

Improving
the patient
experience



**Celebrating
Achievement:
Enhancing
the Healing
Environment
Programme**



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**Improving
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**Celebrating
Achievement:
Enhancing
the Healing
Environment
Programme
2003–2005**

'Improving the Patient Experience' is a series of publications designed to stimulate and inspire all those involved in designing, procuring, developing and maintaining healthcare buildings to look for new and inventive ways to improve the environments for patients and staff alike. They contain best practice case studies, advice and guidance on how best to implement and manage programmes for change in both new buildings and areas for refurbishment.

Other titles in the series include:

A Matron's Charter: An action plan for cleaner hospitals

A place to die with dignity – Creating a supportive environment

Contracting for cleaning

**Evaluation of the King's Fund
Enhancing the Healing Environment
Programme**

Exploring the Patient Environment

Friendly healthcare environments for children and young people

The art of good health – A practical handbook

The art of good health – Using visual arts in healthcare

Welcoming entrances and reception areas

The series is produced by the Department of Health Estates and Facilities Division (formerly NHS Estates).

This publication celebrates the completion of the first 23 Enhancing the Healing Environment projects outside London. It includes a summary of the independent evaluation and nine case studies jointly commissioned by The King's Fund and NHS Estates from the York Health Economics Consortium in conjunction with RKW Healthcare Strategists.

This phase of the national extension of the King's Fund's Enhancing the Healing Environment programme was funded by the former NHS Estates (now DH Estates and Facilities Division) with generous support from the Burdett Trust for Nursing and the Calouste Gulbenkian Foundation.



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Health Economics
C O N S O R T I U M
THE UNIVERSITY *of York*

King's Fund

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experience

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*Inset: Autumn leaf, stained glass, Plymouth Teaching Primary Care
Trust*

Reverse: New Leaf Centre, Maidstone and Tunbridge Wells NHS Trust

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Foreword

I am delighted to have the opportunity of providing a foreword to 'Celebrating Achievement', which marks the completion of the first phase of the extension of The King's Fund's Enhancing the Healing Environment programme in England.

The environment in which we live and work affects us all, and this is especially true when we are unwell and anxious. As part of the NHS modernisation programme, great strides are being made in improving hospital and healthcare environments, but it is still the case that some of our buildings do not provide ideal environments in which to receive or deliver care.

I have been involved in the development of the Enhancing the Healing Environment programme over the last five years, firstly as it took shape in London, and I am now

delighted in my role as Chief Nursing Officer to sponsor its extension throughout England.

Having visited a number of the completed projects I can attest to the difference the programme has made not only in inspiring teams to achieve stunning improvements in the care environment but also in developing individuals to reach their potential as future healthcare leaders.

This publication brings together the achievements of the 23 trust teams who commenced the programme in 2003 and a series of case studies undertaken by the York Health Economics Consortium in collaboration with RKW Healthcare Strategists. I would commend it to everyone who has an interest in improving the environment of care.

Professor Christine Beasley, CBE
Chief Nursing Officer

January 2006



Christine Beasley, Chief Nursing Officer, at opening of Nightingale's Courtyard, York Hospitals NHS Trust

Acknowledgements

Our President, HRH The Prince of Wales, played a key role in the successful launch of Enhancing the Healing Environment in 2000. Since then his continued support has been vital and has been greatly appreciated by all those involved in delivering the programme over the last five years.

Thanks are also due to The King's Fund's Grants Committee and Management Committee, who decided, as part of activities to mark the millennium, to make a substantial investment to develop the programme in all acute trusts in the capital. The Fund continued this commitment and extended the programme to all mental health trusts and to some primary care trusts in London. In all we have committed £2.25 million to the programme, the largest investment we have ever made in London's hospitals.

We are indebted to our partners at NHS Estates and the Department of Health who have enabled us to extend the programme throughout England and have made this publication possible. The national programme would also not have been possible without generous support from the Burdett Trust for Nursing and the Calouste Gulbenkian Foundation.

We are also very grateful to all those who have made the programme such a success, in particular those who have contributed to the development work, including Pat Brand and Susan Francis; colleagues at ICI Paints, Philips Lighting and Tate Modern; and to Maxine Grisley and Gurinder Whall who have provided such excellent support to the programme overall. Our thanks also go to Karin Lowson, John Kelly and Mark Hadfield who have undertaken the programme evaluation and who with Sarah Waller and Hedley Finn have provided the material for this publication.

This publication marks the completion of the first 23 projects outside London, and our thanks go to the nurses, estates staff, arts co-ordinators, patients and the many others who have taken part with such evident enthusiasm, as well as to those who have encouraged and supported them, including trust boards, special trustees and Leagues of Friends.

All these individuals and organisations have made a difference – realising their vision for improving the healing environment and making a real impact on patients' lives.

Niall Dickson
Chief Executive, The King's Fund

January 2006



Niall Dickson, Chief Executive, King's Fund presents Matt Kent with a plaque to commemorate the opening of the EHE scheme at Oxfordshire Mental Healthcare NHS Trust

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Executive summary

“People say the effect is 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, 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 the actual means of recovery.”

Florence Nightingale
‘Notes on Hospitals’, 1863

Over one hundred years later there is now a wealth of research evidence to show the positive impact that the environment can have on health and healing. For many of today’s patients, visitors and staff, however, the hospital environment still remains soulless, drab and depressing, even though the NHS is currently in the midst of the largest building programme in its history.

The King’s Fund, a healthcare charity founded in 1897, continues to maintain a high profile in its support of environmental improvements in hospitals and in 2000 launched the Enhancing the Healing Environment (EHE) programme in the acute healthcare sector in London. The aim of the programme is to encourage and enable nurse-led teams, working in partnership with patients, to improve the hospital environment. Each participating NHS trust nominates a team led by a nurse and including service users, estates staff, arts co-ordinators and managers to undertake an environmental improvement programme in their hospital. The team members attend a King’s Fund development programme and are given a cash grant to carry out their project which must bring demonstrable environmental improvements to an area in their hospital used by patients.

The award-winning EHE programme has received national recognition as an exemplar of a nurse-led environmental improvement programme. Since its original launch in the capital, with support from the Department of Health, NHS Estates and charitable foundations, it has been extended to trusts in England.

This publication celebrates the completion of the first 23 projects outside London and includes a summary of the independent evaluation commissioned by NHS Estates. Part 1 of the document gives some background to the Enhancing the Healing Environment programme and a description of each of the 23 projects with information obtained from the teams and trusts who have participated. Part 2 includes a summary of the independent evaluation and the nine case studies commissioned from the York Health Economics Consortium in conjunction with RKW Healthcare Strategists. Using environmental assessment tools, the evaluators have reported substantial environmental improvements in all of the projects studied. Part 3 of the document contains a project directory, a list of trusts participating in the EHE programme, and some useful addresses.

It is a tribute to the enthusiasm and commitment of the 23 trust teams who took part in this phase of the programme that they have secured an additional £1.5 million in excess of their central grants to fund their EHE projects. The evaluation again confirms the extraordinary positive impact that the EHE programme has on hospital environments, on therapeutic practice, on the people who take part and on their organisations.

Commissioned tables,
Maldon and South Chelmsford Primary Care Trust
Photograph by Lisa Payne

...SISTER
...OUR

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Part 1 – Enhancing the Healing Environment

Introduction

The Enhancing the Healing Environment (EHE) programme was launched in 2000 by HRH The Prince of Wales, President of the King’s Fund, as part of the King’s Fund’s activities to mark the millennium.

The aim of this innovative grants and development programme is to encourage and enable local trust 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 a nurse-led, multi-disciplinary trust team;
- a grant for the team to undertake a project to improve their patient environment.

In 2006 one hundred and twenty NHS trusts across England will have joined the programme and over 1200 staff, patients and local people will have been involved in improving their hospital environments.

The King’s Fund

The King’s Fund is an independent charitable foundation working for better health, especially in London. It carries out research, policy analysis and development activities, working on its own, in partnership and

through grants. It also acts as a major resource to people working in health.

Working in partnership

Since 2003 the EHE programme has been funded by the Department of Health and NHS Estates. The Chief Nursing Officer sponsors the programme in support of work to improve the patient experience. The National Director for Mental Health, the Burdett Trust for Nursing, the Calouste Gulbenkian Foundation and many NHS special trustees and Leagues of Friends have also generously supported the programme.

The Programme

The EHE programme initially focused on improving the acute hospital environment in London. The success of the programme then led to its extension to mental health trusts and a number of primary care trusts (PCTs). In all, 48 of the capital’s trusts participated in this phase of the programme. The King’s Fund has invested over £2.25 million in the programme, the largest single investment it has made in London’s hospitals.

In 2003 NHS Estates commissioned the King’s Fund to extend the programme to a nominated trust in each of the 23 strategic health authorities (SHAs) outside London.

Figure 1: EHE programme timeline

| 2000 | 2001 | | | 2002 | 2003 | | 2004 | 2005 |
|---|--|---|---|---|-------------------------------|--------------------------------------|--|--|
| | January | June | October | May | July | November | November | December |
| Programme launched by HRH The Prince of Wales, President, King’s Fund | Cohort 1 London Acute North West/South West 8 trusts | Cohort 2 London Acute North East/South East 11 trusts | Cohort 3 London Acute North Central 13 trusts | Cohort 4 London Mental Health 11 trusts | Cohort 5 London PCTs 5 trusts | Phase 1 National Extension 23 trusts | Phase 2 National Extension Mental Health 23 trusts | Phase 3 National Extension Mental Health and Learning Disabilities 23 trusts |



*Detail of painting, Maldon and South Chelmsford Primary Care Trust
Photograph by Lisa Payne*

A further extension of the programme in 2004 led to an additional 23 mental health trusts in England joining the initiative and in 2005 we welcomed a further 23 mental health and learning disabilities trusts to the EHE programme. A pilot programme will be launched in 2006 in partnership with NHS charities to focus on environments used for end-of-life care.

When they join the programme each trust is asked to nominate a multi-disciplinary project team, led by a nurse, and including estates and facilities staff, service users, arts co-ordinators and SHA representatives, to plan and manage their project.

The trust team undertakes a development programme which is run by the King's Fund. The programme is designed to equip teams with the knowledge and skills they will need to undertake their projects, particularly in fostering co-operation and engagement with patients and the public. Team members have the opportunity to explore practical ways in which the healthcare environment can be improved by the use of colour, light, art and design.

The projects

Each trust is able to choose the area in which it wishes to undertake its project, provided that:

- the main aim of the project is to achieve a physical improvement which brings demonstrable benefit in an area used by patients;
- the team can demonstrate user involvement throughout the project;
- the scheme is of high quality and represents good value for money.

The underlying ethos is that any changes to existing accommodation must be conceived

to promote patient well-being and to foster a healing environment.

Many schemes have been successfully completed using the available grant, some have attracted additional funding from charitable or trust sources, and some have received substantial additional capital funding.

Evaluation and outcomes

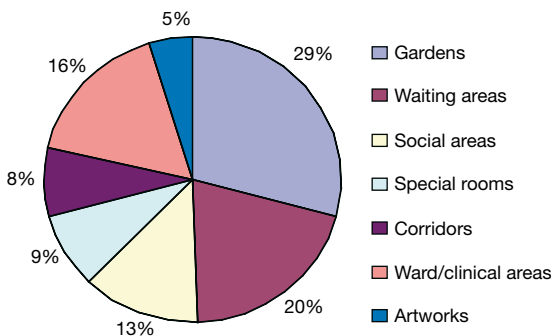
The Medical Architecture Research Unit (MARU) at Southbank University was commissioned by NHS Estates and the King's Fund to undertake an evaluation of the acute and mental health schemes in London. The findings were published in 'Improving the patient experience: Evaluation of the King's Fund's Enhancing the Healing Environment Programme', NHS Estates, 2003.

The report described a number of the main project themes, the most significant being humanising the hospital environment by making places that are welcoming and uplifting. The need to provide spaces that afford greater privacy and dignity for patients was also a common theme.

EHE has acted as a catalyst for both the participating trusts and the wider NHS to consider the impact of the environment on individual patient recovery and the way care is delivered. Trust projects are showing what can be achieved with vision, wide engagement and relatively small amounts of money. In addition a key element in the success of the programme has been the personal and collective development of trust team members.

The programme's achievements and innovative approach have been acknowledged by a Healthcare Environment Award in 2004 and recognition from the Commission for Architecture in the Built Environment (CABE). In 2004 the King's Fund

Figure 2: Analysis of the EHE projects undertaken 2001–2005



published a practical guide for frontline staff wanting to improve the hospital environment.

A number of significant longer-term benefits are already emerging from the programme:

- increased ownership of the hospital environment and a greater awareness of its impact on patients, staff and the public;
- demonstration of how small-scale projects can act as catalysts for major change;
- wider use of the arts in hospital settings;
- evidence of the therapeutic impact of good design;
- the potential for improved environments to reduce aggressive behaviour from patients towards staff and to improve staff recruitment and retention.

Without exception, the impact of the EHE programme in the participating trusts has been greater than the individual projects: from the personal development of team members, innovative new approaches to patient involvement, the fostering of closer links with

local communities, to the development of major PFI schemes.

The therapeutic impact of the projects has been high, a significant outcome of the nurse leadership of the projects and the way in which staff and service users have been integral to development of each scheme. Many team members are now using their new skills to influence future healthcare design.

Throughout the last five years one theme has remained constant: the need to create hospital environments which encourage patients to feel welcomed, looked after and cared for, and in which staff feel valued.

“Healing is not just, and indeed in many instances, not in the main, about physical intervention – it is much more complicated than that. The environment in which we live and recover is critical. In this respect art and design has a crucial and important role.”

*Chair of PEC,
Maldon and South Chelmsford PCT*



Sarah Waller and Hedley Finn (centre) at the opening of the University Hospitals Coventry and Warwickshire NHS Trust project

The 23 schemes

Introduction

This section gives a short introduction to each of the 23 schemes that have been completed by the trust teams taking part in the first phase of the national extension of the EHE programme. It aims to provide a visual record and short commentary on each of the schemes.

Each project is different and unique to its setting, reflecting local needs and priorities. Further details, including the artists and designers who have been involved and the total cost of the projects, are given in the project directory.

There are a number of overarching themes that have been a key part of each project, and these are mentioned here rather than at each entry.

Consultation and engagement

A major emphasis is placed on early and ongoing consultation as part of the team's project planning. Teams have developed a number of very innovative ways of getting patients, carers, staff and the local community involved in their schemes, from open days to artist-led workshops. Consultation in mental health environments can be challenging, and real progress has been made in service user consultation and engagement during the EHE projects. One group of users used flip charts to indicate their preferred designs for a garden; another group created their own stunning artworks with the support of professional artists.

Changes in working practice

Although it may not be evident to them when they first start the EHE programme, there is

no doubt that during the course of their project each team will need to rigorously examine current working practices in the area where their scheme is located. The patient representatives on each team have provided key perspectives, and staff have been ready to challenge current norms. Many schemes have focused on improving patient confidentiality and dignity, while others have enabled significant changes in clinical practice including the introduction of protected meal and therapeutic time.

Support to the teams

Each team nominated at least one trust board sponsor, and these individuals – who have been, for example, chief executives, directors of nursing, heads of faculties and non-executive directors – have provided invaluable advice and support. In addition, each SHA nominated a lead for the project, and many of these representatives have become team members, taking on responsibility for various aspects of the projects.

Numerous local organisations have also given considerable support including Leagues of Friends and other local charitable organisations. Many good links have been formed with arts organisations, which it is hoped will continue to flourish once the specific EHE projects are completed.

Projects

A significant proportion of the schemes undertaken by the 23 trust teams have focused on creating more normal spaces within the hospital environment. These have ranged from quiet spaces within the ward area to gardens which can be enjoyed with friends and relatives. This sense of normality

has been echoed by the choice of naturalistic themes for many of the projects.

Another common feature of the majority of projects has been the need to de-clutter and remove unwanted notices and equipment from the project area. Once teams are really aware of the impact of first impressions they are keen to ensure that spaces are much more professional and fit for purpose and that space is either found for equipment or it is returned to the stores.

Funding

Each team received a grant of £35,000 to undertake their project, of which £30,000 was provided by NHS Estates via the King's Fund and £5000 by their trust or SHA. Many teams have used their EHE grant as a catalyst to draw in other funding for their project. Some have been able to incorporate other planned works in their projects – for example replacement of flooring, wall painting or works to make areas Disability Discrimination Act (DDA) compliant – resulting in increased funding for the overall project.

Three trusts completed their project within the £35,000 grant. Seven obtained further funding which brought their schemes, including grants, to between £40,000 and £70,000. Thirteen schemes attracted major capital investment, with nine of them having a total value of over £100,000 (including their grant). In all, the teams sourced an additional £1.5 million in addition to the £690,000 provided in central project grants.

Career development

A significant outcome of the programme has been the individual development of team members. As many as five out of six team members in one trust have gained promotion or changed career pathway as a result of the programme. A significant number of team members have taken up secondment opportunities or are using their new-found knowledge and skills to improve environments in other parts of their trusts or are contributing to the planning of new hospitals. There is no doubt that being part of an EHE team can be life-changing, and that many team members have grasped the leadership opportunities offered by the programme.

The teams

It is difficult to convey the energy and commitment that the teams have brought to their projects. The sheer hard work that they have undertaken is very clear. Much of the additional funding obtained by them for their projects was through their determination and enthusiasm. The following project descriptions and photographs can only give a flavour of their inspirational achievements.

“The training and development has been inspirational. We had no idea that this would be the result when we started. Impact on so many levels – personal, team, organisation and, of course, the garden. The garden was an added bonus!”

Team Leader, York NHS Trust



Cartoons projected onto walls, Child Health Directorate, Southampton University Hospitals NHS Trust

Birmingham Children’s Hospital NHS Trust

Accident and emergency department Redesign and refurbishment of reception and waiting area

The aim of the project was to provide a functional and engaging reception area designed for children, adolescents and families. The previous design was felt to be dated and to lack interest, particularly for adolescents attending the department.

The triage room has been relocated to be nearer the main entrance and has been made safer for staff with two doors, one to the main reception area and the other leading directly to the back of the new reception desk.

The main reception area has been redesigned to provide a number of areas for the different age groups using the accident and emergency department.

A canal theme has been used throughout to provide continuity of design and to assist with wayfinding.

The adolescent area resembles the coffee bars that have grown up along the canal areas in Birmingham and includes a quiet area for reading as well as a headphone bar where Radio Lollipop (children’s hospital radio) can be heard.

The Rosie and Jim boat was provided by Ragdoll Productions, a company that is based in the city. Video and DVDs can be played on a screen within the boat.

There is a soft play area for younger children in a previously under-used corner of the area.

The specially designed reception desk provides a focus and continues the canal theme. It has been designed to be accessible for both children and adults. A number of commissioned artworks and photographs have been incorporated in the overall design.

The team hopes that the redesigned waiting area and the range of activities available will reduce stress for those attending the accident and emergency department.

Although it has only opened recently there is already evidence that children are selecting the area in which they wish to wait, engage and play. The scheme has also promoted the need for environmental change across the hospital.

“EHE has got into the psyche of the estates team!”

Arts Manager

The Rosie and Jim boat provides a focus for the canal theme



Digital wood carving in the adolescent area



Soft play area for younger children



Pictures of local canals adorn the walls

East and North Hertfordshire NHS Trust

Out-patients department Redesign of waiting areas for F and G clinics

The out-patients' reception and waiting area had not been refurbished since the hospital was built in the 1970s. There was inadequate provision for medical records, which meant cramped working conditions for clerks and nursing staff and lack of confidentiality for patients and medical records. Nursing staff did not have dedicated workstations and were working off trolleys next to the consulting room doors. Lighting throughout the area was poor, exacerbated by the reflective film on the main window void area which had been placed to hide a range of steel pipes that dominated the window "well".

The new purpose-built main reception desk has improved access for patients and enabled the clerks to store medical records under the counter. Computer screens have also been integrated within the design.

Two nurses' stations now provide space for notes, equipment and computer access. They have been positioned to ensure that staff are able to see and be seen by patients

attending the clinic and also provide a more private space if patients wish to talk to staff.

A sophisticated, minimalist design was chosen which together with a vibrant colour scheme and the contemporary, comfortable, wide seating gives the area a modern feel. Obsolete signs, call systems, leaflets and magazines have been removed.

Both natural and artificial lighting in the area have been improved. The film has been removed from the window and a specially commissioned artwork has been installed amongst the external pipework in the window "well" to add interest. Coloured "window frames" have been placed against the main window frames to give cohesion to the whole design.

In addition, a further consulting room space has been created, other areas refurbished



Clinic reception and waiting area – before (top) and after (above)

and new noticeboards included to streamline the large number of information leaflets used in the clinics.

“As a trust I would say that it has been of a different dimension to any other opportunity in recent years. It has been challenging, both in practical and financial terms, to deliver the scheme to the high standards we wanted.”

Non-executive director



Commissioned sculpture adds interest to external pipework (right)

Donated artworks complement the colour scheme (below)



Contemporary chairs give the clinic a vibrant feel

East Somerset NHS Trust

Acute surgical floor Redesign of ward workstation and improvements to adjoining single rooms

The focus of this project was to replace the existing ward workstation with an identifiable ward reception area that would welcome patients, visitors and staff. The scheme expanded to include the refurbishment of the two single rooms behind the area and the ward office.

The team was keen to reduce the clutter in the middle of this busy acute surgical ward. The redesigned desk and surrounding area provides a non-institutional, focal point for all those entering the ward.

A small, comfortable seating area has been created for patients and visitors, a particularly important part of the project, as patients in the ward undergo a groundbreaking early mobilisation programme following major surgery and there was previously no area where they could rest as they walked down the ward corridor.

Natural materials have been used where practical to reflect the chosen theme to “bring the outside in”.

Local artists were commissioned to design the desk, seating and glasswork behind the reception area using a naturalistic theme. The ergonomically designed wooden desk gives a clean, de-cluttered focus to the space. Glass artwork gives cohesion to the area using lightboxes and the glass windows to the single rooms and ward office.

Wayfinding has been improved by replacing the flooring in the area and the creation of a focal point for the ward.

The plastic chairs for visitors have been replaced by specially designed stackable wood stools which were commissioned by the team as a result of seeing the portable seating available at Tate Modern.

The team worked in liaison with the trust’s Art in Health Care group and the EHE project has acted as a catalyst to the Flying Colours appeal, which aims to raise £1 million to refurbish and introduce art into the hospital.

“I now have a huge interest in colour and how it affects us, its uses in therapy and as a memory aid.”

Voluntary arts co-ordinator



Commissioned desk and artworks transform the area



Level 7 ward work station – before (top) and after (above)

Light box display



Gloucestershire Partnership NHS Trust

Hidcote Ward, Charlton Lane Centre Creation of a Japanese garden and improved access to quiet room

The team wanted to redesign the area outside Hidcote Ward to create a sensory garden for the Centre which provides mental health services in Cheltenham.

An important part of the project was to improve access to and use of the Centre's quiet room by providing an additional entrance from the new garden directly into the room. Previously service users had to journey through the whole of the building to get to the room, which is used for many purposes including religious observance.

Once the design was chosen, patients and staff visited a local quarry to choose the large rocks and stone, which have been used as features in the garden. Granite seating and lanterns, together with traditional water features and the chosen planting, provide a harmonious design.

Views from the new garden towards the surrounding countryside have been

maximised and the garden area enlarged by placing some additional features and planting in an adjoining area. There is now the facility for patients, visitors and staff to enjoy barbecues and other social events.

Use of mature planting has enabled the garden to be fully enjoyed as soon as construction was completed.

Through the success of the Hidcote Ward garden the team was able to secure further resources to improve an additional garden adjacent to the psychiatric intensive care unit.

“Now the garden has been completed it is great to see how much it is enjoyed – the wind in the bamboo, the sound of the water features and subtle lighting at night are quite amazing.”

Hospital administrator



Hidcote Ward garden – before (top) and after (above)



Trellising has opened up the surrounding garden space



Vibrant planting adds interest

A group of locally quarried stones each with its own waterfall



Granite seating and Kasuga pedestal lanterns



Local MP Martin Horwood opens the garden in the traditional way

Maidstone and Tunbridge Wells NHS Trust

Maidstone Hospital Redesign of physiotherapy gymnasium and occupational therapy assessment “flat”

The New Leaf Centre

The team chose to improve and enhance the gym and occupational therapy assessment areas in this busy acute hospital. The gym had not been upgraded since the hospital was built 27 years ago.

The team had a clear aim to replace the clinical feel of the gym and to create a vibrant and interesting exercise area, which will be used both by in-patients and out-patients from the local community.

Previously there were no changing facilities available, even for those patients who were using the gym as out-patients. Part of the entrance to the main gym area has been redesigned to provide a changing area, lockers and shower. These improvements, together with some specially designed movable screens that can be placed around the exercise areas, now afford greater privacy for patients.

A local artist was commissioned to undertake four seasonal paintings on the main walls to

illustrate the chosen name for the refurbished gym – “The New Leaf Centre”.

