ACADEMY IMPROVEMENT PLAN
IPSWICH HOSPITAL SCHOOL

RÆDWALD
T·R·U·S·T

JUNE 2019

IPSWICH HOSPITAL SCHOOL PROGRAMME

1. Academy Priorities, Areas for Development (AFD), Key performance Indicators (KPI) Summary 2018 – 2019

Priority 1: Enabling inspirational leadership and management

September 2018 the Raedwald Trust has a new CEO in place which is enabling the formation of a strong leading Academy. A Heads Executive Group has formed within the trust. The Hospital School is growing further by working within the HEG and newly formed Trust teams to fulfil Trust ambitions

As a result our L&M foci are to:

1. Formalise consistent policies to be applied to all academies
2. Review staffing patterns across each academy
3. Deliver a progressive, forward thinking, staff charter empowering and inspiring colleagues across the trust

AFD	Area for Development	KPIs
AFD 1.1	To consolidate new role for lead teacher to ensure all aspects of role are fully understood and comply with statutory requirements for Hospital Education Provision and revised Raedwald Accountability framework	Raedwald Policies in place and being adhered to Procedures understood by all team Compliance in all areas

Priority 2: Delivering High Quality Learning

The Hospital School is always striving to improve its provision for pupils. The school room is building on its curriculum to develop early years and 16-18 year old provision. Over the past two terms the Lead Teacher has developed resources and is proactively seeking to make connections with other hospital schools in order to develop and improve practice.

As a result our foci are to:

- Centralized curriculum standards and expectations through HEG and RT Pedagogical and RT External Provision
- Develop provision for early years and 16-18 year olds
- Improve baseline data assessments to ensure appropriate planning

AFD	Area for Development	KPIs
AFD 2.1	To implement a robust system for the tracking of pupil progress that meets the needs of staff and pupils – and enables successful transition To review and roll out data collection system to enable tracking/monitoring of pupil progress on school pod	Pupil progress documented on school pod
AFD 2.2	Provision for 16-18yr old: devise a system for identifying this group to enable learning to take place To develop a program to support transition of pupils when they return to main school To liaise closely with Trust colleagues to support with long term patients eg collaborative flexible deployment of teaching team Implementation of baseline assessment data for long term pupils (at admission)	All pupils between 16-18 years are signposted to School Room for education if they are able to access it Tight system in place to support patients back into mainstream school Baselines recorded on entry for long term patients.

Priority 3: Securing Safe and Energising Learning Environments

The Hospital School has strong safeguarding procedures. It is working with Trust groups to ensure this practice grows and swiftly and successfully is transferred to School Pod where it can be managed digitally. With the formation of a Trust safeguarding group we have the opportunity to have exemplary safeguarding

- As a result our foci are to:
- Centralise support, challenge and supervision in relation to this area
- Establish strong 'fierce friends' to examine our policies and practices
- Regular monitoring and reflective cross trust practices

As a result our foci are to:

- Identify where academy is at, relating to Trust Wide Priorities listed on page 5

AFD	Area for Development	KPIs
AFD 3.1	To publish agreed procedures in a structured clear and transparent format/system that enables sharing between NHS and IHS To promote the use of IHCP with home schools Plan for migration of safeguarding to be on school pod Weekly safeguarding meeting to take place between DSL/DDSL to monitor practice and ensure robust procedures, consistency and to reaffirm a culture of reflective practice Engage fully within Trust Safeguarding group forming this term to co-ordinate safeguarding issues across the trust and share good working practice To establish what information is to be collected used and stored by HIS to enable useful relevant compliance To review admission processes to ensure retention of records is strong	Agile robust and consistent safeguarding procedures in place Confidence in safeguarding procedures and effectiveness. Built in time for reflective thinking and collaboration GDPR compliance

Priority 4: Empowering Supportive, Skilled and Nurturing Staff
    To undertake training to upskill staff to offer high quality education to all pupils
As a result our foci are to:
▪ To ensure staff are appropriately trained to deliver confidently to early years and 16-18 year old pupils

