



LONDON HOSPITALS: THE USE OF THE ARTS IN ACUTE TRUSTS

Research carried out by London Arts in Health Forum on behalf of Arts Council
England, London.

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EXECUTIVE SUMMARY

AIMS AND METHODOLOGY

The aim of this research was to assist Arts Council England, London with the development of its arts in health action plans by providing a review of existing activity within acute trusts. The size of the sample, although representing just over half of the relevant London trusts, nevertheless limits the extent to which these findings may be seen as typical of the situation more generally. Furthermore, the findings suggest that the circumstances in the organisations concerned differ substantially, not only in levels of activity but, critically, in terms of staffing and resources.

Of those trusts which did not respond to the survey, many do not appear to have a dedicated member of staff or other individual working on the arts in health agenda. Some trusts fielded enquiries through estates departments, while many were handled by Communications teams. A lack of knowledge may be responsible for the failure of some trusts to respond to the survey, but recent negative media attention which has affected the arts in health sector may also have played a part.

The 32 acute trusts in London vary from specialist hospitals and national centres of excellence such as Moorfields Eye Hospital and the Royal National Orthopaedic Hospital to trusts serving large local populations in outer London. Trusts such as Great Ormond Street Children's Hospital work with specific groups of the population, while some trusts, because of their geographical location, serve very diverse patient groups. Due to current pressures on NHS spending, some London trusts are experiencing severe financial difficulties; others are relatively stable. In every trust these factors have some bearing on the level of arts in health provision and the level of support for the use of the arts among staff and clinicians. This diversity is reflected in the findings.

KEY FINDINGS

The situation is largely positive, with the trusts which responded to this survey making the most of limited resources, overcoming the physical limitations of the spaces available to them and facilitating a wide range of innovative work. However, it should be noted that the resources available to these practitioners differ enormously, as does the number of years that such activities have been established as part of the trust environment.

Although all the trusts have used visual arts projects and all but one have used integrated artwork in some way in their buildings, there is substantially less capacity for the performing arts and even less so for work with literature.

Substantial differences are evident between those trusts which are working within the confines of existing buildings, using spaces not originally designed to incorporate art and events on the one hand, and those trusts which have participated in new builds or where a major refurbishment has taken place. The latter clearly enjoy a greater degree of flexibility and indeed financing, particularly where the arts in health agenda was incorporated into the planning at an early stage.

All trusts place an emphasis on commissioning new work. Respondents were keen to emphasise that support from within their hospital community has been critical to the development of their work.

INTRODUCTION

AIMS AND OBJECTIVES

The aim of this research was to assist Arts Council England, London with the development of its arts in health action plans, which it is stated should build on existing activity as well as furthering more formal strategies for the development of high quality, innovative arts work in healthcare settings, for example through the provision of information and support, delivered through existing partners in the field.

Therefore it was decided to undertake a review of arts activity within acute trusts, in partnership with London Arts in Health Forum, the key Regularly Funded Organisation (RFO) in the region, in order to derive a more detailed picture of the types and amount of activity taking place and the type of personnel leading the work. It was also hoped to increase understanding of the concerns and needs of arts directors, for example in terms of training or support.

METHODOLOGY

A questionnaire was developed and distributed during September 2006 by Damian Hebron of LAHF in consultation with Seema Patel, Meli Hatzihyrisidis and Karen Taylor. It was based on initial work undertaken by Terri Harris. The questionnaire is attached as an appendix. This report has been written by Damian Hebron and Emma Bonsall.

The questionnaire was tested on a small sample of four arts in health co-ordinators before being distributed by post with follow-up by email to the 32 acute trusts within London in September 2006. Nineteen responses were received.

LIMITATIONS

The size of the sample, although representing just over half of the population of interest, nevertheless limits the extent to which these findings may be seen as typical of the situation in acute trusts in London more generally. Furthermore the findings suggest that the circumstances in the organisations concerned differ substantially, not only in levels of activity but critically in terms of staffing and resources.

Respondents seemed keen to relate their experiences but were markedly reticent with regard to the financial questions, whether due to lack of knowledge, or simply the nature of their particular situations, which could not be easily categorised in the terms laid out by the questionnaire. Similarly a substantial overlap between areas of activity may also have created some confusion, particularly with regard to the role of artists in residence in participatory projects and information about Private Finance Initiative (PFI) schemes in which the respondents in many cases appeared to have had limited involvement.

Recent media coverage of the financial situation in the NHS generally and in specific trusts as well as several national media articles criticising the use of arts in health have created a climate of tension and defensiveness in the arts in health sector generally. This may have caused some respondents to exercise caution in fully reporting the cost of arts activity in their trusts.

DISCUSSION OF FINDINGS

The situation is largely positive, with the acute trusts who responded to this survey largely making the most of limited resources, overcoming the physical limitations of the spaces available to them and facilitating a wide range of innovative work. However, it should be noted that the resources available to these practitioners differ enormously, as does the

number of years in which such activities have been established as part of the trust environment.

