

VITALARTS

Staff and Patient Impressions of the West Wing

Final Report
November 2006

Prepared for: Anne Mullins
Director, Vital Arts

Prepared by: Theresa Bergne (Field Art Projects)
Marianne Highwood (Highwood Research)

TABLE OF CONTENTS

BACKGROUND	3
RESEARCH OBJECTIVES	3
RESEARCH METHODOLOGY	3
QUESTIONNAIRES	3
FIELDWORK DATES	3
STATISTICAL SIGNIFICANCE	4
THIS DOCUMENT	4
STAFF SURVEY FINDINGS	5
Executive Summary	6
The Findings	7
Tenure at Barts and Breast Cancer Services	7
Knowledge of the West Wing	7
Environment and art: the working day	7
Artwork and Patients	9
Information about the artwork	10
Environment, Art and Healthcare	10
One Stop breast cancer services at the West Wing	11
Environment and Job Opportunities	12
Additional Artworks	12
Looking after the Artworks and the Building	12
Staff Retention	13
Additional Comments	14
PATIENT SURVEY FINDINGS	15
Executive Summary	16
Sample Profile	18
First Impressions of the West Wing	18
Environment and Wellbeing	19
Awareness of Artwork	20
Contribution of Artwork to the West Wing	21
Artwork creates a Special Environment	22
Talking about the Artwork	22
Information about the Artwork	23
One Stop breast cancer services at the West Wing	24
Design Implications on how clinics are run	24
Environment, the Arts and Healthcare	25
Other Comments about the Building and its Art	26
Appendix 1: Staff Questionnaire	
Appendix 2: List of Staff Interviewees	
Appendix 3: Patient Questionnaire	
Appendix 4: Specific Staff comments on building design	

BACKGROUND

Vital Arts commissioned Field Arts Projects and Highwood Research to undertake a research study among staff and patients at the West Wing respectively. The staff and patient research findings would both “stand alone” and provide a comprehensive understanding of the impact of the West Wing’s environment and artworks on the provision of breast care services at Barts and the London NHS Trust.

RESEARCH OBJECTIVES

The main research objective was to determine how, if at all, environment affects personal and professional wellbeing in the delivery of healthcare.

RESEARCH METHODOLOGY

Staff

A series of one-to-one executive interviews was carried out among thirteen members of staff at the West Wing. Theresa Bergne conducted all of the interviews face to face. The group represented Radiography, Nursing, Management, Consultants, and Health Advocates. (see Appendix for list of staff interviewed).

Patients

Fully accredited Market Research Society interviewers from Interviewing Services Limited conducted face-to-face interviews were conducted with patients and their families during Follow-Up and Family History clinics at the West Wing. Almost all patients approached were delighted to participate in the study. All the staff at the West Wing supported the research process wholeheartedly.

QUESTIONNAIRES

The staff and patient questionnaires were designed to complement one another and to facilitate comparison, where appropriate. Copies of both questionnaires can be found in Appendix A.

FIELDWORK DATES

Staff

Interviews were carried out between 31st August and 18th October 2006.

Patients

The table below outlines the number of patient interviews completed on each day of interviewing. The commentary explains the day-to-day variation in numbers of interviews completed.

Patient Survey Fieldwork Dates

DATE	NO INTERVIEWS COMPLETED	COMMENTARY
7 th Sep	7	12 people cancelled their appointments
11 th Sep	22	
14 th Sep	17	20 people actually interviewed but 3 did not want to complete full interview
18 th Sep	25	
21 st Sep	10	Of the 21 appointments, 5 didn't turn up, 2 people could not speak English, and 4 ladies came in from one family and had to go in together.
25 th Sep	25	
28 th Sep	23	
2 nd Oct	20	
TOTAL	149	

STATISTICAL SIGNIFICANCE OF PATIENT SURVEY RESULTS

According to data supplied by Barts and the London NHS Trust, 213 follow-up patients attended either Follow-Up or Family History clinics between 7 September and 2 October 2006. 149 interviews were completed, meaning that 70% of patients provided feedback on the West Wing and its services.

THIS DOCUMENT

This document summarises the main findings of both the staff and patient surveys. The data are presented in such a way as to keep individual comments confidential. A full set of computer tabulations for the patient survey is available for further analysis.

STAFF SURVEY FINDINGS

EXECUTIVE SUMMARY

- A series of one-to-one interviews were carried out among thirteen members of staff between the 31st August and 18th October 2006. The group represented Radiography, Nursing, Management, Consultants, and Health Advocates. (see Appendix for list of staff interviewed).
- The respondents were unanimous that the environment does contribute positively to the patient's experience and their treatment at the West Wing. 92% felt that the artworks specifically contributed positively to the patient's experience and their treatment. Many gave specific examples of how both staff and patient behaviour had improved through the special environment.
- 84% felt that the artworks contributed to their experience of working in the building. Of the remaining 16%, half stated that it didn't affect them personally because they didn't work in the building, but that they felt it did contribute to their staff's experience. The other half felt that the artwork only made a difference when taken as an integral part of the building's design.
- All the respondents felt that the art programme as part of the interior design of the building was a good use of resources.
- All the respondents felt that the artwork made the West Wing a special environment for both patients and staff.
- 92% of staff felt that their work had been helped by bringing all the facilities under one roof. Two thirds of these respondents went on to comment positively that this had simplified their work and helped staff. For patients as a whole it has simplified the patient journey.
- Over two-thirds of respondents felt that the level of information available could be improved, and that this would be addressed simply by making the Art Map more readily available.

THE FINDINGS

Length of time working at Barts and the London Hospital

The majority of respondents have been working at Barts for over five years with 46% working between ten and fifteen years and a further 23% up to 39 years.

Length of time working for Breast Cancer Services and first impressions of the renovated West Wing

It is therefore perhaps no surprise that a major proportion of the respondents (77%) worked for Breast Cancer Services before they moved to the renovated West Wing and were familiar with previous working conditions.

Overall 77% of respondents were positively impressed by the renovated building and expressed this strongly. Comments ranged from how light and airy the spaces were, how beautiful and calm, that the building was a fantastic improvement, welcoming and warming, impressive, phenomenal and better than expected by 1000%. 'No comparison' was a phrase commonly used.

Only two of the respondents went on to say that the actual experience of working in the building didn't measure up to the overall visual impact of the place. One felt that as the West Wing only served patients at the beginning of their journey it created too great a comparison with the rest of the patient journey through the rest of the hospital.

