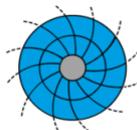


*Evaluating the Legacy Nurse role introduced across
Norfolk and Waveney Health and Care Partnership*

A PROJECT REPORT



March 2022: A Project Report. Evaluating the Legacy nurse role introduced across Norfolk & Waveney



ImpACT GROUP

Evaluating the Legacy Nurse role introduced across Norfolk and Waveney Health and Care Partnership

This report was commissioned to provide an evaluation of introducing a new role, ‘Legacy Nurse’, across Norfolk and Waveney Health and Care Partnership between February 2021-February 2022.

The report has been produced by Professor Sally Hardy, Co-Director of the ImpACT Research Group, School of Health Sciences at the University of East Anglia, Norwich, with input and contribution from the first cohort of Legacy Nurses.

Acknowledgements

Contribution and collaboration was also provided by the project commissioners; Sharon Crowle, Head of Professional Education, Training and Development and Martin Pettifore, Head of Special Projects, Workforce Transformation, both at Norfolk and Waveney Health and Care Partnership.

Additional contribution has been achieved through the guidance and support of Clodagh Clarry, who was the Education and Practice Development Manager with Norfolk and Waveney Health and Care Partnership.

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EVALUATING THE ROLE OF THE LEGACY NURSE ACROSS NORFOLK AND WAVENEY

A PROJECT REPORT: March 2022

Executive Summary

1: Introduction

The Norfolk and Waveney Health Care Partnership's Legacy Nurse project was established as a new initiative, supported through Health Education England (HEE) East of England funding. The new role, titled 'Legacy Nurse' was introduced to work across the National Health Service (NHS) within Norfolk and Waveney Health and Care Partnership.

The first cohort of Legacy Nurses were recruited between Feb 2021 – July 2021, in 5 developmental posts (17.5 hours per week) for an initial 12-month period, as part of the local NHS workforce transformation agenda. It is worth noting that this was during a period of second and third wave COVID-19 pandemic and associated governmental interventions for reducing social contact through lockdowns, restricted visiting, and other enforced changes to NHS services in the UK.

The role of the Legacy Nurse operates externally to agreed safer-staffing numbers, the aim being to provide essential professional advice and guidance, offering 'real time' support, through clinical supervision and coaching to students and colleagues, based upon their lengthy careers and accrued professional expertise.

In addition to the formal Professional Statutory Regulatory Body (PSRB) requirements for assessment structures in place for student learners, the Legacy Nurse role specifically draws from lengthy careers, sharing all forms of knowledge gained from their extensive practice experience. This new role ensures accumulated clinical wisdom is not lost (through retirement) to the employing organisation, but can be used within the new 'legacy' roles, to have a lasting impact on future workforce knowledge, skills and expertise.

2: Project Aims and Objectives

Engaging in an evaluation of the Legacy Nurse role across the Norfolk and Waveney Health and Care system provided an opportunity to offer additional educational support to students in learning, coming from Higher Education Institutes (HEIs).

The evaluation project, although working with a small sample in this first instance, offered a formalisation to a mechanism of support, as the Legacy Nurses themselves became a self-sustaining peer support group.

The Legacy Nurse evaluation project aims were to:

- Identify evidence about the Legacy Nurse programme from different stakeholders and synthesise evidence of impact linked to agreed strategies for workforce retention.

- Identify recommendations towards a sustainability design and implementation of workforce development interventions for the Norfolk and Waveney Health and Care System and East of England Region.

A major project objective was to capture evidence around how the Legacy Nurse programme effects employee productivity, with an aim to address aspects of intention to leave and workforce wellbeing.

This objective was captured through critical exploration of:

- What effect does the Legacy Nurse programme have on the existing education and training landscape - e.g., how does the role influence others across interdisciplinary settings of care and learning, wellbeing, job satisfaction, intentions to leave/stay¹?
- What appropriate recommendations can be used to further extend the Legacy Nurse offer across the System and Region?

3: Evaluation Method

The evaluation used mixed methods to enable capturing a variety of evidence drawing from an appreciative inquiry approach. The project was coproduced with commissioners and Legacy Nurse project participants, to ensure that all aspects of activity were being captured, as part of the implementation phase of this new innovation. The intention was to understand the process and impact of introducing the Legacy Nurse role, with an ultimate aim of providing recommendations that can be useful for employees, other stakeholders, government agencies and managers of public sector organizations, to support future investment decision making on workforce, skill mix and legacy role development.

Five Legacy Nurses were recruited to the first cohort who formed the participant evaluators of this new role across Norfolk and Waveney. Prof Sally Hardy from the ImpACT research group at UEA was the evaluation consultant, and also provided workshop facilitation, to guide each Legacy Nurses' portfolio development.

The participants had a staggered introduction, with the first two Legacy Nurses coming into post in February/ March 2021. The final recruit took up post in July 2021. In September 2021, this later recruit decided this was not a role or project they wished to continue with, so the final cohort size was 4 participants.

4: Project findings

The project's evaluation data has been collated and themed, to identify 6 process indicators and one outcome indicator. From the portfolio of evidence submitted it was identified that the Legacy Nurses reach, in terms of their contribution to others across the healthcare arena, was achieved through a wide circle of influence at National level.

