

# ACADEMY SEF SUMMARY

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FEBRUARY 2019

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IPSWICH HOSPITAL SCHOOL

A PROVISION WITHIN PARKSIDE ACADEMY

## General Contextual Information for the Ipswich Hospital School

Ipswich Hospital School (IHS) is part of the Raedwald Multi Academy Trust in Ipswich, which encompasses all of the Alternative Provisions (AP) in Ipswich, and is based within the Child Health Wards at Ipswich Hospital. The IHS is a satellite within Parkside Academy. The IHS serves children and young people aged 4-18 who are admitted to hospital and who are unable to attend their home school due to a wide range of medical and mental health needs. Pupils access education through the IHS for varied periods of time, from a short one-day admission to longer term of a month or more. The IHS is the LA commissioned provision for meeting Section 10 of the requirements of 'Ensuring good education for children who cannot attend school because of health needs' (DfE May 2013).

The Ipswich Hospital School:

- offers a quality educational provision and support to pupils with long term or recurrent illnesses, mental health issues aged between 4 and 18 years who are in statutory full-time education
- enables pupils to access as much education as their medical and/or mental health condition allows
- seeks to maintain the momentum of patients education and provides continuity of education for all pupils
- supports pupils to reintegrate to school
- works in partnership with parents, medical and educational practitioners
- promotes high quality outcomes and raises aspirations for pupils

The Ipswich Hospital School provides education for all school age children admitted to hospital from mainly Bergholt Ward, a 28 bed pediatric ward which admits patients with a number of medical conditions including: oncology, mental health, cystic fibrosis, orthopedics, gastroenterology etc. Day surgery patients from the Raedwald Ward are also contacted and all these pupils receive an educational pack for their Key Stage on day one of arrival, regardless of admission status. Pupils from adult wards are also taught when they are referred.

### Key Student Data (at 31<sup>st</sup> August 2018):

- All of Hospital School pupils remain on roll of their school
- IHS does not receive any pupil premium funding
- Since Jan 2018 **1132** pupil contacts made

<b>Number of Pupil Contacts -Bergholt &amp; Raedwald Wards together</b>
<b>Spring Term 1: 230 (over 26 pupil days)</b>
<b>Spring Term 2: 283 (over 28 pupil days)</b>
<b>Summer Term 1: 266 (over 27 pupil days)</b>
<b>Summer Term 2: 353(over 35 pupils days)</b>

Bergholt Pupil Contact by Key Stage – Spring 1						
FS	KS1	KS2	KS3	KS4	Total	
15	36	34	48	37	170	
Bergholt Pupil Contact by Key Stage – Spring 2						
FS	KS1	KS2	KS3	KS4	Total	
20	45	71	55	42	233	
Bergholt Pupil Contact by Key Stage – Summer 1						
FS	KS1	KS2	KS3	KS4	Total	
8	36	74	31	39	188	
Bergholt Pupil Contact by Key Stage – Summer 2						
FS	KS1	KS2	KS3	KS4	KS5	Total
29	37	77	97	34	5	279

Overall Effectiveness		Last revision date: N/A		Author : KK/SS	
Inadequate		Requires Improvement		Good	
				Outstanding	
<b>Summary :</b>		<p>During the course of the year, the IHS has been transformed in terms of its culture and effectiveness (<i>Evidence: Stakeholder feedback; LGB Meeting Notes; HT reports</i>). Safeguarding is highly effective and is firmly at the forefront of the school (<i>Evidence: NHS Safeguarding team; Safeguarding training record; Safeguarding File safeguarding audit: NSPCC and Andrew Hall Safeguarding Audit</i>). Learning is good and continues to improve (<i>Evidence: Monitoring records</i>). Planning is personalised, fit for purpose, and linked to the national curriculum (<i>Evidence: Bespoke lesson plans; Long term/medium term planning</i>). Pupils make good progress within lessons because next steps in learning is rooted in prior knowledge and skills. (<i>Evidence: SchoolPod tracking system; monitoring notes; home school liaison notes</i>). Pupils are offered a wide range of opportunities to develop their knowledge of the outside world, through inspirational activities, cultural events and given many opportunities to feel valued (<i>Evidence: Planning scrutiny</i>). Behaviour is outstanding and pupil's welfare and well-being is central to the school's ethos. (<i>Evidence: Schoolroom feedback files; Daily engagement scores on records sheets; Pupil feedback 'emoji' forms</i>). Where individual pupil progress gives cause for concern in terms of progress, and/or welfare, views of all stakeholders are considered, assessed and acted upon. IHS staff are proactive in seeking to meet the needs of these individuals eg instigating multi-agency meetings; timely liaison with schools and partner agencies; appropriate referrals. This is considered a strength of the school. (<i>Evidence: case studies; NHS staff testimonials; SchoolPod chronology, IHP documentation</i>)</p>			

