

NURSE MENTORSHIP POLICY

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Name of originator/author:	Clinical Education and Placement Learning Lead
Name of Sponsor:	Chief Nurse
Name of responsible committee	Governance Sub-committee
Date issued:	November 2020
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Target audience:	All staff working within or on behalf of NHS Sheffield CCG

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<http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm>



POLICY AUDIT TOOL

Please give status of Policy: **Revised**

1.	Details of Policy	
1.1	Policy Number	HR031/11/2023
1.2	Title of Policy:	Nurse Mentorship Policy
1.3	Sponsor	Chief Nurse
1.4	Author:	Clinical Education & Placement Learning Lead
1.5	Lead Committee	Governance Sub-committee
1.5	Reason for policy:	Legislative and best employment practice
1.6	Who does the policy affect?	All employees
1.7	Are the National Guidelines/Codes of Practices etc issued?	NMC 2015 Equality Act 2010
1.8	Has an Equality Impact Assessment been carried out?	Yes
2.	Information Collation	
2.1	Where was Policy information obtained from?	See 1.6
3.	Policy Management	
3.1	Is there a requirement for a new or revised management structure for the implementation of the Policy?	No
3.2	If YES attach a copy to this form.	n/a
3.3	If NO explain why.	Current management structure satisfactory
4.	Consultation Process	
4.1	Was there external/internal consultation?	Yes
4.2	List groups/persons involved	Joint Staff Consultative Forum
4.3	Have external/internal comments been included?	Joint Staff Consultative Forum
4.4	If external/internal comments have not been included, state why.	n/a
5.	Implementation	
5.1	How and to whom will the policy be distributed?	All employees via the intranet
5.2	If there are implementation requirements such as training please detail.	Ongoing via mandatory training
5.3	What is the cost of implementation and how will this be funded	No funding required
6.	Monitoring	
6.2	How will this be monitored	Workforce Reports
6.3	Frequency of Monitoring	Quarterly

CONTENTS

	Page
Section A – Policy	4
1. Policy Statement, Aims & Objectives	4
2. Legislation & Guidance	4
3. Scope	4
4. Accountabilities & Responsibilities	5
5. Dissemination, Training & Review	6
Section B – Procedure	8
1. Philosophy for supporting learners	8
2. Nurse Mentorship	8
3. Approach	9
4. Placement Audit	10
5. Student Evaluation	10
6. Roles and Responsibilities	11
Section C- Appendixes	
1 Appendices – A Mentor update reflection	15
2 Appendices – B Triennial Review document	16
3 Appendices – C Student Evaluation sheet	17

SECTION A – POLICY

1. Policy Statement, Aims and Objectives

- 1.1** This policy is intended to provide and support a framework for employees involved in the support and education of both pre and post registration nursing students.
- 1.2** The development of this policy:
- Clarifies the responsibilities of Learning Environment Manger, Mentors and associate Mentors in relation to supporting students on NMC approved pre and post registration nursing education programme under the NMC Standard to support learning and assessment in practice (SLAiP) 2008 standards
 - Outlines the support and guidance available to Learning Environment Manger, Mentors and Associate Mentors in relation to supporting students on NMC approved pre and post registration nursing education programme

2 Legislation and Guidance

- 2.1** The following legislation and guidance has been taken into consideration in the development of this procedural document.
- NMC: The Code, Professional standards of practice and behaviour for nurses and midwives (2015)
 - NMC: Standards to Support Learning and Assessment in Practice(SLAIp 2008)

3 Scope

- 3.1** This policy applies to those members of staff that are directly employed by NHS Sheffield Clinical Commissioning Group and for whom NHS Sheffield Clinical Commissioning Group has legal responsibility. Seconded staff are covered by the policy of their employing organisation. For those staff covered by a letter of authority / honorary contract or work experience, this policy is also applicable whilst undertaking duties on behalf of NHS Sheffield Clinical Commissioning Group or working on NHS Sheffield Clinical Commissioning Group premises and forms part of their arrangements with NHS Sheffield Clinical Commissioning Group. As part of good employment practice, agency workers are also required to abide by NHS Sheffield Clinical Commissioning Group policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Sheffield Clinical Commissioning Group.

