

## School Self-Evaluation Summary

<b>SCHOOL</b>	<b>The Children's Hospital School at Great Ormond Street &amp; UCH</b>	<b>Date: June 2018</b>
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	<b>SECTIONS</b>	<b>SUMMARY EVALUATION</b>
<b>1</b>	<b>INTRODUCTION</b> School context-key features	<ul style="list-style-type: none"> <li>The School is a group 4 Foundation Special Hospital School designated for ages 5-19</li> <li>Although categorised as a Special School, in fact the majority of our pupils are from mainstream settings. On average we teach 1300 pupils a year and employ 40 staff across two sites.</li> <li>We have a split site at Great Ormond Street and University College Hospital (UCH). Also run an Activity Centre for nursery, reception pupils, siblings, after school and holiday club activities.</li> <li>All pupils are long stay or recurrent inpatients with significant health needs, often lifelong and sometimes life limiting.</li> <li>Recent patient data trends indicate that complexity of health care needs are significantly greater</li> <li>We rely heavily on the information we are given from the 'home school' that ultimately remain responsible for the pupil's data and attendance.</li> <li>We teach all key stages including those assessed as the most gifted &amp; talented to those with severe PMLD.</li> <li>Learners are from all social and economic backgrounds, and from all levels of prosperity and deprivation, from all over the UK and abroad.</li> <li>Our population is largely unpredictable with significant high mobility</li> <li>We offer 1:1 teaching across all wards, including Tier 4 CAMHS unit, for long stay or recurrent pupils and schoolroom based group teaching for pupils able to leave the ward</li> <li>The school adopts an extremely flexible &amp; personalised approach to ensure teaching is as similar to full time education as possible – as far as a pupil's health permits</li> <li>Our curriculum offer is bespoke to the individual</li> <li>OFSTED judged school as Outstanding in February 2014 for the third consecutive inspection</li> <li>We are not expected to have Raiseonline data or Data Dashboard</li> <li>There is no 'cohort data' – as there are no groups that we can identify as each child's situation is so unique.</li> <li>Assessment – the school uses a bespoke Database to record personalised objectives, monitor, evaluate and track attendance, progress &amp; achievement of individual pupils on a daily basis</li> <li>We offer a full timetable in the schoolroom and the activity centre at GOS with teacher led sessions in EYs, KS1, KS2, KS3, KS4. At UCH we have two schoolrooms on T11 &amp; T12.</li> <li>Specialist TAs help provide appropriate, targeted support &amp; engage pupils including 16-18</li> <li>Funding increases (EFA) through building developments at GOSH enabled higher staff recruitment</li> </ul>

**Pupil T three month admission**–100 % attendance- 51 possible days in school ( +9 days transition visits)

*'All I wanted to say is a huge thank you for everything. You have made my time in hospital much more bearable and haven't failed to make me smile even on a tough day. You are all brilliant and patient.*

*Although I am happy to go I will miss you all. PS say hi to Honey\* from me! **June 2018***

*(\* Honey is a pet for therapy dog who belongs to our Assistant Head and joins us in lessons about once a month)*

<b>2</b>	<b>WHOLE SCHOOL PRIORITIES</b> 2017/18	<ul style="list-style-type: none"> <li>To ensure pupils are making good or better progress towards meeting their PEP targets</li> <li>At least 90% teaching is judged as consistently outstanding, across all age ranges</li> <li>Ensure effective &amp; appropriate referral to school for long stay pupils</li> </ul>
		<ul style="list-style-type: none"> <li>Build leadership capacity &amp; capability at all levels, including Governance, so that all leaders can deliver and develop high quality provision</li> </ul>

3	PROGRESS IN PREVIOUS INSPECTION KEY ISSUES	Key Issues	P .I. Date	Feb 2014	Progress
		<ul style="list-style-type: none"> <li>Seek more opportunities to share the outstanding practice within the school with other educational providers and organisations</li> </ul>			<p>Significant outreach roles established – staff leading on outreach support eg Regional Makaton Trainer/Sensory stories/use of Google Communities/SEND peer reviews</p> <p>Formalised training embedded for NHS teams –strategic recognition from NHS for the role of the School in ‘every child fulfilling their potential’ (GOSH strategy 2017)</p> <p>Establishment of new National Association Hospital Education – HT led on scoping and steering group</p> <p>SEND research development &amp; contribution to engagement profile</p> <p>Lead national Hospital School network</p> <p>GOSH/UCh hosted/led two annual consecutive National Medical Needs Conferences</p>
		<ul style="list-style-type: none"> <li>Further develop how the school supports parents and students by expanding the services provided within the activity centre</li> </ul>			<p>Increased staff resource by 20%: nursery nurse/early years educator/play worker</p> <p>Diversity of collaborative work with Hospital &amp; GOSHCC eg ESOL adult support, Toy Library, Family Arts week</p> <p>Sibling policy and support extended to support joint working with health and social care teams in the hospital</p> <p>£220K invested over 4 years – supported through external grants</p> <p>Strategic involvement of HT and leadership team with NHS Heads of Service embedded and recognised</p> <p>Holiday learning programmes extended since 2016 to include alternative awards eg Arts Award</p>