MANAGEMENT AND FUNDING

Predictably enough, levels of activity are seriously affected by the resources available, specifically the availability of dedicated staff, and many co-ordinators are subject to the conflicting demands and pressures of a part-time or shared role. In the majority of cases, arts programmes and the fundraising which facilitates it are managed by a single individual. In only two of the trusts included in this survey is the post a permanent one and in one case the position is voluntary.

Three-quarters of the trusts who responded to the survey have an arts committee, with an average of 13 members. Committee members span a wide range of roles within the trusts, from nursing and administrative staff to Consultants and in two cases the Chief Executive.

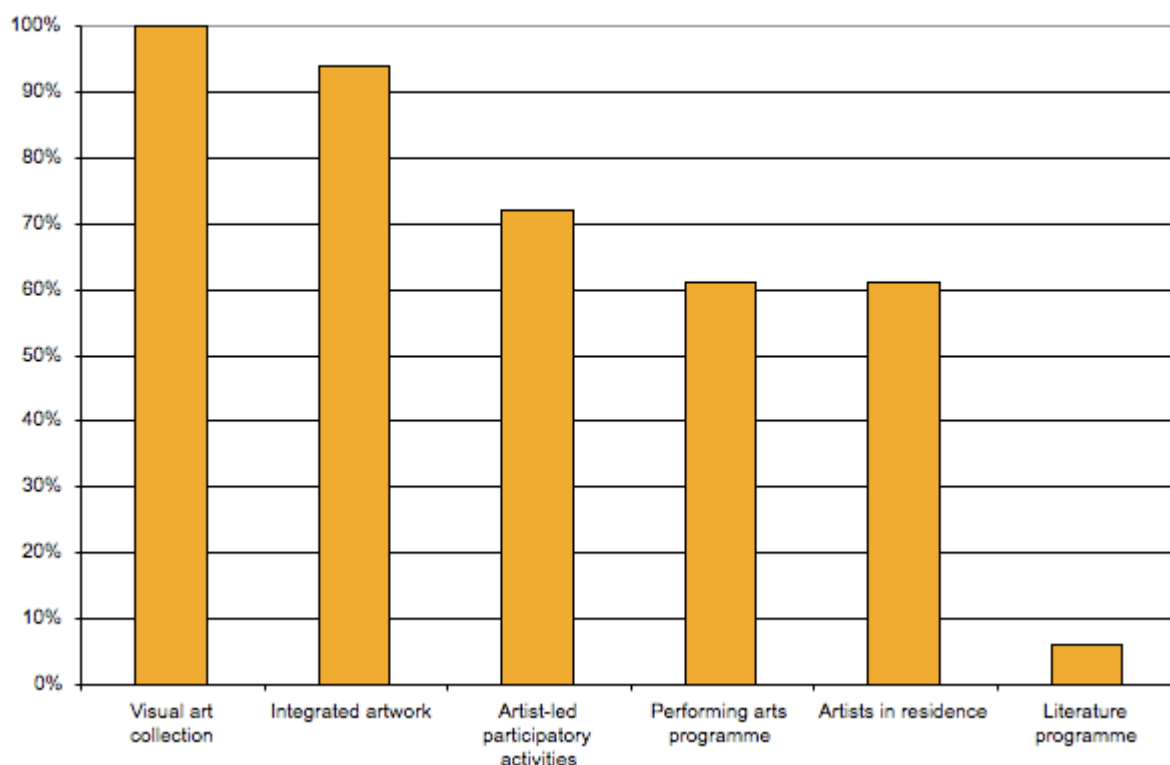
The notion of annual budgets and permanent staffing are of limited relevance to the context in which many of these trusts operate, in which levels of activity, personnel and, crucially, funding, are essentially project driven.

The use of the arts in this context is vulnerable to governmental and wider organisational priorities and this is particularly evident with involvement in PFI schemes. Due to the nature of integration with such schemes and the logistics of the NHS, this work is subject to complex planning structures and very long time scales. However, respondents were keen to emphasise that the support of the hospital community has been critical to the development of their work and in some cases has been an all-important enabling factor.

AREAS OF ACTIVITY

All of the trusts who responded to the survey have visual art collections, and all but one have used integrated artwork. Sixty-one per cent have a performing arts programme, and the same number have used artists in residence. Almost three-quarters (72%) of respondents have held artist-led participatory activities. Although three of these trusts had some involvement with literature events or activities in the past 12 months only one considers that they have a literature programme.

Areas of Activity



Substantial differences are evident between the level of activity which has been achieved within the confines of existing buildings, using spaces not originally designed to incorporate art works, activities or events, and those trusts which have participated in new builds or where a major refurbishment has taken place. The latter clearly enjoy a greater degree of flexibility, particularly where the arts in health agenda was incorporated into the planning at an early stage.

The prevalence of visual arts programmes in the trusts which responded to this survey may in part reflect such physical realities. While suitable space for events (and indeed dedicated exhibition space) is comparatively rare, it is often more viable to use visual arts in existing areas such as corridors, waiting rooms and reception areas. It may also be a reflection of the lasting impact of organisations such as Paintings in Hospitals which began lending visual artworks to hospitals over 50 years ago.

