

**The King's Fund** >

**Improving the  
patient experience**

**Environments for care  
at end of life**

**The King's Fund's  
Enhancing the  
Healing Environment  
Programme  
2008-2010**



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The King's Fund has been running its nationally recognised award-winning Enhancing the Healing Environment programme since 2000. This publication celebrates the completion of the latest phase of the programme – Environments for Care at End of Life. It includes findings of the independent evaluation carried out by the Sue Ryder Care Centre for the study of supportive, palliative and end of life care at the University of Nottingham.

## The King's Fund >

This phase of The King's Fund's Enhancing the Healing Environment programme was commissioned and funded by the Department of Health. The programme was evaluated by The Sue Ryder Care Centre, University of Nottingham.



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*Inset: Bereavement centre, Salisbury Hospital*

*Back: Pall, Salisbury Hospital viewing room*

*Photography: Hedley Finn*

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*and the respective NHS Trust or HM Prison*



# Foreword

I am delighted to have the opportunity to provide a foreword to *Environments for Care at End of Life*, which marks the completion of 20 schemes to improve the environment of care for those receiving palliative care, their relatives and the bereaved as part of The King's Fund's Enhancing the Healing Environment (EHE) programme in England.

The environment in which we live, work and are cared for makes a real difference to us all. This programme was funded by the Department of Health as part of our work to support the implementation of the End of Life Care Strategy in England. Projects were chosen to reflect the end of life care pathway and the various hospital settings in which people are cared for including acute and mental health trusts and in prison.

It is clear from the outcomes of the various projects described in this publication, and from the very positive evaluation of the programme by the Sue Ryder Care Centre for the Study of Supportive, Palliative and End of Life Care at the University of Nottingham, that the programme has succeeded in its aims both of providing exemplar projects from which we can learn and of raising the profile of end of life care across the service.

The EHE programme's emphasis on involving patients and relatives and the staff who care for them in every scheme makes each one rightly unique. However, there are many overarching lessons to be drawn from the achievements of the local teams and their tenacity in making sure that they have achieved high quality outcomes for the people they care for and the staff who look after them. The attention to detail that is such a characteristic of the palliative care suites could not have been achieved without significant input from service users, and it is a testament to the sensitivity and care taken by the project teams that people have been so willing to make such a positive contribution to their work.

As a result of the programme, support and facilities for relatives and the bereaved both in the establishment of bereavement suites and in the redesign of mortuary viewing areas have been transformed. New partnerships have been formed with local authorities so that registrations can now take place in hospitals, thus saving further journeys for relatives at a distressing time.

One of the most striking outcomes of the programme, illustrated so well by many of the projects, is the potential for real and lasting local engagement to be established as a result of relatively small-scale interventions. Many new volunteer schemes have started, and these will continue to support patients and relatives in the longer term. The EHE teams should also be congratulated on their extraordinary fundraising efforts, which have raised significant sums for their projects – demonstrating their enthusiasm and commitment to deliver substantial and evident change for those they care for.

This publication demonstrates how, with thought, care and determination, local teams can make a real difference. I am sure it will inspire you to think about what you can do to improve the environment of care for those who are dying, their relatives and the bereaved.

Professor Sir Mike Richards  
CBE MD FRCP DSc (Hon)  
National Clinical Director for Cancer  
and End of Life Care  
July 2011



***“How we care for the dying is an indicator of how we care for all sick and vulnerable people. It is a measure of society as a whole and a litmus test for health and social care services.”***  
(Department of Health 2008a)

## Acknowledgements

The ongoing support and interest of our President, HRH The Prince of Wales, has been greatly appreciated by all those involved in the programme. We are particularly pleased to have had the opportunity of working with The Prince's Foundation for the Built Environment during this important phase of the programme to improve the quality of the environment of care for those who are dying, their relatives and the bereaved.

We are also indebted to our partners at the Department of Health who funded this programme and made this publication possible. Professor Sir Mike Richards, National Clinical Director for Cancer and End of Life Care; Dame Christine Beasley, Chief Nursing Officer and Professor Rob Smith, Director, Gateway Review and Estates & Facilities Division have all championed the programme, and their ongoing support has been invaluable.

Claire Henry, Director, National End of Life Care Programme and departmental colleagues Tessa Ing and Brian Coapes have provided invaluable advice. Particular thanks must go to Brian for his personal enthusiasm and commitment to the EHE programme over many years and all that he did to make this programme possible.

We are grateful, too, to all those who through their support have ensured the success of the programme – in particular, those who have contributed to the teams' development programmes, including colleagues at ICI paints (now part of AkzoNobel), Nightingale Associates, Philips Lighting and Tate Modern; Sarah Waller, Hedley Finn and the EHE team at The King's Fund, who continue to guide and support with a deft touch. We also wish to thank Dr Tony Arthur, Eleanor Wilson and colleagues at Nottingham University who undertook the programme evaluation.

This publication marks the completion of 25 projects in 19 NHS trusts and one prison. We have been touched by the willingness of patients, relatives and the bereaved to contribute their thoughts about how to create improved environments. Their practical advice has made a great difference to the individual schemes. Thanks are due to them and to the many trust boards, Leagues of Friends, local charities, businesses and organisations that have supported the projects. Above all, our thanks must go to the 20 teams who have worked so hard and achieved such success in improving care for patients and their loved ones at such difficult and important times in people's lives.

In 2010, we marked the 10th anniversary of the Enhancing the Healing Environment programme. I am delighted that the programme continues to build empowered and confident multidisciplinary teams that are able to bring about such significant and tangible improvements in the patient and family experience through high quality, value for money environmental schemes.

Professor Chris Ham CBE  
Chief Executive, The King's Fund  
July 2011

Project opening  
Liverpool Women's Hospital





# Part 1 Background



# 1 Introduction

The environments in which we live and work have a profound influence on our physical and psychological well being. Research has repeatedly confirmed that a supportive and welcoming environment can have positive effects both on those who visit hospitals – whether as patients or their loved ones – and those who work in them. We know that these spaces can contribute to healing and can boost staff morale. But hospital buildings are not always designed with these principles in mind. As a result, some can feel bewildering, alienating or gloomy.

Sceptics might assume that improving the appearance and usability of an area must be an expensive, time-consuming activity and a luxury that the NHS cannot afford – especially in the current economic climate. But the Enhancing the Healing Environment programme has repeatedly proved, through its work with 2,000 patients, relatives and staff over the past decade, that it is possible to transform environments of care with minimum outlay – and that the benefits are enormous. These projects show that, even in the most uninspiring environments, it is possible to create welcoming and comfortable spaces that are fit for purpose, good value for money, and that can improve quality of care and the patient experience.

## About this publication

There is a growing awareness of the importance of the environment within health care. This publication describes the work of 19 NHS trusts and one HM prison that took part in the latest phase of The King's Fund's Enhancing the Healing Environment (EHE) programme. It identifies good practice, highlights learning and celebrates the teams' achievements. Above all it seeks to show how, with minimal funds and a little support, teams can come together to transform care environments into spaces that support, and contribute to every aspect of health care, with enormous benefits for patients, staff and entire health care systems.

This most recent tranche of projects has demonstrated that Enhancing the Healing Environment continues to ignite the enthusiasm of local teams to work in partnership with patients and carers. Through its project grants, supported by work to develop team members' learning and skills, it has continued to

deliver outcomes way above expectation, effecting significant improvements in patient experience, quality, value for money, and environmental redesign. According to the most recent evaluation, 'government and decision-makers should consider continued investment in the EHE programme a cost-effective way of providing NHS trusts with a positive example of how a multidisciplinary team can effect change on the physical health care environment' (see p 89). This publication is designed to act as an inspiration and resource for trust boards, decision-makers and commissioners, as well as staff working on wards, in bereavement services, mortuaries and end of life care, and those responsible for capital planning.

The publication is divided into three parts:

- **Part one** sets out the scope and purpose of the publication. It describes the Enhancing the Healing Environment programme and its achievements to date. It then goes on to look at the most recent stage of the programme – Environments for Care at End of Life – on which this publication focuses.
- **Part two** presents case studies of the sites that participated in this latest stage and a summary of the formal evaluation.
- **Part three** provides two key resources. The first is a comprehensive project directory, offering details of individual projects within this latest phase of the programme, including details of individual works carried out, names of artists and others commissioned, and project costings. The second is the list of references to the entire publication.

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

HRH The Prince of Wales (1989)

***“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 (1863)



Part of an image, East Kent Hospitals

## 2 Enhancing the Healing Environment

Enhancing the Healing Environment (EHE) is a programme that works to encourage and enable local teams, led by clinical staff, to work in partnership with service users in order to improve the environment in which they deliver care. The 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 programme consists of two main elements:

- **A development programme** to support clinically led multidisciplinary teams, which include estates and facilities staff, arts co-ordinators, modern matrons and other staff, alongside service user representatives.
- **Project grants** (capital allocations) provided for each team to undertake a project to improve the patient environment. Projects must be conceived in a way that promotes service user well being and fosters a healing environment. The emphasis is on high quality, value for money schemes that make maximum impact with the resources available and that exemplify good design principles.

The programme aims to raise awareness and understanding – within participating teams and wider stakeholders – of the therapeutic value of good design. It also demonstrates how to bring about practical, high quality, value for money environmental improvements in hospitals and health care settings that can also lead to improved outcomes and well being for patients and staff alike.

### About The King's Fund

The King's Fund is a charity that seeks to understand how the health system in England can be improved. Using that insight, it helps to shape policy, transform services and bring about behaviour change.  
[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

### How is the EHE programme improving quality in health care?

- Developing wider understanding of the critical importance of the environment to the patient experience
- Contributing to the growing evidence base on the therapeutic impact of good design and the use of the arts in hospitals
- Developing leadership, facilitation and project management skills, improving confidence and developing multidisciplinary teams
- Encouraging the development of innovative approaches to patient involvement
- Developing closer links with local communities
- Fostering an increased sense of ownership of the hospital environment among patients, visitors and staff
- Reducing challenging behaviour among some patients
- Improving staff morale, recruitment and retention.



Above:  
Stonework,  
HMP Isle of Wight

Left:  
Sarah Waller and  
Hedley Finn at  
Bishop's Castle  
Community  
Hospital

## The programme to date

Since its inception, a total of 202 teams from 143 NHS trusts, two hospices and 34 prisons across England and Wales have joined the programme, and more than 2,000 staff and patients have come together to improve their health care environments. The King's Fund has also provided a range of training and consultancy support to more than 25 hospices to support environmental improvements.

Enhancing the Healing Environment initially focused on improving the acute hospital environment in London. As a result of its success, it was then rolled out to mental health trusts and a number of primary care trusts (PCTs). In all, 48 of the capital's trusts (all 31 acute trusts, all 11 mental health trusts and five of its PCTs) participated in this initial phase of the programme. The King's Fund's investment in the programme is the largest single investment that the charity has made in London's hospitals.

## Programme timeline

**2000** Enhancing the Healing Environment is launched 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.

**2001** The programme runs the first three cohorts of teams from the London acute sector, in January, June and October – 32 in total – with great success.

**2002** The programme is rolled out to the fourth cohort, comprising 11 mental health trusts.

**2003** The fifth cohort comprises five London PCTs. Meanwhile, NHS Estates and the Department of Health commission The King's Fund to extend the programme to an exemplar trust in each of the 23 former strategic health authorities (SHAs) outside of London, in a national phase funded by NHS Estates and charitable foundation monies.

### 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 National Cancer Director, together with the Director of Estates and Facilities, Department of Health, have co-sponsored phases of the extension of the EHE programme. Many NHS special trustees, Leagues of Friends, charities, and local business and community groups have also generously supported their local projects.

**2004** NHS Estates and the Department of Health provide funding for the programme to be extended to a further 23 mental health trusts across England.

**2005** The Department of Health funds a further extension of the programme, to mental health trusts, PCTs providing mental health services, and learning disability trusts.

**2006** The King's Fund works in partnership with six NHS trusts and charities and two Marie Curie Cancer Care hospices to launch a pilot programme focusing on improving Environments for Care at End of Life (ECEL).

**2007** The King's Fund extends the EHE programme to a pilot group of five HM prisons and young offenders' institutions in London, to improve the environment in which health care is delivered to people in prison. This stage of the programme is carried out in partnership with the National Offender Management Service (NOMS) and Offender Health – a partnership between the Ministry of Justice and the Department of Health, working to improve the standard of health care for offenders.

**2008** Following the 2006 pilot, the Department of Health commissions The King's Fund to extend the Environments for Care at End of Life (ECEL) programme to 20 organisations delivering health care in England.

**2009** With continued support from Offender Health, the prisons and young offenders' institutions' programme is extended to a further 20 HM prisons and young offenders' institutions' in England and Wales.

Also this year, a new Department of Health-funded programme is launched to improve the care environment for people with dementia, to support the implementation of the first national dementia care strategy and to provide positive examples of how practical improvements in the hospital environment can enhance the experience of people with dementia and their carers. Ten projects are chosen to reflect the different stages of the care pathway, from diagnosis to end of life care in mental health services.

**2010** An additional 12 trusts, including ten acute trusts, begin the programme to improve the environment of care for people with dementia. A further 10 HM prisons and young offenders' institutions join the prisons programme.

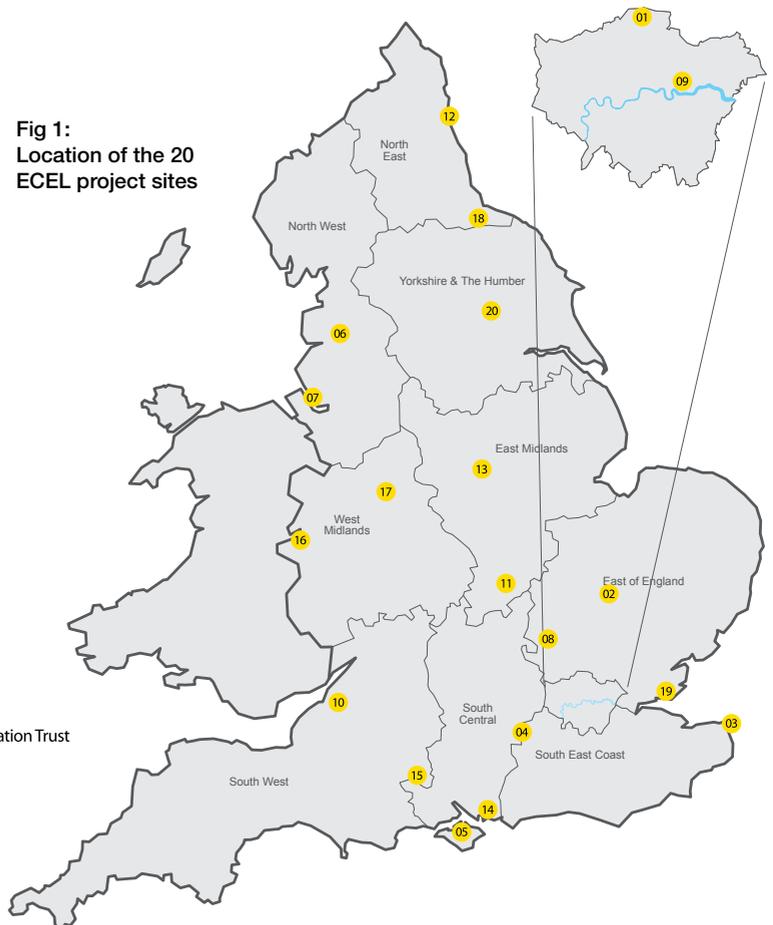
**The principles of the EHE programme**

- Taking a patient-centred, clinically led, and collaborative multidisciplinary approach involving staff and service users
- Ensuring a commitment to an evidence-based approach in the development of each therapeutic environment
- Delivering creative and high quality projects based on valuing and using the different skills of each team member
- Encouraging all those involved to challenge boundaries, be creative and take risks
- Putting the personal development and development of leadership in all team members at the heart of the work
- Sharing a passion for the aspirations and the impact of therapeutic environments
- Creating new and positive partnerships throughout the work.

**Participating organisations**

- 01 Barnet & Chase Farm Hospitals NHS Trust
- 02 Cambridge University Hospitals NHS Foundation Trust
- 03 East Kent Hospitals NHS Trust
- 04 Frimley Park Hospital NHS Foundation Trust
- 05 HMP Albany
- 06 Lancashire Care NHS Foundation Trust
- 07 Liverpool Women's Hospital NHS Foundation Trust
- 08 Luton & Dunstable Hospital NHS Foundation Trust
- 09 Newham University Hospital NHS Trust
- 10 North Bristol NHS Trust
- 11 Northampton General Hospital NHS Trust
- 12 Northumbria Healthcare NHS Foundation Trust
- 13 Nottingham University Hospitals NHS Trust
- 14 Portsmouth City Teaching Primary Care Trust
- 15 Salisbury NHS Foundation Trust
- 16 Shropshire County Primary Care Trust
- 17 South Staffordshire & Shropshire Healthcare NHS Foundation Trust
- 18 South Tees Hospitals NHS Trust
- 19 Southend University Hospital NHS Foundation Trust
- 20 York Hospitals NHS Foundation Trust

**Fig 1:**  
Location of the 20 ECEL project sites



## How the programme works

Since 2008 teams that are interested in joining the programme have had to make a formal application to the Department of Health, which has then selected the participating organisations for each programme. At the time of application the teams have needed to decide on their project site but not on the scheme's design. To meet the programme criteria, the project must:

- be a physical improvement in an area used by patients
- have direct patient/carer benefit
- be in line with the organisation's strategic plan
- demonstrate service user involvement throughout the scheme
- encourage creative solutions
- be well conceived and aspire to the highest quality and design standards
- represent good value for money.

The projects must be intended to promote patient well being and to foster a healing environment. Projects have ranged from refurbishing corridors to redesigning hospital waiting areas, creating gardens and quiet spaces, introducing artworks in patient areas, and improving bereavement facilities and mortuary viewing rooms. In prisons, projects have included the redesign of primary care centres and improvements to association areas and exercise yards within health care facilities.

Most organisations have undertaken one project with their grant, although some have chosen to undertake two or more. Many schemes have been successfully completed using the available capital allocations. Some have attracted additional funding from charitable or trust sources, and some have received substantial additional capital funding.

Once their plans are developed, each team is required to make a formal

presentation to their trust board (or senior management team and partnership board in the prison service) to gain their authorisation, followed by another to a Department of Health/King's Fund panel for formal approval.

## Project teams

When they join the programme, each organisation is asked to nominate a multidisciplinary project team, led by a nurse or other clinical professional, including estates and facilities staff and service user and carer representatives, to plan and manage its project.

Team members come from a wide variety of backgrounds and have included architects, capital planners, consultant medical and nursing staff, clerical and administrative staff, faith leaders, health care assistants, modern matrons, Patient and Public Involvement (PPI) representatives and Patient Advice and Liaison (PALs) staff, therapists, service users, relatives and carers. In the prison service, participants have included health care staff, prison officers and security staff, as well as works managers.

It is important that the project has support from the top of the organisation. To ensure this, trust chief executives or governors are asked to identify internal project sponsors from their board or senior management team who will support the project team by acting as internal champions and a sounding board.

## The development programme

Once the team is formed, the members attend a development programme run by The King's Fund. This programme is designed to equip them with the knowledge and skills they will need to undertake their projects – particularly in fostering co-operation and engagement with service users, carers and the public. Team members have the opportunity to explore practical ways of improving the health care environment through the use of colour, light, art and design. The programme includes visits to trusts that have already completed EHE projects, and to Tate Modern.

***“A very valuable experience and wonderful opportunity to meet and work in collaboration with a number of extremely talented and professional individuals.”***

Bereavement care service co-ordinator

***“Group discussions on the guided tour at Tate Modern definitely stimulated wider interest in different art forms – in particular, the photographic images. The discussions also encouraged us to expand and explore the relatives' wishes for art to convey life cycle and uplifting messages.”***

Palliative care nurse specialist



## Programme evaluations

Since the programme began more than ten years ago, there have been several independent evaluations of the various phases. Each of the evaluations has shown the significant benefits for patients, staff and organisations in investing in the EHE model of team-based projects led by clinical staff in partnership with service users. Without exception, the impact of the EHE programme in the participating organisations has been wider than the impact of the physical projects.

The key findings from each evaluation are set out below.

### The 2003 evaluation

The first evaluation (Department of Health 2003) was carried out by the Medical Architecture Research Unit (MARU). It emphasised the personal development of team members and the success of the individual schemes. It also identified a number of main project themes. The most significant of these was ‘humanising the hospital environment’. This was evidenced by designs that made environments uplifting (often by including artworks to create distraction) and that increased privacy and dignity for patients.

The evaluation also highlighted many projects’ success in bringing a sense of ‘normality’ to the hospital environment – for example, by:

- creating a sense of welcome and reassurance on arrival
- developing a garden retreat to provide a contrast to the pressurised internal space of the hospital
- designing social spaces to provide a dignified and comfortable space for meeting relatives and friends away from the clinical environment.

### The 2006 evaluation

The second evaluation (Department of Health 2006) was carried out by the York Health Economics Consortium in partnership with RKW Healthcare Strategists. It looked in particular at the extent to which projects encouraged personal development, improvement to the environment, and therapeutic and economic benefit. The evaluation team carried out the environmental aspect of the review using two nationally recognised environmental measures: Achieving Excellence Design Evaluation Toolkit (AEDET) and A Staff and Patient Environment Calibration Tool (ASPECT). Each of the nine case studies demonstrated significant environmental improvements using these measures.