The 6 process indicators and 1 outcome indicator were identified as follows:

¹ McCance, T., Slater, P., & McCormack, B. (2009). Using the caring dimensions inventory as an indicator of person-centred nursing. *Journal of clinical nursing*, 18(3), 409-417.

- a) **Preceptorship**: evidence source from feedback sheets, individual coaching conversations and teaching sessions
- b) **Transferring skills and knowledge**; evidence source from workshops discussions, emotional touchpoints and circle of influence diagram, participant feedback and testimonials
- c) **Improve learners' experience**; evidence achieved through learner feedback, individual coaching conversations, personal reflections
- d) **Increase placements**, through engaging and guiding on the student nurse assessment and supervision changes from the NMC, in the forensic setting and other areas (e.g., with the team at the CCG) where student learners had not been able to be supported.
- e) **Support for assessors and supervisors** when undertaking student Practice Assessment Records
- f) **Liaising and support for HEIs** when not only negotiating student placements, but also in providing education sessions and onsite supervision and assessment of student learning outcomes,
- g) **Reducing staff's intention to leave**, evidenced through coaching, mentoring, teaching sessions and one to one support and supervision.

The two aspects emerging from these indicators focus of the Legacy Nurse role have been collated to identify 2 overarching themes of: *Skill Enhancement* and *Knowledge transfer*.

Core benefactors of the Legacy Nurse role were student learners, cadets, preceptors, colleagues and external stakeholders related to health care on a national scale. Their reach was achieved across Primary, Social and NHS Acute, Community and Mental Health Care Trusts. This was enabled by the roles not being limited to one employing organisation.

Evaluating the Legacy Nurse role meant these practitioners formed an important peer network, as a community of practice, that had the freedom to influence, described by participants as, 'not having constraints' placed upon them to work in one area, or within one organisation. This was identified as a real benefit to their influence and provided a sense of seniority that came with this level of freedom to create the greatest impact across organisation and disciplinary boundaries.

5: Conclusion

Working with the first cohort of Legacy Nurses across Norfolk and Waveney Health and Care Partnership, has identified their role has greatly benefitted and amassed evidence of achievements.

The two aspects emerging from 6 process indicators and 1 outcome indicator focus of the Legacy role have been collated to identify 2 overarching core themes of: *Skill Enhancement* and *Knowledge transfer* can be evidenced as related to the Legacy Nurse role are:

- Supporting and enabling others across the system of health care,
- Releasing and cascading their 'legacy' through clinical and professional wisdom,
- Working to leave their 'legacy' through supervising/coaching in real time
- Promoting the profession of nursing, feeding forward their 'legacy' to the next generation.

Their reach was significant, despite being a small cohort of part time Legacy Nurses.

6: Recommendations

- **Introduction of Legacy Practitioners:** Broaden the professional groups engaged in a Legacy Practitioner role, into other professional groups across disciplines, across interdisciplinary settings of care.
- **Recruitment and Induction of Legacy Practitioners:** The role has been able to have greatest significance and reach multiple stakeholders through enabling the role to be free from being restricted or allocated to any one organisation.
- **Providing Peer Support:** A mechanism, through ensuring all new Legacy Practitioners are actively linked with and working as cohort, to also extend links to existing cohorts. The support provided through the role to preceptors, students and colleagues was an important element of the role's unique position, as enablers of knowledge transfer, providing pastoral as well as clinical insights that changed practice - this has the potential to be further evaluated re: a longer-term impact on retention, wellbeing and patient centred pathway decision making.

7: Summary

The 'Legacy' Practitioner role (in whatever professional discipline) needs to remain practice focused to maximise work-based learning, support, and enablement, to further enhance and utilise knowledge sharing and transfer. The role provides a potential centralised team of clinical, practice driven expertise, from which to rapidly support and inspire the values of person-centred practice, and highly professional performance based on values of compassion and respect, spread and sustained amongst new intakes of staff being recruited into new roles through engagement with the Legacy Practitioner role.

The centrality of this first cohort of Legacy Nurses' evaluation sparked a renewal in the 'love' of their profession, which was evident in their interactions with others. This was perhaps most particularly imparted through and evidenced by the feedback obtained as part of their portfolio, from those who were recipients of their six-process indicator inputs, and highlighted within the additional evaluation workshop activity of critically considering multiple issues in a systematic approach that captured the relational dynamism of the environment alongside participants' own influential contribution to healthcare transformation (known as PRAXIS evaluation).

EVALUATING THE ROLE OF THE LEGACY NURSE ACROSS NORFOLK AND WAVENEY

1: INTRODUCTION

The Norfolk and Waveney Health Care Partnership's Legacy Nurse project was established as a new initiative, supported through HEE funding, to work across the services of Norfolk and Waveney Health and Care Partnership. Legacy Nurses were introduced between Feb 2021 – July 2021, in 5 developmental posts (17.5 hours per week), for a 12-month period as part of the retention and retainment element of the workforce transformation agenda.

It is also worth noting, that this period included the second and third wave of infection (Delta and Omicron) variants of the SARS-CoV2 virus, identified as the COVID-19 pandemic and associated governmental interventions for reducing social interaction through lockdowns and restricted visiting and other enforced changes to NHS services in the UK. The consequences of which has caused a significant impact on workforce in all public sector services and additional financial constraints and consequences.