4. Accountabilities and Responsibilities

4.1 Overall accountability for ensuring that there are systems and processes to effectively ensure compliance with this Policy lies with the Accountable Officer. Responsibility is delegated to the following:

Chief Nurse	<ul style="list-style-type: none">• Maintaining an overview of the corporate ratification and governance process associated with the policy.• Ensuring that the policy is applied fairly, consistently and in a non-discriminatory manner.
Human Resources	<ul style="list-style-type: none">• Leading the development, implementation and review of the policy.• Providing advice and guidance to managers and employees in relation to this policy.• Supporting completion of relevant forms in relation to mentoring student nurses including verification of identity documentation.
Appointing Officers/ Line Managers	<ul style="list-style-type: none">• Ensuring they understand and adhere to their obligations in relation to this policy.• Ensuring the policy is applied fairly and consistently to all employees.• Supporting workforce and succession planning.• Enabling access to guidance and support for the employee.• Ensure employees are aware of this policy including referring new employees to the policy as part of their induction process
All Employees	<ul style="list-style-type: none">• Ensuring they understand their responsibilities in relation to this policy.• Completion and submission of relevant documentation required to mentor students

Staff Side	<ul style="list-style-type: none"> • Ensure they are familiar with the policy and procedure. • Advise and represent employees who are members of a recognised Trade Union. • Liaising with the employee, the line manager and Human Resources regarding the best way forward for an employee.
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5. Dissemination, Training and Review

5.1 Dissemination

The effective implementation of this procedural document will support openness and transparency. NHS Sheffield Clinical Commissioning Group will:

- Ensure all employees and stakeholders have access to a copy of this procedural document via the organisation's website.
- Ensure employees are notified by email of new or updated procedural documents.

5.2 Training

All employees will be offered relevant training commensurate with their duties and responsibilities. Employees requiring support should speak to their line manager in the first instance. Support may also be obtained through Human Resources. The Policy should be read in conjunction with:

- Compliments and Complaints Policy and Procedure
- Confidential Code of conduct
- Dignity at work
- Dress Code
- Equality and diversity
- Health and safety
- Information Governance
- NICE Implementation
- Safe guarding Adult & Children

5.3 Review

5.3.1 As part of its development, this procedural document and its impact on staff, patients and the public has been reviewed in line with NHS Sheffield Clinical Commissioning Group's Equality Duties. The purpose of the assessment is to identify and if possible remove any disproportionate adverse impact on employees, patients and the public on the grounds of the protected characteristics under the Equality Act.

5.3.2 The procedural document will be reviewed every three years, and in accordance

with the following on an as and when required basis:

- Legislatives changes
- Good practice guidelines
- Case Law
- Significant incidents reported
- New vulnerabilities identified
- Changes to organisational infrastructure
- Changes in practice

5.3.3 Procedural document management will be performance monitored to ensure that procedural documents are in-date and relevant to the core business of the organisation. The results will be published in the regular Governance Sub Committee Reports.

SECTION B – PROCEDURE

1. Philosophy for supporting learners

- 1.1** The staff working for our organisation should aim to provide all students with an effective learning experience. Students are seen as essential in shaping future health services and the service has a commitment to student learning in practice.
- 1.2** The organisation will provide clinical placement opportunities for students from a range of educational programmes i.e. adult branch pre-registration nursing and post-registration nursing, as well as hub/spoke experiences for students from other vocational courses i.e. therapy and medicine.
- 1.3** The organisation works in partnership with universities to ensure all placement areas are fit for purpose and provide an effective learning environment, staffed by highly skilled and caring professionals.
- 1.4** The quality of placement areas is audited against university, statutory and professional bodies best practice guidelines, in terms of service provision and standards of care. The emphasis is on supporting and enhancing education throughout the workforce and continual professional development is integral to the NHS philosophy of creating and maintaining a workforce of skilled practitioners who are “fit for practice, fit for purpose”.
- 1.5** An evidence-based approach to care is fundamental and students will experience the positive culture of clinical governance throughout their community placement.
- 1.6** Students will be given the opportunity to experience work as part of a multi-professional team, in order understand the value of team working for improved patient care.