[Please see Appendixes for comments on specific design and artwork issues not relevant here]

Knowledge of the building as a whole

Over two thirds of respondents were familiar with all the floors and rooms at the West Wing despite their work being in the main focussed between one or two floors, (principally the staff offices and either the 1st or 2nd floors), indicating that the majority of staff took the time to explore floors that they didn't work in. Most felt that they were not missing out on anything although a couple felt that the lack of air conditioning on all the floors except the 2nd was a serious omission.

Environment and impact on working day

62% of respondents felt that the environment of the West Wing enhanced their working day. Comments ranged from the facilities on offer – which are significantly better - to the increased privacy of the consultation rooms and the spacious and calming atmosphere leading one respondent to comment that the environment made 'the awful changes in the NHS bearable' (Consultant). Another respondent commented – 'it's always a building I enjoy going into. I'm

very conscious of the change of environment and when I go to the West Wing it is always pleasant despite the reason for going' (Management).

A number of respondents commented that the environment has had a positive impact on both staff and patient behaviour. For example: Staff feel they are more professional and dress appropriately. Patients' behaviour is also influenced they are calmer and less stressed. One case cited was a particularly difficult patient who was referred to the West Wing with a 'warning' of their difficult behaviour. But whose behaviour significantly improved at Barts causing no problems for staff. One member of staff commented that 'natural light' and good lighting seemed to improve everyone's behaviour.

Out of those respondents who said that the environment of the West Wing made no difference to their day, half do not work in the building, and the other 15% felt that they had now got used to how nice the space was, and it therefore no longer made a positive impact.

15% felt that the environment actually detracted from the job at hand one citing specifically the lack of air conditioning in the staff administration offices on the 3rd floor (it has been a particularly hot summer), and the other felt that the fact that the staff offices were on a separate floor from her department produced management difficulties.

Awareness of the art programme

All respondents were aware of the art programme at Barts reading it as both distinct and integrated. One respondent commented that the art programme 'works seamlessly as part of the building'.

Impact of artwork on working life

A resounding 84% felt that the artworks contribute to their experience of working in the building. Of the remaining 16%, half stated that it didn't affect them personally because they didn't work in the building, but that they felt it did contribute to their staff's experience. The other half felt that the artwork only made a difference when taken as an integral part of the building's design.

Comments included that it was something nice for the patients to look at, to distract them, that it had a calming effect and that it was tastefully done.

Artworks' contribution to the patients' experience

92% felt that the artworks contribute positively to the patient's experience of the building and their treatment at the West Wing. The remaining 8% were not sure. Some respondents were not sure whether the artworks themselves made a specific difference although they felt that they probably did as part of the overall environment. One respondent commented 'Your average white middle class woman will notice, but your average Bengali lady will only notice that the environment is very pleasant and won't notice specifics' (Nurse). Another commented "even if they don't notice the artworks specifically, no one wants to go anywhere else." (Nurse) Most complemented the atmosphere of calm and tranquillity – 'like an oasis'.

Environment's contribution to patients' experience

The respondents were unanimous that the environment does contribute positively to the patient's experience and their treatment at the West Wing. "Undoubtedly – all the anecdotal evidence supports this. Patients who come back over a number of years find it much less stressful". (Radiologist) "There is a change in tempo when you enter the building – it's much less stressful, calming and spacious". (Management)

Again respondents commented about the positive impact on both patient and staff behaviour: "The atmosphere is reassuring and professional which reinforces the patient's confidence in the service." (Management) "Patients are respectful of the environment and the staff. It's unexpected, and they're impressed". (Management) "It's like being in a private hospital". (Consultant)

Talking about the Artwork/Environment

All the staff interviewed who have clinical contact with patients confirmed that they talk to their patients about the environment and the artwork. (54% of respondents). Some use the artwork as a talking point or an icebreaker. The remaining 46% of respondents don't have face to face contact with patients and if they are in contact with them, are pursuing matters where it would not be an appropriate context to raise the subject.

85% of respondents receive spontaneous comments from patients and reported them as being positive. This is made up of all the staff with clinical contact with patients, as well as a majority of staff who visit the building regularly. One commented "They can't believe it's the NHS – they think it's too good for them – it must be private". (Radiography).

Other comments were that the space is nice, pristine and clean, and that there is no clutter; that it's a lovely building which is very calming, and that there is a regular 'wow' from patients as they enter the building.

Information about the artwork

Over two thirds of respondents felt that the level of information available could be improved, however the majority of these had never seen a copy of the art map and when told of its existence felt that if this was properly distributed and more visible, there would be sufficient information.

38% felt that a permanent information board, either in reception or near the coffee shop, might be a good thing. It was felt that this should describe the aspirations of the building, the process of renovation (including the photographic boards) as well as the arts programme. One respondent requested talks about the artwork, as a more immediate method of bringing the works to life for a non-arts visiting public particularly for the non-English speakers.

Negative impact on work

None of the staff felt that the environment or artworks were unhelpful to their work. However 23% commented negatively on the 2nd floor sub-waiting room, either because of the artwork, or because of the lack of a sufficient division of space for screening and symptomatic patients. One respondent commented negatively on the play area and felt it was an inappropriate design for parents to keep an eye on their children.

Value of a well designed environment/art programme and their role in health care

46% of respondents felt that the West Wing had positively changed their opinion about the value of a well designed environment and art programme and its role in healthcare. Of the remaining 54% all the respondents said that it had confirmed or reinforced something they had always known or suspected to be true.

Half of the respondents commented voluntarily again on the positive impact on staff behaviour. 'Staff are smiling all the time, are friendlier, and have more time for each other. (Health Advocate). 'There are no sickness problems with staff.'(Management) The space enhances well-being and moral is better than it was.'(Radiography). It helps to maintain motivation and enthusiasm in a good environment and it's important both for the staff and patients.

One member of staff commented that as hospitals now have to compete with each other as a result of patient choice it was a positive was a way of attracting patients which could be justified as a means to reaching targets. (Management)

A good use of resources

All the respondents felt that the art programme, as part of the interior design of the building, was a good use of resources. Half felt that resources were an issue and that one needed to be realistic given current constraints on the NHS. A couple felt it needed to be separately funded. The context of the type of space was also raised – A&E was not considered to be appropriate. One respondent commented that they liked what had been done with the arts programme at Barts because it hadn't lost sight of the clinical purpose of the building.