4	OUTCOMES FOR PUPILS	Strengths	1	• Areas for Development 2017/18
		<ul style="list-style-type: none"> <li>Exam success for inpatients - full access to taking key exams &amp; SATs including outreach support where possible</li> <li>Pupils with chronic health needs move successfully onto the next stage of their education/training</li> <li>Pupils follow learning pathways that align with their previous levels of achievement</li> <li>Child centred planning differentiated by need to ensure progress for individuals</li> <li>Connecting with &amp; building on information from home schools and families to ensure continued &amp; where possible rapid progress</li> <li>Accurate starting points established on arrival so that challenging targets can be set without delay</li> </ul>		<p><b>To ensure pupils are making good or better progress towards meeting their PEP targets</b></p> <p><i>Key Actions (see SIP)</i></p> <p>Developing use of online assessment tools eg Evidence for Learning</p> <p>UPR/Curriculum Leads engaging staff</p> <p>Case Study continued development</p> <p>Report writing and feedback to home schools clearly identifies progress/attainment</p> <p>Parent workshops/discussion groups/structured conversations</p> <p>Family learning – continued development schoolroom-ward</p>

Dear Keneca,

I'm attaching the work M has done to date. It's not quite as well annotated as I would have hoped; I keep having to tell her 'write it down', as we discuss the different issues! She has definitely gained a modicum of confidence during the sessions but keeps forgetting the names of the terms so I am working on that a little bit. I will also send 'Ozymandias' (apologies for misspelling it before – very careless!) but, as you did not put it into the list, I wanted to focus on these. I am hoping to have one more lesson with her on Friday and will endeavour to get 'Tissue' and 'The Emigree' annotated.

She will have the originals when she leaves GOSH.

Many thanks for your support and I hope she is back in class soon.

Dear Emma

Thank you so much for all of your help. From the look of the attachments, it is evident that she does have a good understanding of these poems which is a great start. The class are quite weak (hence the detailed annotations), so I do believe that for M, the difficult part would be understanding the message of the poem. I am confident that she will be able to spot and annotate language techniques with minimum guidance and not be too far behind.

Thanks again and I also hope to see her soon.

Kind regards,

Keneca Roach (teacher at 'home school')

5	<b>TEACHING, LEARNING &amp; ASSESSMENT</b>	<b>Strengths</b>	<b>Areas for Development 2017/18</b>
		<ul style="list-style-type: none"> <li>Learning needs are well diagnosed and provided for by identifying personalised plans &amp; individual target setting with pupils</li> <li>Highly qualified &amp; experienced staff; aim to ensure new appointments have strong recent mainstream experience</li> <li>The staffing structure ensures specialist staff provide outstanding levels of support so pupils in all groups achieve</li> <li>A structured day in schoolroom enables a stable framework for the delivery of the key areas of the curriculum but there is flexibility to enable consideration of individual needs and circumstances.</li> <li>Motivational &amp; exciting resources supported by inspiring ICT, enthuse pupils to participate in sessions from early years to KS4.</li> <li>Sensory resources/interactive approaches contribute to a strong curriculum offer for PMLD pupils</li> <li>Creative &amp; enriched curriculum is engaging and inspiring</li> </ul>	<p><b>At least 90% teaching is judged as consistently outstanding, across all age ranges</b></p> <p><b>Key Actions (see SIP)</b>  <i>increase collaboration between age range and subject teachers ensure a wide, relevant and challenging CPD offer to all staff communication systems and feedback from parents/carers improved, monitored &amp; reviewed development of peer observations systems moderation with teachers in similar settings actively engage teaching staff in current national curriculum developments track and actively support staff well being</i></p>

*‘As a child is going through a tough time, the ability to keep pace with whatever is being covered at the home school slightly pales into insignificance compared with the way teachers within the hospital boost a sense of calm, security and confidence. Writing as one Headteacher to another we are very grateful for the warmth, love and care shown to her in addition to the academic support. She is now making great progress back with family friends and school.’ **Parent** MCU patient*

