

Wessex Cancer Alliance

Legacy Mentor Pilot supporting Newly Appointed Cancer Clinical Nurse Specialists (CNS)

Information Resource for Mentors



September 2025

Adapted from NHSE SE Leadership Mentor Training Programme by **Cath Brown Consultancy**

Contents

The WCA Legacy Mentor Pilot

Legacy Mentoring Strategy	3
Logic Model	4
The Legacy Mentor: Who and why?	5
Scope of Legacy Mentor	6
What is the difference between teaching, mentoring & coaching?	7
WCA Mentor Map	8

Setting up & Preparing to Mentor

1. Setting up & preparing to mentor	9
--	----------

Set out, begin, get started – getting to know each other

2. Startup begin, get started	10
Mentoring Focus	10
Possible Themes	10
Think	10
Complete paperwork	10

Navigate, maintain progress – provide ‘appropriate assistance’

3a. ‘Appropriate assistance’	11
Remember	11
Mentor reflection	11

Navigate, maintain progress – building the relationship

3b. Building the relationship	12
Manage the process	12
Mentor reflection	12

Navigate, maintain progress – diagnostic tools, techniques and support resources

3c. Navigate, Maintain progress	13
Development opportunities for Cancer CNS	13
Professional Nurse Advocate Roles	13
Signposting for Pastoral Support	13
Dorset resources	13
HIOW resources	13

Set Down, Consolidate Learning

4. Set down, Consolidate Learning	14
Gibbs Reflective Cycle Model	14
Mentor and Mentee Reflection	14

Parting ways – complete the learning

5. Parting ways	15
Self-assessment	15
Contract between Mentor & Mentee	16
Mentoring Session Log	17
Mentoring Session Record	19
Mentee Closure Survey Document	20
Useful Reading	21

The WCA Legacy Mentor Pilot

Legacy Mentoring Strategy

What is mentoring?

Mentoring is a distinct relationship where one person (the mentor) supports the learning, development, and progress of another person (the mentee). A mentor provides support by offering information, advice and assistance in a way that empowers the mentee.

(Julie Starr)

Legacy Mentor's role

Key outcomes will be to re-energise, empower, and value people in late career as well as achieve an improvement in the experience for newly appointed cancer Clinical Nurse Specialists.

Legacy Mentor will be a trusted advisor: will help set clear goals, asking questions and exploring.

Legacy mentors are funded by WCA for a 12-month period and will be line managed by Lead Cancer Nurse.

Scope of mentoring

To support cancer clinical nurse specialists within the first 12 months of their cancer career or a new cancer CNS role – alignment with ACCEND framework.

Mentees identified by Lead for Cancer Nursing in individual Trust in conjunction with CNS Line Managers.

Mentors will be expected to mentor a minimum of 8 mentees over a one year period. This may increase if mentees do not require 12 months support.

NB. Mentor will not have capacity to support all novice cancer CNSs within this pilot and prioritisation of need will be required alongside group mentoring sessions.

Simplified Process

1. Expression of Interest / Recruit Mentor
2. Trust identify / prioritise mentees
3. Mentoring relationship
4. Mentoring documentation and mentee evaluations
5. Final evaluation of impact of mentor role

