

King's Fund

Policy into
Practice
GUIDE



Authors

SARAH WALLER
HEDLEY FINN

Date

APRIL 2004



Enhancing the Healing Environment

A GUIDE FOR NHS TRUSTS



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Enhancing the Healing Environment

A GUIDE FOR NHS TRUSTS

SARAH WALLER AND HEDLEY FINN

King's Fund

The King's Fund is an independent charitable foundation working for better health, especially in London. We carry out research, policy analysis and development activities, working on our own, in partnerships, and through grants. We are a major resource to people working in health, offering leadership and education courses; seminars and workshops; publications; information and library services; and conference and meeting facilities.

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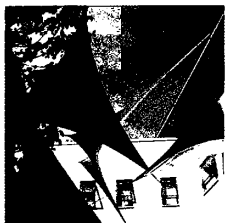
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Outline

This guide sets out to show how teams of NHS staff can plan and deliver their own medium-sized design projects in hospitals by making better use of existing resources. It is aimed at a wide audience, including the frontline employees, such as nursing and estates or facilities staff, who may participate in project teams, senior managers and members of trust boards, who will support teams, and anyone else interested in the subject of design in hospitals.

Part 1: The importance of design

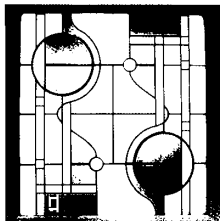
This part sets out to answer the question 'Why is good design so important to hospital patients and staff?':

- **Section 1** shows how hospitals can sometimes be inhospitable places, and quotes research evidence demonstrating that good design can make them more welcoming.
- **Section 2** describes the King's Fund's 'Enhancing the Healing Environment' (EHE) programme in the context of attempts over the past 40 years to promote good design in NHS hospitals. It then examines some of the specific hospital environments that EHE projects have set out to improve.
- **Section 3** uses the findings from the evaluation of the EHE programme to demonstrate the wider benefits that the programme has had. For example, members of the project teams have improved their self-confidence and their leadership skills, and NHS trusts have been encouraged to place good design higher on their agendas.

Part 2: The story in pictures

This part illustrates how EHE projects have enhanced the environment in a variety of NHS settings. The projects have been grouped into common themes: corridors, gardens, waiting spaces, artwork and clinical areas.





Part 3: Step-by-step guide

This part shows how to plan and deliver a medium-sized design project:

- **Section 4** explains how to get a design project started. Once a suitable design task has been identified in the hospital, those planning the project will need to get high-level support for their project, set up a project team, seek funding and then draft the project outline.
- **Section 5** offers guidance on how to ensure wider ownership of a project by consulting hospital users, staff and the general public about it, using methods such as meetings, questionnaires and visual presentations.
- **Section 6** runs through the arguments in favour of employing a professional artist or designer on the project. It explains how to draft a design brief, select a suitable artist or designer, and provide them with the support they need in the complex hospital environment.
- **Section 7** explains how to monitor the progress of the project, keep people informed about it and, when it is finished, evaluate it to discover whether the processes involved were effective, and whether the project increased satisfaction among users and staff.

Part 4: Listings

This part of the guide incorporates a directory of EHE projects, references and further reading, contact details, and credits for the photographs in this guide.

CD

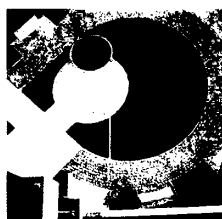
The CD that accompanies the guide is organised into four sections:

- a presentation by Susan Francis, author of the King's Fund research *The Art of Designing Special Places*, illustrated with images of health care premises in the UK and abroad
- video footage of the EHE project in the A&E department of Hillingdon Hospital, west London
- a compilation video of completed EHE projects in London
- an expanded project directory showing some before-and-after photographs of completed EHE projects undertaken in acute and mental health environments in London.

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Foreword

We are delighted to have the opportunity to provide a foreword for *Enhancing the Healing Environment – A guide for NHS trusts*. The environment affects us all, patients and staff, and improving the environment is one of the key elements patients and users have identified for making a better NHS. Some buildings make us feel calm, others create unnecessary stress. Some we want to visit again, others we cannot wait to leave.

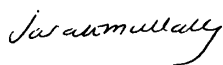
When the King's Fund set out on its mission to raise the profile and quality of the environment in London's hospitals, it could have had little idea about just how successful the project would be. It has seen five waves in London and in November 2003, His Royal Highness the Prince of Wales and Health Minister Lord Warner launched the national roll out. From these early beginnings, Enhancing the Healing Environment has become a national phenomenon and a key part of the movement to focus on creating supportive patient-centred environments, and enabling staff to give of their best.

This guide illustrates with principles and practical examples how NHS staff can plan and deliver better environments by improving existing features. It emphasises the importance of good design, founded on sound research, and provides many real-life examples of how estates, facilities and clinical staff worked together. Not only does it demonstrate the improvements in the built environment, it also shows the benefits to the staff in terms of self-confidence, teamwork and leadership skills.

We would like to take this opportunity to thank everyone associated with the project – particularly HRH the Prince of Wales for his inspiration, Dame Julia Neuberger, Niall Dickson, the Enhancing the Healing Environment team at the King's Fund, and the team at NHS Estates.

This project proves that we can make the environment work for us, and that by listening to staff and patients and tapping into their energies and knowledge, we can all make a difference.

This book is a real resource for anyone looking to improve the environment for health care. We commend it to everyone who has an interest in creating the best atmosphere to support patients, staff and visitors, and to house the world-class services that the NHS can provide.

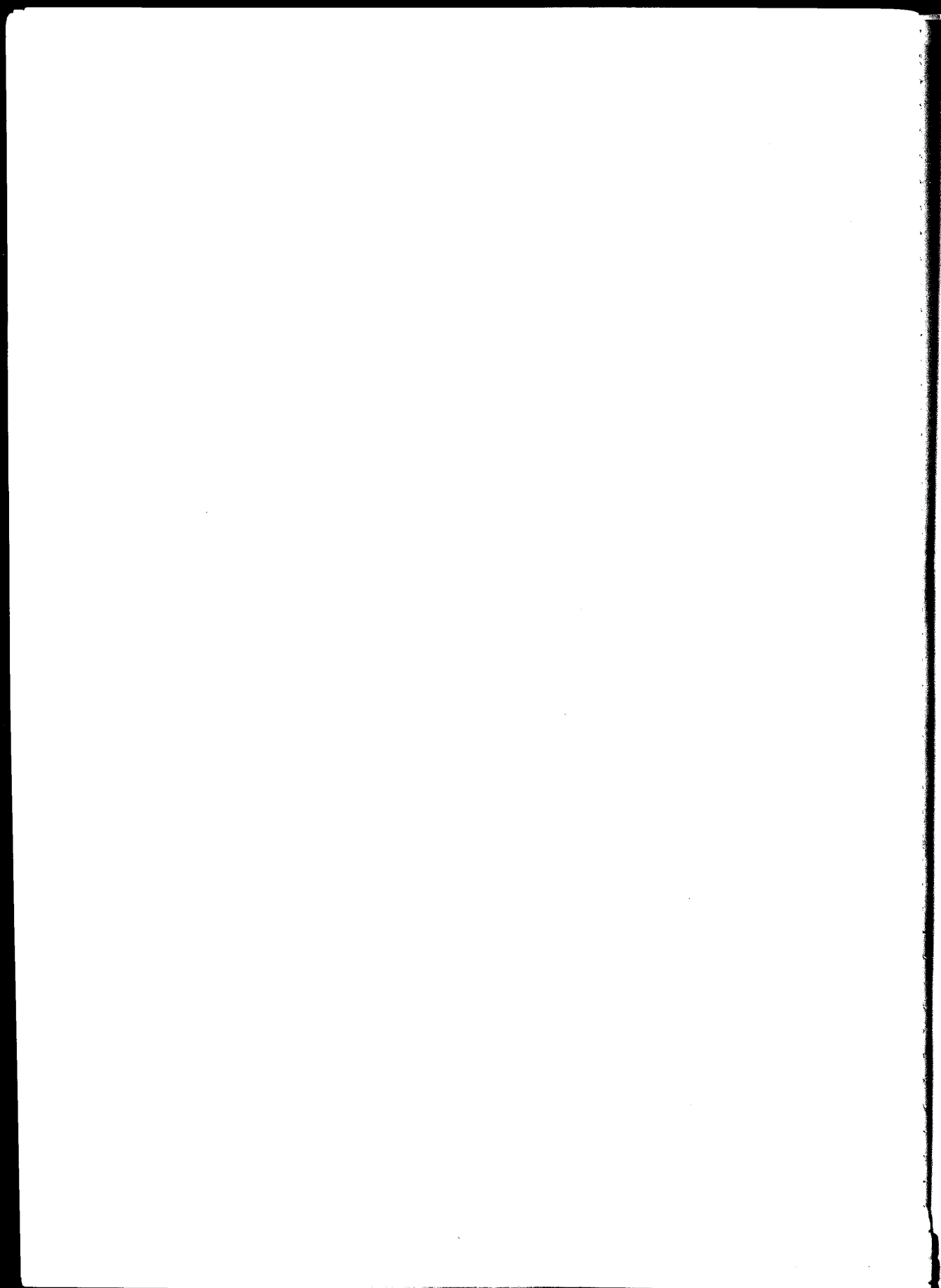


Sarah Mullally
Chief Nursing Officer, Department of Health



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Chief Executive, NHS Estates

April 2004



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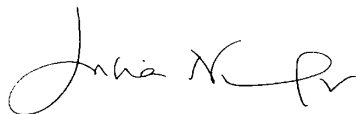
Our President, HRH The Prince of Wales, has shown enormous enthusiasm for improving the environments in which we live and work. His interest in these areas was an essential catalyst in the development of the King's Fund's Enhancing the Healing Environment programme. His commitment to the programme has meant a great deal to all those involved.

Thanks are also due to the King's Fund's Grants Committee and Management Committee, which decided, as part of activities to mark the millennium, to make a substantial grant to develop the programme in all acute trusts in the capital. The King's Fund Grants Committee continued this commitment and funded the extension of the programme to all mental health trusts and to some primary care trusts in London.

We are indebted to our partners at NHS Estates, who have not only enabled us to extend the programme in England but also made a substantial contribution towards the production of this guide.

I would also like to put on record our thanks to all those who have contributed to making Enhancing the Healing Environment such a success. Among them, I would like to cite especially: the King's Fund's Grants Directorate; those who have made particular contributions to the team development programme, including Pat Brand; ICI paints; Philips Lighting; Susan Loppert and colleagues, Chelsea and Westminster Healthcare NHS Trust; Joleen Keizer and Liz Ellis, Tate Modern; and to Susan Francis and Jane Willis, for undertaking the programme evaluation from which much of the material in this book has been drawn; Hedley Finn, who has been instrumental in the development of the programme; and Sarah Waller, who has led the programme and brought it to the success it is today.

Above all, our thanks go to the nurses, estates staff, arts co-ordinators, patients, and the many others who have taken part in the programme with such evident enthusiasm, and to those who have encouraged and supported them, including trust boards, special trustees and Leagues of Friends. All these people have helped us to realise their, and our, vision for improving the healing environment in 48 NHS trusts in London.

A handwritten signature in black ink, appearing to read 'Julia Neuberger', with a stylized flourish at the end.

Rabbi Julia Neuberger, DBE
Former Chief Executive, King's Fund

About the authors

Sarah Waller is Programme Director of the King's Fund's Enhancing the Healing Environment programme. She has had extensive management experience in the NHS, both as a director of nursing and as human resources director, and has led the development of the programme since its launch in 2001.

Hedley Finn MBE is an independent design consultant who has worked in the health field in the UK, the United States and Australia. He has been a major contributor to the King's Fund programme since its inception and is a trustee of the National Network for Arts in Health.

Introduction

It can't be easy to be healed in a soulless concrete box with characterless windows, inhospitable corridors and purely functional wards. The spirit needs healing as well as the body.

HRH The Prince of Wales (1989)



HRH The Prince of Wales, President of the King's Fund, has spoken on many occasions about the importance of the environment in health care, and has drawn attention to how staff – particularly nurses – have expressed concern about the state of hospital wards and the lack of the relatively modest funds needed to make changes that would significantly improve the environment for patients.

The King's Fund's Enhancing the Healing Environment programme, launched in 2001, has been a response to this need. The aim of the programme is to encourage and enable nurse-led teams to work in partnership with service users to improve the environment in which they deliver care. It consists of two main elements:

- a development programme for the team, which also includes estates and facilities staff, arts co-ordinators and patient representatives
- a grant for the team to undertake a project to improve the patient environment.

Originally focusing on London, the programme has been so successful that it is now being extended in other parts of England, in partnership with NHS Estates. We were delighted that His Royal Highness was able to join us at the launch of the national extension, where he met team members from London and congratulated them on their achievements.

This guide to Enhancing the Healing Environment (EHE) draws on the experience of the teams from the 48 NHS trusts that have taken part in the programme in London, showing how staff can work together to plan and deliver medium-sized design projects in hospitals. It also attempts to explain why hospital staff should be interested in setting up such projects, providing evidence that good design can not only increase the well being of patients, but also develop the skills of the people who manage projects. In particular, it sets out to show how dramatic changes can be made, simply by making better use of the hospital's existing resources.

The guidance given here could apply to any small or medium-sized capital project. It is aimed at a wide audience, including:

- nursing staff, estates and facilities staff, and others who participate in project teams
- senior managers and members of trust boards that support project teams
- arts co-ordinators
- service users
- anyone else interested in the subject of design in hospitals.

We believe that nursing staff – and in particular, modern matrons and ward sisters – are well placed to set up or make a major contribution to a design project because, by virtue of their position, they have a good idea of what patients want, as well as an understanding of the impact of the hospital environment. And, because they will have to operate within the new environment that the project creates, they have a major interest in ensuring its success. Setting up an art and design project is not a traditional role for nursing staff, and some may

doubt their own abilities in this direction, but the point of this guide is to show that they can do it if they wish.

We make this assertion with some confidence because of the excellent results of the first 43 Enhancing the Healing Environment projects in London. The King's Fund and NHS Estates jointly commissioned the Medical Architecture Research Unit to evaluate the London programme, and this guide draws extensively on the evaluation findings from those initial projects. The Enhancing the Healing Environment programme has been run according to specific rules that will not apply to every reader of this guide, but as a pioneering design development programme in the NHS it has a great deal to teach us.

How to use the guide

Throughout the guide, there are icons to help you navigate through the text:



case study



exercise



checklist



web address



publication reference



contact details for further information



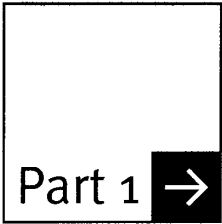
King's Fund EHE project. A directory of the 48 EHE projects is included in the Listings section.

For an outline of the content of the guide, *see* p iii.

Details of publications and organisations referenced within the text are repeated in the listings sections in Part 4 of the guide.

The accompanying CD contains further information on the London EHE projects, including:

- a presentation on 'The art of designing special places'
- detailed video footage of one A&E department project
- a compilation video of completed EHE projects in London
- an expanded project directory with before-and-after photographs.

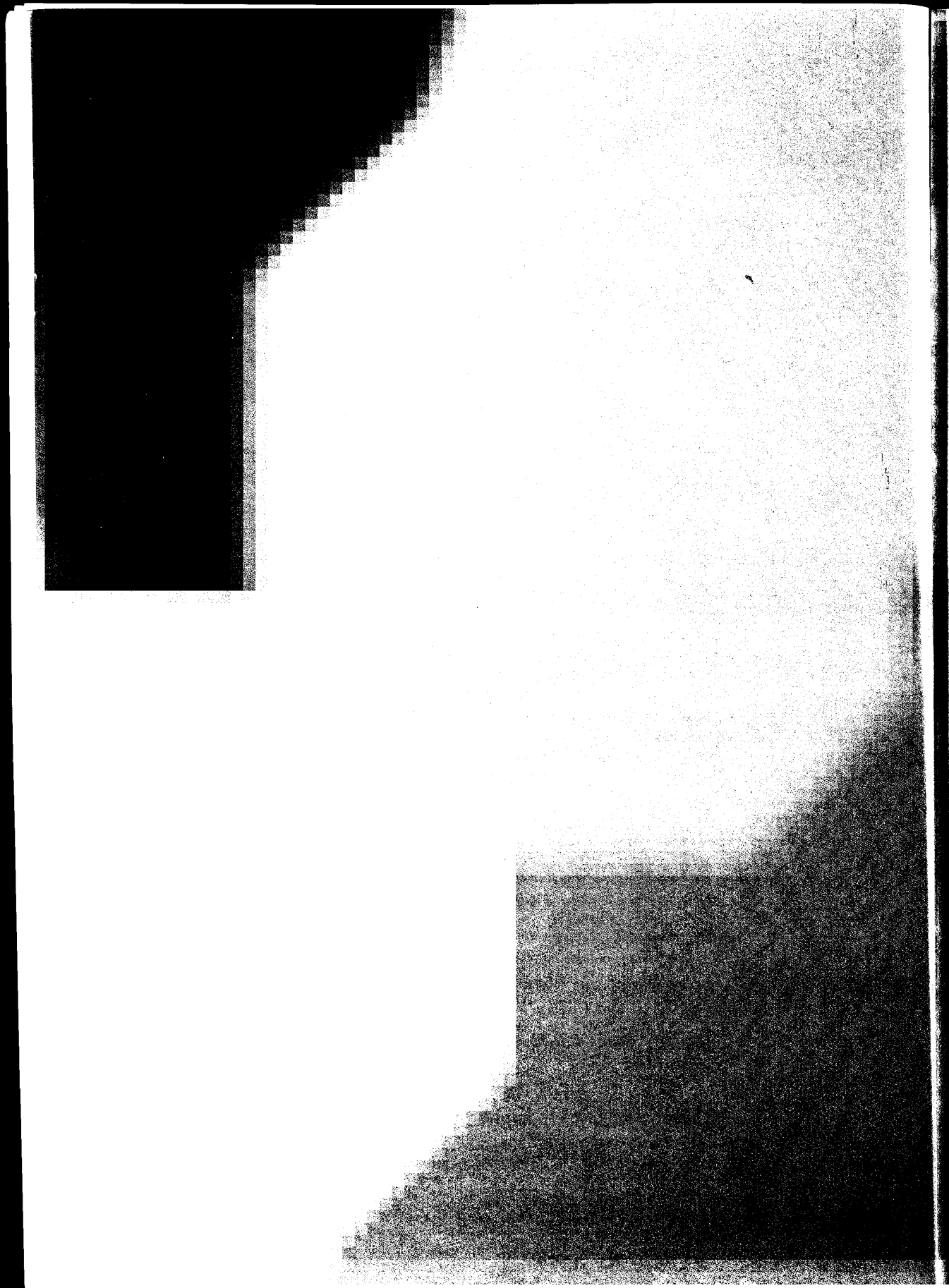


Part 1 →

The importance of design

The first part of this guide sets out to answer the question: 'Why is good design so important to hospital patients and staff?'.

