UNIVERSITY VOCATIONAL AWARDS COUNCIL

Higher Education Ofsted Inspection Report Summary
- Jan to July 2026 -

1. Summary

1. As at July 2026 Ofsted have conducted 22 Inspections of higher education institutions under the renewed framework. For this report we have focused on the 7 full inspections delivering apprenticeship provision. The remaining inspections included independent training providers, employer providers and .11 Initial Tracher Training inspections plus 2 monitoring visits which we excluded.

2. Across the reports, almost 10,000 apprentices were in scope, and providers range significantly in size from 56 to 3,300, and across many Standards and subject areas, so though small this sample of reports represents a useful sample to review. All seven providers met the safeguarding standard. Across the 35 apprenticeship evaluation judgements, eight were graded Strong standard and 27 were graded Expected standard. There were no Exceptional, Needs attention or Urgent Improvement judgements.

3. The seven reports describe a sector with substantial strengths: committed apprentices, expert staff, strong employer relevance, effective support and generally positive outcomes. The most common improvement themes are not about redesigning the entire offer. They concern disciplined consistency: reviewing the impact of support, ensuring every apprentice receives a strong progress review and useful feedback, integrating the wider curriculum, giving governors a sharper view of teaching quality, and maintaining momentum through to final assessment.

4. The key difference between Expected and Strong standard was not typically the presence or absence of good practice though this is clearly a factor. It was the extent to which practice was systematic, consistently experienced across programmes, demonstrably impactful, and supported by a clear line of sight from governance through curriculum delivery to apprentice outcomes. This is the key message to members as they approach their inspection preparation.

5. The sections in the rest of the paper combine recurring findings across the seven reports into themes - positive findings and strengths and areas for improvement. Similar findings are grouped together while provider-specific examples are retained to show the breadth of evidence and the differences between Expected and Strong standard practice.

Summarising the characteristics of ‘Strong’

Taken together, the reports suggest that Strong standard practice is characterised by the following features.

- **Systematic inclusion with visible impact.** Needs are anticipated through curriculum design, identified precisely, supported quickly and reviewed using outcome evidence.
- **Honest self-assessment and rapid action.** Leaders identify weaknesses themselves, intervene early and can demonstrate sustained improvement.
- **A seamless apprenticeship operating model.** Academic staff, coaches, employers and support services work as one system rather than as separate components.
- **Consistently high teaching and assessment.** Expert staff sequence learning well, check understanding, give precise feedback and connect theory to workplace practice.
- **High-quality progress reviews.** Reviews are developmental, tri-partite, well recorded and focused on skills practice, wider learning, careers, support and timely completion.

- **Integrated personal and professional development.** Wider curriculum activity is purposeful, tailored to the sector, tracked and shown to affect confidence, judgement and aspiration.
- **Governance with line of sight to apprentice experience.** Governors see sufficiently detailed evidence about teaching, reviews, inclusion, programme variation, retention and final assessment.
- **Completion of the whole apprenticeship.** Providers sustain motivation and support through gateway and final assessment, not only to the point of achieving the degree or academic qualification.

Table 1: Summary of Inspection outcomes January to June 2026

Organisation	Inclusion	Leadership and governance	Achievement	Curriculum and teaching	Participation and development	Safeguarding	Strong Judgements
University of Gloucestershire	Expected standard	Expected standard	Expected standard	Expected standard	Expected standard	Met	0
Health Sciences University	Expected standard	Expected standard	Expected standard	Expected standard	Expected standard	Met	0
Sheffield Hallam University	**Strong standard**	**Strong standard**	**Strong standard**	Expected standard	**Strong standard**	Met	4
University Centre Quayside Ltd	Expected standard	Expected standard	Expected standard	**Strong standard**	Expected standard	Met	1
University of Staffordshire	Expected standard	Expected standard	Expected standard	**Strong standard**	**Strong standard**	Met	2
University of Suffolk	Expected standard	Expected standard	**Strong standard**	Expected standard	Expected standard	Met	1
University College of Estate Management	Expected standard	Expected standard	Expected standard	Expected standard	Expected standard	Met	0

2. Report Themes

2.1 Inclusion

6. Inclusive practice was a visible strength across all seven providers and the reports commonly identified early needs assessment, specialist support, flexible delivery and access to wider university services as strengths. Stronger practice went further by embedding inclusive design into the curriculum, training staff to adapt provision precisely, and showing how personalised support changed apprentices' participation, achievement and professional practice.