The WCA Legacy Mentor Pilot: Logic Model

Context / Need	Resources / Inputs	Activities / Intervention	Outputs	Outcomes / e.g. changes
<p>NHSE Legacy Mentor programme established:</p> <p>If those in early career are supported through legacy mentoring, there is anecdotal evidence that this will lead to a reduction in turnover/leavers and a potential to reduce the vacancy rate as this is seen as an attractive benefit for candidates.</p> <p>Utilising experienced clinicians to become legacy mentors will be a rewarding and appealing career portfolio opportunity for those in later stages of their career and will provide an alternative to retirement. It will also help to ensure people feel valued and re-energised at this critical point in their career.</p> <p>Dorset ICB piloting Legacy Mentor programme for newly registered health care professionals.</p> <p>HIOW piloting Legacy Mentor role on IOW.</p> <p>Wessex cancer services are losing cancer knowledge and experience as cancer nurses nearing retirement choose to retire early or leave the NHS.</p> <p>Recent scoping project identified the need for mentoring for newly appointed cancer nurses with a focus on communication skills.</p> <p>Legacy Mentor for Cancer Nurses supported by Lead Cancer Nurses across Wessex.</p>	<p>WCA funded part time legacy mentors (0.2WTE Band 7 x 6) (experienced cancer nurses) employed within each acute Trust for 12 months.</p> <p>WCA project management and IT support.</p> <p>Meeting space for mentor / mentee within Trusts.</p> <p>Flexible offer to suit postholder and clinical service.</p> <p>Clinical experience, cancer knowledge, Cancer CNS experience of mentor</p> <p>Nurse Leadership.</p> <p>Mentorship training and support.</p> <p>Advanced Communications Skills expert advisor.</p> <p>Development opportunities.</p> <p>Promotional material including WCA website, social media.</p>	<p>Mentoring for newly appointed site-specific cancer clinical nurse specialists:</p> <ul style="list-style-type: none"> • Clinical knowledge exchange between new CNS and Legacy mentor. • Pastoral support. • Professional advice and guidance. • Career Development Support. • Mapping capabilities against ACCEND framework. • Supporting reflection on practice. <p>Community of Practice for Mentors</p> <p>Development Opportunities for Mentors</p> <p>Development Opportunities for Mentees</p> <p>Self-referral options</p>	<p>Identification of newly appointed cancer CNS priority development needs mapped against ACCEND framework.</p> <p>Wessex wide peer support group for novice cancer CNSs.</p> <p>Peer support group for mentors.</p> <p>Mentor training programme established.</p> <p>Project evaluation report.</p>	<p>Increased confidence in newly appointed cancer CNSs to undertake role / responsibilities.</p> <p>Improved job satisfaction and personal wellbeing for cancer nurses.</p> <p>Legacy mentors feel valued and supported.</p> <p>Raised awareness of the value of the Legacy mentor role in Trusts and ICBs.</p> <p>Embedding of ACCEND framework for newly appointed cancer clinical nurse specialists.</p>

The Legacy Mentor: who and why?

- The Legacy Mentor role aims to improve experience at work and sense of belonging for newly appointed Cancer Clinical Nurse Specialists.
- If those in early career are supported through legacy mentoring, there is anecdotal evidence that this will lead to a reduction in turnover/leavers and a potential to reduce the vacancy rate as this is seen as an attractive benefit for candidates.
- Utilising experienced clinicians to become legacy mentors will be a rewarding and appealing career portfolio opportunity for those in later stages of their career and will provide an alternative to retirement. It will also help to ensure people feel valued and re-energised at this critical point in their career.
- It provides a good opportunity to recognise the level of skills and demonstrates that we value our most experienced people.
- Legacy mentors offer additional pastoral support for cancer clinical nurse specialists freeing up capacity for nursing team leads currently working in extremely challenging circumstances and leading to greater emotional wellbeing and improved understanding of the role of the cancer Clinical Nurse Specialist.
- Additional coaching can be offered to enhance skills and further develop the mentee's communications skills to an advanced level.
- An accessible link for higher education institute course leaders to connect with clinical teams and to assist with bridging the gap between academic and clinical settings.
- This role provides an additional resource to support implementation of the **ACCEND framework** within cancer nursing at an Enhanced level.
- It will provide an opportunity to pilot this role and any learning / evaluation of impact will be shared with the Trust and ICB to support future strategies to sustain a mentoring offer if shown to be of benefit.



Scope of Legacy Mentor

- To support cancer clinical nurse specialists within the first 12 months of a new cancer CNS role and / or cancer career – alignment with ACCEND framework. Any exceptions to be agreed with project lead and Trust lead for cancer nursing.”
- Legacy mentor to support cancer clinical nurse specialists within their Trust and potentially across Wessex acute Trusts when required.

Mentees identified by Lead for Cancer Nursing in individual Trust in conjunction with CNS Line Managers. Potential for self-referral to a legacy mentor.

The legacy mentor will improve experience of newly appointed CNSs in cancer teams by:

- Imparting skills, experience and knowledge to newly appointed cancer Clinical Nurse Specialists and providing coaching guidance on role expectation / professional standards/conduct to ensure a positive experience in their early cancer career.
- Advising mentees on how to get the most from their clinical work: managing workload, meeting capability expectations (ACCEND), proactive behaviour techniques.
- Wellbeing support alongside other colleagues also focusing on pastoral support: work/life balance, time management, handling stress.
- Practical skills: including supporting the development of advanced communications skills and personalisation of care.