***“The ethos of The King’s Fund to truly value each participant and encourage them to expand horizons on artistic, environmental and organisational levels to achieve project aims is in itself a positive example for other health care providers.”***

Palliative care nurse specialist

***“The programme offers skills of negotiation and persistent application that I will value though my working career.”***

Consultant nurse palliative and supportive care

### About AEDET and ASPECT

AEDET and ASPECT are two nationally recognised environmental measurement tools.

**AEDET** (the Achieving Excellence Design Evaluation Toolkit) is designed to help trusts and the NHS to determine and manage their design requirements, from initial proposals through to post-project evaluation. For more information see Department of Health Estates and Facilities (2008b).

**ASPECT** (A Staff and Patient Environment Calibration Tool – see Department of Health Estates and Facilities 2008b) is used to assess how the environment is perceived to affect staff and service users’ experiences.

For more information, go to: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance)

### The 2008 evaluation

In 2008 Abi Masterson Consulting carried out an evaluation of the pilot Environments for Care at End of Life (ECEL) programme, set out in Waller *et al* (2008). For full details of this programme, see p17, and for the recommendations from the evaluation, see Pilot findings, p19.

### The HM prisons pilot evaluation (2009)

The Sainsbury Centre for Mental Health carried out an evaluation on the London prisons pilot programme in London. It confirmed that the EHE programme goes beyond making changes to the physical environment, also acting as a catalyst for wider systemic, process and human dynamic change.

### The ECEL evaluation (2010)

In 2010 the University of Nottingham completed an evaluation of the Environments for Care at End of Life programme. The evaluation is summarised later in this publication see p71.

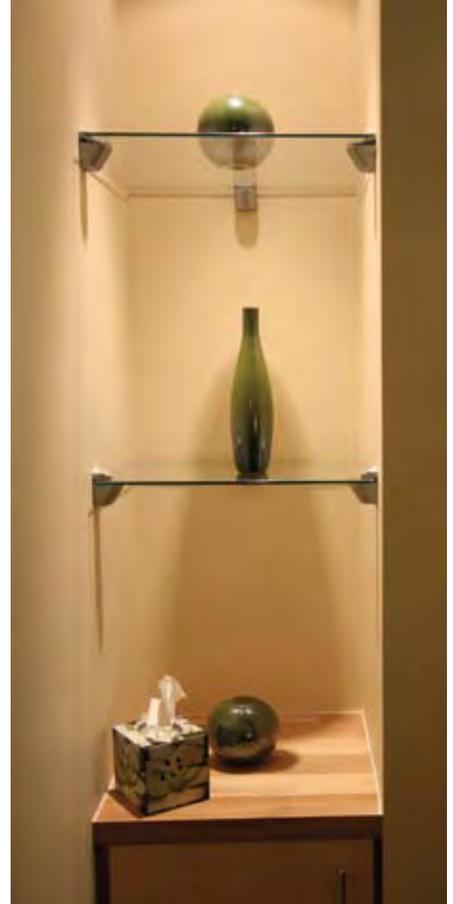
### Examples of good practice

EHE projects carried out by 46 NHS trusts between 2004 and 2008 are showcased in a Department of Health publication *Improving the Patient Experience: Sharing success in mental health and learning disabilities* (Department of Health 2008b).

**“From the first train journey to London, I knew I was involved in something special that would make a difference – and with some very special people. From then on, a massive, but rewarding, learning curve: from being able to talk about end of life situations to managing projects in small steps.**

**The project gave me the confidence to challenge more and stand my ground – not just with this project, but with others in the trust.”**

Patient facilities manager



Waiting room, Newham Hospital

## Benefits of the programme

The programme has been successfully adapted to meet the challenges of the development of health care services over the past ten years. It has a proven methodology that:

- builds strong, empowered, confident multidisciplinary teams through a bespoke development programme
- ensures that teams have the required skills in leadership, facilitation and project management to successfully complete their projects
- develops ownership for, and an understanding of, the effect of the environment on patients, relatives and staff through strong service user representation and consultation
- assures delivery using clear reporting arrangements and approvals criteria.

By using positive examples to inspire and challenge the norm, EHE encourages teams to critically analyse the care process and environment with service users before plans for redesign are formulated. This process enables innovative solutions to develop. As a result, many schemes bring about significant improvements not only to the experience of patients and carers, but also supporting wider improvements in care delivery and organisational change.

Longer-term benefits from the programme include:

- 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
- the development of new skills in leadership and facilitation
- 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, help prevent slips and trips, and improve staff recruitment and retention
- project involvement as an aid to recovery (as reported by service users)
- longer-term cost reductions including reduced maintenance and redecoration costs.

Without exception, the impact of the EHE programme in the participating organisations has been greater than the individual projects. Additional benefits include the individual development of team members, innovative new

approaches to patient involvement and closer links being formed with local communities, and the development of major Private Finance Initiative (PFI) schemes.

The therapeutic impact of the projects has been high – a significant outcome of the clinical leadership of the projects and the way in which staff, patients and carers have been integral to development of each scheme. Many team members are now using their new skills to influence future health care design.

Throughout the past ten years, one theme has remained constant: the need for health care environments to be created that encourage patients and those who care for them to feel welcomed, looked after and cared for, and staff to feel valued.

Further information about the EHE programme, together with a directory of completed projects, is available at: [www.kingsfund.org.uk](http://www.kingsfund.org.uk) Having taken an overview of the EHE programme, we move on to its latest phase – Environments for Care at End of Life.

***“It has turned me into a very ‘tuned in’ governor with the ability to understand and empathise when things can’t be done, as well as a more challenging governor who wants to push the boundaries and imagine the possibilities”***

Lead PPI governor



Viewing room,  
Newham Hospital



Bereavement centre, Salisbury Hospital

## 3 Environments for Care at End of Life

The majority of end of life care literature focuses, rightly, on palliative care and makes few references to the physical environment. However, for some years there has been growing interest in the quality of the environment for care at end of life – including the areas where people die, mortuary viewing facilities, and counselling spaces for those who have been bereaved.

The lessons learnt from previous EHE programmes, together with the findings of a report by NHS Estates entitled *A Place to Die With Dignity: Creating a supportive environment* (NHS Estates 2005b), suggested a real and pressing need for work to improve the environments in which the dying, bereaved and deceased are cared for.

As a response, The King's Fund launched a pilot programme in 2006 designed to focus on improving the environment for those receiving palliative care, their relatives and the bereaved. The findings from this pilot (Waller *et al* 2008) informed the national *End of Life Care Strategy* published in 2008, which stated that:

*“The physical environment of different settings, including hospitals and care homes, can have a direct impact on the experience of care for people at the end of life and on the memories of their carers and families. Central to this is the importance of providing settings in which dignity and respect are facilitated.”*

Department of Health (2008a)

The strategy highlighted the importance of the environment to those who are dying, their relatives and the bereaved. In particular, it noted the need for private discussion areas, informal gathering spaces and guest rooms for overnight stays while patients are receiving palliative care and for improvements in mortuary viewing areas and facilities for bereavement support after death.

Common feedback on environments for end of life care includes the following:

- When patients are receiving palliative care, they and their relatives and friends are likely to experience heightened awareness of their surroundings. These, in turn, are likely to affect their perceptions of the care they are receiving.
- Privacy and dignity for those that are dying and their relatives and friends is difficult to achieve in the midst of a busy hospital ward.
- There are too few private spaces in hospitals where relatives can go to relax and refresh themselves.
- People who have been bereaved may have to wait in the main corridor, or return to the ward where a loved one has been cared for, to collect belongings and certificates.
- Mortuary viewing areas are often situated at the back of the hospital and, despite the best efforts of staff, are often in need of refurbishment. This can create the impression that once someone has died their care has ended.
- For the bereaved, the memories that they have of a loved one are inextricably linked to the environment in which they last spent time with them: in a hospital ward, hospice or after death in a mortuary viewing room. A positive experience is likely to help them in their bereavement.

***“Two years ago, my son passed away. I have vivid memories of that day, but they are ones of my son Scott lying dead in a horrid room that the hospital left him in. The experience was awful. It was gloomy, the walls were filthy, the windows dirty and it was so small you could only get two people in there at once.”***  
Bereaved mother

## The NHS Estates study

In 2004, NHS Estates asked its Design Brief Working Group (an interdisciplinary group set up to study subjects related to health care design) to consider the hospital environment where people die.

The group published its findings in the report *A Place to Die with Dignity* (NHS Estates 2005b), which highlighted the fact that all too often these areas were neglected. It made a number of recommendations in relation to death and dying in the hospital environment, including the need to:

- raise expectations, standards and aspirations among key stakeholders and decision-makers
- increase knowledge about where patients die within the hospital, in order to understand more clearly what spaces and facilities are required
- simplify the bureaucracy and process surrounding death – for example, by bringing all post-death administration together in one building, or in closer proximity to the hospital.

***“When we arrived at the general office we had to wait in the open area, which seemed to be full of people. We rang the bell and were told to take a seat. We felt we were on show.”***

Bereaved relative

***“Users often stressed that the message given by the environment was key, and that the most important element of that message was that the health care organisation cared for them.”***

(Waller et al 2008)

## ECEL: the initial pilot

At the time that NHS Estates published its research, work was already underway at The King's Fund to develop an EHE programme to support improvements in end of life care services. This programme drew on the experience of previous EHE schemes, including one of the earliest projects, which had involved redesigning a room used for viewings in a large accident and emergency (A&E) department.

The 2005 NHS Estates report acted as a catalyst for a pilot programme launched the following year, aiming to understand what could be done to improve the environments for care at the end of life. The pilot was developed and funded in partnership with six NHS trusts and charities and two Marie Curie Cancer Care hospices.

The 2006 pilot retained the ethos of the wider EHE programme, but adapted the approach – for example, by including faith leaders in each of the project teams. The eight projects (six trusts and two hospices) included teams in England and Scotland. Half the projects chose to focus on improving mortuary facilities (possibly indicating the generally poor state of these facilities in the NHS). Others focused on areas for palliative care, visiting family members or bereavement counselling.

As part of the preparation for the pilot, The King's Fund commissioned a literature search to inform its development. This found that there were a large number of research studies and evidence from the UK and abroad showing the effect that the environment has on patients' well being, but there had been little research undertaken on the effect of the environment on people who are dying, their relatives and the bereaved.





Relatives' room,  
former Marie Curie  
Hospice, Glasgow

**“Some relatives told me that they had to go and sit in their car just to have a private moment or two away from the ward.”**

Deputy director of patient experience

**“It makes our job extremely difficult because people come to the mortuary department with trepidation and fear, and not only because they’re having to go and see a deceased loved one, but because of the sort of general conception of what a mortuary is ... So we have to work twice as hard to try and keep them calm, try and show that actually we’re a caring environment, and we’re trying to be supportive and we’re there to help them.”**

Research participant,  
evaluation interim report  
(Arthur *et al* 2009)

The literature proposed the following design elements as being particularly important in end of life care:

- home-like environments at a domestic or human scale
- the option of single rooms
- facilities for family members
- natural light
- facilities that incorporate elements of nature
- soothing naturalistic colours and artwork
- windows with attractive views
- access to outside spaces and gardens.

## Pilot findings

Once the pilot projects were complete, the outcomes were explored in a publication entitled *Improving Environments for Care at End of Life* (Waller *et al* 2008). This evaluation drew lessons from the programme, and noted that the experience of engaging in the programme had led to reviews of trust-wide bereavement policies and end of life care strategies.

The evaluation highlighted how the programme’s emphasis on involvement in project planning and delivery had informed new ways of engaging service users in service development, delivery and evaluation. It found that following

the project end, team members were being used as a resource to lead further environmental improvements in their organisations.

It also identified environments that are unique to end of life care, and made the following key recommendations for the future:

- National standards should be developed for the environment for end of life care and there should be significantly increased investment in these environments.
- The impact of the environment in end of life care should be included in professional training programmes, and care of people who are dying, deceased or bereaved should be included in corporate induction programmes for all staff.
- Further research should be undertaken to establish how spaces unique to end of life care should make people feel, what types of language and signage should be used in end of life care environments, and how best to involve dying people and bereaved relatives in the design and delivery of end of life care services.

In particular, it found that all care settings where people die should provide:

- one or more rooms for confidential discussions
- the option of single room accommodation
- informal gathering places
- rooms where relatives might stay overnight if required
- appropriate places for viewing the deceased.

The findings from the ECEL pilot programme informed the development of the national *End of Life Care Strategy* (Department of Health 2008a), and the

recommendations about the importance of the environment of care to those who are dying, their loved ones and the bereaved.

The team members from the eight participating organisations, and all those who supported their work during the pilot programme, proved that it was possible to radically improve the palliative care environment and the experience of patients, relatives and the bereaved. The result was the ECEL programme, commissioned by the Department of Health, which began in 2008 – the focus of this publication.

**“Death should not be left to grubby corners and scruffy grass. Patients whether dead or alive should be seen as our responsibility until they leave the hospital. We can make a difference if we imagine the possibilities.”**

Former chief executive,  
The King's Fund

### **Redesigning hospices: a groundbreaking competition**

Since 2006, The King's Fund has provided a range of consultancy support to hospices as they have planned and developed environmental improvement schemes many of which have been funded by the Department of Health's capital grants programme for hospices.

In 2007 His Royal Highness The Prince of Wales, President of both The King's Fund and The Prince's Foundation for the Built Environment, challenged both organisations to use their combined expertise to develop a set of principles that could be used to inform future hospice design and also be used more widely for all environments in which care is delivered to people at the end of their lives.

The King's Fund and the Foundation agreed that building on the learning from the ECEL pilot programme a proposal be drawn up to run a hospice design competition. The competition was designed to:

- raise the profile of the importance of hospice design
- bring together the expertise of the two organisations and a hospice partner to enable best available research and evidence to be used to inform a set of principles for the future design of hospices
- engage a number of architectural practices to work up outline designs for hospices through a limited competition

- provide the hospice partner with an opportunity to contribute to the formative stages of hospice design and to select architects through the competition.

The King's Fund made a successful grant application to the Dunhill Medical Trust, who co-funded the competition with The King's Fund. Patients and staff from Marie Curie Cancer Care and the Prince of Wales Hospice in Pontefract helped develop the design principles that informed the brief for the competition, which was based on the redevelopment of a hospice. Following a limited competition the winning design, from ESHA Architects, was presented to HRH The Prince of Wales in February 2009.

As a result of the competition, principles within the following areas were established for inclusion in future hospice design:

- the natural environment, natural materials and the elements
- beauty, arts and crafts
- dignity and privacy
- legibility and comfort (including respecting time)
- robustness and economy.

Two publications have been produced as a result of the competition: *Principles of Hospice Design* and *An Environmental Design Audit Tool: Principles for the design of residential and day care homes and hospices* (Prince's Foundation/The King's Fund 2010a and 2010b).

## ECEL: the main programme

To support the implementation of the End of Life Care Strategy in November 2007, the Department of Health announced that it would be making £1m available to extend The King's Fund's Environments for Care at End of Life programme to a further 20 NHS organisations in England, with the aim of physically improving the environment for those who were dying and their relatives.

For the first time, the Department of Health invited applications from all trusts in England (including PCTs and foundation trusts) that provided end of life care to adults to join the programme. Prior to this programme, trust nominations had been made by SHAs. The Department of Health provided a capital allocation of £30,000 for each of the 20 projects, as well as funding the team development programme and programme management, provided by The King's Fund. Trusts that had previously participated in the EHE programme were eligible to apply again, on the understanding that if successful they would nominate a new project team.

As part of the application process, trusts were asked to commit a minimum of £10,000 capital towards their scheme. Before submitting their application, they needed to have determined their proposed project sites but not detailed plans for their scheme. Sites were expected to be in an area used by the dying and/or their relatives, and could include facilities for the dying, the bereaved (including meeting the needs of bereaved children and families) and the deceased.

The Department of Health received more than 60 applications, and the programme steering group made a selection on the basis of:

- the geographic spread and type of location (urban versus rural) across England
- the services provided by the trust (acute, mental health and so on)
- the proposed project and the project aims
- any specific cultural or diversity issues identified in the application
- the trust's existing activity to improve end of life care and to create a healing environment.

The group also chose proposed schemes to reflect the care pathway, and formally invited 15 acute trusts, two mental health trusts and two primary care provider organisations to join the programme.

The four trusts that had previously participated in the EHE programme nominated a new team and project for the ECEL programme. Following discussions with Offender Health, and in view of the concurrent EHE prisons' London pilot, one of the 20 places was reserved for a prison with a significant number of older prisoners with life-limiting illnesses, some of whom were likely to require palliative care. This place was allocated to HMP Albany (now HMP Isle of Wight) – a category B prison with a large population of older prisoners.

Drawing on the experience and learning from the pilot programme, the steering group chose 12 schemes to improve palliative care facilities for patients and/or their relatives, four to provide centralised bereavement facilities, and four to improve mortuary viewing areas.

The programme was formally launched in April 2008, and the teams attended their initial development programme the following month.

***“Whenever I took relatives down there, I had my standard patter of ‘I apologise for the location of the mortuary’...it’s just something I always heard myself saying.”***

Research participant, evaluation interim report (Arthur *et al* 2009)



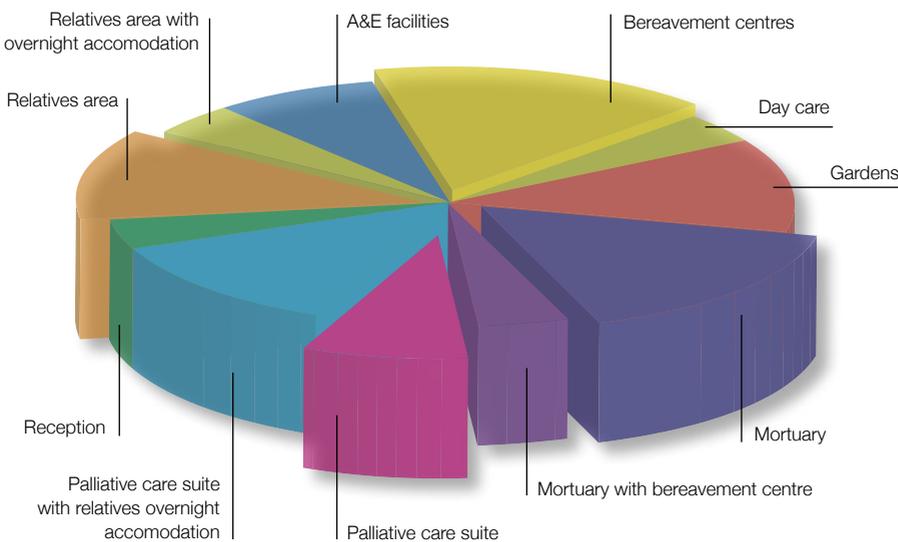
**Part 2 Outcomes**

## 4 Project summaries

Part one set out the scope and purpose of Enhancing the Healing Environment and the Environments for Care at the End of Life programme. This section provides a short summary of each of the schemes that the participating teams carried out, with pictures highlighting defining features. Each project is different and unique to its setting, reflecting local needs and priorities.

These summaries are designed to be used as case studies, to show what can be achieved in a range of different settings, by teams working in very different ways. If you are considering running a similar project, you also will find it useful to combine this section with the details of the artists and designers involved and the project costs (see the Project directory, p91–95).

Fig. 2: Analysis of types of projects



***“My greatest learning has been to develop the ability to stand firm in the face of resistance and maintain the ‘vision’ at times when multiple factors conspired against progress. The experience in some ways mirrors the bereavement journey, where one phase can represent optimism and breakthrough and at the next turn all hope seems lost and efforts thwarted. A psychological rollercoaster indeed.”***  
Bereavement co-ordinator

### The projects

Four of the teams chose to carry out projects at more than one location within their trust, although all but the two mortuary schemes in North Bristol were on the same hospital site. Three teams redesigned areas for relatives alongside their main projects.

In all, 25 projects were completed.

They comprised:

- two relatives rooms in A&E (one with viewing space)
- four bereavement centres
- one day-care refurbishment
- three gardens (although outside spaces or internal gardens also featured in 11 other schemes)
- five mortuary spaces (one of which included a new centralised bereavement suite)
- five palliative care suites (three of which included facilities for relatives)
- one reception area
- four areas for relatives (one of which included space for overnight stays).

## Barnet and Chase Farm Hospitals NHS Trust

### The sensitively designed Garden Room offers a private retreat for relatives and those receiving palliative care

**“Our first wedding has taken place in the Garden Room.**

**A patient was at end of life, so the team pulled out all the stops and arranged for the registrar to come and officiate. On previous occasions this would have been done in the patient’s room. However, this family was able to have guests present. The family was really appreciative and – though a bitter-sweet occasion – I am proud that we made a difference for them.”**

Deputy director of patient experience

When Barnet and Chase Farm Hospitals NHS Trust sought feedback from patients and families as part of its end of life care patient experience strategy, it emerged that visitors needed space away from the patient’s bedside. To meet this need, the project team created the Garden Room at Barnet Hospital to provide a private space for relatives and for people receiving palliative care in the hospital.

During the project development the trust’s palliative care services strategy was finalised. As a result, the original site for the project was changed from the Chase Farm to Barnet Hospital – a modern PFI development. Space was at a premium on the site, but the team managed to secure an unused and uninspiring courtyard, located in the centre of the hospital with easy access to the main lifts, for their scheme.

Fundraising was an early priority for the team, and the construction of the room was funded by a significant donation from a local bequest. The League of Friends helped with the cost of the specially chosen furniture. The scheme also depended on numerous other donations and the help of many volunteers.