Similarly, this type of work may present an opportunity to maintain projects over a period of time and, particularly when placed in public areas, to reach a wider audience (a priority for the majority of these trusts) than is likely to be achieved by a one-off workshop or event. It is also possible that such longer-term activity is seen as 'safer', less controversial and less open to criticism.

Several respondents were keen to emphasise the charitable status of their work, and the fact that the organisation of activity, and critically the funding for it, is distinct from the clinical provision of the Hospital. This may indicate a certain reserve among staff who are accustomed to countering criticism from a variety of sources, both internal and external, with regard to the arts in health agenda. The concern to keep confidential any information about staff costs and budgets for project activity may stem from a similar desire not to provide ammunition for the type of criticism which attempts to set the cost of arts activity against shortages of nurses, high profile treatments and ever increasing NHS deficits. The extent to

which such controversy may affect the sector was not specifically addressed by this research, but it is interesting to speculate that the prioritisation of visual arts projects over performing arts and literature, often on the grounds of perceived impact, might be a manifestation of this defensiveness.

In any case, the evident reliance on project funding, temporary or voluntary staff and the lack of dedicated spaces also contribute to this impression of insecurity. In some cases, there is a sense that this activity is, purely in material terms, precariously placed within some trusts, and suffers to a lesser or greater extent from a lack of continuity, in the range of activity, levels of staffing and lack of core funding. The general lack of published programmes of activity, regular or otherwise, either online or in print may in fact reflect a more serious issue related to a lack of regular programming or activity.

VISUAL ARTS

COLLECTIONS

All of the trusts who responded to the survey have visual art collections. Of these, more than half (56%) have a catalogue for the collection, a similar number have some sort of maintenance or conservation policy and almost three quarters (72%) have a strategy in place for collecting or commissioning new work.

The ownership of the collection is an issue for some; one respondent was keen to clarify that the collection is owned by the charity associated with the trust rather than the trust itself. Where a formal policy is not currently in place, a few respondents identified either 'a set of principles' or 'working practices' which are in the process of being developed into a more structured approach.

"We have an eclectic collection, gifted and loaned, all of which are well maintained and looked after through our Arts Officer, who also pro-actively seeks to enhance the collection, through commissions, loans and gifts."

The scale and use of these collections varies between the trusts in question. Several respondents mentioned prioritising patient and public areas and the limited availability of dedicated exhibition spaces.

While all respondents describe the placement of part of their trusts' art collections in public areas such as foyers, and 94% in patient areas, and more than two-thirds (74%) use such material in areas solely accessed by staff, only 47% have a dedicated exhibition space in which to display their collections.

"We have limited space but would love to have opportunities for places for exhibitions as we used to have."

"We are currently in the process of developing a proposal for dedicated exhibition space."

A similar approach is evident in the use of works loaned either by individual artists, from Paintings in Hospitals or from other organisations. Not all the trusts who responded to the survey have participated in such schemes, but among those that have, four fifths use material loaned from individual artists in public areas, and two-thirds use loans from Paintings in Hospitals or other organisations in this way. Likewise two-thirds use loans from artists, or from Paintings in Hospitals, in patient areas and fewer than half use such works in areas accessed only by staff.

"We don't have very much artwork so I prioritise corridors and patient areas."

"The majority of our artwork is displayed in public and patient areas to contribute to the healing environment of the hospital."

"We put art where we can, we have a lot of stuff that was donated before we had a strategy/policy and so wall space can be limited, we are also in the middle of a long redevelopment period with decants and a lot of moving so really we put work where we can, when we can."

INTEGRATED ARTWORK

All but one of the trusts who responded to this survey have art or design work integrated into the building, either through public art projects or as a feature of architectural design. Common manifestations of this type of work include stained glass, sculpture, murals and the use of water features. The scale of such projects varies according to the resources available to the trust in question and the degree of redevelopment work which has been undertaken.

A water feature installed when hospital was launched – site specific canvasses installed in architectural space – a mural commissioned for hospital opening – artworks commissioned for refurbishment of Critical Care Unit

Foundation stones / finial from old building preserved in garden

Water features, large scale art pieces commissioned specifically for the new buildings, sculpture, stained glass and garden designs incorporating patterns within the planting. All projects involve local artists where possible and always patient and visitor focus groups.

ARTISTS IN RESIDENCE

Nearly two thirds of respondents have had artists in residence based in their trust, although in three of these cases, there has not been a residency in the past year.

The majority of these trusts have had one or two residencies in the last 12 months. The duration of these projects differs widely, from 3–4 days to a year or even, in one case, 2–3 years.

Artists used include: Lucy Algar, Gina Glover, Timothy Wainwright (in two trusts), Sarah Gillam, Monica de Miranda, Sudan Aldworth, Simon Black, John Wynne and Frances Newman.

ARTIST-LED PARTICIPATORY ACTIVITIES

Almost three-quarters (74%) of respondents have held artist-led participatory activities in their trust. Such projects were defined as specific activities where artists engage with specific client or staff groups to create artworks, as distinct from any art therapy activities co-ordinated by a trust.