Support will be delivered primarily through individual and group support sessions and will follow of a formalised mentorship framework. There is potential for a Wessex wide peer support forum for newly appointed cancer CNSs as a legacy mentor will be employed in each acute Trust.

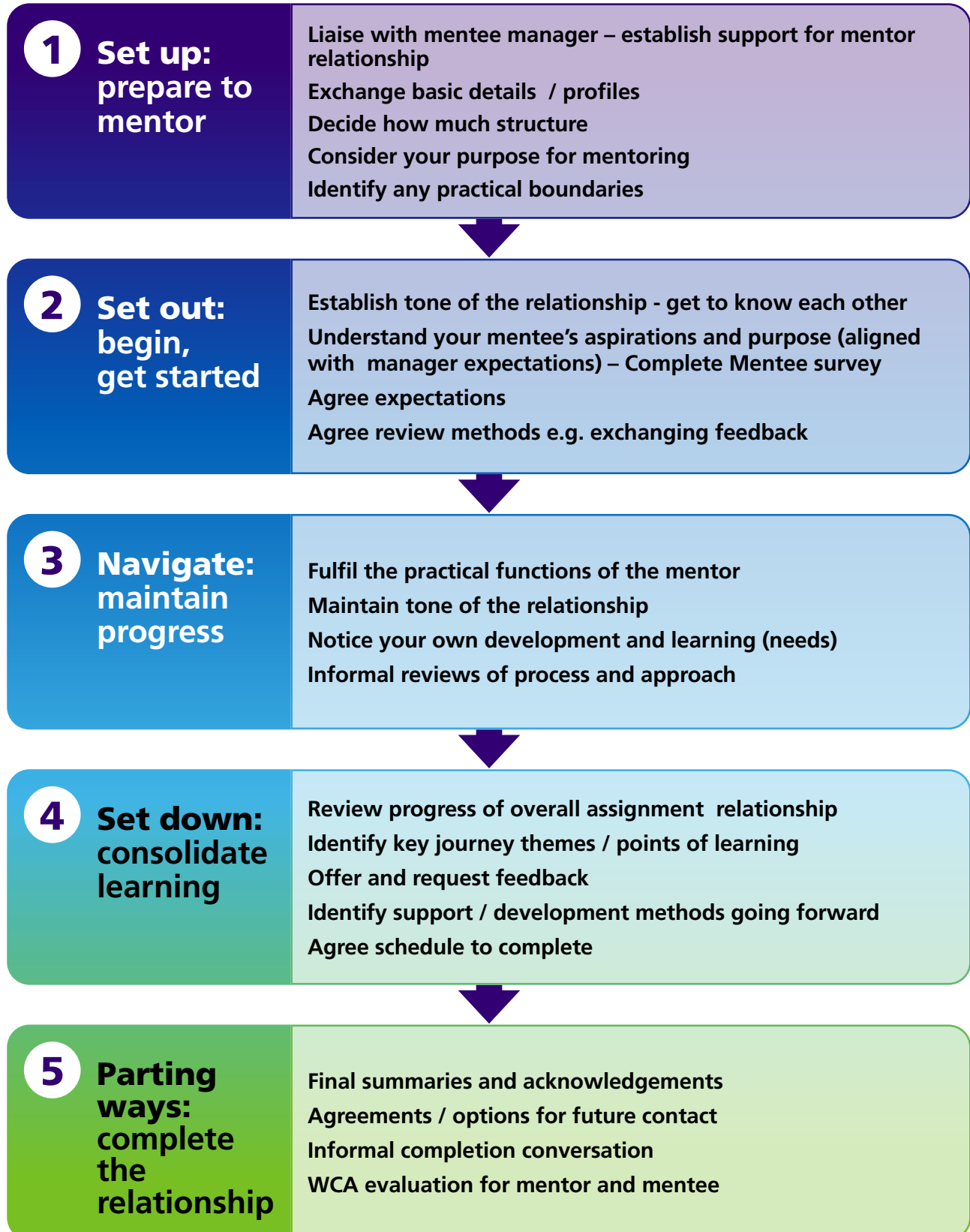
NB. Mentor will not have capacity to support all newly appointed cancer CNSs within this pilot and prioritisation of need will be required alongside group mentoring sessions.