AFD	Area for Development	KPIs
AFD 4.2	Staff to undertake training within early years setting	Staff confident and skilled in delivering to early years, with particular emphasis on phonics

	TA staff to undertake training to ensure they are fluent in teaching of early years phonics Staff to liaise with Hospital Play specialists for support and sharing of expertise	

Priority 5: Forging Focused Partnerships and Collaborations Benefitting Pupil Outcomes

It is our ambition to link with excellent hospital schools within the country and to adapt and refine our practice accordingly

As a result our foci are to:

- Attend national conferences
- Make links with other Hospital settings
- Actively seek out opportunities to engage in professional dialogue and mutually beneficial professional relationships with other like settings

AFD	Area for Development	KPIs
AFD 5.4	To explore further external and trust wide 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	Leaders and colleagues are actively engaged in external professional communities (Action plan to be developed)

2. Monitoring and evaluation of the action plan

In order to ensure rapid progress towards these outcomes the actions and KPIs will be monitored in the following way:

(a) Academy based monitoring, including Local Governing Bodies

The school based lead for each of the AFDs in the plan will have overall responsibility for the implementation of the action plan for that priority.

The lead will RAG the completion of the actions as follows:

- RED: the action is not yet started and/or there is a high risk of slippage or non-completion.
- AMBER: the action has started though not yet completed, there is some slippage but not cause for concern.
- GREEN: the action is fully complete as specified

Completion of the actions is intended to lead to the impact as outlined in the KPIs.

The Lead will write a termly impact assessment report for the Head Teacher who in turn will grade the success measures and sign off on the accuracy of the impact assessment for the CEO and Trust Board.

(b) Trust based monitoring

The CEO will receive a progress report on the actions plans through the Head Teacher Executive Group. There will be an evaluation of progress towards the success measures of each AFD. On a cycle across each meeting the academy based leads will present the evidence of impact to the Head Teacher for scrutiny by the HEG and Trust Board. The success measures will be RAG rated by the Trust Board based on a scrutiny of the evidence and data presented to the CEO at each HEG meeting.

1. Action Plans

We have created action plans for each of the AFD identified in the summary above.

Priority 1: Enabling Inspirational Leadership and Management

AFD1.1 To consolidate new role for lead teacher to ensure all aspects of role are fully understood and comply with statutory requirements for Hospital Education Provision and revised Raedwald Accountability framework

What are the expected outcomes?	For learners: ● Consistently offered strong provision through active participation in Trust and sector support and challenge ●	
	For staff and other stakeholders: Raedwald Policies in place and being adhered to Procedures understood by all team Compliance in all areas	
To achieve the expected outcomes we will: (Include CPD activities) 1. Meet regularly with CEO and Head Teacher 2. Align working practice with new policies and procedures being ratified by the Trust 3. Undertake relevant CPD		Lead SLT KBB
How will progress be monitored? Meeting notes		

Head Teacher's report
HEG review

What evidence will be gathered to show the impact of this priority? Excellent consistent leadership

What are the cost implications of any of the actions?
● Staff time

Evaluation Commentary February 2019

Regular meetings take place with Head Teacher. Working practices are aligned with policies within the RT. CPD has been undertaken by Lead Teacher in Safeguarding and Integration and Inclusion for children with medical conditions in school conference. Membership of NAHE and NAMHE has provided support through conferences and networking opportunities. Ongoing liaison with OHS and peer support has been beneficial.

Evaluation Commentary July 2019

Regular meetings with Head Teacher continue. NAHE membership provides Hospital Lead with up-to-date legislation and knowledge of new technologies and innovations to support children with learning in Hospital settings. Hospital Lead Teacher will undertake MHFA certified trainer training in July-Aug 2019 (7days) which will inform practice within IHS and enable mental health first aid training to be delivered across the trust. Recent CQC inspection for Ipswich Hospital has high-lighted the Hospital School as an 'exemplar' for Hospital Education. The Hospital School was inspected by OFSTED (report published 14.03.19) in which Hospital School pupils 'are effectively supported...to learn well.' and 'The leader works closely with medical professionals to ensure that all pupils receive high-quality provision between their care and treatment.'