Trusts which had undertaken such activities had staged between two and seven events over the course of the past year. One respondent was unsure of how many had taken place, a second mentioned that projects were still on-going and another referred back to the work of their artist in residence. Indeed there appears to be a common overlap between these projects and the work of artists in residence.

The artworks created as part of such projects are generally displayed in public areas (71%) or patient areas (57%), with just over a third placed in areas used by staff and 43% exhibited in dedicated exhibition spaces. The duration of these activities varies considerably.

Artists used recently by respondents include: Bodd Soderlund, Umbeke Hartzler, Lehmann Bros, Gina Glover, Pia Gambardella, Ann Dingsdale, Katy Smyth, ADFED (Asian Dub Foundation), Tim Wainwright and John Wynne, Gabriella Dall'Olio, Angela Easterling, Cindy Lass and Lightning Ensemble.

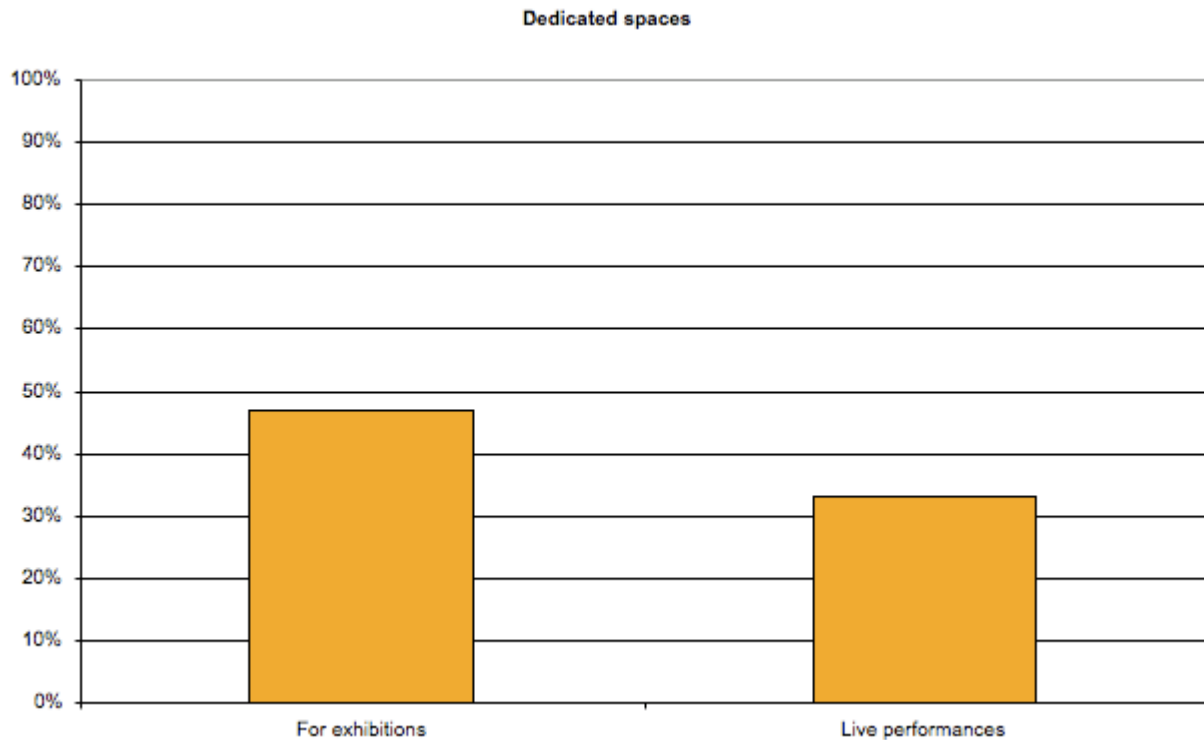
“This year we received a substantial grant from the Arts Council London for a major new commission of a work by David Mach. Part of the accompanying programme will be an

education series of workshops and events for staff and visitors/patients with life modeling classes and clay modeling workshops. There will also be an education programme for the day nursery. David Mach will be involved in the programme that will include a forum debate about the role of art in hospitals to which Richard Cork will be a main contributor. The programme is being organised by a specialist art education consultant. The programme will run for three months.”

OTHER ARTFORMS

PERFORMING ARTS AND LITERATURE PROGRAMMES

Nearly two-thirds of respondents have a performing arts programme. Other trusts expressed interest in programming performing arts but gave various reasons why they did not do so – including the lack of a dedicated space.



Only a third have a specific space for live arts performances.

