



University of Sheffield
South Yorkshire Strategic Health Authority

MARCH 2006

Major review of healthcare programmes



Major review of healthcare programmes

The Department of Health, in partnership with the Nursing and Midwifery Council, the Health Professions Council and the Strategic Health Authorities have contracted with the Quality Assurance Agency for Higher Education (QAA) to carry out reviews of all NHS-funded healthcare programmes in England during the period 2003-06.

QAA helps to provide public assurance that the quality and standards of higher education are being safeguarded and enhanced by conducting academic reviews of higher education provision.

Major review

Major review is a peer review process. It starts when higher education institutions in partnership with their commissioning Strategic Health Authorities evaluate their provision in a self-evaluation document. This document is submitted to QAA for use by a team of academic and practitioner reviewers who gather evidence to enable them to report their judgements on the academic and practitioner standards and the quality of learning opportunities. Review activities include meeting academic and clinical staff and students, scrutinising students' assessed work, visiting practice learning environments, reading relevant documents, and examining learning resources.

Full details of the process of major review can be found in the Handbook for major review of healthcare programmes, 2003.

Judgements

The range of judgements that reviewers may utilise when they have completed a major review are summarised below.

Academic and practitioner standards

Reviewers make one of the following judgements on standards:

- confidence, which may be expressed as
- limited confidence or
- no confidence.

To reach this judgement, reviewers look at:

- learning outcomes
- the curriculum
- student assessment and
- student achievement.

Confidence in academic and practitioner standards: a judgement that is made if reviewers are satisfied with current standards and with the prospect of those standards being maintained into the future. A judgement of limited confidence is made if standards are being achieved but the reviewers have doubts about the ability of the HEI and partner placement providers to maintain them into the future.

No confidence in academic and practitioner standards: a judgement that is made if arrangements are inadequate to enable standards to be achieved or demonstrated. If a failure to achieve standards has occurred in specific programme/s and/or mode/s and/or level/s only, and there is confidence in standards at other levels, the failing programme/s mode/s level/s will be identified separately.

Quality of learning opportunities

Reviewers make one of the following judgements for each of three elements of learning opportunities:

- commendable
- approved or
- failing.

The three elements of quality of learning opportunities are:

- learning and teaching
- student progression and
- learning resources and their effective utilisation.

Maintenance and enhancement of standards and quality

Reviewers also report the degree of confidence they have in the providers' ability to maintain and enhance quality and standards in the healthcare programmes under review.

Commendable - the provision contributes substantially to the achievement of the intended outcomes, with most elements demonstrating good practice

Approved - the provision enables the intended outcomes to be achieved, but improvement is needed to overcome weaknesses. The summary report will normally include a statement containing the phrase 'approved, but...', which will set out the areas where improvement is needed

Failing - the provision makes a less than adequate contribution to the achievement of the intended outcomes; significant improvement is required urgently if the provision is to become at least adequate.

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Summary of the main review outcomes

Subject provision and overall aims

Programmes in midwifery and nursing at the University of Sheffield in partnership with South Yorkshire Strategic Health Authority and Trent Strategic Health Authority were reviewed in the academic year 2005-06. Judgements were made about the academic and practitioner standards achieved and the quality of the learning opportunities provided.

The review covered the following programmes:

Midwifery

Pre-registration

- Advanced Diploma Midwifery Studies (ADMS) * **
- BMedSci (Hons) Midwifery Studies * **

Post-registration

- BMedSci (Hons) Midwifery Studies (36 weeks) * **
- Preparation of Supervisors of Midwives unit * **

Nursing

Pre-registration

- Advanced Diploma Nursing Studies (ADNS) (Adult, Child, Learning Disabilities, Mental Health) **
- Postgraduate Diploma Health Care Studies (Adult) **
- Postgraduate Diploma Health Care Studies (Mental Health) **

Post-registration

- BMedSci (Hons) Specialist Community Nursing and Health Care Practice **
- Postgraduate Certificate Service Development (Rehabilitation and Long Term Health Care Services)

- BMedSci (Hons) Acute and Critical Care Practice
- BMedSci (Hons) Ageing, Rehabilitation and Continuing Care
- BMedSci (Hons) Clinical Nursing Practice
- BMedSci (Hons) Mental Health Practice
- BMedSci (Hons) Primary Care and Public Health
- BMedSci (Hons) Sexual Health
- Diploma Acute and Critical Care Practice
- Diploma Care of the Newborn
- Diploma Children's Nursing Practice
- Diploma Clinical Practice
- Diploma Drug and Alcohol Dependency
- Diploma Learning Disability Practice
- BMedSci (Hons) Nursing Studies
- MMedSci Health Care Studies (Adult)
- MMedSci Health Care Studies (Mental Health)
- BMedSci (Hons) Nursing Studies (Children's Nursing)
- BMedSci (Hons) Nursing Studies (Mental Health Nursing)
- Diploma Nursing Studies (Children's Nursing)
- Diploma Nursing Studies (Mental Health Nursing)
- Mentor Preparation unit **
- Nurse Prescribing Extended Formulary Independent and Supplementary unit **

* Programmes that have been monitored for the Nursing and Midwifery Council (NMC) through major review

** NMC approved programmes

Academic and practitioner standards

Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programmes in midwifery and nursing at the University of Sheffield in partnership with South Yorkshire Strategic

Health Authority and Trent Strategic Health Authority.

Strengths

- The WebCT and My University of Sheffield Environment (MUSE), the University's portal, are valuable resources for guiding midwifery students on the delivery of results and other necessary information relating to assessment (paragraph 9).
- The use of tripartite interviews in the midwifery assessment process makes a valuable contribution to the assessment of practice, enabling clear understanding and communications between students, mentors and personal tutor (paragraph 10).
- The involvement of practice staff in the midwifery triple-jump assessment shows the partnership approach and the link between theory and practice (paragraph 10).
- All nursing curricula are informed by those staff involved in advancing practice through research (paragraph 16).
- The Postgraduate Diplomas in Health Care Studies (Adult) and (Mental Health) provide an innovative assessment method, the patchwork examination, which is highly appropriate for the PBL approach, empowers students to make choices and provides the basis for constructive reflection (paragraph 19).
- In all nursing programmes, the WebCT and MUSE, the University's portal, are valuable resources for guiding nursing students on the delivery of results and other necessary information relating to assessment guidance (paragraph 19).
- In pre-registration nursing, there is an effective partnership approach to practice assessment where the learning environment manager and link tutors provide regular support for mentors (paragraph 21).

Weaknesses

- There is a lack of consistency in the application of the regulation for assessment support in pre-registration nursing (paragraph 20).
- As required by the University, the School moved to a system of anonymous marking in 2004 and this has caused confusion amongst pre-registration nursing students, although clear information was supplied (paragraph 20).

Quality of learning opportunities

Learning and teaching

The quality of learning and teaching is commendable with the exception of pre-registration Advanced Diploma Nursing Studies (Mental Health).

Strengths

- Research-active staff in all programmes are able to bring their research into learning sessions (paragraph 26).
- Evidence-based learning is used effectively throughout programmes, particularly in the pre-registration postgraduate diploma programme in mental health (paragraph 26).
- In the midwifery and pre-registration postgraduate mental health diploma programmes, PBL is well managed and encourages students to relate theory and practice and adopt a critical approach to their learning (paragraph 26).
- The Placement Department is highly effective in managing the complex process of allocating pre-registration nursing and midwifery students to placements (paragraph 27).
- Evaluations of placement learning by the School and Trusts are rigorous, with any issues quickly addressed through, amongst other things, the effective work of link lecturers and learning environment managers (paragraph 27).

Weakness

- Although academic staff offered explanations to the reviewers, the nomenclatures of learning and teaching in all programmes were not identified or explained sufficiently in handbooks or other documentation to provide a clear and coherent operational learning and teaching strategy. The report on the balance of modes, although coming some way to addressing the issues, adds a further category, independent learning, and does not address the confusion over the remaining nomenclature (paragraph 25).

The quality of learning and teaching on the pre-registration Advanced Diploma Nursing Studies (Mental Health) is approved.

Weakness

- The reviewers remain unconvinced that the quality of learning in Unit 2 for pre-registration Advanced Diploma Nursing Studies (Mental Health) students is appropriate and that adequate and timely measures have been taken by the School to reduce cancellations. They also understand students' anxieties regarding their learning opportunities (paragraph 29).

Student progression

The quality of student progression is commendable.

Strengths

- There is a well-established and effective working partnership between the School, Strategic Health Authority, NHS Trusts and other local service providers to provide students with support in practice and on campus (paragraph 30).
- Attrition rates throughout the School's programmes remain low at 8.5 per cent on average over the last three years (paragraph 34).
- During their discussions with the reviewers, student representatives spoke positively about the way the School has managed the consequences of the transfer of contract (paragraph 35).

Learning resources and their effective utilisation

The quality of learning resources and their effective utilisation is commendable.

Strength

- Visits to the skills facilities at Humphry Davy House and Bartolomé House showed them to be excellent, and students are well supported in their development of clinical skills by trained members of staff (paragraph 38).
- There is an update of WebCT, called Vista, which is accessible from outside the University and includes material on units in health programmes. These are particularly useful to students when on placements (paragraph 39).

Good practice

- In particular, the University Library and the Health Sciences Library based in the two main teaching hospitals, and the library at the Manvers Campus, provide high-quality resources and services for students (paragraph 36).
- In three of the placements visited by the reviewers, St Luke's Hospice, the Children's Ward at Doncaster and the Burns Unit at the Northern General Hospital, learning resources were extensive, well managed, accessible and greatly appreciated by students on these placements (paragraph 37).

Weakness

- In some Trusts, students experience difficulties accessing information technology facilities because they do not have passwords (paragraph 37).

Maintenance and enhancement of standards and quality

Strengths

- There is an effective system of student representation, which is actively encouraged by the School and engaged in by students (paragraph 42).

- The relationship between the School and South Yorkshire Strategic Health Authority is strong and productive, and is maintained through well-managed formal and informal arrangements and communications (paragraph 43).

Introduction

1 This report presents the findings of a review of the academic and practitioner standards achieved, and the quality of the learning opportunities provided, in midwifery and nursing programmes at the University of Sheffield in partnership with South Yorkshire Strategic Health Authority (SYSHA) and on behalf of Trent Strategic Health Authority. The review was completed during the academic year 2005-06. Founded in 1905, the University of Sheffield was formed from the merger of Firth College, the Sheffield Technical School and the Sheffield School of Medicine. The School of Nursing and Midwifery was established in 1995, following the integration of Sheffield and North Trent College of Nursing and Midwifery into the University. The School is part of the Faculty of Medicine and is located on two dedicated sites in Sheffield and a third in the Dearne Valley, at the Manvers Campus. SYSHA contracts for 2,339 pre-registration students. There is a placement circuit currently covering 23 National Health Service (NHS) Trusts and some from the independent sector. In 2004, SYSHA went out to open tender and the outcome was the University being offered 50 per cent of the new contract, with the other 50 per cent offered to another higher education institution. It was with regret that the University was unable to accept the offer on financial and operational grounds. However, the existing contract was rolled forward for a further year, with the last intake being in July 2006 for the BMedSci (Hons) Midwifery Studies.