Now, the courtyard is home to a new wooden-cladded, eco-friendly structure, with a living Sedham roof and large windows, which provides a beautiful, restful place where families, friends and carers can take a break in comfort and privacy. The structure is set in a garden, which has level access throughout. Entry to the room is controlled via a keypad, and the opaque glass doors feature etchings of the scheme’s chosen signature image: a rose.

An interconnecting space has been cleverly fashioned from the lift void. This links the new structure to the main building, enlarging the space available and making it possible to have a small foyer area to the main seating space, with tea and coffee-making facilities, tables and chairs, and a space where younger visitors can play.

A welcoming and inviting seating area, designed to accommodate more than one family, has been furnished with comfortable sofas and recliner chairs in a natural colour palette, designed so that the artworks can be changed to reflect the seasons. The signature image on the silk hangings provides a link between the room and the information literature provided for relatives. The team have taken great care with the overall lighting scheme, which includes light tubes, to maximise natural light. There is also a folding glazed wall, which can be folded back to give full access to the surrounding garden.

To reflect the project theme of ‘global family’, people using the room have access to the internet and a web cam, so that they can keep in touch with friends abroad. This theme is continued in the surrounding Garden of Gifts, which is planted with species from around the world, all donated and planted by volunteers.





***“I feel I had been blinkered by the usual NHS approach to projects, but now feel I have the initiative to make each project a little different, and it has opened my eyes to design.”***

Capital projects manager

***“As a result of this project I have a wider view of health services and what can be achieved despite challenges and problems. I feel that I have learnt invaluable skills in project management and working as part of a project team and I have more confidence in presenting and talking publicly.”***

Matron for gynaecology

## Cambridge University Hospitals NHS Foundation Trust

**A centralised bereavement suite and a refurbished relatives' waiting room offer a more supportive experience for people whose loved ones have passed away or are in a critical condition**

***“The diversity of the team has resulted in a positive approach to projects I have worked on since the completion of the Perry Suite, with an open-minded attitude and approach to listening and incorporating many more ideas into project briefs and designs.”***

Senior building officer

Cambridge University Hospitals NHS Foundation Trust applied to join the programme as part of a wide review of its end of life care environments. This project, at Addenbrooke's Hospital, focused on improvements to the relatives' room in the emergency department and to the rooms used for bereavement services.

Before the project, the bereavement services' offices were towards the back of the hospital. To reach them, relatives had to take a long route, past clinical areas. They then had to wait in the corridor for their appointments. Surveys of people who had been bereaved and consultation with staff highlighted the need for a private, dedicated waiting area that was within easy reach of the main hospital entrance.

The team faced a considerable challenge in securing a space for the centralised service. They eventually acquired the recently vacated switchboard space, which opened off the main hospital reception area, along with a further office across the reception area for bereavement counselling. They also refurbished the relatives' room in the emergency department, which had rather tired decor.

The team were clear that relatives' dignity and privacy should be central to the project, and that all the spaces should be professional and non-clinical. A bereaved relative helped to select the lead artist for the scheme, who was appointed to help the team develop their designs for all three spaces. The team consulted with recently bereaved relatives and staff before choosing colour schemes, furniture and lighting, together with a range of art forms.

The new, centralised bereavement suite has maximised the tight space available, and provides a seating area and two rooms, one designed for use by the registrar and the other for relatives to be seen by the bereavement services' staff. The modern colour palette and furnishings, together with the curved walls, give a sense of welcome. This is enhanced by the lighting scheme, innovative banquette seating and bespoke swan sculpture. It is named the Perry Suite, after a former governor of the trust. The post-bereavement counselling room has been decorated in a similar style, with commissioned glass artworks that use a signature image to link the two. Bereaved visitors now have access to free parking. As a result of the project, end of life care now has a stronger profile across the trust.

The relatives' room in the emergency department has been redecorated in warm natural colours, with comfortable furnishings made from natural materials wherever possible. It now houses a coffee and tea machine. The signature theme for the Perry Suite is echoed in the glass used for the internal windows, with further artworks to provide distraction.





***“I feel immensely proud of our achievements and the beneficial impact on our service users. Relatives who have used the quiet room in the emergency department have often commented on the beautiful space and calming environment of the room.”***  
Lead nurse, emergency department



## East Kent Hospitals University NHS Foundation Trust

**A new suite enables visitors with loved ones receiving palliative care to access a space away from the wards with a shower, kitchen, and a peaceful garden to relax**

**“The interest in the new facilities has been incredible. The wow factor gives it the ‘positive example’ stamp.”**

Consultant nurse, palliative and supportive care

Queen Elizabeth the Queen Mother Hospital serves a large area in East Kent with an expanding elderly population. Relatives often have to travel some distance to the hospital to visit their loved ones. As a result, visitors to patients receiving palliative care may be in the hospital for extended periods of time. However, there was no area set aside for these visitors to spend time away from the bedside – and this lack of facilities had led to some complaints.

The team’s aim was to create a quiet, private space away from the wards. For the project site, they managed to secure an underused meeting room at the entrance of the specialist stroke unit, together with part of the adjoining ward kitchen and garden area, as it offered the most scope for the proposed scheme.

Consultation on the initial designs led to significant changes in the look and feel of the scheme, and has ensured that natural light has been maximised throughout. The new Beresford Suite is divided into a series of social spaces providing a kitchen, shower and toilet, seating area and conservatory leading to a courtyard garden. The result is a calm, peaceful, safe and homely environment for individuals or families.

After consulting with relatives, the team chose a seaside theme, with a green, blue, silver and neutral colour palette that was used throughout. The relaxing influence of water and natural shapes are evident in the artworks, blinds and curved walls. Attention to detail, and the use of high quality materials, have been key to the success of the scheme. Even the crockery and cutlery were chosen to reflect the colours of the sea. A small television is located in the kitchen area so that it does not disturb people using the rest of the suite. In the main room, low, soft seating provides a comfortable space to rest.

The design has also paid attention to ensuring that there is an attractive view from the conservatory to the garden, which families have already commended. A new entrance door connects the space with the main corridor, and access is controlled by keycards, which the palliative care nursing team give to families of patients on the Liverpool Care Pathway.

The project received support from The East Kent Hospitals Charity. A local ceramic group designed and made the artwork based on coastal themes for the garden wall.



As a result of the project, the trust intends to provide a similar range of facilities for relatives at its other two hospitals. End of life care has a higher profile across the trust, and staff feel more empowered to discuss death and dying.



***“I have had a number of opportunities on this programme to reassess my approach to colour and texture in a way that is not normally available to me.”***  
Estates manager



## Frimley Park Hospital NHS Foundation Trust

### **A new garden provides a place for quiet contemplation, spiritual reflection and privacy for palliative care patients and their relatives**

***“The garden has raised the awareness of staff to the impact that the environment has on healing and it will act as an exemplar for improving other environments within the trust.”***

Lead nurse for cancer and palliative care

The garden project was chosen as a result of a dying patient’s request to go out into one of the courtyard gardens at Frimley Park Hospital. This highlighted the need for a space exclusively designed for patients receiving palliative care, and their families and friends, to provide an alternative environment to busy clinical ward areas.

Having reviewed all the courtyard spaces, the team managed to secure a large internal courtyard near the wards where many palliative care patients were looked after. It was overgrown and rather uninspiring, but had the great advantage of being sited off one of the main hospital corridors.

Following wide consultation and engagement, including publicity provided by the local radio station, an ambitious design was chosen for the Time Garden. This presented the team with a fundraising challenge, which was aided by support from the local WRVS. The aim of the garden was to allow people to reconnect with nature by creating an external space that could be used both day and night, and in all weathers.

The first step was to create a new wide-access door from the corridor to the garden – both to help with construction, and to enable wheelchair and bed access once the works were completed.

The chosen design has screened the newly painted courtyard walls with pleached trees, giving a feeling of enclosure. Planting has been chosen both to add interest throughout the year and to create and screen off more private areas, so that more than one family can use the garden at any one time. The commissioned water feature brings the elements into the garden, and the use of stained glass and other artworks provides distraction. People access the garden using a swipe card, and there is a small, very private area to the rear of the pavilion.

The pavilion houses controls for the external lighting and a telephone. It includes good space for a bed or wheelchair as well as comfortable seating for relatives and a TV and music system. People are also able to enjoy the artworks provided by students from the University of the Creative Arts in Farnham (in Surrey) and to make a cup of tea if they wish. The students will be involved in an ongoing project with the hospital, and will be creating a changing range of art works, including sculpture, photography and painting, specifically for the garden and pavilion.

A new, enhanced staff training programme – part of the trust’s end of life care strategy – is intended to support better communication between patients, relatives and staff. It is hoped that the garden will offer a more relaxed environment that can help ease communication at a difficult time.

Visitors have already commented on the sense of peace and tranquillity that the space offers in contrast to the busy corridors and wards. The hospital hopes to use the garden and pavilion for ceremonies and to enable patients, families and friends to have the opportunity of some time together in beautiful, natural and private surroundings.



***“I firmly believe in the project and the benefits that will ensue to those facing bereavement.”***  
Chaplain



***“Nurses, doctors and visitors are now stopping and watching the courtyard’s transformation into a useful and special place that the hospital can be proud of for many years to come.”***  
Liverpool care pathway co-ordinator



## Lancashire Care NHS Foundation Trust

**The Thyme and Space garden enables people living with Huntington's disease to relax and enjoy fabulous views while developing their communication skills and carrying out therapeutic activities**

***“Taking part in the project has been a wonderful experience, with lots of new things to learn and skills to develop. I have had to learn how to share, take a step back, and to push for what I feel is important.”***

Unit manager

Frank Gardham House in Whittingham is an eight-bedded service that provides specialist assessment and care for people with Huntington's disease – a neurodegenerative genetic disorder that affects muscle co-ordination and leads to cognitive decline and dementia. The building is at the edge of a large site that was once a mental health asylum, and is thought to have originally been the sanatorium.

The building has a large garden, but residents with heavy wheelchairs had been unable to access the garden or to properly enjoy the magnificent views from the main lounge. The paved patio area adjacent to the building was dominated by a large fire escape, which restricted access even for clients who were mobile.

After consulting with clients and relatives, the team agreed on a multi-sensory project that should embody the principles of time and space, and it decided on a theme of 'thyme and space' for the design. The aim was to create a fully accessible garden space that would enhance communication and promote relaxation while giving opportunities for activity and meaningful occupation.

The design has maximised the stunning landscape and field views from the house and garden. A sweeping terrace area is directly accessible from the lounge, and new windows have helped bring

the outside in, so that the vista can be enjoyed whatever the weather.

The fire escape has been replaced with a smaller spiral staircase to enlarge the patio area. The patio itself has been redesigned to provide pathways between raised beds, as well as a number of seating areas. The team has chosen sensory planting to provide year-round interest. A water feature flows down to the lower garden area, providing gentle sound, while the glass artworks in the beds will provide interest in the winter months. Lighting has been installed to highlight the garden and surrounding mature trees.

The new pathways are already proving very popular with those in wheelchairs, while more mobile clients and visitors can relax in the new garden furniture. Clients and relatives enjoyed taking part in a series of planting days, and one of the younger residents had the honour of cutting the ribbon at the opening.

The project has highlighted this specialist service and led to other improvements and upgrades – interior and exterior alike – and an investment in new furnishings. When finances allow, a second stage of the garden project will consist of extending the pathways to the edge of the site and creating additional seating areas at strategic vantage points along the route.





***“I was impressed by the surface chosen for the paths and the ease of access from the lounge. It also meant that the garden can be enjoyed from indoors on a cold and wet day. I am sure it will bring a lot of pleasure, and the layout affords the opportunity of secluded areas as well.”***

Governor

## Liverpool Women's Hospital NHS Foundation Trust

**A new suite provides a tranquil haven for women receiving palliative care, with accommodation for relatives who want to stay with their loved ones at this distressing time**

***"I certainly feel the project experience has changed me as an individual forever. The benefits of the suite for patients and families is tangible and enhanced in all ways. I strongly believe that the trust is now far more aware of the experiences both for cancer patients and their families, while now realising how Enhancing the Healing Environment can make a huge difference to the patient journey."***

Lead cancer nurse and Macmillan cancer nurse specialist

Liverpool Women's Hospital serves a large geographical area. The team wanted to create a suite for women with advanced cancer or other life-limiting illness on the gynaecological ward. The suite would include accommodation for relatives and families who wished to stay with their loved ones. The aim was to provide a 'home from home' for patients that was peaceful, quiet, calming and comfortable.

For the project site, the team chose a discrete area off the main ward consisting of the ward manager's office and a single room and bathroom. Designers were involved very early on, to assess the possibilities of the available space. The team consulted with patients, relatives and people who had been bereaved, a key part of the decision-making process, and acted on their feedback by altering its plans. The subsequent redesign incorporated a larger main bedroom space with an en suite for the patient and a smaller area for relatives.

The interior design was influenced by the photographs taken by a patient who had died on the ward. Following her diagnosis, she had travelled to New Zealand and had taken a series of photographs of lupin fields. These provided the colour palette and themes for the commissioned artworks.

The finished Mulberry Suite provides a beautiful and tranquil haven in the midst of a busy ward. The lupin theme is introduced in a small, private lobby, which leads to the main bedroom, with the specially sourced bed and bespoke bed linen as a focal point. Comfortable seating is provided for relatives, who can also enjoy a forest landscape in the form of a large canvas hung on the opposite wall.

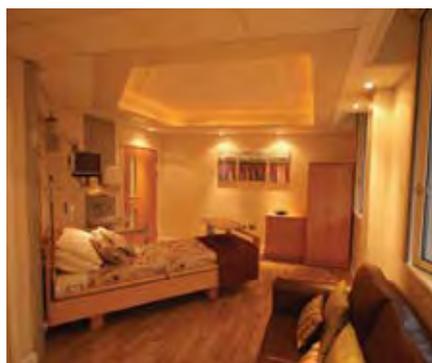
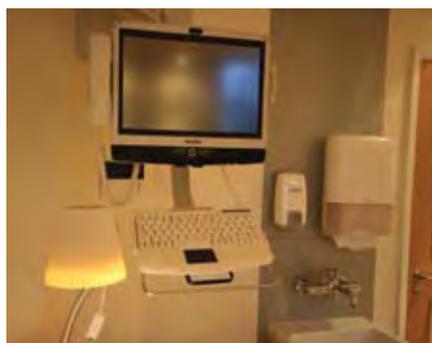
Throughout the project the team paid exceptional attention to quality and detail – from the controls for lighting, blinds and temperature, which can be operated from the bedside, to the matching towels provided in the en suite bathroom. The TV console provides phone and internet access, while a CD player enables patients to enjoy their favourite music.

For the relatives' space, which also opens off the private lobby, the team maximised the available space and installed a natural light box to give the illusion of daylight. Relatives are now able to take time out, relax, make themselves a snack or drink, or freshen up.

The entire scheme has had the needs of patients and relatives at its heart. Patients and relatives helped staff develop their wish list for the scheme and contributed to fundraising efforts, including a walk up Mount Snowdon and a 10km run. Their help, and the support of the League of Friends, provided additional funds to pay for the bed, furniture, artworks and soft furnishings.

Families have already commented very positively on the spacious, quiet and peaceful suite. The scheme has encouraged the whole team to consider the holistic management of patients and to focus on quality of life and care. The suite is already acting as a catalyst to further environmental improvements across the trust, and another similar suite is being developed.





***“We had a clear vision of what we wanted to achieve. The Mulberry Suite meets that vision. We have created a wonderful ‘home from home’ for patients and relatives to spend time during a most difficult period in their lives.”***

Ward sister

## Luton and Dunstable Hospital NHS Foundation Trust

**A redesigned entrance and mortuary viewing suite provides bereaved visitors with a soothing route to a tranquil, private waiting area and carefully designed viewing rooms**

***“Working on this project has profoundly affected the way I view the environment in the trust, and moved me away from just accepting the environment we work in because ‘that is the way it has always been’.”***

Midwifery matron

Visiting a viewing room to see a loved one who has passed away can be a traumatic experience. At Luton and Dunstable Hospital, the experience was not helped by a number of factors. The viewing room, situated adjacent to the pathology laboratories towards the rear of the hospital site, was accessed via the main pathology entrance. The bereaved had to walk down a walkway that was a favourite roosting area for the many pigeons that lived on the site and was very difficult to keep clean. Finally, the pathway offered little privacy, as visitors could be seen by those using the adjoining café area.

The team’s initial aim was to improve relatives’ journey from the main hospital to the viewing room, and they engaged a firm of local architects to begin work. But, as they began to develop their plans, they started consider developing a larger scheme, which would also involve refurbishing the viewing facilities and creating a new, private entrance.

The team consulted many staff – especially those with a role in supporting bereaved people during viewings. These included nursing staff, porters and mortuary staff. They also made contact with local funeral directors for their input into the scheme. To raise awareness of the project, the team enlisted the help of the local radio station to help publicise the project.

Today, the first things that one sees from the main hospital corridor is an inviting, modern, rendered wall with two inset blue-

and-green glass panels, surrounded by externally lit bamboo planting. The viewing suite is accessed via a covered walkway, which has been screened from the café using frosted glass and more bamboo planting. A heavy, wooden door leads into a small, beautiful and very tranquil garden, with wooden benches and a small water feature.

Internally, the two main rooms have been reversed. The space that was the viewing room now provides a good-sized, comfortable, modern waiting room, with commissioned artworks and views of the garden beyond. The ceiling of the new viewing room has been cleverly designed to focus the eye on the bier, with an integral, adjustable lighting system. The soft brown colour scheme creates a sense of warmth.

The scheme now provides a safe, secure and separate space for people who have been bereaved. It has also brought benefit to bereaved parents who are now able to view their babies in the viewing room rather than in the delivery ward. The local group of the Stillborn and Neonatal Death Charity (Sands) has supported the project and has donated a cot and bed linen.

The scheme has led the trust to review its bereavement policy, and the team is involved in establishing a hospital environment group to take forward further developments.





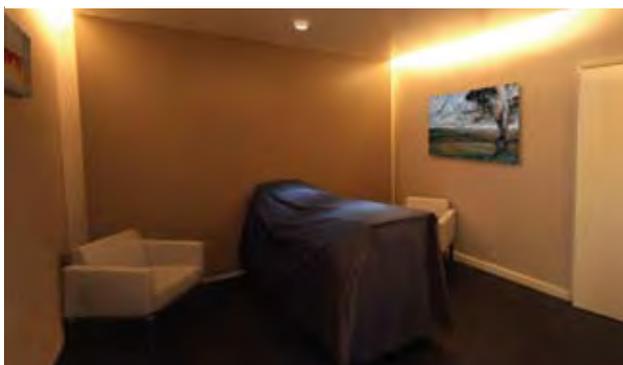
***“Just to walk in for the first time and see the new rooms in all their glory was extremely moving.”***

Senior chaplain



***“Working on the ECEL project has given me the confidence to be proactively involved in this project whereas in the past, as a clinician, I would have accepted the advice of the builders and architects rather than challenged it.”***

Midwifery matron



## Newham University Hospital NHS Trust

**Redesigned viewing facilities provide visitors with a light, welcoming environment to help people coming to view their loved ones feel as comfortable and relaxed as possible**

**“Wow – what a change. I was breathless. I thought how lovely they are, and how much thought had been put into the passing of life at Newham now.”**

Bereaved mother

**“Our aim was to create an environment and ambience that is pleasing to people of all cultures, whilst at the same time being functional, modern and tasteful in design.”**

Assistant director of nursing

A comment card from a bereaved mother provided the inspiration for the project at Newham University Hospital, which has extended and refurbished the viewing facilities both in the A&E department and in the main hospital. The main mortuary viewing rooms, located next to the general office, were accessed directly from the main hospital corridor. Visitors had little privacy, as people sitting in the main café could see everybody who entered and left the mortuary, and the waiting area for viewings doubled up as the office for the general office manager, who had to move each time a family arrived. Meanwhile, in A&E, people viewed their deceased loved ones in a small clinical room.

Early on in the project, the team found a water feature in the form of a small copper tree languishing at the back of the hospital site, and this became the theme for both refurbishments. Their main aims were to maximise space and to create an ambience that was modern, light and welcoming to bereaved members of all communities, offering privacy, dignity and time for reflection.

The team decided to enlarge the space in A&E by knocking the wall down between the previous room used for viewings and the relatives' room. The resulting room is large and comfortably furnished. It can be used

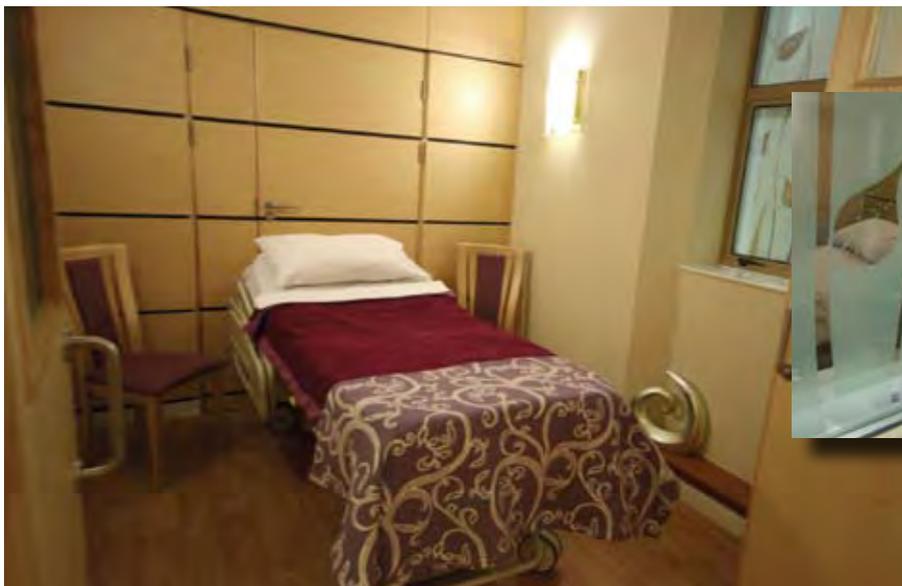
exclusively for relatives of patients in the department, or one end can be closed off using the wooden and opaque glass panelled room dividers to provide a private viewing area. The natural colour palette of creams, leaf greens and soft purples creates a tranquil space with feature artworks including a signature tree logo. A similar choice of colours, style of furnishings and use of the signature theme provide a link between the two viewing areas.