6	<b>PERSONAL DEVELOPMENT, BEHAVIOUR &amp; WELFARE</b>	<b>Behaviour Judgement /Safety Judgement</b>	<b>1 / 1</b>	<b>Areas for development 2017/18</b>
		<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>Outstanding joint approach with CAMHS unit MCU means these children feel safe &amp; able to access schoolroom and make outstanding emotional and academic progress</li> <li>Outcomes from teaching show improvement of social skills and increased self-confidence-as a result overall wellbeing is boosted significantly</li> <li>Pupils are involved in judging their own progress and take an active part in setting their own targets</li> <li>Behaviour in lessons is positive, respectful &amp; relationships between adults &amp; pupils are strong</li> <li>Case studies identify the impact of strategies used to support SEMH for individuals</li> </ul>	<p><b>Ensure effective &amp; appropriate referral to school for long stay pupils</b></p> <p><b>Key Actions (see SIP)</b>  <i>Improve systems for engaging parents in pupils learning (MCU &amp; Rheumatology))  Extend research on impact regular schooling whilst an inpatient – evidence base for NHS staff  Re establish effective termly strategic meetings with NHS leadership  Increase accessibility to sharing hospital school admissions requirements/sharing of key information  Evaluate hospital induction to ensure information on school and children’s rights are sufficiently prominent</i></p>	

KS2 patient/pupil

*The impact and importance of school was shared at a debrief ward meeting when after a long inpatient stay the child had passed away. (November 2017) The ward sister remembered a comment from the child when the patient had been very distressed with the staff and told them:*

*‘How do you expect me to become a Doctor if I can’t get down to school?’*

<b>7</b>	<b>EFFECTIVENESS OF LEADERSHIP/ MANAGEMENT</b>	<b>Strengths</b>	<b>• 1</b>	<b>Areas for Development 2017/18</b>
		<ul style="list-style-type: none"> <li>The staffing structure promotes a culture where everyone feels valued and able to make a contribution to school improvement</li> <li>Appraisal is robust and staff work closely with team leaders so that they are clear on how to improve their teaching or leadership role</li> <li>Continuous and relentless drive to improve the quality of teaching across the school so that pupils' achievement continues to rise.</li> <li>Governors fulfil their responsibility for shaping the strategic direction. Well informed and active involvement in ensuring school leader accountability for key school improvement responsibilities</li> <li>Our development of benchmarking with national networks of hospital providers has ensured our self review is pertinent to our own unique settings</li> <li>Rigorous, effective financial planning &amp; moderation by HT &amp; Governors. Audits all complete &amp; up to date</li> </ul>		<p><b>Build leadership capacity &amp; capability at all levels, including Governance, so that all leaders can deliver and develop high quality provision</b></p> <p><i>Key Actions (see SIP)</i>  <i>Develop systems for reviewing SIP in new SLT/ELT meetings</i>  <i>Establish and embed new Assistant Head roles</i>  <i>Engage in Camden Peer Review process</i>  <i>Consider &amp; plan for development of middle leadership roles (existing &amp; new)</i>  <i>Establish appointments process for new Chair of GB</i>  <i>Review effectiveness of Governor visits and impact on pupil achievement</i></p>

**July 2017 pupil M- 12 month admission in MCU** Achieved 9's in English and A\*s in Biology, Physics & Chemistry – now enrolled to do 3 A levels in Maths, Biology & Psychology -Visited school and said “*I could not have done it without you*”