A Subject provision and overall aims

2 Midwifery and nursing are currently offered in the following programmes:

Midwifery

Pre-registration

- Advanced Diploma Midwifery Studies (ADMS) * **
- BMedSci (Hons) Midwifery Studies * **

Post-registration

- BMedSci (Hons) Midwifery Studies (36 weeks) * **
- Preparation of Supervisors of Midwives unit * **

Nursing

Pre-registration

- Advanced Diploma Nursing Studies (ADNS) (Adult, Child, Learning Disabilities, Mental Health) **
- Postgraduate Diploma Health Care Studies (Adult) **
- Postgraduate Diploma Health Care Studies (Mental Health) **

Post-registration

- BMedSci (Hons) Specialist Community Nursing and Health Care Practice **
- Postgraduate Certificate Service Development (Rehabilitation and Long Term Health Care Services)
- BMedSci (Hons) Acute and Critical Care Practice
- BMedSci (Hons) Ageing, Rehabilitation and Continuing Care
- BMedSci (Hons) Clinical Nursing Practice
- BMedSci (Hons) Mental Health Practice
- BMedSci (Hons) Primary Care and Public Health
- BMedSci (Hons) Sexual Health
- Diploma Acute and Critical Care Practice
- Diploma Care of the Newborn
- Diploma Children's Nursing Practice
- Diploma Clinical Practice
- Diploma Drug and Alcohol Dependency
- Diploma Learning Disability Practice
- BMedSci (Hons) Nursing Studies
- MMedSci Health Care Studies (Adult)

- MMedSci Health Care Studies (Mental Health)
- BMedSci (Hons) Nursing Studies (Children's Nursing)
- BMedSci (Hons) Nursing Studies (Mental Health Nursing)
- Diploma Nursing Studies (Children's Nursing)
- Diploma Nursing Studies (Mental Health Nursing)
- Mentor Preparation unit **
- Nurse Prescribing Extended Formulary Independent and Supplementary unit **

* Programmes that have been monitored for the Nursing and Midwifery Council (NMC) through major review

** NMC approved programmes

3 In providing high-quality, flexible and accessible learning, teaching, research and scholarship opportunities, the School aims to:

- enhance and promote the continued development of the partnership approach between the School, students, service providers, users and carers and the two Strategic Health Authorities
- meet the needs of students, employers and professional statutory and regulatory bodies requirements for programmes which are flexible, evidence-based and ensure that students achieve competence
- ensure that learning and teaching in the School is of the highest quality across a full range of programmes
- provide a range of opportunities that enable students to develop specific, generic and transferable key skills relevant to their chosen career pathway, ensuring fitness for practice, purpose and award
- promote the development of students to become critical thinkers and appreciate the centrality of lifelong learning in maintaining competence, with the ability to demonstrate intellectual curiosity and make independent judgements

- promote interprofessional learning while maximising professional and academic recognition
- undertake high-quality research of internationally recognised excellence across a broad range of health and social care foci to inform and develop practice
- continue to develop and refine quality assurance processes that support the provision of high-quality programmes.

B Academic and practitioner standards

B1 Midwifery

Intended learning outcomes

4 The intended learning outcomes (ILOs) for all midwifery programmes are clearly expressed in the programme specifications and identified in programme handbooks and individual units. The ILOs for the pre-registration and post-registration programmes are aligned with The framework for higher education qualifications in England, Wales and Northern Ireland (FHEQ), published by QAA, and are appropriately related to the level of learning, with clearly-differentiated outcomes for the diploma and honours degree programmes. The ILOs make clear references to knowledge and understanding, as well as intellectual, practical and transferable skills. Government, national, local and professional external reference points have been considered in the development of ILOs. They have been developed with the collaboration of all key partners, including students, external examiners, and academic and clinical practitioners. The School regularly monitors the ILOs to ensure their currency and relevance with reference to developments in midwifery theory and practice. The NMC midwifery proficiencies and standards, together with the Subject benchmark statement for midwifery, published by QAA, and the University's academic requirements, are embedded in the learning outcomes. All programmes

meet NMC requirements. Units in the Preparation of Supervisors of Midwives programme reflect government initiatives and local service providers, and are linked to local delivery plans.

5 The ILOs for all midwifery programmes and units are effectively communicated to students, academics, clinical practitioners and other stakeholders through programme and unit handbooks, programme specifications and electronically through the University's and School's websites. Practice staff have met with academic staff to ensure that there is shared understanding of the ILOs. Midwifery students confirmed that the ILOs for theory and practice are clearly articulated and that they found them helpful as guides for their learning through the programme and unit handbooks. Academic staff use tutorial time to ensure that students are prepared for practice by identifying the ILOs and the competencies that need to be achieved in placements. Clinical practitioners told the reviewers that they are aware of the ILOs and proficiencies that students need to achieve in clinical practice. Overall, the ILOs provide clear guides for student learning and for academic and practice staff in their support for students, and external examiners have confirmed that the ILOs are set at the appropriate levels.

Curricula

6 The midwifery curricula have been developed in accordance with the Subject benchmark statement and are compliant with the NMC Standards of Proficiency for pre-registration midwifery education. Partnership is evident in the development of curricula, including the involvement of clinicians, clinical managers and students in planning and monitoring teams to reinforce the currency of programmes. The midwifery provision includes a Preparation for Supervisors of Midwives unit, which is a collaborative programme with the University of Leeds, and a Mentors Unit. In response to feedback from mentors, local supervising authority midwifery officers and heads of midwifery, the distance-learning format changed to include a problem-based

learning (PBL) approach. The pre-registration curricula are designed to prepare students to be fit for practice, purpose and lifelong learning, and for the award. Curricular content and design are informed by current research and scholarship, by changes in the practice environment and by occupational/professional requirements. Although there are interprofessional learning (IPL) modules in the midwifery programmes, staff and students agree that, in the main, effective IPL experiences are undertaken in practice, where the opportunities are more readily available. Academic staff explained how their continuing professional development informs the academic programme.

7 The design and content of the midwifery curricula enable the achievement of the ILOs. Academic and intellectual progression are assured through the sequencing of units and levels, which is acknowledged as appropriate by the external examiner. A client/patient-based focus is emphasised throughout the curricula. The curricula are based upon a health promotion model with its emphasis on women's needs and is carefully integrated in all the units throughout the curricula. For example, during Unit 3 of the BMedSci (Hons) Midwifery Studies and Unit 6 of the ADMS, students are required to manage caseloads of women with different needs, for example, asylum seekers. The recommendations of the Expert Maternity Group (Department of Health, 1993) and National Service Framework for Children, Young People and Maternity Services are ensured through the emphasis given in the curricula to the continuity of care and carer throughout the antenatal, labour and postnatal periods. The PBL approach, embedded in the curricula, facilitates the integration of theory and practice and the use of evidence-based knowledge. Competence and safe practice are included in units and in preparation for practice settings. Overall, the curricula are well organised, include appropriate knowledge, professional and transferable skills, and enable students to achieve the ILOs to be fit for practice, purpose and award.

Assessment

8 The assessment strategy is based upon the general principles of the University's general regulations. Strategies are reviewed annually, with the School's Learning and Teaching Committee (SLTC) scrutinising proposals. Midwifery staff recently used an away day to discuss developments in assessment. In pre-registration midwifery programmes, there is a range of innovative assessment methods, which have been praised by the external examiner. The methods are clearly aligned with, and are designed to measure, the achievement of ILOs. Assessments are devised to ensure that students integrate theory and practice, use evidence-based judgements and are appropriate for the PBL methodology. Methods of assessment include trigger examinations, poster presentations, multiple examination questions, PBL examinations, case-studies, seminar presentations, practice portfolio, triple-jump assessment (a cumulative three-stage process) and critical self-evaluations. There is a satisfactory balance between formative and summative assessments. The formative element of assessment is effective in assisting students to develop their knowledge and skills. The supervisor of midwives programme has appropriate assessments to assist in the development of professional knowledge, skills and competence. The reviewers agree with external examiners that marking is fair, robust and consistent. Marking and internal moderation processes changed in 2004 with the introduction of anonymous marking. Generally, feedback on assessments is legible and constructive, and students' work is returned to them in a timely manner. The assessment process is clearly aligned with the Code of practice for the assurance of academic quality and standards in higher education (Code of practice), Section 6: Assessment of students.

9 Students are provided with programme and unit handbooks that give an overview of the assessment schedule and the process of feedback to students. The guidance for assessment tasks is clearly presented and available in electronic format and hard copy. The WebCT and My

University of Sheffield Environment (MUSE), the University's portal, are valuable resources for guiding midwifery students on the delivery of results and other necessary information relating to assessment. Midwifery students are advised to seek advice from their personal tutor on the composition of the written assignment, but not on its focus and content. The use of midwifery personal tutors differs from the overall School's policy on the role of the personal teacher to provide three academic support sessions. Unit teams provide assessment guidance. Students commented that they feel well supported throughout the programme of study for assessment of theory and in practice.

10 Practice assessment contributes towards the development and achievement of the NMC Standards of Proficiency and the ILOs. The practice documentation is clearly understood by mentors and students. The use of tripartite interviews in the midwifery assessment process makes a valuable contribution to the assessment of practice, enabling clear understanding and communications between students, mentors and personal tutor. There is ongoing monitoring of this tripartite interview to ensure its effectiveness. A strong partnership approach between practice and school staff for assessment ensures there is consistency and rigour in the process. Link tutors and the learning environment manager (LEM) provide effective support for mentors who have annual updating of their assessment skills. The involvement of practice staff in the midwifery triple-jump assessment shows the partnership approach and the link between theory and practice. The requirement to include supplementary evidence in practice assessment is regarded as somewhat burdensome by students, but staff explained, and the reviewers agreed, that the inclusion was necessary to ensure greater rigour in practice assessment. External examiners are given the opportunity to visit practice placements, although not all take up this offer. However, they do see videos of the tripartite assessments and objective structured clinical examinations (OSCEs).

Student achievement

11 The external examiner's reports confirm that midwifery students are achieving the ILOs and that students are fit for purpose, practice and award. In their scrutiny of samples student work, the reviewers agree with the external examiner that students' work demonstrates the ability to apply theoretical knowledge, to integrate theory and practice and to use evidence-based judgements. In particular, students achieving higher grades show more evidence of critical understanding of complex issues and make more effective use of a broad range of reading and research. Mentors confirmed that students achieve the necessary midwifery proficiencies in their placement practice.