The team took video footage of local lanes and rivers and with the help of a local IT firm have linked the exercise machines with this footage. The faster you pedal or row the faster you go! As a patient remarked, “This is fun!”

The redesign of the areas has integrated many features used for patient assessment, including different levels and surfaces, and straight and curved lines.

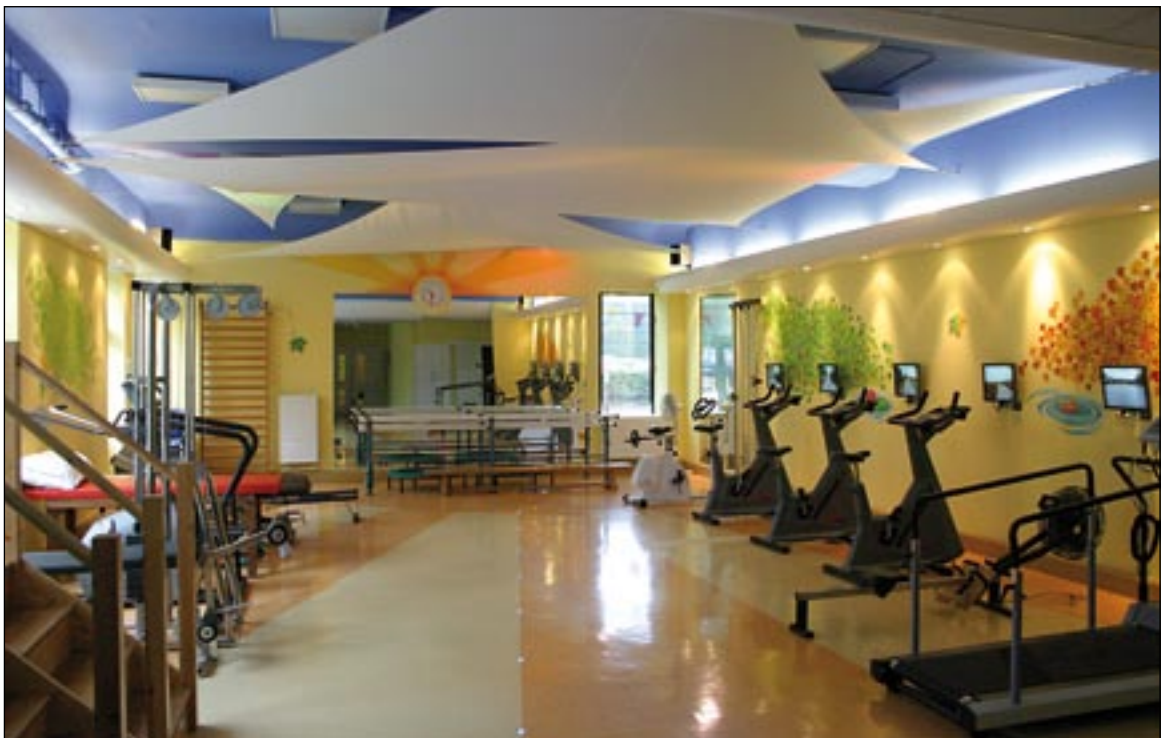
Vibrant colours have been used, and a range of different lighting effects and music can be chosen to suit the required mood.

The aids to daily living (ADL) area has been redesigned to offer a bed sitting room, kitchen and bathroom where a patient’s home needs can be assessed by the occupational therapists.

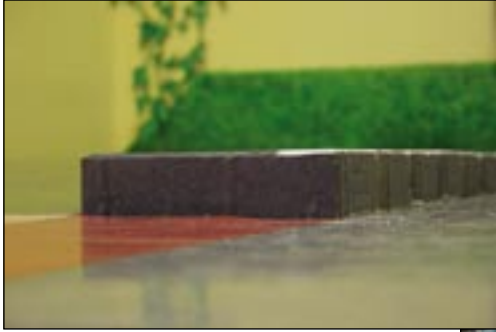
This is one of the larger EHE schemes, and the team was able to attract additional financial support not only from their Strategic Health Authority but also from the local primary care trust.

“It’s too good for the NHS!”

Service user



Lines of lights and flooring “rays” are used for assessment



A range of different surfaces to assess mobility have been incorporated (above); exercise equipment is linked to computer screens (right)



Lighting can be adapted to set the required mood



Maldon and South Chelmsford Primary Care Trust

St Peter's Hospital Change of use and refurbishment of canteen

Le Caf

The hospital canteen was under-used by staff, and the project's aim was to transform the area into a space where patients, visitors and staff could meet, attend health promotion activities or use the restaurant. In particular the team wanted to create a welcoming area for in-patients to take their families and friends away from the cramped environment of the hospital ward.

The curtains have been removed, windows cleaned and the décor changed to give a whitewashed gallery feel. The team used a lead artist approach to coordinate the commissioned work. Tables, artworks, screens and hangings all reflect a naturalistic theme.

Commissioned screens provide privacy and enable the space to be changed to suit need.

Therapists led workshops with patients to create the encapsulated memorabilia that, together with mosaics interpreting the themes of earth, water, air and fire, have formed the main component of the specially commissioned glass-topped tables.

The 50+ year-old chairs have been re-covered to match the rest of the colour scheme.

Music, comedy and theatre groups will feature in the area in the future.

Links have been made with the local area healthy school food initiative, and it is planned that a fresh food menu will be introduced.

“Le Caf is the transformation of a noisy, uninviting, mundane canteen environment into a bright, inspiring, therapeutic, stunning and functional environment for all those at St Peter’s.”

Team leader



A bright, naturalistic theme was chosen and 50-year-old chairs re-covered to match

Commissioned tables reflect patients' reminiscences



Detail from one of the movable screens



Artwork co-ordinates with colour scheme
Photograph Lisa Payne



Ceiling-suspended fabric banners
Photograph Lisa Payne

Mid Yorkshire Hospitals NHS Trust

Pinderfields Hospital Refurbishment of discharge lounge

The Yorkshire Suite

The project at Pinderfields focused on improving privacy and functionality in the hospital's discharge lounge, which is housed in a Portakabin off one of the main corridors.

The previous area was very cluttered, poorly lit, and offered little choice of seating or privacy to patients. The toilets opened directly onto the main waiting area.

A small extension was added to the rear of the Portakabin to accommodate the toilets, add a new lift and create a small quiet room which is used by play staff for a Saturday morning scheme to introduce children to the hospital.

The extension has also included a small external seating area. Access for ambulances and carers collecting patients has been improved.

A skylight and a new lighting plan have greatly increased the lighting in the main seating area and air-conditioning has been installed. A bar

seating area has been provided for those having meals while they wait to be collected.

A small office has been created where patients can be seen privately.

The team undertook a range of innovative fundraising activities for the project, including a sponsored ride, head shave and marathon.

Wards that have not previously used the discharge facilities are now doing so, which has improved bed management throughout the trust.

New links have been established with "Tonic" arts group and the College of Arts in Leeds. It is likely that art will now be further used in the trust.

The team leader is already leading work on the refurbishment of another patient discharge lounge in another hospital in the trust.

"This was the most enjoyable and inspirational project/development programme I have ever had the pleasure to be part of. From day one individually and as a team we had the drive and passion to succeed."

Service manager



The Yorkshire Suite – Photograph Jerry Hardman-Jones



Photographs of local scenes add interest
- Photograph Jerry Hardman-Jones

The skylight has increased natural light
- Photograph Jerry Hardman-Jones



Patients now have access to an outside space
- Photograph Jerry Hardman-Jones



North Cumbria Acute Hospitals NHS Trust

Patterdale Ward, Whitehaven Hospital Redesign of ward entrance area and day room

Patterdale Ward is the emergency admission unit for the hospital and also has a busy out-patient area staffed by nurse practitioners.

Previously the entrance area was not welcoming. The ward clerks worked in the alcove near the main doors and were frequently mistaken for receptionists. The day room where out-patients waited with in-patients from the ward has a wonderful view of the surrounding countryside, which was obscured by the way in which the furniture was arranged.

Security and confidentiality of patient records and a better working environment have been created by the designation of an office space for the ward clerks away from the main entrance.

The entrance alcove has been transformed to a welcoming entrance and seating area, which features a number of purchased artworks. Flooring has been changed throughout the main ward corridors and new nurses' stations built.

Extra light has been created in the ward by the demolition of the wall between the ward and the day room. A five-panelled stained glass window has been inserted, which was created with the help of children from two local schools on the theme of "caring".

The day room has been redecorated, flooring and lighting changed and new furniture positioned to make maximum use of the view. Patients now have their own dining area.

Local groups have created or donated a great many artworks, which are now displayed throughout the ward.

The project is likely to be used as an exemplar in the rest of the hospital, and improvements have already been made to the care of the elderly wards. EHE team members are already using their skills for other schemes including an Arts in Health project sponsored by Copeland and Allerdale Borough Councils.

"The enhanced environment has increased staff morale and they are taking pride in their new environment."

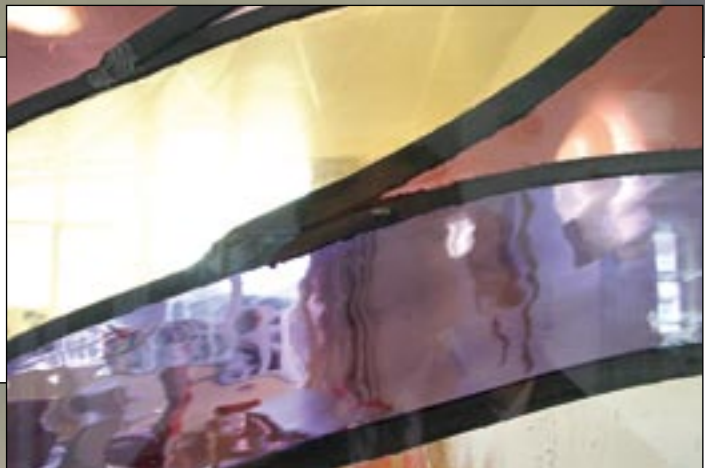
Team leader



Stained glass wall – local school children contributed to the design illustrating "Caring"

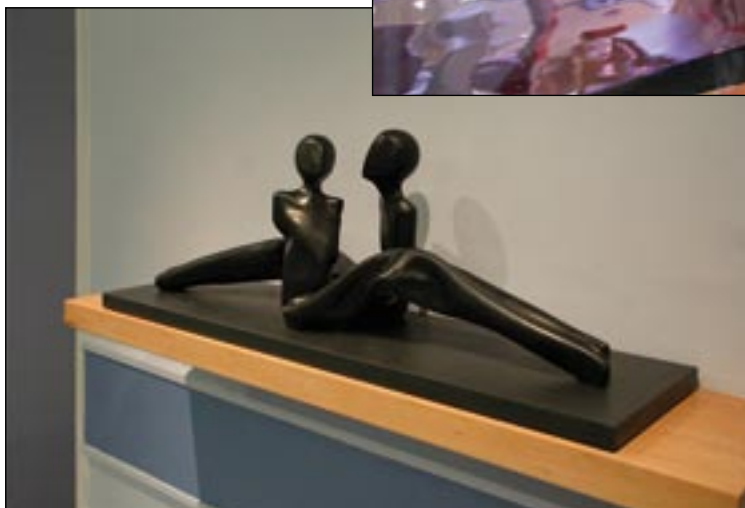


Entrance to Patterdale Ward – before (right) and after (below)



Sculpture gives a focus to the entrance area

Detail from "Caring"



Northamptonshire Healthcare NHS Trust

The Pendered Centre Creation of an arts garden

The aims of the project were to create a neutral space within the hospital where clients could choose to spend time away from the ward, and also to increase their interaction with the arts, particularly the performing arts.

The hospital services are due to be re-provided in a new building shortly, so the team sought both to create a space that could be used immediately and to lay the foundations for a performing arts programme for the new building.

A partially covered external space has been provided within an enclosed garden area which has been created at the rear of the Centre.

The stage area has integral lighting and electrics for live performances. Seating has been provided both in a café style under the awning and by way of wooden benches, which will contain speakers, around the perimeter of the area.

The garden has been designed with sensory planting, and includes a water feature and an area for the display of artworks by clients and

staff. The team's visit to Tate Modern, as part of their EHE programme, influenced the wood carving for the garden, which was sourced from local artists using timber from the woods at the rear of the site.

The scheme has had a major impact on the designs for the trust's new building, which will now include a performing arts space. The garden has been designed to be as portable as possible, and over 85% of the materials will transfer to the new site when services are relocated.

The project has led to the establishment of a performing arts programme in the Centre and to joint working with the arts council and local authorities on the establishment of an arts co-ordinator.

The success of the scheme has led to plans for similar developments on other trust sites.

“The scheme has set a standard of quality, involvement and expansion of possibilities which should be used in all scheme planning.”

Team leader

A stage for performances has been integrated into the design

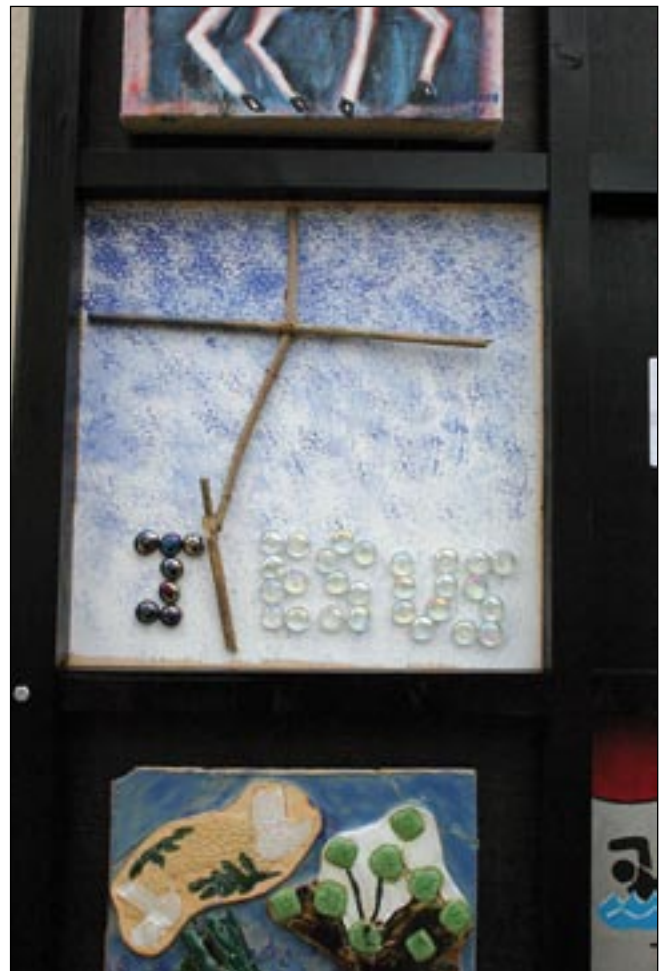




A canopy gives shelter to the main seating area



Water feature



Detail from the arts wall

Oxfordshire Mental Healthcare NHS Trust

Phoenix Ward, Littlemore Mental Health Centre Redesign of ward reception, offices and communal area

The main aims of the project were to create a more welcoming impression with a single point of contact for those entering the ward, and to improve lighting in the main communal area. In addition the team wanted to create a comfortable, private room for service users and to incorporate service user art.

The old nurses' station, known as the "goldfish bowl", has been removed and a small back office created for staff. Previously staff used to spend much of their time in the office area while service users clustered outside.

A new bespoke reception desk has been installed. It has been designed to give interest and to be accessible to all by offering various desk heights. The use of light tubes, additional windows and a new lighting scheme has improved lighting to the main seating area. A new lighter decoration scheme, together with additional seating, has created a much warmer and more comfortable area.

A pleasant "one-to-one" room has been created out of the old ward kitchen, which is already being used as a quiet room, a space to meet relatives, and for individual discussions between service users and staff. To replace the kitchen, a tea bar has been provided in the main seating area.

A stained glass artwork was created by a former service user with mentoring from a professional stained glass artist. It is already providing a focal point and is being enjoyed by all who visit the ward.

The project has been an integral part of ongoing service developments within Phoenix Ward, which include an increased emphasis on engagement between practitioners and service users and the introduction of dedicated therapeutic time.

The previous environment was austere and unwelcoming, and the nurses' station created a physical barrier. Active engagement between service users and staff has been enabled by the redesigned space.

"The project has given me the gift of being able to create stained glass."

Former service user



Detail from the stained glass created by a former service user

Phoenix Ward nurses' station



The stained glass artwork provides a focus for the whole scheme

The new tea bar



Plymouth Teaching Primary Care Trust

Denney Smith Unit, Mount Gould Hospital Redesign of entrance area to Lopes and Saltram Wards

The entrance area to the rehabilitation wards was cluttered with kitchen trolleys. The team wanted to create a more functional and aesthetically pleasing environment that would increase patients' well-being and provide a seating area away from the wards for patients and visitors.

The whole area has been de-cluttered and storage space found for kitchen equipment. A new entrance to the kitchen was created as part of the scheme.

The first impression of the unit is now one of welcome. A designated waiting space for visitors and patients has been provided in the area previously used for trolley storage.

Comfortable furniture has been purchased and flooring changed. A stained glass window created by staff from the unit provides colour and a focal point for the scheme. Signage has been redesigned to complement the refurbishment.

A new automatic entrance door has been included in the scheme to improve access

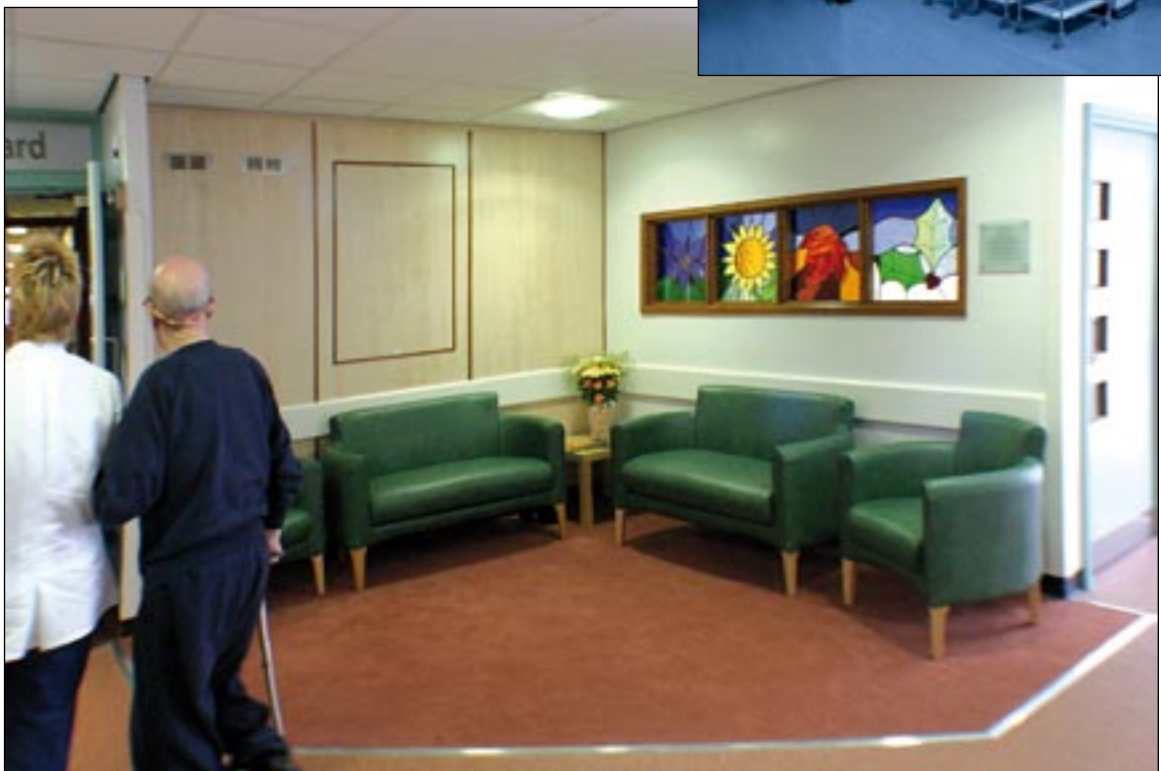
for those with mobility problems or in wheelchairs.

The project has increased expectations of how the environment can be used to enhance the patient experience. A garden area was created subsequently, as a result of the EHE project.

The knowledge gained by the team from the programme is being used to inform a new capital build on the site. Artwork created by patients will be produced for the entrance area of the new build in collaboration with a local museum and the Plymouth artistic planning co-ordinator.

“After all the hard work and preparation the project opening was one of the best moments of my life!”

Team leader



Entrance to Saltram and Lopes Wards – before (top) and after (above)

The newly created seating area



Spring, detail from the stained glass

Spring, detail from the stained glass



Autumn leaf, detail from the stained glass

Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust

Out-patients department Commissioned sculpture for main reception area

The hospital has a long, somewhat featureless main corridor, and the team chose to enhance a newly created admissions reception area with a commissioned artwork to provide an artistic focal point and to assist with wayfinding.

The Qube, a local community arts group, helped the EHE team prepare the artist's brief and were involved in consultations with the community. Art workshops were held to encourage the involvement of patients and staff in the project. Participants included children, spinal injury patients and disabled groups from the local community.

A chrysalis theme was chosen for the commissioned sculpture to symbolise change and evolving life. The theme was felt to be relevant both to patients and the organisation as a whole.

Adjacent to the sculpture are floor-to-ceiling panels, each of which is decorated with a theme related to the concept of health and nature.

Storyboards in the corridor illustrate the whole project process and have been designed to be in keeping with the project.

The chrysalis is already seen as a landmark and is assisting wayfinding in the hospital.

The trust has a long history of using the arts and has a large library of historical photographs. The momentum generated by the EHE project has led to the re-arrangement of these photographs along the main corridor to provide interest. Work from the Qube is being displayed in other areas of the trust.

Following her performance at the project opening, a harpist had been engaged to play in the out-patients reception area on a regular basis. These performances are being funded by the hospital League of Friends.

"I have learned to 'think out of the box' and had the courage to trust my own instincts. It has been a delight to have the freedom to lead a team from the inception of a project right through to the end product."

Team leader



The "Chrysalis" gives a focus to the new admissions area



Admissions reception area – before (right) and after (below)



Detail from the commissioned glass sculpture

Rotherham Primary Care Trust

Child Development Centre Redesign of waiting room and reception area

The team wanted to improve many aspects of the Child Development Centre building to reduce parent and child anxiety. The entrance was difficult to find and not child-friendly; the reception desk was situated at the far end of a cluttered waiting room.

The project aimed to appeal to the senses, without overwhelming any of them. The team recognised that an air of calm was needed whilst balancing this with a need for interesting, interactive activities. Wayfinding throughout the building needed improving, and there was no private/confidential area for parents and children.

The building has been totally refurbished and is now compliant with the Disability Discrimination Act. The team had to integrate the EHE project in the waiting area within this much larger scheme. As a by-product of the refurbishment a number of other small waiting areas have been created within the Centre. Wayfinding has been improved with the use of animal symbols.

The reception desk has been relocated to near the front door and the counter lowered to make it child-friendly. The artwork at the front of the desk was designed as a direct result of the team seeing works in Tate Modern.

Interactive toys adorn the walls of the colourful waiting room and provide diversion. Domestic staff have commented on how easy the refurbished area is to keep clean, as there are no toys cluttering the floor.

Confidentiality, privacy and dignity have been improved by the creation of a “quiet” room where parents and children can spend time together and prepare themselves to face the world again.

“I like the new room. My favourite thing was the tree with the ball game.”

Katie, aged 7

Interactive toys adorn the walls





The reception desk has been relocated to the clinic entrance (above); it provides a different perspective as people leave (right)



Waiting and clinical areas are clearly delineated by the use of coloured lighting

Sherwood Forest Hospitals NHS Trust

King's Mill Hospital Redesign of accident and emergency reception area

The team wanted to improve the overall look and feel of the waiting room, replacing the usual hospital accident and emergency (A&E) reception and seating areas with a more tranquil environment.

Prior to the refurbishment the whole area was described as looking like an "aircraft hangar". The reception desk was enclosed in wood and glass, creating a barrier between patients and staff. The seating was arranged in uniform rows facing each other and there was no dedicated waiting area for children. The triage room was also poorly located. Although there was a large skylight in the main reception, the area appeared poorly lit.

The EHE project became part of a much larger scheme, and the whole reception and waiting area has been transformed into a much more peaceful and relaxing environment using a naturalistic theme. The light from the skylight has been accentuated with the installation of commissioned artworks.

Links were made with local schools, and they will be providing artworks for the new dedicated children's waiting area.

The more tranquil environment already seems to be having a calming effect on patient behaviour, and fears that removing the glass from the reception desk would lead to more incidents have so far proved unfounded. The relocation of the triage room to a more central position adjacent to the main waiting area has made it easier for staff to keep patients under observation.

The redesigned reception and waiting area will become a new dedicated paediatric A&E department once the new building is ready for the adult service. It is unlikely that this would have happened had it not been for the EHE project.

As another by-product of the project a lovely, small garden for A&E staff has been created,



A & E reception – before (top) and after (above)

and work will commence on improving the department's bereavement facilities. In addition, an arts co-ordinator will be recruited for the main new hospital scheme.