Legacy Nurses are qualified registrants near to retirement, who took on new flexible posts as the first intake to find ways from which to extend and share their 'legacy', in terms of their amassed knowledge, experience, and clinical wisdom with interdisciplinary learners and colleagues, and to provide non rostered support to work colleagues more broadly with an intention to monitor their impact on retention rates. This evaluation offered an opportunity to capture baseline and emergent aspects of activity in line with national benchmarks over the 90 days Vanguard Retention Project implementation period (i.e. the 12 month Legacy Nurse contracts).

The Legacy Nurse role aims to provide essential professional advice and guidance drawing upon their lengthy careers, all forms of knowing and their professional expertise, offering 'real time' support, through clinical supervision and coaching provided to students and to colleagues, working alongside them in practice. In addition to the Professional Statutory Regulatory Body (PSRB) formal requirements for supervision and assessment structures in place for student learners, the Legacy Nurse role draws from lengthy professional careers, sharing all forms of knowledge (e.g. tacit, intuitive, experiential and propositional), gained from their extensive practice experience, which through this new role is not lost (e.g. through retirement) to the employing organisation but will aim to have a lasting impact on future workforce knowledge, skills, expertise and wellbeing.

Engaging with stakeholders in the evaluation also provided opportunity for identifying programme sustainability, specific for the Norfolk and Waveney System and East of England Region and its population:

1.1 Background: What is the Legacy Nurse Programme?

The World Health Organisation's (WHO, 2016) *Global strategy on human resources for health: workforce 2030*² states how the health workforce is vital to building the resilience of communities and health systems. Investment in the workforce is therefore imperative to improve health, reduce health

² World Health Organization. (2016). Global strategy on human resources for health: workforce 2030.

vulnerabilities and provides the human resources required to prevent, prepare, respond, and recover from emergencies, and adaptations required to climate change (WHO, 2016:7).

There are close to 28 million nurses globally, accounting for nearly 60% of the healthcare workforce and delivering about 90% of primary healthcare services internationally.³ Nurses spend far more time with the most vulnerable and acutely sick, than any other interdisciplinary professional group, and have consistently been acknowledged as the most trusted profession⁴.

Given the sheer quantitative force of the nursing profession as important 'frontline' responders to the COVID-19 pandemic, alongside their proximity to the communities they serve, there is growing concern for a rapid policy reform and governmental investment in nurses and nursing profession, to ensure their optimal contribution and continued wellbeing amid the myriad consequences of COVID-19 now and beyond any flattening of the most recent omicron infection curve^{5 6}.

There is no doubt that turnover has increased in public sector workforce, due to COVID – 19, especially amongst nurses and other NHS Staff, seeking a better way of life, or quite simply through exhaustion, burnout and long COVID⁷

The Legacy Nurse Programme arose to enable potential nurse retirees to either return, or remain in practice, as part of a newly established legacy programme through the option of a Band 6 fixed term (flexible hours) contract (up to 12 months maximum). Many, due to age and length of career, wish to begin to reduce their working hours as they near retirement, but are not ready to leave their chosen profession, to which they have invested many years as a committed career. Offering this level of flexibility to experienced practitioners, and allowing them to work part time, but sustain their pay banding/clinical grade provides greater choice to those who otherwise might have to leave nursing taking up other flexible working offers, at lower pay bands, frequently found outside of the health care sector, thus losing a whole skill set of experienced practitioners, who still have more to give to their profession and employing organisation.

The purpose of a flexible working options, is to support Legacy Nurses in their transition towards retirement, provide them with the opportunity to impart their invaluable knowledge and skills as clinical leaders and specialist practitioners, on the future workforce. It recognises and celebrates their contribution to the NHS throughout their lengthy careers, whilst imparting their knowledge, wisdom and expertise onto others who might be starting or are being 'challenged' by the extent and scope of their roles in and across different healthcare settings.

³ World Health Organization. Support nurses and midwives through COVID-19 and beyond; 2020b [cited Apr 20]. Available from: <https://www.who.int/news-room/feature-stories/detail/support-nurses-and-midwives-through-covid-19-and-beyond>.

⁴ Milton, C. L. (2018). Will nursing continue as the most trusted profession? An ethical overview. *Nursing science quarterly*, 31(1), 15-16.

⁵ Crisp N., Brownie S., Refsum C. World Innovation Summit for Health; Doha, Qatar: 2018. Nursing and midwifery: The key to the rapid and cost-effective expansion of high-quality universal health coverage: A report of the WISH Nursing and UHC Forum 2018. <https://www.wish.org.qa/wp-content/uploads/2018/11/IMPJ6078-WISH-2018-Nursing-181026.pdf> Available from. [Google Scholar]

⁶ Rosa, W.E., Binagwaho, A., Catton, H., Davis, S., Farmer, P.E., Iro, E., Karanja, V., Khanyola, J., Moreland, P.J., Welch, J.C. and Aiken, L.H., (2020). Rapid investment in nursing to strengthen the global COVID-19 response. *International journal of nursing studies*, 109, p.103668.