What is the difference between teaching, mentoring, and coaching?

Teaching	Mentoring	Coaching
Typically delivered by an expert to novices who will know less about the subject.	Traditionally a more experienced colleague supporting a less experienced colleague.	Usually, role or experience does not affect the relationship. Knowledge of the context is helpful but can also hinder.
Subject matter expert.	Good experience or knowledge of role or area or subject.	Doesn't need role or are or subject matter knowledge.
Will instruct, guide, inform and provide the answer.	Provides guidance and advice from own experience to help guide the person.	Helps the person being coached to come to their own conclusions with effective questioning.
Can work well in a group or with more than one learner.	Works best when they know about the situation / environment first hand.	Often works best when they are removed from a situation / environment.
More formal.	Can be formal or informal (Sometimes linked to career progression, talent, or speciality role).	May be formal following models and using tools.
May give / direct to resources and reading.	Explores challenges. Can introduce to people / connections / policies / processes / resources / reading.	Relationship is usually just on a one-to-one basis where the time and space is the development.
Has the solution or answer (and will share it). May use case studies or examples.	Asks questions, may explore own experience as a way to find the solution or answer.	Asking / probing / reflecting back to explore options. Usually avoids sharing experiences.

WCA Mentor Map



(Adapted from Julie Starr's Mentoring Map)

1 Setting up – preparing to mentor

Lead for Cancer Nursing identifies mentee (newly appointed CNS) following discussions with line manager and liaises with legacy mentor, providing contact details of mentee and line manager.

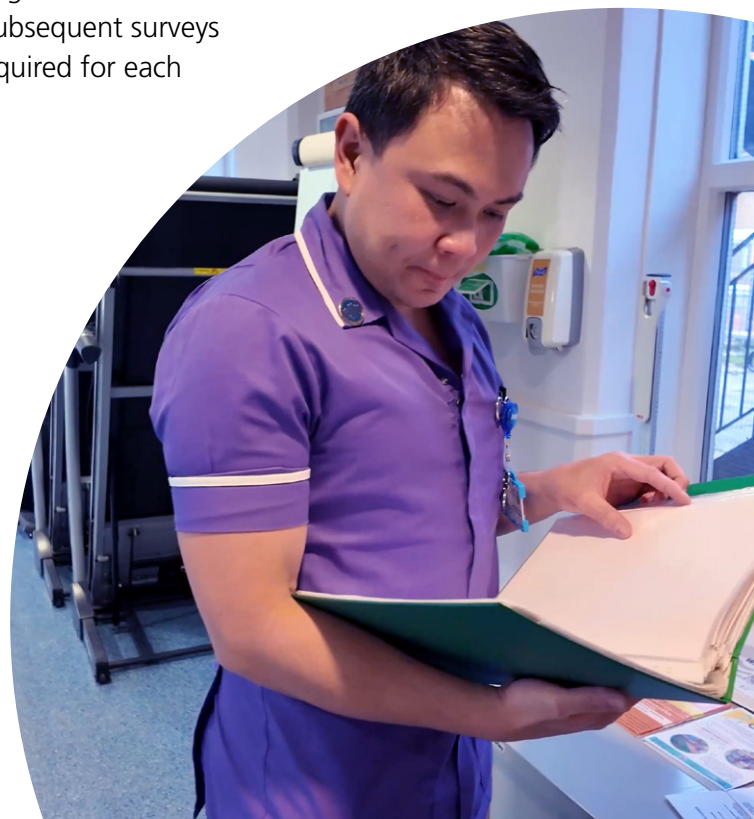
- Mentor makes contact with line manager to ascertain support for role and mentee needs in relation to job role and perceived capabilities.
- Mentor makes contact with mentee introducing mentoring, the scope, the focus and offer.
- Mentor explains their role, experience, and responsibilities in the relationship.