- **Section 1** shows how hospitals can sometimes be inhospitable places, and cites research evidence that good design can make them more welcoming.
- **Section 2** describes the King's Fund's Enhancing the Healing Environment programme in the context of attempts over the past 40 years to promote good design in NHS hospitals. It then examines the specific hospital environments that EHE projects set out to improve.
- **Section 3** draws on the findings from the evaluation of the EHE programme to demonstrate the wider benefits of design projects in hospitals. For example, members of the project teams have improved their self-confidence and leadership skills, and NHS trusts have been encouraged to place good design higher on their agendas.



1

Appearances do matter

‘Why don’t you spend the money on more doctors, nurses and equipment?’ This is what people sometimes say when they hear that a hospital plans to spend money on design – and the responses to the Enhancing the Healing Environment programme have been no exception. But this response assumes that, unlike doctors, nurses and equipment, good design has no therapeutic value. There is, however, plenty of evidence – from the EHE programme as well as from other authoritative sources – that an attractive environment can improve the well being of hospital patients.

This section looks at:

- the ‘inhospitable hospital’
- the therapeutic effect of good design.

The ‘inhospitable hospital’

The trouble with hospitals is that they are sometimes not very hospitable. If you are a first-time patient, for example, you may already be feeling fairly anxious when you arrive at the hospital car park. So if you cannot even find the main entrance because it is badly signposted, or if, once you have got into the building, you cannot find the department you want, your anxiety level will probably increase. And if, during your wanderings, you pass through corridor after corridor choked with beds, trolleys and bags of waste, you are going to start wondering whether a hospital that can let its public spaces get into this state is really going to look after you properly.

The situation is largely due to an historical lack of design awareness in the NHS, resulting in hospital designers often putting functional efficiency before everything else. A hospital building clearly has to accommodate all the different departments and services required, enable the staff to do their job as effectively as possible, and be durable and easy to maintain. However, this has meant that hospitals have sometimes been designed for the convenience of staff rather than patients, and design features that might have made the patients feel more at home have been neglected. At times, those commissioning the hospital designers have not put patients first either – and design reflects the culture of the organisation.

The problem has been made worse by the growth in demand for hospital care – a growth that has not always been matched by an increase in the resources allocated. Buildings that were unsympathetically designed in the first place have become even more inhospitable because the spaces and resources are not used efficiently. We have now reached a position where far too many hospitals succeed in making people feel worse than they did when they came through the main entrance.

These days, however, we are also far more aware that ill health is not solely a physical problem but also is influenced by psychological factors, such as a person’s response to their environment. In other words, patients in hospitals may feel bad not just because they are ill, but also because they have been taken away from their familiar environment of their homes



and placed in an institutional setting. There may be more noise and less privacy than they are used to, and because they have little to do all day, they may lack mental stimulation. In particular, they may lack visual stimulation: if they are in a brightly lit ward without windows, for example, they may lose contact with the elements that visually stimulate them in their everyday life, such as appealing colours, well-designed curtains and fabrics, sensitive lighting or distant views of nature, such as sky or vegetation. In these unfamiliar surroundings, patients can be expected to benefit from the reassurance provided by good design.

The therapeutic effect of good design

McDonald L (ed) (2002). *Collected Works of Florence Nightingale*. Ontario: Wilfrid Laurier University Press.

The effect in sickness of beautiful objects, of variety of objects, and especially of brilliancy of colours is hardly at all appreciated... People say the effect is only on the mind. It is no such thing. The effect is on the body too. Little as we know about the way in which we are affected by form, by colour, by light, we do know this, that they have a physical effect. Variety of form and brilliancy of colour in the objects presented to patients is an actual means of recovery.

Francis S (2003). *The Art of Designing Special Places*. London: King's Fund (unpublished).

These remarks by Florence Nightingale were her personal opinions, although based upon a lifetime's experience of nursing. Today, we have a growing body of research evidence that confirms Nightingale's belief that improving the environment of hospitals increases the well being of patients. Here are some examples, as cited in the report *The Art of Designing Special Places* by Susan Francis of the Medical Architecture Research Unit (Francis 2003).



Case study: A room with a view

Ulrich R (1992). 'How design impacts wellness'. *Healthcare Forum Journal*, September/October, pp 20–25.

One of the pioneers in the field is the US academic Roger Ulrich, who has carried out highly original studies of how the opportunity to observe natural scenes can benefit hospital patients. For example, patients had fewer problems in recovering from gall-bladder surgery if the window of their hospital room overlooked a small group of trees rather than a brick wall: their post-operative stay was shorter, there were fewer negative comments (such as 'patient is upset') in their notes, they experienced fewer post-surgical complications (such as persistent headache or nausea) and they needed fewer painkillers.



Case study: Pop art

Lelchuk Staricoff R et al (2001). 'A study of the effects of the visual and performing arts in healthcare'. *The Journal for Healthcare Design and Development*, June, pp 25–28.

Recent surveys in the UK show that art and design in hospitals are overwhelmingly popular with patients, staff and visitors. For example, a survey of attitudes towards the works of art displayed in the Chelsea and Westminster Hospital found that 93 per cent of patients, 96 per cent of visitors and 99 per cent of staff had noticed the artworks, and that 70–80 per cent of each group said that they attracted their attention, provided enjoyment and helped to distract them from their immediate worries or medical problems.





Case study: The art of relaxation



Senior P, Scher P (1999).
*The Exeter Evaluation –
Evaluation research project
of Exeter health care arts.*
Manchester: Manchester
Metropolitan University.

A study at the Royal Devon and Exeter Hospital reported that 75 per cent of patients, visitors and staff respectively found that the hospital's programme of visual and performing arts diminished their stress levels, changed their mood for the better and helped to distract them from their immediate problems. Most (89 per cent) of the frontline clinical staff at the hospital thought that the quality of the environment in which health care is delivered has observable effects on users.



Case study: Positive thinking



Lawson B, Phiri M,
Wells-Thorpe J (2003).
*The Architectural Healthcare
Environment and its Effects
on Patient Health Outcomes:
A report on an NHS Estates
funded research project.*
London: The Stationery
Office.

A Sheffield University research study (Lawson and Phiri 2003) found that hospital patients felt more positive about their treatment in environments that they rated more highly, expressing greater approval of the staff responsible for their treatment and of the treatment itself.

This research demonstrates the importance and value of good design in the healthcare environment. It shows that this is not simply, as is often assumed, a superficial matter, but rather one of real consequence to the quality of life of patients, visitors and carers, and hospital staff.



Moss L (1988). *Art and
Healthcare: A handbook
of hospital arts.* London:
DHSS.

The potential importance of art and good design to hospital patients is summed up by Linda Moss in her study of *Arts and Healthcare*:

The arts offer an important area in which the conflicts of the modern hospital provision can be partially resolved, or at least mediated. The arts are a human intervention, expressive of human emotion and response to experience. Their presence in the hospital can raise the profile of the human aspects of health care without infringing upon its clinical efficiency.



Design champions

In 2001, each NHS trust was asked to nominate a board member to serve as 'design champion', to ensure that the trust obtained the highest possible quality from its new buildings, and created the best possible environment for patients in all its buildings.

Arts committees and arts co-ordinators

Increasingly, NHS trusts have been setting up structures that enable them to pursue long-term art and design programmes. They have usually done this by creating an arts committee made up of representatives from various hospital departments, perhaps supplemented by a local artist or designer and by representatives of hospital users and the local authority. Many trusts also employ a paid or voluntary arts co-ordinator who works with the arts committee on tasks such as commissioning designers and identifying resources.

Voluntary initiatives

The recent developments within the NHS build upon 40 years of voluntary and charitable initiatives that have helped to put art and design on the health service agenda, including:

i **Paintings in Hospitals**
www.paintingsin
hospitals.org.uk

1997 The organisation Paintings in Hospitals is founded. Today, it has a library of more than 3,000 works of art, and supplies more than 300 hospitals.

i **Arts for Health**
www.mmu.ac.uk/
artsforhealth

1973 Hospital Arts (now known as 'Arts for Health') is set up. It introduces the idea of hospitals having artists in residence.

Haldane, Loppert (1997).
*The Arts in Healthcare:
A palette of possibilities.*
London: King's Fund

1997 The King's Fund organises a conference on 'The arts in healthcare: learning from experience' and launches the publication *The Arts in Healthcare: A palette of possibilities*.

i **Nuffield Trust**
www.nuffieldtrust.org.uk

1998 A Nuffield Trust conference issues the 'Declaration of Windsor', a 12-point action plan for promoting the arts in medical education, hospitals and primary care.

i **The National Network
for Arts in Health**
www.nnah.org.uk

1999 A second Nuffield Trust conference leads to the Centre for Arts and Humanities in Health and Medicine being set up at Durham University.

2000 The National Network for Arts in Health, a pioneering information and skills-sharing network, is set up.

2000 The London Arts for Health Forum is set up, building on the work undertaken by the Arts for Hospital Forum in London.

The King's Fund and the EHE programme

The Enhancing the Healing Environment (EHE) programme was launched by the King's Fund in January 2001, with the participation of all 32 acute NHS trusts in London. By 2002, it had been so successful that it was extended to the capital's 11 mental health trusts, and in 2003 to five London primary care trusts. During 2004, in partnership with NHS Estates, it will be extended to other parts of England.

The King's Fund was set up in 1897 by Edward, Prince of Wales (later to become King Edward VII) as a charitable foundation to improve the health of Londoners. Since then, the organisation has become celebrated for its grant giving and for its independent analysis of the nation's health policy. In recent years, it has taken a special interest in the environment of



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health care, and especially the arts in hospital movement, and helped set up the National Network for Arts in Health (see p 9).

The King's Fund decided to mark the millennium with a range of grants programmes. The largest of these was the Enhancing the Healing Environment (EHE) programme. To date, the King's Fund has invested more than £2.25 million in the programme.

The aim of the EHE programme is to increase the well being of patients by improving the environment in which they are treated. The King's Fund has given each participating trust £35,000 to carry out a medium-sized design project in one of its buildings. There has been a wide range of responses – for example, some trusts have given a makeover to waiting rooms or corridors inside their hospitals, some have redesigned the gardens and courtyards outside, and some have commissioned special paintings or sculptures.

To make sure each project really does meet the needs and wishes of hospital users, the King's Fund requires the project team to consult fully with patients, hospital staff and the public. And, in the interests of staff development, each project must be planned and carried out by a staff team led by a nurse and containing one member from the hospital's estates staff and, if possible, an arts co-ordinator. Members of the teams must also take part in a King's Fund development programme to equip them with the knowledge and skills they need to carry out the project.

Project criteria

To be approved by the King's Fund, each EHE project has been required to meet the following criteria. It must be:

- a physical improvement in an area used by patients
- evident that service users have been involved in the choice of site
- in line with the trust's strategic direction
- well conceived and aspire to the highest design standards
- attractive, or at least pleasing to the eye
- good value for money
- designed to contribute successfully to the local environment
- achieved within the parameters set by the King's Fund: for example, reporting arrangements, timescale and evaluation.


More specifically, to demonstrate that it has involved patients and the public, each EHE project has to:

- be planned in consultation with the trust's patients' forum or other consumer or patient groups
- make sure service users are involved – for example, via meetings, surveys, focus groups or interviews
- involve local arts organisations, including colleges and other interest groups
- engage colleagues in the relevant local authority and in the local media.



How EHE projects have improved the hospital environment

The evaluators of the Enhancing the Healing Environment programme spoke to the team members, sponsors and designers who contributed to the projects of the 43 trusts' in the first four cohorts. The views of these hundreds of participants on how design can improve the hospital environment can be summed up as 'a more sophisticated approach to space'.

 Francis S (2003). *The Art of Designing Special Places*. London: King's Fund (unpublished).

Here, we describe and illustrate some of the improvements that the EHE project teams chose to carry out, based on their consultations with hospital users and staff. These improvements have been categorised under the six headings suggested in the report *The Art of Designing Special Places*:

- wayfinding
- public spaces
- social spaces
- private spaces
- links with the surrounding neighbourhood
- design quality.

For photographs of completed projects that illustrate some of these themes, see Part 2, pp 21–31.

Wayfinding

The main entrance to a hospital needs to be made very obvious to first-time patients and visitors, and the interior of the hospital must be well signposted so that people can quickly find the ward or department they want. It is possible to use 'intuitive' wayfinding that does not rely on printed signs to indicate identity and direction but instead uses clear layout, colour schemes and symbols.



Case study: Using creative signage

The North Middlesex Hospital NHS Trust team refurbished the walls, floor, ceiling and lighting of the main corridor that links the 14 key departments of the hospital (these include the theatres, surgical wards, A&E, x-ray and the chapel). The floor design changes outside each department, and an inlaid symbol indicates the entrance to each space. Works of art donated by local people are displayed along the corridor. As far as possible these are hung outside the departments to which their subject matter is most appropriate. These visual clues, combined with conventional signs, help the hospital's ethnically diverse visitors to find their way, and a corridor that was once neglected and strewn with rubbish is now looked after with care and pride.

Public spaces

The entrances to hospital departments can help reassure first-time patients by making a positive initial impression. It should be instantly clear which department the patient has arrived at, and the department itself needs to be welcoming rather than intimidating. The design of the entrance and point of arrival presents a particularly complex issue for mental health: on the one hand, there is a need to make clear for users and visitors how to find the building, how to get to the front entrance and how to find directions inside. However, on the other, there are some situations in which it is important that the building does not draw attention to itself, is not obvious, and merely blends into the surroundings. Nevertheless, it needs to be identifiable, reassuring and dignified.



Case study: A landscaped entrance

The team at the Central and North West London Mental Health NHS Trust created a garden at the entrance to the Park Royal centre, which is situated in the largest industrial estate in Europe. The landscaped entrance forms an important public space between the industrial

surroundings and the centre itself. Seats and a shelter provide places to sit, and the new design effectively keeps cars and vans away from the entrance by using hard landscaping, paviers and bollards.



Case study: A warm welcome

The King's Healthcare NHS Trust team constructed a 'welcome wall' in the main corridor leading to the children's services department of King's College Hospital – a corridor that had previously been cluttered with trolleys, beds and rubbish bins. The aims of the new feature – an arrangement of images, text and direction signs glowing with colour in floor-to-ceiling light boxes – were to announce the arrival of visitors to the department, to lift the spirits of passers-by and to give children's services a visual identity that would differentiate it from the rest of the hospital.

Social spaces

There should be spaces within and around a hospital that create a completely different ambience from the treatment areas – for example, well-designed gardens and courtyards with ample seating. These areas should be distracting enough to take people's minds off their worries and to stimulate positive emotions. They need to be designed as places where people can relate to each other in ordinary ways – where patients can talk to their family and friends, or can simply sit and read a book. Existing interior spaces, such as A&E waiting areas, can be redesigned to encourage greater social interaction: for example, by arranging the seating in groups and curves rather than in straight rows.

In mental health facilities, over half of the 11 EHE projects involved making improvements to social spaces, including recreation and family visiting rooms, cafés and patient lounges. All of these projects provide dignified and comfortable spaces for meeting others, in environments that had previously been unappealing, or had not existed at all.



Case study: A place to meet

The café at West London Mental Health NHS Trust is part of the work-rehabilitation service and may also provide a training facility for patients. The building has great character and overlooks an open space. The café has been designed to provide a focused meeting place for service users who currently use the general spaces in the adjacent acute hospital. The large café area integrates an exhibition space together with artwork, interior decoration and modern furnishings.



Case study: A breath of fresh air

The Kingston Hospital NHS Trust team redesigned a rather uninspired garden at Kingston Hospital to provide a social space in which people could meet and talk, or where patients awaiting treatment could collect their thoughts. The idea was to create a tranquil outside space as a contrast to the hectic inner spaces of the hospital. The project team made sure that the garden had plenty of seating, as well as paths and planted beds, and that it was easily visible from the surrounding buildings, which include wards, clinics and the hospital restaurant. The garden is accessible to people using wheelchairs or with limited mobility.



Private spaces

Waiting areas and treatment rooms need to reassure patients that their confidentiality and dignity are being respected. These spaces should also offer a calm setting for personal reflection. Treating patients as individuals, rather than as an undifferentiated group, helps them feel more valued.