12 Students have been successful in achieving the awards for which they have studied. Over the last three cohorts, all 38 students on the ADMS successfully completed their programme. On the BMedSci (Hons) Midwifery Studies, over the same period, 37 per cent of students achieved a First class honours award, 42 per cent an Upper Second and 21 per cent a Lower Second. For the BMedSci (Hons) Midwifery Studies 'top up' programme, 26 per cent achieved a First class honours award, 49 per cent an Upper Second and 25 per cent a Lower Second.

13 Following completion of the programmes, 44 per cent of ADMS students gained employment locally, 35 per cent elsewhere, with 3 per cent unemployed and 18 per cent identified as unknown. For the degree programme, 89 per cent gained employment locally and 11 per cent are unknown. Midwifery students informed the reviewers that the programmes have prepared them to work as confident and clinically-competent midwives. All students regard their experiences as foundations for lifelong learning. Employers stated that students come to them as able and professionally-committed midwives who are enthusiastic, adaptable and effective in working in teams of health workers.

Table 1a: Completion and achievement statistics for all award-bearing programmes in midwifery

Programme	Cohort	Diploma programmes		Diploma programmes Fail	Degree classification												
		Pass			1		2i		2ii		3		P		F		
		No	%		No	%	No	%	No	%	No	%	No	%	No	%	
Advanced Diploma Midwifery Studies	Sep 2001	14	100														
	Mar 2002	13	100														
	Sep 2002	11	100														
BMedSci (Hons) Midwifery Studies	Jul 2001				1	10	8	80	1	10							
	Sep 2002				5	50	3	30	2	20							
	Sep 2003				6	50	2	17	4	33							
BMedSci (Hons) Midwifery Studies 'Top Up'	Oct 2002				3	33	3	33	3	33							
	Sep 2003				1	12	5	63	2	25							
	Oct 2004				4	33	6	50	2	17							

Table 2a: Employment statistics for all pre-registration programmes and exception reporting only for post-qualification programmes in midwifery

Programme	*Further study		Local employers		Employers elsewhere		Unemployed		Other	
	No	%	No	%	No	%	No	%	No	%
Advanced Diploma Midwifery Studies	8				11	79			3	21
	5		9	69			1	8	3	23
	Not avail yet		7	64	3	27			1	9
BMedSci (Hons) Midwifery Studies	n/a		10	100						
	n/a		10	100						
	n/a		8	67					4	33

* The students identified within the further study column are also identified within the employment column, as the vast majority of students go on to employment and then return part-time for further study; therefore percentages are not shown for further study.

Summary of academic and practitioner standards for midwifery

Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programmes in midwifery at the University of Sheffield in partnership with South Yorkshire SHA and on behalf of Trent SHA.

Strengths

- The WebCT and My University of Sheffield Environment (MUSE), the University's portal, are valuable resources for guiding midwifery students on the delivery of results and other necessary information relating to assessment (paragraph 9).
- The use of tripartite interviews in the midwifery assessment process makes a valuable contribution to the assessment of practice, enabling clear understanding and communications between students, mentors and personal tutor (paragraph 10).
- The involvement of practice staff in the midwifery triple-jump assessment shows the partnership approach and the link between theory and practice (paragraph 10).

B2 Nursing

Intended learning outcomes

14 The ILOs are clearly stated in the nursing programme handbooks and programme specifications. They encompass the School's aims that include knowledge and understanding as well as intellectual skills, practical and transferable skills. External reference points, including European Union (EU) directives, professional statutory and regulatory body requirements, and government, national, local and professional initiatives, have been applied in the construction of the ILOs. They have been developed with key partners, students, external examiners, academic and clinical practitioners, and, in some instances, service

users. The ILOs meet the NMC Standards of Proficiency, the Subject benchmark statement for nursing programmes and the FHEQ. The ILOs for all programmes, including those at master's level, are appropriately related to the level of learning. There are differentiated outcomes for the diploma and honours degree programmes. The post-registration BMedSci (Hons) Nursing Studies programme has appropriate ILOs which are also clearly expressed in the programme specifications and the handbook. The ILOs have been developed and evaluated using a number of mechanisms, including the Board of Studies, student evaluations and the curriculum development group. External examiners have confirmed that the ILOs are appropriate for all nursing programmes in terms of how they address knowledge and skills at each level and for awards.

15 Clinical staff and students are aware of the ILOs for all programmes. These were addressed during mentor training and mentor up-date programmes. Communicating ILOs in fluid clinical working environments is facilitated through a variety of methods, one of which is the Assessor Newsletter sent regularly to all placement areas. In the pre-registration programmes, the ILOs relating to IPL are identified for practice placements. Mentors in placement had a clear understanding of what experiences were needed for students to achieve the requisite ILOs and were able to identify and negotiate specific learning opportunities to assist and develop students' learning. The ILOs in the post-registration diploma and degree programmes are linked to local delivery plans and the NHS agenda concerning lifelong learning. The programmes consist of units that meet the requirements for the core standards, with some units being more closely aligned with the Skills for Health National Workforce Competences.

Curricula

16 The nursing programmes were involved as a Project 2000 demonstration site, before integration with the University, and, more recently, as a beacon site for

'Making a Difference'. While there have been some partnership approaches to curriculum development, the self-evaluation document (SED) acknowledges, and it is confirmed by the reviewers' visits to practice placements, that clinical-based staff would prefer to have more involvement in this process. Clinical staff are involved in curriculum development in nursing programmes. In learning disabilities, staff felt that they had been instrumental in highlighting some necessary minor changes in order to maintain currency of the curricula. All nursing curricula are informed by those staff involved in advancing practice through research, for example, promoting excellence in care, working with older people, perspectives on disability, children's nursing and health and exclusion. Programmes are designed to prepare students to be fit for practice, purpose and lifelong learning, and to enable them to achieve the ILOs. There is clear coherence between ILOs and the curricular content. The curricula offer post-registration, including postgraduate, programmes to meet the needs of the local healthcare providers and staff needs for lifelong learning commensurate with the NHS agenda.

17 The structure of the pre-registration curricula demonstrates progression from the Common Foundation Programme (CFP) to the branches and, within these, between levels. The CFP is clearly designed to build knowledge, understanding and clinical skills and to develop transferable skills for practice and lifelong learning. Students are able to explore the different branches of nursing to appreciate the diversity of professional practice. In each of the four branches there is a well-defined focus on specific client groups and an emphasis on evidence-based knowledge. The final unit in all the branches prepares students for the transition into registered practice, including management and leadership skills and knowledge. In the degree programme, students are provided with the opportunity to develop research skills and link theory and practice through a dissertation module. To ensure that clinical skills acquisition is embedded in the curricula, clinical skill maps have been reviewed in pre-registration programmes

and in the post-registration curricula, through the use of workbooks.

18 The SED acknowledges that IPL currently takes place primarily in practice and needs to be strengthened within the theoretical elements of the nursing curricula. IPL is a key imperative for the School, based on a faculty-wide approach, which has included a joint workshop, but, because of the changes to the contract, many of the proposals cannot be taken forward but will be shared with the new provider. These include links with architecture in healthcare building design, IPL posters with a local hospital, joint history taking with medical students and the development of a web-based theoretical component around IPL.

Assessment

19 The assessment strategy for the nursing programmes is subject to the University's general regulations and, where appropriate, specific regulations pertaining to each programme. It is also based upon the Code of practice, Section 6: Assessment of students. The assessments for theoretical units and practice placements are mapped against, and are designed to measure, the students' achievements of the ILOs. The assessment methods include formative and summative elements and examinations, reflection exercises, critique tasks, case-studies, problem-based learning, trigger work and patchwork text. For the ADNS programme Unit 2, the high number of ILOs requiring measurement makes the assessment challenging for the methods used, namely an unseen examination and a reflective essay across all branches. The Postgraduate Diplomas in Health Care Studies (Adult) and (Mental Health) provide an innovative assessment method, the patchwork examination, which is highly appropriate for the PBL approach, empowers students to make choices and provides the basis for constructive reflection. The method involves individual students undertaking parts of a larger assessment and bringing together and sharing their evidence. Although students who met the reviewers expressed some confusion at the

expectation for this piece of work, the guidance on completion is detailed and helpful. There is a satisfactory balance between formative and summative assessments, with the formative element of assessment assisting students in developing their abilities to use assessment as a learning experience. Students regard the number of assessment tasks throughout each programme as well balanced and manageable. The reviewers' scrutiny of student work confirms external examiners' comments that the assessment tasks are appropriate for each unit and for the academic level of study. The School provides students with programme and unit handbooks that give an overview of the assessment schedule and the process of feedback to students. In all nursing programmes, the WebCT and MUSE, the University's portal, are valuable resources for guiding nursing students on the delivery of results and other necessary information relating to assessment guidance. Feedback to students is timely and comments are constructive.

20 Students across the ADNS programme (all branches) are supported by their personal tutor for the academic element of assessment. Although the stated academic support sessions are identified in handbooks as three in total, ADNS students state that the amount of time available to access the personal teacher for this support is sometimes much greater, whereby some students can receive support in excess of the regulatory number. There is a lack of consistency in the application of the regulation for assessment support in pre-registration nursing. As required by the University, the School moved to a system of anonymous marking in 2004 and this has caused confusion amongst pre-registration nursing students, although clear information was supplied. As a consequence of anonymous marking, staff are aware of some variation in marking practices. Students indicated that they sometimes received conflicting advice from different tutors regarding what was required in assignments. The SLTC is currently reviewing this aspect of the personal tutor role and the operation of the anonymous-marking system.

21 The NMC report (2005) acknowledges, and the reviewers confirm, the School's close relationship with the Trusts regarding the assessment of students' practice experience. In pre-registration nursing, there is an effective partnership approach to practice assessment where the LEM and link tutors provide regular support for mentors. Mentors' training and updating take place on an annual basis, as required by the NMC, to ensure practice staff are fully conversant with the requirements of their role as mentors. There are clear lines of communication between practice staff and the School regarding assessments to ensure consistency between placements. External examiners are given the opportunity to visit practice, although not all take up this offer. They do, however, have access to videos of OSCEs and practice assessment files. The practice assessment documents are clearly designed to test skills and proficiencies and there is a shared understanding by students, school and practice staff regarding their use.

Student achievement

22 Samples of student work scrutinised by the reviewers agreed with external examiners' reports that nursing students are achieving appropriate levels of skills and professional knowledge in theory and in practice. Longitudinal samples, including practice assessment documents, indicated that students demonstrate intellectual progression, are able to show increasing abilities to relate theory and practice, use evidence-based knowledge and, in the case of BMedSci (Hons) Nursing Studies students, through their dissertations, particularly make use of current research. Mentors indicate that academic and professional competences of students are appropriate on completion of their programmes. Students are confirmed as fit for practice, purpose and award.