“The positive feedback we have from patients and relatives proves to me that the environment does make a difference. From my early memories of carbolic and green tiles to an enlightened world of artwork, improved lighting and generally improved environment, it has been a privilege to be a part of the EHE programme.”

Team leader



Commissioned art works reflect the naturalistic theme

A & E waiting area



Children now have their own waiting area enhanced with paintings provided by local schools



South Manchester University Hospitals NHS Trust

North West Lung Centre, Wythenshawe Hospital Refurbishment of the chest clinic reception and out- patient waiting areas

A Breath of Fresh Air

The project aimed to improve and enhance the environment in this out-patient regional chest centre. Staff were aware that the reception area was poorly positioned and did not provide any confidentiality for patients. The main waiting area was dull and unwelcoming, with nursing staff working from a temporary desk area which afforded little patient observation.

Plans were drawn up for a major refurbishment of the reception and main waiting areas. The reception desk was relocated so as to be more visible for patients entering the clinic and designed to afford some confidentiality.

In the main waiting area the ceiling was lifted and a new lighting scheme installed which, together with a total redecoration and new flooring, has created a light and calm environment. There is now more seating provided, although the whole area looks much less crowded. A fish tank has been installed to provide interest, and an LCD screen can be used to display health information as required.

A designated nurses' station has been created which has improved patient observation and also had the added benefit of making staff more visible throughout the area. The toilets, which gave directly onto the main seating area, have been moved to an adjoining corridor.

The team closely involved their PFI partners throughout the project and they have been very supportive of the refurbishment. In addition the League of Friends now have a purpose-built area from which to serve snacks to those waiting. A French window gives access to a small, low-allergy garden created by the clinic staff as a result of the EHE project.

The team and its commissioned artist consulted with patients, relatives and visitors to help create a large artwork for the main wall of the waiting area. In all, 284 patients and visitors and 25 staff were involved, many of whom created parts of the work which illustrates what "A Breath of Fresh Air" means to them. The picture forms the focus of the refurbishment, and a series of lights above the work have been installed on a timer system to highlight different aspects.

Thirteen students and three staff from Sale Grammar School were also involved in the workshops and used the fresh air theme for a series of paintings that have been hung throughout the clinic.

"There was something truly exciting in the air, bringing all the various groups together – an amazing, creative, 'can-do' buzz."

Arts advisor

Low-allergy garden created by clinic staff





Main seating area with newly created nurses' station

Artwork commissioned following extensive consultation with patients and staff



South Tyneside NHS Foundation Trust

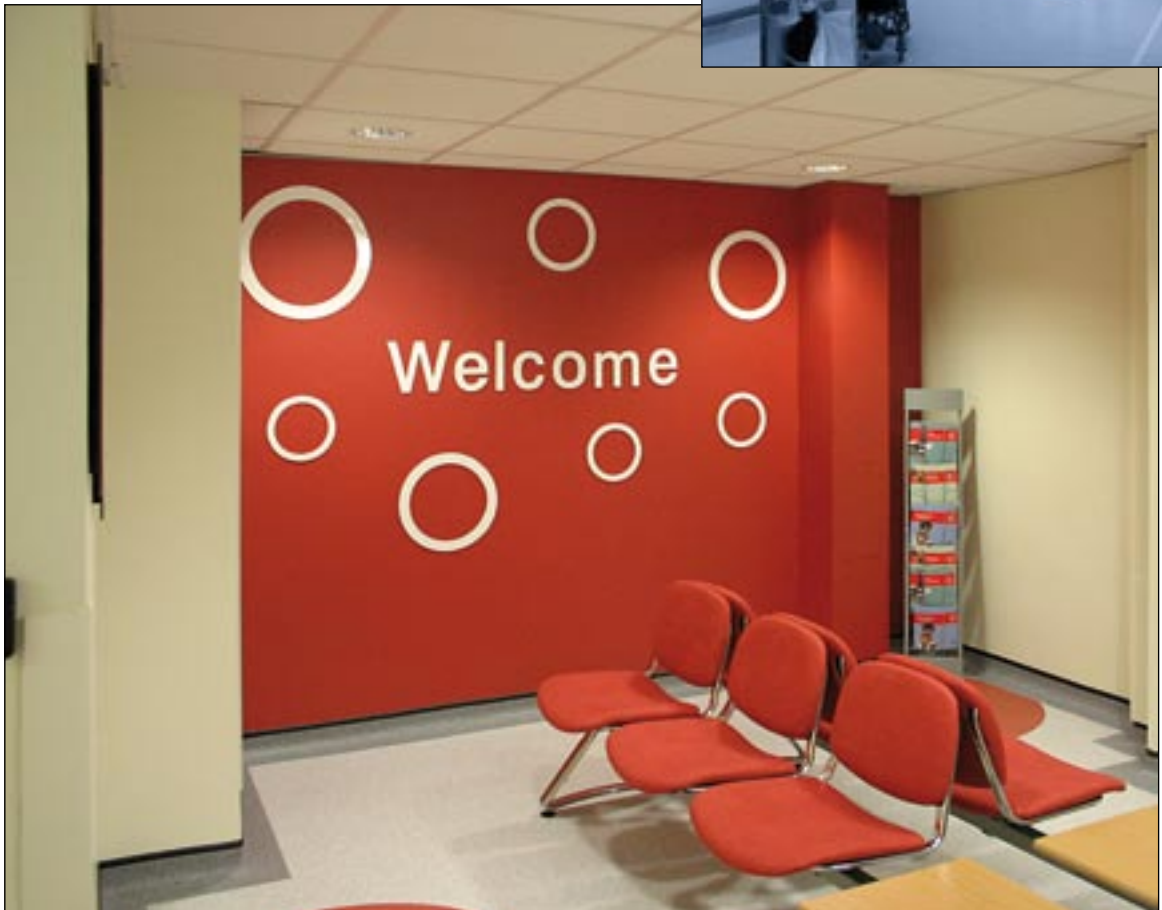
Out-patient therapy departments, South Tyneside District Hospital Redesign of waiting areas and refurbishment of main corridors

The out-patient therapy departments are situated on the ground floor of the hospital and occupy a U-shaped area. The main reception leads onto the physiotherapy area, and patients progress through this department to reach hydrotherapy and then occupational therapy and the hand clinic. It is quite a long walk, particularly for the elderly and those on crutches, and there was previously little provision for seating except at the main reception.

The team wanted to refurbish the corridor areas and to create a number of smaller seating areas at various points along the corridors. However, they were concerned to ensure that there was a consistent design theme throughout the different areas.

Two design students from the local Teesside University were engaged to develop the design theme, and the three main corridors have been refurbished, each having their own identity but within an overall theme. Each corridor is neutrally decorated, has had new lighting and flooring installed, and a particular accent colour and shape chosen. Different areas now have a different feel, with a more vibrant red design in physiotherapy and a quieter green colour scheme in occupational therapy.

The cross corridor used for mobility assessments has a number of new therapeutic features. These include in-built measures of distance walked and chairs set



Hydrotherapy waiting area – before (top) and after (above)

into the wall at appropriate places for patients to rest.

The main waiting area has been enlarged by the part-removal of the wall onto the main corridor, and now features a plasma screen where staff can display health information. The new desk has been designed to be wheelchair-accessible. A number of smaller waiting areas have been created along the corridors, and consulting room doors have had names replaced with numbers to help with wayfinding.

Some offices have been relocated within the overall scheme and there is already better integration and working between the various specialties.

The project won the trust's 2005 Award for Innovation.

“The project has allowed the team to adopt a less traditional approach to designing patient areas.”
Team leader

Corridor which features a grid used for mobility assessment



The main reception area which features a plasma screen for health information

Southampton University Hospitals NHS Trust

Child Health Directorate Redesign of ward entrance area to create multi-use space

The entrance to the ward area is in effect the entrance to the whole child health directorate, and the team was anxious to create a warm welcome for all those using the services.

The aim of the project was to create a non-clinical, child-friendly, multi-purpose entrance area that incorporated physical space for relaxation, visual artworks and creative lighting.

The views of over 100 local primary school children were sought on the creation of a child-friendly environment. A key theme to emerge from this consultation was the children's desire for a naturalistic environment. This wish drove the design of the space and the themes of sea, forest and the planets.

Staff from the office area, which took up a great deal of space in the entrance and was often mistaken for the ward reception, have been relocated and the space doubled in size. This move has also meant that the area now has natural light. A second set of double doors to the lift lobby has been added, giving

the new space its own distinct entrance and assisting with wayfinding.

A "white room" has been created where children can choose the ambience they wish to create. The flooring has been designed to echo the naturalistic theme and features grass, pebbles and water. The plain walls have been curved to represent waves and lighting in the ceiling depicts the stars.

The fixed lighting in the area creates a rainbow colour scheme which can be changed to give a different colour wash, and images and patterns can also be projected onto the walls. Those using the space can choose the sounds they would like to hear via the CD installation, and there are panels for



Ward corridor – before (top); multi-use space with interactive lighting (above)

New flooring carries the theme through to the ward corridor

children to press to hear the sound of waves and other seaside noises.

The new flooring carries the theme through to the main ward corridor. A by-product of the scheme has been the enhancement of the good views of the sky and surrounding tree lines from the corridor windows, thus bringing the outside in.

Low, movable benches, based on similar seating in art galleries, will be provided so that seating can be used when required. Local school children will create a changing display of art works for the area.

The multi-use space will be used as a waiting area and will also be booked by play specialists for sessions with in-patients. It will also provide an area for volunteers from Radio Lollipop to work with children.



“I felt I was using all five gears on this project – it re-injected energy and enthusiasm.”

Estates advisor



Cartoons can be projected onto the walls

St Helens and Knowsley Hospitals NHS Trust

Whiston Hospital Redesign of courtyard garden

King's Court

The aim of the project was to provide patients and staff with an area of tranquillity and beauty where they could meet. The team also aimed to create a performance area within their scheme.

The courtyard adjoining the burns and orthopaedic units was chosen as the project site, as the hospital is about to undergo a major rebuilding programme and these services will remain in their current site.

The team involved their PFI partners from the new hospital early in their project so as to ensure that maximum benefit from the scheme would be transferred to the planning of their new facilities.

The chosen site presented some technical difficulties, as there is no direct access to the area and a large amount of earth had been left in the courtyard when the surrounding buildings were erected. The earth mound therefore had to be incorporated within the overall design.

The courtyard walls have been painted to improve the light, and lighting has been integrated into the design to ensure the area is attractive and inviting both during the day and at night. A series of steps/seats has been made to cover the earth mound which now defines the parameters of the performance space.

The main tree in the courtyard, a mulberry, has been retained and has become one of the focal points. The team was particularly pleased that, following a radical pruning, the mulberry has flowered for the first time anybody can remember!

A key feature of the project has been the use of local St Helens glass. Two artists were commissioned: one to provide glass artworks for the corridor running alongside the courtyard, and the other to create a large artwork for the performance area. This latter commission was funded by the Arts Council.

“The EHE team will continue to be involved in planning new hospitals. We’ve been trained to think with ‘blinkers off’, and have learned about culture change.”

PALS co-ordinator



The mulberry tree will provide shade from the sun

Local St Helens glass has been used to enhance the corridor



Detail from corridor glass



Tina Cavendish, team leader, enjoys the new garden



Suffolk East Primary Care Trusts (previously Ipswich PCT)

Bluebird Lodge Intermediate Care Centre Enhancements to reception, garden and lounges

The team at Ipswich have faced a number of challenges during their project, not least the closure of St Edmund's Nursing Home, which was to be the location for their project. They had hoped to create a series of more homely rooms within an Edwardian building, and undertook a consultation with patients, visitors and staff about how they might best achieve their aims.

Historical connections with the town became a key feature of the proposals, in particular the pictures of Leonard Squirrel, a local watercolourist, who painted many scenes of the town during the early 1900s.

Following consultation, the PCT decided to move the intermediate care services from St Edmund's to a purpose-built unit, Bluebird Lodge, on the other side of Ipswich.

The team continued with their EHE project in the new building as, although it offered much

improved facilities, many of the spaces were felt to be bland and the garden had not been landscaped. Their aim continued to be the creation of a more homely atmosphere, although the focus changed to the reception and lounges of the new building and the garden area.

A key theme has been the inclusion of artworks by local artists. The Leonard Squirrel paintings have been reframed and hung to provide a focus in one of the main lounges. Another has had soft furnishings, furniture and lighting purchased to soften the feel of the area. Two pieces have been commissioned for the main reception area, which also now acts as an out-patients waiting area.

The garden has been enhanced with soft landscaping to provide seating, shelter and recreation. The design has developed from the previous use of the area as one of the first airports in England.

“The reframed Squirrel pictures look fantastic!”

Team leader

Soft furnishings create a homely feel





Reframed Leonard Squirrel paintings

Landscaped garden



Tees and North East Yorkshire NHS Trust

St Luke's Hospital Refurbishment of recreation hall

The Oasis

St Luke's is a Victorian hospital and has, like many large mental health hospitals of this age, a large recreation hall which was used to house a number of pool tables but was poorly used by patients. It had the feel of an old village hall or school gym.

The team wanted to bring the hall into the modern era without losing the Victorian structure. Their aim was to create a light and airy multi-purpose area which gave access to previously overgrown adjacent courtyards.

The false ceiling has been removed and the Victorian beams revealed. Other original features have been kept such as the dado rail. The sprung floor has been renovated and retained.

Two sets of French windows give access into the courtyards. One of these will be open for service users in the summer. The other has been designed and planted as an attractive area viewed from the hall. These new windows have improved the natural lighting in

the hall and, together with the simple colour scheme, the whole area has a much more welcoming feel.

The coffee shop adjacent to the main hall has been renovated and café tables provided within the hall. The café will be staffed by volunteers and a service user group.

A quiet area has been provided in one corner of the hall, and space has been retained so that a large screen TV can be used for special occasions. Service users have been involved in creating the artworks in the courtyards and those hung at the entrance to the hall.

The team has created a place for service users to bring family and friends, providing a rehabilitation forum to reduce the division between hospital and home. Staff can now actively encourage service users to visit the hall for a coffee, meet others and take part in



The recreation hall – before (top); and the Oasis – after (above)

activities. It is hoped that similar facilities will be incorporated into the design for a future new hospital build.

“Numbers using the hall have already increased from one or two for a few minutes to 25 in an evening and many more for a special occasion. It’s become a positive place and environment and is starting to be the hub of the hospital.”

Team leader



A disused courtyard (top); the courtyard now provides a relaxed outdoor seating area (above)



The quiet seating area

University Hospitals Coventry and Warwickshire NHS Trust

Walsgrave Hospital Creation of a hospitality lounge

The hospital is in the midst of relocating to a large PFI building, and during the EHE project the hospitality team changed location three times. Their final move was to a purpose-built area within the old hospital where they will continue to provide services until the whole-hospital move to the new building has taken place.

The project aimed to provide a hospitality area where patients could wait in a peaceful environment either for collection on discharge or prior to admission for elective surgery. The purpose was to ensure patients leaving or arriving at the trust had a positive experience.

A key objective of the hospitality lounge service has been to improve waiting times in accident and emergency and bed management within the hospital. As the team's EHE project developed so did the service, necessitating the move to a new purpose-built area.

The bare building shell has been enhanced to provide a pleasant and soothing environment. The lounge also includes a three-bed bay, which has been integrated into the overall design by using the same colour scheme and curtains. Soft lighting adds to the more homely feel.

Different heights and types of seating have been provided and a dining area created. Bamboo screens were commissioned for the lounge and have been placed to provide a degree of privacy. Artworks were purchased to enhance and give interest to the overall scheme. These, the furniture and other soft furnishings will in due course move to the new hospital.

The team was also able to create a small garden area outside the lounge which patients will be able to use during the summer months.

The increasing use of the hospitality lounge during the lifetime of the project has improved patient flows through the organisation. The team has improved the discharge process and set a standard for the new hospital they are shortly to move into.

Five of the six team members have changed career direction using the skills they have developed during the course of their participation in the EHE scheme.

“We’ve now been invited to be part of the Arts Committee; we would never have been consulted before. Our voice is respected and we’ve been able to change decisions.”

Associate Director of Nursing

Detailing creates a homely feel



Hospitality lounge



Partial screening provides privacy

West Sussex Health and Social Care NHS Trust

Princess Royal Hospital Creation of a garden and dining room refurbishment

First Impressions

The aim of the project was to transform the car park area into a garden for clients, redecorate the main foyer, add interest to the area and to create a family-friendly, multi-purpose dining room.

Villa Ward, which provides mental health services, is situated at the back of a modern acute hospital. Space has been at a premium, and the only outside area service users had access to was a car park at the front of the building. The dining area used for serving lunches was poorly equipped and under-used at other times of the day.

Negotiations with the acute trust led to the area previously used for car parking being provided for the use of the mental health services. The team has created a small garden area directly outside the main entrance to the unit. Planting has been designed to provide interest and some screening but also to allow for good observation. A series of different seating areas has been created, including a small covered area.

The dining room has been refurbished to provide a comfortable, family-friendly environment. Facilities now include provision for making drinks and a children's corner. A plasma screen has been installed to enable service users to watch films or major events.

A local artist was commissioned to work with service users to create two large paintings of the South Downs. These reflect the colour schemes chosen for the dining area and repainted unit reception. In addition, a sculpture has been purchased for the reception area which symbolises a journey, as the unit will be moving to a new location. As a result of the EHE project, good links have been formed with MIND through the inter-hospital arts forum in Brighton.

There has already been very good feedback from clients. One lady left her ward area for the first time in nine months to sit in the garden the day it opened.

The EHE team won the Trust Team of the Year Award for their work at Villa Ward.

"We've got a café!"

Service user



Dining room – before (top) and after (above)

THE 23 SCHEMES

Shading and shelter is provided in the new garden



The new planting and wooden planters blend well with existing trees and shrubs



Car park previously the only outside area for clients (right); and "First Impressions" garden created from the car park (below)



Service users helped to create the artworks featuring the South Downs (left); sculpture depicting a journey symbolises the Unit's future move to purpose-built premises (right)

York Hospitals NHS Trust

York Hospital Redesign of courtyard garden

Nightingale's Courtyard

At York Hospital there are a number of courtyards off the long main “street” that were not accessible to patients, visitors or staff. The team had a clear vision to create a peaceful retreat away from the pressures of the very busy hospital which would be accessible 24 hours a day.

The chosen design has ensured that the garden can be enjoyed from within, from the hospital street and from the wards that surround the courtyard. Planting has been chosen to provide interest throughout the year and to complement the hard landscaping features.

Shelters have been provided so the garden may be used in all seasons, which together with the design of the wooden seating and planters gives a modern feel to the space.

The commissioned sculpture and mosaic is designed in warm colours to work well with the chosen planting and gives colour and pattern in the garden as well as from surrounding windows. The “tree” is illuminated at night by tiny lights at the end of the branches.

The words engraved into the paving stones and a sound installation, which is activated by people moving in front of a post, were commissioned following a series of workshops with patients, volunteers and staff.

Nightingale's Court is already influencing other developments in the trust. The official opening of the courtyard by the Chief Nursing Officer included a special dance and music performance and it is hoped that this will lead to further live arts performances in the hospital.

“We see this as the start of something wonderful – to raise organisational expectation of what can be achieved. It's our flagship, yet only the beginning of the fleet! It's changing our culture towards the hospital environment – it really does make a difference to patient care and staff morale.”

Team leader



Nightingale's Courtyard – before (top) and after (above)



Stone balls reflect the box ball planting in the garden (above); mosaics add interest to the base of the commissioned sculpture (left)



Planting has been chosen to provide variety (right); the commissioned sculpture provides a focus for the whole area (below)



Part 2 – Evaluation summary

Introduction

York Health Economics Consortium (YHEC) from the University of York and RKW Healthcare Strategists were commissioned by the King's Fund and NHS Estates to evaluate the Enhancing the Healing Environment (EHE) programme. Twenty-three schemes were nominated by the SHAs to participate in the programme, nine of which were selected for evaluation. This report describes the evaluation process and summarises the results. The full evaluation report is available from the King's Fund and the Department of Health.

Purpose of the evaluation

The purpose of the evaluation exercise was to assess each of the nine selected schemes against the original values and aims of the EHE programme.

The EHE programme values are:

- all elements of the programme should be of high quality;
- the programme will encourage creative solutions;
- trust projects should act as exemplars of good design;
- individuals' personal development is an integral part of the programme;
- co-operation and engagement with patients and the public are fostered.

The EHE programme seeks the following outcomes:

- significant environmental improvements in each selected project area;
- increased knowledge of the impact of the healing environment within the NHS;

- the development of a cadre of clinical and managerial staff who should be able to influence the healthcare environment in the future;
- a body of evidence on the impact of healing environments on patients and staff.

The evaluation was commissioned to review the following areas in particular:

- personal development;
- improvement of the environment;
- therapeutic benefits;
- economic benefits.

In particular, the evaluators were asked to focus on testing the applicability of NHS Estates' AEDET and ASPECT tools for use in gauging smaller scale improvements.

In addition to the key areas listed above, many other aspects of the schemes were also investigated, some of which are summarised below. More details can be found in the full report.

Methodology

Information about trusts and their schemes was collected in three ways:

- The evaluation team visited each scheme both before and after completion to:
 - conduct structured interviews with members of the project team;
 - carry out environmental measures using AEDET and ASPECT toolkits (see Annex 1);
 - take photographs and video film;
 - collect data relevant to the evaluation, such as survey and audit data or activity data;

*Detail of table mosaics,
Maldon and South Chelmsford Primary Care Trust
Photograph Lisa Payne*



- collect documentation relevant to the scheme, for example trust newsletters and articles in the local media.
- Project teams submitted regular progress reports to the King's Fund, which were subsequently reviewed by the evaluation team. The reports were specifically structured to support the evaluation process.
- Project teams provided information for the evaluation, such as survey and audit data.

In order to avoid putting an additional burden on already stretched project teams, the evaluators did not require project teams to collect any data over and above that which they were already gathering for their own purposes.

Three of the nine sites were selected as pilots, and these were visited first. The remaining site visits were scheduled according to the timetable for their schemes. Information packs were sent to trusts in advance of the visits, detailing the structure of the evaluation and the areas on which the evaluation teams would focus, and listing questions that would be asked and data to be collected. The project team leader and estates representatives normally participated in both site visits. Other members of the team, such as the patient representative, clinical representatives and the arts co-ordinator, would be interviewed if available.

Selection of scheme and engagement of trust and partners

For many organisations the process of selection was based on a top-down approach, in which the SHA nominated a trust that it thought would benefit from the programme. Once nominated, trusts tended to select their schemes using a bottom-up approach involving consultation with a variety of stakeholders. Trusts showed a preference for schemes that would:

- not be impacted by PFI or other rebuilding schemes;
- fit into the strategic objectives of the trust, eg improving throughput and discharge processes and experiences of patients;
- improve clinical outcome.

The selection of the actual content of the scheme was normally very democratic. Teams placed great emphasis on actively

involving users and staff in this process, and used a wide variety of methods – such as surveys, group discussion and workshops – to help select colour schemes, lighting and other design features. Other key stakeholders were also included, for example voluntary groups running tea bars.

Impact of the scheme

Of interest was how far the influence and impact of a scheme would extend, for example would it be felt only by the patients using the service, or would it serve as an exemplar for the whole trust? Most team leaders felt the latter. Schemes were being used to:

- increase the positive image of the trust – particularly for mental health trusts and those with a poor media image, as a result of bad publicity associated with financial or management problems;
- demonstrate to other parts of the trust that environmental changes are possible and can be made for relatively small sums of money;
- demonstrate to those working in an area of the trust perceived to be less valued than others that senior management did care.

Some schemes were seen as a catalyst for change, for example by:

- enabling changes in practice to follow changes in the environment;
- changing attitudes to neglected areas in organisations;
- attracting funding to neglected areas: the project grant was often used as a lever for accessing additional funding from a variety of sources.

Following scheme completion, many teams reported that trusts had set up environmental strategy groups to ensure that art and the environment were incorporated into new schemes. Team members also reported advising on environmental and design issues for departmental and ward refurbishment schemes.

Finally, all teams provided evidence of extensive and positive media coverage. Schemes were reported in local newspapers as well as in trust newsletters, at trust board annual meetings and in the annual reports. All but one project team reported on the help provided by their trust PR or communications department, who used the opportunity to

promulgate a positive news event. The schemes were seen as examples of good practice, and most reported visits from other organisations keen to learn from their experiences.

Content, costs and funding of schemes

Few schemes were entirely standalone, most were part of larger improvement schemes. All schemes had expanded from the original concept of £30,000 project grant and a £5000 contribution from the trust or SHA. For many schemes, the EHE funding provided an opportunity to add to an area that was already being refurbished to create something outstanding. For others, the EHE programme came first, and additional funding allowed it to become something more special. Some project teams transformed an area of relative neglect, such as a courtyard or an outdoor space, into an area that would enrich patients' experiences. Three of the schemes were located in trusts that were being extensively rebuilt under PFI. These schemes were designed both to have an influence on the subsequent PFI schemes and to have at least a five-year life.