Positive findings and strengths

- **Whole-provider culture and inclusive design.** Sheffield Hallam integrated apprentices fully into the wider student population and proactively designed curricula around a wide range of needs. Suffolk and Staffordshire similarly drew on university-wide access, participation and support services.
- **Early identification of barriers.** Providers used enrolment information, induction, diagnostic assessment, attendance and engagement data, and early progress reviews to identify special educational needs, disabilities, caring responsibilities, temporary hardship and other barriers.
- **Personalised and graduated support.** Examples included Hallam's 'support star' model and learning contracts; Health Sciences University's thorough student learning plans, personal tutoring and impact monitoring; specialist tutoring and early access to course materials at Gloucestershire; academic workshops and one-to-one coaching at Quayside; and flexible, graduated support at Staffordshire all demonstrated a tailored response to learners.
- **Broad welfare and practical support.** Apprentices could access counselling, therapy, wellbeing support, financial advice, bursaries, chaplaincy, mentoring, recorded learning and adjusted assessment arrangements.
- **Support for care-experienced and disadvantaged apprentices.** Gloucestershire highlighted personalised support for apprentices known to social care, while UCEM described mentorship, bursaries and financial support for care-experienced apprentices.
- **Staff capability.** Staff development covered inclusive teaching, neurodiversity, identification of additional needs and adaptation of teaching and assessment. Health Sciences University had also begun a focused programme to extend lecturers' inclusive teaching strategies. Hallam's coaches were described as knowing apprentices well.
- **Positive impact on participation and professional practice.** Apprentices with barriers generally progressed at least in line with peers, including those receiving reasonable adjustments at Health Sciences University. At Hallam, apprentices also became advocates for inclusion and neurodiversity in their workplaces.

Areas for improvement, inconsistency or risk

- **Measure impact, not only activity.** There was a general theme relating to not systematically evaluating the overall effectiveness and impact of support, and ensuring that these were timely and sufficiently structured.
- **Use data more proactively. I**n particular the use of data on disadvantaged apprentices' progress to make evidence-informed changes to inclusion strategies.

- **Identify less visible barriers earlier.** There were good examples of recognising barriers including Quayside, who recognised obvious barriers such as homelessness and bereavement. The reports indicated a need to strengthen strategic approaches to identifying additional challenges that affect retention and success.
- **Consolidate processes.** Good practice and progress were demonstrated in consolidating and enhancing inclusion arrangements, indicating that systems were not yet fully mature or consistently embedded.
- **Connect inclusion to retention and completion.** Across the reports, the stronger test of inclusion was whether support was demonstrably helping apprentices remain on programme, progress and complete, rather than simply whether support services were available. The evidence for impact needs to be stronger.
- **Inclusive teaching consistency.** Ensuring that all staff in teaching were fully aware of the full range of inclusive strategies available was an action for some.

2.2 Leadership and governance

7. Leadership and governance were generally characterised by clear strategic intent, good employer and stakeholder relationships, formal quality processes and concern for staff development and wellbeing. Stronger practice showed especially honest self-assessment, rapid intervention, rigorous performance monitoring and a clear connection between governance information and improvements experienced by apprentices as key characteristics.