23 For the ADNS programmes in adult, child, learning disability and mental health over the last three cohorts, 98 achieved the award and 2 per cent failed. Over the last three years, there is a 100 per cent Pass rate for students on the Postgraduate Diploma Health Care Studies (Adult and Mental

Health). It is not possible to provide correct percentages for the awards for the qualified practitioners who have undertaken the BMedSci (Hons) Nursing Studies because there is no fixed cohort of students.

24 On successfully completing their programmes, the majority of pre-registration students go on to secure first destination posts with local health and social care providers. Post-registration and postgraduate students informed the reviewers that their qualifications enabled them to secure promotion, especially in supervisory positions. Employers were generally positive about the quality of students and were enthusiastic in employing them. Students regard their experiences of the programmes as providing them with the knowledge, skills and competences to fulfil their roles in the health professions and to be able to continue their education as practitioners by accessing appropriate programmes as part of the lifelong learning provision in the School and supported by the SHA. Students who complete the pre-registration Postgraduate Diploma Health Care Studies (Adult and Mental Health) have the opportunity to 'top up' to a Master of Medical Science, an opportunity taken up by some 20 per cent of students in recent years.

Table 1b: Completion and achievement statistics for all award bearing programmes in nursing

Programme	Cohort	Diploma programmes		Diploma programmes		Degree classification											
		Pass		Fail		1		2i		2ii		3		P		F	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Advanced Diploma Nursing Studies	Sep 2001	296	98	5	2												
	May 2002	306	97	9	3												
	Sep 2002	288	98	7	2												
Postgraduate Diploma Health Care Studies (Adult)	Sep 2001	23	100														
	Sep 2002	24	100														
	Sep 2003	17	94	1	6												
Postgraduate Diploma Health Care Studies (Mental Health)	Feb 2001	9	100														
	Feb 2002	23	100														
	Feb 2003	19	100														
BMedSci (Hons) Specialist Community Nursing and Health Care Practice	Sep 2001 PT																
	Sep 2002 PT					14	58	7	29	3	13						
	Sep 2003 PT					8	26	13	42	7	23	2	6			1	3
	Sep 2003 FT					10	59	4	23	3	18						
Postgraduate Certificate Service Development (Rehabilitation and Long Term Health Care Services)	Sep 2004 (first intake)	4	100														
						2	67	1	33								
BMedSci (Hons) Acute and Critical Care Practice	2002-03																
	2003-04					1	* n/a			3	* n/a				3	*n/a	
	2004-05														4	*n/a	
BMedSci (Hons) Ageing, Rehabilitation and Continuing Care	2002-03																
	2003-04																
	2004-05									1	* n/a				7	*n/a	
															2	* n/a	

* Percentages cannot be given for these programmes as there is no defined cohort; students access units on an individual basis at a number of points within the year.

Table 1b: Continued

Programme	Cohort	Diploma programmes		Diploma programmes		Degree classification											
		Pass		Fail		1		2i		2ii		3		P		F	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
BMedSci (Hons) Clinical Nursing Practice	2002-03					6	*n/a	17	*n/a	10	*n/a	1	*n/a			3	*n/a
	2003-04					4	*n/a	5	*n/a	9	*n/a	1	*n/a			7	*n/a
	2004-05					2	*n/a	6	*n/a	2	*n/a	1	*n/a			1	*n/a
BMedSci (Hons) Mental Health Practice	2002-03																
	2003-04																
	2004-05																
BMedSci (Hons) Primary Care and Public Health	2002-03																
	2003-04					1	*n/a									2	*n/a
	2004-05															3	*n/a
BMedSci (Hons) Sexual Health	2002-03																
	2003-04																
	2004-05															3	*n/a
Diploma Acute and Critical Care Practice	2002-03	8	*n/a														
	2003-04	9	*n/a	9	*n/a												
	2004-05	10	*n/a	5	*n/a												
Diploma Care of the Newborn	2002-03																
	2003-04	3	*n/a														
	2004-05	4	*n/a														
Diploma Children's Nursing Practice	2002-03																
	2003-04	1	*n/a														
	2004-05																

* Percentages cannot be given for these programmes as there is no defined cohort; students access units on an individual basis at a number of points within the year.

Table 1b: Continued

Programme	Cohort	Diploma programmes		Diploma programmes		Degree classification											
		Pass		Fail		1		2i		2ii		3		P		F	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Diploma Clinical Practice	2002-03	3	* n/a	1	*n/a												
	2003-04			27	*n/a												
	2004-05			16	*n/a												
Diploma Drug and Alcohol Dependency	2002-03																
	2003-04	11	*n/a														
	2004-05	1	*n/a	1	*n/a												
Diploma Learning Disability Practice	2002-03																
	2003-04	1	* n/a														
	2004-05																
BMedSci (Hons) Nursing Studies	2002-03					24	*n/a	48	* n/a	25	* n/a	2	*n/a	3	* n/a	12	*n/a
	2003-04					43	*n/a	78	*n/a	43	*n/a	16	*n/a	2	*n/a	10	*n/a
	2004-05					34	*n/a	68	*n/a	27	*n/a	5	*n/a	1	*n/a	5	*n/a
MMedSci Health Care Studies (Adult)	Feb 2003	5	100														
	Sep 2003	2	100														
	Feb 2004	1	100														
MMedSci Health Care Studies (Mental Health)	Sep 2002	2	100														
	Sep 2003	3	100														
BMedSci (Hons) Nursing Studies (Children's Nursing)	Jan 2001					2	33	4	50	3	38	1	12				
	Oct 2001					4	57	3	50	1	17						
	Jun 2003							3	43								
Diploma Nursing Studies (Children's Nursing)	Jan 2001	6	100														
	Oct 2001	2	100														
	Jun 2003	4	100														

* Percentages cannot be given for these programmes as there is no defined cohort; students access units on an individual basis at a number of points within the year.

Table 1b: Continued

Programme	Cohort	Diploma programmes		Diploma programmes		Degree classification															
		Pass		Fail		1				2i			2ii			3		P		F	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
BMedSci (Hons) Nursing (Mental Health)	Nov 2000					3	37	3	37	2	25										
	Nov 2001					3	60	3	60	2	40										
	Nov 2002					3	60	1	20	1	20										
Diploma Nursing Studies (Mental Health)	Nov 2000	7	100																		
	Nov 2001	4	100																		
	Nov 2002	2	100																		

Table 2b: Employment statistics for all pre-registration programmes and exception reporting only for post-qualification programmes for nursing

Programme (cohort)	*Further study		Local employers		Employers elsewhere		Unemployed		Other	
	No	%	No	%	No	%	No	%	No	%
Advanced Diploma Nursing Studies	45		213	72	37	12	2	1	44	15
	4		226	74	51	17	13	4	16	5
	Not avail yet		187	65	50	17	2	1	49	17
Postgraduate Diploma Health Care Studies (Adult)	8		17	74	1	4			5	22
	6		8	33	10	42			6	25
	Not avail yet		11	65	3	18			3	18
Postgraduate Diploma Health Care Studies (Mental Health)	8		7	78	1	11			1	11
	1		6	26	5	22			12	52
			12	63	4	21	3	16		

*The students identified within the further study column are also identified within the employment column, as the vast majority of students go on to employment and then return part-time for further study; therefore percentages are not shown for further study.

Summary of academic and practitioner standards for nursing

Overall, the reviewers have confidence in the academic and practitioner standards achieved by the programmes in nursing at the University of Sheffield in partnership with South Yorkshire SHA and on behalf of Trent SHA.

Strengths

- All nursing curricula are informed by those staff involved in advancing practice through research (paragraph 16).
- The Postgraduate Diplomas in Health Care Studies (Adult) and (Mental Health) provide an innovative assessment method, the patchwork examination, which is highly appropriate for the PBL approach, empowers students to make choices and provides the basis for constructive reflection (paragraph 19).
- In all nursing programmes, the WebCT and MUSE, the University's portal, are valuable resources for guiding nursing students on the delivery of results and other necessary information relating to assessment guidance (paragraph 19).
- In pre-registration nursing, there is an effective partnership approach to practice assessment where the learning environment manager and link tutors provide regular support for mentors (paragraph 21).

Weaknesses

- There is a lack of consistency in the application of the regulation for assessment support in pre-registration nursing (paragraph 20).
- As required by the University, the School moved to a system of anonymous marking in 2004 and this has caused confusion amongst pre-registration nursing students, although clear information was supplied (paragraph 20).

C Quality of learning opportunities

Learning and teaching

25 The general principles of the School's learning and teaching strategy are based upon the University's overall strategy. Learning and teaching are reviewed and developed through the SLTC. The outline of a strategy is provided in the validated Advanced Diploma in Nursing Studies document (2000), which emphasises the development of independent learners who are prepared for lifelong learning. The main approaches include guided study and lectures, branch-specific tutorials, experiential learning, problem-solving approaches and the use of a personal portfolio for students to reflect upon their personal encounters in the care environment. The role of teacher is directed towards that of facilitator, supporter and resource person. This approach seeks to encourage students to function progressively as self-directed learners as they move through their programmes and to be proactive rather than reactive. During the review, following meetings with staff and students and from scrutiny of documentation, it became apparent that the strategies included a range of learning and teaching methods, which were not fully articulated in the SED or elsewhere. These methods had a variety of titles, including directed and self-directed study, personal study, guided study, directed work, taught study, associated study and self-facilitated study. Although academic staff offered explanations to the reviewers, the nomenclatures of learning and teaching in all programmes were not identified or explained sufficiently in handbooks or other documentation to provide a clear and coherent operational learning and teaching strategy. Students receive verbal explanations of strategies regarding teacher-led and self-directed learning during their induction period. The SLTC has recognised the need to ensure a balance between taught sessions, directed learning and self-direction, and has identified an imperative in its strategy to review this. The report was

due in May 2005, but was delayed because the lead staff member was no longer in the School. A brief report was prepared during the review, which identified three modes of learning, taught, directed and independent learning, and noted that the latter mode increases as students progress through the programmes. Associated learning is used on the pre-registration ADNS adult programme. The report on the balance of modes, although coming some way to addressing the issues, adds a further category, independent learning, and does not address the confusion over the remaining nomenclature.

26 Students from all programmes informed the reviewers that they were satisfied with the lecture and tutorial sessions on campus. In particular, they found lectures stimulating, challenging, evidence-based and highly relevant for their clinical practice. Learning materials used in sessions provided students with information on current issues and research in healthcare. One of the imperatives of the School is to explore ways in which students can be exposed to the research activity of staff. Research-active staff in all programmes are able to bring their research into learning sessions, for example, child obesity, children's experiences of hospitals, nurse prescribing, anger management and personal safety. The use of visual materials and technology facilitated students' understanding of complex issues. The University's WebCT provides an opportunity for students to enhance their learning using a number of e-learning packages. With colleagues, the e-learning coordinator is working towards the School's imperative to increase this form of learning, which is recognised as having more potential for students' experiences than at present. Evidence-based learning is used effectively throughout programmes, particularly in the pre-registration postgraduate diploma programme in mental health. In the midwifery and pre-registration postgraduate mental health diploma programmes, PBL is well managed and encourages students to relate theory and practice and adopt a critical approach to their learning.