The balance of funding over and above the initial £35,000 came from a variety of sources. For most schemes, trusts gave additional funding from capital or refurbishment programmes. Such funding was seen as a legitimate call on these resources, and was being spent on areas that required refurbishment, although perhaps not according to any initial planned phasing of such spend. Many schemes received funding direct from their SHA and/or their local PCT. Schemes also accessed charitable funding, often through their own trust or League of Friends. Some trusts even submitted applications to outside organisations – one trust received a grant of £30,000 from the Arts Council. Finally, some trusts saw the need for additional fundraising as an opportunity to raise the profile of the scheme. Imaginative fundraising events, such as a sponsored horse-ride, received extensive media coverage in the local press. Two schemes comprised two phases, of which the first was partly funded by the EHE programme. [Table 1](#) summarises scheme content, costs and funding.

The schemes at Northamptonshire and St Helens and Knowsley were two of the least costly and both were courtyard schemes not involving major building works. A third scheme, costing £100,000, was the refurbishment of the reception and communal areas in a relatively modern ward and for which DDA requirements had already been met. The remaining projects are all more extensive schemes involving additional capital funding, either from the trust's own minor capital programme or from the maintenance budget. Many of these schemes were major refurbishments – often in areas and facilities not meeting modern clinical and risk standards or DDA requirements – of which the EHE project was a small part.

The achievements of these schemes demonstrate that project teams and their trusts have been opportunistic and are using the EHE funding and vision as leverage to obtain additional funding, often from capital funds and the local maintenance budget.

The cost of procuring and delivering artworks was assessed. For the nine schemes examined, the costs of the artworks themselves were a relatively small proportion of the total scheme costs. Insofar as the costs of artworks could be separated from general refurbishment costs, examples ranged from around £700 for photographs taken by an art student and mounted on the walls of a clinic, £1800 for a stained glass window created by an artist who had been an in-patient in the unit, £7500 for a major multi-media artwork for the wall of a clinic, which was developed through a series of workshops with staff and patients, to £13,500 for movable floor screens in a restaurant and £22,000 for a glass sculpture in a courtyard.

Many of the costs were for artworks that were incorporated into functional pieces, such as furniture, lighting or décor. The additional costs of achieving a more environmentally pleasing ambience through imaginative colour schemes or furnishings appeared to be very small. However, all teams commented that the installation of new lighting schemes could be quite expensive. The two children's schemes incorporated imaginative play areas, at a higher cost than traditional waiting areas with boxes of toys. However, both schemes were designed to be low maintenance and therefore both teams believed they would be good value for money.

Table 1 – Costs and funding sources of the schemes

| NHS Trust | Scheme location | Scheme description | Scheme cost | Scheme funding |
|---|--|---|---|--|
| Birmingham Children's Hospital NHS Trust | A&E Department | Waiting area: reception area, décor and furnishings | £147,000 | <ul style="list-style-type: none"> • EHE grant: £30,000 • Trust: £5,000 • Design Feasibility Fund: £12,000 • A&E Modernisation Fund: £100,000 |
| Maidstone and Tunbridge Wells NHS Trust | Physiotherapy department of Maidstone Hospital | Rehabilitation gymnasium | £115,000 (first phase) £40,000 (second phase) | <ul style="list-style-type: none"> • EHE grant: £30,000 • Trust: £45,000 • SHA: £45,000 • Local PCT: £30,000 • Hospital League of Friends: £5,000 <p>The balance will be a contribution to the second phase</p> |
| Maldon and South Chelmsford PCT | Canteen at St Peter's Hospital | Refurbishment of dining area | £53,000 (first phase) £110,000 (second phase) | <ul style="list-style-type: none"> • EHE grant: £30,000 • Local PCT: £8,000 • £5,000: Awards for All • £10,000 from Charitable Funds • £1,400: Healthy Living Initiative |
| Mid Yorkshire Hospitals NHS Trust | Discharge Lounge at Pinderfields Hospital | Waiting area: décor and furniture | £100,000 | <ul style="list-style-type: none"> • EHE grant: £30,000 • Trust Capital Focus Fund: £5,000 • Modernisation Team Fund: £10,000 • Local fundraising: £10,500 • Capital Focus Fund £45,000 |
| Northamptonshire Healthcare NHS Trust | Outdoors at the Pendered Centre | Construction of performing arts patio with furniture, stage and art installations | £90,000 | <ul style="list-style-type: none"> • EHE grant: £30,000 • Trust Support: £5,000 • Trust Capital Fund: £15,000 <p>The balance was charged against the new PFI scheme since the patio will be moved to the new scheme on its completion</p> |
| Oxfordshire Mental Healthcare NHS Trust | Phoenix Ward at Littlemore Hospital | Reception and communal patient area | £100,000 | <ul style="list-style-type: none"> • EHE grant: £30,000 <p>Remainder funded from trust capital programme</p> |
| Rotherham PCT | Child Development Centre at Rotherham DGH | Reception and waiting area, décor and furnishings | £43,000 of a larger refurbishment scheme costing an additional £291,000 | <ul style="list-style-type: none"> • EHE grant: £30,000 • PCT: £10,000 • Local fundraising: £5–8,000 <p>Refurbishment funded by Trust Capital Programme</p> |
| South Manchester University Hospitals NHS Trust | Thoracic Out-patient Clinic | Waiting area: reception area, décor, furnishings and art installation. Garden | £136,000 | <ul style="list-style-type: none"> • EHE grant: £30,000 • Trust endowment fund: £5,000 • Trust capital programme: £43,500 • SHA: £35,000 • League of Friends: £5,500 • PFI Partners: £4,500 • Internal departments in trust: £7,000 • Local fundraising for the garden: £5,000 |
| St Helens and Knowsley Hospitals NHS Trust | Courtyard outside Regional Burns and Plastics Unit and Orthopaedic Wards | Refurbish courtyard with art installations | £106,000 | <ul style="list-style-type: none"> • EHE grant: £30,000 • Trust: £5,000 • SHA: £30,000 • Arts Council: £30,000 • Local fundraising and other support: £11,000 |

The project teams

Three aspects of the local project teams were examined:

- their composition;
- the support offered to them;
- the team culture.

All teams comprised nursing staff, estates/capital projects officers and representatives from other stakeholders, such as service users and the SHA. Estates and capital project input was seen as valuable, especially during the construction phases when all schemes were managed as “normal” capital schemes by the estates staff. Many of the estates and capital projects staff saw participation as a real development opportunity. An EHE project can change the attitudes of estates departments, which may still focus on ease of maintenance as the prime reason for having a narrow colour palette. Some teams extended the input of clinical and administrative colleagues from mere consultation to active involvement, for example by becoming members of the project team.

Five of the nine teams either included an arts co-ordinator or received significant arts input at most stages. Two teams received small amounts of advice from arts co-ordinators, another team received no advice but created links when the project had been completed with the intention of having a long-term relationship around arts in the hospital. Only one team received no input from an arts co-ordinator. The role of the arts co-ordinator was seen as very valuable, not only by team members but also by the evaluators.

Project teams also recruited members from other departments to work with them. For example, a business manager assisted with the monitoring of a discharge lounge, a doctor with landscape design expertise helped with the design of a garden, and members of the private contractors who provided cleaning and housekeeping advised on the implications of design.

Support for the teams was variable. Many teams and team leaders had been provided with time to develop the project and attend King’s Fund development programmes, but as the project timescale moved on, they were doing more project work in their spare time. All still had their “normal day jobs” to do, many of which were stressful and all consuming. For some the project provided

relief, *“It is a pleasurable release from day-to-day drudgery.”* For others it proved problematic. Most commented that they had not realised how time consuming the project would be, *“[I] didn’t know how much time it would take . . . I was initially given time off, but now I do a lot in my own time.”*

Support from the senior managers and the trust board was also variable. Although the trust board supported the project financially and saw it as an opportunity to gain positive publicity for the trust, this did not always translate into ongoing positive action on the ground. However, on scheme completion, open days were normally well attended by members of the trust board, and some actively participated in fundraising. Only one team expressed disappointment at the input they received from their trust sponsor or key members of the trust, particularly in respect of their opening day.

Most team leaders saw their project as a personal development opportunity and valued the chance to add a new dimension to their job and gain new skills, such as project management and negotiation techniques. All teams commented on how the project made them work “outside the box” and on the opportunity to work across more diverse groups of individuals and professions. Team members believed they had developed a greater appreciation of others’ needs, and saw the benefits of extended multi-disciplinary working, particularly clinical staff working with estates or facilities. By the end of the projects, many team leaders and team members had either gained promotion or moved into new roles.

The environmental evaluation

The environmental review was undertaken using the AEDET and ASPECT frameworks developed by NHS Estates. These tools have traditionally been used to evaluate large-scale healthcare projects and an objective of this study has been to explore their applicability or adaptability to smaller schemes covering areas as diverse as corridors, clinical areas, offices and gardens. The two frameworks overlap to some extent in terms of the environmental features they evaluate, although ASPECT is perhaps more relevant to smaller scale projects.

The framework was calibrated for this evaluation by two of the evaluation team members, who separately evaluated a

number of sites. Comparison of the scores indicated a high level of consistency. Robustness was further ensured by the same two members of the team undertaking the baseline and follow-up appraisals. **Table 2** gives an overview of the AEDET and ASPECT measures that were applicable for each of the schemes studied.

Under AEDET the dimensions of Engineering and Construction were not applicable to any scheme, whilst Performance, which comprises four measures, was only applicable to three schemes. Similarly some of the dimensions of the ASPECT scale were more applicable to some schemes than others.

It is important to note that the principal purpose of using these frameworks is to ensure consistency in **before and after** appraisal of individual schemes. Any comparison of absolute scores or percentages between schemes should be

treated with caution, given that different dimensions have been rated. It should also be noted that the scores are essentially a convenient ranking of judgments rather than quantification against an interval scale.

Table 3 shows the baseline scores for each of the schemes against each of the two ratings. For each scheme, there are three scores against each rating scale. The first shows the total score, the second shows the percentage achieved against the potential score, and the third indicates the number of measures and dimensions against which the scheme was marked. A scheme may have a low score for the first set of marks, not because it was performing badly, but because only a small number of dimensions and measures were applied. The second score gives a more appropriate comparative measure, since it indicates the percentage of points achieved, taking account of the number of measures and dimensions actually used.



Detail from "Caring", North Cumbria Acute Hospitals NHS Trust

Table 2 – Overview of AEDET and ASPECT scoring

| AEDET | Birmingham | Maidstone | Maldon | Mid Yorkshire | Northampton | Oxfordshire | Rotherham | S Manchester | St Helens & Knowsley |
|-----------------------------------|------------|------------|------------|---------------|-------------|-------------|------------|--------------|----------------------|
| 1) Uses (8) | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● |
| 2) Access (7) | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● |
| 3) Spaces (3) | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● |
| 4) Character + Innovation (7) | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● |
| 5) Citizen Satisfaction (6) | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● |
| 6) Internal Environment (5) | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● |
| 7) Urban + Social Integration (6) | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● |
| 8) Performance (4) | ●●●● | ●●●● | ●●●● | ●●●● | ●●●● | ●●●● | ●●●● | ●●●● | ●●●● |
| 9) Engineering (12) | ●●●●●●●●●● | ●●●●●●●●●● | ●●●●●●●●●● | ●●●●●●●●●● | ●●●●●●●●●● | ●●●●●●●●●● | ●●●●●●●●●● | ●●●●●●●●●● | ●●●●●●●●●● |
| 10) Construction (7) | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● | ●●●●●●● |

| ASPECT | Birmingham | Maidstone | Maldon | Mid Yorkshire | Northampton | Oxfordshire | Rotherham | S Manchester | St Helens & Knowsley |
|-----------------------------------|------------|-----------|----------|---------------|-------------|-------------|-----------|--------------|----------------------|
| 1) Privacy, Company + Dignity (5) | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● |
| 2) Views (5) | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● | ●●●●● |
| 3) Nature + Outdoors (3) | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● | ●●● |
| 4) Comfort + Control (6) | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● |
| 5) Legibility of Place (6) | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● |
| 6) Interior Appearance (8) | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● |
| 7) Facilities (8) | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● | ●●●●●●●● |
| 8) Staff (6) | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● | ●●●●●● |

● – aspects measured

Figure 3

AEDET Before and After Comparison (% of Achievable Score)

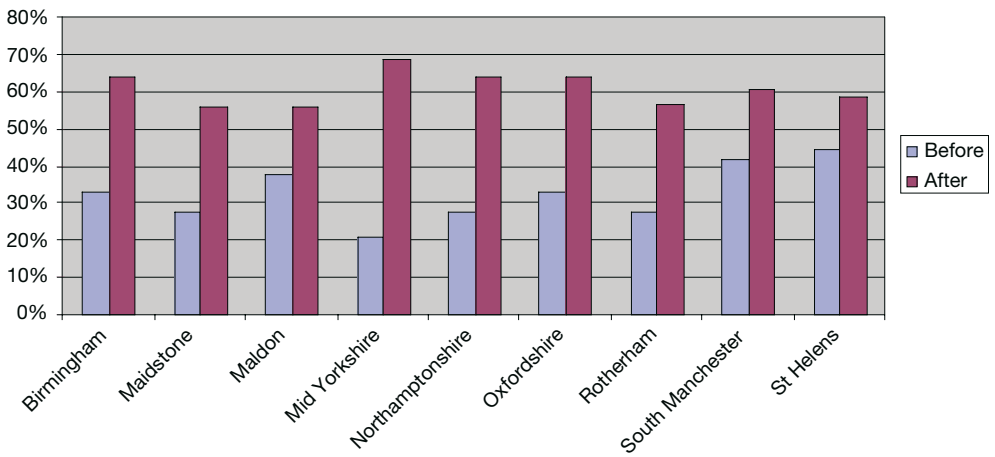


Figure 4

ASPECT Before and After Comparison (% of Achievable Score)

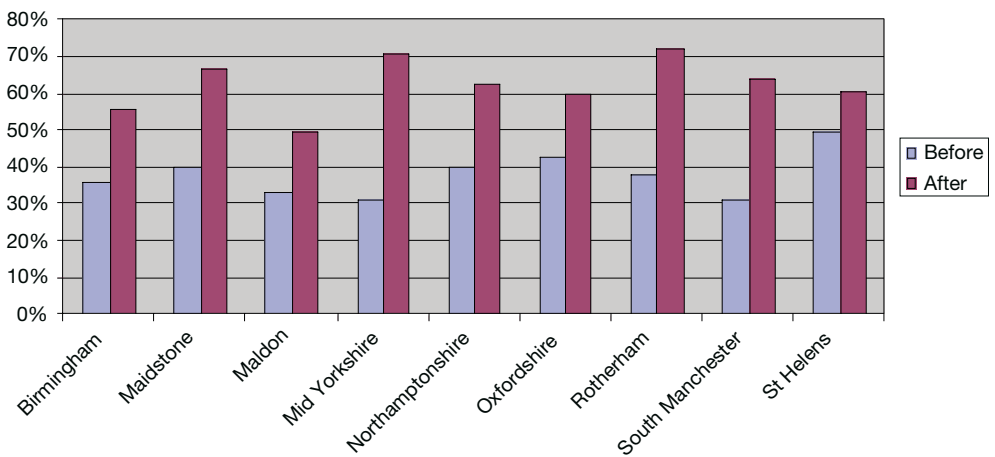


Figure 5

AEDET Total Questions Answered

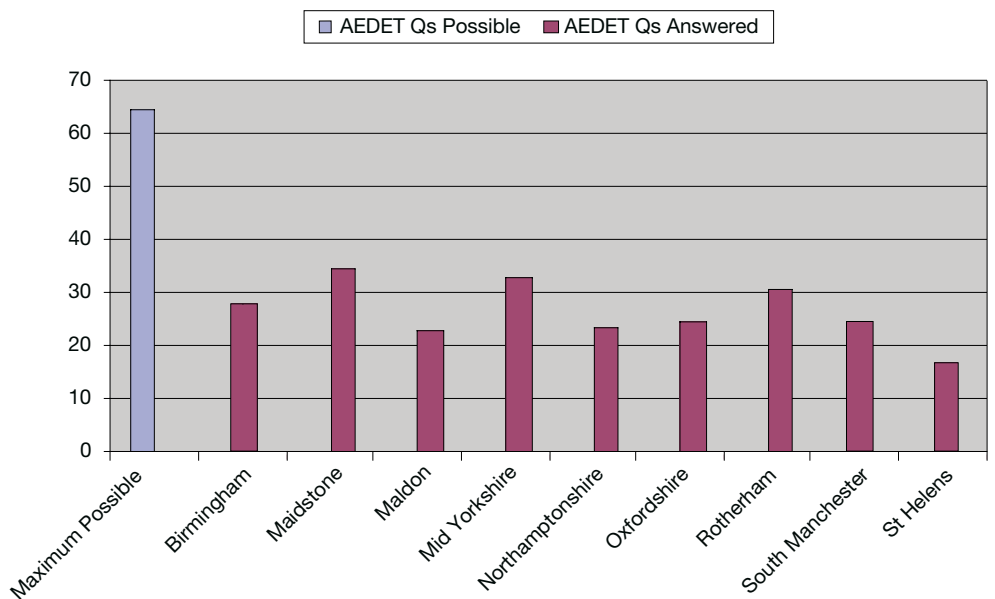
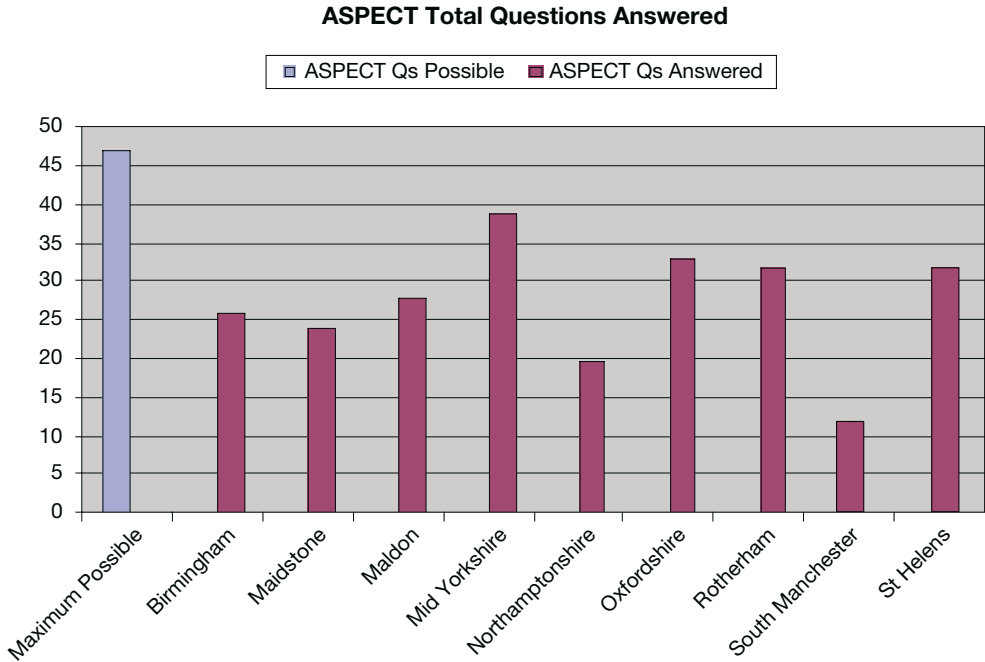


Figure 6



A Tetsubachi welcomes visitors at Gloucestershire Partnership Trust

Table 3 – Baseline and post-scheme completion scores against AEDET and ASPECT

| Trust | Birmingham Children's Hospital NHS Trust | Maidstone & Tunbridge Wells NHS Trust | Maldon & South Chelmsford PCT | Mid Yorkshire Hospitals NHS Trust | Northamptonshire Healthcare NHS Trust | Oxfordshire Mental Healthcare NHS Trust | Rotherham PCT | South Manchester University Hospitals NHS Trust | St Helens & Knowsley Hospitals NHS Trust |
|--|---|---|---|---|---|---|---|---|--|
| Baseline AEDET Score | 56 (33%) (24 out of 65 marked) | 76 (28%) (35 out of 65 marked) | 52 (38%) (23 out of 65 marked) | 50 (21%) (33 out of 65 marked) | 41 (28%) (24 out of 65 marked) | 55 (33%) (25 out of 65 marked) | 69 (28%) (31 out of 65 marked) | 71 (42%) (25 out of 65 marked) | 49 (45%) (17 out of 65 marked) |
| Post scheme completion AEDET Score | 108 (64%) (24 out of 65 marked) | 165 (56%) (35 out of 65 marked) | 98 (56%) (23 out of 65 marked) | 208 (69%) (33 out of 65 marked) | 126 (64%) (24 out of 65 marked) | 130 (64%) (25 out of 65 marked) | 165 (57%) (31 out of 65 marked) | 120 (61%) (25 out of 65 marked) | 94 (59%) (17 out of 65 marked) |
| Baseline ASPECT Score | 56 (36%) (26 out of 47 marked) | 72 (40%) (24 out of 47 marked) | 64 (33%) (28 out of 47 marked) | 85 (31%) (39 out of 47 marked) | 65 (40%) (20 out of 47 marked) | 97 (43%) (33 out of 47 marked) | 82 (38%) (32 out of 47 marked) | 73 (31%) (32 out of 47 marked) | 48 (50%) (12 out of 47 marked) |
| Post scheme completion ASPECT Score | 87 (56%) (26 out of 47 marked) | 117 (67%) (24 out of 47 marked) | 101 (50%) (28 out of 47 marked) | 204 (71%) (39 out of 47 marked) | 94 (63%) (20 out of 47 marked) | 151 (60%) (33 out of 47 marked) | 157 (72%) (32 out of 47 marked) | 141 (64%) (32 out of 47 marked) | 60 (61%) (12 out of 47 marked) |

Therapeutic impact

All teams had set themselves objectives for the expected impact of the scheme. These fall into four categories:

- environmental;
- staff and patient satisfaction and general well-being;
- patient and user behaviour and ideally clinical outcome;
- process of managing patients.

The positive results from the environmental evaluation are reported earlier in this summary. The impact of the remaining indicators has been more difficult to report rigorously, due in part to the short time available between scheme completion and data collection. Although there is already much anecdotal evidence around the success and impact of the schemes, it will take time to establish qualitative and quantitative evidence of therapeutic benefit. All teams will undertake a series of post-project evaluation studies, which it is expected will show significant long-term impact both on patients and staff.

All trusts were able to report anecdotally that users and staff were very pleased with the environmental changes. One team had provided a comments book for users to complete, which demonstrated high user satisfaction. The artist employed for one scheme ran workshops for staff and patients, both for therapeutic purposes and to ensure their involvement in the production of the final artwork.

Two of the schemes included waiting areas for children. User involvement in designing these schemes was critical, especially as children appeared to want colours which reflected nature, such as blues and greens, rather than the primary colours perceived as being colours that appeal to children. The schemes for children also incorporated play areas and these will also be used for informally assessing the children. The teams have reported that children actively use these new areas and are often unwilling to leave them. Children and parents reported finding the waiting process less stressful.

Gardens and courtyards featured in two of the schemes, one in an acute hospital and one in a mental health hospital. Both of these schemes have seen an increase in use of the garden. The courtyard in the acute hospital is an internal space, overlooked by wards and clinics. The project team reported that, at

night, visitors to these wards move their chairs so that they can look at the lights and sculptures. A programme of events planned by one project team member and a local arts co-ordinator has commenced in the garden of the mental health hospital, including art exhibitions with artworks made by patients, musical events and picnics and barbecues. Exercise classes run by the physiotherapy department are also proving popular. A third scheme, the refurbishment of the dining area in a hospital canteen, has also been designed with the intention of running events and art exhibitions in the space.

Three of the schemes have collected information about changes to the use of their facilities. Use of both the physiotherapy gymnasium and the discharge lounge has increased. The latter scheme has also seen an increase in the number of wards sending patients to the lounge, and patient management has improved. Patient management in the chest clinic has also improved with nurses adopting different roles and responsibilities as a result of redesigned facilities and processes. A fourth scheme has reported informally that the creation of a quiet room has resulted in many more “one-to-one” meetings between staff and patients.

In summary, despite the current lack of quantifiable evidence, the schemes are demonstrating high user and staff satisfaction, higher levels of usage for the new facilities, and positive changes in patient management, which should lead to improved clinical outcomes.

Lessons learned and good practice

All teams were asked to provide examples of good practice from their experiences. They were also asked what lessons they learned from participating in the scheme. At the first site visits, many teams commented on the time they were spending on the project, the problems with managing the timetable and issues about managing a complex project and team. At that stage many of the teams still did not have all funding in place. At the second visit, after the scheme had been completed, teams were able to reflect on their experiences basking in the glow of success. In this light, the extra hours and hard work they had put into the projects was seen as a positive experience.

Lessons learned were varied, although a few key themes emerged, summarised in the box below.

