migration, recommend that employers and organisations take responsibility and provide supportive conditions, with policy interventions focused on improved work environments, ensuring adequate staffing levels, and providing attractive working conditions, pay and career opportunities with planned, sequenced, multi- policy intervention – “bundles” of linked policies, rather than single interventions (Buchan et al 2022; Buchan et al, 2020; Buchan et al., 2018).

Across the United Kingdom (UK), shortages of the health and care workforce are reported alongside the resultant pressures on service delivery and patient experience (The Health Foundation et al 2018; The Health Foundation 2018). In response, each UK-nation has published strategies to recover, grow and transform the workforce, providing overarching frameworks of activity at a nation level to support local partners and partnerships to plan and deliver the workforce needed to provide services that promote better population and public health outcomes (NHS England 2023; Scottish Government, 2022; Health Education and Improvement Wales 2020; Department of Health-Northern Ireland, 2018).

In England, the NHS England (NHSE) Long Term Workforce Plan (NHSE 2023) provides strategic direction for the long term, as well as concrete and pragmatic actions for local, regional and national implementation in the short to medium term focused on three priority areas:
• **Train**: significantly increasing education and training to record levels, increasing apprenticeships and alternative routes into professional roles, new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.

• **Retain**: ensuring more of the staff within the health service stay by better supporting people throughout their careers, boosting the flexibilities offered to work, and continuing to improve the culture and leadership across NHS organisations.
• **Reform**: improving productivity by working and training in different ways, building teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up time to care, increases flexibility in deployment, and provides the care patients need more effectively and efficiently.

The train, retain and reform priorities demonstrate the shift in workforce planning which, for nursing, has traditionally focussed on supply and pipeline to increase nursing student numbers, and less focus on investigating and evaluating how experienced nursing knowledge is valued and retained. Improving workforce retention, alongside action to increase training numbers, is recognised as the "most cost-effective way" to ensure the health and care system has the staff needed (NHSE and PHE 2017) and "a lever to provide stability in the nursing workforce" (RCN 2023).

The Nursing and Midwifery Council (NMC) register records the number of nurses, midwives and nursing associates joining and leaving their professions in the UK. In 2023/24, the NMC reported that the register had grown by 4.8% compared to 2023 due to the continuous rise in first -time joiners to the register (59,991 in the last 12 months compared to 52,193 in 2023) with joiners almost equally split between those educated in the UK and those internationally educated. This growth may reflect the outcomes of various initiatives aimed at increasing the nursing workforce including the Conservative government's 50,000 Nurses Programme (Gov UK 2022), international recruitment and the record applications and recruitment to pre-registration nursing courses during the COVID pandemic (CODH 2024) who are now completing their courses and joining the NMC register. Simultaneously, however, the NMC survey of Register Leavers identified that 27,168 professionals left in this period with retirement, poor (physical and mental) health and burnout identified as the top 3 reasons why professionals leave the register. Notably, one fifth (20.3 percent) of nursing and midwifery professionals who left the register (5,508), did so within the first ten years of joining their chosen profession. This compares to 18.8 percent in the year 2020-2021 and reflects a rise over the last three years. Of these leavers, half reported leaving earlier than they expected, with poor colleague support and poor health particularly leading to an early exit. Between 2018 and 2022, 32% of leavers (42,756 registrants of the NMC) were aged between 21 and 50 (NMC, 2022).

These numbers of nurses retiring or leaving the register early, alongside high staff turnover linked to stress, workload and burnout, reinforce the need for the renewed interest and focus on retention of the existing nursing workforce with strategic interventions aimed at ensuring workforce stability and sustainability (NHSE 2023; The Health Foundation 2019, Scottish Government, 2022; Health Education and Improvement Wales 2020; Department of Health-Northern Ireland, 2018). In addition, whilst buoyant in 2021-2023, the number of applicants to nursing and midwifery courses in 2024 indicates the continuing decline in applications to nursing and midwifery courses and suggests a more general trend away from applications to study subjects related to public service professions of which healthcare forms a significant part (Council of Deans of Health 2024). In order to realise the ambitions of the NHS Long term Workforce Plan in England, and those across the UK nations, strategies to attract applications to train and also to retain the existing workforce throughout their careers, are critical.

A number of professional and policy organisations have made recommendations to enhance retention. In making the NHS a better place to work and build a career, the Health Foundation, recommends more focus on supporting staff at the beginning and end of their career particularly at

these transition points; early career and late career (Beech et al, 2019). For newly registered/early career staff this means increasing support beyond their preceptorship period and making sure that there are adequate numbers of senior staff and sufficient continuing professional development (CPD) funding. For staff approaching retirement (late career), this means encouraging staff to stay in the NHS rather than leave through offering more flexibility and options for reduced participation, as well as doing more to support staff against external financial changes such as pensions. Focusing on early career professionals, the NMC (2024) similarly recommends that long term strategies, such as support through preceptorship, as crucial for retaining staff across health and social care and to continue growing a skilled, confident and experienced nursing and midwifery workforce able to deliver safe, effective care. Addressing the whole career pathway, the Royal College of Nursing (RCN 2023) recommends that employers take three steps (1) to improve access to professional development and career progression for registrants and nursing support workers in all health and care settings; (2) to improve working conditions and (3) to design and implement retention strategies taking action to identify and address the issues across the diverse nursing workforce, including greater provision of flexible working, and improving workplace culture.

Within an increasingly stressful workplace, there is a risk that more will choose to leave, in particular the early and late career nursing workforce (The King's Fund, 2020). Newly registered/early career nurses are one group considered vulnerable to early exit from the workforce as evidenced by the NMC register data. Each year, many newly registered health professionals are challenged by events that impair their ability to successfully integrate into the workplace as they take on a steep individual and transitional learning experience (Hallaran et al 2023; Laschinger et al 2016). The transition from being a final year student to taking up employment as a newly registered practitioner has been described as the 'flaky bridge' for the first 2 years of the practitioner's early clinical career (HEE 2018). The challenges can exacerbate to the point that many leave their roles prematurely, or exit the profession altogether (Brook et al., 2019). Estimated levels of attrition amongst new registrants vary. For new registrants, the change to the real and accountable world of professional practice is a problematic issue that has been debated for decades (Kenny et al, 2021; Duschner 2009; Kramer, 1975). It is suggested that, if these early career professionals can survive the hazards of leaving in the first year or so, they have learned the essential skill of survival that offers an intransience required for longevity of their career (Stockton, 2021). This reinforces the recommendations for increasing support for early career nurses, both during and beyond their preceptorship period, as part of a retention strategy.

Legacy mentoring is a strategy designed to improve retention of late career professionals and support new registrants through their integration and retention within the workplace. Legacy Mentors are typically experienced health professionals, usually in late career, who are employed to provide coaching, mentoring and pastoral support to new registrants, at the start of careers. Legacy Mentors support the integration of newly registered professionals into the workplace enabling them to successfully navigate the key transitional period, supporting growth and confidence to begin their lifelong journey as an accountable, independent, healthcare professional. In addition, Legacy Mentor roles provide an opportunity to retain the experienced workforce, and they are recruited to pass on their 'legacy' to the next generation (NHS England, 2022).

Within NHS North East and Yorkshire (NEY) a phased approach has been taken to implementing the Legacy Mentor role, using a two-part funded pilot. The priority focus for the Legacy Mentor early adopter role is the support of new registrants during preceptorship; the workforce group identified nationally and by NHS England NEY as at risk of leaving their role and profession. The first phase of the Legacy Mentor early adopters' pilot was undertaken within secondary care, with subsequent implementation of Legacy Mentors within primary care and Local Authority/Social Care. This

evaluation report focuses on both phases of the Legacy Mentor pilot aiming to provide transferable learning for implementation in secondary care, primary care and Local Authority/Social Care locally, regionally and nationally.

As a recent initiative, a robust evaluation is required to ensure effective investment and operationalisation of the Legacy Mentor role in supporting new registrants within the NEY region. The evaluation and demonstration of impact are essential to securing resource to support on-going investment. It was, therefore, agreed that the University of Huddersfield would undertake a regional evaluation of the implementation of the Legacy Mentor role. Using action research methodology, an Action Research Group was formed with the Legacy Mentors to facilitate sharing their experiences and learning from implementing the role and legacy mentoring within their organisations.

The Legacy Mentor evaluation project reported here aimed to establish an understanding of the national, international, and organisational evidence base supporting strategy development (identifying outputs/outcomes alongside the minimum expectation of role) and implementation of the legacy mentoring programme. The evidence was developed from the following sources:

- The international/national literature: a rapid review of literature undertaken to explore any current understanding of the key challenges involved with strategy development and support for new registrants during their transitional period.
- The organisational evidence base: Obtained through action research groups, Legacy Mentors were supported to share and reflect on organisational evidence which, in turn, informed priorities for the development of their individualised organisational Legacy Mentor strategy/action plans. This approach also afforded opportunity to identify any individual training needs for the Legacy Mentor and the current/required support structure for role. The use of action research groups promoted generation of shared understanding of the challenges and a joint problem-solving approach to the project, whilst also recognising that each organisation had individual challenges pertinent to the unique setting. Each action research group discussion was analysed and synthesised into combined recommendations for this final report to inform a plan of action for NHS North East and Yorkshire.

2.0 Literature review

The international and national evidence for the Legacy Mentor role as an effective strategy for workforce retention has two clear strands: (1) supporting new registrants during their transition to autonomous practice and (2) supporting and retaining 'late career' nurses. It is evident that, where researchers have set out to identify the impact of the Legacy Mentor role with a focus on one of these workforce groups, the outcomes for the other workforce cohort are also established, thus the research illustrates a comprehensive organisational effect of a Legacy Mentor strategy.

2.1 Support for new registrants during their transitional period:
A variety of support mechanisms for new registrants have been established and evaluated internationally in recognition of the need to reduce the impact of role transition and retain staff. A systematic review of 30 quantitative studies evaluating the effectiveness of transition interventions established that implementing transition strategies results in reduced stress and anxiety, increased confidence and competence, as well as job satisfaction for new registrants (Edwards et al 2015). Instead of one particular support intervention being advocated as most effective, the majority of interventions were found to be successful; it is the action of focusing on and valuing the new registrant which is the key influence. Brook et al's (2019) systematic review of 53 studies appraising the effectiveness of interventions to increase retention of new registrants, suggests that having a mentorship or preceptorship component to transition programmes appeared to be a key characteristic contributing to success. A later rapid review, however, found little substantive evidence on the impact of transition interventions on new registrant retention across 37 qualitative, quantitative and mixed methods studies (Wray et al 2021). All reviews note the poor design and general lack of clarity in the current literature, methodological issues impacting on the ability to draw conclusions about the relationship between the transition intervention studied and retention. It is recommended that longitudinal, robust studies with rigorous methodology are needed with standardised reporting of outcome measures to clearly establish the impact of transition interventions (Edwards et al 2015, Brook et al 2019, Wray et al 2021).

2.2 Support for late career nurses:
A further concern for the nursing workforce is the premature loss of experienced and skilled nurses. Up to 4.7 million nurses are expected to retire by 2030 (International Council of Nursing 2020). The average age of nurses leaving the profession in the UK is 51 (NMC 2017) much lower than the state retirement age. Retaining late career nurses requires the redesign of roles, innovation in role creation and the consideration of flexible and part-time hours. (NHS Employers 2017, Fackler 2019, NHS England 2020). Mentoring programmes are amongst the interventions identified in Montayre et al's (2023) review of the support available for older nurses in the workplace. Interventions which enabled the nurses to have a sense of purpose provided the most positive outcomes, along with those which acknowledged the experience and clinical expertise the older nurses possessed. Mentoring junior colleagues directly addressed the identified needs of older nurses, providing a rewarding and enjoyable experience which gave a sense of meaning to their work. The availability of mentoring opportunities was also found to correlate with the older nurse intention to remain in the workforce (Montayre et al 2023). Fackler's (2019) qualitative exploration of older nurse experiences across four organisations, identifies that older nurses are genuinely concerned about the unsupported transition of new registrants and recognise their own potential in providing a mentoring, teaching and advocating role to improve new registrant experience.