Sub Criterion	HEG RAG Rating (Autumn, 2018)	Author RAG	Brief Summary of major strengths and areas for development
<b>Effectiveness of Leadership and Management</b>		<b>Green</b>	<p>The Lead Teacher, in post since January 2018, is committed to improving the effectiveness of the school. Every opportunity to move the school forward is exploited and networking links have been fruitful in the pursuit of moving the hospital school into an exceptional model. (<i>Evidence: Lead Teacher CPD; National Partnerships offering support and challenge eg Hospital School liaison visits to OHS; Colchester; AIP; LGB minutes</i>). The Lead Teacher has high expectations of pupil achievement, is committed to raising the quality of teaching, learning and assessment, and ensures pupils are provided with an enriched, bespoke curriculum in line with the National Curriculum objectives and pupil need. (<i>Evidence: Planning File; Lesson Logs; Displays; work scrutinies</i>). The Lead Teacher models high standards of professionalism and has, in under a year, put systems in place to run the school more efficiently (<i>Evidence: standardised paperwork eg Safeguarding report form; schoolroom timetable; IT facilities; reduction of resources/clutter; learning environments; GDPR compliance</i>). Systems for managing staff performance are in place, with termly dates for review set with manageable targets, linked to both the IHS SDP and Parkside SDP, to be completed within deadlines. (<i>Evidence: PMA file; SDP- IHS and SDP Parkside</i>). The Lead Teacher has been proactive in ensuring all staff and volunteers have received up to date training in both the NHS and Education mandatory training areas. (<i>Evidence: Staff Training file, Meeting minutes file, PMA file</i>)</p> <p>The Lead teacher has set up a robust system using School Pod to track pupil progress, meeting the needs of staff and pupils and enabling successful transition.</p> <p>The Lead teacher is proactive and continues to network locally and nationally to grow as a leader and share and gather good practice for her role.</p> <p><b>Areas for Development</b></p> <ul style="list-style-type: none"> <li>AfD 1.1: to consolidate new role for Lead Teacher to ensure all aspects of the role are fully understood and comply with statutory requirements for Hospital Education Provision and revised Raedwald Trust accountability framework</li> </ul>

			<ul style="list-style-type: none"> <li>AfD 1.3: to explore further external and trustwide networking opportunities/experience the leadership of other hospital provisions, to share good practice which will enable Lead Teacher to provide confident and outstanding leadership in her role</li> </ul>
<b>Safeguarding</b>		<b>Green</b>	<p>Safeguarding is effective. New and effective procedures are in place at the Ipswich Hospital School; and all processes are compliant with high Trust expectations. The lead teacher is experienced and is fully trained as a T4T Safeguarding trainer, PREVENT lead, Online Safety Lead and Designated Safeguarding Lead. The IHS links with partner agencies are strong and effective, meaning that high level support can be put into place quickly for pupils who are vulnerable and at risk. Excellent liaison takes place with the NHS Safeguarding team and home school DSLs. IHS staff have been proactive in completing referrals, not just passing information to NHS teams but instigating and making referrals directly (see CAF, MARE, Records of Concern data), attending multi-agency meetings and ensuring planned actions have been completed. <i>(Evidence: Safeguarding file; CAF minutes; Referral docs)</i>. Our recent safeguarding audit, Dec 18, concluded that our practice was highly effective (we are awaiting formal report) Safeguarding monitoring meetings take place between the Headteacher and Lead teacher regularly (at least three weekly) to ensure processes are tight. The Lead teacher and DSL of the Hospital School is part of the trust central safe guarding group that meet regularly to support and share good practice. Parkside, Lindbergh and Hospital School have formed a strong <i>Critical Friend: SCR scrutiny, Safeguarding scrutiny meetings (see sign in sheets, emails confirming findings, minutes,</i></p> <p><b>Areas for Development</b>  Afd1: fully engage with the trust wide peer challenge and support process through participating in the central Safeguarding Group.  Afd2: to publish widely agreed procedures in a structured, clear and transparent format/system that enables sharing between NHS and IHS agencies  Afd3: to explore the use of School Pod for Safeguarding record keeping, in preparation for all transition to an agile system on a date later in the academic year</p>
<b>Quality of Teaching, Learning and Assessment</b>		<b>Green</b>	<p>Teaching from IHS has moved from a series of ‘occupational’ activities to a planned and clear ‘educational’ approach with a topic-based theme for each term linking to the National Curriculum. All staff have high expectations of pupils and ensure standards of behaviour are high so that a positive, learning environment is assured. <i>(Evidence: learning walks; monitoring notes; parental feedback forms; pupil feedback forms)</i>  Bespoke timetables are drawn up for many of the pupils who stay in hospital for longer than 3 days ensuring all areas of the curriculum are covered over the period of time they are admitted. Detailed reports are submitted to home schools for longer term patients and arising concerns are followed up. Pupils who do not seem to be making strong progress are brought to the attention of the home school and RT Pedagogical team. Home schools are supported to ensure the needs of the pupils are met and any issues identified whilst at the IHS are communicated. SMSC is embedded within all aspects of teaching and learning <i>(see Learning Plans; SchoolPod)</i>. Feedback to pupils is used effectively after each lesson to ensure pupils clearly understand their next steps focus and appropriate targets are set. Pupils are encouraged to peer assess their work as well as their own learning. A robust system for monitoring and tracking pupil progress (SchoolPod) for pupils attending the HIS has been implemented.</p> <p><b>Areas for Development</b>  Afd 1 : Afd2: to establish what information is to be collected, used, stored by IHS to enable useful and relevant tracking and to comply with GDPR. New admissions form to be agreed with SLT and within the Academy records retention schedule.  Afd3: Provision for 16-18 year old – system for identifying this group within the hospital urgently needs to be actioned (see 16-18 provisional action plan)  Afd4: Development and Implementation of a transition programme supporting longer term patients back into home school</p>