Positive findings and strengths

- **Clear strategic direction.** Providers aligned apprenticeship provision to regional and national workforce needs, including health, policing, digital, construction, hospitality, leadership and the built environment.
- **Employer and stakeholder partnership.** Leaders worked with employers, professional bodies, NHS trusts, local partners and referral agencies to design programmes and progression routes. Most providers demonstrated strong relationships with key partners including Health Sciences University with national and regional relationships with health and care employers and Hallam's regional partnerships were described as long-standing and highly respected.
- **Governance challenge and scrutiny.** Boards and governors generally received performance information, challenged leaders and monitored improvement. Staffordshire had strengthened reporting to give its main board a clearer line of sight. Health Sciences University governors brought relevant health-sector expertise and received clear information on quality and impact.
- **Quality assurance and rapid intervention.** There were commendations for providers about their commitment to improvement and above all prompt responses to addressing issues and gaps. Suffolk had established quality processes and intervened when provision fell below expectations.
- **Effective coaching and coordination models.** Hallam's coach model created a seamless link across apprenticeship components, while Staffordshire's structural integration gave apprenticeships parity with the wider university curriculum.
- **Staff professional learning and wellbeing.** Reports highlighted bespoke professional development, communities of practice, support for teaching qualifications, protected development time, workload flexibility and active attention to staff wellbeing. Health

Sciences University also provided annual development in mental-health first aid, resilience and coping with stress.

- **Subcontractor oversight.** Where subcontracting existed, providers generally used due diligence, monitoring, co-design and integration into quality processes to maintain standards.

Areas for improvement, inconsistency or risk

- **Sharper oversight of frontline quality.** In particular, early identification of inconsistencies in the quality and recording for key quality indicators including absence and progress reviews.
- **Governance information on teaching.** Some reports indicated that oversight bodies did not routinely receive information about teaching quality, limiting their ability to support improvement in webinars and progress reviews.
- **Sustain improvement through change.** Reports indicated where providers had been through periods of change and how well the oversight arrangements had continued during this period. e.g. governors were alert to the need to maintain assurance arrangements during senior staffing changes, and not to allow action on key areas of concern to slip.
- **Retention and achievement remain governance issues.** The reports highlighted for some the needed to sustain action on early leavers and achievement, and also to progress action in place to improve achievement rates.
- **Move from knowing issues to evidencing impact.** Several providers had accurate improvement plans, but the next stage was to demonstrate consistent and sustained impact across all programmes, cohorts and apprentice groups.
- **Embed teaching-development participation and impact.** Engaging all teaching staff in improvement and development activity was identified for some, alongside ensuring that leaders monitored the effect of action and development on teaching skills.

2.3 Achievement

8. Achievement findings were positive overall, but the reports drew an important distinction between the standard of apprentices' work and their completion of the whole apprenticeship. Most providers showed strong workplace application, progression and high pass rates among completers. The main risks concerned retention, uneven achievement between programmes and delays or drop-out at final assessment.

Positive findings and strengths

- **Strong progress from starting points.** Hallam apprentices made excellent progress and Suffolk apprentices made considerable progress, with both providers graded Strong standard for achievement.
- **High-quality work and professional application.** Across the reports, apprentices produced work appropriate to or above their level, used research and critical thinking, and applied new knowledge confidently in clinical, leadership, digital, policing,

construction and management contexts. Health Sciences University apprentices progressively developed advanced assessment, patient-care and health-science skills.

- **Positive final assessment outcomes among completers.** Many apprentices achieved merits or distinctions. Gloucestershire reported that all apprentices who took final assessment passed; Quayside reported that most completers gained distinctions.
- **Equitable outcomes.** Apprentices with barriers to learning generally achieved at least in line with peers at Gloucestershire, Quayside and Suffolk.
- **Progression and increased responsibility.** Apprentices commonly gained promotion, took on senior or specialist duties, progressed to professional recognition or further study, and became more confident decision-makers. Health Sciences University apprentices became valued NHS team members and were mostly on track for professional and end-point assessments.
- **Development of English, mathematics, digital and analytical skills.** These skills were embedded through academic writing, data interpretation, presentations, calculations, research and workplace problem-solving. Health Sciences University apprentices also developed clinical software fluency, technical vocabulary and critical analysis through its online writing café.