Case study: A calming atmosphere

The Hammersmith Hospitals NHS Trust team reorganised the outpatient department of Charing Cross Hospital to provide more waiting space and a more welcoming atmosphere. They introduced calmer colours, more sensitive lighting and better working spaces for staff. The centrepiece of the project is a stained-glass screen between the waiting area and the hospital corridor. This is transparent, to allow an adequate amount of light to pass through, but sufficiently opaque to ensure the privacy of the waiting patients, and the dynamic flow of the motif that runs the entire length of the screen complements the movement of passers-by along the corridor. Patients are connected and protected at the same time.

Links with the surrounding neighbourhood

Francis S (2003). *The Art of Designing Special Places*. London: King's Fund (unpublished).

Design that incorporates verbal and pictorial references to local landmarks, celebrities and history helps to link the hospital to the community, making it seem less of 'a place apart'. The history of the hospital is an effective theme, as it can convey a sense of pride and longevity (Francis 2003).



Case study: A sense of identity

The North West London Hospitals NHS Trust team introduced artwork to corridors in both the Central Middlesex Hospital and Northwick Park Hospital, to create a sense of local identity and provide distraction in busy public thoroughfares. The Central Middlesex Hospital corridor contains an exhibition of photographs of past and present users of the hospital, as a way of perpetuating individual and collective memories. To maintain continuity, this exhibition will be transferred to the new hospital. At Northwick Park, the design of the floor of the corridor reflects the personality and ethnic diversity of the hospital and its community, based on interviews with a wide range of hospital staff and patients.

Design quality

High-quality surroundings help patients feel that they are receiving high-quality treatment. A hospital may have exceptionally skilled and dedicated staff, but this may not be obvious to first-time visitors who have to negotiate its dingy, uncared-for corridors and waiting areas. They may see this neglect as a symptom of a lack of professionalism. Multi-sensory environments using colour, light, movement and sound can help users feel calm, helping to create spaces that are safe in acute and mental health environments.



Case study: Safe, calming spaces

To reduce the stigma attached to the conventional 'seclusion room', the North East London Mental Health Trust created a room with a dual purpose – making a positive therapeutic environment as well as providing secure and robust containment. It was difficult to find

precedents of good design for a 'chill out' room elsewhere – even in some notable buildings that the team visited. This suggests that design that combines the needs of seclusion (robust, vandal proof, secure) with a therapeutic ambience (calming, comforting, reassuring) are yet to be fully developed. The team worked closely with architects to develop a scheme that met the rigorous technical demands of the brief and created an imaginative space.



Case study: A sensitive approach

The St George's Healthcare NHS Trust team redesigned the rooms used for bereavement counselling and psychiatric assessment in the A&E department of St George's Hospital. The design, colours and artwork were chosen to create an ambience suitable for sensitive personal interactions. For example, to ensure that patients experiencing psychotic episodes remain calm in the psychiatric assessment room, the colours are soft and not too bright, the lighting can be moderated, the furniture is sturdy and durable but non-institutional, and the artwork avoids provocative images. In this project, good design helped instil a sense of ownership in patients and create an environment that was well cared-for, non-clinical and welcoming.

3

Benefits for hospital users, staff and trusts

The evaluation of the Enhancing the Healing Environment programme showed that it had not only improved the environment for hospital patients but had also brought benefits to the participating staff and to the NHS trust in general. Some evidence was also emerging that design improvements were influencing clinical practice.

This section covers:

- clinical impact
- what the users said
- the value of consultation
- the impact on trusts
- staff development.

Clinical impact

The EHE projects have enabled clinical teams to make critical reviews of their clinical practice, resulting in many improvements in the care of patients and relatives. For example, the murals in the children's ward at the Royal London Hospital have made it easier for staff to talk to the children about difficult or sensitive subjects. Staff in other hospitals reported similar benefits:

The refurbishment of the A&E viewing room has led nursing staff to critically analyse the care they provide for bereaved relatives, and this has acted as a catalyst for nurses to set up a group to improve care for those bereaved by sudden death.

Ward sister

The stroke patients really enjoy coming into the garden. Before, we could only take them out to the car park.

Occupational therapist

Staff used to sit at the nurses' station from where they could see the service users' lounge area. As a result of the project, we have reviewed the way in which staff interact with service users and staff are now spending more time with them, rather than sitting at the nurses' station.

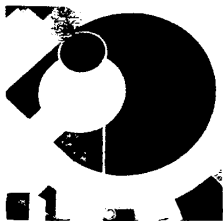
Service manager

What the users said

The following comments from patients were collected during the evaluation of the EHE programme:

Has x-ray gone private?

Patient on seeing the refurbished reception area



I could not believe it when I got the call to say we were having a new café – we are very lucky. It's lovely to see patients and staff using the area so well.
WRVS volunteer

This garden is a gift to the patients.
Stroke patient

The transformation [of the ward] was more than a tonic.
Patient

It [the ward] is now so bright, clean and airy. When you walk through the doors from the corridor it is such a contrast, and you feel welcome.
Cancer patient

Regarding your appeal in our local newspaper I am happy to donate five pictures for the main corridor... Please inform me of your location in the hospital area. I attend the outpatients from time to time.
Patient

I thought you might like the enclosed photo. As you will see, the picture is of the old cinema which used to be on the corner of Angel Road. The photo was one of my dear husband's collection and as he has only recently died I'd like the hospital to have this – as a sort of memory of him.
Wife of former patient

We used to just have pictures of old country cottages.
Patient

The human impact of the garden was brought into focus by an older patient who was on one of the wards that overlooks it. Her bed was next to the window and, being a keen gardener, she followed the progress of the garden, admiring the development. She died just before the project was completed, but the garden had such an impact on her that she left a donation for it in her will.
Team member

The value of consultation

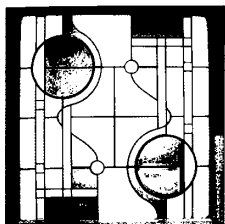
The EHE evaluation showed that consultation throughout the project with hospital users, staff and the local community can:

- generate ownership and commitment among patients, staff and the public.
- make it easier to state the case for projects
- (most important of all) ensure that the project really meets the needs of users.

My illness makes me feel trapped. I felt trapped on the wards just pacing up and down a small corridor. It would be better to be in a garden – it would help to clear my head.
Patient



We had initially thought about doing a different project but the service users were clear – they wanted a café area. We changed our ideas, and the café is now used extensively by service users and staff.
Team leader



One thing that has come unexpectedly to light through the patient survey is the fact that the patients are often unable to hear their name being called [in outpatients], and this contributes to their anxiety.

Team leader

A patient was so interested in the development of the garden he drew the design that he wanted to see in the courtyard below his window on the back of his Kleenex box.

Team member

The impact on trusts

The EHE programme influenced the outlook of the participating trusts in a variety of ways:

- underlining the importance of the hospital environment
- demonstrating the value of multi-disciplinary working
- increasing effectiveness of employees
- giving value for money
- improving public image
- incorporating the arts into healthcare.

These points are addressed below.

Underlining the importance of the hospital environment

In general, trusts reported that the EHE programme had made them more aware of how the environment can affect the well being of patients and staff, and the public perception of healthcare:

It woke the board up to a yawning gap in the hospital's work.

Deputy chief executive

The environment within which we treat and care for our patients is of great importance to the board. This project will go a long way to ensuring we have quality outdoor space in addition to our current internal spaces.

Trust chairman

This is the model for everything we are going to do during our redevelopment of the hospital.

Trust chairman

The staff are now taking better care of the ward, everything has its own place and people are being tidier. Coming to work here now is more pleasant, and we feel proud of our workspace.

Senior staff members

Demonstrating the value of multi-disciplinary working

Trusts felt that the EHE project had shown how multi-disciplinary working could help to create good art and design. By bringing the nursing, estates and design disciplines together, the projects had bridged several cultural gaps. The trusts particularly welcomed the way projects had encouraged closer links between the nursing and estates departments, which now had a better understanding of each others' needs and so were likely to have a better working relationship in the future.

Creating more effective employees

Trusts echoed the team members in suggesting that participation in the EHE project had improved staff confidence and morale. Among other benefits, this seems to have reduced the difficulties of staff retention:

On a personal level, I got a lot out of the project. It was so different to be able to spend money on non-clinical aspects. It makes you look at the hospital with new eyes. We all tend to ignore the thing that we see every day, but just a little thought could make all the difference.

Team leader

The project has made a real difference to A&E, and staff have pride in their waiting room. It has influenced how other capital schemes are managed within the trust, both from the project management point of view, and also in how colour and design can be used. We have broken free from magnolia!

Director of nursing

Giving value for money

In the context of NHS capital projects, the £35,000 allocated to the EHE projects is quite a small sum. Trusts were impressed by how much some of the projects had managed to achieve with such modest funding (although in some cases, trusts did contribute funding of their own):

I am incredibly proud of the waiting room. It is possibly my favourite place in the whole department. It never fails to astound me as to what can be created with a bit of thought, vision and a small amount of money.

Team leader

Improving public image

Trusts felt that if they could show that they had consulted users to set up a art or design project that has demonstrably improved patient well being, they were more likely to be perceived by the public as being innovative and caring.

Incorporating the arts into health care

Nearly all the trusts said that the EHE projects had raised their awareness of the importance of art and design. They had demonstrated what could be done, and had set standards that the trusts would now attempt to meet in future refurbishments.

For example, at the start of the programme, only eight of the first 32 acute participating trusts had paid arts co-ordinators, one had a volunteer arts co-ordinator, and four had arts committees but no co-ordinator. As a result of the programme, a number of trusts have appointed an arts co-ordinator for the first time. These posts have often been funded by special trustees or voluntary organisations. One large trust has appointed a design co-ordinator. The EHE projects have led to an increasing awareness of the impact of art and design in hospitals. Even if they did not do so before the project, over half the participating trusts now have an arts committee or interest group.

Some trusts said they were thinking about 'percentage schemes', in which a percentage of all capital budgets is allocated to incorporating art and design.



Staff development

 NHS Estates, King's Fund (2003). *Improving the Patient Experience: Evaluation of the King's Fund's Enhancing the Healing Environment Programme*. London: The Stationery Office.

The EHE programme brought about considerable personal development among the members of the project teams. The evaluation (NHS Estates 2003) describes these benefits under the following headings:

- setting positive challenges
- taking risks
- being creative
- increasing confidence
- creating a sense of ownership
- renewing commitment.

Setting positive challenges

Working in the NHS offers numerous challenges, but many of them could be described as 'negative': for example, coping with limited resources or trying to make yet more cost savings. Participants felt that the EHE programme enabled them to grow personally by giving them challenges that were 'positive', such as creating an entirely new environment and increasing patient well being:

It has been a revelation to be encouraged to expect high standards, to have them met and then to carry them through to the workplace.

Team member

Taking risks

The NHS is averse to taking risks. This means that for many members of the project teams, the EHE programme was probably the first time in their working lives they had been asked to tackle the status quo and personally bring about change – for example, by involving artists and other 'outsiders', by consulting with the public, patients and colleagues, or by introducing materials and finishes not normally used in the NHS:

I was initially a little concerned when asked to identify two individuals at ward sister grade who would be sufficiently influential to take the project forward in a proactive manner and be able to involve patients and the public as well as all levels of the organisation. I should not have worried. Their enthusiasm shone through and their leadership skills developed further as they influenced thinking, consulted patients and staff, communicated plans and progress and negotiated with contractors and members of the estates department.

Director of nursing

Being creative

By daring them 'to do things differently', the EHE programme encouraged the members of the project teams to work out their own solutions – in other words, to be creative:

My favourite memory [of the programme] will always be standing in the waiting room at about 7pm the evening before the opening when everything had been done and everyone had gone home and just looking at it and thinking 'I made this!' (with a little help of course!).

Team leader



Increasing confidence

When teams presented their project outline to the boards of their trust, for many team members it was not only the first time they had dealt with the board face to face, but also the first time they had given a public presentation of any kind.

However, according to most team members, the combination of being presented with a positive challenge and being encouraged to find a creative solution greatly increased their self-confidence:

This is a tremendous opportunity to grow and develop personally and professionally. I feel very honoured that the trust has selected me to be involved.
Senior nurse

Creating a sense of ownership

Personal involvement in the development of the projects led to a strong sense of ownership and commitment among team members:

I am really proud of the [new A&E] department.
Team leader

Many team members put in a great deal of extra time outside working hours, and meetings were often held during lunch hours or in the evenings. Some team members wrote their project reports at home, and one even took it on holiday to make sure that it was ready in time for the deadline.

Renewing commitment

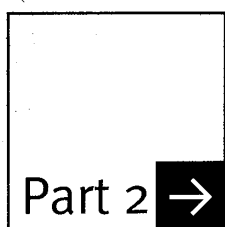
Some team members said that taking part in the EHE programme had helped to renew their commitment to working in the NHS:

Being involved in this project has been one of the best things I have done in my nursing career. It would be good to continue meeting even after the project is finished. I feel very lucky to be doing this.
Ward sister

Some participants said that if the EHE programme had not come along when it did, they would have resigned from the NHS. And, inspired by taking part in the programme, several team members have further developed their careers – for example, as nurse members on a major PFI planning team, directors of nursing or senior nurses. There have been a number of promotions among estates staff, and one team leader has gone on to develop a promising arts design portfolio.

For other colleagues, the fact that the hospital is prepared to refurbish their particular area of the hospital makes them feel more valued by their colleagues and senior management. Many of them have become members of hospital arts committees and are using their new-found skills and knowledge to contribute to other art and design projects.





The story in pictures

The second part of the guide shows, through a series of photographs, how EHE projects have enhanced the environment in a variety of NHS settings, through the effective use of design expertise and commissioned artwork.

The projects have been grouped into five common themes:

- corridors
- gardens
- waiting spaces
- artwork
- clinical spaces.



Corridors

Simple colour schemes, innovative lighting and artwork can transform hospital corridors, which are sometimes uninviting, dingy and poorly maintained. A well decorated and brightly lit corridor with good signage can dramatically alter the whole feeling of the hospital, as well as making sure people know where they are going.

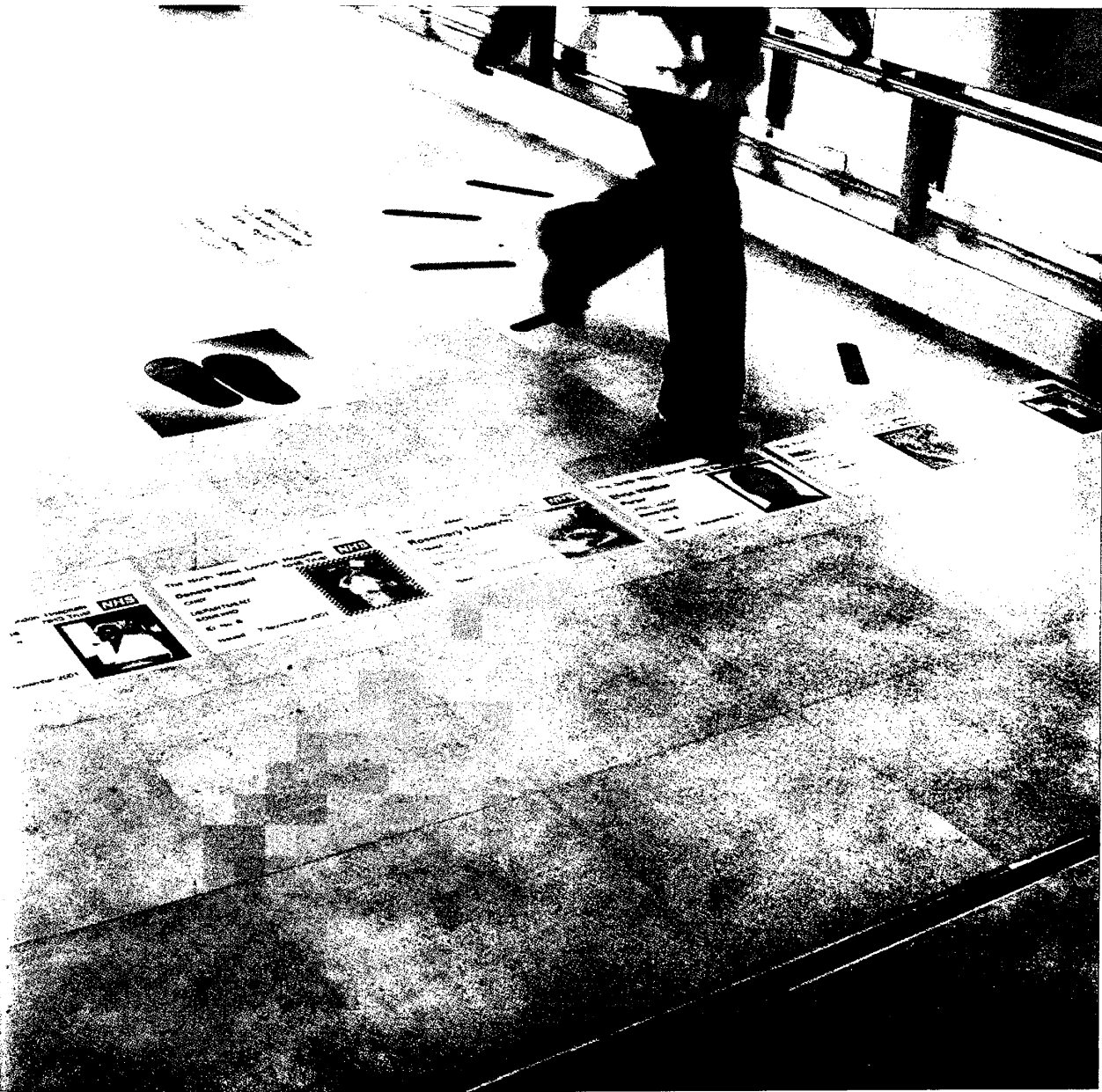
Clockwise from left:

Use of a curved glass wall and accent lighting creates a quiet area in Hillingdon Hospital's A&E department

A musical note on the way to the care of the elderly unit at West Middlesex Hospital

A long journey seems much less daunting to patients in a visual scheme incorporating floor signage at North Middlesex Hospital

An innovative floor design captures the life of the corridor at Northwick Park Hospital



Gardens

Consultation has led many teams to create gardens, to provide both social and private spaces where patients can meet with relatives and friends, or just have some time on their own, away from the hubbub of hospital life. Well designed and maintained gardens can also aid the recovery process by providing a therapeutic environment for rehabilitation, social activities and musical performances.

