

# University of Chester

Monitoring visit report

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**Name of lead inspector:** Alison Cameron Brandwood, Her Majesty's  
Inspector

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**Type of provider:** Higher education institution

**Address:** Parkgate Road  
Chester  
CH1 4BJ



## Monitoring visit: main findings

### Context and focus of visit

From October 2018, Ofsted undertook to carry out monitoring visits to all newly directly funded providers of apprenticeship training provision which began to be funded from April 2017 or after by ESFA and/or the apprenticeship levy. This monitoring visit was undertaken as part of those arrangements and as outlined in the *Further education and skills inspection handbook*, especially the sections entitled 'Providers newly directly funded to deliver apprenticeship training provision' and 'Monitoring visits'. The focus of these visits is on the themes set out below.

In January 2018 the University of Chester (the university) started to deliver levy-funded apprenticeships in health-related subjects at level 5. Currently, there are 77 apprentices on standards-based programmes. Most apprentices are over 25 years of age. Two thirds of apprentices are on nursing-associate apprenticeships and the remainder study healthcare assistant practitioner apprenticeships. The university works with 17 employers across north west England. It also offers apprenticeships at levels 6 and 7, which are not in scope for this monitoring visit.

### Themes

#### **How much progress have leaders made in ensuring that the provider is meeting all the requirements of successful apprenticeship provision?**

#### **Reasonable progress**

The university mission and strategy to serve the needs of the community by providing high-quality higher-level apprenticeships are being realised. Leaders and managers work in partnership with key stakeholders and employers to develop apprenticeships at level 5 that meet the needs of employers and healthcare regulatory bodies. Apprentices receive a broad and varied curriculum in which on- and off-the-job training are carefully coordinated. They develop substantial new vocational knowledge, skills and behaviours which employers value greatly. The apprenticeship provision meets the principles and requirements of an apprenticeship.

Leaders and managers have rigorous arrangements in place to recruit suitable apprentices. They work very closely with employers to ensure that they place apprentices on the most appropriate programme. Consequently, most apprentices remain on their programme.

Governance arrangements are well established and effective. Governors from a range of relevant backgrounds make good use of their experience to support and challenge senior leaders and hold them to account. They are clear about the actions in place to eliminate weaknesses and what senior leaders need to do to bring about further improvements. Governors and senior leaders have recently established a

group to oversee the quality of apprenticeship programmes and to report to the governing board. It is too soon to assess the impact of this development.

At the start of the apprenticeship programme, leaders and managers were too slow to put in place all the measures necessary to ensure that all apprentices had a high-quality experience from the beginning of their programme. For example, leaders and managers have only recently put formal training arrangements in place for apprentices who need to prepare for functional skills English and mathematics examinations. As a result, a few apprentices who are due to complete in early 2020 have not yet started to prepare for these examinations.

**What progress have leaders and managers made in ensuring that apprentices benefit from high-quality training that leads to positive outcomes for apprentices?** **Reasonable progress**

Apprentices benefit from good on- and off-the-job training that develops their surgical and medical practice and professional behaviours extremely successfully. Teaching is highly effective, and apprentices apply their knowledge, skills and behaviours at work and share their learning with colleagues. For example, apprentices working in child health assess a range of conditions, including respiratory problems, head injuries, dog bites and poisoning. Apprentices' attendance at off-the-job training sessions is high.

Staff are highly qualified and have a broad range of relevant and up-to-date experience and expertise. Managers have established a practice learning committee made up of members from the university health and social care faculty, practitioners from local NHS trusts and employers. The group works effectively together to respond swiftly to changes in practice. Apprentices benefit from the information and best practice that this group shares.

Feedback to apprentices is comprehensive and it helps them to improve. The work they produce is of a high standard. It demonstrates clear links between theory and practice. For example, they apply ethical constraints very successfully when treating patients. Teachers provide effective support to apprentices to develop their knowledge and skills in English and mathematics, which apprentices apply in their work settings. For example, apprentices monitor effectively blood pressure and respiratory rates, and manage medications, as well as completing patients' records accurately.

Apprentices make good progress in their apprenticeships. Workplace mentors and, more recently, learning mentors provide effective support to apprentices. Employers know how well their apprentices are progressing and they participate in apprentices' frequent reviews.

Leaders and managers recognise rightly that they need to improve the assessment and recording of apprentices' starting points. They are also aware that they need to

monitor how tutors use these when setting and reviewing apprentices' targets. They have recently put in place new systems and processes to address these weaknesses, but it is too soon to judge the impact.

**How much progress have leaders and managers made in ensuring that effective safeguarding arrangements are in place?**

**Reasonable progress**

Leaders and managers have put in place the necessary arrangements to ensure the safety of apprentices. The steps that staff follow for reporting and responding to concerns about safeguarding, including the 'Prevent' duty, are effective. The designated safeguarding officer and the safeguarding team are suitably qualified. They deal with safeguarding incidents competently.

Strong and highly effective external partnerships are in place, for example with local health authorities and the police. Staff complete referrals to external agencies swiftly, ensuring that the most appropriate support for apprentices is available quickly.

Staff and apprentices benefit from the training they receive. As a result, apprentices have a good understanding of safeguarding and the 'Prevent' duty in relation to their professional practice and personal lives. They apply their knowledge and skills in the workplace to keep patients safe. For example, apprentices act as second checkers for controlled drugs allocations.

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Manchester  
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