  Improvement over time. Gloucestershire's latest published achievement rate was above the national average, while Staffordshire reported notable improvement on embedded electronic systems design and development.

Areas for improvement, inconsistency or risk

- **Whole-apprenticeship completion.** For some, completion rates remained a challenge particularly in some Standards, despite often gaining the degree and professional accreditation. Some had identified too many early leavers and were implementing a positive strategy to improve the proportion who remain and achieve.
- **Variation between programmes.** There were sever al areas with weaker achievement identified by providers despite strong outcomes elsewhere where successful practice in place elsewhere could have been applied.
- **Sustain high outcomes.** Strong current data should not obscure the need to monitor cohort-level differences, programme variation and the full journey through gateway and final assessment.

2.4 Curriculum and teaching

9. Curriculum design was generally purposeful, sequenced and closely related to workplace needs. The strongest teaching combined current professional expertise, realistic practice, precise checking of learning and meaningful assessment. The recurring weaknesses were inconsistency between staff or programmes, feedback that did not always show apprentices how to improve, and progress reviews that did not consistently integrate on- and off-the-job learning.

Positive findings and strengths

- **Curriculum aligned to skills needs.** Providers selected standards and designed programmes to address employer, regional and national priorities. Examples included health and public services at Staffordshire, the built environment at UCEM, and local workforce pathways at Suffolk.

- **Logical sequencing.** Apprentices typically moved from foundational knowledge to more complex professional application, such as hospitality operations to strategic management at Gloucestershire, materials knowledge to sustainable packaging design at Hallam, and incremental diagnostic-skill development at Health Sciences University.
- **Theory-to-practice integration.** Lecturers used workplace scenarios, case studies, reflection and employer-linked activities to make learning relevant and immediately applicable.
- **Simulation and realistic learning.** Gloucestershire, Health Sciences University, Hallam, Staffordshire and Suffolk used clinical, emergency, rehabilitation, immersive or digital simulation to allow safe practice of complex skills.
- **Expert and current staff.** Academic staff had strong professional expertise, industry links, research profiles and current sector knowledge. Health Sciences University lecturers drew extensively on specialist clinical experience. Hallam's staff included recognised experts and doctorate-level specialists.
- **Assessment for learning.** Providers used questioning, knowledge checks, increasingly complex assignments and applied tasks to assess understanding and deepen learning.
- **Effective workplace coordination in stronger models.** Hallam's coaches used frequent reviews with apprentices and employers to plan workplace activities; Suffolk's practice educators, Health Sciences University's regular course-leader, employer and apprentice meetings, and UCEM's reviews also supported application at work.

Areas for improvement, inconsistency or risk

- **Consistency of teaching and assessment.** Providers had often accurately identified a small number of areas where teaching and assessment needed improvement, within particular standards or with staff new to teaching where improvements were needed.
- **Specific, developmental feedback.** Ofsted commented on feedback sometimes being too general or inconsistent across learners.
- **Quality and purpose of progress reviews.** The need for reviews to routinely reinforce wider learning and set useful development targets was highlighted.
- **Sustain improvement across all programmes.** Where leaders had intervened successfully, inspectors often noted that it was too early to know whether improvement would be maintained.

2.5 Participation and development

10. Apprentices generally attended well, behaved professionally and felt safe and respected. Stronger provision offered a coherent, tailored programme of wider development that was integrated into the curriculum and linked to professional roles and career progression. Expected standard findings often reflected variability in access, weak tracking of wider activity, or insufficient contextualisation of safeguarding and radicalisation themes.

Positive findings and strengths

- **High expectations and attendance.** Providers set clear expectations for behaviour, attendance and participation, followed up absence and used catch-up support to help apprentices remain on track. Attendance at Health Sciences University was mostly high, although a small minority of courses required a more effective improvement strategy.