Functionality has been key to the refurbishment of the main viewing facilities, too. Beautiful panels of commissioned glass now obscure the view of the mortuary doors, while providing interest to people using the café. The mortuary now has a dedicated waiting room, which also provides space for the registrar, leading through to the main viewing area. The team has linked the two viewing areas by using the same colour palette and tree logo.

When the internal waiting-room doors are open, there is now a direct line of sight from the waiting room to the copper tree itself, which stands in a new indoor garden area that was transformed from a garden storage shed. The viewing area has been refurbished and the bier replaced with a bed. This area can be closed by drawing across dividers similar to those used in the A&E scheme. If relatives prefer, they can view the deceased through a partly obscured glass window from the indoor garden. The indoor garden provides a private oasis for families, with commissioned glass panels and poetry for distraction.

At the request of the National End of Life Care Programme Team, the Newham team (with support from The King's Fund) produced a DVD-based case study highlighting the learning from the project.





***“The rooms are light and bright and have a theme running through them. They feel so tranquil.”***  
Bereaved mother

***“On a personal level the project has instilled in me the fact that death should always be viewed as part of the patient journey and is inevitable within the hospital environment, and that quality of the environment is paramount in all patient areas.”***  
Deputy director of environment and client services



## North Bristol NHS Trust

**Private gardens provide attractive entrances to viewing rooms at two different sites, redesigned to provide dedicated waiting areas and light, airy viewing areas offering tranquillity and privacy**

**“There is a tangible sense of increased pride and job satisfaction from the mortuary team.”**

Assistant lead cancer nurse

An audit by the trust's patient panel had highlighted the poor condition of the mortuaries at its two sites: Frenchay Hospital and Southmead Hospital. Both viewing rooms felt cramped, with very small waiting areas and few chairs. They were hung with heavy velvet curtaining, and had very little natural light. Despite the best efforts of staff, they were not welcoming, and had a tired and dispirited air.

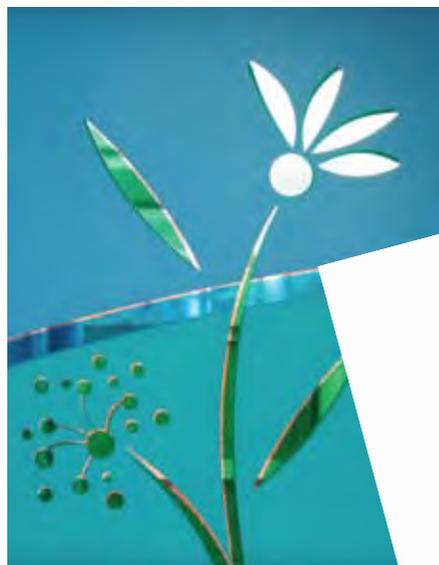
The team took the bold decision to renovate both viewing areas and to create gardens for each of the buildings. To inform their design, they held a series of open days at each site, which attracted more than 200 staff members. Many were visiting the areas for the first time, while others had used the facilities themselves to view their own family members. The team also asked bereaved families using the rooms for their views.

Having decided to carry out two ambitious schemes, the team had a significant fundraising challenge ahead. They raised more than half the required funds from charitable and external sources, including the two Leagues of Friends, the trust's charitable foundation, the voluntary organisation WRVS and the bereavement charity Sands. A local retailer donated items of furniture including a cot.

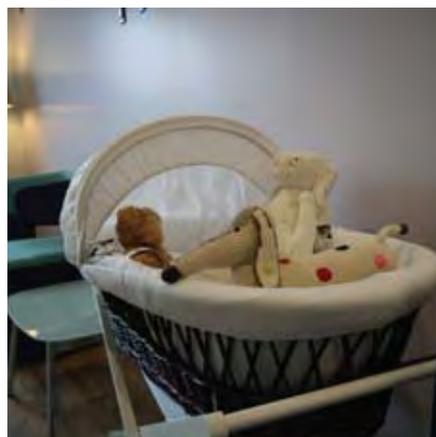
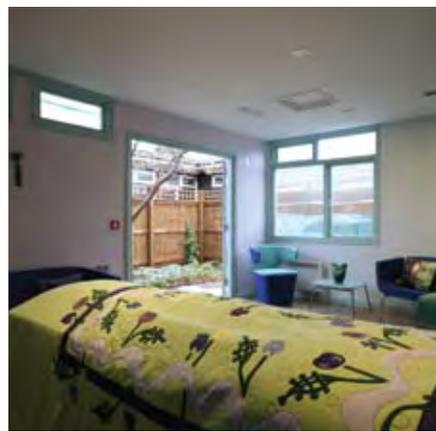
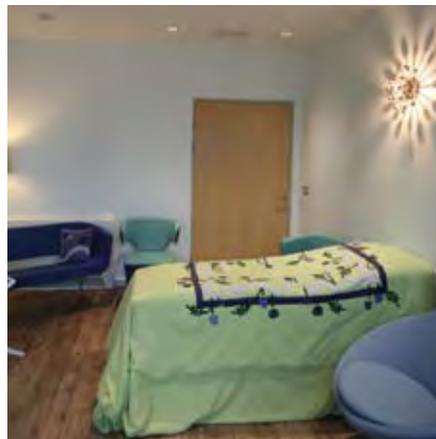
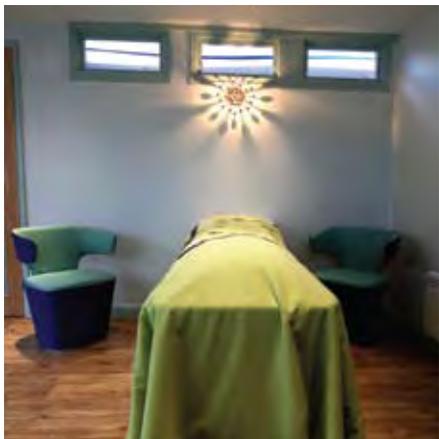
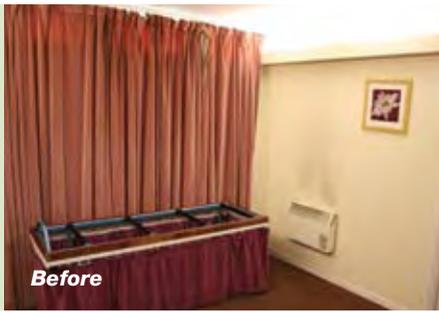
Today, entrance to both viewing areas is through private gardens. At Frenchay, the viewing area has doubled in size, with the addition of a second building, and now offers a dedicated waiting area and toilet, as well as a larger viewing room with double doors opening out on to the surrounding garden. At Southmead, the waiting area has been enlarged and a small area at the front of the mortuary fenced off to provide a dedicated outside space.

The team chose a similar interior design scheme for both sites, with a naturalistic theme of nature and flowers in a blue-and-green colour palette. The designs maximise the natural light and use glass film effectively, both to screen windows and doors and to add interest. The team bought non-institutional furniture and fittings, and commissioned beautiful bespoke textile covers for each of the biers. At the suggestion of relatives, cards are provided so that visitors can leave a message with the deceased if they wish.

The team has succeeded in creating spaces that are tranquil, calm and peaceful and convey the sense of a place of comfort and serenity for the bereaved. The projects have provided a benchmark for the mortuary design for the new North Bristol hospital, which will now include an adjacent garden.



The team were runners up in the National Involvement Awards for their inclusion of service user's views in the development of the scheme. A further project is now underway, working with bereaved children from two local schools, to create a piece of art for children visiting the viewing rooms. It is funded by the Lottery Awards for All scheme, with support from Tate Modern and the Child Bereavement Service.



***“We would advise others to be brave and confident in inviting the bereaved to contribute their thoughts. It is our experience that, as long as this is handled professionally and sensitively, then people welcome the opportunity to contribute.”***

Assistant lead cancer nurse

## Northampton General Hospital NHS Trust

**Beautiful commissioned glass brings light and colour into a bereavement suite that streamlines processes to ensure a smooth and supportive experience for bereaved visitors**

***“Even the sceptics agree it has been worth going the extra mile. In fact, it has proved to be an extremely uplifting experience for many people who have visited the centre.”***  
Cancer lead nurse

***“The outcome of our project has surpassed any of our and others’ expectations, and as such has raised the bar for further projects within the hospital. This has allowed me to have a voice, whereas before my opinions would not have counted.”***  
Liverpool care pathway co-ordinator

Northampton General Hospital had been holding discussions about the way bereaved families were cared for. Often, family members had to return to the ward where a loved one had died to collect their belongings. A survey of next of kin undertaken in 2009 indicated that in 93 per cent of cases bereaved family members had to collect the death certificate, and in 86 per cent of cases, the deceased person’s possessions.

Securing a place on the ECEL programme provided the catalyst to help the team gain support for a new bereavement centre scheme. They identified the old colonoscopy suite as a suitable site, as it was situated in a central location with good access to one of the main hospital entrances. However, the prospect of transforming the series of small offices and clinical spaces into one coherent whole required the team and their designer to use their imagination to the full.

The entrance to the centre now leads to the main reception area, which has been widened to create a welcoming, comfortable space. The curved reception desk, part lowered ceiling, attractive flooring and new lighting scheme all create an illusion of a spacious area, within what is actually a relatively tight template. A stunning stained glass window provides a unique and very special focus to the whole suite.

The window, made of English glass, was designed to be tactile and to bring light and colour into the space.

Three internal windows, made of the same glass, decorate the corridor leading to the interview room, where a small sculpture invites touch. The window in the interview room has been lowered to give bereaved relatives a view onto a small internal courtyard, with simple planting and a water feature, designed to enhance the quietness and privacy of the room. A commissioned landscape provides additional distraction.

The offices and a counselling room have been refurbished to the same high standard, and staff from a local company helped redesign and plant a further courtyard area. Dedicated parking is now provided for people who are bereaved, and a full-time bereavement co-ordinator has been appointed. It is hoped that the local registrar will provide an on-site service in the future.

The new facility has given the bereavement service a much stronger focus in the trust. An unexpected benefit is that its empathetic environment has become a valued space for relatives to spend some time sitting in contemplation, to help them make sense of what is happening in their lives.

The centre is named the Evelyn Centre after a former patient whose bequest to the hospital charities helped fund its development. The centre was formally opened by HRH The Duchess of Gloucester.





***“The instant you walk in, you feel at peace.”***  
Consultant in palliative medicine

***“Wow! The window is stunning. It makes you want to come inside.”***  
Hospital cleaner

***“I will continue to influence future estates’ schemes through the skills and knowledge gained through the programme.”***  
Senior building manager



## Northumbria Healthcare NHS Foundation Trust

**A communal relaxation area allows relatives of those receiving palliative care to unwind, have a nap or take a shower, so they can stay for longer periods with their loved ones**

**“The room enabled us to make sure that someone was with Dad 24 hours a day until he passed away. It meant so much to us. Thank you.”**

Relative

Northumbria Healthcare NHS Foundation Trust had already worked with Macmillan Cancer Support to provide high quality palliative care rooms across its hospitals. But its Wansbeck Hospital site lacked any dedicated facilities for relatives of those receiving palliative care. As the site covers a large geographical area, the trust felt that the need for relaxation areas was a priority for service development.

The team found a suitable site at the end of the main corridor, where medical staff had their on-site accommodation. Due to changes in medical staffing patterns, the need for overnight accommodation had reduced, and three rooms were identified as surplus to requirements and were used as the project site.

The aim was to create an oasis where relatives could relax, rest and refresh themselves, to encourage them to stay for longer periods at the hospital with their loved ones. The functionality and design of the area was shaped through wide consultation with relatives, including those who had recently been bereaved. During their King's Fund development programme the team attended sessions on colour and light, and used this learning to support the focus groups to choose a palette of colours that would create a feeling of warmth and comfort.



Today, new flooring leads to the entrance door to The Oasis (which is signed by a light box). Through the door visitors get a glimpse of a large space, decorated in warm, autumnal tones. Once inside, there is a small kitchen area, designed as the hub of the scheme, and an area for dining or tea and coffee, to enable relatives to take refreshments away from public areas. Comfortable recliner chairs are placed at the quieter end of the room, so that people can stay overnight if they wish, and a high quality en suite bathroom has been provided so that people can take a shower.

The main seating area has been imaginatively subdivided by a commissioned stained glass screen. This provides a feeling of privacy for those seated on the comfortable sofas, while not allowing people to feel alone. A butterfly on the screen is a connecting theme that features throughout the room and the adjoining small courtyard garden. There is a ramp to ensure that everyone can access the private outside space. Outside, one wall provides photographic images of the Northumbrian landscape, while lighting highlights the planting in the evenings.

Attention to detail has been key to the whole scheme. A suspended ceiling gives definition to the kitchen and seating areas, while full-height windows maximise natural light and the views of the garden. Fixtures and fittings are high quality, and no detail has been overlooked, with coasters chosen to match the autumnal prints that decorate the walls.

Students from the University of Teesside assisted with the design – an arrangement that will continue for other hospital schemes. Members of the local community and many hospital staff helped to fundraise for the scheme, and when funds allow, there are plans for mosaics to be provided by Arty Tuesday, formerly known as the Ashington Community Arts Group.

The area is already providing a much-valued private space for patients and their relatives, and hospital volunteers have extended their work to support palliative care services and those using The Oasis.

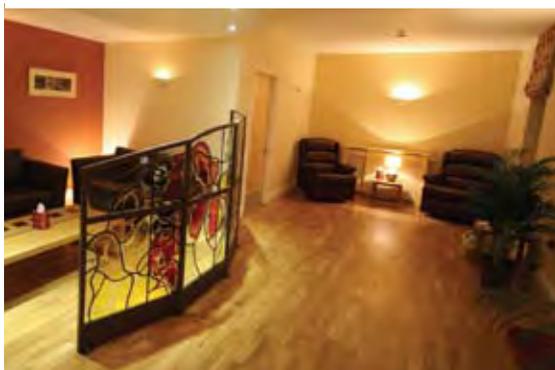
Northumbria Healthcare continues to work in collaboration with the School of Arts and Media at Teesside University. This year the students have been working on a project to improve hospital waiting areas. Next year it is hoped to involve them in the interior design of the children's waiting area and play space for the trust's new £75 million specialist emergency care hospital.



***“The Oasis is a lovely concept and has been very well done. It is comfortable and calming. My brother and sister had to travel from different parts of the UK. While our mother was in palliative care, the shower facilities were appreciated.”***  
Relative



***A wonderful addition to the hospital where relatives can relax and unwind for a short while. Many thanks.”***  
Relative



***“The Oasis is what every hospital needs – I have spent many hours in here just enjoying the peace and quiet while my mum was cared for on Ward 8. Thank you to all involved.”***  
Relative

## Nottingham University Hospitals NHS Trust

**Linking a conservatory with the main palliative care day care unit has provided a spacious, flexible space, in a project that has brought together patients, staff and volunteers**

**“We feel more empowered, and have more belief in ourselves and our ability to change the service around us.”**

Consultant in palliative medicine

**“I feel proud of what we have achieved for our patients, as it will make such a difference to their experience here.”**

Team leader, day care

Hayward House is a specialist palliative care unit located on the main City Hospital site in Nottingham. It provides 20 beds, outpatient and day services. The team chose the day care unit as the focus for their project as it is the hub of the unit, and they felt that improvements there would have the greatest impact on the maximum number of people.

The site was ripe for improvement in a number of ways. The main day area had rather tired decor and the conservatory was underused. Also, patient consultation revealed concerns about the positioning of the dining area, near the busy entrance area, and menus could be repetitive, with a similar choice on particular weekdays. Today, the day-area decor has been improved, with patient art as an integral part of the refurbishment. The dining area has been moved to a quieter area nearer the garden, so that patients can enjoy the view while they eat, and with support from the catering department new menus now offer greater daily choice.

The conservatory has been double glazed, with new internal folding doors linking it to the main day area. The conservatory

now feels part of the main room and has made the whole area a larger and more flexible space, as it can still be closed off for teaching or private consultations. Meanwhile, new external glass doors have improved visibility and access to the refurbished patio area. The garden has been improved with the help of volunteers from a local company, who will continue to help with maintenance and, thanks to new garden furniture, the garden can also be used as a therapeutic area for patients.

The vibrant colour scheme chosen for the refurbishment has been reflected in the new furniture and has created a more lively and welcoming atmosphere. Ventilation has been improved throughout the area, automatic windows installed in the ceiling and an induction loop added. The team invested in a mobile unit containing toys for younger visitors, and a new Wii Sports has been very popular with all ages. Patients contributed to the three large artworks, which include a Memory Wall gallery with a changing display of pictures that patients and relatives can take home, and ceramics for the conservatory.

The scheme has already acted as a catalyst to other improvements at Hayward House, including the refurbishment of the viewing room and the creation of a multi-faith chapel. The project was officially opened by patients and relatives, in the presence of many of those who had helped to bring the scheme to reality, including colleagues from the League of Friends and Macmillan. It was a special day for the team, as that evening they won the Star Award for Dignity and Respect at the annual trust awards.





***“The project opened my eyes and heart to colour and art – the appreciation of which I had completely lost from my life.”***

Consultant in palliative medicine



## Portsmouth City Teaching Primary Care Trust

**A team overcame the challenges of listed building status to provide a welcoming reception area and a space for relatives to relax away from the bedside of their loved ones**

***“The relatives felt that they were involved in something that would benefit others.”***

Team leader

***“It is easier to share learning with colleagues in estates with The King’s Fund training to back this up.”***

Estates commissioning manager

Jubilee House is an attractive building, with a Grade II-listed frontage, but was in need of redesign. A single doorway provided the only entrance and exit for people and supplies to the 25-bedded NHS nursing home. For security reasons the main door was locked, so that everybody, including patients, visitors and staff, had to wait outside in the elements for somebody to come to open the door. Internally, there was a reception hatch from the main staff office into a hall that was full of large notice boards and had nowhere for visitors to sit.

The listing presented a number of challenges to the team and their architect because it prevented them employing straightforward measures, such as erecting a canopy or providing additional reception space to the exterior of the building. However, with the help of structural models, the team managed to cleverly redesign the interior of the entrance instead, to provide a small seating area and a reception desk.

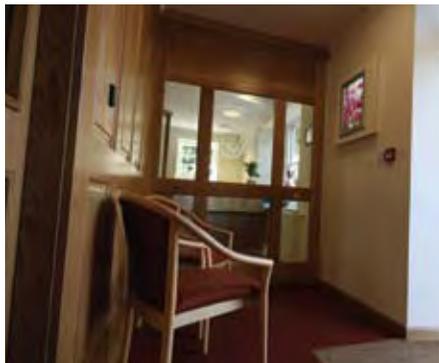
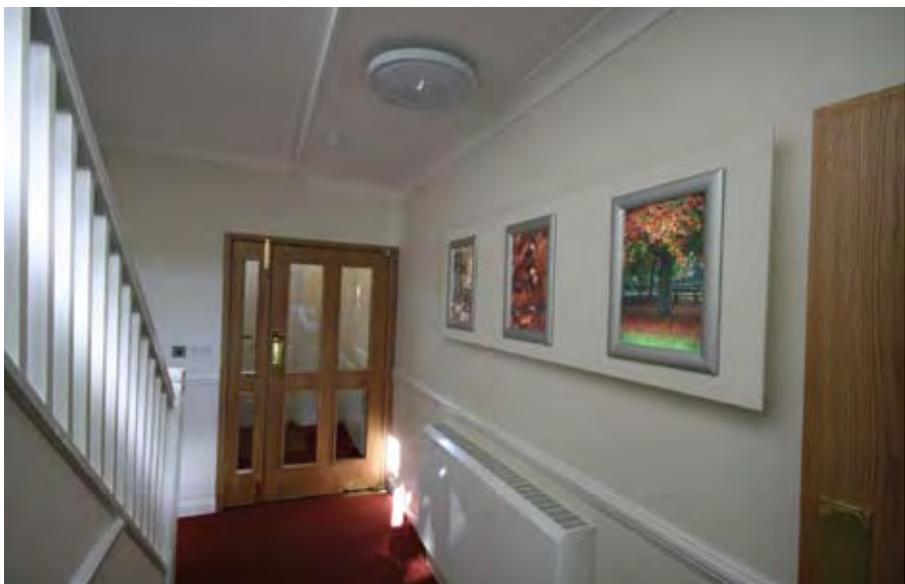
The design has maximised functionality and space by introducing a glass and wooden screen that can be pulled across the reception space when the receptionist is not on duty. This arrangement means that the front door does not need to be locked any more: visitors can simply enter and then use a bell in reception when they need to gain entry to the main building. Meanwhile, the staff office has been screened off, to provide a discrete and private workspace. Finally the notice boards around the entrance and stairs have been removed, and the area decluttered. A series of light boxes with pictures reflecting the current season now adorn the walls.