⁷ Gemine et al (2021) Factors associated with work-related burnout in NHS Staff during COVID-19": a cross sectional mixed methods study. *BMJ Open* 11 (1)

The role of the Legacy Nurse operates externally to agreed safer-staffing numbers, offering a new function to provide added flexibility to both the individual and the ward establishments, whilst promoting and providing a quality learning environment for students.

The Legacy Nurse role aims to provide essential professional advice and guidance, offering 'real time' support, through coaching and clinical supervision to students and colleagues, based upon their lengthy careers and accrued professional expertise and knowledge.

In addition to the formal assessment structures in place for student learners, the Legacy Nurse role draws from their lengthy career, sharing forms of knowledge gained from their extensive practice experience. This ensures accumulated clinical wisdom is not lost through retirement to the employing organisation but can be used within this new 'legacy' role, with the aim to have a lasting impact on future workforce knowledge, skills and expertise.

The notion of a Legacy Nurse Programme was first established in Nottingham⁸, in response to the need to retain late career registrants, against a growing national and global health workforce crisis. There are Legacy Nurse and Midwife roles being introduced in Mid and South Essex, Birmingham, and Solihull. Since the start of this evaluation there has been significant increase in the Legacy role adopted throughout the East of England.

2: PROJECT AIMS AND OBJECTIVES

Engaging in an evaluation of the Legacy Nurse role in the Norfolk and Waveney region provided opportunity to offer additional educational support to students in learning, coming from Higher Education Institutes (HEIs).

The evaluation project, although working with a small sample, working with the first cohort of Legacy Nurses in the East of England, offered formalisation to a mechanism of support, as the Legacy Nurses themselves became a self-sustaining peer support group.

As active participants in the evaluation process, their participatory engagement formed part of the offer to facilitate growth within their own portfolios of evidence, whilst providing them with options post retirement to remain active in their knowledge sharing, whilst leaving their own nursing 'legacy', as part of sharing their knowledge, wisdom, and practice expertise, at the close of their own lengthy careers. The role itself offered them each a chance to give back, or as they identified it, to 'feed forward' and impart their clinical wisdom onto the future workforce and next generation of health providers and carers.

The Legacy Nurse evaluation project aims were to:

- Identify evidence about the Legacy Nurse programme from different stakeholders and synthesise evidence of impact linked to agreed strategies for workforce retention.
- Identify recommendations towards a sustainability design and implementation of workforce development interventions for the Norfolk and Waveney System and East of England Region.

⁸ Haines, S., Evans, K., Timmons, S., & Cutler, E. (2021). A service improvement project of a legacy nurse programme to improve the retention of late career nurses. *Journal of Research in Nursing*, 26(7), 648-681.

A major project objective was to capture evidence around how the Legacy Nurse programme effects employee productivity and wellbeing.

This was achieved through critical exploration of additional project objectives such as:

- What effect does the Legacy Nurse programme have on the existing education and training landscape? (e.g. How does the role had an affect others across interdisciplinary settings of care and learning, wellbeing, job satisfaction, intentions to leave/stay⁹?)
- What appropriate recommendations can be used to further extend the Legacy Nurse offer across the System and Region?

3: METHOD: AN INCLUSIVE EVALUATION APPROACH

The evaluation aimed to use a mixed methods approach to capturing evidence of the Legacy nurse role drawing from an appreciative inquiry approach¹⁰. The evaluation was coproduced with commissioners and the incoming Legacy Nurse project participants. This approach enabled participants to ensure that all aspects of activity was being captured as part of the implementation phase of this new innovation.

The process and impact of introducing the Legacy Nurse role was mapped over a year's worth of activity, with an ultimate aim of providing recommendations that will be useful for employees, other stakeholders, government agencies and managers of the public sector organizations to make vital decisions on workforce, skill mix and legacy role development.

Whilst the evaluation aimed to utilise metrics that are already being recorded and reported as standard in healthcare settings, this evaluation has focused on the emergent portfolio of additional evidence collated by the Legacy Nurses themselves. Data collected over the past year has formed a portfolio of evidence, capturing the process and outcomes of the new Legacy Nurse role and brings into the evaluation independent interpretation of role efficacy and impact potentials reaching beyond the Norfolk and Waveney System landscape. An example of which is through the reach obtained using social media, and indicators of success through engaging with other national bodies and influential health and social care organisations (e.g., Queen's Nursing Institute).

Ethics approval was gained via the Faculty of Medicine and Health Sciences ethics committee 24th May 2021 (Ref 2020/21-02)

3.1 Sample

Five Legacy Nurses were recruited to the first East of England cohort, who form the participatory evaluators of this new role in Norfolk and Waveney. The Evaluation was facilitated through working with the ImpACT team at UEA. Professor Sally Hardy was the evaluation consultant, and provided supervision, and was the consistent workshop facilitator, who was asked to guide and inspire each Legacy Nurses' portfolio development. Commissioners were also closely involved and gathered their own materials of impact, which have been used in the thematic analysis of project findings.

⁹ McCance, T., Slater, P., & McCormack, B. (2009). Using the caring dimensions inventory as an indicator of person-centred nursing. *Journal of clinical nursing*, 18(3), 409-417

¹⁰ Watkins, J. M., Mohr, B. J., & Kelly, R. (2011). *Appreciative inquiry: Change at the speed of imagination* (Vol. 35). John Wiley & Sons.