2 Mentorship

2.1 Purpose of Mentorship

- 2.1.1** Mentorship occurs in different forms throughout the service. These guidelines refer to pre- and post- registration nurses, where the term ‘mentor’ is defined as “an appropriately qualified/experienced registered practitioner, who is responsible for the assessment of competence of students in practice within nursing” (NMC 2008).
- 2.1.2** Mentorship is a formal arrangement to enable the assessment of competence in practice to confirm students are capable of safe and effective practice (NMC 2008).
- 2.1.3** The standard is that 50% of pre-registration nursing and midwifery programmes are delivered in the practice setting.

2.2 Mentor Criteria

2.2.1 Mentors must:

- Hold appropriate professional qualifications
- Have been prepared for the role of mentor and meet NMC learning outcomes
- Have developed their own competence
- Be on the same part or sub-part of the NMC register as the student that they are assessing
-

2.2.2 A registered nurse who has completed an NMC approved mentor preparation programme ie

- ENB 998 Teaching and Assessing
- City & Guilds 730/7307
- D32/33 or A1 NVQ Assessor
- Mentor preparation programme (NMC accredited)
- Specialist Practice Qualification District Nursing, SCPHN School Nursing, Health Visiting and Mental Health (1992 to 2006)
- PG Certificate in Health Care Education
- PG Diploma in Health Care Education
-

2.2.3 In addition, any NMC registerable teaching qualification must be an NMC approved programme or be accredited by the NMC

2.2.4 All mentors and others involved in supporting students gain registration have a responsibility to ensure that they are:

- Fit for purpose i.e. can function effectively in practice
- Fit for practice i.e. can fulfil the needs of registration

3 Approach

3.1 There will be a consistent approach to mentorship, with all students being provided with an appropriately qualified and experienced mentor for the duration of their placement.

3.2 New staff to the teams who hold a mentor qualification will not be expected to mentor students in their first four months in post. This allows them time to settle in, complete their preceptorship and be clinically sound through competency achievement in the area in which they work.

3.4 The Learning Environment Manager (LEM) will fully utilise the local 'live' register to liaise with the relevant line managers to inform of team dynamic, in relation to capacity and allocation of students.

3.5 Personal Development Reviews will support the process of Continuous Professional Development (CPD) and service need.

3.6 Those nurses who do not hold a mentor qualification will be required to support student placements through their role as associate mentors.

- 3.7** Newly qualified nurses are not able to mentor students until they have twelve months post registration experience (NMC 2008). At twelve months, the service will support their application for mentorship training.
- 3.8** Mentorship should be reviewed annually at each PDR in order to determine the level of support for mentors from line managers (reviewers). This will ensure that mentorship remains a focal point of service and workforce planning, in order to meet professional standards and service level agreements.
- 3.9** Each mentor is also reviewed every three years (triennial review) to ensure that only those who continue to meet the mentor requirements remain on the local register.
The triennial review of mentors will form part of the Personal Development Review (PDR) for mentors.
The mentor will be responsible for keeping a record of the triennial review, and use it for Revalidation purpose.
- 3.10** To be maintained on the local register as sign off mentor , the individual must have evidence of having:
- Mentored at least two students with due regard (extenuating circumstances permitting) within the three year period
 - Participated in annual updating, to include an opportunity to meet and explore assessment and supervision issues with other mentors
 - Explored as a group activity, the validity and reliability of judgements made when assessing practice in challenging circumstances
 - Mapped ongoing development in their role against the current NMC mentor standards
- 3.11** Reminders of annual mentor update requirements will be sent directly to individual mentors via e-mail, to support planning and concordance with NMC standards.
- 3.12** The LEM will advise line managers of mentor status annually or at quarterly intervals should mentor status have a potential/actual implication on placement capacity and allocation of students.