Priority 2: Delivering High Quality Learning

AFD 2.2:

Provision for 16-18yr old: devise a system for identifying this group to enable learning to take place

To develop a program to support transition of pupils when they return to main school

To liaise closely with Trust colleagues to support with long term patients eg collaborative flexible deployment of teaching team

Implementation of baseline assessment data for long term pupils (at admission)

What are the expected outcomes?	For learners:
	All pupils between 16-18 years are signposted to School Room for education if they are able to access it
	Tight system in place to support patients back into mainstream school
	Engaging delivery of curriculum

AFD 2.1 To implement a robust system for the tracking of pupil progress that meets the needs of staff and pupils – and enables successful transition   To review and roll out data collection system to enable tracking/monitoring of pupil progress on school pod

What are the expected outcomes?	For learners: ● Planning matched to need ● Pupil progress tracked ● Tight links with mainstream school to ensure smooth transition
	For staff and other stakeholders: ● Agile system for monitoring pupil planning, progress and tracking

To achieve the expected outcomes we will: ● Migrated to School Pod ● Trained staff ● Embedded a system that enables the timely completion of pupil progress on School Pod	Lead SLT KBB

How will progress be monitored?   Through Lead Teacher   Head Teacher   Heads report   School Pod

What evidence will be gathered to show the impact of this priority?   Assessment data: Data on school pod will highlight learning completed for each pupil in each lesson

What are the cost implications of any of the actions?   ● School Pod   ● Training   ● Staff time

Evaluation Commentary February 2019

Pupils receive a bespoke learning package from the first day of admission tailored to Key Stage. All lessons, contacts and communications are detailed on SchoolPod as much as possible. Progress for pupils is logged through each lesson. Long term pupils have a broad and balanced curriculum delivered – evidence through SchoolPod analysis. Staff need further training on how to use SchoolPod more effectively to track progress. Home Schools are informed as to long term pupil progress. Visits to Home schools have been undertaken to liaise with teachers for recurring patients to ensure progress is maintained.

Evaluation Commentary July 2019

The Lead teacher has been proactive in engaging with Home Schools for long-term pupils in the implementation of IHPs to support pupils in school. ILPs have been introduced for long term and recurring pupils. SchoolPod reports have been generated to give an overview of pupil progress and are shared with Home Schools/parents as appropriate.

	For staff and other stakeholders: ● Baselines recorded on entry for long term patients to facilitate appropriate planning for pupils ● System set up to ensure all pupils between 16-18 are able to access the Hospital School should they be able to	

To achieve the expected outcomes we will: ● Devise system to signpost 16-18 year old patients to school room ● Link tightly with Trust colleagues and Executive team to maximize on staffing expertise in school room ● Use baseline tools to gather assessment data for planning purposes ● Link with Trust Pedagogical Lead to secure guidance for SEND pupils	Lead SLT KBB

How will progress be monitored?
● Assessment data
● HEG meetings
● Head Teacher meetings
● Heads report

What evidence will be gathered to show the impact of this priority?
Increase in 16-18 year olds accessing the school room,
Quality of assessment data improved, quality of teaching improved
Increased progress

What are the cost implications of any of the actions?

Evaluation Commentary February 2019

Links still on going with Safeguarding and Communications team with regard to formulating system to locate 16-19 year olds in the hospital. Posters have been created and distributed to wards and ward clerks spoken to with regard to liaising with IHS staff. The communications

team have requested that KKB have access to a part of the server (restricted to Lead Teacher) to enable sharing of information regarding admissions of 16-18 year olds. Links made with Richard Stewart from Student Life. Collaboration between RT centres with regard to shared expertise started with Music and Science - Parkside	
Evaluation Commentary July 2019 System is now in place for Hospital School staff to be able to locate all 16+ years students within the Hospital. All students 16-18 are now offered support from the Hospital Schoolroom team and given a letter signposting how to access the service. The result has been an increase in KS5 pupils attending the schoolroom. (see SchoolPod data)	