The artworks make the West Wing a special environment

All the respondents felt that the artwork made the West Wing a special environment for both patients and staff. Respondents commented that the artwork 'is always tasteful even if you don't like something specific' (Radiography). That 'it's nice to come to work', 'we're proud of the building', and mentioned that this had even been commented on by the external 'quality assured' auditors. 'Staff seem more relaxed and confident and more organised' (Health Advocate).

One Stop breast cancer services at the West Wing

92% of staff felt that their work had been helped by bringing all the facilities under one roof. Two thirds of these respondents went on to comment positively that this had simplified work and helped staff, in particular the immediate access to results. Not only does it help those who get discharged at the end of the day, but "It reduces the impact of a bad diagnosis and increases patient confidence" (Consultant). "For non-English language speaking patients it's much more calming – they now know where to come and where they'll find help" (Health Advocate). And for patients as a whole it has simplified the patient journey – "patients get more agitated when they have more places to visit. When it's all in one building it improves life for the patients and consequently the staff". (Management)

A third went on to comment negatively about practical issues with the building, and about the 'missed opportunities'. "There should have been a ward and chemotherapy in the building. They should have included gynaecology and breast". (Nursing) One commented that there were already 'capacity problems' with the 'one-stop' system which is "labour intensive and has become a consultant – led service".(Management)

Impact of building design of services

Just over half of respondents felt that the building design had an impact on the way services are run. One respondent felt that things hadn't improved for the services but had for the patients. The remaining 38% were not sure. Specific design issues were raised which have overshadowed the building design as a whole. For example: the lack of security, particularly

after hours, insufficient storage for radiology, and the lack of a functioning patient tracking system. (see Appendix for further details).

Environment a factor when considering a job opportunity

58% of staff felt that their work environment is very important to them when they are considering a job opportunity. Two of these actually stated that the reason they had moved to Barts was because of the newly refurbished West Wing. One commented that they won't be quick to jump into another job. 25% felt that it was fairly important but that equipment and facilities are equally important. One respondent commented – "When you've worked in the NHS for 25 years you get to expect the worst." (Radiology)

17% felt that it was not important at all – "As a victim of the NHS the environment is not high on my agenda" (Nursing) – work satisfaction is more important although the environment is a bonus". (Management)

One respondent didn't answer as they felt this was the wrong question. "This has never been done before and the NHS is generally so run-down. But staff retention is no longer a problem at any level. We've had 0 staff turnover". (Consultant) (Please see no 23 below).

Additional Artworks

54% of respondents felt they would like to see something else amongst the artworks. Other places for art included the ceiling in ultrasound, something opposite the mammography machines, the staff offices and staff rest room and the blood taking room. Other types of art were requested – some sculpture please – and 31% of respondents felt an area for a changing display would be interesting.

Of the 46% of respondents who felt that they wouldn't want to see something else, the majority felt that enough had been done – only one respondent commented "it's not a priority. It's a desirable extra". (Radiology)

Looking after the Artworks and the Building

The question about how the artworks should be looked after was broadened out to address how the building and the artworks should be looked after. A number of key themes ran through the comments.

- Security is considered to be a real issue. There is no full-time receptionist or security staff and for large amounts of time people can walk unchallenged into the building. (This also has implications for patients if they arrive at a time when there is no receptionist, as it can be

confusing). A number commented that they didn't know whose responsibility it was to lock up and unlock the building. Thefts have already taken place on two separate occasions.

- Maintenance is a battle. The facilities department don't seem to respond quickly enough to problems in the building which have ranged from floods, leaks, disconnecting panelling to cleaning and burnt out light bulbs. It was felt that the building was due to be completely repainted. Because there is not one clear member of staff appointed to deal with maintenance problems sometimes go un-reported as no one feels it's their responsibility to report them.
- Housekeeping is not up to scratch.
- It was suggested that there should be a 'swipe-card' system to key areas of the building, as well as a caretaker for the building.
- The Hospital archivist is on the Barts site and it was suggested that the artworks should be put under her responsibility for regular checking, although maintenance of them could be a joint matter between her and Vital Arts.

Staff retention

The five staff who manage departments were asked about the impact of the special environment on staff retention, with conflicting results. Two of the respondents said that it had had a positive impact with 0 staff turnover and 0 vacancies. One respondent said there had been no turnover at all except for one temporary member of staff who had been made permanent.

Two said that it hadn't had an impact, although one commented that they had only lost one member of staff who was actually a trainee and not a full member of staff. The other stated emphatically that "Bad buildings are the norm so staff are used to them. This is the exception. It helps with recruitment, but not necessarily with retention".

One respondent was not sure.

Any other comments

Although all the respondents said they didn't want to say anything else about the artwork and the building 92% went on to make further comments!

Comments ranged from how lovely the building is to the following:

"It's a refuge".

"I wish the rest of the hospital had to perform to the same building standard".

"The fact that it was commissioned through raised charitable donations is a source of sadness to me as it wouldn't have been possible any other way. It's beyond the NHS's capability to do this on their own, and it can't become the standard"

PATIENT SURVEY FINDINGS

EXECUTIVE SUMMARY

- 149 women were interviewed at the West Wing between 7th September and 2nd October 2006. The results of these interviews offer a “snapshot” understanding of how the environment and the artwork in the West Wing affect patients and their families.
- All age groups were represented in the sample, which spanned both Follow-Up and Family History Clinics at the West Wing. 93% of respondents described themselves as having a White ethnic background.
- Almost all respondents expressed spontaneous satisfaction with the West Wing’s environment, regardless of the length of time they had been attending clinics at Barts or elsewhere. 72% of longstanding patients were “impressed” with the environment and 24% said it was clean. 18% said it was better than before.

Patients who have only know the West Wing at Barts said it was “more inviting” (96%), “more comfortable” (96%), “more peaceful” (93%) and “better organised” (79%) than previous hospital clinics they have attended.

- 95% said the West Wing’s environment has a positive effect on their sense of wellbeing. 55% said their experience of the West Wing had changed their opinion for the better in terms of the value of a well-balanced environment and arts programme and the role it can play in healthcare. 38% said they have always thought that a good environment makes a difference to how they feel.
- 80% were aware of the artwork in the West Wing and 81% said the artwork made a positive contribution to the experience of coming to the West Wing. 85% said the artwork creates a special environment for patients and 74% said the same for the West Wing’s staff. Few patients talk about the environment and artwork with each other or the staff (19%). Those who do speak about it comment on how they are impressed with the building and how they find the artwork interesting.
- Only 10% of respondents think that there is enough information on the building and the artwork. When asked how the provision of information could be improved, the main ideas offered were booklets or leaflets about the project and signs or plaques on the walls describing the artwork. Some suggested that information could be made available in waiting areas throughout the West Wing.