<b>8</b>	<b>OVERALL EFFECTIVENESS</b>	<p><b>QUALITY OF EDUCATION PROVIDED is outstanding</b></p> <ul style="list-style-type: none"> <li>The school is confident in meeting complex safeguarding demands and offers bespoke training to all staff and governors. Audits are regularly carried out and policies are adapted to our specific needs</li> <li>Planning and assessment carefully matches learners' levels of attainment, and takes full consideration of current medical/psycho-social circumstances.</li> <li>Outstanding teaching through a creative and enriched curriculum, inspiring pupils who might otherwise be disaffected or difficult to engage.</li> <li>Differentiation is highly effective, particularly for children with learning difficulties/disabilities and disaffected learners.</li> <li>We focus on the key skills of literacy, numeracy, and ICT across the curriculum and promoting personal, social and health education throughout the curriculum because these are the skills our pupils need most</li> <li>Progress is carefully monitored at individual pupil level through both summative and formative assessment to ensure all pupils achieve their potential.</li> <li>Resources, including new technology, make a marked contribution to the quality of learning.</li> <li>Pupils gain a well-informed understanding of the options and challenges facing them as they engage in school life and on to the next stage of their education and training once discharged from hospital.</li> <li>Requirements of examination courses are very well met, as we are able to support pupils by providing specialist, teaching expertise. Students often achieve better with us than predicted by their home school, with whom we liaise very closely. We liaise closely with multiple exam boards to ensure young people have the opportunity to sit examinations even when in hospital at short notice.</li> <li>Pupils become empathetic in our care; they develop a keen interest in ethical issues and act responsibly. They debate and accept the right of others to hold different opinions and beliefs. They are supported to appreciate diversity and to challenge racism.</li> <li>At the Hospital School a leader is not necessarily just a member of the senior leadership team, or somebody who manages a group of people; everyone is a leader and we all play our part in creating an ethos where everyone feels valued, involved, motivated and inspired.</li> <li>Leadership aware of changing national initiatives e.g. new SEND policy and encourage professional links/networks in mainstream schools and with similar settings nationally.</li> <li>The evolving staffing structure (16/17) identified new roles to promote strong middle leadership and their essential contribution to school improvement.</li> <li>Governors provide a high level of support and challenge and actively promote school improvement.</li> <li>Governors are known by staff through regular visits to lessons and events; they are well informed about the quality of teaching and learning and monitor and evaluate the school's impact on pupil achievement.</li> <li>Partnerships – Swiss Cottage Teaching Alliance/QNIC (Quality Network for In-patient CAMHS)/Institute of Education SENJIT medical needs group/NAHSL (National Association Hospital School Leaders)/NAHHT (National Association Home &amp; Hospital Teachers) GOSH Learning Disability Steering Group/GOSH Patient &amp; Family Experience Team</li> </ul>
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<b>9</b>	<b>Early Years Provision</b> <i>(no registered nursery)</i>	<ul style="list-style-type: none"> <li>• The Children’s Hospital School at GOSH/UCH is not formally recognised by OFSTED as having an Early Years provision. We do teach Reception aged children and there is access for SEND 2yr old &amp; above.</li> <li>• Our designation is 5-19. It is impossible to provide the full early years curriculum within a tertiary hospital such as Great Ormond Street due to space limitations, access to the outdoors and health and safety restrictions due to complex medical needs.</li> <li>• We do lead an innovative national project, teaching nursery aged long stay in patients on the ward. School practitioners work closely with the child, family &amp; clinical teams to identify next steps for learning. Effective use Tapestry in addition to our own bespoke database to assess, share information with families &amp; home providers where they exist.</li> <li>• We are the experts in our setting and there is nothing similar in the South East. We welcome support from early years consultants to support us in this unique environment for young children.</li> <li>• Feedback and evidence of progress has been so positive that we cannot actually meet the demand. The area of equality in offering education to all our eligible inpatients is a concern and is being raised within the DFE to campaign for fairer funding. Currently the school funds this provision through charitable funds.</li> </ul>
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*I don't have everyone's email address, but we wanted to share a very special moment with those who have helped J so much to get this far. He spent an hour and half at school today and when we picked him up declared "that was the best day I have had in 18 months". He even had time to get into "trouble" for giggling with two old friends while they were supposed to be working. He was so excited to be going back to school, we had to convince him the night before not to sleep in his uniform!*

*We still have some way to go but we just wanted to thank everyone for all the hard work and care you have given to J. You have given J and all of us, the opportunity to have these wonderful times.*

***Leukaemia Patient – early years – returning to Year 1***

<b>10</b>	<b>16-19 Study Programmes</b> <i>(no registered sixth form)</i>	<ul style="list-style-type: none"> <li>• UCH hosts the TCT (Teenage Cancer Trust) ward and Macmillan Cancer Centre but many of these students are too unwell to engage in long term education (eg 2016/17 6 long stay -3 of whom died)</li> <li>• Where students do engage in learning the school offers a wide range of options, both academic and vocational. For example two students last year completed Health/Childcare modules and work experience with our younger pupils in our Activity Centre, whilst another is being supported in Oxbridge tests</li> <li>• Good quality individual assessment which follows learners’ progress with precision helps teachers to quickly identify where they might be slipping behind in their studies or what support they might need from their home schools</li> <li>• High quality advice for next stages of education or careers ensures that learners are confident about moving onto the next stage of education or the world of work. SEND students are extremely well supported and for example referred to specialist organisations who can offer specific support for 16-19 (eg Special Effect)</li> <li>• Learners feel very safe in school and know how to keep themselves safe from the influence of potential threats to their welfare outside it. E safety is a constant priority within this setting</li> <li>• Three disaffected UCH patients were motivated to engage in regular educational input via the use of TWSU Speaker Kit soldering lessons. The novelty and challenge of finding out about diodes, cathodes, anodes, PCBs, LEDs, resistors and potentiometers, and then constructing and soldering the speaker kit helped maintain an interest in learning during challenging times.</li> </ul>
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*Just a quick note to let you know that N got through her exams: English A Maths A Science C*

*Her school has confirmed that she has a place at 6th Form to study Psychology, Drama and English.*

*We would like to thank you from the bottom of our hearts for all the help you gave her at GOSH and for working with the school to enable her to stay with her year group to move on to A levels.*