The participants had a staggered introduction, with the first two Legacy Nurses coming into post in February/ March 2021. The final recruit took up post in July 2021. In September 2021, this later recruit decided this was not a role or project they wished to continue with, so the final cohort size was 4 Legacy Nurse participants.

3.2 Data sources

Four participant workshops were undertaken and one additional final evaluation session.

- Session 1: Introductions 23rd February 2021 Concerns, Claims and Issues
- Session 2: Circle of influence: 25th May 2021
- Session 3: What is a portfolio of evidence: 14th July 2021
- Session 4: Emotional touch points: 29th September 2021
- Session 5: Evaluating the project through PRAXIS: 2nd February 2022

3.3 Additional materials collated included:

The Legacy Nurses' individual portfolio of evidence included the following:

- Personal critical reflective accounts
- 360-degree feedback (manager, student, service user/patient, colleagues, peers)
- Circle of influence diagram
- Artefacts and other evidence (thank you cards, testimonials, poems, images)
- A shared folder holding feedback sheets, teaching materials, and 47 other pieces of evidence of the Legacy nurses contact with other professions and groups gathered over the years activities

Additional evidence was captured via:

- PRAXIS evaluation tool
- Mentoring Masterclass Power Point Presentation
- numerous email exchanges
- engagement with external groups, such as; Health Creation Network (HCAN), Queens Nursing Institute (QNI)
- social media (twitter)
- PRAXIS evaluation tool
- Co-constructed Haiku

This broad ranging data set were utilised to identify all emergent aspects of the Legacy Nurses' activity over the year, and in particular evidence was evaluated to focus on what worked, and for whom, in terms of the original project objectives.

3.4 Data analysis

Initially the aim was to identify and utilise any quantitative data being captured through organisational mechanisms (e.g., staff sickness rates, retention, and recruitment targets). However, for participants and commissioners, the impact of retention and sickness rates need to be further analysed in the next phase of project, with a larger cohort uptake of the Legacy Practitioner role. Therefore, quantitative data analysis will not be included in this first pilot phase of Legacy Nurses evaluation evidence. Undoubtedly during this period, there has been a significant impact of the COVID-19 pandemic on

workforce patterns which would not have been a consistent measure from which to make comparisons or draw any conclusive cause and effect of introducing the new Legacy Nurse role.

Qualitative Data was analysed using thematic analysis¹¹, paying particular attention to retention, social investment, and other health related outcomes. This was achieved using emotional touchpoint interviews, focus groups with key project participants, and follow up survey to capture final destination of learners who have undertaken the programme. Emotional touch points method¹² was used to capture the nuances and personal experiences of participants. The touchpoint method involves questions that focus on what is working and how services can be further developed or innovated. This approach fits well with the method of appreciative inquiry and evaluation, as using emotional touchpoints, emphasis is on interacting with the individual in appreciative and affirming ways, and on understanding human interconnectedness within the context of learning and improvements.

4: PROJECT FINDINGS

The project's evaluation data was collated and themed to identify six input measures with 1 outcome indicator, that have culminated in the emergence of two core themes. From the portfolio of evidence submitted it was identified that the Legacy Nurses' reach, in terms of their contribution to others across the health care arena, was achieved through a wide circle of influence beyond their local region.

Core benefactors of the Legacy Nurse role were identified as; student learners, cadets, preceptors, colleagues and external stakeholders related to health care on a national scale (e.g. Queens Nursing Institute, Pastoral Nurse Network) and Education institutions (Schools, Colleges and HEIs) in the East of England Region. Breadth of clinical organisation engagement spread through community, primary care (GP surgeries), acute NHS Trusts, Forensic services, mental health care and health related charities.

The Legacy Nurses in this first cohort, provided a wide range of clinical specialism, (including district nursing, learning disabilities specialisms), that enabled skill transition to be cascaded throughout broad practitioner groups, which was increased potentially by their level of seniority and length of service, plus the role not being limited to working within one organisation or professional group. This provided a level of flexibility that enabled the Legacy Nurses to respond and achieve a wide range of activities involving many different recipients.

Identification of evidence achieved of the Legacy Nurse role, taken from the 6 key indicators identified in the Legacy Nurse Job Description have all been evidenced and were captured around six core aspects of the roles with one particular outcome indicator.

The Legacy Nurse role impact was identified with associated evidence sources are as follows:

- h) **Preceptorship:** evidence source from feedback sheets, individual coaching conversations and teaching sessions

¹¹ Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. *Handbook of qualitative research*, 2(163-194), 105.

¹² Dewar, B., Mackay, R., Smith, S., Pullin, S., & Tocher, R. (2010). Use of emotional touchpoints as a method of tapping into the experience of receiving compassionate care in a hospital setting. *Journal of Research in Nursing*, 15(1), 29-41.