- According to 93% of respondents, making the West Wing a One-Stop Breast Cancer care centre has been a great help to them personally. 86% said that the design of the West Wing has had a positive effect on how clinics are run. Those who have been attending clinics at Barts for longer than two years are particularly in favour of the new setup.
- Generally speaking, older patients (55 and over) were the most positive about the West Wing's environment and artworks and their impact on wellbeing. Non-white ethnic groups were least likely to comment on the environment and artwork.

Sample Profile

- All 149 respondents were women.
- All age groups were represented in the sample.
 - 16-34 (14%)
 - 35-54 (47%)
 - 55+ (39%)
- Interviews were conducted during both Follow-Up (70%) and Family History clinics (30%).
- 62% of interviews were conducted during Monday clinics and 38% during Thursday clinics.
- Almost two thirds (64%) of the interviewing took place during morning clinics (0930-1230).
- 93% of respondents had a white ethnic background (73% White British, 4% White Irish, 8% Other White background).
 - 93% of respondents who have been attending clinics at Barts for longer than two years are White, compared to 78% who have been coming for less than two years.
- There was wide variation in the length of time respondents had been coming to Barts for breast cancer care services.
 - Less than one year (35%)
 - 1-2 years (14%)
 - 2-5 years (18%)
 - Longer than 5 years (32%)

First Impressions of the West Wing's Environment

The vast majority of respondents who have been coming to Barts for breast cancer care services for more than two years were impressed by the West Wing's environment. The main, spontaneous, comments made by respondents are summarised in Table 1.

Table 1: First Impressions of the West Wing's Environment

	Total 76 %
Base: coming to Barts >2yrs	
Impressed/like it/very nice/beautiful place	72
Clean	24
Better than it was before/an improvement	18
Modern	16
Fresh/airy/not stuffy	14
Comfortable room/inform seating	13
Like artwork/interesting artwork/nice décor	13
Good lighting/bright environment	12
Relaxing	12
Big/open/spacious	9
Calming/de-stressing/quiet and tranquil environment	9
Pleasant/nice/caring/cheery/lively atmosphere	9
Helps you feel at ease/safe/comfortable/inviting	8
Efficient/quick service/well organised	7

72% of respondents were impressed with the environment. This proportion rises to 78% among respondents aged 55 and over and to 75% among patients at Follow-Up clinics. 29% of patients at Follow-Up Clinics commented that the environment was much better than before the renovations.

Respondents who had been coming to Barts for less than two years (not since the new West Wing was open) were asked to say how this new environment compared to previous hospital clinics they had visited. As Table 2 shows, almost all respondents say that the West Wing offers a more inviting, more comfortable, more peaceful and a better organised clinic visit than previously experienced.

Table 2: How Environment Compares to Other Clinics Visited

	Total 73 %
Base: coming to Barts <2yrs	
More inviting	96
Less inviting	-
More comfortable	96
Less comfortable	-
More peaceful	93
Less peaceful	1
Better organised	79
Worse organised	3

79% say the West Wing is better organised than previous clinics visited. This proportion rises to 90% among Monday clinic patients (72% Thursday clinics) and 81% of Follow-Up clinic patients (75% Family History clinics).

Environment and Wellbeing

According to 95% of respondents, the environment of the West Wing has a positive effect on their sense of wellbeing (57% very positive and 38% fairly positive). Table 3 summarises these findings by both age and clinic day.

Table 3: Environment and a Sense of Wellbeing

	Total 149 %	16-34 21 %	35-54 70 %	55+ 58 %	Mon 92 %	Thurs 57 %
Base: all						
Very positive	57	48	39	83	54	61
Fairly positive	38	52	59	9	41	33
Fairly negative	1	-	1	-	-	2
Very negative	-	-	-	-	-	-
Makes no difference	3	-	-	7	-	4
Don't Know	1	-	1	2	-	-

Older respondents (55%) were much more likely than younger respondents to say that the West Wing's environment had a very positive impact on their sense of wellbeing. However, all age groups found the effects on wellbeing to be positive. Those attending Thursday clinics were more likely to say that environment had a very positive effect on wellbeing, slightly more than those attending Monday clinics.

Awareness of Artwork

46% of respondents said they were very aware of the artwork throughout the West Wing. This proportion rises to 59% among the over 55s, 55% among those who have been coming to Barts for more than two years and 49% among White respondents. The art was noticed least by 16-34s (17%). Table 4a shows the relationship between awareness of the artwork in the West Wing and age, ethnicity and length of time coming Barts.

Table 4a: Awareness of Artwork

			Age		Ethnicity		Coming to Barts	
	Total 149 %	16-34 21 %	35-54 70 %	55+ 58 %	White 127 %	Non-White 22 %	2 yrs+ 76 %	Up to 2yrs 73 %
Base: all								
Very aware	46	19	43	59	49	27	55	36
Fairly aware	34	52	36	26	37	18	36	33
Not very aware	9	10	9	10	7	23	7	12
Not aware at all	9	19	13	2	7	23	3	16
Don't Know	1	-	-	3	-	9	-	3

The groups least aware of the artwork in the West Wing were non-white patients (46%), relative newcomers to Barts (28%) and those aged 16-34 (29%) or 35-54 (22%).

Respondents who were aware of the artwork were asked whether they thought their awareness grew as they made subsequent visits to the West Wing. Table 4b shows that 50% did think they became more aware of the artworks over time and that 22% have always been aware of it. Those coming to Barts for more than two years show greater awareness of the artworks than those coming for up to two years.

Table 4b: Growing Awareness of the Artwork

		Coming to Barts	
	Total 119 %	Up to 2yrs 42 %	2 yrs + 55 %
Yes	50	42	55
No	21	26	17
Have always been aware of art	22	14	28
DK/NA	8	18	-

Respondents who said they were not aware of the artwork were asked to say why they thought it hadn't registered with them. 43% didn't know why they didn't register the artwork, but 21% said the art was not very noticeable and 18% said they were simply too worried about why they were attending the clinic and could not take anything else on board. Table 4c summarises the answers to this question.