Left to right:

Scented planting creates a courtyard for all the senses, at Hillingdon Primary Care Trust

Hard landscaping at Kingston Hospital enables the garden to be enjoyed by patients in the wards above

A quiet and tranquil place to sit at Newham Hospital

A stunning 'breathing space' for patients at the Royal Brompton Hospital

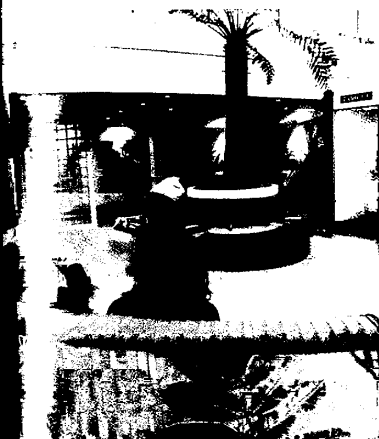






Waiting spaces

Seating areas in hospitals serve many purposes. People may be anxious or frightened when they are waiting in A&E. If the department has a calm atmosphere and is well designed with comfortable seating, this can be very reassuring. For those in hospital for long periods of time, social areas become an important part of their daily lives. Spaces designed to meet their needs can transform their experience.



Clockwise from left:

Glass bricks provide a colourful distraction in the A&E waiting area at Epsom Hospital

An ideal place to sit and enjoy the sunshine at Banbury House, Oxleas Mental Health Trust

Curved seating with specially commissioned mosaics create a unique A&E waiting area at Hillingdon Hospital

A café provides a welcome respite for patients and staff at the Ladywell Unit, South London and Maudsley Mental Health Trust





Artwork

Wisely purchased or specially commissioned works of art can provide a dramatic focus to a design scheme. The use of light boxes and commissioned glass panels or windows can transform a dull outlook, as well as lifting the eye and spirit.



Welcome to the Variety Club Children's Hospital



Hospital School Room
Occupational Therapy
Physiotherapy
Speech Therapy
Philip Isaacs Ward



Clockwise from left:

*A steel magnolia provides year-round decoration
in the Royal Brompton Hospital garden*

*A glass screen helps ensure a more private waiting
area for outpatients at Charing Cross Hospital*

*The 'welcome wall' greets visitors as they enter the
Children's Hospital at King's College Hospital*

*A window in the Lewis Lloyd ward at St Mary's
captures the history of the hospital*

Clinical areas

Traditionally, wards and clinical areas have been decorated in magnolia or muted colours. Use of bold colours, designs and artwork can dramatically change the look and feel of these areas, making them much more interesting places to be cared for, and to work in.

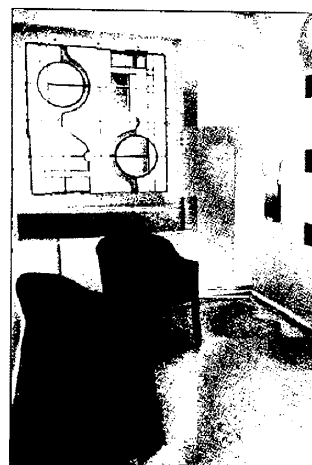
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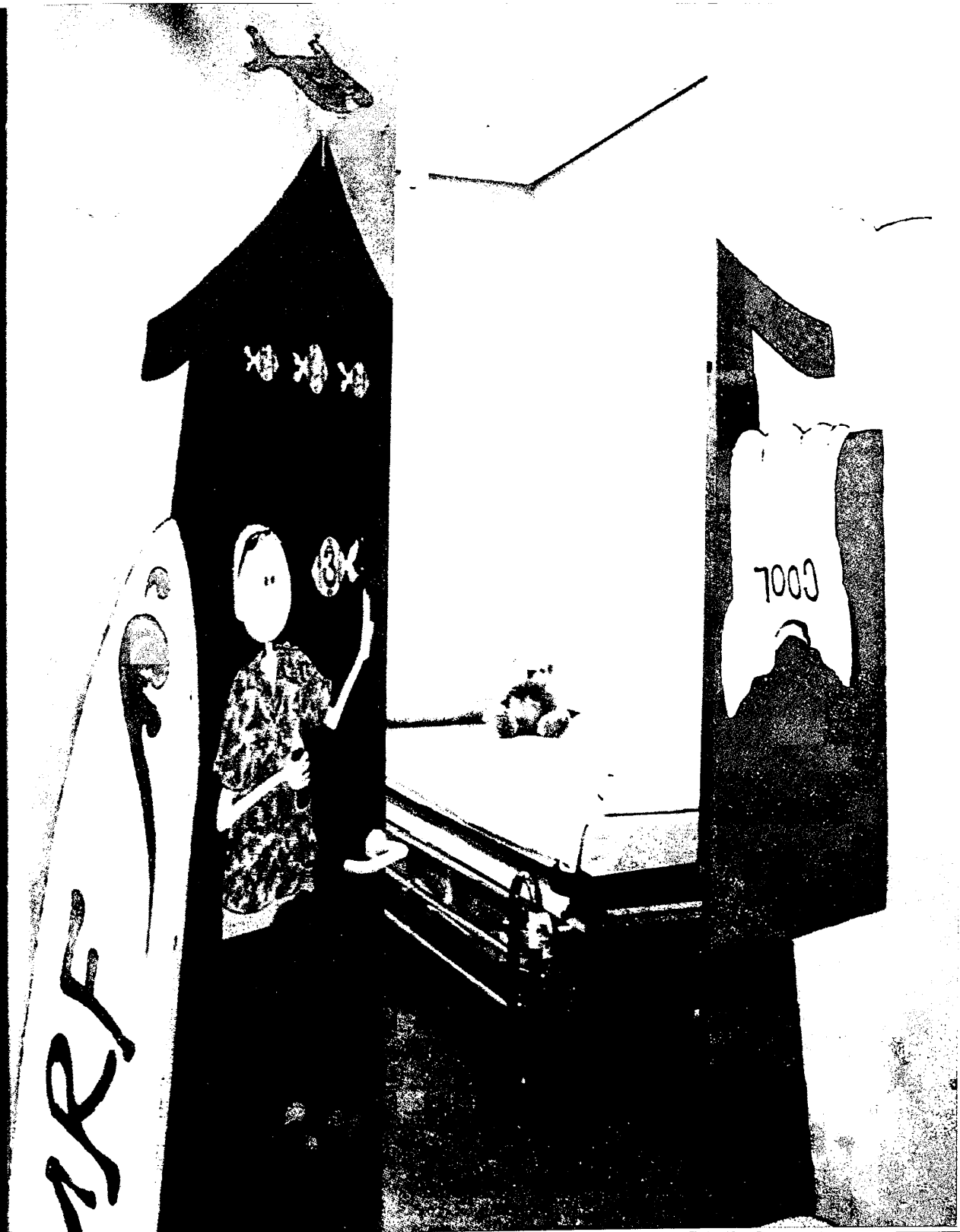
Accent colour provides a dramatic focus in Mercer's Ward at the Whittington Hospital

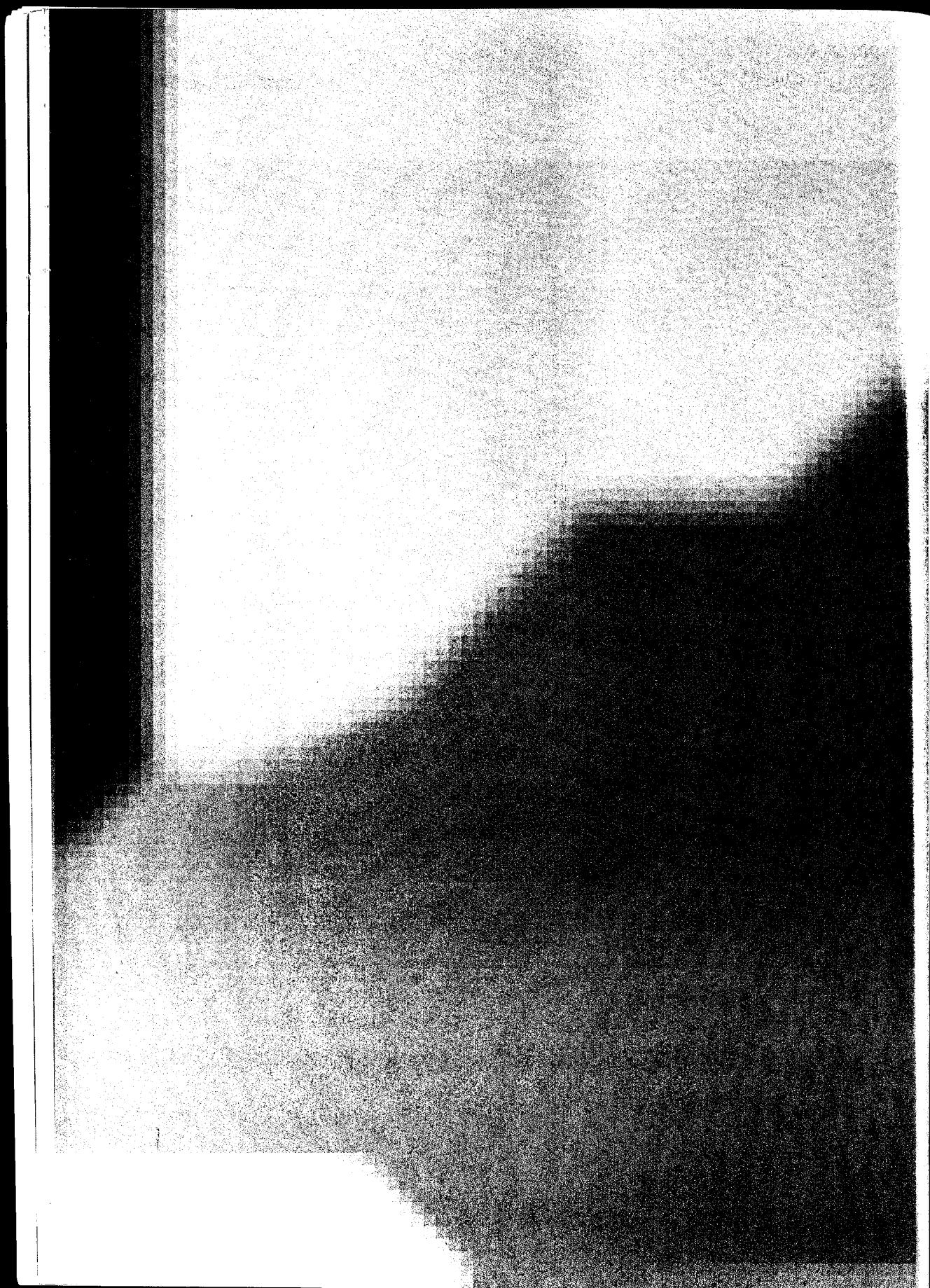
Bold patterns enliven the endoscopy unit at Chelsea and Westminster

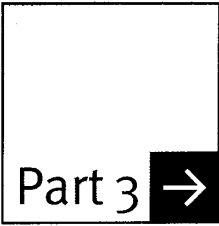
A peaceful environment amid the rush of St George's Hospital A&E

Making children feel more at home in the A&E at Epsom Hospital







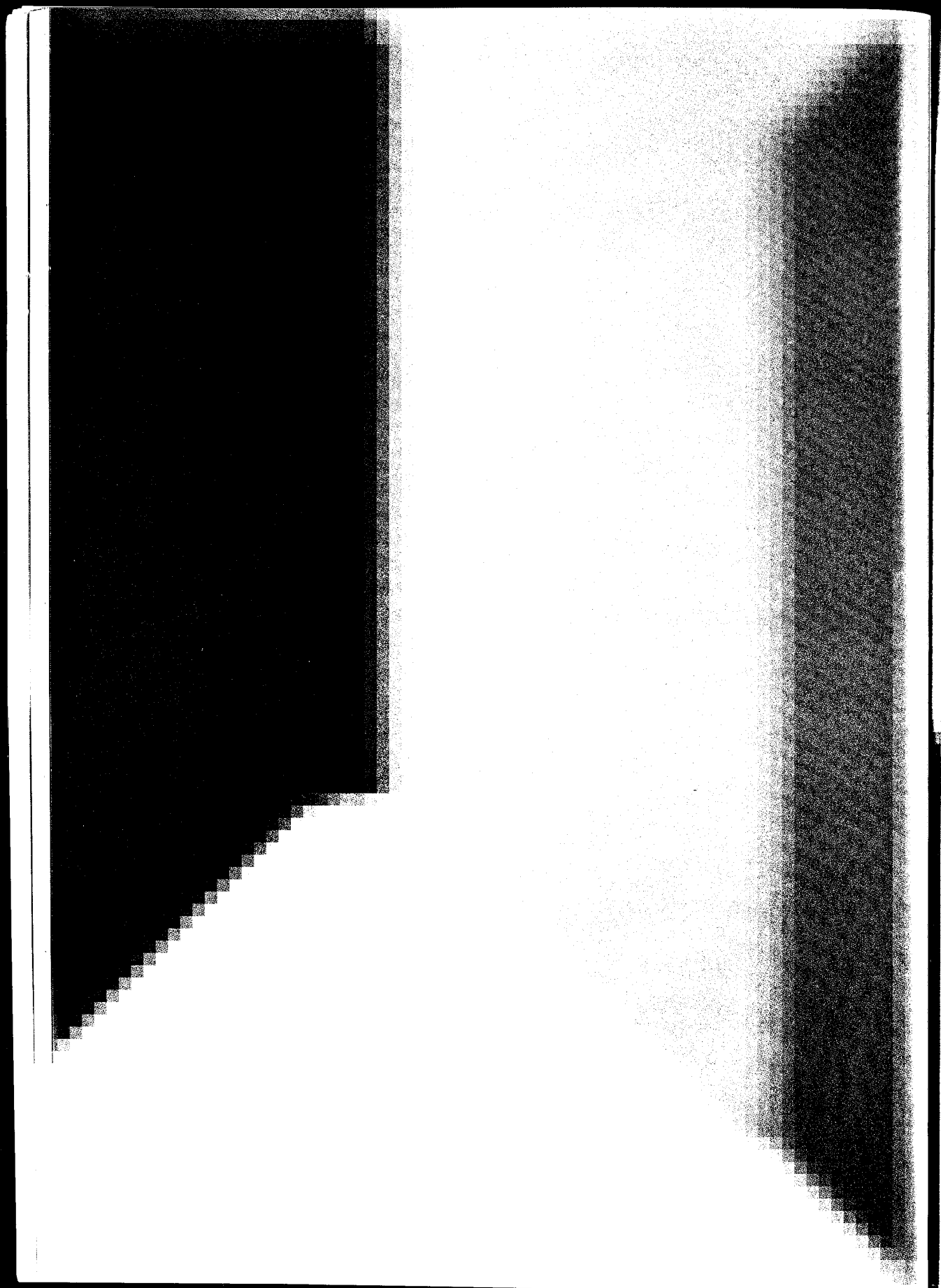


Part 3 →

Step-by-step guide

This part of the publication is a how-to-do-it guide to planning and delivering a medium-sized design project:

- Section 4 explains how to get a design project started: once a suitable design task has been identified in the hospital, those planning the project will need to get high-level support for their project, set up a project team, seek funding and then draft the project outline.
- Section 5 gives guidance on how to ensure wider ownership of a project by consulting hospital users, staff and the general public about it, using methods such as meetings, questionnaires and visual presentations.
- Section 6 runs through the arguments in favour of employing a professional designer on the project. It explains how to draft a design brief, select a suitable artist or designer and provide them with the support they need in the complex hospital environment.
- Section 7 explains the importance of keeping an eye on the progress of the project, keeping people informed about it and, when it is finished, evaluating it and celebrating the achievement.



4

Getting started

Is there something about the state of the environment of your hospital that people find particularly annoying? It may be the signage system, which is so confusing that outpatients and visitors frequently get lost. Or it may be the A&E waiting area, which is so grim and institutional that you are not really surprised at the level of vandalism it experiences.

This section explains how to develop an outline proposal for an art or design project. It looks at:

- identifying what needs to be done
- obtaining support from senior management
- setting up the project team
- starting to develop design awareness
- finding the money
- training the team
- drafting the project outline.

Identifying what needs to be done

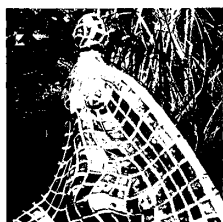
The important first step in setting up an art or design project is to answer the questions 'what?', 'where?' and 'why?'.

What, where and why

- ✓ **What type of project is being considered?** For example, the redecoration of an interior space; the redesign of an exterior space; new artwork; a new system of signing.
- ✓ **Where in the hospital will the project be situated?** For example, in the outpatients' waiting room, in the main corridor, or in the courtyard.
- ✓ **Why is the project needed?** For example, greater satisfaction from users and staff, greater use of a previously neglected space, less violence in A&E, or fewer visitors getting lost.

At this point, it may be helpful to bear in mind some of the criteria set by the EHE programme, which specified that projects had to:

- bring about physical improvement in an area of the hospital used by patients
- be pleasing to the eye
- represent good value for money
- be easy to maintain
- meet the trust's strategic aims.