The project also converted part of a disused bathroom into a new corridor and side-entrance for funeral directors. The remaining space has been transformed into a comfortable room for relatives to use during discussions with staff, or to spend some time away from the bedside. The team chose a furniture and colour scheme that would ensure a comfortable and welcoming space. Relatives raised funds for the room and the local historical society provided a series of evocative local photographs.

The scheme and associated publicity has boosted staff morale and confidence. The house has a new logo, designed by a member of staff. The community engagement in the scheme extended to a local school, which ran a competition to redesign the entrance roundabout. The winning young designers helped to construct and plant their design.

The impact that the project at Jubilee House has had on everyone involved was evident at the well-attended opening. Patients and staff were joined by relatives and those who had been bereaved to celebrate the completion of a project that has transformed the entrance of the building and provided a much-needed space for relatives.





***“The most daunting thing I found was standing in front of 200 teenagers giving a presentation after I had involved a local school in a project to design the layout for our roundabout.”***

Clinical nurse manager

***“The project has allowed me to contribute unreservedly and to express my feelings quite openly throughout the journey.”***

Service user representative

## Salisbury NHS Foundation Trust

**Centralised bereavement services and a redesigned mortuary viewing area offer relatives a more smooth and calming experience when dealing with the death of a loved one**

**“One of the best things I have picked up from the programme is a kind of renewed courage to think big.”**

General manager, ArtCare

**“Ninety-nine per cent of those visiting the facilities now mention how lovely the environment is. Those who had visited prior to the refurbishment say how grateful they are that the work has been done.”**

Directorate senior nurse – surgery

**“Political intelligence and influence can sometimes be the most important tool in working life.”**

Team leader, directorate senior nurse – surgery

At Salisbury Hospital, the mortuary is located in its own building at the rear of the hospital next door to a busy laundry, while the Patient Advice and Liaison service (PALs), which provides bereavement services, was previously located in the main hospital. Relatives had to visit the PALs office to collect property and certificates, before either walking over to the mortuary through a long basement corridor or accessing the viewing room via the main mortuary entrance next to the laundry.

This project aimed to improve the viewing environment for bereaved relatives within the mortuary and to create an area in which to deliver a comprehensive bereavement service to relatives.

Today, an entrance from the side of the mortuary building leads to the new bereavement suite. There is dedicated car parking and a large wooden sign welcomes people, while planting softens the exterior of the building. A new light and airy reception area, with a glazed roof and doors, has made the building immediately accessible.

The bereavement service and mortuary department have been amalgamated, so that all aspects of after-death care are now delivered from the suite. The reception area is welcoming, light, functional and comfortable, with space for more than one group of relatives if required. The previous waiting room has been re-orientated to provide an additional, quiet space for families who are waiting to view and can also be used by the coroner's officer for interviews when required. One of the team members created a feature artwork for the room, entitled La Musica, constructed from beech timber from the hospital grounds.

The door leading to the viewing area has a commissioned glass panel and blind through which relatives may pause and view the deceased, if they wish, before entering the area. The overall design has given the spaces a sense of logical progression, from the light reception through the quieter waiting room and into the private viewing area. The viewing room now provides a beautiful and tranquil setting for relatives and friends to spend time with their deceased loved ones. Two large, back-lit commissioned glass panels and the commissioned pall, together with simple furniture, give the room a timeless and contemplative atmosphere.

Every aspect of the interior decor and furnishings has been chosen carefully to provide a high-specification, non-institutional environment. A natural palette of creams, greens and browns blends in with the wooden furniture. Lighting has been a key feature – including the use of natural light in the reception area and a new lighting scheme for the waiting room and viewing area. The redesign also incorporates office accommodation for medical staff within the building, to provide additional support for junior doctors during the process of death certification.

Many people and organisations donated funds for the project, including The Stars Appeal, the League of Friends and the local hospice, and the bereavement services are now much more widely recognised across the trust.



***“The opportunities this project has provided have enabled me to raise the profile of mortuary services within the trust and influence the attitudes of NHS staff – both clinical and non-clinical – towards the role of the mortuary staff.”***  
Mortuary manager

## Shropshire County Primary Care Trust

### Bishops Castle Community Hospital now provides a suite and garden for patients receiving palliative care, their relatives and friends

***“I run to relieve my stress so having a shower is wonderful.”***

Relative

***“We value this space as we can be together without us all crowding into the bedroom. Yesterday the children played in the garden all day and we were able to cook their mother’s favourite food.”***

Relative

The hospital is one of three local community hospitals serving a very rural population in Shropshire. It provides 16 inpatient beds and a range of outpatient services and has had only minimal upgrading since it opened in 1965. At the time that the team joined the programme, its future was uncertain as the PCT was undertaking a strategic review of its community provision. The aim of the project was to provide a palliative care suite. Many patients live quite some distance from the hospital, and the team wanted relatives to be able to stay in peace and comfort with their loved ones rather than having to travel back and forth several times a day.

During the initial stages of project planning there was considerable consultation with the local community on the future of the hospital which involved the local civic society, town council, league of friends, the PCT, local MP and many others. This gave the team a unique opportunity to engage a large number of people in the early stages of the project and fundraising which has included one of the team members undertaking the five peaks walk and enduring a sponsored haircut by the local community. Their efforts have been recognised through a PCT award for public involvement and an award for innovation and best practice from the Community Hospitals Association.

Once it was decided that the hospital would continue to provide services, a significant plan of capital investment was

agreed. This meant that the team were not only able to influence the creation of the palliative care suite. They were also able to use the knowledge and skills they had gained from the programme to influence the design, colours and furnishings used for the refurbishment of the whole hospital including a new main entrance.

Two adjoining rooms towards the end of the main hospital corridor have been designed as a palliative suite. Each room has large windows and a glass door that provides access to a new garden dug into the sloping ground at the back of the hospital. The garden has been designed to integrate and bring the whole scheme together while providing a protected and private space.

The King’s Fund room now provides a peaceful room for patients who can choose where they would like their bed placed, as services have been provided on two of the walls. Accent colours have been used for walls and furnishings to make the room feel as non-institutional as possible. Next door the relatives’ room provides a welcoming space, with toilet and shower, comfortable reclining chairs, TV and a small kitchenette enabling visitors to spend some time away from the bedside but still be near at hand.

The garden, which has been designed to be accessible for beds and wheelchairs, provides a link between the rooms so that relatives do not need to go into the main corridor to move from one to the other. Surrounded by local stone, its central feature is a bespoke spiral wooden seat, which is already providing shelter from the wind and privacy for private conversations. Interest is provided by pots of seasonal flowers and the stunning metal sculpture of a Shepherd. The team particularly chose this commission as the sculptor has many other pieces of work displayed in the local community and, together with their use of local trades people and craftsmen for the scheme, it provides yet another link to Bishops Castle and the surrounding countryside.





***“It will provide inspiration for other projects across Shropshire.”***

Commissioner,  
community services

***“It has been the most challenging and rewarding development I have ever been involved in. I feel so proud of our achievement and how we have really worked as a team. We have even turned builders away because their work was not good enough!”***

Senior nurse



## South Staffordshire and Shropshire Healthcare NHS Foundation Trust

**A new suite provides a special space for patients at the end of life, including a private room with private terrace for palliative care patients, and a room with a kitchenette and shower for family members**

**“The project has taught me a lot about myself and has developed my confidence, as well as highlighting the importance of teamwork.”**

Staff nurse

St George's Hospital provides mental health services. An earlier EHE scheme had transformed the psychiatric intensive care unit. This time, the hospital wanted to apply the same principles to Baswich Ward, which provides care for patients with dementia, some of whom may require palliative care. The project would offer a private suite to patients and their relatives – an oasis of calm away from the busy ward.

The trust saw the project as a way of supporting the implementation of the End of Life Care Strategy in mental health services, as it would offer service users and, particularly, their relatives a degree of choice in their preferred place of care as they approached the end of their lives. The aims were to enhance the environment for people suffering late-stage dementia, to improve privacy and dignity, and to support families by providing a dedicated space for them to be near their loved ones. Staff would also benefit from access to further training to support end of life care.

The team was very fortunate to have the carer of one of their current service users as a member of the EHE team. His understanding and support proved to

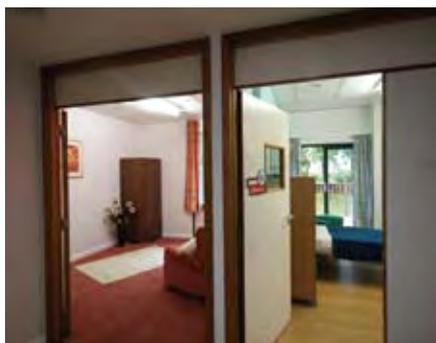
be key during the extensive consultation undertaken with service users and carers as plans for the project developed. The team also set up a journey board near the ward for people to write their thoughts and comments on the plans as they developed. They also consulted staff and the wider public on the plans.

For the project areas, the team chose two rooms at the end of the ward, both set back from the corridor. This was key to the plans for the suite, as it meant that an enclosed lobby area could be created that gave access to both rooms but also separated them from the main ward corridor, providing a small space that could be used as a kitchenette for relatives.

The team thought through the design of both rooms very carefully, taking into account the evidence on the effects of the environment on people with dementia, and the need for as much soundproofing as possible. Furniture and fixtures were specially sourced to provide as non-institutional setting as practicable, and colours were chosen to aid orientation. One room is designed as a palliative care room, with the added bonus of a small, private, decked, terraced area on to which a bed or wheelchair can be pushed. The other room is furnished for relatives, with reclining chairs and an en suite toilet and shower.

The trust's arts for health team helped secure the services of a glass artist, who ran several workshops with service users to develop the theme of the 'outside in' for the large light box in the palliative care room, and to make the smaller glass artworks for the suite. Additional artworks were chosen to reflect the decor in each of the rooms. As a result of the scheme, the main ward corridor is also to be refurbished, and it is hoped that additional palliative care provision will be made within the trust in the future.



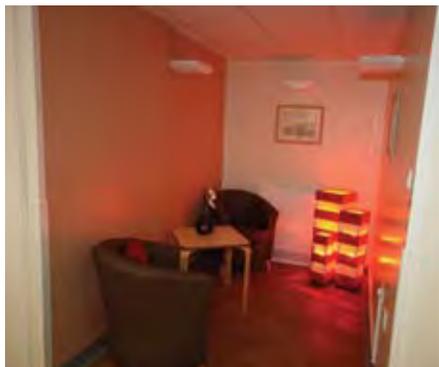


***“Our carer representative has been invaluable in keeping relatives and carers informed of progress, talking to them on the ward and visiting Alzheimer Café meetings.”***  
Team leader





***“We now have a facility the trust can be proud of, and we can use our experience to replicate the success of the scheme in the older parts of the hospital that require refurbishment.”***  
Deputy director of planning



## Southend University Hospital NHS Foundation Trust

**A beautiful but functional space is now home to a bereavement co-ordinator and local registrars, to provide calm, streamlined after-death care and administration processes**

***“The whole culture around death and dying has been completely transformed.”***

Oncology counsellor

***“I have felt motivated when least expected and enjoyed feeling passion for my work again.”***

Palliative care service manager

Before the project, people who lost loved ones at Southend University Hospital had to attend the general office to collect property and the death certificate, often waiting in the busy hospital entrance area. But an adjacent space, previously used as the consultants' rest room, provided an excellent site for the project with the possibility of providing dedicated car parking for the bereavement suite.

The design maximises the functionality and flow of the space, and has increased natural light by removing a suspended ceiling. The suite has been subdivided to provide a welcoming waiting area and offices for the bereavement co-ordinator and registrars, with a specially designed carpet to help visitors find their way around. The registrar's office has a separate entrance and waiting lobby, to enable them to register births, too, in the future.

The sensitive, soft colour palette, comfortable furnishings, use of wood and natural materials and evocative local marine photographs all combine to create a calm and peaceful atmosphere where the bereaved can be respected and valued. The scheme is of high quality throughout, with great attention to even the smallest details. For example, the roller blinds work from the bottom up so that light can be maximised while privacy is maintained. Furniture has been chosen with care, and placed so that more than one family can sit in the waiting space without feeling crowded. Tea- and coffee-making facilities are available for relatives, together with a sound system and a wall-mounted toy for younger visitors.

During the course of the project the trust appointed a dedicated bereavement co-ordinator, and formed an excellent working partnership with the borough council. This partnership has enabled smoother and more efficient administration and death certification processes, as well as significant improvements in the quality of service for the bereaved, and increased support for medical staff.

The suite is already acting as a central resource where relatives can obtain death and bereavement information. The team has now been asked to refurbish the mortuary viewing facilities, and plans are under way for a trust-wide arts group.





***“The beautiful environment facilitates the delivery of my role, and the feedback from the bereaved has been immediate and very positive.”***  
Bereavement co-ordinator

***“To be able to move a project from inception to reality, and to provide an environment that will truly have a positive impact on the people who use the Bereavement Suite, has been incredibly satisfying.”***  
Estates clinical programme manager



## York Hospitals NHS Foundation Trust

**A new bereavement suite with a small, private garden area offers a beautiful and tranquil retreat for people who have lost a loved one**

***“This has been a positive and productive way for the community that this foundation trust serves to be consulted and involved in shaping the environment in which care is provided.”***

Lead governor

Before the project, the bereavement service staff at York Hospital had very cramped office facilities, and relatives often had to visit several different parts of the large hospital site to collect the death certificate, their loved one's belongings and valuables, and to register the death. This project aimed to create a centralised, dedicated service for everyone who was bereaved at the hospital, and their families, in a well-designed space that was sensitive to their needs.

The initial challenge for the team was to secure space for the new bereavement suite in an accessible location on the busy hospital site. With the support of the trust, the team secured an area that had been previously occupied by the clinical coding department, next to the old bereavement service office. This space was immediately off the main hospital street, and offered the additional opportunity of creating a small, private garden area.

Then the team began the consultation. They sent questionnaires to people who had recently been bereaved, and asked patients, staff and visitors for their views via the trust newsletter and at the annual general meeting. They also gave presentations to the trust members' council, the Friends of York Hospital, the Charitable Funds Committee and to many charities in the city, which subsequently supported the scheme.

Just as the project began to take shape and the plans were value-engineered and approved, the scheme had to be revised when an old service tunnel was found during construction. Undaunted, the team pressed ahead, appointing an artist to develop a signature theme both for the suite and for the bereavement service as a whole, and they approached renal patient groups across the trust to provide a range of artworks.

The suite now provides a beautiful and tranquil retreat for the bereaved. The design has maximised the space available, and cleverly concealed some of the structural elements that had to be retained during the redesign. The furniture, furnishings, lighting and chosen decor, together with the curved walls in the entrance space and the view to the garden, give it a very non-institutional feel. The signature image, artworks, donors' acknowledgements and display wall have been chosen carefully to integrate with the whole scheme.

There is a dedicated office for the registrar immediately to the left of the entrance, with entry to the counselling room and bereavement offices off the main seating area. A tea and coffee machine and water fountains are also provided.

On the opening day, more than 200 people visited the new suite – a measure of the team's success in consulting and gaining financial and other forms of support for the project. There has already been recognition from staff about the difference a beautiful space can make. When the rooms are not being used to provide support for bereaved people, they will be made available for other counselling services' work.

Visitors have commented very favourably. Several bereaved families – including a family who had lost a young child – said that the design, layout and colours, together with the garden area, provided an oasis away from the busy hospital environment.





***“We would have been able to implement a capital scheme for this service, but I don’t think that we would have been able to produce such a beautiful space without the inspiration given to us by The King’s Fund. This ‘virus’ has now been unleashed and it is spreading rapidly – and there is no known cure!”***

Head of capital planning

***“I have been struck by the commitment of the capital planning team in incorporating art and design, and in inspiring others in the trust to contribute imaginatively to the environment of the hospital.”***

Art and design officer

## HMP Isle of Wight

### A private garden and enhanced care facilities offer peaceful spaces for prisoners receiving palliative care

HMP Albany, a Category B prison of 520 men, which is now part of HMP Isle of Wight, was nominated by Offender Health to join the Environments for Care at End of Life programme as it holds a considerable number of elderly prisoners, many of whom have life-limiting conditions or require palliative care.

Previously, prisoners had to be transferred to either the local hospital or the hospice when they required enhanced nursing or palliative care. However, many would have preferred to be cared for in the prison, where they knew the care staff and where fellow prisoners (who often act as informal carers) could continue to visit. In addition, the provision of palliative care within the prison would mean that costly prison officer escorts would no longer be required, and that the services to be provided would be more in line with the PCT's end of life care strategy.

The aim of the project was to improve end of life care by developing two enhanced care cells and a private garden to provide an element of choice for prisoners. A new health care wing was being built,

and the team secured two large Disability Discrimination Act compliant cells, together with the adjoining shower room and an adjacent large garden area for the project. Prisoners were involved in all stages of the project, and contributed both to the design and the building of the garden.

A simple colour scheme of blues, greens and greys was chosen for the rooms, which, together with specially chosen beds, chairs and other furniture and furnishings, has created tranquil and private spaces for those nearing the end of their lives. The team chose an appropriate seaside theme for the specially commissioned screen that divides the bed space from the shower and toilet area. The willow theme from the garden has been used on etched window panels to help to bring the outside in.

The garden area features a coloured glass dome, providing both a feature and shade and shelter when needed. Prisoners helped construct the garden as part of their educational programmes, and the low garden walls feature many of their artworks. Living willow has been used to good effect in the garden to create interest and give height to the varied planting, which includes a small kitchen garden.

The project has enabled staff to access training to enhance their palliative care knowledge, and led to the formation of a cancer support group, which meets in the garden each week. Prisoners are now able to view the rooms and gardens, and then to make an informed choice in relation to their end of life care.

**“Changes in clinical practice, philosophy of care and understanding have underpinned the entire project.”**  
Health care manager





***“It was the strong foundations that were created at the start of our voyage that I believe helped us create and deliver a strong and sustainable facility to deliver palliative care within what is viewed at times as an unsympathetic, isolated environment.”***

Head of prisoner engagement





## 5 Overarching themes

Each of the 20 Environments for Care at End of Life schemes is unique. This is because each trust team has developed their individual project to address local needs, following extensive consultation with their stakeholders. However, there are a number of overarching themes that have been key to the success of each project. This chapter draws these together as part of the learning from the overall programme.

The themes are as follows:

- consultation and engagement
- improving the patient and carer experience
- design principles
- funding
- the team members
- other outcomes.

Each of these is discussed in turn.

### Consultation and engagement

The EHE programme places a major emphasis on early and ongoing consultation as part of a team's project planning. In the context of palliative care and bereavement, some teams were understandably anxious about whether patients and relatives would want to be involved in the schemes. However, the experience of the pilot had shown that engagement was possible, and teams were extraordinarily impressed with the contributions of those who were dying, their relatives and the bereaved, to the individual schemes.

Staff also made a very useful contribution to planning the schemes, not only in their role as staff but as users of services themselves. It is sometimes easy to forget that an organisation's staff may also use its services – for example, when visiting relatives who are receiving palliative care or using the facilities for viewing the deceased. This was particularly useful in the projects working to improve mortuaries. Although the number of hospital viewings is increasing, there is still too little recognition of the importance of this experience and the role played by mortuary and other staff – as well as the environment itself – in creating a positive experience for the bereaved.

The teams developed innovative ways of encouraging service users and the local community to become involved in their schemes, through activities ranging from open afternoons to artist-led workshops.

At one trust, the team ran a survey during their mortuary open day, which included the following feedback:

- 'The curtains round the bier are spooky and depressing.'
- 'Wanted to get out straight away – not a place you would want to spend time in.'
- 'Would not help me to feel okay about spending any time saying goodbye – would want to get it over with quickly.'

***"I have been amazed by the willingness of patients and families to talk to us about what would make a difference to them and their loved ones in the future."***  
Macmillan specialist social worker

## Improving the patient and carer experience

As part of their early planning, teams were encouraged to rigorously review the way care was delivered, along with current working practices, to examine how care could be improved and enabled through changes in the environment. Their review was intended to go beyond physical design to get to the heart of what matters to people. The patient and carer representatives on each team have provided unique perspectives, and team members have proved very willing to challenge current norms.

Issues of privacy, dignity and confidentiality have been key to all the schemes. 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 become really aware of the impact of first impressions, they are keen to ensure that spaces give a more professional impression, and that either new space is found for equipment or that it is returned to the stores.

A recurring theme from many relatives who were spending time in hospitals with patients on the Liverpool Care Pathway was that they had nowhere to go away from the bedside, and that they did not want to bother staff (who were busy looking after patients) for a cup of tea. What they needed was a private space to retreat for a while, a shower or a reclining chair to take a nap, and the facilities to make a drink or catch up on emails.

To inform their schemes, teams traced the journeys that bereaved people had to take. In many hospitals relatives still have to go back to the ward in which their loved one was cared for, to collect property and certificates. It is no accident that several of the trusts have, through their projects, established bereavement centres. Ideally, these have been located near hospital entrances, though some teams had to overcome a number of political hurdles in order to secure suitable spaces.

Since the new bereavement suites have been open, it has been noticeable that relatives and visitors of patients receiving palliative care in the hospitals have used these areas to collect information, talk to staff or to have a quiet space in which to reflect on what is happening to them and their families.