Priority 3 Securing Safe and Energising Learning Environments

AFD 3.1 To publish agreed procedures in a structured clear and transparent format/system that enables sharing between NHS and IHS To promote the use of IHCP with home schools Plan for migration of safeguarding to be on school pod Weekly safeguarding meeting to take place between DSL/DDSL to monitor practice and ensure robust procedures, consistency and to reaffirm a culture of reflective practice Engage fully within Trust Safeguarding group forming this term to co-ordinate safeguarding issues across the trust and share good working practice To establish what information is to be collected used and stored by IHS to enable useful relevant compliance To review admission processes to ensure retention of records is strong		
What are the expected outcomes?	For learners: ● Robust safeguard systems in place ● Exemplary safeguarding	
	For staff and other stakeholders: ● Clear documentation to show the procedures of sharing between NHS and IHS ● Continuing culture of safeguarding. Good working practice shared, reflected upon to ensure confident consistent safeguarding	
To achieve the expected outcomes we will: (Include CPD activities) • Formation of Trust Safeguarding group • Regular monitoring safeguarding meetings		Lead SLT KKB

- Regular staff safeguarding quizzes/email updates

How will progress be monitored? School Pod
- School Pod
- Heads report
- HEG
- Trust Safeguarding team
- Safeguard monitoring meetings

What evidence will be gathered to show the impact of this priority?
- Safeguarding concerns
- Heads reports
- Safeguarding team minutes

What are the cost implications of any of the actions?
- At cost

Evaluation Commentary February 2019
- Safeguarding Audit undertaken – awaiting report but likely positive outcome. Extensive Safeguarding CPD undertaken by all staff in line with RT policies. Safeguarding actions are now uploaded to SchoolPod. Evidence of liaison between agencies through contact log, safeguarding tab, telephone book records, case studies, stakeholder feedback. Lead teacher attends monthly Trust safeguarding meetings and 2/3 weekly safeguarding meetings with Head Teacher. Culture of Safeguarding promoted and reflected in Curriculum planning and classroom. Weekly meetings attended with NHS Safeguarding teams and medical professionals. Referrals to other agencies are frequent - See Data for MARF referrals etc
- CME training undertaken by Lead teacher. 2x CME pursued in line with policy.

Evaluation Commentary July 2019
Safeguarding links within RT and the NHS Child Safeguarding team are strong with regular meetings taking place (monthly for RT Safeguarding Team and weekly NHS Psycho-social meetings). KKB attended CYP's Emotional and Wellbeing Mental Health Conference Feb 2019 – Trinity Park (NHS funded). On-line training by the NSPCC – Managing Sexualised Behaviour in Primary Schools has been completed by Hospital Lead. PREVENT and FGM training has been undertaken by all staff. Autism training for all IHS staff has been completed. IHPs are promoted to Home Schools for long term and recurring patients and joint NHS/IHS visits have taken place to facilitate their completion. All Safeguarding actions are recorded in detail on SchoolPod with further basic information being securely noted on the RT Safeguarding Spreadsheet (password protected) – moving ever forward to a paperless system of record keeping that is fully compliant with GDPR.

Priority 4: Empowering Supportive, Skilled and Nurturing Staff

AFD 4.2 enter area of focus Staff to undertake training within early years setting TA staff to undertake training to ensure they are fluent in teaching of early years phonics Staff to liaise with Hospital Play specialists for support and sharing of expertise	

What are the expected outcomes?	For learners: ● Improved curriculum delivery to early years
	For staff and other stakeholders: ● Improved engagement and outcomes for pupils in early years

To achieve the expected outcomes we will: (Include CPD activities)
    Complete appropriate CPD
    Link with other settings to observe good practice
	Lead SLT
	
	KKB

How will progress be monitored?
    Lesson observations
    Drop ins
    Heads reports

What evidence will be gathered to show the impact of this priority?
    Increased engagement
    Increased progress

What are the cost implications of any of the actions? • Training (TBC)	

Evaluation Commentary February 2019
- New phonic resources purchased.
- Links forged with two 'consistently Good' EYFS providers to observe good practice in the delivery of Phonics for Lead Teacher and TAs. Half day visits completed this half term. 4th Feb NP and 24th Jan KKB
- Pupil feedback from FS pupils and parents is consistently good with FS stage pupils scoring highly on the Teacher Assessment for engagement.