Getting support from senior management

Once the initial idea for a design project has been agreed, the team needs to look around for some support. According to the participants in the EHE programme, the most effective way to do this is to ask an executive or non-executive member of the board of your NHS trust to act as sponsor of the project. Board-level support can be useful for several reasons:

- **Challenging the status quo** Planning to set up a design project can to some extent challenge the status quo, so you might encounter some opposition from other departments of the hospital. Having a powerful sponsor will help to smooth the way.
- **Negotiating over project time** The members of staff who eventually form the project team will probably have to carry out the project in addition to their usual workload. They will need to negotiate this with their superiors.
- **Finding other sources of funding** The project needs to be paid for. A staff member such as modern matron may have some funding at their disposal, but this is unlikely to be enough to meet the entire cost of a medium-sized design project. A contact on the board may help you find other sources of funding.
- **Acting as a sounding board** A sponsor at board level can serve as a 'sounding board' for the team.

Fortunately, as mentioned in Section 2, each NHS trust is now encouraged to have a design champion on its board. A design champion may be prepared to sponsor your art or design project. They may also be able to point you towards sources of design expertise outside the hospital. On the other hand, the director of nursing or the director of estates, for example, could equally well serve as your sponsor.

Setting up the project team

After obtaining support from senior management, the next step is to assemble a team to carry the project forward. You can do this either by issuing a hospital-wide appeal for team members, or by identifying appropriate colleagues and inviting them to come together.

Planning and delivering a design project requires a wide range of skills, so it is important to ensure that as many of these skills as possible are represented within the team.

Core skills

The team members need to have:

- an awareness of what hospital and service users want and need
- experience in project management, including managing budgets and schedules (estates colleagues will usually have these skills)
- experience in commissioning projects, ideally those that have involved art and design.

Other useful qualities

They will also benefit from:

- a commitment to exploring the concept of a healing environment
- experience of involving service users

- an ability to identify resources that might help the project
- experience of working in multi-disciplinary teams
- an ability to convey enthusiasm for the project to a wider audience, including the trust board, colleagues and the public
- a willingness to accept responsibility for planning and delivering the project
- the ability to benefit from the opportunities for personal development that the project offers.

There are no requirements as to the size of the project team, but try to avoid letting it become too unwieldy. Five or six members is about right, made up of the team leader, plus:

- one person with experience of managing capital projects in a hospital. In practice, this person would probably come from the estates department
- an arts co-ordinator, if the trust has one. They will probably have useful experience of commissioning designers
- a colleague with a direct interest in the project. If, for example, the work is to be carried out in the outpatients' department, the outpatients manager could be invited to join the team
- a representative of the hospital users. This could be someone who has expressed an interest in design and has the time to participate in the project. The patient advice and liaison service (PALS) may be able to suggest a possible volunteer.

Starting to develop design awareness

Once the team has been assembled, it is a good idea for members to begin their work together by carrying out an exercise known as 'the good, the bad and the ugly'. This exercise was used in the EHE programme. It not only helps individual members to acquire the basic principles of design awareness but is also useful for teambuilding.



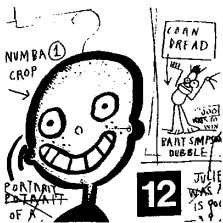
THE GOOD, THE BAD AND THE UGLY

Ask each team member to take photographs of areas of the hospital that they consider to be particularly attractive or particularly ugly – remembering, of course, that they need to obtain prior consent to take photographs of patients or visitors.

Encourage them to take photographs of landmark buildings, houses, gardens or shops that they particularly like or dislike. More adventurous team members can take shots of anything that catches their eye.

The whole team then spends some time together discussing all the photographs and classifying them as 'good', 'bad' or 'ugly'. Finally, they attempt to explain in writing the reasons for their choices.

This exercise is designed to help team members develop a shared vision of which design features they like or dislike, and which could be adapted to their hospital environment. Armed with this information, they can then go on to prepare the project outline.





Finding the money

One of the main constraints on any design project is the amount of money available to pay for it, so the team needs to start looking at potential sources of funding as soon as possible.


- ✓ Use the £5,000 Ward Environment Budget if this is available.
- ✓ Ask the estates department if you can use any of the money set aside for minor capital works (they might be able to bring forward a scheme).
- ✓ Seek support from the League of Friends or from other charities associated with the hospital.
- ✓ Ask local schools or colleges if they wish to be involved in the project in some way.
- ✓ Get permission to launch a fundraising campaign.


Training the team


Make sure that between them, the team members already possess the core skills needed for the project. But they may require training in other, less fundamental tasks. This will not only give them extra skills, but will also help break down some of the barriers between different disciplines, which is essential for building a coherent team.

For example, team members may benefit from basic instruction in:

- **commissioning art and design** – how to draw up a design brief, choose the designer who is right for the project, get value for money and evaluate the project (*see also* sections 6 and 7)
- **presentation skills** – the team may need to present the final design to a wide variety of audiences, including the trust board, colleagues and the public, so members may need some knowledge of presentation techniques, such as using software, writing scripts and manipulating images.

 Learning and Skills Council: www.lsc.gov.uk

 Learn Direct: www.learnirect.co.uk

 NHS University: www.nhsu.nhs.uk

To find training of this kind, consult:

- the trust human resources department
- the trust communications department
- the local Learning and Skills Council
- local further education colleges
- the Learn Direct scheme
- the National Health Service University.

Drafting the project outline

Next, the team needs to draft its initial project outline. This must be as clear as possible because it will be used for two important tasks:

- as a focus for consultation with hospital users and staff
- to inform the process of commissioning a designer or artist.

The team will need to take into account any special requirements that the users of the space may have at an early stage – for example, the particular needs of those with impaired vision. Planning the project in consultation with patients should ensure that any particular cultural, psychological or physical needs of the groups who will use the space are considered well in advance of the brief being finalised.

Case study: A breathing space

The Royal Brompton and Harefield NHS Trust wanted to create a 'breathing space' for patients, visitors and staff in the Fulham Road building, by transforming an open area at the back of the building into a courtyard garden.

When considering what project should be undertaken, the team decided on number of guiding principles:

- The environment needed to provide a peaceful retreat for patients, staff and relatives.
- The courtyard should refer to the history and purpose of the hospital.
- There should be a connection with the locality, and the involvement of surrounding institutions should also be considered.
- The environment should also stimulate the senses.
- The design should provide visual enhancement to the area as seen from the wards above, as well as from within the courtyard space itself.

Case study: A vision for outpatients

The Royal National Orthopaedic Hospital NHS Trust wanted to transform a very dull and dismal outpatients area that had no dedicated area for the many children who came to see its specialist staff. In setting its project objectives, the team wanted outpatients to be:

A welcoming and healing place

- excluding institutional features (user-friendly signage and furniture)
- avoiding clutter and providing space, including ease of navigation
- convenient and appropriate patient information (user-friendly, combining technology and tradition)
- Help on Hand (PALS office)

A restful place

- a light, comfortable environment for comfort and recovery
- family and group-friendly seating
- use of natural wood and fabric
- creative layout and use of space
- colour and décor for tranquillity

A refreshing place

- fresh food promoting healthy eating
- fresh drinking water
- fresh air and natural daylight

A stimulating place

- facilities for children's play
- colour splashes to invigorate
- displays on healing and treatments
- children's art gallery



5

Consulting users and staff

Once the team has put together a project outline, it needs to consult the hospital users and staff. This section looks at:

- why consultation is important
- who to consult
- consultation methods
- follow up.

Why consultation is important

Consultation requires time and money. You may feel that this stage is holding the project up at a point when the team is eager to get started, but it is vital to success, for several reasons.

- **To make sure the project really will meet the needs of hospital users and staff**, ask them what they think of the proposal so far. This will generate a sense of ownership of the project among the users and staff, helping to ensure that they will continue to support it in future. Use these comments to check whether the project is on the right track or whether the outline needs some more work.
- **Consultation can provide a yardstick** against which the effectiveness of the project can eventually be measured. So, for example, if you are hoping to improve the hospital's signage system, ask users and staff to say exactly what they think is wrong with the existing system first. This will provide a list of specific criticisms that the team can incorporate into the eventual design brief.

Planning effective consultation

To be effective, consultation must aim to:

- ✓ **involve people from the outset** – as soon as the project outline has been agreed – and the earlier the better
- ✓ **be well timed** – it's easy to forget that the information collected needs to be processed
- ✓ **be well planned** – before starting, the team needs to be absolutely clear what it wants to find out – for example, the drawbacks of the signage system – and define the boundaries of the consultation very firmly. Otherwise, people may try tell you everything else they think is wrong with the hospital!
- ✓ **give those who are consulted a range of options** so that they can exercise real choice rather than simply 'rubber-stamping' the project proposals – this will increase their sense of ownership.



Who to consult

Although you need to give priority to the people who will be the key users of the project, try to consult as widely as time and resources permit. One option is to enlist someone else (the PALS, for example) to help with the consultation.



The team could consult the following groups:

- service users (with the help of the local patients' forum or other local consumer/patient groups)
- hospital staff
- the general public (with the help of the local media)
- local authority staff
- local art colleges
- local designers, painters, art colleges and galleries.

Whoever it consults, the team must aim to involve a representative cross-section. Token consultation is easily detected.

Consultation methods

The three main methods of consultation are:

- meetings
- questionnaires
- visual presentations.

Each method is explained below.

Meetings

The meetings that you hold are likely to fall into three types.

- **Informal conversations with key people** These are among the most useful forms of consultation. This method has smoothed the path for many successful EHE projects.
- **Steering groups or focus groups** These groups are made up of a wide range of people with relevant skills or interests from within and outside the hospital. The challenge here is to find the right members for the group, and to keep them interested throughout the duration of the project. One way of preventing a decline in attendance is to open the group up to anyone who wants to attend. It is advisable to keep notes of these meetings, as they will help the team to communicate information about the project.
- **Public meetings** Some EHE participants have found public meetings useful for finding out the views of local people, but once again the problem is getting people to attend meetings when there are so many other calls on their time.

Questionnaires

The questionnaire was a favourite method of consultation among EHE participants. When you compile a questionnaire, it is important to strike an appropriate balance between asking 'open' questions that encourage people to think around the subject, such as 'How do you feel about the hospital's signage system?' – and 'closed' questions that invite a one-word answer, such as 'Do you think the lettering on the hospital signs is too small?'.

The main problem with questionnaires, however, is that most people will not make the time to fill them in, so there is no point in simply distributing them to patients or leaving them at the hospital reception desk. One successful method is for a team member or a volunteer to sit with the patients and take them through the questionnaire.



Visual presentations

Not surprisingly, where an art or design project is concerned, the most successful methods of consultation tend to be visual rather than verbal. People respond much better to a project outline if it is presented in the form of an artist's impression supplemented by samples of the proposed colours and materials. This can be displayed in a prominent position within the hospital – for example, at the main entrance or in the principal corridor – where people cannot avoid seeing it. To get maximum feedback, you may consider placing a scrapbook or a 'consultation wall' covered in brown paper next to the presentation, inviting people to write comments, add their own sketches and even attach samples of their favourite fabric.

If the project involves using a group of visuals, designs or artwork, one option is to set them up in the form of an exhibition so that patients and staff can look at them. Another is to turn the presentation into a slide show for use in consulting user groups, arts organisations and potential funders.

Follow up

Store the information you acquire from the consultation carefully.

- The team will need to use it to refine the aims and objectives of your project. When it comes to the project evaluation (see Section 7), compare the evaluation findings with the aims and objectives from the consultation, to establish how effective the project was.
- You will need to publicise the information in some way – for example, on a public noticeboard, as a printed document or on a website – to inform all the people who were consulted. In the interests of transparency, it is important to explain why some of the suggestions were not used.

6

Commissioning an artist or designer

The next step is to consider whether to involve a professional artist or designer in the project. An experienced professional can take the project outline and consultation results and translate them into visual terms, to create a detailed design. The team can then present this design to users, sponsors and the public for final approval. Make sure you seek advice on the trust's procedures for seeking tenders and awarding contracts.

This section looks at:

- the advantages of using a professional artist or designer
- the design brief
- finding an artist or designer
- supporting the artist or designer.

The advantages of using a professional

If your trust is not lucky enough to have an in-house designer, the team will need to commission a professional designer from outside the trust. Few people in the NHS have experience of commissioning professional designers to carry out medium-sized projects, so you may encounter some resistance to the idea. Having a representative from the hospitals' estates department on the team should make it easier to counter any criticisms.

COMMON OBJECTIONS TO USING A PROFESSIONAL

'They cost too much.'

In fact, professional designers are well aware of the importance of keeping within budgets. Because they have the skills to make the money available go as far as possible, they more than justify the fee they are paid.

'They might take over the project!'

The designers who succeed are those who work with their clients and use their skills to help them realise their initial outline. A clear design brief that specifies roles and responsibilities can reduce the risk of a takeover.

'We would rather do the design ourselves.'

You and your team may find it enjoyable to choose colours and finishes, but it takes a professional designer to establish whether those finishes are affordable, easy to maintain and will create the desired visual effect.





In the EHE programme evaluation (see Section 2), the projects that had involved a designer or an arts co-ordinator were generally found to have achieved more comprehensive and better co-ordinated schemes within their available budgets.

In addition to their professional skills, external designers have the advantage of not being part of the NHS, so they are likely to take a more innovative approach to the project. And, because they are not part of the hospital hierarchy, people are more likely to be honest with them about what they expect from the project. For these reasons, working with an external designer can be a stimulating and creative experience.

The art or design brief

The most important tool in commissioning an artist or designer is the brief. The brief will tell them all they need to know to be able to start work. Every member of the project team contributes towards compiling the brief, and the result needs to be worded as clearly as possible. However, it should be regarded as an interim document: once you commission the designer or artist, they will want to develop it in greater detail.

If possible, show the project outline to someone with design expertise, such as a member of staff at the local art college or a friendly local architect or designer, so that they can give advice on its aesthetic impact and technical feasibility. You may have to pay for this advice, but experience shows such support can be very cost-effective.

NHS Estates (2002b).
Improving the Patient
Experience: *The Art of Good
Health: A practical
handbook*. London: The
Stationery Office.

COMPONENTS OF A DESIGN BRIEF

The NHS Estates handbook *The Art of Good Health: A practical handbook* suggests that a design brief should contain some or all of the following information:

- the vision
- aims and objectives of the project
- context or background to the project
- details of team members' roles and responsibilities
- description of the artist or designer's role
- possible themes or content
- constraints on architectural styles or types of material
- location or suggested location of artwork
- site description and plans
- type of hospital, nature of patient population and specialities
- function of the site – landmarks, noise levels, light levels, scale, permanence, durability
- historical, cultural and social factors surrounding the site – usage, community languages and ethnic diversity
- degree of consultation and community participation required
- maintenance and durability requirements
- timetable and phasing
- budget
- clarification of copyright and ownership of work
- documentation required or planned
- resources available to the artist or designer, such as studio, accommodation or travel expenses
- responsibility for site preparation, transport of works, safety, insurance.



Finding an artist or designer

Commissioning a professional artist or designer will be a new experience for most project teams, so allow plenty of time, and bear in mind that you do not have to hire the first designer you come across – the important thing is to select someone you can work with.

Consulting your personal networks

To find an artist or designer, the first step is to consult local networks.

- ✓ Find out whether the hospital has used external artists or designers on previous projects. If so, consider re-using them, as they could offer the considerable advantage of having worked in a health care setting before.
- ✓ If the hospital's arts co-ordinator or a representative of the hospital arts committee is a member of your project team, ask them whether they can recommend someone suitable.
- ✓ With the help of the trust's communications department, put an advertisement in the local media inviting artists or designers to contact you.



Case study: Developing the artist's brief

The Lambeth Primary Care Trust EHE team highlighted the following key components as they drew up their initial artist's brief, before tendering for the work:

- aim of the commission
- budget (current and possible)
- context and history
- drawings/maps/plans of the site
- details of the team and their roles
- timetable and other works to be done
- description of our selection process
- upkeep/maintenance/review period.

Consulting further afield

If your team members do not have personal contacts, you may need to look further afield. Information about freelance designers tends to be kept in a variety of different places, so you may need to tackle the commissioning task on a broad front.

Consider consulting some of the following people and institutions:

- the National Network for Arts in Health
- local authority arts officers
- local art galleries
- local art colleges
- regional offices of the Arts Council
- the Axis database
- the Crafts Council database.

i National Network for
Arts in Health Database:
www.nnah.org.uk

i Arts Council:
www.artscouncil.org.uk

i Axis database:
www.axisartists.org.uk

i Crafts Council database:
www.craftscouncil.org.uk

When the team has identified two or three artists or designers who sound suitable, send them the design brief and invite them to an interview. Ask each candidate to give a brief

presentation of their work and to talk through how they would respond to the brief. This will enable the interview panel to discover:

- whether the candidate is a competent designer. Their portfolio and CV should help to show this
- whether the team likes their work
- whether they are a good communicator
- whether they are flexible enough to cope with the complexities of the project: that is, working with a project team, taking account of users' views, and meeting all the procedural demands of working in a hospital. (You may also want to consider whether they have worked in the NHS before)
- whether the team can work with them.

i The Artists' Information Company:
www.a-i.co.uk

Before the successful candidate starts work, give them a contract covering practical matters such as fees, timetable, insurance, copyright, and roles and responsibilities. The hospital's estates department should have a standard contract for use with external contractors that you can adapt. Otherwise, a sample contract is available from the Artists' Information Company.

Supporting the artist or designer

If the artist or designer who you have commissioned has no previous experience of working in health care, they will need some kind of induction to help them understand the complex environment of a hospital. The design brief should already have covered technical issues such as health and safety, but the artist or designer will also need some further information.