Examples of lessons learned and good practice

- **Use the time to develop influential contacts. Constantly promote the scheme and sell what is being done to everyone. It is important that as many people as possible understand what the scheme is trying to achieve. This also deflects negative comments about the cost and “how many nurses that would pay for . . .”**
- **Use the scheme as the opportunity for developing spin-offs: this may be an opportunity to get something for the department.**
- **Ensure that all stakeholders, including staff that work in or are affected by the scheme, are fully on-board. Problems can come up in unexpected areas. Also ensure that others who are also impacted by the scheme understand what is happening and are brought on-board, for example voluntary groups. These people may not understand or be committed to the need for change. Finally ensure that users are involved from the outset and that their views are actively taken on-board throughout the design and construction phases.**
- **Invest the time in the multi-disciplinary team: it may take extra time, but the payback will be bigger than if the team leader runs the project alone. Learn to appreciate the roles and skills of others in the team.**
- **Maintain good relationships with the contractors. Extra commitment from them will help maintain the timetable and the budget: they can also help you in unexpected ways.**
- **The time invested was far greater than anyone in the team imagined: either be prepared for it or negotiate dedicated time from the trust or immediate manager. Despite the amount of work and time involved, all teams confirmed it was worth the effort.**

Summary of evaluation results

The evaluation findings from the four key areas are summarised below.

Personal development

All teams valued participating in the scheme, not only for their achievements in creating a stunning environment, but also for the personal development opportunities the scheme offered. Team leaders in particular valued the experience of learning and practising new skills. All teams commented on how the project “made them work and think outside the box”. They also believed they developed a greater appreciation of others’ needs and skills. By the end of the projects, many team leaders and team members had gained promotion or taken on new roles.

Improvement in the environment

All environments demonstrated a much higher score following completion of the schemes.

Comparing AEDET scores, the largest increase for a scheme was from 21% to 69% (a clinic area which was extensively extended and refurbished), with the smallest increase being from 45% to 59% (a courtyard). Comparing ASPECT scores, the increases ranged from 31% to 71% (the clinic area which saw the largest increase under AEDET) to 50% to 61% (the same courtyard).

The AEDET and ASPECT tools were used to measure the before and after environments. These tools were developed principally for large-scale healthcare projects but have been applied to the small-scale EHE schemes relatively successfully. Table 2 indicates the applicability of both frameworks to the case studies, with some schemes (St Helens and Knowsley, and Northamptonshire) having a relatively small number of applicable criteria overall, whilst other schemes (Oxfordshire) had a high number of applicable criteria for ASPECT, yet a relatively low number of applicable criteria for AEDET. This is an indication of the applicability or adaptability

of the two tools for small schemes; with sections 8, 9 and 10 in AEDET (Performance, Engineering and Construction) rarely applying.

As expected, areas such as Interior Appearance (section 6 in ASPECT) and Character and Innovation, Internal Environment and Citizen Satisfaction (sections 4, 6 and 5 in AEDET) were applicable to a wide range of schemes.

Overall the ASPECT tool was the more suitable for the nine schemes evaluated but it is felt that the use of the two together captured dimensions which neither alone would have reflected. It would be useful to consider in any development of the framework how a sub-set of measures might be specifically targeted to the evaluation of projects such as those considered here. (It is understood that the most recent version of AEDET – AEDET Evolution – moves in this direction, and it would be interesting to see its application to forthcoming EHE schemes.)

Therapeutic benefits

Despite the lack of hard evidence, all the soft, anecdotal evidence points to a number of benefits, most of which have been enjoyed by all schemes. Examples include:

- An increase in staff and patient satisfaction with the areas, as demonstrated by, for example, staff pride in the new environments, increased enjoyment of working in these areas, a reduction in stress, and a more positive experience for patients. Comments books and informal collection of staff and user views all demonstrated very high levels of satisfaction.
- An increase in the use of the facilities for therapeutic (in the widest sense) purposes, such as patients using a discharge lounge or a physiotherapy gym. Children using waiting areas demonstrate lower stress

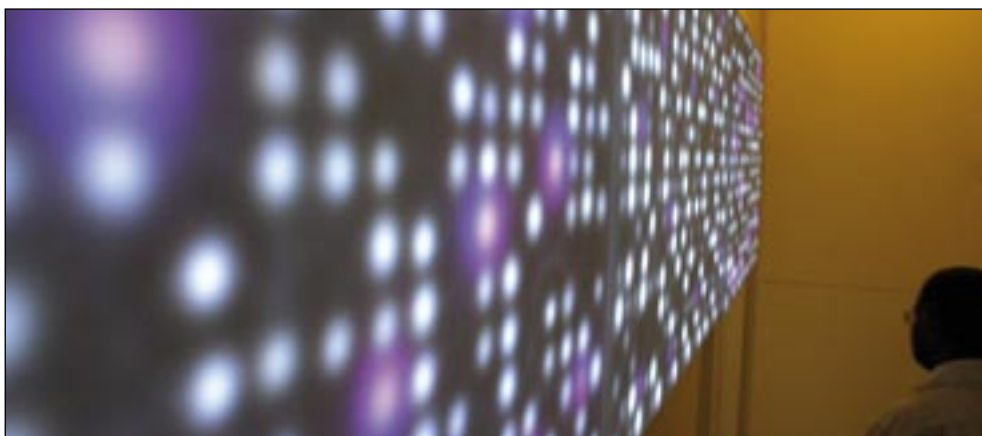
levels (as do their parents), and clinical staff are able to use their play as part of their overall assessment of, for example, motor or coordination skills. Many teams reported an increase in the use of their new facilities for social and recreational activities, such as concerts, barbecues and art exhibitions.

- Patients and staff positively engaged in the process of creating the artwork through workshops, which also worked as reminiscence therapy.
- Improvements in the management of patients, such as an increase in “one-to-one” interviews in pleasant surroundings, the restructuring of clinic sessions and the management of the patient discharge procedures.

Economic benefits

All of the nine schemes cost more than the initial £35,000 project grant. However, all schemes used the initial contribution as a catalyst for obtaining additional funding. The high costs of some schemes were almost entirely attributable to the use of trust capital funds for major and necessary refurbishment. Areas chosen for the EHE scheme were also areas that benefited from additional investment, such as new furnishings, lighting and painting. Schemes that invested large sums in artworks usually obtained additional funding from a variety of sources, such as the Arts Council, Hospital League of Friends, or local trust funds. The actual cost of the artwork itself was usually a relatively small proportion of the total cost of the scheme. Many projects incorporated artwork into design features, such as imaginative play areas in the children’s schemes.

The EHE programme has demonstrated the value that can be obtained from an initial investment, both in terms of achieving dramatic improvements with relatively small



Lightboxes enhance the dining room entrance, West Sussex Health and Social Care NHS Trust

sums of money, and in terms of attracting additional funding to further increase the scope and impact of a project.

Conclusions

Overall, the nine evaluation case studies have demonstrated the very positive impact that the programme has had on participating trusts. The financial commitment made by NHS Estates and charitable funders to the King's Fund's programme has proved a sound investment, leading to stunning improvements in the hospital environment, real change in culture and attitudes, and the development of future NHS leaders.

It is clear that the two key elements of the programme, team development and project

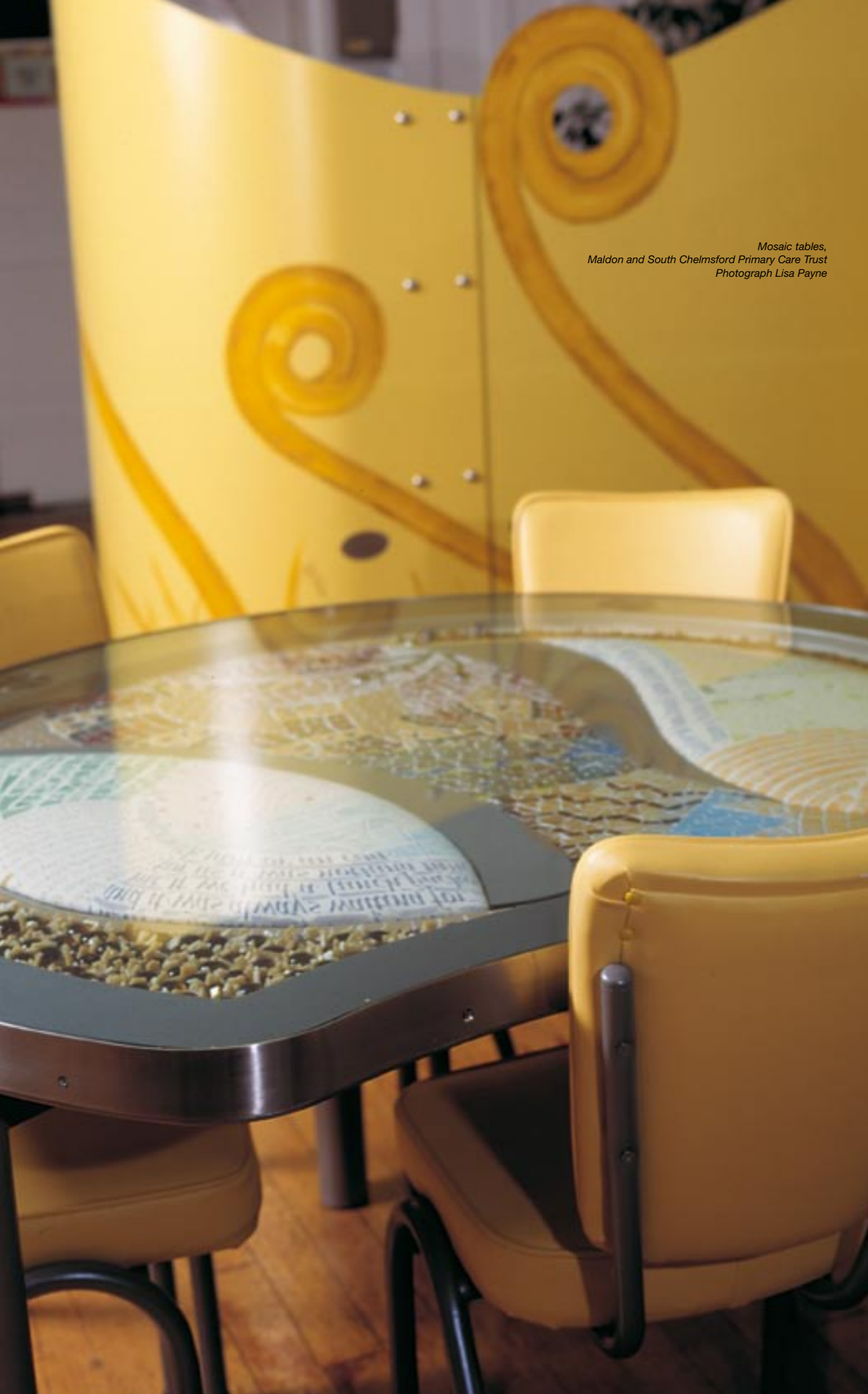
grant, are indivisible and that together they give those involved a unique and practical experience of how to make change at local level a reality. The programme embodies the values of the NHS modernisation programme and overall has proved to be exceptional value for money.

For the first time a recognised methodology has been applied to the evaluation and substantial environmental improvements have been measured in all of the schemes studied. Although the schemes have only recently been completed there is already evidence of high user satisfaction, as well as a reduction in stress, increased use of the project areas, changes in working practices, and the enormous therapeutic benefit that can be derived from environments that are designed by patients and staff to be fit for purpose.



Nightingale Courtyard, York Hospitals NHS Trust

*Mosaic tables,
Maldon and South Chelmsford Primary Care Trust
Photograph Lisa Payne*



The case studies

Birmingham Children's Hospital NHS Trust

Accident & Emergency waiting area refurbishment
£147,000



Adolescent area, Birmingham Children's Hospital NHS Trust

Why this project?

Funding was available from the Department of Health for improvements in Accident & Emergency (A&E) departments. That year's Patient Environment Action Team (PEAT) report for the trust highlighted a need to upgrade the A&E waiting and reception areas. Consultation with parents and staff confirmed that refurbishment was desirable.

The trust's capital projects officer ensured that this scheme fitted the overall estates strategy, which includes a rolling programme of upgrade schemes, and that it contributed to the delivery of the trust's arts strategy.

Therapeutic benefits

A formal evaluation of the scheme will take place when it has been in use for one to two months. Informal observations since the refurbishment have shown that:

- the soft play area is very popular – children do not want to leave it;
- clinicians find the soft play area useful: they can observe children playing as part of assessments (motor skills for example);
- children and parents appear to be less stressed and anxious while waiting in this area;

- the redesign of the reception area enables improved patient management when they first arrive.

Who did what

The core team was led by a junior sister in the A&E department and included an SHA representative, the arts co-ordinator, the head of capital projects and a senior sister from one of the units to be upgraded. Despite different backgrounds and perspectives the team worked well together, each member taking on specific tasks during the planning and construction phase.

The arts co-ordinator consulted with children and parents prior to the scheme selection and design. Ideas were developed through discussion and paintings. A concepts board in the waiting area was used to display suggested colours and designs. One of the aims of the scheme was to appeal to a wide range of age groups, not just younger children. Staff views about what was needed were collected in a questionnaire. Staff were also consulted about colour schemes and particular design features, such as the need for two doors in the triage/private interview room. Reception staff were fully involved as the reception area was to be radically changed.

Managing the process

The waiting area could not be closed or relocated during the refurbishment. Problems to overcome included noise and dust and a temporary reduction in seating available for patients. Sections of the area were boarded up to enable work to take place in a busy working department. To ensure minimal delays the architect in charge of the scheme and the A&E services manager took decisions when the team leader was absent. Despite problems encountered, such as the relocation of some pipes, the construction phase of 12 weeks did not overrun. Extra time was devoted, however, to design and planning. The arts co-ordinator selected relevant artists,

specified the work to be done by each and liaised with them on an ongoing basis. Three artists were employed: a woodcarver, a photographer and an artist who made a large light box. Children worked with one of the artists to help choose photographs for the waterways theme.

The future

The arts co-ordinator will follow up with a further consultation with children to find out what they think about the new waiting area, and what other changes they would like to see in the A&E department.

Members of the core team have moved on to other projects. The team leader is part of a team working on the design of new frontage for the hospital; the capital projects officer is with the team managing the upgrade of the burns unit, using his experience from the EHE scheme alongside the unit's senior sister, who was also a member of the core team.

The new CEO of the trust is from an architectural background and wants to see environmental improvements across the hospital. The director of operations sees the EHE scheme as a flagship for good design. Visitors from other parts of the trust have toured the completed waiting area and it has been featured in the hospital newsletter.



*View through to the triage room,
Birmingham Children's Hospital NHS Trust*

Environmental impact: AEDET and ASPECT score overviews

The EHE scheme at Birmingham Children’s Hospital focused on the A&E department waiting area. Located in a converted modular building adjoining the main hospital, the department is due for replacement in the medium term and the scheme was conceived to allow its components to be dismantled and re-constructed in a new setting.

The original waiting area, while well maintained, was cluttered and uninspiring and lacked the stimulating and distracting features which are beneficial to young patients, parents and siblings waiting in often stressful circumstances. The AEDET and ASPECT scores recorded before the project reflect a space where décor and child-focused features were piecemeal and ad-hoc, where the route from arrival to reception was not clearly signalled and which lacked differentiation for the range of ages and interests of patients and siblings. A noticeable feature was the reception counter which, at adult height and of conventional design, said little about the nature and interests of the department’s principal customers.

The scheme, using a theme inspired by Birmingham’s more-extensive-than-Venice canal network, has introduced a number of features to create opportunities for play and distraction, to sub-divide the space and assist wayfinding on arrival.

The new flooring contains an image of a river (or canal) that leads to the new reception desk that, with integral mirrors and child-height seating, creates interest for patients and siblings while details are recorded. The impact of these features is reflected in the increased post-project score for “Legibility of Place”.

Perhaps the most eye-catching of the new features is a boat, based on the Rosie and Jim puppet TV series, in which children can play and/or watch videos on an integral screen. This and an alternative soft play area contribute to the post-project score for “Character and Innovation”.

Less successful aspects of the scheme include the adolescent area, inspired by the local club district, with high stools, and wired-in headphones, which have quickly become damaged and will be replaced. The decision to retain the existing chairs slightly mutes the impact of what is, overall, a very significant transformation.

Overview AEDET and ASPECT measurements

| Birmingham AEDET CRITERIA SCORES | | | | | | | | | | |
|----------------------------------|------------|-------------|-------------|-----------------------------|---------------------------|---------------------------|---------------------|------------------|------------------|--------------------|
| Sites | 1 Uses | 2 Access | 3 Spaces | 4 Character & Innovation | 5 Citizen Satisfaction | 6 Internal Environment | 7 Urban & Social | 8 Performance | 9 Engineering | 10 Construction |
| Highest poss | 48 | 42 | 6 | 42 | 36 | 30 | 36 | 24 | 72 | 42 |
| Before | 17 | 11 | 3 | 13 | N/A | 12 | N/A | N/A | N/A | N/A |
| As % | 35% | 26% | 50% | 31% | | 40% | | | | |
| After | 31 | 13 | 4 | 40 | N/A | 20 | N/A | N/A | N/A | N/A |
| As % | 65% | 31% | 67% | 95% | | 67% | | | | |
| % Increase | 82% | 18% | 33% | 208% | | 67% | | | | |

| Birmingham ASPECT CRITERIA SCORES | | | | | | | | | |
|-----------------------------------|---------------------------------|------------|------------------------|------------------------|--------------------------|--------------------------|-----------------|-------------|--|
| Sites | 1 Privacy, Company & Dignity | 2 Views | 3 Nature & Outdoors | 4 Comfort & Control | 5 Legibility of Place | 6 Interior Appearance | 7 Facilities | 8 Staff | |
| Highest poss | 30 | 18 | 18 | 36 | 30 | 42 | 6 | 6 | |
| Before | N/A | 7 | 3 | 8 | 14 | 16 | 6 | 2 | |
| As % | | 39% | 17% | 22% | 47% | 38% | 100% | 33% | |
| After | N/A | 10 | 3 | 14 | 22 | 27 | 6 | 5 | |
| As % | | 56% | 17% | 39% | 73% | 64% | 100% | 83% | |
| % Increase | | 43% | 0% | 75% | 57% | 69% | 0% | 150% | |



A&E reception and waiting area – before (top) and after (above)

- Lessons learned**
- “You have to focus on what is practical.”
 - “You can go with a wish list, but it must be practical and achievable.”
 - “Don’t get defeated . . . you must keep going and don’t take things personally, as everything that goes wrong is seen by everyone else as your fault.”

Maidstone and Tunbridge Wells NHS Trust

Refurbishment of physiotherapy gym and ADL facilities
£115,000 (first phase) £40,000 (second phase)



Wall mirror gives the illusion of a much larger space

Why this project?

The trust sponsors wished to focus improvements on a rehabilitation area. The original scheme chosen by the EHE team proved unsuitable due to impending relocation so an alternative was chosen: the gymnasium at Maidstone Hospital was 27 years old and had not been upgraded or decorated since construction. The space required refurbishment to improve the infrastructure, such as provision of showers as well as the upgrading of equipment.

This refurbishment is a standalone scheme, but there is a second phase planned (not directly funded by EHE) to refurbish the activities of daily living (ADL) facilities adjacent to the gymnasium within the same physiotherapy department.

Therapeutic benefits

The purpose of the scheme was to create a more functionally suitable area with an extension in facilities offered, such as more modern equipment. An inspirational design to

include murals, mood-enhancing lighting and sound systems was expected to add to the therapeutic benefits of the refurbishment.

The scheme aims to increase use of the gym and ADL facilities, not only by those already using them but also by in-patients who previously received physiotherapy at their bedsides. Early evaluation data shows that this is being achieved. The scheme has already contributed to changes in clinical practice, as patients are brought from the ward areas to the gym by their therapists.

It is expected that the scheme will have a positive effect on staff morale and ultimately on recruitment and retention of staff. As yet, personal use of the gym by staff is limited to daytime, although plans are being drawn up to make evening sessions available. Early indications are that staff are very positive about the new facilities.

Who did what

The EHE team comprised a senior nurse, the senior project officer from the estates

department and the therapy manager. A patient representative from the Hospital Volunteer Bureau and an SHA representative were also active members. Only two members of the core team (the team leader and the senior project officer) remained with the project from beginning to end, which made team building difficult.

An arts co-ordinator was involved in the early stages. The core team interviewed four local artists, of whom two were asked to submit outline designs. The chosen artist produced four large abstract paintings themed on the seasons and water, and also the design for the entrance for the ADL facility to be constructed in the second phase. The remit for the artist included the requirement to incorporate input from service users and the public. The artist attended steering group meetings to gain insight into the whole project.

Managing the process

The team held fortnightly meetings during the planning phase. The estates staff managed the actual scheme. The project was just about completed on time; there were no specific issues that caused delays. The gym area was closed for the duration of the refurbishment, allowing contractors to work unimpeded.

Patients, the public and staff were involved in the development of the project in many ways: representation on the project team; consultation with therapy staff and patient groups using the gym; displays in the foyer of the hospital; questionnaires eliciting preference for design themes; during construction, posters giving progress reports were displayed throughout the hospital and at other sites.

Particular attention was given to the views of regular users of the gym such as the cardiac rehabilitation group, which uses the facilities three times a week, and staff who work with service users in the gym as part of their rehabilitation. Staff working in the physiotherapy unit were kept closely informed of progress.

The future

The team will continue to evaluate the success of the facilities in a number of ways, including: feedback surveys of service users and staff from the rehabilitation unit, specifically to assess the effects felt by bringing patients from the ward areas; continued monitoring of the number and type of people using the facilities; and a survey of staff personal use.

The trust will shortly be developing a PFI scheme on another hospital site. The EHE project team hopes that the gymnasium and ADL facilities will be a design exemplar. The team plans to hold an open session for those who will be affected by the PFI scheme (ward sisters, for example), so that they can demonstrate what can be achieved through innovative design.

The team would like to influence the estates department and plans to educate estates projects officers about the benefits of artwork. Individual members of the team are having a positive influence in other ways – the SHA representative sees the scheme as an example of best practice that should be disseminated on an SHA-wide basis; the core team leader is involved in the refurbishment of the A&E department.



A computerised image of the local river keeps your interest on the rowing machine

Environmental impact: AEDET and ASPECT score overviews

The Maidstone Hospital scheme focused on the renovation of the rehabilitation gymnasium on the ground floor of the building. The facility was a drab rectangular room, the equipment lined up against the walls in a haphazard fashion, the décor uninspiring and clinical.

The AEDET score was 76 and ASPECT 72 on the first visit. Areas 3 and 4 (“Spaces” and “Character and Innovation”) had low AEDET scores – the lowest possible marks, in fact – and area 6 (“Interior Appearance”) in ASPECT was also marked low.

The EHE team aimed to make the space more comfortable and to incorporate designs based on local scenery. After completion of the refurbishment there was a noticeable improvement in the quality of the facilities. The use of bright colours, a more ordered layout of equipment and good lighting all contribute to a gymnasium which appears to be a much more enjoyable space in which to spend time. The floor has a multi-coloured covering which converges toward one end and integrated spot lighting for gait

assessment. The equipment has been upgraded and is laid out with more space between each machine. Newly-installed IT equipment allows the patients to ride, run or row on several local routes displayed on TFT screens attached to the machines. This adds incentive for patients to meet their goals. Decoration on the walls includes hand-painted murals of flora and fauna, giving a warm, colourful feel. At the far end of the gymnasium there is a large mirror on the wall, adding to the feeling of spaciousness and complementing the rest of the gym.

The overall scores for AEDET and ASPECT rose sharply on the second visit to 165 and 117 respectively.

Part of the scheme centred on the redevelopment of the ADL kitchen area to one side of the gymnasium. However, this was funded separately so was not measured. It is, however, an interesting contrast to see this space alongside the new gymnasium, as it represents a broad indication of the improvements made to the area.

Overview AEDET and ASPECT measurements

| Maidstone AEDET CRITERIA SCORES | | | | | | | | | | |
|---------------------------------|-------------|-------------|-------------|--------------------------------|------------------------------|------------------------------|------------------------|------------------|------------------|--------------------|
| Sites | 1 Uses | 2 Access | 3 Spaces | 4 Character & Innovation | 5 Citizen Satisfaction | 6 Internal Environment | 7 Urban & Social | 8 Performance | 9 Engineering | 10 Construction |
| Highest poss | 48 | 18 | 6 | 42 | 30 | 30 | 24 | 12 | 72 | 42 |
| Before | 19 | 10 | 4 | 7 | 10 | 9 | 12 | 5 | N/A | N/A |
| As % | 40% | 56% | 67% | 17% | 33% | 30% | 50% | 42% | | |
| After | 42 | 10 | 6 | 40 | 28 | 20 | 12 | 7 | N/A | N/A |
| As % | 88% | 56% | 100% | 95% | 93% | 67% | 50% | 58% | | |
| % Increase | 121% | 0% | 50% | 471% | 180% | 122% | 0% | 40% | | |

| Maidstone ASPECT CRITERIA SCORES | | | | | | | | | |
|----------------------------------|---------------------------------------|------------|---------------------------|---------------------------|-----------------------------|-----------------------------|-----------------|------------|--|
| Sites | 1 Privacy, Company & Dignity | 2 Views | 3 Nature & Outdoors | 4 Comfort & Control | 5 Legibility of Place | 6 Interior Appearance | 7 Facilities | 8 Staff | |
| Highest poss | 30 | 30 | 6 | 36 | 12 | 42 | 48 | 36 | |
| Before | 10 | 20 | 5 | 18 | 5 | 14 | N/A | N/A | |
| As % | 33% | 67% | 83% | 50% | 42% | 33% | | | |
| After | 13 | 23 | 5 | 26 | 11 | 39 | N/A | N/A | |
| As % | 43% | 77% | 83% | 72% | 92% | 93% | | | |
| % Increase | 30% | 15% | 0% | 44% | 120% | 179% | | | |



Hospital gym (before)



The New Leaf Centre (after)

- Lessons learned**
- “Reach for the sky – free your imagination and give it free rein.”
 - “Don’t ask, don’t get – be brave and go for the jugular.”
 - “The project highlighted what can be achieved with a small amount of money and a lot of big ideas.”
 - “This took more time than we ever imagined: try to negotiate time to dedicate to the project.”