Many staff have never visited their hospital mortuary, and those who have may discourage relatives from viewing in the hospital even if they want to do so. A key early action for the teams working on improving viewing facilities has been to take their boards and senior staff on what some have called 'the walk of shame' to the mortuary viewing room. This has not only generated great support for improving facilities – it has also enabled better discussion on the care of those who are dying and the bereaved.

Where possible, in partnership with the local authorities, the schemes have provided space for registrars so that relatives do not have to make a journey into the perhaps unfamiliar local town. To ease stress, many have provided dedicated or free parking for the bereaved.

Early in the programme, team members raised the unsuitability and lack of dignity associated with the current standard NHS plastic property bag, which is given to relatives with the deceased property. Despite the assistance of the teams, discussions with designers, the development of a potential prototype, and the sourcing of a number of bags currently in use, at the time of publication this remained work in progress.

**“Consultation with patients and user groups will aid any design process, and the public are acutely aware of budget limitations. Why settle for the same old formula when amazing results can be achieved at a similar cost?”**

Development lead – charities



## Design principles

Both the ECEL pilot programme and the hospice design competition established a number of design principles for end of life care environments. Perhaps the most important of these, as evidenced by design elements chosen by the schemes, are links to nature, the ability to have some personal control over the environment, and a sense of welcome and comfort.

It is no surprise that although three of the ECEL projects specifically focused on creating or redesigning outdoor spaces, an additional 11 included outdoor or indoor gardens as part of their projects. The use of natural materials and colours has been a key and universal theme for the interiors of the various schemes.

Personal control of one's environment is very important to patients, too, and the new palliative care suites have included provision for patients to control as much of their environment as possible – from the bed settings, room lighting, curtains and temperature to the position of the television screen, music and internet access. For relatives, schemes have provided access to a private retreat where they can be in control, to make a snack or have a shower or just relax.

The teams have worked alongside their procurement, health and safety and infection control colleagues, going to extraordinary lengths to source fit for purpose but non-institutional furnishings, fixtures and fittings for their projects. Sustainability and durability have been key. Teams have trialled beds with palliative care patients to make sure they are easy to control. They have purchased unique sets of bed linen and chosen chairs for comfort and style.

Art and artworks have been integral to the schemes. Some works have been specially commissioned, often with the help of patients and carers, or have been purchased with care to help humanise spaces, provide distraction and lift the spirits.

## Funding

Each team commenced the programme with a project allocation of £40,000, comprising £30,000 from the Department of Health and an agreed minimum capital contribution of £10,000 from their organisation.

Some teams were able to incorporate other planned works within their projects (for example, replacing flooring, painting walls or carrying out works to make areas compliant with the Disability Discrimination Act). This led to increases in funding for the overall project. However, the vast majority of additional funding for the schemes came from fundraising by patients, carers, community groups, the hospitals and the team members themselves, as well as from hospital charities and legacies.

Activities ranged from sponsored runs, peak walks, sales and coffee mornings to a sponsored pantomime performance. Local firms have donated staff time to replant gardens and retailers have nominated projects for staff and customer fundraising and donated furnishings for their hospital's schemes.

Final costs for all projects were in excess of the starting budget of £40,000. Project costs ranged from £65,000 to £365,000. The average cost of the 20 projects was £136,700, with four projects costing between £65,000 and £70,000 and 10 between £100,000 and £150,000. Two large projects cost more than £300,000. Details of the individual costs for each project are given in the project directory on p91. Although teams have given the financial costs of their projects, it is recognised that many additional gifts in kind have also been made, such as artworks or volunteers' time.

It is a measure of their commitment that overall the teams raised more than £2.1 million in addition to the initial Department of Health contribution of £600,000. This level of investment shows the power of combining local teams' determination, enthusiasm and commitment with the leverage of relatively small amounts of central funding, coupled with the reputation of a programme such as Enhancing the Healing Environment to deliver substantial and evident change.

***“While all projects are inevitably constrained by tight budgets, a little thought at the planning stage can yield astonishing results.”***

Capital projects manager

***“Many bereaved parents suggested colour, a feeling of hope, light and air, soundproofing, and privacy from the café. The idea of a courtyard was welcomed.”***

Architect

## The team members

Team members have learnt to see the environment through patients' and relatives' eyes and have gained an understanding of what the environment says to people about the quality of care delivered. They have gained new skills in facilitation, negotiation and project management, and real confidence that they can make a difference.

A significant outcome of the programme has been the individual development of team members. Many have changed jobs, been promoted, taken up secondment opportunities or are using their new-found knowledge and skills to improve environments in other parts of their organisation. 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 programme has high expectations of participants, and planning and managing the projects takes a great deal of time, energy and effort. Every team member has committed him or herself personally to the success of the project, and is rightly proud of what they have achieved.

The investment of time and effort that teams and their supporters put into the schemes brings many personal and organisational benefits – not least, that the completed projects are owned by the very staff who will work within them. So, they continue to ensure that they stay well looked after, well maintained and that additional improvements are made when possible.



Above and top right: Glass artwork, Frenchay Hospital, North Bristol



## Other outcomes

There have been a range of other outcomes, including:

- **Community engagement:** Lasting partnerships have been formed with local community groups, artists and designers, retailers and local universities.
- **Raising expectations:** Schemes are already acting as exemplars and positive examples for future developments.
- **The confidence to assure quality:** The teams now have the confidence and language to act as informed clients when commissioning architects, designers and artists.

***“There is more of a realisation that involving the local community results in some extraordinary work and does not have to cost a fortune.”***

Clinical nurse manager

***“Our achievements made many visitors to the ward think we had ‘gone private’, as the standards achieved were so high they felt it couldn’t possibly be NHS!”***

Deputy director of planning

***“We were able to throw out a design that came from the first architectural practice involved because it did not meet the high standards we had set for the project.”***

Deputy director, patient experience

***“The team has been unbelievable – total trust, joy, commitment, respect and loads of laughs.”***

Lead cancer nurse and Macmillan cancer nurse specialist

## Summing up

The EHE programme not only transforms environments: it enables clinical staff to review care delivery, in partnership with service users, and also provides a unique personal development opportunity for those taking part.

The combination of team development and project funding, within a tightly managed programme structure, can enable and empower local multidisciplinary teams to effect significant improvements in patient experience and care delivery through high quality, good-value, environmental redesign.

The 20 teams that took part in the Environments for Care at End of Life programme have demonstrated the need – and the ability – to radically improve the hospital environment for palliative care patients, their relatives and the bereaved. Although several of the schemes have been large, the majority are of a size typically found in any health care organisation's capital programme.

The schemes have also changed attitudes to death and dying across the participating organisations and have enabled organisations to implement the national strategy. Staff have received additional training and now feel that they are better equipped to discuss death and dying.

Through local teams, the EHE programme continues to deliver extraordinary schemes, rooted in the belief that clinical staff working in partnership with their colleagues, patients and their carers can affect quality, value for money, improvements in the care environment and in the experience of the people in their care.

***“As a chaplain, the programme provided me with an opportunity to be involved in a project that challenged me and has left me with a lasting legacy of how good design can make such a difference – and it is not necessarily about cost, rather more about imagination.”***

Hospital chaplain

***“As I sit here in my office looking out at this beautiful space, I am so proud of the team and the many other individuals who made this happen – not for me and my staff, but for the many patients and families that will use this facility over the years to come.”***

Head of patient advice and bereavement service



Patient glass artwork, St George's Hospital, Stafford



Glass artwork, Northampton Hospital

## 6 The evaluation

The Department of Health and The King's Fund jointly commissioned the Sue Ryder Care Centre for the study of supportive, palliative and end of life care at the University of Nottingham to undertake an evaluation of the programme. A particular focus was to provide recommendations for the review of the NHS health building guidance on mortuaries and facilities for the bereaved (*Facilities for Mortuary and Post-mortem Room Services*, NHS Estates 2005a). This focus informed the choice of six case studies that were undertaken as part of the evaluation, which studied bereavement suites and mortuary viewing facilities (detailed on p75).

It also set out to:

- assess the process of change
- explore the impact of the projects on end of life care
- examine what had been learnt about the way attitudes to death and dying are influenced and changed by the physical environment.

This chapter is adapted from the report *Environments for Care at End of Life: Evaluation of The King's Fund Enhancing the Healing Environment Programme* (Arthur *et al* 2011)

### Key impacts identified in the evaluation

The evaluation of the ECEL programme identified the following key impacts, which are explained fully in the remainder of this chapter:

- **Supporting implementation of the End of Life Care Strategy** The recent policy drives for improvements in end of life care have prompted a number of NHS trusts to give greater attention to work in this area and see projects as both part of, and a catalyst for, this ongoing work. Projects intentionally and unintentionally created dialogue about end of life care, and started people thinking about how services were delivered.

At a number of sites, encouraging other hospital staff to see the project and understand its importance was a key part of raising the profile of end of life care, and open days were well received and well attended. Some NHS trusts incorporated the new areas in their staff training and education. Providing tours and open days has opened up these facilities, and the projects have been a catalyst to encourage other hospital staff to come and see the areas so they have a clearer understanding of how and what care is provided.

*"I think right across the trust it's raised awareness of bereavement care, and certainly on the wards now... The ward sisters and nurses would hang on to bodies for relatives to view on the ward, so that they didn't have to go down to the mortuary. Now it's so beautiful that it's helping with the flow...which is important, and is better for relatives because they're in an area where they can be cared for and looked after, not on a ward where everybody can see them coming and... can see their distress so it is much better."*

(Phase two interview)

- **Cultural change** Projects often prompted a review of current process and practices. As a result, some NHS trusts updated the way they organised and delivered end of life care services. These kinds of benefits were evident throughout the projects. Nevertheless, teams recognised that work would be ongoing in order to make real cultural changes in the way end of life care is viewed in the hospitals, and noted that these projects were just part of a process of greater recognition that many people die in hospital, and that care of the deceased and their families goes beyond the point of death.

Staff working in the clinical areas where the projects took place commented on how the improved environment had enabled them to deliver better care. Staff from all teams reported that the new environments gave the appearance of spaces where the deceased and the bereaved could be cared for, rather than simply 'processed'.

- **Appreciation of art** Some respondents felt that the project had given them a new perspective and openness to art. They had better understanding of what 'art' might include and how it might be used in the hospital setting, as well as the impact of its use. Across all 20 sites, the projects raised the profile of art and design considerations. A number of teams believed that their project had demonstrated to their NHS trust how important the environment is to patients, relatives and staff. The teams felt their projects now acted as a 'benchmark' for new facilities and building work.

- **Implications for future design** The projects had some knock-on effects on estates departments, with a number of design ideas from the programme being adopted in subsequent building projects. These were particularly evident at sites where the wider estate and purchasing teams had been closely involved in the project and were better able to understand the vision the teams were striving for. Nevertheless, some participants from estates felt that unless their estates colleagues experienced The King's Fund programme directly, any real changes would be unlikely.

*"There are some times when you have to be practical – I don't see you could ever roll out for a whole hospital. [But] you can take a lot of the ideas and improve a hospital project, definitely, and there has been the art and those sorts of things".*

(Phase two interview)

- **Personal learning and development** All teams spoke of the personal learning that they had gained from the experience of working on the project. This is further reflected in the reports submitted by all 20 teams. Many talked about having developed renewed enthusiasm for their jobs, greater confidence and additional skills. This kind of personal development allowed team members to recognise their own skills and achievements over the course of the programme. Some had developed these skills despite an initial resistance – particularly among those unused to group interaction, team building and public speaking. For more senior members of the teams, seeing the development of more junior colleagues was a particularly rewarding process. Many respondents talked about their pride in the project and in achieving their goals, as well as their drive to improve services in areas that had previously gone unnoticed. This re-energised team members to continue in their daily roles with a renewed focus on what they might achieve in the future.

- **Longer-term outcomes** Due to the timescale of the programme evaluation, it was not possible to identify longer-term outcomes. However, there are indications that the impact on staff who undertook the programme will have ripple effects on other NHS trust staff. Several teams talked about how they are now providing input to other environmental development projects by sharing their knowledge and expertise. Teams were deservedly proud of the fact that they had been invited to join NHS trust committees, spoken at meetings and won awards in connection with their projects.



Garden,  
Northampton  
Hospital

# The evaluation summary

**The remainder of this chapter presents a summarised version of the evaluation report.**

## Introduction

Unlike most health care architectural initiatives, the Enhancing the Healing Environment programme strives to enable the users of the environment to directly influence the design and implementation of creating a new physical space. In this context, the term 'users' includes those providing and receiving care.

There is an increasing body of literature recognising and highlighting the impact of design (Macmillan 2006; Marmot 2002) as well as the impact of the environment on health and work place outcomes (see Gesler *et al* 2004; Cortvriend 2005; Degremont 1998; Hurst 2008; Schweitzer *et al* 2004; Rowlands and Noble 2008; Zborowsky and Kreitzer 2008; Silver 2004).

It is argued that good design adds value culturally, economically, environmentally and socially, by increasing quality, image and the use of space (Macmillan 2006). Hence there is increasing recognition that not only constructing new buildings, but renovating and refurbishing existing ones, forms a vital part of the economy and promotes 'health, productivity, neighbourliness and civic pride' (Macmillan 2006, p259).

## Evaluation aims

The aims of this evaluation were:

- to assess the process of change undertaken in the participating projects
- to explore the impact the projects have on the delivery of end of life care
- to explore the impact on those using the physical environment
- to examine what has been learnt about the way attitudes to death and dying are influenced and changed by the physical environment.

## Evaluation framework and methods

The evaluation employed a pragmatic framework (Aoun and Kristjanson 2005) that took account of how the schemes developed, implemented and evolved over time, and how they influenced attitudinal and cultural change within their wider organisations.

The evaluation team employed mixed methods of data collection, yielding quantitative and qualitative data gained from individual team members, project teams, and the programme as a whole. They extracted information about all 20 project sites from progress reports available at six time points during the programme, and collated them to determine and compare challenges of project development, implementation and the costs of completed projects. The team also drew on progress reports, which The King's Fund requested initially every two-to-four months between June 2008 and July 2009, with a sixth and final completion report for January 2010. For those projects that were not completed by the end of the evaluation period (May 2010), an edited update report was submitted. The reports allowed the team to:

- compare case-study projects with non case-study projects
- track progress and slippage within projects
- identify the frequency and timing of reported problems.



The evaluation documents enabled the evaluation team to chart the progress and development of the projects without placing additional burden on the project teams. However, it is important to recognise that what was recorded in these progress reports was necessarily selective, placing limitations on the kinds of questions that can be asked of the dataset.

### Six case studies

To provide a more in-depth understanding, the evaluation also undertook case studies at six selected sites, in order to investigate the process around the production of the documents rather than looking at the documents alone.

The six in-depth case studies comprised:

- the remodelling and renovation of three mortuary viewing facilities:
  - Newham University Hospital NHS Trust (which also included the A&E viewing area)
  - two projects at North Bristol NHS Trust
  - Salisbury NHS Foundation Trust
- the creation of two centralised bereavement services suites:
  - Cambridge University Hospitals NHS Foundation Trust (which also included the A&E relatives' room)
  - York Hospitals NHS Foundation Trust
- the development of a palliative care facility and garden in a prison:
  - HMP Isle of Wight (formerly HMP Albany).

Case studies drew on the following methods:

- a focus group prior to the commencement of building works with team members involved in the projects, with 29 staff from a range of professions taking part in six focus groups
- 31 individual interviews following or near project completion, with each member of the six project teams
- AEDET and ASPECT environmental impact toolkits (for details, see p13). Follow-up measurements were restricted to the four case study sites that had completed by the end of the evaluation period

- an architectural assessment of completed projects by a member of the evaluation team, focusing on understanding the interaction between the functional and aesthetic qualities of the spaces
- in the three sites focusing on mortuary viewing facilities, a mortuary viewing questionnaire distributed to staff who accessed and used the mortuary but were not members of project teams. This was designed to provide a simple means of exploring the impact of buildings and environments on those who use them. 36 questionnaires were completed before the changes took place, and 32 on completion of the projects.

### The mortuary and bereavement schemes

At the request of the evaluation commissioners, there was a deliberate focus on the mortuary and bereavement schemes in order to inform future national advice on the design of these facilities.

At the three mortuary case-study sites, questionnaires were distributed to health and social care professionals using the facilities, both before and after the physical change. Changes in semantic differential scores showed positive improvements for all three sites, and feedback from additional comments illustrated the impact of the improvements that had been undertaken.

# Findings

The key impacts are presented at the start of this chapter. More detailed findings are presented here, divided into three key sections:

- findings from the main evaluation
- findings from the case studies
- findings on mortuaries.

## Findings from the main evaluation

The key findings of the overall evaluation are summarised below.

### Feedback from visitors or service users

Building works for most of the projects took place over the summer of 2009. By the end of the evaluation period (May 2010), 13 of the project teams had completed their projects. For all these teams it was too early to report any findings from their own in-house evaluations, although many stated that they would be able to do this in the future. Many of the final reports submitted by the teams included anecdotal evidence of user reaction to their completed projects and the process of collecting visitor comments continued after the opening of new spaces.

In particular:

- Staff were struck by the positive responses recorded by relatives. Although complaints prior to the projects were relatively rare, positive comments, or 'compliments' were now commonplace in a way they had not been prior to the work being undertaken.
- Many comments relating to individual projects, regardless of the type of project, related to the sense of peace that users experienced, often in marked contrast to the wider hospital in which the facility was based. This was an experience many of the team members had explicitly hoped to provide for bereaved family and friends.

### Support

All the teams reported that throughout their projects they received support from a variety of sources. All felt supported by their NHS trust sponsors, but defined the nature of that support as proactive (eight teams) or reactive (the remaining 12 teams). Examples of the former included acting as champions for the project and providing encouragement. In the latter case, teams saw their sponsors as providing ways to 'unblock' the process when hurdles were encountered. Apart from NHS trust sponsors, many of the teams referred to the importance of support from allies made within the NHS trust that could assist with their project either because of their seniority or their key position within the trust.

### Challenges

All teams reported a number of challenges that they had faced throughout the evaluation period. Overall, securing resources was the most frequently reported challenge (by 19 of the teams), followed by time constraints (by 15), location problems (by 12), building issues (by 11) and the attitudes of others (by 11). Challenges presented by working in a team appeared to peak in the middle of the period covered by the first five progress reports.

Understandably, problems with building contractors and, to a lesser extent, architects and designers, were raised as important challenges in the final report. Fig. 3 shows the most frequently reported challenges across the six reports.

### Project completion

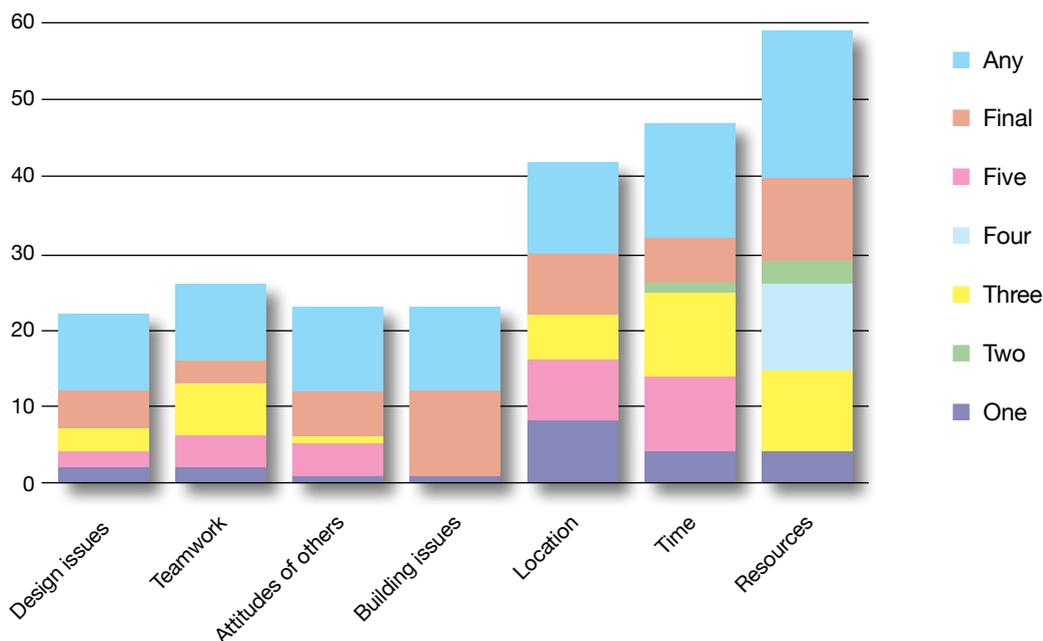
Of the 13 projects that completed before the end of the evaluation period (May 2010), the first was completed in July 2009 and the last in December 2009. Estimated completion dates for the remaining seven projects were between July and September 2010, although all projects were optimistically hoping to complete by November 2009 at the time of the fifth progress report (July 2009).

Challenges encountered by teams yet to complete their projects included:

- securing agreement to use the space
- securing additional funding
- disagreements with designers or architects
- in one instance the building company to be used going into liquidation

- unexpected structural problems that required revision of designs
- harsh weather during the winter of 2009/10, which affected some garden projects.