Mentor introduces the mentee to the mentoring paperwork – copies shared with mentor / mentee and others as below via a safe secure system e.g. files on Teams group. (See separate documents in appendix)

- Mentee completes the starter survey. This can be accessed via the QR code: Or via a paper copy but this must be sent to the WCA project team. Success of the project depends on baseline evaluation information. The survey can be completely confidential and sent direct to WCA or can be shared with the mentor as an agenda for goal setting. Note that the WCA will anonymise responses BUT will need to collate subsequent surveys for an individual. Therefore, a consistent name is required for each mentee e.g. full name or a username.
- Mentoring agreement (page 16) (May be shared with Lead Cancer Nurse).
- Mentoring session log (page 17) (May be shared with Lead Cancer Nurse).
- Mentoring session record (page 19).

Mentor to complete the WCA project spreadsheet (provided separately) with anonymised information from the above records. This needs to be updated regularly and shared with WCA project lead on a monthly basis.

Cancer CNS is new to the role and appointed within the last 12 months. Priority given to less experienced nurses overall and those identified by line managers as requiring additional support. Self referral via the lead cancer nurse is accepted.



2 Set out, begin, get started – getting to know each other

Mentoring focus

What does the mentee want to get from mentoring? Try to align this with the information shared within the initial mentee survey, from the Lead Cancer Nurse / Line Manager.

Possible Themes:

- Understanding the Cancer Nurse Specialist Role.
- Role and responsibilities in the MDT.
- Reflection on communication with patients.
- Prioritising workload/time management.
- Supporting own health and wellbeing/work life balance.
- Prioritising and managing development needs within scope of role.
- Supporting mapping with ACCEND responsibilities.
- Value of clinical supervision.

Think

In your experience what else may be useful to explore in mentoring?

When in your career may mentoring have been useful?
(Reflection point)

Ask questions to find out a little more about the mentee – reflect back and make links but don't share at this stage.

Complete paperwork

Mentoring contract

Mentoring plan and meeting log documentation

Agree, sign, and share so mentor and mentee have a copy.

Ensure mentee is aware who has access to the documents. Note confidentiality of the mentoring relationship unless in breach of Trust policies.



3a Navigate, maintain progress – provide ‘appropriate assistance’

- Assistance can take many forms to provide appropriate assistance to the mentee’s goals e.g.
- Share experience, stories, views
- Provide space for the mentee to think and plan (so what is important to you? What is realistic?)
- Offer constructive feedback (I notice that...)
- Give advice or wise counsel (perhaps focussing on building relationships might be a good place to start here?)
- Share knowledge (when I started as a cancer nurse...)
- Share power and influence (would it be helpful if I recommended you went to...)
- Share your network / local, regional and national support available to the mentee e.g. H&WB support, PNA support, Personalised Care Champion, shadowing opportunities. **Link with line manager and / or Lead for Cancer Nursing for further local opportunities.**

Remember

Principles of Mentoring – Julie Starr

- Relationship is one strived equality (and yet has a natural bias/emphasis).
- The responsibility for learning, progress, and results ultimately rests with the mentee.
- Mentoring is collaboration between you, your mentee and ‘everyday life’.
- Ultimately, what your mentee chooses to do, learn or ignore from the mentoring is not the mentor’s business.
- Some results of mentoring can be identified or measured while some results cannot. (This does not mean they are insignificant or less important, it simply means you are less aware of them).

Mentor reflection

- How will you know what assistance is ‘appropriate’.
- What is your mindset when you support others?
- How directive are you?
- How supportive are you?
- Mentee midpoint survey (to be shared with WCA). Can be accessed via the QR code: Or via a paper copy but this must be sent to the WCA project team. Success of the project depends on evaluation information.
The survey can be completely confidential and sent direct to WCA or can be shared with the mentor as an agenda for goal setting. Note that the WCA will anonymise responses BUT will need to collate subsequent surveys for an individual. Therefore, a consistent name is required for each mentee e.g. full name or a username.



3b Navigate, maintain progress – building the relationship

Manage the process:

- Maintain equality and respect.
- Stay engaged in the process and explore engagement from the mentee.
- Demonstrate interest and commitment.
- Build rapport.
- Question, listen and offer feedback, observations.
- Provide appropriate support and challenge and assistance.