2.3 Legacy Mentor role implementation, operationalisation and effectiveness

The Legacy Mentor role is not new. With the goal of retaining older nurses, Clauson et al (2011) report a Legacy Mentor project established across two Canadian Health Authorities. Twenty-nine nurses aged 55 plus, with 20-40 years' experience and a passion to share knowledge, were recruited to transfer their wisdom to new registrants, students and other nursing staff (Clauson et al 2011). The knowledge sharing was focused through the implementation of a specific project in the Legacy Mentor's own clinical area. Two hundred and sixteen supernumerary hours over a twelve-month period were allocated for the Legacy Mentors to implement their chosen project. Themes included 1:1 mentoring, workshops or education, generation of information materials. Role preparation comprised of coaching to refine the Legacy Mentor project proposal and plan, along with three learner-centred workshops throughout the duration of the Legacy Mentor project. Focus group findings and individual Legacy Mentor questionnaires at the mid-point of the project identified that Legacy Mentors were enthusiastic and optimistic about the role. Whilst there were challenges associated with time included not getting the allocated supernumerary hours, guilt for taking time for the project while staff were busy, Legacy Mentors reported feelings of renewal, being valued and that they experienced self-validation from having their knowledge respected. A further theme was the reciprocal learning which took place; Legacy Mentors learnt from the new registrants they supported, from the process of managing the project and from extending their self beyond their comfort zone to meet the needs of others.

With the exception of a small number of Legacy Mentors who found the role overwhelming, legacy mentoring outcomes at the final evaluation confirmed the same themes. Furthermore, the Legacy Mentors valued that the careers of experienced nurses were being considered by the organisation. Some expressed that they would not retire if they had the opportunity to continue mentoring and teaching, giving a sense of the need to share their knowledge. Managers evaluated the impact of the Legacy Mentor project on staff, the clinical area, the profession and the learning environment through completion of an on-line semi-structured questionnaire. The managers reported that the project facilitated knowledge transfer and enabled the provision of timely coaching to clinical staff. Clauson et al (2011) conclude that the Legacy Mentor role is a strategy with potential to retain the knowledge and expertise of experienced nurses, as well as positively influencing the practice learning environment.

Using Clauson et al's Legacy Mentor project as a model, Haines et al (2021) piloted the same Legacy Mentor role across NHS and social care providers across NHS Midlands and East. The project also focused on evaluating the effectiveness of a Legacy Mentor role in retaining late career nurses, recruiting participants aged 55 or older in their late nursing career. Only six Legacy Mentors were recruited to Haines et al's project and the duration was shorter - six months. The Legacy Mentors received more preparation and support than in the Clauson et al project, with a two-day role introduction, monthly Legacy Mentor peer workshops and as-required individual coaching by the project facilitator. Legacy Mentors were provided with a protected day to implement an improvement project in their clinical area. Co-production of the individual Legacy Mentor projects objectives and their development needs were achieved through individual meetings with the project facilitator. Self-reported Legacy Mentor skills assessments pre and post project found a 28% increase in their skills of networking, project planning, change management and communication. Qualitative interview data found that, whilst the Legacy Mentors initially doubted their skills and expertise to carry out the role, the project provided them opportunity to reflect on the wealth of knowledge they possessed and develop confidence in this. Legacy Mentors also reported the project provided time to mentor new registrants and use coaching skills to support other staff in their clinical areas. Again, findings showed the Legacy Mentors felt energised by the programme; found the individual projects they implemented rewarding, felt a professional pride sharing their knowledge and that they were valued

for doing so. The participants also recognised the Legacy Mentor role offered a potential career path for experienced clinical nurses. Inclusion of monthly workshops was seen as a valuable source of peer support in addition to access of guidance and support from the project lead. The Legacy Mentors noted that they would continue to meet as peers beyond the project to benefit from the learning and support. The main challenge to the operationalisation of the Legacy Mentor role was again reported as the protected time to carry out the role; clinical areas struggled to release the mentors despite managers being informed of the programme objectives.

Recognising the limited numbers in the project, Haines et al (2021) supported the project evaluation with a wider consultation via email questionnaire with stakeholders in NHS Midlands and East to explore views on late career workforce needs, interest in and ideas on the Legacy Mentor role. Opportunities to access development as careers progressed, greater recognition of their expertise, knowledge and experience were expressed. The Legacy Mentor role potential was seen both in terms of late and early career support and retention, in addition to the transfer of knowledge and experience to the next generation. It was concluded that the Legacy Mentor role should be considered as a strategic approach to contribute to late career workforce retention.

A mentoring programme evaluated by Jangland et al (2021) sought to support new registrants transition to practice whilst concurrently supporting the professional development of senior nurses. The programme was implemented in 14 units across a large university hospital in Sweden. Whilst the programme differs in operationalisation to the Legacy Mentor roles evaluated by Clauson et al and Haines et al, it adds to the themes found and offers a different model which could inform the implementation of the role in the National Health Service in North East and Yorkshire. The project is more aligned with the aims of the current Legacy Mentor Project due to its focus on new registrant transition.

The mentoring programme design incorporated three elements: (1) situational, individual hands-on clinical guidance (hands); (2) 2-3 weekly small-group supervision for ethical reflection on practice situations (heart) and (3) 2-3 weekly individual or small-group theoretical discussion of the evidence-base guiding nursing interventions (head). Mentors (supervisors) were allocated just one aspect of the mentor role: clinical supervisor, group supervisor or theoretical supervisor.

Jangland et al (2021) report that the most valued role was the clinical supervisory aspect which gave new nurses confidence, access to advice and problem-solving support. Supervisors found this role inspiring, resulting in happiness and pride, but noted the role needed a confidence in skills and abilities to carry it out and was challenging when new registrants did not develop as expected. New registrants also reported that the group supervisor element provided opportunities to reflect with peers on similar experiences and challenges and aided their transition through development of confidence in themselves. Mentors allocated to this group supervision role noted their own learning; they developed their own understanding of situations, reflected on own practice and developed skills in leading a group. The theoretical supervisor element was not used or prioritised by the new graduates.

The impact of the mentoring programme was found to be three-fold: (1) new registrants felt nurtured, supported, less stressed, allowed to ‘be new’; (2) senior nurses felt their skills were appreciated by the organisation, had new career opportunities and opportunity to develop; (3) the organisation had some evidence of increased nursing numbers and numbers of newly recruited nurses. New registrants reported that the mentor programme had influenced their decision to work there, senior nurses said that it had influenced them to stay. The challenges found were consistent with the previous studies; time for engagement with the project was problematic and with a strategic

organisational plan, the role was difficult to implement, 104 supervisors had been trained but only 21 actively worked on the project. Jangland (2021) also acknowledged that one person could do all three mentor roles, making implementation simpler but the organisation had wanted to involve as many experienced nurses as possible. Supporting experienced nurses to develop the skills needed for all three elements of the mentor role would take extensive time to implement.

In summary, the international and national literature provides emerging evidence about the Legacy Mentor role and how this offers dual benefits valuing expertise and promoting retention of early and late career nurses. Different models of implementation have been adopted and evaluated with the focus on providing pastoral support through coaching and supervision, drawing on the expertise of late career nurses. Early indications of positive outcomes for early and late career nurses have been identified with recommendations for longitudinal studies using rigorous methodology needed to build on the existing evidence to establish the value and demonstrate the impact of the Legacy Mentor role for the health and care workforce.

3.0 Methodology

The NHSE NEY Legacy Mentor project was funded from regional monies, with organisations within the region invited to bid for and share their Legacy Mentor investment plans with NHSE NEY. Investment plans detailed the organisations specific area of focus for Legacy Mentors and/or how this would complement current models.

At organisational level, employers were asked to consider the following when implementing the Legacy Mentor role (NHSE n.d.):

- Determine whether the roles will work across an organisation or within one or more organisations across your integrated care system (ICS).
- Define what the organisations main aims and vision are for the Legacy Mentoring programme
- Consider what arrangements can be put in place to support Legacy Mentors
- Understand the Legacy Mentor's existing education and skills and identify any training or coaching development they may need support with. For example, mental health first aid training or coaching and mentoring training
- Developing Legacy Mentor induction and support processes
- Define the information/data the organisation would like to capture at system level

NHSE NEY funding was confirmed in November 2022 and a one-off payment to organisations was allocated in January 2023. A webinar for employers providing an overview of the project was held on 28/02/23 facilitated by NHSE NEY. Sixteen organisations across secondary, primary and social care were awarded up to £45K to appoint Legacy Mentors at Agenda for Change Band 6 for 12 months.

At regional level, NHSE NEY outcomes for the Legacy Mentor programme focused on:

- An improved experience throughout early career for new graduates and new to role employees
- Providing alternative rewarding career opportunities for those in later career
- Opportunities for experienced clinical professionals to impart their skills, knowledge and experience to others
- Increased retention of newly appointed staff entering the workforce
- Support for students in placements with coaching/mentoring to reduce the number of students opting to leave at the point of graduation
- Support for early career nurses
- Support for the national preceptorship framework

The initial scope of the Legacy Mentor would be to focus their attention supporting those staff groups with the greatest need, ultimately aiming to cover all fields of Nursing, Midwifery and the Allied Health Professions.

To ensure effective investment and operationalisation of the Legacy Mentor role in supporting new registrants within the NEY region, a robust research and evaluation was required. There are several research methodological options which may be applied which, in turn, will generate varied levels of outcomes. The suggestion was that the evaluation and demonstration of impact and cost/benefit of the Legacy Mentor was required to support on-going investment. It was, therefore, proposed that the University of Huddersfield would undertake a regional evaluation of the implementation of the Legacy Mentor role. Using action research methodology, an Action Research Group was formed with the Legacy Mentors to facilitate sharing their experiences and learning from implementing the role and legacy mentoring within their organisations.

Action research is a research methodology that is designed to be cyclical in nature and involves the recurring development, evaluation and redefining of action plans with the action research teams involved (Coghlan 2019), who, in this project, were the Legacy Mentors. Normally, these cycles of action continue until the research group is satisfied that its objectives have been met however, the current project scope was time-limited due to resourcing and was implemented from September 2023 to February 2024. An action research approach was achieved through three community of practice and action research groups which met on a bimonthly basis over a 6-month period, each comprising membership from the NEY regions Legacy Mentors. The community of practice was facilitated by the NHS England NEY nursing leadership team. The action research groups were facilitated by the Health and Wellbeing Academy research team.

A structured framework was applied to guide the action research approach, the evaluation adopted the principles of the Donabedian approach (2005). The Donabedian model was designed to structure quality of care evaluations through three components: structure, process and outcomes (Donabedian 2005; NHS Improvement, ACT Academy, 2021). For the purposes of this evaluation these stages were adapted and included: (1) Planning & Preparation (2) Process and Actions (3) Observation of outputs and outcomes for initiatives and the final stage including (4) Reflection and next steps (Figure 1).

Figure 1: Legacy Mentor Action Research Groups

Following ethical approval from the University of Huddersfield ethics committee, data were generated and analysed as part of the iterative process that occurs continuously throughout the action research process (Box 1). Factors that were considered to promote success included ensuring that organisations supported all Legacy Mentors to engage in the action research process, timely completion of ethical approvals and (where needed) data sharing agreements, the consideration of 'insider' versus 'outsider' perspectives and competing agendas. To moderate this, a supportive and collegiate, community of action style forum was initiated. The forum was sensitive to recognising the uniqueness of organisational challenges and yet promote the strengths of group problem solving within a solution focused approach.

Action Research Group One
The Legacy Mentor evaluation project's planning and preparation phase was based on an exploration of the current issues that the Legacy Mentor was required to address for the duration of the project. It aimed to explore activities that needed to be understood to start the development and implementation of the service, and to successfully deliver and evaluate the outputs and impact of the project.

This phase required an understanding of the organisational evidence base supporting strategy development (identifying clear outputs/outcomes alongside the minimum expectation of role) and implementation of the legacy mentorship programme. Through the action research groups, Legacy Mentors were supported to explore organisational evidence which informed priorities for the development of their individualised organisation Legacy Mentor strategy/action plans.

Whilst recognising that each organisation has individual challenge, the use of action research groups promoted shared understanding of the challenges and endorsed a joint problem-solving approach to the project.