4 PLACEMENT AUDIT

- 4.1** The bi annual placement audit is the primary tool for monitoring quality of placements for all students on clinical placement within the organisation
- 4.2** The Higher Education Institute (HEI) will lead on the audit process and work with the LEM and mentors to ensure a standardised and effective approach to student and mentor support is maintained, in accordance with HEI and NMC standards.

5 STUDENT EVALUATIONS

- 5.1** Student evaluations will be received into the organisation following the placement. These are disseminated locally to all staff involved by LEM.

The appropriate action will be taken if any concerns are raised. The Link Lecturer is responsible for highlighting issues of concern. The LEM will action any placement issues locally with mentors and their teams where applicable and with support from Operational leads where appropriate.

- 5.2** Student evaluations and audit will be fully utilised to inform allocation and maintain quality assurance processes within the organisation.

6 ROLES AND RESPONSIBILITIES

6.1 Pre-Registration Student

- 6.1.1** A pre-registration student is a student nurse, who is undertaking a programme of learning leading to registration as a registered nurse. Their responsibilities include:

- Meet as mutually agreed with the mentor and complete all required documentation
- Inform the mentor promptly should they become aware they are unable to fulfil any aspect of their required learning
- Engage in the learning process and access learning opportunities

6.2 Associate Mentor

- 6.2.1** The role is not recognised by the NMC but locally will refer to a qualified nurse with 6 months post registration experience who has not completed a mentor preparation programme. The associate mentor can support learning and provide testimonies but must not sign student assessment documentation

6.3 Mentor

- 6.3.1** The role of a registered nurse is ultimately about protecting the public therefore, for the mentor, the ability to defend assessment decisions made about students in practice is fundamental.

- 6.3.2** Mentors also play a vital part in quality assurance by contributing to the educational audit of placements.

- 6.3.3** A mentor should be skilled and knowledgeable in the field of practice where they work in order to be an effective mentor and act as a positive role model.

- 6.3.4** Mentors and sign-off mentors should always take account of the input of other members of the team when dealing with assessment decisions.

- 6.3.5** The role involves enabling the student to make sense of their practice and develop skills and confidence through:

- The application of theory
- Assessing, evaluating and giving constructive feedback
- Facilitating reflection on practice, performance and experiences

6.3.6 Mentors are responsible and accountable for:

- Promoting and maintaining a professional relationship with students
- Organising and coordinating student learning activities in practice
- Making sure students know where to find local policies and procedures
- Supervising students in learning situations and providing them with constructive feedback on their achievements
- Providing evidence as required by programme providers of student achievement or lack of achievement
- Assessing total performance, including skills, attitudes and behaviours
- Liaison with others (e.g. LEMs, Link Lecturers and personal tutors) to provide feedback, identify any concerns about the student's performance and agree action as appropriate
- Failing weak students
- Reporting any untoward incidents or concerns to the LEM, senior manager and the HEI
- Maintain their professional knowledge
- Attend or engage in an annual mentor update
- Maintain their knowledge of the student's programme of study and practice assessment documentation
- Engage in clinical supervision and reflection in relation to this role
- Record mentoring experiences as evidence of professional development (i.e. Revalidation, mentor updates, triennial review)

6.4 Sign-off Mentors

6.4.1 Sign-off mentors have been a requirement for all nursing students NMC approved programmes since September 2007.

6.4.2 Whilst all mentors may assess and agree individual competencies, only those who have met additional NMC criteria to be a sign-off mentor are entitled to 'sign-off' as fit to practice (NMC 2015). The sign-off mentor must have an in-depth understanding of their accountability to the NMC for the decision they make to pass or fail a student when assessing proficiency requirements at the end of a programme.