Mentor reflection:

- How will you know how effective the relationship is?
- Think about the learning style of the mentee? What do you need to be aware of as a mentor?



3c Navigate, maintain progress – diagnostic tools, techniques, and support resources

ACCEND – Aspirant Cancer Career and Education Development programme providing workforce transformational reform - the education, training, and careers pathways for those supporting people affected by cancer.

The **WCA ACCEND self-assessment tool** for the registered workforce will be available to mentors and mentees. Selected domains will be prioritised by line manager, mentor, and mentee to guide the mentor conversations. Note that there will be a fully digitised self assessment tool available soon.

Development opportunities for cancer CNS

East Midlands Cancer Alliance Aspirant Cancer Development programme covers modules such as SACT, surgery, genomics, psychological support, communication skills and others. Self-assessment via quizzes, reflective writing creating a portfolio of work to support evidencing of learning. All modules are provided by recognised learning platforms including Macmillan Cancer Support, eLFH.

WCA Education and Training Opportunities – This page signposts you to reputable education providers and training and development opportunities for the cancer workforce as well as helpful resources. All access is open and free unless otherwise specified.

Professional Nurse Advocate Roles

The **Professional Nurse Advocate** (PNA) programme delivers training and restorative supervision for colleagues right across England. This role is increasingly becoming available within Trusts and can be a valuable resource alongside the legacy mentor support.

Signposting for Pastoral Support

Cavell Nurses Trust charity that supports UK nurses, midwives, and healthcare assistants, both working and retired, when they're suffering personal or financial hardship often due to illness, disability, older age, and domestic abuse.

NHS looking after your team's health and wellbeing guide

Dorset

UHD: **Thrive wellbeing** (uhd.nhs.uk)

DCH: **Staff Health and Wellbeing | Dorset County Hospital** (dchft.nhs.uk)

Hampshire and Isle of Wight

HIOW: **Health and Wellbeing Portal**

HHFT: **Staff Wellbeing Hub**

IOW: **Staff Support and benefits**

PHU: **Staff support and benefits**

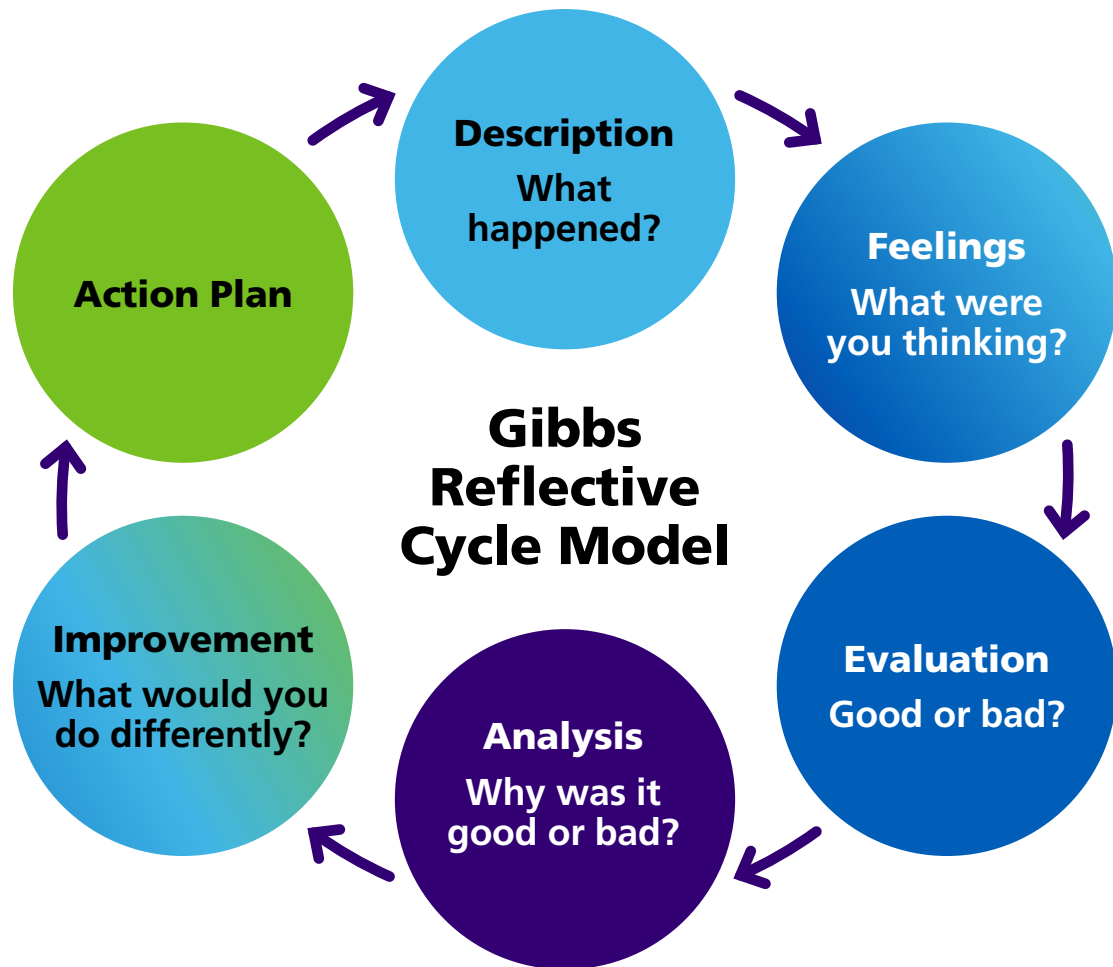
There will be more local support options than those listed above which provide a starting point for mentors.