What the artist or designer needs to know

The successful candidate will need to be told:

- ✓ who they should report to (usually the project team)
- ✓ a named person in the project team to whom they can go for day-to-day support
- ✓ who is who in the hospital hierarchy, and what they do
- ✓ how to deal with sensitive matters, such as patient confidentiality and photography in hospitals
- ✓ organisational procedures – for example, procurement, deliveries, fire precautions, site security, storage of materials, safety checks, electrical systems
- ✓ how to handle copyright issues.

Developing the brief

Draw up an overview of the project

- ✓ Provide any drawings and photographs of the area and highlight any structural restrictions.
- ✓ Describe the function of the area.
- ✓ Define the space.
- ✓ Describe any services that may affect the design.
- ✓ Explain what is wrong with the area. What do users think is wrong with the space? Collate feedback from patients, carers and staff. Include views on layout, colour and lighting, and current furniture and fittings.
- ✓ Describe what is right. Highlight things that work, that are liked by users and should remain. List any features that are part of the history and culture of the building and that need to remain.
- ✓ Decide on what improvements to make. Include any other feedback from users and ideas that the project team may have.
- ✓ Review and include any additional facilities you would like included (for example, a children's play area in an A&E setting).



Brief the artist or designer

- ✓ Make an early appointment to avoid wasting time and money.
- ✓ Involve them in meetings so that all ideas can be explored.
- ✓ Make sure that there is a consensus of opinion and that the brief comes from all the project team.

i For more information on commissioning artists and designers, contact local authority arts officers, local arts organisations or the National Network for Arts in Health: www.nnah.org.uk

Budget and timescale

- ✓ Make sure the artist or designer knows the budget.
- ✓ Ensure that they are aware of the timescale and any critical dates.

Adapted from Sue Hunter, Hunter Design Associates

7

Managing, evaluating and celebrating

This section outlines the activities that need to be carried out while the project is under construction and after it has been completed. It covers:

- monitoring
- internal and external public relations
- evaluation
- celebrating success.

Monitoring

Progress meetings

While the project is underway, the team needs to hold regular meetings to make sure it is keeping to schedule and budget, and to tackle any problems that arise. Try to keep notes of these meetings as they will be useful for evaluating the processes involved in the project (*see opposite*).

The project diary

Keep a diary of how the project is progressing. This could include:

- anecdotal evidence from patients, staff and visitors
- any relevant statistics that become available (for example, comments via the PALS service, any reduction in violence and abusive incidents in waiting areas)
- photographs of the successive stages of construction
- the highs and lows, and any unexpected benefits.

Internal and external public relations

The team must aim to keep patients, staff and visitors regularly informed about the progress of the project, as this will help to ensure that they give it their continuing support. The hospital's communications department may be able to offer some ideas about how to do this.

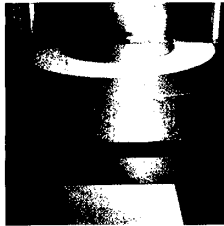
Keeping people informed

Try to keep people up to date. There are various cost-effective ways of doing this:

- ✓ Pin photos and bulletins on staff and public noticeboards.
- ✓ Insert photos and articles in staff newspapers.
- ✓ Use the hospital radio.
- ✓ Use the internal email system.
- ✓ Set up some form of suggestions box (perhaps by email).
- ✓ Provide regular bulletins at management meetings.

You will also need to tell patients and visitors about any alternative access arrangements made necessary by the construction of the project.





Evaluation

Once the project has been completed, the team needs to carry out an evaluation. This is because everyone involved – including the people who were consulted at the outset – has important reasons for wanting to know how the project went:

- **Patients and visitors** will want to know how far their original recommendations have been met.
- **Members of the project team** will want to know what participation has done for their skills development and self-confidence.
- **The trust** will want to know if the project met the needs of users and staff in a cost-effective way, and whether it can be used as a model for future projects.
- **The artist or designer** will want to know what the project team and the users thought about their work.
- **Healthcare managers** will want to know about the therapeutic benefits of the project.

Evaluation should be a positive process that looks at how things can be improved. Evaluating a design project is not always easy, as people's definitions of 'good' design can be very personal. Also, it can be difficult to make an objective assessment of improvements in patient well being or staff morale.

Consider simplifying the task of evaluation by dividing it into two:

- ☑ **Stage one** As soon as the project is finished, evaluate the processes involved, such as ways of working, time management, and budget management. The results might be of particular interest to senior management, who will have to decide whether the same procedures should be followed in the next project of this type.
- ☑ **Stage two** Some months after the project is completed, evaluate the effects of the improved environment on patients, staff and visitors.

What do you need to know?

Before you starts the evaluation, you need to decide on the following:

- ☑ What do want to find out?
- ☑ Who needs to know this?
- ☑ What is the best way of gathering the information?
- ☑ What is the best way of presenting and storing the information?

The team also needs to measure the results of the evaluation against the original goals of the project. This is why it is important for the project to have clear aims and objectives (see Section 4).

Evaluation methods

To carry out an evaluation, the project team can use some of the methods already described in Section 5 because the evaluation is, in effect, a follow-up of the initial consultation. To ensure consistency, it is important to use the same methods in the evaluation as were used in the consultation:

- **Questionnaires** can detect changes of attitude among users. In practice, however, they can have serious limitations (see Section 5).

- **Record keeping** can help keep track of expenditure.
- **Focus groups or one-to-one conversations** can be used to gather personal accounts of what the project has meant to users, and to discuss ways of working with members of the project team.

Make allowances for the fact that, like consultation, evaluation requires both time and money.

SAMPLE EVALUATION QUESTIONS

The following questions may be used as part of the evaluation:

Questions for the hospital users

- Has the project improved the hospital environment?
- If it has not, why do you think this is?
- Would you like to see the hospital carry out this kind of project in other parts of the building?
- Can you suggest any other kind of environmental project that would increase your satisfaction with the hospital?

Questions for the designer

- Were you given a clear design brief?
- Were you adequately supported?
- What were the main problems you faced?
- How did you solve them?
- Were there unexpected benefits?
- Did you achieve what you set out to in the design?

Questions for the NHS trust

- Do you plan to use this project as an example of good practice across the trust? If not, why not?
- Do you see advantages in using projects of this kind to consult users?
- Do you see advantages in using projects of this kind to improve staff development?

Questions for members of the project team

- Was taking part in this project a creative experience for you?
- How did it affect your self-confidence?
- How did it affect your attitude towards the hospital and the NHS as a whole?

Publicising the findings

The team will need to publicise its evaluation findings in some way. However, remember that not all of these findings will be of equal interest to the people involved in the project – for example, information about the processes is only likely to be relevant to members of the project team and the trust board. The findings about the design impact will be of wider interest, so display them in as many different places as possible: on public noticeboards, in the staff magazine, or on a website. Resources permitting, you may also want to carry out regular evaluations of the project in the future.



Celebrating success

Thanking all those involved

Think about how to thank everyone who has been involved in the project. One option is to have a formal project opening by the trust chair or a local celebrity. You could combine this with a party for all the people who have contributed, including patients, carers and staff, and not forgetting any artists or designers who have been involved in the project.

Make the opening a real celebration of achievement. Dig out the pre-project photographs of the area and display them, as well as the initial designs and any photographs of work in progress.

Talk to the communications staff in the trust to see if they can get the local media interested in attending – the team will have a good news story to tell. Make sure plenty of photographs are taken for the trust newsletter.

Sharing what has been learnt

The team will have learnt a great deal during the project, and individual members may want to consider developing their careers in different ways as a result of their involvement. They may need to discuss their learning and development with their managers during their annual performance reviews. EHE has been a major springboard for many team members who have developed new roles in the NHS and arts fields.

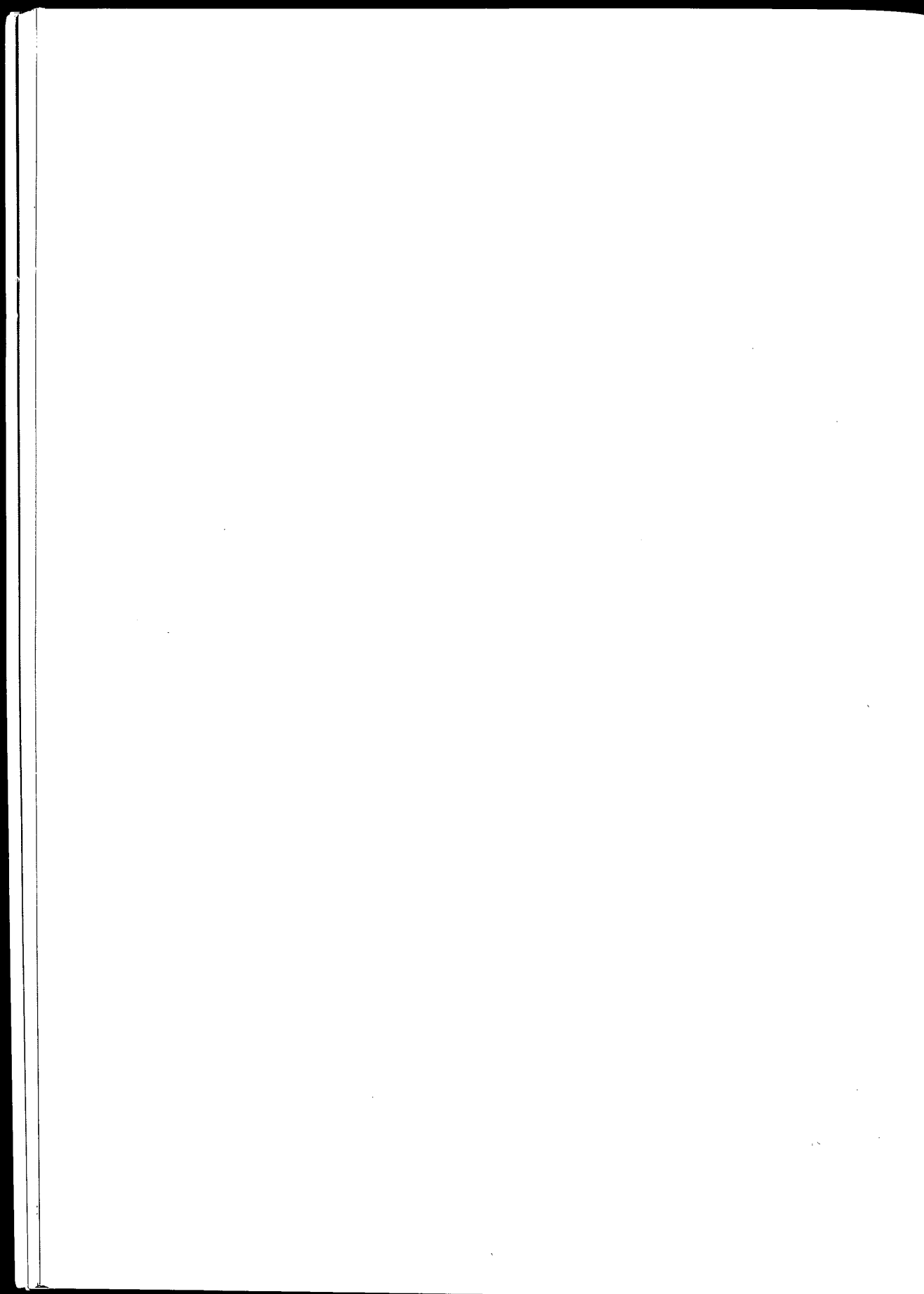
Use every opportunity to discuss the project and evaluation with colleagues, and discuss with trust sponsors how the team can disseminate learning throughout the trust and the wider community. Several EHE teams have given presentations at trust annual general meetings and open days.

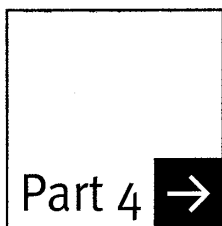
In conclusion

We hope that this guide has provided you with the inspiration and the tools you need to join forces with your colleagues and start thinking about your own design project. It would not have been possible to produce without the energy, enthusiasm and creativity of those who have contributed to the Enhancing Healing Environment programme so far. Everyone who has participated in the programme has come to see the environments in which they work and live very differently – and for some, their involvement has been life-changing.

Using simple ideas to adapt existing design features, it is possible to revolutionise the way a health environment looks and feels – even on a low budget. By combining the suggestions in this guide with the skills of your team, you too can enhance your own healing environment.



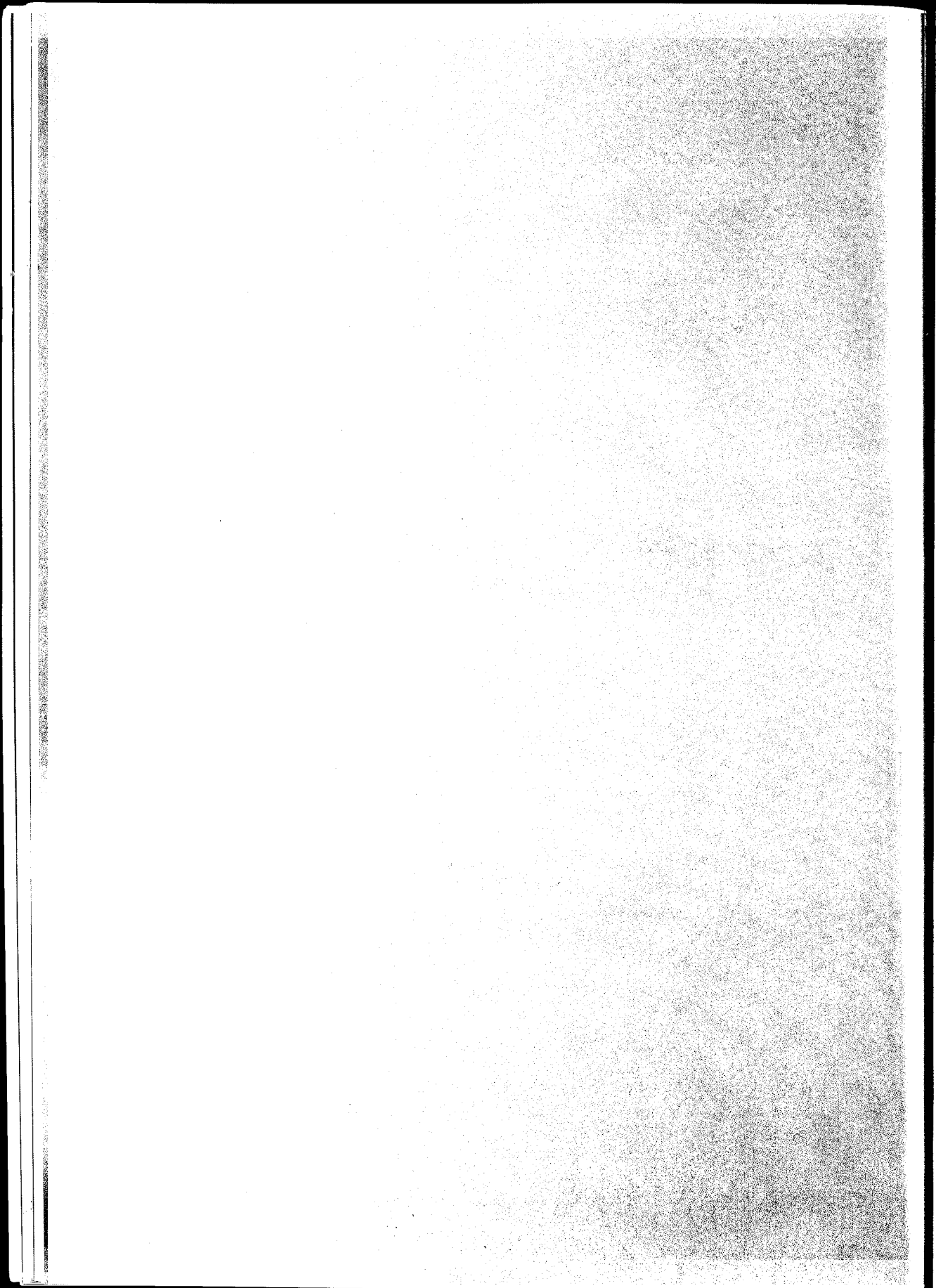




Listings

This section provides useful reference information to get you started:

- The project directory lists all the organisations that have run Enhancing the Healing Environment projects. Before-and-after pictures of some completed projects are also shown on the accompanying CD.
- The references and further reading section provides publications that will be useful during the course of your project.
- Useful contacts provides details of any organisation that you may find it helpful to contact for support and resources.
- The photograph credits section provides details of the external contributors to each illustrated EHE design project.