Maldon and South Chelmsford Primary Care Trust

Refurbishment of hospital canteen
£53,000 (first phase), £110,000 (second phase)



Musical and drama performances will feature in Le Caf

Why this project?

The PCT, keen to participate in the EHE programme, undertook an extensive consultation exercise to determine which scheme staff, patients and users wanted to take forward. It was decided that improvements to the canteen of St Peter's Hospital, which was in poor condition, would bring greatest benefit to the daily lives of all those in the hospital community. The chosen project has transformed the facility into a vibrant cafeteria. Le Caf primarily serves in-patients including younger stroke patients able to leave wards, mental health in-patients and their visitors, and the staff. The objective was to provide a space away from wards that in-patients can use, and where they can take their visitors. The scheme is standalone, comprising two phases: the first providing tables and chairs and the second a new ceiling and sculptures.

Therapeutic benefits

The cafeteria offers a healthier menu that will be beneficial for staff and patients. The success of the project will be evaluated by measuring daily usage of the cafeteria – it is hoped that takings will increase – and also use of the space for exhibitions, events and

other functions. It is anticipated that the new facility will entice patients away from ward environments. A comments book will be used to collect users' views and there will be questionnaires and meetings for staff.

The EHE project has improved food production aspects of the cafeteria. Chefs and staff from Jamie Oliver's kitchens are advising on how to improve the food served. Negotiations with a local farm should secure local organic produce. The potential to extend opening hours is being assessed and views sought on the planned moves to an alternative menu. Changes to the kitchen itself, scheduled for the second phase of the scheme, will take place thereafter.

Unexpected benefits of the scheme included the windows of the cafeteria being cleaned (allegedly for the first time in a dozen years), and the domestic staff feeling more valued.

Who did what

The core team was led by the therapy manager of the hospital and included a variety of representatives from the local primary care and wider communities; a representative from the PCT estates department; the chair of the trust's professional executive committee; and the

healthy living development manager. Part of the funding for the scheme was used to provide formal external project management including budgetary control of the design and artwork elements of the scheme. The lead artist interpreted the project team's ideas, translating them into designs, and also liaised with the other artists involved and with furniture manufacturers. The healthy living development manager helped with changes to the cafeteria menu. Reheated cook chill meals were replaced with fresh organic food.

The multi-team approach enabled all aspects of the organisation to contribute to the scheme, and enabled the core team to appreciate the roles and skills of those from other disciplines and backgrounds.

Managing the process

Staff and patients were involved in the creation of artworks for the new cafeteria. The Patients Forum assisted with reminiscence workshops for older patients, the results of which were used for the artwork in the tables. Therapy staff and artists worked with staff and patients to create artworks such as mosaics. The lead artist worked with a local school and college to create artworks for the scheme, including biodegradable artworks for the hospital grounds.

The team consulted extensively with users before commencing the scheme using a variety of methods including: a display in the cafeteria; questionnaires to all users and staff; discussions with users (some of which were recorded); attending meetings of the "Lady Visitors" (volunteers who provide a tea bar within the cafeteria out of normal hours) and of the PPI Forums; interviewing patients on the wards; interviewing canteen staff; and a request for views via the local media.

Involvement of all interested parties was maintained throughout the scheme by continuous staff/patient consultation, extensive media coverage, a regular newsletter, PCT briefings, presentation evenings with live music, and ongoing contact with key organisations such as the Friends of the Hospital and the PPI Forums. The team also made a video with the healthy living initiative. The trust board was kept fully involved with regular reports and presentations.

The project took longer than anticipated: completion, planned for the end of June, was achieved in mid-September.

The future

The scheme has led to improved working relationships between the local arts community, including the arts development officer of the local authority, and the PCT. The trust has joined the Essex Touring Scheme so that regular performances can be held in the cafeteria. Links have also been made with local councils – for example, the core team is working with the arts development officer of the local authority, the visual arts co-ordinator of the county cultural services, and with the tourist information officer.

As a result of the EHE scheme the PCT intends to create a post for an arts co-ordinator within the hospital, to be based within the healthy living initiative, delivering an arts focus to health-based initiatives and others throughout the hospital. This will be extended to a large new-build scheme scheduled for Broomfield Hospital. The arts consultant at Broomfield has met the EHE team and an arts development proposal is being made to the Arts Council which is intended to provide local training facilities for artists who wish to become involved in arts for health. The aim is for Broomfield Hospital to commission five lead artists who would work on specific commissions and mentor artists based in outreach hospitals.

*A quiet corner of Le Caf
Photograph Lisa Payne*



Environmental impact: AEDET and ASPECT score overviews

Prior to refurbishment the main dining room at St Peter’s Hospital was a large bland space with institutional furniture in which diners were unlikely to linger. Notwithstanding regular maintenance and redecoration, the canteen looked and felt dated. The before-project AEDET and ASPECT scores, particularly for “Character and Innovation” and “Interior Appearance”, capture the drabness of the space and the lost opportunity to create a stimulating environment in the hospital’s most significant social setting for staff, patients and visitors.

On the first visit the AEDET and ASPECT scores were 52 and 64 respectively.

The EHE project has introduced four principal elements: ceiling-suspended fabric banners; sculpted metallic partitions; custom-made tables with integrated artwork beneath a

glazed surface; and soft seating areas. In addition, the original wood floor has been sanded and re-varnished. Built-in shelving has been provided for the display of goods which are sold by a local voluntary group. Together, these new elements create an environment that is eclectically colourful and provocative and unique within the hospital.

The transformation of the space is particularly reflected in the post-project AEDET scores for “Character and Innovation”, “Citizen Satisfaction” and “Internal Environment” and the Aspect rating for “Interior Appearance”. The space was also rated highly against ASPECT criterion “Privacy, Company and Dignity” because the screens allow sub-division and the table design allows clustering in a variety of configurations.

On the second visit the AEDET and ASPECT scores were 98 and 101 respectively.

Overview AEDET and ASPECT measurements

| Maldon AEDET CRITERIA SCORES | | | | | | | | | | |
|------------------------------|------------|-------------|-------------|-----------------------------|---------------------------|---------------------------|---------------------|------------------|------------------|--------------------|
| Sites | 1 Uses | 2 Access | 3 Spaces | 4 Character & Innovation | 5 Citizen Satisfaction | 6 Internal Environment | 7 Urban & Social | 8 Performance | 9 Engineering | 10 Construction |
| Highest poss | 30 | 12 | 18 | 42 | 30 | 24 | 36 | 24 | 72 | 42 |
| Before | 12 | 6 | N/A | 14 | 12 | 8 | N/A | N/A | N/A | N/A |
| As % | 40% | 50% | | 33% | 40% | 33% | | | | |
| After | 20 | 6 | N/A | 34 | 21 | 17 | N/A | N/A | N/A | N/A |
| As % | 67% | 50% | | 81% | 70% | 71% | | | | |
| % Increase | 67% | 0% | | 143% | 75% | 113% | | | | |

| Maldon ASPECT CRITERIA SCORES | | | | | | | | | |
|-------------------------------|---------------------------------|------------|------------------------|------------------------|--------------------------|--------------------------|-----------------|------------|--|
| Sites | 1 Privacy, Company & Dignity | 2 Views | 3 Nature & Outdoors | 4 Comfort & Control | 5 Legibility of Place | 6 Interior Appearance | 7 Facilities | 8 Staff | |
| Highest poss | 24 | 30 | 6 | 36 | 30 | 36 | 48 | 6 | |
| Before | 9 | 13 | 2 | 8 | 13 | 16 | N/A | 3 | |
| As % | 38% | 43% | 33% | 22% | 43% | 44% | | 50% | |
| After | 17 | 15 | 2 | 13 | 19 | 32 | N/A | 3 | |
| As % | 71% | 50% | 33% | 36% | 63% | 89% | | 50% | |
| % Increase | 89% | 15% | 0% | 63% | 46% | 100% | | 0% | |



Hospital Canteen (before)



Le Caf (after)

- Lessons learned**
- “A dramatic change in a neglected but potentially high impact area can be achieved for a relatively small investment in resources.”
 - “A multi-disciplinary, multi-organisational approach is the most effective option in the long run (but not the easiest as it requires extra effort), providing an insight into the views and values of others, encouraging compromise and ensuring maximum buy-in.”
 - “Art is a great leveller, it brings people together who would not normally have worked, talked and sung together . . . it has given us a greater understanding of resistance to art, what drives people to resist, and how to break through those barriers.”

Mid Yorkshire Hospitals NHS Trust

Refurbishment of discharge lounge
£100,000



The quiet room – Photograph Jerry Hardman-Jones

Why this project?

The refurbishment of the discharge lounge at Pinderfields Hospital was chosen as a critical contribution to the trust's strategy to improve the patient journey. The lounge was not well used, in poor condition and required extensive upgrading to meet DDA standards.

The scheme combined environmental improvements, extensions to address DDA and privacy issues and routine refurbishment to a high standard to provide not only benefits for patients and carers but also to improve the efficiency of wards in discharging patients. The lounge provides a comfortable final stopping point for patients, as they await prescriptions and transport to return home. It was renamed the Yorkshire Suite to recognise the improvements brought about as a result of the EHE project.

Therapeutic benefits

The number of wards using the discharge lounge has increased since the refurbishment, and the number of patients using the facility on a daily basis has also risen. Efficiency of bed usage on neighbouring wards has

improved, thus assisting the trust to meet targets such as the four-hour wait for admissions from the A&E department. The lounge and the outside seating area provide a more pleasant environment in which to receive information and to wait.

Who did what

The core team was led by the hospital matron, and included an estates manager, the service manager from medicine, a discharge support worker, and a representative from the SHA. A patient representative was also involved although not as a member of the team. A Leeds-based Arts in Health organisation, "Tonic", advised the team on the selection of art. The project was managed as a whole-team effort. The team enjoyed working with each other and maintain contact post-completion. Four members have been promoted or obtained improved or permanent jobs.

The estates department managed the scheme (and had an excellent relationship with the contractors) while the EHE project manager kept a watching brief. The service

manager for medicine monitored the impact of the scheme on ward throughput and discharge. Everything was managed in-house.

The team had not intended to use original art but on the advice of Tonic decided to invite art students from Leeds College of Art to submit designs. Selected students worked with patients to choose designs and photographs for the walls.

Managing the process

The discharge lounge was moved to the dayroom of a neighbouring ward whilst the building work took place – facilitating construction but making it less easy to manage the service.

Patient views were collected during the planning phase via the patient representative and a survey.

The use of discharge lounges, illustrated by the changes being made in the Yorkshire Suite, was the ongoing theme of a series of seminars attended by more than 100 staff. As part of this monthly education programme, staff were asked about their views on the plans and designs of the lounge. Their comments were incorporated into the design.

The project was completed before schedule – patients started using the facility two weeks earlier than planned.

The future

The EHE funding acted as a catalyst to release trust capital funds. Further fundraising ventures not only attracted additional monies but also raised the profile of the scheme through extensive coverage in the trust newsletter and the local media. Flyers were distributed inviting staff and patients from neighbouring wards to visit the completed scheme.

The scheme has acted as an exemplar in a hospital that is awaiting redevelopment through a PFI scheme, and has been seen as a catalyst for changing clinical practice around patient discharge. The model is being rolled out in a second acute hospital within the trust, for which £20,000 has been made available.

The scheme opening was a significant event, and included a development seminar attended by the Chief Nursing Officer from the Department of Health, raising the positive profile of the trust.

There is no forum in the trust in which the use of art and the achievement of environmental change can be discussed and planned; the core team hopes that the EHE project will serve as a springboard to take this forward.



The main seating area – Photograph Jerry Hardman-Jones

Environmental impact: AEDET and ASPECT score overviews

Before refurbishment, the discharge lounge was approached by a narrow, dimly lit corridor. The space itself was a room with a mixture of furniture, a low ceiling and uninspiring decoration. The different elements of the room were randomly set out and there seemed to be no logical structure to it. There was little free space and a number of pieces of clinical equipment were stored in the room alongside an abundance of under-used furniture. Issues of access and privacy when using the WCs were apparent. Basic patient flows were poor, as patients had to use the same set of doors for access in and out. Decoration was standard fare for a clinical area, with bland colours and leaflet holders on the walls.

The AEDET and ASPECT scores reflected this, with the respective overall totals of 50 and 85. Areas that were particularly poor were categories 3, 4 and 6 (“Spaces”, “Character and Innovation” and “Internal Environment”) in AEDET and areas 1 and 3 (“Privacy, Company and Dignity” and “Nature and Outdoors”) in ASPECT.

The EHE team wanted to make the area less clinical and less cluttered. They wanted a

display of inspiring images based on the Yorkshire landscape for patients leaving the hospital. Alongside these cosmetic changes they also wanted to make patient flow more direct and to enable access to external space.

By making several changes – some large and some subtle – the discharge lounge is now a much-improved space. The most noticeable aspect is the colour: bland beige walls have been replaced with a warm pastel purple, which complements purple upholstered furniture. There are different forms of seating to suit the needs of a variety of patients, including: high-backed chairs, sofas, dining chairs and rounded occasional chairs. This seating and other furniture such as coffee tables and dining tables have been used to zone different parts of the room. The zones include a sitting area with television and coffee tables; an eating area with dining furniture and a higher bar area; an area to sit and admire the artwork, with views of the reception area and an external decking area used during summer months. There are also two separate rooms: one that can be used as a sitting or play area and one that can be used for private discussions with patients. One of the strengths of the new discharge area is its flexibility – the variety of areas and

Overview AEDET and ASPECT measurements

| Mid Yorkshire AEDET CRITERIA SCORES | | | | | | | | | | |
|-------------------------------------|-------------|-------------|-------------|--------------------------------|------------------------------|------------------------------|------------------------|------------------|------------------|--------------------|
| Sites | 1 Uses | 2 Access | 3 Spaces | 4 Character & Innovation | 5 Citizen Satisfaction | 6 Internal Environment | 7 Urban & Social | 8 Performance | 9 Engineering | 10 Construction |
| Highest poss | 48 | 30 | 6 | 42 | 36 | 30 | 24 | 24 | 72 | 42 |
| Before | 10 | 10 | 4 | 7 | 8 | 6 | 5 | N/A | N/A | N/A |
| As % | 21% | 33% | 67% | 17% | 22% | 20% | 21% | | | |
| After | 48 | 26 | 6 | 42 | 36 | 28 | 22 | N/A | N/A | N/A |
| As % | 100% | 87% | 100% | 100% | 100% | 93% | 92% | | | |
| % Increase | 380% | 160% | 50% | 500% | 350% | 367% | 340% | | | |

| Mid Yorkshire ASPECT CRITERIA SCORES | | | | | | | | | |
|--------------------------------------|---------------------------------------|-------------|---------------------------|---------------------------|-----------------------------|-----------------------------|-----------------|-------------|--|
| Sites | 1 Privacy, Company & Dignity | 2 Views | 3 Nature & Outdoors | 4 Comfort & Control | 5 Legibility of Place | 6 Interior Appearance | 7 Facilities | 8 Staff | |
| Highest poss | 30 | 30 | 18 | 36 | 36 | 48 | 30 | 18 | |
| Before | 8 | 12 | 5 | 13 | 12 | 15 | 16 | 4 | |
| As % | 27% | 40% | 28% | 36% | 33% | 31% | 53% | 22% | |
| After | 30 | 26 | 15 | 33 | 29 | 40 | 21 | 10 | |
| As % | 100% | 87% | 83% | 92% | 81% | 83% | 17% | 17% | |
| % Increase | 275% | 117% | 200% | 154% | 142% | 167% | 31% | 150% | |

seating mean that it can be put to many uses. This is especially important in an area that could contain patients of any age from any part of the hospital. As an example, this flexibility allows one of the rooms to be used for discussions with day patients prior to treatments such as minor surgery.

A skylight has been added which brings in a large amount of natural light and makes a relatively low ceiling seem higher. The artificial lighting also creates a brighter space, with rounded flat lights in general areas and spotlights to enable people to admire the Yorkshire landscape artwork. The variation of lighting also gives a varied ambience to different parts of the room. A heating and cooling system has been installed so that patients and staff can be at a comfortable temperature regardless of the weather. The external decking area also provides a space where patients can sit and take fresh air.

Patient flow has been improved using a dedicated pick-up point at the rear of the

lounge. The entrance for pick-ups opens into a corridor to avoid draughts entering the lounge each time it is used. This space also allows for wheelchair access using a dedicated lift with room for manoeuvre. WCs are also located in this area for more privacy and egress (both WCs previously opened directly onto the public area).

Some patients may need to wait in the lounge for some time while staff trace where they will be transported to and/or contact friends or relatives to collect them, particularly elderly people. Food can be ordered from the nearby hospital restaurant and consumed in the lounge.

The changes in the AEDET and ASPECT scores for the Mid Yorkshire scheme were significant, as both internal and external areas were improved. The AEDET measurements increased to 208 and ASPECT to 204.

Discharge lounge – before



The Yorkshire Suite (after) – Photograph Jerry Hardman-Jones



- Lessons learned**
- “Keep staff involved and engaged.”
 - “Appreciate the skills and expertise of others and how these can be used in new and different situations.”
 - “Never take your eye off the vision.”

Northamptonshire Healthcare NHS Trust

Creation of an arts garden
£90,000



Pendered Centre arts garden

Why this project?

The Pendered Centre has received limited investment during the last decade because it is part of a reprovision plan – it is shortly to be redeveloped in a major PFI scheme. The EHE project had to be either in an area not affected by this scheme, or to be transportable. An arts garden was chosen because staff, service users and visitors identified the need for more open and neutral spaces that could be used for events; furthermore, it was a scheme that could be incorporated into the new development. The hospital has been enhancing services for some time with small-scale projects, for example, a series of small ward-based gardens and a well-equipped gym; the arts garden will complement these facilities.

The arts garden comprises spaces for resting and contemplation and for arts and events: a closed and comfortable area for people to sit in and also an area for exhibitions of artwork and the holding of events. Primarily intended for use by the service users, staff and visitors of the mental health hospital, it is planned to encourage others to use the garden. Members of the local community will be invited to events held in the arts space.

An objective of the scheme is to provide facilities that enable the development of relationships between the community and hospital and between hospital staff, community teams and users.

Therapeutic benefits

The space has been created in response to consultation over a long period with users of the hospital: lack of space and things to do have been cited, so the success of the project will be measured by the mix of people using the garden and the range of events and exhibitions held. The hospital has hosted successful exhibitions of user artwork in the past and the intention is to encourage the making of art to be exhibited. The open day was well attended with a good mix of people. When funding is received for an events co-ordinator, it is planned to arrange informal evening events during summer months such as barbecues, suppers, concerts and so on.

Who did what

The core team was led by a service manager and included a capital projects officer, a service manager and patient representatives. Other nursing staff and officers from the SHA were also involved. Each member of the team

had a clear role (for example the service manager focused on clinical areas, functionality and risk for users; the user representative looked at the basic design and the plantings, sensory aspects such as look, feel and smell). The estates representative, already very committed to encouraging use of the arts in hospital, was an enthusiastic contributor. Towards the end of the project a local arts co-ordinator was involved, focusing on the development of the performing arts space.

Managing the process

At the outset of the project the team met monthly, which became fortnightly then even more frequently when nearing completion. The development of the core team suffered somewhat from lack of continuity. It was a challenge to bring together members who had different visions and backgrounds. A nurse-led project, the team leader's role was as co-ordinator; once all aspects were agreed, the estates representative took the lead for delivery of the scheme. The land to be developed was completely sealed off for the duration of the construction of the garden. Planned to be completed in early May, it was formally opened two months later – production of designs and contracts took longer than was anticipated.

Users and staff were actively involved in the design of the garden. Exhibitions were held of the designs, with the chance to vote for preferences. Questionnaires and informal discussions were also used. The user representative was a very active member of the core team.

The future

Feedback on the scheme will be collected at community forums and meetings. The planning of the arts space has influenced the design of the new build. The new Pendered Centre will have a series of gardens as well as a large stage area with cafeteria. The arts garden, most of which is transportable, will be converted into a contemplative area in a corner of the new site and be part of a country walk.

Working with the arts manager at Northamptonshire County Council has raised the profile of the scheme and the discussion about the possibilities for arts and health to work together. The aim is to secure funding for an events manager for the arts garden.

The trust is working with local artists to commission pieces for a new 47-bed in-patient facility on another site. The success of the arts garden has encouraged the trust to develop similar gardens in two other hospitals.

The intention is to continue to use the space to exhibit art made by hospital users.



A quiet corner of the garden

Environmental impact: AEDET and ASPECT score overviews

The Northamptonshire scheme was the only project studied that focused solely on an external area. The project provides an outdoor area for users of a mental health service site. As the existing facilities are to be re-provided within a PFI scheme, a requirement was that its components should be capable of being used within the new setting.

Before the arts garden was built the area was a patch of grass with chairs where people relaxed. This was reflected in AEDET and ASPECT baseline scores of 41 and 65 respectively.

The aim of the EHE scheme was to provide a comfortable outside area which could be used for performances and as a relaxation space for service users and carers.

The area has been transformed into a performing arts space with stage, lush greenery and a water feature. Added to this are a lighting rig and an eye-catching canopy. The scheme makes excellent use of space, and adds flair to the surrounding rather uninspiring buildings.

With wooden benches arranged in a rough “U” shape (which will have speakers built into them) and some garden chairs and tables in the centre, the space is uncluttered and has a relaxed feel. The garden uses natural textures and colours, contrasting with two walls behind the stage which are brightly decorated. On one of these walls hangs a large frame in which art by service users can be displayed, which will be regularly updated.

While taking the measurements on the second visit it was important to note that although the building works were virtually complete, the EHE team did not expect full use of the space until the following year. This is due to inclement weather in winter months and the need for a new member of staff to plan and manage events. In spite of this, the scheme scored highly in both AEDET and ASPECT measurements: 126 and 94 respectively. For the AEDET measurements, areas 4 and 5 (“Character and Innovation” and “Citizen Satisfaction”) scored highly, while areas 3 and 5 (“Nature and Outdoors” and “Legibility of Place”) showed good improvements in the ASPECT measurements.

Overview AEDET and ASPECT measurements

| Northamptonshire AEDET CRITERIA SCORES | | | | | | | | | | |
|--|-------------|-------------|-------------|-----------------------------|---------------------------|---------------------------|---------------------|------------------|------------------|--------------------|
| Sites | 1 Uses | 2 Access | 3 Spaces | 4 Character & Innovation | 5 Citizen Satisfaction | 6 Internal Environment | 7 Urban & Social | 8 Performance | 9 Engineering | 10 Construction |
| Highest poss | 42 | 18 | 6 | 42 | 36 | 30 | 36 | 24 | 72 | 42 |
| Before | 15 | 8 | 1 | 7 | 10 | N/A | N/A | N/A | N/A | N/A |
| As % | 36% | 44% | 17% | 17% | 28% | | | | | |
| After | 31 | 13 | 6 | 42 | 34 | N/A | N/A | N/A | N/A | N/A |
| As % | 74% | 72% | 100% | 100% | 94% | | | | | |
| % Increase | 107% | 63% | 500% | 500% | 240% | | | | | |

| Northamptonshire ASPECT CRITERIA SCORES | | | | | | | | | |
|---|---------------------------------|------------|------------------------|------------------------|--------------------------|--------------------------|-----------------|------------|--|
| Sites | 1 Privacy, Company & Dignity | 2 Views | 3 Nature & Outdoors | 4 Comfort & Control | 5 Legibility of Place | 6 Interior Appearance | 7 Facilities | 8 Staff | |
| Highest poss | 24 | 30 | 18 | 36 | 36 | 48 | 12 | 36 | |
| Before | 17 | 18 | 12 | N/A | 14 | N/A | 4 | N/A | |
| As % | 71% | 60% | 67% | | 39% | | 33% | | |
| After | 18 | 26 | 18 | N/A | 20 | N/A | 12 | N/A | |
| As % | 75% | 87% | 100% | | 56% | | 100% | | |
| % Increase | 6% | 44% | 50% | | 43% | | 200% | | |



Pendered Centre arts garden – before (right) and after (below)



- Lessons learned**
- “We did not commit to our original ideas; we took time to develop them and accept that better alternatives may exist.”
 - “Look for opportunities to use the scheme as catalyst for wider improvements and to raise standards.”
 - “Overcoming the cynicism of staff about the scheme and that it is not a good use of funding.”