One-third of the trusts surveyed produce a printed events guide or listings publication. The use of online methods of communication is emphasised by a few respondents:

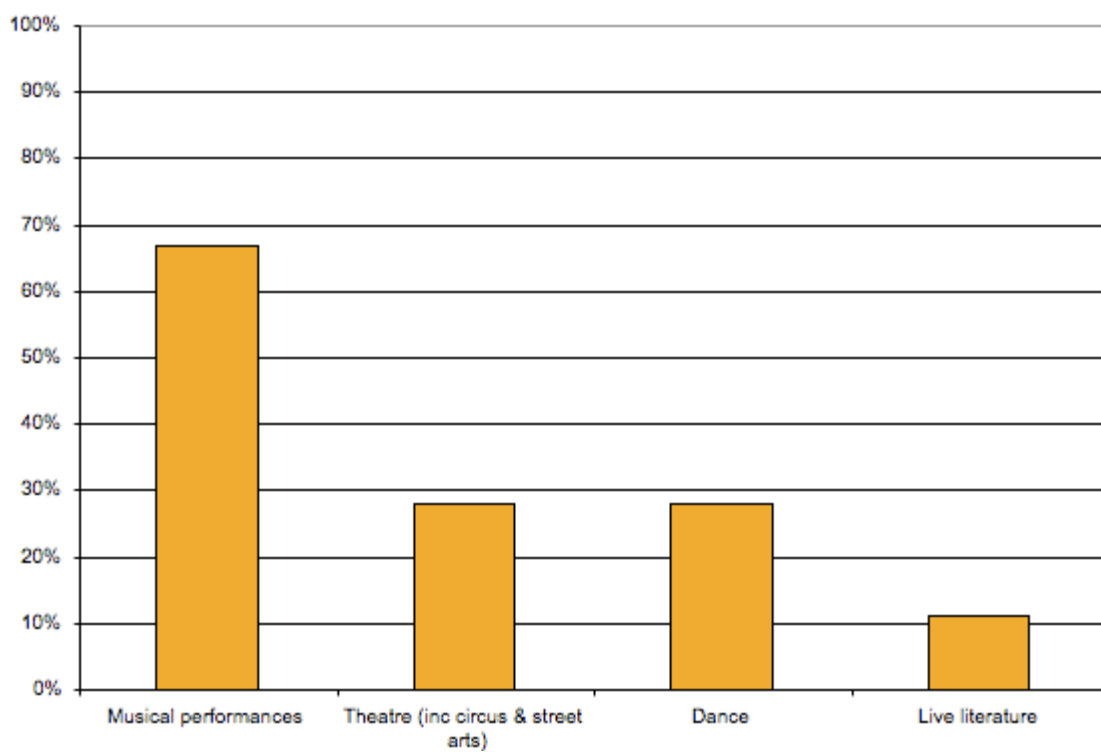
“...we aspire to produce this on our website in due course”

“...up coming events are on the web pages and also advertised through internal communications – email newsletters, posters and trust magazine”

Two-thirds have held musical performances in the past year; Music in Hospitals is specified by one respondent. Just over a quarter have presented theatre events, including circus and street arts and a similar number have mounted dance works in the same period.

Only one trust considers that they have a literature programme; this has included live literature events in the past 12 months. Despite this response, other trusts indicate that they do present some literature activities. One trust mentions that they have poems on the wall, a second has recently had a poet in residence, and a third has held live literature events in the past year.

Events



DELIVERING ACTIVITY

FUNDING

Respondents are typically reticent about the funding of their projects, for a variety of reasons including the need to maintain confidentiality, the fact that various projects differ considerably and because funds are raised in a variety of ways.

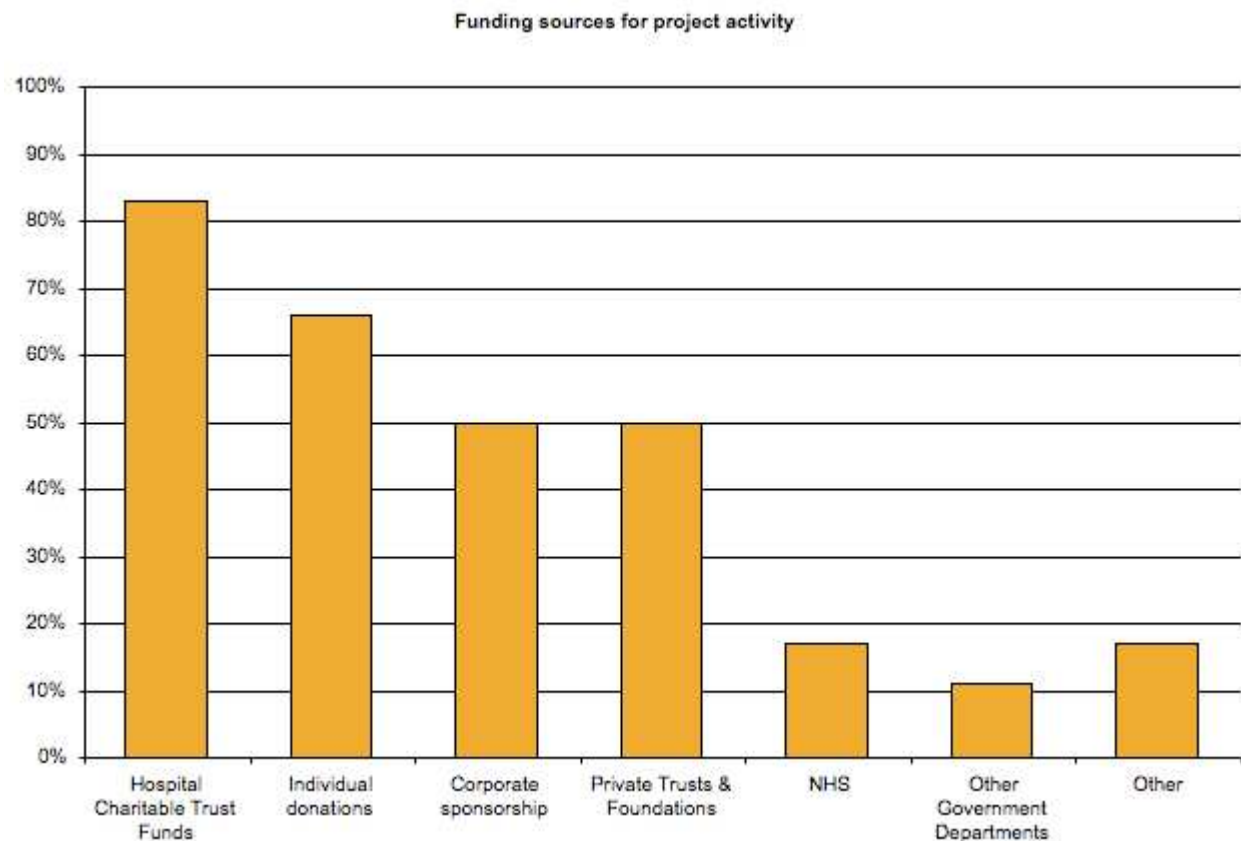
Annual budgets for arts project activity (as distinct from expenditure on overheads), as stated by respondents, range from just over £6,000 to £500,000, and average £44,000.