Table 4c: Why Artwork Hasn't Registered

	Total 28 %
Base: all not very/not at all aware of artwork	
	28
Not very noticeable	21
Too worried about why I am here/my health	18
Not interested in art anyway	11
didn't get chance to look at it/in a rush	7
First visit here	4
DK/NA/Nothing	43

Contribution of Artwork to the West Wing

As Table 5 shows, 81% of respondents (46% very positive and 35% fairly positive) said that the artwork made a positive contribution to the experience of coming to the West Wing.

Table 5: Contribution of Artwork to the West Wing

		Clinic		Coming to Barts	
	Total 149 %	FU 105 %	Family 44 %	Up to 2 yrs 73 %	2 yrs + 76 %
Base: all					
Very positive	46	49	39	40	51
Fairly positive	35	30	45	34	36
Fairly negative	-	-	-	-	-
Very negative	1	-	5	1	1
Makes no difference	10	12	5	10	11
DK/NA	8	9	7	15	1

Respondents who have been coming to Barts for longer than two years (51% very positive and 36% fairly positive) are most likely to say the art has made a positive contribution to the West Wing. Those most likely to say the artwork makes no difference are non-White (14%), attendees at Follow-Up clinics (12%) and those aged 35-54 (10%).

When asked if anything about the artwork was unhelpful to their visits to the West Wing, almost all respondents (92%) could think of nothing. 4% said they were on their first visit to the West Wing, so they hadn't had a chance to look at the artwork. Individual comments were also made:

- Down to individual taste
- First Floor reception art is in bad taste
- Don't like the silverware
- Some walls too plain
- Concerns that money spent should have gone to the hospital
- Worried that artwork on ceiling may fall down

Artwork Creates a Special Environment

74% of respondents said the artwork makes the West Wing a special environment for staff.

When asked if it makes a special environment for patients, their family and friends, 85% said it did. This information is summarised in Table 6.

Table 6: Artwork Creates a Special Environment

	For Staff 149 %	For Patients 149 %
Base: all		
Yes	74	85
No	3	2
DK/NA	23	13

79% of respondents who have been coming to Barts for more than two years said the artwork created a special environment for staff (68% among respondents coming for up to two years). 92% of long-time patients said the artwork created a special environment for themselves, their family and friends (77% among patients coming for up to two years).

Talking about the Artwork

When asked if they ever talked about the environment and artwork at the West Wing with doctors, nurses, reception staff or other patients, 78% of respondents said no, they didn't have such conversations. 19% did have conversations about their environment. This proportion rises to 24% among patients aged 55 and over and 22% among attendees at Follow-Up clinics. As Table 7 shows, non-White respondents are far less likely to talk about the environment and the art than their White counterparts.

Table 7: Talk about the Environment and Artwork

	Total 149 %	White 127 %	Non-White 22 %
Base: all			
Yes	19	22	5
No	78	77	82
DK/NA	3	1	14

When asked what they talked about, comments were invariably positive. The main comments made were:

- Impressed/like it/very nice/beautiful place (41%)
- Like artwork/interesting artwork/nice décor (14%)
- Relaxing (10%)
- Different/unusual/unique (7%)
- Big/open/spacious (7%)
- Better than it was before/an improvement (7%)
- Good lighting/bright environment (7%)
- Pleasant/nice/caring/cheery (7%)

Information on the West Wing Project and the Artwork

As Table 8a shows, only 10% of respondent think there is enough information available to learn about the West Wing project and the artwork.

Table 8a: Information on the West Wing Project and the Artwork

	Total 149 %
Base: all	
Yes	10
No	43
DK/NA	47

Those who said there was not enough information were asked if they could offer any ideas on how to improve this situation. Table 8b shows that booklets/leaflets (36%) and signs or plaques (22%) are the ideas put forth by most respondents. 11% said information could be available in the waiting areas of the West Wing.

Table 8b: Ways in Which Information Provision could be Improved

	Total 64 %
Base: all saying not enough information	
Booklets/leaflets/newsletter describing artwork/building	36
Sign/plaque/notice/pictures on the wall	22
Information could be available in waiting area/other areas	11
Information should contain details of artwork and artist	6
Information could be sent with appointment card	5
Don't know/nothing	28

One Stop Breast Cancer Services at the West Wing

93% of respondents said that making the West Wing a one-stop Breast Cancer centre has helped them (75% helped a lot and 18% helped a little). Table 9 shows the way that age influences answers to this question.

Table 9: How Making the West Wing a One-Stop Breast Cancer Centre has Helped

	Total 149 %	16-34 21 %	35-54 70 %	55+ 58 %
Base: all				
Helped a lot	75	67	73	81
Helped a little	18	19	20	16
Not helped very much	1	-	-	2
Not helped at all	2	5	1	2
DK/NA	4	10	6	-

81% of respondents aged 55 and over said the One-Stop nature of the West Wing helped a lot, although fewer 16-34s (67%) said this. In addition, Thursday clinic attendees said this system helped a lot (81%).

Design Implications on How Clinics are run

According to 86% of respondents, the design of the West wing has had a positive impact on the way clinics are run (58% very positive and 28% fairly positive). Table 10 shows that there is a strong correlation between positive responses to this question and length of time attending clinics at Barts.

Table 10: Design Implication on How Clinics are run

		Coming to Barts	
Base: all	Total	Up to 2 yrs	2 yrs +
	149	73	76
	%	%	%
Very positive	58	51	64
Fairly positive	28	30	25
Fairly negative	1	1	-
Very negative	-	-	-
Made no difference	3	5	-
DK/NA	11	12	11

64% of long-standing Barts patients said the design had a very positive effect on how clinics were run, compared to 51% of patients who had only experienced the West Wing for breast cancer services at Barts. 69% of respondents aged 55 and over said the effects were very positive. 23% of non-White respondents and 14% of 16-34s said the design made no difference to the provision of healthcare at the West Wing.

Environment, the Arts and Healthcare

According to 55% of respondents, coming to the West Wing has changed their opinion for the better in terms of the value of a well-balanced environment and arts programme and the role it can play in healthcare. This proportion rises to 60% among Follow-Up clinic attendees and 59% among the 35-54s. 38% said they always thought a good environment makes a difference to how they fell. This information is summarised in Table 11.