- **Professional behaviours.** Apprentices collaborated respectfully, contributed workplace experience and developed the conduct expected in their sectors.
- **Safe and inclusive learning environments.** Apprentices knew how to report concerns and were confident staff would respond. Equality, respect and wellbeing were common features of provision.
- **Purposeful wider development.** Examples included Hallam apprentices volunteering as STEM ambassadors; Staffordshire police apprentices gaining additional competencies; Quayside apprentices studying artificial intelligence; Suffolk apprentices attending innovation showcases; Staffordshire digital apprentices taking part in hackathons and industry-endorsed activity; and Health Sciences University apprentices leading a health-promotion campaign for primary school children.
- **British values and professional ethics.** Staffordshire embedded British values expertly in professional contexts. Hallam linked equality, safeguarding and social justice strongly to professional practice. Health Sciences University taught British values, radicalisation, equality and wellbeing in memorable health-professional contexts.
- **Careers guidance and aspiration.** Many providers integrated career planning into reviews, offered CV and interview support and helped apprentices identify routes into promotion, professional practice or further study. Health Sciences University also used guest lecturers, industry experts and alumni to broaden career awareness.
- **Community contribution.** Apprentices supported local projects, inclusive recruitment, employability activity and employer improvement projects.

Areas for improvement, inconsistency or risk

- **Contextualise risks to the workplace.** To consistently teach radicalisation and extremist risks in ways that helped apprentices recognise how these might present in their work settings.
- **Equal access to wider opportunities.** Ensure that the breadth of wider activity and apprentice participation was consistent across curriculum area.
- **Careers information beyond the current employer.** Ensure that apprentices did not know about wider progression opportunities outside their organisations.
- **Integrate and track wider curriculum resources.** To embed resources on health, equality, safety and diversity, consistently.
- **Evidence impact rather than provision alone.** A menu of activities was not sufficient; the stronger reports showed how wider development changed confidence, professional judgement, aspiration or contribution at work.
- **Attendance strategy.** Identify the causes of low attendance on a small minority of courses and implement an effective improvement strategy.

3. Other recurring areas across the reports

11. The following themes were not always separate graded evaluation areas, but they recur in the narrative sections, learner experience findings, provider context and next steps.

3.1 Safeguarding

12. Safeguarding standards were met at all seven providers. Apprentices generally felt safe, knew how to report concerns and trusted staff to act. Safeguarding was strongest where it was embedded into professional practice rather than delivered only as generic information.

Positive findings and strengths

- **Open safeguarding culture.** All seven reports confirmed that leaders and those responsible for governance fulfilled their responsibilities and established a culture in which concerns were identified and acted upon.
- **Confidence to report.** Apprentices consistently knew how to raise concerns and believed staff would respond appropriately.
- **Professional contextualisation.** Hallam and Staffordshire linked safeguarding, equality and professional ethics directly to apprentices' roles. Health Sciences University similarly taught radicalisation, respect, tolerance, freedom of speech and health and wellbeing through health-professional contexts.
- **Practical knowledge.** Suffolk apprentices could recall signs of abuse and reporting routes; UCEM used online safety materials and newsletters on bullying, harassment and terrorism-related responsibilities.
- **Support for wellbeing.** Mental health, welfare and wellbeing support were closely linked to safeguarding arrangements across the providers.

Areas for improvement, inconsistency or risk

- **Depth and contextual relevance.** Ensure that radicalisation was taught in ways that apprentices could apply in workplace settings.
- **Systematic integration.** Ensure that safety and personal development resources were consistently built into the core curriculum.
- **Avoid relying on confidence alone.** Providers need evidence that apprentices can recognise sector-specific risks and act appropriately, not only that they know a reporting route.

3.2 What it is like to be an apprentice

13. The learner experience was predominantly positive. Apprentices valued expert staff, supportive relationships, flexible arrangements and learning that transferred directly into work. They commonly reported increased confidence, independence and professional responsibility.

