

Leaving a legacy behind

Legacy nurses are using a lifetime of knowledge, skills and experience - 'paying it forward' to the next generation. **Kathy Oxtoby** reports on how a legacy nurse pilot programme is boosting retention, making people feel valued, and helping nurses to end their career on a high.



Legacy mentoring is a new approach to retaining the skills of experienced nurses

Teresa Coe had been a nurse since 1984. By 2020 she was working as a quality assurance nurse for Norfolk and Waveney Clinical Commissioning Group. She no longer wanted to work full time. But she also wasn't ready to retire.

'I didn't want the intensity and pressure of the job. But I still felt I had more to give the profession,' she says.

Then, in Christmas 2020 she saw an advert in the CCG's jobs bulletin that she felt suited her needs exactly. 'It was a post for someone who was coming up to retirement but who still wanted to be involved in nursing and still felt they had something to offer. I thought – that job has my name on it.'

The advert was for a 'legacy nurse' – and today Ms Coe is one of four nurses carrying out this new role for Norfolk and Waveney Health & Care Partnership Integrated Care System (ICS). Funded by Health Education England (HEE), this

pilot role at the ICS is for nurses who are at or near retirement and interested in spending a 'legacy' period supervising, supporting, and handing over career insights to future students in primary care, acute or community trusts.

'Legacy mentoring' is an approach NHS England and NHS Improvement (NHSE&I) are encouraging organisations to take, saying these 'legacy roles provide 'essential professional advice, education and guidance, feeding forward their 'legacy' to the next generation and supporting staff health and wellbeing and career progression'.

“Legacy roles provide essential professional advice, and guidance to the next generation of nurses”

'The roles ensure accumulated clinical wisdom is not lost (through retirement) but used to impart knowledge, skills and experience to the next generation of clinicians, celebrating their contribution to the NHS.'

The value of mentoring

The roles were inspired by the NHS' Generational Retention programme, which highlighted the need to provide options and support for those in early and later career stages

'It became clear through talking with NHS organisations and their staff that legacy mentoring was providing mutual benefit, with those organisations implementing it reporting positive outcomes,' says NHSE&I.

Implementing legacy mentoring can 'enable potential retirees to return or remain in practice and provides a route for them to impart their invaluable knowledge and skills as clinical leaders on the future workforce, and recognise and celebrate their contribution to the NHS throughout their careers', says NHSE&I.

People who are newly appointed will benefit from having a mentor who can provide pastoral support alongside clinical knowledge. 'This is particularly important for those who have recently transitioned from education into their first role, contributing to reducing early career attrition,' says NHSE&I.

Legacy pilots

Key groups that have benefitted from legacy mentoring across the organisations include student learners, cadets, preceptors, nurses, midwives, healthcare support workers, colleagues across primary care, social care, as well as NHS acute, community and mental health trusts.

A number of trusts across England have been running legacy mentoring pilots including Norfolk and Waveney Health & Care Partnership ICS, which embarked on a one-year pilot NHS Legacy Nurse Programme in 2021. The pilot saw a cohort

of nurse retirees return or remain in practice to promote the profession of nursing by imparting their skills and knowledge from their extensive clinical expertise.

The ICS was inspired to run its legacy nurse pilot programme because ‘we were particularly interested in staff retention’, says Sharon Crowle, head of professional education, training and development, Norfolk and Waveney Health & Care Partnership ICS. ‘It is really important for us to retain both the expertise of our clinical staff as well as looking at the wider retention picture,’ she says.

The job advert for the new role asked for nurses at, or near retirement who were interested in spending a ‘legacy’ period supervising, supporting, and handing over career insights to future students in primary care, acute and community trusts. Those interested in applying were invited to send in an expression of interest and their CV. Interviews were carried out virtually – due to pandemic restrictions – in early 2021. ‘During the interview I talked about my broad experience of working in community trusts, health visiting, as a matron and service manager, and how I’d supported students,’ recalls Ms Coe.

In her interview, legacy nurse Bridgitte Shad discussed her experience of working in a variety of roles and settings, including working as a learning disability nurse, her nursing values – the importance of basic nursing care and good communication – and her love of supporting students. She was prompted to apply for the role ‘as I was coming towards the end of a 40 year career but the last thing I wanted to do was stop. While I didn’t want to be working on the wards, with all the pressure that entails, I still felt I had something to offer,’ she says.

The four-strong team of legacy nurses, including Ms Shad and Ms Coe, was formed in 2021 from scratch. ‘We had to think about how we could use each other’s strengths and experiences and each of us made the legacy role our own,’ says Ms Shad.

The developmental nature of the role means its parameters are wide and reasonably fluid. ‘The role needs to be flexible to meet the needs of the people in your area,’ says Ms Coe.

Using their broad range of experiences the legacy nurses have been supporting the next generation of nurses, including trainee nursing associates (TNAs). ‘I feel passionately about supporting this apprenticeship role, having seen people

who would make amazing nurses but who unfortunately struggled at school and didn’t have the support to go to university,’ says Ms Coe. The support she has been giving includes helping one TNA with computer skills to help them undertake the virtual learning that has been taking place during the pandemic. Without Ms Coe’s encouragement the trainee would ‘probably would have given up’, she says.

A range of settings

Ms Shad and her legacy nurse colleagues have also been supporting TNAs in a variety of ways, including pastoral care – ‘finding out how they are feeling and how they are settling in the role’.