Action Research Group Two
The project's process and action stage explored how the legacy mentoring service had been implemented across the organisations. We explored individualised factors that affected the context in which the services are being delivered. This included any equipment and human resources, as well as organisational characteristics such as staff training and existing induction and orientation programmes and/or preceptorship guidance.

The process also aimed to explore the Legacy Mentor engagement activities (the methods, location, individuals involved and types of interactions), the Legacy Mentor support process and the ways in which the role is utilised. The process phase explored the uptake of the services.

Action Research Group Three
The project's 'outputs and outcomes' stage describe what the legacy mentoring programme delivered. This evaluation attempts to explore and/or measure the impact of the Legacy Mentor role upon uptake, the experiences of the Legacy Mentors and the outcomes for particular target groups (i.e. mentees).

A different perspective for the understanding of the project can be achieved through reflection. The project's 'Reflection' stage offered the Legacy Mentors the formal opportunity to review the Legacy Mentor project as a whole. Action learning sets (Revans, 2011) and communities of practice (CoP) (Wenger, 1998) are proven methods of "learner to learner" support. Within such groups and networks participants are able to explore issues arising from reflective practice with their peers and use debate and discussion in a safe and supportive environment. Reflection can focus on positive or challenging experiences and affords the opportunity to view events from a distance. The sharing allows for different cultural and professional translations to enrich and transform the learning, taking it to many different and new levels (Smith and Smith, 2015). Reflection, therefore, encouraged Legacy Mentors to develop an understanding of different perspectives and viewpoints, and, importantly, review the next steps to inform the recommendations for future practices. The Legacy Mentors were encouraged to document or share their reflections throughout the pilot project to evidence personal and professional growth. Reflections provided the opportunity to identify and appreciate positive experiences and better identify ways that employers and mentors can improve practice and service

delivery. It was also insightful when there were more challenging experiences; helping participants to process and learn from them.

Box 1: Summary: North East and Yorkshire Legacy Mentor Community of Practice and Action Research Group meetings

North East and Yorkshire Legacy Mentor Community of Practice (COP) and Action Research Group meetings
COP 2 hours + 1 hour Action Research Group bimonthly

Purpose of COP:
Facilitated by NHSE NEY Nursing Leadership team
The Community of Practice was set up to allow Legacy Mentors across the North East and Yorkshire region from Primary Care, Secondary Care and Social Care to:

- Provide guidance and examples of good practice for peers
- Provide requested information for the evaluation of the Legacy Mentor project
- Identify areas of improvement across the region

Pilot implementation in secondary care: aim to provide transferable learning for implementation in primary care and LA/social care locally, regionally and nationally.

Action Research Group:
Evaluation aim: to facilitate Legacy Mentors to reflect on your experiences to inform NHSE NEY understanding about:
How the Legacy Mentor role has been implemented across organisations?
What the impact of the Legacy Mentor role is?
To identify positive experiences and recommendations for how to improve practice and service delivery.

Three meetings – September, December and February

- **September (Planning & Preparation):** activities that need to be understood to start the development and implementation of the service and to successfully deliver and evaluate the outputs and impact of the project. (Donabedian structural: factors that make it harder or easier to deliver high quality service)
- **December (Process & Action):** how the service has been implemented across the organisations, Legacy Mentor engagement activities (the methods, location, individuals involved and types of interactions), the Legacy Mentor support process and the ways in which the role is used. The process phase explores the uptake of the services, characteristics of new registrants. (Donabedian: factors describing content and activities – adherence to guidelines/processes)
- **February (Observation & Outputs/Reflection):** explore and/or measure the impact of the Legacy Mentor role upon uptake, the experiences of the Legacy Mentors and the outcomes for particular target groups (i.e. mentees). (Donabedian: changes attributable to Legacy Mentor service)

September 2023: Survey of recruiting managers/employers was undertaken exploring recruitment and preparation of Legacy Mentors

Thematic analysis of qualitative data was undertaken using a stage-by-stage approach (Burnard 1991).

4.0 Findings

This chapter offers an analysis of the narrative from three Action Research Groups undertaken with Legacy Mentors in September 2023, December 2023 and February 2024. As illustrated in Figure 1, each Action Research Group had a specific focus, though Legacy Mentors were also encouraged to reflect on previous themes as their experience in the role evolved. The number of Legacy Mentors attending each meeting was n=20,18,18 respectively. Each Action Research Group meeting was scheduled for one hour online via TEAMS and, with the consent of Legacy Mentors attending, was recorded. This enabled the research team to focus on facilitating the discussion, whilst a written transcript was automatically generated alongside a video to review and aid analysis.

Thematic analysis was undertaken using a stage-by-stage approach (Burnard 1991). Two members of the research team independently developed initial themes drawing on their post-meeting notes, the TEAMS generated transcripts and video recordings. Subsequently, working collaboratively, the researchers reviewed, discussed and revised themes and sub-themes for shared meaning and agreement (Table 1). These themes and sub-themes are used to present the findings below. Box 2 also provides 2 cases illustrating the transferability of legacy mentoring across clinical settings and professional groups.

Table 1: Themes and sub-themes

Theme	Sub-theme
1.0 Positioning Legacy Mentors for purpose and value	1.1 Role: purpose and value 1:2 Role specification and challenges 1.3 Training and background: Knowledge, skills and prior experiences 1.4 Local team structures and dynamics 1.5 Organisation support (Support structures and supervision) 1.6 The importance of wider and external networks
2.0 Modelling and implementing legacy mentoring	2:1 Induction 2:2 Role overlap, and blurred role boundaries 2:3 Role definition and scope 2:4 Responsibility and accountability 2:5 Communication and engagement
3.0 Evaluating Impact of legacy mentoring	3.1 Service impact and evaluation 3.2 Impact on Legacy Mentor professional development and career satisfaction 3.3 Recognition of self (as Enough) / job satisfaction fulfilment
4.0 Managers reflections	4.1 Recruiting to Legacy Mentor role 4.2 Manager preparation for welcoming and inducting Legacy Mentors 4.3 Lines of assigned responsibility and accountability 4.4 Evaluation and the future of legacy mentoring

Alongside the interview data from the Legacy Mentor Action Research Group meetings, a survey of employing managers was distributed at the recruitment phase of Legacy Mentor project. The feedback from these Managers was also subject to thematic analysis (Theme 4.0) and is included below.

The length of time in post varied with some Legacy Mentors established in post for up to 6-12 months prior to the Legacy Mentor Action Research Group. Most were newly recruited to their role for 2 months or less following their organisations bid to NHSE NEY for funding to pilot this role. Some Legacy Mentors were working alone within their organisation/service, for example, two recruited to social care services. In contrast, more commonly in secondary care services, Legacy Mentors held job share roles working part-time with another Legacy Mentor or in a team (up to 5). There was also variation in how the legacy mentoring programme was operationalised with some Legacy Mentors focused on specific specialities/departments within their organisation depending on their previous clinical expertise, whilst others worked across the whole organisation. Most Legacy Mentors focused their support for new registrants during their first year of preceptorship, transition to a Registrant role, new recruits to the NHS and social care (within last 2 years), including internationally educated workforce and those undertaking Return to Practice programmes. Some Legacy Mentors also supported any registered nurse who was 'struggling' in their role and those in all health professions needing pastoral support. The number of mentees supported by Legacy Mentors ranged from 3 to 500 plus individuals.

Further analysis of each theme is provided below.

1.0 Positioning Legacy Mentors for purpose and value

The infancy of the Legacy Mentor role was prominent and, in many instances, processes of undertaking this nationally initiated new role required clarification of specificity within the organisation. However, it was apparent that Legacy Mentors themselves, at an individual level, were clear about the purpose and value of the role.

1.1 Role: purpose and value

Legacy Mentors explained their role as:

> 'My role focuses on anyone who needs any form of support….. I can go and work with them if they are struggling with certain things. I can also signpost them to the right people or right department' (YM - reflection)

> 'We describe our role as supportive, sharing our knowledge and experience, using a coaching and mentoring approach. We offer pastoral support, debriefing, help with time management, delegation. We support with developing skills...' (SR reflection)

Describing purpose as:

> 'At the end of the day, making our staff feel valued…' (JP Nov p15)

> 'Raising the experience of nurses. So, we're … quite intensely looking at the wellbeing and all the things can make them happy at work' (LH Nov p13)

> 'The focus is to help support the newly qualified and preceptors of all healthcare stages…in their first two years' (NM reflection)

Legacy Mentors rationalised stepping out of comfort zones in the latter stages of their career to embrace opportunity and challenge that came with being self-titled trailblazers working in a new role. Because of their conviction in the purpose of the role, this enabled them to:

> 'Pass the legacy [of the profession] to the next generation, and to retain nurses [was] actually the initial concept of the Legacy Mentoring' (BR Nov p25)

> 'I'm leaving a legacy…' (CP Nov p23)

1:2 Role specification and challenges

Legacy Mentors in their majority started out unclear of the exact ask of the role, expressing uncertainty and ambiguity:

> ‘We started off really not knowing what we were, We, were going to do, but we absolutely adopted the pastoral model to start off with. So, we're not clinical educators, we can work alongside nurses just to give them that moral support’ (LH Feb p7)

> ‘I'm just trying to sort of define the role and feel my way, and then I'm kind of feeling like it's good that there's all this support around, but it makes it difficult to sort of champion my role as Legacy Mentor’ (HA Feb p3)

> ‘I wish we could have clear roles because some practice educators feel we are doing their job’ (YM reflection)

Some found working without direction tough, relating:

> ‘It's been quite difficult to know where to begin’… but this is new, it's only just come in so I'm still figuring it out’ (SL Sept p2)

> ‘It is very difficult and trying to establish yourself in this new role with very little support as that'd be said’ (AH Nov p31)

> ‘I've been in nursing a very long time you know, I I've qualified in 1987, been a mentor to many students and supported many newly qualified staff… so you think you've got the skills to equip you for this role but then when you actually hit the ground running with it, it really is difficult ….. People don't know a lot about the role’ (AH Nov p32)

In some instances, challenges negatively impacted individuals:

> ‘I feel sometimes like I come into work, and no one would even know if I was there or wasn't there’ (AT Nov p28)

While others seemingly shouldered opportunities:

> ‘Very little from our management point of view, very little is known about the role and it, and it is exciting to be told, created the way you want to…’ (AH Nov p32)

Practical hinderances were noted with examples shared such as being able to access information technology and data systems, and geographical areas the Legacy Mentors were assigned to cover:

> ‘There's lots of administrative things that you would think that you could just go into ESR [Electronic service records] and press a button and you would get a list of who you newly qualified staff are, well that absolutely does not happen. We've, we've spent a long time working with Human Resources to make sure those organisational things that you haven't anticipation that you thought would be ready and prepared, but those systems just aren't in place… and that's made it much harder to get going’ (AH Sept p6)

> ‘We're using the NHS Futures platform [collaboration platform] to keep our information. The challenge is the geography of the area. Yorkshire… It's massive, so I've got some mentors over on the coast near Whitby. So, you know, just even getting there it's an hour and a half to have a meeting with them and then so we're kind of working through how we do those face-to-face contacts, how do we kind of do teams and we're very, very early stages of that’ (RM Nov p2)

1.3 Training and background: Knowledge, skills and prior experiences

Few Legacy Mentors received specific training prior to starting in the role:

> 'In terms of like training and stuff before starting as a Legacy Mentor, there was none' (AT Nov p28)

In many instances this was not required, and some Legacy Mentors pointed out this as a reason why the job had appealed to them:

> 'I've been nursing 40 odd years... it was mainly a because coming to your end of your nursing career and that's what drew me to the, to the role, there wasn't any requirement to have and go on any courses…..I just draw my own experiences because that was what the role was sold to me as' (JF Nov p17)

Legacy Mentors justified feeling confident in existing transferable skills, knowledge and experience they brought to the role:

> 'We have got loads of years' experience between us and as you can imagine we've been mentors in the past as well for nurses. I mean, I can remember doing the mentorship preparation course a long, long time ago, and we weren't expected to do a formal coaching and training, but we've done a lot of leadership stuff as well in the past, which I think is invaluable when it comes to this post' (LH Nov p17)

> 'Both my colleague and I are experienced nurses with long careers who have retired and returned. We have developed advanced skills and knowledge around staff support, supervision, coaching, mentorship, leadership, management; strategic, operational and clinical, as well as governance, service development. Our backgrounds have equipped us with the necessary skills to deliver the Legacy Mentor role and I would recommend these attributes to new Legacy Mentors' (BC - reflection)

It was suggested that managers assumed those successfully appointed in role would possess a certain level of existing expertise:

> 'Minimal requirements – nothing more than usual mandatory training. The expectation being they would possess the required level of expertise for the role' (Manager anon 6)

There were examples of Legacy Mentors receiving protected supernumerary time when inducted into the roles, however in all instances these were local arrangements. Many told of working out what they needed to know about undertaking the role while in the workplace:

> 'We're learning by our mistakes that we're learning on the job, as they say, isn't it because you just having to learn as it rolls and hopefully if you if you maintain two or three other Members that are turning around saying, well, actually I was about to leave because I just didn't know what to do. Then you've achieved something' (JW Nov p42).