Many respondents also indicate that the concept of an annual budget is inappropriate to their particular circumstances, and the funding structures within which they work:

“Funding is raised for individual, specific projects outwith the NHS.”

“Whatever I can raise – it varies.”

“We also top slice all capital schemes with 1% for arts; this is where we get the majority of the funding.”

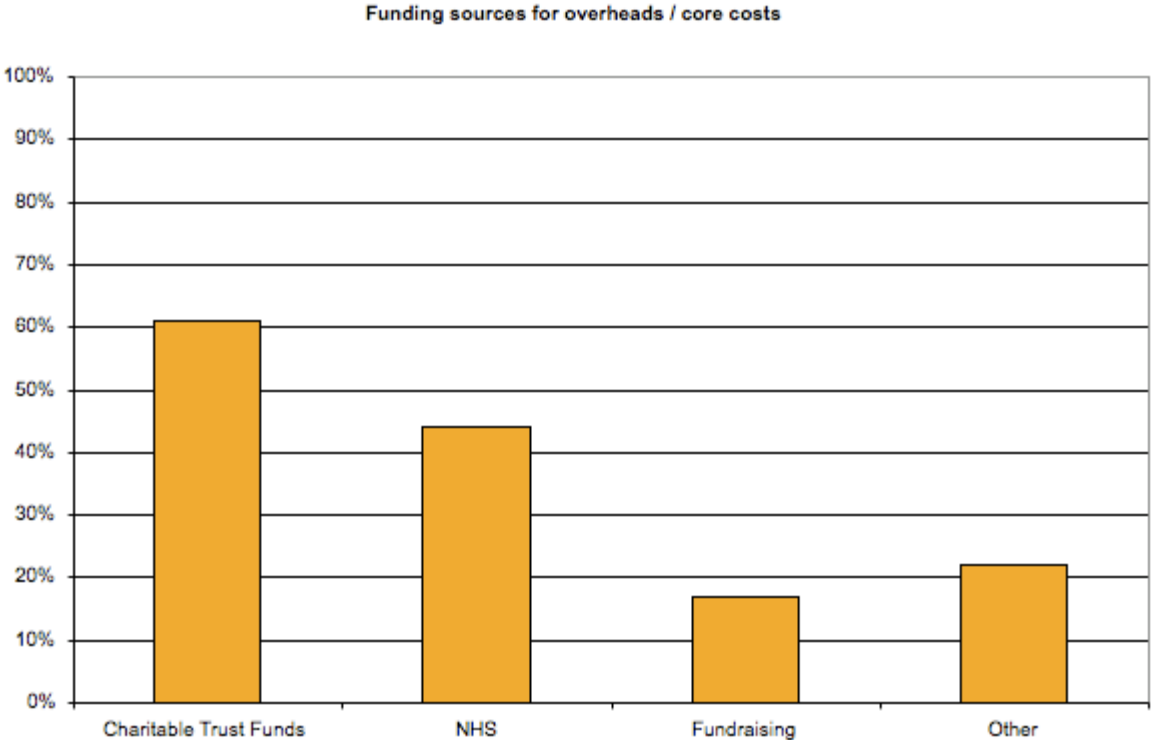


The vast majority of respondents (79%) have some access to their hospital’s charitable funds – particularly to support project activity. Two-thirds receive individual donations, half use corporate sponsorship, and a similar number have accessed money from private trusts and foundations. Two trusts have received funding from other government departments and only

three trusts fund arts project activity using NHS money, specifying that this represents respectively 27%, 60% and 95% of their funding for arts activity.