4 Set down, consolidate learning

Mentor and Mentee Reflection

Reflection and supervision is important for both mentors and mentees.

Gibbs' Reflective Learning cycle is a useful model plus RCN revalidation documents.



Mentors

There will be opportunity to connect with other legacy mentors across Wessex and form a Community of Practice for peer support, sharing of resources and collective development opportunities.

It is anticipated that through this Community, identification of Wessex wide support for groups of mentees will be highlighted and then supported by individual mentors (or other specialists supporting WCA programmes of work) with specific experience / knowledge/ skill set for example communications skill development.

5 Parting ways, complete the learning

For each mentor relationship both mentor and mentee need to complete the mentor relationship documentation and the WCA surveys.

- Mentee closure survey (to be shared with WCA). Can be accessed via the QR code: Or via a paper copy, but this must be sent to the WCA project team. Success of the project depends on evaluation information.

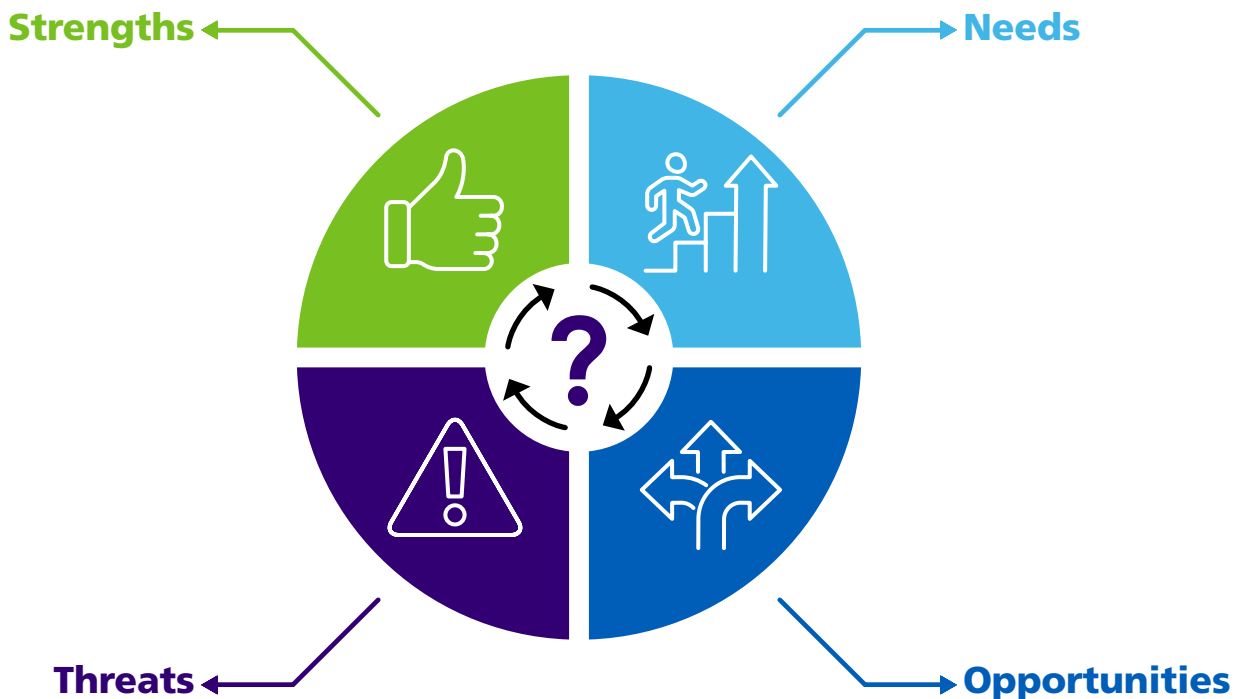


The survey can be completely confidential and sent direct to WCA or can be shared with the mentor as an agenda for goal setting. Note that the WCA will anonymise responses BUT will need to collate previous surveys for an individual. Therefore, a consistent name is required for each mentee e.g. full name or a username.

Self-assessment

(useful for both mentor and mentee)

Mentor reflection: Think about your personal development plan. It would be useful to cross reference these with the ACCEND CiPs for your level of practice.



Agreement between Mentor and Mentee

Roles and Expectations

The following agreement is made between Mentor and Mentee. We are voluntarily entering into this relationship as a productive and rewarding professional experience. We expect that the mentor will provide professional and developmental advice and guidance. During the process both parties will work together to identify the Mentee's professional goals and support / develop a plan to achieve them.

Goals for this mentoring relationship are:

Meeting times (frequency and duration)

Ongoing evaluation will be completed over _____.

End of relationship will be agreed by both.

How we will record and monitor our progress:

Confidentiality