- i) **Transferring skills and knowledge**; evidence source from workshops discussions, emotional touchpoints and circle of influence diagram, participant feedback and testimonials
- j) **Improve learners' experience**; evidence achieved through learner feedback, individual coaching conversations, personal reflections
- k) **Increase placements**, through engaging and guiding on the student nurse assessment and supervision changes from the NMC, in the forensic setting and other areas (e.g., with the team at the CCG) where student learners had not been able to be supported.
- l) **Support for assessors and supervisors** when undertaking student Practice Assessment Records
- m) **Liaising and support for HEIs** when not only negotiating student placements, but also in providing education sessions and onsite supervision and assessment of student learning outcomes,
- n) **Reducing staff's intention to leave**, evidenced through coaching, mentoring, teaching sessions and one to one support and supervision.

The two overarching themes emerging from these 6 process indicators and 1 outcome indicator focus of the Legacy Nurses' role collated are outlined below to identify:

4.1 Theme 1: Enhancing practice skills

The Legacy Nurses provided evidence of their involvement in planned teaching sessions:

- 8 sessions with 5 Cadet Nurse participants, all of whom evaluated their sessions as 9-10/10 rating scale
- 109 preceptorship training contacts took place over 5 teaching sessions. Each were evaluated on a five point Likert scale all ranked highly in terms of feedback on the clarity and informative sessions, albeit delivered in a short period of time.
- 2 national projects were delivered, one with the Queens Nursing Institute,
- 4 external organisation teaching sessions were provided for Suffolk Inspire and a Holistic Health Academy session held with a partner organisation, the Glimpses of Brilliant day.
- 2 sessions with other organisations seeking to initiative the Legacy Nurse role within their settings (Luton and Dunstable, and Essex)

Feedback from an educator, captured in an email exchange, identified as from one of the external organisations the Legacy Nurses had worked with. The following statement of thanks for the Legacy Nurses involvement reads:

I personally find the attendance of legacy nurses incredibly useful not only to provide some support when it comes to the breakaway groups but also as you bring such a variety of experience to the teaching. For example, my teaching regarding communication was enhanced by one of your nurses providing further insight into the difficulties when caring for a patient with learning difficulties and what might help for the patient to have a positive experience. I feel there is much you could contribute to the learning of new and inexperienced staff, and this should not be limited to the preceptorship programme.

Nursing has lost the art and has found science and although that is very valuable, I think you should be an integral part to get the art back into nursing on a much wider playing field.
(Feedback received from an End-of-Life Care Educator: 18/10/21)

4.4 Theme 2: Knowledge Exchange

An interim report identified 2 participants had a clear understanding of the role and their contribution, whilst the others were still unsure, but ambitious in their expectations and hopes for the role. However, over time all 4 participants grew in their confidence and recognition of where and how their clinical expertise and amassed knowledge was being utilised and shared with others.

There is also evidence of:

- a) Supporting and enabling others across the system of health care: achieved and evidenced through clinical supervision /coaching that influenced patient outcomes ; evidence from emotional touchpoints, one to one session notes
- b) Releasing and cascading their 'legacy' through sharing their clinical and professional wisdom, that had an impact on staff and student retention; evidenced in records of discussions taking place in coaching and mentoring, one to one supervision/support where recipients identified they had difficult situations that the Legacy Nurses helped them overcome.
- c) Working to leave their 'legacy' through supervising/coaching in real time, achieving professional advancement in others practice; evidenced through records of knowledge sharing, clinical supervision and critical companionship, self-reflection, testimonials, enhanced practice expertise, with consequences on patient outcomes.
- d) Promoting the profession of nursing, feeding forward their 'legacy' to the next generation. Wellbeing; evidenced through their ability to listen, being enthusiastic, motivating and clarifying expectations captured in testimonials and email acknowledgements for their engagement in sessions.

Evaluating the Legacy Nurse role meant these practitioners formed an important peer network, as a community of practice, that had the freedom to influence, described by participants as, 'not having constraints' placed upon them to work in one area, or within one organisation. This was identified as a real benefit to their influence and provided a sense of seniority that came with this level of freedom to create the greatest impact across organisation and disciplinary boundaries.

4.5 Other evidence: Haikus/Limerick

As part of the final evaluation group meeting, (Feb 2022) the team were asked to capture the essence of their Legacy Nurse roles, through constructing Haiku (Japanese poetry formed by a pattern of 3,5,3 or 5,7,5 syllable statements). Another colleague working as a Practice Educator also provided a limerick.

<i>Love Nursing Want to share knowledge See them grow</i>	<i>Care development Passionate Practitioner Passing it forwards</i>
<i>Retaining, Sharing Encouraging a career I still love nursing</i>	<i>Legacy Nurses Knowledge, skills, Experience Shared with NexGen</i>
<i>Learning on the job To inform the next generation Creating Care-Full Care</i>	<i>Legacy Nurses Experience, Skills, Wisdom Inspiring new learners</i>
<i>The legacy nurses were inspiring For they were never conspiring Watch their teaching sessions</i>	

<p style="text-align: center;">Upholding an age old nursing profession Never seeing how much they were perspiring</p> <p style="text-align: center;">The role of the legacy nurse Legacy Nurse None of them were at all terse All worked round the virtual table And are indefatigable For they did never curse.</p> <p style="text-align: center;">Judy, Teresa, Bridgette and Eileen Working as a well-oiled machine. The Legacy Nurse Team Oh, what a dream! How they reigned supreme.</p> <p>A Legacy Nurse Limerick by Justin Brown, Clinical Educator Norfolk and Waveney Health & Care Partnership</p>
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Table 4.1: Additional Evaluation Evidence : Haiku and a Limerick

4.6 Using the PRAXIS evaluation tool

Utilising the PRAXIS tool for evaluation¹³, at the final workshop session, the following provide a conclusion to the evaluation project, and focuses the outcomes in the words and experiences of the participants themselves.