Positive findings and strengths

- **Belonging and motivation.** Apprentices at Gloucestershire felt a strong sense of belonging; Hallam apprentices were highly motivated and valued access to higher-level study; Staffordshire apprentices showed strong commitment and pride; Health Sciences University apprentices enjoyed their studies and valued the professional relevance of their qualifications.
- **Approachable and expert staff.** Apprentices valued lecturers, tutors and coaches who were calm, knowledgeable, organised and responsive. Health Sciences University apprentices described staff as passionate, friendly and consistently helpful.
- **Authentic learning.** Simulation, workplace scenarios, live projects and industry-current resources helped apprentices practise complex skills safely. Health Sciences University apprentices particularly valued advanced clinical and immersive learning.
- **Direct workplace benefit.** Apprentices described improved decision-making, leadership, clinical practice, client communication, confidence and responsibility.

- **Flexible participation.** Recorded learning, adjusted deadlines, online delivery and flexible tutoring helped apprentices manage work, deployment, disability and personal challenges.
- **Respectful peer learning.** Apprentices learned from colleagues' workplace experience and discussed different viewpoints in mature, professional ways. Health Sciences University apprentices valued its blended learning and discussion of peers' experience across different health settings.

Areas for improvement, inconsistency or risk

- **Inconsistent programme experience.** Occasionally apprentices nearing completion were not consistently satisfied with training quality.
- **Loss of motivation near completion.** Ensuring that apprentices remain motivated after gaining the degree and before final assessments.
- **Review quality can weaken experience.** Monitoring and delivering consistent progress reviews to increase the value of target-setting and wider learning.
- **Uneven careers information.** Increase focus on information for apprentices lacked about progression beyond their current organisation.

3.3 Employer engagement and workforce relevance

14. Employer engagement was a consistent strength and a defining feature of these higher and degree apprenticeship reports. Providers used employers and professional bodies to shape curriculum content, workforce pathways and workplace application.

Positive findings and strengths

- **Curriculum co-design.** Employers, professional bodies and apprentices contributed to programme design and validation.
- **Regional workforce planning.** Staffordshire linked policing, paramedic and nursing provision to public-sector plans; Health Sciences University designed health-science curricula with NHS employers nationally and regionally; Suffolk developed health and social care progression routes; Hallam contributed to regional economic and skills strategies.
- **Workplace relevance.** Programmes were routinely adapted to current sector practice, professional standards and employers' operational needs.
- **Employer-supported application.** Reviews and workplace activity enabled apprentices to practise and demonstrate new knowledge and skills.
- **National sector reach.** UCEM's online provision served the built environment nationally, while Quayside's online apprenticeships were available across England.

Areas for improvement, inconsistency or risk

- **Consistency of the three-way relationship.** The reports suggest that employer partnership is strongest when it is visible in progress reviews and workplace activity, not only at initial programme design.

- **Broaden progression horizons. E**nsure that apprentices understood opportunities beyond their current employer.
- **Link employer feedback to measurable improvement.** Providers should show how employer insight changes sequencing, teaching, support and outcomes across programmes.

3.4 Progress reviews and integration of on- and off-the-job learning

15. Progress reviews emerged as a critical operational mechanism. Where they were frequent, tri-partite and developmental, they connected academic learning, workplace practice, careers and support. Where they were inconsistent, they weakened otherwise sound provision.

Positive findings and strengths

- **Seamless coaching model.** Hallam's coaches linked university, employer and apprentice activity and used reviews to plan workplace opportunities.
- **Employer-valued reviews.** UCEM employers valued frequent reviews that clarified how they could support apprentices.
- **Practice-based planning.** Suffolk's practice educators worked with apprentices and managers to plan workplace activities. Health Sciences University course leaders, employers and apprentices also met regularly to discuss progress and next steps.
- **Early identification.** Suffolk used an early first review to identify risk and temporary barriers; Staffordshire monitored attendance and engagement closely.
- **Reflection and application.** Good reviews helped apprentices connect theory and practice and identify next steps.