EHE project directory

Acute trusts

Trust	Barking, Havering and Redbridge NHS Trust Harold Wood Hospital, King George Hospital
Project location	Enclosed courtyard at Harold Wood Hospital and three-sided stroke rehabilitation courtyard at King George Hospital Courtyards chosen from responses from trust staff to a global email
Aims	<ul style="list-style-type: none"> ■ To improve overall look and feel of courtyards by introducing art elements, such as sculpture, water features, lighting and planting
Trust	Barnet and Chase Farm Hospitals NHS Trust Chase Farm Hospital
Project location	Corridor linking x-ray, operating theatres to wards, and used by staff to go to the restaurant
Aims	<ul style="list-style-type: none"> ■ To create a calm mood for patients and staff in a busy and bleak corridor ■ To develop an interior design scheme and installation on the theme of the kingfisher, the name of the children's ward, and develop this as a journey to theatres ■ To connect with views to the outside with glimpses of sky and grass
Trust	Barts and the London NHS Trust The Royal London Hospital
Project location	Paediatric ward for surgical patients Part of a refurbishment scheme for several wards to accommodate the relocation of services from another site
Aims	<ul style="list-style-type: none"> ■ To turn the negative disruption of ward relocations into an opportunity to create special child-focused environments ■ To reflect the different needs of patients who are young adults ■ To create a total environment and develop two contrasting themes for children
Trust	Bromley Hospitals NHS Trust The Princess Royal University Hospital
Project location	Three inner courtyard gardens in the new PFI hospital – one with access from the stroke rehabilitation ward, two with no direct access. The team chose courtyards because it could not change any aspects of the main building design without incurring substantial costs. The courtyards were selected from a total of 17 possibilities because they would be overlooked by three floors of inpatients

Aims	<ul style="list-style-type: none"> ■ To raise the design quality of three prominent courtyards, in order to create healing environments that would reflect the themes of earth, water and light ■ To ensure that the courtyards looked good by day and by night, and in all seasons. ■ The largest courtyard, with direct access from the stroke rehabilitation ward, would also provide a therapeutic environment to help patients regain mobility and experience sensory aspects of the garden ■ To ensure that the courtyards looked (and sounded) good from the perspective of patients on all overlooking wards
Trust	Chelsea and Westminster Healthcare NHS Trust Chelsea and Westminster Hospital
Project location	Denise Kilmarnock Endoscopy Unit. The department was cluttered and cramped with very little privacy for patients. The waiting area looked directly into the patients' recovery area and to access the toilet, patients had to walk through the waiting area
Aims	<ul style="list-style-type: none"> ■ To create an atmosphere of greater space, privacy and dignity for patients in the endoscopy unit through the use of colour, light and works of art ■ To create a more coherent and calmer environment for patients, staff and visitors
Trust	Ealing Hospital NHS Trust Ealing Hospital
Project location	Main entrance seating area, lift lobby refurbishment and gallery on upper level (a corridor/lobby space used by ITU visitors and staff)
Aims	<ul style="list-style-type: none"> ■ To create a pleasant, welcoming, calm waiting area in the main entrance ■ To move League of Friends market from upstairs lobby to give a better first impression to visitors and patients, and to create a seating and gallery space for patients and staff to use ■ To create a bright, uplifting lift lobby to act as a template for the rest of the hospital lift lobbies
Trust	Epsom and St Helier NHS Trust Epsom General Hospital
Project location	A&E waiting area and paediatric suite Interior design and decoration with integrated artwork
Aims	<ul style="list-style-type: none"> ■ To create a calm, comfortable, relaxed and uplifting environment that reduces violence and vandalism ■ To positively influence the first impressions of the patients and visitors to the department ■ To remove perceived and physical barriers between staff and patients at reception ■ To develop the project as part of the A&E modernisation programme

Trust	Great Ormond Street Hospital for Children NHS Trust Great Ormond Street Hospital
Project location	Operating theatre suite with site-specific art installations in the entrance and recovery rooms and an integrated interior design scheme
Aims	<ul style="list-style-type: none"> ■ To enhance the patient experience and journey into theatre and in recovery ■ To reduce the stress and fear at the entrance to the theatre suite and provide distraction in the recovery room ■ To make the theatre experience less overwhelming ■ To develop the idea of 'going into the deep' that patients described as their experience of being given anaesthesia
Trust	Guys and St Thomas' Hospital NHS Trust St Thomas's Hospital
Project location	Robert Willan Ward, St John's Dermatology Centre
Aims	<ul style="list-style-type: none"> ■ To transform the ward into a pleasant place for long- and short-term patients ■ To reduce patient stress by incorporating wayfinding ■ To create a humane environment and increase the sense of place ■ To provide an enhanced reception area, improved signage, refurbished bathrooms and day room, improved lighting, new flooring with design cut into flooring, and better use of colour as part of the overall design
Trust	Hammersmith Hospitals NHS Trust Charing Cross Hospital
Project location	Two clinic areas in outpatients, involving extending the waiting area, adjusting the internal layout to provide a sluice, weighing room, and staff facilities including lockers. The location was chosen to have a significant impact on a busy area where first impressions were key to the experience of patients.
Aims	<ul style="list-style-type: none"> ■ To match the quality of the recent main reception area in the hospital and upgrade this clinic space in line with others ■ To create a comfortable, welcoming, dignified space for patients and staff ■ To encourage staff involvement in the design process ■ To work as an inter-disciplinary team to pool skills, knowledge and understanding
Trust	Hillingdon Hospital NHS Trust Hillingdon Hospital
Project location	A&E waiting area Interior design, integrated artwork General arrangement, seating, lighting, planter, ceramic mural, reception desk, WCs, photographs

Aims	<ul style="list-style-type: none"> ■ Trust commitment to improve A&E ■ Complements estates strategy ■ Developed A&E staff ownership for the environment ■ Improves comfort for patients waiting in A&E
Trust	Homerton University Hospital NHS Trust Homerton University Hospital
Project location	Antenatal clinic waiting room, as part of the clinic refurbishment scheme
Aims	<ul style="list-style-type: none"> ■ To integrate an interior design scheme into the waiting area ■ To develop a modern, comfortable, interesting and positive environment suitable for all clients and families in Hackney's multi-ethnic community that would be safe, calming, nurturing, comfortable, educational and organic (evolving) ■ To improve the environment in antenatal clinic in line with newly built adjacent patient areas ■ To respond to the staff's enthusiasm for change and for a co-ordinated approach ■ To create an environment for reading, eating and drinking that was suitable and safe for children, and suitable for health promotion activities ■ To reconsider the use of television ■ To use colour and lighting to create a more calm ambience ■ To make the transition from the counselling room to the main public space less abrupt ■ To reduce visual clutter by laminating children's books and notices so they could be left on tables rather than on boards, using Perspex-covered frames to organise notices on clinic corridor, and displaying artefacts in cabinets along the clinic corridor
Trust	King's College Hospital NHS Trust King's College Hospital
Project location	Part of a long corridor in the Variety Club Children's Hospital. First phase of bigger project to upgrade the whole corridor and other areas of children's services
Aims	<ul style="list-style-type: none"> ■ To create a good first impression by transforming a cluttered corridor into a bright, light, welcoming, professional, inspiring, delightful space ■ To create a sense of identity and place, to provide information and improved wayfinding ■ To ensure that the corridor was appropriate for children and young people of all ages ■ To solve operational issues in order to remove stored equipment from corridor, especially overflowing bins ■ To create a design that was flexible and allowed for change as well as being easy to maintain ■ To create a 'welcome wall' and eye-catching vistas with light boxes, places for 'pause', opportunities for patient input, and a light 'tunnel', all glowing with light and colour ■ To organise all general information, including signage, ward information and sponsors information

Trust	Kingston Hospital NHS Trust Kingston Hospital
Project location	Garden, hard and soft landscaping
Aims	<ul style="list-style-type: none"> ■ To make an existing garden more attractive and encourage greater use ■ To raise the design stakes ■ To consult widely to give the project ownership and impact on staff and patients, and promote the role of art and environment within the trust ■ To make a sociable space outside to contrast with the confined internal spaces within the hospital ■ To make relaxing places that can be enjoyed and viewed from the wards.
Trust	Mayday Healthcare NHS Trust Mayday University Hospital
Project location	X-ray waiting area
Aims	<ul style="list-style-type: none"> ■ To 'bring the Mediterranean to Croydon', and recreate the feeling of a hotel or health spa ■ To improve and expand the waiting areas by removal of a portacabin and installing a conservatory, turning an ugly, uncared for courtyard into a light, welcoming waiting room, with Roman-style garden ■ To remove a glass screen to make a more open and welcoming reception ■ To create screened areas giving privacy for inpatients and more accessibility for wheelchair users ■ To take an holistic approach to the environment – colour, light, design, sound, hard and soft landscaping, Roman artwork and plasma digital projector displaying films of a therapeutic nature and local interest
Trust	Moorfields Eye Hospital NHS Trust Moorfields Eye Hospital
Project location	A&E waiting room
Aims	<ul style="list-style-type: none"> ■ To create good first impressions of the trust by improving the waiting environment for A&E patients, creating a welcoming, friendly atmosphere, and softening the clinical feel of the environment
Trust	Newham Healthcare NHS Trust Newham General Hospital
Project location	Courtyard off main hospital street
Aims	<ul style="list-style-type: none"> ■ To create a healing garden with an emphasis on natural textures and planting, to stimulate the senses of sight, sound and smell in a relaxing and harmonious environment for patients ■ To provide a place of respite, reflection and healing for patients of all cultures and conditions ■ To provide an environment that stimulates interest in the arts as a therapeutic tool and to establish an intimate performance space
Trust	North Middlesex University Hospital NHS Trust North Middlesex University Hospital
Project location	Interior design with artwork in the 'communication corridor' linking x-ray, ICU, theatres, A&E, hospital chapel and wards in a 19th-century building. The location was selected to have high impact on users

Aims	<ul style="list-style-type: none"> ■ To transform a dreary, dirty corridor into a bright, light place in which people could take pride, by improving the interior design using colour, light, patterned flooring and artwork ■ To improve wayfinding and create informal waiting at entrances ■ To upgrade entrances to provide better shelter ■ To connect with local people by displaying their donated artwork and by developing a history project with a local writer
Trust	North West London NHS Trust Central Middlesex and Northwick Park Hospitals
Project location	Two main corridor projects in different hospitals Commissioned participatory centenary photographic exhibition of current users at Central Middlesex Hospital Artist designed floor at Northwick Park
Aims	<ul style="list-style-type: none"> ■ To capture the character, communication and spirit of the place in a photographic exhibition that can be transferred to future new hospitals ■ To reflect the character and ethnic diversity of the hospital and its community in the floor design ■ To involve the community in the design process
Trust	Queen Elizabeth Hospital NHS Trust Queen Elizabeth Hospital
Project location	Two locations in main public areas: a sculpture at main entrance, and an installation on the ramps connecting two buildings
Aims	<ul style="list-style-type: none"> ■ To personalise the new PFI hospital ■ To reflect a holistic approach to care and demonstrate that the organisational values respect patients ■ To provide an artwork by someone with an international reputation ■ To raise the profile of art in the hospital trust ■ To be thought provoking but not radical ■ To replace a fountain that had been in the former military hospital, water being recognised as a therapeutic intervention.
Trust	Queen Mary's Sidcup NHS Trust Queen Mary's Hospital
Project location	Internal courtyard near main entrance, directly off a corridor to the restaurant, used extensively by staff and visitors, highly visible from the corridor. The scheme involved paving, bench seating, planting and a water feature
Aims	<ul style="list-style-type: none"> ■ To create a pleasant environment for use by patients, most of whom have no access to relaxation space other than their bed ■ To provide an area for staff and visitors, as well as an additional waiting area for visitors in the main reception ■ To provide access to a pleasant outside environment in all seasons for patients, staff and visitors

Trust	Royal Brompton and Harefield NHS Trust The Royal Brompton Hospital
Project location	Courtyard garden on the Fulham Road site, between the main reception and outpatients, overlooked by the respiratory unit
Aims	<ul style="list-style-type: none"> ■ To create a 'breathing space' for patients, visitors and staff by transforming an underused space at the rear of the site into a courtyard garden ■ To reflect the location and history of the site ■ To provide a peaceful retreat ■ To stimulate the senses, while also being low maintenance
Trust	Royal Free Hampstead NHS Trust Royal Ear Nose and Throat Hospital
Project location	Audiology outpatient reception area at the RTNE Hospital in Gray's Inn Road. The existing site was dreary, dark and depressing and had had little refurbishment since it was built in 1984. It was chosen from a shortlist of six areas in this building
Aims	<ul style="list-style-type: none"> ■ To improve the interior design of the waiting and reception, including walls, floor, ceiling, desk, chairs and patient amenities
Trust	Royal Marsden Hospital NHS Trust Royal Marsden Hospital – Fulham Road
Project location	Occupational therapy department: patient rehabilitation kitchen and dedicated relaxation room, as well as new flooring and re-decorating in entrance, treatment area and bathroom
Aims	<ul style="list-style-type: none"> ■ To rationalise and make better use of the space within the department ■ To create a dedicated room for relaxation therapy that was quiet, private and contemplative, using light, colour and sound ■ To upgrade the rehabilitation kitchen, transforming the institutional feel into an area that simulated a home environment more effectively
Trust	Royal National Orthopaedic Hospital NHS Trust Royal National Orthopaedic Hospital – Stanmore
Project location	Outpatients waiting area at a hospital site about to undergo PFI redevelopment, chosen because of high throughput and site location
Aims	<ul style="list-style-type: none"> ■ To turn a very basic and functional outpatients waiting area into something more comfortable, welcoming, restful, calm, clean and reassuring ■ To create a design that compensated for the loss of natural daylight following the installation of a new pre-admissions clinic
Trust	St George's Healthcare NHS Trust St George's Hospital
Project location	A&E main area and paediatric area Artwork in main waiting room. Interior design for three special rooms: family room, psychiatric assessment room, viewing room Paediatric area: interior décor and young adults room

Aims	<ul style="list-style-type: none"> ■ Location chosen to have a major impact. Part of A&E modernisation programme refurbishment project ■ Intended to support change management at reception
Trust	St Mary's NHS Trust St Mary's Hospital
Project location	New stained glass window at Lewis Lloyd Ward, Care of the Elderly at St Mary's Hospital, in an old part of the building
Aims	<ul style="list-style-type: none"> ■ To make a positive impact to part of the hospital environment that did not usually get much attention ■ To make a piece of work that was moveable, so that it could be taken to the new unit ■ To create something that was bright and uplifting ■ To create a window that could be used as part of reminiscence therapy with patients on the ward ■ To create a space within the ward that could be used for socialising and rehabilitation
Trust	University College Hospital NHS Trust New UCL Hospital
Project location	Stone sculpture at the main entrance to the new hospital building currently under construction on the Euston Road
Aims	<ul style="list-style-type: none"> ■ To create an artwork that would span the old and the new, enhancing both present and future hospitals ■ To achieve a sense of continuity and reassurance by making references to history and tradition in a modern interpretation
Trust	West Middlesex University Hospital NHS Trust West Middlesex University Hospital
Project location	The hospital was undergoing major PFI development to provide new technical facilities. This site was chosen in a building to be retained Entrances to wards for the care of older people Flooring, lighting, decorations and signage in lift lobbies Internal and external decor to the covered footbridge Paintings for lobby, corridors and nurses stations in the wards
Aims	<ul style="list-style-type: none"> ■ To create a non-institutional ambience with colour and light ■ To improve signage and make focal points
Trust	Whipps Cross University Hospital NHS Trust Whipps Cross Hospital
Project location	Main entrance, corridor and lift lobby to the maternity unit, incorporated into a scheme to upgrade the maternity department
Aims	<ul style="list-style-type: none"> ■ To improve the neglected, dark, tatty and drab hospital department into a more welcoming environment that was easy to maintain ■ To improve the ambience and signposting of main circulation space at the entrance, lift lobby and corridor, with lighting, floor and wall finishes ■ To install a welcoming desk similar to that of the main hospital ■ To integrate art and design to make more imaginative space ■ To replace carpet and wallpaper with lino and paint, for longevity

Trust	Whittington Hospital NHS Trust Whittington Hospital
Project location	Mercers Ward – a Nightingale ward that was not part of the redevelopment programme but had been partially divided to make some side rooms. The care group was made up of oncology and haematology – regular or frequent patients
Aims	<ul style="list-style-type: none"> ■ To improve the ward environment with an interior design scheme for the walls, ceiling, floor and purpose designed storage and desk units for staff ■ To reduce clutter and give order and sense of space to a narrow and cramped space

Mental health trusts

Trust	Barnet, Enfield and Haringey Mental Health NHS Trust St Anne's Hospital
Project location	A general recreation room in the adult acute ward
Aims	<ul style="list-style-type: none"> ■ To transform the recreation room into a family visiting and parenting room ■ To provide a safe, therapeutic space where patients, their children and members of their family can interact and spend quality time maintaining family relationships ■ To provide an opportunity for families to have privacy, with nursing staff input if and when required
Trust	Camden and Islington Mental Health and Social Care NHS Trust Waterlow Unit
Project location	To commission a moveable artwork that could be taken to the new unit currently under development. A smaller version of the artwork would be sited on the ceiling of the reception until the move took place
Aims	<ul style="list-style-type: none"> ■ To create a modular work that would bring colour, light, sound and movement into the connecting corridors between wards of the new unit ■ To create impact, movement, distraction and interest ■ To design something that could be grouped in different configurations across a number of areas and that was safe, durable and easy to clean and maintain
Trust	Central and North West London Mental Health NHS Trust Park Royal Centre for Mental Health
Project location	Garden at front entrance to Park Royal Centre, which provides services for acute, older people and a mother and baby unit
Aims	<ul style="list-style-type: none"> ■ To create a good first impression at the approach to the unit ■ To create a sense of identity for a site located in an anonymous and hostile site of a major industrial estate, which encroaches on the adjacent plots ■ To provide outside space for patients, relatives, carers and staff
Trust	East London and the City Mental Health NHS Trust John Howard Centre
Project location	Principal recreation area in a regional medium secure unit for 48 men