Table 11: West Wing and Environment, the Arts and Healthcare

		Age			Clinic	
Base: all	Total 149 %	16-34 21 %	35-54 70 %	55+ 58 %	FU 105 %	FH 44 %
Changed for the better	55	48	59	53	60	43
Changed for the worse	-	-	-	-	-	-
Made no difference	11	10	11	10	10	11
Always thought good environment makes a difference to how I feel	38	52	30	43	35	45
DK/NA	1	-	1	-	-	2

One in ten says that environment and art make no difference to healthcare today. There is very little variation across the different demographic groups on this dimension.

Other Comment about the Building and its Art

31% of respondents had no further comments to make about the building or the artwork at the West Wing. Table 12 summarises the additional comments made by most respondents. (A full listing of all additional comments can be found in the computer tabulations, which are presented in a separate document).

Table 12: Other Comments about the Building and its Art

	Total 149 %
Base: all	
DK/NA/Nothing	31
Impressed/like it/very nice/beautiful place	19
Clean	9
Helps you feel at ease/safe/comfortable/inviting	6
Calming/de-stressing/quiet and tranquil environment	5
Keep up the good work/very grateful/feel privileged	5
Not at all like a hospital/not what expected	5
Benefit from more artwork/information on artwork	4
Difficult to find building/not enough signposts	4

Appendix 1: Staff Questionnaire

STAFF EVALUATION QUESTIONNAIRE FOR WEST WING

Name	
Job Title	
Gender	
Age	
Ethnic Background (DCMS format)	WHITE British Irish Any other white background MIXED White and Black Caribbean White and Black African White and Asian Any other mixed background ASIAN or ASIAN BRITISH Indian Pakistani Bangladeshi Chinese Any other Asian background BLACK OR BLACK BRITISH Caribbean African Any other Black background OTHER

Any other information offered by respondent

1. How long have you been working at Barts and the London Hospital?
2. Did you work for Breast Cancer Services before they moved to the West Wing? **YES**
NO

IF YES: What were your first impressions of the renovated West Wing?

IF NO: How does this environment compare to previous places you have worked?

3. Are you familiar with all the floors and rooms here in the West Wing?
YES **NO**

4. Do you concentrate on some floors/rooms more than others? **YES** **NO**

IF YES: Do you feel like you are missing out on anything? (Probe: Like some places in the building better than others; patient awareness of environment; easier to work in certain areas etc.)

5. Does the environment here in the West Wing have any effect on your working day?

Enhance/No difference/Detracts from job at hand

6. Are you aware of the art programme as a distinct part of the environment of the West Wing?

YES **NO**

7. Do the artworks contribute to your experience of working in the building?

YES **NO**

8. Do you feel that the environment contributes positively to the patient's experience of the building and their treatment here?

YES **NO** **NOT SURE (PROBE ANSWER)**

9. And what about the artwork? Does it contribute positively to the patient's experience and their treatment here?

YES NO NOT SURE (PROBE ANSWER)

10. Do you ever talk about the environment/artwork with your patients?

ALWAYS SOMETIMES RARELY NEVER NOT SURE

11. Have you ever received any spontaneous comment from patients on the environment/artwork?

ALWAYS SOMETIMES RARELY NEVER NOT SURE

12. Do you feel that there is enough information available to explain the artworks?

YES NO NO SURE

If not, how do you feel this could be improved?

13. Is there anything with regards the artworks that you feel is unhelpful to your work?

YES NO NOT SURE

14. Has working in the West Wing changed your opinion about the value of a well designed environment/art programme and the role it can play in health care?

YES NO NOT SURE

15. At Barts great care has been placed in delivery of an arts programmes part of the interior design of the building, in recognition of the value it can play in delivering a holistic approach to medical care. Do you agree that this is a good use of resources?

YES NO NOT SURE

16. Does the artwork make the West Wing a special environment?

YES – FOR PATIENTS

YES – FOR STAFF

NO – NOT FOR PATIENTS

NO – NOT FOR STAFF

NO – NOT FOR ANYONE

Can you tell me why you say this?

17. One of the aims of creating the West Wing was to provide a one-stop Breast cancer centre with all facilities under one roof. Do you feel that this has helped you in your work?

YES

NO

NOT SURE

If so, How? If not, give examples why not?

18. Has the building design had an impact on the way the services are run?

YES

NO

NOT SURE

19. How important would you say your work environment is to you when you are considering a job opportunity?

VERY IMPORTANT

FAIRLY IMPORTANT

NOT VERY IMPORTANT

NOT IMPORTANT AT ALL

HAVEN'T REALLY THOUGHT ABOUT IT

Can you tell me a bit more about this?

20. Is there anything else that you'd like to see among the artworks?

YES – if so what?

NO

21. How do you feel the work should be looked after?

22. Is there anything else that you'd like to say about the artwork and the building

YES NO

Rob Carpenter/Clare Morrell/Liz Beeson/Nicky McCullon/Alan Bocking:

Has the art programme and the special environment of the West Wing had an impact on staff retention?

Paul White/Morag Jackson

Has the art programme had an impact on how the Trust views the arts contribution to Trust services and Trust environments?

Appendix 2: Patient Questionnaire

INTERVIEWING SERVICES LTD
UNIT 6, PARK FARM, ERMINE STREET,
BUNTINGFORD, HERTS, SG9 9AZ
TEL: 01763 272746 FAX: 01763 272788

JN: 5978- PATIENTS SURVEY

INFORMANT'S NAME:	
ADDRESS:	
POSTCODE:	
TELEPHONE NUMBER:	

AGE GROUP	11	SEX	12	CLINIC TYPE	15
16-24	1	MALE	1	FOLLOW-UP	1
25-34	2	FEMALE	2	FAMILY HISTORY	2
35-44	3				
45-54	4				
55-64	5				
65+	6				

Interviewer declaration: I declare that this is an interview carried out in accordance with your instructions with a person unknown to me.