Areas for improvement, inconsistency or risk

- **Inconsistent quality and recording.** Proactively identify inconsistencies in the conduct and recording of reviews.
- **Targets not always developmental.** Ensure skills coaches consistently cover opportunities to reinforce wider learning or agree useful targets.
- **Governance should see review quality.** Take care to link information for oversight groups on teaching quality to reduced oversight of progress reviews and webinars.
- **Reviews should cover the whole apprenticeship.** Maintain momentum through gateway and final assessment, not only during the academic programme.

3.5 Careers, progression and destinations

16. Most apprentices were well prepared for progression and many achieved promotion or greater responsibility. Careers provision was most effective when embedded throughout the apprenticeship and connected to professional pathways, employers and wider labour-market opportunities.

Positive findings and strengths

- **Positive destinations.** Most completers progressed into employment, promotion, professional practice, enhanced roles or further study.
- **Embedded career conversations.** Hallam coaches and workplace mentors discussed career pathways during progress reviews; Staffordshire integrated careers into curricula.
- **Practical support.** Providers offered CV workshops, mock interviews, job application support, careers services and employability sessions.
- **Professional networks and recognition.** Industry accreditations, professional bodies, alumni, learning fairs, guest experts and employer projects broadened apprentices' networks and ambitions. Health Sciences University used alumni and health-sector experts to explore wider career options.
- **Career confidence.** Apprentices commonly understood how their learning supported current and future career goals.

Areas for improvement, inconsistency or risk

- **Consistency across programmes.** Check that all apprentices receive informative guidance compared to peers.
- **Completion is part of progression.** Ensure that apprentices value and complete final assessments.

3.6 Staff expertise, professional learning and wellbeing

17. Staff expertise was a prominent strength. Inspectors frequently praised sector currency, research expertise, professional experience and training in pedagogy, simulation, inclusion and apprenticeship delivery. Leaders also paid close attention to workload and wellbeing.

Positive findings and strengths

- **Current professional expertise.** Staff drew on clinical, policing, engineering, digital, construction, management and research experience. Health Sciences University lecturers brought extensive specialist health-science and clinical knowledge.
- **Purposeful development.** Examples included Hallam's communities of practice and scholarship, Suffolk's simulation training, Health Sciences University's programme to

extend teaching and assessment techniques, and UCEM's support for teaching qualifications and professional membership.

- **Training in inclusion.** Providers developed staff understanding of neurodiversity, additional needs and inclusive teaching. Health Sciences University was extending this training to ensure that all lecturers used a sufficiently wide range of strategies.
- **Time and workload.** Hallam protected time for collaboration; Quayside added assessment time; Staffordshire allowed workload flexibility for staff supporting Ministry of Defence apprentices.
- **Positive staff culture.** Staff generally felt valued, respected and proud to work for their provider.

Areas for improvement, inconsistency or risk

- **Development must translate into consistency.** Even providers with extensive staff development had pockets of inconsistent teaching, feedback or assessment. Ensure full lecturer participation and clear monitoring of training impact.
- **Governors need evidence of impact.** Professional learning should be connected to quality assurance findings and improvements visible in apprentice outcomes.
- **Specialist expertise needs operational coordination.** Academic excellence alone does not guarantee strong apprenticeship practice unless progress reviews, workplace integration and completion are equally strong.

3.7 Resources, simulation and digital or online learning

18. The reports contained many examples of high-quality physical and digital resources. Simulation was especially prominent in health and public-service programmes, while online providers used accessible learning platforms, webinars and flexible resources.

Positive findings and strengths

- **Realistic simulation.** Hallam used clinical and rehabilitation suites with diverse mannequins; Staffordshire used immersive road traffic collision and emergency scenarios; Gloucestershire invested in digital simulations; Health Sciences University provided advanced clinical simulation and immersive spaces for history-taking, patient handling, physical examination and high-pressure scenarios.
- **Safe practice of complex skills.** Simulation increased confidence before apprentices applied skills in high-risk workplace settings.
- **Accessible digital resources.** UCEM's resources generally met accessibility standards; Gloucestershire and others used recorded learning and digital access to support participation.
- **Industry-current equipment and content.** Resources reflected current professional practice and helped apprentices understand modern sector expectations.
- **Flexible online participation.** Quayside and UCEM used online learning to provide national reach and accommodate apprentices' work and personal circumstances.