Oxfordshire Mental Healthcare NHS Trust

Reception area and communal space refurbishment
£100,000



The new tea bar in the main seating area

Why this project?

Although relatively modern – they were built in the 1990s – the in-patient wards at Littlemore Mental Health Centre are small and cramped and some areas are no longer functionally suitable. This scheme was designed to influence future ward refurbishments and to set a local standard for design. The scheme also included the creation of a small “one-to-one” room by replacing the ward kitchen with a small kitchen/bar area within the refurbished communal area. The trust operates a seven-yearly maintenance cycle; Phoenix ward was due for redecoration and has been transformed with a combination of capital funding and EHE resources.

Therapeutic benefits

As yet there is no formal evaluation quantifying the benefits of this scheme. However, it has been observed that:

- The stained glass window behind the reception area, designed by an artist who is an ex-service user, provides the “wow” factor. Feedback on the scheme to date from users and staff has been very positive, about both the environmental changes and changes in ways of working.
- The redesign of the environment has led to the intended outcome of changes in

behaviour among staff, and between staff and service users. Before refurbishment, staff spent time in an office with windows overlooking the reception area. This area was dark and oppressive, and service users were unsure as to whether the staff they could see through the office windows were available for consultation. Staff may have spent more time in the office than was necessary. Now there are clearer means of engaging with one another in this area. The smaller office space is clearly delineated through floor colouring, and is out of bounds to service users as it holds confidential files and is used for private discussions and telephone conversations. Service users respect this. The reception area is brighter and welcoming, with a member of staff normally available at the desk where service users can talk in a flexible, shared space.

- An under-used kitchen has been transformed into a private room, available for one-to-one discussions between service users and staff. During the project the ward introduced a policy of providing dedicated therapeutic time for service users, which has been extended through frequent use of this room, enabling improved and extended staff–patient contact.

Who did what

The core team was led by the ward manager and included the capital bids co-ordinator (the estates representative) and a service user representative. In addition a number of people were part of the team for parts of the project: a staff nurse from the ward (representing the staff) joined at the beginning but left before completion; an arts co-ordinator and second service user representative joined part-way through the project. The team gelled well and benefited from strong leadership; the service user and estates representatives made significant contributions.

The arts co-ordinator employed by the trust offered advice and guidance on design issues and supported a stained glass artist, a former service user, who was mentored by a stained glass professional.

Managing the process

The project was completed within two weeks of an ambitious target date. Delays were mostly around practical issues of maintaining an operational ward while major construction was under way; structural issues – the construction of a new kitchen for instance; and problems moving from the first to second phase of construction. During the construction phase, the team leader maintained daily contact with the builders. Building work took place on the ward so the team leader had to deal with small operational matters affecting the ward – health and safety issues, the posting of notices to apologise for problems arising and plans to show the completed scheme.

Individuals on the team had clear roles. During the design phase the core team invested a lot of time in the project. The estates representative on the team formed the key link between the project team and the estates process. The estates department designed the specification, appointed the architects and building contractors, and took responsibility for post-construction commissioning. The user representative liaised extensively with the service users during the scheme selection and design phases.

The trust had already established an organisation, Artscape, to introduce and co-ordinate art and design across the trust; the EHE project was an early, large scheme under its umbrella. The trust arts co-ordinator worked with an artist who was encouraged to join the scheme by the service user

representative. The arts co-ordinator is now working with the estates teams providing support for other schemes.

Consultation with users was carried out in different ways, including facilitated focus groups, one-to-one conversations with users who felt unable to contribute through groups, and questionnaires. The team leader (as ward manager) also attended carers' meetings held in the community to collect views. A poster/feedback board was displayed in the ward requesting comments and ideas. The user representative was an active member of the team during the design phase, ensuring that user views were taken into account. Several design options were fed back to service user groups; from these designs, three were agreed for the main scheme.

The future

The core team will be evaluating the impact of the EHE scheme by: repeating focus groups with service users to assess their views of the scheme and the changes it has enabled; undertaking patient satisfaction surveys and a formal assessment of the utilisation of the quiet room.

The trust is proud of the project, and many visitors come to the ward to see the refurbishment. The scheme has been promoted in trust bulletins, the annual report and in the local media. Both the EHE team members and the members of the trust PR department have used the scheme to promote a positive message about the trust and the mental health services it provides.

The estates department has taken on board learning from the EHE scheme, including how relatively small investments can transform environments. It intends to incorporate use of artworks and innovative colour and lighting schemes in future projects. Examples of schemes already influenced include refurbishment of a dining room and the replacement of wards in a Victorian building.



Natural lighting has been enhanced with the insertion of new Velux windows

Environmental impact: AEDET and ASPECT score overviews

The Oxfordshire EHE scheme focuses on the reception and day area in Phoenix Ward. Formerly glazed and enclosed, the reception point had been uninspiring and, it was felt, acted as a literal barrier between service users and staff. The area was dimly lit, with bland décor. On entering the building it was not clear where to go to announce arrival. The seating area, a cluttered and untidy mixture of different types of furniture, was used by people from an adjacent ward. Behind the seating area was a small kitchen for staff and service users which was underused due to its isolated location and consequent potential security risks.

There was only one window and a small roof light providing natural light. Artificial light was also poor, with ceiling-mounted tungsten strip lights. The space was unwelcoming, dark, and ineffective as a calming clinical space.

The first visit AEDET and ASPECT measurements were 55 and 97 respectively. Areas 1 and 6 (“Uses” and “Internal Environment”) scored particularly badly.

The most noticeable feature of the remodelled area is a much-improved space that is less

cluttered, more ordered, and has better natural lighting.

The installation of a more sympathetic, softer-style reception desk makes the space feel more communal and welcoming. During the second visit, it was observed that service users were having informal chats with staff members at the reception desk. While the desk acts as a successful necessary barrier between staff and service users, it does not hinder interaction. A much smaller office allows a clearer definition of areas for staff and service users. Using wall space, stained glass panels in the corner area of the office provide a colourful and stimulating addition to the space.

Colours are more vibrant and warming and are emphasised by improved lighting. The roof light has been upgraded to a light tunnel and provides increased natural light.

Facilities for hot and cold drinks and simple cooking facilities are provided in the seating area against the rear wall. The area once used as a kitchen is now a quiet room for confidential meetings, a much-needed new facility provided by the refurbishment.

During the second visit AEDET and ASPECT scores reflect these improvements: 130 and 151 respectively.

Overview AEDET and ASPECT measurements

| Oxfordshire AEDET CRITERIA SCORES | | | | | | | | | | |
|-----------------------------------|-------------|-------------|-------------|-----------------------------|---------------------------|---------------------------|---------------------|------------------|------------------|--------------------|
| Sites | 1 Uses | 2 Access | 3 Spaces | 4 Character & Innovation | 5 Citizen Satisfaction | 6 Internal Environment | 7 Urban & Social | 8 Performance | 9 Engineering | 10 Construction |
| Highest poss | 30 | 42 | 6 | 42 | 24 | 30 | 36 | 18 | 72 | 42 |
| Before | 13 | N/A | 3 | 12 | 10 | 11 | N/A | 6 | N/A | N/A |
| As % | 43% | | 50% | 29% | 42% | 37% | | 33% | | |
| After | 26 | N/A | 6 | 42 | 24 | 22 | N/A | 10 | N/A | N/A |
| As % | 87% | | 100% | 100% | 100% | 73% | | 56% | | |
| % Increase | 100% | | 100% | 250% | 140% | 100% | | 67% | | |

| Oxfordshire ASPECT CRITERIA SCORES | | | | | | | | | |
|------------------------------------|---------------------------------|------------|------------------------|------------------------|--------------------------|--------------------------|-----------------|-------------|--|
| Sites | 1 Privacy, Company & Dignity | 2 Views | 3 Nature & Outdoors | 4 Comfort & Control | 5 Legibility of Place | 6 Interior Appearance | 7 Facilities | 8 Staff | |
| Highest poss | 24 | 30 | 18 | 36 | 36 | 48 | 48 | 18 | |
| Before | 6 | 13 | 11 | 22 | 15 | 25 | N/A | 5 | |
| As % | 25% | 43% | 61% | 61% | 42% | 52% | | 28% | |
| After | 24 | 19 | 11 | 28 | 25 | 33 | N/A | 11 | |
| As % | 100% | 63% | 61% | 78% | 69% | 69% | | 61% | |
| % Increase | 300% | 46% | 0% | 27% | 67% | 32% | | 120% | |



Phoenix Ward nurses' station –
before and after



- Lessons learned**
- *“You have time . . .” The programme is long enough for the team to plan and reflect on what the scheme should be, as well as design and construction phases.*
 - *“Promote, promote, promote.” The team used all opportunities available to tell people about the scheme. “The team bigged themselves up!” to ensure that the scheme was seen as special and therefore influential. The team were also concerned that staff members across the trust might be critical of the scheme and concerned that the money spent on it could be used for alternatives, such as the employment of nurses. Therefore active promotion of the scheme and its intended benefits was essential.*
 - *Active user involvement was essential to ensure that views were incorporated into the scheme and to minimise the chance of criticisms and problems later on.*

Rotherham Primary Care Trust

Reception and waiting area refurbishment,
Child Development Centre
£43,000 (for the waiting area)



Colourful toys on the walls of the waiting area

Why this project?

The Child Development Centre is a standalone unit on an acute hospital site that had been neglected for some time and required upgrading. Consultation with parents and staff identified the reception and waiting area as most in need of refurbishment.

This EHE scheme acted as a catalyst to attract funding for a larger scheme and transformed a routine refurbishment into an innovative upgrade. The main refurbishment of the Child Development Centre included alterations to meet DDA requirements, replacement of a heating system, and modifications to office areas to separate clinical and office functions.

The scheme is being used as an exemplar for design standards in local facilities for children's services. The same artists may be used to improve the health facilities in special schools and a children's respite unit.

Therapeutic benefits

The aim of the scheme is to provide a relaxed waiting area for parents and children, reducing parental anxiety and providing a place for children to play. Children can be observed and assessed by clinicians when using the new facilities.

Who did what

The core team comprised the Child Development Centre co-ordinator, the PCT head of estates, a speech and language therapist, and a community arts officer from Rotherham Council. The team was assisted by a representative for parents and a non-executive member of the trust board. Team members with disparate backgrounds complemented one another with different skills and strengths, each having clear roles and responsibilities.

The community arts officer was an integral member of the team and helped to specify the design, which was then reflected throughout the whole refurbishment of the Child Development Centre. The arts officer helped the team to choose the artists used, and liaised between them and the trust estates department managing the main refurbishment.

Managing the process

Child Development Centre services were moved to a building in the community while the scheme was under construction. The biggest challenge was maintaining and managing clinical services in these circumstances. A further challenge was the

integration of the EHE scheme in the larger refurbishment.

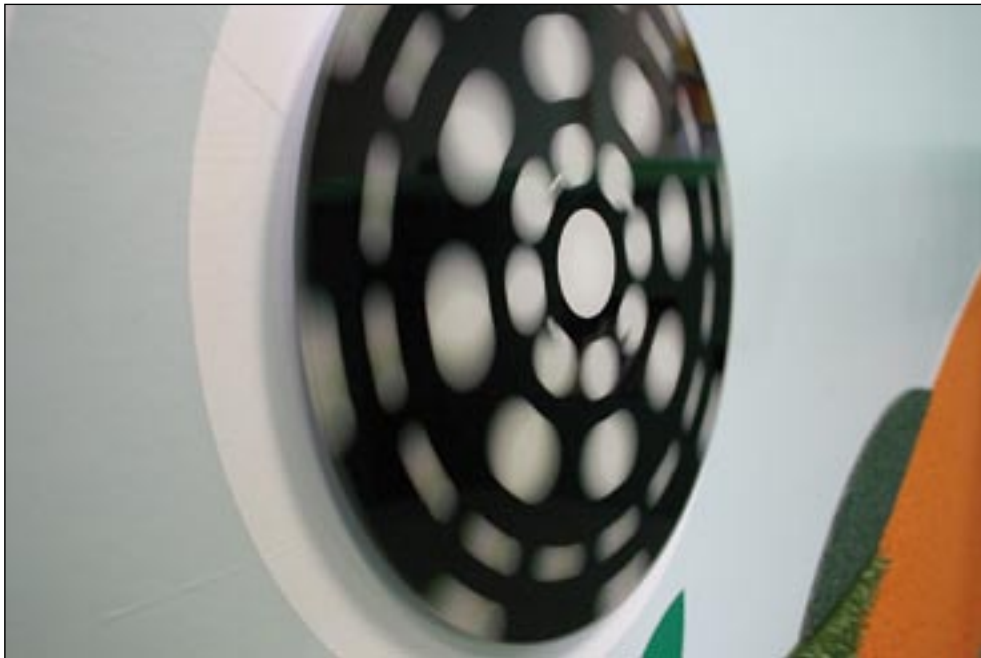
The scheme was completed six weeks behind schedule due to a combination of factors including issues arising from service relocation, integration of estates and arts work, and modifications to the artworks.

Before the refurbishment parents were asked to fill in a questionnaire detailing their requirements. This exercise will be repeated following completion. Parents' views are being captured in a comments book. Members of staff were consulted on the extent of the scheme and its design.

The future

Joint working has been established between the PCT and Rotherham Council. Ideas have been generated for involving musicians and artists in Child Development Centre therapy workshops.

The scheme has had positive coverage in trust publications and the local media, raising the profile of the PCT.



A spinning wheel

Informal evaluation via a comments book shows that views of the refurbishment are very positive:

“I was very impressed with the waiting area and [my grandson’s] eyes lit up and he was very happy to play . . . the Ball Tree was a particular favourite.”

A grandfather

“The flowers are beautiful that you can turn round. I think it is a real nice room and I like the daisies.”

A child

Environmental impact: AEDET and ASPECT score overviews

Previously the reception and waiting area of the Child Development Centre was littered with a mixture of toys, leaflet holders and standard NHS furniture. It was not a welcoming place for adults or children. The space had the feel of an adult clinic, with the token addition of cartoon characters painted onto the walls. The decor of the area was mixed and had no apparent order to it. The lowered, tiled ceiling was fitted with square lights. Signage was of poor quality and it was not easy to find reception on entering the building. Uninspiring external views (an overgrown hedge in front of a car park) added to the impression of an unloved space.

At the first visit the AEDET and ASPECT scores were 69 and 82 respectively.

On the second visit care had to be taken to compare measurements relating to the EHE scheme, as the site was refurbished in conjunction with other works funded by the trust to meet DDA standards.

Immediately apparent on entering the building is the new reception area. The reception desk commands attention: signage stands proud of the fascia, spelling the word “reception” at child height. The use of bright colours,

including fake grass beneath the counter, is also very effective.

On walking into the main waiting area the first impression is of a variety of colours and finishes. The main seating areas are placed both centrally and around the perimeter. The central seating is green to represent leaves and the outer seating brown for tree bark. Attached to the walls are various colourful sensory areas where children can play. The highlight is a full-height tree. An area with three circular spinning flowers, an association game based on animals and foods and a bee with moving parts are complemented by the wall finishes which have a countryside theme, using flowing shapes and earthy colours in different textures.

There are two dedicated storage areas for books and magazines so that the space can be kept tidy and uncluttered.

Improved lighting consists of natural light wells to replace some artificial ceiling lighting, some of which have colourful lenses to make the waiting area brighter. This effect has also been used on the main window to hide the uninspiring view.

Improvements are reflected in AEDET and ASPECT scores of 165 and 157 respectively.

Overview AEDET and ASPECT measurements

| Rotherham AEDET CRITERIA SCORES | | | | | | | | | | |
|---------------------------------|-------------|-------------|-------------|-----------------------------|---------------------------|---------------------------|---------------------|------------------|------------------|--------------------|
| Sites | 1 Uses | 2 Access | 3 Spaces | 4 Character & Innovation | 5 Citizen Satisfaction | 6 Internal Environment | 7 Urban & Social | 8 Performance | 9 Engineering | 10 Construction |
| Highest poss | 48 | 42 | 6 | 42 | 36 | 30 | 36 | 18 | 72 | 12 |
| Before | 17 | N/A | 2 | 14 | 11 | 10 | N/A | 8 | N/A | 7 |
| As % | 35% | | 33% | 33% | 31% | 33% | | 44% | | 58% |
| After | 39 | N/A | 6 | 42 | 36 | 23 | N/A | 12 | N/A | 7 |
| As % | 81% | | 100% | 100% | 100% | 77% | | 67% | | 58% |
| % Increase | 188% | | 200% | 200% | 227% | 130% | | 50% | | 0% |

| Rotherham ASPECT CRITERIA SCORES | | | | | | | | | |
|----------------------------------|---------------------------------|------------|------------------------|------------------------|--------------------------|--------------------------|-----------------|------------|--|
| Sites | 1 Privacy, Company & Dignity | 2 Views | 3 Nature & Outdoors | 4 Comfort & Control | 5 Legibility of Place | 6 Interior Appearance | 7 Facilities | 8 Staff | |
| Highest poss | 30 | 30 | 6 | 36 | 36 | 42 | 12 | 36 | |
| Before | 10 | 19 | 3 | 18 | 14 | 14 | 4 | N/A | |
| As % | 33% | 63% | 50% | 50% | 39% | 33% | 33% | | |
| After | 18 | 27 | 5 | 28 | 31 | 38 | 10 | N/A | |
| As % | 60% | 90% | 83% | 78% | 86% | 90% | 83% | | |
| % Increase | 80% | 42% | 67% | 56% | 121% | 171% | 150% | | |



Reception and waiting area – before



Waiting area (after)

- Lessons learned**
- *It is important to invest time in the team getting to know one another.*
 - *Use the opportunity to develop contacts with influential people inside and outside the trust.*
 - *Ensure the team has the support of key departments within the organisation, such as finance and supplies departments, who will simplify processes and sort out problems.*

South Manchester University Hospitals NHS Trust

Chest clinic refurbishment
£136,000



Patient-inspired artwork "A breath of fresh air"

Why this project?

Much of Wythenshawe Hospital has been upgraded or is due to be re-provided through a PFI scheme. The chest clinic is busy – it has around 20,000 attendances a year – and is in a relatively modern part of the hospital that will not be affected by the PFI scheme. However before refurbishment it was drab and tatty with unsuitable flooring and soft furnishing and required an upgrade to meet DDA standards. The EHE scheme, part of a larger scheme, comprises the refurbishment of the chest clinic and adjoining garden space with environmental improvements including a major artwork and structural work to ensure DDA compliance.

Therapeutic benefits

The scheme focused on producing benefits both through environmental improvements and changes in the management of patients made possible by redesigning the clinic.

The EHE team will formally assess views of patients, users and staff via questionnaires. Informal feedback is that staff are positive about the environmental and organisational changes: they are able to be more productive as they have clear roles, and can manage

patients more effectively. Patient feedback shows that the light and airy clinic and comfortable new chairs – which do not antagonise symptoms – are liked.

The clinic now meets infection control standards. The ambience is welcoming and bright as well as conveying confidence in high clinical standards. The redesign of the reception area has improved facilities for staff, while patients find signposting and flow-through easier to understand.

More than 280 patients and clinic users were involved in art workshops and many of the designs produced were used in the scheme. Participants were able to take home with them the artwork they had created, the theme of which was "A breath of fresh air". A cross-section of staff attended, 25 in all; and 13 students and three staff from a local grammar school created artworks for the clinic, the students using the project for their art GCSE coursework portfolios.

The change to the management of patients means that walk-in and non-specialist sessions are managed in the mornings and tertiary referrals and specialist clinics in the afternoons. There will also be emergency clinics for GPs to refer patients who need to

be seen within 24 hours. The objective is to run the service more effectively, ensure that the needs of junior doctor training are met, and enable patients to meet similar patients. Nurse roles will be changed to focus more on patient education.

Who did what

The core team was led by the hospital matron responsible for the chest clinic and included a member of the reception area team; an arts co-ordinator; a patient representative; a member of the estates department; and an SHA representative. Partners from the PFI scheme also participated. It was helpful that key members of the trust board, the chairman and the director of nursing actively supported the team.

The mix of the team enabled a wide range of functions to be addressed. Members for whom the venture was a departure from their usual roles were especially enthusiastic participants. The team leader was the overall project co-ordinator. The arts co-ordinator managed the design element and liaised between the artist, the team and clinic staff. The estates representative drew up and managed the tender for the construction work. The trust's head of facilities was part of the team throughout the project but due to retirement latterly took on a change of role to that of patients' representative, liaising with the WRVS on the design and function of the tea bar. Representatives from the PFI scheme partners gave advice on cleaning and maintenance of the refurbished facilities.

Managing the process

The timetable for construction was very tight as closure of the facilities had to be for as short a time as possible. Closure was scheduled for early summer when consultants were attending a major conference, during which time a skeleton service was provided elsewhere. Structural work was completed within the planned timescale.

The team drew up detailed action plans that were carefully implemented. Structured meetings, combined with clear roles and responsibilities for a wide range of people – clinicians, administrative and clerical staff, PFI partners – ensured maximum buy-in and useful input on aspects of the proposed scheme that may otherwise have been neglected. Meetings were held fortnightly, each participant taking away an action list to complete.

The arts co-ordinator took on responsibility for developing the design, commissioning and supporting the artist employed, and liaising between the artist and the EHE team. The artist was selected not only for her artistic skills but also for her experience in involving service users in the design process. The artist facilitated a series of events and workshops, part of her role being to work with patients and staff to create a piece of art. The artist also worked with a local school to make small artworks for the clinic walls.

The views of patients and staff were elicited through questionnaires and via the League of Friends representative on the EHE team. While most users of the chest clinic are over 50 years of age, some are young and the team wanted to ensure that their views were reflected in the design.

Staff were asked to complete questionnaires and invited to join brainstorming sessions. Junior nurse and administrative staff members fed staff views direct to the team.

Decisions and progress reports were reported to the relevant directorate and consultant meetings. It was important that consultants supported the clinical changes accompanying environmental changes and the EHE project lead employed negotiation skills to ensure that this was achieved. The team notified staff of progress made through regular briefings and standard cascade processes. They also used the local press and the Chief Nursing Officer's bulletin.

The future

The trust has a history of using arts in a therapeutic environment, and working with "Lime", an Arts in Health organisation. The EHE project team leader is now involved in further schemes, the EHE team being seen as the "environment" team whose brief is to promote the inclusion of arts and landscaping in all schemes. The trust plans to develop an arts and design programme for the new breast cancer prevention centre (due to open in 2007). The architects will have the lead role but the EHE team will contribute to issues around design, colour and arts and also give clinical input on issues such as the observation of patients, clinical safety, the location of oxygen points and so on. This holistic approach to design will ensure that an arts focus is incorporated in all future schemes.

Environmental impact: AEDET and ASPECT score overviews

This EHE scheme targets a number of aspects of the Wythenshawe Hospital's chest clinic, in particular the waiting area. This is set within a Nucleus template standard design (widely used in the 1970s and 80s).

The scores recorded on the initial visit reflect a space that was generally adequate in functional terms (for example AEDET categories "Uses" and "Access"). However it achieved low scores against criteria such as "Character and Innovation" and within ASPECT "Interior Appearance", supporting the EHE project team's view that the clinic was an uninspiring environment. Low ratings were also recorded for "Views and Nature" and "Outdoors" categories because despite the clinic abutting a courtyard, there was no access to it and views into it were restricted.

At the first visit the AEDET and ASPECT scores were 71 and 73 respectively.

The increase in post-EHE project scores is striking for those criteria that capture qualitative aspects of the environment, reflecting the impact of the introduction of a diversity of artwork, vibrant colour schemes, improved lighting and a remodelled ceiling. Furthermore the scheme has also contributed functional improvements and the ASPECT score for "Legibility of Place" is correspondingly higher, reflecting the creation of a more user-friendly and obvious reception point. The AEDET score for "Access" is higher due to the wayfinding colour coding incorporated in the new vinyl flooring.

At the second visit the AEDET and ASPECT scores were 120 and 141 respectively.