Purpose: Clarification of the purpose of the Legacy Nurse role, as the first cohort for Norfolk and Waveney was identified as providing a range of expertise from practitioners working towards the end of their lengthy careers, giving back, and inspiring the next generation of health care practitioners in their own career and specialist knowledge development. All the Legacy Nurses described themselves as Senior Nurses, who 'loved' and did not want to leave nursing but were seeking a more flexible role, as they wished to either reduce their working hours, but to also allow them to work across different organisations and disciplines, which a higher banded grade would have limited this scope.

Reflexivity: The lessons learned and what the cohort had undergone as a process of enlightenment, in feeling 'freed up' to work across the Norfolk and Waveney System to achieve the shared aspects of their own specialist knowledge, inspiring and enabling others to fully understand the extent of their own roles, and function within an organisation, and in enabling the patient journey to be person focused, rather than task focused interventions. One participant stated, '*It was so good to reach people across the different specialist and organisational boundaries*'.

Approaches and Activities undertaken were identified as multiple, with a strong focus on education, knowledge sharing and transfer of clinical specialist field of nursing, but also in terms of a passion for their chosen career. Empathic engagement in coaching and supervising more junior staff had enormous benefit, not just for the Legacy Nurse as the provider of knowledge, but also seen in the evidence of enthusiastic recipients of that knowledge, high level of support and listening provided a culture where colleagues and students felt heard, valued and enabled to continue to function in highly

¹³ Hardy, S., Wilson, V. J., & Brown, B. (2011). Exploring the utility of a 'PRAXIS' evaluation framework in capturing transformation: a tool for all seasons?. *International Practice Development Journal* 1 (2) 2

stressful workplace contexts. Activities were delivered as face-to-face sessions, one to ones, group and remote interactions. This level of flexibility in their approach and activity is a key feature of the Legacy Nurse role and reach. During the NHS Vaccination programme, they were also able to refocus their role, and help with the COVID vaccination roll out.

Context: The Legacy Nurses all agreed the role worked well due to not being limited to work within one organisation but to be 'freed' to work across boundaries of organisations and professional groups. They undertook sessions in GP practices, Forensic settings, acute hospitals, and classrooms. They also covered a large geographical area across the Norfolk and Waveney System.

Intent: Intentions of the role were to give back, leave a legacy, impart knowledge, professional passion, pride, and clinical wisdom to others through the Legacy Nurse role. This was achieved through ensuring the Legacy Nurse was not included in regular staffing numbers but were enabled to work across employment and organisational boundaries, giving a level of flexibility, for when new requests for their input were raised. The Legacy Nurses spoke of a high level of respect they received from others, due to their years of service, specialist clinical knowledge and breadth of nursing experience they were keen to share and impart with others.

Stakeholders: Those with a stake or interest in the Legacy Nurse role has been able to reach over 17 different stakeholder groups. These have included working indirectly, and directly with learners, at pre-registration, cadets, TNAs, RNDAs, post registration and preceptors. Practice Education teams, forensic services, GP practices, practice assessors and supervisors. Managers, HEIs and Commissioners, third sector organisations.

4.7 Study Limitations

The first cohort of Legacy Nurses was a small number of participants in this evaluation, introduced in a staggered recruitment process. One participant withdrew leaving a total sample of 4. Quantitative data was not utilised, due to small sample size. One participant did not stay for the duration of the programme, and decided the role was not suitable, perhaps due to the additional 'burden' of having to document, evidence and record activities for this evaluation process which they expressed openly at one of the workshop sessions. The level of portfolio evidence gathered in their first year of employment has shown two clear themes emergent. Transferability of findings to different contexts has not been achieved, although there is evidence that the role, not being limited to any one organisation, has enabled the cascade of knowledge, skills, and expertise to as broad an audience of benefactors that might not have been achieved.

5: CONCLUSION

Working with the first cohort of Legacy Nurses across Norfolk and Waveney Health and Care Partnership, has identified their role has greatly benefitted and amassed evidence of achievements in seven core areas of success (six process indicators, and 1 outcome indicator). These Legacy role indicators relate to supporting and enabling others across the system of healthcare, by releasing, and cascading their clinical and professional wisdom, working to share their practice wisdom, knowledge and expertise as a legacy, that can 'feed forward' and inspire the next generation of health care practitioners and sustain those already in post on their own lifelong learning and fulfilling professional carer careers.

Two core themes identified were *enhancing practice skills* and *knowledge transfer*. The Legacy Nurses' reach went beyond their local sphere of influence, and was identified as of National significant, despite being such a small cohort of part time Legacy Nurses. This achievement was enhanced through their ability to work as a cohesive team, utilising social media, and providing each other with a level

of peer support that might otherwise have made the role at risk of being an isolating experience, thus potentially less rewarding.

All of the participants were left at the end of their first year in role, with a renewed sense of love for, and with their chosen lengthy careers in the profession of nursing.