Other sources specified by respondents were: external charities, and the National Lottery and “*wherever we can get it!*” Arts Council England’s Grants for the Arts programme was not specifically referred to in this section although several respondents did cite projects which had received ACE funding.

With regard to the funding of overheads, such as the salaries of permanent staff and office costs, just under two-thirds use charitable trust funds, just under half use NHS funds, three trusts pursue fundraising activity to support their work and one respondent specifies that the majority of staff are volunteers apart from an art curator who works one day a week, paid for by **Special Trustees**.



MANAGEMENT

Three-quarters of the trusts who responded to the survey have an arts committee, with an average of 13 members. One trust mentioned that although their committee has 25 members, only around 12 attend regularly.

The jobs of committee members within a trust are extremely diverse, including nursing staff, a chaplain, a variety of consultants, administration, HR and communications personnel, estates and facilities staff and include heads of departments and in two cases the chief executive.

Eighty-three per cent of respondents have a dedicated member of staff who is responsible for co-ordinating or managing the arts programme, although in one case this is only part of their role and for five the post is part-time. Only two specify that the post is a permanent one and in one case the position is voluntary.

These posts have existed between 1–18 years and on average for just over six years. Half of the posts are funded through charitable trust funds, and a quarter through the NHS. The majority of salaries for these posts fall between £21,000 (pro rata) (pay band 6 and £43,000 (pro rata) (pay band 8).

Respondents were keen to emphasise that the support of the hospital community has been critical to the development of their work and in some cases has allowed them to transcend limited funds.

“The fact that the arts committee has supported an experimental approach (obviously within reason!) in terms of the types of arts interventions for the initial three years has been crucial in allowing us to develop a programme that works specifically with this trust rather than something more generic.”

“Although negligible funds are available from the trust formally, arts received massive support from the hospital community, and especially hospital and medical school staff. For example, two members of staff run the gallery (in the trust’s Main Dining Area) in addition to their primary trust roles. They actually offered. Similarly, a member of staff (not the Arts Officer) has organised monthly musical concerts for the hospital community... This level of support has a worth different from funding.”

“They are very supportive – they don’t have a lot of money but they seem really pleased with what I’ve done so far.”

However there is also a sense in which these situations are subject to change, whether as a result of the lack of permanent full-time staff, the nature of project-based funding and the pressures on the hospital community.

[As we are] becoming integrated into the hospital’s independent charity much of information given above may change, including how the project is funded and managed in the future.

STRATEGIES

Just over three-quarters of the trusts who responded to the survey have an arts strategy or policy in place, another is working towards this.

Various levels of detail were supplied by respondents, but common themes are evident, notably, enhancing the hospital environment, not only for patients but also for their visitors and hospital staff, and encouraging involvement by a culturally diverse cross-section of the local community. Several respondents also mentioned promoting the role of the arts in healthcare and encouraging research into the benefits of art to health. Ongoing support for artists and for healthcare practitioners is also a key element in these strategies.

Strategies are developed following a good deal of consultation, in some cases through formal research and feasibility studies, incorporating patients, staff and other members of the community, and in others through a variety of cross-departmental collaborations. The arts committee is described as central in this process in several cases, as are steering groups, Board members and trust directors for others. One trust describes the development of a three-year strategy by the arts committee with the assistance of an independent facilitator and the input of arts in health professionals.

The majority of the arts strategies described are re-evaluated annually, although a few are revisited more frequently: *“all the time”*, *“three times a year”*, one is looked at *“every 3–5 years”* and another respondent mentions the availability of resources as a key factor in the future evolution of the strategy.

“Work is monitored and evaluated by the arts committee three times a year, but we hope the strategy will remain broadly in place until 2010.”

“What we are able to do is very much governed by the availability of funds. If these increased we might widen our activities which would be reflected in our strategy document.”

PFI

Eleven of the trusts which responded to this survey had been involved in a PFI scheme, either currently or at some point in the past. Of these only four said that any of the capital budget had been reserved for art commissions or arts activity. A few respondents were unable to provide these details due to limited involvement in the schemes in question, in one case because it pre-dated their employment.

The amounts specified vary from £400 to £500,000, and in all cases represent less than 1% of the total investment in such projects, in one scheme less than 0.01%.

Just over a quarter of respondents stated that there were plans to engage with the arts during the PFI scheme, and around a third have an arts commissioning strategy or other policy documents related to the scheme.

CONCLUSIONS

The arts have played a role in healthcare in London for centuries and, in recent decades, several acute trusts in London have been at the forefront of the arts in health movement nationally and globally. However, despite this and the growing body of evidence to support the value of arts in health, there is still not universal acceptance of the role the arts can play in healthcare settings. While some trusts are actively promoting arts activities and using public art to transform hospital environments, some London trusts appear to have little or no involvement in the arts.