Signed :

Name:

Date of interview :

DAY OF INTERVIEW (16)

MONDAY 1
THURSDAY 2

TIME OF INTERVIEW (17)

9.30 AM – 12.30 PM 1
1.30 PM – 5.30PM 2

ETHNIC GROUP

SHOW CARD A: Please indicate on this card the group that best represents the ethnic group to which you feel you belong. (18)

<u>WHITE</u>	
BRITISH	1
IRISH	2
ANY OTHER WHITE BACKGROUND	3
<u>MIXED</u>	
WHITE AND BLACK CARIBBEAN	4
WHITE AND BLACK AFRICAN	5
WHITE AND ASIAN	6
ANY OTHER MIXED BACKGROUND	7
<u>ASIAN OR ASIAN BRITISH</u>	
INDIAN	7
PAKISTANI	8
BANGLADESHI	9
CHINESE	10
ANY OTHER ASIAN BACKGROUND	11
<u>BLACK OR BLACK BRITISH</u>	
CARIBBEAN	12
AFRICAN	13
ANY OTHER BLACK BACKGROUND	14
CHINESE	15
OTHER	16

Good morning/afternoon/evening. My name is from Interviewing Services Limited (**SHOW MRS ID CARD**). We are conducting a survey among patients here at the West Wing to find out your thoughts and feelings about the building and its art.

Please let me assure you that no one will be able to identify your answers to the following questions. The results of the survey are anonymous.

Q.1 **SHOW CARD B:** First of all, can I ask how long you have been coming to the Barts and London Hospital for breast cancer services?

(21)

Q.3	LESS THAN ONE YEAR	1
	1 – 2 YEARS	2
Q.3		
Q.2	OVER 2 AND UP TO 3 YEARS	3
	OVER 3 AND UP TO 4 YEARS	4
Q.2		
Q.2	OVER 4 AND UP TO 5 YEARS	5

Q.2	LONGER THAN 5 YEARS	6
Q.4	NOT SURE	7

IF LONGER THAN TWO YEARS AT Q.1, ASK Q.2:

Q.2 What were your first impressions of the building environment here at the West Wing, which opened in September 2004? (**WRITE IN**)

IF LESS THAN TWO YEARS AT Q.1, ASK Q.2:

Q.3 **SHOW CARD C:** How does this environment compare to previous hospital clinics you have visited, for any reason? Is it....?

PLEASE ASK FOR EACH PAIR, BEFORE MOVING ON TO THE NEXT

MORE INVITING	1
LESS INVITING	2
MORE PEACEFUL	3
LESS PEACEFUL	4
BETTER ORGANISED	5
WORSE ORGANISED	6
MORE COMFORTABLE	7
LESS COMFORTABLE	8

ASK ALL:

Q.4 **SHOW CARD D:** Does the environment here in the West Wing have a positive or negative effect on your sense of wellbeing when you are here?

VERY POSITIVE	1
FAIRLY POSITIVE	2
FAIRLY NEGATIVE	3
VERY NEGATIVE	4
MAKES NO DIFFERENCE	5
DON'T KNOW	6

Q.5 **SHOW CARD E:** Now, during your visits to the West Wing, how aware have you become of the artwork throughout the building?

Q.6	VERY AWARE	1
-----	------------	---

Q.6	FAIRLY AWARE	2
Q.7	NOT VERY AWARE	3
Q.7	NOT AT ALL AWARE	4
Q.7	DON'T KNOW	5

IF VERY / FAIRLY AWARE AT Q.5, ASK Q.6:

Q.6 Would you say that you have become more aware of the art as you make ongoing visits to the West Wing?

YES	1
NO	2
HAVE ALWAYS BEEN AWARE OF THE ART	3
DON'T KNOW	4

ASK ALL:

Q.7 **SHOW CARD F:** Does the artwork make a positive or negative contribution to your experience of coming to the West Wing for check-ups or treatment?

VERY POSITIVE	1
FAIRLY POSITIVE	2
FAIRLY NEGATIVE	3
VERY NEGATIVE	4
MAKE NO DIFFERENCE	5
DON'T KNOW	6

Q.8 Would you say the artwork makes the West Wing a special environment for?
a) Staff
b) Patients, their family and friends

	Q.8a Staff	Q.8b Patients, family & friends
YES	1	1
NO	2	2
DON'T KNOW	3	3

IF NOT VERY AWARE / NOT AWARE AT ALL AT Q.5, ASK Q.9: OTHERS GO TO Q.10.

Q.9 **SHOW CARD G:** Can you think why the artwork hasn't registered with you?

NOT VERY NOTICEABLE	1
TOO WORRIED ABOUT WHY I AM HERE/ MY HEALTH	2
NOT INTERESTED IN ART ANYWAY	3
OTHER (WRITE IN)	

ASK ALL:

Q.10 Do you ever talk about the environment or the artwork here at the West Wing with the doctors, nurses, reception staff or other patients?

Q.11	YES	1
Q.12	NO	2
Q.12	DON'T KNOW	3

IF YES AT Q.10, ASK Q.11:

Q.11 What do you talk about? **(WRITE IN)**

ASK ALL:

Q.12 Do you think there is enough information available for patients, their friends and family about the West Wing project and the artworks here?

Q.14	YES	1
Q.13	NO	2
Q.14	DON'T KNOW	3

IF NO AT Q.12, ASK Q.13:

Q.13 Can you think of any ways that this could be improved? **(WRITE IN)**

ASK ALL:

Q.14 Is there anything about the artworks that you feel is unhelpful to your visits here? **(WRITE IN)**

Q.15 **SHOW CARD H:** Now, thinking again about the West Wing as a whole, one of the aims of creating the West Wing was to provide a one-stop Breast Cancer centre with all facilities under one roof. How much, if at all, has this helped you personally?

HELPED A LOT	1
HELPED A LITTLE	2
NOT HELPED VERY MUCH	3
NOT HELPED AT ALL	4
DON'T KNOW	5

Q.16 **SHOW CARD I:** Do you think the design of the building has had a positive or negative impact on the way the clinics are run?

VERY POSITIVE	1
FAIRLY POSITIVE	2
FAIRLY NEGATIVE	3
VERY NEGATIVE	4
MADE NO DIFFERENCE	5
DON'T KNOW	6

Q.17 **SHOW CARD J:** How, if at all, has coming to the West Wing changed your opinion about the value of a well-designed environment and arts programme and the role it can play in healthcare today?

CHANGED FOR THE BETTER	1
CHANGED FOR THE WORSE	2
MADE NO DIFFERENCE	3
ALWAYS THOUGHT A GOOD ENVIRONMENT MAKES A DIFFERENCE TO HOW YOU FEEL	4

Q.18 And finally, is there anything else you would like to say about the building or the artwork? (**WRITE IN**)

THANK RESPONDENT AND CLOSE INTERVIEW

Appendix 3: List of Staff Interviewees

Liz Beeson, Senior Sister

Alan Bocking, Service Manager

Rob Carpenter, Consultant Breast Surgeon

Kay Cumin, Assistant General Manager, Cancer Services

Joanne Francis, Superintendent Radiographer

Jennifer Kearney, Service Manager for Breast Symptomatic

Rashida Khartoum, Bengali Cancer Health Advocate

Nicky McCulloch, Acting programme manager, breast screening service, central and east London.