**Figure 3: Types of challenges reported in progress and final reports**



**Funding**

The median estimated total cost for the projects increased from £45,000 (reported in the first progress report) to £117,000 (at the last available report), with a total estimated cost across the projects of £2.6 million (at the last available report). (For changes in cost estimations, see Table 1). Funding of £30,000 from the Department of Health and the agreed NHS trust minimum of £10,000 typically accounted for a relatively small proportion of funding spent on each project, and was used as leverage by teams to

secure additional monies from a number of sources. These included the NHS trust itself (12 projects), trust-related charities (11 projects), external charitable funds (three projects), and own fundraising activities (three projects).

The six case studies chosen for the evaluation were broadly representative of the cost and scale of all 20 projects. The most recent estimate of total project cost for each case-study site was between £50,800 and £365,000.

**Table 1: Original and updated estimates of total cost of projects**

	Completed (n=13)	Yet to be completed (n=7)	All projects (n=20)
<b>Original estimate</b>	£60K (£40K – 220K)	£40K (£40K – 287K)	£45K (£40K – 287K)
<b>Latest estimate</b>	£117K (£50 – 240K)	£116K (£50 – 365K)	£117K (£50 – 365K)
<b>% change from original to latest estimate</b>	38% (-44% – 239%)	41% (25% – 300%)	40% (-44% – 300%)

## Findings from the case studies

The narrative accounts from the focus groups and interviews from the six case-study sites were used to gain an understanding of how the projects were conceptualised, designed, implemented and have been used by staff, patients and carers. They also looked at the ways in which projects impacted on the culture of the wider care environment and influenced behavioural and attitudinal responses to death and dying.

The key findings are grouped here into the following themes:

- initial drivers
- learning and development
- consultation
- the team
- negotiation and compromise
- work in progress
- AEDET and ASPECT scores.

### Initial drivers

The initial drivers for encouraging people to become involved in the programme included the negative impact of the current environment, teams' reasons for applying, and the experience of gaining a place. Many seemed to feel that they needed to compensate for the environment. They were embarrassed by it, and felt compelled to make excuses to patients and the bereaved. Some reported that once staff had become aware of the opportunity of the programme, this had led to focussed discussions about how environments for care at end of life might be improved.

### Negative impact of the current environment

Baseline focus groups took place with the six case-study teams before building began. These groups clearly revealed the magnitude of change required, with teams talking about the need to compensate for the poor quality of the environment and the negative impact they perceived this had on the care of service users.

*"People come to the mortuary department with trepidation and fear, and not only because they're having to go and see a deceased loved one, but because of the sort of general conception of what a mortuary is ... So we have to work twice as hard to try and keep them calm. Try and show that actually we're a caring environment, and we're trying to be supportive and we're there to help them".*

(Phase two interview)

Comments from relatives of the deceased were also a driver for initiating the changes.

### Reasons for applying

A number of elements led the teams to apply to participate in the programme. These included a desire to improve and develop their facilities – particularly in end of life care. For some team members, developing end of life care was part of their role within the NHS trust, and the programme became an opportunity to give their ideas momentum and reality – sometimes after years of trying to make small improvements.

Teams felt that NHS trust staff, and the communities they served, failed to recognise that hospital was a place where many people die. Before participating in the programme, teams felt that end of life and bereavement care had not been a priority for their NHS trust, and that this had manifested itself in neglect of the physical environment.

### **Gaining a place**

Entry to the programme allowed team members to consolidate their emerging visions for change and gave them the confidence and space to consider going beyond the 'safest and cheapest' option. Instead, they began to think broadly and creatively about what might be achieved in their particular areas for the benefits of service users if further funding could be accessed. For all the teams, the important thing was to create something 'special' that could demonstrate that the trust valued not only its patients but the staff working in those environments.

### **The development programme**

By delivering its programme in venues that were atypical of those with which team members had been previously accustomed, The King's Fund achieved two things. First, participants reported that they felt 'special' and valued. Second, it communicated the message that environment was crucial to well being, and could impact significantly on service delivery to service users:

*"The standards that are delivered in the workshop with The King's Fund in terms of how they treat us as a group of participants – it's high quality, it's imaginative ...it enhances thinking ...of what we're delivering in terms of [the] project, but raises [awareness of] what we want for our service users and our patients as well. We want to expect high standards of everything, and you can see the difference it makes. Certainly, if we'd been doing it in [an] old centre and we hadn't been able to have the time together to do things in a nice environment – it makes you realise why the environment's so important".*

(Phase one focus group)

### **Participant feedback**

In general, feedback for the programme and the programme team was highly positive. All the team members were generous in their praise of The King's Fund programme team and the programme itself. They recognised the value of taking time out from their normal work environments to focus on the projects. Teams frequently referred to the initial programme residential as fundamental to the process of team building and project development, despite some team members finding some of the exercises a real challenge:

*"I've never, ever been on such a good development programme. That first [residential] particularly...They've got some hard work to do afterwards because that's what bonds you, gels you. I don't know what it is, whether it's the singing or the fact that you're working [so hard] for however many hours it is, 72 hours, and I don't know, but they do it beautifully."*

(Phase two interview)



A&E relatives' room, Newham Hospital

All the teams praised the sessions on lighting and colour for being interesting and useful. Some participants found the visit to Tate Modern challenging, but it was generally well received and helped people to view art in new ways and in relation to their own projects. Visits to previous project sites helped teams to cement their own styles. Development from the programme allowed teams to look at these projects critically and to establish which aspects they liked and disliked.

The diversity of the teams meant that they incorporated people with different levels of experience of management, so pitching sessions on this element is a particular challenge for The King's Fund programme. In their suggestions to improve the programme, participants from the teams said they would have liked help with dealing with external contractors such as artists, builders and architects.

#### **Consultation and engagement**

All the teams engaged service users and other staff members to help develop ideas about what they would want. They often took these contributions forward by including patient representatives in their wider teams and steering groups. The teams were often surprised by the level of interest and the number of people who attended open days to view the current facilities, and they recognised their own trust staff were often users of the facilities. However, they did also encounter negative attitudes towards their projects. These often stemmed from a sense that money was being wasted in an area of health care that might be considered a low priority, and on physical enhancements, when there were more deserving claims on limited funds – in particular, for staff and equipment.

#### **The team**

Key aspects of team working that emerged from the case-study evaluations included:

- multidisciplinary working
- The King's Fund residential programmes
- changes in membership
- service user involvement
- keeping on track.

Each of these is discussed below.

#### ***Multidisciplinary working***

Team membership did not vary considerably in terms of which NHS trust departments were represented. This was partly in response to The King's Fund's recommendations on team mix. However, the level of seniority did vary, and the more successful model seemed to be one of vertical integration, in which those with influence at senior NHS trust levels worked within teams alongside those who had close and frequent contact with service users and providers.

For many clinical staff, working so closely with artists – and, in particular, staff from estates departments – gave them an insight into worlds of which they had little prior knowledge. All case-study participants felt that having direct estates involvement in the project at each stage of the process was crucial.

All project teams considered good teamworking to be an essential ingredient for success. The key aspect of learning that the teams identified as having developed over the time they had been involved in the projects was the opportunity to work with a range of people they would not normally work so closely with. This helped them gain a clearer understanding of other people's roles and the challenges others face in delivering their part of the service. A number of teams highlighted the need to work to each of their members' strengths in order to meet the needs of the project.

### **The King's Fund residential programmes**

Teams credited much of their good teamworking during the lifetime of the projects to their initial residential visit as part of The King's Fund programme. Opportunities to get away from their usual work environment were seen to contribute to team bonding and drive the projects forward.

### **Changes in membership**

A particular challenge for the teams arose when a team member either left the organisation or their role within that organisation changed. Teams chose not to replace members who left after formal approvals for the projects were given in January 2009, so teams occasionally had to work either with one fewer member, or with less input from that member as new roles limited the amount of time they could contribute to the project:

*“You've got to gel as a team to make it work. Because if you don't gel as a team, you're not going to get people giving the extra mile. You won't get the commitment. And The King's Fund does the team building very well – in that... the first thing you do when you go off for one of these weekends is do all sorts of weird and wonderful things together where you're exposing yourself as a personality as well.”*

(Phase two interview)

Wider support for the teams came from a range of additional sources. Case-study sites varied in how they arranged this, from co-opting other members as required to formalising a peripheral team that lasted for the duration of the programme alongside the core project team. Teams would often try to engage this wider group by including them where possible in King's Fund events and procurement decisions. Teams often considered it useful to have a wider supportive team that included expertise in purchasing, fundraising, architecture, communications and publicity, as well as sponsors and additional staff from estates or capital planning and service providers and users from the project area.

### **Service user involvement**

Only one of the case study teams had a service user representative as part of the core team, although some of the projects that were not selected as case-study sites also included service users within their teams. Other teams consulted with service users. This input was considered of enormous benefit, and consultation with service users was felt to be a key part of this type of renovation. However, incorporating a service user into the wider team was not without its difficulties – particularly due to the sensitive and often emotional nature of these projects. This meant that teams needed to give careful consideration to how and when to best achieve this inclusion – not only from the perspective of the team, but from that of the service user.

### **Keeping on track**

A further challenge that teams encountered over time was that of maintaining the enthusiasm for, and momentum of, the project alongside busy work schedules. The King's Fund days helped to regenerate this enthusiasm but ultimately, once they were back on site, the teams had to find ways themselves to keep the project on track. Key to this, again, seemed to be the skill mix and dynamics of the teams. All teams talked about different people taking responsibility at different times – either when their particular skills were required, or when other team members were more restricted in the time they could spare.

### **Negotiation and compromise**

All teams had to navigate and negotiate a number of bureaucratic and political processes within their trusts. These predominately related to the spaces they were trying to acquire. For example, for one of the projects the location of the bereavement suite in the main entrance to the hospital was a political issue the team had to negotiate. Communication, informing people and keeping them informed on an ongoing basis seemed to be important in achieving and maintaining individuals' support and commitment to the project.

Teams often needed to negotiate and compromise in three key areas:

- accessing additional support
- developing high quality designs
- managing time and money.

Each of these is explained below.

### **Additional support**

Teams felt that they often needed backing to negotiate these higher levels of bureaucracy within the trust and drive their projects forward. They often achieved this support by making links with a senior member of staff – for example, by involving them as a sponsor, by working with a patient panel or by seeking support from The King's Fund itself.

The teams identified The King's Fund as having the credibility within their NHS trust to help 'open doors' for their projects. They also recognised that offers of support from the two key members of The King's Fund programme team were genuine and forthcoming. This awareness seemed to promote sufficient confidence within the teams to enable them to navigate most challenges without calling on The King's Fund.

### **Developing high quality designs**

Design plans developed and grew over time, and liaison between architects, estates and facilities placed great demands on the team. Some teams found it challenging to work with outside contractors such as builders, artists and architects. Understanding the processes that needed to be in place to put the project out to tender, and managing differing agendas between the teams and the outside contractor was also a challenge.

Part of the challenge was to negotiate the tension between ensuring quality and meeting deadlines. The teams felt that contractors often used a different language, so teams struggled to translate their vision of the project. The role of team members from estates became key in these negotiations. However, these individuals sometimes felt that other team members were naive in assuming that contractors would be able to translate their vision when the teams had provided insufficient detail in the first place.

For some projects, teams' inability to convey their vision or to have it understood by their architects and builders resulted in a number of the smaller details having to be changed, such as door handles, disability rails and paint colours:

*"I'll give the architect his due – they drew up things that fitted with what we wanted in terms of the space of the rooms and the reception areas, but it was the translation of the finer detail that they just went into hospital mode. ...The architects have got this thing called the blue book and only looked in there, and they wouldn't – they couldn't – think outside, that there might be other suppliers who could do something different for this project."*

*(Phase two interview)*

### Managing time and money

Achieving a balance between striving for the most ambitious plan and what was feasible and practical within the budget and timeframe was a struggle for all the teams. Different teams took different tacks on how and when to compromise. Some felt that continuing to strive for their ultimate project was the most important aspect. However, for other teams, compromising on their ideal and achieving a workable project within the allocated resources of time, space and budget took precedence. Teams recognised that their plans had to change over the build period, and unexpected costs sometimes required other areas to be curtailed. Team members from estates were then considered the 'voice of reason' that kept the team grounded, so that their aims were achievable.

### Work in progress

All the case-study sites that had completed by the end of the evaluation period experienced minor setbacks, often described as 'snagging', where small problems remained unresolved until after the formal opening. Examples of this included glasswork not in place and making do with temporary fittings while waiting for mistakes to be rectified. However, during the building periods several projects encountered unforeseen structural problems within the environment in which they were working. These often led to delays, and had cost implications.

Teams had to be flexible in their ideas so that the project could change as it developed. This was key to some projects, as teams recognised that seeing something in the flesh is different to a design plan, and may differ from expectations. However, sometimes getting contractors to work to this flexibility was a challenge for the teams. At other sites, teams recognised that they had not paid enough attention to the finer details of the design, or that decisions made about these details had been lost along the way.

### AEDET and ASPECT scores

The evaluation team carried out measures of building quality, impact and functionality (using AEDET) and of how the environment is perceived to affect staff and service users' experiences (using ASPECT). They reported these scores for the four case study sites where projects were completed. Although case study teams were dealing with different physical spaces and highly individualised projects, these two scores were broadly consistent across teams.

Across all sites where these measures were used, greatest improvements in scores were seen in three specific areas:

- character and innovation
- form and materials
- staff and patient environment.

Scores are reported, by site, in Table 2.

**Table 2: Project teams AEDET and ASPECT ratings at baseline and change scores**

	Mortuary viewing facilities								Centralised bereavement services		Accident and emergency			
	North Bristol Frenchay		North Bristol Southmead		Newham		Salisbury		Cambridge		Cambridge		Newham	
	B/L	C	B/L	C	B/L	C	B/L	C	B/L	C	B/L	C	B/L	C
<b>AEDET</b>														
<b>Character and innovation</b>	1.0	3.0	1.6	2.9	1.4	4.2	1.8	4.2	1.8	4.0	2.9	2.9	1.0	5.0
Form and materials	1.0	4.5	1.6	3.9	2.3	2.5 <sup>a</sup>	2.4	2.6	1.4	4.0	3.0	2.4 <sup>a</sup>	2.0	4.0 <sup>a</sup>
Staff and patient environment	2.1	2.6	1.9	2.8 <sup>a</sup>	2.5	2.3	2.6	3.0	2.0	3.3	3.0	2.3 <sup>a</sup>	2.9	2.2
Urban and social integration	4.0	1.5 <sup>a</sup>	1.0	4.5 <sup>a</sup>	1.7	4.0 <sup>a</sup>	3.5	1.5	nr	nr	nr	nr	2.7	2.5 <sup>a</sup>
Performance	2.5	3.3	1.8	4.0	2.8	2.7	5.0	0.8	2.7	2.3 <sup>a</sup>	3.0	2.0 <sup>a</sup>	3.8	1.7
Engineering	1.7	-0.5 <sup>a</sup>	2.7	-1.5 <sup>a</sup>	nr	nr	4.3	-0.3 <sup>a</sup>	1.8	0.8 <sup>a</sup>	nr	nr	nr	nr
Construction	0.0	0.0 <sup>a</sup>	nr	nr	nr	nr	3.8	1.1 <sup>a</sup>	nr	nr	nr	nr	nr	nr
Use	2.1	2.9	1.9	3.3	4.1	1.3	4.9	0.4	2.6	2.4	3.0	2.1	2.4	2.8
Access	1.7	3.1	1.7	3.1	3.7	1.3	3.9	0.8 <sup>a</sup>	3.5	0.8 <sup>a</sup>	4.1	0.1 <sup>a</sup>	4.8	0.5 <sup>a</sup>
Space	2.0	2.8 <sup>a</sup>	1.4	3.4 <sup>a</sup>	3.3	2.4 <sup>a</sup>	5.0	0.0 <sup>a</sup>	2.2	3.5	3.5	2.2 <sup>a</sup>	2.3	3.2 <sup>a</sup>
<b>ASPECT</b>														
Privacy, company and dignity	3.6	2.4	3.6	2.4	4.8	0.9	6.0	0.0	3.9	1.0	4.4	1.3	1.6	4.1
Views	1.6	4.4	1.6	4.4	1.0	3.3 <sup>a</sup>	3.8	1.4	0.7	3.5 <sup>a</sup>	1.5	-0.8 <sup>a</sup>	2.3	2.6 <sup>a</sup>
Nature and outdoors	2.7	3.3	1.0	5.0	2.7	2.3	4.0	0.7	3.0	0.0	1.3	2.7	4.0	-0.3
Comfort and control	1.8	4.2 <sup>a</sup>	1.3	4.7 <sup>a</sup>	1.0	3.9	2.5	2.7	3.5	1.8 <sup>a</sup>	1.8	3.2 <sup>a</sup>	1.5	3.6
Legibility of place	1.7	3.8	1.7	3.8	2.3	3.3	4.3	1.7	2.7	1.0 <sup>a</sup>	2.3	-0.8 <sup>a</sup>	2.0	2.5
Interior appearance	1.3	4.0 <sup>a</sup>	1.3	4.0 <sup>a</sup>	2.6	2.9 <sup>a</sup>	2.1	3.9 <sup>a</sup>	3.7	0.8 <sup>a</sup>	2.4	2.6 <sup>a</sup>	1.4	4.0 <sup>a</sup>
Facilities	1.0	2.3 <sup>a</sup>	1.0	2.3	3.5	1.5 <sup>a</sup>	3.3	2.7 <sup>a</sup>	1.6	0.0 <sup>a</sup>	4.0	-2.0 <sup>a</sup>	2.7	2.3 <sup>a</sup>
Staff	4.8	-4.0 <sup>a</sup>	nr	nr	4.5	0.2	5.3	0.2	5.5	0.5	nr	nr	5.3	0.1 <sup>a</sup>

<sup>a</sup>Incomplete scores B/L=Baseline C=Change (positive scores indicating increase from baseline) nr=not rated

The rooms renovated in the A&E departments at Newham and Cambridge showed a greater number of elements 'not rated' and 'incomplete'. This may have been due to the nature of the tools. As the focus was often on the building itself, mortuaries were more likely to be seen as discrete buildings in themselves compared with single rooms in an A&E department.

Of the mortuary viewing facility sites, Salisbury appeared to be starting from a higher baseline than Newham or the two North Bristol sites. This meant that change scores were less dramatic in Salisbury than elsewhere. The AEDET section 'Use', which measures the way users perform their duties in terms of functionality and efficiency, highlighted substantial improvements of 2.9 points or greater at both North Bristol mortuary viewing sites, where scores were particularly low at baseline. They noted improvements in this area at all other sites but these were of a lesser magnitude.

All sites that rated the ASPECT section of 'Privacy, company and dignity' were higher at follow-up than at baseline, with the exception of Salisbury, which was rated with the maximum score before the project. For Salisbury, the greatest gains were in the areas of interior appearance, and comfort and control.

Apart from the two sites at Cambridge, the other key area of improvement (particularly for mortuary viewing facilities) was in the ASPECT section of 'Legibility of space' – a measure of how understandable the space is to staff, patients and visitors in terms of layout and structure.

## Findings specific to mortuaries

As requested by the Department of Health, mortuary viewing facilities were a key focus of the evaluation case studies. This was because, in view of the outcomes from the pilot ECEL programme where significant improvements had been made to mortuary viewing areas and the focus on mortuaries in the National End of Life Care Strategy, the steering group wanted the evaluation to look in particular through illustrative case studies at the impact of the changes in facilities for bereaved relatives, including mortuary viewing areas, in order to inform future policy.

Staff talked about the undervalued role of hospital mortuary viewing areas. Before work took place, staff were often embarrassed by the environment they worked in, and actively discouraged viewings in the mortuary. The mortuary teams made the most of the attention of the trust boards and took them to visit the mortuary areas – often for the first time. The evaluation team carried out before-and-after ratings of three case-study sites to assess how far a number of mortuaries had succeeded in improving as a result of the project. For detail of findings on the mortuary sites, see p86. For full details, [www.nottingham.ac.uk/nmp/research/groups/srcc/index.aspx](http://www.nottingham.ac.uk/nmp/research/groups/srcc/index.aspx)

Mortuary staff found the period of building and renovation to be the most challenging. At this point in the process all had to explain to families why the service was not available and what contingencies were in place. Finding other suitable areas to hold viewing was particularly difficult and many staff felt this challenged the way they were able to provide support during that time.

Respondents were asked to comment on the current state of the mortuary viewing areas. At North Bristol, at the first time-point respondents used terms such as shabby, outdated, uncared for, dark and depressing, while in the second set of questionnaires responses consistently used terms such as tranquil, peaceful, light, welcoming and relaxed. One respondent commented:

*“First time in visiting the mortuary – found it very interesting and also relieved the fears that I had of the ‘mortuary setting’. ...I could imagine [seeing] family members that had passed away in this tranquil setting – very pleasant experience and the staff were lovely.”*

North Bristol Southmead,  
after the project

At Newham, before the renovation took place, respondents assessed the mortuary viewing areas as fit for purpose, but dull, oppressive, small, dark, red, depressing and insensitive to the ethnic diversity of the population it served. One commented:

*“My immediate reaction to the mortuary ...was: outdated, clinical, lacking warmth and sensitivity, and not at all focused on patients! Very poor environment, which must then affect staff working in it.”*

Newham, before the project

However after renovations had taken place, respondents commented that the area was calm, quiet, peaceful, private, dignified, relaxing and – although remaining small – was now ‘perfectly formed’:

*“This area is now an expanse of space, creatively generated from an ugly space ...with calming colours, interesting use of glass and natural light. The A&E room reflects the same qualities.”*

Newham, after the project

Staff visiting the Salisbury mortuary viewing rooms before the renovations considered the mortuary viewing areas to be functional, adequate, clean, tidy but also stark, dated, unwelcoming, far away and eerie. Some commented on the approach route to the mortuary, pointing out the unattractive, narrow corridor that relatives had to walk down, past the laundry, with:

*“...ceiling-level pipework, intermittent delivery items deposited, waste bins used by other pathology departments, which are large, yellow, ugly, sometimes over flow[ing] and malodorous. The rather garish murals on the wall to attempt to distract are not very successful”*

Salisbury, before the project

After the project was completed, one staff visitor commented on its impact for staff and relatives:

*“Although we work in a clinical area, the new bereavement suite doesn’t give that feel. It is very calming, clean cut and contemporary, which does have an effect on the families who have used the suite.”*

Salisbury, after the project

Overall, the evaluation team felt that the facilities selected for evaluation had achieved an appropriate balance between functional clarity and high quality aesthetics. Colour, lighting, contemporary furnishings and individual one-off artworks combine well, to create a comfortable, relaxing and non-clinical environment.