27 All students who met the reviewers in the School and on placements were highly appreciative of their learning experiences in placements; in particular, they spoke highly of the work of mentors, learning support officers and LEMs. Students' learning is facilitated by discussions of practice-specific ILOs which can be negotiated and adapted according to the nature of the placement and the students' needs. Students appreciated the opportunities for IPL, which are more readily available through placement learning than on campus. Health and safety issues are addressed, and students receive mandatory sessions prior to their placements. Students are provided with clear information relating to placements to enable them to prepare for their learning. The Placement Department is highly effective in managing the complex process of allocating pre-registration midwifery and nursing students to placements. The contribution of the Department in the next three years will be crucial to sustaining the quality of learning opportunities for students. There is close and effective cooperation between the Placement Department and colleagues both within the School and Sheffield Hallam University. The responsibility for placing students will transfer to Sheffield Hallam University over the next three years, during which the management of the Placement Circuit will be crucial to sustaining the quality of learning opportunities for students. Evaluations of placement learning by the School and Trusts are rigorous, with any issues quickly addressed through, amongst other things, the effective work of link lecturers and LEMs. The organisation of practice learning is aligned with the Code of practice, Section 9: Placement learning.

28 The SED states that there are designated programme leaders, responsible to departmental heads, to ensure that learning opportunities are managed coherently. The SED also notes that 'timetabled cancellations have been perceived as persistent problem on some programmes'. The NMC report for 2005 also noted a student's concern about the number of cancelled sessions and how a

student was anxious that this might worsen, given the change of contract. During the course of the review, it was discovered that, although cancellations had been occurring in the pre-registration nursing branches, most cancellations were in the mental health branch. Child branch students who met the reviewers did not regard cancellations as an issue, although cancellations had occurred to some degree. In one instance, midwifery students had an assessment with a question based on content that had not been covered due to the rescheduling of a session. The programme team acted effectively to address the problem, provided additional sessions and raised the circumstances at the assessment board to ensure that students were not disadvantaged. In all the reviewers' meetings with ADNS mental health students, including former students, complaints were made regarding cancelled sessions and how these had a demotivating effect on students, caused inconvenience especially to those with domestic commitments or had long distances to travel, and had in some cases deprived them of the theoretical knowledge required for practice placements.

29 Cancellations have been occurring since 2002, mostly in Unit 2, which is part of the CFP, with several reasons being offered, including double-booking of staff, long and short-term sickness, staff shortages and staff not knowing they had classes. In one of their visits to a placement, a member of the practice staff expressed concern regarding ADNS mental health students not having sufficient theoretical knowledge prior to entering practice, due to cancelled sessions. Student evaluations and annual reports on teaching quality reveal concerns about this issue. However, considering the significance of this issue, there are no references to it in any minutes of the SLTC for 2004-05 because no reports were coming through to the Quality Office (through cancelled sessions forms) and no mental health students brought it up at the SLTC. Despite several efforts to remedy the problem at programme level, cancellations were still being made in Unit 2 by December 2005, with a few more in January 2006. During

the review, the reviewers were given several documents identifying strategies to reduce cancellations, including a final one listing six action points including one to review and strengthen cancelled sessions procedure. They were also assured that improved measures were in place to ensure that students were achieving the hours according to NMC requirements. However, the reviewers remain unconvinced that the quality of learning in Unit 2 for pre-registration ADNS mental health students is appropriate and that adequate and timely measures have been taken by the School to reduce cancellations. They also understand students' anxieties regarding their learning opportunities.

The quality of learning and teaching is commendable with the exception of the pre-registration Advanced Diploma Nursing Studies (Mental Health).

Strengths

- Research-active staff in all programmes are able to bring their research into learning sessions (paragraph 26).
- Evidence-based learning is used effectively throughout programmes, particularly in the pre-registration postgraduate diploma programme in mental health (paragraph 26).
- In the midwifery and pre-registration post-graduate diploma in mental health programmes, problem-based learning is well managed and encourages students to relate theory and practice and adopt a critical approach to their learning (paragraph 26).
- The Placement Department is highly effective in managing the complex process of allocating pre-registration midwifery and nursing students to placements (paragraph 27).
- Evaluations of placement learning by the School and Trusts are rigorous, with any issues quickly addressed through, amongst other things, the effective work of link lecturers and LEMs (paragraph 27).

Weakness

- Although academic staff offered explanations to the reviewers, the nomenclatures of learning and teaching in all programmes were not identified or explained sufficiently in handbooks or other documentation to provide a clear and coherent operational learning and teaching strategy. The report on the balance of modes, although coming some way to addressing the issues, adds a further category, independent learning, and does not address the confusion over the remaining nomenclature (paragraph 25).

The quality of learning and teaching in pre-registration Advanced Diploma Nursing Studies (Mental Health) is approved.

Weakness

- The reviewers remain unconvinced that the quality of learning in Unit 2 for pre-registration Advanced Diploma Nursing Studies (Mental Health) students is appropriate and that adequate and timely measures have been taken by the School to reduce cancellations. They also understand students' anxieties regarding their learning opportunities (paragraph 29).

Student progression

30 There is a well-established and effective working partnership between the School, SHA, NHS Trusts and other local service providers to provide students with support in practice and on campus. Starting with recruitment, the School engages in a range of recruitment activities, including links with further education colleges, schools and employers to ensure that recruitment targets are met. The School holds open days and provides information about its programmes to potential applicants, for example, 'Becoming a Nurse or Midwife'. Staff who are involved in the selection process receive appropriate preparation. All contracted places are filled. The widening access initiative has been effective in broadening the recruitment to

programmes. Mental health, for example, tends to attract older applicants who have healthcare assistant experience. The School recognises previous academic study by accreditation of prior experiential learning and the procedures for this reflect the Guidelines on the accreditation of prior learning, published by QAA. Some students are seconded to the programme from their employing Trusts. Applicants' competence in the spoken and written English language is assessed according to the requirements of the NMC. Overall, some 78 per cent of students do not have GCE A-Level backgrounds. In accordance with Department of Health regulations, direct recruitment from local colleges has ceased, with all applications now processed through the Nursing and Midwifery Admissions Service. The process of recruitment and admission to programmes is carefully managed, involves all stakeholders in the process and ensures that candidates are measured against redefined criteria and meet professional body requirements.

31 Since the transfer of contract, recruitment to the programmes remains healthy. The formation of the Pre-registration Contract Operational Group to manage the process of contract change is a positive development in relation to recruitment. It will help to minimise disruption for students during the transitional phase. Applicants due to commence programmes in May 2006 have been informed of these changes, although programme teams have expressed concern that some may decline offers. The last intake will be for BMedSci (Hons) Midwifery Studies in July 2006. The School and the University are committed to supporting students to the completion of their programmes.

32 Support in placements is well managed and appreciated by students. Students make contact by telephone and by making introductory visits in some cases to their placements. Mentors are aware of students' learning outcomes and competencies. Students develop learning contracts with mentor support. Students are well supported by mentors and link lecturers during placement. Following the statutory

framework, student midwives are allocated a Supervisor of Midwives at the start of the programme for the degree and midway through for the ADMS. Many placement areas provide welcome packs for students, which include information concerning available learning opportunities and outcomes. LEMs and student support officers enhance delivery of the programmes to students and link effectively between clinical areas and the School.

33 Students regard the support they receive from personal tutors as central to their ability to progress through their programmes. The School has clear guidelines for the role of personal tutor. The proposal to establish a School Student Support Officer to provide additional support for mature students and those with special needs has not been developed because of change of contract. However, support for these students is available through a lead lecturer in each department who acts as a resource for personal tutors. The role of personal tutor is carefully reviewed by the School and includes consideration of student evaluations. The annual reviews of teaching quality refer to positive evaluation by students of the personal tutor role. Change in the implementation of the personal tutor role from 2004 has removed personal tutors from the assessment process. Students perceived the previous model of personal tutor role primarily as that of assessor. The new formulation of the role provides more focused personal support for students. Throughout students' time in the School, there is effective monitoring of their progress on campus and in practice placements. Where students require support to continue their studies, the School liaises effectively with the University's student services to ensure students receive additional support according to their needs. Extensions to submission dates, extensions to placements, additional tutorials and additional feedback on failed assignments ensure that every effort is made to keep students on their programmes. The School also works well with the University Careers Service to provide guidance for students.

The service provides career planning opportunities for nurses, including preparation for employment. Use of 30-hour contracts has been developed by the Jessop Wing (Sheffield Teaching Hospitals NHS Foundation Trust), which is a way of maintaining client care and career opportunities in a difficult financial environment for NHS Trusts. The reviewers were assured that this support for students would be maintained during the period following the change of contract.

34 Attrition rates throughout the School's programmes remain low at 8.5 per cent on average over the last three years. The School is committed to monitor attrition with extra vigilance in the light of the change of contract. The majority of students leave because of personal and financial reasons. Students who do leave are provided with an exit interview or sent a postal questionnaire to provide the School with feedback so that information can be used to minimise attrition. To develop this strategy further, a work-life manual has been developed which provides guidance on managing study and private life and is available on all three sites. The School is also working towards creating and maintaining a flexible approach towards students with family and other commitments.

35 The recent transfer of contract has presented the School with many issues which need to be addressed, particularly regarding ensuring that students continue to receive support. There will be a phased move from a three site-learning base to a single site as student numbers decline. Students have been informed by the Dean of the School, and have been consulted, through the student representation system, how the change will affect their programmes. Students will remain in the same cohort, they will not be relocated more than once, will be given assistance with travel arrangements and will not be expected to meet the costs of extra travel, and the high standards of personal tutor support will remain. Students have been offered individual interviews to discuss their circumstances. There will be no changes to the availability of practice placements.

During their discussions with the reviewers, student representatives spoke positively about the way the School has managed the consequences of the change of contract, although other students continued to express some anxiety, especially about extra travel and balancing study with personal commitments.