<p><b>Personal Development Behaviour and Welfare</b></p>		<p><b>Green</b></p>	<p>Within the provision, every care is given to promoting the personal development and welfare of each pupil. Indicators, including stakeholder feedback, the number of positive pupil contacts, pupil engagement scores and a variety of engagement strategies carefully tailored to pupil need, ensures that pupils' personal development is very good. Behaviour in class is outstanding with pupils showing confidence and enthusiasm in their learning. (See Pupils Feedback Emoji feedback). SMSC and the promotion of British Values are exploited at every opportunity, evidenced in the quality of display work of pupil's work around the hospital corridors and on the wards. Every opportunity to promote the welfare of pupils, in particular, vulnerable pupils, is maximised. The IHS team are proactive in identifying individual needs of pupils, supporting pupils not just in their education but emotionally and pastorally; Medical staff often refer patients to our service for observations and to assist them with diagnosis after educational assessment. Due to the culture of Safeguarding within the schoolroom, pupils trust IHS staff and know they can share concerns if needed (eg evidence of Safeguarding disclosures; daily briefing of TAs and volunteers re pupils; weekly Psycho-Social meetings with consultants and medical staff; multi-agency links; regular meetings with HEG). Pupils feel safe in the schoolroom (pupil feedback). Some vulnerable pupils admitted to the ward for mental health issues, have chosen to take examinations at the IHS over their home school environment. (Evidence: IHS staff have facilitated 3 pupils taking their GCSE and A Level examinations in 2017-18). A further 4 pupils admitted over exam period had special consideration granted from their home schools, special arrangements made after liaison with home school, and were subsequently able to sit exams, following input by the IHS.</p> <p><b>Areas for Development</b>  Afd 1: Review of admission processes to ensure retention of records is strong  Afd 2: to promote the use of Individual Health Care Plans (IHP) with Home Schools county-wide</p>
<p><b>Outcomes for pupils</b></p>		<p><b>Green</b></p>	<p>AfL strategies are used within lessons to assess learning. Personalised learning is central to all teaching and learning. IHS staff are becoming increasingly confident with setting targets and suitable challenge for all pupils taking into consideration their medical needs. Differentiated activities are carefully planned and adapted with short notice. This ensures that all pupils in the schoolroom engage with the challenge set and that they enjoy their learning and make progress. Priority is given to the teaching of English and Maths in morning lessons with Topic based learning or be-spoke timetabling in the afternoon sessions. (Evidence: weekly timetables, lesson logs) Close liaison with home school, parents and brief assessment of pupils ensures the appropriate level for learning is given and that pupils can continue their education as far as possible from where they left off from their home school. (SchoolPod)</p> <p><b>Areas for Development</b>  Afd 1: Review and roll out of data collection system to enable tracking and monitoring of pupil progress (SchoolPod)  Afd 2: Implementation of baseline assessment for long term pupils at admission (in collaboration with partner hospital school - OHS)</p>
<p><b>Early Years Provision</b></p>		<p><b>Green</b></p>	<p>Pupils from the age of 4 are taught in the schoolroom following a program of structured Topic based learning, adapted and differentiated for each individual's needs. Learning through play is central to this age groups educational development; links with the Hospital Play specialists are increasingly productive and developing. Staff have visited local primary schools to observe and gain expertise in phonics delivery. Resources in phonics purchased and now being delivered</p> <p><b>Areas for Development</b>  Afd1: All staff to undertake training within Early Years setting (4-5 year old)  Afd2: to ensure TAs are fluent in the teaching of early years Phonics  Afd3: to liaise closely with Hospital Play Specialists for support and sharing of expertise</p>
<p><b>16 to 19 Programmes of Study</b></p>		<p><b>Amber</b></p>	<p>At present the IHS relies on NHS colleagues informing the schoolroom of admissions. This information is not always forthcoming and pupils from this age range may be missed. Currently, when pupils have come to the attention of the IHS team, support has been well received and pupils have been able to complete studies, have support with work and to sit exams with the cooperation of their Home School. Conversations with other hospital schools nationwide providing opportunity to strengthen admission processes in this key stage. Links with the Communications team have been developing and there are processes being formed to support 16-19 pupils to access the School Room</p> <p><b>Areas for Development</b></p>

			AfD1: to persist with NHS communications in setting up a system to enable alerts for these pupils when admitted AfD2: to liaise closely with RT colleagues to support with long term patients eg collaborative teaching and flexible deployment of wider staff team
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