Areas for improvement, inconsistency or risk

- **Resources need structured use.** Consider whether personal development resources, are actually systematically integrated, used and tracked.
- **Technology is not a substitute for pedagogy.** Strong outcomes depended on sequencing, explanation, checking, feedback and workplace application, not simply access to high-quality facilities.

3.8 English, mathematics, digital and analytical skills

19. Most reports described these skills as embedded in vocational and professional learning rather than delivered separately. Apprentices developed the communication, numeracy, digital fluency and analytical capability needed for higher-level professional practice.

Positive findings and strengths

- **Applied mathematics and data.** Apprentices used budgeting, financial measures, dimensions, ratios, clinical data and complex drawings.
- **Academic and professional writing.** Providers developed research, referencing, critical writing and extended analytical assignments. Health Sciences University used an online writing café to strengthen dietetic apprentices' critical analysis.
- **Digital capability.** Examples included online professional presence, artificial intelligence, digital clinical practice, health-specific software and data interpretation.
- **Communication.** Apprentices developed presentation, client communication, leadership and public speaking skills.

Areas for improvement, inconsistency or risk

- **Track skill development consistently.** Reports gave strong examples, but providers should be able to evidence progression in these skills across all programmes.
- **Avoid assuming higher-level entrants need no development.** Academic writing, data interpretation and digital competence remained important even where apprentices already held prior qualifications.

3.9 Subcontracting

20. Subcontracted provision was limited across the sample and was generally well managed. Inspectors found due diligence, monitoring, shared quality systems and curriculum co-design rather than an arm's-length relationship.

Positive findings and strengths

- **Thorough checks and monitoring.** Gloucestershire used due diligence and frequent oversight for its small amount of subcontracting.
- **Integrated quality arrangements.** Staffordshire subcontractors were fully involved in university processes; Hallam applied equally rigorous quality systems to subcontracted delivery.
- **Co-design and shared priorities.** Hallam worked with its subcontractor on curriculum design, diversity in recruitment and inclusive practice.

- **Functional skills oversight.** UCEM maintained oversight of the small amount of subcontracted English and mathematics delivery.

Areas for improvement, inconsistency or risk

- **Maintain direct line of sight.** Providers should continue to evidence the apprentice experience, teaching quality and outcomes at subcontractor level.
- **Apply the same standards throughout.** The reports support a model in which subcontracted provision is governed and improved through the same systems as directly delivered provision.

3.10 Retention, completion and final assessment

21. Retention and completion were the clearest cross-cutting risks in the seven reports. High-quality teaching and strong degree outcomes did not always translate into timely completion of the apprenticeship. The reports repeatedly pointed to early withdrawal, programme variation, progress review quality and loss of momentum at final assessment.

Positive findings and strengths

- **Improving trends.** Gloucestershire's achievement rate rose to 75% in 2024/25; Quayside's revised programme structure was beginning to improve retention; Staffordshire and Suffolk reported strong or improving outcomes.
- **High pass rates among those assessed.** Several providers recorded pass rates at or close to 100%, showing that apprentices who reached final assessment were usually successful.
- **Targeted intervention.** Providers used monitoring, support plans, flexible arrangements and revised programme structures to help apprentices remain on programme. Health Sciences University reported that current apprentices were mostly on track for professional and end-point assessments.

Areas for improvement, inconsistency or risk

- **Early leavers.** Address apprentices leaving early and take action where needed to sustain retention.
- **Final assessment bottleneck. I**dentify and address barriers to completion.
- **Programme-level variation. I**dentify, target and address variability across different programmes – always view disaggregated data.
- **Review and target-setting.** Focus on timely and quality progress reviews – these affect timely progress and achievement.
- **Attendance as an early warning.** Understand and address low attendance on a courses before it affects overall progress