Table 3: Recruitment and attrition statistics for pre-registration and NMC recordable qualifications

Award title	Recruited number	Withdrawal		Transfer in		Transfer out		*Discontinuation	
		No	%	No	%	No	%	No	%
Advanced Diploma Midwifery Studies Sep 2001	17			1	6	4	23	*n/a	
Mar 2002	13	2	15	6	46	4	31	*n/a	
Sep 2002	18	7	40	5	28	5	28	*n/a	
Advanced Diploma Nursing Studies Sep 2001	335	17	5	42	12	61	18	*n/a	
May 2002	328	32	10	70	21	53	16	*n/a	
Sep 2002	329	39	12	51	15	51	15	*n/a	
BMedSci (Hons) Midwifery Studies July 2001	11	1	9					*n/a	
Sep 2002	10							*n/a	
Sep 2003	14					2	14	*n/a	
Postgraduate Diploma Health Care Studies (Adult) Sep 2001	24			2	8	3	12	*n/a	
Sep 2002	24	1	4	3	12	2	8	*n/a	
Sep 2003	23	4	17	2	9	2	9	*n/a	
Postgraduate Diploma Health Care Studies (Mental Health) Feb 2001	16	1	6			3	19	*n/a	
Feb 2002	23			2	9	2	9	*n/a	
Feb 2003	22	3	14	2	9	2	9	*n/a	
BMedSci (Hons) Specialist Community Nursing and Health Care Practice Sep 2001 (PT)	28	2	7			2	7	*n/a	
Sep 2002 (PT)	32 (PT)	2	6					*n/a	
Sep 2003 (FT)	2 (FT)			1	50			*n/a	
Sep 2003 (PT)	24	3	12	1	4	3	12	*n/a	
Nurse Prescribing Extended Formulary Independent and Supplementary unit Mar 2004	25			3	12			*n/a	
Sep 2004	26					2	8	*n/a	
Feb 2005	28	2	7	1	4	1	4	*n/a	

*The figures for discontinued students have been marked as not applicable, as the University system only records students as either withdrawn or on leave of absence.

The quality of student progression is commendable.

Strengths

- There is a well-established and effective working partnership between the School, Strategic Health Authority, NHS Trusts and other local service providers to provide students with support in practice and on campus (paragraph 30).
- Attrition rates throughout the School's programmes remain low at 8.5 per cent on average over the last three years (paragraph 34).
- During their discussions with the reviewers, student representatives spoke positively about the way the School has managed the consequences of the transfer of contract (paragraph 35).

Learning resources and their effective utilisation

36 The provision of learning resources and the strategy for their use in the School, University and Trusts are highly appropriate for enabling students to achieve the programme ILOs. In particular, the University Library and the Health Sciences Library based in the two main teaching hospitals, and the library at the Manvers Campus, provide high-quality resources and services for students. The University Library is well stocked in depth and breadth with health-related books and journals. The School has been at the forefront of major library developments and has been used for trials for on-line information skills tutorials, resource lists to support WebCT courses and e-offprints. School and library staff work effectively through the Academic Liaison Librarian to ensure that resources are available and updated for students. All libraries provide pleasant, accessible areas for study and there is readily-available advice from staff for students who spoke highly of the quality of this support. University Library staff are highly proactive in ensuring that there are sufficient key texts available, through initiatives such as the 'Book Boost' project, where funds were earmarked for purchasing extra copies of

books nominated by students, including nursing and midwifery students. There is 24-hour, automated access for students to renew books and access to online materials. Students have access to an extensive number of PCs in all library locations; for example, there are 25 machines available at Humphry Davy House.

37 The University Library funds service level agreements with five hospital Trust libraries to enable students to access library resources while on placements. Students stated that, while away from the School on placements, they had ready access to health books, journals and PCs, and placement areas provide appropriate resources. In three of the placements visited by the reviewers, St Luke's Hospice, the Children's Ward at Doncaster and the Burns Unit at the Northern General Hospital, learning resources were extensive, well managed, accessible and greatly appreciated by students on these placements. However, in some Trusts, students experience difficulties accessing information technology (IT) facilities because they do not have passwords. In some placement areas accommodation is specifically allocated, while in others, mentors are innovative in their use of facilities to enable students to get the best from placement education.

38 The taught aspects of the programmes in the School are based on three campuses, Humphry Davy House, Samuel Fox House and Bartolomé House. The School also has a Research and Informatics Centre. Visits to the skills facilities at Humphry Davy House and Bartolomé House showed them to be excellent, and students are well supported in their development of clinical skills by trained members of staff. There is a technical support worker employed to provide support to students and to academic staff, and there is a similar facility in Samuel Fox House. In addition to sessions planned in the curriculum, students are able to book individual or small-group sessions with the staff, although not all students are aware of this facility. Some students, notably those on the Child branch, expressed the need for more skills laboratory sessions in

the long gaps between child placements. There are plans to audit the use of clinical skills laboratories at peak times, to ensure that access is more readily managed, and for the increased involvement of external examiners to observe OSCEs and other practice assessments. All sites have comfortable, well-furnished accommodation, including lecture theatres, interview rooms and classrooms, some equipped with interactive whiteboards.

39 Students have access to extensive IT facilities, with support available within the School and University from technical and library staff. In the University, IT resources are readily available to students through the MUSE portal, which provides information and the opportunity for on-line discussion. There is an update of WebT, called Vista, which is accessible from outside the University and includes material on units in health programmes. These are particularly useful to students when on placements.

40 Academic staff are highly qualified and have extensive clinical experience. They are well qualified to teach all the specialist areas of the curricula. Staff development is supported and encouraged in the School and for placement staff. In addition to the expectation that staff achieve their NMC requirements, there are programmes of mandatory training and other in-house opportunities. Lifelong learning is encouraged and, where possible, opportunity is given for academic study, research and involvement in service development initiatives.

The quality of learning resources and their effective utilisation is commendable.

Strengths

- Visits to the skills facilities at Humphry Davy House and Bartolomé House showed them to be excellent, and students are well supported in their development of clinical skills by trained members of staff (paragraph 38).
- There is an update of WebCT, called Vista, which is accessible from outside the University and includes material on

units in health programmes. These are particularly useful to students when on placements (paragraph 39).

Good practice

- In particular, the University Library and the Health Sciences Library based in the two main teaching hospitals, and the library at the Manvers Campus, provide high-quality resources and services for students (paragraph 36).
- In three of the placements visited by the reviewers, St Luke's Hospice, the Children's Ward at Doncaster and the Burns Unit at the Northern General Hospital, learning resources were extensive, well managed, accessible and greatly appreciated by students on these placements (paragraph 37).

Weakness

- In some Trusts, students experience difficulties accessing information technology facilities because they do not have passwords (paragraph 37).

D Maintenance and enhancement of standards and quality

41 The School's governance mirrors that of the University to ensure effective information sharing between school, faculty and University. The maintenance and enhancement of the provision is the responsibility of the SLTC. The Annual Review of Teaching Quality (ARTQ) generates highly detailed reports from each programme, which address recruitment, teaching and learning, learning resources, assessment, placement audits, external examiner and professional body reports and student evaluations of programmes. Action plans are identified in the reports, which are then scrutinised at school level before being sent to the Faculty, which then produces comprehensive summary reports. The School's ARTQ ensures that programmes take account of external reference points such professional body requirements and Department of Health initiatives. External reference points are included in programme

specifications and are considered during programme approval processes. Overall, the internal processes for ensuring the quality of programmes are effective, with the exception of responding to the ongoing problem of the cancellation of learning and teaching sessions.

42 Students are able to make a contribution to the evaluation of the quality of the provision through representation on committees, staff-student liaison meetings, and the completion of evaluation of units and overall programmes. There is an effective system of student representation, which is actively encouraged by the School and engaged in by students. Support for student representation is enhanced through the nursing and midwifery Student Project Officer, funded by the School and based in the Union of students. The School also offers a prize dedicated to reward excellence for the role of student representation. In their meetings with students, the reviewers noted that, although student representatives were clear about the strategy for securing the students' experiences and opportunities, other students felt less well informed.

43 The relationship between the School and SYSHA is strong and productive, and is maintained through well-managed formal and informal arrangements and communications. Quarterly meetings between the School and SYSHA and regular operational meetings ensure that the needs of the health service in the area are secured, including continuing professional development. SYSHA representatives are members of the School's Boards of Study. The School, SYSHA and Sheffield Hallam University have worked diligently to address the implications of the transfer of contract for the student experience. Placement opportunities for students in both universities will be maintained and arranged through the Placement Department. The School has conducted an exercise to match the staffing expertise and skills to the programmes, and will ensure that any students who have intercalated will have individual programmes and support. The University's Careers Service is keenly alert to the needs of the students regarding support

in seeking employment in what could be increasingly difficult times for health workers. The reviewers received a commitment from the Pro-Vice-Chancellor for Learning and Teaching that the University will take a particularly vigilant stance over the protection of quality, using the new quality processes.

44 The SED was mostly informative, clearly referenced with evidence and it provided the reviewers with a useful guide to the provision. The learning and teaching section was less helpful because key methods identified in paragraph 25 of this report were not explained, which made it difficult for the reviewers to have a clear understanding of the strategy. The SED was clearly a jointly produced document between the School and the SYSHA and TSHA. Clinical placement staff, students and staff from the three delivery sites confirmed that they had been involved in the production of the SED. Through the School's Major Review website, draft documents were made accessible to all stakeholders.

Strengths

- There is an effective system of student representation, which is actively encouraged by the School and engaged in by students (paragraph 42).
- The relationship between the School and South Yorkshire Strategic Health Authority is strong and productive, and is maintained through well-managed formal and informal arrangements and communications (paragraph 43).

Major review of healthcare programmes

March 2006

University of Sheffield/South Yorkshire Strategic Health Authority

We have discussed and agreed the following action plan:

Title of organisation (Lead SHA/WDC): South Yorkshire Strategic Health Authority

Name: Mr Alan Wittrick Position: Acting Chief Executive

Title of organisation (HEI): University of Sheffield

Name: Professor Robert Boucher Position: Vice-Chancellor

Title of organisation (HEI): Signed by South Yorkshire Strategic Health Authority on behalf of Trent Strategic Health Authority