Support has been provided in a range of settings including general practice and care homes. ‘We’ve built up quite a library of subjects we can talk about including child development, and communication,’ says Ms Shad. And the legacy nurses have also been learning about the role, while undertaking the role. ‘We’ve developed our skills while passing on our skills,’ says Ms Shad.

Helping to support the legacy nurse team is Clodagh Clarry, education and practice development manager for Norfolk and Waverly Health and Care Partnership ICS. ‘My involvement was to lead on the 12-month pilot and support and line manage the legacy nurse team. ‘The circumstances were quite unusual in that a new team was being established during the pandemic, and were new people working together remotely, as clinicians,’ she says.

Ms Clarry says her day-to-day role was to lead the team to carry out the work operationally. ‘The team would be out there with learners and students, but we would get together to have clinical supervision and team coaching, and really support each other.’

She says an early evaluation of the legacy nurse role found it had made a ‘very positive impact on the workforce, students and learners’.

‘It also demonstrated that the legacy nurse role was supported in its ambition towards a flexible retirement for nurses,’ she says.

“Being given the freedom to plan and develop the role is an approach that may be challenging for some”

This early evaluation showed 80% felt more confident in their role because of support provided by a legacy nurse, three quarters reported increased job satisfaction, and two thirds felt they would be more valued by their teams.

One of the many benefits of employing legacy nurses is they offer support to learners, assessors, supervisors and managers to enhance the student experience, says Ms Clarry. That this support has been available during the pandemic has proved valuable. It has been particularly helpful for students, who could turn to the legacy nurses with queries, concerns, and use them as a ‘sounding board’ at a time when staff were dealing with the pressures of Covid-19 and patients were very unwell, she says.

The team’s combined ‘wealth of knowledge’ meant they were well equipped to help students with their learning or to signpost them to where they could access support, says Ms Coe.

Ms Shad says the team has received ‘some lovely feedback’. ‘I know the fact that we are there is helpful and that we are helping to retain nurses in their jobs and supporting them to feel they are valued,’ she says.

The ‘loosely formed’ nature of the role was both ‘challenging but also what was good about it’, says Ms Shad. Being given the freedom to plan and develop the role is an approach that may be challenging for some nurses, she suggests.

‘The expectations we put on ourselves – wanting to do more than we had the time to do’, was also a challenge says Ms Shad. ‘Each of us only works two days a week so there’s a limit to what we can do,’ she says.

Having to establish a new team to deliver a new role virtually because of Covid-19 restrictions proved challenging, as was having to get up to speed with new technology – learning from the pilot recognises the increased need for digital skills.

Looking ahead, the ‘legacy’ approach seems set to be introduced more widely. NHSE&I is developing a set of resources to support organisations looking to implement legacy mentoring, which will be launched this summer.

The ICS has shared its learnings from the pilot extensively within the East of England region, leading to more ICSs being keen to adopt this approach, including primary and secondary care, mental health and legacy allied health professionals and midwives, says NHSE&I.

Professional Mentoring

‘Many other ICSs and trusts have contacted us to share useful documents and toolkits we’ve developed so they can implement the role themselves. We want to share this great work and make it easier for both NHS and private organisations to introduce this role and understand its benefit for the workforce,’ says Ms Clarry.

Now she says it is hoped the ICS will have legacy nurses ‘within each of our trusts and across our social care and general practice providers’. ‘It’s a great way to retain people, to transfer skills and knowledge, and give people a happy, rewarding retirement, while ensuring we still have those skills in the NHS to support our patient population.’

Expanding the role

While the legacy mentoring role is often used to support nursing, NHS&E has seen organisations begin to expand this to other roles in health and social care disciplines. The Norfolk and Waverley programme has recently recruited to a legacy allied health professional role and will be looking to expand on its success by increasing more ‘legacy’ roles across the system in other

health and social care disciplines. Ms Crowle says she would like to see this role for all clinical professions ‘to allow them to relay their expertise to others and to provide pastoral support’.

‘This valuable role allows us to celebrate the wonderful skills and knowledge that individuals have and when they choose to retire to do so ‘on a high’. And the joy that I’ve seen both from students and talking to legacy nurses about this role speaks volumes,’ she says.

Ms Clarry says she feels ‘privileged and proud’ to have worked alongside the legacy nurse team ‘and I’ve learned a lot from them too’. She recommends other organisations consider introducing the role as an option for those who are retiring ‘to benefit students who will be your employees and colleagues of the future’.

To those nurses who are considering retiring, Ms Coe advises: ‘Go to your chief nurse and ask them what they are doing about retaining people. Explain that while retirement is an option you still feel you have a lot to offer, and ask ‘what can you offer me? – I’ve got all this experience and it would be a shame to lose me.’”

As to her experience of being legacy nurse she says: ‘I’ve really appreciated this opportunity and that, although I’m retired, people have recognised my knowledge. Sometimes at retirement age you can feel like you’re not wanted any more. But rather than losing a huge amount of knowledge and experience we should be encouraging people to stay, but with the option of working in a different way.’

Ms Shad says the experience has ‘made me feel very valued as a nurse’. ‘I should have hung up my nurse’s belt by now. Instead I’ve been learning so much from the team. And I really enjoy watching new nurses grow and develop. Just recently I was able to give an anecdote for a student’s essay which she found useful – which made me feel good. ‘The legacy nurse role provides an opportunity to support students coming through, and to share with them your knowledge and skills. Legacy nurses are paying it forwards for the next generation.’ ■

Kathy Oxtoby is a freelance medical writer

Further reading

Judy Miller (2022). My Legacy Year. The Queen’s Nursing Institute <https://qni.org.uk/my-legacy-year/>

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