A transferable skill many Legacy Mentors possessed was ability to easily build relationships with mentees:

> 'Is very, very important to have an initial interview to them to know them, introduce yourself to know and tell them your role and in that sense, you have already built a good relationship with them and as you go along whatever you need to do' (CPu Sept p2).

1.4 Local team structures and dynamics

Amongst Legacy Mentors there were different team structures and dynamics. Some worked solely with other Legacy Mentors, while others worked in teams made up of nurse educators, clinical educators and other members of multidisciplinary teams. A few worked independently and described

themselves as being safe and happy, but the majority appreciated and preferred having at least one close team member - multiprofessional or otherwise to work alongside:

> ‘My counterpart, she works on the other hospital site, so we've got totally different wards, although she's amazing support and she's been like my absolute go to person from starting’ (AT Nov p28)

> ‘We are based in with the Professional Nursing Advocates (PNA) nurses, she's my boss and that links quite well, that's quite a good support for me. It means that I can refer to sort of the wellbeing and the PNA support quite well. So that's helped us’ (SL Sept p2).

Having an office as a base to work from and opportunity to communicate information with colleagues gave Legacy Mentors means to informal and formal support.

> ‘So, we were given laptops and phones, and we weren't going to be provided with an office, but we've fought, and we've got one. We don't all work the same days, but we try to meet up at least once a month, and we will talk to each other, so if we've got any issues or we've got concerns, we've got each other to talk to as well. Quite a well-supported team really’ (JF Nov p27)

This improved experience of feeling settled and contributed to belonging:

> ‘Initially, we all felt like a fish out of water [now] we've got a great team’ (LH Nov p12)

1.5 Organisation support (Support structures and supervision)

Legacy Mentors expressed strongly wanting the role to be successful, but reserved in expressing how support was not consistently extended from senior stakeholders:

> ‘I feel like at the minute I’m flying a bit solo although I do have a matron above me ... really busy lady. I’ve only met up with the matron once in the month and that was only for about half an hour’ (AT Nov p31).

> ‘It doesn’t feel like you’ve got those people cheering you on you, you know, you need your chief nurse to be putting it [the Legacy Mentoring offer] in the information leaflets’ (RM Nov p36).

Detached senior oversight led to feelings of disappointment:

> ‘So, it feels like you’ve been let down a little bit and somebody spent the time to put an application to get you. The Matron who encouraged me to go for the post and has been relocated to another area. So, the Matron that I’m left with now wasn’t involved in the recruitment and … knows very little about the role and yeah is a little bit hands off’ (RM Nov p37).

> ‘We support each other at the minute, so that's I feel a bit disheartening. (AH Nov p32).

And Legacy Mentors felt they were working without guidance at times:

> ‘The actual support from above, I don’t feel as very much there at the minute, just in terms of their the people above us don’t know what this role is, so are relying on us to create this role into what we want, which is brilliant and that kind of blank canvas is dead exciting but, but again, I feel very directionless at times’ (AT Nov p28).

Remission of senior oversight and role guidance was not the case for all Legacy Mentors, and some felt exceptionally well supported:

> ‘ The role that has been given to me was really overwhelming at some time, but the manager, my matron and all of them are very supportive’ (CP Nov p19)

Cases where support was awry was explained as programme infancy, and suggested engagement may increase with role establishment:

> ‘It’s not taken off yet, I don’t have any like support from above’…. ‘It’s quite unsupported at the moment. I’m hoping that that’ll get better the more we get recognized in the hospital’ (AT Nov p28)

Legacy members were outgoing in advising one another how to initiate projects and increase stakeholder buy in:

> ‘So, you need to go back to your Chief Nurse. We’ve got a let’s talk magazine … we’ve been featured two or three times, when we first started, and once we got up and going. The Chief Nurse does a Vlog, and they captured … a day in the life of the legacy nurse and it’s featured on the Chief Nurse’s Vlog, and she goes on YouTube, and we use that all the time if we’re doing a presentation. It’s important that you are supported by management …so go back to them and say you need support because you are making a difference’ (JF Nov p2)

1.6 The importance of wider and external networks

In many instances, and especially at the project start when programme planning, Legacy Mentors wanted to hear about and learn from one another’s experiences of working in similar roles across wider networks:

> ‘We are really going to appreciate every single feedback and best practise that you could share, so that we could improve with all of our services’ (JS Sept p4).

Additional support infrastructure such as having access to a Regional Community of Practice and network of professionals experiencing similar undertakings provided valuable opportunity to access information and peer support:

> ‘It’s just a really good opportunity to talk to other Legacy nurses, isn’t it? And start making those connections. I think we’re all going to gain a lot from this’ (JP Sept p4).

> ‘I’m using this is just a platform that get everyone else ideas’ (AT Sept p2).

> ‘It’s amazing because you can hear what other people are doing, but at the same time you come away thinking I’m never going to achieve that’ (RM Nov p36)

In cases where Legacy Mentors started later into the project and therefore were not necessarily as established expressed initially feeling daunted and overwhelmed hearing about the activities of founding Legacy Mentors:

> ‘We only started in October … and I remember coming on one of these forums back in August… and just thinking oh well, I felt bad before, but I felt really bad after it… but it is just little steps’ (RM Nov p37)

However, Legacy Mentors in this position were often pragmatic in reasoning:

> ‘It hasn’t actually started in my trust. I'm going to be the first one of all, so I’ve got no idea’ (AT Sept p2)

> ‘I think there are a few things that have got us off to a bit of a slow start because this is obviously a new role, it’s new everywhere’ (AH Sept p2)

2.0 Modelling and implementing legacy mentoring

2:1 Induction

Inductions are a welcoming opportunity to help individuals to settle in and ensure they have the knowledge and support needed to perform their role. Legacy Mentors reflected on induction experiences:

> 'I didn't receive one, (induction) I planned the role myself, using the job description (and I used this planning as preparation for a presentation I gave in interview- 'How you will implement the Legacy Mentor role within the elderly care wards in the next 12 months and how will you measure its success')…I have not received any specific training for this role since starting' (SC - reflection)

> "But I wouldn't say we had a formal induction…basically, I had like a two-week induction period where I was just getting around the trust getting to know different teams and it's selling in time and then after that hour managers just encouraged us, especially in the early stages to access trust courses and trust training" (JP Nov p16)

> 'I had an induction merely just in the ward with the manager, and then I was told what group of people I have to really like mentor' (CP Nov p20)

> 'I just attended the normal trust induction that the, the hospital does for all new starters' (JF Nov p18)

> 'We had a group discussion and based the induction from NHS England's Legacy Mentor guide and the use of the Logic Model" (JS – reflection)

2:2 Role overlap, and blurred role boundaries

Legacy Mentors expressed tensions with role overlap, role creep and blurred role boundaries. Examples were shared of actual experiences working in role differing significantly to pre appointment perception:

> 'To start … I think I expected it [the role] to be doing more of the pastoral sitting down and chatting with people, whereas … it turned out to be more of the education side of it as well, rather than being just the wise old owl who comes on the ward and listens and gives a bit of advice. So, the role is a little bit different to what I expected when I came in post' (CB Sept p1)

> I'm kind of feeling like there's a lot of layers and overlap within my trust at ..... Trust. So sometimes I'm, because I'm just trying to sort of define the role and feel my way, and then I'm kind of feeling like it's good that there's all this support around, but it makes it difficult to sort of champion my role. (AH Feb p10)

Role definition varied between Legacy Mentors. Some received clear instruction about the role from the start:

> 'So right from the off, our role was never clinical support and that was made clear right from the beginning and it we we've got practise educators, and we've got clinical support staff, and we were there purely for pastoral and for their well-being and we made that clear. (JF Feb p10).

Whilst others were left to work through identifying and moulding role specification and delivery themselves:

> ‘I feel like in my trust we’re having a bit of a different experience … sometimes I come on shift and think, oh my God, how am I going to fill my day in today’ (AT Nov p28)

There were occurrences of Legacy Mentors describing their role as identical to other established nursing roles:

> ‘There’s two of us Legacy Mentors working sort of half of week each and there’s another colleague works full time as a peer educator and we basically doing the same job’ (CB Sept p5)

Some described happily and confidently working dynamically to act on emergent issues and subsequently confirming role specification as the role developed:

> ‘It's been phenomenal, really. We started off just start with newly qualified nurses, but then we quickly took on international nurses and return to practise, and those who qualified during COVID because they didn't have much support…, and also well anybody that wanted our inputs when we walked around the ward including Nursing Associates’ (JF Feb p8)

One Legacy Mentor extended support:

> ‘To having a coffee with a [medical] consultant because they wanted a shoulder to cry on, basically’. (JF Feb p8)

2:3 Role definition and scope

Once role scope and boundaries are clear, Legacy Mentors were happier as it prevented them:

> ‘Stepping on the toes of other colleagues. (LH Nov p13)

This enabled them to then establish:

> ‘Finding the best model for where you're working’ (LH Nov p12)

Allowing both Legacy Mentors and their mentees to flourish, such as in this example:

> ‘a newly qualified nurse in theatres who looked like she'd been caught like a deer in headlights and was lost and had no direction and didn't who to turn to…. My background's not theatres… but it was just basically, somebody to chat to and work through and point in the right direction…. It was like a 45-minute meeting, just sitting and listening and talking through her options; to then going back a week later and seeing all smiles…we get a big hug and she's just all smiles and she knows exactly what she's doing. She knows where she's going and what she wants to do’ (JF Feb p9).