Name: Mr Alan Wittrick Position: Acting Chief Executive

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Academic and practitioner standards	Strengths						
	<ul style="list-style-type: none"> The WebCT, My University of Sheffield Environment (MUSE), the University's portal, are valuable resources for guiding midwifery students on the delivery of results and other necessary information relating to assessment (paragraph 9). 	<p>Establish a mechanism for regular feedback from students</p> <p>Keep up to date with changes to MUSE/Vista</p> <p>Identify and train an individual to work alongside the E-Learning co-ordinator</p>	<p>Complete by Jan 2007 Monitor every 6 months</p> <p>Every 6 months</p> <p>Identify by Sep 2006 Train by Jan 2007</p>	<p>Time for designated person (only 1 named person); succession planning)</p> <p>Time for designated person (only 1 named person); succession planning)</p> <p>Time for designated person (only 1 named person); succession planning)</p>	<p>Effectiveness is unknown</p> <p>MUSE/Vista becomes static or unused</p> <p>Students and staff miss out on development and lifelong learning</p> <p>Loss of access when away from academic base</p> <p>Potential for skills to be lost</p>	<p>E-Learning co-ordinator</p> <p>E-Learning co-ordinator</p> <p>E-Learning co-ordinator</p>	<p>Student evaluations</p> <p>Currency of MUSE</p> <p>An individual is identified, trained and accessible for additional support</p>
	<ul style="list-style-type: none"> The use of tripartite interviews in the midwifery assessment process makes a valuable contribution to the assessment of practice, enabling clear understanding and communications between students, mentors and personal tutor (paragraph 10). 	<p>Continue and monitor with a view to wider dissemination and implementation where appropriate within the School</p>	<p>Monitor every 12 months</p> <p>Disseminate - Mar 2007</p> <p>Implement where appropriate - Sep 2007</p>	<p>Time commitment from School and Clinical staff</p> <p>Financial climate in NHS</p>	<p>The quality of the assessment process could be compromised</p>	<p>Individual Programme Leaders</p> <p>Lead Midwife for Education</p>	<p>Annual Reports</p> <p>Boards of Study minutes</p> <p>School Learning and Teaching Committee minutes</p>
<ul style="list-style-type: none"> The involvement of practice staff in the midwifery triple-jump assessment shows the partnership approach and the link between theory and practice (paragraph 10). 	<p>Continue and monitor with a view to wider dissemination and implementation where appropriate within the School</p> <p>Continue to deliver pre-registration final year research conference</p> <p>Continue to support research projects contributing to Scholarly development activity</p>	<p>Monitor every 12 months</p> <p>Disseminate - Jan 2007</p> <p>Implement where appropriate - Sep 2007</p> <p>Every 12 months</p> <p>Every 12 months</p>	<p>Time commitment from School and Clinical staff</p> <p>Financial climate in NHS</p> <p>Potential change of skill mix during transfer of pre-registration contract</p> <p>Potential change of skill mix during transfer of pre-registration contract</p>	<p>The quality of the assessment process could be compromised</p> <p>Potential to compromise the quality of the programme content</p> <p>Potential to compromise the quality of the programme content</p>	<p>Unit Leader</p> <p>Dean via Directors of Graduate and Undergraduate Division</p> <p>Directors of Graduate and Undergraduate Division</p>	<p>Annual Reports</p> <p>Boards of Study minutes</p> <p>School Learning and Teaching Committee minutes</p> <p>Student evaluations of research conference</p> <p>Graduate and Undergraduate Division Annual Reports</p>	

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Academic and practitioner standards	<ul style="list-style-type: none"> The Postgraduate Diplomas in Health Care Studies (Adult) and (Mental Health) provide an innovative assessment method, the patchwork examination, which is highly appropriate for the PBL approach, empowers students to make choices and provides the basis for constructive reflection (paragraph 19). 	<p>Continue to ensure all sessions have evidence base</p> <p>Ensure the assessment method is reviewed and developed in line with feedback from staff and students</p> <p>Share good practice through staff seminars</p>	<p>Review every 12 months</p> <p>Review at Boards of Study twice yearly</p> <p>Access seminars by Sep 2007</p>	<p>Potential change of skill mix during transfer of pre-registration contract</p> <p>Potential change of skill mix during transfer of pre-registration contract</p> <p>Potential change of programme management team during transfer of pre-registration contract</p>	<p>Potential to compromise quality of programme content</p> <p>Currency of assessment could be compromised</p> <p>Limiting richness and diversity of student experience on other programmes</p> <p>Limiting richness and diversity of student experience on other programmes</p>	<p>Programme Leaders</p> <p>Boards of Study Programme Leaders</p> <p>Programme Leaders</p>	<p>Annual Reports</p> <p>Boards of Study minutes</p> <p>Staff evaluation of seminars</p>
	<ul style="list-style-type: none"> In all nursing programmes, the WebCT and MUSE, the University's portal, are valuable resources for guiding nursing students on the delivery of results and other necessary information relating to assessment guidance (paragraph 19). 	<p>Establish a mechanism for regular feedback from students</p> <p>Keep up to date with changes to MUSE/Vista</p>	<p>Complete by Jan 2007 Monitor every 6 months</p> <p>Every 6 months</p>	<p>Time for designated person (only 1 named person; succession planning)</p> <p>Time for designated person (only 1 named person; succession planning)</p>	<p>Effectiveness is unknown</p> <p>MUSE/Vista becomes static or unused</p> <p>Students and staff miss out on development and lifelong learning</p> <p>Loss of access when away from academic base</p> <p>Potential for skills to be lost</p>	<p>E-Learning co-ordinator</p> <p>E-Learning co-ordinator</p> <p>E-Learning co-ordinator</p>	<p>Student evaluations</p> <p>Currency of MUSE</p> <p>An individual is identified, trained and accessible for additional support</p>
	<ul style="list-style-type: none"> In pre-registration nursing, there is an effective partnership approach to practice assessment where the learning environment manager and link tutors provide regular support for mentors (paragraph 21) 	<p>Continue to support the partnership approach via the Placement Partnership Group meetings. Asking members to review and update the Link Lecturer standard, support and disseminate good practice and monitor and review the process of Educational Audit.</p>	<p>Placement Partnership Group to meet every 6 months Revision of Link Lecturer standard to be completed by Nov 2006</p>	<p>Organisational upheaval in practice Pressure on placement areas</p>	<p>Quality of student practice and experience will be compromised</p>	<p>Deputy Director of Learning and Teaching (Assessments and Practice)</p>	<p>Placement Partnership Group minutes Link Lecturer standard</p>

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Academic and practitioner standards	<p>Maintain system of mentor update incorporating the findings of the 'Failure to Fail' report using a variety of methods</p> <p>Maintain and further strengthen communication with practice colleagues via the Assessor newsletter</p>	<p>Movement of staff and changes to the Link Lecturer system</p> <p>The movement/re-deployment of staff</p>	<p>Every 12 months</p> <p>Every 6 months</p>	<p>Currency of assessment strategy may be compromised</p> <p>Opportunities for enhancement of placement learning are under utilised</p>	<p>Deputy Director of Learning and Teaching (Assessments and Practice)</p> <p>Editor of the Assessor Newsletter</p>	<p>Placement Partnership Group minutes</p> <p>Assessor Newsletter</p>	
	<p>Weaknesses</p> <ul style="list-style-type: none"> There is a lack of consistency in the application of the regulation for assessment support in pre-registration nursing (paragraph 20). 	<p>Revise personal tutor standard</p>	<p>None</p>	<p>Potential for lack of consistency to be perpetuated</p>	<p>Deputy Director of Learning and Teaching (Curriculum and Quality)</p>	<p>Student evaluations</p> <p>Boards of Study minutes</p> <p>Annual Reports</p>	
Quality of learning opportunities Learning and teaching	<ul style="list-style-type: none"> As required by the University, the School moved to a system of anonymous marking in 2004 and this has caused confusion amongst pre-registration nursing students, although clear information was supplied. (paragraph 20). 	<p>Review processes involved in anonymous marking, seeking student involvement, promoting consultation, holding staff and student focus groups and reviewing progression statistics</p>	<p>Nov 2006</p> <p>Sep 2006</p>	<p>Perceived confusion remains</p> <p>Reluctance on behalf of staff and students to engage</p>	<p>Deputy Director of Learning and Teaching (Assessments and Practice)</p>	<p>Revised process Staff: Student Committee minutes</p> <p>Quality Assurance Group minutes</p> <p>School Learning and Teaching Committee minutes</p>	
	<p>Strengths</p> <ul style="list-style-type: none"> Research-active staff in all programmes are able to bring their research into learning sessions (paragraph 26). 	<p>Develop close working relationships between the Undergraduate and Graduate Divisions within the new School structure in order to continue to deliver research-led, evidence-based teaching</p>	<p>The fluid nature of the Undergraduate Division</p>	<p>Currency of curricula will be compromised</p>	<p>Directors of the Undergraduate and Postgraduate Divisions</p>	<p>Student progression, achievement and employability</p>	

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
	<ul style="list-style-type: none"> Evidence-based learning is used effectively throughout programmes, particularly in the pre-registration postgraduate diploma programme in mental health (paragraph 26). 	<p>Continue, monitor and reinforce the position of the School in continuing to deliver research and evidence based teaching by disseminating good practice</p> <p>Ensure ongoing staff development</p> <p>Undertake evaluation and monitoring of the quality of learning in partnership with clinicians</p>	<p>Monitor every 12 months Disseminate - Jan 2007 Implement where appropriate - Sep 2007</p> <p>Every 12 months via SRDS</p> <p>Review at Boards of Study twice yearly Report every 12 months</p>	<p>The challenge of engaging staff in the annual review cycle within a turbulent and changing environment Staff changes both within the HEI and within Trusts, leading to difficulties in maintaining the appropriate skills mix Fewer staff undertaking research</p> <p>The challenge of engaging staff in the SRDS cycle within a turbulent and changing environment</p> <p>Staff changes both within the HEI and within Trusts, leading to difficulties in maintaining appropriate attendance</p>	<p>The quality of learning and teaching would be compromised</p> <p>The quality of learning and teaching would be compromised</p> <p>The quality of learning and teaching would be compromised</p>	<p>Directors of the Undergraduate and Postgraduate Divisions</p> <p>Directors of Graduate and Undergraduate Division</p> <p>Programme Leaders Deputy Director of Learning and Teaching (Assessments and Practice)</p> <p>Programme Leaders</p>	<p>Student progression, achievement and employability Annual Reports</p> <p>SRDS Peer Review of Teaching</p> <p>Minutes of Boards of Study Placement Partnership Group minutes Annual programme reports Strengths and Weaknesses report</p> <p>Minutes of Boards of Study Annual Reports</p>
	<ul style="list-style-type: none"> In the midwifery and pre-registration postgraduate diploma in mental health programmes, problem-based learning is well managed and encourages students to relate theory and practice and adopt a critical approach to their learning (paragraph 26). The Placement Department is highly effective in managing the complex process of allocating pre-registration nursing and midwifery students to placements (paragraph 27). 	<p>Maintain current quality of problem based learning</p> <p>Facilitate a smooth transition to Sheffield Hallam University and ongoing communication once the transfer is completed</p>	<p>Biannually via Boards of Studies</p> <p>Sep 2007 Monthly Pre-registration Operational Group meetings</p>	<p>Availability of lecturing staff The need to maintain the current staff: student ratio</p> <p>The movement/re-deployment of staff and adjusting to working with new IT systems</p>	<p>Compromised quality of learning</p> <p>Target deadlines may be compromised</p>	<p>School Administrator Dean</p>	<p>Student placement evaluations Placement Partnership Group minutes Pre-registration Operational Group minutes</p>


Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
	<ul style="list-style-type: none"> Evaluations of placement learning by the School and Trusts are rigorous, with any issues quickly addressed through, amongst other things, the effective work of learning environment managers (paragraph 27). 	<p>Review and strengthen process following evaluation by all stakeholders</p> <p>Develop alternative methods of maintaining links with Trusts</p>	<p>Sep 2007</p> <p>May 2007</p>	<p>The movement / re-deployment of staff</p> <p>Poor communication with Trust colleagues</p>	<p>Stakeholder satisfaction and practice learning may be compromised</p> <p>Potential for mentor and student support in practice to be compromised</p>	<p>Deputy Director of Learning and Teaching (Assessments and Practice)</p> <p>Deputy Director of Learning and Teaching (Assessments and Practice)</p>	<p>Student placement evaluations Satisfaction questionnaire results</p> <p>Student placement evaluations Placement Partnership Group minutes</p>
	<p>Weaknesses</p> <ul style="list-style-type: none"> Although academic staff offered explanations to the reviewers, the nomenclatures of learning and teaching in all programmes were not identified or explained sufficiently in handbooks or other documentation to provide a clear and coherent operational learning and teaching strategy. The report on the balance of modes, although coming some way to addressing the issues, adds a further category, independent learning, and does not address the confusion over the remaining nomenclature (paragraph 25). 	<p>Undertake a review of all current documentation and develop a glossary of terms, communicate to staff and apply consistently in all student handbooks and documentation across the School</p> <p>Ensure an effective communication of the School's Learning and Teaching Strategy to all stakeholders</p>	<p>Complete by Jan 2007</p> <p>Jan 2007</p>	<p>None</p> <p>None</p>	<p>Current confusion will remain</p> <p>Stakeholders understanding of the Learning and Teaching Strategy will be compromised and confusion will remain</p>	<p>Deputy Director of Learning and Teaching (Curriculum and Quality)</p> <p>Deputy Director of Learning and Teaching (Curriculum and Quality)</p>	<p>Student handbooks</p> <p>School Learning and Teaching Committee Minutes</p>
	<ul style="list-style-type: none"> The reviewers remain unconvinced that the quality of learning in Unit 2 for pre-registration Advanced Diploma Nursing Studies (Mental Health) students is appropriate and that adequate and timely measures have been taken by the School to reduce cancellations. They also understand students' anxieties 	<p>Review and strengthen the quality of learning in ADNS Mental Health Unit 2 drawing on best practice and expertise from other programmes</p>	<p>Commencement of next Unit 2 (30/10/06)</p>	<p>Movement of staff in the current circumstances</p>	<p>Quality of student learning continues to be compromised</p>	<p>Deputy Director of Learning and Teaching (Curriculum and Quality)</p>	<p>Student evaluations Staff-Student Committee minutes Boards of Study minutes</p>

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Student progression	regarding their learning opportunities (paragraph 29).	Review and strengthen the process for managing cancelled/missed sessions to be applied consistently across the School	Review every 6 months	The movement/ re-deployment of staff	Lack of a consistently applied mechanism for monitoring missed sessions, compromising quality of learning	Deputy Director of Learning and Teaching (Curriculum and Quality)	Reduction in number of cancelled/missed sessions
	Strengths						
	<ul style="list-style-type: none"> There is a well-established and effective working partnership between the School, Strategic Health Authority, NHS Trusts and other local service providers to provide students with support in practice and on campus (paragraph 30). 	Continue to involve representatives from all stakeholders at all levels in the Governance of the School	Review every 12 months	Uncertainty regarding the impact of the formation of the new larger Yorkshire and Humber Strategic Health Authority upon the ability of Health Authority staff to participate Organisational upheaval in practice	Quality of learning is compromised Potential for students to considered unfit for practice/purpose	Dean	Attendance and input at School Governance committees
<ul style="list-style-type: none"> Attrition rates throughout the School's programmes remain low at 8.5 per cent on average over the last three years (paragraph 34). 	Monitor and review attrition rates ensuring every measure is taken to promote retention Maintain exit interviews with students, exploring all options available to promote retention Maintain contact with students on leave of absence to promote return to programme	Report every 3 months to Health Authority Monitor at Boards of Study twice yearly As required Every 3 months	Impact of transfer of contract and subsequent changes in modes of delivery for students Students reticence to attend exit interview None	Increase in attrition rate Increase in attrition rate Increase in attrition rate	Head of Planning and Contracting Programme Leaders Programme Leaders Personal Tutors	Contract Meeting minutes Boards of Study minutes Annual Reports Student Notes Student Notes	
<ul style="list-style-type: none"> During their discussions with the reviewers, student representatives spoke positively about the way the School has managed the consequences of the transfer of contract (paragraph 35). 	Maintain effective dissemination of information Maintain student representation on operational working groups	Monitor every 3 months	The movement/ re-deployment of staff	Reduction in student satisfaction	Dean	Staff: Student Committee minutes Operational Group minutes School Learning and Teaching minutes	

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Learning resources and their effective utilisation	Strengths						
	<ul style="list-style-type: none"> Visits to skills facilities at Humphry Davy House and Bartolomé House showed them to be excellent, and students are well supported in their development of clinical skills by trained members of staff (paragraph 38). 	Maintain current quality of clinical skills facilities	Review and report annually	The movement/re-deployment of staff Financial constraints in purchasing state of the art equipment for short term use	Quality of clinical skills facilities and subsequent student learning is potentially compromised	Clinical skills co-ordinator	School Learning and Teaching Committee minutes
	<ul style="list-style-type: none"> There is an update of WebCT, called Vista, which is accessible from outside the University and includes material on units in health programmes. These are particularly useful to students when on placements (paragraph 39). 	Promote and evaluate effective use of learning environment	Review Jan 2007	The movement/re-deployment of staff	Ineffective use of resources	E-Learning co-ordinator Programme Leaders	School Learning and Teaching minutes Boards of Study minutes Student evaluations
	Good practice						
	<ul style="list-style-type: none"> In particular, the University Library and the Health Sciences Library based in the two main teaching hospitals, and the library at the Manvers Campus, provide high-quality resources and services for students (paragraph 36). 	Continue to monitor and maintain current quality of library resources provided by the Health Sciences Library on all three sites	Every 6 months	Transfer of contract to Sheffield Hallam University will require some transfer of resources/funding	Quality and availability of resources is compromised	Academic Liaison Librarian	Library Advisory Group
	<ul style="list-style-type: none"> In three of the placements visited by the reviewers, St Luke's Hospice, the Children's Ward at Doncaster and the Burns Unit at the Northern General Hospital, learning resources were extensive, well managed, accessible and greatly appreciated by students on these placements (paragraph 37). 	Monitor through annual audit and student placement evaluations Share good practice via the Assessor Newsletter	Audit every 12 months Review of evaluations at Boards of Study twice yearly Every 6 months	The movement/re-deployment of staff Organisational upheaval in practice The movement/re-deployment of staff	Quality of placement learning is potentially compromised Opportunities for enhancement of placement learning are under utilised	Deputy Director of Learning and Teaching (Assessments and Practice) Editor of the Assessor Newsletter	Completed audit documentation Boards of Study minutes Assessor Newsletter

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
Maintenance and enhancement of standards and quality	Weakness <ul style="list-style-type: none"> In some Trusts, students experience difficulties accessing information technology facilities because they do not have passwords (paragraph 37). 	Undertake an assessment of the size and scale of this issue across all Trusts where students are placed Following on from this initial assessment, identify a plan of action involving the HEI and Trusts	Oct 2006 Sep 2007	Financial implications The movement/re-deployment of staff Financial implications The movement/re-deployment of staff	Continued difficulties for some students in accessing web-based resources in some Trusts potentially compromising quality of learning Continued difficulties for some students in accessing web-based resources in some Trusts potentially compromising quality of learning	E-Learning co-ordinator Trust QA Leads E-Learning co-ordinator Trust QA Leads	Results of statistical analysis demonstrating scale of problem Increased access to IT facilities in Trusts
	Strengths <ul style="list-style-type: none"> There is an effective system of student representation, which is actively encouraged by the School and engaged in by students (paragraph 42). 	Continue to actively promote the role of student representative to include Recruitment Training Active participation with the Students' Union Acknowledge contribution of student representative activities in final programme summary and awarding of the Dame Betty Kershaw prize Develop system for students to monitor their role and activities Monitor and strengthen attendance at School and Faculty Committees Develop mapping of standard of proficiencies against competencies gained through student rep activities in all pre-registration programmes	Commencement of each new intake - all programmes On completion of all programmes Twice per year Every 12 months - to be shared with Personal Teacher Every 12 months January 2007	Current sessions run by the Union of Students run to the Academic Year which may not fit out timeframes None None The move from the central campus to Humphry Davy House may have an impact on accessibility None	The effectiveness of the system of student representation could be compromised Student contribution goes unacknowledged Student contribution goes unacknowledged The effectiveness of the system of student representation could be compromised The effectiveness of the system of student representation could be compromised	Programme Leaders Students' Union Personal Teachers Dean Deputy Director of learning and Teaching (Curriculum and Quality) Administrator for Teaching Quality Programme Leaders	Number of active and effective representatives is maintained Final year programme summaries End of part student tutorial notes Increased attendance and input at School and Faculty Committees Student attendance at meetings (when on placement) is not compromised

Component	Strengths/Weaknesses	Actions to be taken	Target completion date/s	Constraints preventing the action delivering the action required	Impact of not delivering the action required	Lead responsibility (organisation/s and person/s) Name and title of organisation	Evidence of quality enhancement
		<ul style="list-style-type: none"> Develop and evaluate a virtual student representative environment to encourage participation of part time students 	January 2007	The movement/ re-deployment of staff	The effectiveness of the system of student representation could be compromised	E-Learning co-ordinator	Student evaluations Annual Reports
	<ul style="list-style-type: none"> The relationship between the School and South Yorkshire Strategic Health Authority is strong and productive, and is maintained through well-managed formal and informal arrangements and communications (paragraph 43). 	<p>Maintain regular monitoring of the contract</p> <p>Continue to involve representatives from the Health Authority at all levels in the Governance of the School</p> <p>Develop links with the new Yorkshire and Humber Strategic Health Authority</p>	<p>Every 3 months</p> <p>Review every 12 months</p> <p>Every 6 months</p>	<p>Uncertainty regarding the impact of the formation of the new larger Yorkshire and Humber Strategic Health Authority upon the ability of Health Authority staff to participate</p> <p>Uncertainty regarding the impact of the formation of the new larger Yorkshire and Humber Strategic Health Authority upon the ability of Health Authority staff to participate</p> <p>Uncertainty regarding the impact of the formation of the new larger Yorkshire and Humber Strategic Health Authority upon the ability of Health Authority staff to participate</p>	<p>Relationship is compromised</p> <p>Relationship is compromised</p> <p>Relationship is compromised</p>	<p>Dean</p> <p>Dean</p> <p>Dean or representative</p>	<p>Attendance and input at Contract Monitoring Meetings</p> <p>Attendance and input at School Governance committees</p> <p>Minutes of meetings - yet to be identified</p>



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