## Advice on future mortuary design

As part of its assessment of mortuaries, the evaluation team highlighted some key recommendations for consideration by the Department of Health as part of the review (see the NHS Estates guidance *Facilities for Mortuary and Post-Mortem Room Services*, NHS Estates 2005a). These recommendations could equally apply to organisations who may be considering refurbishing their current mortuary viewing rooms.

- **Architecturally** To be successful, a space needs to have a stylish contemporary feel without becoming too self-conscious or overbearing. The best spaces achieve a reassuring atmosphere of calm contemplation that is culturally and religiously neutral, which is highly appropriate for the kind of diverse communities that most hospitals have to serve.

- **Location, entrances and signposting** Where space allows, create a separate outdoor access point to allow for dedicated car parking and a more private reception area, away from the noise and activity of the main hospital entrance area. Use individual signage, distinct from the standard hospital design, to reduce the institutional feel of the visit.

To maintain the quality of experience for the visitor across the range of end of life services, where possible avoid separating the bereavement services suite and the mortuary viewing facility. Instead, locate these close together, and make sure they have a consistent standard of decor, lighting and furnishing. (See NHS Estates 2005a, paragraphs 4.1 and 5.3.)

- **Outdoor space** Where possible, include a small 'private' garden area in the entrance to and/or exit from the bereavement facility that can be used by the visitor as a relaxing transitional space.

- **Body viewing suite** Create a simple sequence of distinct spaces to allow for a suitable transition either side of the body-viewing experience. Where possible, avoid the need to backtrack through the reception area – for example, by using a one-way circulation route that may involve exiting through a garden or courtyard area, when available. This will avoid the possibility of interrupting another family making their way into the viewing facility. (See NHS Estates 2005a, paragraph 5.6.)

Make sure that the sequence of spaces from reception to body viewing avoids crossing 'clinical' corridors, such as the staff route to the mortuary, where bodies may be in the process of being moved. This will avoid any disruption to the atmosphere of the viewing sequence by a sudden return to 'standard' hospital decor.

High quality furniture and finishes are recommended, with a broadly light and neutral feel. Give consideration to the use of 'accent' features such as individual art or craft works, coloured or stained-glass windows, and a decorative textile pall.

- **Viewing room** Use top-lighting, whether natural and/or artificial, to provide a strong sense of focus within the body viewing area. An emphasis on light from above, and from concealed sources, can help create a calm and contemplative atmosphere, as well as a sense of being in an 'in-between' realm – a quality that most visitors find appropriate for this kind of experience. Avoid strong side-lighting and any possible views in or out.

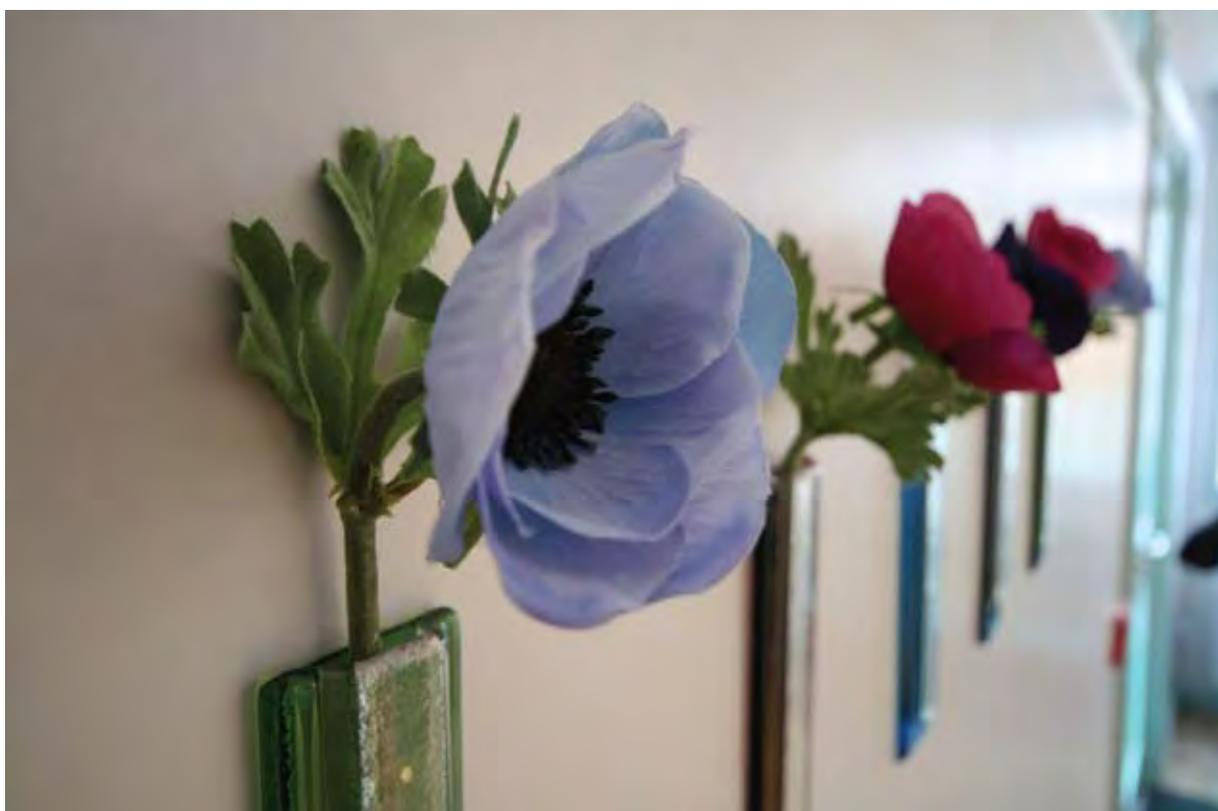
Access doors from the mortuary to the viewing rooms can be subtly disguised within timber panelled walls, curtained, or left visible. In each case, high quality natural finishes, such as solid wood or wood veneers, are preferable. (See NHS Estates 2005a, paragraph 5.10)

• **Environmental conditions** Within the body viewing area, it is important to exclude any extraneous noise from adjacent spaces, such as the body-handling and mortuary areas. However, some low-level background noise, such as from the environmental systems, is generally acceptable.

Use negative air pressure, created with extract ventilation in the body viewing space, to ensure that odours from the mortuary do not escape into the waiting and reception areas. However, take care to ensure that air extracted from the

body viewing space is replaced from the waiting and reception areas (in other words, is pre-conditioned) rather than being drawn in directly (and potentially cold or damp) from outside. Good air-seals around the access doors to the body-handling area and any outside doors and windows will help to achieve this.

The temperature and environmental conditions in the body viewing space should be as close as possible to those in the reception and waiting areas.



Artwork, North Bristol

## Thoughts from the evaluation team

This was a pragmatic evaluation of a highly complex programme, and inevitably there are limitations of our evaluation that must be taken into account when interpreting our findings. Due to the timing of the programme and the evaluation, and the slippage in timescale of the projects, it has not been possible to say anything definitive about the long-term consequences of the projects. Teams were already beginning to report positive feedback from service users and staff working in the location of the projects. Follow-up of the projects in this programme would be of benefit to establish the long-term effects of these physical developments.

The views of other people (such as visitors and patients) about the programme and process are evident in the evaluation, but inevitably these are filtered through the accounts of the team members themselves.

This evaluation took an in-depth look at how the programme fostered the development of 20 teams to create a new space in a relatively short time period. We decided at the outset that our focus should be the teams and their members. The views of patients and families would be an important addition to this study. However, this study has highlighted the importance of the work environment for NHS trust staff. Many felt embarrassed by their previous surroundings and in some cases felt that it impeded their ability to do their job to the standard they would wish. The projects helped staff in roles that are often overlooked within hospital settings to feel valued, and allowed them to provide the high level of care for which they strive.

Our findings from the case study sites are consistent with our analysis of the progress and final reports. The use of focus groups during the first phase of the analysis, and individual interviews in the second phase, allowed for insights both at team and team-member levels. Particularly key to the delivery of a successful project was the combination of getting the 'right' team and

support from the trust in which the project took place. These aspects, coupled with guidance from The King's Fund programme, allowed for imaginative projects that were able to make the most of the inevitably limited space available in hospitals.

The King's Fund encouraged and empowered teams to strive for high quality design, move away from a clinical emphasis, and produce a visual change that had impact across the trust. Through their work with The King's Fund programme, project teams themselves recognised the importance of the physical environment and have tried to pass on this learning in their trusts.

All participants were challenged by the time limitations of doing their day job while working on this additional project, and many went above and beyond their paid working hours in order to deliver their projects. The team from HMP Isle of Wight encountered a number of specific additional issues. In particular, these related to the practical security issues of gaining access to the site and bringing materials into the prison, and working across two organisational cultures (the NHS and the prison service).

Many teams derived substantial learning from working with contractors and in navigating the bureaucratic processes within their trusts. Gaining and maintaining support for their projects among senior and ground-level staff alike was essential to a successful outcome, and teams needed to engage with staff and the public in order to champion their projects. The projects had a number of effects beyond the aesthetics for service users, resulting in:

- revisions to policies and procedures
- education on end of life care
- raised profiles of these previously undervalued areas
- a greater understanding of art and design.

The projects demonstrated that a visual change can create a more powerful impact than organisational change.

## Recommendations

This section presents the recommendations made by the evaluation team as a result of its findings.

- The particular methodology used by the EHE programme delivers changes in the physical health care environment, and raises awareness of the importance of the environment on the delivery and receipt of services. Government and decision-makers should consider continued investment in the EHE programme a cost-effective way of providing NHS trusts with a positive example of how a multidisciplinary team can effect change on the physical health care environment.
- NHS trusts need to maximise the benefits gained by staff who have been part of EHE projects and, where possible and appropriate, utilise their experience to inform other renovation work within their NHS trust.
- The EHE training programme may wish to consider the inclusion of specific training on negotiating and managing the process of working with outside contractors, such as artists, architects and builders.
- Training for staff at all levels should aim for a greater understanding of the importance of the physical health care environment and the effects of the environment on patient outcomes.
- Staff teams that are charged with undertaking projects relating to the physical environment should not only be 'horizontally' integrated across departments, but 'vertically' integrated, so that those with direct experience of service provision are working with those with sufficient influence within the organisation to effect change.
- Health care organisations need to foster better channels of communication between estates staff and those delivering care. There needs to be a two-way process that raises awareness between these two staff groups through which clinical staff have a greater awareness of what estates staff do, and how they can influence decisions about the physical environment.
- Most deaths occur in hospital, and end of life care pathways have not always recognised the role that hospital mortuaries play in end of life care. This may be due to factors including their physical location, their appearance, and the fact that mortuaries are often considered to be places where the deceased and bereaved are processed, rather than cared for. Commissioners and health care providers need to pay greater attention to the pivotal role that mortuaries play in end of life care and to the impression that their appearance will leave on people who have been bereaved.
- Health care providers and commissioners need to ensure that the physical route that a bereaved relative takes in order to carry out death-related administrative processes is simple, contained, and avoids areas that may cause further distress, such as refuse collection points.
- Environments of care at the end of life need to strive for a reassuring atmosphere of calm contemplation that is culturally and religiously neutral and is not overtly and unnecessarily clinical.
- There is a dearth of validated measures of how the physical environment affects health care users and providers. AEDET and ASPECT are widely used measures in the NHS. However, they are used more commonly for larger-scale projects and new hospital buildings than for renovations of existing space. The Department of Health needs to develop reliable and valid measures that can detect how smaller-scale changes in health care environments affect health outcomes.
- Additional evaluation is needed of the impact of The King's Fund programme, to identify and assess the longer-term outcomes of the changes that have been made to the physical environments in these NHS trusts.

## Part 3 Resources

# Project directory

Trust	Barnet & Chase Farm Hospitals NHS Trust
Project location	Barnet Hospital
Project address	Wellhouse Lane, Barnet, Herts EN5 3DJ
Project	The Garden Room: creation of a relatives' room and garden
Costs	£171,500
Artists/designers	June Faulkner – artist, signature image The Garden Escape Company – room construction Fishpools – interior design The House of Ugly Fish – stained glass panels
Trust	Cambridge University Hospitals NHS Foundation Trust
Project location	Addenbrooke's Hospital
Project address	Hills Road, Cambridge CB2 0QQ
Project	The Perry Suite: creation of a central bereavement suite. Refurbishment of the relatives' room in the accident and emergency department
Costs	£65,514
Artists/designers	Filipa Pereira Stubbs – lead artist Charlotte Garrard – glass artworks Abbas Hashemi – sculpture Andrew Tanser – seating Karen Stamper – collage and mixed-media artworks
Trust	East Kent Hospitals University NHS Foundation Trust
Project location	Queen Elizabeth The Queen Mother Hospital
Project address	St Peter's Road, Town Centre, Margate CT9 4AN
Project	The Beresford Suite: provision of facilities for relatives of patients at the end of life
Costs	£117,500
Artists/designers	Local ceramic group
Trust	Frimley Park Hospital NHS Foundation Trust
Project location	Frimley Park Hospital
Project address	Portsmouth Road, Frimley, Camberley, Surrey GU16 7UJ
Project	Creation of a courtyard garden for palliative care patients and their relatives
Costs	£107,000
Artists/designers	Diarmuid Gavin Designs – garden design Stephen Towns – artist consultant
Trust	Lancashire Care NHS Foundation Trust
Project location	Frank Gardham House
Project address	Guild Park, Whittingham, Preston, Lancashire
Project	Thyme and Space garden: redesign of garden
Costs	£65,000
Artists/designers	Andy Kirman, Kirman Design – design Eccles Landscape – build Deborah Moses – silver zebra Morgan Brothers Fabrication – contemporary glass designs

This directory has been compiled from information provided by each of the participating organisations. The location for each scheme is given, together with total project costs. The project costs have been given to the nearest £500 and are inclusive of VAT. The architects, artists and designers who have contributed to each project are also listed.

<b>Trust</b>	<b>Liverpool Women's Hospital NHS Foundation Trust</b>
Project location	Liverpool Women's Hospital
Project address	Crown Street, Liverpool L8 7SS
Project	The Mulberry Suite: creation of a palliative care suite, including relatives' accommodation
Costs	£135,500
Artists/designers	Gill Watt – photographs Cait Walker – glass artworks Kirsty Rae – artwork and embroidery work Melanie Bratt – art and design
<b>Trust</b>	<b>Luton &amp; Dunstable Hospital NHS Foundation Trust</b>
Project location	Luton and Dunstable Hospital
Project address	Lewsey Road, Luton LU4 0DZ
Project	Redesign of entrance and mortuary viewing suite
Costs	£104,000
Artists/designers	Nicholas Tye – architects Sarah Evans – glass artwork and paintings Anita Harris – ceramics Sam Johnson – photographs
<b>Trust</b>	<b>Newham University Hospital NHS Trust</b>
Project location	Newham University Hospital
Project address	Glen Road, London E13 8BL
Project	Redesign of hospital mortuary and A&E viewing facilities
Costs	£117,000
Artists/designers	Murphy Phillips – architect Sue King, Sue King Glass – artworks Artmongers – opaque glass film screening and logo
<b>Trust</b>	<b>North Bristol NHS Trust</b>
Project location	Frenchay Hospital, Southmead Hospital
Project address	Frenchay Hospital, Frenchay Park Road, Bristol BS16 1LE Southmead Hospital, Southmead Road, Bristol BS10 5NB
Project	Redesign of two mortuary viewing rooms including the provision of adjoining gardens
Costs	£240,000
Artists/designers	Judy Foote – creative glass film Ann Griffiths – textiles, bier covers and cushions
<b>Trust</b>	<b>Northampton General Hospital NHS Trust</b>
Project location	Northampton General Hospital
Project address	Clintonville Road, Northampton NN1 5BD
Project	The Evelyn Centre: creation of a bereavement centre
Costs	£138,500
Artists/designers	Richard Diggle – design Rob Paddock – glass artwork Rob Bennie – sculpture Carolyne Kardia – artworks

<b>Trust</b>	<b>Northumbria Healthcare NHS Foundation Trust</b>
Project location	Wansbeck General Hospital
Project address	Woodhorn Lane, Ashington, Northumberland NE63 9JJ
Project	Wansbeck Oasis: development of a communal relaxation area for relatives of palliative care patients
Costs	£126,500
Artists/designers	Ikuko Tsuchiya – photographic art Claudia Phipps – stained glass screen The University of Teesside – interior and garden design Arty Tuesday – mosaics
<b>Trust</b>	<b>Nottingham University Hospitals NHS Trust</b>
Project location	Hayward House Specialist Palliative Care Unit
Project address	City Campus, Nottingham University Hospitals NHS Trust, Hucknall Road, Nottingham NG5 1PB
Project	Refurbishment of day care area and conservatory
Costs	£68,000
Artists/designers	Elaine Kirby – artist
<b>Trust</b>	<b>Portsmouth City Teaching Primary Care Trust</b>
Project location	Jubilee House
Project address	Cosham, Portsmouth PO6 3NH
Project	Redesign of entrance and main reception and creation of relatives' room
Costs	£122,000
Artists/designers	Pottingers – architects St Richard's School – roundabout design Wymering History Group – photographs
<b>Trust</b>	<b>Salisbury NHS Foundation Trust</b>
Project location	Salisbury Hospital
Project address	Salisbury, Wiltshire SP2 8BJ
Project	Refurbishment of mortuary viewing facilities and creation of bereavement suite
Costs	£133,000
Artists/designers	Sasha Ward – glass artworks Jenny Baylis – textiles Keith Rand – sculpture Peter Ursem – artwork Matthew Banks – exterior signage Jerry Henderson – building and technical

<b>Trust</b>	<b>Shropshire County Primary Care Trust</b>
Project location	Bishops Castle Community Hospital
Project address	Union St, Bishops Castle, Shropshire SY9 5AJ
Project	Creation of a palliative care room and adjoining visitors' room with private patio garden
Costs	£85,000
Artists/designers	Mark Arbon, Delite Design – spiral bench Roj Williams – sculpture and railings Steve Morrell – patio area
<b>Trust</b>	<b>South Staffordshire and Shropshire Healthcare NHS Foundation Trust</b>
Project location	Baswich Ward
Project address	St George's Hospital, Stafford ST16 3AG
Project	The Kingsmead Suite: creation of a palliative care suite including relatives' room
Costs	£87,500
Artists/designers	Katy Heath, Nightingales – interior design Susan Pursor Hope – glass artworks Lucie Hill, Lightspin Art – artworks
<b>Trust</b>	<b>South Tees Hospitals NHS Foundation Trust</b>
Project location	Ward 9
Project address	The James Cook University Hospital, Marton Road, Middlesbrough TS4 3BW
Project	Creation of palliative care beds and facilities for relatives
Costs	£325,000 (whole scheme)
Artists/designers	Suzi Dear, Big Studio Glass – glass artist PHS Architects – architects Joe Cornish Galleries, Northallerton – artworks Diane Peacock and Lizlie Ann Sharples, students at Cleveland College of Art and Design – light sculpture and coffee tables
<b>Trust</b>	<b>Southend University Hospital NHS Foundation Trust</b>
Project location	Southend Hospital
Project address	Prittlewell Chase, Westcliff-on-Sea, Essex SS0 0RY
Project	Creation of a centralised bereavement suite
Costs	£105,000
Artists/designers	LSI Architects – design Laurence Harding – photographer Blue Pearl Photographic – photographic production

<b>Trust</b>	<b>York Hospitals NHS Foundation Trust</b>
Project location	York Hospital
Project address	Wigginton Road, York YO31 8HD
Project	Creation of a centralised bereavement suite
Costs	£365,000
Artists/designers	Kier Architects – architects Dan Savage – lead artist (theme and logo) Pen and Inks – renal unit patients from York, Harrogate and Easingwold, facilitated by artist Lesley Seegar Anne Hutchinson – pen and pastel artwork Painting from the Paintings in Hospitals collection
<b>Prison</b>	<b>HMP Isle of Wight (formerly HMP Albany)</b>
Project location	Inpatients Healthcare Unit Albany
Project address	Newport, Isle of Wight PO30 5NX
Project	Creation of enhanced care/palliative care beds and adjoining garden
Costs	£63,500
Artists/designers	Diane Vince – bedroom design Ecclestone George – Pulhamite and garden design Glory Art Glass – etched screens and windows Richard Bolwell – willow and weaving Gay Edwards – planting Guy Eades – arts and design support

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*“The physical environment of different settings, including hospitals and care homes, can have a direct impact on the experience of care for people at the end of life and on the memories of their carers and families.”*

(Department of Health)



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