Aims	<ul style="list-style-type: none"> ■ To create make better use of a large recreation space ■ To provide both a recreational and activity area, as well as a relaxation social area ■ To relocate the shop and competition-sized snooker table ■ To install an entertainment 'nerve centre', including a DJ booth, karaoke machine and DVD facilities
Trust	Hillingdon Primary Care Trust Woodlands Centre
Project location	Oaktree Ward – an admission assessment ward for functional illnesses for patients over 65
Aims	<ul style="list-style-type: none"> ■ To make better use of space and create an improved environment for patients by getting rid of a circular corridor around an internal courtyard that was used only by smokers ■ To improve the lounge area and give direct access to the courtyard by changing the corridor layout ■ To create a dedicated smoking room and an activity room ■ To ensure that the ward and lounge area did not suffer from intrusive noise and smoke from the old corridor ■ To refurbish the internal courtyard
Trust	North East London Mental Health NHS Trust Naseberry Court
Project location	Seclusion room in a community mental health facility for acute adult care for people who are very distressed – for example, violent or suicidal
Aims	<ul style="list-style-type: none"> ■ To create a more humane environment for seclusion ■ To design the space so that it could also be used as a place for general relaxation as well as seclusion ■ To improve a space that was surrounded by a great deal of stigma ■ To reconfigure the area so that access to the room was not via general patient areas and social spaces ■ To reconsider the care and space requirements together
Trust	Oxleas NHS Trust Banbury House
Project location	Interior design and integrated screen between the reception entrance and living room of closed rehabilitation unit for ten men with challenging behaviour in a suburban community setting
Aims	<ul style="list-style-type: none"> ■ To make a more homely environment for residents and visitors ■ To create a more dignified setting for staff, to address recruitment and retention issues ■ To reorganise the space in the living room by relocating the smoking room and making a more open space between the living and dining areas ■ To improve contact with the garden by adding a conservatory
Trust	South London and the Maudsley NHS Trust The Ladywell Unit
Project location	Café in the main reception area of the Ladywell Unit, serving three adult acute wards, one elderly care ward, one rehabilitation and psychiatric intensive care ward, and one triage (adult admissions) ward

Aims	<ul style="list-style-type: none"> ■ To create a pleasant café for service users and visitors, with access to an existing garden via a ramp down to ground level from the raised reception ■ To ensure that the café could be run by the Women's Royal Voluntary Service ■ To provide space away from the wards for people to meet and socialise ■ To bring additional light into the reception area by making it more open <p>The team wanted to revamp the entire reception area but could not afford to, so there are plans to refurbish the other half of the reception at a later date when funds are available</p>
Trust	South West London and St George's Mental Health NHS Trust Springfield, Tolworth and Sutton hospitals
Project location	Three therapeutic gardens based on different hospital sites – at Springfield, Tolworth and Sutton hospitals
Aims	<ul style="list-style-type: none"> ■ To develop and demonstrate user involvement in the design and maintenance of the gardens ■ To develop the project on various sites across a trust that has 55 sites across five boroughs, including five major hospital sites ■ To have input from local horticultural college in terms of construction ■ To develop methods of user involvement that could be used by the trust for other projects
Trust	Tavistock and Portman NHS Trust Mulberry Bush Day Unit
Project location	'Time out' room in an 18-place primary day school for severely distressed children
Aims	<ul style="list-style-type: none"> ■ To provide a more dignified space for 'time out' separate from the lobby to the garden ■ To create an environment that stimulated the senses, with light, music and colour, that could be changed to suit the mood required ■ To make a space that was robust and secure while also being calming and supportive
Trust	West London Mental Health NHS Trust John Connolly Wing
Project location	Service user café next to the work rehabilitation centre
Aims	<ul style="list-style-type: none"> ■ To refurbish the service user café for the 480 patients who use the site to make it a pleasant, relaxing social space ■ To create a place where patients could receive visitors away from the wards ■ To install a proper kitchen so that the café could serve food ■ To develop training opportunities for service users in the café ■ To offer a basic catering qualification to service users trained through the café ■ To be able to hold themed evenings in the café ■ To ensure that the hospital was less cut off from the outside world

Primary care trusts

Trust	Haringey Teaching Primary Care Trust Mulberry Centre
Project location	Social space at the Mulberry Centre, which has five beds for young people with learning disabilities
Aims	<ul style="list-style-type: none"> ■ To transform an underused area into a social space for residents ■ To provide easy access to the garden
Trust	Kensington and Chelsea Primary Care Trust St Charles' Hospital
Project location	A garden for patients and visitors that would be overlooked by several wards on the site
Aims	<ul style="list-style-type: none"> ■ To create a garden where patients could sit and relax away from the ward areas ■ To improve the current site ■ To provide a performance space
Trust	Lambeth Primary Care Trust Minnie Kidd House
Project location	A relatives room that could also be used for sensory stimulation
Aims	<ul style="list-style-type: none"> ■ To create a room where staff could discuss care with residents' relatives ■ To provide an area where bed-bound residents could experience sensory stimulation, such as aromatherapy
Trust	Sutton and Merton Primary Care Trust Orchard Hill
Project location	Garden on the Orchard Hill site
Aims	<ul style="list-style-type: none"> ■ To develop a multi-functional sensory garden that would be accessible to all 104 residents on the site and those in the trust's homes in Sutton and Merton ■ To link the garden to the occupational therapy centre ■ To develop a 'trim trail' for use by the residents, which makes good use of retained trees ■ To move a log cabin from another part of the hospital site to the new garden
Trust	Tower Hamlets Primary Care Trust Beachcroft Unit
Project location	The garden at the 144-bed unit, which provides inpatient and rehabilitation services
Aims	<ul style="list-style-type: none"> ■ To refurbish the garden, making better use of an underused space at the unit ■ To further integrate art works ■ To provide a performance space

References and further reading

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Useful contacts

Arts Council England

14 Great Peter Street
London SW1P 3NQ
Tel: 020 7333 0100
Fax: 020 7973 6590
Email: enquiries@artscouncil.org.uk
Web: www.artscouncil.org.uk

A registered charity and funding body that invests public funds in the arts in England, both directly and through a range of national, regional and local partners.

Arts for Health

Manchester Metropolitan University
All Saints
Oxford Rd
Manchester M15 6BY
Tel: 0161 247 1091
Fax: 0161 247 6390
Email: p.senior@mmu.ac.uk
Web: www.mmu.ac.uk/artsforhealth

A department of Manchester Metropolitan University's Faculty of Art and Design, this international centre provides practical help, information and advice to all concerned with using art and design as a complementary part of healthcare.

Artists' Information Company

First Floor
7-15 Pink Lane
Newcastle Upon Tyne NE1 5DW
Tel: 0191 241 8000
Fax: 0191 241 8001
Email: info@a-n.co.uk
Web: www.a-n.co.uk

A non-profit company that works through advocacy and information to stimulate and support contemporary visual arts practice, and to affirm the value of artists in society.

Axis Database

c/o Visual Associations
 Leeds Metropolitan University
 8 Queen Square
 Leeds LS2 8AJ
 Tel: 0870 443 0701
 Fax: 0870 443 0703
 Email: info@visualassociations.org
 Web: www.axisartists.org.uk

A resource that provides information on a range of UK artists for individuals and organisations wanting to work with artists for commissions, residencies, workshops or other reasons.

Commission for Architecture and the Built Environment (CABE)

The Tower Building
 11 York Road
 London SE1 7NX
 Tel: 020 7960 2400
 Fax: 020 7960 2444
 Email: enquiries@cabe.org.uk
 Web: www.cabe.org.uk

An executive non-departmental public body (funded by both the Department for Culture, Media and Sport and the Office of the Deputy Prime Minister) working for a higher quality of life for people and communities across England by making the case for change, gathering hard evidence, providing education opportunities and through direct help on individual programmes and projects.

Crafts Council

44a Pentonville Road
 London N1 9BY
 Tel: 020 7278 7700
 Fax: 020 7837 6891
 Email: reference@craftscouncil.org.uk
 Web: www.craftscouncil.org.uk

The UK's national organisation for promoting and increasing public awareness of contemporary crafts and applied arts. It is funded by the Arts Council of England.

Design Council

34 Bow Street
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 Tel: 020 7420 5200
 Fax: 020 7420 5300
 Email: info@designcouncil.org.uk
 Web: www.designcouncil.org.uk

Funded by a grant from the UK Government's Department of Trade and Industry, the Design Council's purpose is to inspire and enable the best use of design to improve prosperity and well being. It helps people and organisations in business, education, public services and government understand design and use it effectively as part of their strategy.

King's Fund

11-13 Cavendish Square
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Tel: 020 7307 2400
Fax: 020 7307 2801
Email: libweb@kingsfund.org.uk
Web: www.kingsfund.org.uk

An independent charitable foundation working for better health, especially in London. Activities include shaping health policy, developing services and communities, building capacity and leadership, and providing grants.

Learn Direct

PO Box 900
Manchester M60 3LE
Tel: 0800 100 900
Email: enquiries@learndirect.net
Web: www.learndirect.co.uk

A government-sponsored network of online learning and information services that assists people in upgrading their skills and learning throughout life.

Learning and Skills Council

Cheylesmore House
Quinton Road
Coventry CV1 2WT
Tel: 0870 900 6800
Fax: 024 76 49 3600
Email: info@lsc.gov.uk
Web: www.lsc.gov.uk

A body responsible for funding and planning education and training for over-16 year olds in England. Its mission is to raise participation and attainment through education and training.

Medical Architecture Research Unit (MARU)

South Bank University
103 Borough Road
London SE1 0AA
Tel: 020 7815 8395
Fax: 020 7815 8338
Email: maru@lsbu.ac.uk
Web: www.lsbu.ac.uk/maru

A unit offering research, consultancy and training for professionals working in the design, planning and management of buildings for health care.

Music in Hospitals

74 Queens Road
 Hersham
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 KT12 5LW
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 Fax: 01932 252966
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 Web: www.music-in-hospitals.org.uk



Music in Hospitals is a registered charity aiming to improve the quality of life of adults and children within the health care environment through the joy and therapeutic benefits of high quality live music. Small groups of professional musicians present over 4,200 live concerts throughout the UK every year, responding to individual needs and to encouraging audience participation.

National Health Service University (NHSU)

88 Wood Street
 London EC2V 7RS
 Tel: 0800 555 550
 Email: yourviews@nhsu.nhs.uk
 Web: www.nhsu.nhs.uk

An organisation set up by the Government to provide practical learning for everyone, at every level, working for or with the health service, from staff to patients, carers and volunteers.

National Network for Arts in Health (NNAH)

123 Westminster Bridge Road
 London SE1 7HR
 Tel: 020 7261 1317
 Email: info@nnah.org.uk
 Web: www.nnah.org.uk

A membership organisation open to anyone who wants to become better informed and more involved in the field of arts in health, NNAH provides a range of benefits and services for organisations and individuals including a funding directory and project directory.

NHS Estates

The Information Centre
 NHS Estates
 1 Trevelyan Square
 Leeds LS1 6AE
 Tel: 0113 254 7000
 Fax: 0113 254 7299
 Email: nhs.estates@doh.gsi.gov.uk
 Web: www.nhsestates.gov.uk

A Department of Health agency working to provide expert information and guidance on estates and facilities management issues, and to deliver a modern, patient-centred environment for health care services.

Nuffield Trust

59 New Cavendish Street
London W1G 7LP
Tel: 020 7631 8458
Fax: 020 77631 8451
Email: mail@nuffieldtrust.org.uk
Web: www.nuffieldtrust.org.uk

An organisation that promotes independent analysis and informed debate on UK health care policy, aiming to enable better equipped decision-making and to provide better information.

Paintings in Hospitals

The Sheridan Russell Gallery
16 Crawford Street
London W1H 1BS
Tel: 020 7935 0250
Email: mail@paintingsinhospitals.org.uk
Web: www.paintingsinhospitals.cwc.net

A registered charity that provides works of art on loan to hospitals, hospices and other health care facilities to enhance the healing environment for the benefit of patients, staff and visitors.

Prince's Foundation for the Built Environment (Prince's Foundation)

19-22 Charlotte Road
London EC2A 3SG
Tel: 020 7613 8500
Fax: 020 7613 8599
Email: enquiry@princes-foundation.org
Web: www.princes-foundation.org

An educational charity which works through educational and advisory services, aiming to teach and demonstrate principles of traditional urban design and architecture which put people and their communities at the centre of the design process.

Royal Institute of British Architects (RIBA)

66 Portland Place
London W1B 1AD
Tel: 020 7580 5533
Fax: 020 7255 1541
Email: info@inst.riba.org
Web: www.riba.org

A member organisation based in central London with regional offices, RIBA exists to advance architecture and promote excellence in the profession through lectures, exhibitions and events, working in schools, community architecture projects and community architecture schemes.

Photograph credits

This section lists the EHE schemes featured in this guide. EHE trust teams contributed to the design of each project, and outside contributors, such as contributing architects, artists and designers, are detailed below. Further information on EHE projects and contributors can be found on the accompanying CD.

Barts and the London NHS Trust

The Royal London Hospital

Steven Davies *Artwork*

David Wiseman *Artwork*

Russell Bamber *Furniture design*

Ginnie Carvisiglia *Artwork*

Bromley Hospitals NHS Trust

The Princess Royal University Hospital

4DLD *Landscape architecture*

Camden and Islington Mental Health and Social Care NHS Trust

Waterlow Unit

Tim Maslen *Artwork*

Jennifer Mehra *Artwork*

Tom Silvester *Sound art*

Central and North West London Mental Health NHS Trust

Park Royal Centre for Mental Health

Allsopp Architects *Initial design*

Quartet Landscape Designers *Design and construction*

Chelsea and Westminster Healthcare NHS Trust

Lindsay Oliver *Floor design*

Lisa Gough-Daniels *Artwork*

Ealing Hospital NHS Trust

Greenwood and Wood *Interior design*

Robert Cosstick *Photographs*

Epsom and St Helier NHS Trust

Epsom General Hospital

Vanessa Henson *Artwork*

Tangram Architects *Design*

Hammersmith Hospitals NHS Trust

Charing Cross Hospital

Kate Baden-Fuller *Stained glasswork*

Ansel and Bailey *Architecture*

Hillingdon Hospital NHS Trust

Marion Brandis *Ceramics*

Barry Cook *Architecture*

Hillingdon Primary Care Trust

Woodlands Centre

Clague Architects *Design*

Homerton University Hospital NHS Trust

Anne Grear *Interior design*

Paul Clements *Artwork*

Richard Baldwin *Artwork*

King's College Hospital NHS Trust

Utility *Concept design*

Stuart Russell *Graphics*

Stephen Dean *Lighting specification*

Pearce Signs *Light boxes*

Kingston Hospital NHS Trust

Henley Salt Landscapes *Design and construction*

Adele Howitt *Ceramic sculpture*

Mayday Healthcare NHS Trust

Heritage Landscapes *Garden design*

Moorfields Eye Hospital NHS Trust

Sue Hunter *Interior design*

Newham Healthcare NHS Trust

Newham General Hospital

Gibberds *Design and construction*

North Middlesex University Hospital NHS Trust

APM Design Consultants *Design*

North West London NHS Trust

Northwick Park Hospital

Sue Ridge *Floor artwork*

Oxleas NHS Trust

Banbury House

Nightingale Architects *Initial design*

Stoney Parsons *Glass screen*

Royal Brompton and Harefield NHS Trust

Royal Brompton Hospital

Anthony Paul *Garden design*

John Clerk *Copper sculpture*

Xanna Robotham *Glass artist*

St George's Healthcare NHS Trust

St George's Hospital

Sue Hunter *Interior design*

David Planner *Stained glass*

Mel House *Mirror*

St Mary's NHS Trust

Stoney Parsons *Stained glass*

Philips lighting *Lighting*

South London and the Maudsley NHS Trust

Ladywell Mental Health Unit

No external involvement

West Middlesex University NHS Trust

DRU Design consultants *Design*

Whittington Hospital NHS Trust

Trevor Shearer and Shahed Saleem *Design
and architecture*

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stored in the
Library Office

Oxleas NHS Trust

Banbury House

Nightingale Architects *Initial design*

Stoney Parsons *Glass screen*

Royal Brompton and Harefield NHS Trust

Royal Brompton Hospital

Anthony Paul *Garden design*

John Clerk *Copper sculpture*

Xanna Robotham *Glass artist*

St George's Healthcare NHS Trust

St George's Hospital

Sue Hunter *Interior design*

David Planner *Stained glass*

Mel House *Mirror*

St Mary's NHS Trust

Stoney Parsons *Stained glass*

Philips lighting *Lighting*

South London and the Maudsley NHS Trust

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King's Fund

11-13 CAVENDISH SQUARE
LONDON W1G 0AN

INFORMATION 020 7307 2568
SWITCHBOARD

PUBLICATIONS 020 7307 2591
www.kingsfund.org.uk

The King's Fund is an independent charitable foundation working for better health, especially in London. We carry out research, policy analysis and development activities, working on our own, in partnerships, and through grants. We are a major resource to people working in health, offering leadership and education courses; seminars and workshops; publications; information and library services; and conference and meeting facilities.

The trouble with hospitals is that they are sometimes not very hospitable. Even simple things like finding your way around on arrival, holding a private conversation, or being away from home can feel daunting, especially if you are feeling anxious or unwell.

Fortunately, there is growing evidence that attractive and sensitively designed hospital environments that respond to patients' perceptions and needs, as well as the practical requirements of clinicians and other workers, offer significant therapeutic benefits, as well as giving staff a workplace they can enjoy and take pride in.

Using good design principles in purpose-built new hospitals is one thing. But how can they be applied to other buildings, especially if they are old or have been poorly maintained? *Enhancing the Healing Environment: A guide for NHS trusts* shows that dramatic changes can be indeed be made to areas such as waiting rooms, corridors, clinical areas and gardens, simply by making better use of existing resources.

This practical and inspiring guide is based on learning from a major King's Fund programme – Enhancing the Healing Environment – to improve the look and feel of areas in all London's NHS health trusts, through medium-sized design projects planned and delivered by nurse-led teams. It:

- lays out the case for investing in good design
- shows how multi-disciplinary project teams with no specialist design knowledge can produce outstanding results, while building their leadership skills
- offers a step-by-step guide to planning and delivering your own design project, from communicating with external and internal stakeholders, to managing design and delivery
- includes photos of successful projects across London, case studies and a listing of useful contacts.

It will be invaluable reading for all those interested in improving health care environments, including nurses, modern matrons and other clinicians; estates and facilities staff; patient groups; and the art and design community.

This guide has been published in partnership with NHS Estates.

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