In cases, constraints of working in a new role were second to advantages, because as one Legacy Mentor described:

> ‘We are very independent from any collaboratives or you know, management structures, so the nurses feel secure that if they come to us that they've got that security…, that it is confidential and we're not looking at our watches and we've got plenty of time to give them that pastoral support’ (LH Nov p12)

Once role parameters were defined and Legacy Mentors had found a place in teams and wider networks, the project direction changed from the planning stage to the delivery stage. Legacy Mentors knew what they were employed to do and embraced this:

> ‘So, for example we are purely employed as Legacy Mentors, so I’m not a practise placement facilitator, I’m not an educator, our role is dedicated in a pastoral and support role’ (LH Sept p5)

At this stage responsibilities and accountabilities of the Legacy Mentor role needed corroborating:

> ‘We also made an agreement with our PNA [Professional Nurse Advocate] lead that we would do all the pastoral support for the first year. There's not enough of them to go around. So, they felt that that was kind of a bit of a win win for them that we would pick up sort of the first year to 18 months and then they would go from there if people needed additional things’ (AH Feb p11)

Often Legacy Mentors were comfortable with holding a level of responsibility and accountability that the job entailed:

> ‘[We] have worked at senior levels in the organisation, and we've got that experience. We also know and understand the policies. Quite often the matrons are caught up very much in terms of the operational stuff and firefighting every day, so they don't necessarily have that time to sit and talk through options and show policies etcetera’ (AH Feb p14)

2:4 Responsibility and accountability

Clear lines of role responsibility and accountability allowed implementing the role to achieve intended outputs and outcomes, whatever they may be:

> ‘We absolutely adopted the pastoral model to start off with. So, we're not clinical educators, we can work alongside nurses just to give them that moral support. I think a lot of nurses … struggle quite a lot and we’re also looking at preventing people from just jumping ship, if you like’ (LH Nov p13)

> ‘If staff are having any issues with anything from off duty to education to getting training, then we will obviously find out who we need to contact to try and get them those issues sorted out rather than us actually training them ourselves’ (AI Sept p6)

> ‘Different trusts have different policies, protocols, procedures, different ways of recording information, and I think a lot of nurses within that transition from one trust to another struggle quite a lot’ (LH Nov p14)

> ‘One of the nursing associates who was asking for some support around academic work. So, it was really just sitting down together and letting her talk to me about the assignment she was working on, because as she explained, she is not an academic and didn’t have that background. So again, it was just that giving a little bit of guidance about where she might want to do in terms of writing assignment’ (CB Sept p5)

One mentor explained perceiving the role as:

> ‘One way or another we are in the middle’ (JS Sept p3)

Legacy Mentors seemed happy to act as agent or broker to a resolution if possible whatever emergent situation is faced:

> ‘And yeah, it's probably the job of HR…, but we're there, we're supporter that we're helping them with these individuals anyway. So, we're also sharing that sort of wider expertise you know around, managing people through difficult situations’ (AH Feb p14)

And accountable that issues raised with themselves were acted on and satisfactorily resolved and appropriately signed off:

> '… the impacts of what that conversation's done and going back and making sure we revisit all those things' (LH Nov p12)

> 'Signing off from the Legacy Mentor service by giving a Thank You card or like constructive feedback' (BR Feb p20)

2:5 Communication and engagement

The Legacy Mentor project was commissioned for a 12-month period which imposed a tension that time spent planning what to do, and how to do it, constrained Legacy Mentors actively undertaking the process of supporting mentees:

> 'Our organisation has asked us to take on this role therefore they need to listen and act on our findings to improve staff retention. We have presented our findings to the Nursing and Midwifery forum and working with HR retention team and senior matrons' (LR - reflections)

Managers of Legacy Mentors acknowledged some constraints that could be overcome by making appointments substantive, suggesting:

> 'Make the contracts permanent. It is difficult to establish the role on a one-year contract. Employ more nurses, so the role is embedded and is business as usual' (Manager anon 8)

Legacy Mentors described setting up administrative processes time consuming and challenging, but needed to secure effective service provision:

> 'Systems just aren't in place… and that's made it much harder to get going' (AH Sept p6).

> '...But I work with priority that's the best thing. Because you have so many coming to you... You have to really plan your time ahead of time' (CPu Sept p8)

And many were separately trying to set up processes, such as referrals that were on the whole broadly similar. All agreed having robust administrative process was beneficial to maximising working with limited resources:

> 'So, we do a lot of what we call itchy feet conversations and stay conversations and things like that, and we can also offer support around different options' (LH Nov p13)

> 'We often do catch up meetings cause we've got we, we have other legacy nurses reaching out from other regions…we've, like, set up a Facebook page and we've got a Twitter page and people have contacted us through there so, and we have a chat page, so people go on there as well…and we and we have an e-mail. So that's checked every day. So that if I'm not on for my particular day, somebody will pick that up and make contact if anybody needs' (JF Feb p9)

As well as designing and implementing referral processes Legacy Mentors needed to communicate and promote new services.

Legacy Mentors explained the referral process in ways for example if staff reached out when Legacy Mentors were out and about via conversation or by completing referral forms and could be made by individuals or managers. Many had designated mailboxes as a virtual point of contact system and designated websites. Some presented the role and service to all new starters at induction whereas more informal processes for promoting the service were described as, walking the wards, leafleting and postering. Again, plans and processes varied by individual and organisation:

> ‘I adopted the policy that I would just make myself as visible as possible [and] introduce myself to as many people as I could [and] introduce myself to all my mentees’ (AH Nov p32).

As with other noted findings, Legacy Mentors were undertaking different operational activity at different stages of programme implementation and delivery, for instance, some seemed very embedded in organisations:

> ‘We have done so much, it's unreal and we've got pop up stands that we have our mentorship posters on, so everybody sees us everywhere we go’ (LH Nov p14).

In contrast, Legacy Mentors noted success from promoting their role when referrals started happening:

> ‘But now we’ve got managers who will come to us directly and say we need your input with this, and so right at the start of things, we're kind of we're kind of getting in there’ (AH Feb p14)

3.0 Evaluating Impact of legacy mentoring

3.1 Service impact and evaluation

Legacy Mentors wanted to capture role impact to demonstrate success in the hope that the role would be supported to continue by employers:

> ‘So, they always asking for the data how we provide the retention data, how the staff well-being works out’ (BR Feb p26).

> ‘I've been in the role nine weeks and I'm feeling the pressure on my shoulders that I need some kind of something in place to start this evaluation’ (AH Nov p33)

> ‘It's showing an impact we are getting some testimonies from them as well. So, it will have like a good connection between all of them together to make it move forward’ (BR Feb p22)

> ‘All of their managers, learners, mentees, all of them, are saying, hopefully we can hold on to the Legacy Mentor in our trust because it was really beneficial. It's really very important. It's a very important role and I will really advocate continuously for this to continue…’ (C Feb p15)

Recording impact through role activity was not binary because it captured individual intrinsic impact to mentees, extrinsic activity data, and Legacy Mentor perception of impact:

Individual intrinsic impact was depicted in ways such as:

> ‘... with the resilience based clinical supervision it takes them back to the emotive side, like what influences their anxiety. How to overcome this kind of like anxiety and develop the sense of worthiness’ (JS Feb p18)

Extrinsic activity data captured retention outcomes or expanding services to support:

> ‘It was a huge, huge success this year. I can say 52 plus group of people that I have mentored. Again, I can say 98%, they are all doing very good. Again, it was a huge, huge success this year’ (C Feb p29).

> ‘So, we have had a resounding success. It's been phenomenal, really. We started off just start with newly qualified nurses but then we quickly took on international nurses... and return to practise. Those who qualified during COVID because they didn't have much support’ (JF Feb p8)

Legacy Mentors provided testimonials in their own words on behalf of the people they had supported, to show why the role to continue:

> ‘Definitely we can tell like it's going good in our hospital’ (BR Nov p11)

> ‘I just have to really like put an impact or recommendation to the to the trust that they have really continue funding the legacy members because we work totally different. We have so many educators, we work as a team, we have practise educators, we have clinical educators, but I'm proud to say that as a Legacy Mentor, we have our own time to really be with the mentees to really assess them in order to have a good end result of them being the best nurse or like individual that they can be. So, it's really like my aim and hopefully I'm praying for it to continue and continue with all the other trusts also’ (C Feb p29)

3.2 Impact on Legacy Mentor professional development and career satisfaction

Whilst not specifically advertised as essential to role there were examples of Legacy Mentors undertaking further training and professional development:

> ‘I attended the course for the exploring career mentoring and coaching and am attending the reciprocal mentoring course as well’ (BR Nov p9).

> ‘I have agreed to train as a Professional Nurse Advocate as I think it sits well with the role of Legacy Mentor’ (LR - reflection)

The role offered reciprocal benefit for Legacy Mentors to develop professionally in practice alongside mentees:

> ‘I'm learning from them through reciprocal mentoring’ (JS Feb p19).

> ‘So, we are on the learning stage as well because some mentees have like 18 years or 20 years of experience, they can pass something to us as well at the same time’ (BR Feb p20)

> ‘I could also say that they've also influenced me in a way like developing myself’ Because I think that's what more important. Like, you know, it's two-way. We're helping them to build their own confidence and at the same time bringing out the best in, in with ourselves as the Legacy Mentors’ (JS Feb p18)

Legacy Mentors frequently had ‘safe to fail’ learning mindsets. This comment represents the thinking of those that had opted to undertake the role:

> ‘it's a work in progress and we're getting some things right. We will get some things wrong and that's our way we progress’ (JF Nov p18)

3.3 Recognition of self (as Enough) / job satisfaction fulfilment

The experience and wisdom individuals brought to the role received positive feedback which contributed to experiencing job satisfaction and job fulfilment

> ’Feedback has been phenomenal. We just get such good feedback and even from hardened nurses’ (JF Feb p9).

> ‘But look, you know I think the one thing that they do appreciate is the wisdom we bring to the Legacy Mentor role … So yeah. Loved it. Loved every minute of it’ (SW Feb p13)

This boosted feeling valued and appreciated and motivated Legacy Mentors to believe in the work they were doing was worthwhile and made them want to continue:

> ‘We've all got, the knowledge the experience, the caring, the compassion, the empathy towards our new nurses and not just the new nurses. It's everybody’ (JW Nov p43)
>
> ‘I have had positive feedback from, from my mentees already... So, I suppose you just you have to take that and run with that and, and when you can’ (AH Nov p36)

This individual speaks on behalf of many Legacy Mentors wanting to share with pride learning from their experience of working in a new nationally initiated role that they had defined, modelled and were successfully delivering:

> ‘Our organisation has asked us to take on this role therefore they need to listen and act on our findings to improve staff retention. We have presented our findings to Nursing and midwifery forum and working with HR [Human resources] retention team and senior matrons’ (LR - reflection)

Box 2: Example case studies

Examples of good practice: case studies

Transferability of legacy mentoring across clinical settings and professional groups:

“Even went and had a coffee with a consultant because he wanted a shoulder to cry on. Also, first meeting with a newly qualified nurse in theatres who look like she'd been caught like a deer in headlights and was lost and had no direction and didn't who to turn to, I've not. My background's not theatres, but it was somebody to chat to and work through and point in the right direction and bursting into tears and then it was like a 45-minute meeting, just sitting and listening and talking through her options to then going back a week later and seeing all smiles and thankful that we had been there to help her and every time we see her now. We get a big hug and she's just all smiles and she knows exactly what she's doing. She knows where she's going and what she wants to do and that just is indicative of every area that we go to. Not saying that it's a success everywhere 'cause there's some people that we just can't help because of situations that they find themselves in. But the majority and all our feedback has been phenomenal. We just get such good feedback even from hardened nurses who say “I wish there'd been something like this when I was first qualified…You know, to help me and have some to just sometimes it is just somebody. They just want to vent”….and the ward managers are so thankful because they want to offer support, but we've got the time because we're not tied to any timescale, and we can just go and rearrange and sit and we've got the time. It helps them as well and they're so thankful. That's my experience anyway. (JF Feb p6)

Team approach: Identifying vulnerable nurses and other professionals

So, we started Legacy Mentorship way back in May, but it's three of us in the team at the minute. Two hospital based and one in the community. So, two of us are concentrating in providing support at this moment with the international recruited nurses because …..there's like a volume of workforce coming from the international educated nurses and we're thinking that this is a great opportunity for them to fit, to feel supported but we're also not ignoring those who have just recently joined the trust, less than one year. But to be fair with them, most of them had their training in our trust and the adjustment is not as intense as those internationally educated or internationally recruited nurses, in terms of our of, of how we approach the legacy mentoring and coaching. So, we did the communications, we made them aware that there is a new service in terms of support, coaching and pastoral support, professional guidance to newly qualified nurses and members of the Allied healthcare professionals and we drop into the wards and introduce ourselves face to face with the with the management team, and meet and greet with the with the staff members because we wanted to let them know that it's an open referral system. They could self-refer, or they could speak to their manager if they feel that they need to get in touch with us. (JS Sept p4)

4.0 Managers reflections

4.1 Recruiting to Legacy Mentor role

As part of the study, line managers/employers were invited to share their insights of the new nationally initiated Legacy Mentor role. Managers experienced constraints at the pre-employment stage, with obstacles such as, attracting candidates, flexible working, not having clear role definition and scope, and funding parameters. In evaluations, managers gave suggestions for overcoming barriers in the future because, once the purpose and value of Legacy Mentors could be seen as making a tangible positive difference, engagement increased:

> 'We found that targeting those at the end of their career or retired practitioners gained no interest. We also found that often those individuals were not always as up to date as we expected or had worked many years in one particular area. Flexibility and availability and time was an issue. The effort needed to recruit was not reflected in the benefit' (anon 6)