The NHS is currently experiencing the biggest building project in western Europe and London is at the forefront of this activity. There are encouraging signs that many of the crop of new buildings are (to varying extents) using the arts to improve the patient environment and make these new hospitals more friendly, less intimidating spaces.

The pool of artists working in arts in health projects includes many very talented artists but the list is not as extensive or wide ranging as it should be. More artists need to be encouraged to work in this sector – especially artists working in non-traditional forms. Some hospitals successfully incorporate work that reflects the local communities who use and staff the hospital – more could be done to support this work. Established artists, working in whatever medium, often need persuasion to take on projects in healthcare settings.

Funding is a challenge for the sector. While some hospitals have significant resources to dedicate to arts in health, others have limited access to funds from within the trust. Some trusts do not seem aware of all the potential funding avenues they could be exploring.

Many arts projects are too dependent on the efforts of a few dedicated individuals. Volunteers and arts co-ordinators, often working on a part-time basis are busy working to manage projects in challenging circumstances and few trusts exhibit signs of much long-term or strategic thinking. Structures and systems (such as cataloguing of collections) need to be established in many trusts so that when individuals move on, the arts programmes survive. In the same vein, training, support and resourcing for arts co-ordinators would help prevent the risk of burn-out and of talented individuals leaving the sector.

Across London there is evidence of high quality arts activity in healthcare settings which hospitals and their staff are rightly proud of. There should and could be many more.

RECOMMENDATIONS

Further research is required to identify the resources available to acute trusts in delivering arts project activity. This may highlight reasons for the concentration of particular types of activity in certain areas and indicate ways in which provision may be extended.

It may also be valuable to undertake additional research as to the internal and external pressures felt by arts managers in acute trusts with regard to their work and more detailed investigation of their experiences of organisations such as Paintings in Hospitals, Music in Hospitals and other major providers.

More could be done to promote the use of the performing arts and literature in healthcare settings. All trusts are aiming to maximise the impact of their arts activity and there appears to be a perception that visual arts exhibitions reach more people and are easier to manage. Research into staff and patient responses to ongoing performing arts activity could be used to encourage a broader pallet of arts activity.

Since this survey sought to establish what activity trusts are currently engaged in, it did not ask what support or resources respondents thought would help increase activity. Given the range of activity and the varying level of resources at different trusts, it would be interesting to explore further what support arts in health co-ordinators felt they required.

Damian Hebron: January 2007

CASE STUDIES

Guys and St Thomas' Charity <http://www.gsttcharity.org.uk>

(information supplied by Karen Sarkissian, Director of Art and Heritage)

As one of the best resourced respondents to this survey, Guys and St Thomas' Charity employs three full-time staff to work on the arts and has an annual budget for project activity in the region of £500k. Both the cost of project activity and the overheads required to support it are funded solely by the Guy's and St Thomas' Charity.

Strategies for arts activity are developed through widespread consultation with interest groups, including staff, patients and visitors and often operate in conjunction with capital projects. The charity operates a wide-ranging programme of arts projects encompassing site-specific commissions, visual arts, performing arts events, participatory activity and residencies, which are advertised on the organisation's website and in a printed events guide. The visual arts programme benefits from the charity's extensive collection of artworks which consists of approximately 4000 works in a diverse range of media, including 16th century portraiture, period furniture, pharmaceuticals collections, silverware, textiles, water features, and contemporary prints through to site-specific installations. The collection has been catalogued, security marked and digitised and is made available for research purposes.

The stated mission of the department is:

“To enhance the quality of the environment for patients, visitors and staff through the collection, preservation and imaginative display of objects in Guy's and St Thomas' Hospital. It will encourage participation in creative activities in order to promote a holistic approach to healthcare, which takes into account the need for physical, spiritual and emotional wellbeing. Links with the local community will be an integral component of the programme.”

Bromley Hospitals NHS Trust

(information from Josie Aston, Arts Co-ordinator)

Bromley Hospital's NHS Trust, which includes the Princess Royal University Hospital (PRUH), Orpington Hospital and Beckenham Hospital, employs a part-time (0.5FTE) Arts Co-ordinator, funded by the NHS, a post which has existed for less than two years. Project funding is gleaned from a variety of sources including corporate sponsorship, Hospital Charitable Trust funds, individual donations, the National Lottery and private trusts and foundations. Despite limited resources, and no dedicated space for events the trust has been able to mount a range of performing arts events through providers such as Music in Hospitals and has fostered links with both local organisations such as Bromley Museum, and also the Hayward Gallery, which have loaned visual art works for display in patient and public areas of the hospital. A PFI scheme in 2003 underlying the development of the PRUH, an arts programme was developed alongside this scheme, and the hospital has incorporated a King's Fund project in three of its courtyards, using sculptures, benches and water-features. The main objectives of the arts strategy, which is evaluated annually, are: *“to give identity and individuality to spaces – to raise the quality of the visual environment, contributing to a sense of pride and morale – to stimulate thought, feeling and communication – to contribute to a positive experience of the hospital for all and to strengthen hospital-community links”*.