6.4.3 Only sign-off mentors that are on the same part of the register and in the same field of practice (branch) may confirm to the NMC that students have met the relevant standards of proficiency for the particular programme, leading to registration or a qualification that is recordable on the NMC register (NMC 2015).

6.4.4 Professional accountability remains the same. The mentor signing to pass a student in the final placement period is confirming to the NMC that they are fit to go on the professional register.

- Professional accountability for actions of a student rests with an NMC registrant who is supervising the student
- Professional accountability for the decision to pass or fail a student at the end of a placement rests with the mentor who supervises them for that placement

- A sign-off mentor will not be expected to re-assess decisions made by previous mentors

6.4.5 Future sign-off mentors need to have been supervised on at least three occasions for signing off proficiency at the end of a final placement by an existing sign-off mentor.

6.5 Specialist Practitioner

6.5.1 There are a range of specialist practitioner qualifications awarded to nurses who have successfully completed a post-registration qualification e.g. in community specialist nursing and are discipline specific i.e. District Nurse, Public Health Nurse, Practice Nurse and Mental Health Nurse where prior to 2006 the course included an assessed teaching and assessing component. The service will acknowledge and support their role in mentoring and assessing students.

6.6 Learning Environment Manager (LEM)

6.6.1 The LEM is a Registered Nurse with significant experience who functions at a senior level within the team. They have a recognised mentoring qualification or equivalent that focuses upon teaching and assessing.

6.6.2 The LEM will be responsible for ensuring students receive a clinical placement conducive to their learning and development and will ensure that student allocation meets the NMC standard of “due regard”

6.6.3 The LEM will be supported by the organisation to be effective in their role as first point of contact and support for the mentor and student. This role involves active engagement with HEI Link Lecturers to ensure currency of knowledge of student programmes and models of allocation. Time out to attend meetings pertinent to these aspects of the role will be fully supported and acknowledged.

6.6.4 Ensure currency by regularly reviewing the local ‘live’ register adding or removing names of nurses as necessary within the organisation as well as reviewing the evaluation submitted by students and mentors via the online Practice Assessment Record & Evaluation (PARE) hosted by Health Education Yorkshire and Humber

<https://onlinepare.net/>

6.6.5 Make provision for annual updating in collaboration with education providers for the mentors in the organisation. Support and supervision for mentors.

6.7 Placement Provider (Organisation)

6.7.1 The organisation will provide the opportunity for mentors to fulfil NMC standards of annual mentor updates. Jointly facilitated mentor updates for nurses are scheduled 6 monthly (at least) and hosted by organisation and are an agreed activity where mentors can meet with the Learning Environment Manager (LEM), HEI Link Lecturer and peers, to share learning and address issues relating to student placements.

- 6.7.2** The organisation HR Policy ensures that all staff (including mentors) involved in patient care are monitored in line with Disclosure and Barring Service requirements.
- 6.7.3** The organisation will support the standard around protected time for 'sign-off mentors'. The NMC requires that sign-off mentors have time to reflect, give feedback and keep records of student achievement in their final period of practice learning. The NMC suggests that this should be the equivalent of an hour per student per week. This is in addition to the 40% of the student's time to be supervised directly or indirectly by the mentor.
- 6.7.4** The organisation will provide information when requested to Higher Education Institutes (HEIs), the NMC and relevant parties (i.e. Health Education Yorkshire & Humber and commissioners) in order to fulfil any obligation around quality assurance in respect of placement, student education and mentor suitability.

6.8 Higher Education Institutes

- 6.8.1** Education providers should use the Practice Assessment Record & Evaluation(PARE) tool 'to
- Confirm that there are sufficient mentors who meet the NMC standards to support learning and assessment in practice
 - Adequately support the number of students undertaking the range of NMC approved programmes currently being offered

APPENDICES A

ANNUAL MENTOR UPDATE REFLECTION SHEET

Following your annual mentor update it is important to reflect upon the learning gained from the activity in order to identify how this will contribute to your role as a mentor. This is a requirement of the Nursing and Midwifery Council.