> 'Minimal interest role - perhaps related it being a new role with no clear definition/implementation. Minimal funding as role is seconded with no funds secured to sustain the role meaning uncertainty for the future for applicants. To overcome, demonstrate impact of the role and it would be useful for a definitive funding stream to get the role implemented to support organisations to see the benefits on retaining early years nurses' (anon 13)

> 'The main challenge was recruiting as there was little appetite for the pilot programme. Now mentors are in place they are going from strength to strength' (anon 2)

> 'Ensure potential applicants are clear on role expectations. Make post full time if funding allows with room for job share. We struggled to find enough applicants interested in a 0.5wte post' (anon 14)

Managers pre-employment feedback echoed findings of Legacy Mentors' experiences of starting out in role, confirming issues like needing to clearly describe and advertise clarity of role purpose and value, and define role specification and expectations:

> 'Because the role is new, and the current Legacy Mentors are trailblazers the development expectations have not been clear. It's becoming clearer the knowledge skills and professional attitudes needed to implement the role successfully' (Manager anon 16)

4.2 Manager preparation for welcoming and inducting Legacy Mentors

Managers described diverse approaches to induction, some initiated robust inductions tailoring resources provided from NHS England, with others instructing processes supporting strong collaboration and engagement with senior leaders and teams at local levels:

> 'Our Job description was created from the national profile. Matched them to an area of expertise and interest. Matched to a clinical area linked into the ward managers and matrons / Team lead and Clinical Neighbourhood Matron. Introduced to teams. Linked with Occupational health and staff wellbeing champions. Arranged meeting with the PNA lead for the Trust. Regular catch-up meetings together for the x3 staff and with myself as manager to collate ideas. As we progress, we aim to create 3-, 6- and 9-month reports of activities and findings at Trust forums' (anon 7)

> 'Induction consists of trust induction which is shared with all new starters. Where new starters meet senior colleagues and get introduced to trust wide policies. This is then followed by a local induction that is role specific. I think we are getting better at knowing how to conduct the

local induction. When the role was new things were less clear. We now have a better understanding of communication channels, roles & responsibilities & specific work streams' (anon 16)

'Took a QI approach, regular meetings using the NHSE guidance to develop the role. Viewed as a developing role which needs evaluation to prove impact therefore gaining an understanding of the needs of the organisation and the Legacy Mentors. It is hoped that this work will support a future business case to support the ongoing role. Job description currently the NHSE description' (anon 13)

4.3 Lines of assigned responsibility and accountability

Managers reflected on assigned responsibilities and accountabilities of Legacy Mentors, suggesting Legacy Mentors mostly focused on supporting early career staff:

'The Legacy Mentor focused on the first 2 years following qualifying as a registrant' (Manager - Anon 1)

Legacy Mentors supported a variety professional staff in early career and, in many instances, managers described a process of assigning Legacy Mentors toward those with greatest identified need and as priority, and to work in dynamic ways the situation required:

'Pastoral support is the biggest need. we work very closely with Clinical Nurse Education teams to give a complete package of support. Mentoring is available to all staff, but trends have shown pre and post preceptorship, and internationally educated nurses require the majority of support' (Anon 4)

'Mentors are supporting staff who are due to retire within 24 months. the mentors organize to have a 1 to 1 with each staff member and then follow up meetings if decided' (anon 9)

'Working 1:1 with struggling nurses and shadowing them on a shift to develop their confidence and help them attain competencies. Collaborate with the National Legacy Mentor Forum and the Community Legacy Mentor Forum. Produce a monthly Newsletter targeting the NQN's with useful tips and information to support them pastorally and clinically' (anon 10)

'Ideally staff within the first two years of registering - both international colleagues, and NQN's. They work alongside them offering clinical support with communication, prioritisation, and delegation. They offer pastoral support away from the clinical environment. Contactable via email, WhatsApp message and telephone' (anon 11)

4.4 Evaluation and the future of Legacy Mentoring

There was evident high demand for Legacy Mentoring and managers wanting to continue the service:

'The Legacy Mentors influence new staff work experiences however it can also be overwhelming for them sometimes due to the number of referrals. It will be incredibly helpful to have them permanently to continue to provide the support they are already doing that influences retention of the junior workforce' (anon 15)

'If successful, it would be good to look at how these roles could be sustainable in the longer term' (anon 2)

Some managers felt it was still too early into the scheme for them to fully establish the impact of the role:

> ‘We will not be able to establish the impact as this role commenced 12 months ago. However, feedback from the workforce is positive’ (anon 1)

> ‘No clear plan for the role but as the months go on the plan is becoming clearer… Retention has improved between staff of 12-24 months’ (anon 9)

The first wave of Legacy Mentors employed to launch this nationally initiated new role were centrally funded by NHS England. Managers evaluated they would have liked more Legacy Mentors or Legacy Mentors for longer:

> ‘We only received funding for 1 which is no way enough to cover all the new starters who can be around 300+ annually. So maybe a team of Legacy Mentors. Or funding to release staff to be Legacy Mentors’ (anon 14)

Managers asked NHS England fund to extensions of current arrangements:

> ‘Increased funding so I can have more’ (anon 4)

> ‘Further funding as 6 months has already gone past, and the role is still evolving’ (anon 10)

> ‘Further funding to reduce the anxiety around fixed term ending’ (anon 11)

And there were Manager asks to make the contracts permanent:

> ‘Make the contracts permanent. It is difficult to establish the role on a one-year contract. Employ more nurses, so the role is embedded and is business as usual’ (anon 8)

Some of the more pragmatic early adopters, based on their evidenced success began internal processes to substantially employ Legacy Mentors:

> ‘We have lots of qualitative data related to preceptorship and the Legacy Mentor role. We started collecting evaluation data July 2023, the data is still accumulating. On our business case to support the role becoming substantive, we identify a 1% decrease in RN leavers from 5.8% to 4.8% by August 2024 (Model hospital data). A 1% decrease in RN turnover rate from 9.8% to 8.8% by August 2024 (Model hospital data). It’s too soon to measure the impact of the roles on retention, however the trust takes a joined-up thinking approach to retention through the nursing & midwifery retention tool kit. Our input to this is clearly defined by the chief nurses’ team’ (anon 16)

> ‘The Legacy Mentor’s data demonstrated effectiveness and huge impact on workforce retention and staff experienced therefore it is suggested and ongoing discussion to consider the Legacy Mentors’ role as substantive post’ (anon 15)

Whilst majority of Managers were proactively supportive of Legacy Mentoring, there were issues raised by Managers that challenged the design of what Legacy Mentors themselves described being beneficial to the role:

> ‘The expectation of requiring only very minimal hours a week from each mentor (often adding on to something else) is difficult to manage in practice’ (anon 6).

> ‘Would suggest this is open to any Nurse who has proven supervision and mentoring skills and the required experience and knowledge regardless of length of time in service’ (anon 14)

5.0 Discussion

As health and care systems globally and across the United Kingdom are focused on strategies to enhance recruitment, retention and transformation of the health and care workforce, this project informs concerns for the depleted and depleting global availability of Nurses with critical skills to keep our population safe. With diminished supply, balancing demand extends the capacity of replenishing from current nursing stocks (Ryan et al., 2019; State of the World's Nursing (SOWN), 2020). This position mandates that, with no spare nursing workforce, we must be focused in our approach to retaining nurses. Furthermore, the nursing workforce profile has changed and is changing, and there are now greater numbers of early and late career nurses. It is of concern that both these career stages are identified as points of professional vulnerability, aggravating the possibility of nurses leaving. To address this, evidence recommends focusing on supporting and improving the working lives of nurses at both the beginning and end of their career (Beech et al, 2019). The problem of how to retain nurses at greater risk of leaving is, however, multifaceted and complex, and required exploring to understand before determining strategy development.

Published evidence explained how stress, workload and burnout are factors that contribute to an outcome of early exit (NMC, 2024; RCN 2023). Actions targeted to reduce stress and anxiety, and that increase confidence and competence, are said to improve job satisfaction for new registrants (Edwards et al 2015). In the case of later career nurses, working in roles to support early career nurses afforded a sense of purpose and provided a positive experience of work. This, along with being recognised and acknowledged for their experience and clinical expertise, provides a rewarding and enjoyable experience which gives a sense of meaning to work, all of which are outputs that correlate with job satisfaction and intention to remain in the workforce (Montayre et al 2023). This implies in principle that, if later career nurses' work in roles that mentor early career nurses, both cohorts could experience increased job satisfaction known to associate with improving retention (Pressley & Garside, 2022; International Council of Nursing 2020).

This project was commissioned to provide an evaluation of implementing the Legacy Mentor role across North East and Yorkshire (NEY). Legacy Mentorship is a recently adopted strategy, formally introduced by the NHS in England and designed to improve retention of late career professionals and the support of new registrants through their integration and retention within the workplace. NHS England (2022) identify Legacy Mentors as experienced health professionals, usually in late career, who are employed to provide coaching, mentoring and pastoral support to new registrants, at the start of their NHS careers. A study by Fackler, (2019) found later career nurses were genuinely concerned about the unsupported transition of new registrants and recognised their own potential in providing a mentoring, teaching and advocating role to improve new registrant experience. The Legacy Mentor role provides an opportunity to retain the experienced workforce, and to pass on their nursing skills and experience as a 'legacy' to the next generation (NHS England, 2022).

Literature is somewhat abstract in narrative with regards to mentoring, explaining it is the actual action of 'focusing on' and 'valuing' individuals that is the key influence of mentoring on job satisfaction and retention (Edwards et al 2015, Brook et al 2019, Wray et al 2021). It is known that nurses have different retention priorities and needs may change over the course of a career, which supports that one job contract will not serve the whole of a career. Mentoring is personalised and provides opportunity to identify these individual needs. Personalisation aligns with the concept of human asset theory and is widely evidenced to promote retention (Wenninger, 2020). In the case of Legacy Mentors, they themselves also often describe experiencing career development and feeling valued which implies benefits to retention outcomes as twofold. This is an example of how collectively employers and organisations' implementing "bundles" of linked policies can target

improving the working lives of both early career and late career nurses (Buchan 2022; Buchan et al., 2018).

Applying an action research approach, this project focused on a pilot that specifically implemented the Legacy Mentor role aiming to establish an understanding of the national, international, and organisational evidence base supporting strategy development and implementation of the legacy mentoring programme. The project has explored legacy mentoring to understand individual experiences pertinent to unique settings to understand what may sponsor or constrain legacy mentor role outcomes to provide transferable learning for implementation in secondary care, primary care and Local Authority/Social Care locally, regionally and nationally.

The use of action research methodology has enabled this project to consider findings against previous conclusions from published international and national evidence detailed in Section 2.0. and to offer new and additional insights into defining the enterprise of legacy mentoring as a concept and/ or philosophy. Legacy mentoring may exist organically as a concept within the culture of an organisation or team but, given the national priority focus on workforce retention, the concept is also specifically being independently resourced as a retention strategy in its own right. By this we mean organisations can, should they choose, translate the concept of legacy mentoring to a service by specifically appointing Legacy Mentors as agents tasked with supporting others through the act of mentoring. In this project, Legacy Mentors focused on valuing the new registrant and those new to health and social care.

Further detailed discussion from the analysis is structured under the headings below. The limitations of the project are also discussed and, finally, evidence- informed recommendations for future strategy development, summarised as a 6-pillar framework (adapted from Dahlberg and Byars-Winston 2019) (Figure 2), are made to establish legacy mentoring as an approach for supporting retention and contributing to the development of a compassionate and supportive culture for the workforce across health and social care.