In answering the initial evaluation questions. These can be addressed in turn.

1. **What effect does the Legacy Nurse programme have on the existing education and training landscape? (e.g How does the role have an affect on others in terms of learning, wellbeing job satisfaction, intentions to leave/stay¹⁴?).** There is considerable evidence collated that shows how the Legacy Nurse role has enabled knowledge and skill enhancements and helped stressed or anxious staff and learners overcome their initial thoughts and intentions to leave, because of the supportive and supervisory role the Legacy Nurses provided. The recruiting of a team of legacy practitioners with a variety of clinical specialist knowledge and lengthy career expertise enabled for the new Legacy role to have important transferability through their coaching and mentoring, to other staff groups, not just to student learners.
2. **What appropriate recommendations can be used to further extend the Legacy Nurse offer across the System and Region?** The following recommendations are provided to continue to build on this pilot project, and to ensure future cohorts of Legacy practitioners, as the role potential is expanded across other specialist roles allied to medicine, maximum impact and potentials can be further amassed.

A strong outcome from the portfolio of evidence amassed is the support the Legacy Nurse role provided across their locality. This is of particular importance for the successful implementation of integrated care structures in the East of England that are currently being introduced, and as a valuable tonic, as the fatigue of the past two years COVID-19 pandemic is showing in workforce wellbeing, retention and recruitment patterns.

6: RECOMMENDATIONS

The following recommendations have been provided to further strengthen and focus on the potentials for ongoing progression of the Legacy role, to maximise potentials that capture the respect, reach and indicators of impact this first small cohort has achieved in one year.

6.1 Introduction of Legacy Practitioners: Broaden the professional groups engaged in a Legacy Practitioner role. Extending the role potentials into other professional groups across other Allied Health Disciplines. However, this expansion will need to also provide clear indication of where and how expertise can be maximised with interdisciplinary working, enabling the role to continue working across organisational and disciplinary boundaries.

6.2: Recruitment and Induction of Legacy Practitioners: It is a recommendation that the role has been able to have greatest significance and reach multiple stakeholders through enabling the role to be free from being allocated to any one organisation. This 'freeing-up' of the Legacy practitioner role enabled the first cohort to be flexible, responsive, and creative in how and where they utilised and engaged with others, not just across Norfolk and Waveney, but on a national scale.

¹⁴ McCance, T., Slater, P., & McCormack, B. (2009). Using the caring dimensions inventory as an indicator of person-centred nursing. *Journal of clinical nursing*, 18(3), 409-417.

The evaluation group of Legacy Nurses appreciated the role being part time and the ability to retain a respectful clinical salary banding offer at grade 6/7. This approach meant they were, 'not having constraints' placed on them to work in one area, or within one organisation. This was a real benefit to their sense of seniority and gave them a level of freedom to create the greatest impact and reach for this new role.

Losing one of the first cohort was potentially a consequence of their late arrival into the role, and having a staggered recruitment meant incomers were constantly 'catching up', in terms of the roles potentials across a large multi-organisation such as the Norfolk and Waveney Health and Care Partnership. It is therefore a recommendation to continue to recruit the Legacy Practitioner role in small cluster groups, from whom incoming Legacy Practitioners can immediately associate and have a naturally forming peer group, offering a support mechanism and added capacity to work together to cover different aspects of requests for their input, across a wide geographical locality in the East of England.

A variety of clinical specialisms was also identified as a benefit to the group's ability to share their practice expertise across interdisciplinary health and care workforce, which enabled broad reach across a number of different recipients of their 'Legacy' knowledge exchange and translation.

6.3: Providing Interdisciplinary Peer Support: Mechanisms to ensure all new Legacy Practitioners are actively linked with and working as an interdisciplinary cohort, to extend potential for links to existing cohorts to be built upon rather than having to start afresh with each new intake. This will ensure a maximisation of knowledge and skill transfer achieved to date, avoid risk to duplication and reinventing connections and reputation across the system, whilst also continuing work to capture and evaluate impact, as the Legacy Practitioner role continues to extend its reach. This interdisciplinary peer support process could then be extended to creating a national network of Legacy Practitioners, and provide opportunity for people near retirement, who might move away from Norfolk and Waveney being able to ensure their talent and expertise can be further harnessed in other regions in this role.

7: SUMMARY

The Legacy Practitioner role (in whatever professional discipline) therefore needs to remain practice focused to maximise work-based learning, support, and enablement, to further enhance and utilise the sharing of knowledge and expertise. The role provides a potential centralised team of clinical, practice driven expertise, from which to rapidly install and inspire the values of person-centred practice, and highly professional performance based on values of compassion and respect, spread, and sustained amongst new intakes of staff being recruited in new roles through engagement with the Legacy Practitioner role. The centrality of the Legacy nurses 'love' of their profession was evident in their interactions with others.

Future work in evaluating any role roll out of the Legacy Practitioner role across the country could be further enhanced through creating a regional wide Community of Legacy Practitioners, who could then build a wider network for sharing and disseminating their knowledge and expertise through joint and comparative data sets, thus building an evidence base that ensures the knowledge, wisdom and expertise of this generation of professionals is not lost, particularly pertinent as the culture of health and social care moves towards new financial models and driven by new laws and legal frameworks.

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