Overview AEDET and ASPECT measurements

| South Manchester AEDET CRITERIA SCORES | | | | | | | | | | |
|--|------------|-------------|-------------|-----------------------------|---------------------------|---------------------------|---------------------|------------------|------------------|--------------------|
| Sites | 1 Uses | 2 Access | 3 Spaces | 4 Character & Innovation | 5 Citizen Satisfaction | 6 Internal Environment | 7 Urban & Social | 8 Performance | 9 Engineering | 10 Construction |
| Highest poss | 42 | 12 | 18 | 42 | 24 | 30 | 36 | 24 | 72 | 42 |
| Before | 21 | 7 | N/A | 17 | 12 | 14 | N/A | N/A | N/A | N/A |
| As % | 50% | 58% | | 40% | 50% | 47% | | | | |
| After | 32 | 8 | | 36 | 18 | 26 | N/A | N/A | N/A | N/A |
| As % | 76% | 67% | | 86% | 75% | 87% | | | | |
| % Increase | 52% | 14% | | 112% | 50% | 86% | | | | |

| South Manchester ASPECT CRITERIA SCORES | | | | | | | | | |
|---|---------------------------------|-------------|------------------------|------------------------|--------------------------|--------------------------|-----------------|------------|--|
| Sites | 1 Privacy, Company & Dignity | 2 Views | 3 Nature & Outdoors | 4 Comfort & Control | 5 Legibility of Place | 6 Interior Appearance | 7 Facilities | 8 Staff | |
| Highest poss | 30 | 30 | 18 | 30 | 36 | 36 | 48 | 12 | |
| Before | 13 | 12 | 3 | 13 | 14 | 12 | N/A | 6 | |
| As % | 43% | 40% | 17% | 43% | 39% | 33% | | 50% | |
| After | 18 | 25 | 15 | 21 | 25 | 28 | N/A | 9 | |
| As % | 60% | 83% | 83% | 70% | 69% | 78% | | 75% | |
| % Increase | 38% | 108% | 400% | 62% | 79% | 133% | | 50% | |



Chest Clinic waiting area – before (above) and after (below)



- Lessons learned**
- Desire for a “wow” factor versus the need for a functionally and clinically appropriate area was a difficult trade-off to make.
 - Small problems can be difficult to manage. The League of Friends, for instance, was required to change how the tea bar was managed. Commitment and involvement had to be carefully handled to ensure that people had positive feelings about the scheme.

St Helens and Knowsley Hospitals NHS Trust

Redesign of courtyard garden
£106,000



The new garden through the commissioned glass sculpture

Why this project?

Whiston Hospital is being transformed by a large PFI development. The trust chose a project and locality for this standalone EHE scheme that would not be affected by the PFI scheme, but could influence it. The upgrade of the courtyard next to the regional burns and plastics unit and orthopaedic wards is now an exemplar for the trust. High standards achieved for artwork and refurbishment will be maintained in courtyards to be developed as part of a new PFI scheme.

Before the upgrade the courtyard was rarely used. The scheme has provided a tranquil place for patients, visitors and staff that in summer months will also be used for small musical events. A glass sculpture and stained glass work have been installed in the courtyard, reflecting the industrial and glass heritage of the locality.

Therapeutic benefits

A great mix of people use the courtyard, including those in wheelchairs; staff during breaks; visitors and patients from wards overlooking the scheme who sit and look at the lighting effects in the evenings; people walking past, who stop to look at and feel the artwork.

Who did what

The core team was led by the hospital patient care manager and included the capital projects manager, the PALS co-ordinator, and a ward manager from one of the wards affected by the scheme. The trust arts co-ordinator identified potential artists for the scheme. The whole team was involved in selecting the artists chosen. Two artists were used: one for the installation in the courtyard and the other for the stained glass artwork in the corridor. The artists also worked with the team in developing concepts and designs. The stained glass artist went on to design a second installation for the trust, separately funded. Further, the PFI design team is considering using the artist to contribute to the faith room that will replace the hospital's chapel.

The courtyard was designed by the architect for the PFI scheme. The capital projects manager managed the scheme after contracts were signed. The PALS co-ordinator took care of the consultation process. The EHE team worked well together and personal development benefits were a part of the success of this project – two members were promoted or used the experience for career development.

Managing the process

Members of the team had clear roles and responsibilities. Project management was key, with dedicated time set aside for the scheme, regular team meetings and follow-up activities. The capital projects manager had a good relationship with the contractor (a local company was used).

The project took six weeks longer than planned, due to an underestimate of the amount of material that needed to be moved out of the courtyard – there is no external access and bad weather was a factor as contractors could not move mud through hospital corridors.

The future

The new PFI scheme incorporates many courtyards, whose design will be influenced by this scheme.

The EHE team is committed to extending the role of art in the hospital and as part of capital schemes. The trust has established a Cultural Strategy Group to guide design principles for the new PFI scheme. Two EHE team members (the capital projects officer and the patient representative) are members of this group.



Musical performers in King's Court

The Patients' Council has consulted users via questionnaires and a focus group, and there is evidence of general approval of the scheme:

“ Looks superb”

“Absolutely beautiful”

“Love the design . . . will age well”

“The forerunner to the new project . . . it sets the standard and tone . . . here is an exemplar”

Environmental impact: AEDET and ASPECT score overviews

The Whiston Hospital courtyard chosen for the EHE project was, in common with others throughout the hospital, relatively attractive and well cared for but with an unrealised potential. While the before-project scores are among the highest in the case studies, the low ratings for “Uses” and “Character and Innovation” (AEDET) and “Legibility of Place” (ASPECT) reflect the absence of visual impact or inviting features which was felt to be responsible for under-use of the space.

The EHE project has introduced a number of features that are likely to attract the attention and curiosity of passers-by and which create a variety of textures and environments in what was previously a bland area. These include a number of glass-themed artworks, both within the courtyard and integrated in the corridor glazing; a walk-through sculpture incorporating changing light patterns; a

variety of levels, seating and extensive planting.

The most significant changes from pre- to post-project scores are under the AEDET category of “Uses”, in particular with regard to sub-categories of “Design Vision and Respect for Human Dignity”, “Access”, and the “Character and Innovation” criteria of excellence for patients, innovation and stimulation. Of the ASPECT ratings, “Legibility of Place” records the greatest change, reflecting the likely impact of the project in commanding the attention of passers by, out-patients attending the adjacent burns clinic and in-patients in the wards overlooking the space.

It is noticeable that a number of AEDET and ASPECT criteria were not applicable to the project because it was focused on a wholly external area. This may be a point worth considering in any future development of the tools.

Overview AEDET and ASPECT measurements

| St Helens & Knowsley AEDET CRITERIA SCORES | | | | | | | | | | |
|--|-------------|-------------|-------------|-----------------------------|---------------------------|---------------------------|---------------------|------------------|------------------|--------------------|
| Sites | 1 Uses | 2 Access | 3 Spaces | 4 Character & Innovation | 5 Citizen Satisfaction | 6 Internal Environment | 7 Urban & Social | 8 Performance | 9 Engineering | 10 Construction |
| Highest poss | 18 | 6 | 18 | 42 | 30 | 30 | 6 | 24 | 72 | 42 |
| Before | 8 | 3 | N/A | 18 | 17 | N/A | 3 | N/A | N/A | N/A |
| As % | 44% | 50% | | 43% | 57% | | 50% | | | |
| After | 16 | 6 | N/A | 38 | 30 | N/A | 4 | N/A | N/A | N/A |
| As % | 89% | 100% | | 90% | 100% | | 67% | | | |
| % Increase | 100% | 100% | | 111% | 76% | | 33% | | | |

| St Helens & Knowsley ASPECT CRITERIA SCORES | | | | | | | | | |
|---|---------------------------------|------------|------------------------|------------------------|--------------------------|--------------------------|-----------------|------------|--|
| Sites | 1 Privacy, Company & Dignity | 2 Views | 3 Nature & Outdoors | 4 Comfort & Control | 5 Legibility of Place | 6 Interior Appearance | 7 Facilities | 8 Staff | |
| Highest poss | 24 | 24 | 18 | 36 | 6 | 48 | 48 | 36 | |
| Before | 12 | 20 | 14 | N/A | 2 | N/A | N/A | N/A | |
| As % | 50% | 83% | 78% | | 33% | | | | |
| After | 16 | 24 | 16 | N/A | 4 | N/A | N/A | N/A | |
| As % | 67% | 100% | 89% | | 67% | | | | |
| % Increase | 33% | 20% | 14% | | 100% | | | | |



Courtyard garden (before)



King's Court (after) at night

- Lessons learned**
- *Good project management of the scheme is essential.*
 - *With hindsight the team would have buttoned down finance earlier.*
 - *Important to maintain good relationships with contractors and artists: it had valuable pay-offs, such as the contractor making waste bins from off-cuts of furniture.*

Part 3 – Project directory

This directory of the 23 projects has been compiled from information provided by each of the participating trusts.

As well as the trust address, the location for each scheme is given together with the total project costs. These have been given to the nearest £1,000 and are inclusive of VAT. The architects, artists and designers who have contributed to each project are also listed.

| | |
|--------------------------|---|
| Trust | Birmingham Children's Hospital NHS Trust (acute) |
| Address | Steelhouse Lane Birmingham B4 6NH |
| Project location | Accident and Emergency Department |
| Project | Redesign and refurbishment of reception and waiting area |
| Costs | £147,000 |
| Artists/designers | Church Lucus: Architects Ming Density: Photographs Frank Triggs: Digital wood carving Capricorn: Construction |
| Trust | East and North Hertfordshire NHS Trust (acute) |
| Address | Lister Hospital Stevenage SG1 4AB |
| Project location | Out-patient clinics |
| Project | Redesign of waiting areas F and G clinics |
| Costs | £117,500 |
| Artists/designers | Anna Fairchild: Artist/sculptor BBR: Architects |
| Trust | East Somerset NHS Trust (acute) |
| Address | Yeovil Hospital Higher Kingston Yeovil BA21 4AT |
| Project location | Acute surgical floor |
| Project | Redesign of ward work station and improvements to adjoining single rooms |
| Costs | £62,000 |
| Artists/designers | Roy Tam: Desk and table design Sasha Ward: Glass and floor design David Colwell: Chair design and manufacture Marcus White: Furniture manufacture Jonathan Wright: Seating design |

*Detail of dividing screen,
Maldon and South Chelmsford Primary Care Trust
Photograph Lisa Payne*



| | |
|--------------------------|---|
| Trust | Gloucestershire Partnership NHS Trust (mental health) |
| Address | Charlton Lane Centre Leckhampton Cheltenham GL53 9DZ |
| Project Location | Hidcote Ward |
| Project | Creation of a Japanese garden and additional access to quiet room |
| Costs | £57,000 |
| Artists/designers | Peter Dowle: Garden design and construction |
| Trust | Maidstone and Tunbridge Wells NHS Trust (acute) |
| Address | Maidstone Hospital Maidstone Kent ME16 9QQ |
| Project location | Physiotherapy gymnasium and occupational therapy assessment “flat” |
| Project | Creation of the New Leaf Centre and ADL area |
| Costs | £115,000 gym and £40,000 ADL area Total £155,000 |
| Artists/designers | Artwork: Paul Davies Illustrations Lighting Design: Bright Light Solutions Video Software Design: Newmetrics Ltd. Tensile Fabric Sail Design: Tensile Fabric Co. Ltd. Vinyl Flooring Artwork: Marley Floors Ltd. Audio Design: Digital Solutions |
| Trust | Maldon and South Chelmsford Primary Care Trust (acute) |
| Address | St Peter’s Hospital 32 Spital Road Maldon CM9 6EG |
| Project location | Canteen |
| Project | Change of use and creation of Le Caf |
| Costs | £53,000 (first phase) £110,000 (second phase) |
| Artists/designers | Lisa Hawker: Lead artist Carpenter and Carpenter: Furniture design (working with Plume School students) Jane Addison: Calligraphy Julia Carter and Fran Smith: Mosaics Jacci Todd: Textile banners and artworks |
| Trust | Mid Yorkshire Hospitals NHS Trust (acute) |
| Address | Pinderfields Hospital Wakefield West Yorkshire WF1 4DG |
| Project location | Discharge lounge |
| Project | Creation of The Yorkshire Suite |
| Costs | £100,000 |
| Artists/designers | Lucy Barker: Photographs |

| | |
|--------------------------|--|
| Trust | North Cumbria Acute Hospitals NHS Trust (acute) |
| Address | West Cumberland Hospital Whitehaven Cumbria CA28 8JG |
| Project location | Patterdale Ward |
| Project | Redesign of ward entrance area and day room |
| Costs | £99,000 |
| Artists/designers | Di McGhee: Stained glass St Benedict's School, Whitehaven and St Joseph's School, Workington: Concept designs for stained glass T & T Flooring: flooring design and nurse station Lee Chapman Gallery and Gallery 26 at 27 Tony Potter, West Cumbria Photo Group The Wednesday Night Art Group: Artworks |
| Trust | Northamptonshire Healthcare NHS Trust (mental health) |
| Address | The Pendered Centre Berrywood Road Northampton NN5 6UH |
| Project location | The Pendered Centre garden |
| Project | Creation of an arts garden |
| Costs | £90,000 |
| Artists/designers | The Design Buro: Architects Design Cube Interior Designers: Design Stephen Rawlings: Artworks |
| Trust | Oxfordshire Mental Healthcare NHS Trust (mental health) |
| Address | Littlemore Mental Health Centre Littlemore Oxford OX4 4XN |
| Project location | Phoenix Ward |
| Project | Redesign of ward reception, offices and communal area, including creation of "one-to-one" room |
| Costs | Total £100,000 |
| Artists designers | Kay Gibbons and Vital Peters: Stained glass Richard White: Architect Ali Butler: Art and design co-ordinator |
| Trust | Plymouth Teaching Primary Care Trust |
| Address | Denney Smith Unit Mount Gould Hospital Plymouth PL4 7QD |
| Project location | Main entrance area to rehabilitation unit |
| Project | Redesign of entrance to Lopes and Saltram Wards |
| Costs | £52,000 |
| Artists/designers | Rebecca Foster: Design Adam Connelly: Design (stained glass) Jude Douch, Lisa Brodribb, Barbara James, Daphne Carpenter: Stained glass |

| | |
|--------------------------|---|
| Trust | Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust (acute) |
| Address | Gobowen Oswestry Shropshire SY10 7AG |
| Project location | Central reception area, out-patients department |
| Project | Commissioned sculpture for main reception area |
| Costs | £35,000 |
| Artists/designers | Inge Panneels: Glass sculpture The Qube Community Arts Group: Design |
| Trust | Rotherham Primary Care Trust |
| Address | Rotherham District General Hospital Moorgate Road Rotherham S60 2UD |
| Project location | Child Development Centre |
| Project | Refurbishment and redesign of reception and waiting area |
| Costs | £43,000 for the waiting area £334,000 for the whole unit |
| Artists/designers | Lead Consultant Architect: Race Cottam Associates Dust Arts Collaborative: Design |
| Trust | Sherwood Forest Hospitals NHS Trust (acute) |
| Address | King's Mill Hospital Mansfield Nottinghamshire NG17 4JL |
| Project location | Accident and Emergency Department Waiting Room, Reception and Children's Play Area |
| Project | Redesign and refurbishment |
| Costs | £105,000 |
| Artists/designers | CPMG Architects: Design Maslen and Mehra: Artworks Graham Love: Photographs |
| Trust | South Manchester University Hospitals NHS Trust (acute) |
| Address | Wythenshawe Hospital Manchester M23 9LT |
| Project location | North West Lung Centre |
| Project | Refurbishment of the chest clinic reception and out-patient waiting areas A Breath of Fresh Air |
| Costs | £136,000 |
| Artists/designers | Lesley Fallais: Artwork Sale Grammar School students: Artwork Helen Kitchen, LIME: Design and management of artistic commission |
| Trust | South Tyneside NHS Foundation Trust (acute) |
| Address | South Tyneside District Hospital South Shields NE34 0PL |
| Project location | Out-patient therapy departments |
| Project | Redesign of waiting areas and refurbishment of main corridors |
| Costs | £140,000 |
| Artists/designers | Graeme Smith and Tim Jukes (Teesside University): Design |

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|--------------------------|---|
| Trust | Southampton University Hospitals NHS Trust (acute) |
| Address | Southampton General Hospital Tremona Road Southampton SO16 6YD |
| Project location | Entrance to child health directorate |
| Project | Redesign of ward entrance area to create multiuse space |
| Costs | £68,000 for entrance area Total £160,000 including re-flooring |
| Artists/designers | Mark Maffey: Design Studio 4: Architect Haswell Building Services: Mechanical and Electrical Design McPhersons: Quality Surveyors Allen Holmes: Planning supervision |
| Trust | St Helens and Knowsley Hospitals NHS Trust (acute) |
| Address | Whiston Hospital Warrington Road Prescot L35 5DR |
| Project location | Courtyard garden burns and orthopaedic units |
| Project | Redesign of internal courtyard garden King's Court |
| Costs | £106,000 |
| Artists/designers | Capita: Architects Andrew Small and Nerjit Dhol: Artworks |
| Trust | Suffolk East Primary Care Trusts (previously Ipswich PCT) |
| Address | Bluebird Lodge Ravenswood Ipswich IP3 9GJ |
| Project location | Bluebird Lodge Intermediate Care Centre |
| Project | Enhancements to reception, garden and lounges |
| Costs | £35,000 |
| Artists/designers | Otley Students Garden design: Design and construction Catherine Aldouse: Design S M Gillett: Commissioned artwork |
| Trust | Tees and North East Yorkshire NHS Trust (mental health) |
| Address | St Luke's Hospital Middlesbrough TS4 3AF |
| Project location | Recreation Hall |
| Project | Refurbishment and change of use of recreation hall and adjoining courtyards The Oasis |
| Costs | £78,000 |
| Artists/designers | Teesside University students: Outline designs Peter Fenton: Architect John Payne and Therapy & Activity Suite clients, Tees Bay: Courtyard artwork Ann Marie Caven: Artworks (corridor) Dave Newman: Artworks |

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| Trust | University Hospitals Coventry and Warwickshire NHS Trust (acute) |
| Address | Walsgrave Hospital Clifford Bridge Road Coventry CV2 2DX |
| Project location | Hospitality Lounge |
| Project | Enhancements to new lounge area |
| Costs | £35,000 B&Q plant donations |
| Artists/designers | Hannah Barclay, Nightingale Associates: Design |
| Trust | West Sussex Health and Social Care NHS Trust (mental health) |
| Address | Princess Royal Hospital Haywards Heath West Sussex RH16 4EX |
| Project location | Villa Ward |
| Project | Refurbishment of entrance area and dining room and creation of garden First Impressions |
| Costs | £65,000 |
| Artists/designers | Sue Hunter: Interior design Maggie Feeny: Artist Jon Mills: Metal Sculptor Coblans Landscapes: Garden design and construction |
| Trust | York Hospitals NHS Trust (acute) |
| Address | York Hospital York YO31 8HE |
| Project location | Main hospital street |
| Project | Redesign of courtyard garden Nightingale's Courtyard |
| Costs | £68,000 |
| Artists/designers | Trevor Smiths Landscape: Design and construction Klare England: Sculpture and mosaic Pat Borthwick: Engraving and sound installation |

Annex 1: AEDET and ASPECT toolkits

AEDET (Achieving Excellence Design Evaluation Toolkit)

This Toolkit enables the user to evaluate a design by posing a series of clear, non-technical statements, encompassing three key areas; Impact, Build Quality and Functionality. Trusts and the NHS can use AEDET to manage design requirements from initial proposals through to post project evaluation. It is also used for design review and benchmarking. The Toolkit has three layers scoring, guidance and evidence, which allow users to create a design evaluation profile.

ASPECT (A Staff and Patient Environment Calibration Tool)

ASPECT is similar in format to AEDET but specialises in evaluation of staff and patient environments. It is based on a database of over 600 pieces of research of the impact of healthcare environment levels of staff and patient satisfaction and on the health outcomes of patients and the performance of staff. It can be used as a stand-alone tool, or it can be used to support AEDET Evolution to provide a more comprehensive evaluation of the design of healthcare environments.

Further information on these toolkits can be obtained from the Department of Health's website: <http://www.dh.gov.uk>

Annex 2: List of participating trusts

The following trusts have participated in the Enhancing the Healing Environment Programme 2000–2005

Barking, Havering and Redbridge Hospitals NHS Trust
Barnet and Chase Farm Hospitals NHS Trust
Barnet, Enfield and Haringey Mental Health NHS Trust
Barts and The London Hospitals NHS Trust
Bedfordshire and Luton Community NHS Trust
Birmingham and Solihull Mental Health NHS Trust
Birmingham Children's Hospital NHS Trust
Bromley Hospitals NHS Trust
Buckinghamshire Mental Health NHS Trust
Cambridge and Peterborough Mental Health Partnership NHS Trust
Camden and Islington Mental Health and Social Care Trust
Central and North West London Mental Health NHS Trust
Chelsea and Westminster Healthcare NHS Trust
Cornwall Partnership NHS Trust
County Durham and Darlington Priority Services NHS Trust
Ealing Hospital NHS Trust
East and North Hertfordshire NHS Trust
East Kent NHS and Social Care Partnership Trust
East London and The City Mental Health NHS Trust
East Somerset NHS Trust
Epsom and St Helier NHS Trust
Gloucestershire Partnership NHS Trust
Great Ormond Street Hospital for Children NHS Trust
Guy's and St Thomas' NHS Foundation Trust
Hammersmith Hospitals NHS Trust
Haringey Teaching Primary Care Trust
Hillingdon Primary Care Trust
Homerton University Hospital NHS Foundation Trust
Hull and East Riding Community Health NHS Trust
Ipswich Primary Care Trust
Isle of Wight Healthcare NHS Trust
Kensington and Chelsea Primary Care Trust
King's College Hospital NHS Trust
Kingston Hospital NHS Trust
Lambeth Primary Care Trust

Lancashire Care NHS Trust
Leicestershire Partnership NHS Trust
Lincolnshire Partnership NHS Trust
Maidstone and Tunbridge Wells NHS Trust
Maldon and South Chelmsford Primary Care Trust
Manchester Mental Health and Social Care Trust
Mayday Healthcare NHS Trust
Mersey Care NHS Trust
Mid Yorkshire Hospitals NHS Trust
Moorfields Eye Hospital NHS Foundation Trust
Newcastle, North Tyneside and Northumberland Mental Health NHS Trust
Newham University Hospital NHS Trust
North Cumbria Acute Hospitals NHS Trust
North East London Mental Health NHS Trust
North Essex Mental Health Partnership NHS Trust
North Middlesex University Hospital NHS Trust
North Warwickshire Primary Care Trust
North West London Hospitals NHS Trust
Northamptonshire Healthcare NHS Trust
Oxfordshire Mental Healthcare NHS Trust
Oxleas NHS Trust
Plymouth Teaching Primary Care Trust
Queen Elizabeth Hospital NHS Trust
Queen Mary's Sidcup NHS Trust
Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust
Rotherham Primary Care Trust
Royal Brompton and Harefield NHS Trust
Royal Free Hampstead NHS Trust
Sheffield Care Trust
Sherwood Forest Hospitals NHS Trust
Somerset Partnership NHS and Social Care Trust
South London and Maudsley NHS Trust
South Manchester University Hospitals NHS Trust
South Staffordshire Healthcare NHS Trust
South Tyneside NHS Foundation Trust
South West London and St George's Mental Health NHS Trust
South West Yorkshire Mental Health NHS Trust
Southampton University Hospitals NHS Trust
St George's Healthcare NHS Trust
St Helens and Knowsley Hospitals NHS Trust

St Mary's NHS Trust
Surrey and Borders Partnership NHS Trust.
Sutton and Merton Primary Care Trust
Tavistock and Portman NHS Trust
Tees and North East Yorkshire NHS Trust
The Hillingdon Hospital NHS Trust
The Lewisham Hospital NHS Trust
The Royal Marsden Hospital NHS Foundation Trust
The Royal National Orthopaedic Hospital NHS Trust
The Whittington Hospital NHS Trust
Tower Hamlets Primary Care Trust
University College London Hospitals NHS Foundation Trust
University Hospitals Coventry and Warwickshire NHS Trust
West London Mental Health NHS Trust
West Middlesex University Hospital NHS Trust
West Sussex Health and Social Care NHS Trust
Whipps Cross University Hospital NHS Trust
Worcestershire Mental Health Partnership NHS Trust
York Hospitals NHS Trust

Annex 3: Useful addresses

Arts Council England

14 Great Peter Street
London SW1P 3NQ
Tel: 020 7333 0100
Web: <http://www.artscouncil.org.uk>

Commission for Architecture in the Built Environment (CABE)

1 Kemble Street
London
WC2B 4AN
Tel: 020 7070 6700
Web: <http://www.cabe.org.uk>

DH Estates and Facilities Division

Department of Health
Quarry House
Quarry Hill
Leeds LS2 7UE
Tel: 0113 254 7386
Web: <http://www.dh.gov.uk>

King's Fund

11–13 Cavendish Square
London W1G 0AN
Tel: 020 7307 2400
Web: <http://www.enhancingthehealingenvironment.org.uk>
Web: www.kingsfund.org.uk

Music in Hospitals

74 Queen's Road
Hersham
Surrey
KT12 5LW
Tel: 01932 252809

National Network for the Arts in Health (NNAH)

The Menier Gallery
51a Southwark Street
London SE1 1RU
Tel: 08701 434555
Web: <http://www.nnah.org.uk>

Paintings in Hospitals

The Sheridan Russell Gallery
16 Crawford Street
London W1H 1BS
Tel: 020 7935 0250
Web: <http://www.paintingsinhospitals.org.uk>

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

19–22 Charlotte Road
London EC2A 3SG
Tel: 020 7613 8500
Web: <http://www.princes-foundation.org>



www.tso.co.uk

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