Type of Mentor Update activity:

Learning outcomes gained from the activity:

Reflection on how the above will have an impact upon your practice as a Mentor:

Signature of facilitator of Mentor Update (or Mentor themselves if undertaken as a self-directed activity) Date:

Signature of Learning Environment Manager.....

Date:

(This signature is needed to update the Live Register of Mentors for the placement area)

Section C – APPENDICES



Sheffield Clinical Commissioning Group

APPENDICES B

TRIENNIAL REVIEW DOCUMENTATION

NAME of MENTOR (PLEASE PRINT)

RECORD OF MENTOR UPDATES

Please Tick (✓)

I completed a Mentor Update on (date)

Please Tick (✓)

The Mentor Update was:

- On Line
- Face to Face (HEI)
- Other (please state).....

I completed a Mentor Update on (date)

Please Tick (✓)

The Mentor Update was:

- On Line
- Face to Face (HEI)
- Other (please state).....

I completed a Mentor Update on (date)

Please Tick (✓)

The Mentor Update was:

- On Line
- Face to Face (HEI)
- Other (please state).....

MENTORING STUDENTS

I can confirm by signing this that I meet the mentor requirements set in the Standards to Support Learning and Assessment in Practice (NMC 2008) and during the last 3 years I have acted as a mentor to

[] (insert number) students (must be a minimum of 2)

..... Mentor Signature

Section C – APPENDICES



Sheffield Clinical Commissioning Group

APPENDICES C

Student Evaluation Sheet

Please complete this evaluation sheet by ticking the relevant boxes and adding further comments as necessary.

1. How long was your Continuing Health Care placement?

2 weeks

4 weeks

Other

2. Do you feel the length of the placement was:

Satisfactory

Too long

Too short

3. Did you feel welcome in the department?

Yes

No

4. Do you feel the structure of the placement was:

Satisfactory

Unsatisfactory

Further comments:

.....
.....

5. Do you feel your placement has given you a better understanding of the work that is undertaken in Continuing Health Care?

Yes

No

Further comments:

.....
.....
.....

6. Which elements did you find most interesting?

.....
.....
.....

7. Which elements did you find least interesting?

.....
.....
.....

8. Would you recommend this placement as a valuable learning experience?

Yes

No

Further comments:

.....
.....
.....

Thank you for taking the time to complete this evaluation sheet. Please return it to your LEM.

NHS Sheffield CCG Equality Impact Assessment 2014

Title of policy or service	Mentorship Policy
Name and role of officers completing the assessment	Clinical Education and Placement Lead
Date assessment started/completed	June 2017

1. Outline	
<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional 	<p>The purpose of this policy is to outline the procedure for employees approaching the end of their NHS career or who are wishing to take flexible or voluntary early retirement.</p>

2. Gathering of Information

This is the core of the analysis; what information do you have that indicates the policy or service might *impact on protected groups, with consideration of the General Equality Duty.*

	What key impact have you identified?			What action do you need to take to address these issues?	What difference will this make?
	Positive Impact	Neutral impact	Negative impact		
Human rights		✓			
Age	✓				Impact on older employees approaching retirement age but provides positive options within the procedures of the NHS Pension Scheme. The policy provides relevant information.
Carers		✓			
Disability		✓			
Sex		✓			
Race		✓			
Religion or belief		✓			
Sexual orientation		✓			
Gender reassignment		✓			
Pregnancy and maternity		✓			
Marriage and civil partnership (only eliminating discrimination)		✓			
Other relevant group					

Please provide details on the actions you need to take below.

3. Action plan				
Issues identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
None				

4. Monitoring, Review and Publication			
When will the proposal be reviewed and by whom?	Annually		
Lead Officer	HR Manager/ E&D Officer	Review date:	July 2017