Evaluation Commentary July 2019

As above

Staff feel increasingly confident delivering phonics to EYFS and results have been positive and rewarding for all, with staff growing in their expertise - see SchoolPod

Priority 5: Forging Focused Partnerships and Collaborations Benefitting Pupil Outcomes

AFD 5.1 Develop use of School Pod so that close monitoring all pupil progress can be made by Lead teacher and HEG	

What are the expected outcomes?	For learners:
	   • Monitoring supports swift action to any issues that arise for pupils
	For staff and other stakeholders:
	   • Supports efficient monitoring system to ensure blocks to progress can be challenged and response devised to maximise progress
	   • To ensure broad balanced curriculum is taught

To achieve the expected outcomes we will: (Include CPD activities) Devote time to training	Lead SLT KKB
How will progress be monitored? HEG HT Report	

Curriculum reviews	
What evidence will be gathered to show the impact of this priority? School Pod SLT feedback	
What are the cost implications of any of the actions? • Training time • School Pod	

Evaluation Commentary February 2019
- Work in progress **– all lessons, communications and contacts are uploaded to SchoolPod from September 2018.**
- **From Jan 2019 all Safeguarding concerns and actions are uploaded.**
- **Hospital School staff respond quickly to concerns raised in terms of pupil progress, welfare etc liaise with Home Schools as appropriate.**
- **From concerns raised through monitoring, Home school staff have been invited in for meetings held within the hospital schoolroom to plan for ongoing support from both Health and Education.**
- **For long term or recurring patients, meetings with Home Schools are often convened at the Home School and Lead Teacher will visit with appropriate medical staff to complete IHPs or to undertake pupil observations in lessons and work scrutiny.**

Evaluation Commentary July 2019
The monitoring of SchoolPod has been particularly effective in Safeguarding, where cross-Trust liaison is instant and effective in supporting pupils. SchoolPod reports on individual pupils have been used widely to support pupils in the Hospital setting and on return to Home School.

AFD 5.4
Engage with local, national and international partners to learn from best practice, research and enquiry

What are the	For learners: **Up skilled teachers able to deliver an engaging broad and balanced curriculum across all years** **Cascading best practice to team to improve standards**

expected outcomes?	**Forging links within the trust and other Hospital Schools to improve resources and specialisms/subject specific knowledge**	
	For staff and other stakeholders: • Increased expertise and pupil outcomes	
To achieve the expected outcomes we will: (Include CPD activities) • Visits to other Hospital Schools • Attendance to national conferences • Membership of NAHE and NAMHE • Cross Trust Links • Adjust timetable to accommodate		Lead SLT KKB
How will progress be monitored? Engagement within the hospital room Increased curriculum offer Improved outcomes across curriculum		
What evidence will be gathered to show the impact of this priority? Improved attendance engagement and progress		
What are the cost implications of any of the actions? • travel • cost of conference tbc		
Evaluation Commentary February 2019 Visits to 2 hospital schools taken place. Certain areas of practice adopted: feedback form for pupils/families Hospital School Conference attended and national networking beginning to form Hospital School involved in joint action planning with Health for patients with Mental Health IHP collaboration with partner schools		
Evaluation Commentary July 2019 NAHE membership and further conferences will be attended. Lead teacher to undertake Mental Health First Aid Training – and to train to be a facilitator across the RT. (July – Aug 2019). Pupils engagement continues to be high – pupil 'exit tickets' give 100% positive feedback consistently.		

Analysis of 'Engagement scores' – given daily per pupil by Hospital School staff – show a rising trend over the year to 93% rated as 'good level of engagement' or higher.