All information between the Mentor and Mentee shall be confidential and only shared with other parties if both agree (unless in breach of Trust Policies)

Mentee Signature _____ Date: _____

Mentor Signature _____ Date: _____

Mentee Starter Survey

The mentee completes this and it is sent automatically to the WCA project team – it will be anonymised. The mentee can share the details with their legacy mentor to support the goal setting within the mentor relationship.

Please scan the QR code with your smartphone to complete the survey. A paper copy is also available if the mentee / mentor wish to discuss this together. All paper copies must be scanned and sent to the WCA project team.



Mentoring Sessions LOG

Mentor name:	
Mentee name:	

Goals – what do you want to achieve?

Date & Duration	Method	Discussion/activity summarised	Actions and Follow up
Date & time spent.	F2F, email or phone.	Objectives, progress reports, development areas, advice given, questions asked, tools used.	Next steps? Who is responsible? Why by?

Mentoring Session Record

(this may be used for further detail on each session if helpful)

Mentor name:	
Mentee name:	
Date:	
Duration:	

Discussion Record

Plan

Discussion

Actions/Outcomes

Reflections

Mentee Closure Survey for Legacy Mentoring

Thank you for participating in our Legacy Mentoring Pilot Project.

Please can we ask that you complete a final closure survey via the link below or by scanning the QR code with your smartphone. A paper copy is also available if you wish to complete face to face with your mentor. All paper copies must be scanned and sent to the Wessex Cancer Alliance Project Team.

Please note this survey will be anonymised and please remember to use the same 'username' when completing the survey that was used for the starter and 6-month interim survey responses.

Thank you.



forms.office.com/e/EP9fzDeM9L



Useful reading

- OU Free Course:
[Exploring career mentoring and coaching | OpenLearn - Open University](#)
- Free intro chapter to Mentoring:
[MENTORING_MANUAL_eCHAPTER.indd \(starrcoaching.co.uk\)](#)
- Psychological Safety – the key to happy high performing people and teams:
amazon.co.uk/Psychological-Safety-happy-high-performing-people/dp/1732159505
- Neuroscience texts:
‘The Fearless Organisation’ Amy Edmondson
‘Fear Free Organisations’ Paul Brown
- Kings Fund snapshot:
youtube.com/watch?v=eP6guvRt0U0