1) Legacy Mentor Role and Programme Planning

When designing and managing a project or programme, the usual steps would be:

a) Project initiation – defining the projects scope, purpose and objectives, identifying key stakeholders
b) Project planning – creating a project plan including a risk management strategy
c) Project execution – start working and assigning tasks to team members, and communicating regularly
d) Project monitoring and controlling – undertaking regular reviews to monitor progress against key performance indicators applying changes when needed
e) Project closure – complete deliverables, discuss successes and failures and document lessons learned (Business Map 2024)

For these Legacy Mentors, at the project initiation stage, the legacy mentoring programme design was seemingly unclear. Following receipt of regional funding, whilst many Legacy Mentors and employers referred to the nationally developed role descriptor (NHSE, 2022) to recruit to and inform the person specification requirements, feedback demonstrated there remained uncertainty about the role specification and its implementation within the organisations. Legacy Mentors, when they first started in role, described challenges with programme design and role specification being ill-defined and had limited oversight of programme design at system level, making it difficult to implement within the organisation. Uncertainty was perhaps due to the role not formally existing in organisations or systems as an established widespread concept before and, because the programme was launched in

a relatively short period, this meant in many instances that programmes were planned by Legacy Mentors themselves.

In the instances where Legacy Mentors led on planning and executing projects, they were able to draw on their significant experience to define the purpose and value of what the role needed to be designed to achieve, they inadvertently and fortuitously achieved this. Programmes were beneficially designed to align to the Royal College of Nursing (RCN 2023) objective to mitigate risks to nurse retention by developing access to professional development and career progression, improving working conditions, and designing and implementing retention strategies in ways such as greater provision of flexible working, and improving workplace culture. These are considered to protect career longevity (Stockton, 2021). Legacy Mentors focused their role on providing pastoral support and approaches (including mentorship, coaching and clinical supervision) that successfully supported many nurses and other professionals facing adversities, including those in their mid-career, and established models of delivery appropriate to their organisation and its workforce needs. As Montayre et al (2023) identify, these interventions enabled the Legacy Mentors to have a sense of purpose and provide the most positive outcomes, along with those which acknowledged maximising the experience and clinical expertise the older nurses possessed. Mentoring early career colleagues directly addresses the needs of these late career nurses, providing a rewarding and enjoyable experience which gave a sense of meaning to their work (Montayre et al 2023). Although initially constrained by programme designing, many early adopter Legacy Mentors created excellent legacy mentoring programme designs, delivering exceptional outcomes.

It may be argued that, from a practice perspective, this approach to implementation of Legacy Mentor roles and legacy mentoring programmes within organisations reflects community development from the ground up, relocating authority to the Legacy Mentors to develop “authentic community-centred ways of working” and “brokering reform” to respond to the challenge of workforce retention (Russell 2022). Community building is the work of the community and, in this case, Legacy Mentors designed the role of policy and system leaders to facilitate, catalyse, and support, and not direct, do to, or do for, as is ordinarily the case when programmes are initiated top down. Congruent with Fackler’s (2019) findings, these late career nurses were concerned about the unsupported transition of new registrants and recognised their own potential in providing a mentoring, teaching and advocating role to improve new registrant experience. It was discerned that, by valuing their expertise and experience, this approach enabled some Legacy Mentor communities to draw on their past and present experiences, their concerns for beneficent alternative futures and secured imparting their vocational calling to the foreground of those they served (their mentees), and to background the bureaucracy of their institutions. Russell (2022) asserts that, in so doing, the restoration of community functions previously monopolised by professionals and their institutions are restored. In this case, the valuing of the nursing/professional role and the wellbeing of new registrants or those making the transition into the NHS or their role.

The Action Research Groups and Community of Practice enabled the sharing of the community building experiences of Legacy Mentors. However, it cannot go without acknowledging as revealed in the findings, some Legacy Mentors found working without direction tough and may have benefitted from individual or team coaching to plan and implement their role. These individuals’ commitment to the project and the learning identified from their determination to find a way to enable legacy mentoring define itself and reveal its worth, is appreciated (Haines et al., 2021; Jangland et al., 2021). Going forward, system leaders may find it valuable to translate the concept of legacy mentoring by offering an operational definition which facilitates individual organisational interpretation into a service delivered by Legacy Mentor role. In addition, the Communities of Practice were invaluable opportunities for coaching and for sharing exemplars of these nuanced and discerning interpretations and models of the national legacy mentoring programme and Legacy Mentor role

descriptor across organisations and systems. Retaining these, or implementing other such peer networks, would be beneficial.

2) Legacy mentoring programme is measured and defined

For many of the early adopter Legacy Mentors in this project, in the same way they were initially uncertain about how to design legacy mentoring programmes, they were novices in how to capture and implement programme measures. The phased recruitment of Legacy Mentors meant that the role and organisational programmes were implemented at different times over the duration the study (September to February). This phased implementation meant individual Legacy Mentors were working at different stages of implementation and were, therefore, not able to be consistently evaluated. Again, there were accounts of uncertainty in how to work with data and what best measurements of programme activity and successes were. This impacted capturing all programme activity and setback measuring outputs and outcomes. Action research methodology offered benefits that may not otherwise have been realised because the nature of applying continuous quality improvement automatically feeds learning from reflections to propagate into the next stages of planning and preparation. Counterfactual insights (Roese and Epstude, 2017) enabled Legacy Mentors to benefit from the reflections and experiences of those working on projects that were more advanced and, as such, more mature and embedded. Collectively, the Legacy Mentors developed a range of evaluation methods and approaches to illustrate the outcomes and impact of their role. These included use of logic models, activity data – referral data, retention data and creating bespoke Legacy Mentor feedback surveys, illustrating the value they placed on qualitative and quantitative data.

During the real time of the project, Legacy Mentors and their employers/managers expressed concern about the limited time to establish the role and to demonstrate meaningfully its value and impact in the 12 months funding period. These concerns align with Edwards et al (2015), Brook et al (2019) and Wray et al (2021) who identified that longitudinal data, captured over a more prolonged time, is needed to demonstrate the Legacy Mentor role initiative nationally, regionally and within organisations. It is, therefore, recommended that longitudinal studies with rigorous methodology could essentially contribute to the existing evidence to demonstrate the value and impact of the Legacy Mentor role for the workforce. In addition, whilst organisational interpretation and implementation of the national legacy mentoring objectives through community development is important as discussed above, it is also recommended that the national health and care system draws on the expertise of these Legacy Mentors to co-design, establish and develop shared guidance on a national minimum dataset and framework for implementation and evaluation of legacy mentoring programmes, including national data collection methods with strategic and system leaders. These combined insights could inform business cases to substantiate on-going resourcing. The national Legacy Mentor Community of Practice and NHS Futures website are available corresponding resources for sharing of, and celebrating, regional and individual organisation initiatives to complement this study's findings.

3) Strategically planned

There was advantage to the observer of legacy mentorship programmes not being strategically planned from project initiation of this new national focused initiative. It allowed Legacy Mentors themselves to identify who required their support and how they would deliver on meeting both the priorities of their organisation and the mentees. Many Legacy Mentors had previously worked in clinical roles and in senior positions, however, they described the remit of working in a project management role as somewhat extending many of their current skillsets. Legacy Mentors in many instances were concentrated on the objective to support by undertaking the actual action in itself of ‘focusing on’ and ‘valuing’ individual mentees, and felt that they were held back somewhat because

the legacy mentoring programme was in its initiation and start-up phase. Persevering because Legacy Mentors vehemently believed in what the role was tasked to achieve, they were happy to accept their position as trailblazers and overcome obstacles and constraints as programmes were developed from a high-level vision to local implementation, as is the true art of individuals undertaking action research in their own organisations (Coghlan & Brannick, 2014). It is only now as the lens widens to synthesise findings from a national perspective that the advantages of these insights are realised in full.

In many instances, the remit of who Legacy Mentors supported also extended as the programme evolved. This enabled those who needed services to be revealed. There were unknowns at the start of the project that may have omitted being captured if the programme had been overly strategically planned. An example of this was who Legacy Mentors should support. There was an initial priority directive that this should be newly qualified UK educated nurses, however it was readily noted by Legacy Mentors that there was a need to extend support to all nurses new to working in the NHS and social care, including internationally recruited nurses and, even in some exceptions, to other multiprofessional groups at mid-career points. As such, the specific support needs of individuals were also undetermined and could not be strategically planned for in advance of this insight. Learning from this study means that we now have a greater appreciation of who needs support and what support they need. This can inform strategic planning of future programmes alleviating Legacy Mentors uncertainties and apprehensions.

4) Training

Legacy Mentors were confident they had the experience, expertise and transferable skills for the role. They were comfortable to act and accept a senior level of responsibility and accountability and had no objection to continuing professional development and learning. Legacy Mentors described wanting to develop the skills that they felt would enable them to best succeed in the role.

This project allowed identifying some areas where Legacy Mentors felt training would advantage them. Typically, Legacy Mentors were experienced mentors and practice supervisors, some had extended developing their coaching and clinical supervision skills and undertook mental health first aid training. These appeared to be consistently recommended training for the Legacy Mentor role. Legacy Mentors explained how they could also have benefitted from project management skills required for working at an organisational level. For many, it was not what they were doing that was novel, but the process of project management was a new skill to be mastered. Alongside, acknowledging and appreciating the skills and experiences Legacy Mentors have and can offer to future professionals, recruiting people with values that align to the role is important. Minimum guidance may be beneficial from strategic leaders to ensure Legacy Mentors have the CPD opportunities to develop the knowledge and skills required to enable the value of the role to be realised. This guidance may include offering access to, and funding for, learning about mentoring, coaching, clinical supervision, project management, developing business cases and presentation skills. As with their mentees, Legacy Mentors may also benefit from access to regular individual or group coaching or clinical supervision, to support their career transition. It is suggested the first phases of designing and managing future legacy mentoring projects or programmes could be less laborious with these insights and when championed by leaders and supported by systems.

5) Championed by leaders

The Action Research Groups provided examples of, when championed by leaders, Legacy Mentors excelled through this empowerment and advocacy. Accelerated senior leader buy in increased awareness and uptake of the role, that subsequently increased referrals to the Legacy Mentor. However, this was not consistent, and, in some cases, Legacy Mentors felt they were working in

isolation with limited or intermittent and haphazard management support. Equally, some managers reported being unsure of how to support the needs of Legacy Mentors because of conflicting situations forcing them to make reactive decisions. For example, not being able to support Legacy Mentors working alternative hours or flexibly; and some managers felt unable to offer specific guidance as to the role and service because these were novel to themselves.

To maximise success, buy in from senior leaders through sponsorship of the legacy mentoring programme is paramount. A feedback infrastructure with opportunities to share successes with the Board, service leaders and managers, and the workforce locally, regionally and nationally is recommended. Leaders should endorse the importance of the role and its contribution to national, regional and organisational workforce strategy and wellbeing. Legacy Mentors are employee guardians but they themselves need supporting to empower them to work at their best and in a culture that advocates for them and promotes them to undertake the act of mentoring to enable all to thrive.

6) Supported by systems

This pilot has focused on when Legacy Mentors are appointed to work specifically in their capacity of mentoring, and appraises this autonomously. That said, there is acknowledgement that independent of this project, many experienced nurses work in a legacy mentoring way in everyday practice nurturing the future generations of nurses. It is important that leaders in organisations and systems recognise, value and appreciate these acts.

Logistically, this project could not consistently determine where Legacy Mentors are best placed in teams as this was individual to the organisations and employers. There was suggestion that the value and impact of legacy mentoring is not previously identified to systems and, therefore, its worth and the value legacy mentoring is able to add to advancing retention outcomes is unknown. Action research reveals details of legacy mentoring for systems to consider future investment in the role. Improved legacy mentoring programme design recommended from this study's findings will better allow systems to support legacy mentoring as it makes visible the problem definition, determining who and why legacy mentoring support is needed and what this support would achieve. This would, for the first time, allow systems to begin to work up return on investment arguments, as what can be seen can be measured/evaluated.

Recommendations are made to achieve effective outcomes, system leaders must be able to see:

- The clear lines of responsibility and accountability legacy mentoring has ward of.
- Clarity of role definition and boundaries to identify how what they do is different and not offered elsewhere.
- Clear referral processes to see who and how the service operates.
- Communications and positive promotion.
- Means to capture the merit and see the value of the role – qualitative and quantitative data
- Appetite to embrace innovation.
- An infrastructure and processes for measuring and sharing successes.