Clare Murrell, Head of Nursing

Ana Marie Pena Remorin, Sister, Out patients

Julie Somers, Superintendent 3 radiographer (technical side)

Ann Vaus - Clinical Nurse specialist, breast care team leader

Sarah Vinnicombe, Consultant Radiologist (lead symptomatic)

Appendix 4: Specific comments on aspects of the design of the building

Positive

- 001 The screens on the second floor are not an issue.
- 004 The furniture in the counselling room is lovely.
- 005 Much better. More privacy. Consultation rooms are bigger and away from the meeting rooms. The layout is good. If you're crying you can avoid the waiting area.
- 006 Doesn't look so busy – split up over the corridors
- 012 Never see the lingerie shop open. Think it's a great idea. Would like to know more about what the service has to offer.

Negative

- 001 Design could have been improved if all the nurses could have shared a space together. Are problems with some of the offices. Secretaries room gets too hot - no blinds. Practical problems: if a patient is upset, difficult to move them to counselling room so they end up blocking the room. BUT Ground floor a problem - no money for reception staff, dreadful security. Queen's locks new on front door instead of ordinary Yale. Don't give keys to all the staff so have to go to security to open. Resource room - key very impractical. Furniture too low in counselling room Don't like haematology taking over. The seminar room has become a trust facility which anyone can book - breaking equipment.
- 004 Very elite and not practical. Clinical areas on the 1st/2nd floors are dreadful such a lot of wasted space. You can't tell where people are. The offices are badly designed. Ergonomically it's a difficult place to work as it's split across the two sides of the building. Can't always separate out the different types of patients they see i.e. symptomatic/screening. It's also isolating. The viewing areas are too small but the rooms themselves are fine. Furniture is not suitable on the ground floor – it's too artificial and doesn't consider the needs of the patient.

It was naïve to design the building simply for breast cancer services. The transplant clinic are now using the West Wing and demonstrating that as a clinical area it is very poorly designed.

As the beginning of the patient journey it sets up to great a comparison with the rest of the hospital. It should have included a ward and chemo suite in the building.

It should have included gynaecology with breast cancer in the building.

The digital equipment has technical problems

The coffee bar is a waste of space. It's rarely used by patients and usually by staff.

The reception should have been in the stairwell to greet people as they arrive.

The nurses should have all been in one room – Mr Carpenter's room would have been more appropriate. The rooms they're now in are too small for two people.

Involved in PFI - would have failed the West Wing. Used as a multipurpose building. Not designed for non-able bodied people

Can't get a trolley or bed in - patient safety not considered.

Not equipped for people who are ill - no cardiac arrest trolley or ECG machine - had to be brought in.

005 Lift too small for stretcher patients (2 currently)

Tagging system not being used. Needs extra member of staff to operate it. Use people's mobiles instead.

006 Hard to get an overview from the reception desk on the ground floor of the waiting area, because can't see round the corner. Difficult to communicate with the patients who are waiting.

008 Films on ground floor but should have been on 2nd. Security is lax.

No swipe activated doors on all floors particular problem out of hours.

Radiologists/screening felt weren't properly consulted.

009 AVM lots of trouble – nightmare – not installed properly. New company maintaining the video now – Whipps Cross. Audio didn't work. Power down – collapse of the circuit board and total burn out.

Ground floor reception - medical students abuse the space - noisy during lunch because of coffee shop - sit in there and hang out. Want patients to relax. Like a canteen during term time. Especially on Fridays. Bring in food from the canteen. Want to get rid of people - tell them not to go there. Leave a mess.

011 The lifts are a problem because they aren't big enough to bring in the equipment needed in the department on the 2nd floor. Had to hire a hoist which was expensive. Currently need to replace a roller viewer which will be problematic.

Had to understand needs of patient and staff in order to build it. But various concerns: Patient Tracking system never used. Let to believe there would always be a receptionist. No manual for the building it explaining how the layout is intended to be 'used'. Patient Changing rooms – no mirrors, no disclaimers regarding belongings, no trust logos. Storage problems. Signage problems. Height of furniture a problem – too low in some cases. No viewing boxes on 2nd floor. Filming Vs digital problems.

The Repetitive nature of radiographic work means we're prone to injury. The environment needs to be as safe as possible.

Appendix 5: Specific Comments on Artworks in the Building

Positive

- 001 Teapots especially. Very positive. Weird and wonderful. Talking point and relaxant.
One to one - winter love the neon - like stained glass.
Good Mixture throughout. Favourite is the Rowena Dring, liked being involved in the pattern cutting.
- 002 Parts of it I like - Playschool neon I love.
Love pictures by Shahzia.
Comment in general survey that it was an oasis of tranquillity.
- 004 Love the George Shaw paintings.
Cornelia Parker – not my cup of tea, but prefer the room. Feels more tranquil. Blue is a calming colour.
- 007 Favourite is CP. Alice. Inverted dining room.
- 011 Get feedback in the suggestion box within the imaging department. Sometimes direct comments referring to the artwork.
Bit concerned initially about the 2nd floor – it's 'boldness' – but also like aspects of it i.e. above the reception desk. Certainly a talking point/ diversion.

Negative

- 000 I don't like the stronger colours (prefer softer colours) and I don't like the contemporary artworks together with the old building i.e. the David Batchelor artwork.
Screens are in the way although nice to look at. Don't serve their purpose of separating the screening and symptomatic parts of the building. Creates a quality assurance problem Communication with patients and speed in which seen haven't improved since before
Screens vulnerable - concerned about their safety.
- 002 Doubts about some of the areas. 2nd floor mural is not restful/almost lurid colours.
Patient comment on the black bird as bird of death - colours are too strong (2nd floor again)

- 004 Can't stand the 2nd floor. Big black birds of death. Ghastly colour scheme.
Many nurses feel the same way – you don't put orange and pink together. Couldn't sit there. Don't like the neon. 'Cheapens' the place. – not classy – like a fairground.
- 009 A lot of money spent.
Windows not appreciated enough as patients get in and get out – not noticeable down the corridor to the DR.
Local artists might have worked for free. Criticism in the papers - everyone agreed with the criticism.