In summary, the first part of this discussion drew on previous published findings which, although limited in number, describe how legacy mentoring can energise and empower staff, develop supportive networks, facilitate knowledge transition, create learning environments and career opportunities and improve the psychosocial and physical wellbeing of early career and late career nurses. Our findings reinforce the consistent narrative of these few published studies reporting on legacy mentoring, in that new registrants were looked after, supported, less stressed, and safe to learn in their new registrant role, and senior nurses felt their skills were appreciated by the

organisation and mentees, and valued new career opportunities and opportunity to develop (Jangland et al., 2021; Haines et al., 2021; Clauson et al., 2011). With a pressing priority objective to overturn concerns of premature loss of experienced and skilled nurses (International Council of Nursing 2020) legacy mentoring programmes could work as an effective focused strategy to advance job satisfaction and retention outcomes, and contributing to workforce stability and sustainability (NHSE 2023; The Health Foundation 2019, Scottish Government, 2022; Health Education and Improvement Wales 2020; Department of Health-Northern Ireland, 2018).

Limitations

Despite the strengths of the Action Research Group approach, there were limitations to the Legacy Mentor project alongside limitations to our research approach. The first was our inability to document all the conversations in the Community of Practice meetings facilitated by the NHSE NEY nursing leadership team. The Terms of Reference for these Community of Practice meetings, and agreed by participants, confirmed that formal notes would not be taken or meetings recorded to make the Community of Practice an open space for attendees. This meant we were unable to capture all conversations amongst the whole group of participants. In our Action Research Group meetings, in some but not all cases, feedback was based on self-reports or anecdotal evidence of the success of organisational practices rather than data collection and robust outcome evaluations of these practices in workplaces. Consideration of ‘measures’ of success are recommended for future projects. We did follow up with requests for Legacy Mentors to provide evidence, with few examples received. Resource limitations and time constraints for the project also meant that our report focuses on Legacy Mentors who were recently appointed into their 12-month funded role. Beyond the Action Research Group meetings, we were unable to follow up with individual Legacy Mentors, employers and mentees to explore their experiences, evaluations and recommendations for the Legacy Mentor role. These limitations represent opportunities for further in-depth and longitudinal data collection and analysis in future research.

6.0 Recommendations

Having illustrated that outcomes and outputs of legacy mentoring are beneficial to the positive experience of early and late career nurses and, should employers wish to implement this role, this project captured the experiences of early adopter Legacy Mentors new to implementing the strategy in a focused way in organisations. Insights of their experience may be valuable for future programme implementation. Learning in this dynamic system is a complex process. Dahlberg and Byars-Winston (2019), working on behalf of the National Academies of Sciences, Engineering, and Medicine; Board on Higher Education and Workforce; explains a framework of steps to successfully implement mentoring programmes. Similarly, these focus on programme design, programme measures, programme planning, role training, stakeholder buy in and system support. Whilst designed for higher education mentorship, this framework has been adapted and developed to structure the recommendations arising from the findings of this project to inform future implementation of legacy mentoring programmes as planned, sequenced, multi- policy interventions and reflective of the “bundles” of linked policies approach (Buchan et al 2022; Buchan et al, 2020; Buchan et al., 2018).

The findings and discussion have informed key recommendations for establishing legacy mentorship programmes within systems, services and organisations. Legacy mentoring, through valuing expertise and experience, can directly tap into and inspire the sharing and further development of relevant experience and expertise already existing within the organisation. The findings indicate improved retention, employee satisfaction, and transfer of knowledge between mentor and mentee. Further investment to secure legacy mentoring programmes and Legacy Mentor roles would enable evolution of programmes and the Legacy Mentor role within, and for longitudinal evaluation of the outcomes and impact for organisations and systems. To foster cultural growth across the health and care system and organisations, these recommendations can be summarised as a 6-pillar framework illustrated in Figure 2 and discussed in Table 2 as the core for any legacy mentoring programme by building on, and learning from, a situation of piecemeal mentorship infrastructure. The 6-pillar framework proposed could aid moving towards one of intentional, inclusive and effective legacy mentoring programmes for all organisation contexts (secondary, primary, community and social care) to achieve the desired system outcomes. Recommendations are directed at different roles for those involved in funding and delivering a legacy mentoring programme: system leaders, organisation leads, managers, Legacy Mentors and mentees. These pillars may be used to inform the co-production of future legacy mentoring activities and resources.

Figure 2: 6 pillar framework for implementing and evaluating legacy mentoring programmes

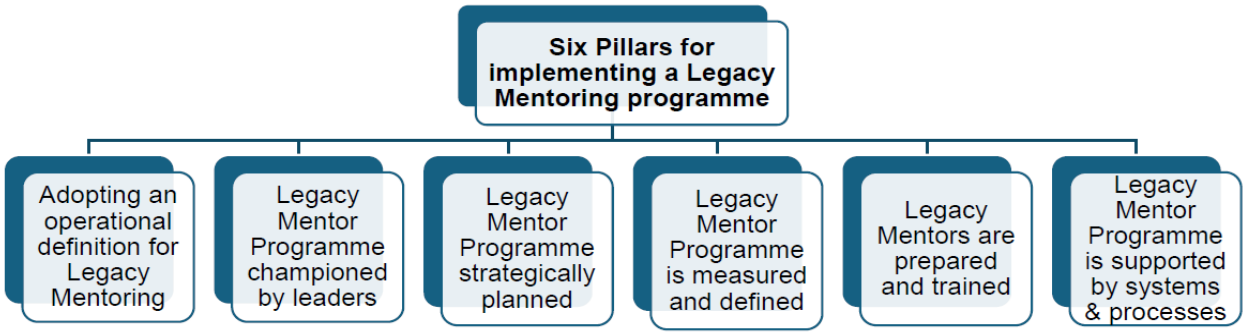

Table 2: Recommendations: 6 pillar framework for implementing and evaluating legacy mentoring programmes

Pillar	Recommendation
1 Adopting an operational definition for legacy mentoring	Systems should offer an operational definition of legacy mentoring to aid implementation and evaluation of legacy mentor programmes For example: “Legacy Mentorship is a professional, working alliance in which individuals work together over time to support the personal and professional growth, development, and success of the relational partners through the provision of career and psychosocial support” (Adapted from Dahlberg and Byars-Winston 2019) Mentorship is aimed at mentee development across the career pathway and enacted through: • career support functions (career guidance, skill development, sponsorship) and • psychosocial support functions (psychological and emotional support, role modelling) • Professional development support functions Legacy mentoring complements other developmental processes like teaching or coaching to support mentees in developing their knowledge and skills including, but not limited to, developing a strong identity as a registered professional, developing confidence in one's ability to work as a professional, and successfully navigating the culture of professional roles
2 Legacy mentoring programme championed by leaders	System and organisation champions: • Position the legacy mentoring programme as a priority

	• Legitimise the legacy mentoring programme through commitment to building capability, and engaging Legacy Mentors and mentees • Are present at milestone events: launch, training and regular Legacy Mentor and Mentee meetings • Disseminate outcomes and impact from the legacy mentoring programme • Recognise and reward a culture of legacy mentoring and the actions of Legacy Mentors
3 Legacy mentoring programme strategically planned	Legacy mentoring programmes: • Are planned out projects with specific and measurable outcomes aligned to local and national priorities • Support policies, procedures, and other infrastructure that allow mentees to engage in mentoring relationships • Enable Legacy Mentors and mentees to access opportunities and support to progress and succeed.
4 Legacy mentoring programme is evidence-based, defined and evaluated	Assessment and evaluation of legacy mentoring programmes are planned to identify areas of strength and opportunities for improvement. Evaluation through structured systems may reduce unintentional bias and protect mentees. To enable key success factors to be regularly reviewed, system and organisation leadership are recommended to: • Co-create with Legacy Mentors to define and agree what are the 'measures/outcomes that matter' for the system, organisation, mentor and mentee • Ensure the measures/outcomes are clearly articulated so that value and impact can be evaluated and communicated across the system, organisation and workforce • Establish and use shared feedback systems • Regularly and systematically review mentorship programmes to support development of mentorship skills, and mentee success and well-being. • Systematically review mentoring activities and programmes and other shared feedback systems to make programmatic decisions such as who can serve as a Legacy Mentor, when to intervene if relationships are not effective, and how to help Legacy Mentors improve their skills over time using established methods and instruments for measuring mentorship effectiveness. • Work with Legacy Mentors and mentees to co-create feedback systems to document, evaluate, and advance mentorship capabilities over time using established methods and instruments for measuring mentorship effectiveness. • Participate in institutional reviews of legacy mentorship activities and programmes to enhance Mentor and mentee outcomes and inform periodic self-reflection.

5 Legacy Mentors are prepared and trained	System and organisation leaders are recommended to provide introductory and ongoing knowledge, skills and capability development for Legacy Mentors including identifying minimum standards for: • Induction/Orientation • Mentoring skills • Coaching skills • Clinical supervision • Mental Health First Aid • Programme management including expected outcomes and evaluation, presentation skills • Inclusive approaches to mentoring

6 Legacy mentorship programme is supported by systems and processes	An evidence-based approach to support legacy mentoring programme development is recommended and includes:
	• evidence-based guidelines, tools, and processes for Mentors and mentees to set clear expectations, engage in regular evaluation, and participate in mentorship education.
	• Legacy Mentor access to relevant workforce data
	• System-wide processes are co-created for:
	  ○ Internal marketing and promotion
	  ○ Access and referral
	  ○ Monitoring accountability and evaluation measures
	  ○ Real-time feedback processes
	  ○ Codes of conduct, agreements and escalation procedures.
	  ○ Communicating and disseminating impact and outcomes from legacy mentoring programmes

7.0 Summary

In the current climate of health care change and workforce challenges, health and care systems are focused on strategies to enhance recruitment, retention and transformation of the workforce (NHS England 2023; Scottish Government, 2022; Health Education and Improvement Wales 2020; Department of Health-Northern Ireland, 2018). In England, around 30 per cent of the NHS workforce are aged 50 and over, and a significant number of people choose to leave in their first two years of employment. With approximately a third of NHS people currently in late career, Legacy Mentor roles can provide these colleagues with an opportunity to extend their career, whilst also supporting people at the start of their career to stay and stay well.

The Legacy Mentors in this project were experienced nurses, usually in late career who provided coaching, mentoring and pastoral support to colleagues who are at the start of their careers or who are newly appointed into the NHS. They provided essential professional advice and guidance and were enthusiastic to pass on a 'legacy' to the next generation. For those they mentored, the Legacy Mentors played a crucial role in supporting staff retention, health and wellbeing, and career progression.

Appointing the Legacy Mentors provided a rewarding career opportunity which celebrated experienced nurse's contribution to the NHS, in primary, community and secondary care services, as well as social care. The Legacy Mentor project across NHS North East and Yorkshire revealed the enthusiasm for nursing as articulated by these experienced nurses and reminded everyone about why they became nurses and why they wanted to continue to practice their profession of nursing.

The translation of their expertise by these enthusiastic nurses is a strategy with the potential to increase retention of the most experienced nurses, whilst also enhancing the support in clinical practice environments for early career nurses during the critical transition period following registration. In addition, Legacy Mentors provided examples where they were able to offer pastoral support to colleagues from other professional groups and services outside of their clinical background, demonstrating the transferability of the role. Despite these benefits, the Legacy Mentors and their employers faced the challenge of insecure long-term resourcing at the end of the pilot period, with a number where on-going short-term or substantive funding was not secured for their role or the legacy mentorship programme they had established. This limited the opportunity to realise the full potential of the role for late career professionals and to evaluate and demonstrate the long-term outcomes and impact of these programmes for the mentor, mentee, employer and health and care workforce.

Recommendations developed from the community of practice and Action Research Group meetings are summarised as a framework of 6 pillars (Figure 2) aiming to establish and secure the legacy mentoring programme supporting retention and contributing to the development of compassionate and supportive NHS and organisational culture for employees at each stage of their career in health and social care, as emphasised in this plea from a Legacy Mentor:

> *"Organisations need to recognise and understand the value of the role and its qualitative uniqueness. It is not all about quantitative metrics, driving numbers up at the expense of quality work. Legacy Mentors should have a wide sphere of influence and the role should complement organisational processes for support and development. Embedding Legacy Mentoring into the workforce will yield great results and will improve the morale, longevity, and trust amongst staff whilst delivering a better organisational culture"* (Legacy Mentor BC)

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